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Submitted to **Developing the long term plan for the NHS**
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About you

1 In what capacity are you responding?

In what capacity are you responding?:
Other

If you have selected 'Other public body' or 'Other', please specify::
Professional Body

2 If responding on behalf of an organisation or group of organisations please state organisation(s) name.

If responding on behalf of an organisation or group of organisations please state organisation(s) name:
British Dietetic Association

3 In what region are you based?

In what region are you based?:
N/A - National or regional organisation

4 Is this response submitted on behalf of a group of people or organisations?

No

5 How many people does your organisation(s) represent?

How many people does your organisation(s) represent?:
9,000+

Developing the long term plan for the NHS

1 Please select a theme you would like to comment on?

Overarching questions

Overarching questions

1 What are the core values that should underpin a long term plan for the NHS?

(200 words):
• Patient Focused – patients need to be at the heart of the way the NHS works, with services delivered with them, not just to them. Giving people greater involvement in their care and greater ownership of their health.
• Involving staff in every stage – staff at every level are the lifeblood of the NHS and therefore need to be included and able to influence the way their services work. This is particularly true for AHPs and smaller professions.
• Proper funding, resources and time – all new ideas and initiatives need to be properly resources and funded, not tacked on to existing heavy workloads. Time and space need to be given to teams to allow change and improvement to be implemented.
• Prevention first – tackling issues as far upstream as possible will save money and lives in the long run. It will require a brave rebalancing of existing services, especially where it involves shifting focus away from acute services.
• Integrated with care – the care sector is an absolutely vital part of our healthcare services, yet remains underfunded and in some cases unconnected with healthcare systems.

2 What examples of good services or ways of working that are taking place locally should be spread across the country?

(200 words):
In some parts of the NHS, multidisciplinary working is revolutionising the way that patients receive care, and allowing healthcare professionals to learn from each other and maximise the effectiveness of their own practice. There are many hundreds of great examples, for example those featured in AHPs Into Action, but they need to be given support to scale up.

3 What do you think are the barriers to improving care and health outcomes for NHS patients?

(200 words):
- Siloed thinking between different parts of the health and care system, different professional disciplines and different geographical areas create real and sometimes even physical barriers to improvement. The fractured nature of the CCG system often seems to prevent, unlike the situation we see in Scotland or Wales where “Once for Wales/Scotland” approaches see good ideas rolled out nation-wide.

- These barriers are exacerbated by the constant focus on crisis management, with heavy workloads, stretched staffing and no time for CPD or development making it impossible for staff to address these issues or collaborate to improve.

- From a public health and demographic perspective, an ageing population, changing nature of work, increasing income inequality and more disparate family structures mean it is harder for some people to care for themselves or their families, placing greater strain on health and care services and once again driving the focus toward crisis management and urgent care.

4 Would you like to comment on another theme?

Life stage - Early life

Life stage - Early life

1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

(200 words):
Better access to health promoting services, including dietetic support, during pregnancy. This can help expectant mothers to make healthy life changes, especially as pregnancy may act as motivation.

Conditions such as obesity and diabetes, in which diet is a key factor, increase the risk of still-births and complications. Even if a mother is used to managing their diabetes for example, pregnancy can make blood glucose levels more erratic. Ensuring access to proper support from dietitians can reduce these risks.

For example, dietetic consultations in group settings should be provided as part of ante-natal care. Interventions to improve nutrition and lifestyle in pregnancy have been shown to reduce caesarean sections and reduce the risk of gestational diabetes (Muktabhant, et al., Diet or exercise, or both, for preventing excessive weight gain in pregnancy, Cochrane.Database.Syst.Rev. 2015, 10.1002/14651858.CD007145.pub3 doi)

There is also evidence to suggest that such interventions may reduce the risk of high birth-weight and so reduce obesity risk in infants (Patel, N., K. M. Godfrey, et al. (2017). Infant adiposity following a randomised controlled trial of a behavioural intervention in obese pregnancy. Int.J Obes.(Lond) 41(7): 1018-1026)

2 How can we improve how we tackle conditions that affect children and young people?

(200 words):
A prevention-based approach for many conditions is the most effective way forward. Currently. resources are so stretched that prevention services are being lost and further investment needs to take place to reverse this trend this. Prevention must start at pre-conception, with health education for new parents or those trying for children on the effects of diet, obesity, smoking and drinking, both on their chances of a successful pregnancy but also their child's health after birth.

Ensuring services are joined up and available throughout childhood and adolescence is key. Currently, many services are only provided to some areas or some age groups, leaving gaps in support. More work is also needed to improve the transition from paediatric services to adult services, so patients retain their support.

Providing support in the most appropriate places is also important – education and services in schools and colleges, particularly in more deprived areas. We need to give more support for health visitors and school nurses, who are often the first or main point of contact for children. These staff need more information and support to help them signpost and refer families to appropriate services, such as dietetic support for obesity, diabetes or other conditions.

3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?

(200 words):
Obesity starts early in life and one in five children will start school already overweight. Parents and young children should be key targets for preventative interventions. Steps also need to be taken to address gaps in provision of tier 1-4 obesity services. NICE recommends community-based programmes targeting lifestyle factors (diet and physical activity) and incorporating behaviour change strategies including at least one family member for prevention and management of overweight and obesity. There are currently few evidenced programmes designed specifically for children (such as PlanetMunch and LEAF) that families can be referred to.

Childhood obesity needs to be everybody's business. An expansion of the dietetic workforce (including clinical placement provision) would facilitate more training for midwives, teachers, learning support workers, caterers and others, as well as creating more capacity to deliver more specialist programmes in antenatal clinics, nurseries and schools etc.

Eating disorders are particularly prevalent amongst children and young people and are responsible for more loss of life than any other psychological illness. Nutrition interventions are an essential part of treatment of an individual with an eating disorder. Dietitians are the experts in using evidence-based practice and behaviour change skills to work alongside an individual with an eating disorder.

4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

(200 words):
Education for all those involved in the care of children with complex needs is vital. This should include training for schools in attachment disorder, autism and other special needs, as well as the impact of living with chronic conditions. NHS staff from multi-disciplinary teams, including dietitians, should organise regular contact events or "Teacher days" to highlight and talk about the issues young people have when dealing with a complex condition. This is the approach currently adopted by The Yorkshire Regional Centre for Paediatric and Adolescent Oncology and Haematology who do this as an annual event. It improves understanding

and gives teachers and schools greater confidence to support their pupils with complex needs.

Closing gaps in services for children, as mentioned above is also vital. In some areas provision stops at certain ages, and children who have made strong progress in tackling weight issues, eating disorders or other conditions can regress.

5 Would you like to comment on another theme?

Life stage - Staying healthy

Life stage - Staying healthy

1 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

What is the top prevention activity that should be prioritised for further support over the next five and ten years?:
Preventing obesity and overweight, in particular through improving the nation's diet

2 What are the main actions that the NHS and other bodies could take to:

(400 words):
Healthcare professionals agree that maintaining healthy weight is the single most important modifiable factor in preventing a range of non- communicable diseases such as diabetes, cardiovascular disease, some types of cancer and mental health. Supporting weight management and obesity prevention services is key to reversing the trend in obesity.

While obesity is a huge public health challenge, in later life, malnutrition is an often-hidden problem that increases hospital stays, increases frailty and risk from falls and health complications. It is estimated to affect over three million people each year, the majority of whom are over 65. Malnutrition is eminently preventable with appropriate screening and nutrition interventions, but we know that some 96% of all malnutrition is in the community and is often only discovered once someone is admitted to hospital or into a care setting.

The causes of malnutrition are varied, from frailty, loss of appetite, loneliness or mental illness. In order to effectively prevent this, we require a consistent national strategy to tackle malnutrition, with comprehensive screening, training for community and care staff and dietitian-led multi-disciplinary interventions available across the country. Where such schemes already exist, such as the Focus on Under Nutrition service in County Durham there have been significant reductions in malnutrition rates.

Prevention must become everyone’s business, from community and primary care to even the most acute services. This will include judging staff and service performance and funding allocations not only by the outcomes in terms of people treated or acute services delivered, but instead by admissions prevented.

Furthermore, if the “radical upgrade” in prevention that was promised as part of the FYFV is to become a reality, funding and resources will need to shift from acute and urgent care services towards prevention services. Prevention and public health services are currently the responsibility of local government and these budgets have not been subject to ring fencing, unlike NHS services. The NHS will therefore have to take a greater leadership role and integrate these services with their own. This could include directly funding services no longer deemed affordable by local government.

3 What should be the top priority for addressing inequalities in health over the next five and ten years?

What should be the top priority for addressing inequalities in health over the next five and ten years? :
Poverty remains the single biggest driving factor for health inequalities, as it impacts on other areas such as housing and diet

4 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

(200 words):
NHS England’s AHPs Into Action is full of innovative and excellent practice from across the country, where multi-disciplinary teams are preventing ill health and improving patient outcomes. Examples include Move Away from Prediabetes (MAP), which saw 60% of participants move out of pre-diabetes and 81% gain better glycaemic control, or Eat, Drink, Move, which helped hospital patients reduce the length of their hospital stay and half their risk of developing hospital acquired pneumonia.

https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf

There are a great many more, but these will only be adopted at scale with national leadership and long-term funding.

5 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

(200 words):

6 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

(200 words):
Data collection and ongoing research need to be imbedded as a part of day to day practice for all health and care professionals. To often, time is not afforded to such activity as healthcare professionals face ever more urgent healthcare pressures. It is also important to ensure enough time is given to any intervention to

measure its success, by ensuring funding and other resources and committed for the long term.

Reinstating important data collection initiatives, such as the National Infant Feeding Survey or expanding existing ones such as the National Child Measurement Programme would not only give health care services regular means of tracking the impact of their interventions, but would also allow services to be better targeted, as in the case of the CHAMP programme in Manchester.

7 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?:
Simply put, scale and capacity. Predictions that dementia rates will double in the next 30 or so years as the population ages means services will have to scale up if we are to provide better support. This includes the need to grow the dietetic workforce that is trained to support those with dementia.

Of course, more staffing is not the only solution - if all health and care staff are trained in dementia care, we can ensure that every contact with the health and care system is an opportunity to provide support.

8 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?:
People living with dementia are at higher risk of malnutrition, dehydration and physical and cognitive frailty. Poor nutrition and hydration in older people may lead to increased risk of falls, infections, confusion and unplanned hospital admissions. Unplanned hospital admission may result in loss of functional independence and worsening cognition that is often not recovered post discharge. Dietitians can work with people living with dementia, their families and carers and with all levels of health and social care professionals across acute, community, mental health and residential care settings to ensure optimal nutritional care for people with dementia.

Emerging evidence suggests that those with Alzheimer's Disease patients may be particularly vulnerable to functional nutritional deficiencies which may, in some subgroups, worsen cognitive status in the early or prodromal stages of disease. People with mild cognitive impairment or mild AD can have low circulating levels of antioxidant nutrients and B vitamins, and omega 3 fatty acids, all of which are key nutrients for cognitive health. Dietitians should train health workers and carers to improve the nutritional adequacy of food intake for people with dementia, potentially optimising cognitive capabilities.

9 Would you like to comment on another theme?

Life stage - Aging well

Life stage - Aging well

1 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

(200 words):
Often people's capacity to provide self-care or management of their condition requires some initial skills or training that can be provided by healthcare staff. Successful education programmes for the self-management of diabetes, such as DESMOND, have been shown to be effective. However, it is important that patients continue to have access to further support as they need it, to give them the confidence to self-manage, rather than leaving a condition to worsen until urgent care is required.

Co-producing care plans with patients and their wider support networks of friends and family can increase people's capacity to self-manage their health. For conditions such as malnutrition, family and friends are a vital component in both monitoring and encouraging compliance in community settings.

Giving patients greater access to the data and results would give them a great degree of "ownership" of both their condition(s) and their care, especially if their records were patient-owned.

2 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?

(200 words):
Such teams already exist but are reliant upon positive understanding between different professions. Improving communications between different parts of an MDT, who may not all be based in the same area is vital. This should include record systems that talk to each other, and the ability to meet regularly, either face-to-face or via tele- or videoconferencing.

Training all healthcare professionals, perhaps even pre-registration, in the role of other professions and the benefits they can bring to an MDT would be one way to create a generation of healthcare workers who work in a multidisciplinary way by default.

3 What would good crisis care look like, that can help prevent unnecessary hospital admissions for older people living with various degrees of frailty?

(200 words):
The concept of "wraparound" services which bring together all the people involved in the care of older people, including their family and friends, is a good model. This not only ensure the specific needs of the patient are met, but also increases the chance that interventions will succeed. Such wraparound care must be truly multidisciplinary and can be delivered locally, preferably in the home.

4 What measures should be put in place so that we know that we are improving patient outcomes for older people with various degrees of frailty?

(200 words) :
Functional assessments, such as hand grip strength. 6-minute walk, falls occurrences, Quality of life, malnutrition screening and body composition analysis are all helpful and should be recorded in an easily sharable and accessible way. But it is also important to ensure that a patient feel involved and comfortable with the kind of care that is provided, so measuring their personal satisfaction and views is equally important.

5 How can we ensure that people along with their carers, are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?

(200 words):
More staff need to be trained in palliative care. Currently, this often restricted to just nurses, but dietitians & other AHPs in the community need this training so that their services can be better tailored to a patient's needs and preferences at the end of life.

6 Would you like to comment on another theme?

Clinical priorities - Cancer

Clinical priorities - Cancer

1 What should be the top priority for improving cancer outcomes and care over the next five and ten years?

What should be the top priority for improving cancer outcomes and care over the next five and ten years?:
We believe there should be three key priorities: 1.AHP workforce not in line/ business planned commensurate with increase in consultants/ medical staff or nurses. Simply put, we need more AHP staff. AHPs are highly skilled and can offer several services to enhance patient care, at diagnosis, during treatment and with increasing numbers of people living with and beyond cancer. 2. Ongoing support for AHP funded research utilising NIHR and other sources of financial support to better understand role in improving functional outcomes across the cancer pathway and crucially in relation to the living with and beyond cancer agenda 3. Appropriate grading of AHP staff to recognise extensive skill base, ensure optimal service delivery, CPD opportunities and career structure.

2 What more can be done to ensure that:

(400 words):
a)
• Making every contact count - ensuring all health care staff are aware of signs/symptoms/red flags.
• Increase awareness of risk factors and preventative strategies such as HPV vaccination that is now available.
• Greater awareness of changing demographic (i.e. non-smoking/ non-drinking patients with HPV-related tumours who may be missed).
• Tackling obesity and poor diet, which is fast overtaking smoking as the biggest preventable cause of cancer

b) Greater public and primary care awareness - greater access to specialist GPs to triage referrals - utilising specialist AHPs including radiographers to support diagnostics and signpost to care.

c)There is a significant focus on 62-day wait/ referral to treat times (RTT) – it should be recognised that the implementation of prehabilitation programmes are a vital component of cancer treatment. An overwhelming focus on referral to treat may be at the expense of adequately preparing and optimising patients for immediate and late toxicity. Impeccable pre-treatment assessment by AHPs provides vital information for MDTs on likely functional outcomes. This may in turn, influence treatment decisions within the MDT and enable a greater focus on those most at risk of significant treatment-related morbidity.

Identifying and treating late treatment effects (examples include pelvic toxicity and dietetic support to optimise bowel function; laryngectomy and late radiation-associated dysphagia in head and neck cancer and speech and language therapists utilising evidence based diagnostics (videofluoroscopy and Fibreoptic Endoscopic Evaluation of Swallowing) to guide rehabilitation; occupational therapists to support those with activities of daily living/ fatigue management; physiotherapists to deliver interventions to manage respiratory conditions and promote exercise across the care pathway given emerging evidence; manual lymphatic drainage services).

d) Use of care audits and national patient surveys going beyond talking just about doctors and nurses so people can feedback on the extensive services they often receive from AHPs – this will ensure that services can learn and develop.

Utilising quality improvement methodology such as Experience Based Co-Design, patients and caregivers are engaged as partners co-produce care pathways and solutions

3 How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?

(200 words):
• Benchmarking of service provision to ensure WTEs are consistent with caseload need and appropriately graded across NHSE sites
• Ensure Trust service managers recognise that diagnosis and time to treatment are just one part of the pathway – specialist rehabilitation may be required for months and years following treatment
• Encourage all professions to work collaboratively to streamline outcome measures, patient information, treatment interventions and timing of care
• Ensure local teams have appropriately trained AHPs with access to specialist centres with in-reach/ outreach as required
• Look to develop AHP Consultant-led clinics to improve access to care and ensure that clinics can be appropriately tariffed to enable reinvestment to further

develop services

4 Would you like to comment on another theme?

Clinical priorities - CVD and Respiratory

Clinical priorities - CVD and Respiratory

1 What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?

(200 words):
• School education for children
• Access to healthy eating education sessions prior to any diagnosis (Eatwell guide promotion)
• Improved psychological support to support patients who would like to lose weight
• Access to CBT/mindfulness/relaxation/meditation etc. for stress management
• GP/Practice nurse education on healthy eating and supporting weight loss

2 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

(200 words):
• Improved access to secondary prevention relating to dietary interventions
• Self-management programmes
• GP/Practice nurse education on healthy eating and supporting weight loss

3 Would you like to comment on another theme?

Clinical priorities - Mental Health

Clinical priorities - Mental Health

1 What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?

What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?:
Parity of esteem between physical and mental health

2 What gaps in service provision currently exist, and how do you think we can fill them?

(200 words):
Dietetic and nutrition support to patients with mental health problems aside from eating disorders is lacking. We know that people with mental illnesses are more likely to be obese and consume a poor diet than the general population, and that many drugs used to treat mental illness can effect weight gain, appetite and motivation. Case studies such as this from Avon and Wiltshire Mental Health Trust - https://www.bda.uk.com/improvinghealth/awareness_raising/dietitians_week_2018_case_studies/prevention_a_forensic_secure_service – show what is possible with dietetic involvement, as part of a multidisciplinary team.

Evidence shows that dietetic interventions lead to reduced malnutrition, weight management, reduction in nutrition related side-effects of psychiatric medications, improve self-care and management of co-morbid conditions, and improved health and nutritional status for people with mental illness. (De Hert et al, 2009)

3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

(200 words):
Services provided in physical health settings need to also be mirrored in mental health settings and vice-versa, with greater integration between Mental Health Trusts and other trusts. For example;

• Nutritional screening should be in place for all admissions to mental health units (as should be standard in other hospitals).
• Wider multidisciplinary teams, including dietitians and other AHPs should be involved in the initial assessment of service users in long stay or secure units (applies to both MH and LD)
• Physical health services should be a core part of service specifications when commissioning mental health services and vice-versa

4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?

(200 words):
Mental ill health effects a great number of people but is often hidden, so working with others who may have better access is vital. This could include training to third sector bodies such as homeless charities – who are often looking after the most vulnerable people but do not necessarily have the skills. Examples of this do exist, but could be scaled up much more: https://www.bda.uk.com/blog/guest/building_a_dietetics_programme_for_homeless_young_people

It remains the case that mental health services remain “separate” in many ways to physical health services, so better communication is needed. Improving the

sharing of information and records between services, and greater integration between mental health trusts and their physical health equivalents would also help.

5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

(200 words):

6 Would you like to comment on another theme?

Clinical priorities - Learning disability and Autism

Clinical priorities - Learning disability and Autism

1 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?

(200 words):
People with a LD living independently are more likely than the general population to live in a low income group, to be unemployed and socially isolated within a challenging environment. These factors are known to promote poor eating habits. Providing wraparound support, including on issues such as benefits, housing and nutrition are key.

2 How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need?

(200 words):
Healthcare staff, including dietitians, who may not be LD or Autism specialists should be offered communication skills training to help promote engagement, and made aware of tools that can facilitate communication for example talking mats.

Service provision, certainly in relation to dietetic support for people with LD or Autism remains patchy. Some areas don't have dietitians as part of the MDT within LD or autism services. RDs can help with a range of feeding issues which are core to good care, including both behavioural and mechanical issues (e.g. swallowing difficulties).

The STOMP campaign is very positive, but needs wider buy in from healthcare professionals.
https://www.bda.uk.com/regionsgroups/groups/mentalhealth/stomp

3 Would you like to comment on another theme?

Enabling improvement - Workforce

Enabling improvement - Workforce

1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?

(200 words):
Allied Health Professions, including dietitians, physiotherapists and speech and language therapists, represent the third largest workforce in the NHS, but remain underutilised. AHPs have the capacity to deliver more specialised and frankly cheaper services than are currently being delivered by doctors and nurses. This could free up doctors to spend more time "doing what only they can do" and help address some of the chronic staffing shortages seen in nursing.

Not only do we need to have more, better utilised AHPs, we need to ensure they are working in the right place. More AHPs need to be working in primary, community and public health roles, and there need to be more AHP leaders. Current restrictions on director level posts to doctors and nurses is an unhelpful limitation which means healthcare leadership is missing out on alternative skills and perspectives.

2 How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?

(200 words):
Pay is a major factor and ongoing pay restraint demotivates staff. Even small cut backs of perks, even as small as support for Christmas meals, can have a significant impact on morale and motivation. Offering the sorts of benefits seen in other sectors, such as gym memberships or salary sacrifice schemes can also have a positive effect.

For smaller and less well-known professions, it is important to highlight career opportunities at an early stage in schools and colleges. Young people are having to make decisions about their careers as 14- or 15-year olds, so need to understand the benefits of a career in a healthcare profession at that point.

Reconsider the removal of bursaries, at least for those professions or specialisations where there is acute need. The NHS could consider providing this funding itself.

Once in post, staff need to be given more time and resources for CPD and education to ensure they can provide excellent standards of care and remain fulfilled in their roles. There should be more places for dietitians and other AHPs on NIHR clinical training fellowship to enable these programmes to be evidence based and properly evaluated.

3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

(200 words):
Poor diet is endemic in health service staff, for a variety of reasons. Workloads and stress drive poor eating habits, especially when staff do not have the time or space to take proper breaks for food and fluid. In acute care, the food on offer can be very poor, with vending machines offering many high fat, sugar and salt foods which are convenient but unhealthy. Often, staff do not often even have time for proper drinks breaks or easy access to drinking water. In community settings, particularly where significant travel is required, staff lack the time to eat or drink properly. In all cases, despite being very busy, healthcare staff may be sedentary, with few chances to exercise properly.

The BDA has a Work Ready programme which uses the skills of dietitians to improve nutrition and hydration in workplaces. This could be employed in every healthcare setting. All health and care staff should receive protected meal times and have easy access to health hydration options. On site catering should be improved for all. On site catering staff, where they exist, can provide excellent healthy food options when given the funding and support to do so, like in Tameside Hospital.

4 Would you like to comment on another theme?

Enabling improvement - Primary Care

Enabling improvement - Primary Care

1 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

(200 words):
Good nutrition is key to long term health and preventing a range of conditions such as stroke, heart disease and diabetes. Providing patients with better access to expert advice from dietitians can help them stay healthier for longer. Dietitians are trained in behaviour modification methods and motivational interviewing. Using these skills dietitians enable patients with existing long-term conditions to better manage their conditions and so have a significant impact on clinical outcomes.

Ensuring the quality and breadth of information available easily to patients online on websites such as NHS Choices is sufficiently detailed and interactive is key.

2 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

(200 words):
For urgent inquiries, current referral systems from primary care to other services are too long, with patients typically waiting weeks. This can lead GPs to either make decisions without further input for the sake of speed, force them to use urgent care services or allow an issue to get worse before appropriate treatment of advice can be offered. Typical waiting times for dietetic appointments in secondary care, for example, are over six weeks. Building systems that allow other services, such as hospital based dietetic services to more rapidly advise a GP or pharmacist would be helpful. This could be digitally or by having regular dietetic clinics in primary care settings. This will only be possible with appropriate levels of resources, as many hospital-based units are at capacity dealing with the urgent care issues.

Shared record systems, or better still patient-held records, would make communication between the different services working with a patient easier.

3 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?

(200 words):
Dietitians and other AHPs are an NHS workforce that is currently woefully underutilised in Primary Care. Dietitians can help with a wide range of conditions such as obesity, IBS, diabetes and allergies, and do so more quickly and with greater expertise than a GP. This would free up GPs to focus on “what only they can do”. AHPs can also help to introduce a preventative based approach to primary care. Dietitians can also improve the quality of prescribing of a range of products, such as Oral Nutritional Supplements, which make up a significant proportion of primary care prescribing.

CCGs and even individual GP surgeries need to be encouraged and given the financial support to recruit AHPs for their services, be that directly or by commissioning locally delivered clinics from existing AHP services in the acute/secondary setting. Primary care also needs to offer more training and placement opportunities to trainee AHPs so primary care become a better recognised career pathway.

The BDA has a detailed policy paper outlining the benefits of utilising dietitians in Primary Care available here:
https://www.bda.uk.com/professional/influencing/bda_primary_care_paper.pdf

4 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

(200 words):
Further embedding the Making Every Contact Count ethos into primary care would have a positive impact. Evidence shows that even short interventions by a doctor on issues such as weight or drinking can have an important impact. Further training to ensure GPs are aware of support and preventative services that they can signpost to would be beneficial. Ensuring that a MDT of professionals with expertise in prevention and public health are based in primary care will also make referral processes much quicker.

GPs need to be given more time to engage in this kind of activity, and the current 10-minute model does not support this. GPs need to be able to explore the causes of existing conditions and opportunities to prevent problems as part of their consultations. More time could be freed up for these kinds of interventions if

more of GPs work was dealt with by a wider MDT in the surgery.

5 Would you like to comment on another theme?

Enabling improvement - Digital innovation and technology

Enabling improvement - Digital innovation and technology

1 How can digital technology help the NHS to:

(200 words per part):
a) Patient management systems that are efficient to use, are easily accessible to all health care professionals and that can communicate with other systems effortlessly.

Using online education tools and telehealth also increases convenience for patients and allows them to receive continuous support, rather than being reliant upon more traditional face to face interventions. Excellent examples include;

• The award-winning IBS pathway set up in Somerset by Marianne Williams RD, which uses dietetic-led, patient focused webinars to improve self-management - https://www.england.nhs.uk/blog/celebrating-ahp-leadership-and-improvement/

• Health Call undernutrition service, which reduces the need for home visits and routine outpatient appointments whilst supporting the patient and their carer to be more involved in their own nutritional health. https://www.nhshealthcall.co.uk/digital-health-products/undernutrition/

b) Digital technologies, such as apps to support people to consume a healthier diet, track calories intake, or receive advice and updates from their dietitian, or wearables that automatically track exercise for example could be helpful tools. One example is “My Diabetes My Way” (https://www.mydiabetesmyway.scot.nhs.uk/MyDiabetes.aspx) - which allows patients can upload blood sugar data to record that RD can view.

c) Easily accessible and patient-held patient data would be a vital step toward both improving patients experience and understanding of their care, but also the efficiency and effectiveness with which it could be delivered. It may also have the effect of encouraging greater “ownership” of a patient’s own health.

2 What can the health and care system usefully learn from other industries who use digital technology well?

(200 words):
Several other sectors have shown what is possible in terms of protecting data but ensuring it remains accessible easily to those that need it. The banking sector has shown it is possible to store and give access to people’s financial data via apps and online in a way that is safe and trusted by the population. A similar app could be used to store and provide a patient’s information.

3 How do we encourage people to use digital tools and services?

What are the issues and considerations that people may have? (200 words):
Digital champions could provide leadership on technology within the workplace from different staff groups. Professionals should also be involved from the early stages in the development and customisation of digital technologies, for example, dietitians being supported to lead on informatics and technology stop referring to doctors and nurses in promotional material for upskilling/ networking/events within digital world, always include AHPs to increase accessibility.

New digital technologies should be rapidly included within the pre-registration curriculum for all health care professionals, while more time needs to be made available for training and CPD using new technology for existing staff.

Equally, patients need to be supported to use digital technologies, be that through training or their direct provision to patients with long term conditions. For example, wearable technologies to help patients track their weight, exercise, blood sugar etc could be provided.

4 How do we ensure we don’t widen inequalities through digital services and technology?

(200 words):

5 Would you like to comment on another theme?

Enabling improvement - Research and innovation

Enabling improvement - Research and innovation

1 How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?

(200 words):
If health and care staff are given more opportunities to integrate research as a regular part of their clinical roles, there will be more opportunities to engage patients and carers in research. This should include more clinical fellowships especially for AHPs.

Diet and nutrition is an area ripe for further research, as evidence for some areas of new and developing science and its applications are lacking. For example,

there is scope for more research on the use of genomics to personalise dietary advice e.g. cholesterol lowering for Apolipoprotein E (APOE) gene for heart disease and Alzheimer's.

2 What transformative actions could we take to enable innovations to be developed, and to support their use by staff in the NHS?

(200 words):
Increased support for staff to undertake research and research training, financial incentives for staff who innovate. Better career pathway for clinical academics so that research trained individuals remain in the clinical environment and support their colleagues

3 How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?

(200 words):
Involve a greater range of staff in research recruitment, increase research awareness and training so that all staff see it as part of their job and understand the benefits to patient care.

4 What should our priorities be to ensure that we continue to lead the world in genomic medicine?

(200 words):
Increase research training for AHP's and nurses who will have different ideas and approaches to patient care and therefore a different approach to asking and answering research questions.

5 Would you like to comment on another theme?

Enabling improvement - Engagement

Enabling improvement - Engagement

1 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long term plan are driving the changes people want and need?

(200 words):
It needs to be made easier for people to engage, be that by using digital tools like online or text message questionnaires, or better promoting opportunities and ensuring enough time is given to collect responses. Short, relatively unannounced consultation periods (such as that used in the development of this long-term plan) are difficult to engage with effectively. Engaging with professional bodies, trade unions and charities at an early stage to spread messages and communications will be a key way to improve engagement.

2 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?

(200 words):
Ensuring staff have enough development and CPD time to spend providing, reviewing and learning from feedback is essential. The NHS should ensure that it provides its feedback in a range of ways to ensure that all are able to engage, be that a text message or via social media or opportunities for face to face meetings with senior managers and leaders.

3 Would you like to comment on another theme?

No