

## How to Respond

Once you have read the draft National Health and Social Care Integrated Workforce Plan, please provide feedback using this form.

Part A of the form asks for your details as respondent.

Part B of the form asks for your comments on the overall draft Plan.

Part C of the form asks for feedback on specific content of the draft Plan.

Please complete this form and return to [WFPPMO@gov.scot](mailto:WFPPMO@gov.scot) by Friday 4<sup>th</sup> January 2019.

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### **PART A: Your Details**

Name: Joyce Thompson

Contact Number / email: [scotland@bda.uk.com](mailto:scotland@bda.uk.com)

Are you responding as an individual or an organisation? Organisation

Name of Organisation (if applicable): British Dietetic Association (Scotland Board)

Date: 3 January 2019

**PART B: Comments on Draft Plan**

<b>Q1.</b>	<p><b>Does the draft National Health and Social Care Integrated Workforce Plan accurately reflect activity across sectors and capture progress made since publication of Part 1, Part 2 and Part 3 of the National Workforce Plan?</b></p> <p>Whilst it is difficult to ‘accurately reflect activity across sectors’ given the wide range of services and disciplines this involves, there is always a risk that some professional groups are excluded. Some may argue that this does not matter as ‘the principles apply’ but the reality is that the bigger and better-known professional groups are given even greater recognition and exposure which simply accentuates the existing problem of poor recognition making them less able to develop and transform.</p> <p>Indeed, if workforce planning continues to focus on the already largest parts of the workforce, such as medicine and nursing it risks missing opportunities to expand other areas (such as all AHP professions) who could provide better and more efficient access to services through for example expansion of advanced practice roles.</p>
<b>Q2.</b>	<p><b>Does the draft National Health and Social Care Integrated Workforce Plan achieve a balance across health, social care and primary care and reflect integrated services?</b></p> <p>From a general perspective it may well give the sense of balance across health, social care and primary care and integrated services but it definitely pays lip service to AHPs as it focuses only on the high profile / bigger AHP groups.</p> <p>Workforce planning is the systematic identification and analysis of what an organisation is going to need in terms of the size, type, and quality of workforce to achieve its objectives. It determines what mix of experience, knowledge and skills are required, and it sequences steps to get the right number of right people in the right place at the right time. Scottish Government wants the people of Scotland to ‘eat well and have a healthy weight’ and the Health and Social care Delivery Plan focuses on prevention, early intervention and supported self-management. As part of this Integrated Workforce Plan, we need to be able to determine:</p> <ul style="list-style-type: none"> <li>• The dietetic contribution to achieving this aim.</li> <li>• The priorities and strategic objectives for dietetics.</li> <li>• The size, type, and quality of the required dietetic workforce of the future in order to deliver on these ambitions.</li> </ul>

	<ul style="list-style-type: none"> <li>The agency / individual responsible for leading on the above.</li> </ul>
<p><b>Q3.</b></p>	<p><b>Are the scenarios outlined appropriate and helpful?</b></p> <p>Following on from the responses above, we believe it is important to include further AHP examples / scenarios and in particular, dietetic examples, given the importance of diet and lifestyle in so many aspects of health. Considering a smaller profession is also important because the challenges of recruiting or training a smaller profession will be different to those with large existing workforces.</p> <p>Scottish Government’s new diet and healthy weight strategy includes as one of its five key outcomes improving ‘access to effective weight management services’. Dietitians and other AHPs working in obesity prevention and management have a central role to play in the delivery of this ambition. We believe this would make an excellent scenario, as current provision and staffing is insufficient if everyone who needs or wishes to have access to evidence based weight management services is to do so. We believe that Scotland needs to very significantly increase its dietetic numbers if it is to deliver on this aim.</p> <p>Furthermore, efforts to tackle excess weight can also have impact on the health service priorities for MSK conditions.</p> <p>Excellent improvement work has also been carried out across Scotland on prescribing of oral nutrition supplements (to tackle malnutrition) and gluten-free foods which have resulted in better outcomes and savings for the health service.</p>
<p><b>Q4.</b></p>	<p><b>Are there any gaps in the draft Plan that should be addressed?</b></p> <p>The document refers to ‘More complex support and care to people living with frailty, disabilities, multiple morbidities and long-term conditions. Anticipatory planning, intermediate care, rehabilitation and re-ablement care. Preventative and early intervention support. End of life and palliative care’. In 2018 Scottish Government launched 'A Healthier Future: Diet and Healthy Weight Delivery Plan' and 'A Healthier Future: Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes' (the latter specifically refers to the DiRECT (Diabetes REmission Clinical Trial) study which provides evidence of a dietetic intervention (low energy liquid diet and long-term maintenance) which achieves remission of type 2 diabetes.</p>

In addition, there is also the often-forgotten incidence of undernutrition, especially amongst the elderly population. The Patients Association has been highlighting this recently, which is linked to frailty, frequently missed and therefore another reason for greater dietetic input and a different way of working.

In summary, there is significant national nutrition and obesity policy as well as many dietetic illustrations which highlight the need for a strong and contemporary dietetic workforce going forward into the future. BDA Scotland Board believes this matter needs much further consideration and would be pleased to work with the Scottish Government to discuss this in more detail.

**PART C: Feedback on Specific Content of Draft Plan**

	Page	Para	ISSUE	FEEDBACK	RESPONSE <i>(office use only)</i>
1	44	157	Reference to only 'physiotherapists, speech and language therapists and radiographers'.....'and occupational therapists'	Suggest all 12 AHP professions are listed.	
2	44	157	'make a vital contribution as first point of contact practitioners to diagnostics, early rehabilitation and enablement'	Add prevention.	
3	44	159	'commissioning student training places for the AHPs, particularly in the three largest professions – radiography, physiotherapy and occupational therapy'	Consideration to the needs of all 12 AHP professions is essential, not just the bigger professions. Arguably these are at greater risk of developing acute shortages given their relatively small size. Some Scottish dietetic courses have been pulled in recent years and given the age of our current dietetic profession and the largely female	

				<p>workforce are we confident we will be able to meet the future demand with current training places?</p> <p>Part of workforce planning should also be considering whether other professions need to be made significantly larger (or smaller), rather than continuing to prioritise commissioning based on which professions are already the largest. We believe the current dietetic profession is too small for the needs of the Scottish health and social care services given the impact of diet and nutrition on health.</p>	
4	44	160	‘A national AHP Education and Workforce lead has been appointed to ensure progress across a range of work streams’	Each AHP profession is very different. There is an explicit need to address workforce planning specifically across the dietetic workforce.	
5	44	161	‘Neck and lower back pain are the second most prevalent conditions on the Scottish Burden of Disease list, and is the largest non-fatal burden. When all Musculoskeletal (MSK) conditions are included, it becomes the highest’	This may be so. However overall, cancer caused the biggest burden followed by cardiovascular disease and poor diet & obesity are the leading causes yet there is no focus on the one profession with expertise in diet and obesity.	
6	55	Annex A	Scottish Government Workforce Commitments	What about AHPs and especially dietetics?	
7	59	Annex B	Additional Professional Roles – the addition of members of MDTs, such as physiotherapists and	What about other AHPs and especially dietetics?	

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			mental health workers, for first point of contact care.		
<b>8</b>	63		The CAMHS workforce	What about AHPs?	
<b>9</b>					
<b>10.</b>					
<b>11.</b>					
<b>12.</b>					

*Please add additional rows for response if required.*

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