

Scottish Parliament, Health and Sport Committee: Primary Care Inquiry

What should primary care look like for the next generation?

BDA Scotland Board Response

- 1. Considering the Health and Sport Committee's report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities.**

BDA Scotland Board welcomes Scottish Government's Health and Sport Committee's inquiry looking at the future of primary care in Scotland. We fully support the ambition for primary care to focus on multidisciplinary team working to reduce pressures on services. BDA Scotland Board is in favour of a primary care system which ensures better outcomes for patients with access to the right professional, at the right time, as near to home as possible.

However, achieving this will require a significant change in access to dietetic services (and other specialist parts of the Multi-Disciplinary Team) as currently they are not consistently available in primary care settings. This is in part due to the way in which these specialisms are organised, and partly due to an overall lack of dietitians and other smaller allied health professions. NHS Scotland dietetic services have become increasingly and predominantly focused on acute secondary care due to service demand. The BDA has created a paper which clearly outlines how dietitians could play a bigger role in primary care¹.

Improving the nutritional status is fundamental to any ambition to improve the health and wellbeing of the population. As primary care is the first point of contact into NHS Scotland it therefore makes sense for appropriate help and advice to be accessible there too. Significant proportions of the population already experience malnutrition and/or nutrition related co-morbidities and yet much of this is preventable. Obesity and type 2 diabetes, also undernutrition amongst the elderly are three of the biggest public health challenges facing local communities. Nutrition is a major element of the prevention and management of these conditions. Therefore, improving the nutritional wellbeing of the population in Scotland requires an approach which addresses prevention, early detection, early intervention and self-management as well as access to specialist treatment and care within and beyond primary care. BDA Scotland Board identifies a need for a public awareness campaign on the role of Allied Health Professions (AHPs) in primary care. The general public require greater understanding and appreciation of the roles of all AHPs and the potential to develop these roles within the primary care system. Such a campaign would raise awareness of how AHPs including dietitians can enable patients in primary care to get to where they need to be more efficiently and faster.

¹ https://www.bda.uk.com/professional/influencing/bda_primary_care_paper.pdf

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

As mentioned above, NHS Scotland dietetic services have become increasingly and predominantly focused on acute secondary care and undernutrition due to service demand. This is also reflected in the way that dietitians are trained from an undergraduate level, with a strong focus on secondary care-based placements. This is something that is changing, but will take time.

As a consequence, the level and scope of dietetics within a primary care setting is either woefully insufficient or non-existent. The role and added value of dietetics in prevention, early detection, early intervention and self-management is undervalued as it is not well recognised despite evidence showing benefits to both individuals and GP prescribing costs for example. Barriers to delivering sustainable dietetic support within a primary care system in both urban and rural areas include a lack of dietetic capacity and the need to develop a more contemporary community dietetic service model which closely aligns to both population need and community assets and promotes the establishment of a modern-day expert generalist dietitian.

BDA Scotland Board is particularly interested in the recommendation within the public panel report for improved use of technology, along with improved ability to access and contact health professionals. As a profession in Scotland, dietitians are embracing technology and developing services that utilise a variety of different technologies including video call clinics via 'Attend Anywhere'. Dietitians are involved and leading new Technology Enabled Care/ digital solutions in order to improve self-management. The use of such innovative technologies requires main streaming across primary care services in Scotland, with adequate funding to support development and maintenance.

3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

BDA Scotland Board was encouraged to read service users' priority for a prevention focus within primary care within the public panel report. Diet and nutrition are often main factors in the aetiology of many long-term conditions including type 2 diabetes, some cancers, hyperlipidaemia, hypertension, stroke, heart disease and mental health conditions. Examples to demonstrate how dietitians in Scotland successfully use dietary treatment in both the prevention and the management of such conditions include:

- Dietitians are currently working using multi-disciplinary team approaches for weight management and type 2 diabetes prevention.
- Dietitians are leading on Once for Scotland approaches in relation to cost-effective prescription of oral nutrition supplements.
- Dietitians are integral to a Gluten-free Food Service across Scotland, resulting in significant cost savings, increased efficiency and management of services for patients with coeliac disease.
- Significant evidence is emerging of the effectiveness of dietetic treatment of patients with Irritable Bowel Syndrome using the low FODMAPs approach.
- Dietitians are effectively training other health and social care professionals to help both identify patients at risk of malnutrition and deliver first line advice to these individuals.

Measures to monitor and evaluate the effectiveness of such examples include; the incidence of type 2 diabetes, numbers of hospital admissions and secondary care referrals. Also measures to indicate the clinical and cost effectiveness of nutrition products and nutrition related medications.

The BDA is currently undertaking academic research with Plymouth University to help measure and evaluate the effectiveness of dietitians in primary care for key conditions such as diabetes, malnutrition and IBS. We would be happy to share these findings when they are published in early 2020.

For all health professionals working in the primary care system there is a need for a standardised data and outcome collection format at a local and national level. This would greatly assist in measuring, monitoring and evaluating the effectiveness of multidisciplinary team working.

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