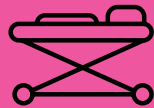


Dietitians in Primary Care are...

Reducing
referrals to
secondary care



Reducing need
for hospitalisation



Managing
prescribed
medicines



Enabling
self-care of long
term conditions



Managing
usage of Nutritional
Borderline Substances



Making
prevention
happen



Reducing
demand on
GP time





Enabling self-care of long term conditions

Dietitians are trained in behaviour modification methods and motivational interviewing. Using these skills dietitians enable patients to manage their own conditions¹ and so have a significant impact on clinical outcomes e.g. obesity,² cardiovascular disease and diabetes.^{3,4}



Reducing demand on GP time

Many patients that take up large amounts of GP time have been shown to be effectively treated by dietitians e.g. obese patients⁵, patients with diabetes⁴, IBS⁶ and malnourished patients⁷. Advanced dietitians can train to become supplementary prescribers and prescribe medicines that the patients would otherwise have to see the GP for.



Making prevention happen

Effective prevention programmes have been implemented by dietitians in primary care e.g. 'Moving Away from Diabetes'⁸. Dietitians have lots of experience of success at working with people and patients across the lifespan and implementing programmes in primary care to modify behaviour and lifestyles. They can help GP practices to make 'prevention' happen for their patient populations.



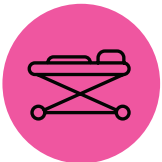
Managing usage of Nutritional Borderline Substances

Significant cost savings have been achieved by dietitians in primary care⁷. Dietitians are expert in the management of Nutritional Borderline Substances (NBS) products such as gluten free foods, oral nutritional supplements, enteral feeds and infant formulae.



Managing prescribed medicines

Advanced dietitians trained to become supplementary prescribers can work in partnership with GPs to optimise medicines usage, reduce unnecessary handoffs to the GP (which take time) and therefore improve patient safety.



Reducing referrals to secondary care

Primary care dietetic led clinics for patients with IBS have demonstrated a 5% reduction in the need to refer on to secondary care as well as improved quality of life and reduced symptoms for 70% of patients⁶.



Reducing need for hospitalisation

Appropriate treatment of malnourished patients by dietitians can reduce hospital admissions⁹.

References

1. Hall. L. (2017) Why dietitians should be more involved in primary care. *Dietetics Today* March 2017 34-36.
2. Chief Allied Health Professions Officer (2017) *AHPs into Action*. NHS England.
3. Howatson, A., Wall, C.R. and Turner-Benny, P. (2015) The contribution of dietitians to the primary care workforce. *J. Prim Healthcare*; 7(4):324-332.
4. Lemon C., Lacey K., Lohse, B., Olsen Hubacher, D., Klawitter, B. and Palta, M. (2004) Outcomes monitoring of health, behaviour, and quality of life after nutrition intervention in adults with type 2 diabetes. *J Am Nutr Diet*. 104, issue 12, 1805-1815. Sun 2017
5. Sun Y, Wen Y., Almeida F., Estabrooks P. and Davy B. (2017) The effectiveness and cost of lifestyle interventions including nutrition education for diabetes prevention: A systematic review and meta analysis. *J. Academy Nutr and Diet*. 117,3, 404-421.
6. Williams M. 2013. The Importance and Practical implementation of the Low FODMAP Diet. *Complete Nutrition Focus*; 5(1): 9-11.
7. Focus on Undernutrition (2017) Focus training: care homes for older people. Available at <http://www.focusonundernutrition.co.uk/focus-training/care-homes-for-older-people> Accessed 12 April 2017.
8. Hamid F. (2016) Moving Away from Diabetes. *Dietetics Today*. August ed. 24-27.
9. Nash. L. (2017) Reducing Hospital Admissions Among Frail Elderly People. *Complete Nutrition*. 117. No 1. 78-80.

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