

Establishing the Role of the Primary Care Network Dietitian



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Primary Care Network dietitians

Primary Care Network (PCN) dietitian roles pose an exciting and unique opportunity to grow our dietetic workforce in primary care. Dietitians have an important part to play in supporting primary care services.¹ Diet and obesity are primary contributing factors of long-term conditions, including diabetes, hyperlipidaemia, hypertension, stroke, heart disease and mental health conditions.¹ On the other end of the scale, it is recognised that 93% of malnutrition exists in the community,² costing £19.6 billion per year.³ PCN dietitians are perfectly placed to treat malnutrition and prevent hospital admissions.¹ The BDA recognises the good work already achieved by dietitians in primary care and collated this in their 'Dietitians in Primary Care' poster.⁴ See Figure 1.^{4, 5, 6, 7, 8, 9, 10, 11, 12, 13}

The PCN dietitian roles have been described as 'expert generalist' roles working in a variety of conditions, including diabetes, weight management, frailty and functional gut disorders, such as coeliac disease or irritable bowel syndrome (IBS)¹⁴ The PCN dietitian has the potential to be a meaningful and enjoyable role making a measurable positive contribution to the population served.

How they came about

The PCN dietitian role is not just new to Newcastle but a new way of working for dietitians across England. The PCNs themselves are a relatively new concept. In 2015, the Primary Care Workforce Commission identified several challenges facing primary care and the healthcare system as a whole.¹⁵ These included:¹⁵

- An increasing and rapidly ageing population
- Rising demand for care with increasing numbers of primary care visits per year
- Increasing numbers of complex patients with multiple long-term conditions
- A need for increased time with patients to support self-management
- A progressive move of health services from secondary to primary care
- Poor coordination between general practice, community health and hospital
- A declining number of GPs due to recruitment, retention issues and retirement.

Figure 1: Dietitians in Primary Care poster



As a means of addressing these challenges and bringing general practices together to work at scale, PCNs were introduced as a key part of the NHS Long-term Plan.¹⁶ A PCN is broadly defined as a practice or practices working together with other providers, such as community, voluntary, secondary care and social care providers, to serve an identified network area.¹⁷ PCNs usually comprise between 30,000 and 50,000 registered patients and must have an accountable Clinical Director.¹⁸

The main funding for PCNs comes in the form of large Directed Enhanced Services (DES) payment, which is an extension of the core GP contract and must be offered to all practices.¹⁸ The new GP Contract, known as the 'DES', was introduced in 2019, and will remain in place until at least 2024, by which time it will be worth up to £1.8 billion.¹⁶ It includes a scheme worth £891 million to support the recruitment of new additional staff, through an additional roles reimbursement scheme, which includes dietitians in primary care roles to deliver health services.¹⁸ As part of the DES document, from April 2020, PCNs could claim reimbursement for other roles, including: clinical pharmacists, pharmacy technicians, social prescribing link workers, health and wellbeing coaches, care co-ordinators, physician associates, first contact physiotherapists, podiatrists, occupational therapists and dietitians.¹⁸ The scheme is expanding the number of roles it covers, with community paramedic and mental health practitioner roles due to be added in 2021/22.¹⁸ Funding only applies to new staff rather than existing roles and networks will have the flexibility to decide how many of each of the types of staff they wish to employ.¹⁶ Other service requirements of the DES contract include offering extended hours access, structured medication reviews and medicines optimisation, enhanced health in care homes by agreeing which care homes the PCN will have responsibility for, early cancer diagnosis and access to a social prescribing service.¹⁸ PCNs have the potential to benefit patients by offering enhanced access and broadening the range of services available to them, and by helping to integrate primary care with wider health and social services.¹⁶

Top tips for establishing the role of the 'primary care network dietitian'

1. **Get to know your PCN:** A key starting point for any PCN dietitian is to explore the demographic and the needs of their PCN population. Each PCN has different priorities for their populations in terms

of chronic disease prevalence, age, ethnicity, and socio-economic profile. Having this insight allows PCN dietitians to develop and deliver tailored, timely, effective, patient-centred dietetic services within primary care.

2. **Take the time to scope out the role:** Scoping out a new role and planning new services takes time and with this being such a new way of working for both dietetics and primary care, it is important to spend time exploring what the role will look like and what services are most valuable to provide before being consumed by a large undefined clinical workload.

3. **Consider creating and circulating a scoping survey:** This enables access to a broader range of opinions from a range of staff across the PCN. Our scoping survey included questions such as:

- What is your role within the PCN?
- Do you currently refer to the local dietetics provider for any of the following?
- If you do not currently access the services of the local dietetics provider, please indicate why
- Were you aware there was a dietitian allocated to your PCN?
- What training from the dietitian would you be interested in?
- Please indicate the top three long-term conditions for the dietitian to work into
- Please suggest ways in which you could work collaboratively with the PCN dietitian.

The survey results and feedback can be used to guide the focus areas of work.

4. **What is a dietitian?** Consider providing some education on the role of a dietitian. Some PCN colleagues may have never worked with a dietitian. Some practices may have had a visiting dietitian in the past but having a dietitian embedded into the practices is a new way of working. It may be helpful to clarify the differences between dietitians and other staff within the PCN who may provide similar services or target similar groups. Consider providing guidance on patient pathways for different conditions, or how to best utilise the PCN dietitian to get the maximum benefits for the PCN.

5. **Seek out opportunities to provide enhanced care:** Explore what dietetic service provision is already in place in your locality and consider whether any gaps identified align with what the PCN

has requested and your area of expertise. The areas that meet these three needs are a good place to start to form the initial work plan.

6. **Factor in time for service set up:** Producing pathways, protocols, resources, ledgers and templates on practice systems, where there is often a mix of different systems used across the PCN, can be time-consuming but will result in a smoother, well-structured service.

7. **Be visible:** This can be difficult due to primary care pressures, even more so during these COVID-19 times, where primary care are focused on the rollout of the COVID-19 vaccination programme. Try to attend practice meetings, virtually if needed, to introduce yourself. Being visible, in-person in the practices, or virtually if this is not possible, and forming relationships with your PCN colleagues is key for successful engagement.

8. **Shadow PCN colleagues:** Shadowing PCN staff, such as GPs, practice nurses and pharmacists is a great way to find out about their role and the types of patients and conditions they see. Each practice will work slightly differently and each clinician will have a different specialist area.

9. **Familiarise yourself with the practice systems:** There may be several different systems in place in each PCN. Some systems may be solely available in primary care and therefore obtaining access and training may be required. Getting access to these systems on a work laptop to enable home working is a good way of protecting continuity of your services in the event of further national lockdowns.

10. **Assess your capacity and demand:** Consider how much clinical time will realistically be available in your role, taking into consideration the breakdown of patient-focused activities, indirect patient-focused activities such as staff training, clinical service management, continuing professional development (CPD) activities to ensure quality of care and student training responsibilities. The NHS England and NHS Improvement job planning guide for Allied Health Professionals (AHPs)⁹ can support deciphering this breakdown. Clinical time can then be further divided across your practices either in an even divide or based on the practices patient numbers.

11. **Look for quick wins:** Identify simple tasks that could positively impact. For example, presenting to the PCN on the current dietetic provision, highlighting what services are available and how to access these. This quick piece of information sharing could result in smoother pathways and better relationships between the PCN and the dietetics provider. If there are already dietetic services available to primary care, appropriate engagement with these should be encouraged.
12. **Signposting and first-line dietary advice:** Not all dietary advice within the PCN needs to be in the form of an individual patient consultation with the dietitian. Providing training and resources to other staff within the PCN can result in enhanced patient care without adding to the PCN dietitian's caseload. Consider producing a commonly asked questions document, signposting information and first-line resources for the practices to refer to.
13. **Build strong relationships within your local dietetics department:** Sitting within the local dietetic department will strengthen the role by enabling sharing of resources, cohesive pathways of care and strong communication, in addition to the essential professional support, such as CPD and student training. If your role is not embedded into a dietetics department, consider how you can establish key links and relationships. It is essential that PCNs dietitians work collaboratively with, not against, their local dietetics departments. It is well recognised that more patients are requiring dietary input than the dietetic resource available in the NHS.
14. **Agree your work plan and communicate this to the PCN:** The PCN dietitian role may change over time but deciding on the initial core work areas will help staff to understand your role within the PCN. Promotion of services and projects is essential. Engagement with these new services may not always be at the forefront of a primary care practitioners mind in what we know is a busy, pressured environment. Circulating information about services and providing regular updates at practice clinical meetings will result in enhanced engagement.
15. **Be realistic:** Try to resist attempts to be over-optimistic in what can be achieved in the short-term – one dietitian can't do it all! Manage expectations early on and remember PCN dietitians need to be expert generalists, not an expert in everything!

Conclusion

PCN dietitian roles pose an exciting new prospect for dietitians to make a real impact and receive recognition in primary care. As dietitians, we know the great work that can be done in improving patient's outcomes and quality of care, this is our chance to make this known to others, and raise the profile of dietetics in general and, more specifically, in primary care. PCN dietitians should seize this opportunity to build the trust and relationships needed for successful collaboration and illustrate what dietitians are capable of in primary care.

For more information on dietitians in primary care you can contact: **edpd@bda.uk.com** to be added to the BDA Primary Care discussion forum or join the Dietitians in General Practice Facebook group.

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