Department of Health

Workforce Review Report

Dietetics

2019 – 2029

BDA The Association of UK Dietitians

HSC Health and Social Care

DoH Department of Health www.health-ni.gov.uk

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Foreword

Since October 2016, Health and Social Care workers and the Department of Health have been cooperating to deliver the transformation set out in ***Health and Wellbeing 2026: Delivering Together***. This ambitious ten-year plan was our response to the report produced by an Expert Panel led by Professor Bengoa, who were tasked with considering how best to re-configure Health and Social Care Services in Northern Ireland.

The aim is a health and social care system that helps people to stay well for longer, with services delivered in the community or at home, where possible. Allied Health Professions (AHPs) will play a key part in responding to this challenge, particularly as we expand the role of innovative, multidisciplinary teams across a range of integrated care pathways within health and social care settings. No matter how or where AHP staff work, they will continue to maintain their clear professional focus: ensuring that people, who are ill, have disabilities or special needs, can live the fullest lives possible.

Since these AHP Workforce reviews commenced the landscape across Health and Social Care has changed considerably. Opportunities for AHPs have been created across a range of primary care multi-disciplinary teams. These are to be welcomed but it is important to have the highly skilled workforce required to take these opportunities as they arise. This series of workforce reviews are written with a view to identifying and quantifying the workforce required to meet these challenges and help drive the transformation agenda forward.

The AHP Workforce reviews will help to address one of the immediate priorities set out in the "New Decade New Approach" document published at the time of the establishment of the new NI Executive. The commitment being that the Executive will transform HSC services through reconfiguration of services.

The Covid-19 pandemic challenged us in many ways including the immense pressures placed on our workforce, but there are others pressures challenging us to think and act differently and to consider as to how we currently work and as to how we may work in the future.

In this changing environment, it is even more essential that we have an understanding of our workforce needs, so that we can plan effectively to maintain and develop our services into the future. This was recognised in ***Health and Wellbeing 2026: Delivering Together*** and appears as a key theme in the associated ***Health and Social Care Workforce Strategy 2026: Delivering for Our People.*** Recognising that the HSC is a changing environment and will continue to evolve, this series of workforce reviews are "living documents" which will be reviewed throughout the period of the reviews.

This report and the clear recommendations it contains are the result of a wider Workforce Review Programme covering all thirteen AHPs in Northern Ireland. Since March 2017, Project Groups comprising representatives from across the health and social care service, professional bodies, staff side representatives and the Department of Health have been meeting regularly to consider how these professions / services are likely to develop in the period 2018 – 2028. Their work has been overseen by the AHP Workforce Review Programme Steering Group and applies the ***Regional HSC Workforce Planning Framework's*** six-step methodology.

This process and its resulting workforce review reports are the products of active co-design and co-production, delivering together to ensure the workforce needs of the HSC are met. Project Groups have engaged with their stakeholders including service users and carers, both in formal engagement events and through ongoing involvement with relevant individuals and organisations. Their input has been invaluable in producing this final document and its recommendations. We would like to thank everyone who has contributed to the work of the AHP Workforce Review Programme.

Our vision is that to Northern Ireland has an AHP workforce that has the capacity and capability to deliver the best possible care for patients and clients and has the leadership skills and opportunities to lead and transform services to improve population health. This Review Report and its recommendations set us on course to do just that for this profession.

Professor Suzanne Martin
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Executive Summary

The aim of the Northern Ireland Regional Dietetics Workforce review led by the Regional Dietetic managers Forum and supported by the Department of Health, Public Health Agency and stakeholders is to rethink, rebuild and plan to improve the nutritional health of the people of Northern Ireland at both individual and population levels by planning for sustainable dietetic services in the wake of the global pandemic and seismic changes to the delivery of health and social care. Tackling the nutritional needs (under and over nutrition) is "one of the greatest long term health challenges this country faces"[1]

Registered dietitians are qualified health professions who assess, diagnose and treat diet and nutrition problems both at individual and population levels. Dietitians interpret the science of nutrition to improve health and treat diseases / conditions by educating and giving practical, personalised advice to clients, patient's carers and colleagues[2]. They are registered professional with the Health and Care Professions Council, the regulator of Allied Health Professions[3] Dietitians support people along the course of their lives with complex conditions and are integral to multidisciplinary teams supporting clinical pathways from cradle to grave e.g. supporting babies with cow's milk allergy, stroke pathways, diabetes, care homes support teams and palliative care. Supporting the nutritional needs of people in Northern Ireland comes with a fiscal challenge. In 2019/20 £30.17 million was spent on prescribing of nutritional products and vitamins in primary care in Northern Ireland, significantly greater spend than other UK nations[4]. Complex regional challenge dietitians can offer solutions to assist with regulation.

The Dietetic workforce of 365 dietitians is predominantly female (98%), work on a part time basis (57%), aged under 40 years old (65%), maintains a regionally high maternity rate (currently 7.42% of workforce, compared to HSC regional average of 3%) and low retirement rate. Regionally, there has been a sustained high vacancy rate over 5 years greater than the regionally recognised vacancy of 5% which is deemed "acceptable" to maintain service. In September 2019, there was a regional average vacancy rate of 15.6%, an unsustainable challenge to a relatively small specialist service. As a consequence Dietetic staff are overstretched due to higher demands and the need to cope with staff shortages and prioritise workloads.

The current education provider for Human Nutrition and Dietetic qualification within Northern Ireland is Ulster University, providing undergraduate and postgraduate Dietetic courses. At present 21 dietetics places are commissioned at undergraduate level, with Ulster University providing an additional 5 self-funded post graduate places. In 2017/18 the retention rate of undergraduate dietitians graduating from Ulster University going to working in HSCNI was 57% and 20% at Masters Level indicating significant challenges in providing a sustainable workforce. A review of commissioned places at various entry levels and delivery of education to support the Dietetic workforce within the health and social care system in Northern Ireland is recommended.

High vacancy rates within the Dietetic services, along with increased demand and referrals to Dietetic services and an overall decline in the nutritional health and wellbeing of the population have all led to considerable workforce challenges. This has resulted in diminished capacity to deliver core Dietetic services, as well as secure investment for quality improvements and transformational initiatives which includes focus on the wider determinants of nutrition related population health, prevention and wider public health messaging. It also limits the ability to support the needs of staff supervision, mandatory and professional training needs in addition to the provision of specialist training and succession planning.

This workforce report outlines that an additional 144 WTE Dietitians is required to stabilise current service provision and a further 226 WTE over a 10 year period to meet projected demands of service.

455 graduates coming to work in HSCNI is required over the next ten years to meet demand for services.

Strategic context

The COVID-19 pandemic has reset health and social care services, identified the need to rebuild and reform services and prevent siloed working. The dietetic profession has a significant role in supporting the nutritional needs of the people of Northern Ireland, delivering innovative models of anticipatory care within primary care (GP and nursing/ care home settings), public health and promotion thereby relieving capacity on secondary care by preventing hospital admissions as well as supporting early discharge from hospital services.

Malnutrition is a major public health issue, most prevalent in the community setting and affecting 29% of patients admitted to hospitals throughout Northern Ireland[5] Malnutrition both over and under is associated with reduced life expectancy and poorer outcomes. Conversely, people who are obese are more likely to be admitted to hospital, to intensive care and to die from COVID-19 compared with those a healthy body weight status[6]. Empowering the people of Northern Ireland to maintain a healthy weight and address food poverty is one of the most important things we can do to improve our nation's health[7]. Supporting the nutritional challenges of the people of Northern Ireland places fiscal pressure on the Health and Social Care System. In 2019/20 £30.17 million was spent on prescribing of nutritional products and vitamins in primary care in Northern Ireland significantly greater spend than other UK nations[8].

Current changes to secondary prescribing rights in Northern Ireland and expansion of extended roles ensure that dietitians are working to improve the outcomes, recovery and rehabilitation of people of Northern Ireland and relieve capacity into the health and care system Dietetic led services and pilots have demonstrated the following benefits and savings:

- Fewer acute hospital admissions and shorter length of stays
- Delivering nutritional services and prescribing medications thereby releasing capacity for other specialties
- Cost saving of prescription only medications via appropriate Dietetic assessment and treatment
- Improved patient quality of life outcomes.
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Workforce

At the time of this report, the HSC Dietetic workforce is comprised of 365 Dietitians (288 whole time equivalents). The workforce is predominantly female (98%), aged under 40 years old (65%) and work on a part time basis (57%).

The Dietetic Workforce has faced long term sustainability challenges with higher than average vacancy rates (see figures below provided by DoH workforce planning). This is recognised as being a significantly high vacancy rate, with 5% considered "acceptable" (DoH)

- 15% vacancy rate across all Trusts (March 2019)
- 7.42 % vacancy rate across all Trusts (March 2020)
- Average regional Dietetic vacancy rate between 2017- 2020 ~ 11%

The impact of higher than average sustained vacancy rates on the regional dietetic service over several years has been significant in the context of higher demand and worsening population nutritional health status. There has been considerable impact on capacity and delivery of core services, access to specialist dietetic services, implementation of transformation, reform and strategic models of change e.g. prevention and shifting the focus of nutrition to public health. Crucially, high dietetic vacancy rates have implications for overstretched workers as well as significantly delaying provision of treatment for patients. The establishment of peripatetic staffing within some HSCTs has shown to mitigate the impact of high vacancy rates and associated capacity challenges.

In Northern Ireland, Ulster University offers two routes for qualification as a registered Dietitian; undergraduate BSc Hons in Dietetic (four years) and postgraduate MSc Dietetics (two years). In 2020/21 Minister Swann announced an increase to the numbers of AHP undergraduate training places, of which Dietetics was not a beneficiary. Presently Department of Health NI commissioning for Dietetics is 21 undergraduate places Department of Health NI, 2020.

Given the projected demographic population changes for NI (i.e. 4.68% increase for <65 yrs and 28% for >65 yrs by 2027) it is predicted that the need for dietetic services will increase further given the aging population and high prevalence rates for childhood and adult obesity in Northern Ireland.

As recently recognised by the DoH Transformational Implementation Group (TIG), the dietetic profession has a significant role in delivering services locally, preventing hospital admissions and supporting early discharge.

Introduction and background

In August 2017 the Department of Health (DoH) Northern Ireland (NI) embarked on a number of regional workforce reviews across a range of Allied Health Professional (AHP) groups including Dietetic services. These workforce reviews were deemed necessary to ensure AHP services delivered across NI will be sustainable to meet future demands, meet the needs of the population and to ensure services are delivered to an appropriate standard in line with strategic policy directions. It is well acknowledged that there are a range of challenges faced by the health and social care system which supports the need for the workforce to be balanced correctly in term of size and skills, ensuring there is an adaptive workforce organised well, and deployed in the correct way to provide the best possible care for service users and their families.

The review completed a horizon scanning exercise to determine future service needs. This involved:

- Analysis of demographic trends
- Analysis of complexity of need
- Predicting subsequent need
- Predicting service developments; and
- Identifying potential partnerships with other agencies in the delivery of services.

In doing so the Dietetic services workforce review aims to ensure sufficient workforce for services to provide commissioned support for clients at both population and specialist levels.

Drivers for change

Dietitians are crucial in delivering outcomes for key strategies within NI and are well placed to lead specific aspects of the transformation of care required to prevent ill health and reduce pressures within the health service, as recommended in the Bengoa report and DoH Delivering Together strategy. Key areas include:

- Outpatient reform and transformation
- Preventing hospital admission and early supported discharge
- Preventative care

Appendix 1 provides a summary of the key regional documents including reference to the current strategic context which informs the potential future dietetic workforce needs.

During the COVID-19 outbreak international and national evidence highlighted the active role of Dietitians in the prevention, acute treatment and rehabilitation of individuals at risk or affect by Coronavirus, further supporting the unique role and need for enhancement of the regional workforce.

Description of Dietetic Services

Registered dietitians are qualified health professions who assess, diagnose and treat diet and nutrition problems both at individual and population levels. Dietitians use the most up to date research on diet and health which they translate into practical guidance to enable people to make appropriate lifestyles and food choices (Ulster University, 2020). They are registered with the Health and Care Professions Council, the regulator of Allied Health Professions. Dietitians support people along the course of their lives. They are integral to multidisciplinary teams (MDTs) which assess and treat complex conditions from birth to end of life such as within paediatric; renal, critical care, prescribing support and care home teams. Dietitians have a key role within the associated clinical care pathways and provide education and treatment for service users who are diagnosed with a cow's milk allergy, stroke, diabetes, renal disease and those with palliative care needs.

In Northern Ireland, the majority of Dietitians work within Health and Social Care (HSC) with a wide range of health professionals, across a range of settings including: hospitals, community services, general practices, patients' own homes, and care homes.

Appendix 2 provides additional information and describes the unique role of a dietitian.

Methodology for workforce planning

The methodology for this workforce planning review is outlined in Appendix 3.

Ownership

Relevant professional and workforce leads were identified as nominated members of the AHP Workforce Review Programme Steering Group and the regional Dietetic Service Sub-Group.

Refer to Appendix 4 for full membership and associated terms of reference.

Service user involvement was in line with requirements of the Public and Personal Involvement (PPI) legislative frameworks.

Assumptions and Constraints

Due to the challenging nature in completing a workforce review it was important to consider any possible assumptions, constraints and/ or risks early in the process. This was particularly important due to the wide and varied nature of Dietetic services which not only work within HSC but also in partnership with other statutory and non-statutory agencies. A number of assumptions and constraints were identified and are listed below. Measures were taken to help manage these and reduce their implications throughout the process of the workforce review.

Subject of assumption/ constraint	Measures taken
Engagement	Active involvement and engagement of key stakeholders at each stage, in a co-produced way.
Consensus	Active involvement at all levels across the wide range of organisations to achieve widespread consensus.
Timeframe and professional capacity	Development of a time bound programme plan; defining responsibilities and agreeing a shared work plan amongst the sub-group members.
Access to and lack of consistency of relevant data	Information is based on current data systems available from a variety of sources. Need to influence and be involved in the development of a universal information system.
Impact of current and future developments	Dietetic practice and service opportunities are continuing to develop. The extent of some of these developments were not fully realised at the time of the workforce review but were taken into consideration.
Future population health care needs and the impact of technological advances	Predicted demographic trends and needs of the population, as well as technology advances, were used to inform future service models and workforce required.
The future HSC and political structures	NI is in a state of system change and uncertainty, which is, in part, dependent upon the political arena. Associated financial uncertainty was also considered for its impact on the potential dietetic workforce needs.
Implementation of the agreed action plan	Recommendations made within this review are fully endorsed by senior DoH, HSCB and Public Health Agency (PHA), in collaboration with Trusts to ensure they are supported and implemented.

Mapping Service Change

Goals/ benefits of change

There are many strategic drivers which support the need for workforce planning and which recommend proactive management. Some of the drivers for change include:

- The recognition of the changing nature of health and social care needs and the link to local changes in demography, with a greater emphasis placed on prevention and self-care
- Transformation and the associated revision of service delivery models to meet the needs of patients, clients, carers and HSC staff
- The need to consider career progression and succession planning requirements of the present and future HSC workforce;
- Enhancement of patient safety and quality of care;
- Ensuring affordability of services given the challenging financial context for all organisations.

Population statistics and health profile

Population data provides a clear indication that there will be greater numbers of young children and older people within the next 10 years. In addition, these population cohorts will have more complex health and social care needs.

It is predicted that the proportion of older age groups will continue to rise and by 2027 the over 65 population is expected to increase by 28% (see table page 14).

Key strategies evidence that the prevalence of long-term conditions such as diabetes, stroke, asthma, chronic obstructive pulmonary disease (COPD) and hypertension is increasing and the number of people coping with multiple co-morbidities has and continues to increase. With malnutrition and functional decline through to end of life care, this will have a significant impact on Dietetic Services.

N Ireland Resident Populations by Local Commissioning Group – comparison 2017- 2027 (Source: NISRA, Based on 2014 Population Mid-Year estimates)

Age Band (Yrs)	Belfast	Northern	South Eastern	Southern	Western	NI (2017)	NI(2027)	% Increase / decrease
0-15	69,177	69,773	71,920	87,195	64,884	**389,889**	392,546	**0.67**
16-39	124,799	141,288	102,990	120,503	92,609	**582,189**	569,195	**-2.23**
40-64	108,043	155,239	117,759	118,606	97,475	**597,122**	609,461	**2.94**
65+	54,371	82,130	68,823	55,427	46,551	**304,302**	390,039	**28**
All ages	**356,330**	**475,430**	**358,492**	**381,731**	**301,519**	**1,873,502**	**1,961,241**	**4.68**
%	**19**	**25.4**	**19.1**	**20.4**	**16.1**	**100**		

Emerging Transformation and Reform Models

As recently recognised by the DoH Transformational Implementation Group (TIG) and following the COVID-19 pandemic, the dietetic profession has a significant role in delivering services locally, preventing hospital admissions and supporting early discharge. The information provides an overview of the service models identified as improving health service delivery (including efficiencies and effectiveness) and are categorised into three overarching headings.

Outpatient reform and transformation
Preventing hospital admission and early supported discharge
Preventative care

(See appendix 5 for further information on transformational working models of service delivery)

Defining the Required Workforce

As health demands continue to increase, regionally agreed professional models will need to be developed and implemented. Ensuring equitable commissioning arrangements are in place throughout NI is therefore essential for the Dietetic workforce to provide service users with a consistent standard of care, regardless of their place of residence. Currently the dietetic workforce is commissioned on the basis of 42 weeks per year leading to gaps in cover for specialist clinics and inpatient wards which is impacting on patient flow.

As well as transformation opportunities, health and social care services are currently asking the dietetic profession to work towards a 52 week service and the provision of 7 day working models. The latter currently presents itself as a challenge to the relatively small Dietetic workforce across HSC, so an extended working week for specific clinical areas (e.g. acute unscheduled care, stroke services) may be more appropriate, and a more efficient and effective use of resources.

Significant additional enhancement is required to ensure a minimal staffing allocation across acute sites and within areas of clinical specialism to ensure patients receive an extended 52 week service.

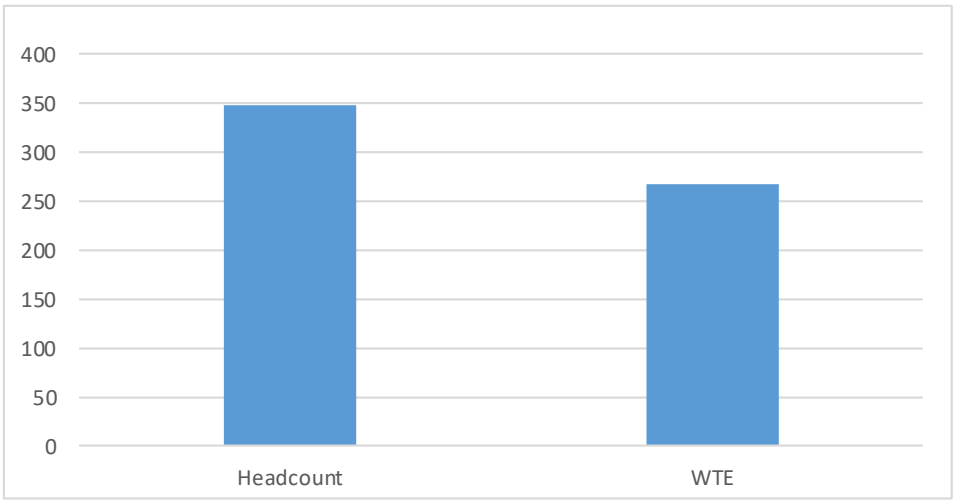
NOTE - Enhancement of Service Continuity over 52 weeks

- Posts funded for 52 week service provision to enhance continuity 52/42 = ***1.24 WTE***

As the Dietetic workforce increases, so too will the need for enhancement of skill mix, utilising dietetic support workers, assistant practitioners, advanced practitioners and leadership and governance roles to maximise opportunities and succession planning.

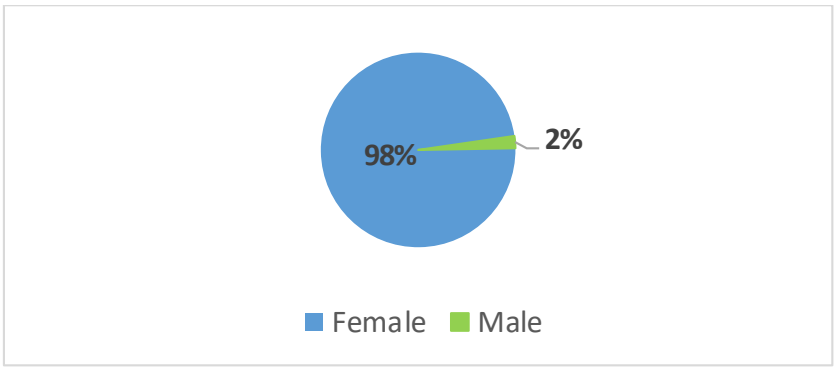
Understanding Workforce Availability

Dietetics Workforce Statistics (head count/ WTE profile 2019)

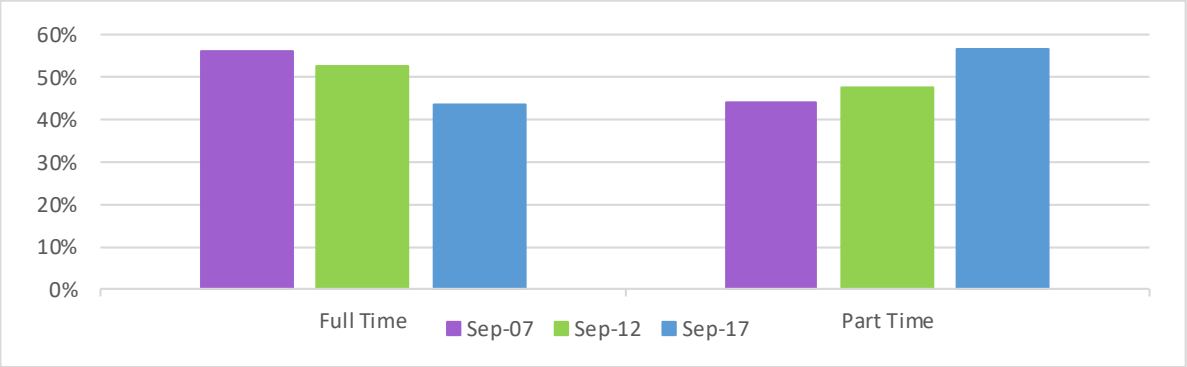


On the basis of the DoH HSC workforce information (31st March 2019) the Dietetic HSC workforce is comprised of 365 Dietitians (headcount) with 288 whole time equivalents (W.T.E.)

Gender and work pattern profile



98% of the Dietetic workforce is female with 57% of the total Dietetic workforce currently being part-time staff as illustrated below.



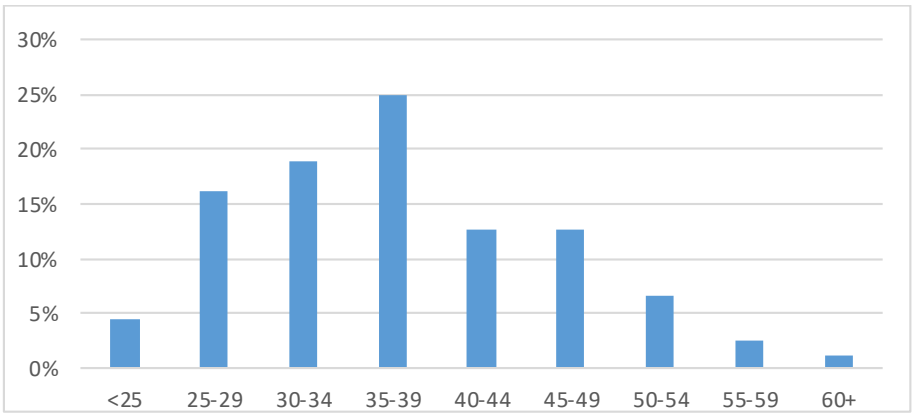
In a recent analysis of the HSC workforce data in NI it was identified that AHPs were the most notable group in HSC to have the greatest increase in part-time working over the past 10 years.

In comparison with other professions, Dietitians have a significantly higher proportion working part-time:

Other Professions	**Full-Time**	**Part-Time**
Dietitians	43.0%	57.0%
AHP's	60.2%	39.8%
Qualified Social Workers	80.9%	19.1%
Qualified Nursing Staff	59.2%	40.8%

The Dietetic profession has demonstrated great flexibility in supporting the workforce with part time working. This however, creates the added challenge for the service in terms of the higher head count, release of staff for supervision, managerial support for all staff as well as part time staff meeting their mandatory and professional training needs.

Age profile and retirement impact



The Dietetic workforce is predominantly a young female workforce with 65% of the Dietitians aged <40 years old and only 10% of the overall workforce being aged 50 years or over. This equates to a minimum of 29 potential retirements in the next 10 years i.e. 2.9 WTE per year.

Parental leave

The overall percentage of HSC staff on maternity/ adoption/ paternity/ shared parental leave is currently 3%. This percentage is higher at 7.1% for all AHPs with the current percentage of Dietitians on parental leave equating to 7.42%. This indicates the need to train more Dietitians to create a larger pool of staff to cover parental leave than might otherwise be necessary for a profession that has more male staff. Nationally there is a drive to create a more gender balanced workforce.

NOTE – Maternity rate

*Bas*ed on current staffing of 288 this equates to 21 W.T.E. posts (288 x 7.42%)

Sick leave

In 2017/18 the percentage of hours lost due to sickness absence/ industrial injury in Dietetics was 3.95%.

Vacancy rates

The Dietetic workforce has faced long term sustainability challenges with higher than average vacancy rates (see figures below). This rate is recognised as being a significantly high vacancy rate, with 5% considered "acceptable" (DoH).

- 15% vacancy rate across all Trust (March 2019)
- 7.42 % vacancy rate across all Trust (March 2020)
- Average vacancy rate across all Trusts ~ 11%

NOTE – Vacancy rate

*Bas*ed on current staffing of 288 this equates to 32 W.T.E. posts (288 x 11%).

Contract profile by Trust

Overall 89% of Dietitians have permanent contracts and 11% have temporary contracts:

Trust	**Permanent**	**Temporary**
Belfast*	94.1%	5.9%
Northern	75.0%	25.0%
South Eastern	91.2%	8.8%
Southern*	96.4%	3.6%
Western	87.7%	12.3%
Total	**88.8%**	**11.2%**

*Trusts have peripatetic pools of staff and demonstrate a lower percentage of staff with temporary contracts.

NOTES Peripatetic posts

Staffing requirements are calculated at 10% of current workforce equating to 44 W.T.E. for cumulative service stabilisation based on maternity rates and staff turnover to address vacancy rate.

First destination of dietetic students from Ulster University

Ulster University provides a 4 year undergraduate commissioned course (21 commissioned places) and a 2 year student self-funded postgraduate course (5 places) for Dietitians with registration to practice. From data 2017/18 the retention rate of Dietitians (at undergraduate level) working in Health & Social care NI was 57%, with other Dietitians working in England, Scotland and Wales (14.3%), private practice (7.1%) or continuing further study (21.4%).This is related to the higher number of permanent posts in mainland UK versus NI and the ongoing high level of temporary contracts (11.2%) for new graduates in HSC NI due to temporary initiatives being commissioned. In 2017/2018, 80% of Dietitians (4/5) at post-graduate level (Masters level) did not stay to work in NI.
In an attempt to address these retention issues Dietetic Managers have progressed to earlier advertisement of the Regional Band 5 Dietitian waiting list and would like to progress to a model of commitment to work in HSC for 2 years post qualifying from Ulster University/DoH commissioned pre-registration programmes.

To date, many students from the Republic of Ireland (RoI) undertake their Dietetic qualifications within Northern Ireland, which includes a supported HSCNI clinical work placement. In addition to the above developments in RoI, there has been a significant pay differential between mainland UK, RoI and NI which has impacted on the recruitment and retention of Dietitians within HSCTs. There is a financial incentive for graduates to work in the ROI which places NI Dietetic services at a disadvantage. Furthermore, the Dietetic ROI workforce review has indicated workforce challenges and significant development in community services. This will particularly have an impact on the WHSCT where 30% of the dietetic workforce travels from the South to employment in NI.

It is also anticipated that Brexit will have an impact on recruitment and retention of Dietetic positions within NI and may impact potential funding opportunities, including research and/ or cross border initiatives.

Regional Band 5 recruitment has resulted in better use of professional time however unfortunately it has not produced a sufficient pool to meet service needs, and has required top up in each of the last 3 years.

Specialisms and succession planning

With the changing complexity of medicine and clinical care, Dietitians are more often working in specialist roles within a MDT. There is limited capacity to support succession planning for specialist roles and there is a requirement for capacity to be available to facilitate upskilling new post holders.

Demographic changes and impact on dietetic capacity

It is projected that the population in NI will increase as follows by 2027:

Population < 65 years to increase by 4.68%

Population > 65 to increase by 28%

Applying these projections to current demand for dietetic services would indicate a need for an additional 6.96 WTE Dietitians for < 65 year olds and 28.7 WTE Dietitians for > 65 year olds i.e. 35.66 WTE in total.

Other considerations

Other significant challenges facing the profession are outlined in the table below:

Challenges	Description	Solutions
Service commissioning	Non recurrent monies leading to high number of temporary posts and associated staff turnover e.g. gastroenterology transformation projects Capacity required for succession planning Ability to recruit to part time posts for newly funded services	Peripatetic posts Recurrent commissioning Commissioned time for upskilling for specialist posts Commission a minimum of 0.6 W.T.E. for new resources
Post registration education commissioning	Smaller workforce leading to challenge of delivering specialist Dietetic training locally ECG budget constraints Lack of dedicated professional dietetic training capacity	Enhancement to AHP ECG budget for dietetic training to meet needs of profession Protected capacity to train others
Increasing clinical demand	Commissioned workforce is not growing to meet demand	Regular review of commissioning arrangements
Increasing complexity of conditions	Service users increasingly have multiple comorbidities and are therefore more complex e.g. critical care for Covid19 patients, multiple allergies in Paediatrics.	Regular review of commissioning arrangements
Reduced length of stay for patients	Staffing challenges and higher patient turnover impacting on ability to ensure appropriate and timely nutritional intervention to reduce bed days.	Regular review of commissioning arrangements to reflect changes in acute services regionally
Unmet need	Evidence suggests that referrers are gatekeeping referrals due to current waiting times. Patients are thus missing the opportunity to achieve best nutritional outcomes	Promotion of inpatient, specialist out-patient and elective access criteria

Stakeholder Engagement

Regional engagement

An important element of this workforce review involved stakeholder engagement in the spirit of co-production and co-design. The project team comprised of representatives from DoH, PHA, and Trusts. The Steering Group comprised of representatives from DoH, PHA, Trusts, Patient Client Council (PCC) and Staff Side.

Full details of the stakeholder engagement process are outlined in Appendix 6.
The process involved creating an engagement strategy which included:

- Use of social media, newsletters and events by the PCC
- A regional engagement event with over 150 delegates
- Local professional engagement

Information gathered through these engagement activities have been reflected in the review.

Recommendations and Action Plan

The following table summarises the projected demand for the dietetic profession over the next 10 years.

Descriptor	W.T.E.	Cumulative W.T.E.
2020 Regional HSCT commissioned baseline	**288**	**288**
To meet current staffing needs in consideration of vacancy rates plus 52 week service		
Staffing required to meet current demand (i.e.11% average regional vacancy rate x 288.3) (refer to page 20)	(32)	288
Average 7.42% maternity leave (refer to page 18)	21	309
52 week workforce (refer to page 16)	81	390
Peripatetic workforce (10%) (refer to page 20)	42	432
Demography (Pg 8 and 22)	36	468
Total	212	
Service Reform		
Outpatient reform, rebuilding and transformation (appendix 5)	23	491

Preventing hospital admission and early supported discharge (appendix 5)	123	614
Preventive care (appendix 5)	44	658
Career Progression (appendix 5)		
Total service reform	**190**	
Total numbers required to meet current service needs and service reform.	**402**	**658**

This additional dietetic capacity will also address the following:

- Reduction in projected workforce deficit caused by increased flexible working, staff maintaining a work life balance and an ageing workforce
- Reduction in workforce deficit created by an increasingly complex caseload, with increased numbers of patients with co-morbidities
- The requirement to ensure there are sufficient team lead/management roles to provide professional support and leadership across the region, providing safe and effective services.
- Figures in the table above have been adjusted to take account of dietitians currently in posts related to temporary transformational funding.

Ten year projection (2020-2030) of Dietetic workforce numbers in consideration of current DOH commissioned UU places.

Workforce commissioning considerations	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30
Maximum UU graduates available* to HSCNI based on current (21+5) 26 commissioned places. **incorporating attrition rate**	15	15	21	21	21	26	26	26	26	26
Stabilisation of 20/21 workforce	35	35	35	35	35	-	-	-	-	-

Retirements (pg 19)	3	3	3	3	3	3	3	3	3	3
Demographic demand (Pg 8/22)	3	3	3	3	3	3	3	3	3	3
Service reform	19	19	19	19	19	19	19	19	19	19
Shortfall (UU out-turn versus HSC stabilise and overall workforce requirements)	45	45	39	39	39	-1	-1	-1	-1	-1
Cumulative need beyond current DOH commissioned level through UU	**45**	**90**	**129**	**168**	**207**	**206**	**205**	**204**	**202**	**202**

* increase in dietitians available takes account of actions to address retention of students in HSC workforce.

Recommendations

Based on the findings of this workforce review the key recommendations are set out below. These have been structured under key headings and will inform the action plan.

	RECOMMENDATIONS	
Stabilise workforce capacity by reducing the current vacancy rate		

PRE-REGISTRATION TRAINING	**1**	**There is a requirement to consider unique workforce challenges faced by Dietetics Services over a sustained period and maximise the Pre-Registration Dietetic places annually to meet current and future predicted demand for graduates entering the HSCNI workforce.** **It is recommended that the following are considered in order to ensure that the workforce demand is met:** - To explore with the UU the potential to increase both the Dietetic pre-registration programmes at UU by graduants per year for the next 10 years to workforce stabilization (455), the transformation and reform agenda. -The Dietetic Profession and DOH with Education to explore alternative routes to BSc -UU, as the local provider to scope the increase in 2 year post graduate routes in partnership with the Dietetic professional leads and the DOHNI as the commissioner of education and training sources. -Professional body (BDA) to scope Open University Dietetic Degree course or apprenticeship route
RECRUITMENT & RETENTION	**2**	**Promote Dietetics within HSC as a profession of choice for prospective and current students in line with HSC workforce strategy which includes:**

		-To formalise the commitment process of UU graduates funded by DoH in line with the Welsh model to be secured for HSC NI employment for two years on qualification. This will help mitigate against the loss of new graduates from the pool to other markets/employers. - Explore the Apprenticeship model being piloted in UK. - Work is undertaken to raise the profile of Dietetics in post primary education schools and with members of the public, in line with the HR strategy. It is important to educate and inform on the full scope of the profession and communicate the benefits and positive clinical outcomes Dietitians achieve. - Review the process for Band 5 regional recruitment to include pre-registration appointments.
POSTGRADUATE TRAINING	**3**	**Prioritise Post-Graduate (PG) training and secure required funding to support the transformation agenda and Delivering Together Strategy to support Specialist and Advanced Practitioner progression including:** – Develop a proactive and robust PG training programme to support advanced clinical, public health and management roles for the transformation and reform agenda. – Develop clinical academic, research and Consultant roles which will enhance professional leadership across the profession. – Attract investment in the PG training budget to meet the needs of the transformational agenda. – DoH to ratify the training and funding for an ECG, budgeted, 3 year planning cycle to enable - implementation of the transformation agenda from a knowledge & skills context.

		– ECG budget is required to be based on the Head count of Dietitians.
WORKFORCE DEVELOPMENT & STABILITY	**4**	**Continue proactive succession planning for all levels of staff and provide access to leadership training schemes.** – There is a need to further develop peripatetic posts in dietetics across HSC to meet the constantly evolving workforce gaps and reduce the number of temporary posts.
WORKFORCE DEMOGRAPHY	**5**	– Improved workforce intelligence is crucial to the effectiveness of workforce planning – the Health and Social Care Workforce Strategy notes that action will be taken to identify and reduce gaps in workforce data.
E-HEALTH	**6**	– Ensure the current and future workforce is equipped to maximise use of E-health technologies and this is embedded in the education and training programme.

Action plan

Dietetic workforce review – action/ implementation plan 2020 – 2030

DMF = Dietetic Managers Forum (5 Heads of service) **DMNI = Dietetic Managers Northern Ireland (15 Heads of service/ managers/ team lead)**

	RECOMMENDATIONS	ACTIONS	LEAD RESPONSIBLE	TARGET DATE

Appendix 1: Regional strategies and frameworks which influence Dietetic workforce needs

The Bengoa (Expert Panel) Review was tasked with producing proposals to remodel the HSC in order to deliver safe, high quality, and sustainable services for the population in Northern Ireland. The **Bengoa Report (2016)** 'Systems not Structures: Changing Health and Social Care' states 'invest, empower and build capacity in networks of existing health and social care providers (such as Integrated Care Partnerships and the developing GP Federations) to move towards a model based on accountable care systems for defined population based planning and service delivery'.

Health and Wellbeing 2026-Delivering Together (the government response to the Bengoa Report) focuses on putting people at the forefront of services, to enable them to stay well for longer and that any specialist interventions required are delivered to a high standard in a safe and timely manner.

This document has been developed to help shape HSC over the next 10 years to ensure services can meet the predicted demographic needs and challenges facing the region This report re-affirmed that effective workforce engagement and planning are key enablers to HSC transformation and that the far-reaching transformation journey needs the commitment and engagement of workers across every grade if it is to succeed.

The 'Delivering Together' strategy proposes a whole system transformation plan which requires cultural and operational change in order to meet future demand. This proposed transformation of HSC services is a long term goal.

'Delivering Together' provides the roadmap to take forward the work of the transformation, reform and modernisation with the overarching aim to:

- Improve the health of the population;
- Improve the quality and experience of care;
- Ensure sustainability of the services delivered; and
- Support and empower staff delivering HSC service

The Northern Ireland Programme for Government (PFG) (2017) contains 14 strategic outcomes which set a clear direction of travel and enable continuous improvement on

the essential components of societal wellbeing. They touch on every aspect of government, including the attainment of good health and education, economic success and confident and peaceful communities.

AHP Strategy 'Achieving Health and Well-being Through Positive Partnerships' 2012-2017 sets a clear framework for the key strategic directions for AHP's across NI. Within the Strategy 40 actions were identified under 4 key themes;

- Promoting person-centred practice and care;
- Delivering safe and effective practice and care;
- Maximising resources for success, and
- Supporting and developing the AHP workforce

In addition to the strategic documents mentioned above there are a range of other strategic documents which may specifically influence the future Dietetic workforce requirements.

Promoting Good Nutrition Strategy (2011)

Promoting Good Nutrition (PGN), a strategy for good nutritional care for adults in all care settings in NI, aims to ensure that any adult identified as being at risk of malnutrition will have a nutrition care plan appropriate to their needs to work towards their agreed outcomes. It identifies the ethical duty of HSC staff to recognise and treat malnutrition. The strategy covers malnutrition prevention, early identification, treatment with fortified foods through to specialist dietetic treatment including enteral feeding and parenteral nutrition. PGN outlines the steps to help participants in the decision making to understand the assessment of patient's requirements for nutrition and hydration.

Medicines Optimisation Quality Framework (2016)

The DHSSPS Medicines Optimisation Quality Framework aims to support better health outcomes for our population by focusing attention on gaining the best possible outcome from medicines every time that they are prescribed, dispensed or administered.
The Framework supports quality improvement through the consistent delivery of recognised best practice and supports the development and implementation of new, evidence based best practice. Implementation involves an innovation and change programme involving multi-disciplinary professionals working together and with patients.

The Medicines Optimisation Regional Efficiencies (MORE) Programme Board has identified nutritional products as an area to scope opportunities for further efficiencies. Work is underway to understand the current system for ordering and supply of nutritional products across primary and secondary care as well as the associated costs.

Improving Dementia Services in Northern Ireland – A Regional Strategy (2011) and the Dementia learning and development framework (2016) - make recommendations aimed at improving the services and support arrangements currently available for people with dementia, their families and their carers.

Reshaping stroke services in NI, HSCB (2017) - this strategy is currently undergoing public consultation. It is part of the recommendations made in Delivering Together which places a high priority on improving stroke services.

The plan is to reconfigure and streamline acute stroke services with specialist units that draw on national guidelines and best practice in prevention, rapid 7 day access, better emergency care including mechanical thrombectomy and clot busting treatment and better equipped Hyper-acute and Acute Stroke Units. Current services do not provide 7 day service for stroke and timely assessment is an ongoing challenge.

Diabetes Strategic Framework, DoH (2016) – this framework (and implementation plan) has been developed as a result of a review of diabetes services commissioned in 2012 and led by the Department's Chief Medical Officer. It takes account of key policies and strategies including *Transforming Your Care* (2011), *Living with Long Term Conditions* (2012) *Making Life Better* (2014). The review report made 11 recommendations to improve diabetes care in NI. One of its recommendations was for the development of a strategic direction or 'roadmap' to address the gaps in services and emerging priorities identified by the review group and inform service development. The aim of the Diabetes Strategic Framework is to realise a vision of care which improves outcomes for people living with diabetes, or at risk of developing Type 2 diabetes, including services that are:

- evidence-based and co-designed with people living with diabetes to achieve best clinical outcomes;
- person-centred and encouraging self-management;
- seamless from the service user perspective, responsive and accessible.

Children and Young People Strategy 2017-2027 –The aim of the new Strategy is "To work together to improve the well-being of all children and young people in Northern Ireland - delivering positive long lasting outcomes, which encompasses the well-being of children and young people against eight characteristics including: physical and mental health; living in safety and with stability; learning and achievement; economic and environmental well-being; the enjoyment of play and leisure; living in a society in which equality of opportunity and good relations are promoted; the making by children and young people of a positive contribution to society; and living in a society which respects their rights.

Making Life Better 2012 – 2023 Public Health Strategy - The main objective of this strategy is about people being enabled and supported to take control of their full health and wellbeing potential and to reduce inequalities in health.

A Fitter Future for All (FFFA) 2012 - a cross-Departmental framework for preventing overweight and obesity across the life course of the population of NI.

The overall aim of the framework is to:

Empower the population of Northern Ireland to make healthy choices, reduce the risk of overweight and obesity related diseases and improve health and well-being, by creating an environment that supports a physically active lifestyle and a healthy diet.

Power to People (2017) –This report highlights the impact of loneliness and isolation on wellbeing and the key role communities play in building resilience, supporting individuals and families to stay well and stay connected.

Appendix 2: Descriptor of Dietetic profession, unique role and associated service provision

Dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. They use a range of communication methods and techniques, including behaviour change skills, to help people achieve positive nutritional outcomes. Their work covers prevention, treatment, education, research and development.

Clinical Practice

Dietitians are autonomous practitioners and work as integral members of multi-disciplinary teams to treat complex clinical conditions such as malnutrition, diabetes, irritable bowel syndrome, eating disorders, kidney disease, food allergy and intolerances, stroke, intestinal failure, symptom control for cancer patients, hypertension, bowel disorders and many more.

Dietitians treat people on a one-to-one basis as well as delivering education to groups of individuals with the same condition to support self-management.

Dietitians demonstrate person-centred care by using the Process for Nutrition and Dietetic Practice (British Dietetic Association, BDA) to create nutritional diagnoses, focusing on the specific problem for each individual person, agreeing goals for intervention and measuring clinical outcomes achieved. This is in line with the outcomes based accountability in the Programme for Government.

During 2016-2017 dietetic services delivered 200,000 contacts across the region.

Current service provision

- Dietetic services follow regional access criteria for inpatients and outpatients/ community services, ensuring consistency of service provision across the region.
- Dietitians in HSC have developed an extensive suite of evidence based dietetic care pathways to ensure consistent clinical practice within adult and paediatric outpatient/ community services.
- In addition to their local service provision across a range of clinical conditions, the Belfast Trust hosts the majority of regional specialist services such as Intestinal Failure and Cystic Fibrosis.
- Dietitians utilise a wide range of technology to support patient care including electronic care records such as Northern Ireland Electronic Care Record (NIECR). Telehealth systems are proactively used for remote monitoring of clients for services such as nutrition support and weight management.
- With the changing health and social care environment, advanced, extended and leadership roles have developed regionally within the profession and is an area for future growth. Advanced practitioner roles have been established in areas such as:
  - Paediatrics specialist services such as neonatal, allergy, diabetes and for children with complex needs
  - Adult services such as pre-pregnancy, diabetes including antenatal and structured diabetes education.
- Extended roles have enabled specialist Dietitians to lead the service, rather than the traditional model of being medically-led. Such services include: Gastroenterology, Paediatric Allergy services and Home Enteral feeding.

Public Health

Within this remit Dietitians advise on, plan and implement programmes to promote health and prevent nutrition related diseases. To achieve this, Dietitians work in collaboration with Government departments, local councils, community and voluntary groups. Activities include addressing inequalities in health related to food, such as food poverty and access to healthy food, and the design and delivery of health improvement programmes. Current key public health priorities for Dietitians include obesity, diabetes, cardiovascular disease, food poverty and sustainability.

Training and Education

A significant aspect of the role of the Dietitian is to provide training and education. There are three key areas within which this education may take place:

Clinical care: Supporting individuals in their clinical care through the education of patients, family members and/or carers to maximise outcomes associated with their dietary treatment and promoting self-care.

Health Care Professionals (HCPs): Enhancing the knowledge and skills of HCP colleagues in relation to nutrition and dietary information, enabling them to support clients according to their particular nutritional needs. This applies across all clinical areas and age spectrums, to ensure supportive and safe delivery of nutritional care by all.

Public Health: Educating a wide range of health care professionals, teachers and individuals/groups within other organisations including the voluntary and community sector e.g. training others to deliver nutrition programmes such as Cook-It (a healthy cooking programme) and adult weight management programmes. The aim is to expand nutritional knowledge and practical skills to empower people to make better food choices across the population.

The difference between a Dietitian and a nutritionist/ nutritional therapist

Dietitians are the only nutrition professionals regulated by law, and are governed by an ethical code to ensure that they always work to the highest standard. Only those registered with the statutory regulator, the Health and Care Professions Council (HCPC) can use the title of Dietitian/ Registered Dietitian (RD). Nutritionists, Nutritional Therapists, Clinical Nutritionists or 'Diet Experts' are not registered with HCPC. Appropriately qualified nutritionists are however, required to register with the Association for Nutrition to work in HSC.

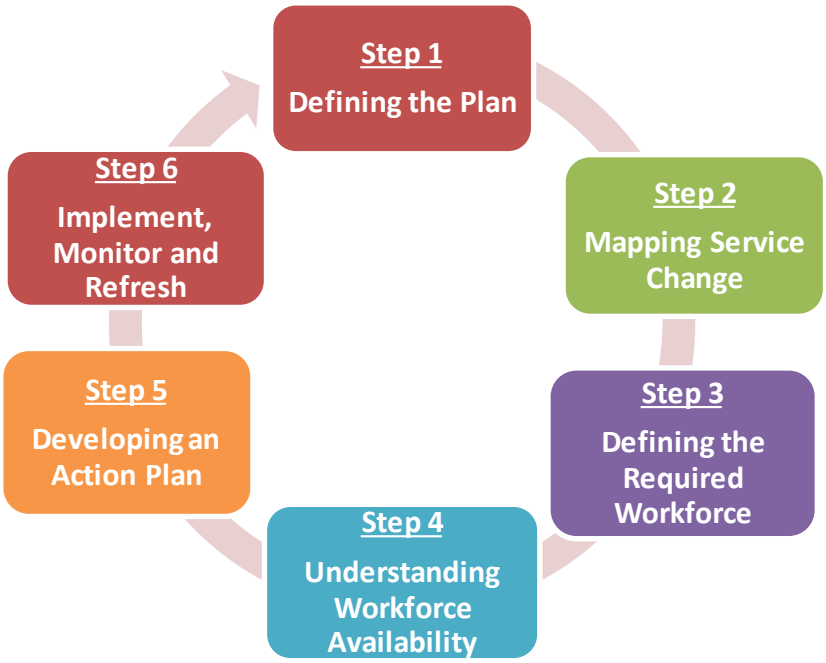
There are currently 2 registered nutritionists employed within HSC, who are professionally managed by dietetic services.

Appendix 3 Methodology for workforce planning

The Dietetic services workforce review was completed in line with the 6 step methodology outlined within the Skills for Health Regional Health and Social Care (HSC) Workforce Planning Framework as denoted in the diagram below. This allowed a sequenced framework to be adopted to complete all aspects of the workforce review.

Skills for Health

Regional HSC Workforce Planning Framework



Purpose, Aims and Objectives

The focus of the review is to ensure services across NI are both sustainable and delivered to an appropriate standard. The range of challenges faced by the HSC system including the recent transformation agenda has reinforced the need to ensure that the dietetic workforce is adequate in terms of staffing establishment and also skill set, thereby providing effective and responsive services.

To achieve this vision a number of key actions were set within the Terms of Reference, including to:

- Review the specialisms and skill set within the current HSCT services in consideration of the wider HSC transformation agenda, thereby making recommendations on workforce profile to ensure service sustainability
- Make recommendations on regional recruitment processes to ensure service sustainability and the ability to maximise capacity to deliver services
- Review the commissioning of pre-registration training places to make recommendations to the DoH, via the AHP workforce steering group to help ensure a viable recruitment pool in the future.
- Make recommendations regarding post-registration training requirements

Appendix 4: Terms of reference

ESTABLISHMENT OF
ALLIED HEALTH PROFESSIONS (AHP) WORKFORCE REVIEW
DIETETICS SUBGROUP
TERMS OF REFERENCE

The Project Steering Board has been established to undertake a workforce review to support AHP practice within the HSC.

To achieve this uni-professional allied health professions working groups will be established to undertake individual professional AHP workforce reviews to inform the commissioning process.

These will function within the following terms of reference:

1. Produce a programme plan and agree processes and timescales for delivery of project outputs.

2. Ensure effective communication and engagement with key stakeholders including dissemination of information relevant to the project within each of the participating organisations.

3. Make recommendations on workforce profile to ensure service sustainability

4. Make recommendations on recruitment processes to ensure service sustainability and maximum capacity to deliver services.

5. Make recommendations on measures, including structures and skills, to align and develop information on the AHP workforce to assist with HSC-wide service transformation.

6. Make recommendations to the Department of Health regarding the commissioning of pre-registration training.

7. Make recommendations regarding post- registration training requirements.

Note: The subgroups will aim to complete their work in **12 months**.

Membership of Project Steering Group is non-transferrable, however deputies **will be acceptable** and with prior agreement of the Chair or Project Lead.

Membership of Regional Dietetic Profession Workforce Steering Group

Hazel Winning	DoH AHP Lead
Peter McAuley	DoH
Gerard Tinney	DoH Workforce planning
Catherine Donnelly	DoH Workforce planning
Alison Dunwoody	DoH Finance
Joanne O'Hagan	DoH Finance
Corrina Grimes	PHA AHP Lead
Carmel Harney	SHSCT AHP Professional Governance Lead
Eamon Farrell	SHSCT Acting AHP Professional Governance Lead
Jill Curry	NHSCT Dietetic Services Manager
Mandy Gilmore	SHSCT Head of Nutrition and Dietetics
Anne Gormley	WHSCT Dietetic Services Manager
Lucy Hull	BHSCT Dietetic Services Manager
Pauline Mulholland	SEHSCT Dietetic Lead
Ruth Balmer	British Dietetic Association (BDA) Policy Officer (Scotland and N. Ireland)
Niamh Collins	Trade Union representative, BDA

Appendix 5 Models of working and service reform

This provides a full description of a number of current service models and specialist service areas, which were introduced in response to the regional HSC strategic direction (including recent transformation monies). Some of these examples have yet to be commissioned on a regional and/or recurrent basis and if progressed will impact on future workforce needs.

As these transformation service models develop, so too will the need for Advanced Practitioner and Research Dietitians. It is estimated that there are approximately 20 Consultant Dietitian posts across the UK, whereas currently there are none in NI.

Outpatient reform and transformation

The table below summarise the key service areas, development required, benefits and outcomes.
A full detailed explained can be found after the table.

Outpatient Reform and Transformation				
Service area	**Service development / proposal**	**Benefits / Outcomes**	**Capacity & demand analysis / Evidence base**	**Staffing requirement**
Coeliac Disease Services	Implementation of Dietetic-led Coeliac review clinics.	• Release Consultant capacity • Reduce medical gastroenterology review waiting lists • High levels of patient satisfaction • Cost benefits	Based on 0.25% diagnosed incidence of coeliac disease in the NI population	16 Dietitians

Irritable Bowel Syndrome (IBS) Services	Implementation of Dietetic-led irritable bowel syndrome (IBS) service.	• Release Consultant and GP capacity • Reduce medical gastroenterology waiting lists • Support early access for diagnosis of Crohn's disease/ Ulcerative colitis • Cost savings	Gastroenterology OP targets were used and estimated % of IBS patients applied at 35% and applied as a factor of Trust population. Also anticipated to release an estimated 4,398 Gastroenterology new patient slot per year	
Cow's milk allergies (CMA)	Development of Dietetic-led services for infants with cow's milk allergy (CMA)	• Early and timely intervention • Release Consultant and GP capacity • Reduction in lengthy dietetic waiting lists • High % infants meet nutritional outcomes (90%+) • High levels parent satisfaction • Cost savings	Based on pilot in SEHSCT, modelled on population. 1.5 WTE per 70k population 0-15 year olds.	7 Dietitians

In response to the regional transformation agenda gastroenterology has been identified as a priority by the HSCB. The work plan includes prioritising Dietitian-Led Coeliac review and Irritable Bowel Syndrome (IBS) services to release consultant capacity and support early access to diagnosis for Crohn's Disease and Ulcerative Colitis. Regional multidisciplinary care pathways and the supporting business planning proposals have been developed. These are based on % of IBS patients referred to secondary care

Gastroenterology Consultants and incidence of Coeliac Disease. At present these services sit in secondary care however, they could easily be realigned to the role of the Primary Care Practitioner / First Contact Dietitian. Examples which illustrate the benefits of the dietitian led pathways are as follows:

Coeliac Disease

Gastroenterology services face increasing demand and longer waiting times for consultant gastroenterology appointments. This is a trend which is expected to continue.

In order to address long waiting times Western Trust established a dietetic led review clinic for patients with Coeliac Disease. A pilot project was set up whereby a suitably experienced and skilled advanced dietetic practitioner undertook medical review of all stable coeliac patients.

Evaluation of the project showed that it was an effective and cost effective method of review for this patent group, freeing 90% of the consultant review capacity for this patient group to address more complex gastroenterology conditions. Patients reported high levels of satisfaction with this review method.

Significant cost benefits were achieved in relation to staff pay and improvements in service delivery for gastroenterology outpatients waiting times. Clinic cost effectiveness demonstrated a 50% cost saving over a medical model.

Irritable Bowel Syndrome

South Eastern Trust piloted the proposed new pathway for IBS which involved identifying suitable patients on gastroenterology waiting lists with suspected IBS to be directed to specialist dietetic treatment. This led to a reduction in the gastroenterology waiting list and released medical outpatient capacity.

This short pilot (January to March 2017) identified 10 patients per month from one Consultants list for specialist dietary treatment. All patients who received dietary treatment achieved their nutritional outcomes including significant reduction of their IBS symptoms. Cost savings were identified as potentially £200 per patient for specialist dietetic treatment as opposed to £1,400 for the medical investigations and consultations.

Cow's milk allergies

The Programme for Government identifies one of its strategic objectives as being "We give our children and young people the best start in life". In addition Delivering Together proposes transformational change including delivering more services within primary care.

The NI Infant Feeding Guidelines (HSCB) launched in 2013 led to significant increase in referrals to dietetic services for infants with Cow's Milk Allergy (CMA). CMA for infants < 1 year requires treatment with a strict avoidance of cow's milk. Inadequate or delayed treatment increases psychological stresses with the family and can increase the likelihood of persistence of CMA and/or development of further food allergy. In response to this increased demand and with funding from The Health Foundation the South Eastern Trust piloted a multidisciplinary clinic incorporating group education and individual assessment to provide early intervention. The pilot was designed to shift the acute treatment model to primary care settings in line with transforming care. During the pilot the service also transitioned from being Consultant led to Dietitian led. The outcomes included reduction in dietetic waiting times from 52 to 6 weeks, 90% of babies met 100% of their nutritional outcomes and parent feedback demonstrated 100% satisfaction with the service. Plans are being explored to spread this model across all 5 Trusts.

Preventing hospital admissions and early supported discharge

Primary care based practitioners:

Dietitians have a critical role to play in supporting primary care services. Diet and obesity are the main factors or one of the main factors in the aetiology of many long-term conditions including diabetes, hyperlipidaemia, hypertension, stroke, heart disease and mental health conditions. This means that dietary treatment is key to the management of these conditions. Also 96% of people living with malnutrition are in the community and more needs to be done to prevent people ending up in hospital with malnutrition. In paediatrics, Dietitians can improve diagnosis and management of food allergy in infants and children.

Dietitians have a number of important impacts:

- Enable patients to self-manage their condition

- Reduce demand on GP time
- Make 'prevention' possible in community
- Manage medicines effectively and efficiently
- Reduce the need for referrals to secondary care and the need for hospitalisation
- Be part of the multi-disciplinary primary care team

Community services

By providing rapid assessment and treatment, Dietitians can reduce the number of unplanned admissions to hospital, attendances to the emergency department (ED), whilst supporting patients in the community setting in the following key areas:

- Prescribing support services
- Acute Care at Home/ Anticipatory care services
- Community stroke rehabilitation
- Enhanced Nursing Home support
- Home Enteral Feeding
- Diabetes
- Palliative Care

The elderly population are known to be at a greater risk of malnutrition and frailty. The cost associated with malnutrition within NI equates to £800 million and is projected to increase to £1.91 billion. The NICE guideline on Nutrition Support (CG32) provides Grade A evidence recommending proactive prevention and management of malnutrition, provided by healthcare professionals who are skilled and trained in nutritional requirements and methods of nutrition support. These NICE recommendations are not currently being met within NI. A relatively small investment in the Dietetic workforce (including Dietetic support workers (DSWs) and/or Dietetic assistant practitioners (DAPs)) would provide significant health economic returns as well as clinical outcomes including

- increased nutritional status,
- increased weight,

- reduced infections,
- reduced pressure ulcers and
- reduced admissions to hospital,

Thereby improving the health and quality of life for a significant percentage of the population.

Frailty rates in NI are higher than in the Republic of Ireland and there is evidence that nutrition can have a positive impact. A combination of muscle strength training and protein supplementation was found to be the most effective intervention to delay or reverse frailty and the easiest to implement in primary care (Delaying and reversing frailty: a systematic review of primary care interventions, British Journal General Practice 2018).

Diabetes affects at least 90,000 people in NI at a cost of about £1 million per day with a projected rise from 10-17% of the total HSC budget by 2025 (diabetes Strategic Framework, November 16).

Dietitians are core to the delivery of the Diabetes Strategic Framework in achieving real and significant improvement in outcomes for people living with diabetes and meeting the recommendations of relevant NICE guidelines.

The table below summarise the key service areas, development required along with the associated benefits and outcomes. Further detail is provided in the narrative following this table.

Preventing Hospital admissions and early supported discharge				
Service area	**Service development/ proposal**	**Benefits/ Outcomes**	**Capacity & demand analysis/ evidence base**	**Staffing requirement**
Primary care based practitioners/ first contact Dietitians: – Paediatric services – Adults services	To introduce paediatric and adult Dietitians within GP practices as part of GP federation	• More timely Dietetic intervention for elective services • Facilitating care closer to the service user	BDA Dietitians in primary care paper Based on 0.5 WTE per 10k GP Practice population i.e. 98 WTE (2027 population)	123 (Coeliac and IBS deducted)
Oral nutrition support in the community Prescribing support services	Expansion of regional prescribing support dietetic team. *PAAT: Currently 4.0wte B3 Dietetic*	• Currently supporting primary care services, patients who are currently not under HSCT dietetic services. This may be negated if First Contact and Care home models are in place • Expand to other prescribing areas such as gluten-free products,		

Dietetic services providing enhanced nutritional care for residents in care homes - Prevent, Anticipate and Avoid, Treat (PAAT) model - Healthcall Undernutrition service	*Support workers SEHSCT* *Healthcall: remote monitoring service currently in care homes across SHSCT, with rollout in WHSCT and within the NHSCT–led regional Prescribing Support Dietetic Team and NHSCT anticipatory care (acute care at home) service*	paediatric ONS and milk substitutes • Training/education support to HCPs • Cost benefits • Early assessment and proactive focussed dietetic treatment • Appropriate prescribing of ONS • Improved efficiency of service, appropriate skill mix use • Increased weight and improved nutritional status of residents • Appropriate nutrition care planning • Reduction in pressure ulcers, infections • Reduced GP visits/contacts • Ongoing training provided • Cost benefits	4.0 B3 DSWs in SEHSCT for care homes 5.0wte Band 3 DSW to support approx. 8,000 contacts/ year 1 additional Dietitian/ Trust and requirement for Dietetic Support workers	

Home Enteral Feeding Coordinator Service	Development of Home Enteral Feeding Co-ordinator service. *Currently 1.1wte B7 Dietitian (adult services) SHSCT.*	• Support hospital discharges and provide care in the patient's own home • Avert ED attendances • Reduce hospital admissions • Minimise tube-related problems (replacements, blockages, broken) • Ongoing training and support to patients, carers and staff	Based on model of service delivery in SHSCT. National benchmarking of 1.0wte Dietitian per 80-100 patient caseload (adults & paediatrics)	
Enteral Tube Feeding and Parenteral Nutrition services	Implementation of Nutrition Support Teams (NST) to include Dietitians in acute HSCTs	• Dietitians involved in care of all patients requiring these alternative feeding methods, to assess and monitor nutritional requirements • Reduce complications • Reduce unnecessary treatments • Reduce costs	Based on NICE Clinical Guideline 32 – Nutrition support – all acute hospitals should have a multi-disciplinary NST, with Dietitians as key members 1.0 WTE per Trust for NST.	

Acute Care at Home	Acute Care at Home model and/or Multidisciplinary 'frailty' models of care in Emergency departments (ED) and supporting medical assessment units/ hubs	• Rapid dietetic assessment and treatment in patients own homes/ED services • Reduce number of unplanned hospital admissions • Reduce the number of attendees in the ED or GP Out of Hours • and/or introduction of 'frailty' screening in ED • Support earlier discharge from hospital • Reduce the demand for nursing home based care and intermediate care services	1.0wte/MDT Acute Care @ Home model – approx. 35 - 40/caseload. Require 1.0wte B7 for every 30 patients, based on current service models i.e. 5 WTE 1 wte B4 Dietetic Assistant Practitioner (DAP)/ professional WTE	
Stroke Rehabilitation - Acute - Community	Dietitians as core members of Acute and Community Stroke Rehabilitation teams	• Prioritised care/ timely intervention for dysphagic/ malnourished patients • Support continuous service transition to home	Based on national recommendations: 0.3wte Dietitian and 0.3wte Dietetic Support Worker (DSW) per 10	

	Currently 0.3 wte Dietitian SEHSCT (providing a limited service).	setting, following an acute stroke episode	patients i.e. 10 WTE	
Diabetes patient care	Development of dietetic services within diabetes across key work streams including inpatient care, pregnancy services, transition, patient education, foot care, insulin pumps and other technological services, primary prevention	• Improved quality of life • Improved blood glucose control • Reduced hospital admissions/amputations • Reduction in long term conditions • Enhanced self-management • Reduced spend on inappropriate medications • Consistent approach for structured patient education (SPE) • Reduction in rise in obesity	As per Diabetes Strategic framework modelling and anticipated 35% increase in incidence i.e. 9 WTE	
Specialist Palliative Care (SPC)	To meet recommendations within the interdisciplinary specialist palliative care workforce review in term of	• As part of the SPC team, Dietitians help improve the quality of life for those with complex palliative and end of life care needs and improve the experience of those important to	REF interdisciplinary Specialist Palliative Care Workforce review 2018 10 WTE Dietitians as per Specialist	

	increasing WTE and post graduate qualification in palliative care	them as in addition to reduced unscheduled care use. Specialist Palliative Care (SPC) Dietetics are involved in the care of individuals with more complex and demanding care needs. Their job plan includes the four key elements of the specialist practitioner role: – Expert clinical practice – Provision of formal and informal education – Research audit and development of best practice guidelines – Service improvement and leadership. • Specialist Palliative Care AHPs require a greater degree of	Palliative Care Workforce Planning Report Oct 2019 Palliative Care in Partnership	

		training and expert knowledge.		

Promoting Good Nutrition strategy – Dietetic services

Within the HSC settings much is being progressed to improve the care of individuals who are either at risk of or have malnutrition. The Promoting Good Nutrition (PGN) strategy is currently being applied within the community setting, focussing on older individuals in receipt of HSC services. In addition to the Dietitian's role in provision of awareness sessions and training of other health care professionals, the services provide individualised assessment and treatment.

In addition to PGN and as previously mentioned the MORE programme board has identified nutritional products as an area to scope for further efficiencies. The following examples illustrate where Dietitians are already contributing to this strategic agenda that demonstrate improvements for the nutritional care of patients that may be built upon in the future.

Prescribing Support Dietetic Team

The NHSCT-led regional Dietetic Prescribing support team is currently reviewing nutritional status and associated needs of patients within primary care who are on oral nutritional supplements, with the view to improving their nutritional status. There is potential for this role to expand into other health conditions where individuals are "prescribed" nutritional products such as gluten free foods or milk substitutes. Depending on the model applied, this may lead to an increased need in workforce to deliver education and training, as well as direct service user care.

Admission avoidance and early supported Discharge

The above term refers to a number of approaches which provide high quality treatment and care for people in acute crisis who would normally be sent to a local emergency department (ED) for assessment and admission. The service may provide short-term support to elderly patients in their own homes through the provision of rapid assessment and treatment.

An “Acute Care at Home” (anticipatory care) service is one such model, which would provide triage, assessment and treatment where appropriate as an alternative to in-patient care specifically to those at risk of or potentially requiring admission to hospital, i.e. in the absence of such care, they would otherwise require inpatient treatment. The Acute Care at Home Team, which should include Dietitians will also support appropriate earlier hospital discharge for those who have required hospital admission. The service aims to:

- Adopt a patient focused holistic approach to care to support
    - assessment of need,
    - patient empowerment,
    - patient choice and control,
    - rehabilitation,
    - medical diagnosis and management.
- Reduce the number of unplanned hospital admissions as well as ED and Out of Hours (OOH) attenders
- Impact on bed days in both acute and non-acute facilities
- Reduce the demand for nursing home based care and intermediate care

Community stroke rehabilitation team

Dietitians have a role in specialist assessments and interventions for nutrition for stroke patients.

An early supported dietetic discharge service was set up within the Community Stroke Rehabilitation Team in South Eastern Trust in 2016. The aim of the service was to provide continuous service transition to the home setting for patients following admission for an acute stroke. Prioritized patients were those with malnutrition or at high risk and those with dysphagia. Within the 6 week rehabilitation period the majority of patients achieved their nutritional outcomes.

Current dietetic capacity for stroke services across NI is below national recommendations of 0.3wte dietitian and 0.3 DSW per 10 patients with stoke. Thus to fully realise these outcomes across all stroke services additional dietetic workforce capacity would be required.

Enhanced Nursing Home support

With the growing ageing population and the high incidence of malnutrition in care homes, new ways of working to support patient's nutritional needs have been tested as described below:

Prevent, Anticipate and Avoid, Treat (PAAT)

A pilot project in care homes in South Eastern Trust in 2013/2014 demonstrated that there was minimal or no proactive review of the nutritional care plans of patients after discharge from dietetic care. This led to 70% of patients having a nutritional care plan that was not in line with their nutritional need. To address this, the 'Prevent, Anticipate and Avoid, Treat (PAAT) model was developed. Dietitians, Dietetic Support Workers (DSW) and care home staff jointly manage the care of residents with monthly reviews of nutritional information via a virtual electronic data set. Dietitians anticipate and avoid deterioration of patient's nutritional status through early identification of potential problems and direct DSW's and care home staff in appropriate treatment to address this. DSW's review nutritional information and support care home staff with treatment plans. They only escalate patients to the dietitian for assessment or review when required, thus demonstrating skill mix and efficient use of staff resources.

The positive outcomes from this service include:

- Early assessment and treatment
- More appropriate use of fortified food
- Appropriate use of oral nutritional supplements (ONS)
- Increased weight and improved nutritional status of residents
- All patients are on an appropriate nutritional care plan
- Reduction in pressure ulcers
- Reduction in infections
- Reduced GP visits/contacts
- Direct referrals by care home staff
- Ongoing training of care home staff
- Improved relationships with care home staff and relatives
- Up to date nutritional information for Social Care Managers and RQIA
- Actual cost savings per year of £83,000 on nutritional supplement across care homes in South Eastern Trust area as well as estimated health economic savings of £146,000 with more appropriate nutritional care

Healthcall Undernutrition service

A service is in place in care homes across Southern HSC Trust 'Health Call Undernutrition Service' which uses an automated remote monitoring service for adult patients identified as at risk of malnutrition and/or are prescribed oral nutrition supplements (ONS).

Information is collected via a secure web portal about patients' weight, appetite and compliance with taking their prescribed ONS. The service then assesses the data and raises alerts based on changes in weight, risk of undernutrition (MUST) and compliance with ONS or appetite. The majority of review care is undertaken by a Dietetic Support Worker (DSW).

Overall the service demonstrates:

- *Improved safety* i.e. improved accuracy of 'MUST' recording, improved nutritional status
- *Improved quality* i.e. staff/families feel better supported, there is improved joint working with care homes, Dietitians provide proactive focused intervention when problems are identified, driving good nutritional care
- *Improved cost effectiveness* i.e. there is more appropriate prescribing of ONS with associated cost savings, and also a reduction in domiciliary appointments with associated travel cost savings
- *Improved efficiency* i.e. improved access to dietetics for care home staff, Care homes are only contacted about residents that require input thereby reducing intervention time. There was improved skill mix with the use of the DSW, enabling Dietitians to focus on more complex work and meet other demands.

With the appropriate dietetic capacity the above models of working and their benefits could be expanded to other Trusts across NI.

Enteral tube feeding and Parenteral Nutrition

Enteral tube feeding is a treatment used to feed people artificially via a feeding tube through the nose into the stomach or directly into the stomach or bowel. People needing this treatment usually have lost their ability to swallow or may need nutritional support due to underlying medical or surgical problems. Parenteral nutrition is treatment for

patients who rely partially or totally on artificial nutrition via an intravenous route into their bloodstream. All enteral and parenteral nutrition patients should have their nutrition requirements assessed and monitored by a Dietitian.

The majority of patients on an enteral feed are under the care of a dietitian who will assess and monitor their nutritional requirements and manipulate their feeding regimen accordingly as per care standards.

The assessment and management of patients on parenteral nutrition by a Dietitian varies across Trusts. NICE Clinical Guideline 32 – Nutrition Support - recommends that all acute hospital Trusts should have a multi-disciplinary Nutrition Support Team (NST) with Dietitians as one of the key members. Across the region there is only 1 HSCT which has a NST.

NICE advises that a NST will decrease complications and costs through reductions in unnecessary treatments and prevention of complications. Additional dietetic workforce capacity is required to realise these benefits.

Home Enteral Feeding Co-ordinator service

The role of the Home Enteral Tube Feeding (HEF) Co-ordinator is to lead the planning and co-ordination of the adult enteral tube feeding service supporting hospital discharge and those adults who are enterally tube fed in the community.

Within Southern HSCT, the established adult HETF service supports over 100 adults who are receiving enteral tube feeding in their own home, in nursing homes or in supported living.

From 1/4/16 to 31/3/17 this service averted 206 attendances at Emergency Departments. There were:

- 158 planned tube replacements
- 29 unplanned tube replacements
- 2 feeding tubes unblocks
- 17 broken tube repairs

The HEF Co-ordinators also provide significant ongoing training and support to patients/carers and staff.

This is a service that continues to demonstrate major benefits to patients and carers in the community and should be available across all the Trust areas for both paediatric and adult services.

Diabetes

The implementation of the Regional Diabetes Strategic Framework is being led by a Regional Diabetes Network via 13 work streams. Priorities for the first 3 years that impact on dietetic services include pregnancy, patient education, foot care pathway, primary prevention, pumps and other technological services. Significant dietetic resource will be required to support this implementation and achieve positive outcomes for people with diabetes.

Public health/ preventative Care

The development of the role of the Dietitians in Public Health supporting prevention programmes is crucial for the Public Health agenda, particularly with the obesity crisis.

'Health and Wellbeing 2026 - Delivering together' paper outlines the need to support people to lead healthy and active lifestyles focusing on a preventative and person centred models. "Our Hearts Our Minds" in WHSCT is a pan vascular prevention programme developed by researchers at Imperial College, London and at Crios, Galway that reduces the risk of heart disease and stroke. The foundation of the programme is

healthy lifestyle changes (smoking cessation, healthy diet, regular physical activity) delivered in a family based model.

Patients with chronic long term conditions such as diabetes need the support to be empowered to self-care.

NICE guidelines 'Weight management: lifestyle services for overweight or obese adults', 2014 (PH53) recommend weight management lifestyle services are commissioned and developed with the input from a registered Dietitian. These guidelines also recommend training for lifestyle weight management programme staff is delivered by registered Dietitians. NICE guidelines 'Weight management: lifestyle services for overweight or obese children and young people', 2013 (PH47) also recommend all lifestyle weight management programmes are designed and developed with input from a registered Dietitian. These NICE guidelines are not currently being equitably met across NI.

The table below summarise the key service areas, development required, and the associated benefits and outcomes. It is recognised that prevention will have an impact on obesity levels however this will take more than 10 years to realise the population level impact.
A full detailed explained can be found after the table.

Preventative Care

Service area	Service development/ proposal	Benefits/ Outcomes	Capacity & demand analysis/ Evidence base	Staffing requirement
'Our Hearts Our Minds' programme	Vascular prevention - programme for those with established cardiovascular disease or those who are a high risk of developing the disease. Dietitians are an integral part of the multidisciplinary team.	The fundamental principles of the My Action programme are derived from the successful EUOROACTION study ; Programme foundation is the promoting of a healthy lifestyle- smoking cessation, healthy food choices, regular physical activity in community settings Risk factor management and adherence to prescribed cardio protective medications.	Pan European model, currently transformation project in WHSCT 21 WTE Dietitians based on 1 WTE per 90K population as per Our Hearts Our Minds modelling	44 Dietitians
Specialist weight management services	Regional bariatric services		WHSCT development bid based on Canadian pilot of bariatric services	

			6 WTE – 1 WTE Band 7 per Trust for Tier 3 obesity management plus 1 WTE 8a for Tier 4 surgery.	
Public Health and Obesity	Development of the Public Health Dietitian role and dietetic services in prevention programmes, such as: – Early years nutrition programmes – Nutrition standards for school meals – Cook It programmes (to develop cooking skills) – Weigh to a Healthy Pregnancy weight management programme	▪ Equity of access to these services across HSCTs ▪ Dietetic support for communities to increase their nutritional knowledge and skills ▪ Dietetic education, support and resources to food poverty schemes, including Food Banks ▪ Reduction in overweight/obesity levels across the population ▪ Improvement in uptake of healthier food choices ▪ Improvement of nutrition provision in HSC facilities	Dietitians/ DSWs to be involved in all programmes (planning through to implementation, based upon yearly commissioned plans from PHA) Some posts are already funded internal by Trusts and some are funded recurrently by PHA/ DE	

	(for patients with a Body Mass Index >38) – Community adult weight management programme – Minimum Nutritional Standards for Catering in HSC *Currently variable wte across HSCTs, across the various programmes.*	for staff and visitors	However over the last 2-6 years team have grown, but this growth has not been matched with adequate staff at Band 7 team lead level, to operational and professional manage the current staff in some Trusts 1 WTE per GP Federation are i.e. 17 WTE	

Public Health and Obesity

At present access to these prevention programmes is limited by location and criteria for engagement set by Community and Voluntary provider organisations. The FFFA programme report (June 2016 - June 2017) recognises the following changes since the 2010/2011 position:

- Slight reduction (1.7%) in overweight and obesity in P1 school children
- 4% increase in children reporting eating 5 portions of fruit and vegetables per day
- 1% increase in overweight and obesity in adults
- 2% reduction in overweight in adults
- 3% increase in obesity in adults

The Regional Obesity Prevention and Implementation Group (ROPIG) is a multiagency strategic group which was set up to facilitate the implementation of the Fitter Futures for All (FFFA) strategy. Annual action plans have been agreed for the past few years and include many aspects which require Public Health Dietitian involvement including:

- Early years nutrition programmes
- Nutrition Standards for school meals
- Cook It! programmes
- Weigh to a Health Pregnancy
- Adult weight management programmes
- Minimal Nutrition Standards for catering in HSC

Additional Public Health Dietitians and DSWs are required to deliver the expansion and spread of the above programmes to fully realise the aspirations of FFFA in prevention of obesity in the population in NI. This additional capacity will enable Public Health Dietitian to equip a wider range of communities with the knowledge and skills to plan, purchase and prepare healthy food choices for individuals and families.

ROPIG recognises that the poverty agenda in NI influences food choices, healthy eating and thus obesity. With current pressures on household budgets there has been an expansion in the number of food banks and food poverty schemes in operation. Public Health Dietitians work collaboratively with a range of these organisations to provide education, support and resources which promote donation, selection and preparation of healthy food choices.

One example is where Public Health Dietitians from Belfast Trust currently offer Good Food Toolkit training to food banks volunteers in the Belfast locality. These Public Health Dietitians have also worked collaboratively to coproduce suitable recipe booklets to promote healthy food to clients using food banks. Again to realise the aspirations of FFFA this work needs to be expanded and spread across the whole of NI.

<u>Minimum Nutritional Standards for catering in Health and Social Care</u>

The Food Standards Agency, the Public Health Agency and *Safe*food led the development of minimum nutritional standards for HSC settings through the ROPIG programme. The standards apply to all facilities that serve food and/ or beverages to staff and visitors operating within HSC settings including catering facilities as well as private retail and vending machines. A regional post for a Registered Dietitian/

Nutritionist has been created to support the roll out and implementation of the standards across HSCNI.

This post is being supported by Public Health Dietitians to provide accredited training for catering staff to enhance their knowledge of healthy food provision.

Succession planning and career progression

The following table provides information on the need for succession planning and career progressions:

Service area	Service development / Proposal	Benefits/ outcomes	Capacity & demand analysis / Evidence base
Research and development	Commissioning and implementation of dedicated dietetic roles within the area of research and development	▪ Provides new or additional evidence which will direct clinical practice and commissioning ▪ High quality clinical practice informed by the best available, up to date evidence ▪ Improved patient care and outcomes ▪ New ways of working ▪ Collaborations with research institutions	Development of joint posts with research institutions

Dietetic Support Worker (DSW) & Assistant Practitioner (AP) roles	Enhancement of DSW opportunities and commissioning and development of Dietetic Assistant Practitioner roles	▪ Leadership and strategic visioning across HSC and for the profession ▪ Clearly defined career pathway ▪ Ability to release time of other health care professionals, particularly Consultants/GPs, enabling them to focus on their workloads on areas requiring their expertise ▪ Appropriate skill mix ▪ Profession fit for new ways of working and transformational care ▪ Efficient and effective working	B3 and B4 positions will be required in order to support and enhance skill mix across Trust wide Dietetic services
Dietetic Apprenticeships	Development of Apprenticeships – currently under exploration by the British	▪ Sustainable supply of Dietitians	Provides opportunity for B3/B4 development to registered status - whilst

	Dietetic Association		supporting professional workforce needs
Management roles			Need for assistant/deputy manager positions to support service development/ improvement and strategic planning and protect clinical time.
Supplementary prescribing status for Dietitians	Development of a new skill set for Dietitians to enhance clinical care *New service development*	▪ Developments in new service areas such as parenteral nutrition, diabetes, kidney disease and gastroenterology ▪ Prevent delays in obtaining prescriptions ▪ Resolve diet and medication issues at an earlier stage, without requiring a hospital visit	Backfill to support the training of these Dietitians

		▪ Patients have a single point of contact ▪ Reduce burden on Consultant /GP time for prescriptions	

Non-medical prescribing

The dietetic profession across the UK has achieved primary legislation to enable dietitians to be supplementary prescribers. Secondary legislation is awaited in NI. The dietetic profession are awaiting legislation to be passed in NI for Dietitians to become supplementary prescribers. Examples of where this new skill set will be utilised include for prescribing of parenteral nutrition and medications for diabetes, kidney disease and gastroenterology conditions.

Dietitians in the UK who are supplementary prescribers are making a significant difference to patient care, clinical services and dietetic practice including:

- Prevent delays in obtaining prescription following dietetic advice
- Resolve issues with diet and medication at an earlier stage without the need to visit the hospital
- Patients have single point of contact
- Decrease burden on consultant clinic time and GP appointments solely to obtain a prescription.

Appendix 6: Regional Stakeholder Engagement

Regional Stakeholder Engagement

An important element of the review involved stakeholder engagement in the spirit of co-production and co-design. The Project Team comprised of representatives from DoH, PHA, and Trusts. The Steering Group comprised of representatives from DoH, PHA, Trusts, Patient Client Council (PCC) and Staff Side.

An engagement strategy was discussed at Steering Group level. It was agreed a collective communications effort regionally would be important to encourage service user and carer involvement. This input to the review process would ensure solutions were coproduced appropriately.

The PCC undertook a digital communications strategy to support the involvement agenda. This included social media postings across Facebook and Twitter; published article updates in PCC monthly newsletter with a reach of 15,000 across Northern Ireland and event listings on PCC website for 'Engage' events.

In addition, the Project Group hosted an 'Engage' event on Friday 13th April 2018 at Craigavon Civic Centre. Over 150 delegates registered to attend the event from across the statutory, independent sector, staff side, carers and users. The purpose of the event was to consult on the development of the draft Allied Health Professions Workforce Review with a Focus on Dietetics, Podiatry, Orthotics and Radiography. The event took the format of an interactive e-participation 'Engage' session.

The engage discussion focused on four main topics:

Question 1 – Recruitment – What needs to be done to attract the right people with the right skills into these professions?

Question 2 – Retention – What needs to be done to make the HSC a brand that People aspire to work for?

Question 3 – Workforce Planning Process – Are there any gaps in the process that you would wish to have addressed?

Reflection – Having discussed all of this today, what would you now suggest as the top priority for the AHP workforce reviews to deliver?

The 'Engage' method combines the live aspect of small-scale discussion with information and communication technologies; on one hand it allows rapid transmission of work-group results to a plenary assembly; while on the other it permits surveys of individual participants' opinions through a polling system. Information gathered at the engage event has been reflected in the review. Each of the round table groupings at the event were asked to prioritise their responses in each topic and the top responses captured.

The Public Health Agency (PHA) is carrying out an extensive piece of work across all Health and Social Care Trusts (HSCTs), with the aim of introducing a more patient-focused approach to services and shaping future healthcare in Northern Ireland. The '10,000 Voices' project now '10,000 more voices', gives patients, as well as their families and carers, the opportunity to share their overall experience highlighting anything important, such as what they particularly liked or disliked about the experience. The project is supported by a software package called sensemaker & the National Health Service in Northern Ireland are among the earliest users of SenseMaker®.

Personal and Public Involvement (PPI) is the active and effective involvement of service users, carers and the public in the design, development, delivery and evaluation of Health and Social care (HSC) services. Personal and Public Involvement (PPI) is now a

legislative requirement for Health and Social Care organisations as laid down in the Health and Social Services (Reform) Northern Ireland Act 2009. While PPI may be relatively new term, the concept is not. The HSC system has long recognised the benefits of meaningful and effective engagement of service users, carers and the public. Within all Trusts in the region Dietitians are actively involved in building partnerships and networks with service users, adults and children, carers, families, charitable organisations, user forums, voluntary organisations and other agencies including councils, education, police, Ambulance and Fire Services, to identify some areas.

Local professional engagement

The profession itself leads on engagement with all staff members, support and professionally qualified who in turn are potential service users as well as providers of services.

Innovative approaches have enabled partnership development of quality improvement projects/services through the use of service user stories, reflection, learning and joint working with service users and Dietitians. As a result of events like these new service models have been implemented and learning from what works for service users has resulted in service user centred services.

Throughout the process, Dietetic managers have engaged with HSCT colleagues e.g. consultants, HSCB, network managers, assistant directors and AHP Leads. Other partners such as service users, local commissioning groups/ integrated care groups, community and voluntary organisations and care home providers have been involved in discussions and encouraged to submit their views on professional workforce development needs. Social media, such as Facebook and Twitter, has been used to highlighted the workforce review and encourage service users to view their opinion and engage within the stakeholder event.

As a means of engagement with the potential future Dietetic workforce, Dietetic services within the HSCTs link with 'Work Inspiration' in providing career workshops targeting students within secondary/ grammar schools to promote and explain the remit of the profession.

Appendix 7: List of abbreviations.

List of abbreviations

AHP - Allied Health Professions

AP – Assistant Practitioner

BDA – British Dietetic Association

BHSCT – Belfast Health and Social Care Trust

CMA – Cow's Milk Allergy

COPD – Chronic Obstructive Pulmonary Disease

CVD – Cardio Vascular Disease

DAP – Dietetic Assistant Practitioner

DE – Department of Education

DHSSPS – Department of Health and Social Services

DMF – Dietetic Managers Forum

DoH – Department of Health

DSW – Dietetic support Worker

ECG – Education Commissioning Group

ED – Emergency Department

FFFA – A Fitter Future for All

GP – General Practitioner

HCPC – Health and Care Professions Council

HCPs – Health Care Professionals

HEF – Home Enteral Feeding

HR – Human Resources

HSC – Health and Social Care

HSCNI – Health and Social Care Northern Ireland

IBS – Irritable Bowel Syndrome

MDT – Multidisciplinary team

MORE – Medicines Optimisation Regional Efficiencies

MUST – Malnutrition Universal Screening Tool

NHSCT – Northern Health and Social Care Trust

NICE – National Institute for Health and Care Excellence

NIECR – Northern Ireland Electronic Record

NISRA – Northern Ireland Statistics and Research Agency

NST – Nutrition Support Team

ONS – Oral Nutrition Supplements

OOH – Out of Hours

PAAT – Prevent, Anticipate and Avoid, Treat

PCC – Patient Client Council

PFG – Programme for Government

Pg – page

PG – Postgraduate

PGN – Promoting Good Nutrition

PHA – Public Health Agency

PPI – Personal and Public Involvement

RD – Registered Dietitian

RoI – Republic of Ireland

ROPIG – Regional Obesity Prevention and Implementation Group

SEHSCT – South Eastern Health and Social Care Trust

SHSCT – Southern Health and Social Care Trust

SPC – Specialist Palliative Care

SPE – Structured Patient Education

SWDG - Strategic Workforce Development Group

TIG – Transformation Implementation Group

UU – Ulster University

WHSCT – Western Health and Social Care Trust

WTE – whole time equivalent

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