

The power of collaborative working – Joining up nutritional therapy practice with NHS primary care

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Disclaimers

We both work for the British Association for Nutrition and Lifestyle Medicine (BANT)



BANT[®]

Science-based nutrition
practice since 1997

The power of collaborative working – Joining up nutritional therapy practice with NHS primary care

Menu of the day...

- **Case Studies: the current model of collaboration between NTs and GPs**
- **Present the path from 'Passive Patients to Motivated Participants'**
- **The cost of chronic disease in the UK & lack of nutrition provision**
- **Next steps & Key Questions**

Case Study 1 - Mildred (Digestive Health)



Passive relationship with GP

Mildred	GP
<p>Profile: Female, age 59, early retirement</p>	<p>Diagnoses: Acid reflux, Secondary progressive Multiple Sclerosis, Diverticulosis</p>
<p>Presenting Symptoms: Chronic diarrhoea with urgency, fatigue, confused about what to eat</p>	<p>Procedures/Investigations: Cholecystectomy; Colonoscopy; MRI</p>
<p>Supplements: Vitamin D, Iron</p>	<p>Prescriptions: Citalopram, Kliofem, Omeprazole, Pregabalin</p>



Footnotes

Data from a true client of Clare Grundel MSc, seen between 2023 and 2024
 Client permission given.

Creating Professional Partnerships

NUTRITION PRACTITIONER

OPTIMISING DIET / SYMPTOM SUPPORT

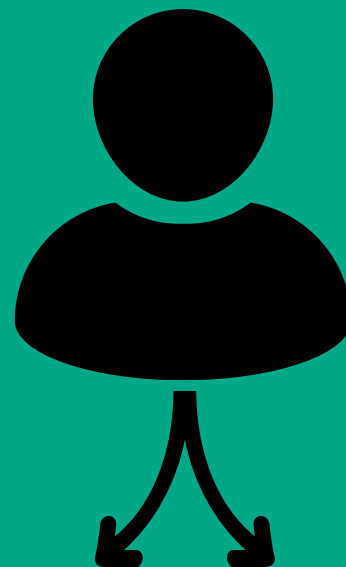
FULL CASE HISTORY - REQUEST
MEDICATION REVIEW

DIET / SAFE SUPPLEMENTATION

SYMPTOM REVIEW

ENJOYING FOOD / CONFIDENT IN CHOICES
NO FECAL URGENCY

MILDRED'S JOURNEY



IMPROVED OUTCOMES

GENERAL PRACTITIONER

DIAGNOSIS / SPECIALIST REFERRALS

APPROVAL FOR SAFE DE-PRESCRIBING

MEDICATION REVIEW

TITRATING DOSE / THERAPEUTIC SUBSTITUTION



Case Study 2 - John (Inflammatory Arthritis)



Anxious relationship with GP

John	GP in UK
<p>Profile: Male, age 53, recent emigration to UK</p>	<p>Diagnoses: Depression, inflammatory arthritis, IBS, heartburn, eczema</p>
<p>Presenting Symptoms: Low mood/motivation, painful joints, headache, diarrhoea, itchy and flakey scalp, dizziness, restless leg syndrome, low/no appetite, weight loss</p>	<p>Procedures/Investigations: X-ray, HLA-B27, MRI, routine bloods</p>
<p>Supplements: None</p>	<p>Prescriptions: Sertraline, Tramadol, Pregabalin, Paracetamol, Zolpidem, Trazodone, Cosmocool</p>

<p>GP in Home Country</p>
<p>Diagnoses: Psoriasis, psoriatic arthritis</p>
<p>Prescriptions: Methotrexate, Prednisone</p>
<p>Supplementation: Folic Acid</p>

Footnotes

Data from a true client of Clare Grundel MSc, seen in 2024
Client permission given.

Creating Professional Partnerships

NUTRITION PRACTITIONER

OPTIMISING DIET / SYMPTOM SUPPORT

FULL CASE HISTORY - URGENT MEDICATION REVIEW

DIET / SAFE SUPPLEMENTATION

SYMPTOM CHANGE

DAILY BOWEL MOVEMENT, NO DIARRHOEA, NO LAXATIVES

JOHN'S JOURNEY



IMPROVED OUTCOMES

GENERAL PRACTITIONER

DIAGNOSIS / SPECIALIST REFERRALS

MEDICATION REVIEW - DOSE REDUCTION:
Tramadol; Pregabalin; Paracetamol

AWARE OF MEDICATION SIDE EFFECTS
CAUSING SOME KEY SYMPTOMS

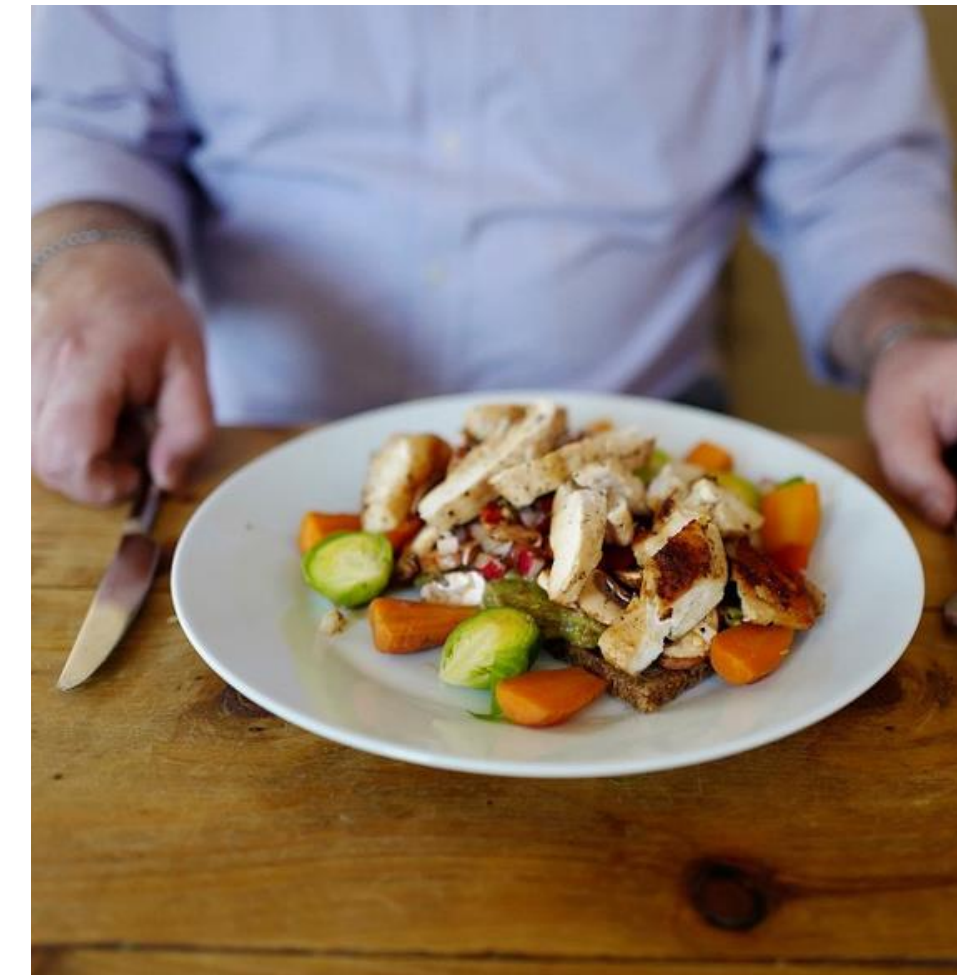
ALTERNATIVE DIAGNOSIS? RA?

Case Study 3 - Nick (Metabolic Health)



Confident relationship with GP

Nick	GP
<p>Profile: Male, age 54, business-owner divorcee, father of 2 (adult) sons</p>	<p>Diagnoses: Steatotic liver disease (SLD) Hypercholesterolemia, borderline obesity</p>
<p>Presenting Symptoms: Indigestion, belching, constipation, abdominal weight (105 kg), stress, insomnia, impotence, poor concentration, excessive sweating</p>	<p>Procedures/Investigations: Blood in urine (episodic), routine bloods, ECG</p>
<p>Supplements: Digestive Enzymes, Probiotic, Adrenal Complex, Chromium Picolinate</p>	<p>Prescriptions: Sertraline (50mg/day)</p>



Footnotes

Data from a true client of Claire Sambolino MSc, seen between 2019 and 2021
Client permission given.

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Creating Professional Partnerships...

NICK'S JOURNEY

NUTRITION PRACTITIONER

OPTIMISING DIET / SYMPTOM SUPPORT

FULL CASE HISTORY - REQUEST
MEDICATION REVIEW

DIET / SAFE SUPPLEMENTATION

REQUEST 12 WK BLOOD TEST

LOST 13,5 KGS, IMPROVED DIGESTION /
SLEEP, REGULAR BOWEL MOVEMENTS,
REDUCTION IN STRESS



OPTIMAL HEALTH

GENERAL PRACTITIONER

DIAGNOSIS / SPECIALIST REFERRALS

DE-PRESCRIBING & TITRATION OFF SSRI

SHARED BLOOD RESULTS

REGULAR CHECKUPS



From Passive Patients to Motivated Participants

CREATING DYNAMIC PARTNERSHIPS

Nutrition Practitioners can work in synthesis with General Practitioners / Consultants to develop active strategies for their patients, alongside their primary care therapies, for overall improved health outcomes.



GENERAL PRACTITIONER



NUTRITION PRACTITIONER

DIAGNOSIS	+	OPTIMISING DIET
SPECIALIST REFERRALS	+	SYMPTOM SUPPORT
PRESCRIBING	+	SAFE SUPPLEMENTATION
DE-PRESCRIBING	+	TIME / COACHING
MEDICATION REVIEW	+	CONFIDENCE BUILDING



Considering the current state of UK health...

2/3

adults are overweight.
25.9% of which are obese

5

million

adults living with
diabetes (90% T2DM)

1 in 5

adults living with IBS
(cluster symptoms)

3

million

people living with cancer

1 in 4

people experience a
mental health event

Footnotes

(1) Overweight & obesity stats accessed on 30/04/2024 - [Health Survey for England 2021](#)

(2) Diabetes - [Diabetes UK](#); (3) IBS - [NHS IBS Report](#); (4) Cancer - [Macmillan Cancer Support Charity](#); (5) Mental Health - [MIND](#)

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And the cost of chronic disease...

- In 2021, total healthcare expenditure in the UK was £280.7 billion, equating to £4,188 / person.
- 58 billion a YEAR is spent on treating obesity related ill health alone in UK.

...yet only 5% current NHS spend is spent on prevention



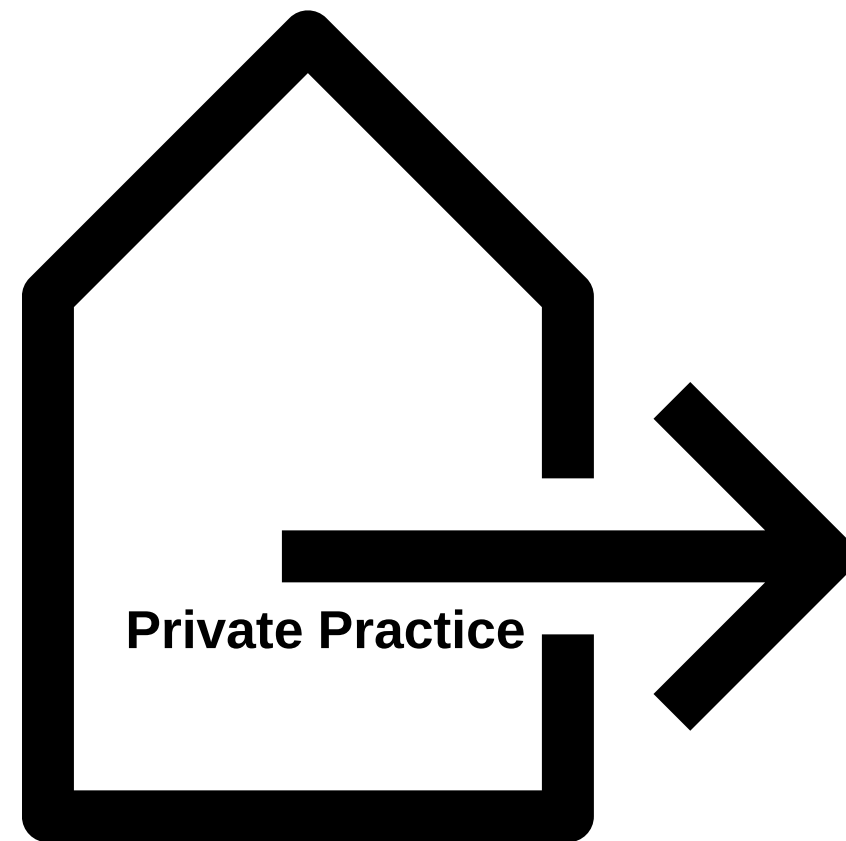
(1,3) Office for National Statistics. (2020). Healthcare expenditure, UK health accounts: 2018. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/ukhealthaccounts/2021>

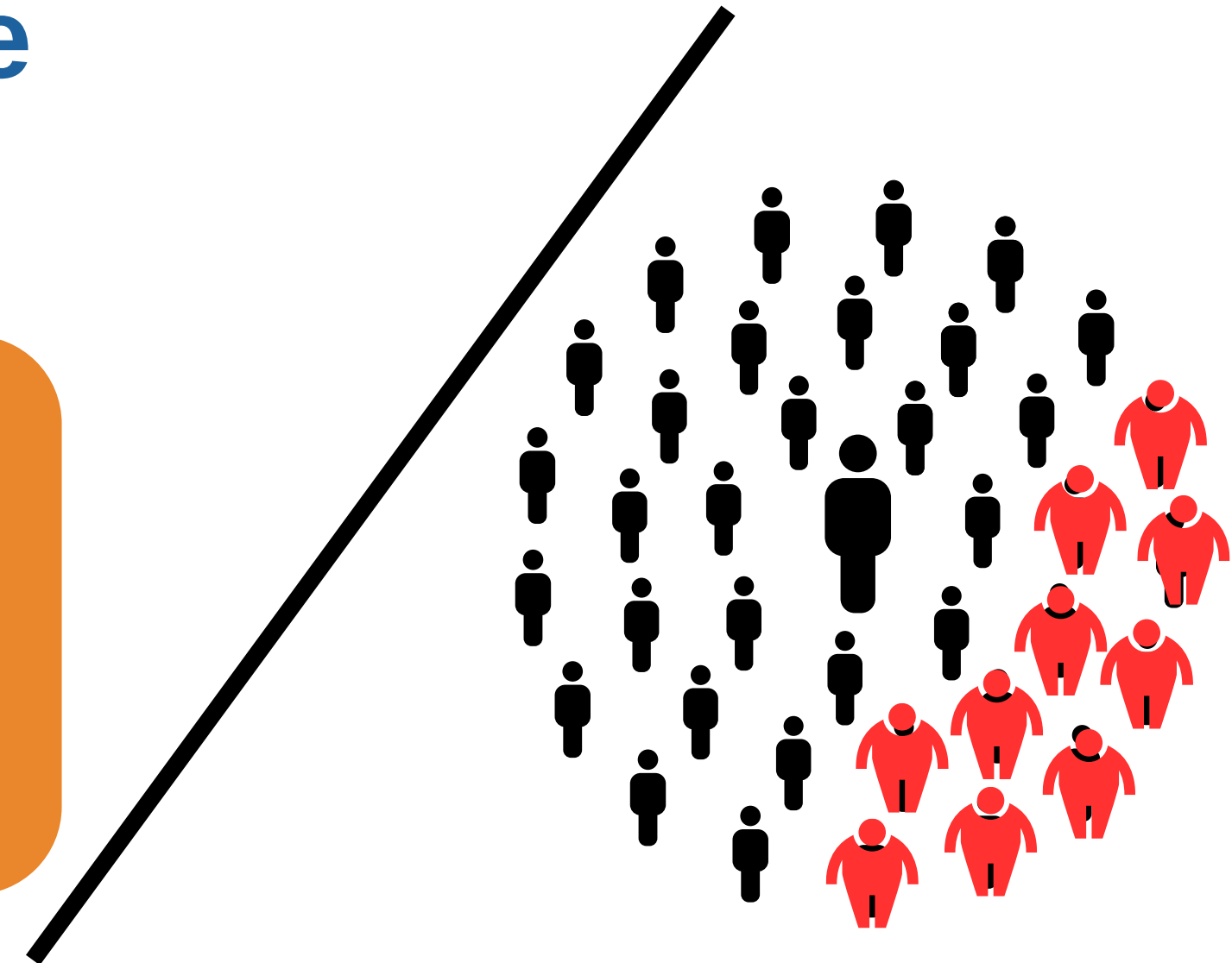
(2) Cost of Obesity: [Frontier Economics](#), accessed 02 May 2024

There is need for nutrition professionals in NHS Primary Care

4 out of
10k
Dietitians in
NHS



<8k?
Nutritionists



Footnotes

(1) HCPC Data on dietitians accessed 30/04/2024 - [HCPC diversity data report 2021](#)

(2) BDA Benchmarking data - [fewer than 4,400 dietitians working in the NHS. In inpatient settings less than 0.05 dietitians per 1000 occupied beds.](#)

(3) Nutritionists data (estimated) - Nobody knows as not a regulated profession. (4) Obesity stats accessed on 30/04/2024 - [Health Survey for England 2021](#)

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Why Nutritional Therapy?

- It targets the 'drivers' of chronic disease
- Prioritises root cause of current symptoms
- Instantly actionable for patients
- Gives patients agency over their care
- Cost-effective and prevention-focused



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Next Steps / Key Questions

- **Let's talk - enable GP/NT discussion for best (joined-up) patient care**
- **Policy change for personalised nutrition to be available within Primary Care**
- **Funding for NTs v. savings to overall healthcare budget**



Why choose to collaborate?



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Thank you!

Claire Sambolino, MSc



Clare Grundel, MSc



Appendix

We also surveyed other Nutrition Practitioners...

- 65%** practitioners contact client's GP to share protocol &/or request tests/reviews
- 34%** receive a response, either directly, via client, or provision of requested services
- 20%** receive referrals from GPs / NHS and/or Private GPs
- 14%** directly collaborate with a GP / Surgery / Primary Care Provider

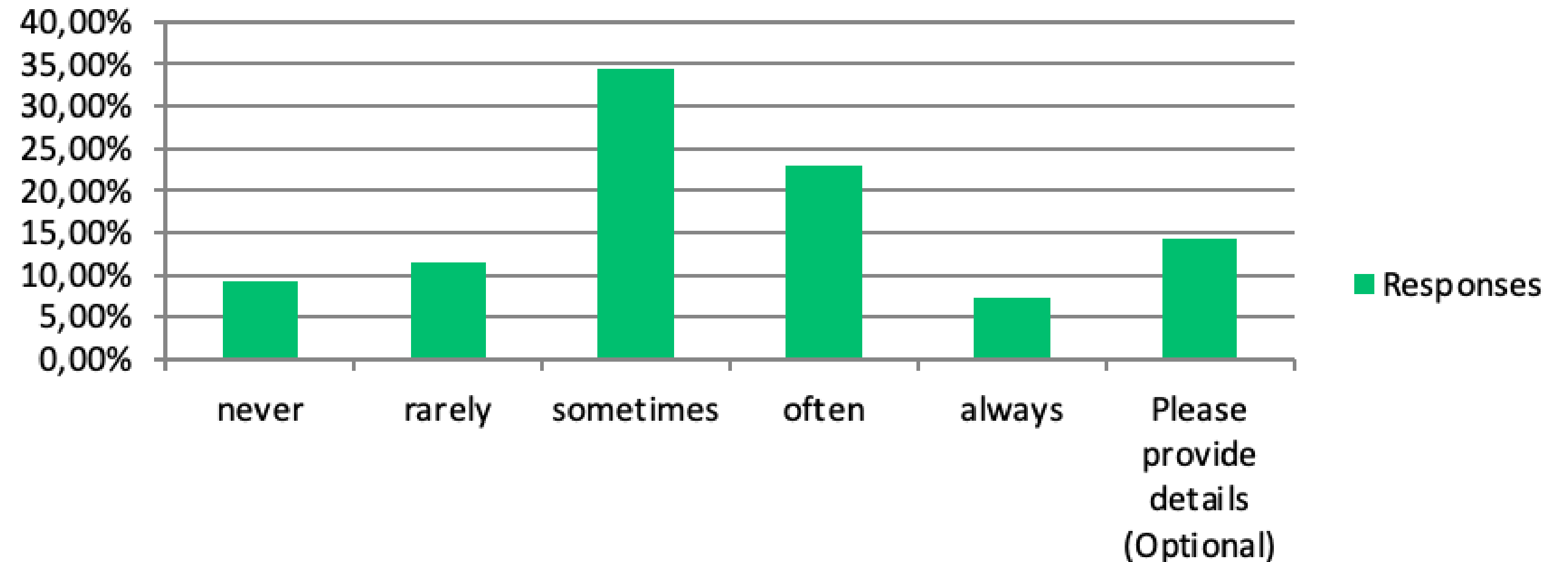
Footnotes

Independent survey of Registered Nutritional Therapy Practitioners using Survey Monkey. Sample 139 participants. April 2024
Further results in the appendix

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Question 1

Do you contact your clients GP to inform them of your nutritional recommendations and /or to involve them in your protocol by requesting tests or medication reviews?



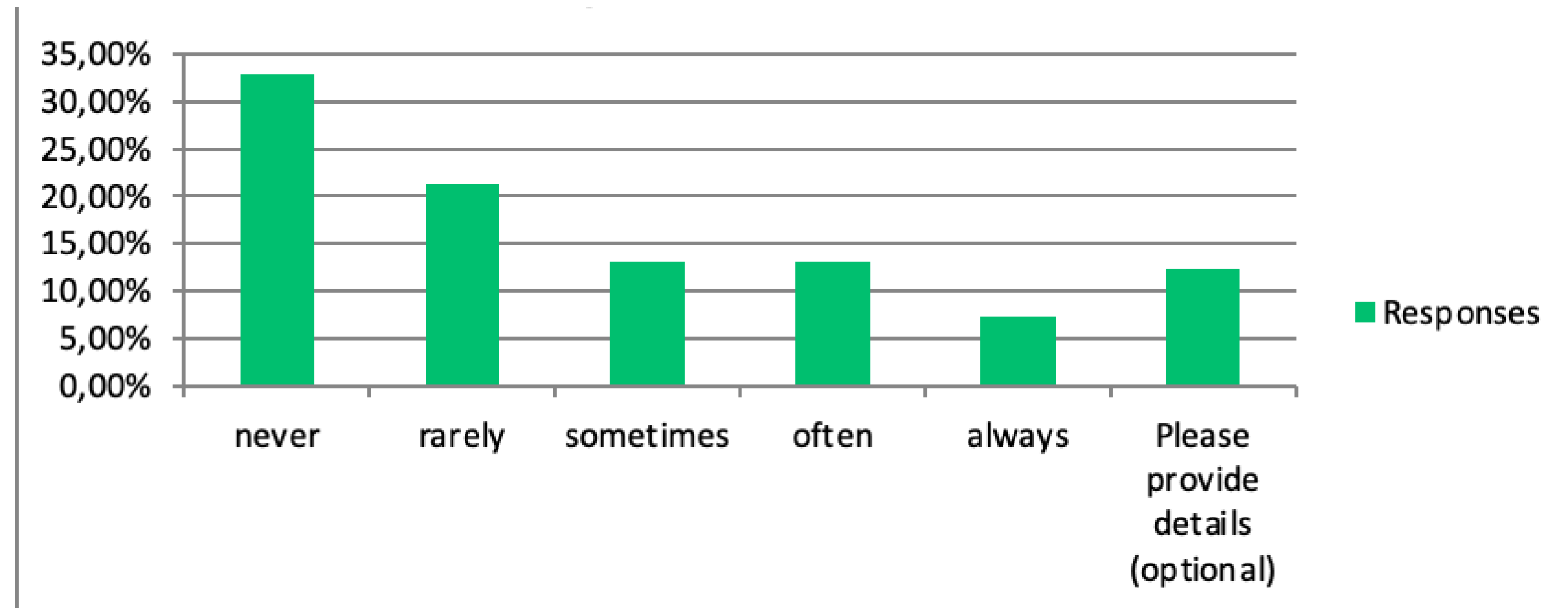
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Full results in the appendix

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Question 2

How often do you receive a response from your clients GP, either directly , via your client or through provision of requested services?



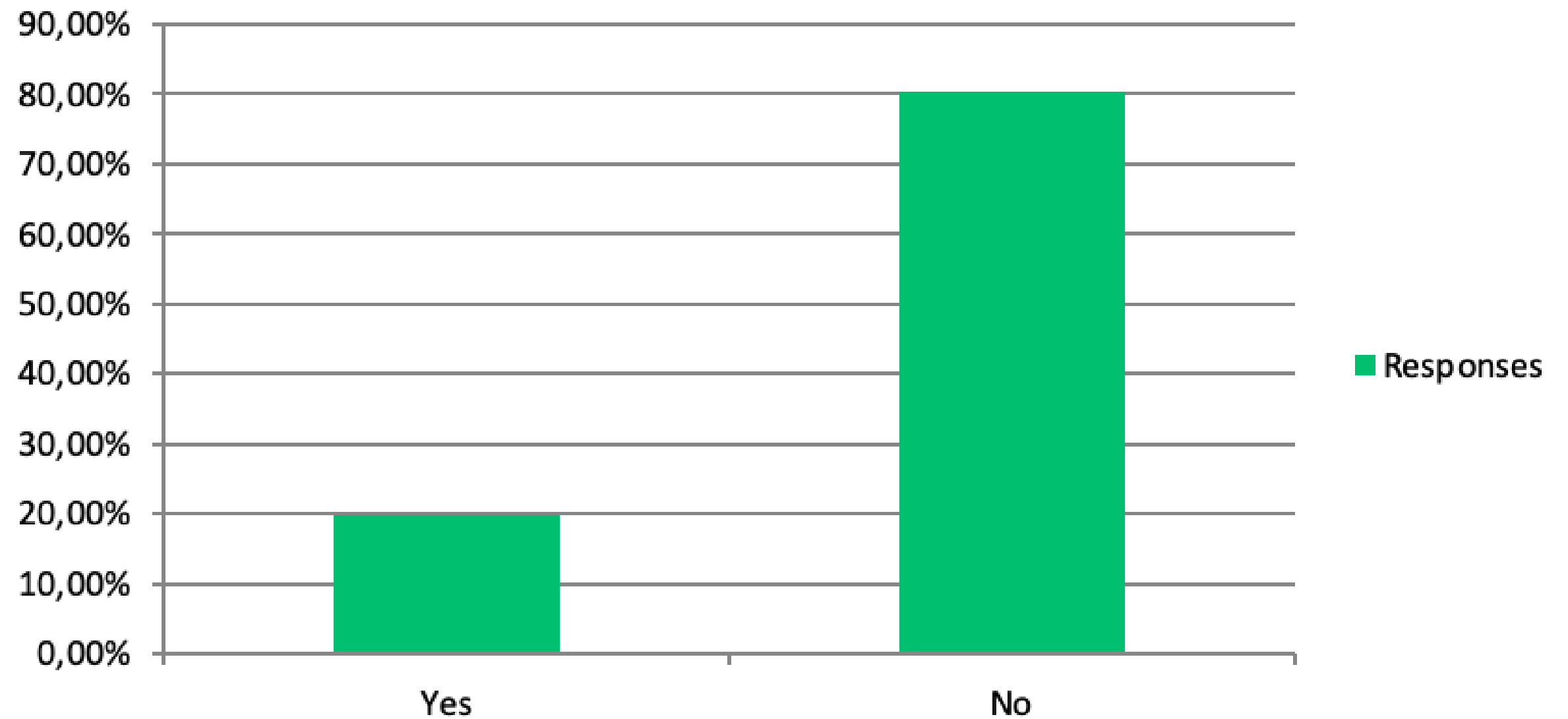
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Full results in the appendix

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Question 3

Do you receive client referrals from GPs / NHS?



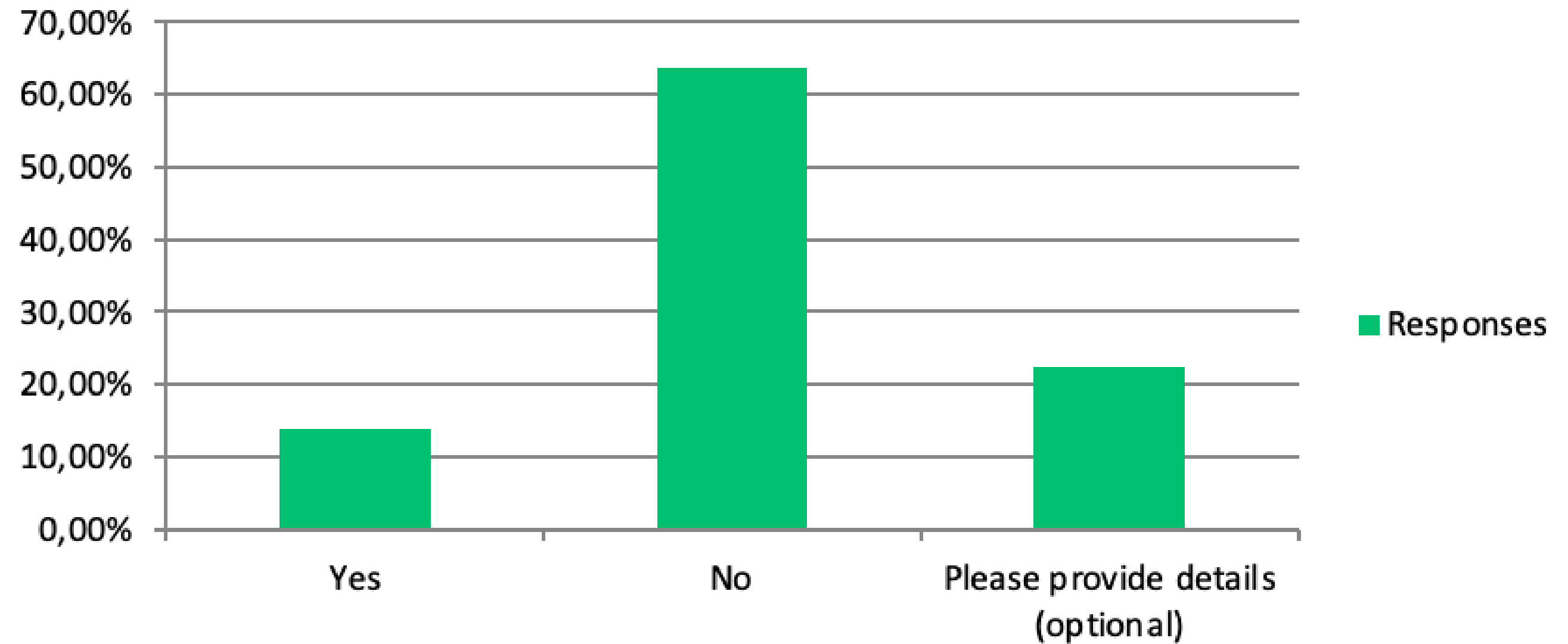
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Full results in the appendix

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Question 4

Have you ever had the opportunity to directly collaborate with a GP / Surgery / Primary Care Health provider / other?



Footnotes

Independent survey of Registered Nutritional Therapy Practitioners using Survey Monkey. Sample 139 participants. April 2024
Full results in the appendix

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Positive Examples of NTs supporting GPs



- **Run 2 x Diabetes groups through the local PCN with payment from the NHS.**
- **Currently working with an NHS ICB who are paying for my services.**
- **Worked for NHS running weight management programmes.**
- **Run Pre-diabetes prevention talks at GP surgeries for 2 years.**
- **Currently engaging with a mental health Trust primary care team to provide nutritional education to medical students. Have previously given talks to the same group.**
- **Local gastroenterologists - one at a childrens' hospital and one who works with adults on NHS and private. He understands the microbiome and we liaise regularly.**
- **Based in an NHS surgery. All my clients are referrals from the GPs.**
- **A local GP contacted me, wanting to collaborate specifically with an mBANT registered nutritional therapy practitioner. She has started referring patients.**

Footnotes

Independent survey of Registered Nutritional Therapy Practitioners using Survey Monkey. Sample 139 participants. April 2024
Full results in the appendix

Challenges faced by NTs



- **Tried, via the Public Health Collaboration as an Ambassador. I joined their Patient Participation Group. They confessed that they were unable to consider anything new, as they couldn't cope with their current responsibilities.**
- **Work within a GP practice and receive direct referrals. However this has met with barriers as we are not recognised by the NHS it is difficult to incorporate.**
- **Not for want of trying, but Practice Manager's are often "too busy" to meet me, and I have never got through to an NHS GP directly.**
- **Tried to. My GP put forward my details to the PCT but we never received a response.**
- **Liaised with a diabetic specialist impressed by a client who had lowered their HBA1C. I offered talks for groups with T2DM and she said only NHS-based advice was permitted.**

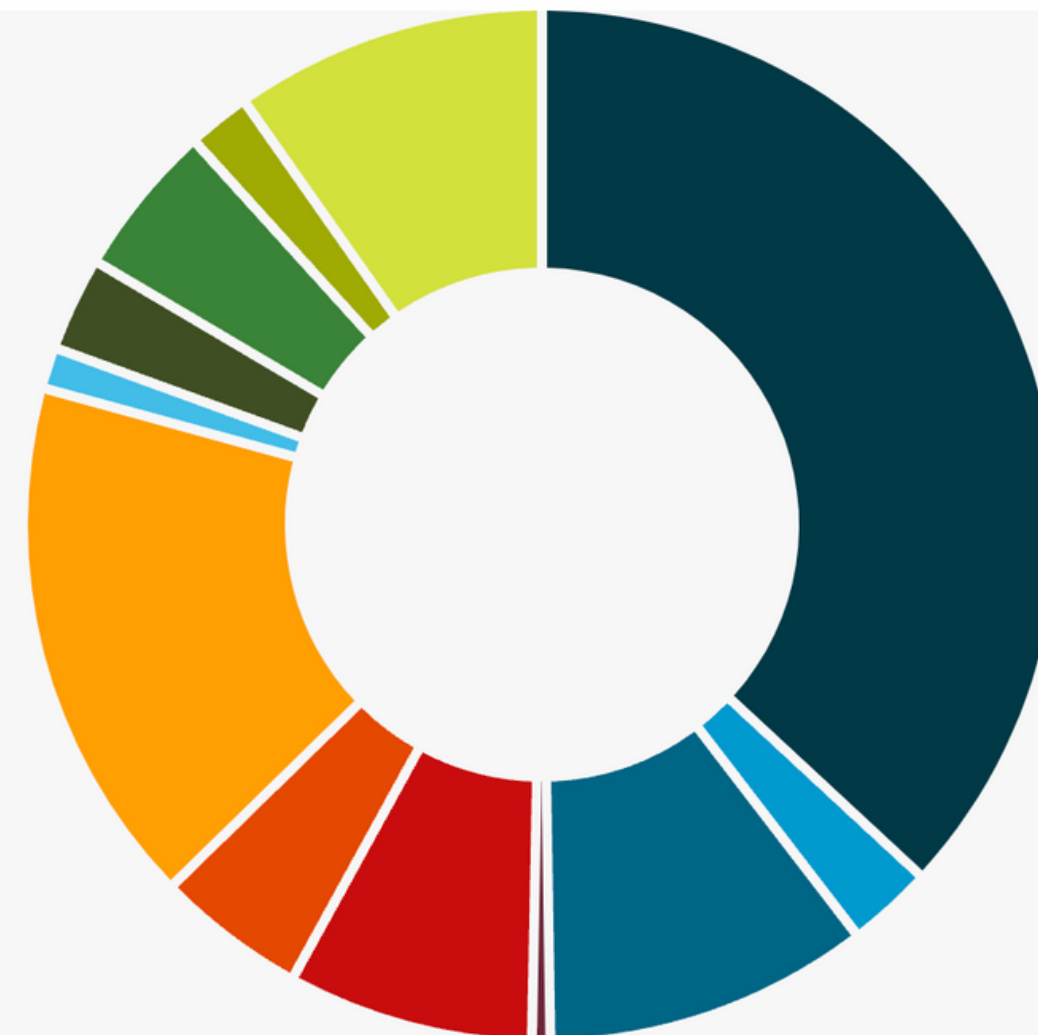
NHS staffing spend should extend to Nutrition Practitioners

Where does the money go?

In 2021/22, the largest area of day-to-day spending was on staff costs, equating to 40 per cent of expenditure. Other areas of significant spending include primary care (general practice, dentistry, etc), procurement (supplies and services to deliver health care) and non-NHS health care (independent, local authority or voluntary sector providers).

In 2021/22 the largest area of NHS spending was on staffing

■ NHS provider staff costs ■ Other staff costs ■ Non-NHS - health care ■ Non-NHS - social care ■ Primary care ■ Prescribing ■ Procurement ■ Clinical negligence ■ Local authority grants ■ Covid-19 inventory ■ Depreciation ■ Other



Source: [Department of Health and Social Care Annual Report and Accounts](#)

TheKingsFund

It's time for Policy Change - read the manifesto [here](#)




 **BANT ELECTION MANIFESTO**

 **DOWNLOAD**



IT'S TIME FOR A PREVENTION-LED MODEL TO REBUILD THE NATION'S HEALTH: A CALL FOR CHANGE!



 **INCREASE FUNDING FOR PREVENTION**

Currently, only 5% of NHS spend goes on prevention. We need to increase funding and transition towards a prevention-led model.

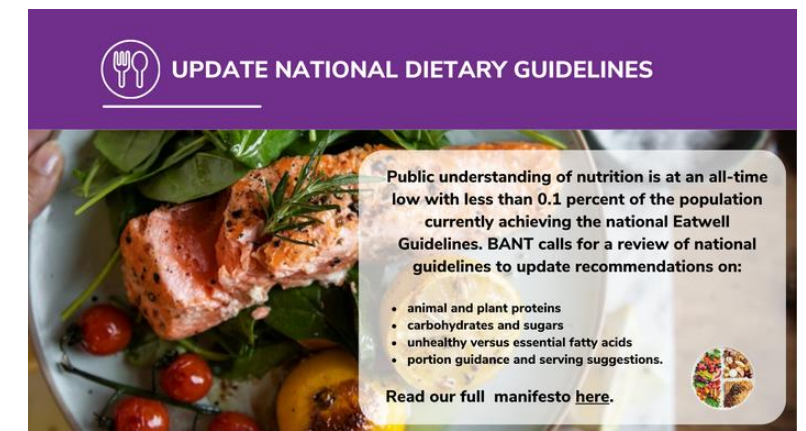
An expansion of the workforce would allow:


- An expansion of social prescribing to facilitate referrals to Professional Standards Authority (PSA) - accredited nutrition practitioners.
- Funding of nutrition consultations for patients with food-related illnesses.
- Introduction of government-funded healthy food prescriptions to empower GPs to prescribe healthy foods.

Read our full manifesto [here](#).



IT'S TIME FOR A PREVENTION-LED MODEL TO REBUILD THE NATION'S HEALTH: A CALL FOR CHANGE!



 **UPDATE NATIONAL DIETARY GUIDELINES**

Public understanding of nutrition is at an all-time low with less than 0.1 percent of the population currently achieving the national Eatwell Guidelines. BANT calls for a review of national guidelines to update recommendations on:

- animal and plant proteins
- carbohydrates and sugars
- unhealthy versus essential fatty acids
- portion guidance and serving suggestions.

Read our full manifesto [here](#).



IT'S TIME FOR A PREVENTION-LED MODEL TO REBUILD THE NATION'S HEALTH: A CALL FOR CHANGE!



 **INCLUDE NUTRITION PRACTITIONERS IN THE NHS**

We call on political parties to prioritise bringing PSA-accredited Registered Nutritional Therapy Practitioners into NHS primary care settings:

- In GP surgeries for referrals on diet-induced symptoms.
- In out-patient settings to advise on nutrition next steps following treatment.
- In paediatric clinics for dietary education for families.
- In integrative healthcare teams to provide active support for patients with metabolic, digestive, cardiovascular, inflammatory, and autoimmune conditions.

Read our full manifesto [here](#).



IT'S TIME FOR A PREVENTION-LED MODEL TO REBUILD THE NATION'S HEALTH: A CALL FOR CHANGE!



 **POLICY TO SUPPORT A HEALTHIER POPULATION**

Focus on disease prevention is the only option if we are to future-proof the NHS. We need policies that recognise the major contributors of modern-day disease and understand which factors are modifiable with preventative measures.

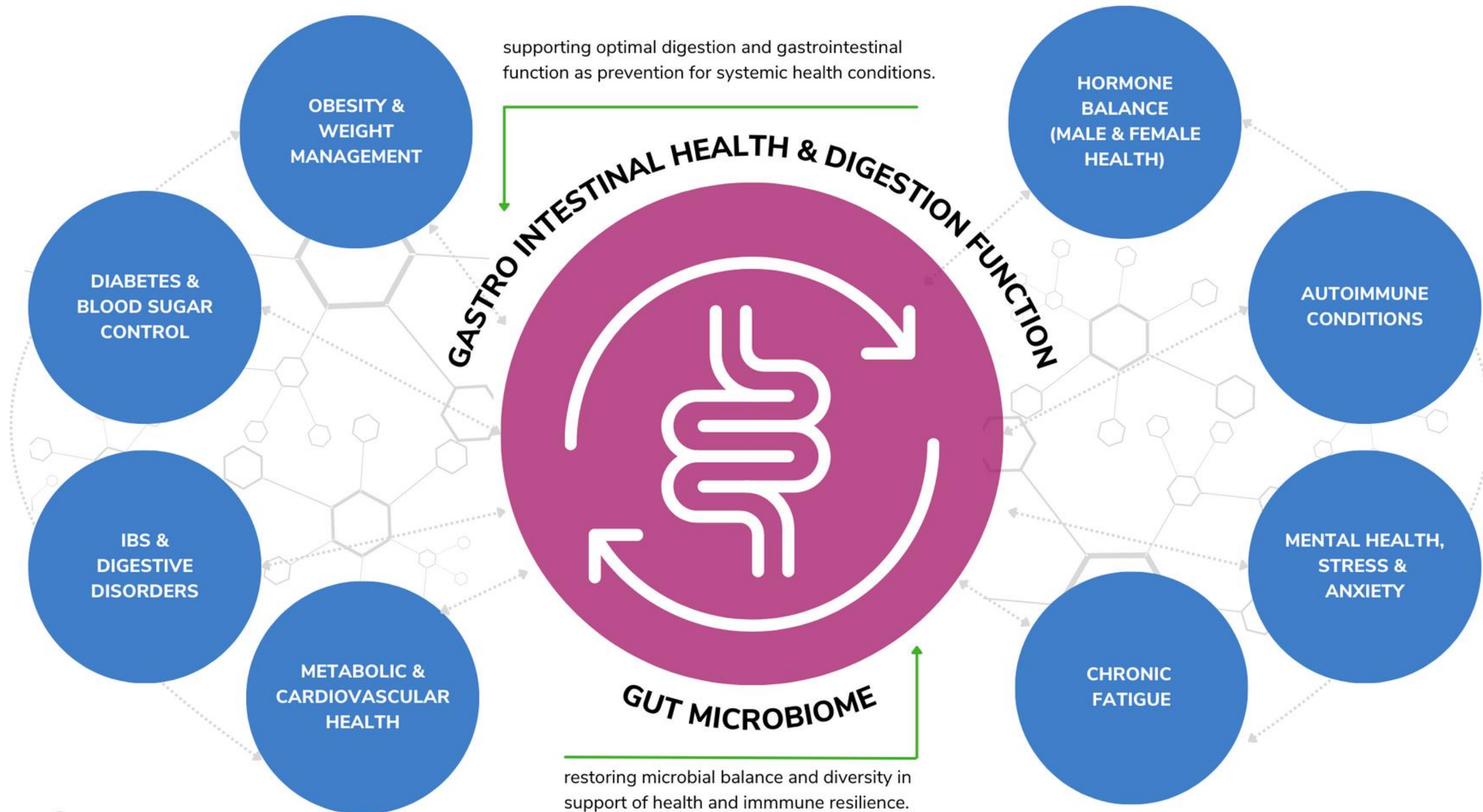
Causality cannot be solved pharmaceutically. There is one tried and tested way to 'treat' diet-induced disease, and that is by improving how we eat. Read our full manifesto [here](#).



IT'S TIME FOR A PREVENTION-LED MODEL TO REBUILD THE NATION'S HEALTH: A CALL FOR CHANGE!



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WHAT EVIDENCE DO BANT MEMBERS USE?

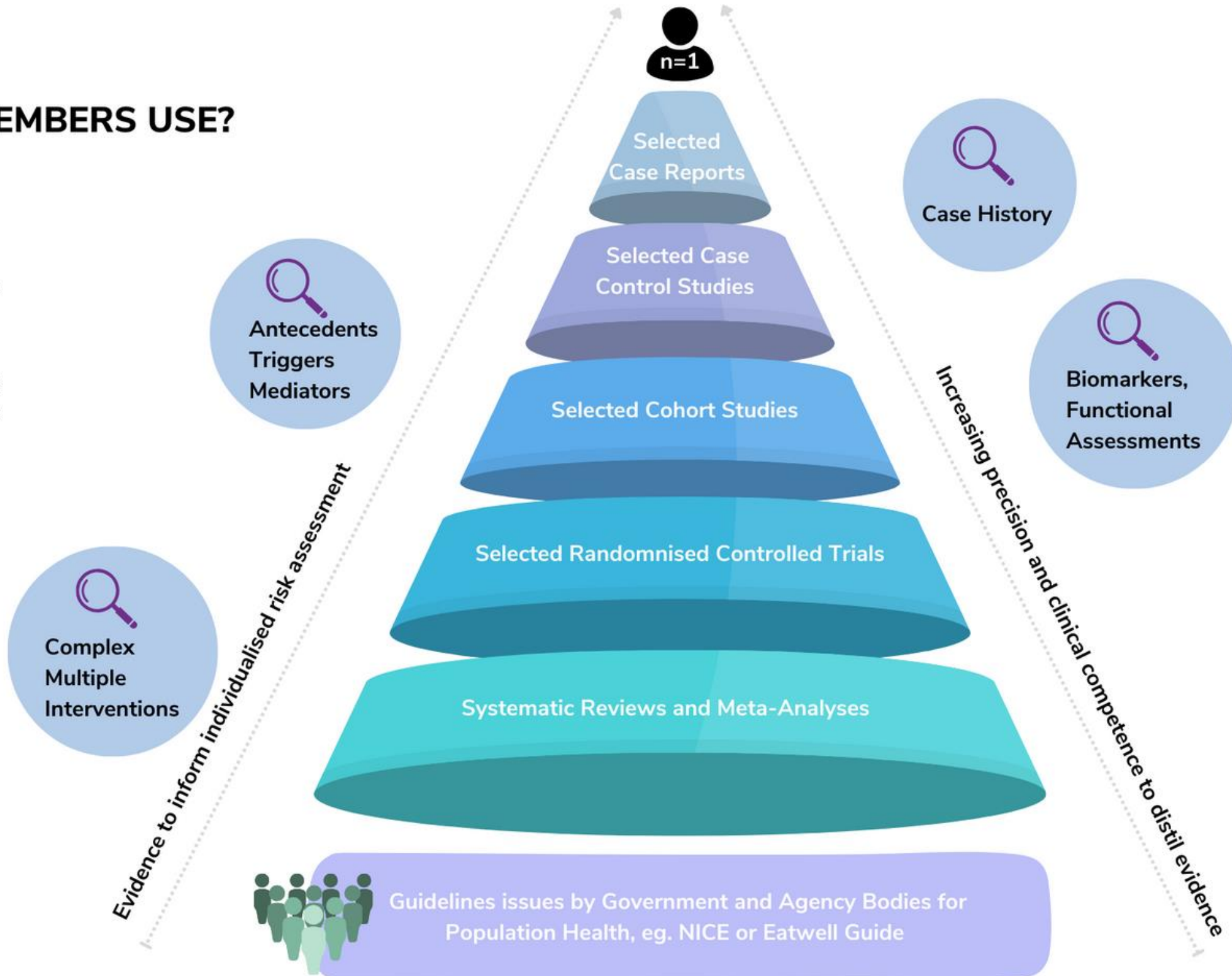
BANT members consider each individual to be unique and use evidence-based approach to provide recommendations that are based on individual's unique biological individuality. They consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach.



OUTCOMES THAT ARE...

PATIENT-CENTRED

PRECISION-ORIENTATED



NHS GUIDANCE ABOUT PSA ACCREDITED REGISTERS

BANT practitioner members are required to be registered either with Complementary and Natural Healthcare Council (CNHC) or be statutorily regulated.

The accredited registers work alongside employers, commissioners, local authorities, patients, and consumer protection agencies as part of a quality assurance network. They set the same level of standards for practitioners working in unregulated health and care occupations as those on statutory regulated professions.

Seeking health care professionals that are on an accredited register can offer peace of mind to employers, the public and patients that they are competent, trustworthy and are committed to achieving high standards of personal behaviour, technical competence and, where relevant, business practice. It also offers a means to take action if there is any cause to raise concerns about a registrant's fitness to practise.

