

Cutting out the Middle Man


Launch of a Direct Referral Process for Dietetics

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NHS Lothian Prescribing Support Dietitians

“it should be clear to the key worker and care home team how to access all members of the MDT and how and when to obtain help. Professional to professional support should be available without having to go through the GP whenever it is clinically appropriate to do so”

My health, My Care, My Home – healthcare framework for adults living in care homes (June 22)

Background

- Historically locality dietetic teams responsible for local care homes
 - All referrals via GP Sci-gateway
 - Little appetite to change process
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ONS Prescribing Project



- 2018-2020 Efficiency project reviewing Oral Nutritional Supplement (ONS) Prescribing
- High use of ONS in care homes (24% of all ONS prescribed)
 - Worked with 65 care homes
 - 40% did not have a valid ACBS indication for ONS
 - 68% no longer required ONS
- Frustration with current referral process


Baseline Audit

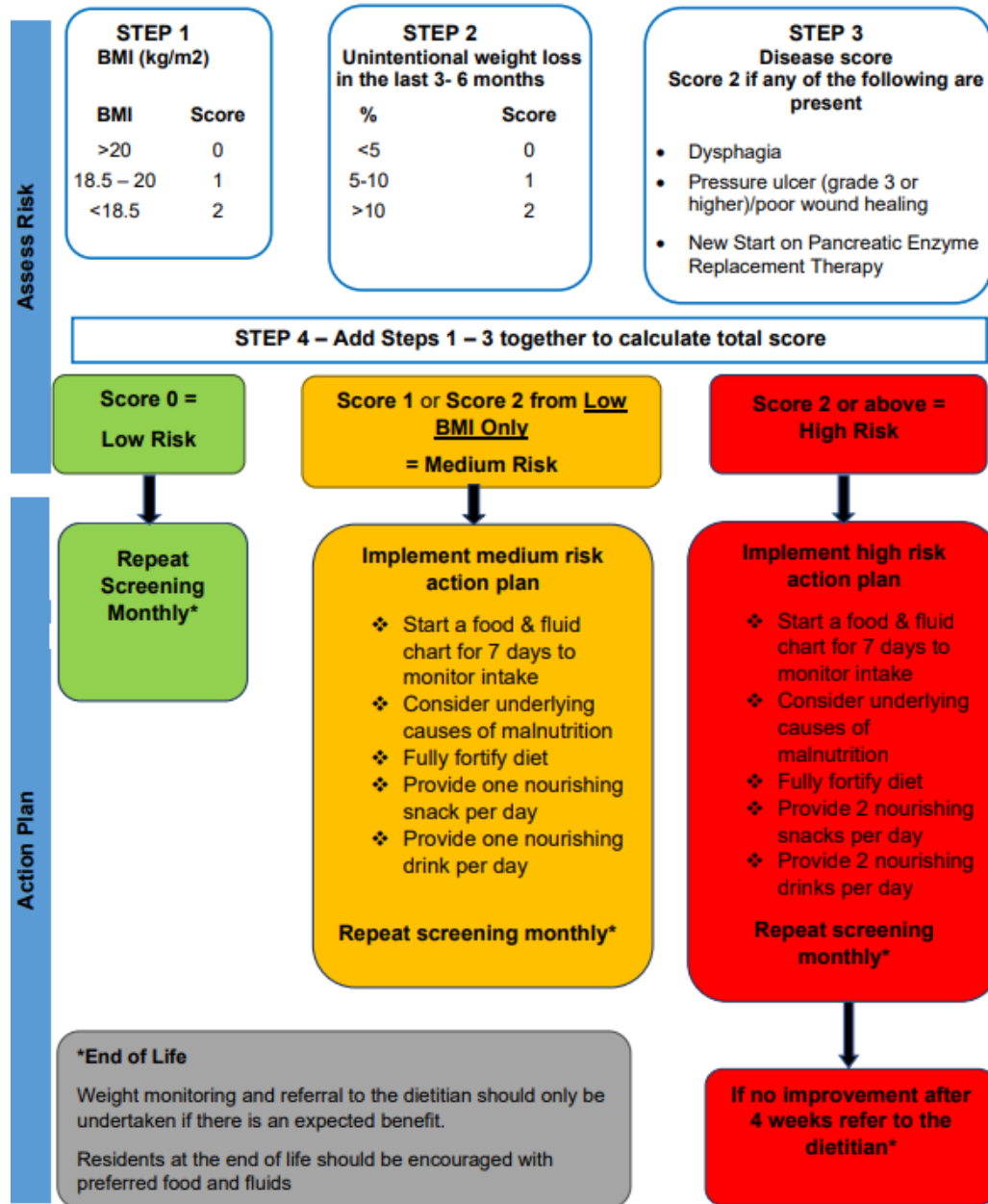
- Retrospective case-note review of new care home referrals in Midlothian in a 12 month period
- 79 referred and accepted – only 32% had minimum essential info to be able to triage effectively

2019 Pilot (Midlothian)

- Referral form completed by care home staff and sent directly to dietetics
- **80%** of referrals had minimum essential info included = 150% improvement!

New Position

- April 2021 permanent funding for prescribing team secured
 - In order to maintain improvements to ONS spend decided to take over responsibility for all Lothian Care Homes (excl Edin LA)
 - Immediate roll out of direct referrals to all Lothian care homes and launch of care home specific referral pathway
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Dietetics Service Care Home Referral Form		Resident's name:
		DOB: __/__/__
		CHI:
Care Home:	Unit/floor:	Tel No:
GP Practice Name:		
Welfare PoA Name:	Contact no:	

Medical Information		
Relevant medical history:		
Recent investigations/blood results:		
Current medications:		
Nutritional Status		
Current weight (kg)	Height (m)	Current BMI:

MUST Score – Refer to Care Home Malnutrition Referral Pathway	Score
Step 1 <u>Calculate</u> BMI score (either 0, 1 or 2)	
Step 2 <u>Calculate</u> weight loss score (either 0, 1 or 2)	
Step 3 <u>Calculate</u> Disease Effect score (either 0 or 2)	
Total score (0 to 6)	

Resident's Weight History		
Time Period	Date	Weight (kg)
1 month <u>ago</u>		
2 months <u>ago</u>		
3 months <u>ago</u>		
4 months <u>ago</u>		
5 months <u>ago</u>		
6 months <u>ago</u>		

Factors affecting current Nutritional Intake		
		If YES, action to take
Has resident been in hospital or been unwell within the last 4 weeks?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Monitor weight for next 4 weeks
Does the resident have any challenging behaviour that is affecting food intake?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Discuss with GP regarding need for referral to local Behaviour Support Team

Does the resident have any swallowing difficulties?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Refer to SLT Manual for Mealtimes SLT recommendations - Diet: Fluids:
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Does resident have any dental problems?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Consider dental referral
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**If you have answered YES to any of the questions, referral to dietitian may not be appropriate at this time.
Please take appropriate actions as above, and if no improvement complete a new referral form in 4 weeks' time.**

Over the last 4 weeks have all food fortification measures been implemented?	
Dietary Intervention	Implemented daily?
Fortified milk use in drinks, cereal, smoothies – aiming for one pint in total	YES <input type="checkbox"/> NO <input type="checkbox"/>
Meals and snacks fully fortified	YES <input type="checkbox"/> NO <input type="checkbox"/>
Offer homemade milkshake/juice drinks x 2 per day	YES <input type="checkbox"/> NO <input type="checkbox"/>
Offer 2 high calorie snacks daily	YES <input type="checkbox"/> NO <input type="checkbox"/>

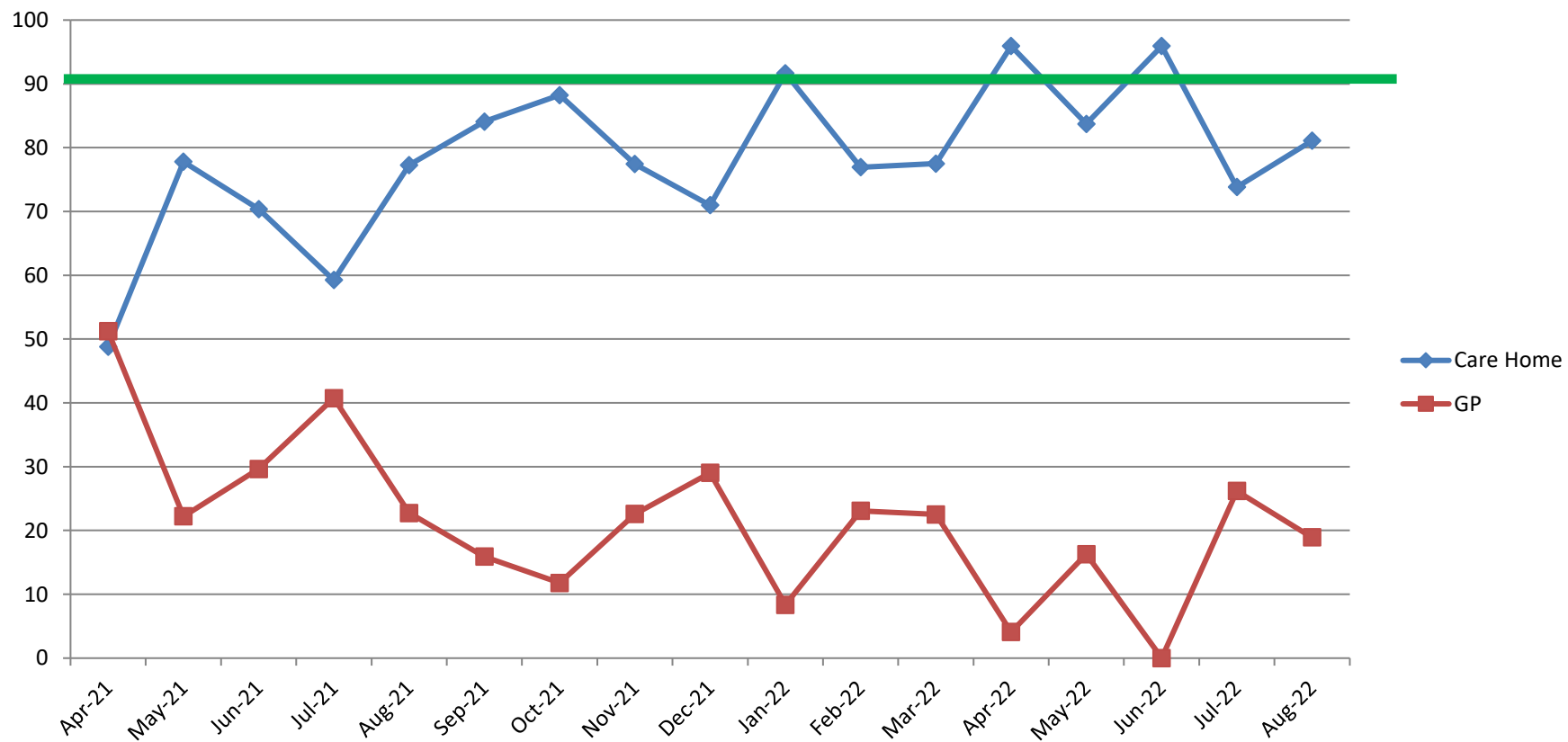
Is the resident currently taking any prescribed nutritional supplementation drinks? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please give details:			
Type	Quantity	Prescribed by	Known to dietitian?

Other Relevant Information

Referral form completed by:	
Name:	Date: __/__/__
Job title:	

Please either email the completed form to: Carehome.dietetics@nhslothian.scot.nhs.uk
OR Post it to: Dietitians, Strathbrock Partnership Centre, 189a West Main Street, Broxburn, EH52 5LH

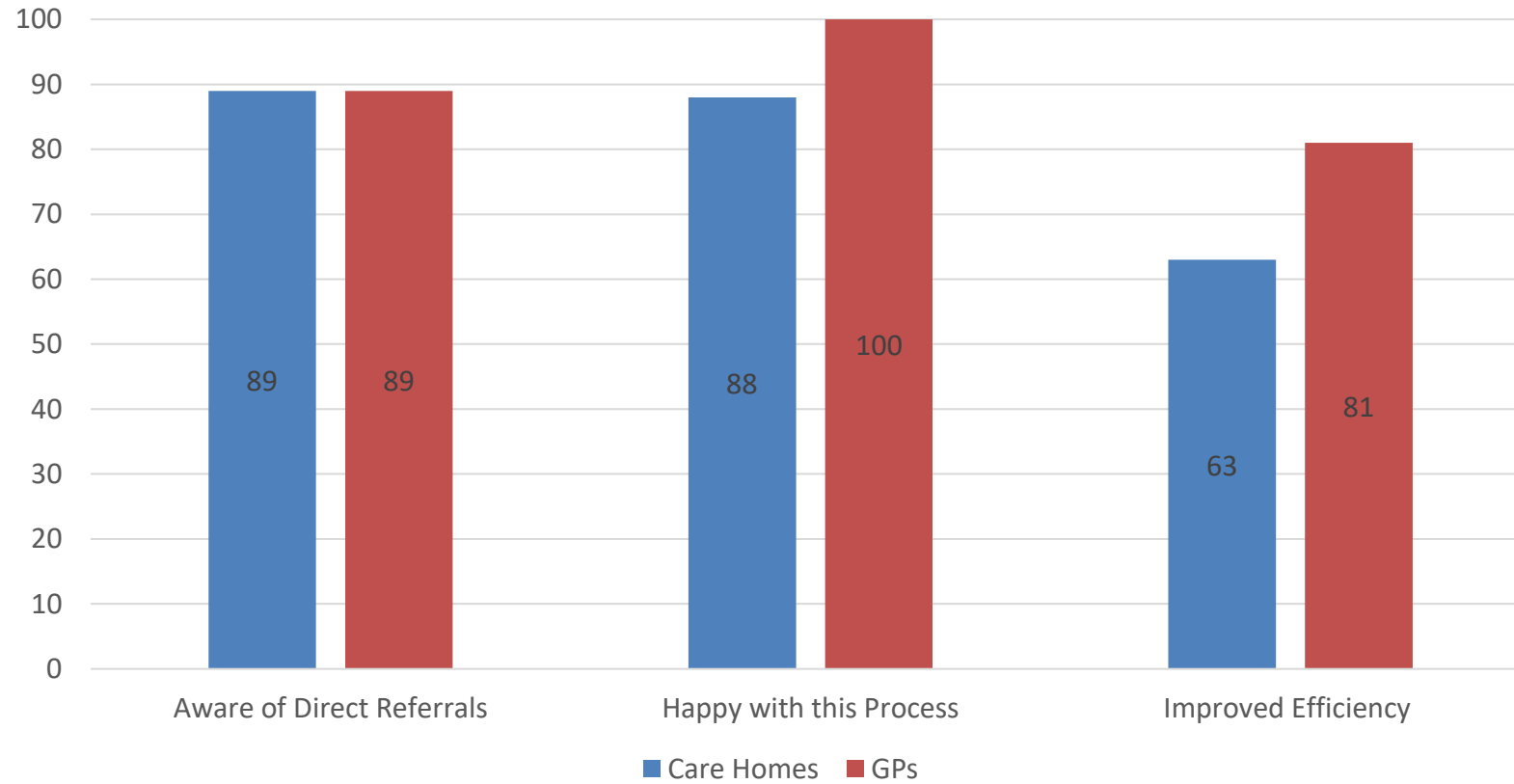
Proportion of Dietetic Referrals from Care Home vs GP (April 21 – Aug 22)



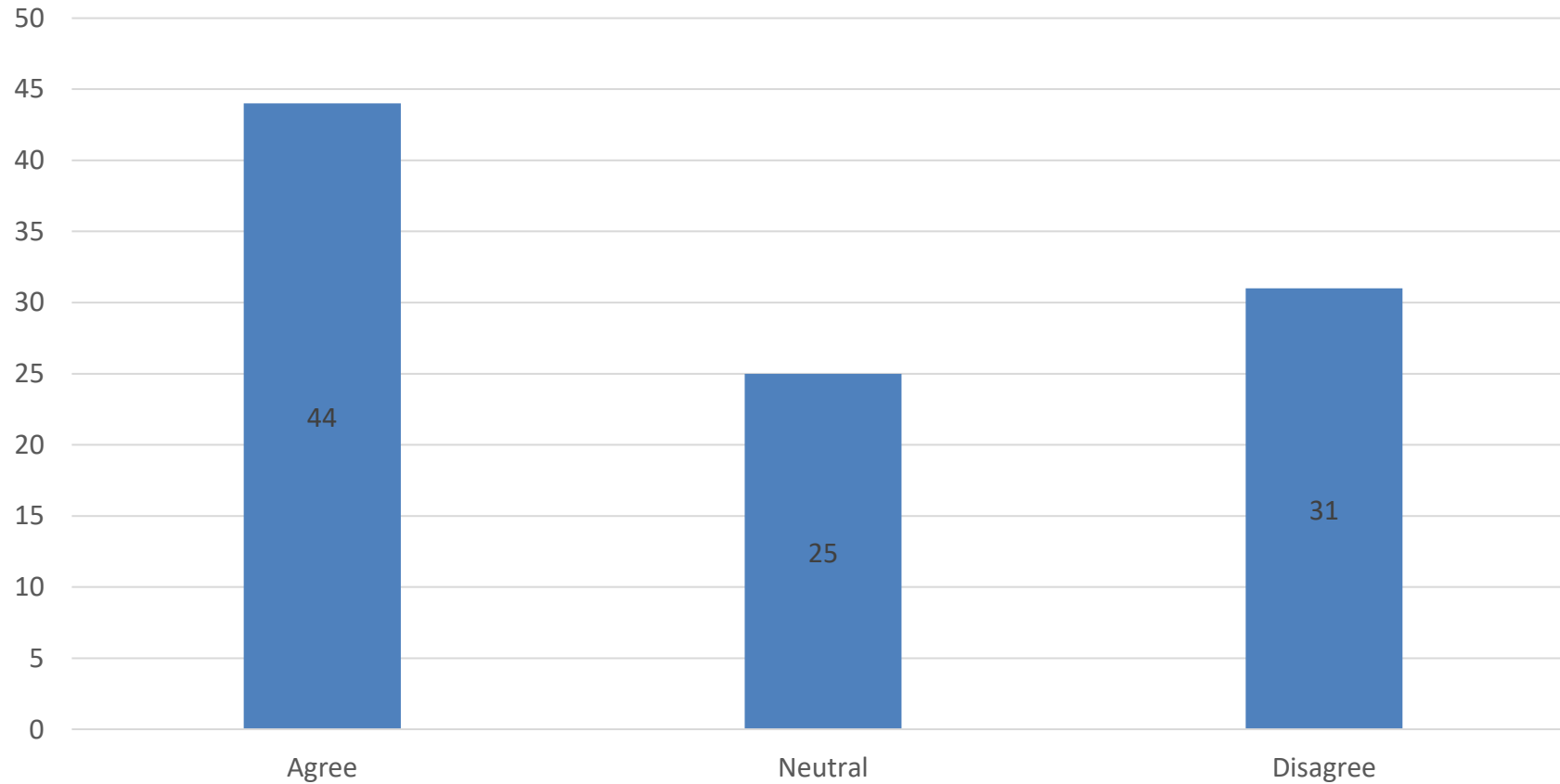
Essential Information Included



Feedback



Medical Confidence that the Right Residents are Referred



Conclusion

- A positive change
 - Challenges around IT and spreading the message
- See the NHS Lothian Care Home Web Page for referral form, MUST screening and dietary advice
- Happy to support any training requests
- Contact us –
carehome.dietetics@nhslothian.scot.nhs.uk

Thank you
Any questions?

