

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 01/2023**

(Agenda item: 02)

# Board of Directors

**25 January 2023**

**Community Nutrition and Dietetics Service Patient Story**

**For: Information**

DG (AHP Lead and Professional Lead for Dietetics) and D W (Community Dietician) will be presenting a recording of a patient story from the Community Nutrition and Dietetics Service (N&Ds).

JM (referred to as Hans) was diagnosed with a stroke, large bowel perforation, ileostomy, tracheostomy and esophageal narrowing. He received a combination of home visits, digital and telephone consultations with DW as his caseload Dietitian over three years from 2019 - 2022.

Below is a summary of the main dietetic interventions.

|  |  |  |
| --- | --- | --- |
| **Patient-centered oral and enteral nutrition support** | | |
| **Malnutrition**  Food fortification Nourishing snacks Oral nutritional supplements | | **Dysphagia**  Percutaneous endoscopic gastrostomy (‘PEG’) and supplementary tube feeding | **Nausea / vomiting**  Changing feed type / volume / rate | |
| **High output stoma**  Low residue diet Change feed type / rate / volume | | **Lifestyle / quality of life**  Tube / oral feeding, oral feeding for physical health whilst maximizing freedom, enjoyment, wellbeing, and quality of life | **Coaching**  Motivational interviewing, encouragement, patient-ledapproach | |

**About the service**

N&Ds provides a specialist nutrition and dietetics service to all patients across primary care. Giving evidence-based advice about nutrition and hydration for the promotion of health, prevention of disease and for the diagnosis, treatment and management of nutrition related disorders.

The aims of the service are:

* To empower patients to manage their nutrition related conditions and develop expert patients who are confident in supporting their own care
* To deliver quality and skilled nutrition and dietetic care to patients whose needs are best met within the community
* To maintain patients in the community enabling effective and appropriate discharge from and avoiding unnecessary hospital admissions.
* To work in partnership across services and organisations to enable optimal levels of care through integrated working.
* To provide a learning environment for staff and students through mentorship/clinical supervision.

### N&Ds sits in the Community Services Directorate and is commissioned by the BOB (Buckinghamshire, Oxfordshire and Berkshire) Integrated Care System. The service covers the county of Oxfordshire. There is a Service Level Agreement with the Oxford Radcliffe Hospitals (OUH) for Structured Type 2 Diabetes Education. The education sessions are intended to support people with diabetes to understand their condition and the role of nutrition / diet in managing their blood glucose levels.

The N&D service works with the OUH to support people with diabetes to manage their diabetes independently – through diet, exercise, and medication.

The OUH contributes to the delivery of up to 8 diabetes education sessions per calendar month and are a mixture of Diabetes2gether[[1]](#footnote-2) and Diabetes4ward[[2]](#footnote-3).

**Referral Data**

It is difficult to present referral data for the service, as the national cyber-attack led to the closure on 6th August 2022 of the clinical patient record system (CareNotes) used by the Trust. The service responded to this swiftly by enacting their business continuity plan. To date, Carenotes has not been reinstated, and a new system was procured which became live on 29th November 2022. This new system is EMIS Community.

The current open caseload for N&Ds:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Age (years)*** | *0-11* | *12-22* | *23-33* | *34-44* | *45-56* | *57-67* | *68-78* | *79-89* | *90-100* | ***Total*** |
| ***Number*** | *427* | *205* | *129* | *115* | *108* | *168* | *184* | *170* | *63* | ***1569*** |

**Service Delivery**

Dietitians offer clinical community-based advice and education in both 1:1 and group settings for both patients and carers which covers, but is not confined to: Irritable Bowel Syndrome; Nutrition Support; Cow’s Milk Protein Allergy; Faddy Eating; Home Enteral Feeding. The complexity of the patients referred to the N & D service is however evolving and we receive referrals for patients such as cardiac babies requiring enteral feeding via a gastrostomy tube, complex paediatric patients with conditions such as global developmental delay, autism and genetic disorders and adults with multiple morbidities requiring tailored dietary management.

All GP referrals for clinic appointments are accepted via email to the service’s mailbox, occasionally received via the postal system. Individual care plans are agreed with each patient, and they are given support to self-manage their condition. Referrals are triaged by a clinician and prioritised according to clinical need.

|  |  |
| --- | --- |
| **The service covers:** | **The service does not cover:** |
| Adults and Children referred by Oxfordshire GPs and members of the Oxfordshire Primary healthcare teams | Patients not registered with an Oxfordshire GP Practice or falling under any out of area inclusion agreements |
| Adults at home on enteral feeding |
| Adults in nursing or residential homes on enteral feeding | Patients within a care home setting unless they require enteral feeding (Care Home Support Service offer this service) |
| Children with complex needs who are enteral feeding |
| Adults and older adults with a severe and enduring mental health condition under the care of OHFT (Oxford Health NHS Foundation Trust) |  |
| Adults with a learning disability |

**Key Performance Indicator**

Patients are to be seen within 12 weeks of receiving referral. Due to the IT outage this is currently not reportable.

The impact of covid 19, staff sickness and issues with recruitment and retention is visible in our patient waiting times and as a service we are not meeting our KPI of 12 weeks. Although it is difficult to provide accurate data due the CareNotes outage, the impact is visible from the figures below, prior to the outage:

Patients seen within 12 weeks:

July 2021 66.35%

July 2022 39.65%

We are now very close to a full establishment, following a successful recruitment campaign in 2022 and we are in a strong position to bring our waiting times back in line with the 12 week wait.

**Current challenges**

The cost of living in Oxfordshire has been cited in exit interviews as a contributory factor to reasons for leaving.

**Positive changes**

Current substantive Team Lead is seconded within the organisation; however, leadership has been maintained throughout by an interim team lead, who is an experienced dietitian within the team. This has enabled restructuring of the service to maximise capacity, skills, and expertise. This work has also enabled a leadership position for the Paediatrics pathway for home enterally fed patients. This role encompasses upskilling of team members.

Over the last 18 months, the team had several leavers to pursue a career in other fields (eg: personal trainer; re-location out of Oxfordshire). During this time effort has been channeled into recruitment, resulting in new staff starting.

Whilst working through the challenges of Covid-19 times, this accelerated necessary change and led to embracing digital technology in the delivery of the service. This has resulted in more efficiencies than was foreseen.

1. Diabetes2gether: A 3.5hour course for newly diagnosed patients with Type 2 diabetes [↑](#footnote-ref-2)
2. Diabetes4ward: A 3.5 hour follow on course for patients with Type 2 diabetes. [↑](#footnote-ref-3)