

The following patients are not suitable for referral:

- Do not have an LLR GP
- Are actively under the care of a consultant for the condition for which they have been referred.
- Direct referral from UHL and out of area consultants
 - o exception: IBS diagnosis from UHL Gastroenterologists from 1.4.24 by email, with evidence of Coeliac screen, d/c'd from their care (unless IBS secondary to another condition still under UHL for)

Primary Reason for Referral	Suitable for Referral to LPT Dietetics	Signposting	Minimum referral information required
Nutritional support / disease related malnutrition: Please note: for Patients in care-homes requiring Nutrition Support advice in relation to malnutrition: Please ask care-home to follow LLR Management of Malnutrition in Carehomes pathway. The advice below under Nutrition Support section is for patients in the community (excluding care-homes).			
Underweight – unrelated to a medical, physical or psychological condition	No - Provide food first advice	See Healthy ways to gain weight - NHS (www.nhs.uk)	NA
Disease related malnutrition identified by a MUST score 2 or more	Yes – Only if evidence of the following prior to referral: <ul style="list-style-type: none"> - Provision of food first advice - If indicated, 1st/2nd/3rd line oral nutritional supplements initiated 	https://www.lnds.nhs.uk/ PatientsandPublic-DietandLifestyleAdvice-NutritioninIllness.aspx See LLR APC Managing Malnutrition in Adults in Primary Care	Within last 4 weeks: <ul style="list-style-type: none"> - Weight - Height - BMI - MUST score And Confirmation that LLR APC Malnutrition Guidance has been followed: food first information and oral nutritional supplements, if appropriate
- Plus diabetes, food allergy or	Yes – please refer so food first advice and oral nutritional		Within last 4 weeks: <ul style="list-style-type: none"> - Weight

intolerance, CKD 3-5, dysphagia, refeeding syndrome, prescribed PERT e.g. Creon	supplements can be tailored to conditions		- Height - BMI - MUST score
-Plus late palliative care / end of life	Not usually appropriate for referral - focus on symptom control and comfort	See LLR APC Managing Malnutrition in Adults in Primary Care section on oral nutritional supplement support for palliative care	NA
Already prescribed oral nutritional supplements requiring a review	Yes		Evidence oral nutritional supplement already prescribed and Within last 4 weeks: - Weight - Height - BMI - MUST score
Pressure ulcers / tissue viability issues	Yes – Only if evidence of the following prior to referral: <ul style="list-style-type: none"> - Provision of food first advice - If indicated, 1st/2nd/3rd line oral nutritional supplements initiated (unless not appropriate e.g if patient also has diabetes, food allergy or intolerance, CKD 3-5, dysphagia, refeeding syndrome, prescribed pancreatic enzyme replacement therapy e.g. Creon) 	See BDA Food fact information ‘Prevention and Management of pressure injuries’ Prevention and management of pressure injuries British Dietetic Association (BDA) And see LLR APC Managing Malnutrition in Adults in Primary Care	Within last 4 weeks: - Weight - Height - BMI - MUST score And Confirmation that LLR APC Malnutrition Guidance has been followed: food first information and oral nutritional supplements, if appropriate

COPD and BMI <20 or a MUST score of 2 or more	<p>Yes – Only if evidence of the following prior to referral:</p> <ul style="list-style-type: none"> - Provision of food first advice and 1st, 2nd or 3rd line oral nutritional supplements initiated unless not appropriate (e.g if patient also has diabetes, food allergy or intolerance, CKD 3-5, dysphagia, refeeding syndrome, prescribed pancreatic enzyme replacement therapy e.g. Creon) 	<p>See the following website for food first advice: https://www.malnutritionpathway.co.uk/copd</p> <p>See LLR APC Managing Malnutrition in Adults in Primary Care for guidance on oral nutritional supplements</p>	<p>Within last 4 weeks:</p> <ul style="list-style-type: none"> - Weight - Height - BMI - MUST score <p>And Confirmation that LLR APC Malnutrition Guidance has been followed: food first information and oral nutritional supplements, unless not appropriate</p>
-if under UHL Advanced COPD Clinic	No		NA
Enteral tube feeding -Has a feeding tube or Show and Tell visit	<p>Refer to HENS.</p> <p>If urgent, or decision already made to progress with referral for tube feeding please also refer to the UHL Nutrition Nurses</p>	<p>Home Enteral Nutrition Service (HENS) 0116 2227161</p> <p>UHL Nutrition Nurses - HPN.LIFT@uhl-tr.nhs.uk</p>	Confirmation patient is medically appropriate for enteral tube feeding
Dental issues affecting ability to eat	No - Provide food first advice	<p>Signpost to dental service and food first</p> <p>https://www.lnds.nhs.uk/PatientsandPublic-DietandLifestyleAdvice-NutritioninIllness.aspx</p>	NA
Overweight and Obesity			
BMI > 25 kg/m² BAME BMI >23 kg/m²	No	<p><u>Leicester city:</u></p> <p>If eligible:</p> <ul style="list-style-type: none"> - NHS Digital Weight Management Programme 	NA

(*as per patients' local authority)		<p>- Live well Leicester Healthy Lifestyle Service</p> <p><u>Leicestershire:</u> Leicestershire Weight Management service - patients or health professionals can refer by contacting 0116 3051510 or via the website: www.firstcontactplus.org.uk (weight management service is within the 'improving your health' section)</p> <p><u>Rutland:</u> Learning Disabilities: Adults – Leicestershire Weight Management (leicestershirewms.co.uk)</p> <p>Rutland Community Wellbeing Service within Rutland County Council Patients or health professionals can refer by contacting 01572 725805 or via the website: https://www.rutlandhealth.co.uk/local-help-and-support/your-health-weight-management-and-stopping-smoking/</p>	
BMI >40 (>37.5 for certain groups) without co-morbidities or BMI >35 (32.5 for certain groups) with listed co-morbidities	No	Please refer to Tier 3 Specialist weight management service using the Specialist Obesity / Pre Bariatric PRISM form if patient meets eligibility criteria NB: Current pause in accepting new referrals 3/24	NA
Post bariatric surgery -Within 2 years	No - Follow up within 2 years should be provided by specialist bariatric team.	See LLR APC Management of Nutrition Following Bariatric Surgery	NA
- surgery undertaken abroad	No – Follow LLR APC guidelines on nutritional monitoring. If issues refer to UHL Chemical Pathology.	See LLR APC Management of Nutrition Following Bariatric Surgery	NA

-After 2 years if weight regain	No	Please refer to Tier 3 Specialist weight management service using the Specialist Obesity PRISM form if patient meets eligibility criteria NB: Current pause in accepting new referrals 3/24	NA
Diabetes			
At risk of developing diabetes	No – refer to Diabetes Prevention Programme If applicable, consider referral for weight management (see section above)	https://preventing-diabetes.co.uk/referrers/leicester/	NA
Actively under Alliance Consultant led diabetes clinic	No – the Consultant may be able to refer to a Diabetes Dietitian within the MDT		NA
Newly diagnosed diabetes - Type 2	Yes – Only if already offered the LLR Type 2 Diabetes Education and behaviour change programme. If applicable, consider referral for weight management (see section above)	www.diabetes.org.uk	Confirmation that structured education has been offered, where applicable + HbA1c Date of diabetes diagnosis Medication + Within last 4 weeks: - Weight - Height - BMI
- Type 1	No	Newly diagnosed type 1 diabetes – refer urgently to the secondary care specialist diabetes service	NA
Established diabetes (any type) with poor glycaemic control	Yes		

Gestational diabetes / antenatal care	No – Refer to the Alliance Consultant led diabetes clinic		NA
NHS Type 2 Diabetes Path to Remission Programme	No	The programme is only available in certain areas at present as part of the pilot rollout – waiting for an update as may now be available in LLR.	NA
Gastro-intestinal conditions			
Coeliac disease – newly diagnosed	Yes – if diagnosis confirmed according to BSG or by gastroenterologist -Ensure gluten is consumed at one or more meals daily for at least 6 weeks until diagnosis is confirmed. - Contact UHL Advice and Guidance if needed	At diagnosis signpost patient to Coeliac UK https://www.coeliac.org.uk/information-and-support/coeliac-disease/once-diagnosed/ See LLR APC guidance on gluten free prescriptions and patient order form.	Evidence of confirmed diagnosis as per BSG or UHL guidelines (Coeliac serology +/- duodenal biopsy, if appropriate) It is recommended that baseline bloods are undertaken (U and E's, LFT's, Glucose, CRP, TFT'S, FBC, Ferritin, Vitamin B12, Folate, Vitamin D and Calcium) as well as a baseline Dexascan. Please assess the need for vaccinations (e.g. pneumococcus).
– known Coeliac requiring dietetic review	Yes	https://patientwebinars.co.uk/condition/coeliac-disease/webinars/	
Irritable Bowel Syndrome , including FODMAP exclusion and reintroduction	Yes – Only if no red flags and Coeliac disease has been excluded within the past 2 years	https://www.nhs.uk/conditions/irritable-bowel-syndrome-ibs/diet-lifestyle-and-medicines/	Evidence of Coeliac screen
Inflammatory Bowel Disease, liver disease, pancreatic disease,	Yes – Only if not actively under consultant led gastroenterology or hepatology clinic - patients under consultant care may be able to be referred by their		Details of condition and reason for referral

post-surgery, stoma, malabsorption, gastroparesis	consultant to a dietitian as part of the MDT.		
Pancreatic Enzymes Replacement Therapy	For general advice only. We are unable to make prescription adjustments as the responsibility for this lies with the prescriber	https://yourhealth.leicestershospitals.nhs.uk/library/chuggs/hepatobiliary/2204-advice-on-taking-enzyme-replacement-capsules-18	
Diverticular disease and diverticulitis	If ongoing issues despite first line advice	https://www.nhs.uk/conditions/diverticular-disease-and-diverticulitis/	Evidence that first line advice given and ongoing issues
Gallstones	No	Current advice is to follow a healthy diet and avoid rapid weight loss.	NA
Reflux	If ongoing issues despite first line advice	https://www.nhs.uk/conditions/heartburn-and-acid-reflux/	Evidence that first line advice given and ongoing issues
Fatty liver	No – Consider referral for weight management (see section above)		NA
Food allergies and intolerances			
Investigation or treatment for suspected or confirmed allergies	No - Refer to UHL Allergy service	https://www.leicestershospitals.nhs.uk/aboutus/departments-services/allergy-services/allergy-services-we-provide/	NA
Confirmed or suspected food intolerances	Yes – if impacting on nutritional status		Details of food reactions and effect on nutritional status
Restricted eating / dietary intake			
Restricted eating / very limited diet	Yes	Referrals for suspected ARFID are accepted for a one off assessment and advice to prevent nutritional deficiencies.	Details of impact on nutritional status

impacting on nutritional status	(Where any underlying mental health factors are being addressed)		Confirmation any mental health factors are being addressed
Suspected or diagnosed eating disorder - bulimia, anorexia nervosa	No – refer to Eating disorders service	https://www.beateatingdisorders.org.uk/	NA
-Binge eating disorder untreated or being investigated	No – refer to Eating disorders service		NA
-Binge eating disorder completed therapy	Yes		Date therapy completed for binge eating disorder
Neurological conditions			
Dysphagia requiring a modified texture diet and significantly affecting nutritional intake	Yes		Details of SLT referral and/or other investigations into dysphagia
Huntingdon's disease	No - Refer to specialist Huntingdon's Disease team at Stewart House		NA
Neurological conditions significantly affecting nutritional intake	Yes – if not under CINSS team who can refer to the CINSS dietitian		Details of condition and how it is affecting nutritional status
Hyperlipidaemia			

Hyperlipidaemia	No If indicated, consider referral for weight management services	Signpost to NHS Choices information and British Heart Foundation website: https://www.bhf.org.uk/informationsupport/support/reducing-your-high-cholesterol	NA
Renal conditions			
Renal disease - CKD 1-3	No	Signpost to Kidney Care UK - https://www.kidneycareuk.org/ Managing high potassium levels to support medicines used for kidney disease (leicestershospitals.nhs.uk)	NA
- CKD 4-5 requiring dietary advice	Yes – if no longer under renal consultant and for community management. If patient has current renal consultant care, ask consultant to refer to secondary care specialist dietitian.		Recent relevant bloods if appropriate.
Dialysis	No – for specialist renal team dietitian		NA
Kidney stones	No	https://www.kidneycareuk.org/about-kidney-health/conditions/kidney-stones/	NA
Miscellaneous			
Single vitamin / mineral deficiencies	No	For a selection of nutrient leaflets see: https://www.bda.uk.com/food-health/food-facts.html	NA
Lifestyle dietary choices e.g. vegan	No	https://www.nhs.uk/live-well/eat-well/how-to-eat-a-balanced-diet/the-vegan-diet/	NA
Gout	No	https://www.nhs.uk/conditions/gout/	NA

Anything not listed above will be clinically assessed on an individual basis

LLR APC Guidance:

<https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/wp-content/uploads/2017/11/Managing-malnutrition-in-primary-care.pdf>

https://www.areaprescribingcommitteeleicesterleicestershirerutland.nhs.uk/wp-content/uploads/2016/08/Management_Nutrition_following_Bariatric_Surgery.pdf

Trusted websites for general dietary information:

LNDS website www.lnds.nhs.uk

British Dietetic Association Food Fact sheets <https://www.bda.uk.com/food-health/food-facts.html>

NHS Eatwell <https://www.nhs.uk/live-well/eat-well/>