



**MANAGING ADULT MALNUTRITION IN THE COMMUNITY:**

**A Spotlight on Information, Help and Support available for  
Patients and Carers in England**

**November 2015**

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## Foreword

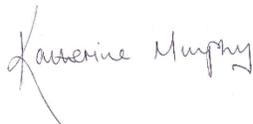
*'Do not let your patients starve and when you offer them nutrition support, do so by the safest, simplest, most effective route.'*

*Dr Mike Stroud, Chair, NICE Guideline Development Group*

At any point in time, more than three million people in the UK are either malnourished or at risk of malnutrition. The estimated £13 billion that malnutrition costs the UK each year cuts into a significant chunk of the £20 billion that the NHS has been charged with making through efficiency savings.

Tackling malnutrition could make substantial savings to the NHS yet patients in hospitals are not always engaged in discussions about their nutritional care resulting in lack of awareness about eating appropriately and at what point they should be concerned about their nutrition. In addition awareness about nutritional support from primary care is low amongst the public. Patient outcomes and experience could be improved through earlier identification and treatment of malnutrition and by ensuring that nutrition is integral to the management of care for relevant patient groups such as those with long-term conditions.

The Patients Association receives feedback from patients and carers about their experience of food and drink from many sources: the national Patients Association Helpline, patient surveys, feedback in interviews with patients and carers. These sources provide first-hand evidence of the importance patients place on good nutrition. In this report we bring together information from our regular patient sources, from a review of recent work into malnutrition by government and concerned charitable organisations including the Patients Association 2011 report 'Malnutrition in the Community and Hospital', from two specific dedicated surveys and from a Freedom of Information request to NHS Trusts. Drawing on all this information and understanding, we set out our recommendations to improve the quality of nutrition and hydration support.



**Katherine Murphy**  
**Chief Executive**  
**The Patients Association**

## Executive Summary

### KEY FINDINGS

#### Context

1. Many clinical, emotional and cultural reasons have been identified as contributing to the current serious situation whereby around three million people in the UK are suffering from, or at risk from malnutrition.
2. Nutrition and hydration have been a major policy focus for many years. Both government and voluntary bodies have contributed ideas for policy and practice.
3. There are now useful tools for assessing individuals for malnutrition, such as the Malnutrition Universal Screening Tool ('MUST') as well as recommended approaches for managing malnutrition, including the Managing Adult Malnutrition in the Community pathway ([www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)) and National Institute of Clinical Excellence (NICE) guidance.
4. However there still appears to be a gap between policy and practice, judging both by information from patients and carers and the continuing prevalence of people suffering malnutrition.

#### Patient Voice

5. Our information from patients shows that they want good access to appropriate food and drink while in a health and /or social care setting, and they want information and guidance for themselves and for relatives on healthy eating and drinking, particularly when faced with chronic conditions or specific dietary requirements. Patients and carers want to be educated about the issues of malnutrition so that they are better equipped to identify the signs and symptoms of malnutrition and seek help. However, they are not always receiving the guidance or in all instances the care they require.
6. A stay in hospital is a good opportunity to monitor nutritional needs and to provide information and guidance, but our small-scale survey showed that not all patients received such support.

### Information from health providers

7. Our Freedom of Information request indicated that the majority of the 64 out of 168 acute trusts which replied have policies in place in most of the key areas we identified, namely: protected mealtimes, Board level interest in nutrition, and provision of information in hospital and on discharge.
8. Around three quarters of acute trusts reported that they have a nutrition policy and a similar number have mandatory training; it would be preferable for these figures to be closer to 100%. Only 36% of trusts said they had a clear Nil by Mouth policy and this is a concern if it means patients are kept Nil by Mouth unnecessarily for long periods. It is an issue often raised by patients.
9. Unfortunately our Freedom of Information request did not receive a total response: we only have the information for 38% of acute trusts. It is possible that those who replied felt more satisfied with their policies in this area and that the picture would not be so good if all trust information was included.
10. Most people would go to the GP for any advice relating to their health, including nutrition related issues, yet it is not clear that GPs are playing a full role in assessment of needs or treatment. We were informed by some GP surgeries that it would not be easy to identify how many of their patients were on supplementary feeds as there was no data category to identify this, which could lead to additional difficulties.

### Emerging picture

11. It seems clear from our patient information, both from survey findings and from focus groups that patients **are still experiencing gaps in information provision and sometimes in care**, both in hospital and on discharge, and therefore in their recovery. There appears to be a gap between the policies and aspirations of care providers and the practice as experienced by patients.
12. Nutrition is integral to health and well-being and therefore there is a need for an integrated approach to care which includes nutrition, which is seamless, patient centred and well communicated – thus improving the patient and carer experience and clinical outcomes as a result.

## **RECOMMENDATIONS AND CALL FOR ACTION**

Based on the findings and conclusions from this project the following recommendations are made:

### **Recommendation 1: For NHS England**

**NHS England** should have the clear focus on nutrition and hydration which was originally highlighted in 2007 in the form of a Nutrition Action Plan and should consider making the Nutrition and Hydration Week a National Campaign. The learning and outputs from the Malnutrition Task Force pilot sites should be acted upon to drive the next phase of the project and resources available through the Malnutrition Task Force [www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk) should be a frame of reference for those involved in the care of older people.

### **Recommendation 2: For NHS England**

There is a need for a **nutrition measurement and audit tool** for nutritional care in all care settings. It is important to secure accountability and to establish a directive looking at how nutritional care is commissioned and managed.

### **Recommendation 3: For NHS England**

There is a **need for robust, central initiatives** to raise awareness about malnutrition, monitoring weight changes, early warning signs and the risks of malnutrition amongst the public and for this awareness to move to action being taken.

### **Recommendation 4: For NHS England**

Funding available to care providers to promote nutrition and hydration for people in the community should be reviewed; any inefficiencies and gaps must be addressed and every pound spent must result in better outcomes for patients.

### **Recommendation 5: For Health Education England**

**Health Education England** must ensure that nutrition and hydration care is integral to any training provided to care professionals in all care settings. Such training should also be included in the mandatory induction for staff, including Skills for Health.

### **Recommendation 6: For the Care Quality Commission**

The regulator, the **Care Quality Commission** must ensure that care providers are assessed robustly on nutritional standards; not just on whether the right policies are in place but also whether the policies and practices are meeting the nutrition and hydration related needs of patients in different care settings.

### **Recommendation 7: For the Care Quality Commission**

We would strongly recommend that nutrition and hydration must be included as a key requirement by the **Care Quality Commission** in all inspections for all care settings which includes primary care, in order for a provider to be rated as “outstanding”.

### **Recommendation 8: For Commissioners**

There is a need to ensure that the right services are being **commissioned** in the community and guidance on this can be found in the Malnutrition Task Force resources ([www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk)) and in the BAPEN Commissioning Toolkit. ([www.bapen.org.uk](http://www.bapen.org.uk)). These resources provide guidance on the type of provision that is required for those in need of nutrition support, and further highlight the need for the right information to be given on discharge. For community settings, the Managing Adult Malnutrition in the Community Pathway ([www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)) provides guidance for healthcare professionals.

### **Recommendation 9: For Commissioners**

More effort needs to be put in ensuring that care providers follow best practice guidelines such as those from the **National Institute for Health and Care Excellence** including Clinical Guideline 32 Adult Nutrition Support, and those specific to long-term conditions such as the NICE Clinical Guidelines for Stroke and Chronic Obstructive Pulmonary Disease and associated NICE Quality Standards. Also make use of the NHS England nutrition and hydration.

### **Recommendation 10: For Commissioners**

That the NHS England *Commissioning Excellent Nutrition and Hydration Guidance 2015-2018* [www.england.nhs.uk/commissioning/nut-hyd](http://www.england.nhs.uk/commissioning/nut-hyd) is adopted by all commissioners.

### **Recommendation 11: For Public Health Directors**

Be more involved with the non-health issues such as poverty, lack of shopping facility, and transport which are all potential social causes of malnutrition, and which may impact on nutritional care and provide a joined up framework for supporting people in the community.

Ensure that nutrition is integral to the management of long-term conditions to 'catch' disease related malnutrition early and intervene, as appropriate, earlier as part of the prevention strategy.

Consider involving local service user and carer groups to review discharge processes and ensure that nutritional advice is part of the discharge process, when required.

### **Recommendation 12: For Commissioners and Health and Wellbeing Boards**

Seek feedback from patients and carers about their experience and use this information to inform the commissioning process.

### **Recommendation 13: For Acute hospitals**

**Acute Hospitals** should have a leading role to play in averting malnutrition and in providing good nutrition and nutritional advice to aid recovery. They should ensure all patients have suitable food and drink available, including, for example, when operations are cancelled or transport is delayed. Intake of both food and drink should be monitored. Assessments of potential malnourishment should be carried out for those considered at risk as a matter of routine, so that appropriate action can be taken.

### **Recommendation 14: For Acute hospitals**

Nutritional support and advice should be increased for **in-patients**, especially for those at risk either by age or type of condition or following an assessment. Information about diet and nutrition should be provided during in-patient stay and/or on discharge.

### **Recommendation 15: For Acute hospitals**

Any relevant information about nutritional or dietary needs should be passed to the patient's GP on discharge from hospital. Including if just a comment to say needs monitoring or no concerns highlighted whilst in hospital.

### **Recommendation 16: For GPs and other community healthcare professionals**

**GPs and GP** consortia must take an active role in ensuring that people discharged from hospital with nutritional needs are well supported in the community and those at risk of disease-related malnutrition are identified early with the right management pathways being put in place such as [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) because GPs are the first point of contact with the NHS for many patients. For this to be truly measured there needs to be an indicator on the management of malnutrition as a condition in the Quality and Outcomes Framework.

### **Recommendation 17: For GPs and other community healthcare professionals**

Information, both on recognising signs of malnutrition and in helping to treat those signs, should be readily available in **GP** surgeries. Patients and carers who may be vulnerable or at risk of malnutrition and dehydration seek/expect information from their GP surgery about diet and nutrition. There is a wealth of good information available, including that to be found on the Malnutrition Task Force website (as above) with more being developed in the Malnutrition Prevention pilots, also on the Carers UK website <http://www.carersuk.org/help-and-advice/health/nutrition/>

### **Recommendation 18: For GPs and other community healthcare professionals**

**GP practices** must record how many patients in their surgery are in need of artificial nutrition (feeding via an enteral feeding tube).

### **Recommendation 19: For GPs and other community healthcare professionals**

**Other healthcare professionals** such as **community pharmacists** should also be included in advising and providing information on healthy eating, recognising simple signs and symptoms of malnutrition and dehydration and provide appropriate first line advice. Community pharmacists could be trained to be involved in providing a post-discharge nutrition screen/review.

### **Recommendation 20: For GPs and other community healthcare professionals**

**Social and psychological aspects** - Older people in the early stages of frailty or dementia are sometimes afraid of eating and drinking too much in case this necessitates the need to go to the toilet which is not always easy to get to and this may lead to malnutrition or

dehydration. It is important for GPs and other healthcare professionals to identify and address such social, psychological and physiological problems to prevent the situation from deteriorating.

**Recommendation 21: For GPs and other community healthcare professionals**

As outlined in the **NICE Quality Standards on Nutrition** - Healthcare Professionals should ensure that patients having enteral or parenteral nutrition in the community and their carers:

- Are given contact details for relevant support groups, charities and voluntary organisations;
- Are empowered and have access to appropriate sources of information in formats, languages and ways that are suited to an individual's requirements. Consideration should be given to cognition, gender, physical needs, culture and stage of life of the individual;
- Are involved in decisions being made and have input into the development of services and resources enabling them to feel empowered and more confident in self-management. For those making decisions about the services on nutritional care they should ensure that those receiving or in need of support are being asked their views and experiences;
- Have the opportunity to discuss diagnosis, treatment options and relevant physical, psychological and social issues.

## 1. Background and context

- 1.1 Malnutrition is a term that includes both over and under nutrition. Whilst under-nutrition is indicative of lack of adequate food intake, a lack of specific nutrients in the diet, over nutrition is indicative of excess food intake and consumption of a diet which is high on fat or sugar content. The National Institute for Health and Care Excellence (NICE) Clinical Guidance 32 (2006) defines malnutrition as ‘a state in which a deficiency of energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome’.
- 1.2 People with long term conditions and frail older people are particularly at risk of suffering from malnutrition. It is estimated that in the UK more than three million people are malnourished or at risk of being malnourished with one million being over the age of 65 years.
- 1.3 Adequate nutrition and hydration is an integral part of high quality care that is safe and maintains dignity for people being cared for in any care setting. Nutrition is an important aspect of continued well-being, particularly for older people. An adequate diet that meets the personal, clinical and cultural needs can help to improve the chances of recovery and avoid malnutrition and the concomitant increased risk of infections and other complications.

### Clinical needs

- 1.4 Many conditions such as stroke, chronic obstructive airways disease, diabetes, kidney problems may also result in people suffering from lack of appropriate nutrition due to inability to consume certain types of food. In addition people who have had a stroke or are living with dementia may have swallowing problems. Similarly people who have arthritis may find it difficult to cut up food and need specialised cutlery or adapted appliances. People with dental needs may find it difficult to eat properly due to ill-fitting dentures or inappropriate consistency of food provided. People in these groups may be at risk of malnutrition. ‘Disease related malnutrition’ (DRM) is known to have a significant impact on a person’s ability to self-care and day to day activities. Disease related malnutrition could develop due to a variety of reasons, such as:
  - loss of appetite;
  - impaired or reduced digestive function;
  - impact on absorption and disposal of nutrients;
  - some clinical interventions such as chemotherapy and radiotherapy;

- Inability to eat food due to swallowing problems.

### **Emotional needs**

- 1.5 Anecdotal evidence indicates that often older people, particularly those with incontinence problems are reluctant to eat or drink because of lack of assistance with toileting needs, and fear of compromising their dignity. In addition patients with depression resulting from a major illness or from “giving up” in older age have also been known to reduce or increase their food intake often resulting in malnutrition.

### **Cultural needs**

- 1.6 Many people have cultural or religious needs relating to their food. Examples include vegetarian meals, halal/kosher meats and use of certain foods such as pork or beef. Fasting practices such as those during Ramadan or Lent may also impact on dietary intake of people with religious preferences.
- 1.7 Lack of support in the community to meet individual dietary needs could put people at risk of malnutrition, particularly those who are elderly and live on their own. Malnutrition can have a significant impact on people’s lives in particular their health and well-being and makes them prone to reduced immunity, depression and social isolation, general tiredness and lethargy and a lack of willingness to take part in activities of daily living.

### **NHS reforms**

- 1.8 The recent changes in NHS structures, and move to provide more control for GPs in commissioning services for their population, promises better and tailored care provision for people closer to home. Whilst this is a welcome approach in principle, the evidence from our Helpline and elsewhere indicates that nutritional care is not a high priority for GPs and many primary care professionals are not fully aware of the cause and impact of malnutrition. In addition the recent evidence on difficulty in getting GP appointments, limited consultation time and some GP surgeries insisting on discussing only one problem at a time, does not provide much scope for addressing malnutrition in a GP setting. The new announcements regarding extending GP opening hours still would not solve problems relating to nutritional care due to lack of time and adequate priority to this area of care. The shift of the public health function to local authorities has not provided any evidence so far that nutrition and hydration has receive any more priority than before.

## **NHS Constitution**

- 1.9 The NHS Constitution launched in 2009 and updated in 2013, outlines the rights and responsibilities of patients and the public with regards to access to good quality care, information and involvement and the right to redress in the form of a complaints process in the case of poor care. However the Patients Association Helpline evidence indicates that some patients are still receiving substandard care both in hospitals and in the community. Many people are still not aware of their rights or how to complain. Those who do complain often find the process challenging and/or resulting in unsatisfactory outcomes.

## **The view from others**

- 1.10 The British Association for Parenteral and Enteral Nutrition, BAPEN, is the leading UK charitable association in this field, which aims to raise awareness of malnutrition and to advance the nutritional care of patients and those at risk from malnutrition in the wider community. In a recent report (*Nutritional Care and the Patient Voice: Are we being listened to?*) on the involvement of patients in their nutritional care BAPEN identified serious gaps and recommended that constant reorganisation should cease and more focus must be put on listening to patients, relatives and their carers in order to improve basic nutritional care. The report also recommends that the healthcare professionals should proactively engage with their patients and make them equal partners in their care.

## **2. Malnutrition: Prevalence**

- 2.1 According to a report from the British Association of Parenteral and Enteral Nutrition (BAPEN) there are three million people in the UK who are malnourished or at risk of being malnourished of whom a third are over the age of 65 years. Most of those affected (93%) are in the community, 5% in care homes and 2% in hospitals.

These figures are indicative of the alarmingly high rates of malnutrition in the community - people who are likely to be at risk of impaired health and needing care.

BAPEN<sup>1</sup> ['s Nutrition Screening Week surveys \(2007-11\)](#) have further shown that

- 25-34% of patients admitted to hospital are at risk of malnutrition
- 30-42% of patients admitted to care homes are at risk of malnutrition
- 18-20% of patients admitted to mental health units are at risk of malnutrition.

The report also identified seasonal variations in malnutrition on admission to hospitals with highest (34%) being in winter. This is attributable to cold weather resulting in increased risk of illness such as chest infections, lack of exercise and greater isolation. According to a Freedom of Information Request (Fol) 2014 into number of deaths related to malnutrition in hospitals by the Office of National Statistics (ONS) to all NHS hospitals (excluding psychiatric hospitals) 47 cases of death in hospitals had malnutrition as an underlying cause in the death certificates while 286 cases had malnutrition mentioned on the death certificate.

### 3. Malnutrition: Policy and practice

*'Do not let your patients starve and when you offer them nutrition support, do so by the safest, most simplest, effective route.'*

*Dr Mike Stroud, Chair, NICE Guideline Development Group.*

3.1 Nutrition and hydration has been a major concern for policy makers for many years. In 2007 a major initiative in the form of a Department of Health Nutritional Action Plan was launched with the aim to identify the key factors required to ensure good quality nutritional care for adults, particularly older people. The plan identified the following fundamental requirements applicable to all care settings:

- Raising awareness;
- Screening;
- Competent staff;
- Good practice guidance;
- Regulation and inspection.

3.2 Many key organisations, statutory and voluntary, signed up to the Nutrition Action Plan and placed nutrition and hydration care as a key part of their work programme.

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1 <http://www.bapen.org.uk/media-centre/press-releases/376-bapen-publishes-results-of-biggest-malnutrition-survey-ever-undertaken>

In 2010 Age UK published the report 'Still hungry to be heard' which provided a seven step framework for tackling malnutrition and a subsequent campaign 'Hungry to Help' focused on using trained volunteers to assist with eating and drinking.

- 3.3 In response to the Patients Association campaign 'Listening to patients and speaking up for change' the government asked the Care Quality Commission to undertake a planned programme of 100 random inspections focusing on dignity and nutrition (DANI). These inspections are aimed at assessing care settings on the Essential Standards of Quality and Safety on Nutrition Regulation 14 which requires all care settings to provide a choice of food and hydration that meets personal, clinical and religious needs, support with eating and drinking including parenteral nutrition and administration of dietary supplements. The report on these inspections highlighted concerns about nutritional care in a small number of hospitals.
- 3.4 In addition the Public Health Ombudsman report on complaints highlighted a high number of complaints relating to nutritional care. Lack of adequate nutrition care and support has been a major finding of the Francis inquiry into the Mid Staffordshire NHS Foundation Trust. This report highlighted many failings in this area and made strong recommendations for improvements.
- 3.5 The Patients Association CARE campaign launched in 2011 was focussed on ensuring the provision of assistance with nutrition and hydration in NHS hospitals. Many trusts are now working in partnership with the Patients Association to improve basic care for their patients.
- 3.6 The Royal College of nursing campaign 'Nutrition Now' also focussed on improving standards of nutrition in the community and in hospitals by providing a practical support tool to use in their care settings.
- 3.7 In 2012 Carers UK launched their report 'Malnutrition and Caring: the hidden costs for families' which focused on the needs of carers and highlighted the importance of empowering carers about good nutrition, which led on to the development of some simple resources available through their website.
- 3.8 The Malnutrition Task Force with a focus on older people launched their resources for the different care settings and commissioning in 2013 (including Prevention and Early Intervention in Later Life Guides and some mini guides for Commissioners and Local Health & Well-Being Boards). This led to the success of funding from the Department of

Health for the implementation of these resources through five pilots in different geographical locations in England, the outputs of which and learning will be shared in 2015.

## 4. Prevention and treatment of malnutrition

- 4.1 Malnutrition is preventable by simple and basic steps such as provision of appropriate food and drink along with help with eating and drinking. A basic programme of raising awareness would help public, patients, carers and professionals to understand the need for good nutrition and provision of appropriate support in undertaking a sensible diet. However in some cases of disease related malnutrition, this is not sufficient and specialist nutrition such as nutritionally fortified sip feeds (oral nutritional supplements), enteral tube feed (ETF) or intravenous feed (parenteral nutrition) is needed.
- 4.2 It is vital that people at risk of malnutrition are identified in primary care settings for example through using the Managing Adult Malnutrition in the Community Pathway ([www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)) or on admission to hospital through a reliable (validated) nutrition screening tool such as the Malnutrition Universal Screening Tool (MUST) and dependent on risk (and local policy) may need to be referred to a dietitian for nutritional assessment and management. It is also important that people being assessed are involved in their nutritional care and are given the opportunity to express their needs and preferences including cultural and religious needs (NICE CG32 and NICE QS24 Adult Nutrition Support).

### Raising awareness

- 4.3 The Patients Association published a report in August 2011, 'Malnutrition in the Community and Hospital Setting'. This report detailed the findings and recommendations of, what was at the time, the largest survey of its kind carried out in the UK (with over 5,000 respondents), on the issue of malnutrition in community and hospital settings. The survey, undertaken in partnership with YouGov, found that there was a lack of awareness amongst patients regarding the issue of malnutrition, whether they were at risk, how they could prevent malnutrition from developing and where to seek help and advice. In response, recognising that patients and carers wanted to be educated about the issues of malnutrition the Patients Association produced a leaflet 'Malnutrition –signs and symptoms, where to go for help and what to expect from treatment'. The Patients Association recommended that the leaflet should be provided by GP surgeries and

healthcare professionals to patients, and their carers, who may be vulnerable or at risk of malnutrition.

- 4.4 The survey also found that one in five of the respondents were unaware of basic treatments for malnutrition, such as dietary advice and changing meal structures. Even fewer respondents were aware of treatments such as Oral Nutritional supplements (ONS), and that such supplements could be obtained on prescription from the general practitioner. NICE guidance states that ONS are an appropriate treatment for malnutrition and evidence shows that ONS use is consistently linked to lower mortality rates and complications rates compared to standard care as well as fewer readmissions to hospital and improved rehabilitation in the treatment of malnutrition. (National Institute for Health and Clinical Excellence (2006) Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition: Guideline 32). A further quality standard was issued in 2012 which focused on the information for the public on nutritional support.<sup>2</sup>
- 4.5 The current government initiatives are largely focussed on raising awareness about risks of obesity which has meant that support for those at the risk of under nutrition still lacks focus and is largely left to the clinical professionals in the community. There will be cost savings when NICE CG32 is fully implemented<sup>3</sup>.

## Screening

- 4.6 Nutritional screening and assessment is the first and foremost step in managing the nutritional care for people in all care settings. NICE guidelines on adult nutrition suggest that anyone with BMI under 18 should be considered at risk of malnutrition and must have a nutritional assessment; the guidelines also provide guidance on supporting people.
- 4.7 The Malnutrition Universal Screening Tool ('MUST') is a key instrument currently used in institutionalised settings to assess the nutritional status. The fundamental principles behind this tool are to record and monitor the weight by means of scales, hoists or upper

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<sup>2</sup> National Institute for Health and Clinical Excellence (2012) Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition: QS 24)

<sup>3</sup> Nutrition support in adults: oral supplements, enteral tube feeding and parenteral nutrition  
<http://www.nice.org.uk/guidance/cg32/resources/cg32-nutrition-support-in-adults-full-guideline-appendices2>

arm circumference, assessing specific nutritional needs including swallowing difficulties, need for parenteral nutrition and assistance required with eating and drink.

- 4.8 The National Institute of Clinical Excellence recommends that health and care professionals must routinely undertake screening in all healthcare settings including GP surgeries. Yet evidence suggests that the prevalence of malnutrition is highest for people living in the community which indicates that there is inadequate monitoring of malnutrition in community settings.

### **Managing malnutrition in the community**

- 4.9 The Managing Adult Malnutrition in the Community pathway was launched in the UK in 2012<sup>4</sup>. The website offers a practical guide to support general healthcare professionals in the community to identify and manage individuals at risk of disease-related malnutrition, including the appropriate use of oral nutritional supplements (ONS). The contents of the website were written and agreed by a multi professional consensus panel with expertise and an interest in malnutrition, representing their respective professional associations. The contents are based on clinical evidence, clinical experience and accepted best practice and these cover:

- Disease related malnutrition;
- How to identify malnutrition and nutritional screening;
- Management according to the degree of malnutrition risk, and
- Evidence-based management pathway for using oral nutritional supplements appropriately.

- 4.10 More recently a number of leaflets and videos are available to health professionals to use with patients and carers. Despite these initiatives malnutrition in the community continues to be a concern. Patients identified as at risk with malnutrition are more likely to visit their GP.<sup>5</sup>

- 4.11 The continuous debate amongst the professionals as to whether malnutrition is more of a problem in the community or the care setting has indicated a lack of joined up approach towards nutritional care. If all patients were screened in each care setting the picture would be much clearer. Nevertheless there is an urgent need to provide information and

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<sup>4</sup> [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

<sup>5</sup> The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults [http://www.bapen.org.uk/pdfs/health\\_econ\\_exec\\_sum.pdf](http://www.bapen.org.uk/pdfs/health_econ_exec_sum.pdf)

support for people in all settings to ensure that malnutrition is prevented and treated effectively and seamlessly.

### **Role of regulation**

- 4.12 Nutrition and hydration has long been an integral part of registration and assessment of a care service to ensure that they are meeting essential standards, including a specific programme to assess care providers against dignity and nutrition standards (DANI). Currently the Care Quality Commission is using four domains categories for inspections: Outstanding, Good, Requires Improvement, Poor. However it has been noted that nutrition or hydration do not appear as a requirement for being considered outstanding and this may need reviewing.

### **Summary of background and recent information about nutrition and malnutrition**

- 4.13 The above narrative indicates that there are still gaps between policy and practice and in service provision which impacts on people who need care including nutritional support.

## **5. Methodology**

- 5.1 The remainder of this report is based on the findings from a combination of information gathering techniques such as surveys, Freedom of Information Requests and evidence from the Patients Association Helpline.
- 5.2 A short survey with the Patients Association e-members was conducted in early 2014 through survey monkey which helped to identify the key issues involved in information and support provision regarding nutritional care.
- 5.3 Qualitative patient stories were gathered from a number of sources, including:
- An analysis of Patients Association helpline calls from February – May 2015. The way in which our helpline data is analysed does not break it up into those specific categories but an initial trawl found 200 cases relating to nutrition and hydration
  - Feedback following a request for recent experiences of patients or carers to Patients Association e-members during May 2015, which produced 20 immediate responses over a weekend.

- Data from recent focus groups held with a total of 40 people with cancer where patients and carers talked about food and nutrition.
- 5.4 It should be noted that this was not a large scale, quantitative research project. The aim was to provide some recent information from patients and a set of qualitative case studies which provide a snapshot on patients' priorities for nutrition and hydration. These are simple and familiar stories, which underline not only the strength of feeling patients and relatives have about the importance of food and drink to health and wellbeing, but also the impact when nutritional care/support is not given in a timely manner.
- 5.5 Freedom of Information requests were sent to 180 NHS trusts during 2014 of which 64 requests were returned in time.
- 5.6 Freedom of Information Requests were sent to 20 selected GP surgeries; however we received a very poor response for this stage with only one response despite several reminders. Some GP surgeries were very suspicious of this approach. In view of this we have used the findings of the 2011 report 'Malnutrition in the Community and Hospital settings' which identified significant evidence on the information and support available in the community.

## 6. Findings – nutritional care in hospitals – the patient view

- 6.1 We conducted an initial survey using survey monkey to identify the key issues relating to information and support available for patients while in hospital and at the time of discharge.

### **Key findings from the hospital discharge survey**

- 6.2 This was a small-scale semi-structured survey addressed to Patients Association e-members during early 2014. All of the 25 people who replied had either had a stay in hospital during the previous 12 months or were replying on behalf of a close relative who had been in hospital during that time. Detailed findings are given in Appendix A.
- 6.3 There was a balance of male and female respondents and a broad mix of age groups from 18 up to over 80 with the majority (60%) being over 65 (in line with the national profile for in-patient stays).

## Food and drink while in hospital

6.4 Most patients (92%) said that they received a choice of meal during their stay in the hospital, either always or some of the time. In contrast, 8% of survey participants said that on no occasion during their stay in hospital where they offered a choice of meal. However, not everyone reported that the choice on offer was what they wanted. Around two fifths said that the choice always included food that they wanted; half said it sometimes included food they wanted and a minority, 8% of survey participants claimed that the meal that they wanted was never an option. The remainder indicated that they did not require any meals possibly because of short stay or meals being brought from home.

- *'I always received a good choice of meals during my stay in hospital'*
- *'Discussions with staff members helped me to find out about eating and drinking healthily'*
- *'No action was taken at all with regard to my diet or weight...'*
- *'Being in hospital is an opportunity for healthy living advice and being provided with healthy foods. None was provided'*
- *I received helpful information re how to avoid the kidney failure problem I had encountered.*

6.5 It is important for patients to have access to snacks between mealtimes, particularly if they are at risk of malnutrition. Over one third of participants said they were never offered any snacks between their meals and only one in five said they always had access to snacks between meals. By contrast most respondents always had access to drinks, though one in five said they only sometimes had access to a drink.

## Assessment and Monitoring of Nutritional Needs

6.6 A stay in hospital represents an ideal opportunity to assess and monitor nutritional needs. However in this survey a majority (60%) of respondents indicate that they were not asked any questions at all regarding their diet and weight during their stay in hospital and the overwhelming majority of respondents (80%) indicated that their nutritional needs had not been assessed. Most people said that no action was taken in regard to their weight but some had their food and drink and/or weight monitored.

- *'No action was necessary as I did not have special dietary needs and my weight was normal'*
- *'Fluid intake monitored'*
- *'I did mention foods I could not eat because I have a stoma, but that was ignored'*

In this small sample nine needed some sort of nutritional support, mostly a special diet. When asked whether they received encouragement from the staff to eat and drink in a way that supported their nutritional needs, just over half said they did not. Most people

did not require help with eating or drinking and those that did said that they received that help, though not always at the time they would have liked.

Respondents were also asked about their 'normal' weight monitoring. One in five claim their weight is monitored regularly - on a monthly basis- but half of participants say they are monitored less every three months.

### **Information about healthy eating and drinking**

6.7 Hospital may also provide an opportunity to provide information about healthy eating, but while some found information from displays and discussions and others said that they did not need any information, there were patients who would have welcomed more information and advice. Many of these appeared to be related to patients' particular conditions, with one survey respondent asking for 'information on how to avoid the kidney failure problem I had encountered' and a further respondent noting that s/he would have preferred information 'on foods to help with bone healing'.

### **6.8 Information on discharge from hospital**

Around two fifths of survey participants claim that their GP did not receive information from the hospital about their nutritional needs, with one third saying such information would not be appropriate. Most patients (80%) of patients say they were not followed up at all by their GP or anyone else about their nutritional needs, following discharge from hospital. At least some patients did receive information and follow-up and it is likely that these were the patients for whom referral and follow-up was most needed.

## **7. Findings – Qualitative patient stories**

7.1 In this section we look at what patients and relatives say they want. We summarise some of their needs and requirements and include quotes and stories from patients and carers received via responses to the Patient Association newsletter, in focus groups and through the Helpline.

### **7.2 Ensure patients have regular and appropriate food and drink when attending hospital**

#### **Emergency patient**

*My partner developed an abscess and was admitted to hospital. There was a long wait for the doctor who said he would come back to assess him after dealing with an emergency -*

Patients say they want a reasonable quality of food to be provided when they are in hospital. They want specific dietary needs and requirements to be catered for. Carers

and relatives are concerned about the effect on health when the patient does not receive food or drink for some reason. They want staff to monitor that food and drink are given and consumed. They worry that staff are too busy and that food is taken away without being touched, particularly for frail elderly patients or people with dementia. They are concerned if long periods go by with no food or drink because of delays in operations, or for any other reason. When a patient is in need of additional nutritional support as identified through screening this is not always acted upon in a timely way.

#### **Mother attending outpatients**

*One area which needs looking at is what happens for outpatients. My 92 year old mother has been taken for an appointment by patient transport - she is 92, confused and immobile. Because she has had to wait for transport back plus the additional time of the journey to her appointment she has been up to 9 hours without food or hydration and sometimes without being able to go to the toilet. It is no good saying that she needs to be provided with this before she goes in - we of course try to arrange for a family member to be with her but this is not always possible, particularly in an emergency and some people have no one.*

#### **Coeliac patient on gluten-free diet**

*Unfortunately I have had occasion to be an inpatient on numerous occasions over these last 6 years. I am a coeliac and each and every time it has been a battle to get a gluten free diet. Ordering gluten free bread option would mean waiting several days, so breakfast was non-existent for me. Additionally the serving staff had little knowledge of what gluten free meant. Now, the Trust does include gluten free options - very few and a limited choice, frequently not the food one needs or wants when unwell. The restaurant - run by the same catering company - does not offer any alternatives either. The departure lounge does not have gluten free, while it does have a vending machine filled with crisps, chocolates and fizzy drinks. Need I say more?! I am aware through Coeliac UK that since April 2015 hospitals now have an obligation to provide gluten free options....so hopefully*

### **7.3 Offer patients advice on eating and drinking well, including that shared upon discharge**

#### **Brother in hospital with chronic condition**

*My brother has renal failure and is often in hospital. He is not encouraged to eat, meals are taken away when he has had very little and no one sees if there is something else he may eat. Staff bring in meals when he has gone off for dialysis and then take away the untouched plate before he returns. One day he had no food at all. Staff are not checking whether he has had anything to eat. This has been raised with The Chief Executive, Ward Manager, Dietitian and PALS. The matter is briefly resolved for a couple of days then reverts back.*

Patients believe that food and nutrition is vital for health and recovery. For specific conditions, both chronic and acute, patients want advice and guidance on what is best to eat. Patients want their GPs to be given information about their dietary needs when they leave hospital, particularly if a nutritional supplement or special diet is required. From our surveys we know that not all hospital patients receive information at the time of discharge about eating well and how best to meet their nutritional needs; nor are they always assessed for nutritional needs or offered support with nutritional care, when this would be appropriate. Nutrition needs to be integral into all care pathways and upon discharge nutrition needs to be highlighted and documented in any transfer communication as well as direct to patient/carer.

#### **Patient with abdominal operation**

##### **Patient with abdominal operation**

*I had suffered a serious hiatus hernia and went into hospital. I was not given a diet sheet of any form, nor was I given any advice verbally in full or in writing which would have been the best way to deal with it. I was left to my own devices after what I believe to be serious surgery. I have managed on my own, but would not return to this hospital.*

##### **Young woman with brain cancer**

*The one area I would criticize about my cancer care was the lack of advice about diet and nutrition. I was given no guidance even though I asked my GP, but this is irresponsible as nutrition is very important. You lose a lot of weight with treatment and get very tired – you need someone to give you advice. Since I finished treatment I have been more anxious, asking myself ‘Am I doing right for myself?’ Looking after your diet helps you get some power back, some control over your life...*

#### **7.4 Offer relatives guidance about food to help the person they look after**

Carers say they want help and advice to guide them in looking after their sick relative. This may be general advice on what to look out for in terms of signs of dehydration or becoming underweight (simple signs of risk of malnutrition/under nutrition); or it may be specific advice for a particular illness, be it kidney disease or cancer, or the use of prescribed nutritional supplements. This help may be looked for during or after a hospital admission, or while at home when the natural place for people to look for advice is their GP. However, for this to happen communication is key and or the right management pathways to be in place.

NB: “Dietitian” is a protected title and would be the health professional involved in an NHS hospital or community setting but patients /members of the public are often confused by the different terms. [https://www.bda.uk.com/about/about\\_bda/dietitians](https://www.bda.uk.com/about/about_bda/dietitians)

**Carer of patient with kidney disease, cancer and pneumonia**

*My husband is a cancer/dialysis patient, he was admitted to hospital in December 2014 with double pneumonia. As he was on very high doses of Septrin, he felt sick, very ill and unable to eat properly.*

*On discharge he was not given any instructions related to his diet or nutrition, despite being seriously ill and loss of weight. It was on my own initiative that I contacted the renal dietitian/nutritionist\* at the hospital, who immediately asked for a prescription to be generated for him of an oral nutritional supplement, as well as guiding me to give him certain foods that were palatable and would build up his strength.*

*I was appalled at the lack of any follow up regarding diet from the hospital doctors. It was my actions which ensured that my husband gradually regained his strength and appetite.*

*I feel there should be immediate input from the dietitian/nutritionist\* when a patient is ill and then on discharge from hospital. My rationale is I feel logical, as this ensures that the patient makes a good recovery, being well nourished, stronger physically and indeed psychologically. This ensures that they do not have to return to hospital.*

## **8. Nutritional care in hospitals: the view from the professionals**

8.1 A Freedom of Information Request was sent to 168 NHS hospitals seeking information on what policies and procedures were in place regarding nutritional care in the NHS acute settings. We received 64 responses many of which needed reminders and extension of the deadline for submissions. The questions included in the requests were based on the following key aspects which we believed are crucial to ensuring an effective nutritional care in NHS hospitals. These are:

- What policies and board level commitment is in place?
- Are staff trained in nutritional care issues?
- What information is available to patients?
- What nutritional screening and assessment is undertaken in the hospitals?
- What monitoring mechanisms are available to ensure patients' needs are met?
- What happens on discharge regards nutritional care including communication and follow-up?

## **Policies and board level commitment**

- 8.2 Where Acute Trusts have robust policies regarding nutrition and hydration care in place, the patient experience regarding this area of care is good. Similarly if the nutrition and hydration issues are discussed at the board level with a dedicated board member being responsible it is more likely that matters and concerns relating to patient experience in this area are addressed. Such practices give a clear signal to staff and patients that nutritional care is a priority for the trust.
- 8.3 72% of the trusts who responded had a Nutrition and Hydration policy in place while 21% did not have such a policy in place. 7% of the trusts indicated that they either were considering having such a policy or had some local guidelines included in other policies.
- 8.4 81% of trusts had a 'protected meals' policy while 12% did not have such a policy in practice. 7% of trusts had some form of documents which highlighted the need to ensure that patients are able to enjoy their meal without non-emergency clinical interventions such as X-rays, blood tests or medication rounds which has meant that patients may have missed meals. During the protected meal times all staff are engaged in providing help with eating and drinking to patients who require it and any non-urgent medical activity is suspended.
- 8.5 An area of concern relating to nutritional care is patients being kept on Nil by Mouth instructions either due to their clinical condition or while waiting for an assessment or an operation for long periods. There have been reports of patients being on Nil by Mouth for extended periods unnecessarily, thus causing great discomfort for often vulnerable patients. Lack of adequate staffing such as shortage of Speech and Language Therapist for assessment or lack of communication between surgical areas and the wards has also been known to cause inappropriate use of nil by mouth instructions by staff. To prevent such situations arising, it is vital that there are clear policies regarding circumstances and the length of time under which a patient could be placed on nil by mouth and these policies should always be set up for the benefit of the patient. However, this Freedom of Information request found that a clear Nil by Mouth policy was in place in only 36% of the trusts while 64% did not have such policy, although some Trusts were considering introducing one.
- 8.6 In response to the question on whether there was a designated board member for ensuring that the nutritional and hydration care issues were discussed at the board level 88% responded affirmative while 12% did not have a designated board member however

of these 7% indicated that on an ad-hoc basis a senior member may attend the board meeting as required.

8.7 95% of trusts responded that they discussed nutrition and hydration matters regularly as part of their board agenda while 5% only discussed this if a situation arose that warranted such discussion such as complaints.

- *'Yes, nutrition and hydration is part of our Quality Dash board, which is being discussed at a monthly meeting as part of Performance review.'*
- *'Yes. The Director of Nursing, Professional Practice and Peoples Experience is the Executive Lead'*
- *'Yes our Chief Nurse will discuss any nutrition and hydration care related concerns as and when necessary'*

### **Competent Staff**

8.8 A direct factor in the quality of the patient experience is whether the staff are trained and competent in undertaking the duties of care to their patients. We asked whether the staff had any mandatory training on healthy nutrition and hydration and help with eating and drinking and we found that only 77% of the trusts had such a mandatory training in place.

- *'Nutrition and 'MUST' training is provided as part of the HCA training, preceptorship and new nurses induction programmes. We run enteral feeding study days for nursing staff'*
- *'All clinical staff have training on using 'MUST' (Malnutrition Universal Screening Tool) during Induction'*
- *'Whilst training is not mandated – training has been provided at both classroom and ward level in relation to the implementation of 'MUST' screening within the organisation. Training has also been provided in relation to Fluid management and the deteriorating patient. Training sessions are currently being offered to Healthcare assistants in relation to Feeding and Swallowing awareness. A full day on Nutrition & Hydration is also provided to staff completing preceptorship and a further full study day is arranged for staff in September'*

- 8.9 23% of trusts that responded did not have any mandatory training on nutrition and hydration issues. This is a worrying finding as many of the patients they care for may be in need of specialist support due to their clinical conditions and if staff are not able to provide this in a correct manner the risk of patients not eating healthily could increase the incidence of malnutrition in hospitals. In addition patients may be subject to unsafe practices resulting in harmful events such as choking, wrong consistency diets and harm from extended periods of no food or drink.

### **Monitoring and feedback**

- 8.10 A key requirement for improving services is to seek feedback from patients and learn from the mistakes. This could be in the form of simple bedside question answer sessions or from the official complaints. Trusts which actively seek real time information on patient experience have tended to provide better care for their patients. We found that 94% of the trusts that responded had mechanisms to collect real time information from patients while 2% did not. Another 2% indicated that this was not applicable to their trust as they did not have any inpatients. 2% did not respond to this question.

### **Nutritional care and support during the hospital stay**

- 8.11 Being able to receive a high quality and safe nutritional care that meets the needs of all patients is fundamental to care delivery in a hospitals setting. In recent years there have been many high profile cases where patients have received sub-standard care regarding nutrition and hydration care. Having an accurate assessment is the first step in ensuring good nutrition and hydration for patients in a hospital. Our FOI requests response indicated that 98% hospitals have systems in place to ensure nutritional assessments are carried out with only 2% not having the systems in place.
- 8.12 An integral part of the nutritional needs assessment is seeking information from patients about their likes/dislikes, cultural and religious preferences and any clinical needs regarding nutrition and hydration. All the trusts who responded to our freedom of information request were engaging with patients and seeking key information about their nutritional needs and preferences. However when we asked the same question of the people who responded to our survey we found that not everyone was asked questions about their nutritional needs, preferences and diet and weight and most people did not appear to have had a nutritional assessment. This is a worrying finding as it appears that

even though trusts feel they are engaging with patients, patients on the other hand do not share the same opinion.

### **Help with eating and drinking**

8.13 Alongside undertaking nutritional screening it is also important that there are clear processes to identify patients who need help with eating and drinking and ensuring that this help is available when required. 98% of the trusts confirmed that they had clear methods to identify people who needed assistance with their meals.

- *‘Yes, this would be identified during the handover safety briefing’*
- *‘Yes - as part of the Productive Ward Series the Trust introduced the Red Tray and Red Lid Jug system. We have specially trained volunteers to assist at mealtimes with helping to feed low risk patients’*
- *‘Yes, red tray processes are in place in our ward areas and a number of wards have introduced red lidded jugs for these patients.’*

8.14 Having identified the individual needs for help with eating and drinking it is also vital to ensure that the assistance is indeed available. We have many cases from the Patients Association Helpline where patients have not been given any help with eating and drinking despite being identified as in need of help with mealtimes. Our Freedom of Information request revealed that 96% of the trusts who responded had robust mechanism to ensure that patients did receive the help with eating and drinking that they required. 2% of the trusts said they did not have such systems in place.

*‘Every morning the nursing staff count how many patients will need assistance to eat that day and will then check to ensure that they have enough staff on the ward to provide this help. If more staff are needed, this is escalated to a matron so that staff from other areas can be asked to assist. The Trust also has non clinical staff who have been trained as feeding buddies to assist when required.’*

*‘Trained volunteer feeders are available throughout the trust to assist with feeding at mealtime; protected mealtimes philosophy encourages “an all hands on deck approach” to ensure sufficient personnel to assist patients. Red tray system in elderly wards highlights those who need additional input and monitoring at mealtimes’*

*'Monthly quality reviews review each in-patients care. An annual audit of 'MUST' and red lid/red tray process is in place. Within the Integrated Patient documents an "At a Glance" care plan is used to review patient care at a minimum weekly, or whenever the patients' condition changes'*

### **Information for patients**

- 8.15 Evidence suggests that the recovery of patients is faster and better if their nutritional and hydration needs are met. Mealtimes are an integral part of nursing care and should be aimed at providing good patient experience. Giving information about the meal choices and how patients can access food and drink throughout the day can enable patients to make informed decisions and prevent any avoidable complications such as malnutrition or dehydration. In response to our question on whether such information was given to patients 97% trusts confirmed that they did. Staff discussed nutritional needs with the patients regularly and the menus were provided for meal choices.
- *'Each patient is issued with a 'your stay in hospital leaflet' prior to their visit and these are also available on the ward. This contains information about meals and drinks and who to speak to should they have any concerns about their meals. Nutrition is also discussed with patients and information provided on induction to the ward by the ward teams. Each patient is given a menu daily which informs them of what is available and who they should talk to if they have concerns or if the menu does not cover their dietary requirements.'*
  - *'Notice boards on the wards display information about the meal options for the week. Patients/families are given an orientation of the ward and this includes information about drinks and snacks.  
The Trust is currently developing folders with helpful information to be kept at each patient's bedside. This will include accessing food and drink.'*
  - *'The nurse or health care assistant will answer any questions on meals and drinks and a patient information booklet on nutrition and hydration is being trialled'*
- 8.16 Our survey indicated that patients found out about healthy eating from a variety of sources such as reading posters and leaflets available in the hospital wards. Regular discussions with staff about healthy eating were also mentioned as a source of information for patients.

## Nutritional support

8.17 NICE guidelines state that:

*'The provision of normal food and drink along with physical help to eat if necessary, when unwell, will often suffice. However, if this fails, it is impractical or is unsafe, measures to provide nutrition support may be indicated.'*

The guidelines specify the conditions under which such a support may be applicable as follows:

*'Healthcare professionals should consider enteral or parenteral feeding in people who are malnourished or at risk of malnutrition, respectively, and have:*

- *Inadequate or unsafe oral intake, and*
- *a functional, accessible gastrointestinal tract.'*

8.18 Our Freedom of Information requests indicated that 94% of the trusts were giving clear information to patients about accessing oral nutritional supplements and/ or tube feed if prescribed while they were in hospital. 2% of trusts did not give such information out unless it was prescribed in which case a referral was made to the dietitian who would ensure the oral nutritional supplements were administered.

- *'All patients are referred to a named dietitian, who will co-ordinate and evaluate the necessity, amount and frequency of nutritional supplement prescribing. All tube feed regimens are dietitian-prescribed.'*
- *'Should patients be identified through nutrition screening as being "at risk", nursing staff on the ward will trial oral nutritional supplements as part of the actions on the Nutrition Screening Tool. If this fails to result in an improvement, they will refer to a dietitian. Should the patient require a tube feed, they will be seen by a dietitian who will provide all the relevant information to patients and/or their carers.'*

8.19 Being provided adequate information about nutrition and hydration care including healthy eating and drinking can help patients in maintaining a healthy life style. In addition it is vital that any prescribed supplements or tube feed are continued after the discharge to achieve effective outcomes for the patients. We found that 95% of the trusts that responded to our Freedom of Information request claimed they were giving sufficient information to patients relating to their own nutrition and hydration needs at the time of discharge.

*'Patients seen by a dietitian are given dietary information appropriate to their needs both verbally and written. Many of the patient information leaflets give links to other organisations and websites as appropriate. Patients being discharged on tube feeds are given information on the process of getting feeds and ancillary equipment and given appropriate information for their requirements, contact phone numbers for advice both during working hours and out of hours (24hr helpline). They (or their carers) are trained on administration of their feeds.'*

*'The Trust provides relevant verbal and written advice along with contact names and numbers if further help is required.'*

### **Commentary on response from Freedom of Information requests**

- 8.20 On the whole our Freedom of Information request indicates that the 64 out of 168 acute trusts which replied have good policies in place in the key areas we identified, namely: protected mealtimes, Board level interest in nutrition, and provision of information in hospital and on discharge. Around three quarters reported that they have nutrition policy and a similar number have mandatory training and it would be preferable for these figures to be closer to 100%. Unfortunately we only have the information for 38% of acute trusts and it is possible that those who replied felt more satisfied with their policies in this area and that the picture would not be so good if all trusts' information was included.
- 8.21 However it is evident from our patient information, both from survey findings and from focus groups that patients are **still experiencing gaps in information provision and sometimes in care**, both in hospital and on discharge. Many patients and carers would like more guidance, especially when they are dealing with a chronic condition, or recovering from major surgery, and believe that they have particular nutritional needs. There appears to be a gap between the policies and aspirations of care providers and the practice as experienced by patients.

## **9. Nutritional support in the community**

- 9.1 BAPEN report (Combating malnutrition – 2009) confirms that prevalence of malnutrition in the community is very high. The report also found that such high incidence is often due to inadequate or poorly co-ordinated services in the community, particularly for those who have been discharged from hospital. **A lack of communication between the care settings** e.g. between hospitals, GPs and care homes can result in gaps in support for people who need continuous nutritional care.

9.2 The findings from our Freedom of Information request on what information on nutritional care is shared between hospitals and GPs or care homes revealed that 96% of the trusts that responded sent information regarding nutritional care required by the patient to their GP while 94% sent it to the care homes when patients were discharged from hospital. In each case 2% did not do so. The remaining trusts did not have patients that needed nutritional care due to the nature of their service e.g. day patient. A follow up question asked trusts how systems can be put in place to ensure nutritional care information on an individual basis is communicated on discharge as part of the recovery phase. The following were some of the replies:

*"If patients under the care of a dietitian during their stay require ongoing care or review a letter will be sent by the dietitian to the GP. If patients are referred to community dietitians for ongoing care a copy of the referral will be sent to the patient's GP. If patients remain under the care of hospital dietitians a prescription request will be sent to the GP if required. Standard documentation and registration information exist for patients discharged on home enteral feeding. Some information **may be** included in medical discharge letters."*

*'Currently electronic Immediate Hospital Discharge Information (IHDI), has been developed to ensure this information is sent straight to the GP.'*

*'If the patient lives in a care home and the patient required nutritional supplements a letter is sent to the GP and care home providing information. All of the care homes in our area have direct access to the nutrition department and the patient will be reviewed once information is provided from the care home. If the patient is discharged with a tube feeding, the community home enteral dietitian will meet with the patient and arrange for training prior to discharge. The patient will be provided information on the arrangements to ensure all supplies are delivered on discharge and on-going and a written regimen, care instructions and contact numbers are provided on discharge. The company supporting the care and delivery of supplies send information to the patient. A letter will be sent to the GP providing the GP with the nutritional status of the patient, the type of feeding tube the patient has and the prescription of the feed required.'*

*'If patients are to be discharged to a care home on oral supplements or enteral feeds, advice is given on these. In addition, the dietitian co-ordinates discharge and gives written information to GP, community nurses and dietitians, and the company used for tube feeding supplies. Basic dietary and hydration needs are not relayed to the care home on a routine basis, unless this has been a clinical concern during the admission'.*

9.3 However our patient information, both from the survey findings and from focus groups indicates that patients' GPs are not always receiving all the information about the patient's nutritional needs from the hospital. This leads us to question whether there is a

**need to empower patients and carers to demand information and have access to the right information.** They should be guided in their expectations on discharge about this sort of information (this links to the Patients on Intravenous and Nasogastric Nutrition Therapy's (PINNT) interpretation of the NICE Nutrition Quality Standards 24 on what to expect<sup>6</sup>.

9.4 We also sent Freedom of Information requests to 20 selected GP surgeries across England and had informal conversations with some practice managers. Unfortunately we only received one response from the GP surgery Freedom of Information request. From the informal information gathered it appeared that in most cases patient's dietary needs are followed up by the community dietitian (where there is one in post) who is directly contacted by the hospitals if there was a need for monitoring nutrition and hydration needs for the patients. A GP visit and repeat prescription will be undertaken upon request from the patient or the community dietitian. We were also informed by some GP surgeries that it would not be easy to identify how many of their patients were on supplementary feeds as there was no data category to identify this. This finding could pose a major challenge for the GPs to ensure that their patients who need nutritional care are indeed getting the right support and outcomes in a timely manner the community.

9.5 The Patients Association 2011 report: 'Malnutrition in the Community and Hospital' included a survey of people's preferred sources of information regarding nutritional care and indicated that 84% of over 65 year olds would want such information from their GP. Only 60% responded that they would seek such information from the community dietitian. It is therefore vital that GPs provide this link. There is a section on nutrition and malnutrition on the Royal College of General Practitioners' website which includes information on the Managing Adult Malnutrition in the Community Pathway, and references to the NICE Clinical Guideline 32<sup>7</sup> and associated Quality Standard<sup>8</sup>. There is also guidance which has been developed by the Malnutrition Pathway Consensus Panel<sup>9</sup> involving many disciplines and endorsed by professional organisations which provides

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<sup>6</sup> <http://pinnt.com/Home-Artificial-Week/Archive.aspx>

<sup>7</sup> NICE guidelines : Nutrition support in adults: oral supplements, enteral tube feeding and parenteral nutrition <http://www.nice.org.uk/guidance/cg32/resources/cg32-nutrition-support-in-adults-full-guideline-appendices>

<sup>8</sup> 2006 NICE. Clinical Guideline 32 <http://publications.nice.org.uk/nutrition-support-in-adults-cg32/introduction>

<sup>9</sup> [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk);

practical advice and guidance on managing malnutrition in adults in the community setting – an evidence based approach, which is also now in the e-Guidelines in Practice.<sup>10</sup>

## 10. Conclusion

10.1. Malnutrition costs the UK in excess of 13 billion a year. With the number of older people increasing every year the need for coordinated support and information for people with nutritional needs is becoming paramount. The current government campaigns are heavily focused on obesity and weight reduction however the problem of malnutrition is much more prevalent particularly in the community. Our evidence indicates that there is a significant lack of awareness in the community regarding healthy eating and drinking. In addition there is also little awareness about what patients are entitled to. The NHS constitution clearly states that

*'You have a right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.'*

10.2 Despite this we find that many patients are not aware of their entitlements with regards to nutritional care, neither are they aware of whom to ask for such support.

10.3 Screening people in all settings for signs of malnutrition and the related risks can prevent many illnesses which may present due to lack of nutrients in the meals. Despite a robust tool 'MUST', the screening appears to happen largely in hospital settings only. While a high number of trusts appear to have policies in place to ensure that patients are screened, many patients have indicated that their nutritional needs were not always assessed. Lack of robust screening and nutritional needs being identified can be a high risk factor in causing malnutrition but may also be a patient safety issue.

10.4 Even after nutritional needs have been assessed and preferences have been ascertained there still seems to be a lack of certainty that patients' needs are always being met. The NHS trusts must ensure that there are robust systems in place to ensure that the nutritional needs of patients are assessed regularly and met in a safe and dignified manner. This information must be conveyed to the GP or the care home to ensure a seamless continuity of care regarding nutritional matters. If a more holistic approach was

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[http://www.eguidelines.co.uk/eguidelinesmain/guidelines/summaries/nutrition/bapen\\_rcgp\\_malnutrition\\_jun14.php#.U7-2ivldV8E](http://www.eguidelines.co.uk/eguidelinesmain/guidelines/summaries/nutrition/bapen_rcgp_malnutrition_jun14.php#.U7-2ivldV8E).

taken towards discharging patients from hospital care this might help prevent unnecessary readmission to hospital for some patients.

### **Information provision**

- 10.5 There appears to be a discrepancy in the policies in place and what patients are receiving which may indicate gaps in implementation. Despite many policies for ensuring good nutritional care, patients are not always aware of how their nutritional needs are managed in a hospital setting. There is an urgent need for health professionals to engage better with patients and their carers in a way to enable them to be partners in their care. This is particularly true for those individuals needing additional nutritional support whether it is through prescribable oral nutritional supplements or enteral tube feeds. If a patient is identified as being on such a feed, the process of managing it is very clinical, with the community or hospital dietician taking the lead on prescribing and administering. It is also important that patients have access to credible on line information so that they can seek initial advice and signposting 24 hours a day.

### **Role of the GP**

- 10.6 About 93% of malnutrition cases are in the community and these need to be supported by the professionals in the community. From our evidence we have identified that the current practice of providing information on individual patient's dietary needs ensures that GPs are aware of the patient's nutritional status. However we have noted that most of the nutritional care and support is provided by the community dietitians.
- 10.7 GPs are the main point of contact for the majority of patients yet there seems to be little support and information provided in the GP setting. Our conversations with the GP practices have indicated that they do not have readily available information on how many patients are on supplementary feeds. With more and more emphasis on care in the community in a joined up way the role of the GP is even more important in ensuring that patients receive advice on healthy eating but also on other lifestyle factors which may impact on a person's nutritional status.
- 10.8 It is important that not only GPs but pharmacists may also be instrumental in promoting healthy nutrition as they have frequent contact with patients particularly those with long term conditions. Community pharmacists have a potentially significant role as the first point of contact for a conversation about their nutritional supplements for a post discharge review, with the right training.

## **Implementation of guidelines/policies**

- 10.9 Our findings have indicated that there are significant gaps in the way policies and guidelines are being implemented despite there being many to choose from such as the Managing Adult Malnutrition in the Community Pathway<sup>11</sup> While the Freedom of Information requests to hospitals have identified that those trusts which replied do have robust nutrition policies in place, the levels of malnutrition remain high and patients still claim that there are deficiencies in their nutritional care and advice.

## **The way forward**

- 10.10 Treating malnutrition can save NHS billions of pounds and this would be timely in the current climate of financial savings required of the NHS. Patients want advice and guidance about nutrition as well as the appropriate quality and quantity of food and drink in any health and social care environment. It is vital that health and social care professionals ensure that patients are able to manage their nutritional needs in the community with adequate support and information, which will result in improved health outcomes and patient/carer experience. Safe high quality nutritional care should be fundamental to the provision of care in any setting. Being able to access the right type of nutrition when and where needed is integral to maintaining the dignity and human rights of any individual.
- 10.11 The guidance that is required by health and social care professionals and by patients and carers is largely developed and available and it is recognised that providing nutritional support is everyone's responsibility. Systems need to be put in place and implemented. The right services need to be commissioned, with the right outcome measures in place. Involving interested members of the public (especially patients and relatives at possible risk of malnutrition/dehydration or in need of nutritional advice) in the development of services will ensure that services are relevant and appropriate to patients' needs and aspirations.
- 10.12 A truly integrated approach is needed across health and social care, and nutrition and hydration should be seen as integral to health and well-being and should be seamless across all care settings, for all ages and wherever people live.

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<sup>11</sup> [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

## 11. Recommendations and call for action

Based on the findings and conclusions from this project the following recommendations are made:

### **Recommendation 1: For NHS England**

**NHS England** should have the clear focus on nutrition and hydration which was originally highlighted in 2007 in the form of a Nutrition Action Plan and should consider making the Nutrition and Hydration Week a National Campaign. The learning and outputs from the Malnutrition Task Force pilot sites should be acted upon to drive the next phase of the project and resources available through the Malnutrition Task Force [www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk) should be a frame of reference for those involved in the care of older people.

### **Recommendation 2: For NHS England**

There is a need for a **nutrition measurement and audit tool** for nutritional care in all care settings. It is important to secure accountability and to establish a directive looking at how nutritional care is commissioned and managed.

### **Recommendation 3: For NHS England**

There is a **need for robust, central initiatives** to raise awareness about malnutrition, monitoring weight changes, early warning signs and the risks of malnutrition amongst the public and for this awareness to move to action being taken.

### **Recommendation 4: For NHS England**

Funding available to care providers to promote nutrition and hydration for people in the community should be reviewed; any inefficiencies and gaps must be addressed and every pound spent must result in better outcomes for patients.

### **Recommendation 5: For Health Education England**

**Health Education England** must ensure that nutrition and hydration care is integral to any training provided to care professionals in all care settings. Such training should also be included in the mandatory induction for staff, including Skills for Health.

### **Recommendation 6: For the Care Quality Commission**

The regulator, the **Care Quality Commission** must ensure that care providers are assessed robustly on nutritional standards; not just on whether the right policies are in place but also whether the policies and practices are meeting the nutrition and hydration related needs of patients in different care settings.

### **Recommendation 7: For the Care Quality Commission**

We would strongly recommend that nutrition and hydration must be included as a key requirement by the **Care Quality Commission** in all inspections for all care settings which includes primary care, in order for a provider to be rated as “outstanding”.

### **Recommendation 8: For Commissioners**

There is a need to ensure that the right services are being **commissioned** in the community and guidance on this can be found in the Malnutrition Task Force resources ([www.malnutritiontaskforce.org.uk](http://www.malnutritiontaskforce.org.uk)) and in the BAPEN Commissioning Toolkit. ([www.bapen.org.uk](http://www.bapen.org.uk)). These resources provide guidance on the type of provision that is required for those in need of nutrition support, and further highlight the need for the right information to be given on discharge. For community settings, the Managing Adult Malnutrition in the Community Pathway ([www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)) provides guidance for healthcare professionals.

### **Recommendation 9: For Commissioners**

More effort needs to be put in ensuring that care providers follow best practice guidelines such as those from the **National Institute for Health and Care Excellence** including Clinical Guideline 32 Adult Nutrition Support, and those specific to long-term conditions such as the NICE Clinical Guidelines for Stroke and Chronic Obstructive Pulmonary Disease and associated NICE Quality Standards. Also make use of the NHS England nutrition and hydration.

### **Recommendation 10: For Commissioners**

That the NHS England Commissioning Excellent Nutrition and Hydration Guidance 2015-2018 [www.england.nhs.uk/commissioning/nut-hyd](http://www.england.nhs.uk/commissioning/nut-hyd) is adopted by all commissioners.

### **Recommendation 11: For Public Health Directors**

Be more involved with the non-health issues such as poverty, lack of shopping facility, and transport which are all potential social causes of malnutrition, and which may impact on nutritional care and provide a joined up framework for supporting people in the community.

Ensure that nutrition is integral to the management of long-term conditions to 'catch' disease related malnutrition early and intervene, as appropriate, earlier as part of the prevention strategy.

Consider involving local service user and carer groups to review discharge processes and ensure that nutritional advice is part of the discharge process, when required.

### **Recommendation 12: For Commissioners and Health and Wellbeing Boards**

Seek feedback from patients and carers about their experience and use this information to inform the commissioning process.

### **Recommendation 13: For Acute hospitals**

**Acute Hospitals** should have a leading role to play in averting malnutrition and in providing good nutrition and nutritional advice to aid recovery. They should ensure all patients have suitable food and drink available, including, for example, when operations are cancelled or transport is delayed. Intake of both food and drink should be monitored. Assessments of potential malnourishment should be carried out for those considered at risk as a matter of routine, so that appropriate action can be taken.

### **Recommendation 14: For Acute hospitals**

Nutritional support and advice should be increased for **in-patients**, especially for those at risk either by age or type of condition or following an assessment. Information about diet and nutrition should be provided during in-patient stay and/or on discharge.

### **Recommendation 15: For Acute hospitals**

Any relevant information about nutritional or dietary needs should be passed to the patient's GP on discharge from hospital. Including if just a comment to say needs monitoring or no concerns highlighted whilst in hospital.

### **Recommendation 16: For GPs and other community healthcare professionals**

**GPs and GP** consortia must take an active role in ensuring that people discharged from hospital with nutritional needs are well supported in the community and those at risk of disease-related malnutrition are identified early with the right management pathways being put in place such as [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) because GPs are the first point of contact with the NHS for many patients. For this to be truly measured there needs to be an indicator on the management of malnutrition as a condition in the Quality and Outcomes Framework.

### **Recommendation 17: For GPs and other community healthcare professionals**

Information, both on recognising signs of malnutrition and in helping to treat those signs, should be readily available in **GP** surgeries. Patients and carers who may be vulnerable or at risk of malnutrition and dehydration seek/expect information from their GP surgery about diet and nutrition. There is a wealth of good information available, including that to be found on the Malnutrition Task Force website (as above) with more being developed in the Malnutrition Prevention pilots, also on the Carers UK website <http://www.carersuk.org/help-and-advice/health/nutrition/>

### **Recommendation 18: For GPs and other community healthcare professionals**

**GP practices** must record how many patients in their surgery are in need of artificial nutrition (feeding via an enteral feeding tube).

### **Recommendation 19: For GPs and other community healthcare professionals**

**Other healthcare professionals** such as **community pharmacists** should also be included in advising and providing information on healthy eating, recognising simple signs and symptoms of malnutrition and dehydration and provide appropriate first line advice. Community pharmacists could be trained to be involved in providing a post-discharge nutrition screen/review.

### **Recommendation 20: For GPs and other community healthcare professionals**

**Social and psychological aspects** - Older people in the early stages of frailty or dementia are sometimes afraid of eating and drinking too much in case this necessitates the need to go to the toilet which is not always easy to get to and this may lead to malnutrition or

dehydration. It is important for GPs and other healthcare professionals to identify and address such social, psychological and physiological problems to prevent the situation from deteriorating.

**Recommendation 21: For GPs and other community healthcare professionals**

As outlined in the **NICE Quality Standards on Nutrition** - Healthcare Professionals should ensure that patients having enteral or parenteral nutrition in the community and their carers:

- Are given contact details for relevant support groups, charities and voluntary organisations;
- Are empowered and have access to appropriate sources of information in formats, languages and ways that are suited to an individual's requirements. Consideration should be given to cognition, gender, physical needs, culture and stage of life of the individual;
- Are involved in decisions being made and have input into the development of services and resources enabling them to feel empowered and more confident in self-management. For those making decisions about the services on nutritional care they should ensure that those receiving or in need of support are being asked their views and experiences;
- Have the opportunity to discuss diagnosis, treatment options and relevant physical, psychological and social issues.

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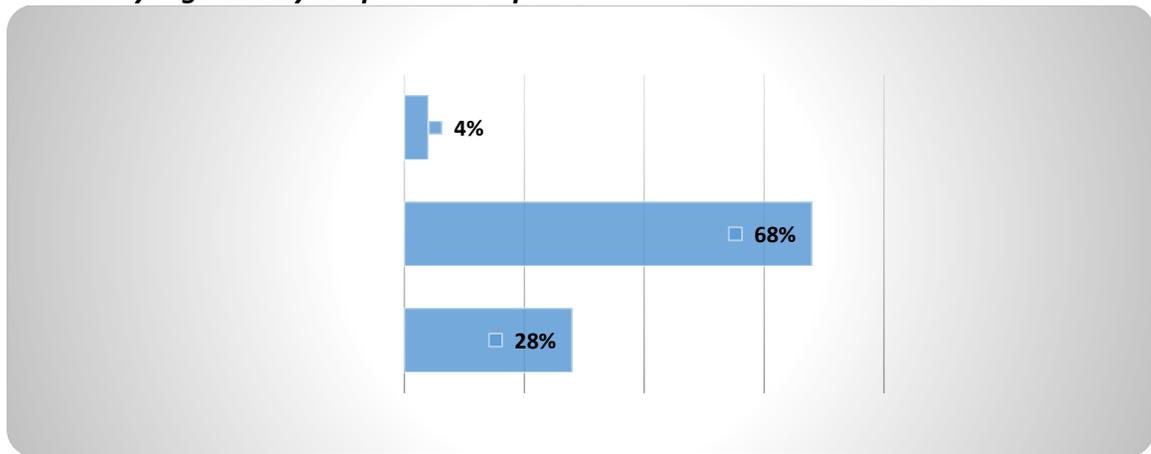
## Appendix A

### Nutrition Survey of patients following hospital discharge

#### Sample

25 people responded to a survey about nutrition in early 2014 following their own in-patient stay or that of a relative. Of these 21 people (or 84%) replied for themselves and four answered on behalf of a relative. There was a balance of male and female respondents and a broad mix of age groups from 18 up to over 80 with the majority (60%) being over 65 (in line with the national profile for in-patient stays). The length of stay of respondents is shown below.

#### *How many nights did you spend in hospital?*

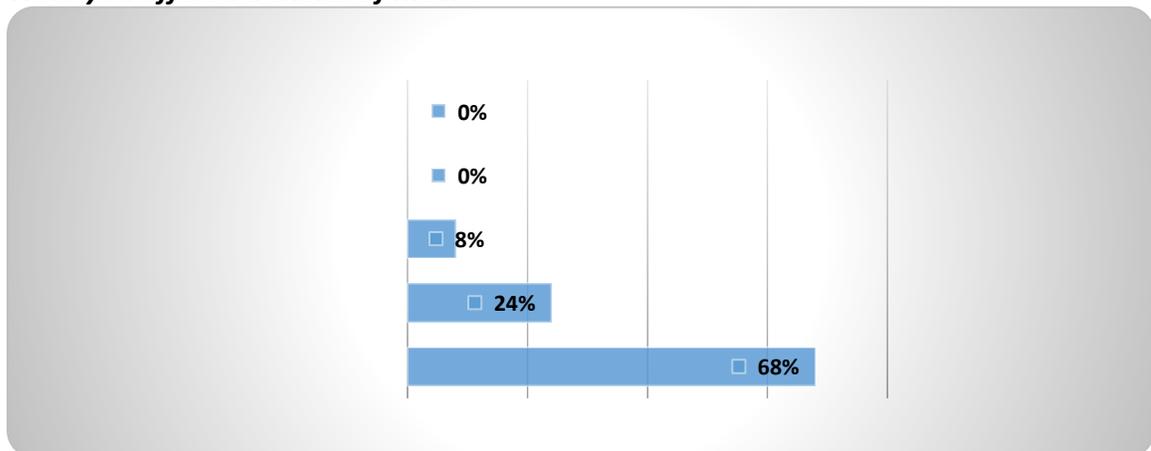


Number of responses: 25

#### Food and drink while in hospital

There were a series of questions which covered provision and access to food, drink and snacks while in hospital, as shown below.

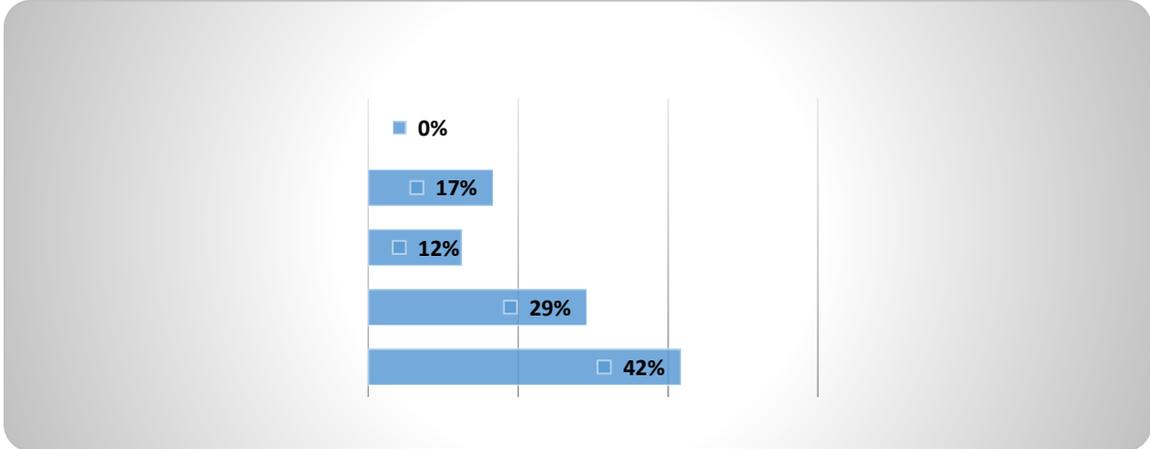
#### *Were you offered a choice of meals?*



Number of responses: 25

68% of patients confirmed that they always received a choice of meal during their stay in the hospital, with a further 24% saying that they 'sometimes' did so. Overall then, 92% of respondents agreed that they did receive a choice of meal, either always or some of the time. In contrast, 8% of survey participants said that on no occasion during their stay in hospital were they offered a choice of meal.

***If you were offered a choice, did this choice include foods that you needed?***

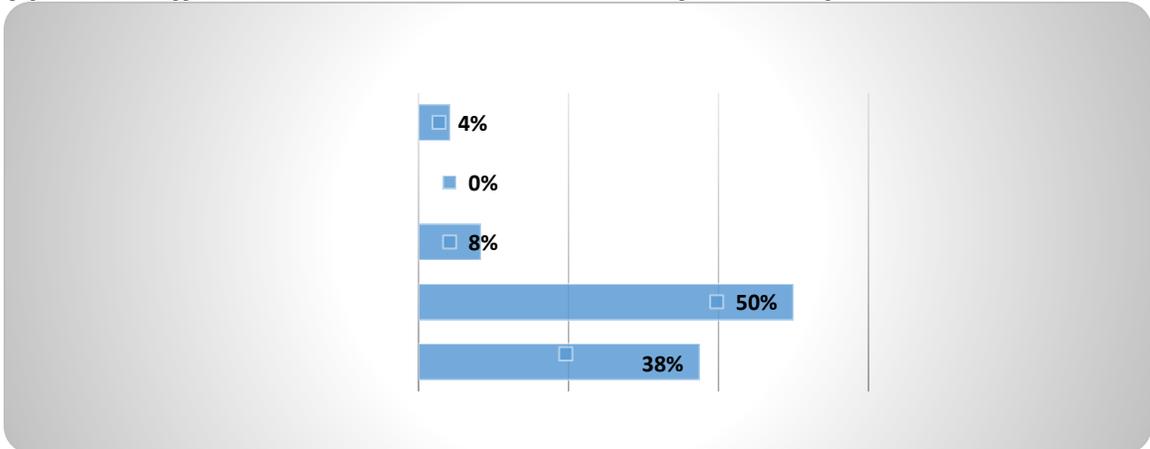


**Number of responses: 24**

Still concerned with the choice of meals offered to patients, this question focuses on whether the variety of foods offered were those needed by the patient. 42% of respondents said that on every occasion, the foods offered included choices needed by the patient, with a further 29% agreeing that it sometimes included options that were needed.

17% of respondents were unsure if the choice of meals included foods needed, with 13% of survey participants unequivocal that on no occasion did the choice of foods available include options that the patient needed.

***If you were offered a choice, did this choice include foods that you wanted? n=24***

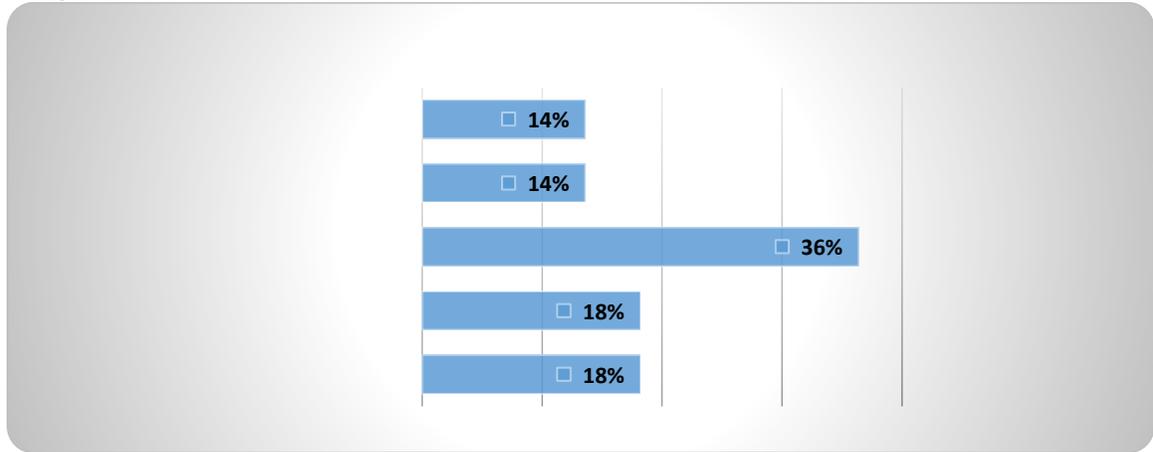


This question asks whether the variety of foods available during the patient's stay included options that were actively sought by the person during their time. Half of respondents, 50%,

agreed that Yes, sometimes the choice included foods that they wanted. 38% said that the choice always included food that they wanted.

By contrast but in the minority, 8% of survey participants claimed that the meal that they wanted was never an option. 4% of respondents indicated that they did not require any meals possibly because of short stay or meals being brought from home.

***Did you have access to snacks in between mealtimes?***



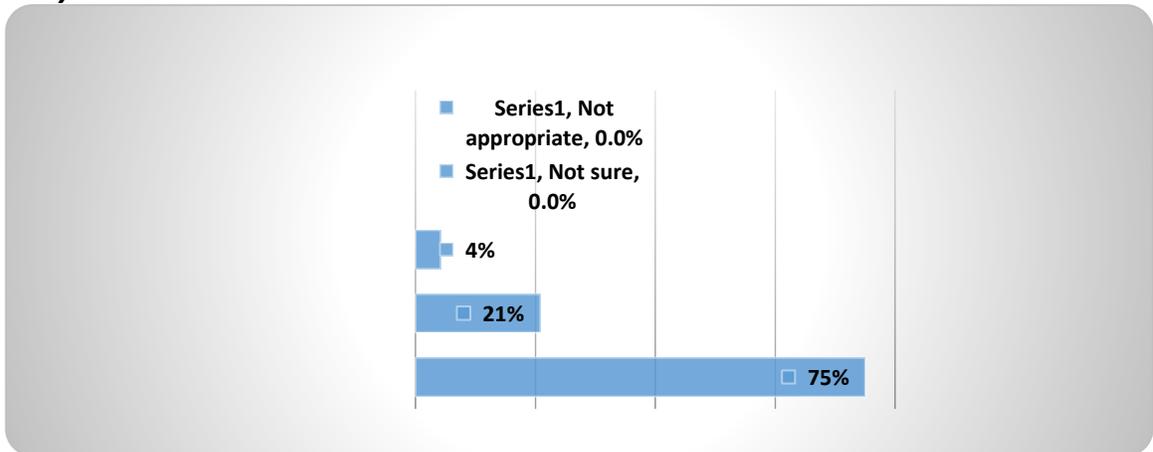
**Number of responses: 22**

18% of respondents confirmed that they always had access to snacks between mealtimes; the same number of participants (18%) agreed that they had access to snacks, but only on some occasions.

14% of respondents were unsure as to whether they were offered snacks in between their main meals, with the same number saying snacks were not appropriate.

However, 36% of patients responding to this question claimed that they 'never' received access to snacks in between their mealtimes.

***Did you have access to drinks at all times?***



**Number of responses: 24**

A significant majority of respondents, 75%, said that they always had access to drinks during their stay in hospital.

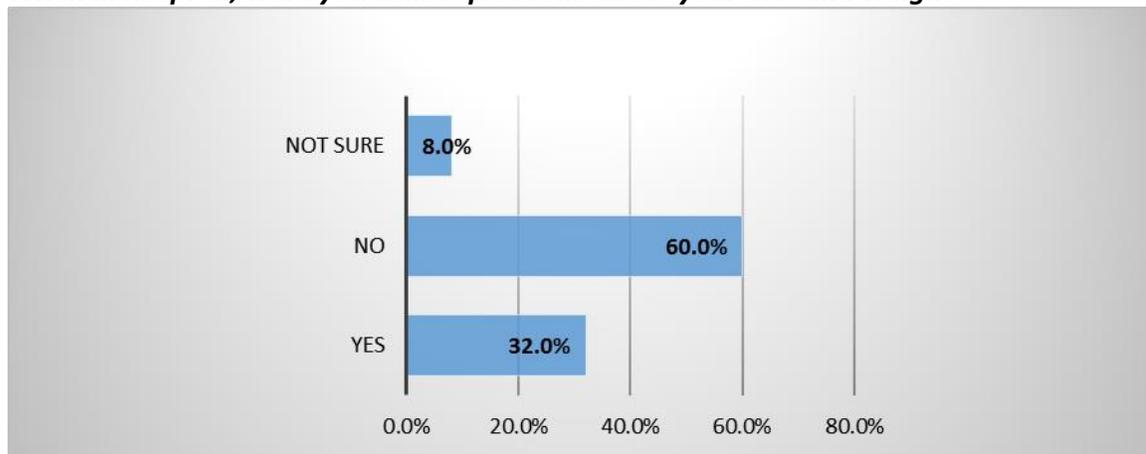
21% of patients also believed that yes, on some occasions they had access to drinks. Overall, 96% of survey respondents agreed that they had access to drinks to some extent while they were in hospital.

In contrast, 4% of patients said that they never had access to drinks while they were hospitalized.

### **Assessment and Monitoring of Nutritional Needs**

Respondents were asked whether their nutritional needs were assessed while in hospital in a number of questions as follows.

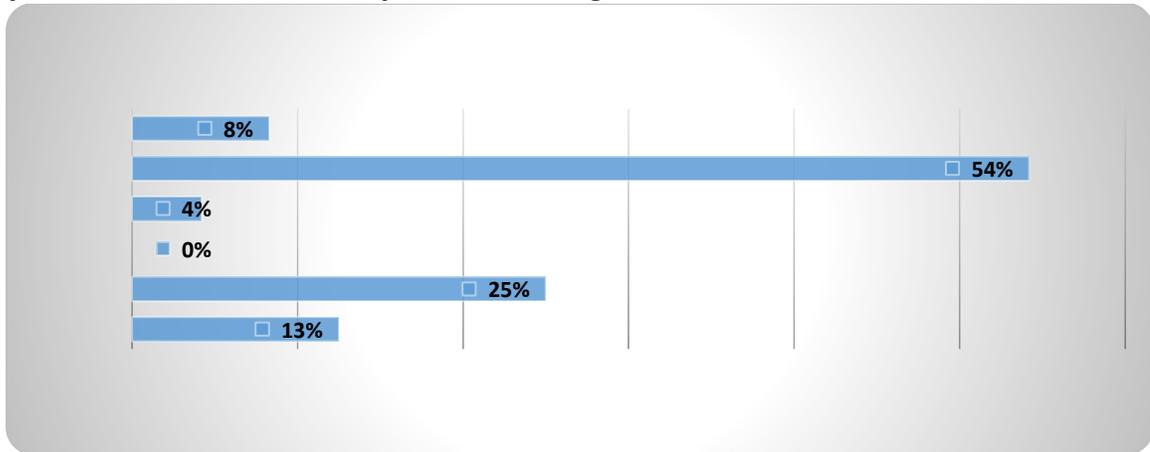
#### ***When in hospital, were you asked questions about your diet and weight?***



**Number of responses: 25**

32% of respondents to this survey question confirm that they were asked questions pertaining to their diet and weight during their stay in hospital, while a large majority (60%) of respondents indicate that they were not asked any questions at all regarding their diet and weight, with a further 8% unsure or unable to recall whether any queries were made on the matter.

**Was any action taken in relation to your diet or weight?**



**Number of responses: 24**

Over 50% of respondents responded that no action was taken in relation to their weight and diet while 13% of respondents claim their weight was monitored regularly whilst in hospital. 25% of survey participants also noted that their food and drink was monitored.

None of the respondents to the survey question claim that they were put on a special diet or were given assistance when eating and drinking.

8% of respondents said other action was taken with regard to their weight and diet, with comments and observations including the following:

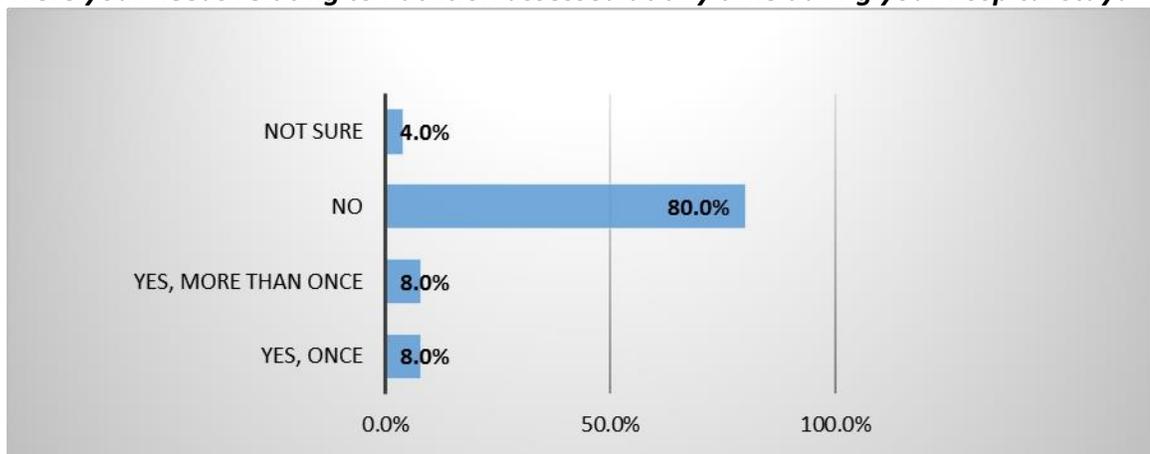
*'No action was necessary as I did not have special dietary needs and my weight was normal'*

*'Fluid intake monitored'*

*'Not sure'*

*'I did mention foods I could not eat because I have a stoma, but that was ignored'*

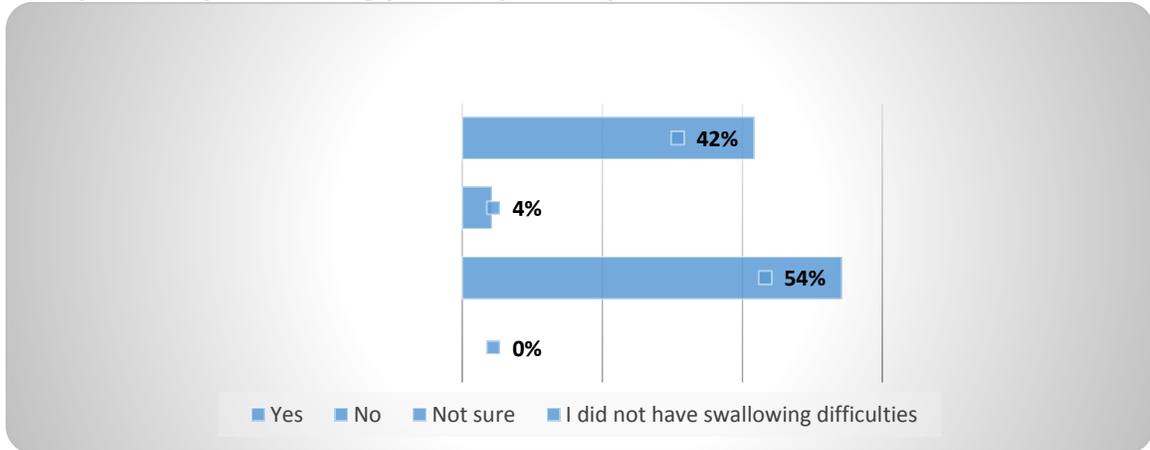
**Were your needs relating to nutrition assessed at any time during your hospital stay?**



**Number of responses: 25**

In response to the question on whether patients' nutritional needs were identified during their stay, the overwhelming majority of respondents (80%) indicated that they had not been assessed. 16% of survey participants said that they were asked questions about their needs relating to nutrition and hydration on at least one occasion, while 4% of participants were unsure whether their needs were assessed during their stay in hospital.

**Were you seen by someone about swallowing difficulties e.g. speech and language therapist at any time during your hospital stay?**



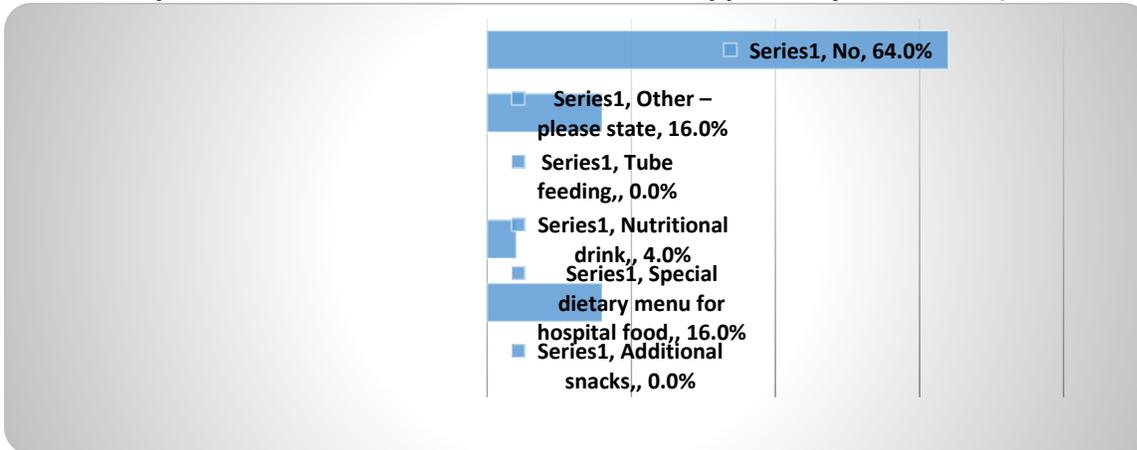
**Number of responses: 24**

When asked whether speech and language therapists or any other expert associated with swallowing difficulties attended to patients during their stay, 54% of respondents confirmed that they had not.

42% of survey participants answered that they did not have any swallowing difficulties in any case, with 4% of respondents unsure whether they were attended to by any specialists.

None of the patients replying to this particular survey question were seen by any specialists with regard to swallowing difficulties.

**Did you need to have additional nutritional support? If yes was this (tick all that apply)**



**Number of responses: 25**

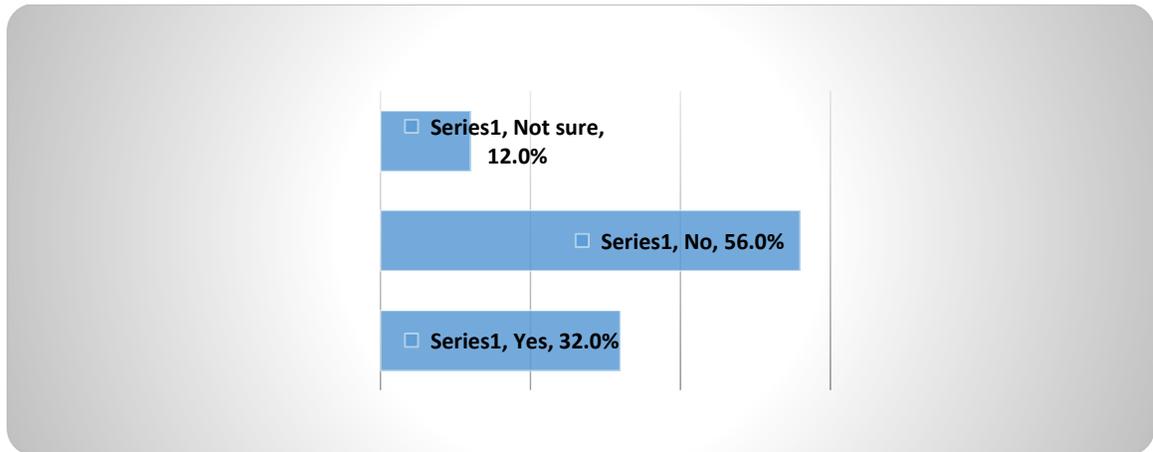
In total seven out of 25 people in this sample said they needed additional nutritional support of some kind. Four people answered that they needed a special dietary menu for hospital food and one person indicated that they needed a nutritional drink alongside the food and drink already given by the hospital. None of the patients responding to this survey question indicating that they required tube feeding or additional snacks. Four people ticked the box to indicate they needed 'Other' support. For one this was a calcium supplement, for another it was additional supplements brought in by his wife. Two used the box to say that additional nutritional support was not really offered: one said that s/he thought he would have needed high protein food following his surgery, with the implication that this was not offered; the other said that s/he was never asked about or offered nutritional support.

A follow-up question asked whether patients continued their nutritional drink after leaving hospital, and the one patient concerned said they did not.

**Help and support with eating**

In this section we show responses to questions about support with eating and drinking while in hospital.

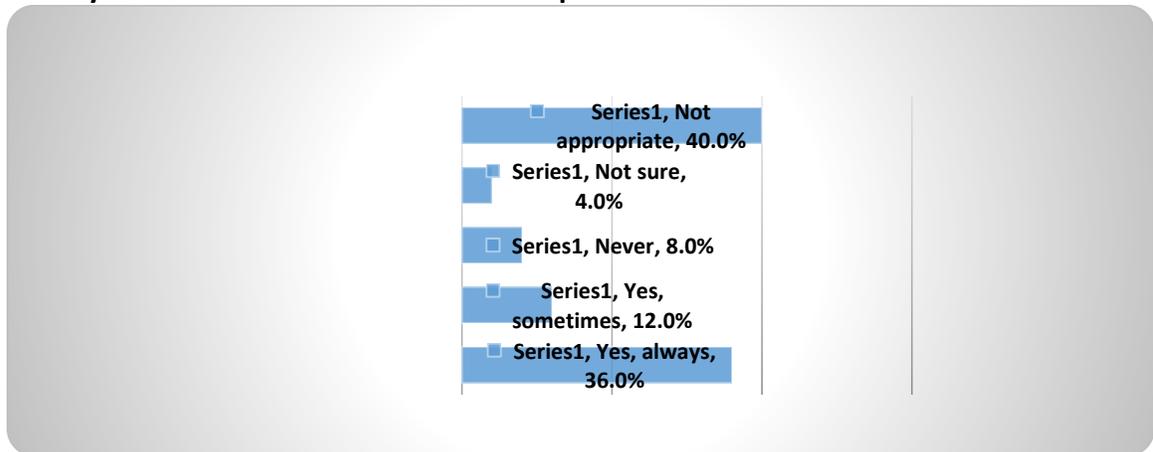
### Did staff encourage you to eat and drink in a way that supported your nutritional needs?



Number of responses: 25

Patients were also asked whether staff actively encouraged them to eat and drink in a way that supported their nutritional needs. With 12% of respondents unsure whether their nutritional requirements were supported or not, 32% of survey participants agreed that they received encouragement in from the staff. 56% of respondents did not receive encouragement from the staff to eat and drink in a way that supported their nutritional needs.

### Were you able to access drinks that were prescribed or advised at all times?



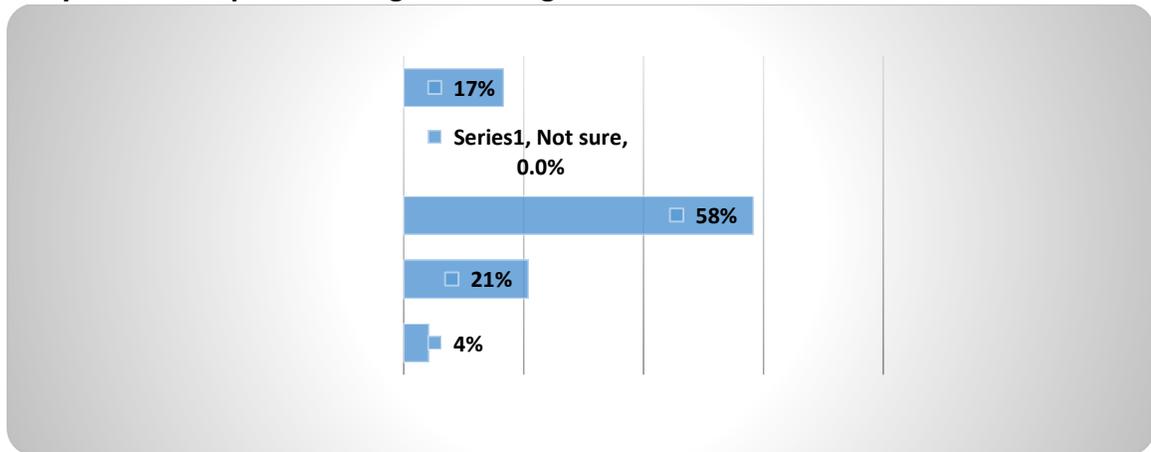
Number of responses: 25

When asked whether patients were able to access drinks that had been either prescribed or advised at all times 36% of answers received stated that yes, the drinks that had either been prescribed or advised were indeed always available. A further 12% of patients agreed that these prescribed or recommended drinks were available to access sometimes.

8% of survey participants felt that drinks prescribed or advised were never available to them, with 4% unsure or unable to recall.

40% of respondents said that this question was not applicable to them.

### Did you need help with eating or drinking?



**Number of responses: 24**

According to the results obtained on the question of whether patients needed help with eating or drinking during their time in hospital, 58% responded that on no occasion did they require any assistance with a further 17% saying that help with eating or drinking was not appropriate for them - a total of 75%.

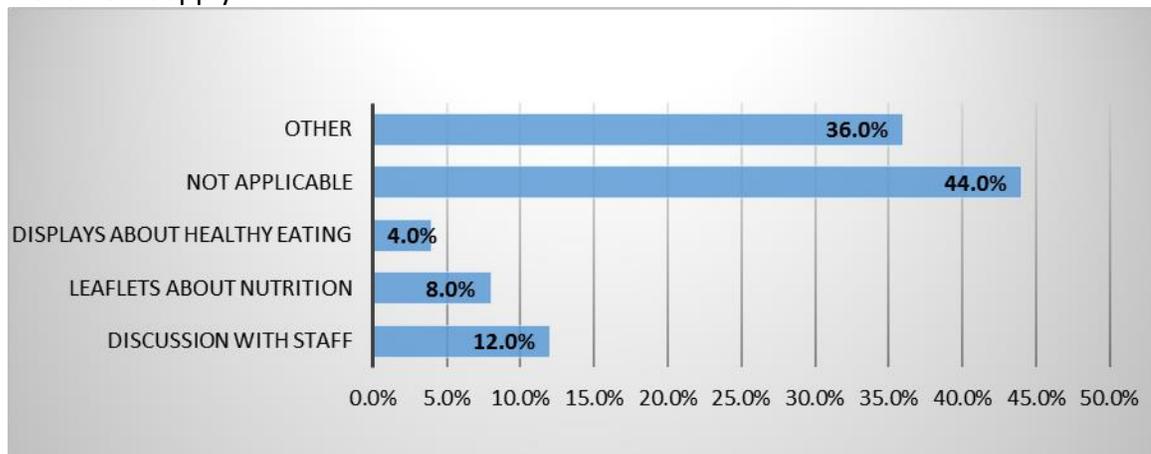
21% of respondents claimed that on some occasions, they required some help with eating or drinking with the remaining 4% of survey participants requiring assistance with eating or drinking all of the time.

In follow-up questions, (Qu 17 and 18), almost all of those who said they needed assistance with eating or drinking said that they received it, although sometimes not as often or at the time they would have liked. A couple of respondents said they never received help with eating or drinking although they needed it.

### Information about healthy eating and drinking

#### ***How did you find out about eating and drinking healthily?***

Tick all that apply.



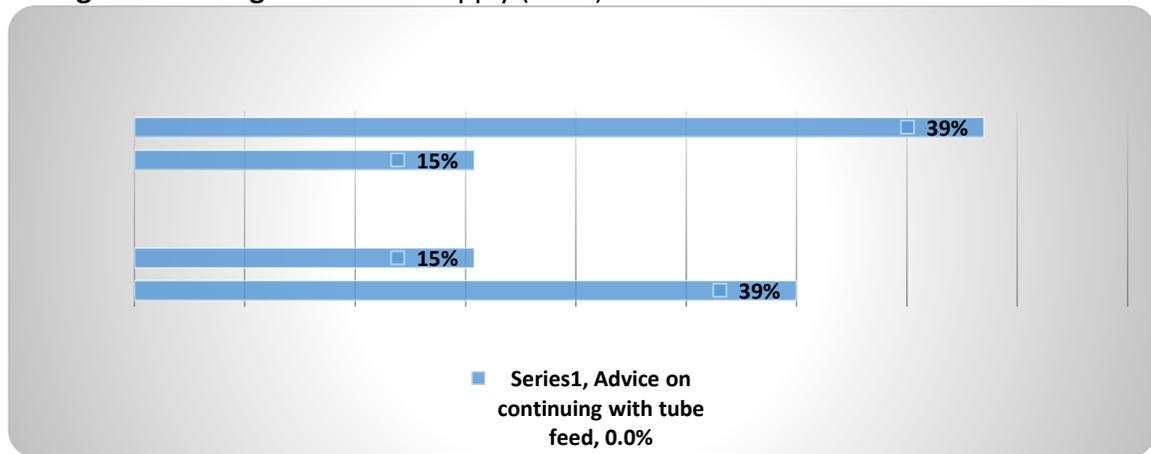
**Number of responses: 25**

4% of patients found out about eating and drinking healthily by viewing displays around the hospital, with another 8% deriving their knowledge from the leaflets about nutrition. Discussions with staff accounted for 12% of survey participants who found out about eating and drinking healthily.

44% of respondents stated that finding out about eating and drinking healthily using any of these options was not applicable to them.

36% cited other sources for their information on healthy eating and drinking and their detailed responses ranged from 'GP' and 'cardiac teams' to the information provided on the food menu list such as the healthy heart symbol to their own knowledge and information. One claimed that they 'generally eat a healthy diet with plenty of fruit and veg, so can make a good choice' while others said they applied the knowledge gained from their profession such as 'health tutor' and 'nurse'. Some noted that 'there was no information about eating or drinking healthily' and that 'no advice or help was given, at any time'.

### What information were you given at the time of discharge about maintaining healthy eating and drinking? Tick all that apply (n=13)



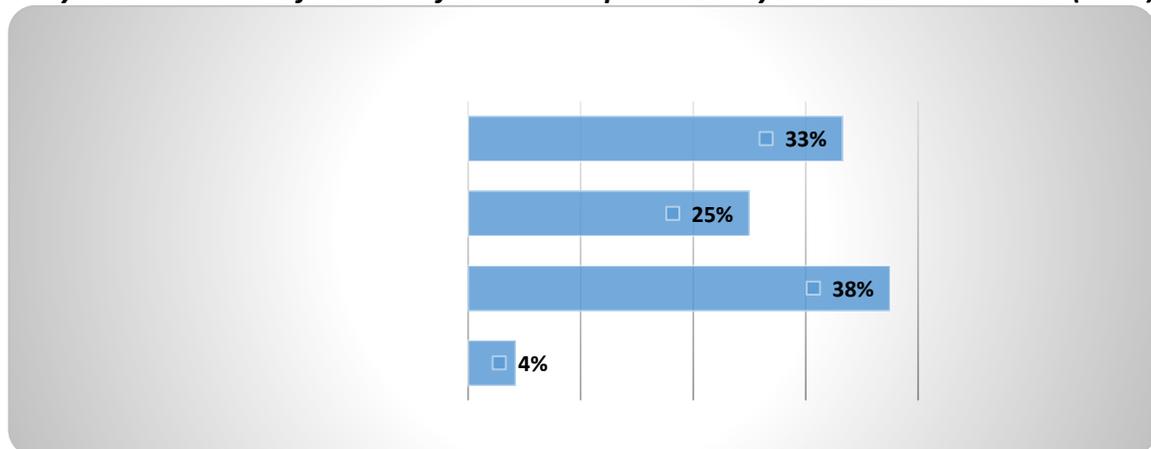
When asked what information they received about maintaining healthy eating and drinking at the time of discharge, 39% claimed that they were given verbal advice about their diet and lifestyle at time of discharge.

15% of patients noted that they were given written advice on lifestyle and diet choices. None of the respondents appeared to have been given any links to websites containing any information about lifestyle and diet choices. 15% of patients indicated that on discharge, they received advice recommending that they continue with prescribed drinks, while 39% of survey participants said they received information from 'other' sources such as leaflets and posters displayed on the walls. There was no specific reply box to cover 'None' but it seems from ensuing questions that some people were given more than one form of advice about food and drink whereas others, probably around 50% of the sample in total were given none. Of those who were provided with information on food and drink on discharge from hospital, about one third felt this was sufficient and very helpful and two thirds feeling not quite enough information was given and that it was only quite helpful.

A final question on this topic asked respondents to state what additional information they would have liked. This drew a range of responses. Several respondents claimed that no advice was given in any case, with some adding that both written and verbal information would have been welcome; others replied that they did not require information on how to eat healthily, 'but other people might'. Most responses appeared to be related to patients' particular conditions, with one survey respondent asking for 'information on how to avoid the kidney failure problem I had encountered' and a further respondent noting that s/he would have preferred information 'on foods to help with bone healing'.

### **Information on discharge from hospital**

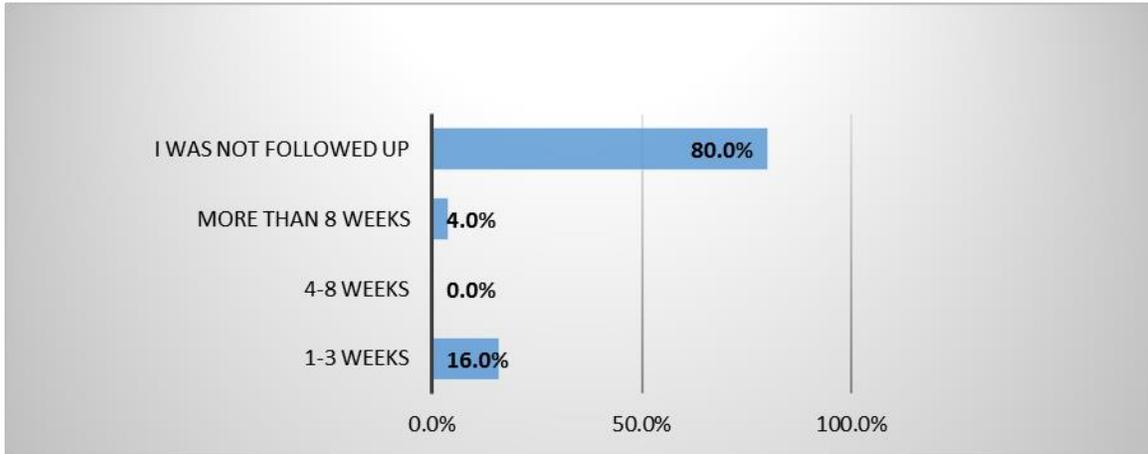
***Did your GP receive information from the hospital about your nutritional needs? (n=24)***



Only 4% of respondents were sure that their GP did receive this information. The majority of respondents however, 38% did not believe that their hospital communicated this information to their GP.

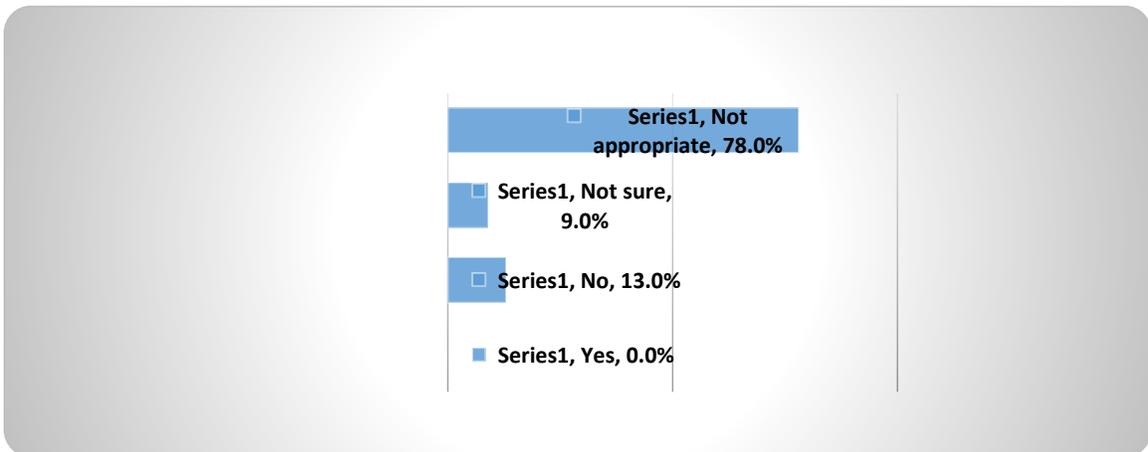
A quarter of survey participants, 25%, were unsure as to whether their nutritional needs information was passed on to their general practitioners, with a further 33% of respondents classifying this category as 'not appropriate' indicating that they did not have any nutritional needs that required intervention from the GP.

**How long after your discharge was it before you were followed up by your GP or someone else regarding your nutritional and hydration needs? (n=25)**



With regard to the duration of time that elapsed between the discharge of patients and their subsequent follow-up with either a GP or other professional regarding their nutritional and hydration needs, 4% also noted that it was over eight weeks before they were followed up over nutritional and hydration matters, with 16% of participants saying that it took between one and three weeks before they were followed up. However the overwhelming majority of patients, 80%, claimed that they were not followed up at all regarding these matters. This could also mean that they did not need any follow up.

***Did your care home receive information from the hospital about your nutritional needs?***



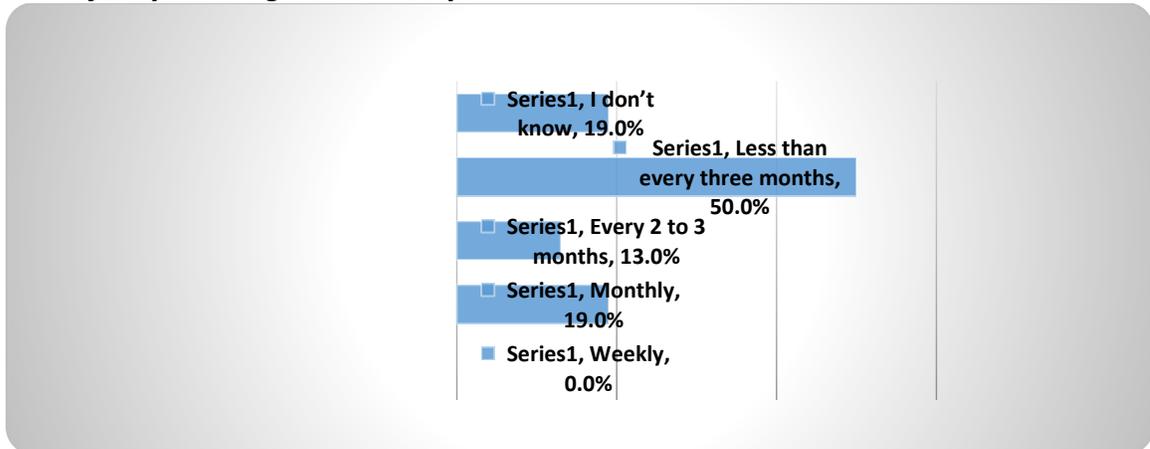
**Number of responses: 23**

When asked whether the patients' care homes received information regarding nutritional needs by the hospital following discharge, 13% of patients were sure that this information was not communicated to their care home. 9% of survey participants were unsure as to whether the relevant information was communicated across.

78% of respondents responded as not applicable as they were not discharged to a care home.

## Assessment of weight at home/in the community

### *How often your weight is normally monitored?*



#### **Number of responses: 16**

Half of the respondents to this question said that their weight was normally monitored less than every three months. 19% of survey participants responded that their weight was monitored on a monthly basis and a further 13% claimed that their weight was monitored every two to three months. 19% were unsure how often their weight was monitored, with the same figure.

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