



MANAGING ADULT MALNUTRITION IN THE COMMUNITY:

Summary Report

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

November 2015

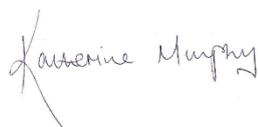
Do not let your patients starve and when you offer them nutrition support, do so by the safest, simplest, most effective route.'

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

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) 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 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) and in the BAPEN Commissioning Toolkit. (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) 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 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 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.