



## **BAPEN's 5-year UK Strategy 2018-23**

# **Our Vision**

Every individual receives safe, timely & appropriate nutritional care in every care setting, every day

	Malnutrition	Nutrition support
<b>Key drivers</b>	Every patient should have an effective nutrition care plan	Every acute hospital should have a Nutrition Support Team
		Safe evidence based practice for enteral & parenteral nutrition support
<b>Leading</b>	'MUST' refinement for adults (MAG)	Home enteral & parenteral nutrition data collection & analysis (BANS)
	'MUST' for paediatrics (MAG & BSPGHAN)	Development and implementation of a national registry for HPN patients (BANS)
	Nutritional Care Tool implementation (MAG)	Special interest group activity
	Special interest group activity	
<b>Developing</b>	A map of malnutrition in the UK (self-screening tool)	Integrated nutrition pathways of care: to facilitate the transfer of information from one care setting to another
	To work with colleagues to develop an integrated nutritional care pathway	Reports, toolkits & guidance for health and social care professionals and commissioners
	Sharing best practice using the website and online forums	Sharing best practice using the website and online forums
<b>Research</b>	Supporting all forms of research in nutritional care through the Annual Conference and MAG	Compliance with the NICE (2006) Guidance by acute Trusts as appropriate
<b>Influencing</b>	NHS Department of Health, NICE, CQC & Public Health: Recognition that good nutrition & hydration care should be recognised as being a fundamental core component of providing safe and effective quality care in all care settings	All Party Parliamentary Group (APPG) Patient Safety: working to improve nutrition support
	Working with colleagues from the Malnutrition Task Force (MTF) to raise awareness of the causes and consequences of malnutrition	Using the evidence base for nutrition support to be relevant for the political environment in each country: ensuring the right policy decisions are made for best care
	Governments and Commissioning Boards: To ensure patients are placed at the centre of nutritional care services	Governments and Commissioning Boards: To ensure patients are placed at the centre of nutritional care services
	Universities: ensuring adequate teaching of nutrition and nutrition support for medical & nursing students	Working together with the voluntary sector (charities, patient groups)
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<b>Lobbying</b>	Involvement in the European Optimal Nutrition Care for All (ONCA) program	

BAPEN membership	BAPEN income
Increase membership to ensure that more health & social care professionals have access to the best resources to improve nutritional care	Maximise income from BAPEN tools ('MUST') & educational activities
Develop a true collaborative relationship between all our core members for all BAPEN activities	Increase the opportunities for industry to support educational activities
Increase social media activity to the benefit of the membership	Apply for grants to undertake specific activities
Developing real benefits of BAPEN membership	Gain income from the Department of Health to maintain & develop the BANS database & registry
	Develop an active regional structure so that BAPEN has a strong regional presence and healthcare professionals have access to BAPEN support and resources
<b>Structure</b>	
Opening the charity to allow non-executive Trustees to contribute to BAPEN	Development of Special Interest Groups which are of relevance to the membership and the clinical nutrition community. These groups will develop appropriate policies, educational programmes, training programmes, research studies or publications

## What would we like to achieve?

### What we want to achieve for patients, their carers and the wider public

BAPEN aims to advance the nutritional care of patients in any care setting as well as those at risk from malnutrition in the wider community.

For adults, this involves early identification through nutrition screening using a validated tool, such as BAPEN's 'Malnutrition Universal Screening Tool' ('MUST') or BAPEN's Malnutrition Self-Screening Tool. We are striving to make sure that all individuals who are malnourished or 'at risk' of malnutrition receive appropriate, individualised treatment. Once identified, patients and carers should receive optimal nutritional advice and care according to their needs.

For children, we wish to develop appropriate screening tools to identify malnutrition and then allow appropriate guidance of nutritional advice and care.

### What we want to achieve for all health and social care professionals

All health and social care professionals should be adequately trained to understand the importance of good nutritional care and have the skills appropriate to their role to implement this.

Good nutrition and hydration care should be recognised as being a fundamental core component of providing safe and effective quality care in all care settings. The nutritional care delivered must meet an individual's needs, irrespective of the care setting.

When patients transfer from one care setting to another the transfer of information is often poor and can to be improved by the development of integrated nutrition pathways of care.

BAPEN is committed to ensuring that the best available clinical and scientific evidence is implemented in practice. BAPEN will, therefore, continue to develop reports, toolkits and guidance for health and social care professionals and commissioners.

## What we want to achieve for our members

The majority of BAPEN members join BAPEN because they are undertaking specialist clinical nutrition roles and look to BAPEN to provide:

- A network of like-minded multidisciplinary professionals and patients
- Information on the latest research and how it is integrated into clinical practice
- Educational meetings and leading-edge conferences
- Engagement with national partners, the Departments of Health and the Governments in each nation to ensure that nutrition and hydration are a priority for all.

## Strategic goals for all health and social care professionals, patients, carers & the wider public

### Raising awareness of malnutrition, its causes and consequences

- To develop a map of malnutrition in the UK, facilitating awareness
- To ensure malnutrition becomes a priority focus for the Health and Well Being Boards (or equivalent in each nation)
- To influence Governments and Commissioning Boards to ensure patients are placed at the centre of nutritional care services
- To work with colleagues from the Malnutrition Task Force to raise awareness of the causes and consequences of malnutrition
- To work with the All Party Parliamentary Group (APPG) on Patient Safety and other relevant such parliamentary groups in each nation on nutritional matters.

### Supporting the implementation of nutritional screening

- Continue to support the implementation of nutritional screening using the 'Malnutrition Universal Screening Tool' ('MUST') framework
- Broaden the scope of application of 'MUST' by the development of additional complimentary resources
- Promote the Nutritional Care Tool which has been developed by BAPEN to enable Trusts and organisations to monitor their progress in nutrition screening.

### Self-screening and mapping malnutrition in the UK

- To work with national partners to widely share and promote self-screening
- To use the BAPEN Malnutrition Self-Screening Tool to develop a map of malnutrition in the UK. This will enable resources to be targeted to the areas with the greatest need.

### Provision of relevant patient and carer information

To work with core groups to develop relevant patient and carer resources:

- For the prevention and early intervention for patients 'at risk' of malnutrition
- Enable optimal care of patients requiring nutritional support
- To signpost to relevant websites and organisations for specialist support.

## To work with national partners and key stakeholders

- To evaluate new Government and Department of Health policy as it relates to the provision of nutritional care (including hydration)
- Work to influence the National Commissioning Board and Clinical Reference Group (or equivalent in each nation) to ensure that:
  - Nutrition and hydration have a higher priority on the Governments and Departments of Health agendas across the UK
  - The healthcare network and environment are correct for the provision of optimal nutritional care (oral, enteral or parenteral)
- To influence Health Education bodies in each nation to ensure appropriate training is provided for all health and social care staff
- To explore the development of key competencies for all frontline staff
- To produce further quality improvement guides, toolkits and resources to support Trusts and commissioners or purchasers of healthcare in delivering excellence in nutritional care
- To respond to the Departments of Health consultations and make recommendations re: advancing nutritional care as appropriate (e.g. QOF, HQIP)
- To work with the CQC (and equivalent in each nation) to ensure that inspections include robust questions on nutrition and hydration
- To work with colleagues to develop an integrated nutritional care pathway
- Building on BAPEN's current position as a leading UK multidisciplinary charity tackling malnutrition to influence national nutrition agendas and policies, through effective collaborations with the Department of Health, Public Health and Social Care, and lobbying.

## To build a strong coalition of national partners to ensure that multidisciplinary nutritional care is further developed

- Work to ensure that every acute Trust has a nutrition steering committee, nutrition support team and nutrition nurse to comply with the NICE (2006) Guidance
- To support multidisciplinary teams to meet the NICE Quality Standards
- To support the planned implementation of intestinal failure services in England and assist, where appropriate, for similar service developments in Scotland, Wales and Northern Ireland
- To help to ensure that nutritional care is listed as an objective for each Trust for their sustainability and transformation plans (STP) in England and equivalent in Northern Ireland, Scotland & Wales, connecting primary, secondary and community care. BAPEN should engage with the vanguards and other new care models in all nations that include nutrition as these will be the mechanism for sharing best practice.

## Build a membership organisation which is flourishing

- Increase our membership to ensure that more health and social care professionals have access to the best resources to improve nutritional care
- Develop a true collaborative relationship between all our core members for all BAPEN activities
- Increase our income by:
  - Increasing our membership

- Maximising our income from BAPEN tools ('MUST')
  - Maximising our income from educational activities
  - Increase the opportunities for industry to support educational activities
  - Obtaining grants to undertake specific activities
  - Gaining income from the Department of Health for maintaining and developing the British Artificial Nutrition Survey (BANS) database and registry
- Develop an active regional structure so that BAPEN has a strong regional presence and healthcare professionals have access to BAPEN support and resources
  - Development of Special Interest Groups which are of relevance to the membership and the clinical nutrition community. These groups will develop appropriate policies, educational programmes, training programmes, research studies or publications.

## **Develop the resources, reports and guidance to support members to deliver excellent nutritional care**

- BAPEN will continue to develop and provide leading edge resources to support excellence in practice, training and education in nutritional care
- BAPEN will continue to support the collection and dissemination of evidence relating to under-nutrition in the UK and the delivery of nutritional care to assist in the planning of nutrition services across the UK
- BAPEN will continue constructive collaboration with our Industry partners in line with the Government's aim of developing new ways of working and innovative solutions to improve nutritional care, improving patient outcomes and deliver efficiency savings
- The Programmes committee will deliver an annual conference and regional representatives will organise study days to provide leading edge education and networking opportunities for members
- BAPEN will facilitate the sharing of excellent nutritional practice through sharing resources and promoting their implementation
- The BANS committee will continue to lead the data collection and analysis of the British Artificial Nutrition Survey
- The BANS committee will develop a national registry for patients on home parenteral nutrition (HPN)
- British Intestinal Failure Alliance (BIFA) will produce and update guidelines (HPN, parenteral nutrition in advanced cancer, the use of growth factors), as well as top tips on managing common nutritional support issues (high output stoma management, sending a patient home on parenteral nutrition, what to do about abnormal liver function on parenteral nutrition, how to detect and manage central venous thrombosis, when and how to refer for a small bowel transplant).

**For further information about BAPEN and the work of BAPEN,  
visit: [www.bapen.org.uk](http://www.bapen.org.uk); email: [bapen@bapen.org.uk](mailto:bapen@bapen.org.uk), or call: 01527 457 850.**



**BAPEN**

*Putting patients at the centre  
of good nutritional care*

**[www.bapen.org.uk](http://www.bapen.org.uk)**