BAPEN Welcome & News

BAPEN raises awareness & fights malnutrition

Professor Marinos Elia
BAPEN Chairman
MAYOR speaking
Overview of selected BAPEN activities in 2008

1. MNI-ESPEN award

2. Nutrition Screening Week

3. Combating malnutrition in Sheltered Housing

4. Parliament to Patients (reports)

5. BANS
1. MNI-ESPEN award

• New award for the best national initiative to fight malnutrition

• €30,000 prize

• Nine submissions

BAPEN WON !!!!!
Malnutrition is detrimental to individuals, health services and society, and continues to be under-recognised and under-treated.

BAPEN’s approach to fighting malnutrition:
• Strategic & comprehensive
• Operating at multiple multidisciplinary levels
• Across many channels to many audiences
• Creation of mass action effect much greater than any single time limited activity could have achieved
Cost of disease-related malnutrition (*Health Economics*)
Nutrition Screening Week (NSW) (*Prevalence*)

### Awareness
Change in Understanding/Attitude

- Extensive & sustained media coverage (*TV, radio, print, specialist*)
- Website visitors – The ‘MUST’ (*Screening tool*)
- Malnutrition among Older People in the Community (*Policy*)

### Implementation
Guidance/Policy

- ‘MUST’ included in NHSIT system; NHS QIS (Scotland)
- Council of Europe: 10 key characteristics of Good Nutritional Care
- Department of Health: Nutrition Action Plan (NAP)
- BAPEN/Elia: NAP Implementation Board

### Adoption
Change in Practice

- NSW repeated 1-3 July 08 – Patient/carer consensus on nutrition
- E-learning ‘MUST’ - NHS Core learning Unit modules – Sheltered Housing
- Report on prevalence, cost & guidance for politicians
CREATING EVIDENCE

THE ‘MUST’ REPORT

Nutritional screening of adults: a multidisciplinary responsibility
Development and use of the ‘Malnutrition Universal Screening Tool’ (‘MUST’) for adults

M. Elia (Chairman and Editor)
R. Stratton, C. Russell, C. Green, F. Panesar

NUTRITION SCREENING SURVEY IN THE UK IN 2007

HOSPITALS, CARE HOMES AND MENTAL HEALTH UNITS

NUTRITION SCREENING SURVEY AND AUDIT
(MAIN DATA COLLECTION: 25-27 SEPTEMBER, 2007)

A report by the British Association for Parenteral and Enteral Nutrition
(BAPEN)

CA Russell and M Elia
on behalf of BAPEN and collaborators

This survey and audit on nutritional screening was undertaken by BAPEN in collaboration with the British Diabetic Association and Royal College of Nursing and with support from the Welsh Assembly Government, Scottish Government, the Chief Nursing Officer in Northern Ireland and the Department of Health in England.
Extensive and growing media coverage
RAISING AWARENESS
CHANGE IN UNDERSTANDING/ATTITUDE

BAPEN website
RAISING AWARENESS
CHANGE IN UNDERSTANDING/ATTITUDE
BAPEN a stakeholder in the development of Council of Europe (UK) 10 key characteristics of good nutritional care

‘MUST’ Incorporated into National Health Service (NHS) ‘Connecting for IT’ for use by all NHS staff 2008

Nutrition Action Plan Implementation Board Prof M Elia Chair of Nutrition Screening subcommittee (Ministerial appointment)
PAST AND FUTURE

BAPEN’s strategic fight against malnutrition in the UK has focused on:

- creating a sound scientific base accompanied by translational research
- long-term commitment and leadership
- joined-up thinking (top-down and bottom-up)

Future

- Although awareness in the UK has never been greater, changes to established practice are only beginning to emerge
- BAPEN’s ongoing multi-disciplinary initiatives with health trusts, professionals, politicians, the housing sector, patients/carers, the public and the media, fuel the charity’s continuing fight against malnutrition
2. Nutrition Screening Week 2008

• 1st NSW – September 2007
• 2nd NSW – July 2008
(Aim to complete 4NSW – to cover 4 seasons)

• NSW 08:
  - 130 hospitals (>6,000 patients)
  - 75 care homes (>1,000 residents)
  - 17 MH Units (>200 patients)
Policy and practice

• Overall similar to NSW 07

• 2 new questions:
  - Calibration of scales – variable practice across care settings
  - Information on discharge – only 1 in 6 hospitals routinely included nutritional information in malnourished patients

• Full report to follow in early 2009, with feedback to centres
3. Malnutrition in Sheltered Housing

- 750,000 tenants in Sheltered Housing – the forgotten sector
- Prevalence of malnutrition unknown
- Pilot study to establish prevalence and evaluate questionnaire c.f. ‘MUST’
- Good Practice Guidelines to be launched in 2009
- Training sessions for scheme managers in the new year
4. Parliament to Patients

- Report for parliamentarians and senior DH officials – expected launch in House of Commons in early 2009
- Engaging with patients – round table discussion with patients and patient representatives from 18 organisations – expected launch of report in House of Commons by end of 2008/beginning of 2009
5. British Artificial Nutrition Survey (BANS)
Barry Jones
BANS 2007

- PIAG gives conditional support
- Subject to security docs and consent progress
- e-BANS launched
- Consent/ assent now required
- Implications for future?
# Prevalence per million population

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### Point prevalence

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HIFNET

• Initial stimulus to DoH via RCP using postcode data
• Jeremy Powell-Tuck and others develop HIFNET
• Strategic Framework for Intestinal failure and home parenteral nutrition documentation England, 2008
• Best example of power of BANS data!
Nutrition Action Plan Overview

Marinos Elia
Improving Nutritional Care

A joint Action Plan from the Department of Health and Nutrition Summit stakeholders

Nutrition Summit stakeholder group

Working in partnership with the Department of Health

October 2007
The joint report by three public sector watchdogs - NHS and Care Services treated older people with a lack of dignity and respect.

“NHS trusts and local authorities need to take action to ensure that the standards of the National Service Framework for Older people are met.”

March 2006
Nutrition should be treated as an integral part of care.

“Assistance with food and drink should be provided in a manner that is dignified and centred on the individual so that all patients who need help receive it.”

September 2007
It is a national scandal that six out of 10 older people are at risk of malnutrition or their situation getting worse in hospital.

10 August 2006
• Disease-related malnutrition is costly to the individual and to society

• Public expenditure is >£7.3 billion
  - cost is greater than obesity

~ 10% public expenditure on health and social care
Media

• Health system neglects elderly (27.03.06)
• Pressure mounts on government to provide action plan to end malnutrition (14.03.07)
• NHS face nutrition test in bid to end neglect
• Case studies of malnutrition in individual patients and care home residents

House of Commons and House of Lords
Questions raised about malnutrition, ‘MUST’ and policy issues
Political champion

• Ivan Lewis (Under-secretary of State for Care Services) criticised the NHS for failing to realise that food was key to good health

• Nutrition Summit stakeholder group
  BAPEN commitments include:
  - Nutrition Survey/Audit (NSW),
  - Sheltered Housing,
  - Shared learning Initiative,
  - Promotion of screening/nutrition support
• Malnutrition is not only a Dignity issue; it is also a patient safety issue (DH/NPSA).
• The dignity agenda will not address the underlying problem of malnutrition (which is usually disease-related) and its effective treatment.
• Although the campaign focuses on the elderly, malnutrition affects all ages (there is more malnutrition in people aged <65 years than >65 years).
• About 97% of malnutrition exists outside hospital. An integrated system of care which addresses both funding and continuity of care will make a significant difference.
• Major geographic inequalities exist in the prevalence of malnutrition and in provision of nutritional care also exist.

• No one profession owns malnutrition. Malnutrition must be positioned as being the responsibility of everyone and any campaign should involve all stakeholders.

• To be maximally effective, each new initiative on malnutrition must operate within an infrastructure that contributes to a delivery chain continuum - from ministers and government through health and social care gatekeepers and professionals and on to patients and residents.
“This Government is good at unveiling plans and launching initiatives but pretty hopeless at making them work”
Joyce Robin, Patient Concern

There will be no overnight solution or magic wand but we have to change the culture which somehow says nutrition is not important
Ivan Lewis
Nutrition Action Plan Implementation Board 2008

• Chair Gordon Lishman (secretary General of Age Concern)
• chairs of 5 subcommittees to address the themes of Nutrition Action Plan
• senior DH officials

Michael Parkinson – Dignity ambassador
Some key issues

• What has been achieved?
• Assessment of initiative?
• Joined-up thinking?
• Implementation Board due to be disbanded at the end of the year?

INTERIM REPORT (launched today)
Improving Nutritional Care
A joint Action Plan from the Department of Health and Nutrition Summit stakeholders

- Raising awareness
- Education and training
- Nutritional screening available
- Making guidelines widely
- Regulation & inspection

October 2007
The new regulatory framework

Ginny Storey
Head of Quality and Health Policy
CSCI
Regulatory framework
What is changing?

- **Care Standards Act 2000**
- Social Care, service specific regulations
- National Minimum Standards

- **H&SC Act 2008**
- Registration Requirements
- Compliance criteria

18 registration requirements
How well are care homes doing in achieving the NMS?

Percentage of care homes achieving or exceeding the NMS

Healthcare

Meals and Mealtimes
Impact on implementation of nutrition action plan

• Focus on nutritional care
• Clearer compliance criteria
• Easier to analyse achievement levels
• Quality ratings for social care services
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Impact on implementation of nutrition action plan

• Focus on nutritional care

• Clearer compliance criteria

• Easier to analyse achievement levels

• Quality ratings for social care services

• Clearer role for councils as commissioners
Future initiatives to improve nutritional care

- Include nutritional care in other national strategies
- Integrate nutritional care into “Dignity in Care” work
- View it as part of human rights
- Raise the profile in services
- Inform the public
- MUST screening tool
“It’s good food and not fine words that keeps me alive”

Les Femmes Savantes – Moliere 1622 - 1673