Nutrition in a Cold Climate
Malnutrition is both a cause and consequence of disease

- Poor breathing and cough from loss of muscle strength
- Poor Immunity and infections
- Liver fatty change, functional decline necrosis, fibrosis
- Impaired wound healing and susceptibility to pressure ulcers
- Impaired gut integrity and immunity
- Decreased Cardiac output
- Hypothermia – decline in all functions
- Renal function – limited ability to excrete salt and water
- Loss of muscle and bone strength - Immobility, falls, fractures and VTE
- Psychology – depression & apathy
- Impaired wound healing and susceptibility to pressure ulcers
Nutrition support in adults 2006

>70% reduction in complications and
>40% reduction in mortality
Good nutritional Care must be safe nutritional care

Good Catering
General Staff Training
Dietitians
Nutrition Nurse specialists
Specialist pharmacists
THE CONTRIBUTION OF NUTRITION AND HYDRATION TO THE ‘Q’ IN QIPP

DEVELOPING HIGHLY RELIABLE SYSTEMS

Dr Mike Stroud
BAPEN Chair
Safety Express Conference
London, October 2012
Nutrition and Quality

- Safety ✓
- Effectiveness ✓
- Equality ✓
- Patient experience ✓
Over 3 million individuals malnourished or at risk of malnutrition in the UK

NICE Cost Saving Guidance places malnutrition as the 3rd potential biggest cost saving to the NHS
Prevention

**HOME**
General population (adults)
BMI <20kg/m²: 5%
BMI <18.5kg/m²: 1.8%
Elderly: 14%

**HOSPITAL**
28% of admissions

**SHELTERED HOUSING**
10-14% of tenants

**CARE HOMES**
30-42% of recently admitted residents

**SECONDARY CARE**
- ↑ complications
- ↑ length of stay
- ↑ readmissions
- ↑ mortality

**PRIMARY CARE**
- ↑ hospital
- ↑ dependency
- ↑ GP visits
- ↑ prescription costs

**Prevalence of malnutrition in the UK**

General population (adults)
BMI <20kg/m²: 5%
BMI <18.5kg/m²: 1.8%
Elderly: 14%

Prevalence of malnutrition in the UK
Malnutrition in the Media

Elderly leave hospital malnourished

Figures show more hospital patients are malnourished on departure from hospital than on arrival.

At least 10,000 hospital patients were in a malnourished state in just one year.

Almost 200,000 NHS patients left hospital malnourished last year, it has emerged, raising questions about food standards on wards.

Thousands of patients leave hospital malnourished

Almost 200,000 NHS patients left hospital malnourished last year, it has emerged, raising questions about food standards on wards.

Hard to stomach: A record 10,000 hospital patients hit by malnutrition

At least 10,000 patients left hospital last year under the highest number on official NHS figures, which show that in 2009/10, malnutrition or another nutritional disorder affected 185,448 patients in hospital. But 185,448 were suffering the same condition in 2010/11.

So, for the first time, a record number of patients have been recorded as suffering from a condition which can cause serious health problems if left untreated.

The figures showed that more people left hospital malnourished than went in with the problem, which the Conservatives branded a "scandal".

The figures, released by the Audit Commission in November, showed malnutrition was a "serious" issue in hospitals.

Related Articles
- Nearly 250,000 patients aged at malnutrition every year
- Poor nutrition starting growth of 200 million children
- Patients more likely to go hungry than prisoners
- Health food junkies causing more problems eating disorders cases
- Old people going hungry on hospital, charity warns
- Hospitals floods with diets, food and drink suppliers

This is the latest in a series of reports that have raised questions about the quality of food provided in hospitals, with some patients claiming they were not being given enough to eat.
Nutrition in a Cold Climate

Easy Targets:

Catering Budgets

Dietetic Departments

ONS prescriptions

Nutrition Nurse specialists

But is it all doom and gloom?
Nutrition in a Cold Climate
Dr Ailsa Brotherton

ENGLAND
An Ongoing Problem...

Malnutrition in England
In England we have started to think differently about how to improve the way we tackle malnutrition.

In a Board report like this it is almost impossible for non-clinical Senior Managers to understand the importance of malnutrition; this changes when you report it differently......
“Primum non nocere”

“First do no harm”
Let’s look at some of the common harms where poor nutritional care is a contributory factor......

...remembering that good nutritional care is often at best fragmented and at worst non existent.
Poor wound healing impacts on patients' lives everyday.

“The pain I suffered was immense, it was hard to move and yet I was told that was the best thing to do.”
“My granddad died with an infected Grade 4 pressure ulcer acquired in care....
...when I close my eyes and think about it I can still smell his rotting flesh.”
We know our patients and their families live with the consequences of poor nutrition and hydration ...... and the resulting harms.

Bill
64 Years
Post surgical pressure ulcers

Brenda
85 years
Post surgical DVT (16 years on)

John
71 years
In-patient fall post hip replacement
Elderly leave hospital malnourished

Figures show more hospital patients malnourished on departure from hospital than on arrival

Owen Bowcott
Friday 22 January 2010 07.00 GMT

Hard to stomach: A record 10,000 hospital patients hit by malnutrition

By DANIEL MARTIN
Last updated at 10.23 AM on 22nd January 2010

At least 10,000 patients left hospital last year after becoming malnourished while under NHS care - the highest number on record.

Official NHS figures show that in 2009/10 175,093 patients were victims of malnutrition or another nutritional difficulty when they were admitted to hospital. But 185,448 were suffering the same conditions when they were discharged.

Age Concern and Help the Aged claims that six out of ten patients who go to hospital are at risk of becoming malnourished or undernourished.

The number of patients leaving hospital with problems related to nutrition has seen a record rise over the past year, according to the 2010/11 Healthcare Commission report.

Those affected are primarily the elderly, many of whom are already in a frail condition when admitted for treatment. Failure to ensure that they eat properly while in hospital and to improve the nutritional quality of hospital food is putting many patients at risk of serious health issues, according to Age Concern and Help the Aged.

A report by the two charities, published yesterday, claims that the number of patients discharged from hospital suffering from malnutrition has risen from 64,000 in 2003/04 to 175,093 last year.

“Doctors have repeatedly warned that without good nutrition, patients are at higher risk of catching infections and developing complications following operations.”

Almost 10,000 patients who went into hospital healthy last year were malnourished by the time they left.

“Doctors and nurses need to take nutrition seriously,” said Lisa Siddle, head of Age Concern Healthwatch. “Any treatment is worthless unless the patient eats well.”

But an alarming number do not receive proper nourishment, either because they are unable to eat the food and need nurses to help or because they find the food unpalatable.

The commission found that the vast majority of patients, 86%, were discharged from hospital with a nutrition score of 70 or higher from a total score of 100. This score is based on factors such as the patient’s diet, weight and mobility. However, 14% left hospital with a score of 69 or lower, an indication of undernutrition.

“Doctors have repeatedly warned that without good nutrition, patients are at higher risk of catching infections and developing complications following operations.”

But an alarming number do not receive proper nourishment, either because they are unable to eat the food and need nurses to help or because they find the food unpalatable.

Doctors have repeatedly warned that without good nutrition, patients are at higher risk of catching infections and developing complications following operations.

But an alarming number do not receive proper nourishment, either because they are unable to eat the food and need nurses to help or because they find the food unpalatable.

“Doctors have repeatedly warned that without good nutrition, patients are at higher risk of catching infections and developing complications following operations.”

But an alarming number do not receive proper nourishment, either because they are unable to eat the food and need nurses to help or because they find the food unpalatable.
The first step to improvement is to recognise the need.
Recent CQC inspections have highlighted some fundamental failings......

And our patients are telling their stories too.....are we listening?

“The food was bad, cold in the middle, and the water was vile; it had that nasty taste”
“I found my husband's stay in hospital to be a very distressing and depressing experience. The staff believed that it is not in a patient’s best interest to be given artificial nutrition because they have a progressive neurological condition.

They did not at any time appear to appreciate my distress”
Every quote you have read is from a patient (or their carer) who has been treated in our hospitals in England
We have known about the importance of malnutrition since the King’s Fund report in 1992.

We know how to detect and treat malnutrition.

yet.....

....we continue to fail to do so.
"The impact of BAPEN on national policy, local organisation and individual practice by health care professionals increases steadily. Our aim is to prevent malnutrition as a result of illness whenever possible, when it occurs to treat it by the most cost-effective regimen, and in doing both greatly improve the outcome of illness for patients.”

We still have a lot of work to do in England....
Call to Action

• This silent PowerPoint took 20 minutes to put together, please commit to making one that describes the nutritional care in your hospital and ask your Chief Nurse to show it at the next Trust Board meeting; the outline template is on the BAPEN website

• Your senior leaders will be better informed about the importance of malnutrition and the work that you do
BE THE CHANGE YOU WANT TO SEE IN THE WORLD

LET’S BE THE GENERATION THAT ELIMINATE UNECESSARY MALNUTRITION

Thank you to Natalie Curvis, Quality Improvement lead at Salford Royal Hospitals NHS Foundation Trust for permission to use these slides.
TACKLING MALNUTRITION
A NEW JOURNEY TO SUCCESS IN ENGLAND?

Ailsa Brotherton
PhD RD
WHAT HAVE WE BEEN DOING IN ENGLAND AT A NATIONAL LEVEL IN 2011?

- **Quality**
  - Patient Experience
  - Patient Safety
  - Clinical Effectiveness

- **Innovation**

- **Productivity**

- **Prevention**
A NATIONAL CHALLENGE

ORGANISING TO DELIVER GOOD NUTRITIONAL CARE
Figure 1.2: The quality improvement system in the NHS

1. **NHS Outcomes Framework**
   - Domain 1: Preventing people from dying prematurely
   - Domain 2: Enhancing quality of life for people with long-term conditions
   - Domain 3: Helping people to recover from episodes of ill health or following injury
   - Domain 4: Ensuring that people have a positive experience of care
   - Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

2. **NICE Quality Standards**
   (Building a library of approx 150 over 5 years)

3. **Commissioning Outcomes Framework**
4. **Commissioning Guidance**
5. **Provider payment mechanisms**
   - tariff
   - standard contract
   - CQUIN
   - QOF

6. **Commissioning/Contracting**
   - NHS Commissioning Board – certain specialist services and primary care
   - GP consortia – all other healthcare services

7. **Duty of quality**
OUR EXPERIENCES ON THE QIPP SAFE CARE PROGRAMME

- **Strengths**
  - Will
  - Great Ideas

- **Limitations**
  - Silos
  - Slow
WE ARE AIMING TO EMBED BAPEN’S 4 TENETS OF GOOD NUTRITIONAL CARE AT ALL LEVELS OF THE SYSTEM

1) **Identify** those with malnutrition or at risk of malnutrition through screening and assessment e.g. the MUST Tool

2) **Treat** Implement ‘individualised’ care pathways for the malnourished and those at risk appropriate to the care setting

3) **Provide training** on the importance of nutritional care for all care staff appropriate to care setting, profession and responsibilities

4) **Ensure multidisciplinary structures** to manage and monitor nutritional care
...BUT WE ARE STILL STRUGGLING TO DELIVER THEM

How do we make sure that we can deliver good nutritional care in a highly reliable way across a rapidly changing health and social care system?
We know what excellent nutritional care looks like

Bringing together standards and guidelines to drive quality improvements in nutritional care

• Use the BAPEN toolkit for commissioners and providers which simplifies the plethora of standards and guidelines for improving nutritional care

• Design your systems based on the four things that organisations must do to deliver good nutritional care

• Embed good nutritional care into everyday work flow

• Use evidence based tools and e-learning to support front line staff

• Work across organisational boundaries to ensure seamless nutritional care
WE HAVE BEGUN TO DESIGN RELIABLE SYSTEMS TO DELIVER THE FOUR PRINCIPLES OF GOOD NUTRITIONAL CARE

IDENTIFY
Design systems to screen all patients using a validated screening tool
Operating Frameworks / CQUINs/CQC

TREAT
Develop a personal nutritional care plan
Outcomes Framework / CQCTREAT

TRAIN
BAPEN e-learning modules
E-learning for Health

STRUCTURES AND PATHWAYS
Continuity across boundaries
Senior Leader Support
BRITISH DIETETIC ASSOCIATION

MIND THE GAP

NEW CAMPAIGN LAUNCHED
Tuesday 1st November
CELEBRATING SUCCESSES:

A SNAPSHOT OF SOME OF OUR TEAMS WORK
Royal Devon and Exeter NHS Foundation Trust have designed a highly reliable electronic system for nutrition screening using ‘MUST’.
Trajectory Results Trust-wide

General Compliance with MUST Screening at Weekly Review

- Position
- Target
THE BARTS AND THE LONDON TEAM ARE REPORTING A NUTRITION DASH BOARD TO THEIR TRUST BOARD

<table>
<thead>
<tr>
<th>Trust Nutrition Dashboard</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
</table>

ACUTE & FAMILY PAEDIATRICS

<table>
<thead>
<tr>
<th>Screening</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ward returns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients with initial screening assessment</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium Risk (Score of 2 or 3) Has food chart</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk (Score of 4+) Referral to dietitian</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients with repeat screen when required</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients weighed on admission</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height/Length</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Yes, always' to help with meals (RTM)</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent/good quality of food (RTM)</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered a choice of food</td>
<td>95%</td>
<td>85-94%</td>
<td>&lt;85%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NHS SOUTH EAST COAST ARE DEVELOPING A REGIONAL NUTRITIONAL PATHWAY OF CARE

✓ Identify people at risk of malnutrition early

✓ Effectively plan and deliver good nutritional care across SEC especially between care settings

✓ Give clinicians support on how to organise optimal nutritional care

✓ Raise the profile of nutrition and hydration through commissioning and provider executive teams
CALL TO ACTION

Now is the time to end unnecessary malnutrition in the UK

THANK YOU

“You may never know what results come of your action, but if you do nothing there will be no result”

Mahatma Gandhi
Nutrition in a Cold Climate
Alastair McKinlay

The view from North of the Border.

NUTRITION IN A COLD CLIMATE.
2011

- A difficult year.
- Not so much cold, as Arctic.
In May, the National Services Division confirmed its decision to decommission the Scottish Managed Clinical Network for Home Parenteral Nutrition.
Although NSD privately acknowledged the achievements of the network, it felt that there were deficiencies in:

- The audit process,
- Lack of evidence of inclusion of all stakeholders,
- Persisting inequalities in the Provision of HPN.

All conclusions disputed by the network.
Patients by Health Board of Treatment

- NHS A&A
- NHS F
- NHS G
- NHS GG&C
- NHS H
- NHS Lo
- NHS T

Year

2004 2005 2006 2007 2008 2009 2010 2011
The Future

- The process of decommissioning will finish in January 2012 with the launch of a “good practice” guide.

- Responsibility for HPN patients will revert to individual Health Boards.

- A launch event open to all Health Boards will take place around the launch of a Good Practice Guide.
- **NSD estimate that closing the network will save £35,000 per annum.**

- **The national contract for HPN, which was developed and championed by the MCN has saved Scotland over £2 million.**

- Responsibility for this has now been passed to National Procurements another branch of NSD.

- It is not clear how much clinical input there will be in the future.
The Legacy

- *NSD have consistently declined to publicly acknowledge the contribution of the network.*
  - Its contribution outside Scotland is much better known.
  - The HPN MCN developed:
    - Protocols for all aspects of HPN care.
    - Delivered outcomes as good as anywhere in the UK.
    - Developed the HPN quality-of-life questionnaire. (HPN QOL)
    - Contributed significantly to the work of BAPEN and BIFA.
I would like to publically acknowledge the outstanding contributions of:

- Prof Chris Pennington
- Miss Ruth McKee
- Professor David Wilson
- Mrs Janet Baxter
Networking

- The network brought together a truly multidisciplinary group of clinicians with an interest in nutrition.
  - The power of that networking has contributed greatly to nutritional care in Scotland.

- That role will have to be taken on by other professional organisations.
There is no desire for a “SAPEN”.

- Scotland will have to develop a new infrastructure to support clinicians

- but looks forward to working with BAPEN in this regard.
In April 2010 NHS QIS published the second peer review visit;

- All health boards in Scotland had shown significant improvement.
In April 2011 NHS QIS became Health Improvement Scotland (NHS HIS).

- At present HIS has issued no statement on the future of the standards.

- It is clear that large peer review visits will not take place in the future.

- HIS has indicated its intention to use existing data sources to monitor performance.

- Scotland has a catering performance tool, designed to assess compliance with Food in Hospitals, the National Catering Specification.
The Improving Nutritional Care Board is completing the second phase of work.

Projects nearing completion include:

- The use of volunteers to help patients with eating problems.
- Improved communication between Health Boards and care homes.
- The use of nutritional education and support in patients with chronic illnesses.
There is concern that Scotland is falling behind with regard to broader nutritional monitoring.

The issue is being addressed by the Chief Nurse as part of a nutritional "stocktaking".
"Malnutrition continues to affect over three million people in the UK at significant cost [exceeding £13 billion annually]. It is the most fundamental thing we have to get right but is not always seen as the priority it should be."

- Ros Moore, Chief Nursing Officer, 2010
The Scottish Government is undertaking a significant project looking at the care of vulnerable people within the Scottish Health Service.

- This will concentrate particularly on the elderly, but will undoubtedly include an assessment of the nutritional care being offered.

- It is hoped that some of these findings will subsequently be generalised to the rest of the Health Service.
2011 has been a very difficult year for nutritional care in Scotland.

- It probably represents the end of a longer development cycle.
We are still significantly further forward than we were in 2001.

The challenges remain very considerable and it is important that all the professions involved in nutritional care, and patient groups, find a new forum in which to interact.
Nutrition in a Cold Climate
Nutrition in a cold climate:

Wales

Dr AB Hawthorne
Consultant gastroenterologist
University Hospital of Wales
Cardiff
Strategic aim of the Welsh Government

Empowering people to look after themselves by increasing knowledge of what to eat and drink to stay healthy longer.

Work at population level to provide education and lifestyle interventions:

- local authorities
- social care education sector
Our Healthy Future
Health through the life course

Improved quality & length of life..

Reduced inequities in health

Prevention & early intervention

Strengthening evidence & monitoring progress

Healthy sustainable communities

Health as a shared goal

...and fairer outcomes for all
Accredited All-Wales Nutrition Training Period and Policy Drivers

Children and Young People's Plans
Core Aim 1 - e.g. Access to training for staff supporting families to enable every child to have a flying start in life
Core Aim 3 (3a) - e.g. access to food/nutrition training for those supporting children and young peoples physical, mental, social and emotional health

Food and Fitness
5 year Implementation Plan 2006
Action 6 - delivery of Agored Cymru Community Food and Nutrition Skills to people who work with Children and young people

Quality of Food Strategy (Task and Finish Report, 2008)
Underpinning action on education, training and workforce development to educate and empower people to make appropriate food choices

Appetite for Life 2007
Broadly contributes by providing access to food and nutrition training for those working with children and young people in the school environment i.e. school cooks, lunchtime supervisors, classroom assistants

Our Healthy Future 2009
It is recognised that the training needs of the wider workforce, such as teachers, exercise instructors and youth workers, and of community volunteers needs further consideration.

HSCWB Strategies
Identify and address factors affecting the health and well-being of the local population, including health promotion and education, health protection and nutrition

The Strategy for Older People in Wales 2008-13
Chapter 4 - Well being and Independence and promoting healthy ageing
Broadly contributes by providing access to food/nutrition training for those caring for and working with older people in the community e.g. home support workers, luncheon club organisers

Designed to Improve Health and the Management of Chronic Conditions in Wales 2008
Level 1 Primary Prevention & Health Promotion
Supporting healthy lifestyles and well being in the community

NSF Older People, 2006
Chapter 2 - Promotion of health and well being in older age.
Access to training for those working with older people in the community- promoting and supporting independence and well being

NSF Children, Young People & Maternity, 2005
Chapter 2, Standard 4 - Promoting Health and Well Being
Contributes via access to food/nutrition training to support development and implementation of policies to promote encourage health promoting infant nutrition and healthy food options in settings for children and young people

All Wales Obesity Pathway

Accredited nutrition training
Community and primary care led lifestyle programmes
Timeline of Welsh Government Food in Hospital Initiatives

Background context of Nutrition & Catering Framework & Fundamentals of Care.

2007  Food & Drink in Hospital Task & Finish Group
2008  Free to Lead, Free to Care
2009  The All-Wales food and fluid balance chart & Nutrition care pathway in community settings introduced.
2010  Nutrition Standard 14 – Doing Well, Doing Better
2011  Development of Nutrition Standards for food and fluid provision for hospital patients to be published. All Wales food record chart e-learning package for nursing
2012  All-Wales paediatric food chart to be launched. Guidance for healthy food in hospital visitor & staff restaurants
Nutrition Care Pathway in Community Settings

Siart Cofnodi Bwyd
Food Record Chart Guide

This information is designed to help you with accurate documentation of portion sizes on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the chart. All food intake must be recorded accurately.

Canllaw i Gyfeintiau Hylif
Fluid Volume Guide

This information is designed to help you with accurate documentation of fluid intake on the All Wales Food and Fluid Chart for Community Settings. Please refer to the photographs below when completing the chart. All fluid intake must be recorded accurately.

Level 4 Specialist medical and surgical services

Level 3 Specialist MDT weight management services

Targeted gateway - one to one MDT support

Level 2 Community and primary care weight management services

Targeted gateway - dietetic and physical activity support

Level 1 Community based prevention and early intervention (self care)

Targeted gateway - Community Intervention for overweight/obese

Level 2 Action Area met by Dietetic Capacity Grant Scheme
- Access to a range of multi-component community based programmes, that are run by appropriately trained individuals

All Wales Obesity Pathway
Level 4 care:-
Bariatric surgery in Wales

Welsh criteria for bariatric surgery for obesity (funded through WHSSC)
- body mass index (BMI) >45, and
- comorbidities secondary to obesity.

NICE criteria:
- BMI >35 + 1 comorbidity + failed conservative weight management
  or
- BMI >40 and failed conservative weight management
  or
- BMI >50
Welsh Home Parenteral Nutrition Network

- Centrally funded through WHSSC
- 65 patients on long-term HPN
- Home care company contract for Welsh patients
- Serves to raise standards for PN care across Wales
Summary

• Lots of community initiatives:
  – Extent of impact?
  – Timescale of impact?

• Existing nutrition-related problems:
  – More community-funded dietetics
  – Ongoing underfunding for secondary care, and increasing threats with financial cut-backs
Nutrition in a Cold Climate
Nutrition in a Cold Climate – Northern Ireland

Sarah-Jane Hughes
Clinical Lead Dietitian (Nutrition Support)
An Health Service in Transition

- Health System in Northern Ireland undergoing huge period of transition
- ‘Block Grant’ transferred from Westminster to devolved government at Stormont
- Health and Social Care accounts for majority of expenditure
- Funding gap exists (Appleby 2005, McKinsey 2010)
Review of Public Administration (RPA)

- Following RPA (2005), 47 public bodies in relation to public health reduced to 18
- 28 HSS Trusts formally dissolved in April 2007
- Replaced by 5 new Health and Social Care Trusts
- Necessary due to high administration costs of unwieldly numbers of organizations.
- Increasing cost due to increasing population, increasing age
- Decreased efficiency due to many rural settings and funding gap caused by long term under investment in NI health service
2 initial strategies since devolution


- Promoting nutrition through obesity management, healthier choices, health and well being centres.

- Did not tackle the issues of under nutrition, nutrition support or identification.

- **Get your 10 a day! The Nursing Care Standards for Patient Food in Hospital (2007).** Northern Ireland’s response to the RCN’s Nutrition now campaign.
Promoting Good Nutrition (2011)

- **Regional** nutrition strategy launched 2011 to ensure any person at risk of malnutrition will have a nutritional care plan appropriate to their needs.

- Prevention, identification and management of malnutrition in all settings.

- The implementation of the strategy will be led by Public Health Agency and a Nutrition Coalition.
Challenges of RPA

- Major personnel changes within HSC trusts
- Nutrition Steering committees disbanded
- Major rebuilding of structures in a period of financial austerity
- Recruitment freezes and discontinuation of temporary contract arrangements – reduction of more 25% in dietitians in certain Trusts
The Many, The Few

- Cuts to social care budgets affecting home helps and meals of wheels services
- Problems with implementing snack menus in acute settings. Who pays? who distributes?
- GP’s rationalising spending on ONS
- Prioritisation of patients in acute settings and stand down of health promotion activities
- Increasing pressure on ward based staff to implement nutritional action plans with staffing numbers
- Timely access to dietetic services with decreasing pool of staff
- The provision of enteral feeding across the region hampered by diverse operating systems and a lack of Nutrition Support Teams
HPN and IF services

Scottish HPN Managed Clinical Network

HIFNET Regional HPN Centres Regional IF Centres

NSCAG Established IF Centres

Home PN Network

NI Geographic Isolation Devolution of Healthcare
Looking up?

- NI HSC has made significant improvements in the quality of care it delivers, especially when taking account the fact that our region spends 7% and 16% less per head than England. (McKinsey, 2010)

- A multidisciplinary pilot involving GP’s, practice nurses and dietetic staff for patients on ONS in the SHSCT has shown very positive outcomes when compared with a control group for expenditure on supplements (↓15-20%)

- Regional Contract for oral nutritional and enteral feeding support devised and tender process has begun

- Belfast Trust has an agreed date to take forward the issue of Regional Intestinal Failure to Health Care Commissioners
Moving forward
Nutrition in a Cold Climate
Building Momentum

Dr Mike Stroud
BAPEN Chair
‘Future Proofing’ BAPEN

**NHS**
- How do we work with new commissioning and procurement groups?
- What about recognition and treatment in Primary Care?
- Can we do more for children?

**Social Services**
- What about Residential Homes and seamless care?

**Public Health**
- How do we engage with Public Health?
QIPP Safety Express
London Conference
October 2012

Present:
Anne Milton – Minister for Public Health
Sir Bruce Keogh – Medical Director NHS
Jim Easton – DG Quality and Efficiency
Prof Graham Ramsay – DH NHS Contracting
DH accept that quality, safety and financial benefits from improved nutritional care are ‘a given’.

DH are ‘totally committed to work for improvement’.

Nutrition runs through all 5 domains of the NHS outcome framework and is core to quality and safety.

The Mid Staffs, Francis report will highlight shortfalls in basic care with consequent recommendations on nutrition.

JE does not want implementation of short-term savings with no consideration of longer term.
NHS Contract

- Nutritional Care should be mandated in the NHS Contract to ensure funding for good basic care with recourse to action if it is not delivered. Nutritional CQUINs should also be encouraged.

- BUT
  Proceeding with contract specification required mention of nutrition in the NHS Operating Framework that afternoon.

- At OF presentation, Andrew Lansley and David Foley mentioned nutrition in their address and OF refers to Nutrition in David Nicholson's introduction and under new priorities.
Other System Levers

JE wanted to

‘use all other means at my disposal to improve nutritional care and reduce variability in practice’.

AB/MS to advise
Agreed next steps

- JE to clarify importance of nutritional care with the Dignity and Care Commission

- GR/AB/MS to write draft NHS nutritional care contract specification

- GR/AB/MS to write draft COF indicator statements which JE will try to put into current COF requirements.

- MS and AB to draft a recommendations paper on improving nutritional care in the NHS to include support for Trusts, alignment of key Partners and consideration of audit methodology.
### BAPEN Actions from DH meeting - Commissioning Outcome Framework (COF) indicator Statements

<table>
<thead>
<tr>
<th>Topic</th>
<th>Original Quality Statement</th>
<th>Indicator Statements</th>
<th>NHS IC Initial Feasibility (1,2,3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional Screening</td>
<td>NICE Guidance (CG32)</td>
<td>Proportion of adult patients who have had screening for malnutrition or nutritional risk within 24 hours of admission to hospital, using a validated tool such as ‘MUST’.</td>
<td></td>
</tr>
<tr>
<td>Nutritional Care</td>
<td>NICE Guidance (CG32)</td>
<td>The proportion of adult patients found to be at increased risk of malnutrition who receive a nutritional care plan in accordance with current NICE guidance</td>
<td></td>
</tr>
<tr>
<td>Nutritional Care</td>
<td>NICE Guidance (CG32)</td>
<td>Presence of an active multi-disciplinary nutrition support team comprising of at least one doctor, dietitian, nutrition nurse specialist and nutrition pharmacist.</td>
<td></td>
</tr>
<tr>
<td>Nutrition training</td>
<td>NICE Guidance (CG32)</td>
<td>Proportion of staff who are involved in delivering any form of nutritional care who have received recognized nutrition training [e-learning module]</td>
<td></td>
</tr>
</tbody>
</table>
BAPEN Actions from DH meeting

Draft discussion paper options so far:

- Increase the focus on nutrition and hydration in the Safety Express programme
- Use the ‘Productive Ward’ programme as delivery vehicle but only deals with meals.
- Incorporate into annual ‘basics of care’ training for all frontline staff
- Support a specific nutrition and hydration improvement programme
The BAPEN Toolkit for Commissioners & Providers 2010
Developing National, Regional and local BAPEN activity

Commissioning Nutritional Care needs engagement with DH structures at national, regional and local levels

- National Nutrition Clinical Senate

- BAPEN already considered 7 supra-regional MDTs (4 new NHS SHA clusters + Scotland, Wales and N Ireland)

- But 4 England supra-regional clusters temporary so:
  - Target national SUPRA-regional commissioning with current resource – must be nutrition lead at all levels (probably Chief Nurses)
  - Develop network of BAPEN advisory groups to work with LCGs using local nutrition leads/BAPEN reps from every care organization
Proposal - a new Nutrition and Hydration Action Alliance

- In addition to engaging NHS orientated commissioning and procurement we need to influence Public Health and Social Care at Government, Regional and local levels.

- Task too big for BAPEN and so need a Nutrition and Hydration Action Alliance
Excellence in Nutritional Care for England - the NHS Roadmap

The Government
Focus on Nutrition
Lead Minister
2012

Dept of Health
Senior Leader for Nutrition
Clinical Senate
Policy
NCB
2012

Regions & CCGs
Senior leader
Commissioning
good nutritional care
Contracts and CQUINs
2012/13

Providers
Nutrition Support Team
Screening
Care Planning
Education
2012/13

Patients and the Public
Increased awareness
of malnutrition
Self Management
2012/13
Excellence in Nutritional Care for England
The NHS, Public Health and Social Care Roadmap

- National Level
- Regional Level
- Local Level

Public Health
- Government
  - Department of Health
  - National Commissioning Board
  - Clinical Commissioning Groups
  - Trusts

Social Care

Contracts Monitoring and Regulation

Organising for excellence in nutritional care for everyone
NHS, Public Health & Social Care Roadmap

Who does it?

Public Health
- National Level
  - Public Health England and CMOs Office
- Regional Level
  - Regional Public Health Teams
- Local Level
  - Local Public Health Teams
  - Health & Well-Being Boards
- Individual patient level
  - Integrated lifestyle interventions

NHS
- National Level
  - Department of Health
    - NCB/NQB
- Regional Level
  - Strategic Health Authorities
    - NHS North of England
    - NHS Midlands and East
    - NHS London
    - NHS South of England
- Local Level
  - LCGs
    - Providers
      - Acute and Community
  - Patients in NHS commissioned care
- Individual patient level

Social Care
- Regional Level
  - Regional Social Care Teams
- Local Level
  - Social Care Settings
- Individual patient level
  - Individuals in Social Care Settings

Monitoring/Regulation
- National Level
  - Contracts
    - Care Quality Commission
      - NICE QS
      - Health Watch
- Regional Level
  - Regional Nutrition Clinical Network
- Local Level
  - Regulation
- Individual patient level
  - Long Term Self Management

Organising for excellence in nutritional care for everyone
NHS and Social Care Nutrition Roadmap
and what they do?

**National Level**
- **Public Health England & CMOs Office**
  - Develop National Policy for the prevention of Malnutrition
  - National Campaigns

**Regional Level**
- **Regional Public Health teams**
  - Commission and deliver prevention of malnutrition programmes and Campaigns

**Local Level**
- **Local Public Health Teams**
  - Roll out nutrition campaigns locally
  - Integrate malnutrition/nutritional care into lifestyle services

**CCGs & Providers**
- **Integrated lifestyle interventions**
  - Patients well informed re: preventing malnutrition
  - Patients receive early screening

**Individual patient level**
- **Patients in NHS commissioned care**
  - Patients are screened and treated effectively
  - Patient on integrated nutritional care pathways

**Department of Health**
- Appoint a Nutrition Lead
- Develop Nutrition Policy & system levers for NHS
- National QI programme
- National Commissioning Board

**Social Care**
- Develop Nutrition Policy for Social Care
- Ensure implementation of Standards in care settings

**Regional Social Care Teams**
- Appoint a senior leader for nutrition
- Ensure standards are met

**Social Care Settings**
- Screening and care planning
- Pathways of care
- Standards of care/catering

**Individuals in Social Care Settings**
- Individuals are screened and treated effectively
- Placed on nutrition care pathway

**Regulation**
- CQC – DANI inspections / routine inspections
- Monitor

**Promoting Self Management**
- Patients are trained to manage their nutritional care effectively
- Self monitoring

---

**Organising for excellence in nutritional care for everyone**
BAPEN Where Next?

BAPEN’s plans for 2012

- 2012 National Nutrition Campaign
- 2012 Launch of Practical Clinical Guidance
- 2012 A Nutrition Alliance
- 2012 BAPEN Regions

2012 NSW Final Report

2012 Launch new BAPEN Toolkit

2011 Re-launch BAPEN Website
Nutrition in a Cold Climate
The New BAPEN

Dr Tim Bowling  MD FRCP
Consultant in Clinical Nutrition and Gastroenterology
Nottingham University Hospitals

And

BAPEN Chairman-Elect
BAPEN: 1992-2011

• Main focus hospital-based practice + supporting research
• Some inclusion of community
• In last 5 years ↑ focus on screening
• ↑ “political” involvement
• ↑ respect and recognition as an authority
BAPEN: 2011 -

- Times changing
- Fit for purpose in new healthcare and political climate
- BAPEN needs to evolve
BAPEN: Challenges 2011

- Membership
- Communications and structure
- Remit
- Finances
- Political/National engagement
BAPEN: Membership

- Numbers low (< conference delegates)
- Incentives inadequate
- Financial constraints (individual and institutional)
- Wide stakeholder group with differing needs
- Meetings members want to and can attend
- More tangible benefits, eg registration costs (DDF)
- Guidelines
- Website
- Chat rooms, social networks
- Work in progress
BAPEN: Communications and Structure

- Internal
BAPEN: Communications and Structure

Internal

- Committee structure to match needs
- Council ↓
- More emphasis on training and education; regional activities
- Maintain our “jewels” – MAG and BANS
- ↓ “silos” ↑ transparency
- More streamlined processes for communications between groups and decision making
- Encourage new faces
BAPEN: Communications and Structure

• External
  – Website
  – Reaching relevant people
  – Publications
  – Image/branding
BAPEN: Remit

- Extend beyond current stakeholder interest
- Science
- Boost membership
- Set out clear (achievable) aims and objectives for short, medium and long term
BAPEN: Finances

- Just about OK
- Little “wobble” room
- Still heavily dependent on Industry
- Membership fees low
- MAG/MUST and endorsement activities vital
- BANS potential
- Need to generate other income - ?charitable activities ?patron ?other
BAPEN: Political/National engagement

- Momentum is there
- Established as an authority
- Regional activities
- DH/NICE/HIFNET/CQC/Commissioning
BAPEN: 2011 -

• Dynamic Association
• Enthusiastic members
• Unique brief
• Established authority
• Now needs to be fit for purpose for the next decade

And it will be .....
*Nutritional Care across the UK in 2011*

Reasons to be cheerful & proud!

***************************

Well done dietitians, doctors, nurses, pharmacists, therapists, managers, carers, commissioners & patients everywhere

***************************

Together we can & do deliver excellent nutritional care!
*Nutritional Care across the UK in 2011*

Reasons to be cheerful & proud!

Well done dietitians, doctors, nurses, pharmacists, therapists, managers, carers, commissioners & patients everywhere

Together we can & do deliver excellent nutritional care!
Nutrition Nurse wins prestigious Nurse of the Year Award 2011

Congratulations Tracy Earley!

Tracy Earley (centre) is presented with her Award by The Nursing Times
2011 - Basildon’s on a Nutrition Mission!

Taking PRIDE in Nutritional Care
Basildon and Thurrock University Hospital NHS Foundation Trust

✓ Nutrition Mission for delivering excellent nutritional care
✓ Changing mealtime
✓ Increasing menu options
✓ Eating and drinking in a clean environment
✓ Recording patients’ food and fluid intake
NEW WEBSITE!

The National Nurses Nutrition Group

The NNNG was formed in 1986 and soon after this applied for registered charity status. In 1992, the NNNG, became a ‘founder’ group of BAPEN (British Association for Parenteral and Enteral Nutrition) furthering its objectives to promote education in nutrition and related subjects for members of the nursing profession, for the public benefit, and especially for the benefit of patients in hospital and the community. In furtherance of the above, the NNNG strives to:

- Promote an increased awareness amongst nurses of disease related malnutrition and its effects.
- Provide opportunities for members to meet together for the purpose of discussing matters of interest concerning disease related malnutrition.
- Promote activities that will assist members working in the field of nutritional support to increase their knowledge and enhance their contribution to this subject.
- Promote the role of the Nutrition Nurse Specialist within a multi-disciplinary nutritional support team.

The NNNG is now 25 years old and throughout 2011, the NNNG has continued to develop and is keen to support all healthcare professionals involved in the nutritional care of patients. Although the original aims of the NNNG looked at increasing awareness of nutrition support, over the years, its remit has expanded considerably with oral nutrition getting as much attention as nutrition support. Our membership continues to grow and consists of Nutrition Nurse, Dietitians, Support / Assistants, University Lecturers, Industry Nurses / Managers and Student Nurses.

In November 2011, the NNNG will build upon its website facilities with the Launch of its NEW WEBSITE at www.nnng.org.uk this will provide members of the group with the opportunity to have a members only area offering many benefits for being part of the group. It will also have the new facility of ‘ONLINE’ membership and ONLINE payments.

The benefits of membership include:

- Access to the web-based members’ discussion board
- Access to members only area of the new website
- A membership newsletter relating to current issues in nutritional care delivered to your door
- A free copy of every issue of the BJCN nutrition supplement produced in association with BAPEN/NNNG
- Invitation to the Annual Conference at a subsidised rate
- A discounted rate on BAPEN membership
- The opportunity to contribute to local and national working groups
A Competency Framework for Nutrition Nurse Specialists
Dr Simon Gabe with his team at St Mark’s Hospital
CN Parenteral Nutrition Professional of the Year Award

Stephanie Wakefield
CN Enteral Nutrition Professional of the Year Award

Geoff Simmonett
Special Award for Commitment to Patient Care

Prof Marinos Elia
CN Lifetime Achievement Award

Rachael Masters with ‘MUST’ team
CN Nutrition Resource of the Year Award
Royal Liverpool University Hospital introduces new measures to combat malnutrition!

Good nutrition at heart of enhanced recovery programme
‘MUST’ App for iPhone launched!

Professor Marinos Elia explains the ‘MUST’ App on BAPEN website, Facebook & YouTube

‘MUST’ App voted as one of NHS favourites & selected for NHS showcase event
MDT improves communication and patient management

Dudley Group of Hospital NHS Foundation Trust
Primary and Secondary Care Nutrition MDT
Northern Ireland launches Nutrition Strategy

‘Promoting Good Nutrition’

Health Minister Nigel McGimpsey launches new strategy March 2011
Launch of Irish Society of Parenteral and Enteral Nutrition (ISPEN)

9th November 2011

Keynote address by Professor Marinos Elia
Northern Ireland supports CPD in Nutritional Care

9 dietitians funded for PENG clinical update 2012
DOTS - New Nutrition Training Module
Launched November 2011
Compulsory for all foundation doctors in Scotland

Created by Dr Fred Pender
Edinburgh University
under auspices of the
NHS Education Scotland
Improving Nutritional Care group
‘Patients at the Helm’

Awarded to Salford Royal NHS Foundation Trust
November 2011 – Successful Clinical Nutrition meeting in Glasgow

60 Nutritional team members and other clinicians from Greater Glasgow & Clyde networking
Safety Express Coalition

Summit and Product Launch

October 2011 Award Winners

‘Quality Improvement’

Awarded to

King’s College Hospital NHS Foundation Trust
Safety Express Coalition
Summit and Product Launch

October 2011 Award Winners

‘Whole Health Economy Engagement’

Awarded to
Community Health Stockport/Stockport NHS Foundation Trust
Southampton Intestinal Failure Unit

Dedicated team reduces Catheter Related Blood Stream Infections in IVN patients from 10.01 to 1.28/1000 PN days (p<0.01)
PEN Group 2011 Awards

Use of ‘Pocket Guide to Clinical Nutrition’
Entries judged on implementation in daily practice

Promoted to MDT importance of regular monitoring of weight in obese patients – Kay Baxter and Fiona Struthers (below)

Highlighted importance of non-reliance on predictive values and promotes monitoring – Kirsty Anna McLaughlin (above) and Anne Holdoway
Safety Express Coalition
Summit and Product Launch

October 2011 Award Winners

‘Engagement with Safety Express’

Awarded to Communications NHS Teams:
East Midlands
West Midlands
East of England
New Masters-level course for registered dietitians

Clinical Update Course Enteral & Parenteral Nutrition with BDA validated assessment

PEN Group & Queen Margaret University
Safety Express Coalition
Summit and Product Launch

October 2011 Award Winners

‘Sharing Best Practice’

Awarded to South Tees Hospitals NHS Foundation Trust
Safety Express Coalition
Summit and Product Launch

October 2011 Award Winners

‘Measurement for Improvement’
Awarded to
East Lancashire Hospitals NHS Trust
PINNT WEEKEND – June 2011

Over 200 patients, carers, healthcare professionals and industry come together
A relaxed forum for those on artificial nutrition -

… supporting, sharing and educating with fun!
LITRE REPORT – May 2011

The users assessment of ambulatory PN pumps

Hear from those who use them …!
PINNT regional and local groups

People on home nutrition therapy support each other

New group just launched in Norwich …
Posthumous award of CN’s ‘The Commitment to Patient Care Award’ for his charity work.

His name will live on in the ‘Geoff Simmonett Commitment to Patient Care Award’
PINNT inspiring Europe

• Supporting other European countries to set up Patient Groups based on PINNT’s philosophy

• Uniting patients, carers, healthcare professionals and industry to deliver better care
A safe haven for patients to support each other on the website www.pinnt.com
‘MUST’ App for iPhone – FREE to download at Conference GET IT TODAY!

Offer valid 28-30 Nov
‘MUST’ e-learning modules

SCORM compliant ‘MUST’ module for Hospitals now available!
Compatible with Trust e-learning management systems

Try the demo at the BAPEN stand!
The ‘MUST’ Toolbox

Check out the new user-friendly ‘MUST’ charts in the revised ‘MUST’ materials for 2011

*Designed to cater for taller, shorter, heavier & lighter patients!*
- Quick and easy to use
- Avoid calculation errors
- Weight range extended – now 30-170kg
- Height range extended – now 1.46-1.94m
- Current & previous weight charts
- Current & recent weight loss charts
- Choice of kg & st and lb or just kg

**Revised charts & materials for 2011!**

**PLEASE COMPLETE** the MAG’s QUESTIONNAIRE at CONFERENCE and give your views on the new charts & interest in purchasing printed copies.

It’s in your delegate pack!

**New edition also available of**
The ‘MUST’ Explanatory Booklet
*Ideal for induction & training!*

**View the new charts & Booklet on BAPEN stand**
Win an iPad!
Visit the BAPEN Stand to find out how!

BAPEN members – register your interest in attending BAPEN@DDF2012 to be entered into the draw.
Draw takes place pm Wednesday 30 Nov
Second draw for an iPad at DDF2012
NO?
Join today & only pay half price!
Visit the BAPEN Stand to save £££s & enjoy instant benefits

Are you a BAPEN member?

Be a part of BAPEN’s drive to promote excellence in nutritional care
Membership offer ends 6 Dec!
Log on to www.bapen.org.uk for further details of BAPEN’s 2012 Meeting at the first Digestive Disorders Federation meeting in collaboration with BSG, AUGIS & BASL

******************

Further information in your delegate pack!
DATES FOR YOUR DIARY!

17-20 June 2012   BAPEN@DDF2012

See you in Liverpool!
*BAPEN wishes you a great Conference!*  

See you at the BAPEN Stand  

Members – don’t forget the BAPEN AGM  
Today @ 12.30 Main Auditorium
*BAPEN wishes you a great Conference!*  

See you at the BAPEN Stand

Members – don’t forget the BAPEN AGM  
Today @ 12.30 Main Auditorium