

Commissioners' roles in meeting Quality Standards in Nutritional Care

Step 1

PREPARE TO MAKE CHANGE

Understand the problem in your local area

Why is it important that you commission good nutritional care for your local population as a priority in 2013?

- **Malnutrition costs lives and money!**
- **Commissioners have a duty to ensure they commission harm free care.**
- **Nutrition and hydration are fundamental elements of harm free care.**

Cost Savings: *Malnutrition costs the UK Health Economy an estimated £13 billion annually. Implementing NICE Guidance on Nutrition Support for Adults (CG32) is estimated to be one of the highest areas of savings to the NHS. (NICE Cost Savings Guidance). 1% of the estimated spend could save £130 million.*

- 3 million people in the UK are malnourished or 'at-risk' of malnutrition ¹
- Treatment with oral nutritional supplements (ONS) is associated with a reduction of overall hospital readmissions by 30% ²

- The use of ONS in the UK has been found to save £849 per patient based on length of stay ³
- Community patients given ONS have fewer healthcare visits at home

Implementing nutrition and hydration support will achieve improvements in quality of care, patient experience and patient safety: *If the NICE Nutrition Support guidance was fully implemented, it would result in better nourished patients and reduced complications including secondary chest infections, pressure ulcers, falls, wound abscesses and cardiac failure. Conservative estimates of reduced admissions and reduced length of stay for admitted patients and reduced demand for GP and outpatient appointments underlie the significant cost savings that NICE have identified.*

Form your Local Team

- Executive Lead
- CCG team member
- Dietetic Manager
- Catering Lead
- Gastroenterologist
- GP
- Nursing Lead
- Local patient and/or carer representative

First Actions:

- Agree your scope of work
- Agree roles and responsibilities
- Gain local stakeholder engagement
- Go and see and experience what actually happens in your hospital(s)
- Communicate what you are aiming to do? Set up regular project meetings

Convince people that change is necessary by sharing examples of the benefits to patients, staff and the organisation

This will need good clinical and executive leadership at a local level and support from key stakeholders

Success is dependent upon getting the right team members engaged

WHAT THE CHANGE EXPERTS SAY

"Preparation is key to ensuring the success of any changes. Having the right people in place, knowing and agreeing what we need to do and who we need to engage with is time well spent" – Project Lead University College Hospitals"

Further resources: NICE Cost saving guidance

www.guidance.nice.org.uk/CG32

BAPEN Commissioning Toolkit

www.bapen.org.uk/professionals/publications-and-resources/commissioning-toolkit

References

¹ Elia M, Stratton RJ Redditch: BAPEN, 2009

² Cawood AL et al. Clin Nutr Supplements 2010;5:123.

³ Elia M. Stratton RJ Redditch: BAPEN,2005.

Step 2

KNOW WHERE YOU ARE

Create and agree your vision of what best practice looks like. Undertake a gap analysis to determine where you are against the vision and develop an implementation plan to achieve it. Use the Tools in the BAPEN commissioning toolkit to help you understand where you are and to help deliver your improvements.

Collect the data

Tool 1: Assessment of population at risk of malnutrition

Tool 2: Assessment of current screening in place and provision of nutritional care

Tool 8: Work with local providers to understand and agree your current position as a baseline for improvement

Agree the current state in relation to:

- How we raise awareness to prevent malnutrition?
- Are we identifying those with malnutrition or those at risk of malnutrition through screening: e.g. the 'Malnutrition Universal Screening Tool' ('MUST')
- How we manage malnutrition –
 - what options are available
 - what pathways are used
 - what support do we offer to help people eat and drink?
- What our patients and relatives tell us now about how we are doing?
- Identifying the issues and challenges to implementing good nutrition and hydration support
- Developing the new vision
- Agreeing the actions and changes that need to happen to raise awareness and provide good nutrition and hydration support
- Agreeing 'Quick Wins'
- Prioritising other change actions

WHAT THE EXPERTS SAY

Dr Ailsa Brotherton, Honorary Secretary of the British Association for Parenteral and Enteral Nutrition (BAPEN):

"We need to improve the nutritional care that patients receive. This means identifying malnutrition early and ensuring that patients in all care settings, especially those who are vulnerable, are screened for malnutrition and then have a personal care plan and appropriate monitoring thereafter, if they are at risk."

Step 3

MAKING CHANGES FOR IMPROVEMENT

Use your implementation plan as a guide and start making / testing changes in relation to;

Raising awareness with patients, families and their carers

Raising awareness – staff education

Screening: identifying those at risk (individual and/or prevalence)

Managing Malnutrition – ensure individuals are on the right nutritional care pathway and have the right support to eat and drink regularly

Monitoring on a regular basis – what information is required regularly for the individual, the organisation and the community?

Working together to achieve integration

Identify and Implement some Quick Wins

Our top tips include:

- 1) **Implement the Malnutrition Community Pathway:** an evidence based pathway created to ensure the right patients in the community receive the right type of nutritional care to improve quality and reduce costs
www.malnutritionpathway.co.uk
- 2) Work with your local acute providers to **implement the BAPEN quality guide** available at www.bapen.org.uk
- 3) **Set up a nutrition steering committee** that spans health and social care to create and implement an integrated nutrition pathway of care

Collect the data

Use these tools in the BAPEN Toolkit to help you to implement your plan

- Tool 3** Development of nutritional screening, assessment and care pathways
- Tool 4** Education and training: knowledge skills and competencies of staff
- Tool 5** Developing service specifications and management structures for nutritional care
- Tool 6** Developing quality frameworks for nutritional care

WHAT THE EXPERTS SAY

Anne Holdoway,
Chair, Managing Adult Malnutrition in the Community Working Party

'The pathway aims to give professionals practical guidance on tackling disease-related malnutrition in the community. It is designed to assist decision-making and includes a stepwise guide to managing individuals with poor appetite who have recently been discharged from hospital requiring short term oral nutritional supplements (ONS) as well as those with chronic conditions or longer term ONS requirements, helping to effectively utilise resources.'

- Keep communicating with all stakeholders as changes happen
- Gather momentum and start to tackle the harder more difficult changes required
- Tick off the changes on your implementation plan
- Meet regularly with the project team to ensure all the changes have owners and timescales

Step 4

MEASURE, MONITOR AND SUSTAIN

Use Tool 7:
Using quality indicators,
monitoring and review

- ✓ Measure the improvements against your baseline
- ✓ Ask the patients and those who care for them if you are making a difference
- ✓ Realise your benefits and quantify them (*and tell people about them*)
- ✓ Monitor the outcomes and sustain the improvements

Build on the Change

- Commission for sustainable change in practice by ensuring nutrition and hydration become embedded in the services you commission.
- View the short term wins as the beginning of your journey to improve nutritional care.
- Celebrate each success, but after each success set a new improvement goal to ensure that excellent nutritional care is delivered to every patient, in every setting, on every day.

Anchor the Changes in Corporate Culture

- Seek evidence from your providers that they are monitoring malnutrition on a regular basis at Trust and individual level. Ensure plans are in place to reduce the incidence of malnutrition.
- Build nutrition and hydration into every care pathway (e.g. dementia, stroke, cancer).
- Celebrate your successes and share them with BAPEN.

WHAT THE EXPERTS SAY

Dr Mike Stroud, Chair, BAPEN Quality Group
and Dianne Jeffrey, Chairman, Age UK

'Malnutrition is both a cause and consequence of disease, and is a common and costly problem in UK healthcare. Commissioners must therefore ensure that every NHS and Social Care organisation has appropriate nutritional policies in place and that the importance of these is understood by all healthcare professionals.'

Exemplar Case studies:

Be one of the first Clinical Commissioning Groups to fully implement the BAPEN Commissioning toolkit and work with us to share your story

Check the BAPEN website
for regular updates:

www.bapen.org.uk

