



British Pharmaceutical
Nutrition Group



Malnutrition Matters

A commitment to act

Foreword

The purpose of this guide is to ensure clarity about where responsibility for commissioning and delivering nutritional care lies. This is needed for two reasons. Firstly, the failings in nutritional care highlighted in the Francis report are not unique to Mid Staffordshire and we have a duty to learn from such failings and to ensure patients receive better nutritional care as a matter of urgency. Secondly, the complexity involved in developing and delivering integrated nutritional care pathways should not be underestimated. This document therefore defines the priorities that each part of the system must deliver to improve nutritional care for all. We have taken a very pragmatic approach in doing this rather than striving for perfection. There will, therefore, need to be further improvements over time but this companion provides an initial response to Francis and Berwick which is particularly timely in the post - Keogh review era, when the delivery of poor nutrition and hydration have been clearly identified as negligent.

This guide is easy to use since we have defined the top three priority actions for each level of the care system. Simply go to the part that relates to your organisation and take action. If you believe you are already implementing the three actions identified, look carefully at how well that implementation is working and identify where improvements could be achieved. There is a culture in our health and social care systems of accepting poor processes and falling well short of designing the best, highly reliable systems. Through effective measurement of your processes and outcomes you will be in a strong position to assure your board that the nutritional care you are delivering as an organisation meets or preferably exceeds the NICE and CQC standards.



Dr. Mike Stroud, Chair of BAPEN Quality Group



Introduction



In this guide, we make 3 recommendations for each organisation at three levels of the system; national, regional and local. We have based our recommendations for commissioning and delivering good nutritional care on the guidance from Don Berwick in his report, 'A Promise to Learn, A Commitment to Act', with a specific focus on action;

“Place the quality of patient care, especially patient safety, above all other aims.

Engage, empower, and hear patients and carers at all times.

Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.

Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge”



Responsibility at a national level

The responsibility of Government

The 3 priorities for the Government are :

- The Prime Minister should take full responsibility for the nutritional care delivered to individuals in the health and social care system and should give his public support for this work
- The Secretary of State for Health must make good nutritional care a priority for the NHS through its inclusion in the mandate
- The Government must ensure that there is national leadership for the implementation of good nutritional care by appointing a national clinical director and establishing a national nutrition board with key leaders from across the system (patients, multidisciplinary clinicians, commissioners, leaders in patient experience and quality improvement experts)

The responsibility of NHS England

The 3 priorities for NHS England are to:

- Appoint a national clinical director
- Establish the national nutrition board to oversee implementation of improvement. This board must function very differently to the previous approaches adopted to improve nutritional care to ensure that we overcome the current barriers in the system
- Provide the leadership for commissioning so good nutritional care is included in national policy and embedded in all commissioned pathways

The responsibility of Public Health England

The 3 priorities for Public Health England are to:

- Develop a campaign to raise awareness of malnutrition
- Support self-screening
- Support Health & Wellbeing Board to deliver local campaigns

The responsibility of the Care Quality Commission

The 3 priorities for the Care Quality Commission are to:

- Include all aspects of nutrition and hydration rather than food and drink alone in your fundamentals of care
- Signpost organisations who need to make improvements in nutritional care to Trusts and other care settings who you know (from inspections) are high performers
- Promote good practice where you see it. Ask the Trusts to share their practice with BAPEN and we will promote it on the website and direct our members to it

The responsibility of Health Education England

The 3 priorities for Health Education England are to:

- Ensure nutrition is included in pre-registration and post-registration curricula for all professions
- Develop role-related core competencies for nutrition and hydration
- Ensure the curricula are updated to reflect new research findings



Responsibility at a regional level

The responsibility of Commissioning Support Units

The 3 priorities for Commissioning Support Units are to consider providing the following further to discussion with CCGs as to their requirements:

- Build nutrition and hydration measures into the data reporting systems they are collating on behalf of CCGs
- Promote the Malnutrition Task Force (MTF) 'How to Guides' to the CCGs they support
- Support CCGs to commission good nutritional care using the BAPEN commissioning toolkit

The responsibility of Clinical Commissioning Groups

The 3 priorities for Clinical Commissioning Groups, further to liaison with CSU's are to:

- Commission good nutritional care in all settings using the BAPEN commissioning toolkit.
- Ensure nutrition and hydration process and outcome measures are collected locally (through writing into local contracts and use of system levers e.g. CQUIN)
- Connect hospital and community services to design and deliver an integrated nutritional pathway of care across the health economy



Responsibility at a local level

The responsibility of local government

The 3 priorities for local government are to:

- Support their Health & Wellbeing Boards to design and deliver a local malnutrition awareness raising campaign
- Ensure nutrition and hydration needs form part of the Joint Strategic needs assessment for every older person
- Ensure every care home implements the Malnutrition Task Force Guide for care homes

The responsibility of hospital boards and executive leaders

The 3 priorities for hospital trust boards are to:

- Ensure their clinical staff are supported to implement the NICE Guidance for nutritional support in adults (and establish good pathways of care in paediatrics) and work towards achieving the NICE Quality Standards
- Ensure compliance to the CQC fundamentals of care for nutrition and hydration and report process and outcome measures from ward to board, using a nutrition dashboard
- Lead the design of highly reliable pathways of care for nutrition

The responsibility of hospital staff

The 3 priorities for hospital frontline staff are to:

- Implement the NICE Guidance for nutritional support in adults (and establish good pathways of care in paediatrics) and work towards achieving the NICE Quality Standards
- Ensure compliance to the CQC fundamentals of care for nutrition and hydration and report process and outcome measures from ward to board using a nutrition dashboard
- Implement the MTF Hospital Guide and flag gaps in services to executive leaders

The responsibility of people working in local communities

The 3 priorities for people working in local communities are to:

- Undertake basic training in nutritional screening and care planning (e.g. 'MUST' e-learning')
- Watch out for early signs of malnutrition and dehydration in the older people they interact with and undertake early screening as recommended in the NICE guidance
- Implement the MTF Guide for those working in the community

The responsibility of GPs

The 3 priorities for GPs are to:

- Broadcast to primary care professionals the need to treat reported malnutrition in addition to seeing weight loss as a red flag for investigation
- Consider psychosocial assessment as part of its investigation, rather than just looking for organic causes
- Use treatment guidelines, such as in the malnutrition pathway, to balance when a food first approach or ONS prescribing is indicated

The responsibility of community pharmacists:

The 3 priorities for community pharmacists are to:

- Direct patients to the leaflets available via the malnutrition pathway website
- Support the implementation of the community malnutrition pathway
- Support the use of the 'MUST' tool in screening for malnutrition

The responsibility of Local Education and Training Boards

The 3 priorities for Local Education and Training Boards are to:

- Embed nutrition and hydration training into all training for health and social care providers
- Develop core competencies for different staff groups
- Influence providers of pre-registration training (e.g. Deaneries) to include appropriate training in all pre-registration courses

The responsibility of local Healthwatch

The 3 priorities for local Healthwatch are to:

- Include a focus on nutrition and hydration in their portfolio of work
- Collect positive and negative stories relating to nutrition and hydration from individuals
- Influence providers of care through effective feedback

The responsibility of all organisations to promote good nutritional care

The 3 priorities for all other organisations are to:

- Organise their work to ensure improvements in nutritional care – following the principles outlined in the MTF Guides
- Build a social movement to improve nutritional care through an effective call to action for all the local key strategic partners
- Celebrate success – collect and share examples of excellent practice

The responsibility of Patients

The 3 priorities for patients are to:

- Keep an eye on your weight, especially if you think you are losing weight unexpectedly (for example if your clothes start to feel loose)
- Talk to your doctor or nurse/dietitian/pharmacist if you have any concerns or worries about your appetite
- If you are struggling to eat and drink/losing weight try to stick to foods that you enjoy

The responsibility of Carers

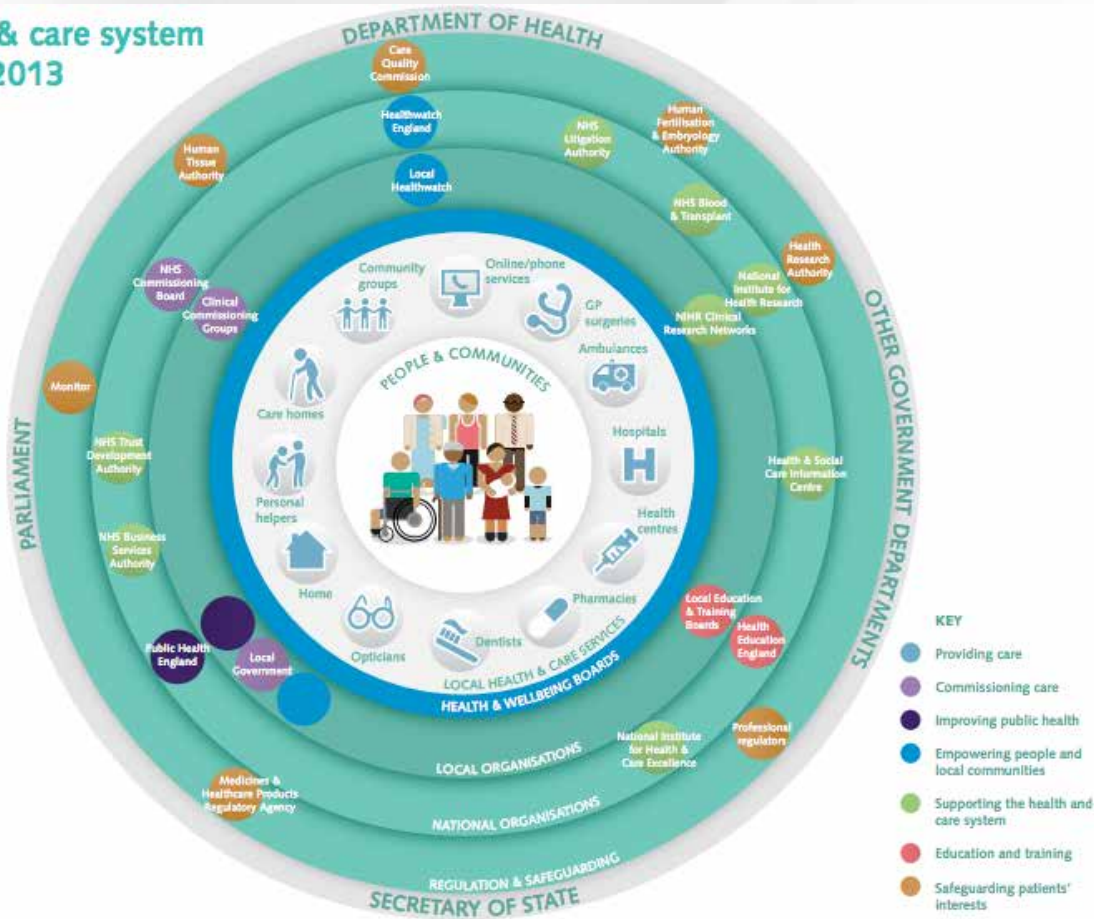
The 3 priorities for all carers are to:

- Keep an eye on their weight, especially if you think they are losing weight unexpectedly (for example their clothes start to look loose)
- Discuss your concerns about their lack of appetite and any weight loss with them and encourage them to speak to their GP, hospital doctor, dietitian or nurse Don't wait - access help and support early
- Ensure that in your role as carer you also look after yourself and maintain good nutrition and hydration

We urge you to think about these principles in the context of nutrition and incorporate them into your daily work so that the nutritional care provided to all individuals in the health and care system also gets better faster.

We are keen to hear about your work to improve nutritional care and to share best practice. Please contact the BAPEN Office to share examples of your work and we will upload them to the BAPEN website bapen@bapen.org.uk

The health & care system from April 2013



Useful Links

Below is a list of links to useful information and resources.

www.guidance.nice.org.uk/CG32/Guidance/pdf/English

www.malnutritionpathway.co.uk

www.malnutritiontaskforce.org.uk/resources.html

www.bapen.org.uk/commissioning-toolkit.pdf

www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards

www.publications.nice.org.uk/quality-standard-for-nutrition-support-in-adults-qs24

www.bda.uk.com/publications/NutritionHydrationDigest.pdf



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