

Community Nutrition Support Projects

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Our Values

Service **Teamwork** **Ambition** **Respect**

Background to Malnutrition

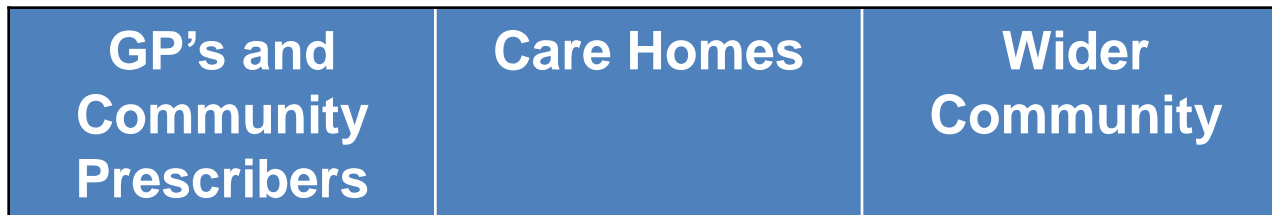
- Malnutrition affects over 3 million people in the UK (Elia, 2009)
- Malnutrition is estimated to exceed £13 billion per year in the UK (BDA press release, 2009)
- Frequently undetected and untreated in the community causing a wide range of adverse consequences
- Patient Association Survey of 5,013 adults (2011)
 - Good nutrition associated with eating a balanced diet (62%)
 - Maintaining a regular weight (7%)
 - 65 years+ age group would go to their GP for information (84%)

Supporting Audits and Projects

- ‘Clinical and cost effective prescribing of ONS for adults in the community’ (2009), re-audit (2011)
- ‘Evaluation of ‘MUST’ implementation and care planning’ (2011), re-audit (2012)
- Nutricia research projects (compact trials; hospital discharge trial)

Aims of the project

To raise the profile of malnutrition in the community and improve prescribing practices of ONS (Oral Nutritional Supplements), through early detection and treatment.



Background to ONS Audit

- 27 GP practices in Swindon (population registered = 216,357), in 2009 £250,489 was spent on ONS
- Research shows that Health Professionals responsible for prescribing ONS receive little nutritional training and practice relating to ONS prescribing is not always evidence based (Kennelly et al, 2008)
- By improving prescribing guidelines for ONS we can ensure that ONS are used in a clinically and cost effective manner

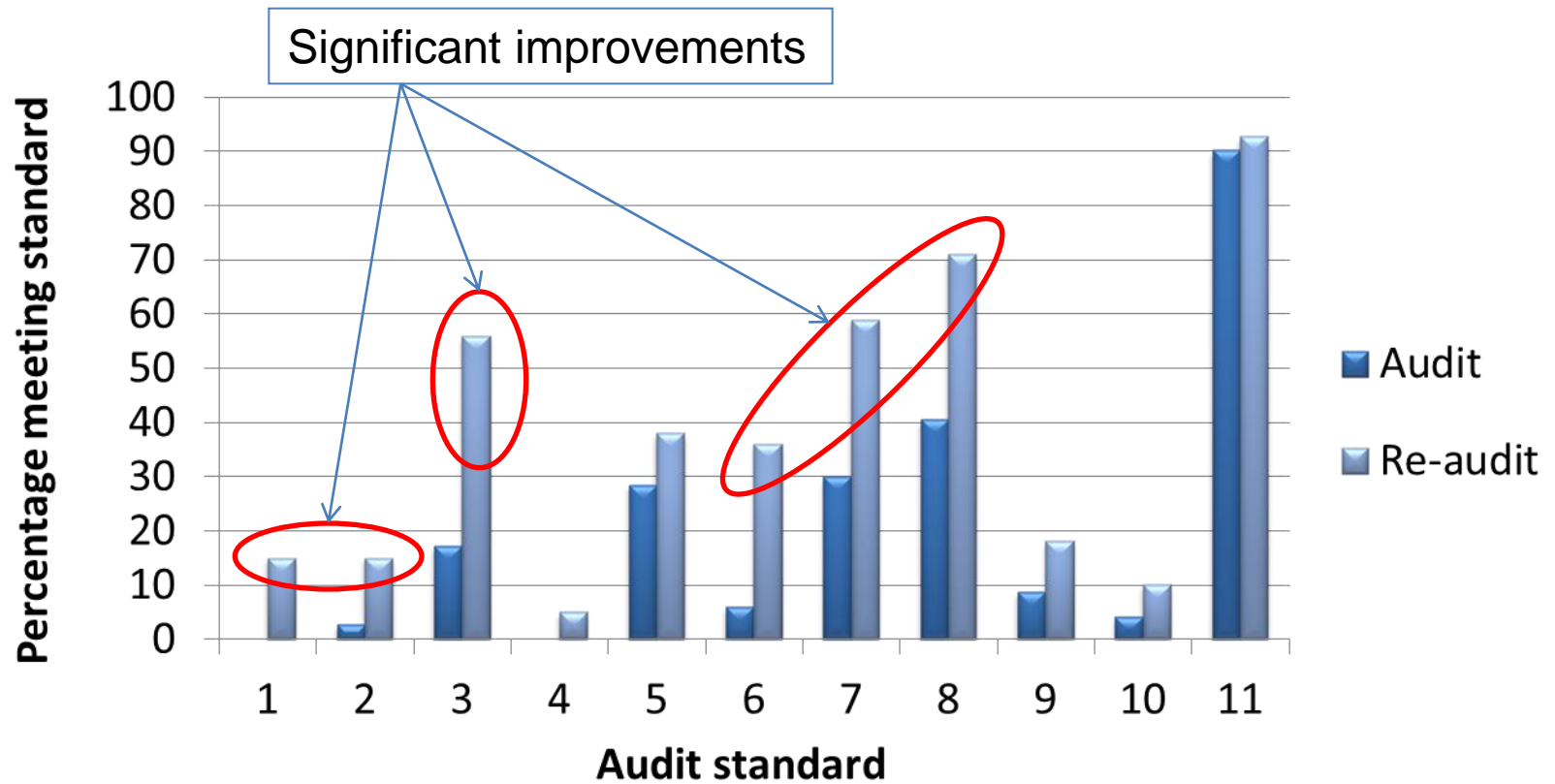
Audit Standards

1. Nutritional screening tool used
2. Given 'food first' advice to improve intake
3. Indications for prescribing ONS documented
4. Aims of treatment for prescribing ONS documented
5. Prescription for 2 x 1.5kcal / ml ONS daily
6. 2 week trial period e.g. starter pack used
7. Prescription issued as 'acute'
8. Clear directions for using ONS
9. Reviewed monthly prior to further ONS prescribed
10. Aims of treatment and need for ONS reviewed after 3 months – if no improvement Dietitian contacted
11. Patients who have been seen by a Dietitian have clear records with the above information documented

Key Issues

- Lack of consistency in regard to the prescribing of ONS
- No evidence of a nutritional risk screening tool being used
- Very little nutritional 'food first' advice documented
- Few patients were prescribed the recommended 2 x 1.5kcal/ml ONS
- Starter sample packs of ONS or a 2 week period were not used for most patients
- Lack of documentation for indicating the need for ONS and aims of treatment
- Patients were often prescribed ONS on a repeat prescription without a regular review

Audit 2009 vs Re-audit 2011



ONS Prescribing Costs

	Audit (pre-training)	Re-audit (post-training)	% Change
Swindon PCT	£250,489	£223,238	↓ 11%
Practice 1	£35,889	£29,607	↓ 18%
Practice 2	£25,637	£15,491	↓ 40%
Practice 3	£23,642	£18,917	↓ 20%
Practice 4	£14,277	£13,042	↓ 9%

Conclusions

- Improvements towards best practice
- 'MUST' used more widely
- More 'food first' advice documented
- ONS are being prescribed more appropriately
- All GP incurred cost savings
- Improvement needed to review patients once prescribed ONS

Swindon – Optimise referral system

- CCG designed a computerised referral system for GP's
- Integrated 'MUST' tool and appropriate management guidelines
- Included printable versions of food first information
- Guidelines for prescribing and prompts for review
- Link to long term conditions

Care Homes 'MUST' Training

Varied Approach.....

1	Phase 1 - 'MUST' training	2009 - 2010
2	Audit - 3 out of 4 care homes implemented 'MUST'	2011
3	Phase 2 - 'MUST' champions	2011
4	Phase 3 - CQC monitors and care planning focused	2012 - current

'MUST' Screening (Nutricia 2010, 2011-12)

- Rate of 'MUST' screening increased 35% - 67%
- Risk of Malnutrition reduced by 3.5%
- Reduction in ONS prescriptions (4%)
- More high risk residents receiving ONS (2%)
- Reduction in low risk residents on ONS (11%)
- Increase in dietetic referrals for high risk residents (14%)

11% reduction in healthcare costs £27,304

Care Homes 'MUST' Training

- **Chef Training**
 - Malnutrition and food first practical training (June 2012)
 - Independent Chef funded by Nutricia
- **Outcomes Audit**
 - Linking malnutrition risk to outcomes (Pilot December 2012)
- **Dementia Training**
 - Dementia training for care homes (Pilot December 2012)
 - Food first, texture modification, finger foods, behavioural challenges

'MUST' Training – Wider Community

- Private nursing companies
- Private care companies/ agencies
- CICT team (SEQOL)
- Neighbourhood teams
- District nurses
- Sheltered Housing (Wardens)
- Age UK (Befrienders booklet and presentation)
- Carers UK (Information booklet, articles)
- Health Ambassadors



Challenges

- Raising the profile of malnutrition, importance of early detection and treatment
- NICE (2011) ranked CG32 3rd on the list of clinical guidance that could generate the most cost savings
- Changing NHS structure within the community
- Staff turnover within care homes, adherence to paperwork, continuous support, including chef training

Recommendations

- Engage with the Commissioners and relate malnutrition to their outcomes
- Use local data and audit to ensure relevance and monitor progress
- Ensure messages are consistent between primary and secondary care
- Link with CQC monitors and care home managers

Future plans

- Working with Wiltshire Dietitians align paperwork and training
- Mandatory training ('MUST' e-learning)
- Provide on going support and training for care homes, community staff and outside agencies
- Continue to raise the profile of malnutrition screening and treatment in the wider community

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