NHS

National Institute for
Health and Clinical Excellence

Quality standard for nutrition support in adults

Issued: November 2012

NICE quality standard 24

guidance.nice.org.uk/qs24

© NICE 2012

Contents

Introduction and overview 5

Introduction..... 5

Overview 6

List of quality statements 7

Quality statement 1: Screening for the risk of malnutrition 8

Quality statement 8

Rationale (Why is this important?) 8

Quality measure 8

What the quality statement means for each audience 9

Source guidance 10

Data source 10

Definitions..... 10

Equality and diversity considerations 12

Quality statement 2: Treatment 13

Quality statement 13

Rationale (Why is this important?) 13

Quality measure 13

What the quality statement means for each audience 14

Source guidance 14

Data source 14

Definitions..... 15

Equality and diversity considerations 15

Quality statement 3: Documentation and communication of results and nutrition support goals . 16

Quality statement 16

Rationale (Why is this important?) 16

Quality measure 16

© NICE 2012. All rights reserved. Last modified November 2012

What the quality statement means for each audience ... 17
Source guidance ... 17
Data source ... 17
Definitions ... 18
Quality statement 4: Self-management of artificial nutrition support ... 19
Quality statement ... 19
Rationale (Why is this important?) ... 19
Quality measure ... 19
What the quality statement means for each audience ... 20
Source guidance ... 21
Data source ... 21
Definitions ... 21
Equality and diversity considerations ... 22
Quality statement 5: Review ... 23
Quality statement ... 23
Rationale (Why is this important?) ... 23
Quality measure ... 23
What the quality statement means for each audience ... 23
Source guidance ... 24
Data source ... 24
Definitions ... 24
Equality and diversity considerations ... 25
Using the quality standard ... 26
Commissioning support and information for patients ... 26
Quality measures and national indicators ... 26
Diversity, equality and language ... 27
Development sources ... 28

© NICE 2012. All rights reserved. Last modified November 2012

Evidence sources ... 28
Policy context ... 28
Definitions and data sources for the quality measures ... 28
Related NICE quality standards ... 30
The Topic Expert Group and NICE project team ... 31
Topic Expert Group ... 31
NICE project team ... 32
About this quality standard ... 33

© NICE 2012. All rights reserved. Last modified November 2012

Introduction and overview

This quality standard covers adults (18 years and older) in hospital and the community who are at risk of malnutrition or who have become malnourished, and adults who are receiving oral nutrition support, enteral or parenteral nutrition. For more information see the scope for this quality standard.

Introduction

Nutrition support in adults has important implications in both health and social care settings. When people are malnourished, their basic health and social care outcomes are significantly affected, making malnutrition an important patient safety issue. It continues to be both under-detected and undertreated, with potentially fatal consequences.

For the purposes of this quality standard, malnutrition is defined as a state in which a deficiency of nutrients such as energy, protein, vitamins or minerals results in measurable adverse effects on body composition, function or clinical outcome. (In this quality standard, malnutrition does not refer to excessive nutrition linked to conditions such as obesity.)

Malnutrition is both a cause and an effect of ill health. Good nutrition support services are crucial in treating a number of other conditions. In many cases nutrition support services are provided as part of a wider care package to treat the underlying cause of malnutrition or manage the increased risk of malnutrition.

This quality standard describes interlinked markers of high-quality, cost-effective care that, when delivered, will improve the effectiveness, safety and experience of care for people who need nutrition support in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.

© NICE 2012. All rights reserved. Last modified November 2012

- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

The quality standard is also expected to contribute to the following overarching outcome(s) from the 2011/12 Adult Social Care Outcomes Framework:

- Enhancing the quality of life for people with care and support needs.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Other national guidance, current policy documents and regulatory standards have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, care professionals, patients, service users and carers alongside these documents, including Meeting nutritional needs – essential outcome 5 (Care Quality Commission, 2010) and Guiding principles for improving the systems and process for oral nutritional supplement use (National Prescribing Centre, 2012), listed in evidence sources. These documents describe the basic principles and standards of nutrition support. The quality statements in this quality standard should be seen as markers of high-quality care.

Overview

The quality standard for nutrition support in adults requires that all care services take responsibility for the identification of people at risk of malnutrition and provide nutrition support for everyone who needs it. An integrated approach to the provision of services is fundamental to the delivery of high-quality care to adults who need nutrition support. It is particularly important that nutrition support services are multidisciplinary and overseen and led by senior level staff from across settings, for example through nutrition steering groups or committees.

The quality standard should be read in the context of national and local guidelines on training and competencies. Implementation of this quality standard is dependent on all care professionals involved in providing nutrition support to adults being appropriately trained and competent to deliver the actions and interventions described in the quality standard.

© NICE 2012. All rights reserved. Last modified November 2012

List of quality statements

Statement 1. People in care settings are screened for the risk of malnutrition using a validated screening tool.

Statement 2. People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.

Statement 3. All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.

Statement 4. People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Statement 5. People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

In addition, quality standards that should also be considered when commissioning and providing a high-quality nutrition support service are listed in related NICE quality standards.

© NICE 2012. All rights reserved. Last modified November 2012

Quality statement 1: Screening for the risk of malnutrition

Quality statement

People in care settings are screened for the risk of malnutrition using a validated screening tool.

Rationale (Why is this important?)

Malnutrition has a wide-ranging impact on people's health and wellbeing. Screening for the risk of malnutrition in care settings is important for enabling early and effective interventions. It is important that tools are validated to ensure that screening is as accurate and reliable as possible.

Quality measure

Structure: a) Evidence of local arrangements to ensure that people in care settings are screened for the risk of malnutrition using a validated screening tool.

b) Evidence of local arrangements to ensure that screening for the risk of malnutrition is carried out by health and social care professionals who have undertaken training to use a validated screening tool.

c) Evidence of local arrangements to ensure that care settings have access to suitably calibrated equipment to enable accurate screening to be conducted.

Process: a) The proportion of people in care settings who are screened for the risk of malnutrition using a validated screening tool.

Numerator – the number of people in the denominator who are screened for the risk of malnutrition using a validated screening tool.

Denominator – the number of people in a care setting.

b) The proportion of people admitted to hospital who are re-screened weekly for the risk of malnutrition.

© NICE 2012. All rights reserved. Last modified November 2012

Numerator – the number of people in the denominator who are re-screened weekly for the risk of malnutrition.

Denominator – the number of people admitted to hospital.

c) The proportion of people in care home settings who are screened monthly for the risk of malnutrition.

Numerator – the number of people in the denominator who are screened monthly for the risk of malnutrition.

Denominator – the number of people in community care settings.

Outcome: a) Incidence of people at risk of malnutrition.

b) Prevalence of risk of malnutrition.

What the quality statement means for each audience

Service providers ensure systems are in place to screen people in the appropriate context (see definitions) for the risk of malnutrition using a validated screening tool.

Health and social care professionals ensure they screen people in their care (see definitions for settings) for the risk of malnutrition using a validated screening tool.

Commissioners ensure they commission services with local arrangements for screening in the appropriate care settings (see definitions) for the risk of malnutrition using a validated screening tool.

People admitted to hospital, attending an outpatient clinic for the first time or having care in a community setting are offered checks for their risk of malnutrition (not getting enough calories and nutrients, such as protein and vitamins, to meet the body's needs) using an accurate and reliable tool.

© NICE 2012. All rights reserved. Last modified November 2012

Source guidance

NICE clinical guideline 32 recommendations 1.2.2, 1.2.3 (key priorities for implementation), 1.2.4 and 1.2.5.

Data source

Structure: a), b) and c) Local data collection.

Process: a)

i) Local data collection. Acute hospitals, care homes and mental health trusts can review historical data on screening rates by reviewing the previous findings of the annual national nutrition screening survey conducted by the British Association for Parenteral and Enteral Nutrition (BAPEN).

ii) Department of Health Essence of Care benchmarks for food and drink, best practice indicators for factor 7 (screening and assessment) include measures for screening on admission to hospital, care homes and on registration with GP surgeries.

b) Local data collection

c) Local data collection

Outcome: a) and b) Local data collection.

Definitions

Care settings and eligibility

The term 'settings' refers to any care setting where there is a clinical concern about risk of malnutrition. These include the following, as set out in NICE clinical guideline 32.

- All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and for outpatients if there is clinical concern.

- Screening should take place on initial registration at general practice surgeries and when there is clinical concern. Screening should also be considered at other opportunities (for example, health checks, flu injections).
- People in care homes on admission or where there is clinical concern. The topic expert group (TEG) advised that screening should be repeated monthly for people in this setting, or sooner if there is clinical concern.
- The TEG, based on their expert opinion and professional practice advised that community settings include domiciliary care and local authority day care services and should have protocols for conducting screening when a person first accesses services.
- Hospital departments who identify groups of patients with a low risk of malnutrition may opt out of screening these groups. Opt-out decisions should follow an explicit process via the local clinical governance structure involving specialists in nutrition support.

Clinical concern

Screening should be carried out when there is clinical concern, for example, if the person has unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose-fitting clothes or prolonged intercurrent illness.

Validated screening tool

As set out in NICE clinical guideline 32 recommendation 1.2.6: 'Screening should assess body mass index (BMI) and percentage unintentional weight loss and should also consider the time over which nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The Malnutrition Universal Screening Tool (MUST), for example, may be used to do this'.

A validated tool should be used to conduct the screening to support accuracy and consistency within and between settings. The TEG agreed that a validated tool is a tool for which there is evidence that it has been tested to ensure that:

- it measures what it is intended to measure
- its measurements are reproducible.

© NICE 2012. All rights reserved. Last modified November 2012

- it is user friendly
- it has been developed by a multidisciplinary group.

The term 'screening' is not used here to refer to a national screening programme such as those recommended by the UK National Screening Committee.

Equality and diversity considerations

Nutritional screening should be available to everyone for whom it is appropriate, including people who are unconscious, sedated, unable to speak or communicate (because of language problems or because of their condition), and those who cannot be weighed or have their height measured. Some screening tools (such as MUST) cater for all of these people.

© NICE 2012. All rights reserved. Last modified November 2012

Quality statement 2: Treatment

Quality statement

People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.

Rationale (Why is this important?)

It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet. A management care plan aims to provide this and identifies condition specific circumstances and associated needs linked to nutrition support requirements.

A nutritionally complete diet can improve speed of recovery and contribute to reducing admissions to hospital and length of hospital stays.

Quality measure

Structure: a) Evidence of local arrangements to ensure that people who are malnourished or at risk of malnutrition are offered a management care plan that aims to meet their complete nutritional requirements including underlying conditions, specific circumstances and associated needs.

b) Evidence of a local written protocol that all management care plans aim to provide complete nutritional requirements.

c) Evidence of local arrangements to ensure that care settings are able to provide appropriate nutrition support including artificial feeding when needed.

Process: The proportion of people who are malnourished or at risk of malnutrition who receive a management care plan that aims to meet their complete nutritional requirements.

Numerator – the number of people in the denominator who receive a management care plan that aims to meet their complete nutritional requirements.

© NICE 2012. All rights reserved. Last modified November 2012

Denominator – the number of people who are malnourished or at risk of malnutrition.

What the quality statement means for each audience

Service providers ensure that systems are in place for all people who are malnourished or at risk of malnutrition to have a management care plan that aims to meet their complete nutritional requirements.

Health and social care professionals give all people who are malnourished or at risk of malnutrition a management care plan that aims to meet their complete nutritional requirements.

Commissioners ensure they commission services that give people who are malnourished or at risk of malnutrition a management care plan that aims to meet their complete nutritional requirements.

People who have malnutrition (not getting enough calories and nutrients, such as protein and vitamins, to meet the body's needs) or who are at risk of malnutrition receive a management care plan that, in combination with any food they are able to eat, aims to provide all the nutrients their body needs.

Source guidance

NICE clinical guideline 32 recommendations 1.3.3 (key priority for implementation), 1.3.4, 1.6.7.

Data source

Structure: a) and b) Local data collection.

Process: Local data collection.

Outcome: Local data collection.

© NICE 2012. All rights reserved. Last modified November 2012

Definitions

Management care plan

This refers to the nutrition support provided alongside other dietary intake that aims to provide a person's complete nutritional requirements. The plan also takes into account any underlying conditions and the individual's specific circumstances and associated needs.

Complete nutritional requirements

This includes providing adequate energy, proteins, fluids, electrolytes, minerals, micronutrients and fibre, taking into account personal factors including physical activity levels.

Equality and diversity considerations

People's special dietary requirements, including those that are consistent with religious and cultural beliefs, should be taken into account irrespective of the underlying reason for these requirements.

© NICE 2012. All rights reserved. Last modified November 2012

Quality statement 3: Documentation and communication of results and nutrition support goals

Quality statement

All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable), documented and communicated in writing within and between settings.

Rationale (Why is this important?)

Documentation and written communication of a person's nutrition screening results and any nutrition support goals is important for ensuring continuity of care both within settings and after transfer between settings. This also helps to manage significant patient safety issues, such as nutrition support not continuing when it is required or people being given inappropriate food for their circumstances.

Quality measure

Structure: a) Evidence of local arrangements to ensure that a person's screening results and nutrition support goals (if applicable) are documented and communicated in writing when a person transfers within and between settings.

Process: a) The proportion of people screened for the risk of malnutrition whose screening results and nutritional support goals (if applicable) are documented in their care plan.

Numerator – the number of people in the denominator whose screening results and nutritional support goals (if applicable) are documented in their care plan.

Denominator – the number of people in a care setting who meet the criteria for screening (see statement 1).

b) The proportion of people screened for the risk of malnutrition whose screening results and nutritional support goals (if applicable) are communicated in writing within and between settings.

© NICE 2012. All rights reserved. Last modified November 2012

Numerator – the number of people in the denominator whose screening results and nutritional support goals (if applicable) are communicated in writing.

Denominator – the number of people transferred within or between settings and who have been screened for the risk of malnutrition.

What the quality statement means for each audience

Service providers ensure systems are in place to document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals, when a person transfers within and between settings.

Health and social care professionals document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals when the person transfers within and between settings.

Commissioners should ensure they commission services with systems in place to document and communicate in writing the results of screening for the risk of malnutrition and, if applicable, nutrition support goals when a person transfers within and between settings.

People who are screened for the risk of malnutrition (not getting enough calories and nutrients such as protein and vitamins, to meet the body's needs) have the results of their screening and the goals of any nutrition support (such as special nutrient-rich foods, nutritional supplements and fortified foods, or liquid food given through a tube) they are having recorded and communicated in writing when they transfer within and between settings.

Source guidance

NICE clinical guideline 32, recommendations 1.9.1, 1.9.2, 1.9.5.

Data source

Structure: a) Local data collection.

Process: a) and b) Local data collection. Acute hospitals, care homes and mental health trusts can review historical data on screening rates by reviewing the previous findings of the annual

© NICE 2012. All rights reserved. Last modified November 2012

national nutrition screening survey conducted by the British Association for Parenteral and Enteral Nutrition (BAPEN).

Outcome: Local data collection.

Definitions

Results

Identification of a person's malnutrition risk category that is recognised across care settings, including 'no risk' (this should also be communicated within and between settings).

Goals

The aims of any nutrition support that is documented in the management care plan, agreed following review of the person's risk of malnutrition.

Documented

The results from the screening should be documented in the person's care records and linked to a care plan. People who are identified as well-nourished will usually continue with routine care. For people identified as malnourished, the specific care plan and nutrition support goals should be clearly documented.

If applicable

For people screened who are not malnourished or at risk of malnutrition, the results should be recorded in their care plan but they do not need specific nutrition support goals.

© NICE 2012. All rights reserved. Last modified November 2012

Quality statement 4: Self-management of artificial nutrition support

Quality statement

People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.

Rationale (Why is this important?)

People and/or their carers managing their artificial nutrition support need to be able to prevent and quickly recognise any adverse changes in their wellbeing that could be linked to their nutrition support. This includes their nutrition delivery system and storage of feed before administration. Early recognition of adverse changes enables people to obtain advice and urgent support to prevent problems arising or worsening.

Quality measure

Structure: a) Evidence of local arrangements to ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be trained to manage their nutrition delivery system and monitor their wellbeing.

b) Evidence of local arrangements to ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be able to contact a specialist urgently for advice if they identify any adverse changes in their wellbeing and in the management of their nutrition delivery system.

Process: a) The proportion of people managing their own artificial nutrition support and/or their carers who are trained to manage their nutrition delivery system and monitor their wellbeing.

Numerator - the number of people in the denominator who have received training to manage their nutrition delivery system and monitor their wellbeing.

Denominator – the number of people or the carers of people managing their own artificial nutrition support.

© NICE 2012. All rights reserved. Last modified November 2012

b) The proportion of people managing their own artificial nutrition support, and/or their carers, who are provided with contact details of a specialist in nutrition support who can provide urgent advice.

Numerator – the number of people in the denominator who are provided with contact details of a specialist in nutrition support who can provide urgent advice.

Denominator – the number of people and or the carers of people managing their own artificial nutrition support.

Outcome: a) People's confidence and competence to manage their own or others artificial nutrition support.

b) Rates of adverse events and complications in people managing their own or others' artificial nutrition support.

What the quality statement means for each audience

Service providers ensure that systems are in place for people managing their own artificial nutrition support and/or their carers to be trained to manage their nutrition delivery system and monitor their wellbeing and told how to contact a specialist to provide urgent advice and support when needed.

Health and social care professionals provide people managing their own artificial nutrition support and/or their carers with training in how to manage their nutrition delivery system and monitor their wellbeing and give them contact details of a specialist who can provide urgent advice and support if needed.

Commissioners ensure they commission services that have systems in place for people managing their own artificial nutrition support and/or their carers to be provided with training in how to manage their nutrition delivery system and monitor their wellbeing, and that provide contact details of a specialist who can provide urgent advice and support if needed.

People who are managing their own artificial nutrition support (feeding through a tube) and/or their carers are taught how to prevent, recognise and respond to any problems with their

© NICE 2012. All rights reserved. Last modified November 2012

wellbeing or their artificial nutrition support system and given contact details of a specialist who can provide urgent advice and help if needed.

Source guidance

NICE clinical guideline 32 recommendation 1.5.7.

Data source

Structure: a) and b) Local data collection.

Process: a) and b) Local data collection.

Outcome: a) and b) Local data collection.

Definitions

Training

The training should ensure that a patient or carer is competent to prevent, recognise and respond to changes in their wellbeing, particularly those related to their nutritional support. They should also be competent in managing their own nutrition delivery system, including the equipment used to deliver the feed, and storing the feed in an appropriate environment.

Management

The daily self-management of a person's artificial nutritional support. Management should also include a system through which people are able to obtain urgent help from a specialist in nutritional support when needed. Self-management and/or management of artificial nutritional support by carers is **not** a replacement for monitoring and follow-up by care professionals. Management should be regarded as a partnership between the person and/or their carer and the care professional.

Artificial nutrition support

Enteral tube feeding and/or parenteral nutritional support.

© NICE 2012. All rights reserved. Last modified November 2012

Urgently

Urgent access to specialist advice should be available 24 hours a day every day of the week (NICE clinical guideline 32).

Equality and diversity considerations

Training and education should be accessible to people who have difficulties reading or speaking English and those who need information in non-written form.

© NICE 2012. All rights reserved. Last modified November 2012

Quality statement 5: Review

Quality statement

People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Rationale (Why is this important?)

People's nutritional status is affected by a number of different factors and can therefore change rapidly. Regular review of the nutrition support care plan by a care professional enables the plan to be adapted to best meet the current needs of the person.

Quality measure

Structure: Evidence of local arrangements to ensure that people receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Process: a) The proportion of people receiving nutrition support who have the indications, route, risks, benefits and goals of their nutrition support reviewed at planned intervals.

Numerator – the number of people in the denominator whose most recent review (subject to decision) is no later than planned after their last review.

Denominator – the number of people receiving nutrition support.

What the quality statement means for each audience

Service providers ensure there are systems in place for people receiving nutrition support to be offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.

Health and social are professionals review the indications, route, risks, benefits and goals of nutritional support in people who are receiving nutrition support at planned intervals.

© NICE 2012. All rights reserved. Last modified November 2012

Commissioners ensure that they commission services that have systems in place for people receiving nutrition support to have the indications, route, risks, benefits and goals of their nutrition support reviewed at planned intervals.

People receiving nutrition support have their need for nutrition support, their method of nutrition support and the risks, benefits and goals of their nutrition support reviewed at planned times.

Source guidance

NICE clinical guideline 32 recommendations 1.1.3, 1.5.1, 1.6.9, 1.7.3.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

Nutrition support

This refers to recommendation 1.6.7 in NICE clinical guideline 32 on the overall nutrient intake needed in any nutrition support treatment and recommendation 1.3.3 on the appropriate method of providing nutritional support (oral, dietary advice, enteral or parenteral nutrition support, alone or in combination).

Planned intervals

The intervals between reviews will depend on the clinical needs of the person and the complexity of the nutrition support needed. Table 1 of NICE clinical guideline 32 provides a guide for intervals between reviews for people with more complex needs.

© NICE 2012. All rights reserved. Last modified November 2012

Clinical concern

A review should be carried out if there is clinical concern that includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose-fitting clothes or prolonged intercurrent illness.

Equality and diversity considerations

The review should take into account the person's dietary requirements, including those that vary according to religious and cultural beliefs.

© NICE 2012. All rights reserved. Last modified November 2012

Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in development sources.

Commissioning support and information for patients

NICE has produced a support document to help commissioners and others to consider the commissioning implications and potential resource impact of this quality standard. Full guides for commissioners on nutrition support in adults that support the local implementation of NICE guidance are also available. Information for patients using the quality standard is also available on the NICE website.

Quality measures and national indicators

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of health and social care. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health and social care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard?

© NICE 2012. All rights reserved. Last modified November 2012

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are published on the NICE website.

Good communication between health and social care professionals and people receiving nutrition support and their carers is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People receiving nutrition support should have access to an interpreter or advocate if needed.

© NICE 2012. All rights reserved. Last modified November 2012

Development sources

Evidence sources

The document below contains clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

- Nutrition support in adults. NICE clinical guideline 32 (2006).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- National Prescribing Centre (2012) Prescribing of adult oral nutritional supplements – guiding principles for improving the systems and processes for ONS use.
- National Patient Safety Agency (2011) Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants.
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2010) Parenteral nutrition: a mixed bag.
- Department of Health (2007) Improving nutritional care.
- Age Concern (2006) Hungry to be heard: the scandal of malnourished older people in hospital.

Definitions and data sources for the quality measures

References included in in the definitions and data sources sections:

- British Association of Parenteral and Enteral Nutrition (BAPEN) (2011) Nutrition screening survey in the UK and Republic of Ireland in 2011.
- Department of Health (2010) Essence of care 2010: benchmarks for food and drink – best practice indicators for factor 7 screening and assessment.

© NICE 2012. All rights reserved. Last modified November 2012

- British Association of Parenteral and Enteral Nutrition (BAPEN) (2010) Nutrition screening survey in the UK and Republic of Ireland in 2010.
- Care Quality Commission (2010) Essential standards of quality and safety.

© NICE 2012. All rights reserved. Last modified November 2012

Related NICE quality standards

Patient experience in adult NHS services. NICE quality standard (2012).

Service user experience in adult mental health. NICE quality standard (2011).

© NICE 2012. All rights reserved. Last modified November 2012

The Topic Expert Group and NICE project team

Topic Expert Group

Mr Peter Austin
Senior Pharmacist, Nutrition support team, University Hospitals Southampton

Ms Jose Bennell
Clinical nurse specialist, nutrition support, Royal Free Hampstead NHS Trust

Dr Timothy Bowling
Consultant in Gastroenterology and Clinical Nutrition, Nottingham University Hospital NHS Trust

Prof Marinos Elia (Chair)
Professor of Clinical Nutrition and Metabolism, Institute of Human Nutrition, University of Southampton

Mrs Kristine Farrer
Consultant Dietitian, Salford Royal NHS Foundation Trust

Ms Jackie Kay
Deputy Interim chief operating officer, Darlington Shadow Clinical Commissioning group

Dr Stephen Lewis
Consultant in Gastroenterology, General Medicine and Honorary Senior, Plymouth Hospitals NHS Trust

Ms Natalie Laine
Lay member

Dr Simon Lal
Principle Consultant Gastroenterologist, Salford Royal Hospital

Ms Rachael Masters
Team Lead Dietician, Focus on undernutrition, NHS County Durham and Darlington

© NICE 2012. All rights reserved. Last modified November 2012

Ms Joy Merriman
Senior speech and language therapist, Home enteral nutrition team, Lewisham PCT

Dr Marion Sloan
General Practitioner, Sloan Medical Centre, Sheffield

Mrs Carolyn Wheatley
Lay member

NICE project team

Nick Baillie
Associate Director

Tim Stokes
Consultant Clinical Adviser

Andrew Wragg
Programme Manager

Brian Bennett
Lead Technical Analyst

Rachel Neary
Project Manager

Jenny Harrisson
Coordinator

© NICE 2012. All rights reserved. Last modified November 2012

About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the healthcare quality standards process guide.

This quality standard has been incorporated into the NICE pathway for nutrition support.

We have produced a summary for patients and carers.

Copyright

© National Institute for Health and Clinical Excellence 2012. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.

Contact NICE

National Institute for Health and Clinical Excellence
Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT
www.nice.org.uk
nice@nice.org.uk
0845 033 7780