

Tackling undernutrition in older people from a regional perspective

Rachael Masters

Rachael Masters, Team lead dietitian – Focus on Undernutrition, part of the Nutrition and Dietetic Service, County Durham and Darlington Community Health Services.

Email: rachael.masters@nhs.net

Malnutrition is a common problem affecting over 3 million people in the UK at any one time (Elia et al, 2009). Malnutrition is a state of nutrition in which a deficiency, excess or imbalance of energy, protein and other nutrients causes measurable adverse effects on body form (body shape, size and composition) and function and clinical outcomes (Elia et al, 2005). For the purpose of this article the term 'undernutrition' will be used to define a deficiency in energy, protein or nutrients.

Undernutrition is often under-recognized and under-treated, to the detriment of and cost to individuals, the health and social care services and society as a whole (Brotherton et al, 2010). Undernutrition is primary a community issue, with 93% of people at risk living in community settings (Russell and Elia, 2008). It affects up to 14% of people over the age of 65 (European Nutrition for Health Alliance, 2005), 14% of older people living in their own home or sheltered housing (Brotherton et al, 2010), 35% of residents in care homes for older people and 28% of hospital admissions (Russell and Elia, 2008). It has also been estimated that at least 10% of patients attending outpatient departments and GP clinics could be at risk (Elia et al, 2009). The risk of undernutrition steadily increases with age (9% of 65 years compared to 19% 90 years) and geographical habitation can influence its prevalence. Older people who live in the north of England have a 73% greater compared to those in the south (Elia and Stratton, 2005).

The causes of malnutrition are both social and clinical. Undernutrition predisposes to disease and adversely affects its outcome. It has important economic implications as it increases complications of disease and delays

recovery from illness. The evidence is clear; if nutritional needs are ignored health outcomes are worse. It is estimated that undernutrition costs the UK over £13 billion a year and is twice the financial burden of obesity (Elia et al 2005; 2009).

The benefits of improving nutritional care, especially for those in high risk groups, e.g. individuals with specific conditions such as stroke or dementia, individuals with pressure issues, those at risk of falls and individuals with long-term conditions in the community, are immense, both in terms of improved quality of care for individuals and the significant cost savings (Brotherton et al, 2010).

National initiatives to tackle undernutrition

It is paramount that undernutrition is addressed as a public health issue; appropriate systems put in place to identify and treat undernutrition services will start to save money (Stratton et al, 2003; National Institute for Clinical Excellence (NICE, 2009)). Clinical complications associated with undernutrition can be decreased by as much as 70% while excess mortality can be reduced by around 40% (Stratton et al, 2003). NICE cost saving guidance identified nutrition as the fourth largest potential cost saving to the NHS, saving £28 472 per 100 000 patients if undernutrition screening programmes are appropriately implemented (NICE, 2009). The Chief Nursing Officer also identified nutrition as one of the eight 'high impact' clinical areas (NHS Institute for Innovation and Improvement, 2009) that could make significant cost savings to the NHS. The high impact statement for nutrition centres on the importance of undernutrition screening programmes. Appropriate screening and treatment of undernutrition can increase patient safety and clinical effectiveness, two of the key issues with the NHS quality agenda (Brotherton et al, 2010).

The importance of identifying and treating undernutrition has been highlighted by the Department of Health (DH, 2007), Council of Europe (NICE, 2006a), NICE (2006b), the National Patient Safety Agency (NPSA, 2008), the Royal College of Physicians (2002) and the Royal College of Nursing (2008). It is essential the identification and treatment of undernutrition is embedded in everyday professional practice (Brotherton et al, 2010) and across

ABSTRACT

The aim of this article is to outline the issues of malnutrition in older people and national initiatives to effectively identify and treat undernutrition, concluding with a local example of how County Durham and Darlington is tackling undernutrition from a regional perspective through a service called Focus on Undernutrition.

KEY WORDS

Nutritional care ♦ Older people ♦ Long-term conditions ♦ Risk

‘training in itself is not just a key characteristic of good nutritional care; it also underpins all of the other characteristics’

the interface of health and social care settings. Undernutrition matters and commissioning high quality nutritional services must become a priority for all (Brotherton et al, 2010). The first simple, quick and cost-effective step is to identify undernutrition through nutritional screening such as the Malnutrition Universal Screening Tool (MUST), accompanied by appropriate treatment for patients identified as at risk of undernutrition (see *Further Information*).

It is essential that screening for undernutrition should be carried out by health and social care staff with appropriate skills and training. The ‘10 characteristics for good nutritional care’ recommend all staff/volunteers have the appropriate skills and competencies needed to ensure that the nutritional and fluid needs of people using care services are met. All staff/volunteers receive regular training on nutritional care and management (NICE, 2006a). However, training in itself is not just a key characteristic of good nutritional care; it also underpins all of the other characteristics (NPSA, 2008).

To support training on MUST, BAPEN and NHS Greater Glasgow & Clyde have recently developed online interactive training. The training, called ‘Nutritional Screening – ‘MUST’ for healthcare in hospital’ (NHS Greater Glasgow & Clyde and BAPEN, 2010), is designed for acute trusts to purchase and use for their whole workforce. It incorporates a monitoring system to track staff participation (See *Further Information*).

The NHS Core Learning Unit has also developed an e-learning programme called ‘food, nutrition and hydration in health and social care’ which is currently free to both health and social care staff (See *Further Information*).

The NPSA developed a set of ten fact sheets to support the practical implementation of each characteristic for good nutritional care into health and social care settings (See *Further Information*).

Tackling undernutrition from a regional perspective

To address the issue of undernutrition in County Durham and Darlington, a unique service called Focus on Undernutrition (FoU) was commissioned by NHS County Durham and Darlington, to implement the MUST in all areas of health and social care. FoU was established in 2000 by the author, as a local pilot in six care homes implementing MUST. Through the success of this pilot, FoU expanded to a permanently funded service with eight team members covering all of County Durham and Darlington.

The aim of FoU is to ensure the timely detection and treatment of undernourished patients, and appropriate prescribing of nutritional supplements (such as Complan Shake, Fortisip and Ensure Plus).

FoU promotes MUST in a variety of care settings by providing support and accredited training on identifying and treating undernutrition. FoU is standardized throughout all health and social care settings in the county to ensure seamless care for the patient.

FoU promotes identifying undernourished patients using MUST, food-first advice such as nourishing drinks, snacks and multivitamin mineral tablets, followed by appropriate prescribing and monitoring of oral nutritional supplements (ONS).

In care homes for older people, FoU trains at least 75% of healthcare staff using accredited open learning workbooks and a workshop. The training covers the nutritional needs of older people, how to identify undernutrition using MUST treatment of undernutrition and how to implement an undernutrition screening programme into a care home.

FoU provides catering staff with a unique 6-week catering course at local colleges. The course covers nutritional needs of older people, menu planning, diabetes, fortified diets, altered consistency diets (pureed and soft), dementia and constipation. Each week is divided into an interactive workshop learning about a specific therapeutic diet, followed by a practical session making dishes linked to the therapeutic diet. Over 350 local cooks have attended the course, which is extremely well evaluated and sold to other catering colleges across the country. The prevalence of undernutrition in local care homes was 44% of residents, but reduced to 39% following the training and implementation of FoU. FoU recently launched a new rolling programme on nine other areas of food and nutrition for care homes, including dysphagia, oral health, diabetes and assisting residents to eat and drink. Implementation of FoU into care homes is linked to funding from social services.

In GP surgeries FoU facilitate nurse-led clinics to review patients on ONS. Results identified over £2900 cost savings per surgery in nine months, owing to more appropriate prescribing practices. To support this initiative, a protocol for the prescribing and monitoring of nutritional supplements in adults was ratified by the PCT, which promotes the use of Complan Shake as the first line nutritional supplement because of its cost and nutritional benefits. FoU also works with Scriptswitch (an electronic programme which GPs use to highlight potential changes to medication, to ensure the most cost-effective version is prescribed, or highlights patient safety messages regarding the medication). FoU are trying to instigate the development of two local incentive schemes to financially reward MUST screening and monitoring patients on ONS in general practices.

In community hospitals staff completed mandatory training on FoU and established nutrition link nurses and other systems to identify and treat undernutrition in hospital.

FoU developed a policy for the identification and treatment of undernutrition in community nursing services, making it mandatory for all PCT community staff to

complete FoU training and screen patients in high risk groups for undernutrition using MUST. FoU is developing an accredited competency-based training programme for community staff. It is working with the strategic health authority to develop a regional CQUIN (Commissioning for Quality and Innovation) for the identification and treatment of undernutrition. FoU is also an integral part of Essence of Care at the PCT.

Since its conception, the PCT has always been fully supportive of FoU, from the chief operating officer and directors to front-line staff. The PCT has encouraged FoU to become an integral part of the organization, enabling it to be innovative in developing policies, standardized care pathways, guidelines, training, IT systems and linked to commissioning of other services, to enable a seamless approach to undernutrition across the region.

FoU has become recognized nationally as a unique service and has received several awards. FoU was recently awarded the Inspirational Improvement award for the development of a 'MUST' alternative measurement tape (See *Further Information*). It is a tape measure which determine a patient's height when sitting and monitor changes in weight from mid upper arm circumference. Within six months of its development over 120 000 tape measures have been requested nationally by dietitians and health professionals to support the undernutrition screening using MUST in their work places.

The next steps for the Focus on Undernutrition service are to commence delivery of FoU into other areas including private carer agencies, sheltered housing, prison and community pharmacists. The longer-term aim is to commission the FoU nationally to other organizations (see *Further Information*).

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For guidance on ensuring the identification and treatment of undernutritional are an integral part the services commissioned by your local PCT, refer to the BAPEN toolkit Ensuring quality in nutritional care – guidance tools for commissioners and providers: www.bapen.org.uk

To receive copies of the new 'MUST' alternative measurements tape free of charge, please send your full details and preferred delivery address to tape@complannutrition.com. Please state your desired quantity as each tape book contains 20 tear off disposable sheets.

Further Information

MUST: <http://www.bapen.org.uk/musttoolkit.html>

Hospital trusts interested in reviewing 'Nutritional Screening – 'MUST' for healthcare in hospital' should email bapen@sovereignconference.co.uk or telephone 01527 457850.

For further details on the training visit <http://tinyurl.com/2u35d5e>

For free copies of the 'MUST' alternative measurement tape email tape@complannutrition.com

e-Learning: 'food, nutrition and hydration in health and social care: www.corelearningunit.nhs.uk/

NPSA Factsheets: <http://tinyurl.com/36povye>

For further information on Focus on Undernutrition Service email dar-pct.focus-on-undernutrition@nhs.net.

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