

Commissioners addressing malnutrition

Malnutrition and dehydration are seriously misunderstood and often neglected in care settings. Older people are particularly vulnerable. A third of recent arrivals to hospitals and care homes are already malnourished (or at risk).¹

Reports of dramatic weight loss caused by neglect repeatedly hit the headlines but do not always reach board rooms. Unintentional weight loss (weight loss that could have been avoided with the right nutrition and hydration care) causes harm.

The Mid Staffordshire NHS Foundation Trust Public Inquiry² found a catalogue of these unacceptable failures in providing basic nutrition and hydration care. Care Quality Commission inspections show that 12% of hospitals and 17% of care homes are still failing to meet the nutritional needs of older people.³

How confident are you, as a commissioner, that the care you support meets the expected standards?

Malnourished people typically have:

- More hospital admissions and re-admissions⁴
- Longer stays in hospitals⁵
- Greater healthcare needs in the community (more GP visits, care at home and greater use of antibiotics)⁶
- Increased risk of mortality⁷

Clinical consequences of malnutrition include:

- Impaired immune response, reduced muscle strength, impaired wound healing, impaired psycho-social function and impaired recovery from illness and surgery which can result in poorer clinical outcomes

Best practice principles

Addressing malnutrition revolves around five principles which incorporate the NICE Quality Standard (QS24)⁸ and Clinical Guidance (CG32).⁹

- **Raising awareness** among front line staff to support prevention and early treatment of malnutrition
- **Working together** within teams and across organisational and professional boundaries
- **Identifying malnutrition** in the individual using MUST (Malnutrition Universal Screening Tool)¹⁰ and prevalence within organisations and the community using BAPEN's Toolkit for Clinical Commissioning Groups and Providers¹¹
- **Delivering personalised care, support and treatment** for individuals at risk of malnutrition and implementing NICE's Quality Standard (QS24) and Clinical Guidance (CG32)
- **Monitoring and evaluating** patient weight, improvements and outcomes. It is also important to evaluate the processes in place for addressing malnutrition

The benefits

- NICE identified malnutrition as the sixth largest potential source for NHS savings¹²
- Early identification and treatment of malnutrition in adults could save the NHS £13 million a year after costs of training and screening¹³
- NICE demonstrates that screening, early intervention and treatment could save £71,800 per 100,000 people¹⁴
- Appropriate use of oral nutritional supplements (ONS) has been found to save £849 per patient based on length of stay in hospital⁶

¹ Calculation based on BAPEN screening weeks 2007-11

² Robert Francis (chair), *The Mid Staffordshire NHS Foundation Trust Public Inquiry*, 2013

³ Available at: <http://www.cqc.org.uk/public/reportssurveysandreviews/themed-inspections/dignityandnutritionolderpeople>

⁴ R. J. Stratton et al, 'Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the 'malnutrition universal screening tool' ('MUST') for adults', *British Journal of Nutrition*, 2004, 92.

⁵ J. F. Guest et al, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, 2011, 30, 4.

⁶ M. Elia et al, *The cost of disease related malnutrition in the in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*, BAPEN, 2005.

⁷ M. Heismayr et al, 'Decreased food intake is a risk factor for mortality in hospitalised patients: The NutritionDay survey 2006', *Clinical Nutrition*, 2009, 28.



Making the changes: Quick wins

- Implement local CQUINS for nutrition and hydration care (based on NICE's QS24) which includes:
 - Ensuring that screening processes are in place (using MUST)
 - Putting care plans in place for those at risk
 - Protecting meal times
 - Monitoring patient's outcomes
- Develop a local CQUIN to monitor and investigate unintentional weight loss and report as a harmful episode of care if root cause was avoidable
- Target organisations that have been inspected but are not CQC compliant
- Include the monitoring of nutritional status on commissioner visits to providers
- Ask for evidence of nutrition care and weight monitoring in existing and established care pathways and discharge plans
- Review information about service user experience relating to nutrition and hydration
- Ask targeted questions to GPs, older people and families regarding nutrition concerns in hospitals, care homes and domiciliary care
- The 'Managing Adult Malnutrition in the Community'¹⁵ pathway offers clear guidance on appropriate actions that should be taken based on screening results

Making the changes: Longer term plan

Work to prevent vulnerable older people being admitted into hospital with malnutrition.

- Use BAPEN's Toolkit for Clinical Commissioning Groups and Providers to understand prevalence of malnutrition in your area
- Use the risk stratification register (or primary care database) to identify older people at risk e.g. over 75, BMI less than 20 and have multiple or long term conditions
- Look at the population of local people in the community over the age of 75 and with a BMI of less than 20 using 'Understanding Society: UK Household Longitudinal Study'
- Primary care, adult social care and local voluntary organisations should work together to devise a plan to target older people identified as vulnerable with a view to early treatment and support for them and their carers

About the Malnutrition Task Force

The Malnutrition Task Force is an independent group of experts across health, social care and local government united to address the problem of preventable malnutrition and dehydration in older people.

Our vision

Prevention and treatment of malnutrition and dehydration should be at the heart of everything we do to ensure older people can live more independent, fulfilling lives.

Our mission

To ensure the prevention and treatment of malnutrition and dehydration is embedded in all care and community support services and that awareness is raised among older people and their families.

Key statistics

- Around 1 in 10 older people are malnourished or at risk of malnutrition. This equates to around 1 million older people in the UK¹⁶
- 93% are living in the community¹⁶
- The number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years to over 16 million¹⁷

⁸ Nutrition Support in Adults (QS24), NICE, 2012.

⁹ Nutrition Support in Adults (CG32), NICE, 2006.

¹⁰ Available at: <http://www.bapen.org.uk/screeningformalnutrition/must/musttoolkit/themustitself>

¹¹ Available at: http://www.bapen.org.uk/pdfs/bapen_pubs/bapen-toolkit-for-commissioners-and-providers.pdf

¹² *Benefits of Implementation: Cost saving guidance*, NICE, (updated) 2013.

¹³ *National cost impact report to accompany CG32*, NICE, 2006.

¹⁴ *NICE support for commissioners and others using the quality standard on nutrition support in adults*, NICE, 2012.

¹⁵ Available at: www.malnutritionpathway.co.uk

¹⁶ M. Elia, R. M. Smith, *Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers*, BAPEN, 2009.

¹⁷ *National Population Projections, 2010-Based Projections*, Office for National Statistics, 2011.