Title Managing malnutrition in the older person

Part 2 Strategies and approaches to deliver nutritional care in the community for identifying and managing malnutrition in the older person

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## Key learning points

1. Primary care nurses have a key role in the identification and management of those at risk of malnutrition.
2. New initiatives, approaches and resources such as those being implemented through the Wessex Academic Health Science Network (AHSN) Nutrition in Older People programme can help to reduce malnutrition.
3. Partnership and collaboration can facilitate the sharing of good practice locally and nationally to reduce malnutrition in older people.

## Introduction

This article is the second of two articles about malnutrition and older people living in the community and the role of primary care nurses. The first article considered the growing problem and extent of malnutrition, its cause and current national guidance to assess risk and its management. It discussed how malnutrition (and dehydration) are both causes and consequences of illness and have significant impact on health outcomes and should be part of all care pathways. Nevertheless, these problems are still poorly recognised in community settings[1]. This is despite numerous reports showing that older people often receive inadequate nutrition and hydration[2,3,4,], in addition to national guidelines and suggested pathways for good nutritional care published over the last 10 years[5]. Whilst these national guidelines exist[6,7,8], they are not consistently applied across all care settings and geographies[9,10,11]. One of the reasons could be attributed to the fact that nutritional care is generally not commissioned, and the responsibility for implementation falls between many health and social care roles[12]. New Guidance: Commissioning Excellent Nutrition and Hydration 2015-18[13] provides the call to commissioners to make good nutritional care a high priority.

In this article the work of the Nutrition in Older People programme for the Wessex Academic Health Science Network (AHSN) is presented which considers some of the new innovative approaches and strategies to deliver nutritional care in the community. Some of the key findings from the work programme are presented including the evaluation across the health and social care sector.

## Background to the Nutrition in Older People's Programme

Across England there are 15 Academic Health Science Networks. They were established by NHS England in 2013 to pioneer innovative ways of working, to spread innovation at pace and scale in order to improve health. As such they are aiming to close the gap between best practice and current practice by collaborating with people and patients, the NHS, Academia and Industry to develop solutions to challenges and unmet needs in the health system. The Wessex AHSN covers a population of three million across nine local authorities, bringing together 10 CCGs, 11 NHS Trusts and 5 Universities. It is the only AHSN that has a programme focusing specifically on nutrition and reducing malnutrition in older people living in the community. The Nutrition in Older People programme aims to be a catalyst for the screening, prevention and treatment of malnutrition in older people.

**Work progress to date**

During the first two years of the Nutrition in Older People's programme, two major whole system projects were run implementing approaches where health and social care professionals carried out nutritional screening and individualised care planning in older people living within the community care setting.

1. Purbeck Pilot, Dorset.

From the outset, the programme created a new collaboration with pan Dorset health and social care organisations to provide the highest levels of good practice in nutritional care for adults, and following the launch of a Joint Nutritional Care Strategy for Adults in Dorset, May 2013 (htttp://www.dorsetforyou.com/nutritionalcare-strategy). Through this partnership, it has been possible to accelerate work that involved training health and social care staff in the community to provide nutritional screening and appropriate advice following care pathways.

During 2015-16 in the Purbeck Pilot in Dorset, 561 service users were screened by health and social care teams. In total 140 were found to be at risk of malnutrition (25% of those screened). Of these people at risk, 60 (43%) had a decreased MUST score resulting in an estimated potential total cost avoidance of £86,830. These individuals were unlikely to have been identified without the nutritional screening intervention being implemented as the majority of screenings to date have been done by teams who had not been screening or received any training in nutritional screening pre intervention. There were 120 health and social care staff trained (92% of the total). Given the success in Purbeck, in February 2016 the initiative has been delivered in a second locality (Christchurch). To the end of May 2016 173 people living in Christchurch have been screened and 80 health and social care staff were trained.

2. Eastleigh Hampshire (Older People's Essential Nutrition (OPEN)) Project.

The OPEN project aimed to reduce the number of older people who were malnourished and evaluate their associated health and social care needs. Through the implementation of new locally agreed nutritional care pathways and raised awareness of the issues of malnutrition, 375 older people were screened (by community nurses, care home staff, social care and practice nurses). 190 staff were trained from health (n=48), social care (n=48), care home (n=50) and voluntary sector workers (n=44), representing over 80% of the health and social care workforce in the project area. Increased awareness of malnutrition was evident across all staff groups from analysis of pre- and post-session knowledge assessment. Of the 61 people screened more than once, 51% (n=31) had improved nutritional status reflected by decreased MUST score and/or increased weight. However the work revealed some of the key challenges including difficulty sharing information between teams and other clinical priorities and pressures taking a precedent.

Interestingly, there were only a small number of people screened by practice nurses. In an effort to explore current knowledge and practice about nutrition screening in older people among practice nurses, we delivered an online questionnaire based survey to 204 practice nurses in the West Hampshire CCG area. A total of 32 responses were received from the nurses, representing a 16% response rate. Although a small number of responses, the findings of the survey indicated that the majority of practice nurses (81%, n =26) were concerned about the issues of malnutrition and nearly 75% (n=22) felt that practice nurses

should be screening for malnutrition. The majority of practice nurses (87%, n=28) had not received any training on malnutrition or nutrition screening in the last 5 years and only 3 indicated that they were currently using the 'MUST' for nutrition screening. Lack of time, training and knowledge of action required following a raised 'MUST' score were highlighted as barriers to undertaking screening. These issues were raised at three follow-up practice nurse forums with 41 practice nurses attending across different locations to provide a more in-depth insight into the barriers to screening and how they could be overcome. Feedback comments received were consistent with the findings of the survey, but the issue around 'time' was related to the time needed to provide nutrition advice and support during assessment and follow up not around the time involved required for screening itself. Whilst the work is a measure of the use and attitudes towards nutrition screening across one region, there is opportunity to extend the work to other geographies. In addition this positive contribution by practice nurses will enable further work to implement and develop training to encourage screening and provide nutritional support to older people living in the community.

Overall the projects have demonstrated a positive impact on changing practice to screen for and support improved nutritional status. In addition they have provided learning on the disruptive nature of such innovations such as new tasks for some professionals and reaching new sections of the population as well as the potential barriers to implementation within care settings. These projects have highlighted the difficulties in reaching many of the older people at risk of undernutrition living in the community setting, and the importance of the social care and voluntary sectors in achieving this, in parallel with finding simpler methods for the initial identification of those who may be at risk.

Other initiatives to date include the development and launch of a malnutrition toolkit that develops capability, drawing on learning of evidence-based practice to improve nutritional care in the older person across Wessex and further afield. The tools were developed and tested using a multidisciplinary approach and include training and awareness materials (awareness leaflet and posters; training packs; hydration toolkit) and generic nutritional care pathways for community care settings. The programme has developed an evaluation framework to help support providers and staff with the evaluation of nutritional initiatives. This toolkit is suitable for any professional (health, social care, voluntary sector) planning and implementing service improvements around the identification and care of older people at risk of being undernourished in the community setting. The toolkit has been endorsed by the British Dietetic Association (BDA). All materials have been published on the Wessex AHSN website (http://wessexahsn.org.uk/programmes/9/nutrition).

The dissemination and spread of the work is a key aspect of the programme achieved through learning workshops across Wessex and including an annual conference, newsletters, attendance at local and national research conferences as part of encouraging the adoption of evidence based approaches to reducing malnutrition in older people.

## Moving forward 2016-18

The programme is now benefiting from the work on these early projects with spread across Dorset and multiple Hampshire-wide projects starting up. The programme plans to continue with a couple of key longer term projects within the health, social care, and voluntary arenas whilst sharing the evaluation of the projects completed in 2016/17. It will encourage the wider spread of activity in this arena across Wessex and nationally by working with national

groups and stakeholders (e.g. Age UK, Malnutrition Taskforce, other AHSNs). A research project (funded by the Burdett Trust for Nursing) will provide new evidence to demonstrate the benefits of implementing approaches for good nutritional care in the community setting for nurses achieved through collaborative working between the Wessex AHSN, universities and the NHS.

## Conclusion

The Nutrition in Older People programme has identified and evaluated solutions that will help to promote improved care of older people at risk of malnutrition through adoption and spread, whilst being mindful of other care needs and priorities. What is clear is that the implementation of such cultural change can take a significant time to influence local teams and individuals but ultimately has the potential to offer far reaching impact and benefit in terms of health and wellbeing and reduce the related costs and consequences of malnutrition.

## References


1. Brotherton A, Holdeway A Stroud M (2012) *Malnutrition in the UK, Appropriate Prescribing of Oral Nutritional Supplements*. https://www.abbottnutrition.co.uk/media/28825/malnutrition_in_the_uk.pdf (Accessed 15th September 2016)
2. Russel EA, Elia M. *Nutrition Screening Survey in the UK and Republic of Ireland in 2011*. Redditch: BAPEN; 2012
3. Francis R, *Report of the Mid Staffordshire NHS Foundation Trust Public HMSO Inquiry* Crown copyright; 2013
4. NHS England. *Guidance – Commissioning Excellent Nutrition and Hydration 2015 – 2018.* Leeds: NHS; 2015.
5. Brotherton A, Holdoway A, Mason P, McGregor I, Parsons B, Pryke R. Managing Adult Malnutrition in the Community http://malnutritionpathway.co.uk/downloads/Managing_Malnutrition.pdf (Accessed 15th September 2016)
6. NICE. *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. London: NICE; 2006. Available from: https://www.nice.org.uk/guidance/cg32/chapter/Introduction
7. National Institute for Clinical Excellence (NICE). *Nutrition Support in Adults QS24*. London: NICE; 2012. http://www.nice.org.uk/guidance/qs24/chapter/Quality-statement-1-Screening-for-the-risk-of-malnutrition (accessed 15th September 2016)
8. National Institute for Health and Care Excellence (NICE).*Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32*).
9. Care Quality Commission. *Time to listen in NHS hospitals. Dignity and nutrition inspection programme 2012*, Newcastle: Care Quality Commission;2013.
10. Care Quality Commission. *Time to listen in NHS care homes. Dignity and nutrition inspection programme 2012*, Newcastle: Care Quality Commission; 2013.
11. Parsons EL, Baldwin C, Fitzpatrick J, Knight A, Manthorpe J, Thomas J, Weekes E, Whelan K, Wilson R, Murrells T, Cassidy A, GriffithsPJ, Emery P

Designing a national clinical audit of nutritional care in health and social care settings: consideration and future directions. In: *The Annual Meeting of BAPEN with the Nutrition Society was held at Harrogate International Centre, Harrogate on 29–30 November 2011.* Proceedings of the Nutrition Society 1-10; 2013

12. Elia M, Wheatley C. *Nutritional Care and the Patient Voice. Are we being listened to?* Redditch: BAPEN; 2014
13. NHS England. *Guidance – Commissioning Excellent Nutrition and Hydration 2015 – 2018.* Leeds: NHS; 2015.