



Putting into practice

# Community Malnutrition

## Commissioning Guidance:- Barriers and opportunities

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# My background

- ▶ GP and trainer in Redditch
- ▶ Fellow NICE 2015-2018
- ▶ RCGP Clinical Advisor on Nutrition and chair of RCGP Nutrition Group
- ▶ Author *Weight Matters for Children* and *Weight Matters for Young People*, Radcliffe Publishing
- ▶ Author many e-learning sessions on obesity and malnutrition in children and adults
- ▶ Member of consensus panel that developed ***Managing Adult Malnutrition in the Community*** document and pathway

# Aims of session

Drivers of improved care

Holistic care

Explore perceptions around malnutrition in the community and amongst commissioners

Money



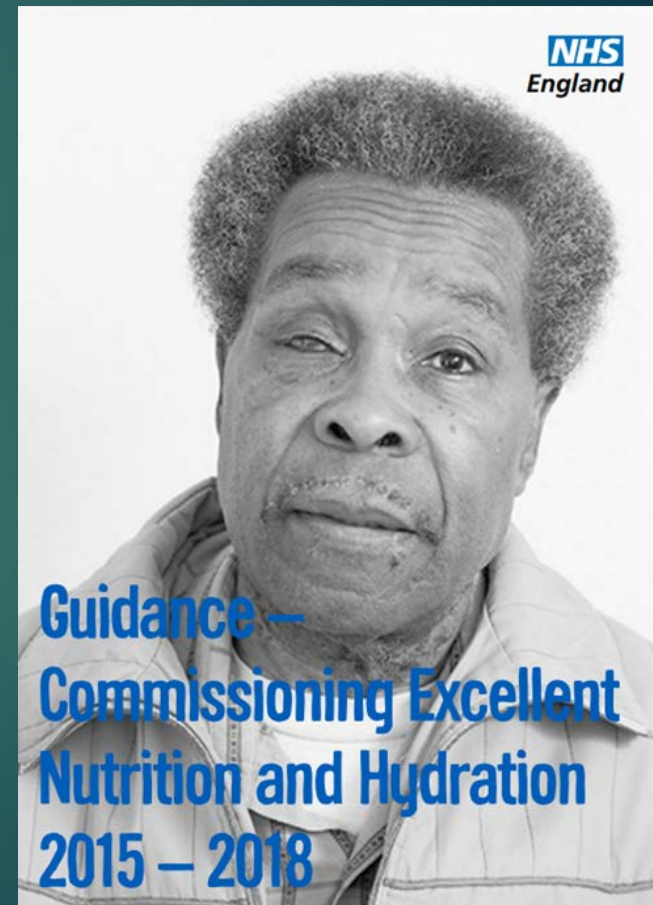


Drivers of improved care

# NHS England's commissioning guidance <sup>(1)</sup>

Based on NICE CG32 - *Nutrition Support in Adults Clinical Guidelines 2006*, (2) it addresses

- ▶ Why commissioners should make nutrition and hydration a priority
- ▶ How to tackle the problem
- ▶ How to assess the impact of commissioned services
- ▶ How commissioners have begun to tackle the problem via commissioning



# Opportunities (and challenges) to engage primary care

Primary care 'buzz words'

- ❖ Multimorbidity
- ❖ Admission prevention
- ❖ Frailty (4)

NICE Multimorbidity guideline – Sept 2016 (3) encourages holistic care

- ▶ Assess frailty and falls risk
- ▶ Identify high risk groups e.g. those prescribed over 10 medications
- ▶ Consider shared risk factors rather than each disease in isolation



Red flag: If not managing to eat sufficiently, a person may also be neglecting other basic aspects of health

# What is Frailty index? <sup>(4)</sup>

- ▶ GMS requirement since July 2017
- ▶ Routinely identify moderate and severe frailty in patients over 65
- ▶ Priority in 5YF – intention to reduce health inequalities.  
<https://www.nice.org.uk/guidance/ng16>
- ▶ Opportunity to organise care, target support and avoid crisis
- ▶ Focus on
  - ▶ falls risk;
  - ▶ clinical review;
  - ▶ address polypharmacy;
  - ▶ involve carers



# General Practice Forward View: 'Care Navigators' <sup>(5)</sup>



£45 million fund... towards training reception and clerical staff to undertake enhanced roles in active signposting outside the practice...

- ▶ Self-help and self-management resources
- ▶ Web and app-based portals: 41% of over 75s used internet in Jan- Mar 2017. Recent internet use among women over 75 almost trebled from 2011 <sup>(6)</sup>
- ▶ Receptionists acting as care navigators can ensure the patient sees the most appropriate professional

# Improving nutritional care: social prescribing



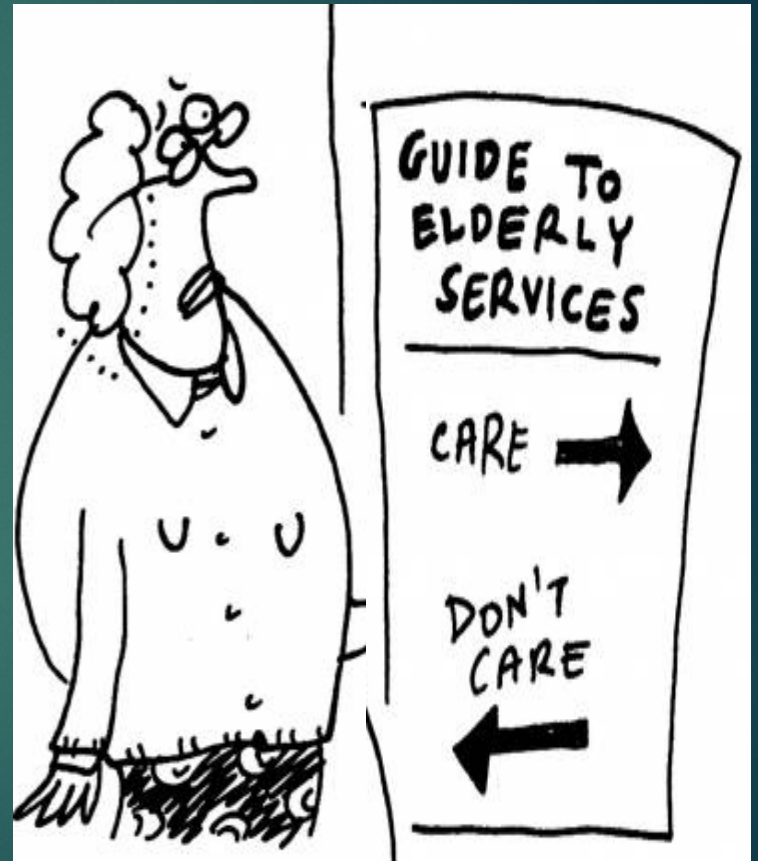
Where clear nutritional pathways exist they can be broadcast by other new players in the rapidly changing world of primary care :

- ▶ Practice-based pharmacists, physician associates as well as 'Care navigators' – now increasingly being employed in community
- ▶ Can signpost to cookery clubs, social support meetings, lunch clubs
- ▶ Physical activity interventions esp for elderly: - nutritional discussion is important part of preparing for being physically active

Holistic care

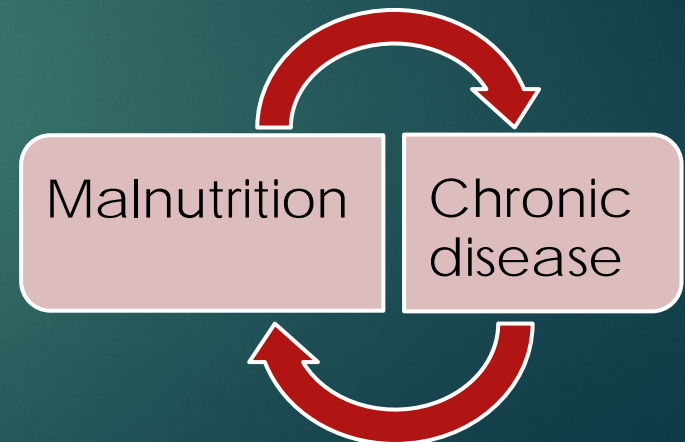
# Current attitudes in primary care

- ▶ Weight loss is well recognised as a red flag of active disease, e.g. cancer: We ask, we register, we investigate – but do we treat?
- ▶ Deficiency disconnect e.g. iron, B12, folate, vit D, are commonly viewed independently of a possible nutritional component
- ▶ Weight loss and malnutrition are accepted as normal parts of ageing (7)
- ▶ It remains unclear who is responsible for managing the social determinants of malnutrition



# Malnutrition and long term conditions: chicken and egg...

- ▶ Which comes first? Does chronic disease lead to malnutrition or does malnutrition lead to chronic disease? Educate staff around how they are interrelated, both can result in the other
- ▶ Addressing malnutrition benefits many long-term conditions e.g. chronic kidney and liver disease, COPD, arthritis, (8, 9)
- ▶ Diagnosis involves clinical judgment. No single blood test describes nutritional status
- ▶ Multiple micronutrient deficiencies are not uncommon



# Nutrition and hydration are uniquely inter-related

- ▶ The same patients risk both conditions
- ▶ The same patients benefit from simple interventions e.g.
  - ▶ Recognising risk
  - ▶ Assessing barriers to independence, e.g. continence problems that encourage patients to fluid restrict
  - ▶ Addressing those barriers, e.g. support at mealtimes, social support to help with food and fluids
- ▶ Addressing hydration protects renal health and reduces risk of acute kidney injury (2)



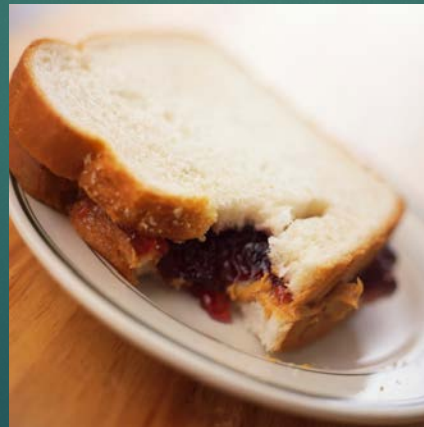
# 'Healthy eating' means different things to different people



Traffic light food labelling does not indicate who this information is targeted at.



Over-emphasis on low cholesterol risks malnourished patients choosing low fat, low calorie foods



Money!

# Where do costs arise from malnutrition?

- ▶ Poorer clinical outcomes <sup>(10)</sup>
  - ▶ Impaired immune system
  - ▶ Delayed wound healing
  - ▶ Reduced muscle strength/falls risk
- ▶ Increased healthcare use <sup>(11)</sup>
  - ▶ more GP visits (68.8% vs 59.3% with low risk malnutrition)
  - ▶ Increased admission and readmission rate
  - ▶ Longer hospital stay
- ▶ Costly to health economy

NICE CG32 - *Nutrition Support in Adults Clinical Guidelines 2006* shows substantial cost savings from identifying and treating malnutrition

CG32 is ranked in the top clinical guidelines shown to produce cost savings.

# Falls are particularly costly<sup>(12)</sup>

- ▶ Falls cost £115 per ambulance call out (13)
- ▶ 87% fractures in elderly due to falls
- ▶ Hip # accounts for 1 in 5 orthopaedic beds. Being unable to get up risks hypothermia and pressure sores
- ▶ Risks stem from environmental and medical reasons -
  - ▶ Reduced strength, balance and gait
  - ▶ Decline in vision
  - ▶ Mental health problems
  - ▶ Polypharmacy
  - ▶ Deficiencies in the diet
- ▶ Sarcopenia – loss of muscle mass is major underlying factor and may be masked by co-existing obesity



# ONS prescribing goals in community <sup>(14, 15)</sup>

- ▶ Consider ONS prescribing for high risk patients especially if disease-related or prior to surgery
- ▶ Be aware of high energy requirements – e.g. increased physical activity during rehabilitation programmes
- ▶ Agree goals with patient and or carer E.g. Improve weight, function, quality of life (e.g. strength), reduce risk of exacerbations, falls, admission
- ▶ Plan review to ensure appropriate prescribing – including when to start and stop ONS



Evidence demonstrates a range of clinical and health economic benefits<sup>14 15</sup>

# Summary points for primary care



Malnutrition is a risk factor across an array of conditions and multimorbidity

Assess hydration in addition to malnutrition

Use a validated screening tool – 'MUST'

Visit [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) for evidence based guidance

Follow your local malnutrition pathway re food fortification and prescribing

Malnutrition is not a normal part of ageing, but may be an accepted part of dying

Inquire, investigate AND treat malnutrition

# Resources

- ▶ For guidance on screening, (including use of 'Malnutrition Universal Screening Tool'), dietary advice and appropriate community prescribing of ONS [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)
- ▶ [CG32 Nutrition support in adults: quick reference guide](http://guidance.nice.org.uk/CG32/QuickRefGuide/pdf/English), 20 February 2006.  
<http://guidance.nice.org.uk/CG32/QuickRefGuide/pdf/English>
- ▶ RCGP Nutrition webpages - search on 'RCGP Nutrition' <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/nutrition.aspx>
- ▶ RCGP Obesity and malnutrition e-learning modules  
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