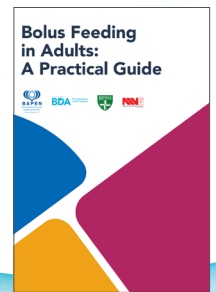
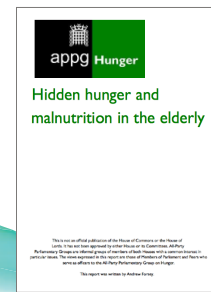


The Pathway

Making Malnutrition Matter

malnutritionpathway.co.uk



New Tools, Guidance and Reports

Note from the Editor

Managing Adult Malnutrition in the Community: new updated document & supporting materials now available

The updated version of the Managing Adult Malnutrition in the Community document and supporting information is now available free to healthcare professionals via the www.malnutritionpathway.co.uk website.

I am delighted to announce in this issue of the Pathway that the updated Managing Adult Malnutrition in the Community resources are now available via www.malnutritionpathway.co.uk. The panel have been working hard to update the document which we first launched in 2012 and have liaised closely with all key stakeholders involved in the care of patients with malnutrition in the community to ensure the documents are relevant to all healthcare professionals working in the community. In addition to endorsement from a number of key professional organisations we have also ensured that the information is in line with NICE guidance and are delighted to have received a NICE endorsement statement for the document (see article on pages 1 and 2 for more information).

The document and pathways and supporting materials have, I believe, done a lot to raise awareness of the major issue we face in our communities to tackle malnutrition but we have a lot more work to do. At this year's BAPEN conference predictions for the cost of malnutrition across the UK were given for the next 25 years and we could be looking over a staggering £70 billion - further information can be found in the BAPEN conference review on page 5.

I was fortunate to chair two sessions at this year's BAPEN conference focusing on how we can influence and work with other healthcare professional colleagues to further raise awareness in this area. I hope you find our summary of these sessions interest. The presentations sparked interesting discussions and a number of suggested actions to enable effective working with GPs and Commissioners to ensure we are delivering effective nutritional care in the community. We cannot achieve change unless we work closely with professionals across a range of fields and I hope this issue will give you some ideas of how you can implement activities that ensure you are giving the most effective treatment to patients.

Finally I would like to congratulate the team at Great Western Hospitals NHS Foundation Trust who are a winner of one of our Best Practice Awards (see page 2), their work in implementing the Managing Malnutrition in COPD pathway has shown how effective implementation of the pathway reduced malnutrition risk, hospital admissions and GP visits. We would love to hear more about projects that you have been involved in that have been successful in reducing the risk of malnutrition in your community.



Anne
Anne Holdoway BSc RD FBDA
 Registered Dietitian and Chair of the 'Managing Adult Malnutrition in the Community' panel'

The document has been endorsed by the following associations:

- British Association for Parenteral and Enteral Nutrition (BAPEN)
- British Dietetic Association (BDA)
- British Pharmaceutical Nutrition Group (BPNG)
- National Nurses Nutrition Group (NNG)
- Primary Care Pharmacists Association (PCPA)
- Primary Care Society for Gastroenterology (PCSG)
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal Pharmaceutical Society (RPS)
- The Patients Association

The document has also received the following NICE endorsement statement:

Managing Adult Malnutrition in the Community

This booklet supports the implementation of recommendations in the NICE guideline on nutrition support for adults (www.nice.org.uk/guidance/cg32).

It also supports statements 1, 2 and 5 in the NICE quality standard for nutrition support in adults (www.nice.org.uk/guidance/qs24).

National Institute for Health and Care Excellence, December 2017

A number of updated supporting documents are also available:



- 3 leaflets for patients and carers:
 - **Eating Well:** green leaflet for those at low risk of malnutrition. This leaflet gives patients advice on how to eat well and keep as healthy as possible

(continued on page 2)

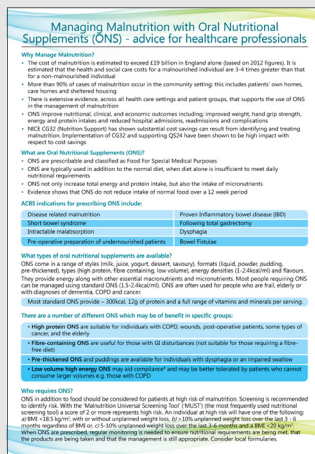
Managing Adult Malnutrition in the Community: new updated document & supporting materials now available

Continued from front page

- **Your Guide to Making the Most of Your Food:** yellow leaflet for those at medium risk of malnutrition. This leaflet provides some simple ideas for patients on how they can get the most nutrition from the food they are eating

- **Nutrition Drinks (known as Oral Nutritional Supplements):** red leaflet for those at high risk of malnutrition. This leaflet outlines to patients why they have been prescribed oral nutritional supplements and offers them general advice on getting the most from their supplements, for example advice on cooking with supplements and storage

- Managing Malnutrition with Oral Nutritional Supplements (ONS) – advice for healthcare professionals – an A4 two sided leaflet which gives healthcare professionals an overview of malnutrition and provides a quick guide to the different type of ONS available and patient suitability as well as styles, flavours and formats available.



supplement twice daily and were followed up at 6 and 12 weeks. 'MUST' score, health care use, health rating and COPD assessment test (CAT) score, over the 12 weeks before and after implementation, were recorded. Compliance with the oral nutritional supplement was assessed over the 12 weeks and patient satisfaction with the management of their malnutrition was measured at the end of the project.

Implementation of the pathway led to a significant reduction in malnutrition risk (based on 'MUST' score) and significant improvement in CAT and mean health rating. The patients' health care use reduced across the board; including a 50% reduction in hospital admissions and a 20% reduction in GP visits. Patient satisfaction with the management of their malnutrition was very high (96%) as was their compliance with the low volume, high energy, high protein oral nutritional supplement (90%).

On the basis of these results and using average costs¹ as well as the cost of ONS² the team was able to estimate the cost savings of the project to the CCG. The results showed a total cost saving of £80.82 per patient which equated to a total saving of £1,535.58 over the 12 weeks.

"These figures demonstrate the cost savings on a small pilot study", says Natalie Kominek, Community Dietetic Team Leader at Great Western Hospitals NHS Foundation Trust.

"Whilst we recognise the limitations of such a small study, if we were to utilise CCG and prevalence data to estimate the number of adults with COPD and proportion of those likely to be malnourished within the CCG, we estimate that 676 adults with COPD in Swindon CCG may be malnourished or at risk of malnutrition and would benefit from appropriate management. Based on these prevalence figures, implementation of the pathway in all malnourished COPD patients could produce significant and sustainable cost savings for the CCG. With this in mind we are continuing to use the pathway with our COPD patients and have plans to expand its use across the whole community setting."

"This project is an excellent example of the work being carried out across the UK to tackle the issue of malnutrition in the community," says Anne Holdaway, Consultant Dietitian and Chair of the Managing Adult Malnutrition in the Community panel. "We hope by sharing this best practice other professionals will be encouraged to implement such projects in order to ensure that vulnerable individuals, who are at risk of malnutrition, are screened early and receive appropriate and timely nutritional care in the community."

For further information on the best practice award or if you have a project which shows how you have used the malnutrition pathway or the managing malnutrition in COPD pathway in practice visit www.malnutritionpathway.co.uk/best-practice-enquiry. Award winners receive a £500 grant towards attendance at an educational event or conference of their choice.

References

- Curtis, L. & Burns, A. (2015) Unit Costs of Health and Social Care 2015, Personal Social Services Research Unit, University of Kent, Canterbury.
- British National Formulary Online <https://bnf.nice.org.uk/borderline-substance/fortisip-compact-protein.html>

Best Practice Award Winner

Great Western Hospitals NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust has been given a best practice award for their work in implementing the 'Managing Malnutrition in COPD' (www.malnutritionpathway.co.uk/copd) guide to assess the nutritional status, well-being and health care use of malnourished patients with COPD in the community. The study found that implementation of the pathway can significantly reduce malnutrition risk and health care usage.

A project team consisting of the Community Dietetic Team Leader, Dietetic Assistant and Community Respiratory Nurse was formed to implement the Managing Malnutrition in COPD pathway, which was launched in 2016. The project aimed to evaluate the current nutritional management of malnourished COPD patients in the locality and assess whether this could be improved by implementing the pathway, while educating patients and healthcare professionals on the importance of nutrition in COPD and raising the profile of dietetics in this field.

The project was led by the department's dietetic assistant. Nineteen COPD patients identified to be at high risk of malnutrition were managed as per the 'Managing Malnutrition in COPD' guide; receiving dietary advice in the form of the 'Nutrition support in COPD' patient leaflet, as well as a low volume, high energy, high protein oral nutritional

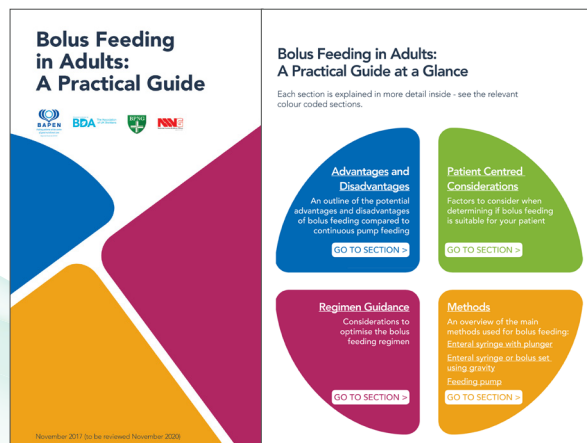
New Practical Guide to Bolus Feeding in Adults

Nutricia has assisted in the development and launch of a new practical and informative guide to bolus feeding. 'Bolus Feeding in Adults: A Practical Guide' brings together a wealth of experience from 15 healthcare professionals with expertise in enteral tube feeding including specialist dietitians working across a number of clinical areas, nutrition nurse specialists and a pharmacist with experience in nutrition.

The guide was developed in response to healthcare professional requests for further guidance in this area. The new resource aims to provide knowledge to those who are less familiar with the practice of bolus feeding and to further enhance the capabilities of those who require it. It has been endorsed by the National Nurses Nutrition Group (NNNG), British Dietetic Association (BDA), British Association of Parenteral and Enteral Nutrition (BAPEN) and British Pharmaceutical Nutrition Group (BPNG).

It is hoped this practical guide will empower healthcare professionals to review current policies and procedures in bolus feeding and support education of peers, patients and their carers on the practice of bolus feeding. The guide is aimed at all healthcare professionals involved in the enteral feeding of patients.

Free copies of 'Bolus Feeding in Adults: A Practical Guide' can be downloaded via www.bolusfeeding.co.uk Printed copies are also available free via the Nutricia Resource Centre - resourcecentre@nutricia.com.



"This is a really useful guide for nurses and other professionals involved in bolus feeding adult patients" says Liz Anderson, Chair of the NNNG and one of the nutrition nurse specialists involved in the development of the guide. "Bolus feeding can be very advantageous for some patients giving them greater flexibility and independence, however it does not suit all patients. This guide aims to assist healthcare professionals in taking a patient-centred approach to making the decision to bolus feed or not. It also gives useful advice on the different methods that can be used to bolus feed."

"Bolus feeding is one of only two primary feeding method choices we have available in enteral feeding" says Sean White, Home Enteral Feed Dietitian at Sheffield Teaching Hospital NHS Foundation Trust and one of the contributors to the guide. "The method of administering enteral feed can impact on a patient's clinical state, their care needs and patient experience. In clinical practice bolus feeding is being used more frequently however, until this guide became available, there has been a lack of best practice guidance for dietitians and the wider MDT, describing the relevant issues that need to be considered when deciding what the most appropriate feeding method may be for an individual's situation."

Word on Health

Listen to Anne Holdoway talk about the issue of malnutrition in the community on the Word on Health radio show:

<http://www.wordonhealth.com/on-air-articles.php?id=481>

Word on Health is a weekly radio series that aims to spotlight health related issues, via a network of 91 not-for profit, professionally run, volunteer led, licensed community radio stations which reaches well over 6.5 million people every week.

APPG inquiry into food hunger and poverty

In February 2014 the All Party Parliamentary Group (APPG) on Hunger announced that it was commissioning a Parliamentary Inquiry into hunger and food poverty in Britain. The Managing Adult Malnutrition in the Community panel contributed information towards the enquiry. The subsequent report 'Hidden Hunger and Malnutrition in the Elderly' was launched in January 2018 and includes many points highlighted by the panel.

The report highlights the fact that malnourished individuals are more vulnerable to accidents and ill health, and take longer to heal and encourages the Government to tackle malnutrition in the growing elderly population, to save the NHS and social care over £15bn a year.

One of the recommendations in the APPG report, is a call for screening tools, such as 'MUST', to be used at all levels of care to allow carers to more effectively identify and treat older people who are suffering from malnutrition.

A full copy of the report can be found at

www.frankfield.co.uk/upload/docs/Hidden%20hunger%20and%20malnutrition%20in%20the%20elderly.pdf

ESPEN conference – 9 - 12 September 2017

In September 2017 the 39th ESPEN congress took place over 4 days in The Hague. The event was attended by over 3,000 healthcare professionals and academics, with an interest in clinical nutrition and metabolism, who came together to share and discuss cutting edge research and best practice from around the world.

The congress offered a vast array of scientific and education sessions, with more than 400 abstracts presented over the 4 days, hot topics included:

- The role of protein
- Malnutrition in older patients and the ageing population
- Nutritional support/intervention in wounds, pressure ulcers, respiratory disease, oncology

Other areas of interest included:

Nutritional Rehabilitation in Chronic Obstructive Pulmonary Disease (COPD) Patients with Muscle Atrophy (Nutrain)

Martijn Van Beers

COPD patients with muscular atrophy were randomised to receive either: high intensity (HI) exercise plus oral nutritional supplements (ONS) enriched with vitamin D, leucine and omega-3 (n=42) or HI exercise plus placebo (n=39) for 4 months. Initial results showed nutritional supplementation had an additional effect on nutritional status, inspiratory muscle strength, and physical activity level.

Nutritional Counselling with or without Systematic Use of Oral Nutritional Supplements in Head and Neck Cancer Patients Undergoing Radiotherapy

E. Cereda, Italy

Patients were randomised to receive either dietary counselling or dietary counselling + ONS for 12 weeks. The ONS group maintained weight better, showed a trend towards increased muscle strength and increased quality of life and were more likely to complete treatment.

Taste and Food Intake in Older Adults

E. Doets, The Netherlands

This session presented results from a taste panel of 700 older adults in the Netherlands, which found that:

- Hyposomic older adults preferred protein enriched products
- Both normo and hyposomic adults liked products more when given information on how/why they were good for them
- Of all protein enriched drinks offered, those that were sweeter and thicker were preferred
- Packaging has a big impact on liking score e.g. ease of opening
- Multi-sensory factors – improving taste alone had no significant effect on liking, whereas improving taste together with texture did

Ketogenic Diet for Cancer Patients

N. Erickson, Germany

This comprehensive systematic review included 15 clinical studies to examine the effect of isocaloric ketogenic diet dietary regimes on tumour development and progression as well as reduction in side effects of cancer therapy. The review concluded that “more robust

and consistent clinical evidence is necessary before the ketogenic diet can be recommended for any single cancer diagnosis or as an adjunct therapy”.

Posters of interest included:

GP Trial Abstract - Oral Communication

Initial results from the University Hospital Southampton (UHS) led ‘GP Trial’ were presented by Dr Trevor Smith, Consultant Gastroenterologist at the Trust and chief investigator for the trial. The study found that the use of low volume, energy dense ONS improved total nutritional intake with little suppression of food intake in malnourished free living older people.

The second abstract from the trial highlighted the impact on micronutrient intake, a salient issue when assessing the efficacy of various nutrition support measures. The trial demonstrated that total micronutrient intake was significantly higher in the ONS group compared to the dietary advice group. Total intake in the ONS group exceeded that of the dietary advice group by $40 \pm 5\%$ overall and over 12wks, 86% of micronutrients met European Food Safety Authority (EFSA) values in the ONS group compared to 43% in the dietary advice group).

New high protein and high energy oral nutritional supplement for compliance and tolerance in elderly care

C. Koch et al, Germany

A high energy, high protein ONS delivered in a small volume was well tolerated and accepted in by elderly patients in residential homes, with excellent compliance.

Effects of oral nutrition support on quality of life in cachectic pancreatic cancer patients

A. Coker et al

ONS after primary treatment of pancreas cancer had positive impact on patients’ overall quality of life and its components or on main symptoms.

Optimal Nutritional Care for All (ONCA)

The Optimal Nutritional Care for All (ONCA) campaign is a multi-stakeholder initiative to facilitate greater screening for risk of disease-related malnutrition/ undernutrition and nutritional care implementation across Europe.

The campaign is powered by the European Nutrition for Health Alliance. Members of the executive team presented progress to date at ESPEN 2017 and encouraged delegates in the audience engaged in activities to achieve good nutritional care, to promote and share their work through this International network. See link for further details: [‘How to submit Good Practices’](#).

BAPEN conference – 21 - 22 November 2017

The BAPEN 2017 Malnutrition Matters Conference focused on providing quality nutritional care. There was a wide range of excellent presentations and discussions over the two days.

Launch of new 5 year strategic plan

BAPEN announced the launch of its vision and aims for the next five years developed following a BAPEN Think Tank which was held in June 2017.

A copy of the 5 year strategic plan 2018-2023 can be downloaded via <http://www.bapen.org.uk/images/pdfs/bapen-5-year-strategy-2018-23.pdf>

BAPEN Nutritional Care Tool Report

Dr Ailsa Brotherton, formerly BAPEN Quality Group Chair, reported on the successes of the BAPEN nutritional care tool which was launched in 2016.

The tool has been designed to enable organisations to easily monitor the level of screening for malnutrition and to ease the process for organisations to capture and evaluate the effectiveness of nutritional care provided along with the patient experience.

The tool includes:

- Process measures; screening and care planning
- Outcome measures – weight loss (trackable over time for the duration of admission)
- Patient experience measures of nutritional care received

The tool is voluntary and is free to all NHS and social care organisations. Completion takes under 5 minutes per individual. Key data is instantly available to frontline teams to monitor care and identify areas for improvement.

There are now 70 organisations registered to use the BAPEN Nutritional Care tool. The majority of organisations are in the NHS Acute sector, but there is representation from nursing and residential homes, and community organisations. In total 7,744 patients were surveyed for the report, 37% of these were identified as at risk of malnutrition.

77% of the organisations reported that they have a nutrition steering committee and 73% have a nutrition support team. 57% were employing specialist nutrition nurse(s) - this equated to 2.93 specialist nutrition nurses per 1,000 available beds for all organisations registered to use the tool.

97% of organisations were undertaking regular audits of nutritional screening, 51% undertaking regular audits of nutrition care plans, but only 27% were tracking nutrition outcomes.

The report concludes that there is a need to work together to ensure each acute trust is registered in order that powerful data can be generated to demonstrate the levels of improvement in leading organisations and the levels of improvement required.

National nutritional care data collection weeks scheduled in 2018 are as follows:

- Week commencing 12th March 2018 (Nutrition and Hydration week)
- Week Commencing 11th June 2018
- Week commencing 10th September 2018

A full copy of the report can be downloaded from:

www.bapen.org.uk/images/pdfs/nutritional-care-tool/bapen-nutritional-care-tool-report-2017.pdf

A five step guide to registering for the care tool can be found at www.bapen.org.uk/images/pdfs/nutritional-care-tool/bapen-5-steps-to-success.pdf

The Cost of Malnutrition – Predictions for the Next 25 Years

Mike Wallace, Strategic Affairs Director, Nutricia UK and Ireland, presented an interesting analysis of the total projected cost of malnutrition to the UK in the next 25 years, taking into account population changes and healthcare inflation of £71.1 billion.

The BAPEN/NIHR report 'The cost of malnutrition in England and potential cost savings from nutritional interventions'¹ produced an estimate for 2011/12 of the costs of disease related malnutrition to health and social care in England alone to be £19.6 billion.

Having applied inflation estimates for NHS Improvement² and detailed population estimates from the Office for National statistics³ plus an age based analysis to account for the different costs of malnutrition in younger, middle age and older groups, he projected costs for 2016 for the entire UK of £28.6 billion, potentially rising to £29.5 billion in 2017. Overall costs across the UK for 2016 were broken down as follows:

England	£23,951,747,888
Scotland	£2,397,045,773
Wales	£1,437,092,724
Northern Ireland	£763,430,950
TOTAL UK	£28,549,317,335

References

1. Elia M, on behalf of the Malnutrition Action Group (BAPEN) and the National Institute for Health Research Southampton Biomedical Research Centre. The cost of malnutrition in England and potential cost savings from nutritional interventions (full report). 2015. <http://www.bapen.org.uk/pdfs/economic-report-full.pdf>
2. Economic assumptions (Provider inflation) 2016/17 to 2020/21. NHS Improvement. <https://improvement.nhs.uk/resources/economic-assumptions-1617-to-2021>
3. Population Estimates for the UK, England and Wales, Scotland and Northern Ireland. Office of National Statistics.

Managing Malnutrition in the Community session – developing closer working with GPs

Every day, over 1 million people will be cared for by their GP surgery¹ including the frail elderly and those with long term conditions, making them key players in identifying malnutrition which can be developing insidiously.

The Managing Adult Malnutrition in the Community team ran a session at the BAPEN conference this year which brought GPs under the spotlight.

Following an introduction by Anne Holdoway to set the scene, Dr Elanor Hinton outlined current GP knowledge of malnutrition in patients with COPD. Dr Anita Nathan and Dr Rachel Pryke went on to provide the audience with insights as to how GP 's can play an effective role in delivering holistic care to their communities that includes the identification, treatment and prevention of malnutrition. Tips and hooks to get commissioners engaged were highlighted.

“With patients spending less than 7 days in hospital and 93% of the malnutrition existing in the community², it is vital that community healthcare professionals integrate nutritional care including malnutrition screening into practice” says Anne Holdoway, session chair and chair of the Managing Adult Malnutrition in the Community panel. “This session involved a lively panel and delegate discussion which looked at how we can work together to drive change and work more effectively with GPs and Commissioners to ensure timely nutritional care is achieved in primary care settings.”

A host of suggested actions to enable effective working with GPs and commissioners to ensure timely nutritional care is achieved in primary care settings including:

- Sharing and implementing the malnutrition pathway (<http://www.malnutritionpathway.co.uk>)
- Ensuring clear discharge summaries are available to GPs (see <http://www.malnutritionpathway.co.uk/health-resources> for useful discharge resources)
- Encouraging great use of validated screening tools such as 'MUST'
- Raising awareness that malnutrition is not a normal part of ageing
- Making malnutrition a CCG priority
- Focusing on primary care 'buzz words' when talking to GPs about malnutrition – 'multi-morbidity, admission prevention, frailty'
- Raising awareness of 'red flag' situations – for example if a patient is not managing to eat sufficiently he/she may also be neglecting other basic aspects of health
- Focusing on the NICE multimorbidity guideline³ which encourages holistic care including assessing frailty and falls risk, identifying high risk groups e.g. those prescribed over 10 medications and the consideration of shared risk factors rather than each disease in isolation

References

1. RCGP. Six Steps for Safer Practice. 2017
2. Elia M and Russell CA. Combating Malnutrition: Recommendations for Action. Report from the advisory group on malnutrition, led by BAPEN. 2009.
3. NICE Multimorbidity guideline: clinical assessment and management NG56 Published: September 2016
<https://www.nice.org.uk/guidance/ng56>

Nutrition and Hydration Week 12-18 March 2018

This year's Nutrition and Hydration Week will run from the 12th to the 18th March. Swallowing Awareness Day also falls during that week (14th March) giving another opportunity for Dietetics and Speech & Language Therapists to promote the importance of eating and drinking during the week.

In addition to the awareness week a number of focus days will also be running throughout 2018:

- Thirsty Thursday - 14th June - Leading up to the warmer days and the requirement for a reminder on the need to properly hydrate
- Fruity Friday - 21st September - All things bright and beautiful, its harvest time for a lot of British produce apples, pears berries etc.
- Tasty Suppers - 27th November - A reminder for hearty nutrition in the winter months including warm cosy hot milky drinks

For more information on Nutrition and Hydration Week see www.nutritionandhydrationweek.co.uk or follow on twitter @NHWeek

Further information on Swallowing Awareness Day can be found at

www.givingvoiceuk.org/swallowing-awareness-day

Appropriate Management Of Disease Related Malnutrition In GP Practices Improves Nutritional Status & Reduces Healthcare Use, With Potential Cost Savings

A recent project carried out by Gloucestershire Hospitals NHS Foundation Trust, involving 163 patients across 5 local GP practices has found that implementing appropriate nutrition support as per the Managing Adult Malnutrition in the Community guidance document, in older malnourished patients in the community has led to significant improvements in nutritional status, reductions in malnutrition risk and reductions in healthcare use, with an overall cost saving in a 6 month period.

Over the 6 month project, the costs associated with implementation of the pathway (oral nutritional supplements and healthcare professional time) were more than offset by the reduction in health care costs, with an overall cost saving of nearly £400 per patient in 6 months.

This project also highlighted that malnutrition is often undetected in GP practice and that older malnourished people use significantly more healthcare resources (and therefore cost more) than their non-malnourished counterparts, so managing them appropriately is paramount.

Malnutrition Taskforce State of the Nation report

A new report from the Malnutrition Task Force highlights the scale of malnutrition in later life in the UK. The 'State of the Nation' report highlights that services across the UK need to adapt to the scale of the challenge around malnutrition in later life and be aware that many older people who are at risk of losing weight often live on their own and are not in contact with formal services.

Research shows that 1 in 10 people over the age of 65 are malnourished or 'at risk' of malnutrition. This silent and often hidden condition can seriously affect an older person's independence, health and wellbeing and increase hospital admissions and long-term health problems.

Age UK and the Malnutrition Task Force are calling on community health practitioners such as pharmacists, GPs, dentists and other health providers who often come into contact with older people, to be on the lookout for signs and symptoms that a person is malnourished or might be at risk of becoming so over time.

Lesley Carter, Age UK's Malnutrition Taskforce lead said: "Malnutrition, in many cases, develops into a vicious circle. Someone who becomes malnourished will be at greater risk of ill-health and injury, which in turn may make it more difficult to eat well. There are still gaps, mainly in public awareness and professional training, but the building blocks are there to create better nutrition for all older people and to make the standards and availability of care universal. Preventing and treating malnutrition relies on increasing public awareness and professional training alongside an integrated system of health and social care, together with support for older people, their carers and families."

"There are wider economic costs caused by malnutrition in later life which could be avoided if health professionals identified the people most at risk early on" continues Lesley. "It might be that an older person simply needs some support and advice to encourage them to eat a healthy and balanced diet or a referral to dietetic services which could provide them with additional help if their health was suffering as a result. If the way in which we address malnutrition does not change, we can only expect the situation to worsen for the older people at risk and those who care for them."

Training of all health and social care staff, particularly GP's, is critical in developing measures to tackle malnutrition in the community effectively. The Malnutrition Taskforce is encouraging professionals to look at the e-learning modules in place through the Royal College of GPs (www.rcgp.org.uk) and also to utilise the Managing Adult Malnutrition in the Community materials www.malnutritionpathway.co.uk

A copy of 'The State of the Nation Report' can be accessed via

www.malnutritiontaskforce.org.uk/?s=state+of+the+natio+n+report

PENG launches new pocket guide

At this year's conference PENG announced that they will be launching a new Pocket Guide to Clinical Nutrition which will be available to PENG members in Spring 2018. The new edition includes a new comprehensive systematic review of evidence to support the estimation of nutritional requirements in clinical practice. All those who are PENG members in 2017/18 membership year will receive a complimentary copy. If you are a dietitian and not yet a PENG member join up to take advantage of this great offer. Visit www.peng.org.uk for further information on the group and its activities.

The Healthcare Environment is Changing - What is Your Role?

This BAPEN session updated healthcare professionals on the current healthcare and prescribing environment and how changes underway will influence who we need to engage with (Sustainability and Transformation Partnerships, CCGs and Local Authorities, providers of NHS and social care and GP Federations) to raise awareness of the issues and costs associated with malnutrition and the resourcing of services to deliver optimal nutritional care across care settings.

Judy Willits, Healthcare Consultant from Hertfordshire focused on the future healthcare environment, changes underway and who we need to engage with to ensure our professional voice is heard. Practical hints and tips on creating compelling cases to influence decision makers were highlighted.

Philip Graves, Consumer Behaviour Psychologist from Cambridge gave a practical guide to influencing stakeholders including tips on starting small, the use of case histories to bring life to your business case, when to pick the right moment to present ideas, how to frame numbers and how to social proof your argument to achieve leverage.

Thanks to Abbott for sponsoring this informative symposium.