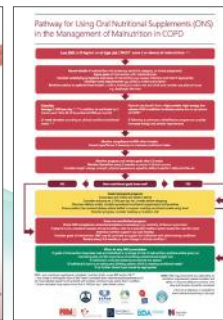


The Pathway

Making Malnutrition Matter

malnutritionpathway.co.uk

Summer/Autumn 2020



New resources from the Malnutrition Pathway

COVID-19 Resources

The Malnutrition Pathway team has created and launched guidance and resources to assist healthcare professionals address nutritional issues of patients with COVID-19 who they may be supporting in the community - www.malnutritionpathway.co.uk/covid19-community-hcp

Note from the Editor

Not surprisingly, it's been a while since our last newsletter. Events over recent months have meant that many of our normal activities were put on hold so that we could work on developing resources to support those who have COVID-19 illness or who are recovering after the illness. Working with the British Dietetic Association (BDA), the British Association for Parenteral and Enteral Nutrition (BAPEN) and the Royal College of Nursing (RCN), the Malnutrition Pathway team has developed healthcare professional guidance along with a range of information leaflets for patients with and recovering from COVID-19, more details on which you can find on pages 1 and 2 of this newsletter.

I would like to particularly express my thanks to the team of experts who have assisted in developing the COVID-19 nutritional materials under such extraordinary and difficult circumstances, and for a disease where our knowledge of symptoms and effects were developing rapidly. Hilary Franklin and I had the privilege of working with a truly inspirational team who are dedicated to the care of patients and we could not have got this guidance out so quickly without their contributions. We will be reviewing the guidance as time progresses to ensure that we are offering the best advice for this patient group.

We are keen to get any feedback from professionals who have been using the new resources so do email us at malnutritionpathway@franklincoms.co.uk if you have any comments on the materials or information/advice that you would like to share with us.

Earlier this year we also launched a fully updated and revised version of the 'Managing Malnutrition in COPD' guidance. We are delighted that the updated guidance and complementary patient materials have been endorsed by ten professional and patient organisations. Although it takes considerable collaboration and drive to gain consensus and approval from the relevant professionals involved, professional organisations and patient associations, the end result is always worth it. I think one of the key things for us has always been to ensure that we engage and involve members of the multidisciplinary team of professionals across the healthcare spectrum in order that our educational materials are suitable for all and we are pleased that, once again, this is reflected in the breadth of the organisations endorsing the materials.

In light of the situation regarding COVID-19, recent educational events we were due to present at during 2020 have, understandably, been cancelled or postponed. Some have moved online bringing new challenges and fresh rewards – details of some of our online events can be found later in the newsletter.

I would like to take this opportunity to express gratitude to all those who continue to provide essential care to the elderly and vulnerable members of the population at this difficult time. Keep well and keep safe and in the meantime we hope you enjoy reading this latest pathway newsletter which contains updates on a range of our activities.



Anne

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



malnutritionpathway.co.uk/covid19-community-hcp

The 'Community Healthcare Professional Guide to the Nutritional Management of Patients During and After COVID-19 Illness' includes a care pathway which guides professionals to appropriate patient/carer leaflets according to the patient's nutritional status, dietary intake and symptoms related

to the COVID-19 infection - www.malnutritionpathway.co.uk/covid19

The new healthcare professional guidance and patient materials have been endorsed by the British Dietetic Association (BDA), the Royal College of Nursing (RCN) and the British Association for Parenteral and Enteral Nutrition (BAPEN).



A guide for care homes has also been developed. This gives advice for care home staff on assisting residents whose appetite and dietary intake have been affected during and after COVID-19 infection – www.malnutritionpathway.co.uk/library/carehome_nutrition_covid19.pdf

The bespoke COVID-19

materials highlight the importance of providing good nutritional care during this pandemic including suggestions for assessing and identifying nutritional issues when conducting remote consultations. They incorporate

Article continues on page two >

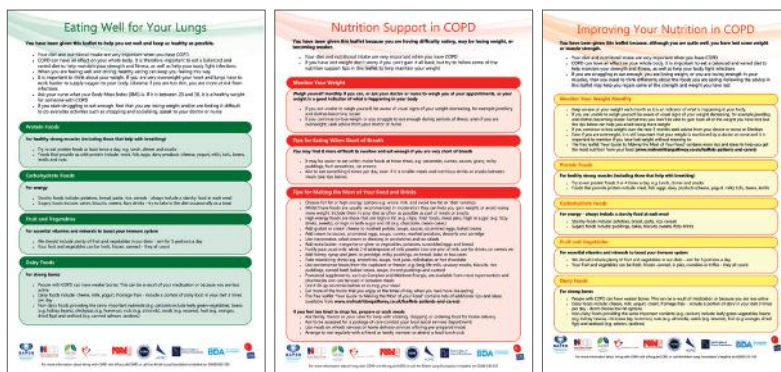
Updated 'Managing Malnutrition in COPD' resources

The 'Managing Malnutrition in COPD' multi-professional panel has fully updated and revised the guidance for healthcare professionals and the supporting patient information leaflets. It is hoped that the updated document, incorporating the latest clinical evidence and based on best practice, with involvement from those with clinical experience at a national and international level, will raise awareness amongst the multi-disciplinary team of the value of incorporating nutrition screening and nutritional care into management pathways for patients with COPD.

Released in January 2020, the new version includes guidance from NICE NG115 Chronic obstructive pulmonary disease in over 16s: diagnosis and management¹ and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) strategy². It also incorporates the latest guidance on energy and protein requirements for patients with COPD³⁻⁵, advice on nutritional interventions and the role of nutrition in pulmonary rehabilitation programmes which have been found to be associated with improved patient outcomes^{1,6-9}.

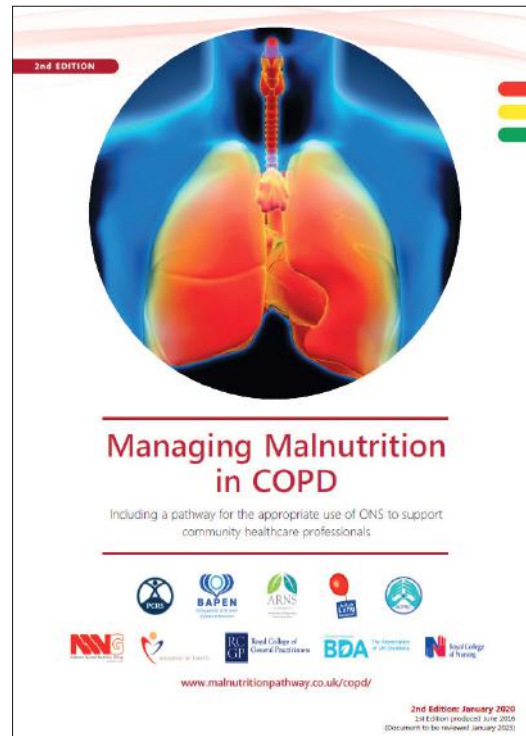
Patient leaflets

The guidance is accompanied by three colour-coded patient leaflets detailing dietary advice, according to malnutrition risk and the physical issues that arise as a result of the medical condition and infective exacerbations.



The leaflets contain tips on coping with common diet-related issues associated with COPD including dry mouth, taste changes and shortness of breath. In addition, the red (high risk) leaflet includes advice for patients on the use and integration of oral nutritional supplements into the day. The three leaflets are:

- Green Leaflet – 'Eating Well for Your Lungs' – for patients at low risk of malnutrition
- Yellow Leaflet – 'Improving Your Nutrition in COPD' – for patients at medium risk of malnutrition
- Red Leaflet – 'Nutrition Support in COPD' – for patients at high risk of malnutrition



'Managing Malnutrition in COPD' and the complementary patient leaflets have been developed by a multi-professional panel, with expertise and an interest in malnutrition and COPD. The guidance is endorsed by ten key professional and patient organisations:

- The Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- The Association of Respiratory Nurse Specialists (ARNS)
- The British Association For Parenteral And Enteral Nutrition (BAPEN)
- The British Dietetic Association (BDA)
- The British Lung Foundation (BLF)
- Education for Health
- The National Nurses Nutrition Group (NNGG)
- The Primary Care Respiratory Society (PCRS)
- The Royal College Of General Practitioners (RCGP)
- The Royal College Of Nursing (RCN)

Linking of resources to the priorities of the NHS Long Term Plan, the guidance was also reviewed by NICE and includes the following NICE endorsement statement:

This guide (www.malnutritionpathway.co.uk/copd) accurately reflects some of the recommendations on malnutrition in the NICE guidelines on nutrition support in adults and chronic obstructive pulmonary disease in over 16s.

It also supports statements 1,3 and 5 in the NICE quality standard for nutrition support in adults.

This resource is intended for use with adults and not children.

National Institute for Health and Care Excellence. Renewed, December 2019

The comments below capture the positive response from the professional organisations to the updated guidance:

“I think GPs are becoming aware of the role that good nutrition plays in achieving better disease outcomes, but it is not routinely seen as a priority to incorporate nutrition into treatment plans. With growing numbers of elderly patients and those with multi-morbidities, we are going to see a larger group of malnourished patients in our surgeries. We therefore need to work more closely with our dietetic colleagues to ensure nutrition screening and monitoring is integrated into current pathways of care, particularly targeting high risk groups, such as patients with COPD. I hope that these guidelines will assist GPs and other members of the primary care team to facilitate better care for our patients.”

Dr Anita Nathan, GP Panel member and Member of the GPs Interested in Nutrition Group

“ARNS has been delighted to be involved with the development and update of these guidelines. The first edition of the guidelines and the complimentary patient leaflets, published in 2016, have been taken up widely by respiratory nurses across the UK and I hope they will find the updates in the guidance of assistance. By engaging with the multi-professional team in identifying and treating malnutrition we can offer continuity of nutritional care for patients leading to better outcomes and quality of life for patients.”

Joanne King, Consultant Respiratory Nurse and panel representative for the Association of Respiratory Nurse Specialists (ARNS)

“Pulmonary rehabilitation plays a key role in the management of individuals with COPD and research suggests that if we can incorporate nutrition intervention alongside exercise programmes we get improved patient outcomes. It is important that we work closely with our dietetic colleagues and the multi-professional team to identify and treat malnutrition to ensure a better quality of life for patients. I hope this guidance will assist physiotherapists in giving appropriate dietary information to support the effectiveness of exercise programmes in patients who are malnourished.”

Sally King, Respiratory Specialist Physiotherapist and PCRS representative on the 'Managing Malnutrition in COPD' panel

“Patients with COPD are particularly susceptible to loss of muscle mass. In many cases dietary advice and nutritional interventions are paramount and necessary to ensure loss of weight and muscle mass are minimised particularly when patients have an acute exacerbation. By working closely with the multi-professional team, we can make sure that patients at risk of malnutrition are identified and that an appropriate nutritional care plan is put in place whilst ensuring that those who require a more detailed dietetic assessment are referred on to the Dietitian. I hope that these guidelines will raise awareness of the importance of nutritional interventions in patients with COPD and assist healthcare professionals in incorporating nutrition screening and management advice into the care pathway of patients with COPD.”

Dr Peter Collins, Registered Dietitian, panel member and Senior Lecturer in Nutrition & Dietetics

NB: Production of the 'Managing Malnutrition in COPD' materials was made possible by an unrestricted educational grant from Nutricia Advanced Medical Nutrition.

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Update on activities relating to malnutrition

New practical guidance for using 'MUST' to identify malnutrition during the COVID-19 pandemic

In light of the fact that during the COVID-19 pandemic, healthcare professionals have had to radically change their way of working, in many cases moving to remote consultations, the British Association for Parenteral and Enteral Nutrition's (BAPEN) Malnutrition Action Group (MAG) developed new guidance to assist in identifying those at risk of malnutrition.

Identifying the risk of malnutrition usually relies on recording current weight, previous weight and height, to calculate body mass index (BMI) (step 1 of 'MUST') and percentage unintentional weight loss (step 2 of 'MUST'). For people in the community during the COVID-19 pandemic, if physical measures are not possible it is recommended:

1. To use patient reported values of current weight, height, and previous weight to calculate Step 1 and Step 2 of 'MUST'
2. Where it is not possible to obtain physical or self-reported measures of weight or height, a series of subjective criteria can be used to form a clinical impression of an individual's malnutrition risk category (see subjective criteria table below):

Subjective Criteria

BMI

- **Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can be noted**
 - **Unplanned weight loss (particularly relevant in patients with COVID-19)**
 - **Clothes and / or jewellery have become loose fitting**
 - **History of decreased food intake, reduced appetite and/or dysphagia (swallowing problems) over 3-6 months, underlying disease or psycho-social/physical disabilities likely to cause weight loss**
 - **COVID-19 infection is very likely to cause unplanned weight loss if food intake is reduced by the effects of the disease and its management e.g. anorexia, breathlessness, impact of management options (sedation, continuous positive airway pressure (CPAP)/non-invasive ventilation (NIV), changes to taste and smell, psychological factors (e.g. anxiety), social restrictions**
 - **Acute disease**
 - **If a patient is acutely ill with COVID-19 and is likely to have no nutritional intake for more than 5 days or has had no nutritional intake for more than 5 days.**
- The combination of subjective criteria can then be used to estimate a malnutrition risk category (low, medium or high).**

Further information can be found at <https://www.bapen.org.uk/pdfs/covid-19/covid-mag-update-may-2020.pdf>

Primary Care Pharmacists Malnutrition Month – July 2020



During July the Malnutrition Pathway teamed up with the Primary Care Pharmacists Association (PCPA) to promote their Malnutrition Month.

A number of activities took place throughout the month looking at the role played by Primary Care Pharmacists in identifying and managing malnutrition in patients and working in partnership with their dietetic colleagues.

Sam Cudby, Practice Pharmacist and Anne Holdaway, Consultant Dietitian were joined by PCPA Chair Dr Graham Stretch for two podcast sessions where they discussed the nutritional issues experienced by frail and older people with long-term conditions and illness, and how nutritional care can aid recovery from infections and improve outcomes.

Through case-based discussions, Sam, Anne and Graham demonstrated how nutrition can be integrated into the practice pharmacist assessment and how multi-disciplinary working in this field can positively influence patient-centred outcomes. Copies of the podcasts are free to download from <https://pcpa.org.uk/spotlight.html#MalnutritionPodcastPart2>

An article written by Sam Cudby and Anne Holdaway, focusing on how Primary Care Pharmacists can work with Dietitians to tackle malnutrition and enhance patient care, was written as part of the month's activities and can be found at www.malnutritionpathway.co.uk/pharm_1.pdf

Nutrition2me.com

Complete Nutrition Magazines have updated their website and are now including a selection of articles that have been made free-to-view, thanks to the support of companies active within the nutrition arena



<https://nutrition2me.com/resource-centre/>

In addition, there is a new video and webinar section on the site which currently includes videos from the malnutrition pathway <https://nutrition2me.com/resource-centre/videos-webinars/>

Appropriate Prescribing: One Size Doesn't Fit All

Pauline Mulholland, Lead Dietitian, South Eastern HSC Trust presented the results of an audit at the annual BAPEN conference 2019. Key messages from Pauline's presentation are summarised below:

The estimated annual cost of disease-related malnutrition in Northern Ireland is more than £580 million. Malnutrition affects 29% of adults on admission to hospital and most of these are high risk patients. Costs associated with malnutrition in Northern Ireland breakdown as follows¹:

Acute hospital setting	£350 million
Residential/nursing/home care	£154 million
Primary care	£54.2 million
Nutrition support	£20 million

In Northern Ireland the 'Promoting Good Nutrition Strategy' (DHSSPS, 2010)² identified the Malnutrition Universal Screening Tool ('MUST') as the screening tool of choice to identify those adults who are at risk of malnourishment or who are malnourished in Northern Ireland. Pauline emphasised that 'MUST' should not however, exclude professional judgement, nor be the only reason to refer a patient on to the dietetic department, nor be a reason to stand down a nutritional care plan that is currently clinically effective, or be used in isolation and fail to heed other relevant multi-factorial clinical information.

Pauline highlighted that whilst food-based approaches to tackle malnutrition are encouraged, they can present challenges for a number of patients as a result of a range of attributes associated with disease and ageing, which in turn adversely affect appetite and dietary intake, and can include one or more of the following:

- Feeling of fullness
- Anxiety
- Frailty/poor dexterity
- Breathlessness
- Social issues e.g. ability to shop and make meals
- Side effects of the clinical condition – increased nutritional requirements/losses
- Loss of interest in food
- Malabsorption and bowel issues
- Swallowing problems
- Side effects of treatment/medication
- Taste changes

For those who need ONS the formulary in Northern Ireland suggests prescribing 2 ONS per day if a 'Food First' approach has been maximised for 4 weeks, or earlier if it is not possible nor likely that nutritional requirements can be met from food intake alone, that there are clinical benefits and clear nutritional goals to work towards and the patient's condition falls into one of the 'ACBS' categories. Where ONS are indicated, powdered ONS have been suggested as the first line option on a cost basis. It was recognised that powdered ONS might not be suitable for all individuals and thus a checklist was created and introduced to ensure that all patients were assessed for their suitability for different types of ONS. The checklist comprised 5 key questions requiring yes or no answers:

1. Are ONS clinically appropriate?
2. Has the individual the ability to, or have someone to, make up shakes?
3. Do they have access to a fridge and fresh milk?
4. Do they have adequate storage for both milk and the prepared product?
5. Do they have the ability to follow safe handling practice of a fresh milk product?

The South Eastern Trust team undertook an audit³ to establish if patients were being given an appropriate prescription for ONS. As part of the audit the following data was recorded:

- compliance for all patients - at initial and review assessments
- the name of each individual ONS in use
- the number corresponding with reason for non-compliance for each product i.e.

- no category on the formulary e.g. shot products / carbohydrate powders / higher protein ONS product
- dysphagia
- already established on product

85 patients were assessed - 41 new patients, 44 at review
162 different ONS products were being prescribed – 89 to new patients and 73 to review patients

Compliance with formulary ONS for all products was low - only 38%. The reasons for non-compliance included:

- no category on the formulary e.g. low volume high protein, shots, fat emulsion (n = 56)
- dysphagia (n= 18)
- already established on another product (n = 3)

The clinical assessment of new patients identified that a powdered ONS was clinically indicated in only 7 of the 41 new patients (17%), of these only 3 (7% of total) were deemed able to use powdered ONS based on the 5 question checklist. 2 of them complied with the ONS as the other had already been established on a ready to drink product. For 93% a powdered ONS was not appropriate. For formulary category ONS products, where clinically indicated, compliance was 96.5%.

The audit also identified that key information and justification for the prescription of ONS that would assist GP's decision-making were either not received, not actioned or that product and dosing errors occurred. This warrants further attention to resolve.

Recommended protein requirements for older people⁴

In recognition of the ESPEN Expert group⁴ protein recommendations which place emphasis on the impact of the ageing process and chronic conditions on protein requirements and nutritional status, a key area requiring review is the importance of delivering dietary advice and appropriate ONS to deliver adequate protein.

	Protein Requirements
Healthy > 65y	At least 1.0 - 1.2g/kg/a day
Older people, malnourished or at risk due to acute/chronic condition	1.2 - 1.5g/kg/day
Older people with severe illness /injury	Even higher

A further key action introduced to reduce wastage and optimise use of ONS was to only give a week long prescription initially to assess suitability and adherence to the product(s) at an early stage.

Conclusion

Whilst focusing on the reduction of ONS and moving to powders has the potential to produce short-term savings, this audit has demonstrated the conscious effort needed to consider a range of factors to guide decision making and appropriate management. A move to powdered ONS on a cost decision alone may fail to achieve better outcomes if products don't address nutritional deficit and aren't able to be consumed, nor will the true savings, feasible through the implementation of NICE CG32 and QS24 of screening, treating and preventing malnutrition, be fully realised.

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Best Practice Award Winner – Bucks Healthcare

Buckinghamshire Healthcare NHS Trust has been given a best practice award for their work in implementing the 'Managing Adult Malnutrition in the Community' materials through their district nursing team.

The Trust took a proactive and innovative approach to tackling malnutrition in the community by introducing a Community Nutrition Nurse Specialist to identify and develop strategic pathways and processes. The District Nursing Team in Buckinghamshire conducts approximately 850 visits per day which places them in an ideal position to proactively screen, identify and treat malnutrition.

The post of a Band 6 Nutrition Nurse for 3 days a week covering 7 locality District Nursing teams across Buckinghamshire was initially funded for 12 months. The aim of the role was to provide education and training to the District Nurse team and develop processes and pathways for the identification and management of malnutrition.

Although all patients on the District Nurse caseloads were being screened for malnutrition and nutrition care plans were being widely used, the Malnutrition Universal Screening Tool ('MUST') scoring sheet in use was found to be out of date and not validated.

In addition, whilst training on gastrostomy feeding had been provided by a commercial company, concerns were raised by the teams that the PEG training received did not give them the skills and knowledge they required to confidently deal with situations. They also had no clear understanding of the role of the Link Practitioner or of the process for them to follow when malnutrition risk was identified.

Through active collaboration with the District Nurses, the Nutrition Nurse co-ordinated the adoption of the Malnutrition Pathway document and supporting patient materials. A community-based screening tool was developed which was validated by the Malnutrition Action Group (MAG) of the British Association for Parenteral and Enteral Nutrition (BAPEN). A referral pathway was introduced for those at high risk of malnutrition identified by 'MUST'. Locality resource folders were developed and information on the role of the Link Practitioner disseminated.

A comprehensive teaching programme supported by training materials was put in place and industry support was utilised where available. 20 sessions were delivered and approximately 160 nurses, AHPs and GP trainees educated.

The team collaborated with the CCG on resources for patients and healthcare professionals. The results showed increased Nutrition Nurse referrals in 2019 with the new Nutrition Nurse role rated as 'outstanding' in CQC inspection with the result that the Nutrition Nurse contract has been extended beyond the initial year of funding.

Follow up anonymous knowledge and confidence questionnaires were sent to all teams with a positive return rate. The questions related to knowledge and competence in areas of PEG management, 'MUST' screening and Food First advice giving. The results showed that whilst teams felt they now had the required knowledge, in practice confidence remains an issue. This area of development has now become the focus. The project is now funded substantially

The best practice award money was used by the team to attend the Queen's Nursing Institute conference where a poster focusing on the work was presented.

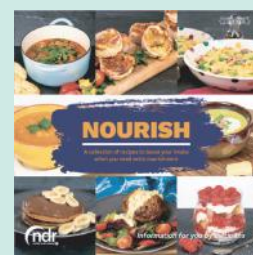


Buckinghamshire Healthcare NHS Trust Queen's Nurses: Jan Knight, Community Nutrition Nurse Specialist, and Helen Mehra, Clinical Lead Nurse for Community



New Materials from Nutrition and Diet Resources UK

Nutrition and Diet Resources (NDR -UK) has introduced two new resources



The first 'Nourish' contains over 30 recipes to assist patients who are malnourished or at risk of malnutrition and includes information on when and how to fortify recipes along with helpful hints on boosting daily intakes. It incorporates ideas on 100 Calorie boosters and information on how to fortify milk. The recipes range from shakes and snacks to light meals, main meals and desserts.

More information can be found at <https://www.ndr-uk.org/topics-hub/food-fortification-malnutrition>



The second 'Eating for Health – making the most of food for older adults' has been developed in partnership with the British Dietetic Association (BDA) Older People Specialist Group and aims to support older adults in meeting their nutritional needs, empowering them to eat and drink for health, and helping to maximise their quality of life. This resource is also available digitally via NDR Prescribe to support remote, online and telephone consultations with patients. More information can be found here:

<https://www.ndr-uk.org/topics-hub/older-people>

Conferences and events

Last autumn we ran a number of seminar sessions including:

Royal College of General Practitioners (RCGP) Conference – 24-26 October 2019 – Liverpool

We received great interest and feedback on our resources and Dr Trevor Smith, Chair of BAPEN ran an educational session focusing



on 'Managing malnutrition to improve lives and save money'. The session now forms part of an e-Learning CPD programme and can be accessed via <https://www.mimsllearning.co.uk/courses/managing-malnutrition-to-improve-lives-and-save-money>

Winchester GP study day – October 2019

The Malnutrition Pathway team joined forces with BAPEN to run a half-day session focusing on the cost and clinical impact of malnutrition, the evidence-base to support practice, how to identify malnutrition (easy actions GPs can put in place) and a series of case-based discussions



that considered preventing avoidable harm in frailty and chronic disease. A number of BAPEN professionals and two members of our expert 'Managing Malnutrition in the Community' panel were involved in training over 40 GPs who attended, on the identification and management of malnutrition in frailty and chronic disease.

If you have a GP group in your area who would be interested in a training session with the BAPEN and Malnutrition Pathway team do get in touch – malnutritionpathway@franklincoms.co.uk

British Association of Parenteral and Enteral Nutrition (BAPEN) 26-27 November 2019 – Belfast

Last year's BAPEN conference was held in Belfast. With nearly 600 delegates in attendance, it was a great success. Thirteen symposia covered a broad range of clinical and scientific topics. Combined with

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the Pennington, Keynote Lectures and satellite/breakfast symposiums, the programme had wide appeal.

Anne Holdoway, Chair of the panel and BAPEN Education Officer was privileged to be involved in the development of the programme and chaired the 'COPD - the Role of Nutrition Across the Continuum of Disease' session which involved Professor John Hurst from University College London and National COPD Audit Lead, Dr Peter Collins, Lecturer & Research Academic in Nutrition and Dietetics and one of the Managing Malnutrition in COPD' panel member, Natalie Kominek, Dietitian at Great Western Hospitals NHS Foundation Trust and Eleri Wright, Dietitian at the Princess of Wales Hospital (pictured above).

A full update on the 2019 Belfast conference can be found in the BAPEN's In Touch newsletter. Due to the COVID-19 pandemic the 2020 conference has been postponed and the next physical conference will take place 30 November – 1 December 2021 in Brighton.

Bringing BAPEN to you: a virtual conference is planned for this year, delivering a series of webinars over a 2-week period from 9th – 20th November 2020. More details will be available on the BAPEN website www.bapen.org.uk in the next few weeks.

FORTHCOMING EVENTS

Many conferences have been postponed this year however some have moved online and during the Autumn the Malnutrition Pathway team will be running webinar sessions - focusing on Managing Malnutrition in COPD at the following conferences:

Pulse Live Festival

This session will take place Thursday 12 November 12.10 -12.55pm – further details will be available by early September.

<https://www.pulse-live.co.uk/>

Primary Care Respiratory Society: Respiratory Conference 2020

The PCRS Conference will be run virtually from 25-26 September. The Malnutrition Pathway will be running a virtual exhibition stand at the event and will be hosting a webinar focusing on malnutrition in COPD which will be available in the weeks after the conference. Further details will be available in August.

<https://www.pcrs-uk.org/annual-conference>

NB: Our thanks to Nutricia Advanced Medical Nutrition for providing an unrestricted educational grant to assist in the production of this newsletter.