



TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

Dietitians

Dietitians have an essential role in providing specialist nutritional assessment and advice to patients, empowering them to manage their own nutritional needs through devising tailored nutritional care plans and interventions. Dietitians also have a key role in educating and supporting other healthcare professionals to identify and manage the risk of malnutrition across all care settings including the community.

With a high prevalence of malnutrition and, in some areas, limited access to dietitians in the community, dietitians may be less able to see patients on an individual basis. They can however assist healthcare professionals in primary care to prevent and treat malnutrition by giving clear advice on discharge from hospitals regarding the on-going management of malnourished patients, signposting colleagues and patients and carers to useful evidence-based resources, offering nutrition training and defining local criteria for referrals to dietitians. Such actions can assist GPs and community based healthcare professionals to not only continue nutritional care in the community but also initiate it.

Key considerations

1. Take time to consider how the malnutrition pathway can be implemented in order to support appropriate evidence based prescribing. To be time and resource efficient seek to incorporate actions into current practice i.e. can nutritional screening be carried out at an annual review an older persons health check at frailty clinics, nurse led respiratory clinics or reviews of those recently discharged from hospital.
2. Identify key stakeholders e.g. Integrated Care Board, Local Health Board, Local Commissioning Group, GP's, medicines management team, acute and community Dietitians and obtain buy-in prior to implementing the pathway.
3. Consider beginning implementation in a specific patient group to demonstrate impact before broadening the application, this could be a practice priority group such as the frail elderly, those with COPD.
4. Ensure stakeholders are engaged and in agreement with the content and implementation of the pathway: is education required? Do they want to be kept updated with progress? Are they interested in being involved? Agree management plans based on malnutrition risk.
5. If you are struggling to engage stakeholders, consider whether a meeting to present the clinical and financial impact of not tackling malnutrition would be of value. A slide deck is available at <https://www.malnutritionpathway.co.uk/slides> for further information.

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6. Initiate training sessions for community colleagues, e.g. GPs, pharmacists, nurses, allied healthcare professionals (speech and language therapists, physiotherapists, occupational therapists etc.), on malnutrition. Consider online training tools, such as the BAPEN Virtual Learning Environment: www.bapen.org.uk/e-learning-portal and the Royal College of General Practitioners (RCGP) website: <https://elearning.rcgp.org.uk/course/search.php?search=malnutrition>
The aim of training is to empower the primary care, multi-disciplinary team to screen and take appropriate action, whilst appreciating the evidence for treatment and prescribing appropriately – as per the pathway. More complex patients, or those continuing to decline after first line intervention, should be referred to a Dietitian.
7. For continuation of care ensure clear discharge summaries are provided as individuals move across care settings to GPs and community-based health and care professionals.
8. Focus on the primary care agenda when trying to engage with GPs about malnutrition – the word malnutrition may not resonate or make an impact but ‘multi-morbidity, admission prevention, frailty’ associated with malnutrition may attract attention.
9. Discuss the implementation of nutritional screening at annual reviews or pilot in specific patient clinics such as COPD, frailty, older persons health check or as part of the medicines review particularly for those with polypharmacy. See <https://www.malnutritionpathway.co.uk/best-practice-awards-winners> for examples of where implementing the pathway has demonstrated cost savings in practice.
10. Register with BAPEN to initiate their Nutritional Care Tool in your workplace:
<https://www.bapen.org.uk/resources-and-education/tools/bapen-nutritional-care-tool>

At any point in time more than 3 million people in the UK are at risk of malnutrition, most (~93%) live in the community. High risk groups include older people, those recently discharged from hospital, those with chronic disease, those affected by cancer (before, during and after treatment), progressive neurological disease, acute illness, frailty, undergoing rehabilitation or end of life/palliative care.

Clinical consequences of malnutrition include: impaired immune response, reduced muscle strength, impaired wound healing and increased falls. Malnourished individuals have more hospital admissions/readmissions, longer length of hospital stay and greater primary care healthcare needs, therefore identification and management is key.

The healthcare cost of managing individuals with malnutrition is three to four times greater than that of managing non-malnourished individuals. Therefore, it is cheaper to treat than not to treat malnutrition. Health economic analysis by NIHR and BAPEN shows that identifying and treating malnutrition according to the NICE guidance (CG32/QS24) can save at least ~£123,530 per 100,000 people.

Malnutrition may not always be apparent even when a patient is in front of you - the malnutrition pathway is a practical guide to support healthcare professionals in the community to identify and manage individuals at risk of malnutrition, including the appropriate use of oral nutritional supplements (ONS).

The guide was developed by a multi-professional consensus panel with expertise and an interest in nutrition, representing their respective professional associations. It is based on clinical evidence, clinical experience and best practice. For more information, a full list of references and to access free downloadable resources, please visit <https://www.malnutritionpathway.co.uk>