



TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

General Practitioners (GPs)

Every day, over one million people, including the frail elderly and those with long-term conditions, will be cared for by their GP surgery. As malnutrition can be both a cause and a consequence of disease, GPs and primary care professionals are key players in identifying malnutrition which can be developing insidiously.

The development of 'A Guide to Managing Adult Malnutrition in the Community' was driven by a need, identified by research amongst GPs, to provide a practical guide to identifying and managing malnutrition in the community for use by the primary care team. The work was intended to facilitate improving the identification, treatment and prevention of malnutrition and in turn prevent escalating health and social care costs associated with failing to tackle malnutrition.

Key considerations

1. Consider how nutrition screening and the pathway can be implemented particularly in high risk groups. Is nutrition and nutrition screening integral to all care pathways? Can nutritional screening be carried out at an annual review or piloted in specific patient clinics such as COPD , frailty, older persons health check or as part of the medicines review particularly for those with polypharmacy. For examples of where implementing the pathway has demonstrated cost savings in practice see <https://www.malnutritionpathway.co.uk/best-practice-awards-winners>
2. Identify key stakeholders e.g. Integrated Care Board, Local Health Board, Local Commissioning Group, GP's, medicines management team, acute and community dietitians (including those working in PCNs) to work with. Ensure they are engaged and in agreement with the implementation of the pathway.
3. Consider local audits, in agreement with those commissioning care, where implementation of the malnutrition management pathway may lead to cost savings e.g. by preventing hospital admissions, reducing falls.
4. Encourage colleagues to build into conversations questions to ascertain what patients are eating and drinking and if any factors are interfering with their ability to achieve an adequate oral intake of nutrition and hydration. See https://www.malnutritionpathway.co.uk/library/weight_diet_conversations.pdf
5. Weight loss might be a red flag for underlying pathology but treat the malnutrition as well as making a referral for investigation.

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6. On clinical concern use a validated screening tool (e.g. BAPEN Malnutrition Universal Screening Tool 'MUST') and take appropriate action offering dietary advice, with the addition of oral nutritional supplements (ONS) for high risk individuals or where oral intake is unlikely to improve sufficiently with diet alone. For further guidance and resources see <https://www.malnutritionpathway.co.uk> and <https://www.malnutritionpathway.co.uk/library/ons.pdf> for information on product types.
7. Speak to the local dietetic department about the initiation of training sessions for staff on malnutrition. Also consider online training tools, such as the:
 - BAPEN Virtual Learning Environment (www.bapen.org.uk/e-learning-portal)
 - Royal College of General Practitioners (RCGP) website: <https://elearning.rcgp.org.uk/course/search.php?search=malnutrition>
8. If patients have regular weights and a height documented in their electronic medical records, alerts can be built in to medical records to identify those 'at risk'.
9. It may be appropriate to refer a patient to self-help resources for example the:
 - BAPEN 'self-screening' tool: (<https://www.malnutritionselfscreening.org>) to enable patients and carers to identify if they or the person they are caring for are at risk of malnutrition with advice to act accordingly.
 - Managing Adult Malnutrition in the Community patient information leaflets: available free for patients at high, medium and low risk of malnutrition (<https://www.malnutritionpathway.co.uk/leaflets-patients-and-carers>).
10. Remember, Dietitians are your go-to expert - always refer complex patients or patient's showing no improvement on review.

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, progressive neurological disease, those affected by cancer (before, during and after treatment), 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>