



TEN TOP TIPS FOR IMPLEMENTING THE MALNUTRITION PATHWAY:

Pharmacists

Pharmacists have regular contact with patients (especially those with long term conditions) and the general public and are therefore well placed to screen, prevent and manage malnutrition. A Pharmacist may also have the knowledge to advise on types and usage of oral nutritional supplements (ONS) when required. Refer to local formularies and ACBS indications for use of ONS.

Take time to consider how the pathway might be implemented. To be time and resource efficient incorporate actions into current practice i.e. can nutritional screening be carried out a polypharmacy 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, 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>

**TIPS FOR COMMUNITY PHARMACISTS & PHARMACISTS IN GP SURGERIES
CAN BE FOUND ON THE FOLLOWING TWO PAGES**

Key considerations for Community Pharmacists

1. On contact with patients be aware of subjective indicators of patient weight loss e.g.:
 - thin or very thin in appearance
 - loose fitting clothes/jewellery
 - history of recent unplanned weight loss

See https://www.malnutritionpathway.co.uk/pcn/pcn_library/subjective_indicators.pdf

Any evidence of unintentional weight loss, should prompt full screening. Remember obesity and being overweight can mask malnutrition therefore checking the amount and rate of unintentional weight loss is paramount.

2. Seek opportunities for early action – e.g. screening in the pharmacy or referral to GP practice for screening upon clinical concern. Ensure at risk patients are screened using a validated screening tool (eg ‘MUST’ - https://www.bapen.org.uk/pdfs/must/must_full.pdf) or consider referring patients/carers to the BAPEN ‘self-screening’ tool if appropriate - (<https://www.malnutritionselfscreening.org>) to enable them to identify if they or the person they are caring for are at risk of malnutrition. The tool includes advice to act accordingly.
3. Initiate conversations about weight loss and diet (https://www.malnutritionpathway.co.uk/library/weight_diet_conversations.pdf) and be aware of simple dietary advice tips to ensure patients are making the most of their food when appetite and intake is poor (see https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf for copy of yellow patient leaflet).
4. Help improve compliance - whether selling or dispensing ONS, ensure that alternative flavours, varieties and volumes are discussed to aid compliance and reduce waste. For information on available products see <https://www.malnutritionpathway.co.uk/library/ons.pdf>
5. Encourage starter packs to aid compliance - discuss with your local GP practice. Starter packs can help the patient find a flavour or ONS variety to suit them in a more economical way. Ensure patient has a copy of the red ‘Nutrition Drinks’ leaflet so they understand how to incorporate ONS into their diet - https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf
6. Record preferred flavours and ONS - on your records (e.g. electronic patient records - ePRs) for future reference.
7. Communicate concerns around compliance with ONS with the GP and/or Dietitian. Encourage the use of food diaries which can include ONS use and provide ideas of dosing (e.g. small amounts to be taken like a medicine throughout the day and alternative formats).
8. Consider if the type of ONS prescription is appropriate, for example, can patients collect ONS (is a delivery service available?), follow instructions, purchase milk, make-up a powdered product?
9. Get involved - speak to your local Dietetic team about local integrated approaches and services they are developing to manage malnutrition that you may be able to support.
See <https://www.malnutritionpathway.co.uk/best-practice-awards-winners> for examples of where implementing the pathway has demonstrated cost savings in practice.
10. Consider additional training in this area. Local dietitians may be able to assist or consider online training tools, such as the BAPEN Virtual Learning Environment (<https://www.bapen.org.uk/e-learning-portal/nutritional-screening-using-must/virtual-learning-environment>) and the Royal College of General Practitioners (RCGP) website: <https://elearning.rcgp.org.uk/course/search.php?search=malnutrition>

Key considerations for Pharmacists in GP surgeries

1. On contact with patients be aware of subjective indicators of patient weight loss. (see https://www.malnutritionpathway.co.uk/pcn/pcn_library/subjective_indicators.pdf) Remember obesity and being overweight can mask malnutrition therefore checking the amount and rate of unintentional weight loss is paramount. Consider patients who may be malnourished but not identified.
2. Agree an appropriate malnutrition protocol in the practice (which incorporates screening and management) – see www.malnutritionpathway.co.uk and consider linking to your computer system. Take time to consider how the pathway will be implemented; to be time and resource efficient, try to incorporate into current practice i.e. can nutritional screening be carried out at Medicines Use Reviews, an annual review or older persons health check.
3. Support practices to develop a nutritional template - to include screening, individual nutritional targets and to ensure the patient is reviewed at appropriate timescales - consider beginning implementation in a smaller patient group, this could be a practice priority group such as older people. Carry out audits in practice to ensure patients are reviewed and prescriptions remain appropriate.
4. Initiate conversations about weight loss and diet ([malnutritionpathway.co.uk/library/weight_diet_conversations.pdf](https://www.malnutritionpathway.co.uk/library/weight_diet_conversations.pdf)) Provide patient information leaflets on dietary advice for use in practice (See https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf). Speak to carers and care homes about how they can support.
5. When implementing the pathway in a care home, consider nominating a nutrition champion who is responsible for screening and communicating an appropriate nutritional care plan for all residents. Sample care plans are available for those at low, medium and high risk of malnutrition (<https://www.malnutritionpathway.co.uk/careplans>).
6. Facilitate training to support staff to carry out malnutrition screening and deal with requests for ONS. Local dietitians may be able to assist or 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>
7. Evidence from systematic reviews and guidance by NICE demonstrate that ONS in addition to diet are clinically and cost effective in managing malnutrition, particularly amongst those with a low BMI (<20kg/m²). See <https://www.malnutritionpathway.co.uk/best-practice-awards-winners> for examples of where implementing the pathway has demonstrated cost savings in practice.
8. Familiarise yourself with ONS options to help determine the most appropriate ONS (e.g. ready made or powdered ONS, low volume ONS, alternative flavours and varieties) for those identified at high risk of malnutrition. For information on available products see <https://www.malnutritionpathway.co.uk/library/ons.pdf>
9. Consider patients needs for certain nutrients, their ability to make up powdered products or manage large volumes of fluid – some may require high protein or high fibre oral nutritional supplements or may be better suited to low volume products. Communicate any changes in a patient's circumstances to community pharmacy colleagues.
10. Support the practice with ONS requests – i.e. seek clarity from healthcare professional requesting specific ONS including goals and likely duration of treatment and who is responsible for review and monitoring. Clarify if patient has disease related malnutrition, have they been screened using a validated screening tool (eg 'MUST' - https://www.bapen.org.uk/pdfs/must/must_full.pdf) and if not screen as appropriate.