Dietetic leadership improves the quality and cost effectiveness of management of malnutrition in the community setting

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Overview:

- Background to the project
- Agreed Aims and Objectives
- Key Actions undertaken
- Project Outcomes to date
- Maintaining the improvement and moving forwards
Instigated in discussion with local GPs and commissioners. Concerns over the rise in prescribing and cost of sip feeds: 10% each year, 7th highest prescribing spend.

Previous efforts not effective/sustained. Proposed that a dietetic approach, working with Medicines Management would offer the expertise to support cost effectiveness and quality of nutrition support.

No capacity within the existing team.

Consultation with commissioners, GPs and Medicines Management leads- to harness support for funding and delivery. Examples of good practice were used and the case was presented at the GP Commissioning Boards for approval.
Background to the project

- The initial ‘hook’ was to achieve cost savings while improving quality of provision.

**GP concerns to consider:**

- Increase in requests for oral supplementation for service users in nursing, residential and care facilities. Often this was without effective screening for malnutrition and without first line advice.

- Initiation of sip feeds in hospital or following a hospital stay without robust plans for review: letters back and forth
Background to the project

- Need for practical guidance and education to support GPs and community staff to advise on improving nutrient intake using a dietary approach alongside appropriate prescribing.
- Need for specialised dietetic support to help GPs and community staff with the management of the more complex patients requiring oral nutritional support.
- Saving required for ‘invest to save’: £80,000- equivalent to a saving of 13.5% of annual sip feed spend, a reduction of 75 patients per year taking 2 supplements per day.

A 3 year project was developed and funded initially for a **one year pilot** with agreement to extend if it delivered the agreed objectives.
Project Plan: Aims

- To review the use and cost effectiveness of sip feeds and prescribable nutritional products: To achieve a 2 for 1 saving on the project investment in the first 12 months.
- To support General Practice and Community Health Services to identify and effectively treat service users at risk of malnutrition.
- To expand the capacity of the community Nutrition Support Service to provide specialist dietetic expertise to support the management of patients requiring oral nutrition support.
Project Plan: Objectives:

- Review prescribed nutritional supplement use in all 31 GP Surgeries across the Solihull borough (1/3 in year one)
- Train GPs and community staff to identify and treat malnutrition using nutritional screening, clear treatment pathways and dietary advice to improve food intake, in addition to the option of prescribing
- Develop local guidance alongside a range of easy to access resources to support GPs and community staff
- Establish sustainability measures across General Practice and Community Services as an integrated part of the review process
- Provide access to specialist dietetic expertise to support management of more complex patients
Key Actions: GP Practices

A rapid improvement focus was essential to build support, demonstrating that the project could deliver its goals:

- GP practices reviewed one by one, targeted those with the highest sip feed expenditure initially: most scope to have a noticeable impact.
- Initial meeting with Prescribing Support Pharmacist, Practice Manager and GP’s: practice specific needs/patient demographic
- System search followed by dietetic review where appropriate
- Long term repeat/lack of review, lack of patient education, ‘social’ prescribing, poor consideration of preferences/compliance- personalisation?, compromise of 1 daily
Provided dietetic support with management of complex patients and expert advice on product selection where sip feeds were needed: refined referral criteria and raised awareness of the service.

Practice specific plan following review: Consideration of education needs to improve nutrition support provision; arrangements for review audits and follow up patient review.

Review audits on a 3-4 monthly basis: ‘sip feed consultancy’. Remote review of prescribing against local guidance and feedback to the practice.

Key Actions
GP Practices
Key Actions:
Nursing/Residential Homes:

- Sip feed review, ‘whole home’ training approach (incl an overview of CQC outcome 5) and establishment of key nutrition leads.
- Initialisation of monthly dietetic led Focus Groups to enable on-going monitoring and management of those at risk.
- Identify ‘pockets’ of training required: interactive sessions focused around menu adaptations and Food record charts
- Half day education session for all leads- peer discussion and sharing of best practice. Half day event for all of the Catering staff: nutritious soft and pureed diets
- Supplements- to be prescribed through Focus Groups, on dietetic recommendation: GP satisfaction
Key Actions: Guidance and training

- Updated local guidelines for management of malnutrition with the inclusion of the ‘MUST’ nutritional screening tool, care pathways, care plans and guidance on ‘end points’ for sip feed prescribing.
- Provided access to resources to support a ‘food first’ approach within GP Practices, Primary Care settings, residential and care settings and amongst District Nurses.
- An education program was developed and delivered to the 5 Community Nurse teams to help achieve the nutritional assessment element of the Community Nursing CQUIN.
- Training has been provided for other Community Professionals that come into contact with vulnerable patients: Virtual Wards, Speech and Language Therapists, Hospice staff and the Macmillan Nursing service.
Key Actions:

- On the request of the GP consortia- completed work within the acute setting to review the procedures in place for discharging patients home on sip feeds. Review of TTO system and dietetic discharge letters to give GP’s clear guidance on the on-going management of malnutrition: with or without supplements.

- Regular updates to GPs and commissioners on progress and outcomes: Newsletters (For Solihull and Heart of England), email, regular meetings and feedback sessions
Project Outcomes:

- Dietetic input has supported on average 40 patients per practice (18/19). Serving to enhance quality of life and wellbeing for those with long term conditions by improving nutritional status.
- High level of satisfaction with the service delivered with a very positive reception and feedback from patients and GP’s.
- Use of nutritional screening has increased (17 care facilities) and awareness has been raised regarding the benefits of high quality nutritional care.
- Improved communication: email/systm notifications/tel
- Raised the profile of the dietetic service across Solihull.
Project Outcomes:

- The 2 for 1 savings target was exceeded in the first 5 months of the project (My calculations and Medicines Management figures for individual practice expenditure).
- Reduced dietetics direct access to the Heart of England Foundation Trust acute service and dietetics therapy outpatients.
- Identified a proportion of the cost savings to cover the cost of dietetic provision and make the case to commissioners for additional dietetic staff (Band 4 Dietetic Assistant Practitioner) to increase capacity to sustain the changes in practice with regular audit and on-going training.
Project Outcomes: Review audits

Example 1:
- 17 patients identified in the review audit, compared to 33 in the original: 49% reduction. Only 3 from the original list still prescribed—all clinically justified. Higher turnover
- First Line HCA/Practice Nurse advice being implemented

Example 2:
- 20 patients identified in the audit, compared to 51 in the original: 61% reduction
- 2 Large nursing homes: Whole home training, MUST workshops, Nutrition leads and Focus Groups
- All supplements now actioned through the Focus groups and on dietetic recommendation.
Maintaining the improvements

The success of the project in its first year secured agreement for funding for a further two years.

- Continue to conduct dietetic reviews within the remaining GP practices - deliver savings and improve practice.
- To provide educational sessions for GP practice staff and staff in care facilities on a ‘rolling basis’
- Solihull Council commissioned a rolling training programme for council-funded care facilities. Planning to extend this provision to the private and voluntary sector.
- Continuation of monthly Nutrition Focus Groups in care facilities, to coordinate care for those residents highlighted as being at risk of malnutrition and to manage appropriate prescribing: Positive feedback from GPs.
Maintaining the improvements

**Capacity**

- A business case is currently being developed with the support of the commissioning lead to fund a Dietetic Assistant Practitioner to build the capacity of the team, to enable on-going training, auditing and focus groups.

- There is recognition that sustaining the improvements will require long term dietetic leadership and support and an expansion of the team.

- A number of practices are providing first line Nutrition Support advice through an appropriately trained Health Care Assistant/Practice Nurse, but varying staffing/resources
**Dietetic Assistant Practitioner:**

- Lead on first line Nutrition Support clinics and patient group education- provide a resource to practices for first line support
- Training and setting up of Focus Groups in smaller homes, support for focus groups and training in existing homes
- Support rolling training programme. Extend to domiciliary care agencies
- Data collection: auditing screening practice and care planning in care facilities and collecting patient reported outcomes measures: Patient and GP surveys now developed.
- Prescribing Support for other specialist areas?

**Moving Forwards:**
Standards and cost effectiveness of nutritional care have significantly improved as a direct result of dietetic leadership and support, working as part of the community team. As a result, the project has been identified for roll out across the Birmingham Commissioning cluster. Band 7 and Band 5 posts have been advertised- to initiate the project work in early 2013.

- Consistency across sites: especially relevant for certain care facilities and for discharging protocols.
- Prescribing rights/prescribing budget

Moving Forwards:
Key Messages:

- Large numbers of patients require nutritional support, effective nutritional screening is key to identify those at risk, nutritional support is vital to improve outcomes and quality of care, there are a range of options to deliver the nutritional support required (what best meets the needs of the individual).

- The savings resulting from more cost effective use of sip feeds are a by-product of the improved nutritional support practice. The potential savings are an effective ‘hook’ to engage the interest of GPs and commissioners but simply capping sip feed expenditure will not be sustainable.

- Participation of GP practice staff is crucial to ensure they have an understanding of the processes that will make a difference to their future management of nutritional support and to empower them to make changes to their own practice.
‘Carry on doing what you are doing, my GPs are thoroughly engaged with this project’ (Quote from a commissioner)

‘Here’s the data for Jul – Sept. Fantastic stuff! Well done’ (Quote from Medicines Management lead)

‘It's been such a help having you involved. I think initiating & prescribing via a focus group is very sensible. It will stop nurses & doctors from prescribing without thinking.’ (Quote from a GP)

‘I’ve see two patients this week who have gained several pounds in weight on the dietary advice I gave them. It has worked really well’ (Quote from a GP using the dietary resources)

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