

Improving the nutritional care and health and wellbeing of adults within Dorset

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Overview

- Malnutrition, i.e. undernutrition is both a cause and a consequence of ill health with a wide range of consequences
- The underlying causes of undernutrition may be due to physical, psychological and social causes requiring multiagency, integrated (health, social care and voluntary sector) approaches to resolve
- Published data suggests that 14% of people over 65 are undernourished, with 93% of these living in the community, resulting in increased hospital admissions and re-admissions, increased length of stay, increased dependence and care requirement, and increased GP visits and prescriptions
- A pilot in Purbeck showed that community health and social care professionals could be trained to identify adults at increased risk of undernutrition who were living independently. Pathways could be followed to implement individualised care plans resulting in improved nutritional status, and potential for cost avoidance
- As a result of this pilot, the approach has been implemented within the Christchurch locality since January 2016. A business case has since been agreed with Dorset CCG, Dorset Healthcare, Public Health Dorset and Tricuro to roll out the approach across Dorset by March 2018

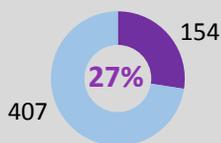
Objectives and Methods

- To establish a collaborative approach across health and social care staff that will:
 - ◆ reduce the prevalence of undernutrition within the communities of Dorset
 - ◆ implement newly-developed nutritional care pathways and accompanying educational tools
 - ◆ focus on the need for early identification and intervention
- The Pan Dorset Malnutrition Programme promotes an integrated approach for identifying and providing treatment for adults living in their own homes who are at risk of being undernourished. The approach consists of:
 - ◆ agreement and implementation of integrated nutritional care pathways, including screening, treatment guidelines, and referral routes;
 - ◆ training of community health and social care teams who would be carrying out the screening and nutritional care planning;
 - ◆ development of an electronic form to enable the recording of data, calculation of 'MUST' (Malnutrition Universal Screening Tool) screening, pathway guidance, and sharing of information between partners
- The approach was first trialled in 2014 with staff working with the patients from one GP practice in Wool, Purbeck. The purpose of this trial was to establish that the proposed process worked
- In 2015 the approach was rolled out across Purbeck, including 6 GP practices

Excerpt from the electronic form

Screening Outcomes

561 people were screened



of service users were identified as 'at risk'



60 (39%) of service users experienced a decrease in 'MUST' score

Potential cost avoidance of ~£50k

(assuming 60 people prevented from seeing GP or other healthcare service as a consequence of improved nutritional status. Guest et al, 2011 estimates cost avoidance of £1449 per person)

Results

From the 20-month Purbeck pilot

Training Outcomes

92% (n=264) of Purbeck locality staff were trained in the use of 'MUST'



83%

experienced an increase in knowledge & awareness of undernutrition



98%

had a clearer understanding of the importance of their role in identifying those at risk of undernutrition



93%

felt confident to return to their setting and deliver 'MUST' screening

Conclusion and Next Steps

- This pilot demonstrates the effectiveness of a collaborative approach across health and social care to reduce the prevalence of undernutrition in adults living independently. This approach demonstrates:
 - ◆ promotion of true integrated care (health and social care) through the adoption of integrated nutritional care pathways
 - ◆ consistent training and materials across teams working in a locality
 - ◆ reduction in health and social care needs through a general improvement in the nutritional status of adults
 - ◆ increased understanding of the benefits of providing good nutritional care, raising its provision up the agenda
- As a result of the Purbeck Pilot, the approach has been implemented within the Christchurch locality since January 2016. A business case has since been agreed with Dorset CCG, Dorset HealthCare Trust, Public Health Dorset and Tricuro to roll out the approach across Dorset by March 2018