



Wessex
Academic Health
Science Network

Issue 5, Christmas 2017

Nutritional Care Wessex Newsletter

Introduction:

Welcome to our Christmas Special - the fifth issue of the Wessex Academic Health Science Network (Wessex AHSN) Nutritional Care Wessex Newsletter. This edition provides a brief update on some of our projects. We will provide a more thorough update on our projects with issue 6 in March 2018.

Patients Association Nutrition Checklist development: An update

In issue 4, we shared information about the development of the 'Nutrition Checklist', a simple tool for non-clinical staff to use to help identify people likely to be at risk of undernutrition. Our 3-month pilot of using the Checklist with Pramacare, a domiciliary care company in Dorset ended in July. A summary of the findings from this project is:

- Training was provided to 11 locality managers and care staff to enable them to use the Nutrition Checklist at the client's six week review
- The Nutrition Checklist was used on 15 of their clients, with 40% (n=6) being identified at increased risk of undernutrition
- Actions taken included signposting to local lunch clubs and hot meal deliveries, although it was reported that nutritional support monitoring was largely already being provided
- Staff found the Checklist easy to use with useful signposting
- Pramacare plan to include the Nutrition Checklist in their 'toolbox', using it with those clients who are thought to be losing weight or are underweight

Our next step is to pilot the use of the Nutrition Checklist with a Fire station in Southampton, who will ask initial questions as part of the Safe and Well visits they do in homes of vulnerable adults referred to them. Age UK Southampton will carry out a further assessment of people identified as likely to be at risk and provide signposting and advice to them.



Nutrition and Dementia

The Wessex AHSN has developed a new leaflet for people living with dementia and their carers (www.slideshare.net/WessexAHSN/eating-and-drinking-well-supporting-people-living-with-dementia). This is informed by work on nutrition and dementia care by Bournemouth University and the development of new research informed training tools to equip care staff.

For details about the training tools and freely available dementia workbook PDF, please visit www.bournemouth.ac.uk/nutrition-dementia. Simply complete the registration form and then you will receive an email to download your workbook to complete online. The tips and strategies suggested in the training tools are making a difference to the wellbeing of people with dementia and importantly, is leading to weight gain in people who were at risk of or losing weight.

During the festive season, food forms a central part of our celebrations. Food isn't just functional, it becomes an event and a social experience. With 850,000 people in the UK living with dementia, many of whom may need support just to manage their day-to-day nutritional needs, here are some top tips for supporting people with dementia to eat and drink well at Christmas:

- 1) Where possible offer visible food choices at mealtimes. Give people time to decide - remember the food choices offered at Christmas may be more difficult to remember than normal foods
- 2) Encourage eating and drinking independently for as long as possible with constant reminders to drink
- 3) Offer a social environment for everyone to eat together with care-givers to help 'copy-cat' interactions. Christmas is a great time to get everyone eating together!
- 4) Involve and immerse everyone in key activities as part of the lead up to and on Christmas day e.g. decorating Christmas biscuits, making presents, preparing vegetables for dinner
- 5) Evoke the senses aromas and visuals cues associated with Christmas e.g. mixed spices, roast chestnuts

For further information contact ADRC@bournemouth.ac.uk

Save the Date for our Nutrition Conference!

"Making undernutrition in older people everyone's business"

6th March 2018, Notovel, Southampton

Keynote Speakers: Dr Liz Weekes (Senior Consultant Dietitian & NIHR Lecturer, Guy's & St Thomas' NHS Foundation Trust) and Mike Wallace (Strategic Affairs Director UKIR, Nutricia)

To book, please register at Eventbrite: <https://wessexahsnnutritionconference2018.eventbrite.co.uk>

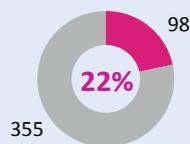
Update on the county wide Dorset malnutrition screening roll out

Weymouth & Portland locality went 'live' on 1st November 2017, meaning the Pan Dorset Malnutrition Programme is live in all areas of Dorset, except for Poole and Bournemouth localities who are considering a small pilot in 2018. Since 2014 training has been provided to nearly 600 staff. Over 2500 people have been screened for malnutrition using the electronic form, with 25% found to be at medium or high risk. Additional people have been screened by Dorset Healthcare staff who are recording using the Trust electronic medical records (using SystemOne). Work is underway to link up the records in the two electronic systems to

avoid the need for dual entry. The programme board has agreed plans to ensure sustainability going forward, including online video training, champion development and guidance on system administration and reporting.

Data from 11 months in Christchurch locality (from March 2016 to February 2017) was presented as a poster presentation at the British Association of Parenteral and Enteral Nutrition (BAPEN, www.bapen.org.uk) conference on 23rd November 2017, and is summarised in the infographic below.

453 people screened



22% of service users identified as 'at risk'

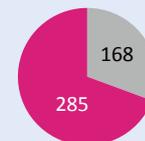
Potential cost avoidance of ~£15k



10 service users

Were rescreened and reduced their 'MUST'. Assuming all were prevented from seeing GP or other healthcare service due to improved nutritional status, estimated cost avoidance is £1449 per person (Guest et al, 2011)

79 staff trained



63% (n=285) of people screened were screened by staff who would not previously have carried out screening

No. people screened at least once	Prevalence			No. people with improved MUST	Cost avoidance estimate per annum for people with reduced MUST
	% at medium risk (MUST=1)	% at high risk (MUST=2+)	% at medium or high risk (MUST=1+)		
453	8% (n=35)	14% (n=63)	22% (n=98)	*10 (37%)	£14,898

* Only n=27 had repeat screening

Implementing Nutritional Screening in Community Care for Older People (INSCCOPe): An update on the new procedure and initial research findings

In the last issue, we reported on the commencement of a service development to improve identification and treatment of malnutrition in parallel with a research project looking at the barriers and enablers for implementation for community teams within Southern Health NHS Foundation Trust. A new procedure is being piloted to complement the existing nutrition policy, which aims to clearly define a) when a patient should be screened for malnutrition in the community (at initial contact by all staff / grades and then rescreened monthly is MUST=1+ [medium or high risk] and annually if MUST=0), and b) the care they should receive depending on their malnutrition risk (provision of standardised malnutrition literature to patients and recording of screening data and care planning onto a new electronic form).

Training was provided to a total of 126 staff from the pilot teams by a dietitian (1 hour group-based sessions offered in different locations) and a 15% increase in knowledge was observed across teams. Between April and October (7 months), 787 patients were screened using the new electronic recording form, with 20% found to be at medium or high risk.

Preliminary research findings from questionnaires and interviews with staff about the enablers and barriers to implementation have revealed the following:

- 84% of participants (n=32) disagreed or were ambivalent as to the adequacy of dietetic services to meet the needs of their patients.
- 60% disagreed or were ambivalent as to the ability of their team to access dietitians if needed.
- 59% disagreed or were ambivalent as to whether or not current arrangements for treatment of malnutrition were sufficient to meet the needs of patients

The next steps include the development of wider organisational support, nutrition champion roles, online training materials and a communication plan. For further information on the service development, please contact Kathy Steward (Integrated Service Matron for Southern Health research) – katherine.steward@southernhealth.nhs.uk. For further information on the research, please contact Dr. Mike Bracher (Post-doctoral Research Fellow, Bournemouth University) – mbracher@bournemouth.ac.uk; or Prof Jane Murphy (Project Lead) – jmurphy@bournemouth.ac.uk.