



## Better Care through better nutrition: an effective patient pathway

**Malnutrition continues to be a serious problem in modern Britain, with more than three million people in the UK estimated to be either malnourished or at risk of malnutrition.**

**T**he number of deaths from underlying malnutrition or where malnutrition was named as a contributory factor is also increasing, having risen by more than 30 per cent from 2007 to 2016.

The resulting cost to the public purse is significant. In England alone, the costs arising from malnutrition are estimated at £19.6bn, with a potential saving of £5,000 per patient through better nutrition management.

The impact on local areas is considerable, since 93 per cent of malnutrition is estimated to occur in community settings. However, the largest cost comes from the management of malnourished people in hospitals, even though they only account for 2 per cent of cases. Prevention and appropriate management have an important role to play in addressing the challenges presented by malnutrition. NICE Clinical Guideline 32 includes a range of measures that can be taken to address malnutrition and its impact on patients, as does the NHS England Guidance on Commissioning Excellent Nutrition and Hydration 2015-2018.

As many as 25 per cent of patients admitted to hospital are malnourished and these patients are three times more at risk of infection, and twelve times more likely to die early than those at 'no risk'.

The introduction of a new, comprehensive, jointly developed and delivered clinical care pathway such as the Managing Adult Malnutrition in the Community guide, implemented across all systems, would go a long way to addressing malnutrition risk. This pathway has been developed by a multi-professional team and is endorsed by ten key organisations.

A key part of any pathway must include routinely screening patients for malnutrition, and proper recording of the results to ensure up to date information is collected by the Trust. The role of specialist nutrition nurses and dietitians can also be vital in developing an effective management plan for patients through the whole patient pathway. This includes effective planning on discharge from hospital to ensure nutritional support is in place once a patient is back at home and under the care of community services.

The NHS Long Term Plan makes little reference to the importance of nutrition in preventing poorer health outcomes and optimising health spending and, while there is great focus on the significant challenge of obesity, the wider need for effective nutritional care is overlooked.

What is needed to address this oversight is a joint strategy from NHS England and Public Health England to properly manage malnutrition through the whole patient pathway in all care settings. A senior officer should be appointed within NHS England or the Department of Health and Social Care to take charge of this important matter.

With a greater focus on nutritional care throughout the patient pathway, the health and social care system can not only ensure improved health outcomes for patients but can also secure financial savings for the entire system. Ultimately, this will help fulfil the vision set out in the NHS Long Term Plan. ●

# Better care through better nutrition

**'PROVIDING POSITIVE HEALTH OUTCOMES AND OPTIMISING SPEND'**

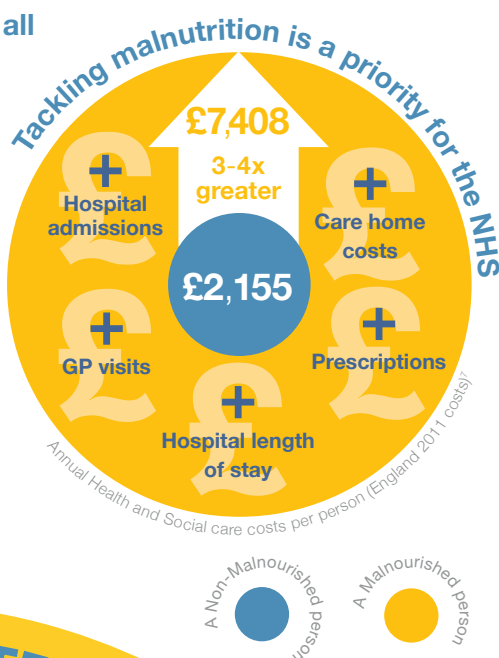
**MEDICAL NUTRITION - A VALUABLE SOLUTION WE CANNOT AFFORD TO IGNORE**

## Malnutrition is a **PRIORITY** for all

Malnutrition affects **5% of the UK population**, but is under-recognised.

The solution is **better screening and nutrition** – involving a spectrum of good nutritional care – medical nutrition plays an essential role.

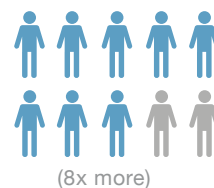
Medical nutrition provides an evidence-based, cost-effective solution to tackling disease-related malnutrition.



## Tackling malnutrition is a priority for **HOSPITALS**

Risk of malnutrition

**HIGH**



**LOW**



## Tackling malnutrition is a priority for **PATIENTS**

Hospitalised malnourished patients are **3 times more at risk of infection** than well-nourished patients.<sup>2,3</sup>

Poor nutritional status is a key risk factor in the development of **pressure ulcers**.<sup>4</sup>

**1 in 4 hip fracture patients** are at risk of malnutrition, or are malnourished on admission to an NHS hospital.<sup>5</sup>

Hospitalised patients at 'high risk' of malnutrition are **12 times more likely to die early** than those at 'no risk'.<sup>6</sup>

## **3 million people in the UK<sup>1</sup> are malnourished**



**1 in 3** in care homes



**1 in 10** visiting their GP



**1 in 4** hospital admissions

**More patients are affected by disease related malnutrition than those with a cancer diagnosis.\***

\*Estimated number of people living with cancer in UK = 2.5m<sup>2</sup>

## MEDICAL NUTRITION

ORAL NUTRITIONAL SUPPLEMENTS,  
ENTERAL TUBE FEEDING - PARENTERAL NUTRITION

## ROUTINE CARE

DIETARY COUNSELLING - FOOD FORTIFICATION

## MEDICAL NUTRITION - A VALUABLE SOLUTION WE CANNOT AFFORD TO IGNORE

Medical nutrition is designed to meet the nutritional needs of patients who are unable to meet their needs through food alone and provides an evidence based, cost effective solution to tackling disease-related malnutrition.

**VALUE of liquid Oral Nutritional Supplements (ONS) vs routine care**



**33% reduction in mortality** in hospital patients.<sup>1</sup>  
**33% reduction in complications** in hospital patients.<sup>1</sup>  
**2 days shorter length of stay**.<sup>1</sup>  
**30% reduction in complications post hospital discharge**.<sup>2</sup>  
**50% reduction in falls** post hospital in malnourished older adults for high protein ONS.<sup>3</sup>  
**30% reduction in readmissions** for high protein ONS.<sup>4</sup>

**VALUE of Enteral tube feeding vs routine care**



**50% reduction in mortality** in hospital patients.<sup>5</sup>  
**30% reduction in complication rates** in hospital patients.<sup>5</sup>  
 Allows a **safe discharge from hospital**, with **47,000** tube fed patients in UK able to live independently in their own homes.  
**Improved body weight and muscle mass** in patients in the community.<sup>5</sup>