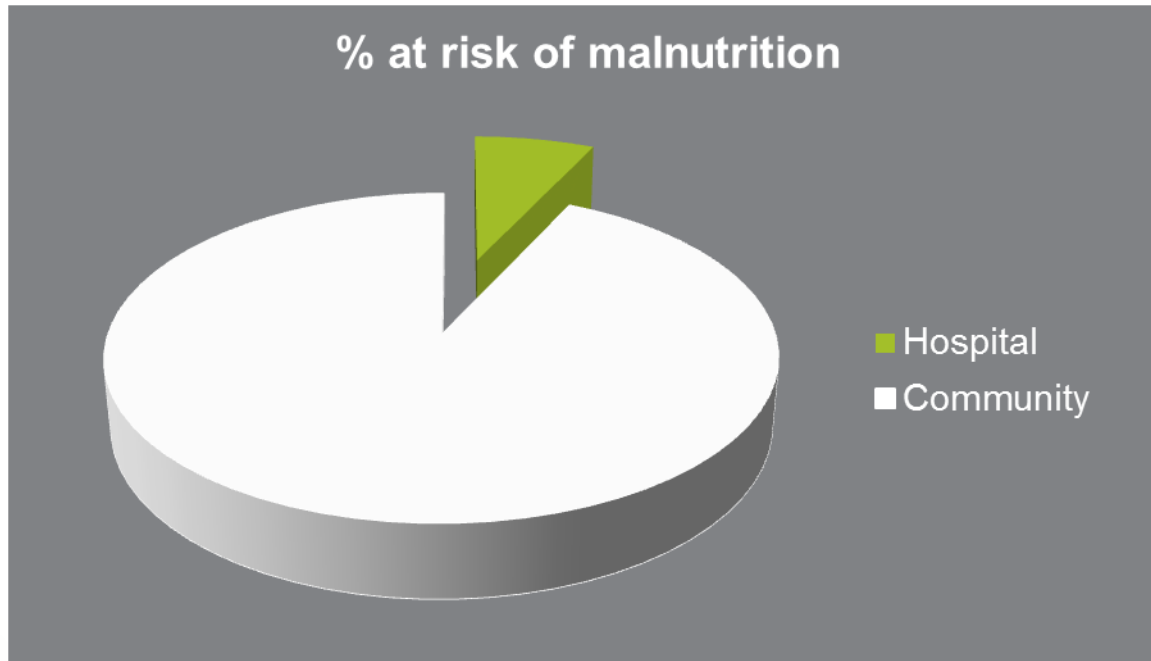


Lambeth and Southwark Action on Malnutrition Project (LAMP)



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What is the problem?



- 3 million (5 % population) at risk of malnutrition at any time
- 1.1 million aged over 65 years
- 400,000 across London
- 120,000 aged over 65 years

Population at risk across Lambeth and Southwark

Population	5 % BMI < 20 kg/m ^{2a}	Aged ≥ 65 years	14 % at risk ^b	Care homes	40 % at risk ^c
Lambeth 303,100	16,975	22,976	3,191	1,365	546
Southwark 288,300	16,145	22,329	3,126	791	316
	33,120	45,305	6,317	2,156	862

Sources: Census data 2011, ^aElia & Russell 2009, ^bElia & Stratton 2005, ^cBAPEN 2011

Impact on the individual

- **Widespread adverse effects on physical, social and psychological function**
 - ↓ muscle strength
 - ↓ mood
 - ↓ ability to perform everyday tasks
 - ↓ quality of life

- **In the presence of illness malnutrition results in delayed recovery, increased complications and increased mortality (NICE, 2006)**
 - ↑ length of hospital stay
 - ↑ hospital admissions
 - ↑ GP visits
 - ↑ care needs



Impact on the family and carers

- 74% prepare all the meals for the person they care for
- 60% worry about the nutrition of the person they care for
- 55% of the people being cared for use nutritional supplements
- 25% care for someone who is underweight
- 16% care for someone who is underweight and with a small appetite and yet were not receiving any nutritional support

(Carers UK, 2012)

Impact on society

- Malnourished individuals cost twice as much to manage as the well nourished (*Guest et al., 2011*)
- Malnutrition costs health and social care services £ 13 billion per year (*Elia & Stratton, 2009*)



Factors affecting nutritional intake

Psychological

- Dementia
- Depression
- Bereavement
- Mental illness
- Anxiety
- Apathy
- Motivation
- Loneliness
- Self-esteem
- Independence
- Substance abuse

Goals of treatment

- Diagnosis
- Prognosis
- Duration of nutritional support



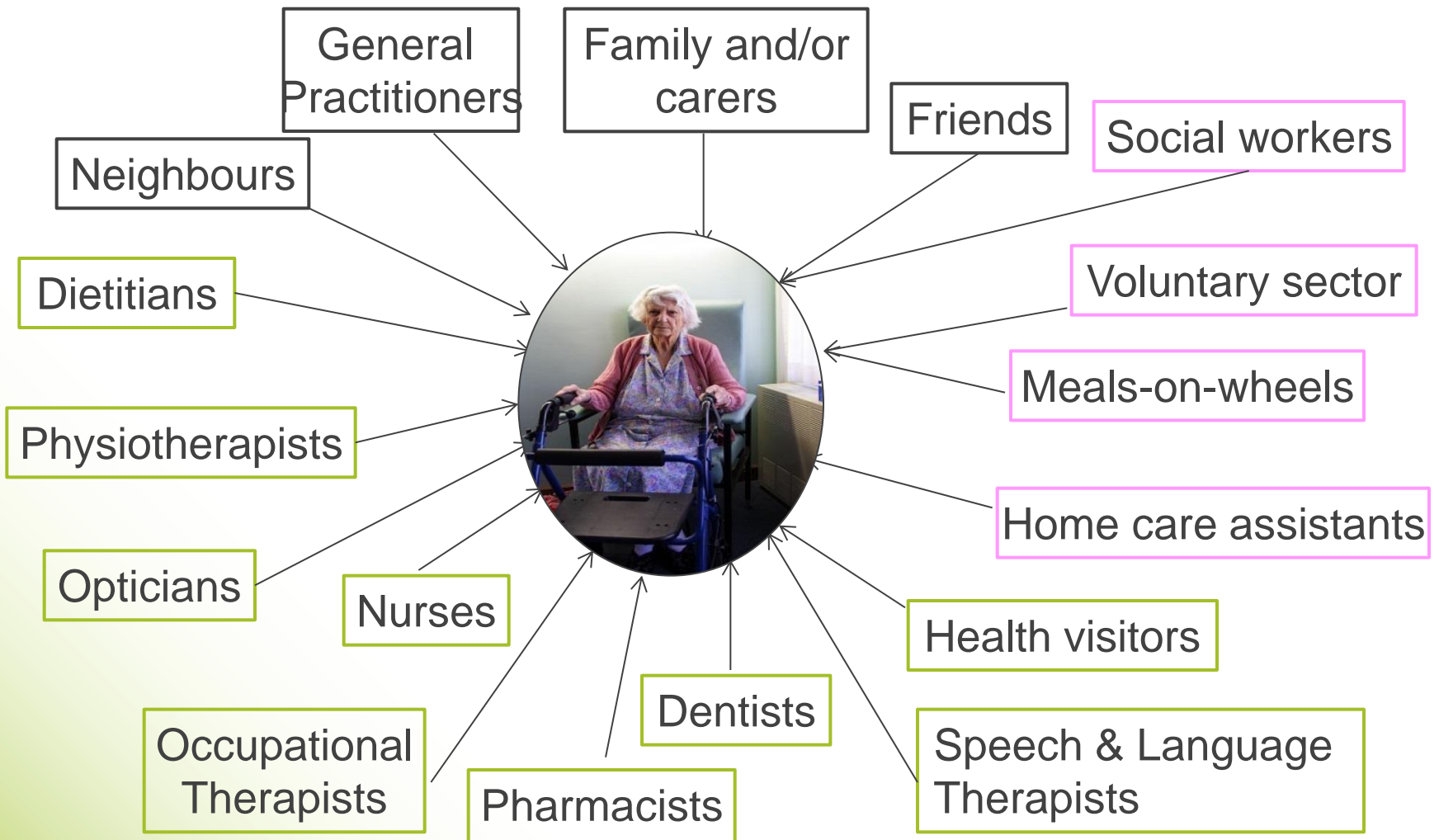
Disease effects

- Disease severity
- Inflammatory response
- GI function
- Pain
- Co-morbidities
- Dentition
- Swallowing difficulties
- Medical interventions
- Surgery
- Medication

Social

- Financial issues
- Social isolation
- Access to shops
- Access to health and social care services
- Social networks

Managing malnutrition – it's complicated



Malnutrition: everyone's responsibility

...and no-one's responsibility



- Two years funding from Guy's & St Thomas' Charity
 - Phase 1 – Mapping and scoping (April 13 - March 14)
 - Phase 2 – Model development (April 14 – March 15)
- Academic and clinical collaboration across King's Health Partners, together with Lambeth and Southwark Councils
- Academic input (King's College London)
 - Diabetes and Nutritional Sciences
 - Institute of Psychiatry (Health economist)
 - Social care research
 - General practice



Aim - To improve the management of malnutrition across Lambeth and Southwark

- To quantify the extent of malnutrition across Lambeth and Southwark; to determine the costs associated with malnutrition
- To characterise the services malnourished patients currently access across Lambeth and Southwark; explore local variations in service provision and access to care; identify examples of good practice in the MDT management of malnutrition
- To characterise the knowledge, expertise and training needs of those who currently manage malnutrition in the community
- To identify key performance indicators and outcomes to enable robust evaluation of future service provision
- To develop and formally evaluate an alternative model for the clinical and cost effective management of malnutrition across Lambeth and Southwark

- People in care homes should be screened on admission and re-screened monthly or when there is clinical concern
- All healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post, on the importance of providing adequate nutrition.
- Education and training should cover:
 - nutritional needs and indications for nutrition support
 - options for nutrition support
 - ethical and legal concepts
 - potential risks and benefits
 - when and where to seek expert advice

Audit compliance with nutritional care guidelines

Aim

- To determine the proportion of at risk patients in the community whose nutritional management complies with national nutritional care guidelines

**Care
Homes**

Objectives

1. The proportion of patients who are screened using a validated nutrition screening tool (NST)
2. The proportion of patients routinely re-screened or when there is clinical concern
3. The proportion of medium or high risk patients with a documented nutritional care plan
4. The proportion of high risk patients referred for specialist nutritional input

**Mental
Health**

**Inter-
mediate
Care**

Nutrition screening and assessment

Nutrition screening

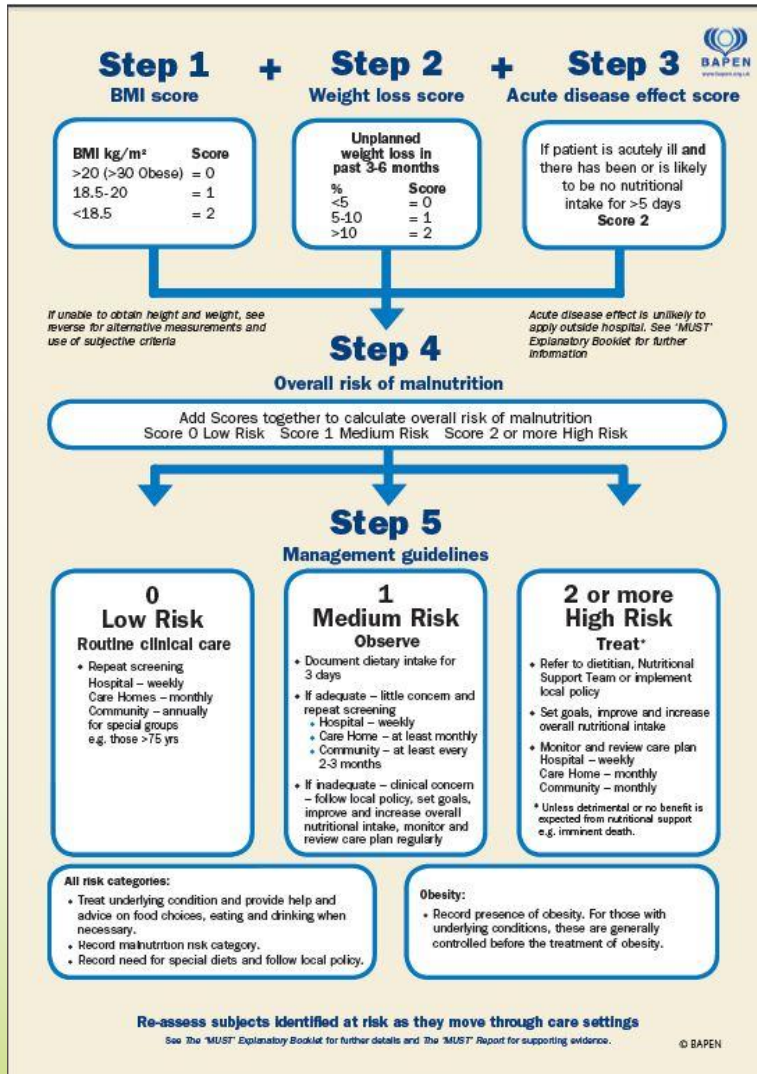
- Identifies patients with actual (or potential) nutritional problems i.e. nutrition risk status
- Undertaken by non-specialists

Nutritional assessment

- Establishes nutritional status
- Explores causes and duration of nutritional problems
- Forms the basis for a nutrition action plan
- Undertaken by nutrition specialists



Malnutrition Universal Screening Tool (MUST)



Resources include:

- Instruction booklet
- E-learning package
- BMI charts
- Weight loss ready reckoners
- Tape measures
- MUST app

<http://www.bapen.org.uk/screening-for-malnutrition/must/introducing-must>

METHODS

- Approval obtained from the Trust Clinical Audit Group, supported by the commissioning teams of Lambeth and Southwark Councils
- All care homes where the majority of residents were older people were invited to participate (N = 23)
- All care records were reviewed on site by a member of the LAMP team to check for documented evidence of:
 - Nutrition screening using a validated tool e.g. MUST (on admission and at regular intervals or when there is clinical concern)
 - Nutrition care planning
 - Monitoring and evaluation
 - Onward referral if required

Nutritional Risk Screening

- 19 (83%) eligible care homes were audited
 - 12 (63 %) in Lambeth
 - 7 (37 %) in Southwark
 - 12 (63 %) residential homes
 - 3 (16 %) nursing homes
 - 4 (21 %) dual registered
- 762 residents care records reviewed and audited

Demographics	
Female Male	503 (66 %) 259 (34%)
Age (years)	84 (38 – 113)
Length of Residency	2 years (2 days – 27 years)

Nutrition screening tools (NST)

- 15 (79 %) care homes used MUST
- 678 (89%) residents had an NST in care records
- 609 (80 %) residents were re-screened at least 3 monthly
- 84 (11%) NST fully and accurately completed

NST completion - why is it important?

NST in place		89 %
NST Fully Completed		11 %
Sections Completed	Weight	48 %
	Height	40 %
	BMI	62 %
	Weight Loss	56 %

- 223 (29 %) identified as at medium or high risk of malnutrition using NST
- Using data collected by the LAMP team on weight, height and recent weight loss, 354 (50 %) residents should have been identified as at medium or high risk

Nutritional Care Planning – why is it important?

- 701 (92%) residents had a nutritional care plan in place
- 290 (38 %) care plans were based on results of nutrition screening
- 259 (34 %) care plans included specific nutritional goals
- **137 (18%)** care plans based on results of NST and included nutritional goals

Of those who were at medium/high risk of malnutrition (n = 223) only **31 (14%)** had a care plan based on results of NST and included nutritional goals

Nutrition screening should result in an action

- Of the 223 identified as at medium or high risk (using NST)
 - 50 (22 %) were prescribed oral nutritional supplements (ONS)
 - 47 (22 %) referred to a GP
 - 37 (17 %) referred to a dietitian
 - 22 (10 %) referred to SLT
- **What happened to the other 70 - 80 %?**

Conclusions

- NSTs were routinely included in resident care records in care homes but were rarely fully and accurately completed
- More than 90 % residents had a nutrition care plan in situ, however the care plans rarely related to the NST score and rarely included nutritional goals
- As a result, around half of those at medium or high risk of malnutrition in care homes failed to receive the nutritional care they required
- Training should be focused on translating nutrition screening to appropriate actions

SLIC Testing team

- Twelve months funding from July 2014
- New team of three dietitians and two dietetic assistants
- Based at Dulwich Community Hospital
- Work with existing teams
 - i.e. Lambeth Community Dietitians (1.7 WTE), Lambeth and Southwark GP Dietitians (1.0 WTE) a new Lambeth Prescribing Support Dietitian (1.0 WTE), and the LAMP team

Aims

- To reduce the impact of malnutrition by improving structures and processes relating to the nutritional care of older people across Lambeth and Southwark
- To test different community-based models of nutritional care

Activities

	Model 1 Educator/Facilitator Southwark	Model 2 Direct dietetic care Lambeth
Training	★ ★ ★	★
Number of Dietitians	★	★ ★ ★
Early Dietetic Intervention	★	★ ★
Home Visits	▲	★ ★ ★
Clinics	★	★ ★
Direct patient contacts	★	★ ★ ★
Raising awareness	★ ★ ★	★ ★

Food – more than just calories

- Defines family roles, rules and traditions
- Strengthens bonds between individuals and communities
- Associated with feelings of health and well-being
- Triggers memories and emotions
- Associated with nurture, caring and provision of comfort



Thank you

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