



Greater Manchester Nutrition and Hydration conference 2019



@GMNandH
#MAW2019



Why focus on undernutrition and hydration?

Dr Trevor Smith
BAPEN President



*Putting patients at the centre
of good nutritional care*



**UK MALNUTRITION
AWARENESS
WEEK**

#MAW2019

British Association for Parenteral and Enteral Nutrition

www.bapen.org.uk

BAPEN is a Charitable Association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk from malnutrition in the wider community.



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MAG

Malnutrition Action Group
A Standing Committee of BAPEN

- Raise the profile of malnutrition (*nutrition & hydration*) among HCPs and in the media
- Ensure that appropriate priority and action is given to the area by primary healthcare, GP's and commissioners
- Communicate the benefits of timely and appropriate use of nutritional supplements/interventions
- Produce definitive guidelines for the management of malnutrition in the community
- Work nationwide with key influential groups to promote standards of excellence in the treatment of malnutrition



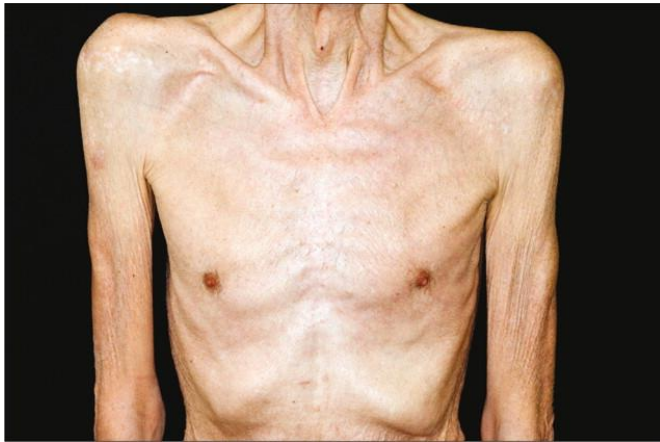
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Disease related malnutrition

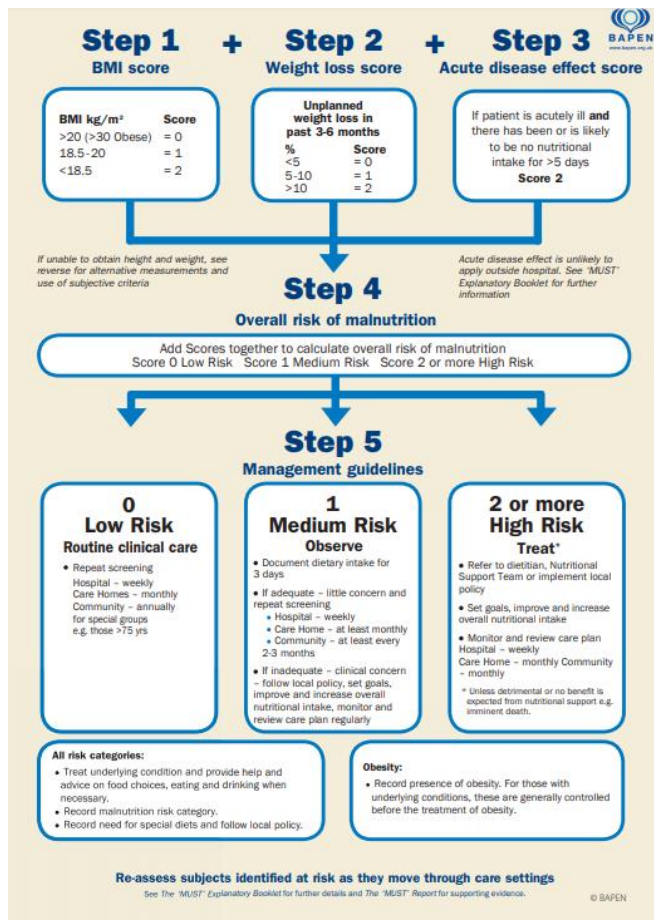


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You are here: / Home / Screening & 'MUST' / 'MUST' Calculator

'MUST' Calculator

The 'MUST' calculator can be used to establish nutritional risk using either objective measurements to obtain a score and a risk category or subjective criteria to estimate a risk category but not a score.



Please select which method of nutritional screening is to be used:

Objective Measurements

Complete all relevant fields and click/tap the 'show results' button. Clear all values

Current weight (Imperial)

st

lb

Imperial

Metric

Current height (Imperial)

ft

in

Imperial

Metric

<https://www.bapen.org.uk/screening-and-must/must-calculator>



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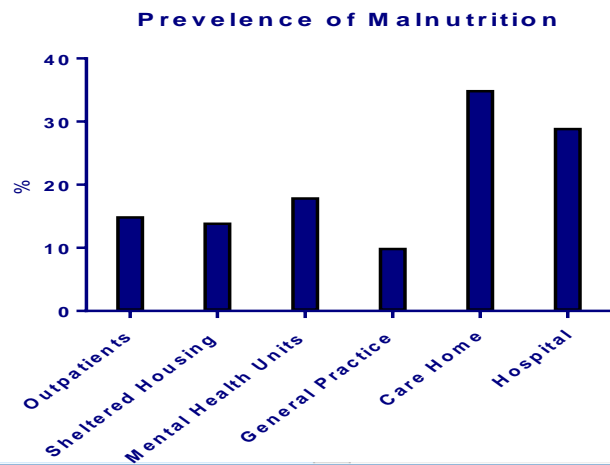


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Disease related malnutrition is a significant problem but largely treatable

- 5% of population have DRM ~ 3 million people
- 93% of these are free living; 5% in care homes; 2% in hospital



Most vulnerable groups	
Acute and chronic conditions	Cancer, COPD, gastrointestinal illness, renal or liver disease
Chronic progressive conditions	Dementia, neurological conditions (Parkinson's disease, Motor Neurone Disease)
Recent hospital discharge	Post surgery, hip fracture, exacerbations of chronic disease
Older people	Frail elderly, prone to falls, less mobile, pressure ulcers

Consequences of malnutrition

Patients:

- See their GP twice as often
- Have 3 times the number of hospital admissions
- Stay in hospital >3 days longer
- Have more ill health (co-morbidities)
- Higher mortality

Costs of malnutrition = x3 higher healthcare costs

- £5763 versus £1645



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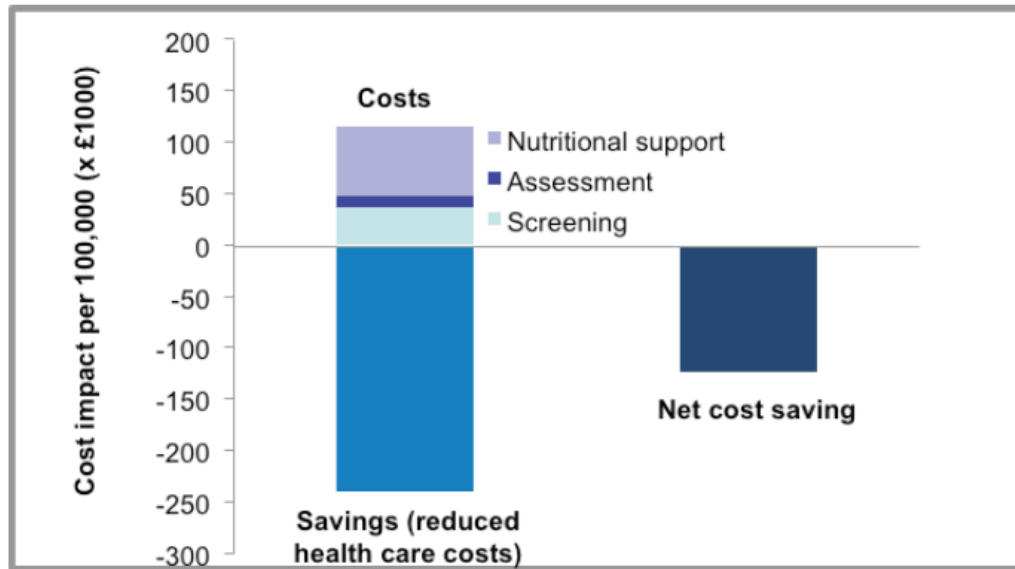


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Saving money by managing malnutrition

(NIHR/BAPEN economic analysis 2015)



**Savings of at least £123,530 per 100,000 population
£308,820 per 250,000 people (average CCG size)**

NICE has identified CG32/QS24 as high impact to produce savings

NICE Clinical Guidance	Saving per 100,000 population*
CG30 Long acting reversible contraception	£214,681
CG32 / QS24 Nutrition support in adults	£71,800 (updated to £123,530)(3)
CG127 Hypertension	£20,464
CG108 Chronic heart failure	£19,000
CG115 Alcohol dependence	£18,600

*As of May 5th 2016, www.nice.org.uk/about/what-we-do/into-practice/cost-saving-guidance (Note the cost savings figures are regularly updated on the NICE website)

Costs to manage malnutrition are more than offset by the benefits – leading to an overall cost saving



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Older malnourished individuals registered with GP use greater healthcare resources

Fry et al. BAPEN 2017

- 5 GP practices – 450,000; (10,628 ≥65 years)
 - Prevalence of malnutrition in older people
 - Healthcare use – admissions, length of stay, healthcare profession contacts, antibiotic use
 - 84% (8871) of GP records for patients ≥65 years reviewed by a Dietitian
- <1% had 'MUST' score documented
- 53.3% did not have enough information to assign malnutrition risk category
- Of the other half:
 - Low risk = 92.7%; Medium risk = 3.5%; High risk = 3.8%



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Older malnourished individuals registered with GP use greater healthcare resources Fry et al. BAPEN 2017

Does malnutrition matter?

Subset of 163 individuals examined (80 ±9 years)

- Medium risk:

- ↑ x2 hospital admissions and healthcare professional contacts
- ↑ x2.5 Length of stay

- High risk:

- ↑ x7 hospital admissions
- ↑ x3 healthcare professional contacts
- ↑ x15 Length of stay



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A Guide to Managing Adult Malnutrition in the Community

Including a pathway for the appropriate use of Oral Nutritional Supplements (ONS)

Produced by a multi-professional consensus panel



www.malnutritionpathway.co.uk

2nd Edition: 2017

NICE Endorsement Statement - Managing Adult Malnutrition in the Community

This booklet supports the implementation of recommendations in the NICE guideline on nutrition support for adults (www.nice.org.uk/guidance/cg32). It also supports statements 1, 2 and 5 in the NICE quality standard for nutrition support in adults (www.nice.org.uk/guidance/qs24).

National Institute for Health and Care Excellence. December 2017

Practical project to manage malnutrition in GP practice shows significant benefits

Dietetic led implementation of malnutrition pathway (includes dietary advice and ready made low volume high protein ONS)



- ✓ Significant reduction (30%) in malnutrition risk
- ✓ Significant weight gain (2.2kg)
- ✓ Significant reductions in health care use
 - hospital admissions (49%)
 - GP visits (21%)
 - Abx prescriptions (30%)
 - LOS (48%)

163 patients from GP practice (80±9years; 58% female)



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Conclusions

- Malnutrition is a significant clinical & public health problem
- Tools are available for people to self screen for malnutrition risk, as well as for professionals to use such as 'MUST'
- Malnutrition is under-recognised & under-treated
- Identification & treatment is key
- Nutrition support in the community improves nutritional status, quality of life & healthcare outcomes/utilisation/costs

Nutritional care improves outcomes for patients & saves the NHS money



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UK MALNUTRITION AWARENESS WEEK IS HERE!



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BAPEN



Malnutrition Task Force
Eating and drinking well in later life

Why UK Malnutrition Awareness Week?

We committed in our five year vision published in 2017 that we would:

- *Work with colleagues from the Malnutrition Task Force to raise awareness of the causes and consequences of malnutrition*
- *Share best practice using our website and online forums*
- *Work together with the voluntary sector*

Our goals are that:

- *NHS Department of Health, NICE, CQC & Public Health recognise that good nutrition & hydration care should be recognised as being a fundamental core component of providing safe and effective quality care in all care settings*
- *Every patient should have an effective nutrition care plan*



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It's not too late to get involved...

Do the survey

Please take part in our national screening survey. We need as many health and social care professionals as possible! It will help you and us! Information available on our website

Stage an event

What kind of event could you run in your setting? A small stall helps raise awareness and helps us if you post about it on social media. Information available on our website

Take a selfie

Download our selfie cards and snap away! Get everyone in your department to do the same! It's really important to build momentum. Selfie cards on our website

Get social

Even if you're not up for a selfie – please retweet and share our social posts to raise awareness, and use #MAW2019, you can start today!



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**HELP US CELEBRATE
UK MAW
14TH – 20TH OCTOBER 2019**



Twitter@BAPENUK



Facebook@UKBAPEN



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Malnutrition Task Force
Eating and drinking well in later life

GREATER MANCHESTER

DOING AGEING DIFFERENTLY

Greater Manchester

- GM population is **set to grow by 13%** by 2039 to reach 3.1 million, it will be **driven by growth in the number of older people**
- By 2039 GM's working age population is set to grow by 5%; the number of GM **residents aged 65+ will expand by 53%** over the same period to reach 650,000
- Overall, the **number of residents over 50 in GM will grow by a third by 2039**
- GM has high levels of **disadvantage**

GM Ageing Hub

- Set up 2016 by GMCA to "*Coordinate a strategic response to the opportunities and challenges of an ageing population.*"
- GM has devolution over **health, employment**, etc.
- GM Ageing Hub's priorities:
 - To be the first UK **age-friendly city region**
 - To be a global **centre of excellence** for ageing, pioneering **new research, technology** and **solutions** across the whole range of ageing issues
 - To increase **economic participation** amongst the over-50s

Our vision is that older residents are able to contribute to and benefit from sustained prosperity and enjoy a good quality of life.

Greater Manchester Age-Friendly Strategy

- 1 Economy and Work**
- 2 Age-Friendly Places**
- 3 Healthy Ageing**
- 4 Housing and Planning**
- 5 Transport**
- 6 Culture**

1 Ageing *in Place*

The **GM Ageing in Place Programme (AIPP)** aims to establish a series of age-friendly neighbourhoods in line with our ambitions for Unified Public Services and the White Paper



What is an age-friendly neighbourhood?

A community that provides a means for **personal, social and emotional fulfilment** of older people rather than (just) provide a means of improving physical wellness.

This is achieved by addressing the relationship between **people, society** (social environment) and **place** (physical environment), each of which is subject to potential change over time.



The eight domains of an Age-friendly City
[from the *Global Age-friendly Cities* guide (2007)]

AIPP: Introduction

AIPP is about creating better places to live, thrive and contribute and is a programme for everyone. It will start its work in 12 GM neighbourhoods

For our citizens, AIPP will deliver:

- **Improved quality-of-life**, health and better opportunities to benefit from all the city-region has to offer.
- A **movement** that promotes social cohesion, intergenerational solidarity and resilience.
- Opportunities to **define local priorities** and inform decision-making.

For GM agencies, AIPP will:

- Embed a **social model of ageing** into GM place-based working and Integrated Neighbourhood Functions.
- Develop a powerful **community of interest** to support further adoption of ageing in place approach.
- Provide **academics** opportunities for research that makes an impact.
- Better targetting of **whole population services** and support to different groups of older people, especially the most marginalised groups.

Messages from research

Income inequality leads to health inequalities, and both result in **spatial inequalities across our city-region**. Those who might benefit the most from a supportive social and physical environment are the least likely to have access to support.

Risk of social detachment

The risk of becoming socially detached for the richest group is just **one fifth** of the risk of the poorest group



“Disadvantaged older adults find it difficult to engage in – and stay engaged in – social and cultural activities and this then impacts negatively on their wellbeing.”

(Nazroo 2017)

- There will be substantial growth in single person households over the next two decades – especially amongst those over 75. Age-friendly neighbourhoods should provide a mechanism for empowering older people and ensuring social participation in the broader sense. *(Phillipson 2017)*
- Evidence from the English Longitudinal Study of Ageing (ELSA) suggests **worsening of levels of health outcomes** for younger-old cohorts in the poorest 20% of the population, with increased levels of inequalities between the richest and poorest.
- Significant inequalities within the older population, with considerable divergence in healthy life expectancy within GM.

Indices of deprivation (60+)

Most deprived

Least deprived



Messages from research

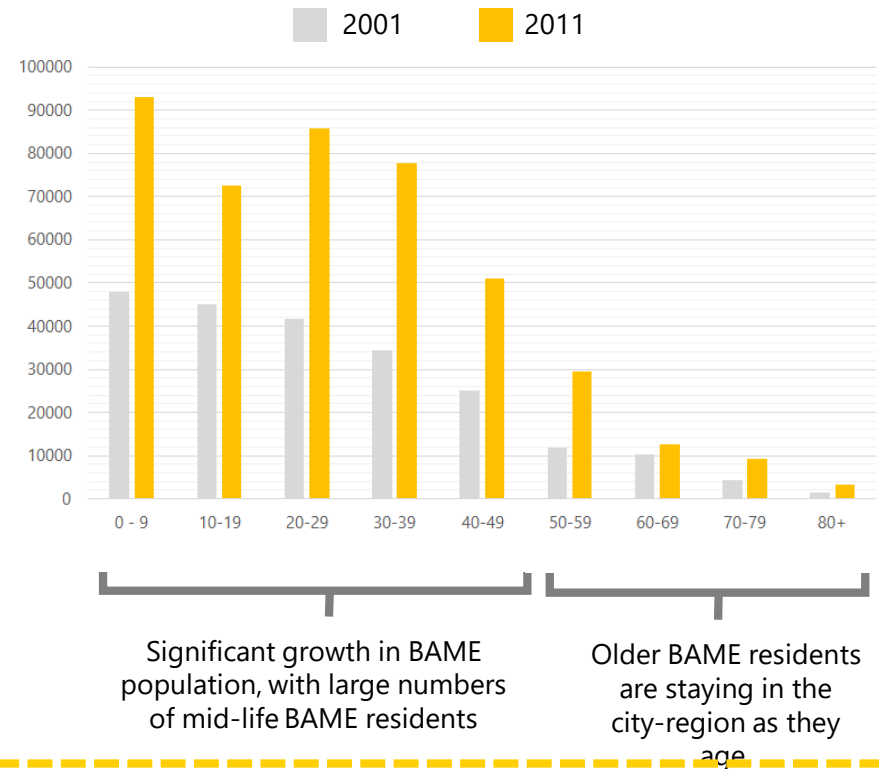
Social Isolation

- TV is the main form of company for 38% of people aged 75+. 11% of older people (75+) in the UK have contact with family, friends and neighbours **less than once a month** (*Age UK, 2014*).
- At least 80% of the time of those aged 70 and over is spent in the home and the surrounding area (*Phillipson, 2017*).
- Life transitions** (*divorce, death of partner, financial issues, retirement, health event*) are a key predictor of increased social isolation, as they risk severing social connections and challenge older people's sense of identity (*Jetten, 2009*).

Ageing and diversity

- The older population will become **increasingly diverse** in terms of ethnicity, sexuality, religion, education and socio-economic factors over the coming decades.
- For example - in 2001, 3.5% of older people (50+) were **BAME** (27,767). By 2011, this had **nearly doubled** to 6.4% (54,534) – a trend we expect to continue and increase over the next 20 years.
- Social isolation is a universal phenomenon, but often found in higher rates amongst BAME groups who are more likely to experience **health, social and economic inequalities** in later life (*Lewis and Cotterell, 2018*).

Number of BAME residents in GM by age group



NYC: A CITY OF NEIGHBORHOODS



Examples: New York 'Aging Improvement Districts'

- Established in 2010, the NY Aging Improvement Districts aimed to coordinate between public service agencies, non-profits, cultural, education and religious institutions to build on existing networks and structures, but with a specific ageing focus.
- Each neighbourhood developed a resident advisory panel, who worked with institutions to design low/no cost improvements and identify action needed at a city/region scale to improve older peoples quality of life.

Age-Friendly Old Moat, Manchester

- The Old Moat project started with a 12 month research project led by Southway Housing Trust, University of Manchester and Manchester School of Architecture, involving hundreds of older residents and local institutions. This led to the development of an action plan and a residents group being established to take the project forward.

Leeds Neighbourhood Networks

- 37 neighbourhoods with voluntary sector-led preventative public health programmes around ageing, with services and activities shaped and developed by local communities.
- Five year commissions per neighbourhood, funded by Leeds City Council (adult social care) - £25-£100k per electoral ward PA



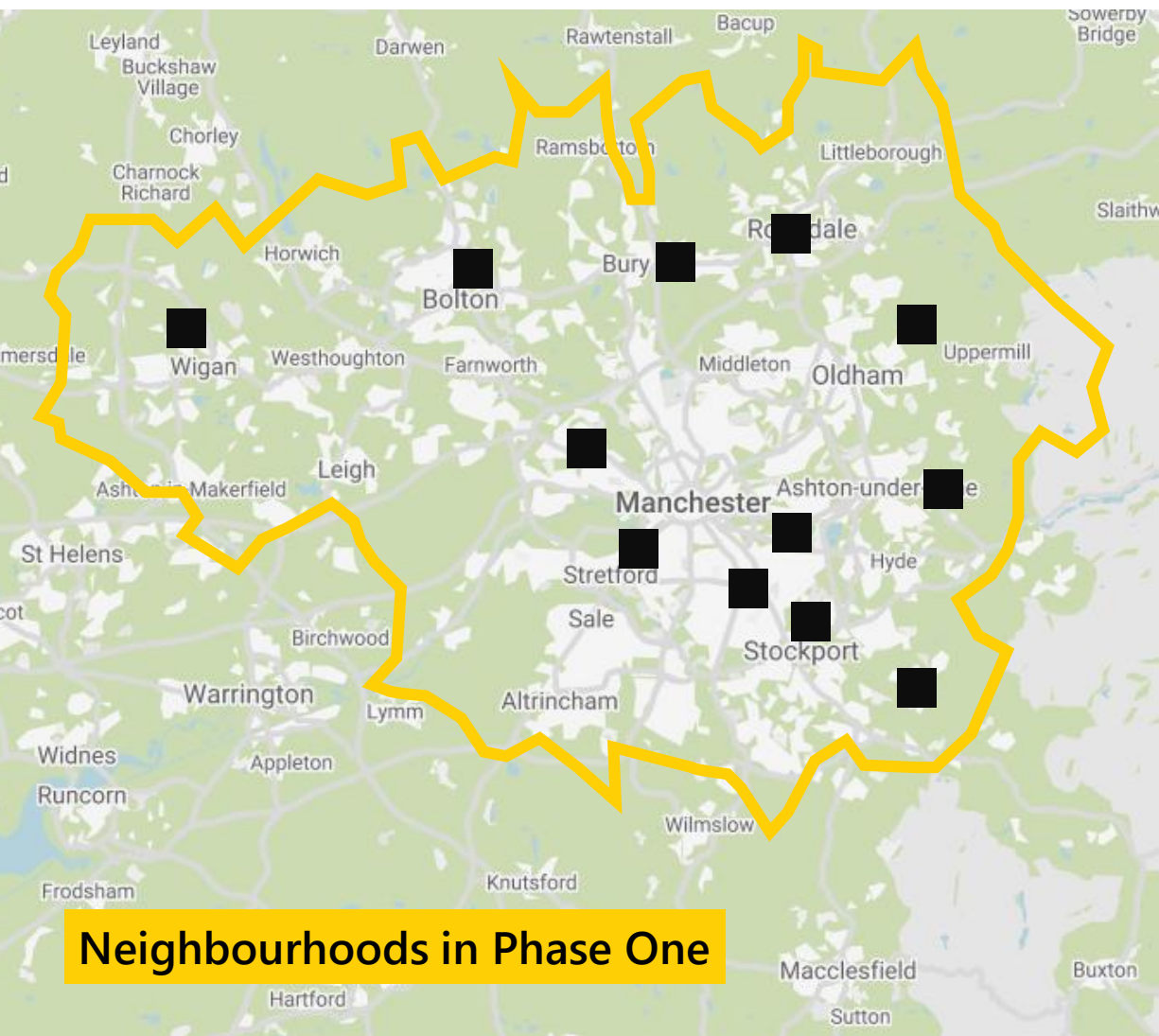
Building Age-Friendly Places

- **Mayoral Challenge:** 50+ neighbourhoods and communities working to **improve lives for older people**
- Ten municipality age-friendly strategies delivering **evaluated improvements** for local areas
- The GM **£10m** Ambition for Ageing programme
- Promote **intergenerational approaches** to age-friendly projects
- The Greater Manchester Older People's Network **informs and influences** GM strategies and decisions that affect older people

Ageing in Place Programme

- Aims to establish a series of **age-friendly neighbourhoods** in line with our ambitions for Unified Public Services and the White Paper
- To provide detailed guidance on supporting an **age-friendly transport system** for Greater Manchester to complement the work of the GM Ageing Hub.





Partnerships agreed in principle with 12 neighbourhoods across all 10 local authorities in Phase One

- **Bolton:** Farnworth and Kearsley
- **Bury:** Bury East
- **Manchester:** Gorton
- **Manchester:** Burnage
- **Oldham:** Saddleworth
- **Rochdale:** College Bank and Falinge
- **Salford:** Swinton
- **Stockport:** Marple
- **Stockport:** Reddish
- **Tameside:** Stalybridge
- **Trafford:** Clifford, Gorse Hill and Stretford
- **Wigan:** Wigan North:

In Phase One - 151,000 people aged 50+
70,000 people aged 65+

GREATER MANCHESTER

DOING AGEING DIFFERENTLY

Paul McGarry
GM Ageing Hub

paul.mcgarry@greetermanchester-ca.gov.uk
@GMAgeingHub
@AgefriendlyMCR





Greater Manchester Nutrition and Hydration programme

Emma Connolly
Programme Director



@GMNandH



Greater Manchester Nutrition and Hydration Programme

- 5 localities: Bolton, Bury, Oldham, Rochdale, Stockport
- Salford recently funded a post to increase impact locally
- 2 year pilot, to end March 2020
- GM Leadership – GM steering group, Salford MTF, Age UK Salford
- Local leadership – Public Health leads, local Age UK and multi-agency steering groups
- Project team support roll out



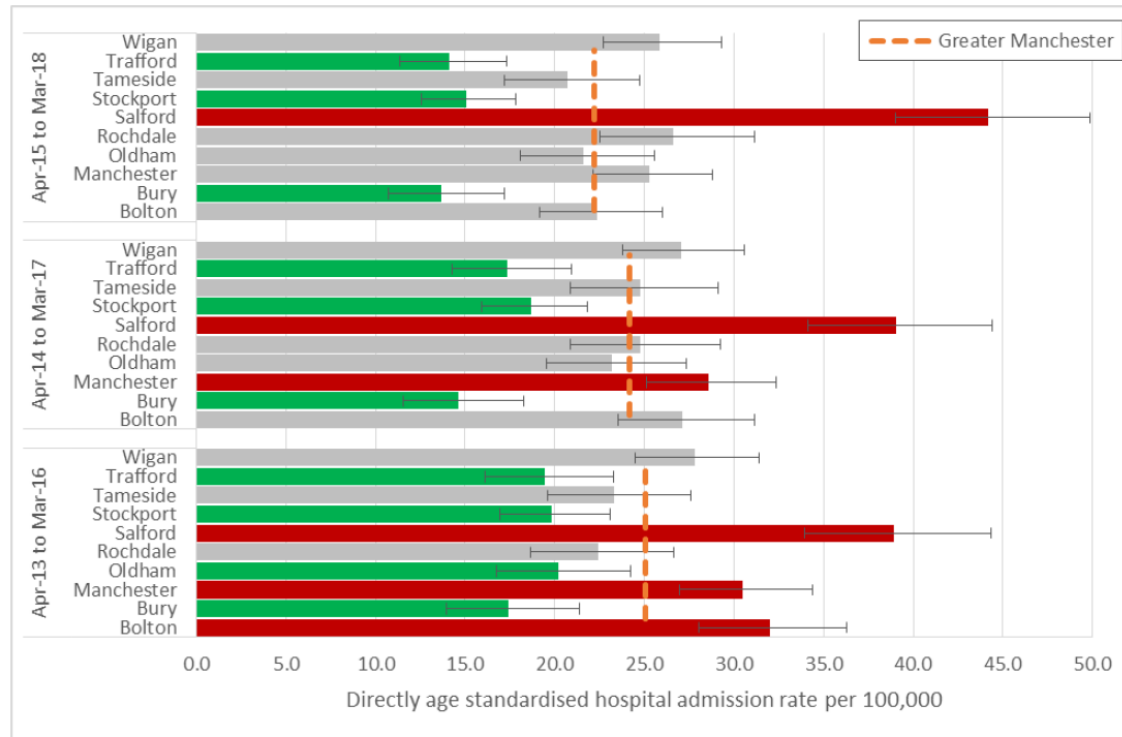
Greater Manchester Nutrition and Hydration Programme

Area	Public Health Lead	Programme Manager
Bolton	Gary Bickerstaffe	Nicola Calder
Bury	Francesca Vale	Carmel Berke
Oldham	Julie Holt	Marie Price
Rochdale	Ruth Bardsley	Martin Hazlehurst
Stockport	Hayley Taylor-Cox	Siobhan McKenna



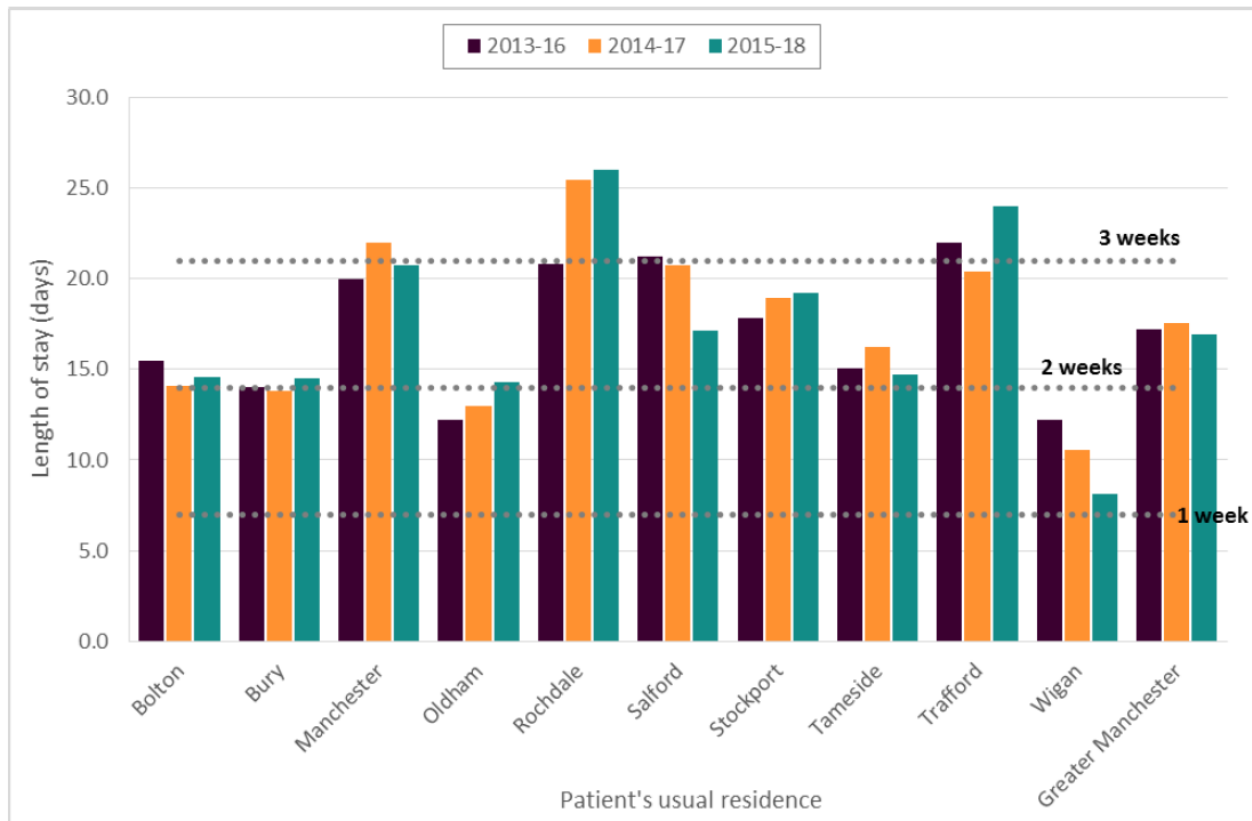
Hospital admissions for malnutrition in Greater Manchester

Figure 1: Hospital admissions for malnutrition by Greater Manchester local authority residents, directly standardised rate per 100,000; three year average 2013-16 to 2015-18

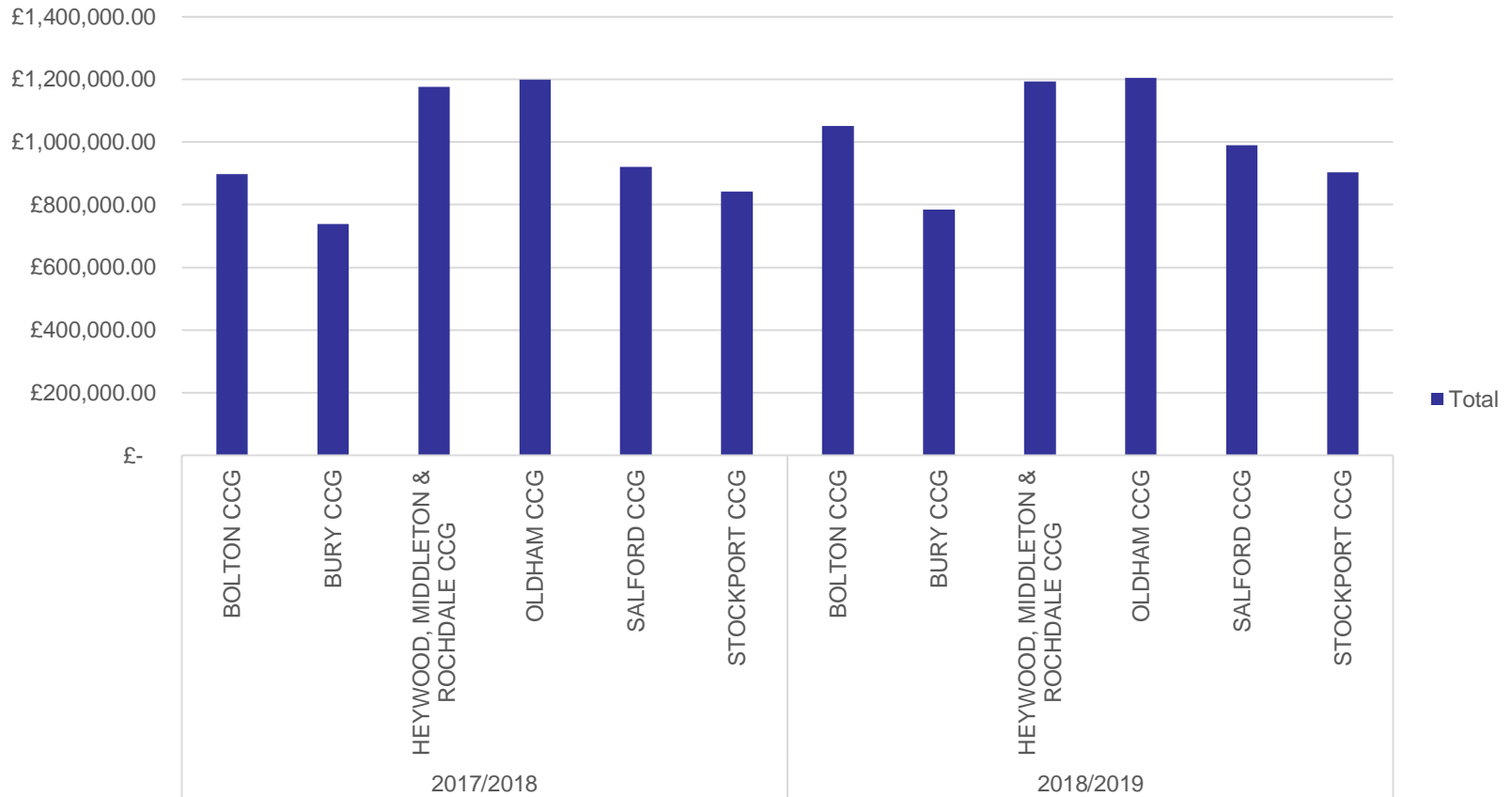


Average length of stay of hospital admissions for malnutrition

Figure 4: Average (mean) length of stay in days of hospital admissions for malnutrition; Greater Manchester residents, three year periods 2013-16 to 2015-18

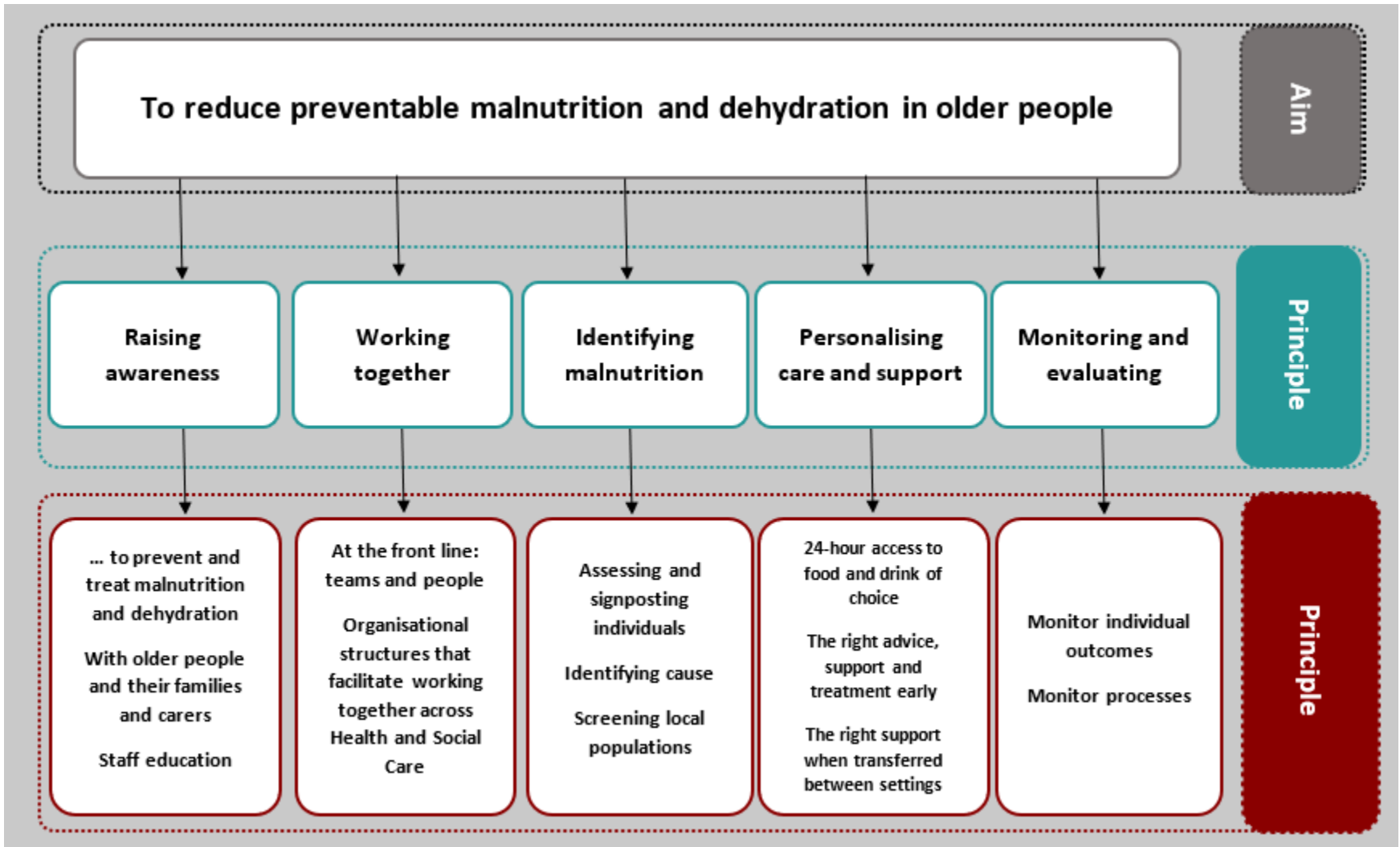


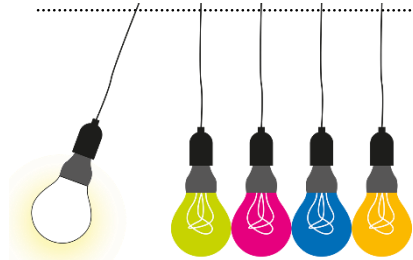
Cost of ONS per locality



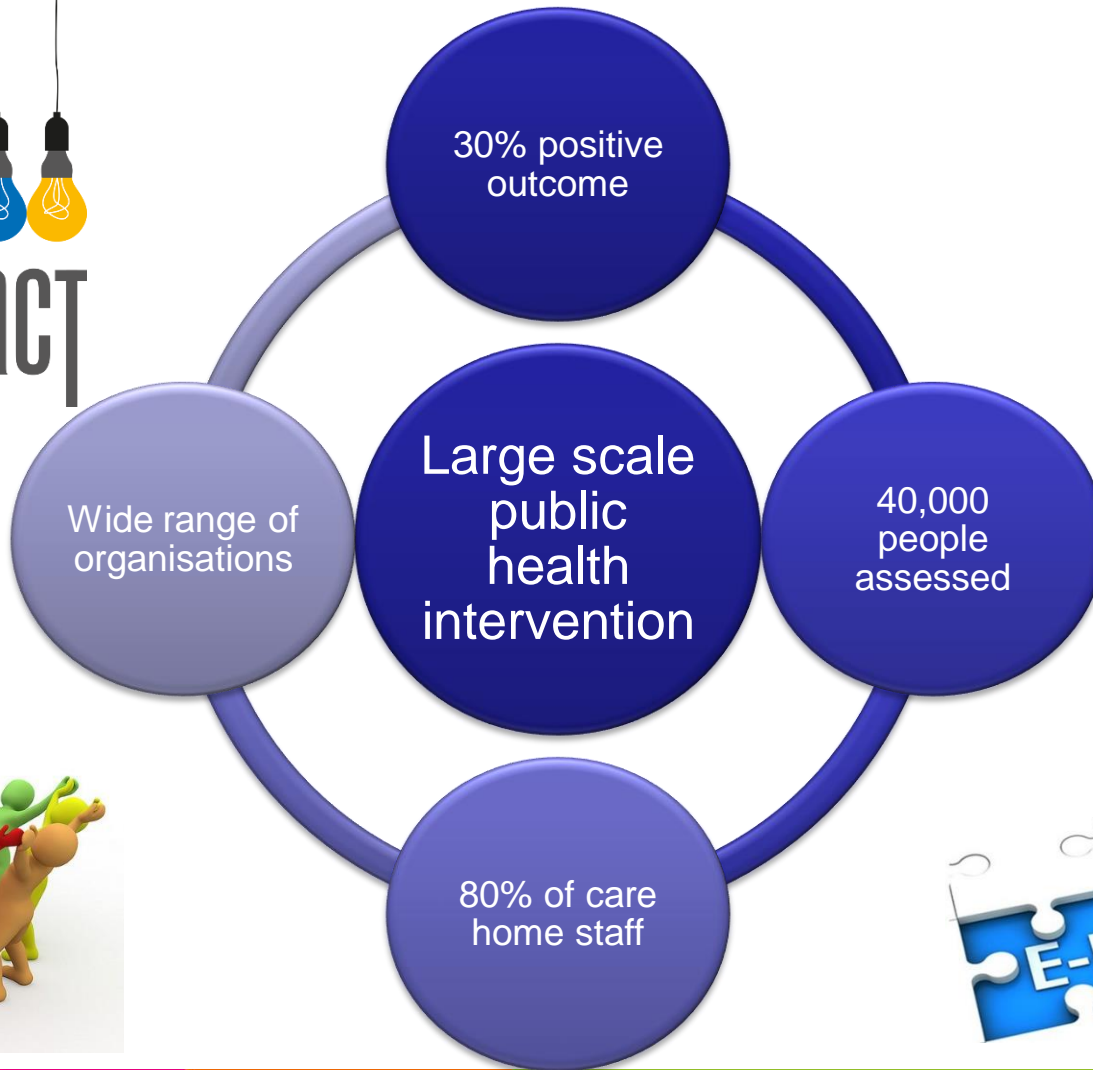
Total cost across 6 localities >£6m per year







Impact



What has been achieved?

RAISING AWARENESS

32,000

People engaged

- Events with the public
- Media and social media
- Meetings
- Stakeholder briefings

WORKING TOGETHER

150

Participating organisations

- **1,500** front-line workers, volunteers and carers have attended training
- Collectively, they see around **85,000** older people per year

IDENTIFYING MALNUTRITION

10,000

Supportive conversations

- **903** people found to need further support or advice to eat and drink well
- Over **87%** of those at risk gained or stabilised their weight.

NATIONAL AND LOCAL MEDIA

one Food: Truth or Scare



- BBC One documentary coverage
- Granada reports news story
- That Manchester TV
- Crescent Community Radio
- Oldham Community Radio

NUTRITION AND HYDRATION WEEK



- Locally run events around Greater Manchester to support Nutrition and Hydration Week
- **60** Global Tea Parties held

E-LEARNING TOOL LAUNCHED



- Launch of e-learning tool for malnutrition and swallowing difficulties

PERSONALISING CARE AND SUPPORT



- Materials co-designed with dietitians and older people
- Signposting and referrals made to meet individual needs

EVALUATION

MANCHESTER
1824

The University of Manchester

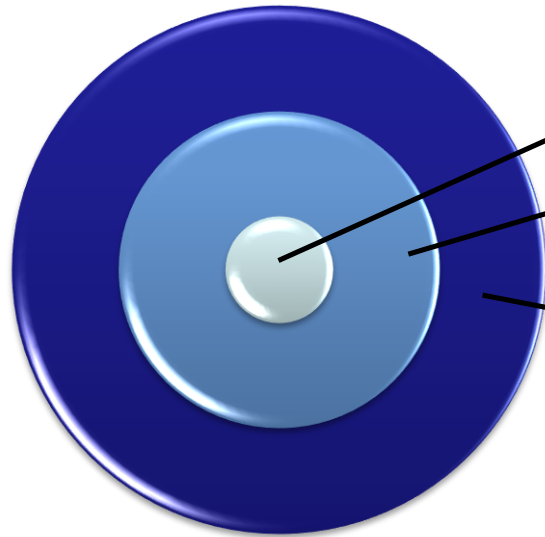
- University of Manchester commissioned to lead an independent evaluation

Why do we need to work together?

- Very simple changes are making a very big difference
- National findings from the Malnutrition Taskforce are proving to be true locally
 - 1 in 10 older people are at risk of malnutrition
 - “I thought it was normal to lose weight as you get older”
 - “I try to eat healthily”
- The issues cannot be tackled effectively working in isolation
- Great potential to increase activity and impact if everyone plays a role
- Current activity needs to be backed up by changes in the system and policy level



Opportunities to make a difference



Go out to groups, events, lunch clubs

Enable people working in groups or services to hold conversations and raise awareness

Enable people to be self-aware.
Empower and friends, family members and neighbours to raise awareness

- Do you work for an organisation that has contact with older people?
- Are you able to influence to make this issue part of local strategy and policy?
- Can you build nudges and levers into the system to mainstream this approach?
- Can you influence expectations and quality monitoring?
- Do you have opportunities to work in the community to raise awareness with friends, families, neighbours and carers?

Top tips to eat and drink well as we age

Top tips for eating
well as we age



Nutrition and Hydration Programme Evaluation

Professor John McLaughlin and Mr Steven Edwards

Malnutrition and Hydration Study Day
October 14th 2019



People who are well nourished are healthier and more independent than those who are malnourished.

Malnutrition increases the risk of illness.

Malnutrition is associated with poorer outcomes from illness, and e.g. falls, surgery.

Many people who are malnourished live in the community and may not be aware of this until they become seriously ill or hospitalised.

1 in 10 older people

are suffering from or are at risk of
malnutrition

Identifying people at risk of malnutrition and acting on this should lead to improved health and quality of life in older adults

Can a simple conversation, supported by the Paperweight Armband and some simple advice about dietary changes, enable people to gain weight?


University of Manchester involvement in the project: our social responsibility agenda

The way we are making a difference to the social and economic well-being of our communities through our teaching, research, and public events and activities.

<https://www.manchester.ac.uk/discover/social-responsibility/>



Purpose of evaluation:

- To discover how effective the paperweight armband is as a simple test for identifying and supporting people at risk of malnutrition
 - To investigate how advice and support around nutrition and hydration can help older adults reach and maintain a healthy weight
 - To identify the barriers preventing older adults from maintaining a healthy weight and accessing resources linked to their nutrition
 - To make a set of recommendations on how the intervention can be improved based on the feedback of participants and partners
- 

How we are doing this:

- Recruiting 80 adults aged 65+ from the participating boroughs – Rochdale, Oldham, Bolton, Bury, Stockport and Salford
- Recruiting criteria – armband loose around upper arm
- Research assistant records weight within one week of referral and gathers information about health and diet of participant and what services accessing
- Also asking a handful of participants if happy to be interviewed about their experiences of the intervention: qualitative study

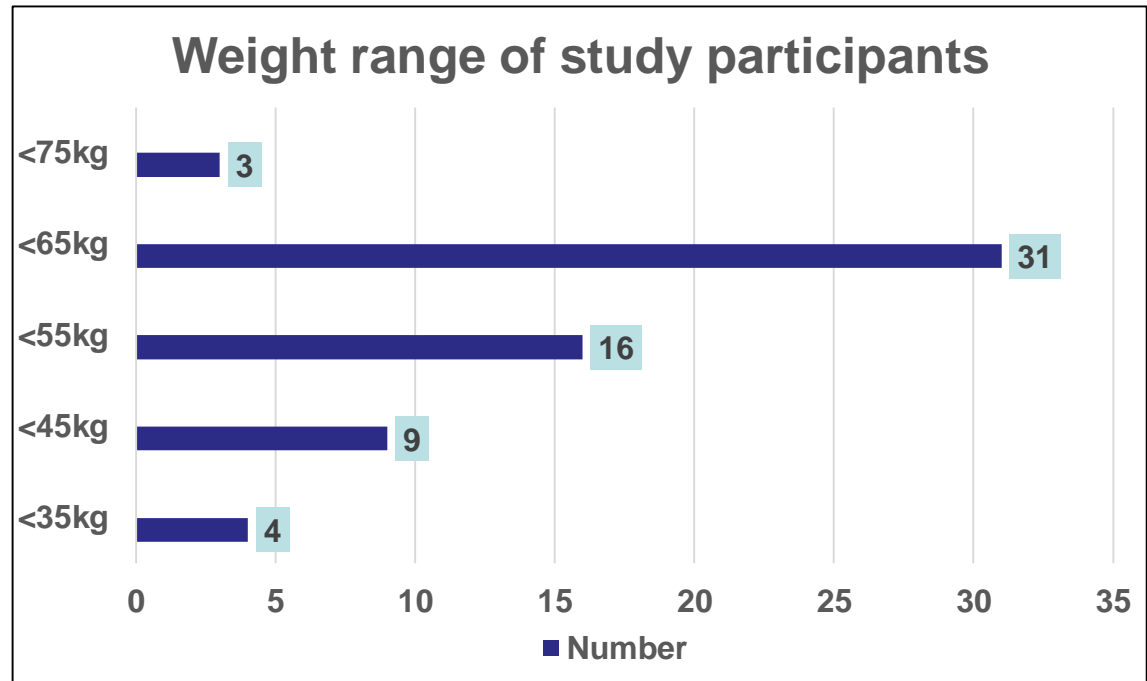


Preliminary Results

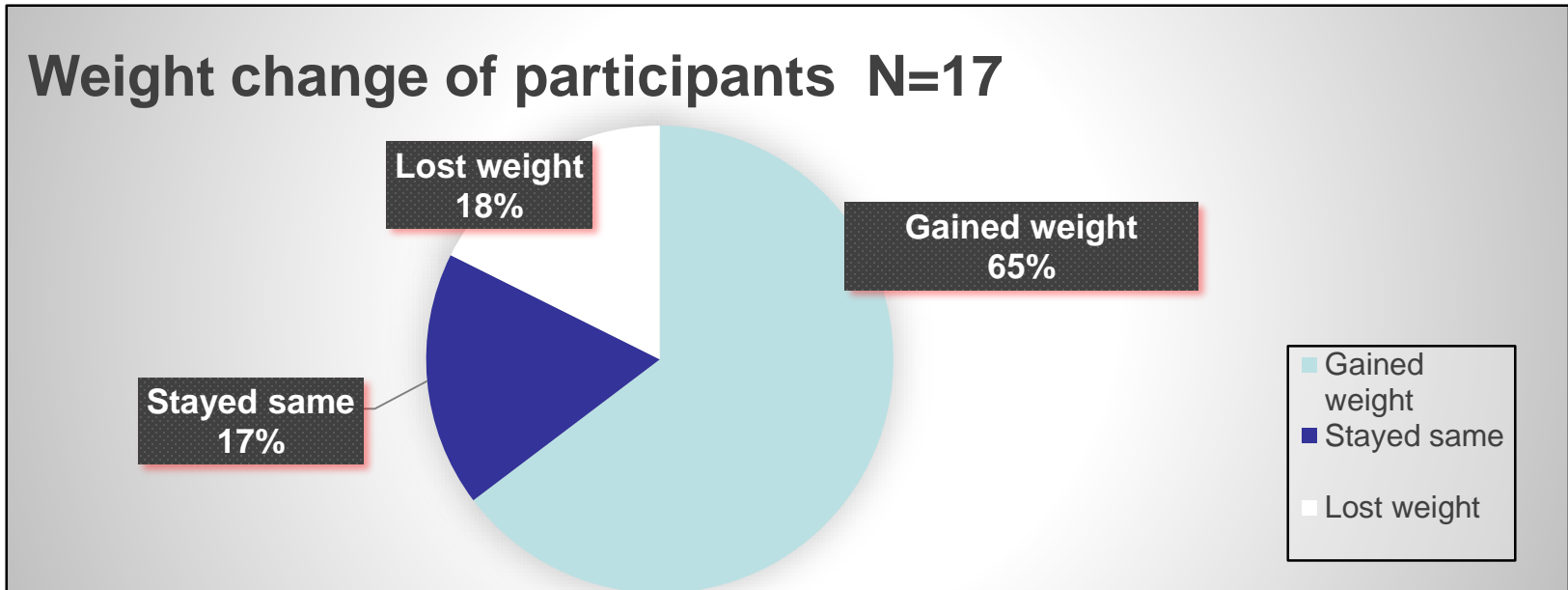


What has been achieved so far:


- Recruited 62 participants, 75% of these are women and 30% are aged 85 or over – eldest is 99
- Also recruited as low as 32kg and eight below 40kg; 14 below 50kg
- 17 recruits have been followed up for 12 week review



Results at 12 weeks:



Positive outcome

- Cost Benefit Analysis for the programme used an assumption that 30% of people engaged would have a positive outcome.
 - In fact, the preliminary findings from the evaluation show that 82% have a positive outcome – either weight gain or no weight loss
 - So we can start to say with some confidence that these simple conversations to raise awareness of this with older people can make a very big difference to their lives.
- 


Other initial findings and observations:

- Weight loss often associated with traumatic event such as a fall and prolonged spell of hospitalisation
- Heart attack or cardiovascular conditions results in dietary advice leading to severe reduction in fats and sugars even when weight falls below healthy levels
- Virtually all participants eat breakfast, often some form of cereal with skimmed or semi-skimmed milk
- Social isolation, bereavement and estrangement from family factors in weight loss

Other findings:

- Value in communal activities. For many lunch and dinner clubs provide the only decent meal and get people interested in eating as a social activity
- Informal support services from family, friends and neighbours play crucial role in sustaining intervention
- Around one in four participants did have problem with swallowing and digesting some types of foods. Few enjoyed eating and looked forward to meals
- Significant differences in quality of life and health among participant, some enjoying very independent full lives others barely existing and highly dependent on support services

Next steps

- Develop preliminary report for end of October when around 40 of the 80 will have been followed up at 12 weeks.
 - Focus on sustainability of the intervention and understand what delivers greatest benefit
 - Identify points of improvement both for those at risk and for the services supporting their care
 - Assess feasibility of rolling out the programme across the rest of Greater Manchester.
 - Questionnaire and qualitative interviews with organisations involved in the programme
 - Influence the national research agenda on ageing and frailty
- 

Any Questions?



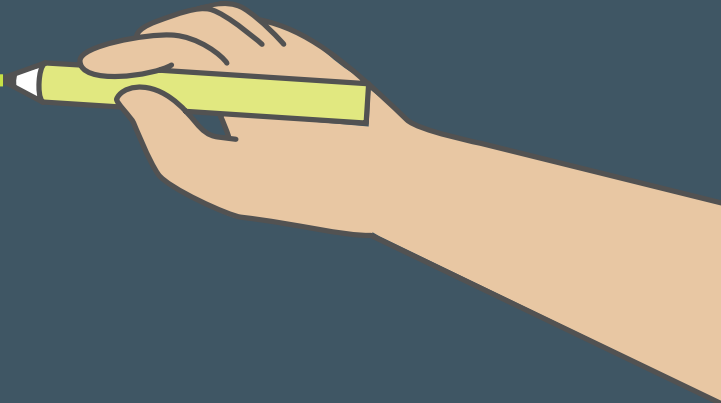
Fancy a brew?



Tea, coffee and other hot drinks
are a great way to stay hydrated

EMILY'S STORY

Would, could, should?



EMILY

1. Time to pause and reflect
2. Please use the post in notes and paper
3. Feedback after each reflection

THE DAUGHTER

The daughter

Depression

Loneliness

Loss of identity

-
- What is the impact on Emily
 - What are the “red flags” that say we should be intervening now
 - What would/could those interventions be
 - What would you do



The daughter

HAPPIER TIMES

The sum of the parts

Fear of falling

Further isolation

Stairs, upstairs bathroom

Side effects of the medication

Constipation

- What is the impact on Emily
- What are the “red flags” that say we should be intervening now
- What would/could those interventions be
- What would you do



The happy couple

THE MOTHER

How would you be feeling

Fear of incontinence

Embarrassment

Fear of dementia

-
- What is the impact on Emily
 - What are the “red flags” that say we should be intervening now
 - What would/could those interventions be
 - What would you do



The mother

THE WIFE

When did it all go so wrong

Embarrassment, smelling

Carers access to GP advice

Remembering GP advice

- What is the impact on Emily
- What are the “red flags” that say we should be intervening now
- What would/could those interventions be
- What would you do



The wife

NEVER LOSE YOUR SPARKLE

Always the same person

Loss of control over decisions

Loss of physicality due to hospital stay

Fear of getting old

Not wanting to live any more

- What is the impact on Emily and her family and carers
- What are the “red flags” that say we should be intervening now
- What would/could those interventions be
- What would you do



Does age define us?

THANK YOU

Contact us

If you have any queries about these guidelines,
contact the GMHSC communications team:

gm.hsccomms@nhs.net

www.gmhsc.org.uk

@GM_HSC

Janine.dyson@nhs.net

@x_dyson

Time for lunch...



**Take the chance to visit the stalls and try out
some Tai Chi: 1-1.20 in the Lancaster Room**



Malnutrition and Swallowing Difficulties E-Learning Module

Laura O'Shea, Speech and Language Therapy Lead
Salford Royal Hospital



Salford Clinical Commissioning Group



Salford Royal 
NHS Foundation Trust

Salford City Council

Overview

- * Background
- * Content
- * Evaluation Strategy
- * Promotion

The screenshot shows the header of an e-learning module. At the top, it states "Developed in partnership with:" followed by logos for GMCA (Greater Manchester Combined Authority), NHS in Greater Manchester, NHS Salford Clinical Commissioning Group, Salford ageUK, and Salford City Council. The main image depicts an elderly woman in a wheelchair being assisted by a healthcare professional. Below the image, the title "Malnutrition and Difficulty in Swallowing e-learning" is displayed. At the bottom right, there is a "menu" label and a right-pointing arrow icon.

Why ?



- * Consequences of poor nutrition
- * Poor awareness of swallowing difficulties
- * Coroner's incidents

“They didn't like the modified meal option so I gave them what they wanted, gammon”



Background

- * Training challenge
- * Nothing available to dovetail Malnutrition and swallowing difficulties
- * Innovation bid
- * **Aim:**
 - * Reduce time spent holding face to face training sessions
 - * Potential to reach a wider audience
 - * NICE (2006) recommends “all healthcare professionals directly involved in patient care should receive adequate education and training, relevant to their post, on the importance of providing adequate nutrition”

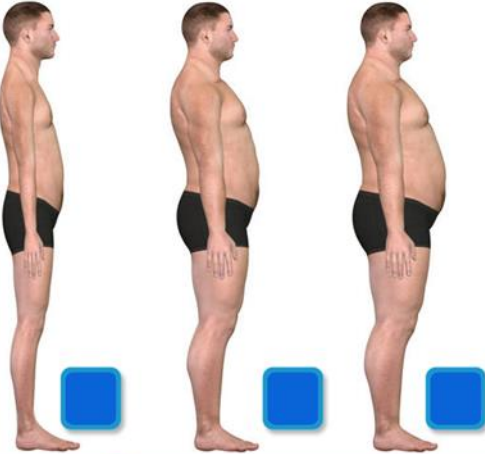
Content

* Who is at risk

* Specialist input

Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust University Teaching Hospital



Who is at risk?

Here are pictures of three individuals. Which do you think could be at risk of being malnourished?

Click into the **blue box** next to the image of the individual you think may be at risk and then click on the **Submit** button.

SUBMIT >

That is correct.

Anyone can be at risk of malnutrition. There are many reasons for this including eating the wrong foods or if their nutritional intake does not provide enough calories to work properly.

Now click on each **individual image** for more information about malnutrition.

Page 14 of 54

Who is at risk?


menu

Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust University Teaching Hospital

Consequences of malnutrition

Click on the **play** button to watch a video about the effects of malnutrition.



Dr Pattison
Consultant Community Geriatrician

Page 11 of 54

Consequences of malnutrition

menu

Content

* Interactive activities

* Screening

Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust
University Teaching Hospital

Good practice for encouraging food and drink intake

Click on the **audio** button below to listen to a scenario about a supportive and encouraging eating environment.



You are asked to spot 5/5 correct points. Your progress will be tracked in the top corner as you click on **parts** of the image that you think represent good practice for encouraging food and drink intake.



Page 25 of 54

Good practice for encouraging food and drink intake

menu

Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust
University Teaching Hospital

Alternative measurements

If you don't have a:


Weight: A mid arm circumference (MAC) (midway between the shoulder and elbow) of 23.5cm or less, means that BMI is probably less than 20 and should be discussed with a dietician (see the link below).

Height: Ulna length (elbow to wrist) can be measured to estimate a height from the table opposite taken from the BAPEN MUST booklet (see link the below).


[Click here](#) or contact your dietician.

Please be aware someone may be at risk of malnutrition or be malnourished even if they don't score on the MUST or have a MAC of less than 23.5cm. This might not be obvious, this will be explained later.

Malnutrition armband



How to check if someone is at risk



Click on the **button** above for more information.

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Alternative measurements

menu

Content

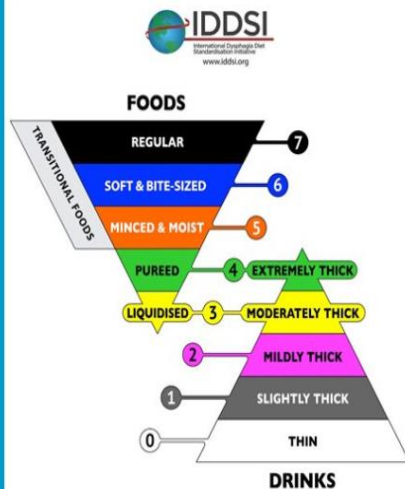
* Texture modified diets

* Thickened fluid videos

IDDSI - What is it?

International Dysphagia Diet Standardisation Initiative

- The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard to describe texture modified foods and thickened liquids.
- It is used for individuals with dysphagia of all ages, in all care settings, and for all cultures.
- The IDDSI framework consists of 8 levels (0-7). Levels are identified by text labels, numbers, and colour codes to improve safety and identification
- IDDSI will be introduced in a two stage process between 2018 to 2019. In Salford, fluids will be the initial phase starting in April 2018. Changes to dietary descriptions will take place in 2019.



Content

* Feeding experience

* Top tips for feeding


Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust
University Teaching Hospital

Poor practice

Click on the play button to watch a video of poor practice when assisting someone to eat from a patient's perspective.

Think about how it would feel to be the person being assisted in this video.



00:17 03:16


Page 50 of 54 Poor practice menu

Malnutrition and Difficulty in Swallowing e-learning

Salford Royal NHS Foundation Trust
University Teaching Hospital

Top Tips

1. Fully awake and alert
2. Sitting as upright as possible
3. Encourage the same staff or family member to carry out feeding
4. Check that they are wearing dentures (if they fit)
5. Follow recommendations about consistency of food and fluids
6. Sit facing the patient
7. Show the food to the person and tell them what the food is
8. Encourage the person to feed themselves
9. Feed them slowly, don't rush
10. Encourage swallowing by offering an empty spoon to the lips or tongue
11. Check if the person has any food left in their mouth after swallowing
12. Keep the mealtime calm and free from distractions
13. Involve family or friends at mealtime
14. Be patient



03:07 03:16

Page 50 of 54 Poor practice menu

Powerful patient story



Certificate on successful completion



CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS AWARDED TO:

For completing:

**MALNUTRITION AND DIFFICULTY IN SWALLOWING E-LEARNING
ONLINE TRAINING**

LEAD TRAINER SIGNATURES:  (DIETITIAN)

 (SPEECH THERAPY)

Evaluation Strategy

- Number of staff trained
- Verbal feedback
- Challenges with evaluation
 - Admissions for chest infections and malnutrition
 - Number of referrals to SLT and Dietetics
 - Amount of double cream and full fat milk ordered by kitchen to fortify food
 - No of ONS prescribed
 - Adverse incidents reported

Feedback

“Good, clear messages on the different recommendations regarding texture modified diet and thickened fluids”

“The menu plan with the different options for the user to pick the highest calorie content is very good and a very effective way to educate on a nourishing diet”

“The education videos from the Dr, Dietitian and Lead Nurse are really well done and explain things very well and are really effective”

“I had never seen anyone swallowing on a Videofluroscopy before....it was very powerful”

Malnutrition and swallowing difficulties eLearning

Now available **across GM** by registering at:

www.paperweightarmband.org.uk

Uptake of eLearning

	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	Total
Jan-19	0	0	1	5	1	17	4	0	0	0	28
Feb-19	2	3	1	7	0	5	5	0	0	0	23
Mar-19	0	0	2	5	3	22	4	0	0	1	37
Apr-19	4	2	5	2	43	28	4	0	0	1	89
May-19	2	3	16	5	26	23	1	0	0	0	76
Jun-19	5	11	18	1	9	38	2	0	1	0	85
Jul-19	0	5	26	6	6	104	0	0	1	0	148
Aug-19	4	6	9	1	3	36	0	0	0	0	59
Sep-19	2	11	27	1	5	118	0	0	1	0	165
Total	19	41	105	33	96	391	20	0	3	2	710

Promotion of eLearning

1. If you're on a mission to solve malnutrition e-learning can help get you there
2. The truth about malnutrition can be hard to swallow – chew over our e-learning
3. “Nutrition and Hydration: an issue for the nation - take the training”
4. Eat safe, stay alive.
5. Safe eating saves lives. Know your role in this.
6. Choking kills, you could be held accountable.
7. Brew and chew - sign up to learn simple ways to ward off malnutrition
8. Can't digest how to help your patients swallow? Chew over the e-learning

Whole System Approach- considering influences

Carmel Berke


GM Nutrition and Hydration Conference
Bury 2019



IMAGINE YOURSELF NOT FEELING ANY PAIN NOT FEELING ANY SUFFERING BUT FEELING GOOD AND FEELING FREE IN YOUR
IMAGINE YOURSELF FLOATING IN THE AIR WITH YOUR ARMS OUT LIKE AN EAGLE AND YOU'RE FLYING AROUND EVERYWHERE
ARE PEOPLE AND THE PEOPLE ARE SMILING AND EVERYONE IS HAVING A GOOD TIME AND THE YOU SEE THERE PEOPLE ARE
LOVING ONE ANOTHER SHARING WITH ONE ANOTHER IMAGINE A WORLD WHERE THERE IS ONLY PEACE, WHERE THERE IS NO
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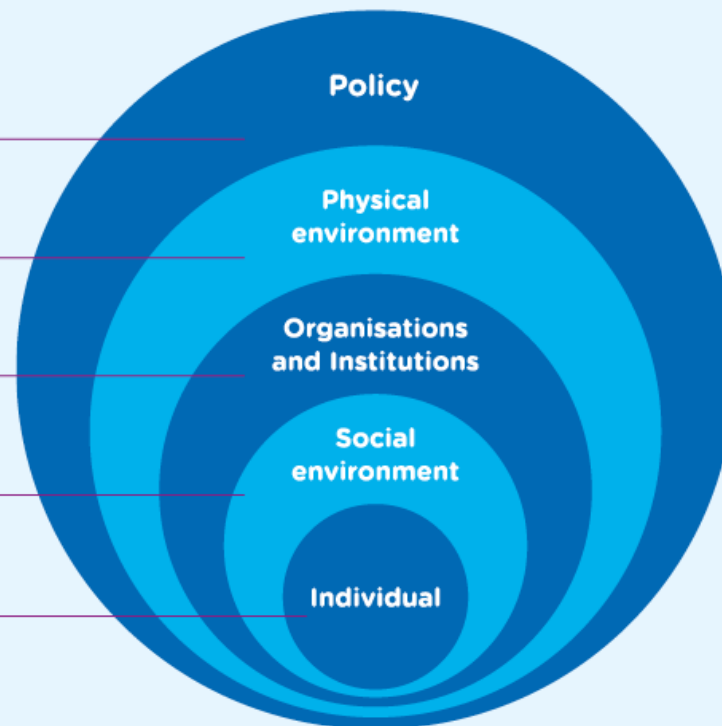


-
- Happier later lives
 - Improved physical and mental wellbeing
 - Reduced risk of falls
 - Reduced hospital admissions
 - Savings to the NHS
 - And most importantly...
 - Dignity
- 



Population level change requires 'whole system' approaches

- > International and national guidance and laws, local laws and policies, rules, regulations, codes
- > Built, natural, transport links
- > Schools, health care, businesses, faith organisations, charities, clubs
- > Individual relationships, families, support groups, social networks
- > Individual capabilities, motivations, opportunities, knowledge, needs, behaviours



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IMAGINE







How do we do this?



What are the influences on good nutrition and hydration?

If nothing were in our way, what could change to enable these things to be a positive force for change?



Fancy a brew?



Tea, coffee and other hot drinks
are a great way to stay hydrated

Questions



Kirstine Farrer – Consultant Dietitian, Salford Royal

Emma Connolly – GM Nutrition and Hydration Programme Director

Ruth Bardsley – Public Health Programme Manager, Rochdale Council

Gill Hooper – Nutritionist, Author and Care Home manager, Stockport

Hazel Howarth – Home from Hospital Coordinator, Age UK Bolton

Gloria Beckett – Lead Health Protection Nurse, Oldham

Manish Asrani – GP, Block Lane Surgery, Oldham