



# Role of the Prescribing Support Dietitian

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## Introduction

The use of oral nutritional supplement (ONS) has increased over the last decade raising concerns for both their efficacy and the subsequent cost incurred to the NHS.<sup>1</sup> Prescribing Support Dietitians are employed to ensure the effective clinical prescribing of ONS in the community with the management of nutrition support patients, and also to provide education to care home staff, GPs and district nurses (DNs).

The role of the Prescribing Support Dietitian (PSD) varies in different places. This article describes the role of the PSDs in Cwm Taf Health Board (Cwm Taf HB) in South Wales. There are some general, static components to the job and lots of additional and varied extensions.

## Background

The Malnutrition Advisory Group, in 2001, estimated that five per cent of the general population are underweight.<sup>2</sup> BAPEN estimate that three million people are living with malnutrition in the UK.<sup>3</sup> In the community, studies show that up to 30 per cent of patients who visit their GP or attend a hospital outpatient clinic show signs of malnutrition.<sup>2</sup>

Malnutrition and its consequences are estimated as costing the NHS £13 billion every year.<sup>3</sup> Nationally the cost of ONS usage is estimated to be in excess of £80million per year (prescription data).

How do we try to reduce this increasing trend when so much attention is focused on obesity and its consequences? The issue of malnutrition is often neglected.

Throughout the UK, there is a lot of work in progress to review the use of ONS. This work has raised concerns around prescribing practices as very little monitoring and assessment of malnutrition is being done in conjunction with the prescribing of ONS. Also, many patients are not being screened using a validated screening tool<sup>4</sup> (e.g. Malnutrition Universal Screening Tool ('MUST')).

Nutritional screening should be standard practice in all inpatient settings (hospitals) and community healthcare settings (GP clinics, care homes).<sup>5</sup> Cwm Taf HB has chosen the 'MUST' as their malnutrition screening tool. It is used in all in-patient settings and is now being rolled out into primary care by the PSDs. This is not a straightforward process and is still taking time to fully meet its potential.

Inappropriate prescribing of ONS has significant cost implications e.g. a once daily prescription for a standard ONS product costs on average £50 per month based on one unit cost £1.80 in the community. That equates to £650 per annum.

Figure 1<sup>7</sup>

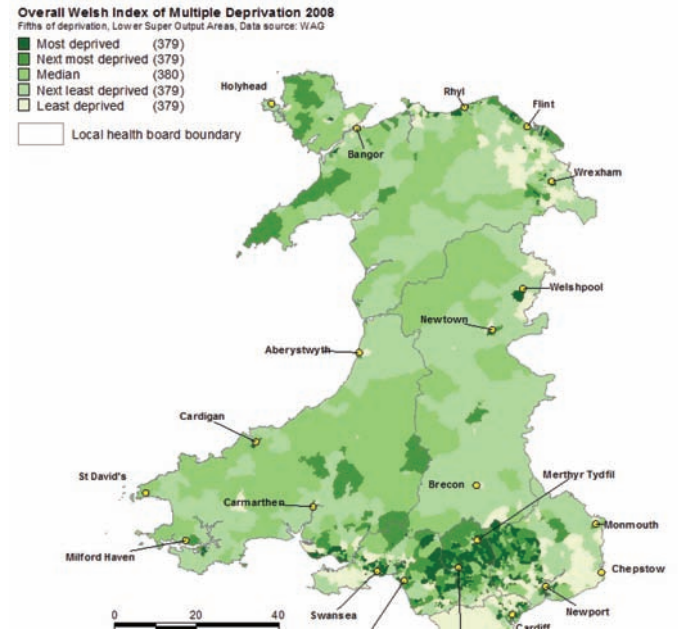
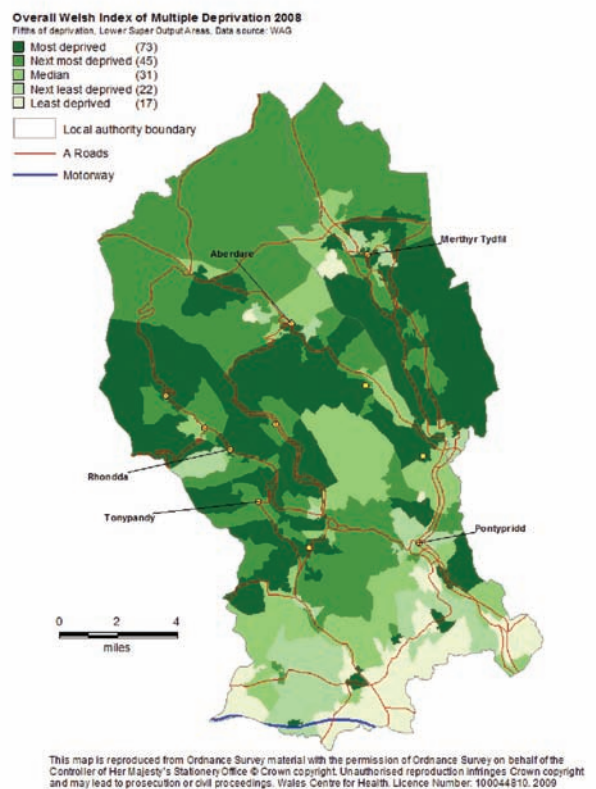


Figure 2<sup>7</sup>



It should be stressed that an appropriate prescription of ONS in addition to dietary advice, with clear goals and regular monitoring, can result in improved nutritional status.<sup>6</sup> Therefore, the appropriate prescribing of ONS plays a vital role in the treatment of malnutrition.

### Local picture

In 2010, two full-time PSDs were employed by Cwm Taf HB. One covering Rhondda and Taff Ely area and the other covering Merthyr and Cynon areas.

Cwm Taf HB has a population of 289,400 and is the second smallest geographically and second most densely populated health board area in Wales after Cardiff and Vale. 80.8 per cent of the population lives in Rhondda Cynon Taff and 19.2 per cent in Merthyr Tydfil.

Within the local health board there are areas of deprivation, particularly in the post industrial areas such as the Rhondda and Cynon valleys and Merthyr Tydfil.

See Figures 1 & 2.

### All Wales Medicines Strategy Group (AWMSG)

This group has set prescribing priorities for sip feeds across different care settings in Wales.

The guidelines set by this group highlight the importance of the 'food first' policy by increasing menu choice, suggesting snacks and food fortification. They also encourage support/supervision at mealtimes, vitamin/mineral supplements and to consider sip feeds in people with weight loss secondary to illness. It is recommended that these patients should be managed by a dietitian, and ONS only to be prescribed, at NHS expense, for approved ACBS indications.<sup>8</sup>

### Aim of the Prescribing Support Dietitians Role

To ensure effective clinical prescribing of ONS in the community with the subsequent management of nutrition support patients and provide education to care home staff, GPs and district nurses.

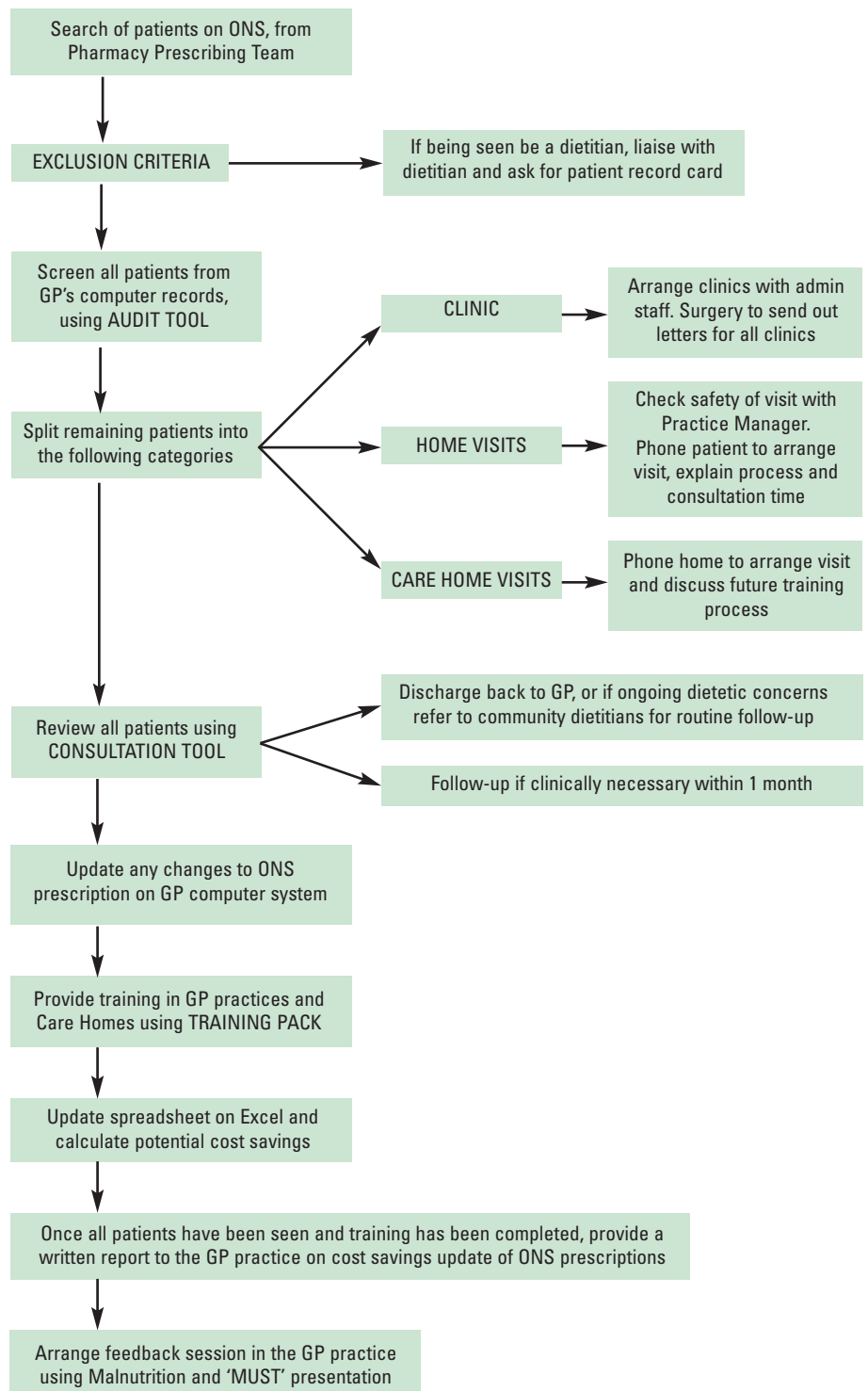
One of the initial and most significant parts of the role has been to develop a care pathway to indicate the process that the PSD works in line with, as shown in Figure 3.

### Remit of role

Objectives:

- To develop, implement and audit future use of prescribing protocols, care pathways, referral guidelines within GP surgeries and care homes
- To provide dietetic support and education to patients
- To implement and audit use of the 'MUST' within the GP practices and care homes
- To provide training on ONS, 'MUST' and

Figure 3: Care Pathway



appropriate prescribing to GP practices and DNS

- To provide training on ONS, enriched diets and 'MUST' to care home staff, including carers, nursing, management and catering staff. (based on recommendation from NICE – Nutrition Support in Adults 2006<sup>3</sup>)

Informal and formal links have been established with other dietitians, who provide a

service to nutrition support patients in the area, including: a local community dietitians group, All Wales PSD group and the NAGE PSD group. These forums help facilitate joint working with the sharing of resources, clinical networking and regular updates. Ultimately, the groups will allow services to complement each other, prevent any unnecessary duplication and maximise the use of resources.

The role of the PSD is a unique opportunity to utilise specialist knowledge, clinical planning and managerial skills, evaluation and audit.

## Educational role

### Care homes

Training sessions of 60-90 minutes are arranged for groups of staff in the care home. They are informal presentations about malnutrition, 'MUST', 'food first' and the appropriate use and administration of ONS.

The training sessions have evolved over the past year and now involve more audience participation and group working to ensure everyone gets a better understanding of the topics discussed.

At present an audit is underway to assess the malnutrition awareness and recording in homes before and after the training intervention to ensure that the education is achieving positive changes in the care home.

The care homes are provided with a malnutrition resource pack for their future reference, including material to support the use of 'MUST' in that setting. In the near future, it is hoped that update sessions via nutrition link workers from each care home will be provided. The nutrition link nurses would be staff members in the home who have expressed an interest following the first training session.

### GP practices

Training sessions vary from 30-60 minutes depending on the GP's availability. The programme is a more concise version of the care home training package and focuses on specific feedback and points for the practice to action. GPs have openly expressed their interest in this area, but, often lack the specific knowledge to ensure safe and appropriate prescribing of ONS.

The main aim is to encourage GPs to make positive changes within their practice, to ensure effective malnutrition screening, encourage a 'food first' approach and to monitor prescriptions of ONS.

### District nurses

There is a keen interest from DNs to develop their skills in the area of malnutrition awareness, as they are in contact with patients in their own homes who may be at risk of malnutrition. As a result of this, a specific training package has been developed for DNs within the Cwm Taf HB. The current training format involves a group education session, with attendance from the nutrition company representatives. The plan is to conduct these sessions on a quarterly basis to ensure continued up-to-date information is provided.

The training provided by the PSDs will enable all members of the primary and secondary multidisciplinary teams to promote the use and importance of 'MUST' as the malnutrition

screening tool of choice in their area of work as part of the Nutrition in Community Settings Pathway, March 2011.<sup>9</sup>

The PSDs have also set up formal links with the local Dietetic team that work as part of the Welsh Assembly Government - Increasing Dietetic Capacity Grant Scheme. This scheme aims to build capacity and cascade appropriate nutritional practices in the community and has recently widened its target group to include older adults. One of the methods to achieve this is by providing accredited training.

## Resource development

As PSDs are a new dietetic area of expertise to Cwm Taf HB, the service had to be developed in its entirety.

This is an ongoing process with adaptations to the service and resource development changing along the way.

Since the initiation of the role, a large proportion of the workload has been spent on resource development. This has been essential to ensure that the practice is evidence-based and that resources are tailor made to meet the need of the service user.

- Diet sheets
- Prescription request letters
- Clinic and discharge letters
- GP flow chart
- 'MUST' instructions
- Pro-forma for care homes
- Spreadsheet of potential cost savings
- Training packages
- Formulary and scriptswitch
- Guidance document

The PSD role has also become a key resource in its own right for other members of the primary and secondary multidisciplinary teams, and external agencies, e.g. Nursing Home Managers Group, Age Concern.

## Conclusion

At present the focus is on the appropriate prescribing of all ONS products and monitoring and facilitating the effectiveness of dietetic input for nutrition support patients.

Some PSDs across Wales have started to extend their work remit to include that of gluten-free products and anti-obesity medications, which we will include in the future.

Within Cwm Taf HB, the PSDs are also working to develop resources and standards in order to promote the smooth transition of dietetic care within primary and secondary care settings, and to raise the profile of malnutrition in the community.

The role of the PSD is a unique opportunity to utilise specialist knowledge, clinical planning and managerial skills, evaluation and audit.



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This CNPD questionnaire has been kindly supported by Fresenius Kabi

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