

# Putting Nutrition at the Heart of Patient Care

## An Update on Specialist Nutrition

### Prioritising nutritional care in the Health and Care Bill 2021

The Health and Care Bill passed through its Second Reading stage in the House of Commons on 14 July, with BSNA urging MPs to recognise the valuable opportunity presented in the Bill to embed optimum nutrition into our health and care system like never before.

The legislation will enact policies set out in the Government's White Paper, *Integration and Innovation: working together to improve health and social care for all*, published in February this year.

The Government says the Bill builds on the NHS' own proposals for reform, aiming to make it less bureaucratic, more accountable, and more integrated, and that it has incorporated lessons learnt from the pandemic. The proposals largely relate to developing the formal structures for Integrated Care Systems (ICS), which have been operating informally for the last two years, without the required legislative basis for their decision making and accountability.

The Bill does not cover wider reforms of the social care and public health systems, although it does provide for some changes in these areas (and ICSs are intended to improve coordination between the NHS and local authority services).

The emphasis on ICSs enables us to join up primary and community, secondary (hospital) and local government care, creating both a holistic view of the health and care system and in the care of the patient. Of particular importance is the provision for the introduction of statutory food care standards in hospitals, a recommendation from the *Independent Review of NHS Hospital Food* last year.

BSNA is calling on Parliament to introduce legal standards for nutritional care across all care settings, on a statutory basis, and to make nutritional care an ICS Board level responsibility.

BSNA has also raised with legislators the importance of three key elements within the standards:

- Screening patients for malnutrition upon entry to hospital.
- If malnourished, a care plan should be developed and delivered while in hospital.
- On discharge, the nutritional status of the patient must be communicated to the relevant GP practice and support provided in the home, if necessary, to ensure that the nutritional needs of the patient are met.

As the Health and Care Bill moves through its parliamentary stages, BSNA will continue to press for nutrition standards to be an ICS Board level responsibility, to ensure that the standards ensure malnutrition is tackled whether patients are in hospital, a care home or in their own homes.

### Industry calls on EU Commission to remove barriers to export into the EU of products containing vitamin D3

Industry groups, including BSNA, have joined together to call on the European Commission (EC) to remove barriers to the export into the European Union (EU) of vitamin D3 through its classification as a Product of Animal Origin. Instead, industry believe that vitamin D3 should be considered a chemical entity, and therefore not be subject to requirements for Border Control checks, Export Health Certification, or private attestation. The industry group has been working with Department for Environment, Food and Rural Affairs and Department of Health and Social Care to push for a change in the EU's classification.

Although a raw material in the production of vitamin D3 can be lanolin, extracted from sheep's wool, it undergoes seven chemical conversions – and six purification steps – to make the pure crystallised vitamin D3 that is used in food supplements, medical foods, formula and other food products.

The complex processing means there is no risk of any unwanted constituents being present in pure crystalline vitamin D3:

- There is no trace of lanolin or other ovine products.
- There is no risk of microbial survival following the full range of purification stages, particularly as one of the steps used is treatment with ultraviolet light.

Therefore, the presence of vitamin D in food supplements, medical foods, formula or other food products, should not initiate requirements for Border Control checks, Export Health Certification, or private attestation, when exported from Great Britain, or other third countries, to the EU, EEA or Northern Ireland.

BSNA, along with its partners, will continue to press the EC to update the EU's classification and support the appropriate export of products which contain vitamin D3 to ensure there is no impact to the supply of vitamin D3 to consumers.

### About the British Specialist Nutrition Association

BSNA is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow-on formula, young child formula and complementary weaning foods), medical nutrition products for diseases, disorders and medical conditions, including oral nutritional supplements, enteral tube feeding and parenteral nutrition, as well as companies who aseptically compound chemotherapy, parenteral nutrition and CIVAS.