

Putting Nutrition at the Heart of Patient Care



Optimal Nutritional Care for All Conference 2022

In May, BSNA attended the Optimal Nutritional Care for All (ONCA) annual conference in Copenhagen, Denmark, to learn from and exchange insights with colleagues from across Europe, for the first time since the UK last hosted the event in 2019.

Disease-related malnutrition (DRM) presents a significant public health problem not only in the UK, but across the whole of Europe, affecting more than 30 million European citizens. The ONCA campaign was launched in 2014 as a multi-stakeholder initiative to facilitate screening for risk of disease-related malnutrition and implementation of appropriate nutritional care for all across Europe. ONCA is supported by the European Nutrition for Health Alliance (ENHA) and representatives from the European Society for Clinical Nutrition and Metabolism (ESPEN), the European Federation of the Association of Dietitians (EFAD), the Patients Network for Medical Research and Health (EGAN) and the European Geriatric Medicine Society (EuGMS) comprise its steering committee.

Renowned experts in nutritional care, patient organisations, and policymakers were at the conference to discuss how the European Union, and individual countries, can better address inequalities in nutritional care, identify and tackle barriers, and share achievements and good practices on the implementation of optimal nutritional care in policy and practice.

The Danish delegation presented on the recent development of Danish guidelines on DRM which were developed in a collaboration between the Danish Health Authority, dietitians, clinicians, local and national stakeholders. The guidelines provide a flowchart of the patient pathway in hospital, in the community and from the GP. The guidelines aim to connect treatment of DRM across all aspects of the health service.

With the Health and Care Act now in place, and local Integrated Care Systems (ICS) continuing to develop, the learning and best practice shared at the conference on integration work across Europe provided an interesting insight into how an ICS can address malnutrition across the entire patient journey. This included sessions on *'Inequality in nutritional care in practice: Real life experiences from a COPD patient'*; *'Nutrition in community care'* and *'Organising multidisciplinary nutritional care after COVID'*.

The ONCA campaign continues to be a valuable way for patients, clinicians, researchers and policy makers to share their knowledge and experience to improve nutritional care for patients across Europe.

More information about ONCA and the campaign can be found at: www.european-nutrition.org

Malnutrition and the NHS

MPs in Westminster held a debate in April to discuss the need to prioritise nutritional care in the NHS and the opportunity for ICS to address malnutrition risk in their patient populations more effectively. Introduced by Martyn Day MP, Scottish National Party, the debate drew attention to BAPEN's most recent survey of malnutrition and nutritional care in adults, which showed that, using the MUST screening tool, 40% of the participants were found to be at medium- or high-risk of malnutrition, and that disease-related malnutrition at that time affected 1.3 million people over the age of 65.

Mr Day also pointed out that treating a non-malnourished patient amounts to £2,155, whereas treating a malnourished patient comes to £7,408, reported to be driven largely by poorer outcomes leading to increased healthcare needs.

The Minister, Maggie Throup MP, gave a positive response to the points raised in the debate – noting her own personal experience with disease-related malnutrition problems, having relied on ONS when suffering swallowing problems due to chicken pox, her mother's need for ONS when severe breathing problems made eating a serious struggle, or her father's use after he had a stroke.

The Minister commented: *"these treatments were not just life-saving; they relieved the worry of hunger at some of the most difficult times in the lives of ourselves and our loved ones"*.

It was also recognised by the Minister that both the NICE and CQC guidelines and standards on nutritional care clearly set out the care pathways that should be in place to ensure that patients receive the best possible nutritional care.

This was a valuable opportunity to make the case to Government on tackling malnutrition and ensure that the NHS and social care are properly supported to provide the necessary focus on nutritional care across the whole patient journey.

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.