

Forgotten not Fixed: Tackling the Increasing Burden of Malnutrition in England

The increasing number of cases of malnutrition in hospital and associated deaths reflect a system-wide failure to consistently screen and manage patients.¹

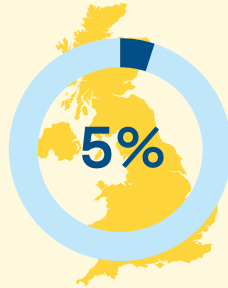
Malnutrition remains a significant, growing, yet largely preventable problem.

Malnutrition...

affects

3 million

people in Britain – nearly
5% of the entire population.¹



Malnutrition in England has
an annual cost of

£19.6 bn

representing 15% of total
public expenditure on
health and social care.²

Malnutrition results in various adverse health outcomes for patients, including high numbers of non-elective admissions, greater dependency on hospital beds for longer and progression to long term care sooner.

The following tools have been developed which could and should be used to manage malnutrition:

- ▶ Malnutrition Universal Screening Tool 'MUST' (2003);
- ▶ NICE Clinical Guideline 32 (2006)³; and
- ▶ NICE Quality Standard 24 (2012)⁴

New research commissioned by the BSNA exposes fundamental inconsistencies in the way that data on malnutrition are collected and reported by individual Trusts.

Yet analysis of patients managed in 221 NHS trusts in 2015/16 reveals that:

91 hospital trusts in England recorded fewer than
1 in 2,000 patients as showing signs of malnutrition

50% are large NHS trusts with more than
100,000 admissions per year

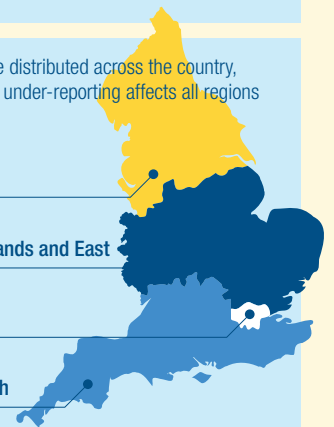
These trusts are distributed across the country, suggesting that under-reporting affects all regions in England:

27 in North

29 in Midlands and East

11 in London

24 in South



2011 Nutrition Screening Week data found that malnutrition affects

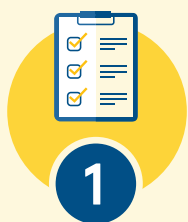
1 in 4

adults on admission
into hospital.⁵



This is much lower than official estimates for malnutrition prevalence in hospitals, implying that the true scale of malnutrition is hidden within the system

This situation is unacceptable in any modern healthcare system. The British Specialist Nutrition Association is calling for:



Guidelines to be implemented and followed in all healthcare settings
NICE Clinical Guideline 32 should be made mandatory.



New clinical pathway
The introduction of a new, comprehensive jointly developed and delivered clinical care pathway for the frail elderly, across all systems.



Additional incentives
Perhaps through the introduction of a new Quality and Outcomes Framework (QOF) or equivalent on malnutrition.



Recognition of the integral role of oral nutritional supplements (ONS)
ONS should be accessible to all patients who need them, alongside support from dietitians. Nutritional intervention should only be used when appropriate and be reviewed regularly.

The advantages of such an approach for the health economy are clear:

The provision of nutritional support to **85%** of patients at medium and high risk of malnutrition would save
£325,000 to £432,000 per 100,000 people.²



It costs more **NOT** to treat malnutrition than to do so.

It is estimated that
£5,000

could be saved per patient² through better nutrition management.



References

1. Elia M, Russell CA (eds), Combating malnutrition; Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN. Redditch: BAPEN, 2009
2. Elia, M, (on behalf of the Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre), The cost of malnutrition in England and potential cost savings from nutritional interventions, 2015
3. NICE, Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition – Clinical Guideline 32 (CG32), 2006
4. NICE, Nutrition support in adults – Quality Standard 24 (QS24), 2012
5. <http://www.bapen.org.uk/resources-and-education/publications-and-reports/nsw-reports/nsw11>