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COMMISSIONING EXCELLENT NUTRITION AND HYDRATION: NHS ENGLAND GUIDANCE

In October 2015, NHS England published guidance to support commissioners in the commissioning of nutrition and hydration services. This article discusses the background to the development of the guidance and the role of commissioners in improving nutrition and hydration locally.

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NHS England's guidance, *Commissioning Excellent Nutrition and Hydration*² published in October, was timely given the recent figures release by the British Association of Parenteral and Enteral Nutrition (BAPEN),¹ which estimates the cost of disease-related malnutrition in England to be a staggering £19.6 billion annually - more than 15% of the total public expenditure on health and social care.

order to achieve this, NHS England worked with a wide range of stakeholders including clinical commissioning groups, the voluntary sector, professional associations, regulators, the Department of Health, carers and users of services.

Within the guidance, the scale and impact of both malnutrition and dehydration are outlined to provide context and the responsibilities of commissioners in relation to the services they commission are highlighted. Whilst the guidance is not mandatory, it does set out key outcomes for commissioners to achieve by 2018.

THE RESPONSIBILITIES OF COMMISSIONERS

The guidance identifies the key responsibilities of commissioners in relation to nutrition and hydration, with the ambition of preventing malnutrition and dehydration from occurring by:

- identifying when malnutrition has occurred through the use of active nutritional screening, e.g. using the Malnutrition Universal Screening Tool ('MUST') tool for adults and an appropriate paediatric screening tool;
- specifically treating those at risk from malnutrition or dehydration using documented appropriate NICE compliant care pathways (utilising food, drinks, oral nutritional supplements and safely administered tube or intravenous feeds/fluids as necessary), with ongoing specific care spanning organisational boundaries where needed www.malnutritionpathway.co.uk
- educating all staff, voluntary workers, patients and carers on the importance

'All people will receive safe and high quality nutrition and hydration support when required, through the commissioning of person-centred and clinically effective integrated services in the community and in healthcare commissioned settings.'

Published as part of NHS England 'Hard Truths' programme in response to the Francis report (Francis 2013)³, the guidance also supports the Department of Health's request to develop strategies to improve the provision of nutrition and hydration services in hospitals.

The guidance has been developed to support commissioners of services, by providing examples of different approaches that could be adapted locally to drive improvements within a local population. In

of good nutrition and hydration in maintaining better health and wellbeing and improving recovery from illness or injury and in the management of long-term conditions;

- taking into account the duties placed on them under the Equality Act 2010 and reducing health inequalities, duties under the Health and Social Care Act 2012. Also that service design and communications should be appropriate and accessible to meet the needs of diverse communities (www.england.nhs.uk/about/gov/equality-hub/legal-duties/).

EXPECTED KEY OUTCOMES

The real focus of the key outcomes is related to commissioners understanding the needs of their local population and the subsequent burden of malnutrition and dehydration on that population and the wider health economy.

Commissioners are encouraged to identify and review current services and to develop and improve trajectories, which will embed sustained improvements across the system. It is through this understanding that commissioners will be able to target resources to have maximum impact.

In order to achieve this, 12 key outcomes have been identified and it is hoped that these will be achieved by 2018. The key outcomes are:

1. To identify a local senior/executive champion who can drive the work forward and influence key stakeholders to make improvements.
2. Understand the local burden of malnutrition and hydration and commission services as identified by this evaluation.
3. Review existing service provision and agree improvement trajectories.
4. Commission services that:
 - a. identify 'at risk' populations that include the needs of a diverse community and reduce health inequalities;
 - b. implement appropriate interventions and evaluate their effectiveness;
 - c. develop and implement strategies to prevent malnutrition and dehydration;
 - d. connect hospital and community services to deliver an integrated nutritional and hydration pathway of care across the health economy;
5. Commission a workforce that has the necessary skills and capacity to undertake identification, prevention and intervention to reduce burden of malnutrition and dehydration.
6. Increase public awareness of the importance of good nutrition and hydration and of the local services available to provide support if needed.
7. Maximise opportunities for working across health and social care using the Care Act (2014).
8. Define clear outcomes for 'at risk' populations to ensure that any commissioned interventions are sustained.
9. Consider how data systems can be optimised to permit monitoring and evaluation.
- e. strengthen families' and patients' resilience by learning about prevention, maintenance and management of nutrition and hydration;
- f. incorporate, for children and young people, the psychological, emotional and interactional aspects of feeding relationships to ensure adequate intake.



10. Ensure patient/service user involvement in service development and quality assurance of commissioned services taking into account the needs of diverse communities.
11. To ensure that paediatric services are delivering high quality and safe services for child and young people in a child-friendly setting with appropriately trained staff.
12. To ensure that children and young people grow and develop normally and monitored according to growth centiles.

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HOW CAN COMMISSIONERS ACHIEVE THESE OUTCOMES?

Whilst the key outcomes previously identified may appear ambitious, there is an abundance of guidance and resources already available to support commissioners. Throughout the guidance examples of a range of different approaches currently used are shared, along with signposting to specific key documents from national and professional organisations.

In addition to this, four areas of activity are highlighted as they are seen as fundamental to ensuring that the outcomes are achieved:

- Understand your current position
- Develop commissioning improvement plans
- Provide education and training
- Develop quality indicators to support monitor and review

The guidance also demonstrates that there are existing tools available to assist with the monitoring and evaluation required to achieve the objectives and outcomes, but does acknowledge that commissioners may wish to develop to their own local indicators.

TAKING FORWARD IMPLEMENTATION

Implementation is always a challenge, so a range of different approaches are being taken to leverage adoption of the guidance. Key to this is the engagement with the Malnutrition Task Force, other NHS organisations, professional groups, charities and industry to support implementation. In addition to this, early discussions have taken place with the Care Quality Commission (CQC) to discuss how the guidance could be used to improve nutrition and hydration through the inspection process.

There are early plans underway to engage with some Clinical Commissioning Groups (CCG), including an evaluation by Kings College London with three Clinical Commissioning Groups to gain a baseline of current activity and how the guidance has been implemented.

Discussions have also taken place with one of the Care Home Vanguard sites to consider implementing the guidance as part of their programme and a further five CCGs, which form a strategic collaborative commissioning group, are proposing to have one CQUIN to ensure that they are 'commissioning excellent nutrition and hydration' services for all nine acute providers.

It is also hoped that the CCGs that were involved in the development of guidance will now take forward implementation.

CONCLUSION

Commissioning Excellent Nutrition and Hydration provides a framework for commissioners to drive forward improvement in the nutrition and hydration across their local population. The guidance outlines the key responsibilities and outcomes for commissioners to fulfil a vision providing safe, high quality care in order to prevent malnutrition and dehydration. The challenge now is to drive forward adoption and implementation - a responsibility that sits with us all.

References

- 1 British Association of Parenteral and Enteral Nutrition (2015). The cost of malnutrition in England and potential cost savings from nutritional interventions www.bapen.org.uk/professionals/publications-and-resources/bapen-reports (accessed 18 Dec 2015)
- 2 NHS England (2015). Commissioning Excellent Nutrition and Hydration www.england.nhs.uk/commissioning/nut-hyd/ (accessed 18 Dec 2015)
- 3 Francis R (2013). Report of the Mid-Staffordshire NHS Foundation Trust Public HMSO Inquiry Crown Copyright