

FORGOTTEN NOT FIXED: THE UNRECOGNISED 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 who are either malnourished or at risk of malnutrition.¹ Drawing upon malnutrition data broken down by NHS Trust for 2015/16,² new research commissioned by the British Specialist Nutrition Association (BSNA)³ *Forgotten not Fixed: Tackling the Increasing Burden of Malnutrition in England* has found that more than half the hospital Trusts in England are significantly under-reporting malnutrition rates compared to accepted national estimates. This means that the overall incidence of malnutrition is likely to be significantly under recorded, pointing to a much more significant problem than the available data suggests. Recognising this problem, a recent inquiry into malnutrition amongst the elderly by the All Party Parliamentary Group (APPG) on Hunger has recommended that “Public Health England and its equivalent bodies in Wales, Scotland, and Northern Ireland, should regularly record and publish up-to-date data on the extent of malnutrition amongst older people.”⁴

Malnutrition continues to be a serious problem in modern Britain, with more than three million people in the UK estimated to be either malnourished or at risk of malnutrition.¹ The number of deaths from underlying malnutrition or where malnutrition was named as a contributory factor is also increasing, having risen by more than 30% from 2007 to 2016.⁵ This is unacceptable in any modern healthcare system.

IT COSTS MORE NOT TO MANAGE MALNUTRITION THAN TO DO SO

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. Managing patients in a crisis situation results in high levels of inefficiency, which could be avoided or minimised if more focus were placed on prevention and early intervention. The resulting cost to the public purse is significant. In England alone the costs arising from malnutrition have been estimated at £19.6 billion. This represents approximately 15% of overall health and social care expenditure.⁶

On average it costs £7,408 per year to care for a malnourished patient, compared to £2,155 for a well-nourished patient.⁵ The provision of nutritional support to 85% of patients at medium to high risk of malnutrition would lead to a cost saving of £325,000 to £432,000 per 100,000 people.²

The impact on local areas is considerable, since 93% of malnutrition is estimated to occur in community settings. But the largest cost comes from the management of malnourished people in hospitals, even though they only account for 2% of cases.¹

NUTRITION MANAGEMENT GUIDELINES SHOULD BE AHDERED TO

Guidance exists that should be followed in all care settings. NICE Clinical Guideline 32 on

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.

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

2011 Nutrition Screening Week data found that malnutrition affects **1 in 4** adults on admission into hospital.³



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)⁴; and
- NICE Quality Standard 24 (2012)⁵

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

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

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

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Nutrition Support in Adults (CG32),⁷ and NICE Quality Standard 24 (QS24),⁸ set the standard for appropriate and timely nutritional care in this context. These are supported by the Malnutrition Universal Screening Tool ('MUST')⁹, a recommended screening tool with five steps; and the Managing Adult Malnutrition in the Community Pathway,¹⁰ an evidence based tool that can be used across all care settings and which is endorsed by a variety of professional organisations.

In order to be tackled effectively, malnutrition needs to be screened, identified and managed appropriately. But it appears that there are fundamental inconsistencies in the implementation of CG32, QS24 and the other recommended strategies, which need to be resolved.

RECORDING OF MALNUTRITION IN HOSPITAL FALLS WELL BELOW EXPECTATION

New research commissioned by BSNA explored the current reporting of malnutrition in hospitals in England and identified Trusts where the recording of malnutrition is significantly below expectation. Analysis was undertaken using the latest publicly available malnutrition data from 221 NHS trusts, covering the period 2015/16. The recorded data was then displayed as a percentage of overall admissions compared to the total admissions in each Trust.

Official estimates indicate that around 2% of malnutrition cases appear in a hospital setting.¹ Yet our research found that in half of the Trusts, fewer than 0.05% of admissions were classified as showing signs of malnutrition, equating to fewer than one in every 2,000 patients. Of these, roughly 50% (45) were large NHS Trusts with more than 100,000 admissions per year.

Of the 221 Trusts analysed, almost all reported fewer than one case of malnutrition for every 100 patients admitted.

The statistics are at considerable variance with the generally accepted estimated prevalence of malnutrition in the UK, suggesting that they vastly under-represent the hospital population that could be expected to be affected by/at risk of malnutrition. It is therefore likely that

many, if not all, Trusts need to improve the process by which malnutrition risk is identified and coded.

An inquiry into malnutrition amongst the elderly, conducted by the All Party Parliamentary Group on Hunger, and published in January 2018, found a very similar picture: “hospitals rarely record malnutrition as a primary reason for admission, with primary causes such as disease, illness, injury, or infection often being diagnosed.”⁴ It recommended that “Public Health England and its equivalent bodies in Wales, Scotland, and Northern Ireland, should regularly record and publish up-to-date data on the extent of malnutrition amongst older people” and that “robust and reliable screening tools must be scaled up across the country so that malnutrition can be identified, diagnosed, and treated much more quickly and effectively in the community.”⁴

WHAT NEEDS TO BE DONE?

The importance of good nutrition should not be understated. Whilst considerable focus has been given to obesity in recent times, malnutrition still remains the poor relation, notwithstanding the size and scale of the problem. Yet obesity and malnutrition are both states on the nutritional spectrum and the goal of public health intervention should be to ensure good nutritional status for the population as a whole.

Malnutrition is an avoidable cost to the NHS, but remains a significant and growing problem. Efforts to improve clinical practice have not resulted in adherence to clinical guidelines and there are fundamental inconsistencies in data collection, which means the overall incidence of malnutrition is likely to be significantly under recorded. Action is needed to ensure that Trusts are given all the support they need to accurately record malnutrition risk, thus reducing its incidence over time.

BSNA therefore recommends the following:

- NICE and NHS guidelines must be implemented and followed in all healthcare settings.** NICE Clinical Guideline 32 (CG32) and NICE Quality Standard 24 (QS24) on nutrition support in adults, and NHS England's Guidance on Commissioning Excellent Nutrition and Hydration 2015-18 should all be followed as a matter of course.
- Introduction of a new comprehensive jointly developed and delivered clinical care pathway**, which would initially focus on at-risk groups, such as the frail elderly.
- Introduction of incentives**, such as a QOF or its equivalent for malnutrition, could transform how malnutrition is identified, recorded and managed.
- Recognition of the integral role of oral nutritional supplements (ONS).** Early intervention, through dietetic support, and use of ONS where appropriate, can ensure that patients receive the best support for their specific clinical conditions and circumstances.

The full report and our infographic are available at: <https://bsna.co.uk/pages/bsna-publications>



¹Ella M, Russell CA (eds), Combating malnutrition: Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN, Redditch: BAPEN, 2009
²NHS Digital, Malnutrition figures by provider, 14 December 2016. - http://content.digital.nhs.uk/media/23157/Malnutrition-figures-by-provider/xls/malnutrition_by_provider_suppressed_141216.xlsx (Accessed 12 January 2018)
³Forgotten not Fixed: A blueprint to tackle the increasing burden of malnutrition in England. BSNA, February 2018. <https://bsna.co.uk/pages/bsna-publications>
⁴APPG on Hunger: Hidden Hunger and Malnutrition in the Elderly <http://www.frankfield.co.uk/upload/docs/Hidden%20Hunger%20and%20malnutrition%20in%20the%20elderly.pdf>
⁵Office for National Statistics, Deaths from selected causes, by place of death, England and Wales, 2014 to 2015, December 2016
⁶Ella, 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
⁷NICE, Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition – Clinical Guideline 32 (CG32), 2006
⁸NICE, Nutrition support in adults – Quality Standard 24 (QS24), 2012
⁹BAPEN, Malnutrition Universal Screening Tool (MUST), 2011
¹⁰Managing Adult Malnutrition in the Community. Oral Nutritional Supplements (ONS). Available at <http://malnutritionpathway.co.uk/ons>