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Implementation advice

Suggested actions for
implementing the NICE clinical
guideline on nutrition support
in adults



Implementation advice

Implementing the NICE clinical guideline for nutrition support in adults: oral nutritional support, enteral tube feeding and parenteral nutrition

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Supporting implementation

Implementing NICE guidance can be challenging. We have set up a programme to help support implementation. The NICE clinical guideline on nutrition support in adults is supported by four implementation tools:

- costing tools
 - a national costing report; which estimates the overall resource impact associated with implementation
 - a local costing template; a simple spreadsheet that can be used to estimate the local cost of implementation
- a slide set; outlining key messages for local discussion
- audit criteria
- implementation advice (this document).

The clinical guideline and implementation tools are available on our website:

www.nice.org.uk/CG032.

What is the aim of implementation advice?

Implementation advice considers implementation issues that are specific to a piece of NICE guidance and its aim is to provide practical advice to help NHS organisations implement the guidance. The advice will help implementers identify recommendations in the guideline that are not part of current practice and should be used alongside the costing report and template.

Who should read this advice?

This advice is aimed at commissioners, clinical leads and service managers for acute trusts, mental health trusts, primary care trusts (PCTs) and anyone involved in implementation of the NICE clinical guideline on nutrition support in adults.

Why implement NICE guidance?

Clinical guidelines provide guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales. The Healthcare Commission will assess the performance of NHS organisations in meeting core and developmental standards set by the Department of Health in *Standards for better health* issued in July 2004.

Implementation of clinical guidelines forms part of the developmental standard D2. Core standard C5 says that nationally agreed guidance should be taken into account when NHS organisations are planning and delivering care. Full implementation of this guideline is likely to take a number of years.

The ultimate responsibility for implementing of this guideline rests with the chief executives of the organisations responsible for commissioning and delivering health services for adults, particularly the PCT, acute trusts and mental health trusts. Clinical governance mechanisms should ensure that action plans and progress with the implementation of this guideline are reported back at individual board level. Areas of non-compliance should be recorded on the risk register.

Steps to implementing this guideline

Check if the guideline is relevant

This guideline impacts on many different organisations and healthcare professionals responsible for the health of adults. This includes, for example, GPs, community nurses, dietitians, speech and language therapists, gastroenterologists, pharmacists, laboratory specialists, occupational therapists, voluntary agencies and social services, as well as more specialised services.

The guideline is particularly relevant for primary care organisations, acute trusts and mental health trusts responsible for the commissioning and delivery of adult healthcare services. As a result, joint commissioning arrangements are likely to be important in planning the implementation of this guideline.

When planning how adult services are commissioned and delivered, it is important to take into account other ongoing initiatives relating to this guideline. These can be found in Appendix A.

Identify implementation leads

This guideline spans both primary and secondary care as well as other services and organisations, making its implementation particularly complex. Because of this it is a good idea to identify multiple leads to share the implementation work and ensure seamless care. These leads are likely to be prominent figures that will champion the guideline and inspire others and who are committed to working collaboratively across care settings and multidisciplinary working.

Identify an implementation group

It might be very helpful to identify a group, with members who specialise in nutrition support, to examine implementation issues in depth and support the implementation leads. This group might be part of existing structures or networks, such as a nutrition steering group. In most cases it is better to avoid setting up new structures to manage the implementation of this guideline if there is a current structure that already works effectively.

In order to ensure seamless care is provided across the acute, primary and community care settings, this group might need to include:

- healthcare professionals in primary, secondary and community care – for example, dietitians, speech and language therapists, community nurses, gastroenterologists, pharmacists, specialist nutrition nurses and GPs, public health, palliative care team members
- service users and carer representatives
- partner organisations – for example, social care, care home representatives.

Carry out a baseline assessment

The first practical step towards implementation is to carry out a baseline assessment of current practice against the guideline recommendations.

The costing report supplied by NICE identifies the areas in which changing current practice to comply with the guidance means changes to the resources required. This may help you when carrying out your baseline assessment. For example, the guideline recommends that healthcare workers in hospital and the community who are directly involved in patient care should receive training on the importance of providing adequate nutrition. This means there will be a need to train or upgrade the skills of current and new healthcare professionals. It could involve identifying training needs and developing a training plan to ensure nutrition support is incorporated within a locally tailored and delivered training programme (including induction) and ensuring that external courses are commissioned where required. The NICE slide set can be used for offering general awareness raising sessions (see www.nice.org.uk/CG032).

Assess resource requirement

Assessing likely resource requirements will be important when planning the timescales over which you could implement the guideline. The local costing template provided by NICE is designed to help you with the assessment of what resources may be required to implement the guideline (see www.nice.org.uk/CG032).

Develop an action plan

The baseline assessment will have identified the key areas for implementation and which recommendations are not currently being carried out. These key areas could be put into an action plan and actions assigned to each one. The resources needed to comply could be calculated and deadlines given for each step. Ideally the responsibility should be shared among interested parties to help share the workload.

Review and monitor

Implementation of the guideline should be reviewed and monitored, with results fed back to the relevant trust board.

One way to monitor the implementation of the guideline is to audit current practice against the NICE guidance. The guideline is accompanied by audit criteria to help you with this.

Acknowledgements

Thank you to the people who have contributed to the development of this report including the members of the Guideline Development Group, the External Reference Group, and the National Patient Safety Agency and attendees at the implementation tools validation workshop held in Leeds.

An example action plan

We have developed an example action plan based on the key areas for implementation identified from the NICE guideline. The examples we have provided are based on feedback from those in the field and aim to help you develop your own plans. They are not formal recommendations and may not be appropriate in all circumstances. You could insert columns for the resources needed to comply, who is responsible and when compliance will be achieved.

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
Establishing a nutrition steering committee	All hospital trusts should have a nutrition steering committee working within the clinical governance framework	<p>You may have a nutrition steering committee (or equivalent) already in place and it's this group that is likely to lead the implementation of the guideline. Ideally, the group will have representation drawn from trust management and include senior representation from medical staff, catering, nursing, dietetics, pharmacy, speech and language therapy and the community setting, with agreed terms of reference, accountability and reporting mechanisms.</p> <p>You may want to consider:</p> <ul style="list-style-type: none">• using the group to lead on developing an action plan to implement this guideline – what, how, who and by when and to cost the plan (use our costing template www.nice.org.uk/CG032)• ensuring the action plan incorporates and reinforces other must 'dos' – for example, Better Hospital Food and Protected Mealtimes, Essence of Care, National Patient Safety Agency (NPSA) advice on nasogastric tube

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		<p>feeding, single assessment process (SAP) and Care Programme Approach (CPA). See Appendix A.</p> <ul style="list-style-type: none"> • reviewing local protocols and patient care pathways (for example, stroke) within the acute trust and integrated care pathways across the acute, community and tertiary interface to ensure they include screening for malnutrition or the risk of malnutrition where appropriate • using the nutrition steering committee to take decisions regarding departmental opt-out for departments that identify groups of patients at low risk of malnutrition • using the group as a resource to provide advice to primary care and other care providers – for example, care homes • agreeing documentation for recording of information and ensuring that the documentation is used consistently

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
<p>Providing education and training</p>	<p>All healthcare professionals who are directly involved in patient care should receive education and training relevant to their post, on the importance of providing adequate nutrition. The education and training should specifically cover:</p> <ul style="list-style-type: none"> • nutritional needs and indications for nutrition support • options for nutrition support (oral, enteral and parenteral) • potential risks and benefits • ethical and legal concepts • when and where to seek expert advice. 	<p>As a result of the baseline assessment, you may want to consider:</p> <ul style="list-style-type: none"> • developing a training plan – tailor training to the needs of local healthcare professional groups/settings. Update local protocols and care pathways in line with the NICE guidance and use these to identify relevant staff groups and to inform the content (levels) of training required. Determine how and where the training is best delivered – for example, on the ward • working with your local workforce development confederation to review the content of existing training programmes and tailor existing or new programmes to the needs of the local health community in line with the NICE guidance. Consider pre-registration training, induction programmes, training for new staff, updating for existing staff and include other staff groups if appropriate – for example, social care, day care and voluntary workers • commissioning external training where appropriate – for example, advanced training in nutrition support for specialist clinicians • offering awareness raising sessions ensuring that local healthcare professionals are aware of the NICE guidance (use our slide set www.nice.org.uk), local nutrition services and where and how to access expert advice

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
<p>Ensuring a multidisciplinary team provides coordinated care</p>	<p>Healthcare professionals should ensure that all people who need nutrition support receive coordinated care from a multidisciplinary team</p>	<p>Acute hospital In the acute hospital setting the team could include: doctors (for example, gastroenterologists, gastrointestinal surgeons or intensivists or those with a specific interest in nutritional problems), dietitians, specialist nutrition nurses, nurses, pharmacists, caterers, biochemistry and microbiology laboratory support staff and other allied healthcare professionals (for example, speech and language therapists).</p> <p>Community setting In the community, the multidisciplinary team could include GPs, practice nurses, community nurses, dietitians, palliative care staff and care home staff.</p>

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
Employing a specialist nutrition support nurse	All acute hospital trusts should employ at least one specialist nutrition support nurse	<p>You may already employ a specialist nutrition nurse but if not, when developing the role you may want to consider how it will enhance patient care and risk management – by working alongside dietitians and other experts in nutrition support to:</p> <ul style="list-style-type: none"> • minimise complications related to enteral tube feeding and parenteral nutrition • ensure optimal ward-based training of nurses • ensure adherence to nutrition support protocols • coordinate care between the hospital and the community – for example, speech and language therapists, dietitians. Liaison with community matron(s) and care homes

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
<p>Screening for malnutrition or the risk of malnutrition</p>	<p>Screening for malnutrition or the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training</p> <p>All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened. Screening should be repeated weekly for inpatients and when there is clinical concern for outpatients. People in care homes should be screened on admission and when there is clinical concern</p> <p>Hospital departments who identify groups of patients with low risk of malnutrition may opt out of screening these groups. Opt-out decisions should follow an explicit process via the local clinical governance structure involving experts in nutrition support</p> <p>Screening should take place on initial registration at general practice surgeries and when there is a clinical concern. Screening should also be considered at other opportunities (for example, health checks, flu injections)</p>	<p>As a result of your baseline assessment, you may want to consider:</p> <ul style="list-style-type: none"> • developing/reviewing multidisciplinary protocols for primary and community care settings ensuring they include rescreening on a weekly basis and when there is clinical concern • reviewing local screening tools to ensure they are used consistently within and across departments. You may want to update locally developed tools in line with this guidance and you may want to take a look at the Malnutrition Universal Screening Tool ('MUST') • ensuring that your organisation has a process in place to decide who has responsibility to undertake screening – for example, admission procedures for inpatients • using the nutrition steering committee to take decisions regarding departmental opt-outs • adding prompts into admission forms/patient notes to include measures of nutritional status and to prompt weekly rescreening

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
<p>Ensuring nutrition support is offered appropriately</p>	<p>Nutrition support should be considered in people who are malnourished as defined by any of the following:</p> <ul style="list-style-type: none"> • a body mass index (BMI) less than 18.5 kg/m² • unintentional weight loss greater than 10% within the last 3–6 months • a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6 months <p>Nutrition support should be considered in people at risk of malnutrition as defined by any of the following:</p> <ul style="list-style-type: none"> • have eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer • have a poor absorptive capacity, are catabolic and/or have high nutrient losses and/or have increased nutritional needs <p>Healthcare professionals should consider using oral, enteral or parenteral nutrition support, alone or in combination, for people</p>	<p>As a result of your baseline assessment, you may want to consider:</p> <ul style="list-style-type: none"> • developing or reviewing local protocols in line with the NICE guidance – including screening, identification and access to appropriate services • reviewing documentation currently in use – does it prompt healthcare professionals to record the indications for, route of and goals of nutrition support until the patient is stabilised on nutrition support or until nutrition support is no longer required? • ensuring that the appropriate equipment is available to staff in the community and acute settings – for example, weighing scales that are serviced regularly (for example, 6 monthly), height measures (including knee height callipers), body mass index (BMI) charts, hoist/wheelchair scales • reviewing catering departments’ provision to ensure that appropriate foods are made available. For example, you might want to involve nursing staff, dietitians and nutrition nurses in these reviews who can advise on appropriate foods, consistencies of foods and supplements • working with your local Drugs and Therapeutics Committee to review pharmacy protocols and joint formularies to ensure that they have an appropriate range of feeds if necessary • checking that there is a process for ensuring that patients

Key area	NICE guideline recommendation	Suggested actions to implement the guidance
	<p>who are either malnourished or at risk of malnutrition, as defined above. Potential swallowing problems should be taken into account</p>	<p>and carers receive adequate training prior to discharge from hospital – to ensure they are confident and competent in the use of feeding equipment</p>

Appendix A: National Policy Context

In the last few years, there has been a growing awareness of the importance of nutritional status to patients' powers of recovery from illness and treatment and the well-being of older people in social care settings.

In 2000, The NHS Plan promised action to improve the availability, variety and nutritional quality of NHS catering services, including professional accountability for meeting patient's nutritional needs. These pledges have been implemented by the Better Hospital Food programme, launched in 2001. Better Hospital Food defines six standards of catering performance, supports good practice and carries out an annual assessment against the standards of meals and meal services in all hospital trusts. The related Protected Mealtimes initiative helps hospitals ensure that patients are able to eat without being interrupted and get support from staff if they need it. The NHS Clinical Governance Support Team's Essence of Care programme supports measures to improve quality through its ten benchmarks for food and nutrition.

Nutritional status is particularly important in meeting the health and social care needs of older people. The National Service Framework (NSF) for older people highlights the importance of nutrition in the treatment and rehabilitation of older patients, as well as the role of diet and nutrition in maintaining the health and well-being of older people in the community and in residential care. The quality of food and the social aspects of food and mealtimes are part of the national minimum standards for care homes for adults.

- NHS Plan (2000) www.dh.gov.uk/PublicationsAndStatistics
- NHS Estates 'Better hospital food' (2001) www.betterhospitalfood.com
- National Service Framework for Older People www.dh.gov.uk
Standard 2 – assessment principles as laid out in the single assessment process (SAP).
- The Cancer Plan www.dh.gov.uk
- The Essence of Care Benchmarks for Clinical Governance, DH 2001
Patient-focussed benchmarking for health care practitioners.

www.dh.gov.uk and [www.cgsupport.nhs.uk/downloads/Essence of Care/Food & Nutrition.doc](http://www.cgsupport.nhs.uk/downloads/Essence_of_Care/Food_&_Nutrition.doc)

- Modern matrons – Improving the patient experience (2003) www.dh.gov.uk
- The Caroline Walker Trust, 1995 'Eating well for older people'
- Reference guide to consent for examination or treatment – DH (2001) www.dh.gov.uk
- National Patient Safety Agency (NPSA) safety advice to NHS on nasogastric feeding tubes www.npsa.nhs.uk
- Commission for Social Care Inspection (CSCI) – regulates care services including care homes in England www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/CSCIProject/fs/en
- The basis for regulation is the National Minimum Care Standards drawn up by the Department of Health. The content of the standards is to be reviewed during 2006 and changes will be implemented in April 2007. The relevant standards are Standards 3 (needs assessment), 4 (meeting needs), 8 (healthcare), 12 (social contact and activities) and 15 (meals and mealtimes). [www.csci.org.uk/information for service providers/national minimum standards](http://www.csci.org.uk/information_for_service_providers/national_minimum_standards)