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# OLDER PEOPLE SPECIALIST GROUP

## Autumn 2023



Hello and welcome to OPSG's Autumn Newsletter.

I am hugely excited about the launch of our Outcome Indicators Toolkit at the end of this month. This has been a joint venture with the Optimising Nutrition Prescribing Specialist Group and I am hugely grateful to June Davis from Allied Health Solutions for leading on this piece of work. And so the theme for this quarter is outcomes, outcomes, outcomes. This document gives us an incredible opportunity to demonstrate the fantastic impact we can have for our specialism. We have also collaborated with the BDA's Education and Professional Practice Team to make sure the toolkit is embedded within the Dietetic Model and Process and their SNOMED project for standardised language. This should enable future meaningful analysis of outcomes data, allowing consistent comparison of data from a range of sources.

We have much more to tell you, so please read on to find out our news...

Your OPSG team!



# Events Coming Up

**Thursday 21st September 2023**

**10am to 4pm**

**OPSG's very own Alison Smith will be speaking at the UK IDDSI conference at Reach Events Centre, Derby.**



This is an all-in-one opportunity to connect and network with colleagues, learn from fellow practitioners and researchers, and exchange insights into best practices being demonstrated around IDDSI in healthcare, community, and social care settings.

For more information or to book tickets  
[click here.](#)

**Thursday 28th September 2023**

**Or**

**Wednesday 4th October 2023**

**both from 1pm to 2pm**



**The Outcome Indicators Toolkit has now been completed and will be available in the OPSG members section of the BDA website soon.**

To support the launch of this new resource, we will be co-hosting a webinar with the Optimising Nutrition Prescribing Specialist Group. The webinar will be led by June Davis from Allied Health Solutions and will showcase the new Outcome Indicator Toolkit and give examples of how it can be used in practice.

The webinar is free for members to attend. Simply [click here](#), select your preferred date and enter the promo code: MembersFree to secure your place.

**Sunday 1st  
October 2023**

**We will be celebrating International  
Day of Older Persons - connect with us  
on social media to find out more!**



# Thursday 8th to Friday 9th February 2024

**UK Swallowing Research group conference is coming to Birmingham! Alison Smith is on their committee.**

Join us for an in person conference at the Edgbaston Park Hotel. It is £250 (early bird fee until 1st Dec) to attend. It's a lifespan conference, with topics including rehabilitation, early intervention, assessment, medicines management, digital innovations and much more. There are plenty of fantastic UK and international speakers lined up.

[Click here for registration](#)

And if you have some work you'd like to share, why not put in an abstract? [Abstract submission](#) closes on 8th September 2023.



## Could you be our newest committee member?

**We are recruiting!** We currently have openings for:

**VOLUNTEERS  
NEEDED**

A [social media officer](#)

A [student member](#)

Click the links to find out what the roles entail and get in contact if you think you could be a good fit.

## Have Your Say

The WHO CC for Rehabilitation in Global Health Systems, hosted by the University of Lucerne, has been requested by the WHO Regional Office for Europe to conduct an online expert consultation about how rehabilitation is currently being delivered for persons 60+ ([registered protocol](#)).

To ensure that all rehabilitation stakeholders are well represented, please support in completing the survey and sharing with appropriate stakeholders.

The survey is available in all WHO official languages and can be accessed through the [link](#) or QR code.





# Global Practice-based Evidence in Nutrition (PEN)



The PEN System provides nutrition practitioners with ready access to timely, current and authoritative guidance on food and nutrition. It offers evidence-based answers to the questions encountered in every day practice.

The PEN System's powerful search tools and Knowledge Pathway format make it easy to use – whether you're pressed for time and looking for a quick answer, or you want to review the evidence in more depth.

The PEN System was developed by Dietitians of Canada, with input from thought leaders in dietetic practice, knowledge translation and technology. It is managed by a collaborative partnership comprised of the British Dietetic Association, Dietitians Australia and Dietitians of Canada. An up-to-date evidence-base resources for the fast-paced world of dietetics.

**Log in through your  
BDA account**



*The Global Resource  
for Nutrition Practice*

Gerontology and Hydration Knowledge Pathway revised was published in July 2023 of which on behalf of BDA OPSG Elaine Lane and David Gray were reviewers highlights - click to link the questions below:

Q: What strategies help mildly/moderately dehydrated older adults drink more fluids?

Q: What are the most effective tools for diagnosing low-intake dehydration in older adults?

Other BDA OPSG resources have also been accepted and are now included!



# New & Updated Resources

Your committee have been working hard, creating and contributing to resources.

## BDA Food Fact Sheets

Click for links to new food fact sheets.

[Osteoporosis](#)

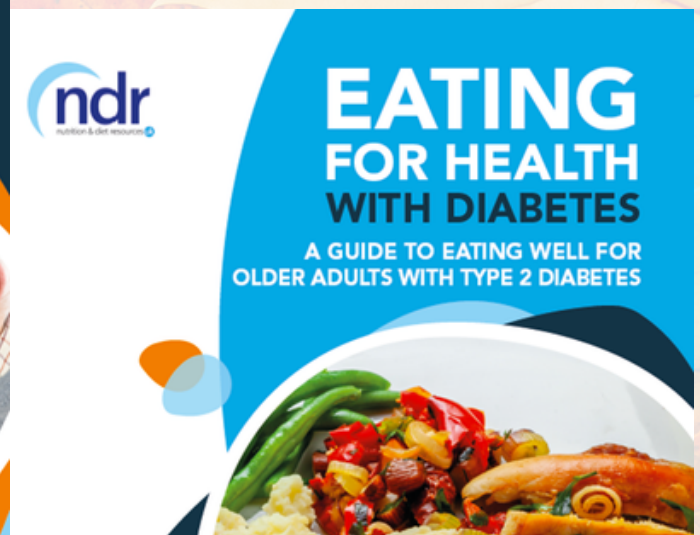
[Hydration](#)

[Hydration in Older Adults](#)



## NDR Resources

Updated resources available on [NDR prescribe](#).



## Could you contribute to a discussion?

**The OPSG discussion page is a great place to ask questions, share knowledge, and support others in the specialist area.**

### Recent topics include:

- Nutritional management of frail and/or malnourished patients attending consultant led outpatient clinics
- Incorporating handgrip strength measurement as part of dietetic assessment for in-patients
- Use of different coloured crockery



To get involved in the discussions log in to your BDA account and visit our [discussion page](#).



# 'Turning the Searchlight on Sarcopenia & Frailty - A Dietetic Experience of Implementing Change'

## Quality Improvement Project Feedback

Debbie McGugan, (community rehab dietitian) and Pamela McMullan, (dietetic assistant practitioner), from NHSCT provide a brief overview of their recent quality improvement project at Dalriada Community Hospital, Northern Ireland.

### Background

We wanted to explore the prevalence of frailty, sarcopenia and malnutrition within a small community hospital for older people within our locality. We were keen to understand how the current ward nutritional screening process and triggers for nutritional interventions matched with our frailty and sarcopenic risk prevalence data collection. (Frailty scores are not routinely assessed by ward staff). We collected data on 20 community ward patients, (including SARC-F screening, Handgrip Strength, Calf-Circumference/Mid Upper Arm Circumference, BMI, Rockwood Score and the MUST score as calculated by nursing staff). Once we analysed the data, we understood that:

- **However, up to 80% of patients were identified to be at risk of sarcopenia and had frailty. They did not receive nutrition intervention.**
- **The ward MUST screening identified only 5% of patients to be at Nutritional Risk and they subsequently received nutritional intervention.**
- **A common reason for admission was following a fall.**

We considered the missed opportunities for nutritional interventions which may benefit our older rehab patients (e.g. relating to frailty, falls, muscle health & malnutrition). After understanding the data analysis, we decided to commence a quality improvement training programme. We needed to narrow our project aim for the purposes of the QI project. Our aim was to make attainable 99% of older patient's protein requirements during their community hospital admission.

### Next steps taken

- Analysis of the menu.
- Estimation of Kcal and protein requirements of ward patients.
- Comparison of patient's nutritional requirements with menu provisions.
- The menu was estimated to be deficient in protein & energy by up to 55% and 50%, respectively
- A further limitation we noted was the lacking variety of IDDSI meals & snacks.



## How this was addressed:

- **Training sessions with nursing, catering and domestic services staff on nutrition for older people's recovery.**
- **Implemented a nutrient dense approach with food fortification.**
- **Patient engagement was sought throughout.**
- **Developed a Finger Food and Missed Meals process for staff.**
- **Improved IDDSI meal and snack provisions.**
- **Created a nutrient dense menu for electronic ordering of a range of nourishing meals, snacks & fluids for those at nutritional risk, (e.g. nourishing mousse, fortified Ovaltine, digestives & cheese, fortified milk with cereals).**
- **Improved fluid & snack options for all patients on the wards (e.g. Malted milk drinks, Hot chocolate, milky coffee, crackers & cheese). Also new food items added to the menu (e.g. baked beans, scrambled eggs, nourishing soup).**
- **Developed and evaluated a muscle health/nutritional risk self-assessment & management resource for patients and their family/carers.**

## Outcomes

99% of patients could meet their protein requirements with the new menu options. And the options allow for timely nutritional interventions to support rehab of older patients within the community hospital, with sleek processes.

## Going Forward

- We are currently planning the roll out of our QI project to other sites within our Health Trust.
- We are reviewing the impact on ONS use, food wastage and the number of community dietetic reviews.
- We have benefitted from working with non-dietetic colleagues and we will endeavour to strengthen these links going forward.
- We are currently working with our falls prevention team and recovery AHPs on related work streams.
- The OPSG has been and continues to be an invaluable source of information and advice.

If you would like any further information, please contact us at [IRD.Dietetics@northerntrust.hscni.net](mailto:IRD.Dietetics@northerntrust.hscni.net)





# Events this Past Quarter



## Food Services

### Specialist Group

## Launch of the Third Edition of the BDA Digest

The Food Services Specialist Group (FSSG) of the British Dietetic Association (BDA) launched the BDA Digest version 3 in London, on 15th June. This document is the definitive information guide on healthcare food and beverage services: the Nutrition and Hydration Digest which Elaine attended. The new 3rd edition is now available, presenting all the detailed aspects needed to support excellent food and drink services in healthcare. There have been many changes and it reflects the new National Standards for healthcare food and drink were issued in November 2022. The 12 chapters detail every aspect of food and beverage provision in hospital environments. There are new chapters on minimisation of food waste and on aspects of environmental sustainability in relation to hospital food service.

## NHS England Nutrition & Hydration Policy

NHS England are revising and refreshing their national nutrition & hydration policy and Vittoria is representing the BDA and OPSG as an Advisory Board member. The inaugural meeting was held on the 16th of June and all members were asked to contribute to refining the scope of this work. We will keep you informed as this work progresses.

## Dietitians Contributions to Health in an Ageing Society

Vittoria recently attended a roundtable meeting hosted by the Chief Medical Officer, Professor Chris Whitty to discuss Health in an Ageing Society alongside all other AHP professional bodies. We have linked a summary document we produced for this meeting that details the dietetic contributions.





# Quarterly Recipe

***This curry is a great batch cook dish and suitable for veggies, vegans, or omnivores, just choose your protein, or even mix up the options. You can also switch up the vegetables for anything you need to use up.***

Pick your protein: 225g pack Halloumi cheese, sliced into ½cm cubes / 400g pork fillet or chicken, cut into chunks / 1 pack smoked or plain tofu (approx. 250-300g) cut into 1cm cubes

## "Pick Your Protein" Thai Yellow Curry

1 large aubergine  
60g Thai Yellow Curry paste  
1 medium swede (approx. 600g), cut into 1cm cubes  
1x 400g can chopped tomatoes  
1 stock cube – vegetable or chicken  
1x 400g can coconut milk  
1x 400g can chickpeas, drained  
100g baby spinach

1. Heat a non-stick pan over a medium-high heat. Once hot, add a drizzle of oil and brown your protein of choice, turning to brown each side. Once brown, remove from the pan and set aside.
2. Add a little more oil to the pan and add in the aubergine. Brown this, remove from the pan and set aside with your protein [they can be on the side in the same bowl].
3. Reduce the heat, add a little more oil and add the curry paste to the pan. Break up the chunks with a spatula. Once it starts to sizzle, add in the swede and stir well.
4. Pour in the chopped tomatoes. Fill the can with water and add this. Add further water, as necessary, to cover the swede with liquid. Add the stock cube and stir in.
5. Bring the liquid to the boil and simmer for approx. 20-30-minutes, or until the swede is tender enough to spike with a fork.
6. Add the protein and aubergine back into the pan with the drained chickpeas and coconut milk. Stir everything together and bring back up to the boil.
7. Switch the heat off and stir through the baby spinach until just wilted and dispersed through. Serve with rice, bulgur wheat, or potatoes (makes approx. 5 portions).

This dish freezes really well. However, waiting until just before eating to add the baby spinach ensures it stays green and ensures a nicer texture.

If you have resources to share or suggestions for future events, please get in touch.  
Contact us via our email address or by following us on social media

@bda\_olderpeople

olderpeople@bda.com

