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BDA The Association
of UK Dietitians



Older People

Specialist Group

OLDER PEOPLE SPECIALIST GROUP

Winter 2024



Chairs Welcome / Welcoming our new Chair

September marked the end of Vittoria's 4-year term as Chair of the Older People Specialist Group.

It has been an eventful and changing landscape in dietetics and older adult care; and one that has flown by. Chairmanship commenced in the thrall of the pandemic which saw OPSG create a COVID-19 top tips resource to support its members, which quickly gained national traction, shared by the British Geriatrics Society (BGS) and NHS England, to name but a couple. OPSG has continued to develop and maintain key relationships with important national organisations and many other BDA Specialist Groups.



OPSG membership numbers have increased hugely, and likely due to the many successes we achieved in the last 4 years, including:

Publication of the public health resource Eating, Drinking and Ageing Well (EDAW) (coproduced with OPSG members and the public, endorsed by the BGS and Friends of the Elderly).

Collaboration with the University of Plymouth to produce a report of the evidence underpinning EDAW.

Representing the BDA at a roundtable to discuss the contributions of Allied Health Professionals supporting older adults to age well by invitation of the Chief Medical Officer (CMO) (England). This supported the publication of The CMO's annual report 2023: health in and ageing society.

Publication of an outcomes toolkit which showcases a set of outcome indicators relevant to the variety of work and roles undertaken by OPSG members. The toolkit focusses on four areas: ageing well, prevention, medicines optimisation, and population health.

Publication of the Care Home Digest, the first food service and menu planning guidance for care homes that has been written in collaboration with the National Association of Care Catering.

Influencing the need to include the importance of nutritional care for the CPOC and BGS guideline for the perioperative care of people living with frailty undergoing elective and emergency surgery.

Launching the Nutrition in Older Adults Workstream at the BDA Symposium and recruiting 2 research officers so that members can be supported in their research ambitions.

Contributing as co-authors to publications in academic journals including the Journal of Frailty, Sarcopenia and Falls, and BMJ Nutrition.

Representing the BDA on NHS England's National Nutrition & Hydration Advisory Board.

Developing and maintaining multiple academic links and support including the University of Bournemouth, University of Newcastle, University of Southampton, Food4Years Network, and the Malnutrition Awareness Prevention Network.

Contributing to BDA responses for key strategies including National Food Strategy, Women's Health Strategy, Hospital Food Review, and Obesity Health Alliance Treatment Working Group Position Statement.

Presenting to the All-Party Parliamentary Group on behalf of the BDA and Age UK on the nutritional needs of older adults.

Writing the new frailty chapter for the latest edition of the Manual of Dietetic Practice due to be released in September 2025.

Supporting the BDA in the workstream for First Contact Practitioner and Advanced Clinical Practitioner Primary Care Roles, with a focus on frailty.

And last, but by no means least, OPSG has also delivered at least 2 webinars a year to our members for free. The webinars showcased the latest research or best practice that is relevant to our membership. We also held a successful study day in June 2024 to launch our unique Care Home Digest report.

Vittoria would like to thank the OPSG committee past and present and the wider OPSG membership for supporting her over the last 4 years.

Chairing OPSG has been a tremendous honour that has advanced her leadership skills and networks. Vittoria will remain on the committee as Professional/Policy Officer and will continue to advocate, lobby and seek to advance the role of dietitians working in older adult care.

The future  looks bright for us and our specialism.

New Chair: Welcoming Jen

I have been working with older people for several years and currently lead the Scottish charity Food Train's Eat Well Age Well project which aims to improve the prevention, detection and treatment of malnutrition among older people in Scotland. I'm looking forward to leading the group in our continued work to develop and raise the profile of the older people's specialism and support our members to grow and develop their skills, knowledge, and networks.



We have lots of exciting plans in the works and hope you'll be able to get involved!



A nationwide meals on wheels directory has launched.



Eating, Drinking and Ageing Well is now available in Welsh.

Special mention to Lucy for arranging for the translation so the resource is now more accessible for Welsh speakers.

New Committee Members

We have welcomed two new members to our committee during the past 3 months. Alexandra Rees- known as Lexi has joined as the Social Media Officer and Joanna has joined as the Events Planning Officer. Here's a bit more about both of them:

Lexi



Hi I'm Lexi and I am thrilled to have joined the committee as the Social Media Officer. I had the pleasure of attending the BDA Care Home Digest Launch, which was an amazing day! It also meant that I got to meet all of my fellow committee members in person, which is unusual in these post Covid days of MS Teams and Zoom meetings!

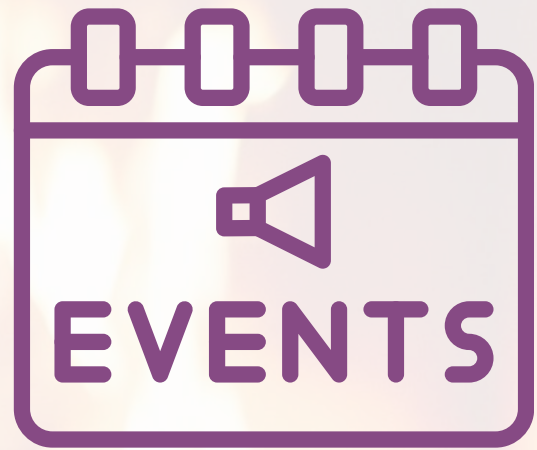
A bit more about me..... I work as the Clinical Lead Dietitian for the Dementia Wellbeing Community Team in West Wales. We are a multidisciplinary team that support people living with dementia in the community (including care homes) who are experiencing stress and distress. I have a passion and drive to improve the nutritional care and support that people living with dementia receive to maintain not only their physical health but wellbeing as well.

Apart from being the Social Media Officer for the OPSG I also have my own Instagram page @the_dementia_dietitian. I have recently presented at the European Alzheimer's Conference in Geneva as well as the live learning event or Malnutrition Awareness Week.

To switch off from my career in dietetics, I like to bake, take my dogs for a walk, go to Pilates or exercise and spend lots of time with my two children.

Joanna

Hello, I'm Joanna, and I'm excited to have joined the committee as your new Event Planning Officer!



I've been a subscriber to the group for a while, and after seeing the wonderful work that's been done, I felt this was the perfect time to get more involved. I decided to take on the role of Event Planning Officer because I'm passionate about creating enjoyable, engaging events that bring people together.

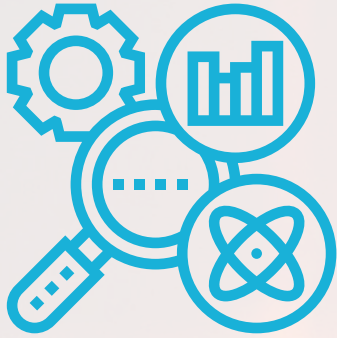
By profession, I'm the PCN Dietitian for the Newcastle-under-Lyme Primary Care Network in North Staffordshire, where I focus on improving nutrition support in local GP practices. I provide training and resources for practice staff and care homes, which is something I'm truly passionate about.

Outside of work, I love to sing and have had the fun opportunity to provide backing vocals on a few tracks. I also enjoy travelling and, of course, event planning.

I'm looking forward to being a part of this committee, sharing ideas and working together to create memorable and successful events for everyone involved.

OPSG are published in Care Talk.
Care Talk is a national magazine with readership across social care.

Care Talk focuses on innovative ways to support best practices and celebrates excellence in care provision, challenging negative media perceptions and highlighting examples of excellence from its readers. OPSG were given the opportunity to promote their recent publications "Eating, Drinking and Ageing Well" as well as the "Care Home Digest"



Considering a clinical academic career

By David

As an experienced older person's dietitian, it can sometimes feel like the only route for career development is through moving into management. I've been fortunate in my job to be able to maintain clinical practice with older adults alongside a leadership role, but this option isn't always available for everyone.

Fortunately, the need to retain experienced healthcare professionals within clinical practice settings has been recognised, and the emerging career pathway of the clinical academic has been the result.

Clinical academics work across health and social care in joint roles combining their clinical career with a research career. They conduct research to develop new ways to improve patient outcomes, translating this evidence into practical care improvements while sharing new learning and promoting the profession.

I have long recognised the importance of robust evidence for promoting the specialty and advocating for improvements to patient care, but I've also become increasingly conscious of the evidence gaps and the need to address these. This led me to embark on a journey towards a career as a clinical academic.

The National Institute for Health and Care Research (NIHR) has developed several fellowships to encourage staff into research careers. I applied to their Pre-doctoral Clinical Academic Fellowship (PCAF) programme. This scheme matches applicants' salaries, allowing departments to backfill posts while applicants engage in activities that will enable them to put together a competitive doctoral application by the end of the fellowship. This can be taken full time over a 12-month period (or longer if working part time). They also offer a shorter bridging scheme for those who need less development work to reach this goal.



The scheme itself is very competitive, and the application alone took nearly 3 months of evening and weekend work to complete. You need to have a clear idea of your future PhD topic as well as a team of supervisors in place who will support and mentor you through the process. The reward for this effort more than compensates for the investment though.

I used my award to complete a full-time Master's of Clinical Research, offering me comprehensive research training as well as the opportunity to conduct preliminary research in my chosen subject area. Going back to uni in my forties was a big change of pace, but the headspace I gained away from work allowed me to delve deeply into research methods that I hadn't even considered before. The research world is wide; it's not just about stats, and I found this fascinating.

The experience gave me a real taste of the realities of clinical research and the life of an academic. Professional development activities are encouraged alongside the studies, though I struggled to keep all my commitments as the demands of the course were sometimes unpredictable. Coming back to clinical work I now have a different perspective that has elevated my practice, as well as my standing in the department, the trust and beyond. The experience was transformational, and I look forward to applying for my PhD. Anyone with an interest in research should seriously consider this path for themselves.

For more information about funding schemes and life as a clinical academic see:

About the NIHR Academy

The NIHR Academy attracts, trains and supports highly skilled academic researchers. This workforce advances the best research to benefit society and the economy.



Sustainability Workshop



On Thursday 21 November the BDA Sustainable Diets Specialist Group (SDSG) organised the first in a series of open collaborative workshops and networking events to discuss how dietitians can implement sustainability in their practice.

OPSG Student Member, Kato, attended.

This is her summary of the day.

Theme of the day: ‘plant-based by default’ hospital menus.

Dietitians are aware of the health benefits of more plant-based dietary patterns; perhaps fewer are clear about the climate benefits of reducing meat and dairy at a population level.

In hospital settings, reducing meat and dairy could help the NHS to reach their target of net zero greenhouse gas emissions by 2040. To do so, it plans to use its purchasing power to influence contracted food and catering services; currently 6% of its total carbon footprint. This commitment, combined with the nutrition and hydration standards for England, which were developed following the recommendations of a 2022 independent review of NHS hospital food, and are now part of the legally binding NHS England Standard Contract, form the institutional backdrop to NHS food services. While referred to as part of the discussions, there was no systematic exploration on how to engage with these processes in Wales, Scotland and Northern Ireland to move things forward. This might be a helpful next step.

The impassioned presentations by Real Zero and Plants First Healthcare, who have started a campaign by UK health professionals to normalise plant-based meals in UK hospitals, were a reminder of the scale of the climate emergency and a call to arms for dietitians to find more ways to incorporate sustainability into practice. The BDA Blue Dot report and Reference Guide have already set out practical and actionable steps for dietitians in this regard.

The idea to pilot a ‘plant-based by default’ hospital menu for inpatients, staff and visitors has grown in part from the 2022 BDA Meat free dining in the health and care sector roundtable.

Recent evidence from pilot trials in hospitals in Canada and the USA, which were run by Greener by Default, have provided evidence of the climate and cost benefits of this approach. However, not the nutritional, health or behaviour change benefits, which raises concerns about the suitability of this approach for nutritionally vulnerable patients. The organisation’s representative explained that this approach used nudge theory to encourage patients to choose the plant-based default options, which was most effective in those who followed neither plant-only nor meat-rich diets. She clarified that choice was not restricted, as meat and dairy options were still available on request.

Given the differences between NHS and US hospital food services, and in the absence of any studies among UK hospital inpatients on the impact of choice architecture on food choices, it is unclear whether plant-based by default hospital menus would have similar outcomes in NHS hospitals.

Nevertheless, there are developments in the UK that bode well for a pilot scheme to trial plant-based by default menus in certain hospitals. These include the positive patient responses to food presentation in hospitals reported in the [UK Patient Association Survey on hospital food](#), the buy-in of large NHS food catering contractors such as Sodexo, which have already started to develop plant-based by default training programmes and menus, and the gradual shift in UK popular food culture towards greater acceptance of plant-based foods.



Workshop participants highlighted a number of challenges and concerns that need to be addressed if going forward with such a trial. These include:

Agreeing on a shared definition of ‘plant-based’ – further discussion is needed on what constitutes ‘climate-friendly’ ratios of plant to animal products in meals or on menus.

Finding language that does not feel ‘exclusionary’ in plant-based meal descriptions.

Distinguishing between the nutritional needs of the 40% of nutritionally vulnerable UK hospital inpatients, which include the elderly and those living with dementia. Participants felt strongly that patients at risk of malnutrition would still need default access to all hospital meal and snack options, including dairy and meat products, to help them meet their energy and protein requirements, given the complexity of their malnutrition risk factors, and despite the fact that plant-based proteins can in theory provide all essential amino acids. Both the [BDA Nutrition and Hydration Digest](#) and the recently launched [BDA Care Home Digest](#) have underscored that comfort, enjoyment, and familiarity of food (which may well include meat and dairy dishes) are paramount in encouraging oral food intake in these groups.

Understanding the reality of NHS food service catering – as a food service dietitian pointed out: most NHS food service contracts are not ‘fresh cook’, and silken tofu does not ‘behave’ well in a pre-packaged, microwave heated, meal.

Nevertheless, there was a great deal of enthusiasm among participants for SDSG to take a leading role in addressing these challenges and, in addition, to explore ways of embedding the four hours of sustainability theory taught in the Dietetics curriculum into practice education. Participants were also keen to see deeper collaboration between SDSG and the [BDA Food Services Specialist Group](#) to influence NHS structures, processes and standards to bring about more sustainable hospital menus.

The SDSG is planning a roundtable consultation with all BDA specialist groups in January 2025 to further develop the idea of a ‘plant-based by default’ hospital menu trial. This is an inclusive and open process, and all OPSG members are encouraged to share their thoughts, concerns, and suggestions with the committees of both specialist groups.

Dove spoke at TVN Society: #StopThePressure Day

On #STOPTHEPRESSURE day, I've presented on "How important is nutrition in reducing pressure injury risk"? at the Advanced Pressure ulcer prevention and management when caring for people with complex health needs Study Day. We first looked at the basics on role of nutrition during three stages of wound healing process. Then we talked about the key nutrition guidelines: NICE 2014 CG179, The NPUAP/EPUAP/PPPIA 2019 and Cochrane Review on Nutritional interventions for preventing and treating pressure ulcers (2024). Through two case studies, we had lots of interesting discussions on how to fortify diet with nutrient dense ingredients and adding nutrient dense snacks/ drinks in different case studies and most attendees understand the need for equal distribution of protein intake across different meal time to better promote tissue synthesis.

My take home messages:

- Patients who are at risk of malnutrition are more likely to develop pressure injuries and early screening is vital for pressure injury prevention
- Good nutrition make a difference and is part of both prevention and treatment of pressure injuries. Good care planning and communication are needed.
- More UK data on the prevalence of pressure injury in people at risk of malnutrition and high quality RCTs on the effect of nutritional intervention for wound healing are required.
- Nutrition is everyone's responsibility. We should all work collaboratively in a multidisciplinary approach to make a difference.

Do not forget to check out our BDA Food fact sheet on Prevention and management of pressure injuries.

**And look out
for Alison at**





Research: Current practice in the diagnosis and management of sarcopenia

Back in 2018, the British Geriatrics Society (BGS) ran a national survey to better understand current practice in the diagnosis and management of sarcopenia by healthcare teams looking after older people. The results of that survey ([available here](#)) have been incredibly useful both in making the case for research, but also in driving quality improvement and training activities around sarcopenia, through initiatives in the BGS, within the Chartered Society of Physiotherapy, but also within partner organisations with an interest in sarcopenia, such as the British Dietetic Association.

We now think that the time is right to repeat this survey (with some additions and amendments to reflect changes in international guidance since 2018). Please could you complete the survey (which will take 3-5 mins), but also share the link with colleagues across the multiprofessional team?



If you have any questions; please email Miles Witham:
Miles.Witham@newcastle.ac.uk.

Thank you for considering completing this survey; your responses will help us to improve research and practice in this crucial area of care for older people.

MERRY
Christmas

**Competition: find the hidden Christmas word and visit us on social media to win...*

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

