A new integrated approach using an electronic system across health and social care to improve nutritional care for adults across Dorset

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Aim

To determine the extent to which the integrated approach used in the 12-month Purbeck pilot (from Jan – Dec 2015) could be successfully implemented in another locality (Christchurch) over a period of 11 months (Mar 2016 – Feb 2017)

Methods

Using the model previously utilised in the Purbeck pilot:
• Local agreement was obtained and local processes reviewed
• Integrated nutritional care pathways were localised and implemented. This included screening, treatment guidelines, and referral routes (facilitated through the development of a novel electronic system to enable screening data recording, care pathway guidance and information sharing between teams)
• Community health and social care teams were then trained on nutritional screening, care planning and use of the new electronic form to enable them to implement the new process

Results: data is from 20 months in Purbeck (Jan ’15 – Aug ’16) and 11 months in Christchurch

1014 people screened in both localities (561 in Purbeck; 453 in Christchurch)

Potential cost avoidance of ~£66k (across both localities)

207 staff trained in both localities (128 in Purbeck; 79 in Christchurch)

70 service users across both localities experienced a decrease in ‘MUST’. Assuming all were prevented from seeing GP or other healthcare service due to improved nutritional status, estimated cost avoidance is £1449 per person

70% of people screened in both localities identified as ‘at risk’ in Purbeck

69% (n=703) of people screened in both localities (75%, n=418 in Purbeck and 63%, n=285 in Christchurch) were screened by staff who would not previously have carried out screening

Conclusions & Next Steps

• Data from both localities demonstrates the effectiveness of a collaborative approach across health & social care to reduce prevalence of undernutrition
• Implementation of the electronic form enabled inputting and sharing of nutritional status information across different teams
• This collaborative approach has far greater cost avoidance potential (current cost avoidance figures do not include people improved but not rescreened, or people whose data was not recorded on the electronic form)
• The approach is now being rolled out into other localities in Dorset
• Further work is needed to investigate the factors that will ensure sustainability of the programme

References