Nutritional management for patients recovering in the community from COVID-19

Alison Smith RD
Chair of BDA Older People Specialist Group
Nutritional management for patients recovering in the community from COVID-19

- Community staff
- Pathways of care from hospital to home
- ONS use in the community
- Dietary counselling and food fortification
- Available resources
What should community staff be doing?

• NHS England (2/4/20) advises that priorities for Community Health Services are:
  • Support ‘home discharge today’ of patients from acute and community beds...and ensure patients cared for at home receive urgent care when they need it
  • By default, use digital technology to provide advice and support to patients wherever possible
  • Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks
  • Apply the principle of mutual aid with health and social care partners
What should community staff be doing?

• For Dietetic Services:
  – Focus on admission avoidance and supporting discharge
  – Prioritise services to manage malnutrition and enteral feeding

• For all community healthcare professionals, continuing to follow local area NHS (CCG or Health Board) guidance about identifying and treating malnutrition remains important
What should community staff be doing?

• Even without Covid, malnutrition and frailty are significant issues for many older adults in the community
  – Reduces resistance to infection
  – Increases likelihood of acute admission
  – Increases length of stay
  – Reduces quality of life

• Malnutrition and frailty often co-exist
  – Reduces resistance to infection
  – Increases likelihood of acute admission
  – Increases length of stay
  – Reduces quality of life
Pathways of care from hospital to home

• What do you need to know?
  – What information regarding nutrition is usually included on local discharge summaries and how are pts usually referred for ongoing support regarding nutrition?
  – Has that changed in light of COVID-19? If staff have been redeployed into the acute setting do they know how to refer for ongoing support regarding nutrition?
  – What post COVID – 19 rehab options are there in your area? What nutrition support options are available in these locations?
Pathways of care from hospital to home

– Has any written nutrition guidance been provided to pts/ carers on discharge? If not, how soon after discharge can it be provided e.g. by electronic means?

– What third sector support post discharge is available in your area?

– Could local pathways regarding management of frailty be useful at this time?
ONS use in the community

– Recognises the role of “dietary counselling and food fortification” in treatment, and advises use of ONS only where this food based approach is “not sufficient to increase dietary intake and reach nutritional goals”

– Advises monthly review of efficacy and expected benefit if ONS are prescribed

– Identifies that 29% of pts may have dysphagia at discharge therefore advises consideration of modified textures
ONS use in the community

• As usual, oral nutritional supplements (ONS) should be considered:
  – where clinically indicated (in line with local NHS guidance) &
  – where patients meet ACBS indications (ACBS indications do not include issues relating to food access)
• What does your local CCG/Health Board ONS prescribing guidance say?
• Are any temporary changes to the local CCG/ Health Board ONS Formulary appropriate (regarding brand or type of products)? How will these be discussed and agreed with the CCG/ Health Board before requests to prescribe are made?
• How and by whom will the pts progress and their continued need for ONS be reviewed? How often will that happen?
ONS use in the community

• What are the specific ACBS indications for the product requested?

• Providing evidence regarding how the pt meets the products ACBS indication/s is important

• In the future ACBS indications for all nutrition products will be changing, so keep checking the Drug Tariff
Dietary counselling and food fortification

• Key role for dietitians in the community
• Dietitians can and do support and train other staff to provide this too
• Supported by evidence:
  − NICE Clinical Guideline 32 (2006; updated 2017)
    • Healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals
  − NICE Quality Standard 24 (2012)
    • It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet
Dietary counselling and food fortification

- Tendency in the past has been to mainly focus on increasing energy intake (using high fat and sugar ingredients) rather than on increasing intake of all nutrients.
- May be better to focus on using nutrient dense foods (providing a range of nutrients including protein and micronutrients, as well as energy) instead such as:

<table>
<thead>
<tr>
<th>Skimmed milk powder</th>
<th>Soya protein powder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
<td>Pea protein powder</td>
</tr>
<tr>
<td>Greek yoghurt</td>
<td>Gram flour</td>
</tr>
<tr>
<td>Eggs</td>
<td>Ground nuts</td>
</tr>
<tr>
<td>Soya yoghurt</td>
<td>Nut butter (peanut, almond, cashew)</td>
</tr>
</tbody>
</table>

- Dietary counselling and food fortification are essential parts of treating malnutrition whether ONS are indicated as well or not.
Available resources

Resources for dietitians

25 Mar 2020
Recommendations for community action by dietitians for older and vulnerable people living in their own home
Guidance created by the BDA Older People Specialist Group on discharging medically fit older people into the community.

25 Mar 2020
Recommendations for action by dietitians supporting care agencies working in older people’s own homes
Advice for dietitians working with care agencies that are working with older people in their own homes

25 Mar 2020
Recommendations for community action by dietitians supporting care homes
Guidance on residential care provision recommends care homes minimise non-essential visiting during the national COVID-19 outbreak.

Developed by Herts Valleys CCG

61 Apr 2020
Carer information: Eating and drinking at end of life
Advice for dietitians to use with families and carers about those that may be approaching the end of their life.

Developed by the Optimising Nutrition Prescribing Specialist Group

20 Apr 2020
Top tips for prescribing Oral Nutritional Supplements and Enteral Feeds in the community for Adults and Paediatrics
Advice from our Optimising Nutrition Prescribing Group on how to make best use of ONS and Enteral feeds in community settings during the COVID-19 crisis.

Available resources

• Patients Association Nutrition Checklist
  https://www.patients-association.org.uk/patients-association-nutrition-checklist-toolkit
  – Validated
  – Does not require any measurements
  – Can be performed remotely
  – Section B adapted for Covid

• Activity for older adults
  – Resistance exercise
  – Chair based exercise
  – Walk with Tom
Available resources

Resources for older adults and their carers (British Geriatric Society and Malnutrition Taskforce also link to many of these resources)

Malnutrition: Food Fact Sheet

Developed by Royal Devon and Exeter NHS Foundation Trust Dietitians


Developed by Friends of the Elderly and Older People Specialist Group

https://www.bda.uk.com/resource/useful-resources-for-nhs-volunteers.html
Resources in planning (but currently on hold...)

- Bridging the gap between the EatWell Guide and treating malnutrition (led by BDA; supported by NHS England & Improvement)
- Guidance on nutrition for Care Quality Commission (CQC) inspectors (led by BDA and CQC)
Conclusion

• Community care post discharge is just as important as acute care, and will take a lot longer
• Ask questions and find out the answers before taking action
• Work collaboratively and “pinch with pride” (and acknowledgement)
• Utilise local input from third sector and volunteer providers to help support vulnerable people
• Consider re-purposing work already done on the frailty agenda
• Remember that food remains part of treatment, whatever other treatment is indicated