

“A World with Optimal Nutritional Care for All”

Report of the 1st Optimal Nutritional Care for All Conference
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Brussels

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Executive Summary

Malnutrition has far reaching consequences for individuals, and is a heavy burden on healthcare systems. There is a need for multidisciplinary teams of stakeholders to work together at a national and European level towards the common goal of improving nutritional care.

This report presents an overview of the first Optimal Nutritional Care for All conference. It outlines the ambition of the conference and the commitment signed by all attendees to meet the challenge of undernutrition.

On the 4-5th November 2014 representatives from eight countries in Europe joined the European Nutrition for Health Alliance (ENHA) and its partners to discuss how to ensure 'Optimal Nutrition Care for All' in healthcare systems across Europe. The conference focused on shared learning, developing new ideas and milestones for achievement in developing National Nutritional Care Plans.

National representatives and European stakeholders worked together to develop areas of focus and measures of achievement on a national level. Clinicians, specialists, patient groups, policy makers, researchers, non-governmental organisations, industry and nutrition professionals were all represented.

The national representatives comprised of four 'focus' countries (Croatia, Germany, Spain and Turkey) and four 'observer' countries (France, Israel, Poland and Slovenia) who shared experiences and insights to support development of their own National plans.

Further collaboration and plenary presentations came from European patient groups (the European Genetic Alliances Network and European Patients' Forum), the European Commission, WHO Euro, and the Joint Programming Initiative 'A Healthy Diet for a Healthy Life'.

Delegates shared their 'dreams and motivations' for better nutritional care in their country, formed plans based on their current work and worked to develop the multi-stakeholder groups and engage with patient organisations which form such a vital part of ensuring optimal nutritional care.

Much work is already taking place, evidence from other countries, support and examples of low cost good practice provided ideas and inspiration for many. Harnessing these best practices and tools will help to build the case for better nutritional care in each country.

At the close of the conference, participants were invited to sign the Charter for Optimal Nutritional Care for All; pledging commitment to a world where every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

Introduction

Malnutrition is a significant public health problem across Europe in the 21st century. Simply put, it means poor or bad nutrition and includes both ends of the nutrition spectrum, with obesity and overweight at one end and undernutrition at the other. However, whilst obesity is a part of the public consciousness due to a high profile, government policy and media coverage, undernutrition in Europe has been largely ignored despite having equal cost to society in health and economic terms and severely impacting on the quality of life of those experiencing it.

One of the challenges in tackling undernutrition effectively is that it can be caused by a number of factors, including low income, access to food and food choices, changes in appetite due to depression, life circumstances or other social influences. One of the main factors influencing nutrition risk is the presence of diseases, disorders or conditions which affect nutritional intake as well as side effects of associated treatment (e.g. medication). Besides undernutrition in older people, this so called ‘disease-related malnutrition’ (often referred to just as malnutrition¹) remains a prevalent problem in all healthcare settings across Europe, including hospitals, care homes and in homecare and it is this type of malnutrition which forms the focus of this report and the Optimal Nutritional Care for All campaign. The importance of tackling undernutrition has recently been highlighted on an international level. The 2014 Rome declaration at the World Health Organisation: Food and Agriculture Organisation² presented at the 2nd International Conference on Nutrition reaffirmed the right of everyone to have access to safe, nutritious food and acknowledged that malnutrition in all its forms affects the health and well-being of individuals

Whilst the causes of undernutrition are not directly age related, children and older people are disproportionately affected. In particular older people who are often touched by many of the so called ‘social’ causes of undernutrition are especially vulnerable as one small change in circumstance can trigger events which lead to ill health and drive their entry into the healthcare system.

Although the main focus of this report and the associated conference is on older people and patient experience once in the healthcare systems, it is clear that preventative programmes in the community have a key role to play in ensuring good health and preventing undernutrition becoming a significant contributor to ill health, especially in older people.

This report presents an overview of the first Optimal Nutritional Care for All conference which invited four focus and four observer countries to work together nationally and with support from European nutrition organisations and each other to develop national nutritional care plans to address undernutrition in healthcare settings in their country. It outlines the ambition of the conference and the commitment signed by all attendees to meet the challenge of undernutrition.

¹ In healthcare settings and amongst healthcare professionals, the terms disease-related malnutrition, malnutrition and undernutrition are often used inter-changeably. This is reflected in this report.

² FAO/WHO Second International Conference on Nutrition, Rome, 19-21 Nov 2014. Rome Declaration on Nutrition

The Malnutrition Challenge

Disease-related malnutrition (undernutrition or malnutrition) is prevalent amongst older people as well as patients in all healthcare settings around the world, including hospitals, care homes and in home care. The Optimal Nutritional Care for All campaign aims to address the challenges that malnutrition in Europe present including:

- In Europe alone it is estimated that 33 million citizens are at risk of malnutrition (excluding children).
- Malnutrition has an estimated financial impact on European healthcare systems of €170 billion each year.
- Public spending on healthcare is tight – resources under pressure mean that nutritional care is often neglected.
- Lack of awareness about the importance of nutritional care means that malnutrition risk screening and follow-up care are not undertaken systematically.

Malnutrition has far reaching consequences for individuals, and is a heavy burden on healthcare systems. In order to tackle this problem effectively, there is a strong need for stakeholders to work together in a drive towards a common goal of improving nutritional care.

The Optimal Nutritional Care for All Conference 2014

Our vision: a world with optimal nutritional care for all

Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

On the 4-5th November 2014 representatives from eight countries in Europe joined the European Nutrition for Health Alliance (ENHA) and its partners to discuss how we can best tackle malnutrition to ensure 'Optimal Nutrition Care for All' in healthcare systems across Europe. The conference focused on shared learning and experiences, developing new ideas and milestones for achievement in nutritional care, with the overall aim of supporting countries to develop their own National Nutritional Care Plans.

The event was co-chaired by ENHA co-Chair Professor Olle Ljungqvist and ENHA trustee and President of the European Federation of the Association of Dietitians Professor Anne de Looy.

Professor Ljungqvist opened the meeting with observations about the current state of malnutrition and related policy in Europe. He referred to a World Health Organisation publication³ which states that there are more than 1 billion obese and almost 1 billion undernourished people in the world today. This dichotomy means a shift is required in how nutrition is approached in Europe. It has to be a function of health as well as disease; an individual's journey from health to becoming a patient and out again needs to be fully understood and organisations need to work together to ensure that good nutrition is embedded throughout a person's life course and patient experiences. Policy and process need to be linked to ensure a wide range of stakeholders effectively combine their efforts, work together and understand the needs of the individuals they support.

The Optimal Nutrition for All conference is a starting point in a new way of working, bringing together national representatives and European stakeholders to develop areas of focus and measures of achievement on a national level. Clinicians, specialists, patient groups, policy makers, researchers, non-governmental organisations, industry and nutrition professionals were all represented.

Four countries who are in a strong position to develop plans and change policy acted as 'focus' countries (Croatia, Germany, Spain and Turkey). Another four 'observer' countries also attended to share experiences and gain insights to support further development their own plans (France, Israel, Poland and Slovenia).

The conference centred on a series of interactive workshops. Participants were able to openly discuss their current situation, what gaps exist and what needs to change as well as to exchange ideas and experiences on how best to develop and enhance stakeholder groups, work with hospitals and other care settings, engage government and establish a national nutritional care plan.

³Food and Agriculture Organisation of the United Nations (2013), The State of Food & Agriculture 2013, Rome.

Further support and plenary presentations came from European patient groups (the European Genetic Alliances Network and European Patients' Forum), the European Commission, WHO Euro, and the Joint Programming Initiative 'A Healthy Diet for a Healthy Life', aimed at not only providing insight into the work of these organisations, but also how plans for a national nutritional care plan could be both embedded and augmented by collaboration with key European stakeholders.

Motivation and Dreams

'To see our minister of health announce that undernutrition is a big problem and that they will work to show the consequences and make procedures to improve the situation' - Turkish delegate

'I expect the conference to put us in better situation to approach national and EU authorities to support improvement of nutritional care....and put us in a better situation to improve Quality of Life of patients in every day activity' – Croatian delegate

'My personal hope is that we can form a core group for Germany for the next years to develop policy' – German delegate.

'We need a nutrition care team in every hospital, but are confronted with a low budget. I feel technical medicine tends to forget that we deal with human beings; nutrition is its own culture and one of few things you can decide yourself' – German delegate

'We have to fight for resources. Our aim is to get arguments, tricks and inspiration to get resources for clinical nutrition in our country' – German delegate

'My personal dream started 15 years ago in starting a national society of clinical nutrition' – Croatian delegate.

'We have a dream that DRM can be approached from the community, but to do this it has to be cost effective and we have to establish a nutritional care plan' - Spanish delegate

Delegates from each country shared their motivations and dreams for attending the conference. Although health care systems and levers differed between countries, some universal truths emerged providing a unique perspective on the work required to raise the profile of good nutritional care in Europe.

For some time it has been apparent that the global recession has not affected all of Europe equally. However, despite countries appearing more or less affluent, the prevailing picture was that of countries struggling to obtain support and resources for nutritional care, despite evidence to suggest that good nutritional care can save money in the long run.

Many attendees had been working to gain recognition for nutrition on a national level for many years and had developed a vision which ranged from dedicated nutrition teams in hospitals to better access to information and nutrition services in the community.

All agreed that government and healthcare recognition of nutrition, resources and training were essential to move the issue forward and take a long term view on tackling undernutrition.

Our Ambition

The aim of the conference was to work towards the wider vision of making nutritional care an integral part of healthcare in all countries in Europe. The ambition was to make a difference by working together; enhancing and strengthening multi-disciplinary groups of stakeholders at a national level and sharing experiences and learning under the banner "Optimal Nutritional Care for All". This approach involved work by ENHA to engage with focus and observer countries, encourage multi-disciplinary engagement and deploy tools for national plan development including benchmarking templates and a national nutritional care plan outline which countries could work towards. The conference therefore acted as a catalyst, bringing participants together in some cases for the first time as a part of their country delegation.

As such, the hopes and ambitions for the conference were pulled together as a part of the Charter which was signed by all delegates (see Appendix A for full charter).

Outlining an ambition for change highlighted the agreed areas of development for all participants and provided a focus to activities should countries need it, allowing for country based discussion to identify opportunities and challenges for creation of nutritional policy as well as pinpointing early actions.

The vital role of Patient Organisations

EGAN (European Genetic Alliances Network)

Cees Smit

As a part of the plenary presentations, Cees Smit on behalf of EGAN (who represent people with genetic and rare diseases) presented to the conference from a patient perspective. EGAN as well as the European Patients Forum have been active partners of the European Nutrition for Health Alliance since 2012.

The inclusion of patient perspectives is key in ensuring that any nutritional care policy developed is relevant, appropriate and workable for those at which it is aimed. For some time there has been a growing demand for information on food and nutrition from non-clinicians, i.e. among consumers and patient groups. This has in part been driven by critical food and science journalists such as Michael Pollen, but also by partners and patients who are given dietary advice in hospital and don't know how to proceed from that point. The Michael Pollen book 'Cooked' outlined a theory of a changing society in its attitudes to food, namely that whilst television programmes on cooking are very popular, few find time to cook. Labour division has led to increased outsourcing of the cooking process from the home to industrial cooking often with high levels of salt, sugar, fat, chemicals and volume. Research has found a decrease in cooking at home is accompanied by an increase in the incidence of chronic disease.

However, it should be acknowledged that the relevance of nutrition can vary according to patient group and depends on the value nutrition or nutritional care can add to disease management or treatment. As such it is vital that countries developing national nutritional care plans engage with the right patient groups, whether the need for information is for common or specialist foods.

These include:

- Disease specific groups (e.g. coeliac disease, Crohn's disease and colitis, chronic obstructive pulmonary disease (COPD), anaemia etc.)
- Life cycle groups (e.g. preconception, perinatal, pregnancy, maternal and elderly)
- Groups where malnutrition is of particular concern to their condition and for whom medical nutrition may be recommended (e.g. cancer, surgery, HIV)
- Those with specific metabolic diseases (e.g. rare inherited disorders)

There is also a role for nutrition and prevention (lifestyle) information for patients and the general public.

There are currently patient groups in almost every country in Europe and these exist at different 'levels':

Micro – Disease specific groups

Meso – Larger disease specific umbrella groups e.g. cancer, diabetes, COPD, genetic, heart disease, etc.)

Macro – National umbrella groups

The European Patients' Forum is the main contact for Europe and also has links with the European Commission and European Medicine Agency. More information is available through the European Patient Guide Directory www.patientview.eu. The International Alliance of Patient Organisations (IAPO) operates on a wider international stage.

The role of national versus European patient groups was raised. Typically patient groups on a European level have a higher sense of urgency about nutritional issues than country based groups. National agendas are broad and access to medication is often more of a priority than access to nutrition care.

Key points for consideration by countries when engaging with patient groups were outlined:

- More and more patient groups are becoming older (e.g., haemophilia, HIV etc.)
- Many older people have co-morbidities
- All patient groups are interested in appropriate food and are actively asking for solutions and practical information
- Healthy ageing is key to supporting all types of patients and work in the community should also be a priority

However they are engaged, patients must be considered and included in multi-stakeholder alliances as there is a common agenda to drive better nutritional screening and care for patients.

More info www.smitvisch.nl

Or www.european-nutrition.org

Country Perspectives

The aim of the conference was to provide a stimulating and supportive environment for countries to develop their areas of work with regards to national nutritional care plans.

Initial country discussions focused on the current situation. This was followed by consideration of what success might look like, what is achievable in a three to five year period and what, if any, challenges existed. Finally countries were asked to outline some key steps to deliver and present these back to all participants for feedback, discussion and further idea exchange.

The discussion involved pairing focus and observer countries to provide different perspectives, ideas and support. Each session was chaired by an ENHA member to ensure all delegates had the opportunity to contribute.

The boxes presented below outline the key issues presented by each focus country following these first discussions.

Croatia

Where are we today?

- Educational activities over last several years to incorporate nutrition into schools of medicine and food technology across country
- Local European Society for Clinical Nutrition (ESPEN) Life Long learning (LLL) courses
- Congresses and symposia
- Adriatic Club of Clinical Nutrition (ACCN) initiative in fight against malnutrition
- Published national nutritional guidelines for care in different settings (e.g. chronic disease)
- Public campaigns
- We have become involved in Nutrition Day
- Nutrition risk screening tool implemented using Nutritional Risk Screening 2002
- Published on economic burden of disease related undernutrition in selected chronic disease

What does success look like?

- Country wide nutrition policy and nutrition screening
- Implementation of nutrition support across all care settings
- Continuous work on raising public awareness

Challenges

- Cost saving issues vague
- Standardisation of best practice screening tool
- Lack of knowledge of clinical nutrition in hospital settings

Key steps to deliver

- Obligatory nutrition screening
- Increased public awareness
- Availability of support in all settings
- Education and training

Germany

Where are we today?

- Guidelines updated 2013/14
- Strong Clinical Nutrition Society (DGEM) with ~3000 members
- Close co-operation with physician board, mainly education and some sub-specialities?
- Co-operation with student curriculum
- Joint action with Clinical Nutrition society
- Weak on co-operation with health authorities
- Weak on co-operation with patient organisations (lack one focused on nutrition, so have to co-operate with many making it complex)

What does success look like?

- Optimal nutrition care all over Germany in hospitals and outpatients
- Generation of solid clinical and economic data within Germany
- Definition of minimum screening and assessment and consequences
- BMI/nutritional screening must be a part of physical examination in hospitals and private practice
- Documentation of malnutrition must have consequences

Challenges

- Better structural implementation
- Cannot depend on activity of single individuals
- Political action to force hospitals to do high quality intervention studies and economic studies
- Defined and sufficient reimbursement of clinical nutrition services – need solid clinical data for this
- Much stronger involvement of patient organisations

Key Steps to deliver

- Involve health authorities
- Financial support
- Involving others (media, patient orgs), raise awareness, define quality standards and patient safety
- Establishing clinical nutrition as a part of standard and global care

Spain

Where are we today

- Studies of prevalence and cost of DRM in hospitalised patients
- Studies of prevalence of DRM in the elderly in all clinical settings
- Expert based recommendations for identification and treatment of DRM
- SENPE driven courses on this problem
- Achievement of a multidisciplinary consensus with 22 scientific societies
- Recommendations for universal nutritional screening, monitoring and treatment in different clinical settings
- Update of the definitions of the malnutrition codes in the Spanish version of the CIE-9
- Adoption of the new malnutrition codes by the Technical Office for the Documentation of the Ministry of Health mandatory in Spain
- Communication strategy to explain the relevance of DRM to policymakers, representatives of the political spectrum of national and regional parliaments, and NHS administrators: project +nutridos
- Non-legislative proposal on tackling DRM in Parliament and Senate
- Development of a working group including members from the 17 autonomous regions in Spain to develop national and regional plans to implement the communication and clinical practice strategies all over Spain
- Creation of a website (www.alianzamasnutridos.es) to collect the educational resources (notebooks 1 and 2), newsletters and practical achievements of the project +nutridos
- Implementation of pilot projects of screening, treatment, registration and coding of DRM in hospitals

What does success look like?

- To extend the project to other stakeholders e.g. geriatrics, nurse associations, dietitians, etc.
- Continue with implementation in hospitals, nursing homes and primary care
- Incorporation of universal nutritional screening, and therapy in routine clinical care
- Creating an Alliance of societies
- Plan to create a working group on education

Challenges

- Standard definition of malnutrition
- Limited education of health/social care professionals
- Competition with other health actions
- Lack of good data on malnutrition prevalence across clinical settings
- Absence or very limited number of dietitians in the NHS of most regions
- Lack of implementation of action plans after screening
- Reimbursement
- Heterogeneous delivery of health care in each region
- Lack of commitment of health authorities

Key steps to deliver

- Collaboration with health authorities
- Increase education for all health professionals
- Implementation of screening, action plans and coding of DRM diagnosis and therapy
- Include nutrition care as a quality indicator of health care delivery and follow up of quality indicators of nutrition care

Turkey

Where are we today?

- Educational activities
- Collaboration with medical organisations
- Work with European Society for Clinical Nutrition
- Clinical Nutrition Society of Turkey invited Turkish stakeholders and ENHA for workshop May 2014
- 2 day malnutrition workshop in Istanbul - June 2014
- Publication of booklet on Malnutrition published 2015
- To start a health economic study
- To release public adverts re malnutrition
- Directive of Quality improvement of healthcare services being updated (hospitals) Turkish Society for Clinical Nutrition involved and nutrition will be included
- Collaboration with Union of State Hospitals (government dept.) agreed to do screening on admission in 200 of their 800 hospitals
- Reimbursement 100%
- Established multidisciplinary/prof stakeholder alliance
- Access to authority through a European initiative
- Training and education

What does success look like?

- Routine screening in all care settings
- Economic evidence to help drive policy change

Challenges

- No national screening policy
- No audit
- No economic studies
- No patient advocacy group

Key steps to deliver

- Good contact with governmental departments
- Good collaboration with other societies
- Increasing public awareness

The opportunity to discuss national issues with colleagues working to the same goal was unique for many participants, a fact highlighted in the discussion.

Some countries reported issues unique to their healthcare system:

'In Turkey there are few care homes compared to other European Countries and often they are private. This tends to be as a result of tradition where families care for older relatives in their own homes, but it is changing. It means there isn't much information on what is going on in this setting'.

Turkey agreed to explore:

- Low number of geriatric beds vs high number of older people
- Development of home support for older people and government policy
- Standards in hospitals and national audits for nutrition care

'The ministry have visited two big hospitals already and told them they will need to apply for government accreditation in the near future so to prepare for this'.

German delegates, who were partnered with the observer country Slovenia, discussed political engagement and evidence as their priority areas.

'Germany has media attention, but not in the public media, who have no interest. Whilst implementing screening will not be a problem with insurers as there are no costs associated, [I think] the consequences will be a problem as it will be costly to treat what is found'.

The goals for Germany were:

- To create an argument for the long term and convince politicians that screening will save money in the long term
- Developing clinical and economic evidence to influence policy

Focus countries presented the outcomes of their discussion in a session Chaired by Anne de Looy. She highlighted the potential role of media and what happens after screening if resources aren't there to address what is found, plus the need for more widely available universal tools were also identified as areas for further exploration.

Multi-stakeholder involvement was seen as key factor for effective implementation. Patient group involvement was seen as more of a challenge in some countries as they need to be involved and integrated into decision making and political activity at any level.

Forming a multi-stakeholder alliance will enable us in Turkey to approach different stakeholders much more easily

It was agreed by all that synergy of purpose within the stakeholder groups was essential to success, but for many the patient was the missing link in forging these alliances. The presence of European Patient Organisations (EGAN & European Patients Forum) was welcomed as a way of addressing this gap and of harnessing the power of local and regional action.

National Nutritional Care Plans

An outline national nutritional care plan was shared (see Appendix B) and groups discussed each of the key areas: Examples of points raised in discussion by two groups (Croatia & Poland/Spain & Israel) are given below.

'For Croatia the aim is to build an integrated computerised database on malnourished patients in the country meaning a standardised screening tool for use in all care settings is essential as well as identifying who would be responsible for collecting and keeping data obtained'.

The group agreed a set of priorities based on their country situation:

1. Define malnutrition for all, in all settings
2. Train staff in a number of hospitals including enhance role of social nurses
3. More frequent screening at risk groups
4. Advertising or a national campaign and work with influential organisations

For Spain and Israel, delegates agreed on four priority areas to address the importance of training frontline staff in all care settings on the importance of good nutritional care.

'Pilot programmes in different regions of Spain will allow us to show success and spread the message'.

1. To identify care settings on a country level and groups to engage.
2. To provide appropriate training for groups. E.g. LLLs/computerised tutorial/youtube.
3. To explore accreditation and monitoring tools for training.
4. To then measure assessment levels in hospitals.

Progress indicators would include the courses available on a national level, how many have taken course and what accreditation was achieved.

Key Performance Indicators

One of the main aims of the conference was for each focus country to develop a series of simple milestones (or Key Performance Indicators - KPIs) on which to base their future work, maintain momentum and motivation and mark their progress over time. The following KPIs were suggested by two countries based on their situation and experience as well as discussion at and following the conference.

Croatia

Delegates from Croatia agreed on a number of milestones which they aim to achieve in the next six months and some further plans for the next year.

Six month goals

1. Continuous work on the establishment of national multi-stakeholder platform- development of Strategy and Plan for action at both national and local levels
2. Continuous work on the implementation of NST in clinical hospitals and county hospitals
3. Research in the field of health economics
4. Full implementation of clinical nutrition module in the curriculum of the School of Medicine
5. Educating general practitioners (GPs) and nurses
6. Development of a toolkit with guidelines for nurses and GPs
7. 3 workshops for nurses and GPs

For 2015:

1. Continuous work on the establishment of national multi-stakeholder platform- development of Strategy and plan for action at both national and local level
2. Continuous work on the implementation of Nutritional Screening Tools in clinical hospitals and county hospitals
3. Special programs in healthcare computer system/professional credits for GPs
4. Implementation of a standardised tool for front-line staff
5. Raising public awareness (Nutrition Day campaign, use of social media, targeting specific groups, developing clear guidelines for the public)

Germany

The German working group identified a need to further establish the national situation and need for resources before formalising their KPIs. To support this they will be developing KPIs following a national meeting to be held early in 2015.

Spain

The Spanish delegates held a country meeting following the conference and identified the following areas for work in 2015:

1. Extend the +nutridos project to other stakeholders including: geriatrics, nursing, pediatricians, pharmacists, endocrinologists, patient's associations and hospital managers
2. Build a working group on education to define the strategy of training in the different clinical settings: hospitals, nursing homes, primary care
3. Obtain accreditation for a course on nutritional screening for nurses.
4. Create 2 new notebooks on "Action Plan after Screening": one in the community setting and the other one in nursing homes
5. Forum at the Ministry of Health on "Management of DRM in hospitals" with the participation of members of the +nutridos project, administrators (at national and regional levels), and the Best Practices in different Spanish hospitals
6. Obtain the approval of a non-legislative proposal on the "Management of DRM" in the Congress of Deputies
7. Start at least one pilot project on implementation of an action plan against DRM in a Spanish hospital with the coordination of the regional administration

Turkey

The Turkish working group reported the following KPIs with the aim of achieving these goals in the next 6 to 12 months:

1. To start nutritional screening at 29 public hospitals having well-organised nutrition support teams
2. To establish nutritional screening as a quality indicator in the newer version of regulations set by Ministry of Health Department of Quality Improvement
3. To include 2 more delegates into ONCA working group as stakeholders, one from Ministry of Health Department of Public Health, and one from Ministry of Family and Social Policies

The KPIs above demonstrate the commitment and enthusiasm of all delegates at the conference to effect lasting change to nutrition policy in their country. They represent the steps to be taken in the overall aim of developing a national nutritional care plan. Not all countries were in a position to provide KPIs at this stage and the conference did not intend to force the development of milestones, but to facilitate discussion to allow them to form naturally following consensus from the group and greater understanding of the steps each country need to take to meet its aims. For many the most important aspect of this process was the opportunity to discuss experiences and build on the inspiration, involvement and encouragement other countries provided in an environment rich with possibilities and expertise.

Linking with Europe – European Commission, WHO Euro, Joint Programming Initiative a Healthy Diet for a Healthy Living, European Patient Forum

In a session chaired by Anne de Looy European organisations working to link nutrition and health were asked to contribute their thoughts on how best to connect national plans to current work in Europe. The Chair emphasised the importance of working on a European platform to strengthen aims, garner support and gain political support nationally. All organisations working in the area of undernutrition should be connecting to work in the same direction to create a synergy of purpose.

European innovation Partnership on Active and Healthy Ageing (EIP AHA)

Ines Garcia Sanchez – European Commission, DG Sanco

The European Commission (EC) currently supports two strands of working: research via Horizon 2020 and the Public Health programme 2013-2020 and the implementation of preventative and management programmes through the EIP AHA; the latter of which includes reference sites and Action groups.

The presentation reported on progress presented on the EC initiative EIP AHA which includes national and European projects addressing three areas of health and ageing with the aim of adding two healthy life years to European Citizens by 2020. Key facts about ageing in Europe and the changes in population demography as well as the role of nutrition and physical activity in maintaining good health are the basis of the project and inspire much of the work. Whilst it is good that people are living longer, there is additional stress on some resources. As a result the project aims is to focus on active and healthy ageing of population.

There's a strong case for treating malnutrition in Europe as it can save resources which can be better directed elsewhere. However, to tackle malnutrition it is important to identify areas of intervention and then scale up the good practice that exists in these priority areas. This is the basis of the EIP AHA programme which is about innovative collaboration across sectors. It is not a funding or legislative body, but a membership of projects and programmes focused on the same aim and working together to share ideas and spread good practice.

More information can be found at www.eceuropa.com

WHO Europe

Jo Jewell

This presentation outlined the role of WHO Euro both with regard to nutrition and more widely across Europe. The WHO Euro region covers 53 countries involving a wide range of complex and diverse challenges and priorities both within and between countries.

WHO Euro can provide access to resources and support through their publications data collection and surveys. The Food and Nutrition Action plan 2015-2020 has recently been published by WHO Euro and includes aims to tackle undernutrition as well as obesity and may be a useful tool for gaining political support at a national level. In addition as health professionals have limited resources in terms of funding, time, dietitians, guidance, managing conditions and education, WHO Euro can support them in ensuring the availability of good quality and valid comparable data. They already produce dietary and food consumption surveys which may be of use but can also assist by developing common protocols to collect data, but also with analysis. However, to ensure these are developed according to needs, countries need to provide feedback on a national level to WHO Euro highlighting areas where data collection and analysis is needed. More information on reports, plans and data collected can be found at www.euro.who.int/

Joint Programming Initiative – A Healthy Diet for a Healthy life

Pamela Byrne

The Joint Programming Initiative is an international research programme established in 2010 and is comprised of groups who have all come together voluntarily to co-ordinate research around diet and health. An implementation plan was published in 2014 which outlined 5 new joint research areas, one of which is related to malnutrition.

The recent work of the programme demonstrates that there is a commitment to malnutrition on a European and research level providing a great opportunity for leverage by national partners. The programme has an advisory board including ENHA members, European Society for Clinical Nutrition (ESPEN), European Federation for the Association of Dietitians (EFAD) and the European Union Geriatric Medical Society (EUGMS).

As a result there is an opportunity to feedback through the programme stakeholders and identify what research is needed to help drive work forward on a policy level. Participants were encouraged to connect with a Joint Programming Initiative member for their country to put forward ideas for research as a method of getting the data needed for developing nutrition policy.

More information can be found at www.ahealthydietforahealthylife.eu

European Patient Forum

Nicola Bedlington

The European Patient's Forum (EPF), based in Brussels, represents EU and national patient groups helping to empower patients and their organisations through health advocacy with a patient centred approach. EPF works using a number of platforms including educational seminars, policy initiatives and projects to exchange best practice and keep members abreast of developments in health policy.

In July 2012, together with EGAN, EPF began to engage with ENHA recognising the need to involve patients in nutrition policy and the nutrition agenda. EPF and EGAN recognised that patients have unmet needs as regards nutritional care throughout Europe. EPF believes that the EU has a role to play in this area to support a better approach to nutritional care throughout Europe alongside Member States, for example through facilitating exchange of good practices between countries and raising awareness. In addition, appropriate screening is essential in identifying and treating patients at risk. Those who are older or have chronic disease are at particular risk and need to be prioritised to prevent increased risk of infections and complications, increased hospitalisation, longer hospital stays and increased risk of death.

For patients, receiving optimal nutritional care is vital, but this care must encompass more than treating undernutrition. It involves integrating nutrition into the care continuum as a part of prevention, treatment and management of their disease. As such patients must be a part of multi-stakeholder groups working to develop national plans and engagement of patients groups is key. EPF offered support to national groups looking to connect with patient organisations in their country.

For more information and to see the strategic plan 2014-2020 visit www.eu-patients.eu

Conclusions

As the conference concluded the Chairs shared their reflections of the event, providing further insight into how the country representatives could continue to build on their successes once home.

The inspiration behind the meeting was to provide an opportunity to share best practice, develop professional and political allies and get the messages right for different stakeholder groups, both public and professional. In summarising the event and all the countries had achieved over the two days, the Chairs highlighted key areas for success, action and development as well as providing a unique perspective on tackling undernutrition and where we go from here.

1. Health and nutrition cross boundaries. The link between the clinical setting and the community is key in combatting malnutrition within and across care settings.
2. The power of the eight multi-disciplinary teams in the room and all of their associated networks (patient, government, insurance etc.) is a key driver for successful implementation.
3. Use other organisations and expertise to develop your case e.g. public relations companies.
4. Find, know and link to your political allies. Part of this is linking between countries and using relationships forged at the conference; Ministers know each other so a receptive minister might know their equivalent in another country and provide an introduction.
5. All those attending the conference are working for the same goal of optimal nutritional care for all in their own country, but we are also a part of a bigger ambition and process.
6. Ask what ENHA and its members can do to support your work. E.g. if you lack support from our member societies we can work from our end to engage the right people.
7. We need to acknowledge the reality that is out there; funders don't need to hear that we need more money and in many cases more money is not an option. However, increasingly across Europe there is higher demand for quality healthcare and as populations get older, there will be greater pressure on resources. Funders need to see solutions and these we can provide.

Much of the case for change is already out there - small pockets of work taking place, evidence from other countries, support and examples of low cost good practice. Harnessing these best practices and tools will help to build the case for better nutritional care in each country.

At the close of the conference, participants were invited to sign the Charter for Optimal Nutritional Care for All, (see Appendix A); pledging commitment to a world where every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

About ENHA

Launched in 2014, the ENHA Optimal Nutritional Care for All (ONCA) campaign is a multi-stakeholder initiative to facilitate routine screening for risk of disease-related malnutrition and nutritional care implementation across Europe.

For further information and slides from the conference please visit www.european-nutrition.org

Appendix A: Optimal Nutritional Care for All - Implementation Conference 2014

Our vision: A world with optimal nutritional care for all

Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

The malnutrition challenge

A public health burden

- Disease-related malnutrition (undernutrition) is prevalent amongst patients in all healthcare settings around the world, including hospitals, care homes and in home care.
- *33 million citizens are at risk of malnutrition in Europe*
- This has an estimated financial impact on European healthcare systems of €170 billion each year.
- *Public spending on healthcare is tight* – resources under pressure mean that nutritional care is often neglected.
- *Lack of awareness* about the importance of nutritional care means that malnutrition risk screening and follow-up care are not undertaken systematically.

Our ambition

Making nutritional care an integral part of healthcare

- Improving nutritional care is everyone's responsibility. All partners need to play an active role: patients, carers, healthcare professionals, healthcare managers, government agencies, policy makers, payers, educators and industry.
- Improving nutritional care requires a multi-disciplinary approach. Collaboration across disciplines and sectors is absolutely crucial to ensure the best patient care.
- Nutritional care best practice to be widely adopted throughout Europe. The first step is the identification of those at nutritional risk (screening). If we achieve this primary objective, healthcare systems can deliver appropriate nutritional intervention and monitoring, making nutritional care an integral part of patient care. Better public awareness will also help in prevention and management of nutritional issues.
Patients and the public should be empowered through high quality, user-friendly information.

Our commitment to advance nutritional care

The Optimal Nutritional Care for All campaign builds on and accelerates best practices in a number of European countries. Following up the support by the European Parliament in 2010 and the adoption of malnutrition/undernutrition in EU and WHO EURO programmes since 2012, the campaign now focuses on supporting implementation of better nutritional care for patients country by country. By committing to this shared vision, we pledge to collaborate for better patient nutrition in the near future. Let's be the generation who turns this vision into reality!

THE CHARTER

Who are the signatories to the Charter?

Signatories to the Charter include all stakeholders contributing to this movement: from ENHA members to national medical societies for clinical nutrition and metabolism, patient groups, healthcare professionals, dietitians, policy makers, hospital managers, carers, industry and all experts and citizens with a passion to optimize nutritional care.

Appendix B



'Optimal Nutritional Care for All' National Nutritional Care Plan

National Nutritional Care Plans in Europe: a call to action

Disease-related malnutrition (undernutrition) remains a prevalent problem amongst patients in all healthcare settings around the world, including hospitals, care homes and in homecare. This has far reaching consequences for individuals, and is a heavy burden on healthcare systems. In order to tackle this problem effectively, there is a strong need for stakeholders to work together in a drive towards a common goal of improving nutritional care.

At a European level, the European Nutrition for Health Alliance (ENHA) members work together with their national counterparts and other key stakeholders to improve nutritional care across Europe by actively promoting implementation of systematic screening for undernutrition and appropriate follow-up nutritional care across Europe.

National Implementation

Since 2012 ENHA has supported national stakeholders in individual countries to implement systematic screening and appropriate follow up. In 2014 we aim to accelerate the improvement of nutritional care in four more countries by encouraging the formation or strengthening of national stakeholder alliances as a means of working towards the development of national nutritional care plans, which include systematic screening and follow-up but also recognise other key elements that are necessary to improve nutritional care.

Implementation conference

This process will be further stimulated by bringing delegations of stakeholders from the four focus as well as four observer countries together to share and learn from existing good practices as well as each other at an implementation conference, November 4-5, 2014 in Brussels.

National delegations at the conference will be made up of representatives from across the spectrum of interested stakeholders, from clinical nutrition (PEN) societies and geriatric medicine societies to dietetic associations, industry groups and others. In particular, we would like to encourage the involvement of the national patient groups, which is strongly supported by the European Patient Forum (EPF) and The Patients Network for Medical Research and Health (EGAN)⁴.

Together these teams will be supported with defining their national priorities and contributing to enhancing a European-wide approach through exchange of good practices.

⁴ If you have any questions related to involvement of national patient groups please contact Cees Smit representing EGAN at info@smitvisch.nl. For further inspiration, please see the ENHA/EPF/EGAN booklet 'Patient Perspectives on Nutrition' which is available at http://www.europeannutrition.org/index.php/publications/details/patient_perspectives_on_nutrition

The purpose of this document is to invite the selected countries to define and engage with national delegates and begin preparation in the following areas;

- Creating/reconfirming a shared national vision;
- Defining a country-specific approach for a national nutritional care plan;
- Integrating current activities into the national implementation plan.

1. Creating a shared national vision

Decades of international scientific research demonstrates the impact of malnutrition on both individuals as well as health and social care systems. For example, recent research by ENHA found that 30% of care home residents were malnourished and a further 40% are at risk. Malnourished patients spent three additional days in hospital per hospital stay. Those diagnosed with nutrition problems in the community consumed an additional £1003/€1,128 in healthcare resources over six months compared to a similar well-nourished patient including twice as many general practitioners visits. Malnutrition in the community is an independent predictor of mortality regardless of age and co-morbidity.⁵

Older patients are particularly vulnerable. For example, undernutrition in geriatric patients causes more falls because of impaired muscle mass and function⁶.

This guidance document outlines the key areas identified by the ENHA 'Optimal Nutritional Care for All' Steering Committee and includes examples to inspire, direct and evaluate national implementation. It aims to support focus countries to maximize alignment of their activities, benchmark performance indicators, evaluate and compare progress. The European Society for Clinical Nutrition and Metabolism (ESPEN), The European Union Geriatric Medicine Society (EUGMS), European Federation of Associations of Dietitians (EFAD) and the British Association for Parenteral and Enteral Nutrition (BAPEN) kindly provide their support by sharing knowledge, experience and selected examples. Current examples are from BAPEN, but more examples of good practice from other countries need to be added and shared. This can happen as a result of our conference in November.

2. National Nutritional Care Plans: 5 priority areas

A template for developing a countrywide strategy for implementing national nutritional care plans has been developed and is divided into five priority areas.

- i. Malnutrition must be actively identified through systematic screening
- ii. Malnourished individuals and those at risk of malnutrition must have appropriate care pathways
- iii. Frontline staff in all care settings must receive appropriate training on the importance of good nutritional care
- iv. Organizations must have management structures in place to ensure best nutritional practice
- v. Prevention of malnutrition / public awareness

Each of the above five priority areas suggested are further defined below and supported by examples to provide inspiration and direction.

⁵ Guest JF, et al., Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK, Clinical Nutrition (2011), doi:10.1016/j.clnu.2011.02.002

⁶ Olde Rikkert MGM, Rigaud A-S, Malnutrition research: high time to change the menu, Age and Ageing 2003; 32:241-243

2.1 Systematic screening for malnutrition by healthcare professionals in health and care systems

Nutritional screening should be undertaken in:

- All hospital inpatients - on admission and weekly or when there is clinical concern;
- All hospital outpatients - at each outpatient appointment and where there is clinical concern;
- All residents of care homes - on admission and repeated monthly given the high prevalence and general frailty of residents (particularly in nursing homes);
- At initial registration in GP practices, annually for those aged over 75 years, where there is clinical concern, and at other opportunities such as health checks or vaccinations;
- Malnutrition will be monitored regularly by home care nurses.

Screening programmes are to be considered as basic quality indicators.

Internationally validated screening tools and clinical practice guidelines should be applied and implemented.

Example

The 'Malnutrition Universal Screening Tool' ('MUST') explanatory booklet and the 'MUST' tool and charts are now available in French, German, Italian, Portuguese and Spanish

<http://www.bapen.org.uk/news-and-media/news/291-must-now-available-in-5-european-languages>

2.2 Malnourished individuals and those at risk of malnutrition must have appropriate care pathways

Multi-disciplinary teams (MDTs) are needed to ensure that care pathways are appropriate and followed.

In some situations this will require specific nutritional MDTs (e.g. nutrition steering committees and Nutrition Support Teams in acute hospital trusts), whilst in others, such as long-term conditions, mental health, older people and cancer, it will be appropriate for a dietitian or other clinical professional with nutritional expertise to sit on existing MDTs. Where appropriate, medical nutrition (oral nutritional supplements, tube feeding and/or parental nutrition) should be deployed as part of the care pathway to manage malnourished individuals or those at risk of malnutrition.

Example

An example of a pathway to manage adult malnutrition in the community is available

www.malnutritionpathway.co.uk

2.3 Frontline staff in all care settings must receive appropriate education and training on the importance of good nutritional care

Knowledge, skills and competencies of health care professionals involved in nutritional screening, assessment and care planning is vital for the delivery of optimal nutritional care for all. National guidance should be available to ensure that all relevant health care professionals are appropriately educated and trained both pre- and post-registration to deliver high standards of nutritional care that are appropriate to the needs of individuals in health and social care settings. The use of e-learning modules and other educational opportunities are recommended for structured learning.

Example

NICE guidance (Guidance Report 32, 2006) sets out the need for appropriate education and training and use of Nutrition Care Team to implement screening and appropriate action to reduce malnutrition <http://publications.nice.org.uk/nutrition-support-in-adults-cg32/guidance#organisation-of-nutrition-support-in-hospital-and-the-community>

2.4 Organisations must have management structures in place to ensure best nutritional practice

Improved nutritional care is dependent on effective management structures to ensure joined up multidisciplinary care pathways across acute and community settings.

Clinical leadership, innovation and continual improvement are fundamental to the delivery of high quality nutritional care.

Several national documents may be required to support the development of the right systems including:

- A national nutrition strategy
- A toolkit for those responsible for allocating health care budgets.

Example

An example available from <http://www.bapen.org.uk/professionals/publications-and-resources/commissioning-toolkit>)

- A national guide ensuring clarity about where responsibility lies for purchasing and delivering nutritional care across the health and social care system, i.e. defining the priorities that each part of the system must deliver to improve nutritional care for all.

Example

An example available from <http://www.bapen.org.uk/media-centre/press-releases/malnutrition-matters-commitment-to-act-guide>

2.5 Public awareness of malnutrition

Public awareness of malnutrition should be an integral part of preventative health care and should be located within the public health agenda. The public should be made aware of the risk of malnutrition in all health and care settings and the need for systematic screening and appropriate measures for management and prevention.

3. National platforms, evaluation and integrating your current work

One of the key objectives resulting from the conference is to have national plans defined, organized and supported by national multi-stakeholder platforms. To maximize the success of this initiative, the national groups will be invited to use the five priority areas suggested above to review and assess the current status and running/planned activities in their country. There will be space at the conference to discuss the alignment of activities, benchmark performance indicators and compare outcomes.

Thank you for your support and enthusiasm!

The Steering Committee