Irish Society for Clinical Nutrition & Metabolism

INDI Irish Nutrition + Dietetic Institute

Pre-Budget Submission 2022

Addressing the gaps in nutritional care for patients with high-risk conditions in community settings.

Irish Society for Clinical Nutrition and Metabolism (IrSPEN)
With the support of Irish Nutrition and Dietetic Institute (INDI)

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Budget 2022 can address the major gaps in nutritional care of patients within the Irish healthcare system.

In this submission, the **Irish Society for Clinical Nutrition and Metabolism (IrSPEN),** with the support of the **Irish Nutrition and Dietetic Institute (INDI)** focuses on three recommendations that have the potential to protect the nutritional status of patients at highest risk because of underlying medical conditions. These are:

1. To address **the major gaps in systems and resourcing of nutritional care in cancer,** despite the high prevalence of cancer related malnutrition and its adverse impact on treatment effectiveness, complication rates, quality of life and survival.

2. To further develop a national programme for Intestinal Failure (IF) to provide optimum care for vulnerable patients who face **unacceptably high morbidity and mortality risks**, and where Ireland is an outlier in Europe with no defined specialist IF units.

3. To **address the gaps in nutritional care for vulnerable groups living at home,** ensuring that they are in the best possible physical condition to benefit from medical, surgical and social interventions designed to treat their underlying conditions. Improved nutritional status has been shown to reduce overall healthcare costs and usage as well as improving patient outcomes.

These three areas and recommended levels of funding are:

1. **Ensure early access to nutritional care for cancer patients –** investment required of €1.7m per annum.
2. **Funding to establish a Specialist Intestinal Failure Centre for adult patients in Ireland –** €4m full year running costs / €1.8m in 2022 (from quarter 3).
3. **Nutritional training and screening for vulnerable older people living at home –** opportunity costs est. €0.7m, pilot scheme funding €150k.

1. **Ensure early access to nutritional care for cancer patients –** investment required of €1.7m per annum

Allocate €1.7million funding for the appointment of 19 full-time dietitians to address the major gaps in dietetic services for cancer patients nationally, reduce waiting times and ensure more effective, proactive interventions aimed at protecting nutritional status and reducing avoidable side effects of treatments.

This is evidence-based across oncology, but particularly relevant to certain cancer types such as oesophageal, stomach, pancreas, lung, liver, colorectal, and in patients requiring high dose chemotherapy for any cancer, and in patients requiring bone marrow transplantation.

This includes the allocation of an additional dietitian post for each of the eight adult and one paediatric cancer centres, plus 10 additional dietetic posts allocated to ensure full integration of a dietitian into the multidisciplinary team process from diagnosis through the disease trajectory.

This would allow an estimated 9,000 assessments and follow-up reviews for chemotherapy patients (25 – 30% of patients receiving chemotherapy annually).

Current resourcing of dietetics in cancer is estimated at 30% of the required level to meet ESPEN (European Society of Clinical Nutrition and Metabolism) recommendations for high quality, individualised nutritional care in cancer. These appointments, as a first step towards integrating nutrition into the model of care, will improve access of patients with cancer to high quality, more proactive nutritional care by:

- **Reducing the deficit in current dietetic services available for patients with cancer.** There are just 30 WTE dietitians serving the entire national caseload of patients with invasive cancer excluding non-malignant skin cancer (c.25,000 diagnosed per year, 190,000 prevalent cancer survivors), plus three NCCP cancer specialist dietitians which means that cancer patients are vastly under-supported, and input is frequently reported by dietitians as 'too little, too late' to be truly effective.

- **Ensuring inclusion of a dedicated cancer specialist dietitian within multidisciplinary teams across all cancer centres, from diagnosis through treatment and in survivorship.**

- **Supporting patients as they go through the different treatment modalities, including surgery, chemotherapy, and radiation therapy,** since specialist dietetic interventions can be highly effective in helping patients manage side effects and complete treatment with reduced complications.

- **Providing additional resource to allocate dietetic time to day wards and outpatient treatment settings outside the main cancer centres**, where the opportunity to see patients at the earliest possible stage linked to screening offer the greatest potential for preventing escalation of weight and muscle loss that increases the risk of chemotoxicity and treatment-limiting side effects.

2. **Funding to establish a Specialist Intestinal Rehabilitation Unit for adult patients in Ireland** – €4m per annum, €1.8m in 2022*

(*This cost would be considerably offset by savings due to centralising the treatment of patients that would otherwise be managed in general hospitals around the country.)

Allocate funding to establish a dedicated national specialist unit for patients with Intestinal Failure (IF) – a highly complex patient group for which specialist care in a high-volume unit is critically important. This would include funding in 2022 of €1.8m from quarter 3 and €4m in running costs in 2023.

Although far short of the estimated need based on comparison with other countries, an initial eight acute beds would serve a caseload of up to 50 patients with IF per year, which is equivalent to an

estimated 50% of the needs based on new patients, allowing for a phased development over 3-5 years to address needs as the centre develops its systems, staffing and training models.

Establish the dedicated unit at St. James's Hospital (linked to the national paediatric specialist unit at Our Lady's Children's Hospital) within a hub and spoke model, with regional units in Cork and Galway, based on successful models in UK and Europe.

IF in its most severe form prevents patients from eating or digesting food normally, and they must receive parenteral nutrition (PN), in which nutrition is given intravenously through a catheter inserted into a central vein in the chest, to survive.

The lack of a dedicated Intestinal Rehabilitation Referral Unit for adults in Ireland is an anomaly when viewed against Northern Ireland, the UK, across Europe and developed healthcare systems worldwide – all of which have dedicated national services for this cohort of vulnerable patients with very particular healthcare needs.

Using international comparisons, it is estimated that at least 12 avoidable deaths could be spared per year in Ireland as a result of specialist care, though it is likely that this figure is even higher.

Approval of this plan would be anticipated to:

- **Build on the service established at St. James Hospital in 2019** for patients with IF that transition from the specialist unit for paediatric patients which was established in 2000 at OLCHC in Crumlin, under the Lead of Professor Billy Bourke. This was intended only as a first step in ensuring safe, transitionary care for patients that reached adulthood, in the absence of an adult IF unit. This urgently needs to be expanded, making St. James's the ideal site for development into a national adult centre.

- **Support the centralisation of services for patients following discharge on home parenteral nutrition** (HPN), not merely for funding purposes, but to ensure that the specialised support needs of patients discharged home on artificial nutrition support are met by a specialised, high volume centre of excellence, in line with international, expert recommendations.

- **Reduce complications and hospitalisations.** In the home setting, the major risk of HPN through an implanted central line is infection which may be associated with severe sepsis with possible life-threatening risk. Research by IrSPEN in 2018 indicated levels of life-threatening complications and hospital admissions amongst Irish patients of twice that experienced by patients under the care of specialist units.

- **Provide equitable care for a small group of patients with highly complex nutritional and medical needs**, outside the normal experience / training of most healthcare professionals.

IrSPEN will shortly be resubmitting a detailed plan to the HSE recommending a dedicated integrated specialist facility at St. James's Hospital, supported by at least two regional hubs, in Cork and in Galway and seek cross party support for its immediate approval.

3. Nutrition screening for vulnerable older people living at home, extended to over 70's receiving flu vaccination – Opportunity Cost est. €0.7m per annum, pilot €150k.

Extend nutrition screening, mandatory in Irish Nursing Homes since 2015, to the 58,000 people living at home in receipt of home care support. (Estimated annual cost of €700k, which comprise **opportunity costs only**)

Make it a requirement for all public health nurses to receive training in nutritional screening and malnutrition (HSE module already in place), thus ensuring their ability to identify signs of malnutrition risk (opportunity cost only to attend training).

Allocate funding to develop pilot schemes for nutrition self-screening linked to annual vaccination of over 70s. (**Est. €150k)**

Extending nutrition screening to those in receipt of home help would align with HSE strategic goals of keeping people in their own homes and the *SláinteCare Home First* model, since:

- The 58,000 older people receiving home care support in Ireland are likely to be particularly vulnerable to malnutrition through a combination of physical and psychosocial risk factors, with an estimated prevalence of up to 30% (Rice and Normand, 2012). Those at risk of falls and receiving home nursing visits in addition to home help (e.g., for wound care / chronic health conditions) are likely to have the highest absolute risk of concomitant nutritional problems.

- Linking once quarterly, a 5-minute nutritional screening to their care, so that their nutritional needs may be identified at an earlier stage, has the potential to avert costly hospital admissions, decrease healthcare usage and improve quality of life and independence. This offers the potential for significant savings in real terms, due to lower healthcare utilisation, whilst reducing burden on our GP services as well as quality of life benefits for the end users.

- Whereas additional funding has been allocated to keep older people living independently through providing greater support with daily activities, IrSPEN proposes that nutrition education and training (online already established by the HSE) on malnutrition, nutritional risk, nutrition screening, should be a mandatory for all community nursing staff, with basic training modules on nutritional care for all home care staff.

Allocate research funding of €150 to establish nutrition screening linked to the annual flu vaccination of over 70's / high risk patient groups:

- The potential to identify patients *before* inadvertent weight loss or changes to nutritional status result in excess events (complications, infections etc) is high and cost effective, given that the prevalence of malnutrition is estimated to be at least 15% in over 70's, and likely to be higher in those presenting for flu vaccination due to co morbidities. We know the cost of treating a malnourished patient is three times that of a nourished patient, and so it makes economic sense to identify any risk of malnutrition and treat it early, as well as improving the outcome and independence of the patient.

- Self-screening, while waiting for vaccination or in the 15-minute wait post vaccination offers a low cost but highly cost-effective means of ensuring that patients at nutritional risk can be identified at a convenient contact point with the primary healthcare team, with minimal additional staffing cost, other than training and initial piloting. We propose therefore that a pilot for self-screening, linked to annual vaccination, is established in 2022, (estimated at €150k).

Conclusion

This submission highlights the urgent need for a joined-up approach to nutritional care, identifying nutritional risk **at the earliest stage of the disease process**, where there is the greatest opportunity for improving outcomes at the lowest cost (generally in the community).

It aligns with the Government's commitment to a strategic focus on shifting care away from hospitals and supporting patients in their own homes, through a multidisciplinary team approach to community care.

IrSPEN, with the support of INDI, recommends that planning for and delivering the three presented areas of investment in nutrition care would achieve an established impact in improving health and patient outcomes. Relative to the benefit, the expenditure required to address the nutritional problems that accompany disease and old age is small – whereas the payback, based on an overwhelming body of clinical evidence nationally and internationally, is large.

IrSPEN is available to follow up this submission by presenting this case and the evidence in detail.