





A two-year training plan, complete with seven presentations, lesson plans and a workbook containing relevant case studies, has been created as a foundation to inform the development of a toolkit, as part of the INSCOPe research project, which will be completed in 2018. Pre and post training questionnaires have also been designed for each session so that the effectiveness of the training sessions can be tracked.

Social media has been used during this project to raise awareness, with a twitter page being created and updated regularly. A new afternoon dietitian helpline was also started in April 2018, to provide teams with direct access to specialist nutrition support. The helpline has been predominantly used by band 5 community nurses, although has been used by a wide variety of staff ranging from band 3 to band 7. The advice line was used most frequently during the two months following its launch, and a majority of the calls received were regarding undernutrition queries and were resolved by either a joint home visit or direction to the online resources available.

Another aspect of the project has been to update the nutrition training available (both face-to-face and e-learning) from the training department in SHFT in order to increase uptake. Data revealed the low uptake of face-to-face nutrition courses offered by the training department, with only 10 staff (0.006%) across the trust attending a face-to-face nutrition training course between September 2016 and March 2017. However, as a result of the project, uptake of the undernutrition training has been improved markedly, with 132 (44%) nursing or therapy staff within the selected business unit receiving the malnutrition specific face-to-face training between May and August 2018.

## Learning points

The Nutrition Lead role has highlighted the limited prioritisation of nutrition within community care; there are so many competing priorities and, as a result, nutrition is considered less of a priority despite being perceived as important by many staff. It is clear that nursing and therapy staff already have extremely busy caseloads, so are struggling to complete full

and comprehensive nutritional assessments of patients within their allotted time. The presence of a Nutrition Lead would provide that additional support and guidance to help staff deliver a high level of nutrition support to all housebound patients. Another potential solution would be to introduce a community dietetic service that would focus on nutrition support for housebound patients. Although the initial outlay may be high, the cost avoidance associated with these roles would potentially be significant.

## The future

A Community Procedure Pack has also been created by the Nutrition Project Lead, this includes the Malnutrition Screening and Treatment in a Community Setting Procedure, the SHFT Malnutrition Care Pathway, all relevant and up-to-date resources for patients and community nutrition staff competencies. The overarching goal of this role was to have a lasting impact on nutrition within the Trust.

Specialist support is required to continue to drive the agenda of nutrition across the community, when there are so many other areas that are important within care. A business case has been presented to seek funding for a band 6 Nutrition Lead post to roll out the SHFT Malnutrition Care Pathway and Procedure, along with the associated training across the rest of the Trust to try to embed the changes into practice. The presentation was received very positively, so we are hopeful that a post will be created in the near future.

Patients who would otherwise have been unable to access specialist dietetic support have benefitted the most from the project. This area needs further consideration by those that commission community services. Awareness of the importance of nutrition is gradually increasing within healthcare, but it will take time to make long lasting changes to the procedures around nutrition. This pilot project has provided evidence to demonstrate impact and also how integrated working across teams in the community is key to embed and ensure sustainability of nutrition screening and treatment.

• **Malnutrition (undernutrition) is a growing problem within the UK, with current figures suggesting that it affects up to one in 10 older people (>65 years).** <sup>1</sup> Z

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