About Nutricia: Advanced Medical Nutrition

Nutricia: Advanced Medical Nutrition (Nutricia AMN) is the market-leading provider of medical nutrition products and services for patients whose health benefits from nutrition developed for special medical purposes. Whether managing a long term condition or recovering from an illness, dietary intervention can be critical in delivering improved health outcomes. Nutricia AMN’s products and services are specially designed for this purpose, which includes those that can be taken orally as well as those feeds that can be delivered through an enteral feeding tube. This makes a difference to the lives of people who need them both in hospital and in their own homes through the Nutricia Homeward service.

We believe that advanced medical nutrition is integral to healthcare, and work closely with the NHS and medical professionals to ensure patients have access to the right nutritional care when they need it most. We also invest in innovation in medical nutrition to develop existing products and produce new products that will deliver improved health outcomes.

Nutricia AMN’s purpose is in pioneering innovative nutritional care that help people live longer, healthier lives.

The distribution of funding for health and social care across the spending review period;

We welcome the Chancellor’s commitment to funding for social care in the spending review and support the Disabled Facilities Grant. We also believe that better outcomes on health and social care could be achieved if funding was also spent in areas such as medical nutrition and carer support.

Medical nutrition, otherwise known as medical foods, distinct from normal, healthy foods, describes a special category of foods designed to meet the needs of patients, whose disease or health concern requires medically determined nutritional support. Medical foods are a scientifically formulated food that is available in many different formats, including liquids for drinking or being fed through a tube, powders and spoonable products. Medical foods are backed by a significant body of evidence, are available on prescription, reimbursed by the government, and must be administered under the supervision of a healthcare professional.

Patient and carer support for medical nutrition is strong. Carers UK indicate that over half of carers are concerned about the nutrition of the person that they care for.1 A report by the Patients Association in November 2015 stated that despite many policies for ensuring good nutritional care, patients are not always aware of how their nutritional needs are managed in a hospital setting, nor do carers know how to manage the specialist nutritional needs of those that they care for.2 We believe it would be beneficial for distribution of social care funds to be invested in these areas.

In terms of health funding, the injection of an extra £10 billion into the NHS is welcome. In order to get the most value from this spending it is critical nutritional care is improved as outlined for NHS Trusts and CCGs in the recent NHS England Commissioning Guidance on Nutrition and Hydration,

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Malnutrition Consensus Panel’s Managing Adult Malnutrition in the Community Pathway and both the NICE Clinical Guidance and associated Quality Standard for nutrition. The health economics in supporting medical nutrition is strong, with the cost of treating malnutrition now outweighing the cost to treat it. The proper management of disease related malnutrition could save an estimated £126 million to the NHS if malnutrition was prevented via medical nutrition interventions.\(^3\) While figures from the British Association of Parenteral and Enteral Nutrition (BAPEN) show that appropriate prescribing of ONS can reduce overall hospital admissions by 30% and save the NHS £849 per patient based on length of stay in hospital, reduced complications and reduced use of antibiotics.\(^4\)

In one model, published by BAPEN and the National Institute for Health Research (NIHR), nutritional screening contributed more costs than assessment and more costs than individual treatments with parenteral nutrition, enteral nutrition and oral nutrition supplements in all care settings. This figure represents a net saving of £65,484.55 per total population\(^5\) if malnutrition screenings were introduced.\(^6\)

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\(^6\) England’s population in 2011.

Achieving efficiency savings: their source, scale and impact;

As the Spending Review sets out, the NHS has committed to deliver £22 billion in efficiency savings by 2020-21 which will be achieved by reducing running costs, paying the right price for equipment, reducing avoidable hospital admissions, and improving care quality.

The use of medical nutrition is recognised by NICE as the third largest source of potential cost savings in the NHS - up to £78,000 per 100,000 population. By improving nutritional care and support for patients, significant cost savings to the NHS can be produced, helping to achieve this £22 billion target.

Nutricia AMN supplies medical nutrition, which comprises specially formulated foods that are available in different formats including oral nutritional supplements, such as sip feeds and other nutritional tube feeds. These feeding systems ensure that people who cannot eat enough food orally meet their nutritional requirements and, in turn, ensures better health outcomes for patients and cost savings for the NHS.

A European study which assessed over 5,000 randomly selected patients admitted to 26 hospitals using a nutritional risk screening tool found that patients who were at nutritional risk had more complications, higher mortality and longer length of stay. Therefore the cost savings from integrating medical nutrition into systems of care, and thereby preventing malnutrition, would come from reduced length of hospital stay and fewer hospital readmissions.

Moreover, individual contracts offer the NHS significant value for money. This is because the training on safe use, discharge support, out of hospital care, home delivery and all other aspects of the Homeward Nursing Service are integral to the support that is provided for patients. This includes those who are being tube fed in the community where there is a contract partnership with the local NHS. This is a good example of the kind of innovative payment models that can be used. The Nutricia Homeward nursing service is a great example of public and private partnership when managing patients at home.

The challenges faced by the NHS are well-documented: trying to balance the budget whilst also improving the quality of care across the board and coping with increasing demand from an ageing population. Medical nutrition will become increasingly useful as the health service looks to keep more patients out of hospital, yet maintain high standards of in-community care. Improving the nutritional care of patients should be a priority for NHS organisations, as this can both achieve better outcomes for patients and cost savings for the NHS. NICE, in their Clinical Guideline on Nutrition Support in Adults (CG32), have concluded that this is the third largest source of potential cost savings in delivering good quality care in the NHS.

The contract landscape for the procurement of enteral nutrition provides an innovative payment model that brings significant value to the NHS. Working in partnership with local NHS bodies, where there is a contract with Nutricia AMN, for the support of patients being tube fed in the community, the NHS benefits from equipment and services to support safe and appropriate usage. Nutricia AMN

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provides training on safe use, discharge support, out of hospital care, home delivery, nursing support and pumps through our Nutricia Homeward service.

Nutricia AMN believes that integrating medical nutrition into patient pathways as outlined in the NICE guidelines can achieve the efficiency savings in the NHS, improve quality of care for patients and prevent avoidable harm and ill health.

Achieving service transformation set out in the Five Year Forward View at scale and pace through transformation funds;

Service transformation is key in making the NHS fit for the 21st century. The significant benefits of medical nutrition can deliver tomorrow’s health care today by aiding patient recovery, preventing avoidable suffering, reducing the cost to the NHS, and preventing unnecessary hospital admissions and readmissions.

To achieve the benefits of medical nutrition, a system of policy development, system change, and delivery needs to be formulated.

Where evidence on patient outcomes and cost saving exists, medical nutrition should be systematically integrated in care pathways and promoted in general practice, which can be achieved through the transformation funds.

Patients should be consulted on how delivering medical nutrition can be best implemented and integrated into existing systems of care at a pace that understands their concerns and one that is implemented, slowly but surely, over the course of the next few years.

The impact and management of deficits in the NHS and social care;

We are aware that the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care. We believe impact of deficits in NHS and social care will have an impact overall and with proper management and the utilisation of social care networks, such as the Nutricia AMN services, we believe that the NHS will be able to adjust and function into the 21st century.

Nutricia AMN is breaking down the barriers of doctors, hospitals and social care. Our services such as Nutricia Homeward through the pharmacy and the Nursing Service offer a rapid and safe discharge from hospital into the community for patients prescribed enteral tube feeds. Our Nutricia Homeward teams make delivery arrangements with patients, their carers and their families, and confirm the best time to be in contact for monthly care calls.

With over 100 specialist nurses dedicated to Nutricia Homeward registered patients, we are firmly committed to helping patients stay out of hospital, facilitating personal independence, comfort and contact with their local community. This is something that the NHS should encourage as our social care platforms can help the overall structure of the NHS with external services providing care that takes the pressure off frontline services whether they are trust or local authority led.

We are particularly keen to resource the service with digital tools, to further enhance this very personal model of care. The service has a distinctive digital element, encompassed by the award winning Nutricia Dietetic App for handheld devices. The app allows Health Care Personnel to
calculate a patient’s nutritional requirements using a variety of calculation methodologies, compare
requirements to feeding regimens and puts the entire Nutricia product compendium at their
fingertips. In 2016, we plan to continue our digital innovation with the launch of a state of the art
digital interface between Nutricia Homeward and the NHS. We are particularly keen to champion
this aspect of our service, and would welcome further discussions with the NHS and the Health
Select Committee on the subject.

The effect of cuts to non-NHS England health budgets e.g. public health, health education and
Department of Health, and their impact on the Five Year Forward View;

Nutricia AMN is committed to reducing the causes of malnutrition, as evidenced by our membership
of the Malnutrition Task Force, and our partnerships with Carers UK and the Patients Association in
raising this issue amongst those in the community and policy makers. With the reduction of Health
Education, which also includes payment for recruitments and training of health professionals, this
could have an impact upon the role of dietitians in the healthcare space and the ability for patients
to get proper nutritional advice.

We believe that the cuts to the non-NHS England health budgets, especially public health budgets
could reduce resources on increasing general good nutrition and cause more patients to require
medical nutrition intervention. Medical nutrition differs from normal foods and diets as high-quality
medical nutrition care is essential to helping people manage long-term conditions and can improve
experiences of care as well as quality of life. Liquid or tube feeds can be used across care settings
and form a vital resource in management plans for diseases such as stroke, dementia, chronic
obstructive pulmonary disease (COPD), colorectal cancer, intractable epilepsy, cerebral palsy and
morbidities such as pressure ulcers, amongst others. Malnourished patients visit their GP twice as
often as those who are well nourished (regardless of co-morbidities)\(^{11}\) and as much as 55% of people
currently in care use nutritional supplements.\(^{12}\)

Malnutrition affects:

- More than 30% of people recently admitted to care homes
- More than 30% of adults on admission to hospital
- Up to 20% of patients attending hospital outpatient services
- 10% of people at GP practices
- 10% of people over 65 living in the community

We believe the statutory sectors can promote;

- To mandate and incentivise that nutrition is written into all cational care pathways for
  long term conditions
- To put investment, infrastructure and measurement behind the new NHS England
  Guidance Commissioning Excellent Nutrition & Hydration and existing NICE Quality
  Standard 24
- To prevent inequalities in access to the right nutritional care/intervention through
  adequate HCP resourcing, training and reimbursement.

As such, with cuts to non-NHS England health budgets, malnutrition could most likely increase
thereby causing further NHS spend down the line and therefore impacting the Five Year Forward

\(^{11}\) Combating malnutrition: recommendations for action, British Association for Parenteral and Enteral Nutrition (BAPEN),
February 2009

\(^{12}\) Malnutrition and Caring: the hidden cost for families, Carers UK, 2012
view and impacting the overall service of the health space in England. Therefore we believe the effects would be wider than envisaged with malnutrition potentially increasing across the country.

**Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions;**

Nutricia AMN is committed to ensuring and supporting the highest standard of quality of care. The Nutricia Homeward Service model was shortlisted for the HSJ Clinical Efficiency Award in 2013, and has been promoted by the NHS Alliance as an example of integrated care, supporting people to self-manage in the community.

This model offers an example that promotes a high level of value to the NHS by ensuring patients avoid costs because of earlier discharges, monitoring in the community setting, with a lower risk of readmission due to complications, prescription management, and nursing provision. It is also in line with the NHS’s commitment to innovate in patient pathways and support patient self-management. With the public/private business model that we operate, the spending review and the Treasury could take note of our model and improve the overall social care funding to other sectors.

As a sector, medical nutrition is driven by patient need. As noted above, Nutricia AMN’s innovation has been driven by the desire to provide better patient outcomes for a number of disease pathways, including several long term illnesses. As the healthcare sector faces the challenges posed by the aging population and an increase in long term illnesses, the innovative contribution to patient pathways and models of care offered by medical nutrition will be increasingly useful as the health service looks to keep more patients out of hospital yet maintain high standards of in-community care. At Nutricia AMN, we feel that, with the right regulatory and commissioning support, medical nutrition can provide further innovation in both products and delivery, which will benefit patients and the NHS.

Medical nutrition can form a vital resource in treatment plans for diseases such as stroke, dementia, chronic obstructive pulmonary disease (COPD), colorectal cancer, intractable epilepsy, cerebral palsy and morbidities such as pressure ulcers, amongst others.

Nutrition as a medical intervention can help in various ways, including by:

- preventing, halting or reversing nutrient deficiencies
- preserving lean body mass
- helping patients better tolerate treatments
- minimising nutrition-related side effects and complications
- maintaining strength and energy
- promoting immune function, decreasing the risk of infection
- aiding in recovery and healing,
- improving quality of life
- delivering outcomes specific to the disease or condition

Currently, more than 3 million people in the UK are at risk of, or suffering from, malnutrition, with the majority (approximately 93%) living in the community.¹³

Nutricia AMN works with hospitals, care homes and GP practices to make early diagnoses of malnutrition, and supports them in implementing nutritional screening. Nutricia AMN runs

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¹³ *Managing adult malnutrition in the Community – Including a pathway for the appropriate use of oral nutritional supplements (ONS),* produced by a multi-professional consensus panel, May 2012
education programmes with charities such as Carers UK and Care England to educate carers, both unpaid and paid, on the importance of good nutrition.

Impact of the spending review on the integration of health and social care;

Instead of treating one health problem at a time, approaching health, social care and mental health together can improve health outcomes. Medical Nutrition is at the heart of this and Nutricia AMN has developed its Homeward Nursing service as a means to integrate health and social care and improve quality of care within the community.

Delivering an integrated approach to care by providing enteral tube feeding products, pumps and ancillary items direct to NHS hospitals and to patients’ homes, Nutricia AMN’s Homeward Nursing service facilitates access to managing their own nutrition that promotes a better standard of care and savings for the NHS. Nursing support is also given for those needing to be tube fed from point of discharge to community, a dedicated coordinator and nursing support ensures that patients and carers are able and confident enough to be nutritionally independent at home.

As an innovative local social care model, the service has over 100 nurses supporting over 25,000 patients within the community. By managing adult nutrition in the community, patients are at a lower risk of being re-admitted to hospital due to complications, which is undoubtedly beneficial for patients and care providers alike.

Therefore, nutrition is an important facet in integrating community, primary and secondary care which in turn improves patient outcomes, reduces GP visits and hospital time, and minimises cost and time wasting resources to the NHS. It is also in line with the NHS’s commitment to innovate in patient pathways and support patient self-management.

Quality and access in health and social care including the cost and implications of new policy objectives such as 7 day services;

Despite evidence, NICE Clinical Guidance, Quality Standards and disease specific pathways such as COPD, Stroke, intractable epilepsy, prioritisation of medical nutrition as an integral part of a patient pathway is poorly understood nor is it integrated by policy makers, commissioners and healthcare professionals, leading to inconsistency in the application of nutrition across the NHS; and between diseases and conditions.

If medical nutrition, as per NICE guidance, were introduced across the board for the management of disease related malnutrition then this could lead to better patient outcomes and health economics. At Nutricia AMN, we feel that, with the right regulatory environment, medical nutrition can provide valuable help in improving the quality of healthcare, improving the lives of carers and saving costs that could contribute to a truly 7 day service across the NHS.

25 January 2016