The European Nutrition for Health Alliance

Report of the 2nd Optimal Nutritional Care for All Conference 2015

November 3 & 4, Berlin

Lisa Wilson
ENHA

Executive summary

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'.

Launched in 2014, the Optimal Nutritional Care for All (ONCA) campaign is a multi-stakeholder initiative, which aims to ensure optimal nutritional care for all European citizens through nutritional screening and follow up on a national level.

Now in its second year the ONCA conference is organised and run by the European Nutrition for Health Alliance (ENHA) and was held in Berlin on the 3rd-4th November 2015.

The conference was hosted by the German delegation and chaired by Professor Olle Ljungqvist (ENHA Chair, ESPEN representative) and Professor Anne de Looy (President of the European Federation of the Associations of Dietitians, ENHA trustee). Over 100 delegates representing 13 countries attended the conference including speakers representing WHO Euro, the Joint Programming Initiative, and the European patient groups EPF and EGAN. An additional pre-meeting led by Cees Smit (EGAN) was held for the patient group representatives attending the ONCA conference.

In country teams, conference delegates were asked to synthesise their perspectives on involvement with the ONCA initiative. Involvement in ONCA has meant that many countries are now able to prioritise malnutrition as a public health concern and being work on addressing malnutrition nationally. In some cases this means developing work in new areas (e.g. Croatia, Germany) and in other developing targeted new projects (e.g. Israel, Poland, France, Turkey). Being attached to ONCA enabled countries to engage with their national Ministry of Health (e.g. Spain, Turkey, and Israel). All countries reported that being involved with ONCA will enable them to engage with patient groups.

As a part of sharing experiences and progress, each national group was asked to present their current activities in 2015. The presentations demonstrated the commitment to developing nutrition policy in all countries and the common goals which are interwoven with strategies and activities appropriate to each country.

Delegates reported a wide range of current activities including raising awareness, publication of strategies or the development of text to support activities. There were a number of achievements since last year, for example in Poland, nutrition has been prioritised as the most important field of action by the President of the National

Health Ministry and in Turkey big steps have been made in the implementation of screening in hospitals. Furthermore areas of expertise are starting to emerge (e.g. discharge management in Israel, self-screening in the UK, public awareness in Turkey). Countries are very open to learn from each other, and to share their learnings. However, the biggest result is the tremendous energy and common ground that has been created through working together towards a common goal.

Discussion within and between countries revealed several key themes about their experience at the conference and what they had learned; these in turn informed the next steps for each national multi-stakeholder team:

- A multi-disciplinary and multi-stakeholder national platform is essential for the success of ONCA.
- Every country emphasised the importance of including the patient voice in their activities, and the need to engage with patient groups to maximise the impact and sustainability of ONCA.
- The involvement and commitment of the Ministry of Health/politicians is vital in driving national change.
- The need for public pressure to stimulate Ministry/political involvement is seen as crucial and so raising public awareness is a priority.
- Quality indicators for good nutritional care are seen as an important tool to drive sustainability.

European wide activities offer opportunities to leverage national activities and possibly even provide funding opportunities which deserve to be further explored. Communication is key in engaging new stakeholders, and in securing political and public support. The conference was a huge success and all countries are committed to continue their work with ONCA into 2016 and beyond.

Presentations from the conference are available at:

http://www.european-nutrition.org/index.php/activities/nutritional_screening_implementation_conference_2015_optimal_nutritional_ca

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'.

Launched in 2014, the Optimal Nutritional Care for All (ONCA) campaign is a multi-stakeholder initiative which aims to ensure optimal nutritional care for all European citizens through nutritional screening and follow up on a national level.

Now in its second year the ONCA conference is organised and run by the European Nutrition for Health Alliance – ENHA and was held in Berlin on the 3rd/4th November 2015. It provides an opportunity for countries working on developing nutrition plans to come together to share best practice, ideas, gain inspiration and access contacts and expertise. This involves building and strengthening functional national stakeholder groups, creating momentum, trust and energy through a multi-country approach. As the driving force behind the campaign, ENHA works with its members and partners to engage with countries looking to develop national nutritional care plans and actively supports them to:

- Strengthen national alliances
- Assess national needs and drive development of Key Performance Indicators
- Connect to national governments and European Organisations
- Tailor communication
- Engage and involve National Industry Groups

The conference was hosted by the German delegation and chaired by Professor Olle Ljungqvist (ENHA Chair, ESPEN representative) and Professor Anne de Looy (President of the European Federation of the Associations of Dietitians, ENHA trustee). Over 100 delegates representing 13 countries attended the conference including speakers representing WHO Euro, the Joint Programming Initiative, and the European patient groups EPF and EGAN. A full list of attendees and their affiliations is available in the conference delegate pack at:

http://www.european-nutrition.org/index.php/activities/nutritional_screening_implementation_conference_2015_optimal_nutritional_ca

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Who is involved?

Eight countries comprised of multi-disciplinary and multi-stakeholder groups have been involved in ONCA since its inception in 2014: Croatia, France, Germany, Israel, Poland, Slovenia, Spain and Turkey. A further five countries joined in 2015: Belgium, the Czech Republic, Denmark, Netherlands and the UK.

Working with Patient Groups

ENHA has a long standing collaboration with the European patient groups EPF (European Patients' Forum) and EGAN (Patients Network for Medical Research and Health), who are able to help countries to develop relationships with their national patient organisations. An additional pre-meeting led by Cees Smit (EGAN) was held for the patient group representatives attending the ONCA conference. The objectives were to introduce the ONCA concept and to discuss the importance of effective engagement with country stakeholders in order to provide the vital patient perspective to the development of national nutritional care strategy and plans.

Conference Programme and reporting

The two day conference included presentations on a range of topics linked to the ONCA campaign. Presentations from the conference are available at:

http://www.european-nutrition.org/index.php/activities/nutritional_screening_implementation_conference_2015_optimal_nutritional_ca

Conference Agenda – Summary of Programme

Tuesday 3rd November 2015

Welcome, Why ONCA and Agenda by Stephan Bischoff, Johann Ockenga, Olle Ljungqvist and Anne de Looy

ONCA so far and Dreams 2020

Our journey towards optimal nutritional care for all
- State of play (10 minutes per country), including objectives, key projects, KPIs, dashboard

Using health economics to support patient needs
- Dr. Kristina Norman: The ONS study 2015.

Implementation of optimal nutritional care: recent new projects
- Dr. Milena Blaz Kovac: Ljubljana primary care.
- Dr Ailsa Brotherton - Findings from nutritional care implementation pilots examining the barriers to improvement of nutritional care in different settings and new web-based care tool.

Investing in nutritional care: addressing patient needs and saving costs
- Cristina Cuerda (on behalf of Paloma Casado) Spain - Ministerio de Sanidad Servicios Sociales e Igualdad.
- Ronit Endelwelt - Israel Ministry of Health.

Wednesday 4th November

Sustainable nutritional care across Europe: collaboration with European patient associations, EU and WHO EURO programmes
- Nicola Bedlington and Cees Smit: European patient organisations EPF & EGAN.
- Wilke van Ansem: JPI Healthy Diet for a Healthy Life.
- Dr. Karin Schindler: Collaboration with WHO EURO and Nutrition Day in ONCA countries.
- Dr. Lisa Wilson: H2020 project opportunities and new developments of the EIP AHA.

Break out session by country (2-3 slides)
- Learnings from the meeting, next steps and new ideas for organising sustainable implementation.

Plenary: Commitments and next steps presented by the countries

What and how to tell the world

Remaining Issues & planning 2016

ONCA so far and Dreams 2020

In country teams, conference delegates were asked to synthesise their perspectives on involvement with the ONCA initiative. Full responses are given in Appendix 1.

- What has the ONCA campaign brought so far and what can it bring in the future?
- What more support is needed and what can delegates contribute?
- What will ONCA look like in 2020?

This exercise brought to light several key themes and also demonstrated the effectiveness of the ONCA programme. Having one joint purpose, and a European wide project that countries refer to, gives confidence and a sense of belonging as well as the impetus needed to engage stakeholders, particularly at a government level. Being attached to the ONCA initiative has allowed countries to develop work in areas previously not available to them (e.g. Croatia, Germany) and obtain momentum in developing new projects around malnutrition (e.g. Israel, Poland). Several countries also reported undertaking work which they had not had support for previously (France, Turkey) and that being attached to ONCA enabled them to engage with their national Ministry of Health (Spain, Turkey, Israel). However, the most reported significant change in national work resulting from the ONCA campaign was recognition of the need to engage with patient groups. The involvement of European Patient Groups in ONCA enabled countries to find out more about and establish contact with patient groups in their own countries, adding a new dimension and a much needed patient perspective to the national multi-stakeholder groups.

The request for wider support strategies in areas of common interest e.g. communications, patient engagement, good practice examples showed how together countries are able to be more effective and how ENHA and its partners can provide a conduit through which shared learning can take place. Indeed, all countries were keen to develop cross country relationships further to support their national work and learn from each other. An often repeated observation from the conference overall was that while there was no universal solution and different countries have different priorities, the similarities in terms of raising awareness, gaining political support and developing policy and practice are striking and there is much that can be shared. This is echoed in the desire to link and exchange solutions to common difficulties in developing nutritional care plans e.g. engagement with key stakeholders, developing guidance or raising awareness.

Finally, looking to the future, all delegates reported a hope for significant progress in their efforts and a greater awareness of the issues around nutrition, health and well-being.

All countries had plans in place for 2016 and beyond, many were seeking funding to embed their policies and future work (e.g. Denmark, Germany) and others had firm political commitment to drive the work forward (e.g. Croatia, Slovenia, Turkey).

Our journey towards Optimal Nutritional Care for All

As a part of sharing experiences and progress, each national group was asked to present their current activities, highlighting the progress made in the past year as well as ongoing and future projects. The presentations demonstrated the commitment to developing nutrition policy in all countries and the common goals which are interwoven with strategies and activities appropriate to each country.

Activities ranged from raising awareness through TV and radio broadcasts or national conferences to publication of strategy or action plans. There were a number of achievements since the countries first met in 2014, for example in Poland nutrition has been prioritised as the most important field of action by the President of the National Health Ministry and Turkey have made significant progress in the implementation of screening in hospitals. Furthermore, areas of expertise are starting to emerge (e.g. discharge management in Israel, self-screening in the UK, public awareness in Turkey). Countries are very open to learn from each other, and to share their experiences. However, the greatest impact has been the energy, support and commitment that is apparent through working in partnership nationally and across countries to achieve common goals. A summary of each country's work, activities and planned actions is given as an appendix to this document and all slides presented by country speakers are available at http://www.european-nutrition.org/index.php/activities

Country reporting: Learnings from the meeting and next steps

Breakout sessions in country groups enabled discussion on the learnings from the meeting, which countries they would like to connect with to share learning and fine-tuned next steps for 2016. The responses demonstrate the wealth of information the ONCA meetings bring, providing new ideas as well as firing enthusiasm and renewing the drive for change.

Patient group feedback

Patient groups gave invaluable feedback on their perspective of the meeting and what the next steps should be for individual countries as well as ONCA overall. Recommendations included:

1. Latvian and Hungarian patient groups expressed an interest to be a part of ONCA.
2. Enhancing participation of patients as members of national stakeholder groups
3. ONCA countries could form a European patient working party for nutrition with EGAN/EPF.
4. Initiating contact and involving the International Alliance for Patients Organisations for international group of users of home artificial nutrition.
5. All countries should continue to aim for universal health coverage as a basic human right.
6. EGAN/EPF offered to act as a broker to help countries to link to national patient groups

Country learnings and next steps

Country	Learnings	Next steps	New ideas	Inspiration
Belgium	Focus on the patient Effect of Education Economic data	Develop Belgian Alliance. ONS Reimbursement. Connect hospital - home care. PR /media – awareness.	Accreditation – quality indicator for clinical nutrition Involvement/training of GPs and nurses Simplification of audit.	
Croatia	Better communication with government. More interaction. Better networking.	Implement nutrition action plan. Monitoring meal quality in nursing homes. Education. Raising public awareness.	Nutrition action plan implementation. Monitoring meal quality in nursing homes. Education. Raising public awareness.	Israel
Czech Republic	Driven by patients and public. Raise public awareness. Learning from others experience and sharing information.	Definition of relevant nutritional care indicators. Getting patient groups involved. Publication of national nutritional guidelines.	Getting local stakeholders involved through international partners in ONCA. Politicians from ONCA countries to next conference with the aim to present a common statement.	
Denmark	Networking between stakeholders. Go back and ask to be involved in ONCA as Danish forum very broad and covers a wide area.	Implement policy paper. Continue forum and obtain funding beyond 2016 Define a long term strategy Involve patient groups, NGOs, municipalities. Involve Ministry of Health and develop initiatives based on ownership by these groups. Create a permanent independent secretariat for the Forum (obtain funding for this).		Netherlands Israel
France	Share issues, aims and difficulties. Different solutions in different environments. Going back with more questions.	Complete nutrition teams. Work with patient associations. Funding.	Work to 'pull not push' with patients. Work in home care. Pressure on politics by the voting public – raising awareness.	
Germany	Shared problems and goals Confirmed current strategy and found new possible roles after hearing other countries.	To establish appropriate legal structure for German ONCA activities. Need to reality check goals and ensure one voice.	Defining a 10 point European master plan with ENHA for all ONCA countries Comparison/Review of economic data from ONCA countries. Need to explore the possible role of EU/WHO.	Denmark Netherlands

Israel	Importance of sharing knowledge with patient. Monitoring. Implementation.	Understand patient needs. Patient empowerment. Assessment by dietitians; all patients in all settings. Specialist geriatric assessment.	Public mandatory regulations. Reimbursement. Implement self-assessment tool. Computerised nutritional information within medical and discharge files.	Germany UK
Netherlands	Patient perspective of utmost importance Form evidence base to value based interventions Medical context and social context are important.	Realising strong coalition between steering group on malnutrition and patient/citizen organisations	Want to realise stronger connection between medical and social context Can give 10 year national experience to other countries.	Patient Groups UK
Poland	Sharing examples of good practice. Possible funding sources. Role of patient organisations. Advantages of multi-stakeholder approach.	Nutritional screening in the community. Public campaign. Educating medical professionals.	Multi-stakeholder co-operation especially government. Local/central government actions/ engagement. Evidence based approach.	UK Netherlands Israel
Slovenia	Patient involvement is key. Assess nutritional status of all. Learnt from many countries.	Initiative to increase density of food in acute settings. Improve Key Performance Indicator on nutrition care.	Good economic foundations and sustainable funding. Patient centred pathways.	
Spain	Patient empowerment. Self-screening. Recommendations to parliament. Nutrition assessment in quality indicators. Coding malnutrition for reimbursement. ONCA in the cities and at home.	Criteria for accreditation, screening and treatment. Evidence of cost effectiveness. Accredited education strategy. Increase visibility. Work with Patients Associations.	Audit and central reporting of nutritional interventions. Financial encouragement. Incorporation of nutrition among quality indicators. Increasing collaboration with professional organisations.	

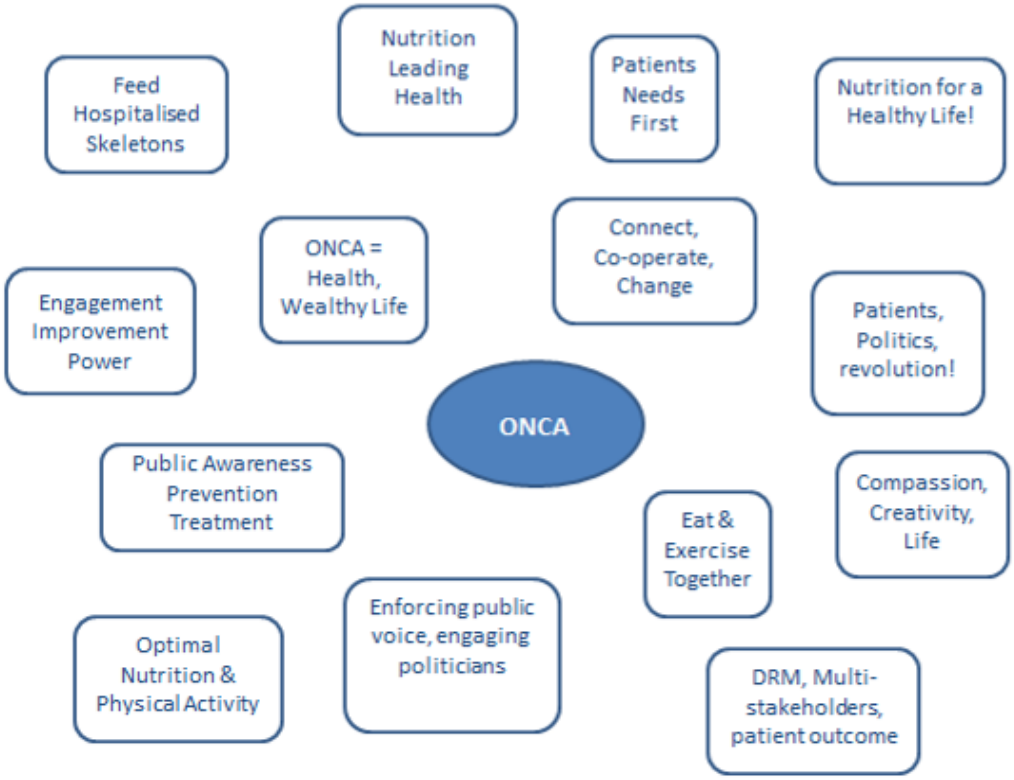
Turkey	All countries have something they can learn from e.g. Belgium - oncology involvement, Netherlands –dietetic pocket guide, Economic data – UK, discharge management – Israel.	Web based screening project supported by Ministry of Health. National Nutrition day study.	Policy and Ministry of Health ownership is crucial. Mandatory nutritional screening. Improvement of regulation of nutritional care plan. National economic data. Palliative care plan.	
UK	Shared experiences. Patient voice is key.	Refined communication with/between patients. Roll out electronic data collection. Lobby to prioritise malnutrition.	A more holistic view of nutrition. Communication with public.	Denmark Germany Turkey

Effective communication: Telling the world

Discussion within and between countries revealed several key themes about their experience at the conference and what they had learned; these in turn informed the next steps for each country multi-stakeholder group.

- A multi-disciplinary and multi-stakeholder national platform is essential for the success of ONCA.
- Every country emphasised the importance of including the patient voice in their activities, and were engaging with patient groups to maximise the impact and sustainability of ONCA.
- The involvement and commitment of the Ministry of Health/politicians is vital in ensuring national change.
- The need for public pressure to stimulate Ministry/political involvement is seen as crucial and so raising public awareness is a priority.
- Quality indicators for good nutritional care are seen as an important tool to drive sustainability.
- European wide activities offer opportunities to leverage national activities and possibly even provide funding opportunities which deserve to be further explored.

As a conclusion to the conference, each country was asked to provide three words (either together or separate key words) which would support spreading the message of malnutrition and raising awareness through communication. The responses given demonstrate the passion and commitment shown by all delegates for this issue.



Delegates reported the value of this session in developing mechanisms for communicating the importance of addressing malnutrition and delivering this message more widely; both within health and social care and to the general public. It was agreed by all delegates that there was a greater need to focus on communication activities in the future. Many individual countries have awareness raising as a core part of their activities (e.g. Turkey, see Appendix 2) and Key Performance Indicators have been developed in this area to ensure communications continue to be interwoven throughout all future activities.

Acknowledgements

The European Nutrition for Health Alliance would like to thank all speakers and delegates for their continuing work and congratulate all countries on their progress in making the ONCA initiative a success. ENHA would also like to express its gratitude to its members (including ESPEN, EFAD, EUGMS, MNI, HOPE and PGEU) and patient group partners (EGAN & EPF) for their support. We are grateful to MNI for sponsoring the ONCA programme and conference.

Appendices

Appendix 1: Outcomes of discussion on ONCA so far and Dreams 2020

Belgium

What can the ONCA campaign bring us?

- To encourage all the stakeholders to create a 'Belgian Alliance'.
- To perform an overview of the current situation.
- To highlight the potential project.

What can we contribute to the ONCA campaign?

- To report our best actions/practices, e.g. structure nutrition team.
- Interactivity between all the stakeholders (hospitals/authorities/GPs/patients, etc.).
- To participate in media campaign.

What will the ONCA campaign look like in 2020?

- Including all the EU countries.
- Self-supporting.
- Ongoing website.
- Public awareness and concern.

Croatia

What has the ONCA campaign brought us so far?

- An alliance of national stakeholders on implementation steps of national standards of nutrition care.
- National visibility.

What more support do we need?

- Support in engagement of Government bodies in order to develop national campaign to raise public awareness.

What will the ONCA campaign look like in 2020?

- Implemented national guidelines.
- Regular follow-up on implementation, with clear clinical and health economic outcomes.
- To follow-up what patients consider as favourable outcomes.

Czech Republic

What can the ONCA campaign bring us?

- Helps to create a platform for managing DRM.
- Brings the experiences from others ECs.
- Involvement of stakeholders, including politicians.

What can we contribute to the ONCA campaign?

- Sharing our expertise, and experience (reimbursement, guidelines, educational activities, mistakes, etc.).
- Czech Action Plan – 'Health 2020).

What will the ONCA campaign look like in 2020?

- Whole scale screenings of malnutrition.
- Network of healthcare professionals dealing with management of malnutrition.
- Definition and documentation of cost effectiveness of implemented steps.

Denmark

What can the ONCA campaign bring us?

- How do stakeholders in other countries work together?
- Which other stakeholders are other countries including?

What can we contribute to the ONCA campaign?

- Influence the political system.
- Guidelines and accreditations.

What will the ONCA campaign look like in 2020?

- Experience from trial and error.
- Implementation for politicians and decision makers.

France

What has the ONCA campaign brought us so far?

- Challenge to go forward.

What more support do we need?

- Patient's associations – media awareness, and political support.

What will the ONCA campaign look like in 2020?

- Patients with us.

Germany

What has the ONCA campaign brought us so far?

- Contacts and multidisciplinary exchange and cooperation.
- Formulation of a multi-professional group.
- Learning from other countries.
- Developing a strategy for Germany.

What more support do we need?

- Political engagement (e.g. G-BA, BMG, DKG).
- Country generated scientific and financial data.
- Increased public awareness.

What will the ONCA campaign look like in 2020?

- ONCA is the main partner/institution for decision makers in health care, and politics.
- ONCA is known by everybody.
- ONCA is the main partner for patients.

Israel

What has the ONCA campaign brought us so far?

- Awareness and implementation is possible.
- Stakeholder alliance under the leadership of Israel's Ministry of Health.
- The need for multidisciplinary and interdisciplinary team work.
- Mapping the obstacles, and infrastructure lacunas.
- A need for creating interaction with health quality indicators.
- A need for creating a united infrastructure for computerised nutritional information.
- We have a national action plan for nutritional security for all.

What more support do we need?

- Define the best evidence based quality indicators.
- Finalising the nutritional guidelines.

What will the ONCA campaign look like in 2020?

- Recognised indicators.
- Combining and promotion nutrition through national guidelines throughout the life cycle, in combination with lifelong physical activity.
- Smooth continuity of care between health organisations (hospital – clinics – nursing homes).
- Diminish hidden hunger of undernutrition and over nutrition.
- To improve the quality and accessibility of hospital food, as well as all catering services.
- Lower the amount of food waste.
- (Improve) diminish inequality of under-privileged population in nutrition and PA.

Netherlands

What can the ONCA campaign bring us?

- Involvement of older people and involvement of patients.
- (Even more) awareness on food and nutrition.

What can we contribute to the ONCA campaign?

- Exchange.
- Pilot projects.
- Knowledge (experience).
- Mandatory screening protocol for malnutrition in hospitals.
- Active patient engagement.
- Transform ambitions into tangible projects.
- Experience will meet stakeholder's processes.
- Multifaceted, public debate on food.

What will the ONCA campaign look like in 2020?

- Patients are members of steering group.
- Nutrition is mutual responsibility of: Societies, Professionals, Patients, Informal care givers.
- The 'why' of malnutrition is understood as a broad societal challenge?
- Involvement of: agro-food system.

Poland

What has the ONCA campaign brought us so far?

- Helped us to draw attention to the issue of malnutrition.
- Helped build partnerships, via a multi-stakeholder approach.
- Started discussion and action at a national level.

What more support do we need?

- More examples of good practice (practical solutions).
- Guidelines at the central level (e.g. communication strategy).

What will the ONCA campaign look like in 2020?

- A national nutritional plan.
- Engaging Government, patients' groups, and medical professionals.

Slovenia

What has the ONCA campaign brought us so far?

- Conferences: networking and shared experiences.
- A systematic overview.
- Brainstorming of stakeholders.
- Primary care activities.

What more support do we need?

- EU political (public) health driven strategic approach (Directive?!).

What will the ONCA campaign look like in 2020?

- Champion of clear, transparent public health driven initiative.
- Embedded guidelines.
- Cost evaluation/effectiveness.
- Guidance by health professionals.

Spain

What has the ONCA campaign brought us so far?

- It has created an umbrella for the development of national initiatives.
- A common vision across different stakeholders to tackle DRM.
- An ambition to bring DRM into the mainstream of clinical practice.

What more support do we need?

- Advance in achieving a new international clarification to codify DRM.
- Prospective studies demonstrating cost effectiveness of nutrition interventions.

What will the ONCA campaign look like in 2020?

- National plan to tackle DRM implementation at regional and local level, including care settings, with mandatory screenings; treatment intervention protocols; and quality KPI, register.

Turkey

What has the ONCA campaign brought us so far?

- Stakeholder engagement (healthcare professionals and health authority).
- Ownership (all stakeholders).
- Awareness (esp. health authority).
- Inspiration.
- Being a brand umbrella for all existing plans.

What more support do we need?

- Integration into the healthcare IT system.
- Audit/assessment in the hospitals in terms of nutritional care.
- Improvement in LTCF.

What will the ONCA campaign look like in 2020?

- Implementation of mandatory nutritional screening tool in hospital.
- Increase awareness of DRM.
- Increase number of stakeholders.
- Show the burden of MN to health economics.

UK

What can the ONCA campaign bring us?

- Connections across EU – Collective voice/noise/amplification.
- Sharing experiences – inspiring – looking outwards.
- One platform – one plan – one message.
- Shared goals – shared resources.

What can we contribute to the ONCA campaign?

- Learnings: Patients – engage – golden thread in all activities.
- Screening and measurement.
- Political influence – need for passionate, credible leader.
- Communication.
- Evidence.
- Engagement with national boards.
- Developing system levers to execute.

What will the ONCA campaign look like in 2020?

- Use of digital records.
- Promotional campaign from WHO.
- Management system to manage ONCA.

Appendix 2 – Country updates

Belgium
Prof A. Van Gossum

Key points:

- Dashboard – doing well, but could do better!
- Prevalence quite similar to other countries,
- Have national nutrition plan,
- Have some policy especially for screening and well developed in hospital, but lacking in community.
- Guidelines good in hospitals, better in CHs than before, but lacking in community.
- Major contributor to nutrition day.
- Some economic data.

Current activities include:

1. Awareness raising in media
2. Nutrition day linked to education and Belgian authorities
3. For older people: developing quality charter and guidelines (Care Homes) and raising awareness

Achievements:

1. Nutrition plan 2005-10 pilot 2008 in 124 hospitals 2014 goes into general hospitals (194)
2. Guidelines for screening tools – group of experts (2006-10)
3. Cancer plans – allowing apt of dietitians
4. 2011-13 – project dedicated to cancer cachexia

Goals/Key Performance Indicators:

- To improve nutritional care, but work with Ministry of Health
- To improve interaction across care settings. Hospitals have mandatory nutrition teams, but a better cross over is needed.
- A quantity and quality evaluation is needed for Ministry of Health as quality very important in ensuring effective implementation.
- Cancer plan and chronic disease plans also include nutrition management guidelines.
- Aim for LLL for dietitians.

Missing – reimbursement – rejected by institute of reimbursement of care

Next steps:

- Ministry of Health will continue to support implementation of nutrition team and to redefine role of each member and each step of global nutrition process
- Focus on interaction between hospital and home as this is key in breaking malnutrition cycle.
- Take case for reimbursement back to institute.

Croatia

Sara Cobal

Key points:

- Have Ministry of Health Engagement
- Good at gathering evidence on prevalence and cost of DRM.
- Have a large no stakeholders involved.
- Have nutrition guidelines and a national nutrition plan.
- Reimbursement good.
- Work to do on screening and implementation.

Current activities:

1. Hospital nutrition day
2. LLL courses
3. Creating guidelines for perioperative enteral nutrition in surgical patients meeting
4. Post grad course
5. Funding through Croatian health insurance fund, MNI, Ministry of Health (mostly in kind).

Achievements:

1. Organised Adriatic course in Dubrovnik and strategic meeting of ONCA
2. Published in Clinical nutrition
3. Eco burden of DRM in selected chronic diseases – showed cost per diagnosis.
4. >600 patients screened as a part of the geriatric monitoring programme.
5. 3 conferences, 2 workshops on issue locally
6. Survey on nut status, nut support and readmission rates by field nurses and GPs.
7. Organised wider scientific conferences.

Goals/Key Performance Indicators:

- Work on national multi-s platform
- Develop healthcare computer systems
- Technological development and computerisation of health and social care services for geriatric patients
- Develop national standards for meal plans in Nursing Homes/Care Homes
- Education for UG/PG students and HCPs.
- Raise awareness with public and professionals

Next steps:

- Develop a nutrition strategy plan for national and local level in hospitals.
- Placement of Nutrition Support Teams in hospitals
- Ensure nutrition quality of meals in Nursing Homes
- Raise awareness
- Host international conferences

Czech Republic
Dana Mullerova

Key Points:

- Areas for work: community, implementation in Care Homes and community, economic data in Care Homes and guidelines for community.
- Have an Action plan for Health Nutrition and Dietary Habits – National Strategy Health 2020.

Current activities:

1. Malnutrition prevalence study – Czech nutrition day 2015
2. Collating data from National Health registry surveys and CzechSPEN guideline working groups (Oncology, geriatrics etc.).
3. Working to create a national network of nutrition therapists.
4. Working with food industry to improve diet for health not just preventing Disease Related Malnutrition.
5. Raising awareness around improving diet overall with public.

Goals and KPIs:

- To meet WHO nutrition goals – thereby reducing the burden of preventable nutrition related problems.
- To avoid complications and premature deaths related to nutrition.
- To achieve universal access to affordable, balanced healthy food for all citizens.

Denmark

Jens Krondrup

Key Points:

- Have had national mandatory screening of patients in hospitals since 2003 (from National Board of Health)
- Have myriad guidelines on nutrition in all sectors
- Have passed accreditation, both international and national.
- No data – either for screening or adequacy of intake
- Very little change in patients' well-being, despite efforts.

Current activities:

- Looking for possible solutions to improve patient/citizen well-being.
- May be more effective with wider backing so have invited more groups to join as stakeholders including:

- Food Council and Danish Diet and Nutrition Association as well as Danish PEN
- Dane Age association
- Danish cancer Society
- Meat and dairy councils
- National Institute of Food (University)
- Industry Groups
- Copenhagen House of Food (working for public meals)
- National Board of Health

Next steps:

1. Build on stakeholder group
2. Recommendations for parliament to be delivered to Ministry of Health Nov/Dec 2015
   - Should be national goals for DRM and systematic screening, Central reporting of data.
   - Parents have a right to have DRM treated within a specific time frame defined for each sector
   - Financial encouragement for those who perform well. The financial benefits of nutrition support should be for those actually doing the job (nurses, carers, managers)
   - Danish legislation on public health must include food and nutrition
   - Appropriate meals for patients and OP (more individualized solutions)
   - Information campaign

France

Agathe Raynaud

Key Points:

- Dashboard has changed little in last year.
- No problems for guidelines or reimbursement.
- Very low public awareness.
- Poor economic data.

Current Activities:

- Preliminary report on 53 hospitals with Transversal Nutrition Units identified so far. Mostly big (>500 beds) and linked to university or similar

Goals/Key Performance Indicators:

- To implement Transversal Nutrition Unit in every hospital in France
- Screen for Malnutrition in every hospitalised patient
- Record diagnosis for hospital, follow up on discharge
- Use hospital as filter to analyse nutrition status in the community tool

Next steps:

- To complete current study.
- Identify benefits costs and difficulties of Transversal Nutrition Units,
- Would like to have teams mandatory in hospitals as they are in Belgium.
- To get patient associations involved and get their support.
- Develop funding opportunities.

Germany

Johann Ockenga

Key Points:

- Need to do work on reimbursement and role of nutrition in medical care.
- Brussels was a good starting point

Current activities:

1. Working with other medical disciplines.
2. Developing core pathways documents and guidelines.
3. Engaging debate on how to code malnutrition in reimbursement system, which raised awareness and aim to develop further.
4. Inclusion of nutritional assessment tools in quality management systems.
5. Documentation of nutrition care in hospitals and private practise.
6. Implementation of clinical nutrition in education (physicians, nurses etc.).
7. Engaging more partners and stakeholders.
8. Co-ordinated PR activities.

Achievements:

1. Have defined adequate nutritional care in nurseries.
2. Defined adequate nutrition in health care and have courses in both these.
3. Education for physicians.
4. Successful proposal to have clinical nutrition named a medical specialism.
5. Start-up funding from societies.

Next steps:

- Establish an independent transparent platform that can apply for funding – legal structure e.g. foundation (public trust).
- Build up a basic continuous structure with adequate man power and resources
- Improve contacts and engage Ministry of Health.
- Generate data on national health economy in nutrition.
- Apply for public funds to continue work.

Israel

Pierre Singer

Key Points:

- Strong stakeholder groups who are fully engaged in process.
- Need to work on economic data.
- Need to improve screening, assessment, treatment, monitoring, increase awareness, education and support for the issue.
- Working on guidelines – have screening and in hospital and CH but need to work on other aspects.

Achievements:

1. Leadership and partnership with Ministry of Health
2. Nutrition Day
3. Charter signed as stakeholder group, Ministry of Health , patients and industry
4. Working groups established – hospitals, community, public awareness, communications etc.
5. Have LLLs and some postgrad MDs established. All undergrad medical students have course on nutrition.
6. Using computerized systems to screen better
7. Computerised letters for discharge including nutrition status to GP, nurse or other hospital
8. Mandatory weighing for >75s
9. Ministry of Health is unblocking funds, so hope will have money in the next budget.

Goals and Key Performance Indicators:

- To develop a quality indicator system in hospitals; have approached Ministry of Health as they need to implement these.
- Need to be supported by training for frontline staff and management structures which ensure best practice.

Next steps:

- Teaching integrative programs for health professionals
- Develop a validated training course and intensive nutrition courses
- Gather cost effectiveness data
- ONCA in the city – patients discharged to with malnutrition rescreened at home by municipality social workers and supported with eating by volunteers if necessary (pilot).
- Aim to use the ND Pandora score to measure nutrition status (7 parameters)
- NESG program – LLLs for education – NESG program (ESPEN)
- Public awareness: have been inspired by the recent WHO declaration regarding red and processed meat.

Netherlands
Eva Leistra

Key points:
- Screening and quality indicators in hospitals. Screening in hospitals is mandatory – Dutch Healthcare inspectorate
- Have a national nutrition audit (LPZ/NPOZ)

Goals/Key Performance Indicators:
- Expand screening to other sectors e.g. nursing homes.
- Continue care after hospital discharge.
- Continuation and optimisation of hospital performance indicators.
- Develop LPZ 2.0 with more feedback to the participants and internationalisation
- Develop food coalitions.

Current activities:
- Collecting prevalence data through LPZ and national undernutrition screening survey (NPOZ).
- Enhancing implementation in all care settings especially continuing care.
- Installation of expert and project team
- Establishing DMG as a knowledge centre for health care professionals including scientific advisory board and 3 sections (acute/chronic disease).
- Developing optimal dietetic diagnostics.
- Food coalitions

Achievements:
- Establishment of LPZ(1998, malnutrition module in 2004)
- Dutch Malnutrition Steering Group established 2005
- Platform for Patients and Food established 2014
- Increased awareness by health care professionals and public.
- Guidelines and validated quick and easy screening tool for all settings.
- Implementations strategies for all settings.
- Malnutrition Mandatory quality indicator in health care in hospital setting.
- Malnutrition official indication for reimbursement in basic health insurance.
- Up to 80% screened in hospital setting, but still work to do on improving nutritional intake through treatment as this does not seem to be as successful.

Funding:
- Implementation projects are funded by Ministry of Health, The Netherlands Organisation for Health Research and Development (ZonMw), Fonds NUTS OHRA (insurance company.
- From industry (MNI) and from care organisations (through LPZ), however, no structural funding received on a European level.
- Exploring more structured Ministry of Health funding and crowd funding.

Next steps:
- Strengthen interaction in all care settings including health care professionals, older patients, family and care giver.
- Awareness campaign
- Update guidelines

Poland

Ewa Sobczak

Key Points:

- A few changes to the dashboard in the last year as progress has been made.

Achievements:

1. National Nutritional Plan is in progress
2. Nutrition is a mandatory course in education for medical professionals
3. Identified prevalence of ~25% through Polish Nutrition Day, found more than half of those identified received nutrition intervention (53%).
4. Keep fit programme with Polish Federation of Food Industry, established in secondary schools since 2006.

Goals/Key Performance Indicators:

- A growing need for a public campaign especially after working with patient groups as need to raise awareness and create a lobby group to work to change reimbursement policies.
- Growing demand for screening in the community – partnership with outpatients clinics, to screen with different tools and present at Polish Association of GPs with hope of bringing them on board and asking them to help develop guidelines for treating malnutrition in the community.

Achievements

- Co-operation with many medical societies
- Standards already exist for Nutrition in Oncology and already being used.
- Expanded offer of LLL courses, working on courses for hospital nutrition teams.
- Two big annual conferences POLSPEN (>600 participants) and Gdynia (>300 participants)
- Keep fit programme – v proud of and e.g. of good practice. Biggest patient program in Poland Public/private partnership, chief sanitary inspectorate and polish federation of
  Secondary schools since 2006 (13-15 yr. old) 8000 schools a year involved – 60%.

Goals

- Nutritional screening community

Slovenia

Key Points:

- Good guidelines for screening, intervention and discharge management in hospitals and care homes. Pilot project ongoing for community.
- Not much screening going on in care homes.
- Reimbursement only in hospitals.
- Education poor in medics and pharmacists, better in nurses, but not universal.
- Implementation - there is some good practice, but not universal or mandatory.
- No economic data

Current Activities:

- National plan: active participation in final development of the national programme
- Progress in educational activities
- Started to implement clinical nutrition educational process in medical schools
- Clinical nutrition in pregnancy text published (translation to English in progress)
- No available, current or planned research on the cost of malnutrition, would like this to be a goal.
- Pilot project for detecting malnutrition in primary care
- Implementation of official clinical pathway for malnutrition in hospitals
- Raising awareness

Goals/Key Performance Indicators:

The ultimate aim is for implementation to form a part of the strategy for the National Programme of Nutrition and Physical Activity.

Spain
Miguel Leon

Key Points:

- Progress has been made with regard to implementation of nutrition activities in hospitals, but there is still work to do in care homes and community.
- Spain is in a better position regarding reimbursement but many health care providers would state that there is room for improvement in this area as well.

Current activities:

Influenced by the political situation in Spain, namely the regional elections in June 2015 leading to13 new regional governments and the general elections to be held in December 2015.

Goals/Key Performance Indicators:

1. Increase awareness and visibility of Disease Related Malnutrition (DRM) among policymakers, health care professionals and society, including:
    a. Approval of national strategy from Ministry of Health and the regional governments.
    b. Implementation of regional registry of Disease Related Malnutrition as a quality indicator.
    c. Inclusion of screening in some hospitals.

2. Developing a national strategy to fight Disease Related Malnutrition linked to new fostering of regional strategies – specific projects in Madrid and Catalonia.

Achievements:

1. Public health – draft of a national strategy for the management of DRM co-ordinated from Ministry of Health, approval of non-law proposal in Parliament of Catalonia.
2. Implementation – pilot projects of an action plan against DRM in hospitals.
3. Communication – working with a PR company to raise awareness in the lay press and professional media.
4. Development of website to collect information about this issue

Funding – Abbott for +nutridos alliance

Next steps:

- Talks with Spanish Association for Standardisation and Certification to ensure uniformity in progress.
- Collect information/data on cost effectiveness of treatment of DRM (Ministry of Health have proven sceptical).
- Action plan on Disease Related Malnutrition in nursing homes.

Turkey

Key Points:
A range of meetings held including national ONCA meeting to give an idea of current situation and understand the problem of malnutrition in Turkey as well as spread the word of ONCA nationally.

Achievements:

1. In 2014, aimed to have 30 hospitals with nutritional screening implemented, this has been achieved.
2. In 2014, aimed to provide nutrition as a quality indicator of a hospitals (provided by audit authority) – achieved
3. Have increased the number of hospital beds with nutrition teams.
4. Public awareness – Press event and national press, public ad has been published in national TV and radio since May 2015.
5. All Ministry of Health departments been engaged in process (performance and management quality, union of state hospitals, public health, cancer etc.)
6. Have got mandatory screening in all hospitals, both public and private.
7. National paediatric screening project.

Next Steps:

- National Nutritional Day 2015 – meeting 65 participants from different hospitals and universities. A week long national nutrition day in November, regional meetings and public awareness. Goal is to obtain more than 100 000 data and invited all participants from KAPEN conference.
- KAPEN student congress – malnutrition to be a topic.

UK

Dr Ailsa Brotherton

Key Points:

- Publication of Guidance on Commissioning Excellent Nutrition and Hydration (2015-18).
- Publication of two new reports on care homes and self-screening by end of 2015
- Mapped what cancer services in the UK have done to understand success in this area and emulate. Learnt two things:
    - Didn't have a good government led strategy
    - Didn't have a good measurement system to help
- With a small amount of investment we can deliver our hospitals a significant saving.
- From discussions with NHS England, need to make it easier for commissioners to commission for patients in their local population.
- Currently need same impact of screening in hospitals on care homes. Hospital admissions show that sick patients are constantly readmitted, hence focus on care homes.
- Know nutritional care not good enough, lack access to dietitians and weighing can be a problem.

Current Activities:

1. Publication of reports end of November 2015.
2. Analysis: Have taken care home screening data. Looked at impact of care homes. Prevalence is higher than we would like and data has shown if admitted malnourished will lose weight, if admitted with healthy weight will gain weight.

Achievements:

1. Have developed a cost calculator to determine amount of cost avoidance would like to see. Can do more if can reduce malnutrition before come in door (pressure ulcers, falls etc.).
2. Support of NHS England and key government departments.
3. Self-screening project: Focus on prevention and currently don't have awareness want in community or with GPs. Worked with patient groups to develop self-screening. Website to launch in several weeks. Provided patients with website device and a community nutrition pathway (available to all GP practices and community settings).

Next Steps:

- Starting point has to be about how we are going to measure success and show hospitals/communities whether they are making a difference.
- Need to make sure good nutritional care is embedded. Pilots in UK and have good nutritional care embedded in care home policies.
- Planning on doing a significant piece of work with care homes.
- Working to train staff using areas that have nutrition embedded in policy as best practice guidance; includes referral pathways in areas of good practice. Want to ensure embedded through commissioning guidance.