The key aims of IrSPEN’s strategy were:

1. To establish malnutrition as a common, costly but preventable problem within the Irish healthcare system (urgently).
2. To build a ‘call to action’ for the implementation of a national strategy to ensure good nutritional care for patients, including care plans, nutritional quality standards, training and public awareness.
3. To take an active role in addressing deficits in nutrition education, policy and practice.

What makes this initiative innovative?

We have focused on achieving the most, in the shortest time frame, for the least outlay. Our strategy has been to leverage our relationships with medical, nutrition and international colleagues, to whom we owe much, to prioritise the development of a robust, local evidence-base to support our stakeholder engagement efforts, and extend our influence and reach through strategic alliances and partnerships.

Resources utilised

The majority of IrSPEN work has been done voluntarily. Funding for key activities has been generated by sponsorship from founding organisations, medical nutrition industry partners and conference membership fees, totalling less than €40,000 annually.

RESULTS - KEY ACHIEVEMENTS (2011 to 2013)

1. STRONG EVIDENCE BASE

- Developed robust prevalence data for hospital prevalence rates published in 2011/2012 as a basis for all communications and costing work.
- Published ‘Cost of Malnutrition in Ireland’ (in press) in association with top health economist, establishing annual costs at over €41.4bn or 15% of total health budget.
- Developed costing report of potential savings through implementation of national screening programmes, demonstrating annual savings of €25 billion and 28,000 acute in-patient bed days per year.
- Produced first report on malnutrition in Ireland, utilising the most up to date prevalence and costing data, collating the evidence in one place.
- Produced first report on HPN in Ireland highlighting major problems in sensor configuration and measuring, with detailed recommendations for a national model.

2. INCREASED AWARENESS

- IrSPEN has achieved extensive TV, radio and print presence, with opportunities to shine a headline of over 1,3 million (population 4.5 million) for its 2013 annual conference. Maximum impact was generated via health economic seminar with invited policy makers, highlighting the unaffordability of malnutrition to the Irish public finances.
- Successfully changed the nutrition agenda – from a ‘waste of money’ in 2010/2011 to the need for action on malnutrition in 2013.
- Use of website, newsletters, email marketing and media lists to communicate with membership and target audiences.

3. NUTRITION TRAINING FOR KEY SRP GROUPS NOW MANDATORY

- IrSPEN has delivered regular training modules in association with the RCPs since its inception and has now secured its module as a compulsory component of Specialist training for certain groups.
- Further discussions are taking place with the College of Surgeons (RICS) with a view to extending nutrition training modules.
- LL1 was launched by IrSPEN in March 2013, with the first five modules planned for late 2014, generating significant interest.

4. IMPLEMENTATION EFFORTS GAINING WIDE SUPPORT

2011: HSE confirmed its decision to reverse plans to cut reimbursement of DNS, accepting the use of follow-up as a more effective means of avoiding acidaemia.
2012: Compulsory nutrition screening with the ‘MUST’ introduced for nursing homes.
2013: Phase 1 screening programme introduced into Dublin Acute Teaching Hospitals.
2013: ‘Alliance’ established by IrSPEN with key patient advocacy groups, dietary partners (INDI) to develop a ‘call to action’.
2013: IrSPEN collaborate with ENHA and its partners patient organisations – ISGAP and IPA – in the development of the ‘CALL TO ACTION; EVERY PATIENT DESERVES GOOD NUTRITIONAL CARE’ with support from major local patient organisations, using Government adoption of key action steps.
2013: Agreement ‘in principle’ by senior health service executives and Government representatives to implement screening programme, subject to local planning and further discussions.

Next steps

IrSPEN focus for the next three years is (1) to have screening made compulsory in all hospitals, (2) to pilot a screening model for primary care settings, and (3) to drive the development and adoption of quality standards for the delivery of nutritional care across care settings. IrSPEN will work (4) to extend compulsory education to other SpRs and non-consultant hospital doctors, and (5) to drive major public awareness efforts via our patient advocacy group partners. However our major goal is to have full Government backing for the implementation of a national strategy for ensuring best practice nutritional care for all patients.

Background

The economic crisis in Ireland sparked unprecedented cuts in health spending (€3 billion in 3 years) including plans to remove oral nutrition support from reimbursement based on advice of the National Centre for Pharmacoeconomics. Dietetic staffing numbers were reduced whilst other AHPS increased, reflecting the low value placed on nutrition in healthcare delivery. Lack of local data on malnutrition coupled with low awareness amongst doctors and policy makers were identified as major challenges. In December 2010, IrSPEN was established to advance Ireland as a model of best practice in nutritional care and address deficits in education, policy and practice. In 30 months since its establishment, and with very limited resources, IrSPEN has advanced its efforts to integrate nutrition into healthcare by adopting a highly focused and pragmatic approach that other smaller countries can replicate.

Conclusions

Against unprecedented focus on spending cuts and growing negativity about the cost of medical nutrition, IrSPEN has managed to make rapid progress in its efforts to build a solid evidence base, increase malnutrition awareness, introduce nutrition training into post graduate medical education, and secure access to nutrition support for community patients. Lacking world renowned researchers in the field of medical nutrition in Ireland, IrSPEN has leveraged international influences to great effect, ‘borrowing’ their expertise and plugging into our media, whilst generating essential local data using adaptations of models developed by world class experts. This has supported our engagement efforts with policy makers and the media. In the last 2 years, IrSPEN has made significant progress in shifting the opinions of policy makers from perceiving nutrition support as a source of unnecessary cost, to a means of achieving net saving. While much remains to be done, we believe that our approach can be adapted and used by countries with little resource.

The initiative: To build a compelling case for implementation of a national strategy to fight malnutrition in an economic crisis and actively contribute to advancing Ireland as a model of ‘best practice’ nutritional care.