Nutrition Transfers of Care: Improving quality, safety, and efficiency across London

A recommended digital dataset for London

November 2024

Authors:

Sinéad Burke, AHP Information Officer, Lead CKD Dietitian Royal Free London NHS Foundation Trust
Jane Cunningham, Senior Dietitian, Royal Free London NHS Foundation Trust
Maria Eracli, Dietetics Advisor, North Central London ICB.
Rebecca Fisher, AHP Prescribing and Procurement Advisor, NHS London Procurement Partnership and Lead for Royal Free CAMHS Eating Disorders service
Vittoria Romano, Adult Nutrition Support Dietitian (Appropriate Prescribing Lead), Central London Community Healthcare NHS Foundation Trust

Endorsed By

NHS
London Procurement Partnership

The process of informing the Nutrition Transfer of Care Digital Dataset recommendations involved collating pre-existing interface documents (e.g. referral forms and standard prescription request letters). Development included robust engagement and consultation with wide multidisciplinary stakeholder representation from across London. Implementation of the standards remains the business of Trusts, ICBs and their local governance processes should be followed at all times.

The documents are intended for use as a comprehensive regional resource, to be adopted and adapted where relevant, using local governance processes for use. It must not be interpreted as a clinical guideline. Individual clinical recommendations and prescribing must be in strict accordance with current guidance.

[NHS LPP Nutrition and Hydration Prescribing Group]

Contents

Nutrition Transfers of Care:
improving quality, safety, and efficiency across London

Background

Why a recommended digital dataset for nutrition transfers of care?

In June 2023 the North Central London (NCL) Nutrition Consortium raised with the NHS London Procurement Partnership (NHS LPP) Nutrition and Hydration Prescribing Group, their ongoing concerns about quality, efficiency and experience when transferring dietetic patients across care settings, including requests for Oral Nutrition Supplements (ONS).

A brief survey was then sent to London Dietetic Managers forum (70 recipients representing a range of services from across London's healthcare economy). Responses confirmed that referring dietitians are frustrated by the need to copy large volumes of data from the patient record to populate referral forms, different in each borough. Triaging dietetic teams noted incomplete referral information necessary for efficient triage. Requests to GPs for ONS do not always include an appropriate rationale for their initiation, nor a plan to measure the efficacy of the intervention. They do not always follow local prescribing guidance. The NHS in England spent £207,266,115 on ONS (adult) in primary care (August 2023 to July 2024) (1). Having a structured transfer document enables accurate reporting on who is being discharged on ONS with the involvement of a dietetic review, which is integral to support improvements in practice.

Further to the concerns noted by clinicians, the national context and ambitions are clear. With 90% of NHS trusts now using electronic patient records (EPR), the focus is on the use of structured data and the provision of a single source of truth within a patient record, and in the sharing of information between care settings using Application Programming Interfaces (API) (2).

We established a task and finish group of dietitians working across Integrated Care System (ICS) care settings with London. The group sought to review and interpret how national ambitions to improve communication across care settings, such as the National Transfer of Care Initiative (3) and the Professional Records Standards Body (PRSB) Core Information Standard (4), could be applied to **Nutrition Transfer of Care** documents. The NHS LPP Nutrition and Hydration Prescribing Group have supported this process via a short life working group focusing on taking a Quality Improvement (QI) approach and delivery of project outcomes.

What is the Transfer of Care Initiative?

The transfer of care initiative combined standards with interoperability to achieve communication between one care setting and another, where this communication is generated from up-to-date information in the sender's IT system (e.g., a community or secondary care trust) to a receiver's NHS IT system (e.g., GP IT system) (3). The advantage to patients and clinicians is clear; the movement of information about the patient between services, enabling continuity of their care.

The initiative is best described as 3 layers:

Clinical Layer: Professional Standards

Terminology Layer: SNOMED CT

Technology or Representation Layer: FHIR (STU3)

When an NHS organisation is fully compliant in meeting the requirements of all 3 layers, it will only then be possible to push documents directly between the IT systems of different organisations.

This short life working group is focused on promoting dietetic services to adopt the first two layers, the clinical and terminology layers. The professional standards layer stipulates which data in which document or record; there is presently an Outpatient Letter standard (for letters to patient and GP), an Emergency Care discharge standard, and a Healthy Child record standard, a Wound Care standard - among many others. The long-term goal of the authors of this report, is to collaborate with the British Dietetic Association (BDA) on a professional standard for nutrition transfer of care that is endorsed by the PRSB.

Nationally, pilots are underway to push documents such as outpatient consultation letters and inpatient discharge letters directly into GP IT systems rather than being mailed/emailed. With these developments, we could achieve this for Nutrition Transfer of Care documents within the next few years.

Aims, Objectives and Key Decisions

What are the project Aims?

1. to improve the quality and efficiency of the nutrition transfer of care process at discharge, to help both clinicians referring on, and triaging or managing onward patient care.
2. To reduce unwarranted variation in the transfer of care documentation between secondary to primary care dietetics, and from dietetic services to GPs across London.
3. To prepare for a fully integrated transfer of care, by promoting adherence with the NHS Transfer of Care Initiative (Clinical and Terminology layer).
4. To improve the appropriateness of dietetic initiated ONS against ACBS criteria and local prescribing guidelines throughout London by clear standards of documentation.
5. To improve the quality of the data on ONS provided at discharge

What are the Objectives?

1. To agree a standard clinical information set for transfers of nutrition care (reflecting national documentation standards), including guidance on the adoption of Systematised Nomenclature of Medicine Clinical Terms (SNOMED CT) within digitally generated documents.
2. Transfer between secondary and community dietetic services:
   A) Transfer from secondary and community dietetic services to GP's (including recommendations to start, stop or continue ONS).
   B) Transfer between secondary and community dietetic services (in both directions).
3. Produce clear guidance for digital design and implementation.

What are the key decisions?

Adopt EPR generated transfers of care:

The task and finish group have agreed a significant enabler of improvement in the nutrition transfer of care process is to move away from manually populated documents which are created outside of the patient record; for example, pasting data from an EPR into a word document. The principle of producing a transfer of care document within the patients EPR aligns with the national vision and supports the use of structured data as the single source of truth to populate communication wherever possible.

Promoting the digitally enabled documentation of the Nutrition and Dietetic Diagnosis (NDD) as well as other relevant diagnoses:

These standards support the BDA's ambition to support clinical care with a coded nutrition and dietetic diagnosis within every digital record/ transfer of care document. The most useful approach to this will be to build labelled fields into the dietetic section (or equivalent) of your EPR which can be migrated into a transfer document. Many relevant diagnoses, such as malnutrition diagnosis or faltering growth are found in the SNOMED CT dictionary of terms (6), and we have described how to use this structured language in a separate document "An Implementation Guide to Nutrition Transfers of Care".

Recommend inclusion of demographic details where shared care agreements do not exist:

The group have decided to include demographic data usually found in GP records when communicating with dietetic teams, due to the current limitations of the Health Information Exchange (HIE), and the limited number of shared care agreements between community healthcare teams and Primary Care (GP surgeries). This increases the ease of access to patients by the community dietetic teams, who often have no access to the patient's Primary Care records. Where teams are corresponding with Primary Care, they can refer to the Outpatient Information Standard for advice on which demographic information should be included when communicating with Primary Care and patient (7).

Stakeholder engagement and consultation

How did we engage with stakeholders?

Dietetic teams were approached via the London region Dietetic Managers meeting, and via known digitally motivated dietetic professionals. An Allied Health Professions Information Officer (AHPIO) was engaged to support the project. We are grateful to the interest, support and necessary challenge provided by all members of the task and finish group, who have produced these recommendations over a period of engagement events between July and December 2023, and subsequent decisions made throughout a period of stakeholder consultation (February to April 2024).

We have discussed our work with the Department of Health Advisory Committee Borderline Substances (ACBS), to seek counsel on the aspect of prescribed nutrition support in these documents. The impact of evolving policy on the prescribing of ONS will be considered and integrated into this work as it becomes necessary.

The BDA have kindly shared their learning from their national work to improve available resources for optimising digital dietetic records. Our work is complementary, and we will continue to liaise with our BDA colleagues to consider the future of a national approach to supporting digitally enabled dietetic transfers of care.

We are also seeking advice from the PRSB to support a national approach to this work.

What did the consultation look like?

This consultation commenced on the 29th of February and completed after an extension on April 20th, 2024. Departmental responses were requested where possible, and this was done via MS Forms.

The consultation aimed to:

- Hear any comments on the proposed standards that health care professionals wanted to be considered/reviewed for the final recommendations.
- Ensure health care professionals understood any implementation suggestions or concerns.

We had responses from 13 separate NHS Trusts across London, including secondary, community and mental health trusts. We have also had additional feedback from individual primary care clinicians, and a medicines optimisation team.

How did we review and integrate feedback from the consultation?

Following the consultation period, the authors reviewed all feedback and noted an outcome for each item: accepted or rejected. This document is available on request by emailing sinead.burke@nhs.net.

The most rejected feedback was the requests we had to exclude certain fields from the digital design: e.g., HCPC registration, band of referring clinician, contact email address. These details are a key part of the Outpatient and discharge letter information standards, and both NHS organisations and EPR's are already moving to adopt them. Any decisions made to produce documents against these recommendations limits the potential for full integration in the future.

There was significant support for promoting a more structured format specifically for requests for ONS (including dosing information, date for review and ACBS criteria for prescription), which has been incorporated into the final digital data set. We would also suggest that locally, design decisions to make this information easier to review in primary care can be taken and suggest an ICS wide approach for achieving consistency.

There was useful feedback on being more explicit if the sender has planned or is requesting follow up (and by whom) and ensure it is clear if a prescription for ONS has been requested, which we have also addressed in our final publication.

Finally, consultees suggested they would like to use this approach in paediatric settings, and to reference the required measurement applicable to this patient group.

Implementation

What now?

We will be:

- Taking forward some early adopter organisations with a QI approach and outcome measurements to evidence success, challenges, and any solutions.
- Scaling our approach over multiple trusts in London who use the same EPR providers, to avoid duplication of efforts.

- Utilising AHP, nursing, pharmacy or medical information officers in local trusts to support the implementation of the standards within the existing functionality.
- Promoting access to the Health Information Exchange (HIE) or "London Care Record" (8) as standard practice to enable further streamlining of nutrition transfer of care documents.
- Liaison with the BDA to consider opportunities to integrate the nutrition transfer of care within the BDA Toolkit for Digital Dietetic Records (9).

Is this mandatory?

In short, no. The authority to mandate professional and terminology standards only sits with NHSE and is being supported by the Transformation directorate, which NHS Digital has been incorporated with.

Standards for OP letters and discharge summaries, however, **have** been mandated. Dietetic record keeping will be left behind if we don't apply the same rigor to any of our digital letter/transfer design. If we can demonstrate that we adhere to these standards, we will be considered for full integrated transfers of care. Moving away from externally populated documents for referring or transferring our patients is a critical step toward this.

These recommendations will support your transfer of care to be digitised from the patient record, to comply with SNOMED CT and existing professional standards layers, and enable you to be included as your organisation moves to direct EPR to EPR communication.

How can I interpret and use the recommendations?

In addition to this document, we have produced the standards document (Nutrition Transfer of Care Digital Dataset) and several sample correspondence documents.

A key to success in standardising nutrition transfer of care will be working with all organisations in your ICS. A shared approach will ensure that both the sending and receiving organisations (particularly when considering referral between acute and community teams) agree on the content and structure of the documents.

We will be delivering a London wide webinar, in November 2024. This will aim to provide a practical understanding of how you can implement the recommended digital standards within your organisation, or ICS.

References, Glossary and Acknowledgments

References and useful reading

(1) https://openprescribing.net/
(2) https://digital.nhs.uk/services/transfer-of-care-initiative/apis
(3) https://digital.nhs.uk/services/transfer-of-care-initiative
(4) PRSB Core Information Standard V2 (2021)
(5) https://theprsb.org/standards/
(6) https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct
(7) https://theprsb.org/standards/outpatientletterstandard/
(8) https://www.onelondon.online/london-care-record/
(9) https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/digital-practice.html

For more information:

HL7 FHIR
https://www.hl7.org/fhir/stu3/
SNOMED International, What is SNOMEDT CT
https://www.snomed.org/what-is-snomed-ct
A plan for digital health and social care: a Policy Paper (NHSE, 2022)
https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital- health-and-social-care

Glossary

ACBS: Advisory Committee on Borderline Substances. The ACBS is responsible for advising on the prescribing and use of borderline substances in NHS primary care and the community.

EPR: Electronic Patient Record. The main EPR's in use in London NHS organisations are EMIS, Epic, Oracle Cerner, Rio, System C and SystmOne.

FHIR/STU3: The Fast Healthcare Interoperability Resources are the standards that will dictate how information is transferred from one care setting to another. A healthcare standards organisation, Health Level 7 International (HL7) have published these standards, hence you will sometimes see them referred to as HL7 FHIR standards. STU3 refers to this being the third standard release.

Free text data: A source of unstructured data in the health record. It can offer rich and detailed information to enhance the patient record, but currently poses challenges due to the lack of understanding in how to extract and analyse this data.

HIE: Health Information Exchange. This is the platform which is utilised by the London Care Record (One London) to enable health and social care organisations to view important data about a patient, including diagnosis list, medicines, recent results and discharge and outpatient letters. Not all organisations are signed up to both view and share data in the record yet.

PRSB: Professional Records Standards Body. This is a community interest organisation supporting the development of health and care records. The BDA have endorsed the core information standard referred to during this document.

SNOMED-CT: Systematised Nomenclature of Medicine - Clinical Terms. This is the structured language for use in health records; it is an international standard published by SNOMED international providing a global common language for health terms.

Structured data: this is data in a standardised, predefined format for efficient access and analysis. Data types are discrete e.g., dates, numbers, specific strings of characters. It is found in fixed fields and can be analysed more easily.

NHS Digital: NHS Digital uses information and technology to improve health and care.

Acknowledgments

The authors would like to acknowledge the considerable amount of time contributed by members of the task and finish group, spanning organisations across secondary, community and primary care settings.

With thanks to the BDA, who we have liaised with during the stakeholder meetings and consultation.

Additional thanks to the organisations providing stakeholder feedback and London Dietetic Managers for supporting this work to date.

Associated Documents

Nutrition Transfers of Care: A recommended digital dataset for London (November 2024).

Sample Nutrition Transfer of Care between dietetic services (November 2024).

Sample Request for ONS Prescription (November 2024).