



**Putting nutrition at
the heart of patient care**

About BSNA

The British Specialist Nutrition Association (BSNA) is the voice of the specialist nutrition industry in the UK. We are a trade association representing manufacturers of high quality foods designed to meet the needs of people with very special nutritional requirements, contributing a total of £2bn to the UK economy. Our members produce infant formula, follow-on formula, young child formula, complementary weaning foods, gluten-free foods, parenteral nutrition and medical foods (for diagnosed disorders and medical conditions).

People who use our specialist nutrition products have different nutritional needs from the general population; they are typically vulnerable groups who may require specialist care from healthcare professionals. Specialist nutrition products are developed on the basis of ongoing research, are supported by a foundation of scientific data, and are highly regulated. Specialist nutrition can be used in hospitals, nursing homes, and in the community.

The specialist nutrition industry helps people to be healthy, survive and thrive at every stage of their lives.

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Living well, managing poor health effectively, supporting recovery



Specialist nutrition plays a vital role in managing a wide range of conditions, ensuring positive health outcomes for patients across the UK.

Given the important role that specialist nutrition plays in the lives of these different groups, it is also important that the industry

can continue to operate in a safe, competitive and sustainable way at local, national and international level.

BSNA members ensure the development and delivery of specially formulated and high-quality products which cover the specific nutritional needs of often vulnerable adults, with a disease, disorder or medical condition who are temporarily or permanently unable to achieve an adequate nutritional intake from normal foods or through modifying their normal diet.

Good nutrition during early life plays a key role in determining lifelong health and BSNA

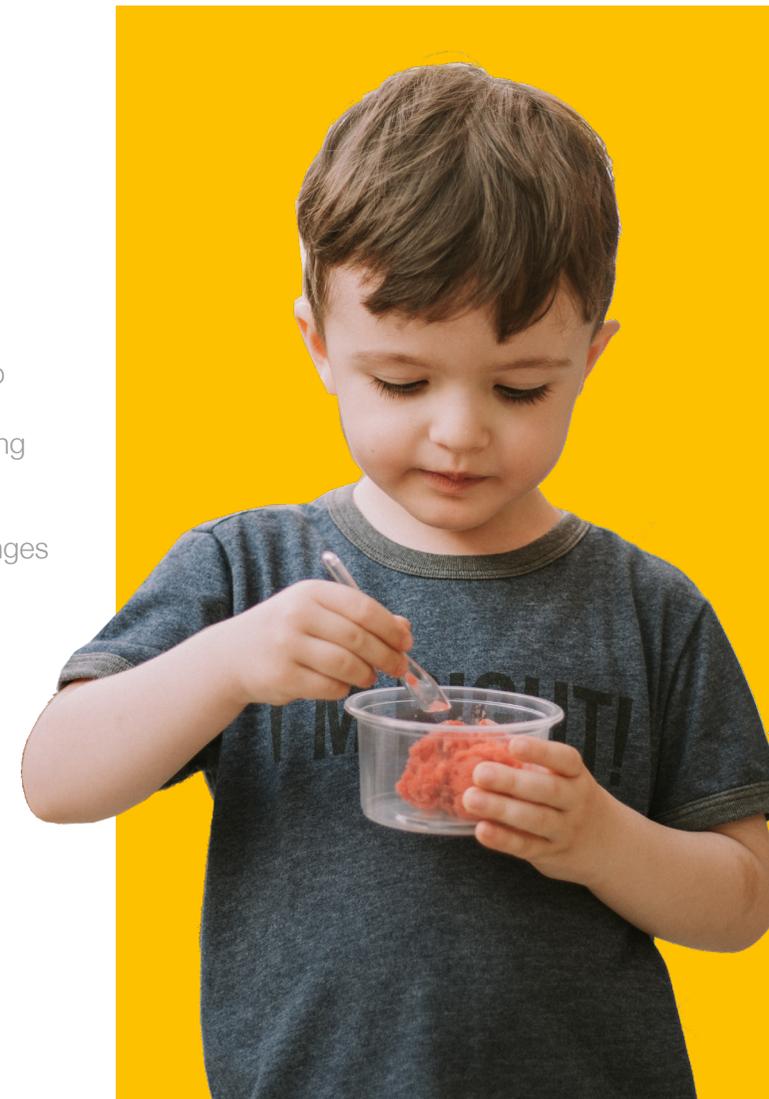
members take great care when creating products specifically designed for infants and young children. Our members seek to work collaboratively with Government so that parents are confident in the positive contribution these products make to the nourishment of infants and young children.

There is a real opportunity for the next Government to maximise the value of specialist nutrition in providing good care to patients suffering from serious conditions across the NHS and social care, by providing greater leadership in nutritional care across commissioning of health and care services. This manifesto sets out the necessary changes that need to be made for that to happen.

A handwritten signature in black ink that reads "Declan O'Brien". The signature is written in a cursive, flowing style.

Declan O'Brien

Director-General,
British Specialist Nutrition Association





Prevention and early intervention

With an ageing society and people living with multiple complex conditions, it is right that health bodies like NHS England and Public Health England focus more than ever on prevention not just cure. BSNA members also believe that the public health system should enable people to manage their health earlier and more effectively.

Affecting at least 3 million people in the UK¹, the cost of malnutrition to the health and social care system is estimated to be almost £23.5 billion per year in the UK.² The number of adults being admitted to hospital with malnutrition has more than doubled in the last decade³ and one in three people in care homes and one in ten visiting their GP are at risk of malnutrition.⁴ People who are malnourished are almost 4 times more likely to be frail and up to 64% of frail elderly adults are malnourished.⁵

BSNA's 'Forgotten Not Fixed: A Blueprint to Tackle the Increasing Burden of Malnutrition in England' report published in 2018, shows that more than half of hospital trusts in England may be reporting malnutrition rates that appear to be below national estimates.⁶

Yet malnutrition can be prevented or effectively managed, and when it accompanies a serious illness like cancer, highly specialised

support is required. For example, 2,600 patients are receiving home parenteral (intravenous) nutrition and 47,000 are on home enteral (tube feed) nutrition⁷ often provided by our members and their nursing services. Reduced GP visits, due to increased use of oral nutritional supplements (ONS) and enteral feeding, could save the NHS £3.9 million with the resulting reduced use of wider healthcare resources providing a potential saving of £101.8 million per year.⁸

Policy Recommendations

Government and NHS England to appoint a National Clinical Director for Nutrition to ensure the effective coordination of such policies across NHS and social care settings and that this should be included in ministerial responsibilities

All newly established Integrated Care Systems (ICSs) to appoint a clinical lead for nutrition and fully embed nutritional support pathways in the care they provide.

ICSs to improve the assessment and identification of patients at risk of malnutrition (specifically referring to undernutrition) and ensure appropriate management, including the use of medical foods where appropriate.

A review of procurement procedures should be completed to ensure the sustainable supply of products essential to maintaining the health of patients in need of specialist nutritional care in all settings.



Living well with coeliac disease

Coeliac disease is a serious medical condition. A gluten free diet is the only treatment for coeliac disease. The use of prescription staple gluten-free products has been used to support strict adherence to a gluten-free diet. However, there is considerable variation in care of patients with coeliac disease across the country.

Department of Health and Social Care guidance highlights that there should be access to staple gluten-free foods for all patients with clinically diagnosed coeliac disease. In particular, this includes those on low incomes, those where more than one member of a family is affected, or those with limited mobility.

Despite a growth in the number of gluten-free products over the last few years, the availability of these products in supermarkets can

still be lacking and wildly variable. There is evidence that reducing access to products on prescription can have a negative impact on coeliac patients' ability to manage their own condition, leading to health inequalities and increasing the risk of serious health impacts in years to come. Promoting adherence to a gluten free diet by following the appropriate prescribing guidelines can help to reduce the demand on health services over the long term.

Policy Recommendations

Relevant clinical bodies across the UK to promote access to gluten-free products in line with current prescribing guidance.⁹



Supporting the best nutrition for the healthy development of UK babies and toddlers

The first 1000 days of life are the most pivotal point for the development of a child and nutrition plays a vital role in determining lifelong health.

BSNA recognises breastfeeding is the best way to feed an infant and is important for both mother and baby's health and wellbeing. Our members fully endorse initiatives to increase the rates of breastfeeding in the UK and acknowledge the importance of, and commit to, the principles and aims of the World Health Organisation (WHO) Code, as implemented through national legislation. However, when a mother cannot, or chooses not to breastfeed, bottle feeding with a scientifically developed formula milk is the only suitable and safe alternative.

BSNA members believe that parents should be respected and supported in their decision on how to feed their baby.

Commercial baby foods have been designed to offer parents a healthy alternative to general foods when feeding infants. While the majority of commercial baby foods contain no added sugar or salt, companies continue to work with PHE on their reformulation programme to reduce sugar content and to ensure the labelling of products enables parents to make informed choices.

Commercial baby foods represent a low proportion of both infants' diets and their daily total sugar intake. Parents do, and will continue to, look for convenient solutions to help feed their baby as part of a wider balanced diet.

Formula milk and baby food products are highly regulated to ensure the quality, safety and appropriate communication of products. It is important that legislation and policy development continues to be based on the best available scientific research. BSNA members seek to work collaboratively with Government and PHE, so that parents are confident in the industry's contribution to a healthy start in life for infants and young children.

Policy Recommendations

Government to take a 'whole diet' approach to childhood obesity, recognising the positive role commercial baby foods can provide in the nourishment of children

Government to reinstate the Diet and Nutrition Survey of Infants and Young Children (DNSIYC) to ensure there is representative data on the diets of infants and young children in the UK so that recommendations are evidence based and their impact can be evaluated

Public Health England to work with companies on developing evidence-based policies to support the best start in life for infants and children.





Brexit

BSNA members have invested significant resource to ensure that necessary additional stock is held in the UK during 2019 to ensure continuity of supply to NHS services and patients and are committed to doing so again as required in 2020.

In case of a no deal outcome, companies have worked with Government to secure access to rapid transport to ensure that vital supplies of parenteral nutrition, medical foods and infant formula would continue.

Policy Recommendations

Tariffs set to be kept at zero including in any future trade negotiations to avoid additional costs on the NHS and parents of young children.

Future regulatory arrangements to support industry as it trades across the Europe, and future customs declarations between Great Britain and Northern Ireland to be minimised to protect the vital access to specialist nutritional products for patients across the UK.

- 1 Elia, M 2015, The cost of malnutrition in England and potential cost savings from nutritional interventions and Stratton, R, Smith, T, Gabe, S, 2018, Managing malnutrition to improve lives and save money.
- 2 Elia, M 2015, The cost of malnutrition in England and potential cost savings from nutritional interventions and Stratton, R, Smith, T, Gabe, S, 2018, Managing malnutrition to improve lives and save money.
- 3 House of Commons, Written Answer, 280427 05 August 2019.
- 4 Elia, M 2015, The cost of malnutrition in England and potential cost savings from nutritional interventions.
- 5 Bollwein J, Volkert D, Diekmann R, et al. Nutritional status according to the mini nutritional assessment (MNA®) and frailty in community dwelling older persons: a close relationship. Journal of Nutrition, Health and Aging. 2013;17 (4);351-356.
- 6 BSNA, Forgotten not Fixed: A Blueprint to Tackle the Increasing Burden of Malnutrition in England, 2018, <https://bsna.co.uk/uploads/knowledge-hub/FINAL-Malnutrition-Map-20-February-2018.docx.pdf>.
- 7 Figures collated by BSNA from commercial information provided by manufacturers, 2019.
- 8 Elia, M, 2015, The cost of malnutrition in England and potential cost savings from nutritional interventions and Stratton, R, Smith, T and Gabe, S, 2018, Managing malnutrition to improve lives and save money.
- 9 Current guidance applies to Clinical Commissioning Groups in England, the Health and Social Care Board in Northern Ireland, Local Health Boards in Wales and Regional Health Boards in Scotland.

