



Report of the 5th Optimal Nutritional Care for All Conference

12 & 13 November 2018
Sintra, Portugal

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ENHA Secretary

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Executive summary

Our vision: a world with optimal nutritional care for all

‘Every citizen needs good nutrition and if 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 citizen through enhanced nutritional screening.

Now in its fifth year, the ONCA conference is organised and run by the European Nutrition for Health Alliance (ENHA), with the fifth conference held in Sintra, Portugal from 12 – 13 November 2018.

The conference was hosted by the Portuguese delegation and chaired by Professor Olle Ljungqvist (ENHA Co-Chair, ESPEN representative) and Professor Anne de Looy (President of the European Federation of the Associations of Dietitians, ENHA Trustee). Over 150 delegates representing 18 countries attended the conference.



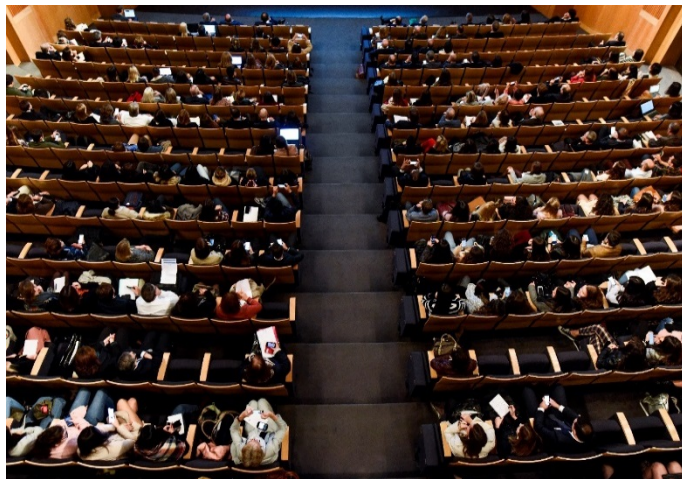
Speakers included patient group representatives, members of professional organisations, government representatives, industry stakeholders, as well as Portuguese members of the national and European Parliament and MPs. Conference chair, Anne de Looy commented: “The support from MEPs and members of Parliament here at the conference gives us great courage”



Plenary sessions focused on nutrition policy on both national and European levels, the prevalence of malnutrition in Portugal, new innovative approaches to nutritional care and patient empowerment, the centrality of the patient in shared decision-making and the translation of knowledge into real-life and policy impact amongst others.

In addition to the main plenary sessions, the ONCA conference featured a number of break-out sessions dedicated to different topics, running concurrently throughout the conference. The purpose of the sessions was to consolidate the many different perspectives included in the conference delegations to further the shared campaign objectives. As such, breakout sessions included discussions on:

- The prevalence of malnutrition in the community
- Patient versions of clinical nutrition guidelines
- Building Bridges from knowledge to impact
- Key issues for patient associations delegates
- Key issues for professional societies & government delegates
- Key issues for industry delegates



Moreover, for the first year, the conference featured an opening ceremony on the first day, which was open to non-ONCA delegates and attracted 300 additional Portuguese delegates. The ceremony served the purpose of involving a broader audience in the campaign and showcasing the successes of the Portuguese delegation to national authorities and stakeholders.

The ONCA conference in Sintra was a catalyst for change in the Portuguese region. The Portuguese hosts were able to effect a paradigm shift in national policymaking. Indeed, in the run-up to the conference, in cooperation with the Council of Sintra, the Portuguese delegation enabled the support of outpatient support and support of patient associations on a national level. Mayor of Sintra, Basílio Horta said he welcomed the cooperation with ONCA and APNEP to help deliver positive policy outcomes and to promote deepened international cooperation.



The conference gained a great deal of media attention. Indeed, on the second conference day, the Portuguese hosts handed out copies of the Portuguese national newspaper Público, which included a four-page feature on the conference content and campaign. The Portuguese delegation demonstrated a great example of how the ONCA campaign can be mobilised on a national level to effect change and progress national policy objectives. The newspaper feature can be viewed on the website [here](#).



The full conference agenda and delegate list can be found in the appendix. Presentations from the conference are available to view and download from the Conference page of the website [here](#).

ONCA Mission

The ONCA campaign provides an opportunity for countries working on developing optimal nutritional strategies 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 the development of Key Performance Indicators
- Connect to national governments and European Organisations
- Tailor communications
- Engage and involve National Industry Groups

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, Slovenia, Spain and Turkey. A further five countries joined in 2015: Belgium, the Czech Republic, Denmark, Netherlands and the UK. Ireland, Italy and Sweden joined in 2016, and membership is currently being considered for a further two countries in 2019.

Working with Patient Groups

ONCA 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. A number of patient associations and representatives were present at the conference to facilitate improved communication across the care pathway and to provide the vital patient perspective to the development of national nutritional care strategy and plans.



Monday, 12 November 2018

Welcome

The 5th annual Optimal Nutritional Care for All conference in Sintra, Portugal was opened by Anne de Looy, who welcomed ONCA delegates and Portuguese attendees of the opening ceremony. She described the vision of the campaign to create a world where every patient who is undernourished or prone to malnutrition is screened.



“Malnutrition is everyone’s business.

ONCA is a campaign that builds on and accelerates best practices. We have become very much a family of professionals coming together. Let’s be the generation that turns the vision into a reality.”

Key note addresses



In his presentation “Why ONCA?”, Olle Ljungqvist highlighted the unique position of the ONCA campaign due to its great reach across 18 European member countries. Beyond its role as an international campaign, driven by policymakers and professional organisations, ONCA moreover provided the necessary depth by bridging the often-experienced gap between patients and healthcare providers, he argued, thus bringing all

stakeholders across the nutritional care pathway together. Shared decision-making and

meaningful patient involvement were key in improving nutritional care treatment and outcomes, he stated.

Olle argued that more access to nutritional care was needed across the patient base, as malnutrition formed a very important part of acute and chronic disease. Malnutrition and its consequences are highly costly for health systems across the European area. In order to effect lasting change, there was a need for data-driven research, he argued. Olle reported on the ERAS project (Enhanced Results After Surgery) and highlighted the importance of training and audit in effective nutritional care provision and improvement.

Next, ONCA delegates heard from Katie Gallagher from the European Patients Federation who pledged that it was a public policy priority to raise health literacy and awareness of the role of nutrition in the management of long-term conditions among patients and decisionmakers. In order to achieve this, Katie argued, it was vital to coordinate the patient perspective to meaningfully involve them in the process.



To this purpose, EPF are launching a paper in collaboration with ESPEN which provides lay versions of patient guidelines in accessible format to facilitate stronger patient involvement in nutritional care. In the creation of these guidelines, a great focus has been on patient input, in order to make the guidelines as accessible and adapted to the patients' needs as possible.



Discussing the value of nutritional care for European citizens and EU support, Portuguese MEP Sofia Ribeiro underlined the role of the EU as a social actor, outlining the contributions the EU has made to nutritional care provision. Sofia Ribeiro argued that the EU was instrumental in aiding EU member states achieve shared objectives in nutritional care and prevention standards. Moreover, the

EU's "from farm to fork" food safety policy provides a guaranteed baseline of nutritional standards throughout the European region. She highlighted the EU-wide School Fruit, Vegetable and Milk schemes to encourage healthier eating from a young age, as well as the

New Alliance for Food Security and Nutrition, which seeks to introduce higher nutritional standards on an international level.

José Inácio Faria, Portuguese MEP and member of the EPP group on environment, public health and food safety, highlighted that effective nutritional care was paramount given the increase in comorbidities resulting from ageing population trends. In order to enhance physical activity, diets and health across the life course, the EU has implemented regulation to make nutritional information available

on all packaging, whilst limiting the advertisement of unhealthy foods. While progress has been made, Faria argued that stricter measures needed to be put in place to ensure better health outcomes.



“Healthy food should be made available and affordable for all.”



Welcome to Opening Ceremony

Following the keynote addresses, Basílio Horta, mayor of the city of Sintra welcomed delegates to the conference. “The health and wellbeing of our citizens is the priority for Sintra government. We are looking to increase accessibility to healthcare – both primary and secondary, as well as ensuring better commitment to labelling in the food industry.”

He argued that “Sintra wants to assert itself as an inclusive and developed municipality in the region.” To this end, the mayor reported that the local government had negotiated for the construction of five new healthcare centres and a hospital, as well as for the development of a plenary health plan with the Ministry of Health. Basílio Horta welcomed the cooperation with ONCA and APNEP and was looking forward to the high-quality content of the conference to promote international cooperation in the campaign for optimal nutritional care for all.

Next, ONCA delegates were welcomed by Aníbal Marinho, president of APNEP and chair of the Portuguese organising committee, who reported on the work of APNEP, one of the largest healthcare societies in Portugal with more than 2,000 conference participants each year. Aníbal thanked the ONCA campaign for helping the organisation receive government backing for outpatient support and support of patient associations on a national level. He added that APNEP had been able to take advantage of the 2018 conference to optimise nutritional support for the local population by enabling nutritional screening, for adults and pediatrics, in all public hospitals.



ONCA Campaign in Portugal

Discussing nutritional care outcomes in Portugal, Céu Machado from the government health agency Infarmed discussed that despite growing awareness campaigns, obesity remained to be on the increase, “threatening a medical emergency”. Rates of obesity of 20- to 40-year-olds had doubled between 1992 and 2002, she stated. Meanwhile, undernutrition

was also rising, accounting for 35% of deaths of the under-40 population. OECD data revealed that family spending on fruit and vegetables had significantly decreased during the last financial crisis. Malnutrition presents a real challenge, Machado argued, one which government should make a policy priority. “Health is the basis to the capacity to handle the physical and emotional challenges throughout everyday life”.

Paula Castelões, Royal College of Physicians, argued that “malnutrition is a current and pertinent matter for public health”. In order to alleviate the problems associated with malnutrition, she pledged for the creation of more working groups to ensure quality care for patients.





Finally, António Sales, member of the Portuguese Parliament, argued for the importance of an integrated care model in Portugal.

“Today we live in a free, open Europe – a Europe which can be proud of its cultural diversity, its commitment to defining citizens’ rights and common values.”

“If the EU wants to be a project that is fully alive again, it needs to demonstrate its ability to solve problems that are important to its citizens.”

Due to its links to increases in morbidity and hospital stays, policymakers needed to act on undernutrition and malnutrition imminently, argued António Sales. Access model to medical nutrition (both parenteral and enteral) for the community should be defined and implemented soon, he concluded.

Following the lunch break, Olle Ljungqvist reflected on the high quality of speakers during the morning session. He expressed his delight at the fact that politicians and decisionmakers at all levels were sharing the same message, reflecting the goal of ONCA to appeal to people across the care pathway to align their work to fulfil the vision of the campaign.



National challenges and development

Jorge Falcato, on the European Health Committee started off the next session, in which he discussed the presence of growing inequalities in the Portuguese healthcare system. “Almost 2 million treatments didn’t occur in the last year due to people’s inability to cover healthcare fees. 43.5% of elderly people in Portugal living in care homes are malnourished.”

He argued that more needed to be done to combat the unequal health outcomes resulting from wealth discrepancies and malnutrition.



Ricardo Marinho further reported on the prevalence of malnutrition in Portugal. He presented his research findings from the Portuguese ANUMEDI study which revealed that 56% of patients were in moderate or suspected malnutrition with 17% severely malnourished. As such, 73% of all patients fell under the umbrella of malnourishment. The research moreover strongly correlated malnutrition with illiteracy and recent

hospital admissions. As such, he argued that socioeconomic factors were strong determinants of malnutrition, which were further exacerbated as a result of poor nutritional care.

Pathways to tackling malnutrition

Marek Lichota, representing the Polish patient organisation, discussed the importance of empowered patient involvement in nutritional care. He highlighted that the nutrition team not only consisted of physicians, nurses, dieticians and pharmacists but also the patient – a component far too often overlooked.



Meaningful patient engagement was key, he argued, to not only enhance the patient experience, but to contribute to the optimisation of care. In order to facilitate patient empowerment, the provision of the right information at the right time, health literacy, digital literacy and mutual respect to facilitate shared decision-making, were key.

He presented his initiative, “Appetite for Life” as an example of meaningful patient engagement and empowerment to showcase the benefits of an inclusive approach.



Next, delegates heard from Harriët Jager-Wittenaar, representing EFAD, who presented on good practices for effective nutritional screening and early malnutrition diagnosis. She argued that tackling malnutrition needed to be an interdisciplinary effort. Moreover, screening should not be the end goal, but rather the first step in the nutritional care process within a consistent feedback loop of evaluation. She also argued that in order to

provide accessibility for all, malnutrition screening and assessment required validated, translated and cross-culturally adapted instruments. Screening and nutrition care should not only occur within the hospital setting. “The real window of opportunity for meaningful change is in the outpatient setting – before and after hospital admission”, she argued.



António Sousa Guerreiro pledged for the inclusion of clinical nutrition education in the curriculum of medical schools to allow for the greater integration of healthcare and nutritional care provision. He argued that “it is mandatory to improve medical nutrition education for medicine students” and that more should be done to overcome barriers to this.

Sharing good practices: regional development and education across Europe

Finally, Joost Wesseling, ONCA Communications manager, presented on how to “build an audience”. He showcased the growth of the ONCA campaign on virtual channels and underlined the importance of spreading the campaign, not merely by



discussing research findings within the ONCA community but by making policymakers and members of the public aware of the importance of optimal nutritional care for all. He conducted an interactive micro-workshop to show delegates how easy it was to share a good



practice with the ONCA community. He appealed to delegates to make better use of these resources to allow the campaign to grow.

Concluding the opening ceremony, ceremony delegates left, while ONCA delegates had a refreshment break ahead of the afternoon breakout sessions.

Breakout Session 1:

Prevalence of malnutrition in the community: brainstorm research model and participation of ONCA countries



In the first breakout session, Annemarie Perl and Cornel Sieber presented on findings from the SHARE database (survey of health, ageing and retirement in Europe). Annemarie described how her team had cleaned the data and used the last three waves of the longitudinal study to show that across Europe, there was a great correlation between advanced age and malnutrition. People above the age of 70 were 4 times as likely to be malnourished or at risk of malnutrition than their younger counterparts. Her analysis served as an example for a discussion on which factors from the data could be combined to draw interesting conclusions on nutritional care outcomes across Europe. Breakout participants discussed relevant data clusters from the survey points that could be drawn together and built upon. A number of countries put down their details to look into collaborating on projects using the cleaned SHARE data. Country delegations' progress will be shared via the website and in upcoming conferences.

Breakout Session 2:

Patient versions of clinical nutrition guidelines



The second breakout session was led by Katie Gallagher from EPF with speakers including Cristina Cuerdo, Carolyn Wheatley and Isabelle Manneh who discussed initiatives and pathways for patient involvement in nutrition care. Katie Gallagher reported on the creation of the EPF/ ESPEN patient guidelines and the importance of continual patient involvement in the process of this. Cristina Cuerdo from ESPEN moreover added that the lay versions of patient guidelines to be published by ESPEN would be translated into national languages in order to remove linguistic and cultural barriers to access the information. She discussed ESPEN's aims to disseminate these broadly, such as through apps and other dissemination channels. Carolyn Wheatley presented on BAPEN's campaign on increased patient involvement, as well as the creation and dissemination of guidelines and leaflets to help put the patient at the centre of nutritional care. And finally, Isabelle Manneh added her perspective from ECPC. As a recognised voice for cancer patients, following patient consultations, ECPC has published a number of booklets and guides from patients for patients to increase accessibility of information for the empowered patient.

Breakout Session 3:

Building Bridges from knowledge to impact



In this break-out session, Rudi Crabbé (Eten & Welzijn Foundation) and Marcel Smeets (ENHA Trsutee) analysed success factors for national ONCA campaigns. On the basis of the Dutch “Green deal” (a bottom-up inter-sectoral alliance of stakeholders and government) and the French (top-down government-initiated) campaign “La maison gourmande et responsable”, they identified several common characteristics which should underlie a successful campaign. Firstly, the campaign should be based on a basic idea to frame the initiative. There needs to be a clear and identifiable initiator to build a national alliance and kick-start the campaign. A campaign should set clear objectives under a sound and comprehensive message. And finally, it requires credibility and support to gain as much traction as possible.

The following discussion focused much on the key role of credibility and how it may be achieved. Delegates argued that patient engagement from the start was key in orienting actions and in providing necessary credibility for messaging and goals.

The break-out session concluded with three take-away messages for future campaigning, namely the development of a modular campaign template that could be adapted across the ONCA region to national needs. Secondly, participants argued that the ONCA campaign could greatly benefit from “influential communication” training by professional communication strategists. Regular updates and sharing of good practices via the ONCA website and meetings should be further encouraged and supported by all national delegations.

Following the breakout sessions, ONCA delegates returned to the hotel before departing for the conference dinner at the National Palace of Sintra, kindly hosted by the City of Sintra. Delegates received a tour of the palace, followed by a networking reception. Frank de Man, Executive Director of ENHA took the occasion to thank the council of Sintra and the Portuguese hosts for their dedication and hospitality.



Tuesday, 13 November 2018



The second conference day started off with a report on the afternoon breakout sessions and discussions that had been held the previous day.

Marcel Smeets showed the video of the Dutch “Green Deal” campaign to commence the day with a bid to do more to unify the ONCA campaign messaging and increase national involvement.

Focus on innovation

Starting off the session on innovation, delegates heard from Diane Buekers, who presented a case study of the Belgian Special Olympics for people with intellectual disabilities. Many people with intellectual disabilities have problems with particular types of food and as a result, a great proportion are malnourished.



She reported on the Healthy Athletes Programme which offered free health screenings and nutritional education as part of the sporting events. Moreover, the initiative offers the Healthy Community Project, year-round programmes to help people with intellectual disabilities. Under the theme of “food as a festivity”, the Belgian HCP has organised 6 events so far in care homes which involved fun activities for patients, alongside the serving of personalised adapted food. Diane showed a video of the project’s first event and said that the initiative had gained a great deal of media and public attention, engaging the Secretary of State for People with Disabilities, the Ministry of Health and a great number of Belgian health organisations. Having curated a recipe and a sports booklet for participants, HCP has plans to become a sustainable project.



Next, Ronit Endevelt from the Israeli Ministry of Health presented on the benefits of oral and physical assessment as a tool for improving nutritional treatment. She argued that malnutrition and dental status of an individual were closely interrelated, as causes including low socioeconomic status, functional limitation, chronic disease or cognitive impairment may lead to poor oral hygiene or an inability

to take care of one's teeth. As a result, the loss of teeth, pain or biting difficulties could impair an individual's ability to eat healthy foods such as fruit and vegetables, thus leading to poorer nutrition. She argued that oral health screening should be included in nutrition screening. The Israeli Ministry for Health has provided training to dieticians, especially in care homes, and the intervention has improved patient care outcomes. As such, Ronit Endevelt pledged for a physical assessment of head, neck and oral health as part of nutritional assessment to better inform personalised nutrition plans to facilitate improved nutritional care and quality of life.

Gaston Remmers concluded the session on innovation with a presentation on patient-driven research in nutrition. He identified a feedback vacuum in the nutritional care pathway and innovation. Gaston argued for a need to operationalise everyday food practice to allow the everyday experience of patients to upcycle to food sciences and create an active feedback loop.



To illustrate his point, Gaston introduced the example of the Food Basket for Prostate Cancer, a trial study of 250 men suffering from prostate cancer. Within the trial, participants had short and easy-to-complete assessments 4-5 times a day, alongside on-the-spot personalised questions. This not only allowed patients to receive immediate feedback on their nutritional status and receive tailored and personalised care, but moreover provided an ideal opportunity for therapists and researchers to follow their patients and receive insights into the effectiveness of their approach. Patient involvement was not only key in improving treatment outcomes, but moreover had the potential of informing research, he argued.

Breakout Session 1: Key issues for patient associations delegates key issues for Patient associations delegates



After an introduction round, this breakout session, chaired by Gaston Remmers and co-chaired by Katie Gallagher, started off with a thirty-second introspection on what the most pressing issues were for patient delegates. The main conclusion was that there is an opportunity to further improve the patient focus of the conference. This could be achieved by not only asking patients for feedback, but by actively including patient representatives in the campaign's programme development. Suggestions included inviting local patient organisations to ONCA workshops and conferences with a concrete theme to encourage engagement, setting up more regular meetings (potentially via Skype), making the logistics and schedule of events more compatible with the needs of patients and making patient involvement and empowerment a standard component of every speaker's presentation.

Further remarks included the encouragement of an EU-level coordinated patient network and the promotion of sharing good practices throughout the year.

Breakout Session 2: Key issues for professional societies and government delegates



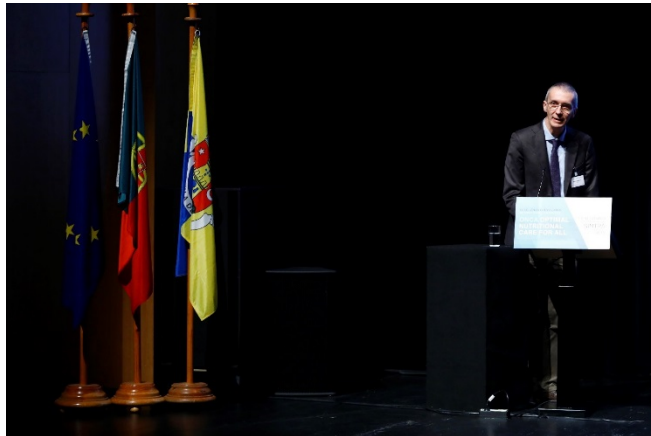
Chaired by Ronit Endevelt and Cornel Sieber, the session opened with a discussion surrounding key targets for the next years of ONCA for professional organisations and governments across the campaign. Key points included that hospitals needed to be a place for healthy nutrition. Nutrition should be part of the medical treatment of patients and there should be more cooperation and transparency between kitchen staff and healthcare professionals, participants argued.

Moreover, all delegates agreed that the campaign should become more active in terms of messaging and implementation to be truly effective and influential in the field. In order to be agitators, more should be done to push strategic communication towards the media and politicians. ONCA has the opportunity to position itself as interdisciplinary expert and should leverage its platform more through the use of the website, social media and the sharing of good practices within the network. It should be the task of every ONCA member to contribute to the growth of the campaign, participants concluded.

Breakout Session 3: Key issues for industry delegates



The industry session determined four key drivers for the upcoming year. Firstly, industry representatives argued for the creation of a stronger and more specialised evidence base to be used across the health care community. Moreover, they agreed that more should be done to share local ONCA best practices and benchmarks through virtual platforms, as a means of spreading the campaign beyond the realms of the ONCA community. And finally, delegates pointed out that malnutrition needed to be made accessible and attractive to policymakers in order to achieve change.



Global Leadership in Malnutrition

Following the morning breakouts, delegates returned to the main auditorium for the final afternoon session, which was started by Rocco Barazzoti, Chair of ESPEN. In his speech, Rocco presented the Global Leadership Initiative in Malnutrition (GLIM) assessment criteria of malnutrition, which could serve as a set of simple

consensus criteria intended for global application and requiring only moderate training. GLIM is based on readily available assessment tools and methods, making it widely applicable and allowing for the easier spread and harmonisation of nutritional screening internationally. He argued that it would be possible to combine the GLIM method with further approaches and criteria based on regional preference to make it more exact and better-suited to the context to which it is being applied.

Prof Dr. Meltem Halil presented on the IAMAP project in Turkey which is seeking to support a more bottom-up approach in nutritional care. Currently, nutritional care and awareness is only present in secondary and tertiary care in Turkey, meaning that many people affected by or at risk of malnutrition are not receiving adequate care. The project team are planning to provide nutritional training



to primary healthcare professionals and integrate nutritional screening tools in primary healthcare policy over the course of the next three years. Launching in January 2019, the project team will report back to ONCA on the progress of the initiative.

ONCA Targets and key issues for sustainability

Next, participants of the morning breakout discussions reported on the key recommendations to take ahead for the next year of ONCA and to serve as a basis for the forward planning of the campaign in upcoming years.





ONCA strategy and action plan 2019 - 2020

Following the reports from delegates, Frank de Man contributed his view for the future of the campaign. Due to the interdisciplinary and ever-changing field that ONCA was addressing, Frank argued that the campaign needed to adapt over the years. He welcomed delegates to send in their comments

and ideas. The main objective for the campaign moving forwards should be to create impact, he argued. This should occur through the broadening of the internet campaign under participation of all members to push for the inclusion of nutrition in healthcare education and practice, as well as deliver practical opportunities for countries to grow. He thanked all delegates and the organising committee. "Let's keep this team together, grow it and accelerate it – we've only just started!"

Summary key issues from the meeting

Finally, ONCA chair Anne de Looy shared some closing remarks with the conference attendees. She highlighted the great engagement of MEPs and MPs with nutrition over the last two days. Now the next step needed to be implementation and putting ideas into practice, she urged.



In order to achieve this, it was necessary to work together - patients, industry and governments - to bring the message out there. She underlined the need for a more coordinated communications strategy, with particular attention to the role of the website as a platform for knowledge exchange to allow the campaign to continue to grow.

Appendices

Appendix 1: Conference Agenda

Monday, 12 November

9.00 – 10.00 **Registration opens**

10:00 – 10:30: **Coffee Reception**

10.30 – 12.45: **Opening Ceremony**

Anne de Looy & Olle Ljungqvist, conference chairs

Key note addresses:

‘Why ONCA?’

Olle Ljungqvist, co-chair ENHA

Improving patient care across Europe:

‘The need for patient-centred guidelines and patient involvement’

Katie Gallagher, European Patient Forum

‘Value of nutritional care for European citizens and European Union support’

Sofia Ribeiro, Portuguese Member European Parliament

‘The ageing population – what’s the European Parliament strategy?’

José Inácio Faria, Portuguese Member European Parliament

Plenary debate & interview of the speakers

Opening:

‘Regional impact of ONCA: Good practices in outpatient nutritional & social care’

Basílio Horta, Mayor of Sintra

Welcome

Aníbal Marinho, chair Portuguese organising committee

‘Involvement & support MoH’s and health authorities’

M^a Céu Machado, Infarmed, Government agency

Paula Castelaoes, President of College of Physicians

António Sales, Portuguese Member Parliamentary Health Committee

12.45 – 13.45 **Networking lunch**

13.45 – 15.00: **National challenges and development:**
'Health and social challenges and development at National level'
Jorge Falcato

'Prevalence of malnutrition in Portugal'
Ricardo Marinho

'How do patient groups create added value & impact: regional & national'
Marek Lichota, Polish patient organisation

'Good practices for effective nutritional screening and early malnutrition diagnosis'
Harriët Jager-Wittenaar, representing EFAD

Health Care Professionals: Education and training for empowered medical nutrition prescription:

'Clinical nutrition teaching at medical schools'
António Sousa Guerreiro

'Sharing good practices for regional development and education across Europe'
Joost Wesseling, ONCA Communications, ENHA
Plenary debate & questions to speakers

15.00 – 15.30: **Coffee break: professional corners with patient chairs**

15.30 – 17.00: **Breakout sessions: selected focus areas**
Delegations distribute across the three sessions

Breakout 1 (Room Emílio Paula Campos)

Prevalence of malnutrition in the community: brainstorm research model and participation ONCA countries

Cornel Sieber, Friederich-Alexander Universität, Erlangen-Nürnberg and Annemarie Perl, University of Graz, chairs

- Introduction of the study by Annemarie Perl and Cornel Sieber
- Presentation of the current status by Annemarie
- Feedback by two expert referents
- Q&A for the delegates
- Key issues for the brainstorm on how to proceed:
 - Content of the study*
 - Collaboration with ONCA countries*
 - What outcomes can we expect next?*
 - How do we organize the participation by the ONCA countries to make outcomes country-specific?*
 - How do we finance next steps?*

Breakout 2 (Room Dorita Castel-Branco)

Patient versions of clinical nutrition guidelines

15.30

Welcome

Cees Smit, Patients Network for Medical Research and Health

15.35

Panel presentations:

'Clinical Nutrition Guidelines and Summaries for Patients'

Katie Gallagher, Policy Adviser, European Patient's Forum (EPF), Belgium

'ESPEN Project on the dissemination of existing clinical practice guidelines and guidelines for patients'

Cristina Cuerda, Guideline Officer, European Society for Clinical Nutrition and Metabolism (ESPEN), Nutrition Unit, Hospital General Universitario Gregorio Marañón, Madrid, Spain

'Co-creation of lay versions of clinical nutrition guidelines - PIINT UK's cooperation with BAPEN'

Carolyn Wheatley, Chair, Patients on Intravenous and Naso-gastric Nutrition Treatment (PINNT), UK

'The ECPC initiative and collaboration with academic societies in producing patient guidelines'

Isabelle Manneh, Head of Health and Research Programmes, European Cancer Patient Coalition, (ECPC), Belgium

Q&A: Immediate questions for clarification will be taken following each presentation

16.25

Open discussion with the audience

Moderated by Cees Smit, Patients Network for Medical Research and Health (EGAN) and Katie Gallagher, European Patients' Forum (EPF)

Comments from the audience

Questions for the audience for discussion:

- *Are you aware of existing national or European lay version guidelines?*
- *Which ESPEN guidelines should be prioritised when developing patient versions?*
- *What is the potential impact of patient versions of guidelines on reimbursement of nutritional care?*
- *Are food- and nutrition-based dietary guidelines the way to go?*

16.55

Highlights and concluding remarks

Breakout 3 (Room Fotografia)

Building Bridges from knowledge to impact

Interactive discussion about the impact of the campaign and how we can improve it

Rudi Crabbé & Marcel Smeets co-chairs

- Introduction by Marcel Smeets and Rudi Crabbé
- Building bridges from knowledge to impact - A Green Deal in NL (bottom-up) and a Charte Maison Gourmande et Responsable in France (top-down)
- Create, tell and sell - analysis of messages, themes, credibility, initiative, and support
- Discussion about the role ONCA can play in national campaigns and the role of national campaigns in ONCA

17.15 **Group photo & departure to the hotel**

17.30 - 19.00 **Free time (Hotel: Pestana Sintra Golf)**

19.30 - 20.00 **Optional: Visit to Sintra National Palace**

20.00 - 20.30 **Cocktail “Colares de Honra”**

20.30 - 22.00 **Dinner at Sintra National Palace**

Tuesday, 13 November

9.00 – 9.30: **Morning Session**

ONCA focus and targets for 2019 - 2020

Reports break-out sessions Monday afternoon

9.30– 10.00: **Innovation:**

Diane Buekers, Clinical director health promotion, Special Olympics Team Belgium

‘Oral and physical assessment as a tool for improving nutritional treatment’

Josefa Kachal, Ministry of Health, Israel

‘Patient driven research in nutrition’

Gaston Remmers

10.0 – 11.00: **Breakout sessions: key issues for ONCA drivers**

Patient associations delegates (Room Dorita Castel-Branco)

co-chaired by Katie Gallagher and Gaston Remmers

Professional societies & government delegates (Room Fotografia)

chaired by Cornel Sieber and Ronit Endevelt

Industry delegates (Room Emílio Paula Campos)

chaired by Patrick Kamphuis, MNI

- 11.00 – 11.30: **Break**
- 11.30 – 11.45: **Midday Session**
Global Leadership In Malnutrition (GLIM)
Report by Rocco Barazzoti, ESPEN chair
- 11.45 – 12.15: **ONCA targets and key issues for sustainability:**
Reports break-out sessions and discussion
Plenary discussion
- 12.15– 12.30 **Increasing Awareness of malnutrition among primary care health professionals in Turkey**
Hacettepe University Faculty of Medicine Department of Geriatrics
- 12.30 – 12.45: **ONCA strategy and action plan 2019 - 2020, finance & country contributions 2019**
Frank de Man, ENHA Executive Director
- 12.45– 13.00: **Summary key issues from the meeting**
Anne de Looy, conference chair
- 13.00 – 14.00: **Lunch & Conference Closes**

Appendix 2: Delegate list

Country	Surname	First name
Austria	Perl	Annemarie
Belgium	Buekers	Diane
Belgium	Vereecken-Denis	Suzy
Belgium	Petit	Caroline
Belgium	Geurden	Bart
Belgium	Ellen Manneh	Isabelle
Czech Republic	Tesinsky	Pavel
Czech Republic	Smitka	Jan
Czech Republic	Novak	Frantisek
Denmark	Wiis	Joergen
Denmark	Rasmussen	Henrik Højgaard
Denmark	Holst	Mette
Denmark	Lauwersen	Mie
Denmark/Industry	Jensen	Signe Braband
Denmark/Industry	Wolff	Susanne
Denmark/Industry	van Hauen	Marlene
ENHA	de Man	Frank
ENHA	Malcic	Mateja
ENHA	Parsey	Lily
EPF	Gallagher	Katie
EUGMS	Sieber	Cornel
France	Dechelotte	Pierre
France	Raynaud-Simon	Agathe
Germany	Bischoff	Stephan C.
Germany	Pahne	Norbert
Germany	Kreymann	Dr Georg
Germany/Industry	Tessin	Alger
Great Britain	O'Brien	Declan
Great Britain	Hughes	Marta
Great Britain	Hyde	Terry
Great Britain	de Looy	Anne
Great Britain, PINNT	Wheatley	Carolyn
Hungary/Patient	Koltai	Tunde
Israel	Kachal	Josefa
Israel	Endevelt	Ronit
Israel	Singer	Pierre
Israel	Kaufmann	Daniella
Israel	Friedman	Ronit
Italy	Barazzoni	Rocco

Italy	Zanetti	Prof Michela
MNI	Coulet	Lea
MNI	Mahieux	Marie
MNI/Industry	Kamphuis	Patrick
MNI/Industry	Ruthsatz	Manfred
MNI/Industry	Engfer	Meike
MNI/Industry	Zemelka	Sonia
MNI/Industry	Verlaan	Sjors
MNI/Industry	Cristostomo	Andreia
MNI/Industry	Nyland	Kirsten
MNI/Industry	Doyev	Ronit
Netherlands	Mohede	Inge
Netherlands	Elzing	Sylvia
Netherlands	Remmers	Gaston
Netherlands	Wesseling	Joost
Netherlands	Smeets	Marcel
Netherlands	Ton	Wendy
Netherlands	Jager-Wittenaar	Harriet
Netherlands	Crabbe	Rudi
Poland	Kabata	Pawel
Poland	Lichota	Marek
Portugal	Lopes	Celia
Portugal	Marinho	Anibal
Portugal	Crisóstomo	Andreia
Portugal	Paias	Filipe
Portugal	Pestana	Sofia
Portugal	Baptista	Ana
Portugal	Pessoa	José
Portugal	Serra	João
Portugal	Vigeant Gomes	Miguel
Portugal	Mendes	Paulo
Portugal	Conceição	Raquel
Portugal	Almasqué	Cristina
Portugal	Dias	Daniela
Portugal	Rodrigues	Raquel
Portugal	Molhoek	Walter
Portugal	Oliveira	Laura
Portugal	Banque	Montserrat
Portugal	Baptista	Sónia
Portugal	Pinho	Margarida
Portugal	Picoito	Paula
Portugal	Mendes	Lino
Portugal	Marinho	Ricardo
Portugal	Pinho	João Pedro
Portugal	Marcos	Pedro

Portugal	Santos Silva	Mariana
Portugal	Santos	Marisa
Portugal	Miranda	Isabel
Portugal	Craveiro	Célia
Portugal	Sousa	Mónica
Portugal	Teixeira	Cristina
Portugal	Fonseca	Jorge
Portugal	Paulino	Ema
Portugal	Cebola	Marisa
Portugal	Pinho	José António
Portugal	Sousa Guerreiro	Catarina
Portugal	Sousa	Joana
Portugal	Moreira	Ana Catarina
Portugal	Alves	Ana Paula
Portugal	Lopes	Joana
Portugal	Pinto	Joana
Portugal	Mendes	Diana
Portugal	Fernandes	Ana
Portugal	Meireles	Ana
Portugal	Cruz	Cândida
Portugal	Sampaio	Ana
Portugal	Guerreiro	Clarisse
Portugal	Silva	Luísa
Portugal	Souto	Pedro
Portugal	Souto	Margarida
Portugal	Cabrita	João
Portugal	Catita	Diogo
Portugal	Guedes da Silva	Alexandre
Portugal	Fátima Ruivo	Maria
Portugal	Marques	João
Slovenia	Rotovnik Kozjek	Nada
Slovenia	Blaz Kovac	Milena
Slovenia	Baraga	Dusan
Slovenia	Pohve Jemec	Katja
Slovenia	Badovinac	Vanja
Spain	Cuerda Compes	Maria Cristina
Spain	Sanz	Miguel Leon
Spain	Brenton Lesmes	Irene
Spain/Industry	López Franco	Lara
Spain/Industry	Calvo-Manzano	Daniel Crispin
Spain/Industry	Chalumeau	Romain
Spain/Industry	Ferreira	Rodrigo
Spain/Industry	López de las Heras	Laura
Sweden	Ljungqvist	Olle
Sweden	Rothenberg	Elisabet

Turkey	Uyar	Mehmet
Turkey	Halil	Meltem
Turkey	Pinar	Kocatakan
Turkey	Bicakli	Derya Hopanci
Turkey/Industry	Güney	Fatma Ahu Güney
Turkey/Industry	Soydemir	Abdullah Kerem
Turkey/Industry	Arıbal	Elif
Turkey/Industry	Akalin	Hasan