Pilot projects to Develop and Evaluate the Patients Association Nutrition Checklist

December 2018

Overview report by

the patients association
Listening to patients, speaking up for change.

In partnership with

Wessex Academic Health Science Network
Bournemouth University
Managing Adult Malnutrition in the Community
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The Patients Association Nutrition Checklist is a simple tool to help raise awareness and identify the potential risk of undernutrition and offer guidance on next steps. Anyone can fill in the Patients Association Nutrition Checklist including patients and their families, and the staff and volunteers supporting them. It is primarily intended for people over 65 living in the community.

It is estimated that over 1.1 million people over 65 (10%) living in their own homes in the UK are currently undernourished, underweight and/or are not having appropriate nutrition to meet their nutritional needs to support and maintain health and wellbeing. However, it is an issue which is not widely recognised or discussed. The Patients Association Nutrition Checklist helps address the problem of undernutrition by:

- Encouraging conversations and raising awareness of the potential for undernutrition
- Helping identify those likely to be at risk using a simple tool
- Providing basic advice and signposting to information and sources of help for those likely to be at risk.

Between 2016 and 2018, the Patients Association has worked in partnership with Wessex Academic Health Science Network (Wessex AHSN), Bournemouth University, the Malnutrition Pathway (Managing Adult Malnutrition in the Community) and several health, social care and voluntary sector providers on pilots to test and refine the Patients Association Nutrition Checklist.

The Patients Association Nutrition Checklist has been used and tested in four different settings over periods of three to six months. The pilot sites were in two GP practices: Steeple Bumpstead in Essex and the Swan Practice in Buckingham (in conjunction with Buckinghamshire Healthcare NHS Trust and the local CCG), a domiciliary care provider in Dorset (Pramacare), and Hampshire Fire and Rescue Service and Age UK Southampton. As a result of these pilots, the content of the Patients Association Nutrition Checklist was refined and two versions were developed, one for use by patients and their families and the other for health, and social care professionals, and volunteers supporting them. Guidelines for its use were developed. All the pilot partners plan to continue using the Patients Association Nutrition Checklist as they found it easy to use within existing work plans and had witnessed the benefits for the people they support.

2 https://www.pramacare.org.uk/
3 https://www.hantsfire.gov.uk/  
4 https://www.ageuk.org.uk/southampton/
As part of the development work, the questions from Section A, which contains four key questions to assess the potential risk of undernutrition, have been validated against the ‘Malnutrition Universal Screening Tool’ (‘MUST’) in a cross-sectional research study carried out by Wessex AHSN and Bournemouth University. The Patients Association Nutrition Checklist showed moderate agreement between the questions from Section A and ‘MUST’ with acceptable sensitivity and specificity. The research study concluded that Section A of the Patients Association Nutrition Checklist has the potential for early identification of undernutrition risk, providing the ability to highlight ‘clinical concern’ which could then act as a prompt to screening using NICE guidance, and timely provision of nutritional advice.

Across the pilots and the research study, over 400 members of the public – patients, clients and service users – have used the Patients Association Nutrition Checklist and nearly 120 people have been identified as at risk from undernutrition and have received information and guidance.

The overall project conclusion is that the Patients Association Nutrition Checklist can play an effective and useful role in the drive to help identify undernutrition among older people and provide information and advice to improve weight gain.

The Patients Association recommends the wide uptake and use of the Patients Association Nutrition Checklist in primary care and community settings to help address the problem of undernutrition. Copies of the Patients Association Nutrition Checklist, along with guidance for its use can be found on the Patients Association website [www.patients-association.org.uk](http://www.patients-association.org.uk).
1. Introduction and background

1.1 Malnutrition in the UK

It is estimated that more than three million people in the UK have, or are at risk of having, malnutrition, and most of these, 93%, live in the community. Malnutrition refers to ‘deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients’ covering ‘two broad groups or conditions’: ‘undernutrition’ and ‘overweight, obesity and diet-related non communicable diseases’. The Patients Association Nutrition Checklist is concerned with the first of these: undernutrition. Malnutrition affects more than a third of people recently admitted to care homes, a third of adults on admission to hospital, and one in ten of people visiting GP practices. It particularly affects older people with at least 10% of all those over 65 having, or being at risk of, malnutrition, and some studies estimating as many as 14%. This equates to at least 1.1 million people over 65 in the UK. The prevalence increases with age from an estimated average 9% at 65 rising to average 19% at 90 years. The Malnutrition Task Force report ‘State of the Nation: Older people and malnutrition in the UK today’ identifies three main reasons why an older person becomes malnourished: medical (or disease-related), physical and social risk factors.

1.2 Impact of malnutrition

Malnutrition has serious consequences if not identified or treated. There are numerous documented effects of malnutrition both in terms of clinical condition and quality of life. Being underweight or malnourished compromises the quality of life for patients, making them feel weak and tired, and lowering their mood and ability to carry out everyday tasks; it also poses a significant health risk and may indicate an underlying health problem. The clinical consequences of malnutrition include impaired recovery from illness and surgery, reduced muscle strength, poorer recovery from wounds, more frequent falls and poorer clinical outcomes. It is known that those with malnutrition are more likely to be admitted to hospital and to visit their GP twice as often.

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*Calculating the cost of disease-related malnutrition in the UK in 2007 (public expenditure only) in: Combating Malnutrition: Recommendations for Action. Report from the advisory group on malnutrition, led by BAPEN. 2009
*Is there an association between quality of life and indicators of nutritional status in community-dwelling older people? E. Weekes et al, Abstract published ASPEN Conference 2018
*The impact of nutrition risk status on Quality of Life and function in older adults at the hospital-community interface, A.R. Julian et al, Abstract published ESPEN 2017 (ESPEN17-ABS-1336)
*Managing Malnutrition in the Community - Patients Association Nov 2017 available on request via www.patients-association.org.uk
1. Introduction and background

1.3 Patients Association work on malnutrition

The Patients Association has raised concerns about malnutrition in the UK for many years. In spite of the prevalence and impact of malnutrition, it is a problem which is rarely talked about or acknowledged either by healthcare professionals, or by older people including patients themselves or their relatives. The Patients Association published a paper in November 2015 which identified the need to raise awareness of malnutrition both with professionals and with patients and relatives by using a nutrition checklist. A project was set up and led by the Patients Association, in partnership with the Malnutrition Pathway (Managing Adult Malnutrition in the Community).

By November 2016 a draft checklist had been developed to raise awareness and initiate a conversation about diet and nutrition. It went through several iterations following testing and modification with patients and relatives, and also with clinicians and volunteers working with older people. Patients and professionals alike were enthusiastic about the potential benefits of using a checklist to raise awareness and identify potential signs of undernutrition at an early stage. Further funding was therefore obtained by the Patients Association to run a series of pilots in different settings with the aim to test the feasibility of the Patients Association Nutrition Checklist.

17Managing Malnutrition in the Community - Patients Association Nov 2017 available on request via www.patients-association.org.uk
1.4 Patients Association Nutrition Checklist Project 2017-2018

During 2017-18, the Patients Association coordinated a project team to explore the development of the Patients Association Nutrition Checklist, comprising partners specialising in work in the field of nutrition and malnutrition. The Malnutrition Pathway (Managing Adult Malnutrition in the Community) is an independent expert group set up to address avoidable and preventable malnutrition in the community. Bournemouth University has an academic specialisation in nutrition and healthy ageing. Wessex AHSN has run a successful ‘Nutrition in Older People’ programme since 2014, developing a range of initiatives and resources across the Wessex region to support and increase awareness of malnutrition, and provide appropriate signposting and care to people at risk of being undernourished. The project group established a number of work streams to explore the further development of the Patients Association Nutrition Checklist and to test its effectiveness and use in different settings.

1.5 Nutrition Checklist: focusing on undernutrition among older people

The project group focused on developing the Nutrition Checklist for people aged 65 and over. The Patients Association Nutrition Checklist seeks to help identify and reduce undernutrition by:

- Encouraging conversations about nutrition and weight loss, both within families and between families and professionals, in order to raise awareness of the possibility of being underweight or undernourished
- Helping identify the need for nutritional help or advice, providing initial social and non-clinical signs that there may be a need for help; or providing reassurance where need is not identified
- Providing some pointers for action, guiding people to appropriate sources of help.
1.6 Scope

The Patients Association Nutrition Checklist is not designed to replace existing screening tools or clinical pathways; it is intended to complement them. For individual patients or relatives, its aim is to initiate a conversation and raise awareness, providing a simple approach that is easy to use and, if the risk of undernutrition is identified, will enable the person to seek advice, or the member of staff or volunteer to refer them for further screening or advice. The table in Appendix A has been developed following the pilots to offer staff guidance on which nutrition tool it is appropriate to use in different settings.

NICE clinical guideline 32 (CG32) states that ‘screening’ should be carried out for all people in care settings (e.g. hospitals and care homes)\(^1\). In the community, ‘screening’ should be carried out on initial registration at a GP practice, at other clinic opportunities and wherever there is a clinical concern (e.g. unintentional weight loss, loose fitting clothes, poor appetite). Screening tools should assess body mass index (BMI) and percentage unintentional weight loss and should consider the time over which the nutrient intake has been unintentionally reduced and/or the likelihood of future impaired nutrient intake. The ‘Malnutrition Universal Screening Tool’ (‘MUST’) is an example of a validated tool that can do this and is widely used in the UK\(^2\).

There are also a number of simple self-screening questions available for patients via the NHS Choices website and the BAPEN Malnutrition self screening tool\(^3,4\).

1.7 Process

The Patients Association Nutrition Checklist has been designed to be available in a range of different access points. It was tested in two GP practices by the Patients Association, where it was available in waiting areas with a film and also used proactively by staff; by Wessex AHSN as part of fire service ‘safe and well visits’ and referral to Age UK volunteers; and also with a domiciliary care provider. A guidance leaflet has been produced following the pilots for staff use and it is also stated on the actual checklist that if risk is identified then clinical help should be sought as well as offering dietary advice and signposting for social support.

\(^1\)https://www.nice.org.uk/guidance/cg32/chapter/1-Guidance\
\(^2\)MUST
\(^3\)www.malnutritionpathway.co.uk
\(^4\)www.malnutritionselfscreening.org
2. Aims and objectives

2.1 Aim of the project
To test the feasibility and usefulness of the Patients Association Nutrition Checklist with health, social care and voluntary sector partners to see how and where it might best be used in practice to provide early indication of signs of undernutrition and advice and signposting for those found to be at risk.

2.2 Objectives of the project
1. To test the use of the Patients Association Nutrition Checklist in different settings for three or more months
2. To explore how best to use the Patients Association Nutrition Checklist in practice by trying different approaches
3. To modify the Patients Association Nutrition Checklist to make it appropriate to different settings, and develop it over time, using learning from each pilot to inform subsequent pilots so as to produce a final version for publishing; and to establish how the Patients Association Nutrition Checklist might fit in the national malnutrition pathways
4. To develop ways of using the Patients Association Nutrition Checklist which not only benefit patients and families but are also practical and sustainable for those supporting them in the health, voluntary or social care setting
5. To explore how well the Patients Association Nutrition Checklist works in terms of:
   a. Helping identify and reduce undernutrition
   b. Raising awareness of potential undernutrition
   c. Helping identify need for nutritional help
   d. Providing pointers for action and guiding people to sources of help
6. To identify factors for success in using the Patients Association Nutrition Checklist
7. To provide information to guide future use of the Patients Association Nutrition Checklist
8. To learn from the findings of an independent research project carried out by Wessex AHSN and Bournemouth University to investigate the concurrent validity of the Patients Association Nutrition Checklist to identify the risk of undernutrition in older people living in the community in comparison to ‘MUST’.
3. The pilot projects and evaluation approach

3.1 The pilots

Set-up and training
In each pilot a project group was set up either by Wessex AHSN or the Patients Association together with a health, social care or voluntary sector provider. In every setting staff received general undernutrition training as well as guidance on how to use the Patients Association Nutrition Checklist and the actions to be taken if the person filling in the checklist was identified at risk of undernutrition.

Evaluation
Each pilot was evaluated using both qualitative and quantitative measures. Copies of completed Patients Association Nutrition Checklists were used to determine the number of times they were used, the number of people identified and in need of advice, and the advice/signposting provided. The project leads held regular meetings or phone calls with staff involved throughout the pilot duration. Focus groups or telephone interviews were held at the completion of each pilot to gather data on what worked and aspects that required improvement. These are reported on in Section 4 of this report. Each pilot also has a separate report which provides more detail about how they were set up and evaluated and which are available on the Patients Association and Wessex AHSN websites.

3.2 Pilot settings

Domiciliary care
A three month pilot was set up by Wessex AHSN working in partnership with Pramacare (an organisation that provides homecare services to clients including personal care, sitting, domestic support and community groups in Dorset). Training was provided for 12 members of staff and included guidance on how to use the Patients Association Nutrition Checklist as part of the service user’s care plan. Locality and Area Care Managers were given the responsibility of implementing this with care providers and their service users, typically at the initial meeting or the six-week follow-up meeting. The version for professionals and volunteers was developed and used for this pilot.

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23https://www.pramacare.org.uk/
3. The pilot projects and evaluation approach

Fire Service and Age UK Southampton
A three month pilot was set up by Wessex AHSN and Bournemouth University with Hampshire Fire and Rescue Service and Age UK Southampton. Training was provided to four members of staff and volunteers. The version for professionals and volunteers was adapted for this pilot as two organisations were involved. Fire Service personnel used the first section of the Patients Association Nutrition Checklist during ‘safe and well’ checks, and (subject to their agreement), referred anyone identified as at nutritional risk on to the trained Age UK care navigator service for advice, support and signposting. Age UK Southampton also used the full Patients Association Nutrition Checklist with some of their service users.

GP practices
Pilots were set up by the Patients Association in partnership with two GP practices. The Swan Practice in Buckingham (in conjunction with the local CCG and Buckinghamshire Healthcare NHS Trust) tested the Patients Association Nutrition Checklist for a period of six months, and Steeple Bumpstead Surgery in Essex tested it for nearly four months. Training was provided to 40 members of staff across the two practices and also to 30 members of the Patient Participation Group (PPG) in the Swan Practice. Both GP practices used the patient version of the Patients Association Nutrition Checklist and adopted a twin approach, making it available for patients and relatives to pick up in reception areas and staff incorporating it into their day to day practice with patients, for example using it widely in home visits and the over 75 health checks. A named contact within the GP surgery was provided for follow-up advice.

A four-minute silent cartoon film about the Patients Association Nutrition Checklist for use in GP surgeries was created under the direction of the Patients Association and the Malnutrition Pathway. The film was developed to explain the possibility of being undernourished or underweight, to introduce the Patients Association Nutrition Checklist and to give information about what actions to take. It features a character called Babs (see next page) and uses humour to offer an encouraging picture by showing how, six months after filling in the Patients Association Nutrition Checklist and getting advice from her GP surgery that she has put on weight and regained her energy levels.
Feedback on the Patients Association Nutrition Checklist and the film was given by the Swan practice Patient and Participation Group (PPG), and a feedback form was provided for patients or relatives to fill in.

3.3 Elements of the Patients Association Nutrition Checklist:

The Patients Association Nutrition Checklist comprises several elements:

- Initial assessment of potential risk of undernutrition
- Questions to assess the person’s situation to understand social, physical or appetite factors affecting risk of undernutrition
- Next steps including seeking advice from a healthcare professional
- Information, tips and ideas about eating, and signposting to other sources of support

Sections providing next steps and signposting were modified for each pilot site to give the organisation’s contact details and provide signposting to local providers, such as luncheon clubs, where appropriate.

3.4 Versions of the Patients Association Nutrition Checklist:

During the course of the pilots, in response to feedback from partner organisations, two versions of the Patients Association Nutrition Checklist were developed. Staff and volunteers supporting older people wanted more information on the Patients Association Nutrition Checklist to help identify what signposting or other needs the person might have and a series of questions and prompts were developed. For ease of use and based on patient and carer feedback a patient version was also maintained.
For professionals, volunteers and carers supporting older people

The first pilot was with the domiciliary care service. Staff said that they wanted the Patients Association Nutrition Checklist to be as short as possible in order to fit in with other tasks being undertaken, so any questions in the previous (2016) version which asked for information already known to the organisation (such as age, medical conditions etc) were removed. It was also modified to guide staff towards next steps in line with national nutritional guidance and their organisation’s policies.

When the Patients Association Nutrition Checklist is being used by staff who have an understanding of nutritional advice and of relevant services in their community, they can use this information to provide assistance and avoid referral to the GP unless clinically indicated.

In this version there are two sections:
- Section A: Initial assessment of potential risk of undernutrition - four simple questions
- Section B: Questions to assess the person’s situation to understand social, physical or appetite factors affecting risk of undernutrition, directly linked to next steps, information and guidance.

For use by the public, patients or relatives

The Patients Association Nutrition Checklist used in the GP pilot was set out for older people to use themselves or with an informal carer. Following feedback in 2016, typeface and layout were kept large and as clear as possible. The section offering advice about eating and nutrition sets out information readily available to the public.

In this version there are four sections:
- Section A: Initial assessment of potential risk of undernutrition - four simple questions
- Section B: Questions to assess the person’s situation to understand social, physical or appetite factors affecting risk of undernutrition, which link to information and guidance in Section D
- Section C: Next Steps including seeking advice from a healthcare professional. A named person in the GP practice was provided for the patient to contact if further help or advice was needed
- Section D: Information, tips and ideas about eating, and signposting to other sources of support.

Section A is the same in professional and patient versions.

On conclusion of the project, as planned, the detailed wording was tailored to take account of feedback from the pilots. The final versions are available via the Patients Association website: [www.patients-association.org.uk](http://www.patients-association.org.uk).
3.5 Concurrent validity of the Patients Association Nutrition Checklist against ‘MUST’

At the same time as the pilots of the Patients Association Nutrition Checklist in different settings were taking place, an independent research project was set up by Wessex AHSN and Bournemouth University. This was to assess the validity of the four questions in Section A of the Patients Association Nutrition Checklist as a measure of nutritional risk in comparison with the ‘Malnutrition Universal Screening Tool’ (‘MUST’). A total of 312 older people (over 65 years) were recruited from lunch and activity clubs in Hampshire and Dorset. They were screened for nutritional risk, using both ‘MUST’ and Section A of the Patients Association Nutrition Checklist. It was important to understand how well the tool could be used, and offer the potential to be an early indicator of undernutrition. Data was collected by trained researchers, and subjected to statistical analysis. Anyone identified as being at risk of undernutrition was signposted to advice and guidance.
4. Findings

4.1 Pilot site quantitative results

**Domiciliary Care**
Over the three month pilot, the Patients Association Nutrition Checklist was used by staff with 15 clients. Of these, six people were identified as being at increased risk of undernutrition, and were given advice and support. Staff found it easy to use with useful signposting. As a result of the pilot the domiciliary care provider plans to include the Patients Association Nutrition Checklist in their ‘toolbox’, using it with those service users who are thought to be losing weight or are underweight. Actions arising from the Patients Association Nutrition Checklist are built into service user care plans. Actions taken during the pilot included referral to luncheon clubs and advice and follow-up from the domiciliary care staff.

**Fire Service and Age UK Southampton**
During the period of this pilot, four people were screened by Hampshire Fire and Rescue Service during their ‘safe and well’ visits, but none were referred to Age UK Southampton. The numbers were low because most people referred for ‘safe and well’ visits were not in the target age group (over 65). Of the four people screened only one person was found to be at nutritional risk, but they declined referral to Age UK Southampton. However, Age UK Southampton used the Patients Association Nutrition Checklist with three of their own service users. Following its completion advice on boosting nutritional intake, leaflets about nutrition, and signposting to other help was provided25.

**GP practices**
Over the period of the pilots, it was estimated by staff giving feedback during the pilot evaluation, that at least 150 patients have become more aware about undernutrition through use of the Patients Association Nutrition Checklist or watching the film. It is not possible to give a precise figure because the Patients Association Nutrition Checklist was left out for people to pick up in waiting rooms and more copies were provided as required.

In total 40 patients were identified as being at risk of undernutrition and received nutritional advice. In the Swan Practice, 36 patients over 75 were identified as being at risk which represents about 18% of the likely total at risk in the practice (based on 10% of people over 75 being at risk). In the Steeple Bumpstead Surgery, 40 people aged 65-75 filled in the Patients Association Nutrition Checklist and four were found to be at risk (10%).

4. Findings

The film was positively received by staff, patients and the Patient and Participation Group (Swan Practice). As one patient said: “The film is really good, it is simple and clear”. Staff felt the film provided useful communication both about the Patients Association Nutrition Checklist and the potential for undernutrition. Both GP practices want to continue to use the film.

Patients whose answers to the Patients Association Nutrition Checklist indicated they were underweight or at risk of undernutrition were weighed/assessed using ‘MUST’, given nutritional advice and information, referred for specialist dietary advice if appropriate and followed up weekly or as needed. At the end of the pilot the 40 patients had all either maintained or gained weight. Following the pilot, in order to assess the longer term impact, the Swan Practice has set in place a system to periodically measure the nutritional status of the 36 patients identified as being at risk over the next two years (as well as offering them advice as needed).

Staff interviewed who had used the Patients Association Nutrition Checklist believe it is highly unlikely that without it the needs of the 40 people identified as being at risk would have been recognised or met. Both GP practices plan to continue using the Patients Association Nutrition Checklist.

4.2 Concurrent validity of the Patients Association Nutrition Checklist against ‘MUST’

The research has shown that Section A of the Patients Association Nutrition Checklist has acceptable sensitivity and specificity when compared with ‘MUST’. It is not intended as a replacement for ‘MUST’ in clinical settings, but has potential to be used as a way to triage or identify those people who would benefit from further screening and advice. The study also showed that the Patients Association Nutrition Checklist has potential for early identification of undernutrition risk, as it identified people in the earlier stages of unintentional weight loss, and people whose appetite had been recently compromised. It therefore gives the opportunity for people identifying themselves as possibly at risk to self-screen and/or seek advice and for staff to follow up using NICE guidance (including potentially the use of ‘MUST’ by trained practitioners) and offer earlier signposting to dietary advice and appropriate health and social care support. Of the 312 people assessed, 68 people (21.8%) were identified by the Patients Association Nutrition Checklist as being at risk; they were offered nutritional advice and information.

4.3 Quantitative results across the three pilots and the research study

Over 80 members of staff have been trained about the risks of undernutrition, what to do about it and the role of the Patients Association Nutrition Checklist and a further 100 members of staff have become more aware of undernutrition.

Over 400 members of the public – patients and service users – have used the Patients Association Nutrition Checklist and many more have been made more aware of undernutrition, through use of it and seeing the film in GP waiting rooms.

Nearly 120 people have been identified as at risk from undernutrition and have received information and guidance.

The impact on health outcomes was beyond the scope of these pilots and has not been measured but the feasibility of the Patients Association Nutrition Checklist and its potential impact, when combined with nutritional advice, information and signposting, is worthy of further research.

4.4 Staff feedback on completion of pilots

When invited to give feedback and offer ideas for development, staff and volunteers across all the pilots were positive about the Patients Association Nutrition Checklist. The GP practices, domiciliary care organisation and voluntary sector provider which took part in the pilots all wish to carry on using it. During the evaluations at the end of each pilot, those involved gave a number of reasons for the decision to continue its use. In their view, the Patients Association Nutrition Checklist has potential benefits for patients as it is a simple tool which helps initiate a conversation about weight and nutrition, and led to more people seeking and receiving advice.
Ease of use and sustainability
Staff involved in the pilots said it proved effective in providing initial indications of nutritional need (Section A) because:

- It is simple and easy for anyone to use (staff and patients)
- It does not require measuring devices for weight and height
- It does not require the ability to calculate percentages
- It is low-key so it can be used to start an informal conversation with patients and indicate likely risk or offer reassurance

Section B, which asks further questions to establish factors contributing to the person becoming underweight or undernourished, was said to be very useful for tailoring local advice and guidance, which could be very beneficial.

Using the Patients Association Nutrition Checklist did not put too much burden on staff time. In particular, in the GP pilot, it did not impact on the workloads of GPs themselves, because the member of staff leading the project followed up with most patients and only referred to a GP if an underlying medical need was identified.

Benefits for older people
The Patients Association Nutrition Checklist enabled staff to raise the conversation and take the initiative about a topic which is under-recognised, seldom talked about but a cause of worry for patients and relatives.

During the focus groups staff said that the people they were supporting were sometimes surprised or unwilling to recognise that they might be underweight or at risk of undernutrition. The widespread media emphasis on obesity and eating less means that most older people do not even consider the idea of being underweight or having to eat more to stay healthy. Feedback from staff was that while some older people came forward and said they were worried about having lost weight, others were reluctant to acknowledge any sort of problem. Many older people are private and independent and do not want interference with their diet. Domiciliary care staff said that one or two service users were inclined to minimise any issue for this reason. Staff and volunteers said they believed that the more the issue is talked about the more people will benefit and felt the Patients Association Nutrition Checklist could play a vital role in raising awareness.
4. Findings

Those involved in the pilots said that feedback from patients and relatives was positive. Typical feedback was: “It was helpful and relevant to me. I found the information provided really useful”. The Patient Participation Group at the Swan Practice was positive about both the checklist and the film.

“It was helpful and relevant to me. I found the information provided really useful”
## 4. Findings

### Quotes from staff

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<thead>
<tr>
<th>Quote</th>
<th>Source</th>
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<tbody>
<tr>
<td>“The Patients Association Nutrition Checklist is brilliant, it is quick and simple for anyone to use, staff or people’s families. It is an important link in the chain which was missing.”</td>
<td>Clinical Commissioning Group Prescribing Support Dietitian</td>
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<tr>
<td>“In comparison to other forms used in partnership working projects, the Patients Association Nutrition Checklist was very easy and succinct. It didn’t feel intrusive”.</td>
<td>Fire Service staff member</td>
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<tr>
<td>“I feel I provided advice to two people not likely to be supported by anyone else, and that their diets would have worsened without the intervention”</td>
<td>Service Navigator and Assessment Officer Age UK Southampton</td>
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<tr>
<td>“It has unlocked something– the moment we started talking about undernutrition and the Patients Association Nutrition Checklist, people’s attention shifted and they (staff) saw the relevance for a patient”</td>
<td>Public Health Nutritionist, linked to GP practice</td>
</tr>
<tr>
<td>“The Patients Association Nutrition Checklist has brought people in, everyone has got involved and it’s raised awareness massively across all staff members about nutrition. It’s been fantastic.”</td>
<td>GP practice staff member</td>
</tr>
</tbody>
</table>
4. Findings

4.5 Patient Stories

Patients with a variety of home and medical situations have been helped by the Patients Association Nutrition Checklist. Below are profiles of four of them.

**67 year old woman who cares for her disabled son**
This patient filled in the Patients Association Nutrition Checklist when given it by the GP receptionist when she came in with her disabled son. Her answers in Section A meant she was referred to the Advanced Nurse Practitioner. They had a discussion and she was weighed. She was very underweight being 4’11” and six stone and she looked frail. The nurse gave her initial advice and referred her to the dietitian who comes to the surgery once a week. The patient did not think she was underweight and was not eating foods to boost her own energy as she was focussed so much on caring for her son.

**Older person with Chronic Obstructive Pulmonary Disease (COPD)**
An Age UK Southampton volunteer was worried about a man using the service because she noticed that he appeared to have lost a lot of weight. After filling in the Patients Association Nutrition Checklist she gave him tips on boosting his nutritional intake. He felt he had lost weight as a result of his medication, so she encouraged him to see his GP to address this, and also referred him to the community wellbeing team. She gave him a leaflet: ‘Eating Well: Guidance for people living with COPD’ (produced by the Wessex AHSN). He appreciated her visit and that she had taken an interest in his nutrition.

**Older man receiving domiciliary care**
A domiciliary care locality manager used the Patients Association Nutrition Checklist with an elderly man after noticing that meals left in the microwave for him to warm up and eat were untouched. The Patients Association Nutrition Checklist helped develop a conversation with him, and led to him agreeing to have hot meals delivered instead. Having a meal delivered hot makes it more likely that the client will eat. It also led to further conversations with his social worker to arrange for him to go to a day centre on additional days.

**Elderly housebound patient**
A housebound patient was referred for help with nutrition after a visit from the GP practice paramedic who went through the Patients Association Nutrition Checklist with her, revealing possible risk. She was frail and elderly and she had wounds. The trained member of staff explained about how to eat well when underweight. The patient said she was using skimmed milk and was persuaded to switch to full-fat milk. She was given the leaflet ‘Food first – eating well for wound healing’. Her wounds have healed considerably and her weight has stabilised.
4.6 Factors for success

As part of the evaluation at the end of the pilots, members of staff were asked to provide feedback on what they thought were factors for success in using the Patients Association Nutrition Checklist. The pilots identified the following as critical to its successful implementation.

**Staff engagement, communication and training**

Within a given service, a keen champion is needed to promote the Patients Association Nutrition Checklist with staff and patients/service users. All staff need to be engaged and interested. Undernutrition is not widely recognised so initial and ongoing training for all staff members is vital.

In a GP setting, there needs to be one or more staff members able and willing to provide initial nutritional advice, and to oversee and manage the process, referring on as needed. This role was fulfilled by an Advanced Nurse Practitioner in one location and by a Medicines Management Lead in another and both worked well. Experience and qualities to provide patient care coupled with an interest in nutrition and a willingness to receive training are the key requirements. The role could suit a number of different types of GP staff. Access to expert advice from a dietitian is beneficial and should be available from Clinical Commissioning Groups.

In social care and voluntary care settings, staff members using the Patients Association Nutrition Checklist need to be trained in its use, have knowledge of local resources for signposting and of nutritional advice and information sources, and know how and when to refer for further help specific to their local situation.

**Communication to the public**

When used directly with patients and relatives, there needs to be a series of communication points (posters, website, Facebook, waiting rooms) and ready availability of the Patients Association Nutrition Checklist. The film is helpful to raise awareness.

**Build into existing work streams**

Uptake and use of the Patients Association Nutrition Checklist by staff is likely to be maximised when it is built into a relevant part of an existing work plan, for example within the over 75 visits to patients in a GP setting or as part of a six-week check in domiciliary care.

**Time**

Allow time for use of the Patients Association Nutrition Checklist to build up – do not expect instant results. In the GP practice where the pilot lasted six months, the numbers using it grew as time passed.
4.6 Ideas for future development

During the feedback on the pilots a number of ideas for future development were identified by health, social care and other staff.

Extend uptake
One was to seek every opportunity to talk to people about the Patients Association Nutrition Checklist and invite them to fill it in. Occasions such as flu clinics where thousands of people attend, many of whom do not often visit their GP, provide an ideal chance to extend to more patients; there is scope to use it in a wide variety of settings not explored in this project, such as in pharmacies. It was also suggested that it should be used widely across a local area, for example in primary care and the voluntary sector simultaneously, to maximise the uptake and range of advice given. This was not undertaken in the pilots.

Record and monitor uptake
A suggestion was made to use the Patients Association Nutrition Checklist to collect and record nutritional status information for all patients over 65 at GP practices. One GP practice has started to collect Section A data (Initial Assessment) for all patients over 65 and is using Readcodes to record progress and data collected. This enables the practice to check which patients have been involved in the process and offered further screening and help if needed. A Readcode template or other form of digital record would assist further, and could serve to prompt staff to use the Patients Association Nutrition Checklist with patients. In some parts of the country, common Readcode systems are used by primary and social care, enabling coordination across care providers and better care for patients/service users.

Further communication
Undernutrition is not a well-known problem in the community so there need to be as many communication points as possible. Suggestions included wider availability of the Patients Association Nutrition Checklist itself, as well as using the film, posters and websites in venues such as libraries and community centres. The film could be run on NHS platforms such as the NHS UK website.
The overall project conclusion is that the Patients Association Nutrition Checklist can play an effective and useful role in the drive to help identify undernutrition among older people and provide information and advice to improve weight gain.

5.1 Was the Patients Association Nutrition Checklist effective in what it set out to achieve?

**Raise awareness about undernutrition**
Staff overseeing the three pilots said that the Patients Association Nutrition Checklist and (in GP settings) the film helped to raise awareness with patients and the public, and to initiate conversations about weight and nutrition. They also said that it was valuable in raising awareness with healthcare staff and volunteers supporting patients and it empowered them to take action.

**Help identify need for nutritional help**
The concurrent validity research provided evidence that Section A of the Patients Association Nutrition Checklist compared well with ‘MUST’ (the most commonly used nutrition screening tool in clinical practice) and could be useful to provide early indication of risk of undernutrition and the need for further screening using a measure such as ‘MUST’ or the BAPEN malnutrition self-screening tool and/or provision of advice and guidance.

In the pilots the Patients Association Nutrition Checklist was effective in identifying early signs of problems by drawing attention to nearly 50 people at risk. Almost all these were people were reported by staff as unlikely to have been identified without the Patients Association Nutrition Checklist.

Section B of the Patients Association Nutrition Checklist was very useful for tailoring local advice and guidance in relation to nutritional, social and physical factors. This provided staff with a new tool to use to gain a better understanding of the needs and possible solutions for people they are supporting. It also empowered patients and relatives.

**Provide pointers for action, guiding people to help**
In all the trials, people found to be at nutritional risk were guided to advice and/or information.
Help identify and reduce under-nutrition
The Patients Association Nutrition Checklist helps raise awareness and it also helps identify need. It is not in its scope to do more than provide pointers to action, such as help from primary care or other appropriate signposting. However, by prompting awareness with staff and the public, and helping identify the need for help, it can perform a vital role, and enables ongoing nutritional and other advice and guidance for those individuals in need, so they can receive the right nutritional advice at the right time.

Usable and sustainable
Feedback from the pilots was that the Patients Association Nutrition Checklist was easy for staff and patients to use. All the organisations who took part in pilots plan to continue to use the checklist, building it into their existing work plans.

5.2 Developments following the project
As a result of the pilot work, two versions of the Patients Association Nutrition Checklist have been developed and some of the wording has been tailored to take account of feedback. The final versions are available via the Patients Association website: www.patients-association.org.uk.

To make the future use of the checklist as simple as possible for different organisations to use, an explanatory guide was recommended, which would also set out which version of the Patients Association Nutrition Checklist was most appropriate and when a different screening tool, such as ‘MUST’ is indicated by NICE guidance. The Explanatory Guide can be found at www.patients-association.org.uk and the guidance on which tool to use is also given in Appendix A.
The Patients Association recommends the wide uptake and use of the Patients Association Nutrition Checklist in primary care and community settings to help address the problem of undernutrition affecting over 1.1 million people over 65 living in their own homes in the UK.

6.1 To all health and social care providers, voluntary sector and community pharmacists

Embrace the use of the Patients Association Nutrition Checklist by staff with patients and service users.

6.2 To Commissioners

Promote the uptake of the Patients Association Nutrition Checklist.

6.3 To the British Association for Parenteral and Enteral Nutrition (BAPEN), British Dietetic Association, Malnutrition Pathway (Managing Adult Malnutrition in the Community), Malnutrition Task Force and other organisations working to reduce undernutrition

Promote the Patients Association Nutrition Checklist as part of their recommended tool-sets and pathways in order to provide a conversation tool, raise awareness and help to identify and address undernutrition in older people.
7. Acknowledgements

This project has been the result of a collaboration between the Patients Association, the Malnutrition Pathway (Managing Adult Malnutrition in the Community), Bournemouth University and Wessex Academic Health Science Network (Wessex AHSN).

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- NHS Aylesbury Vale and NHS Chiltern CCGs
- Buckinghamshire Healthcare NHS Trust
- Hampshire Fire and Rescue Service
- Pramacare, Dorset
- Steeple Bumpstead Surgery
- The Swan Practice, Buckingham

We would also like to thank everyone who used the Patients Association Nutrition Checklist and contributed to its development.

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### Appendix A: Use of different nutrition tools in community settings?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Nutrition Checklist (version for staff and volunteers supporting older people)</th>
<th>Nutrition Checklist (version for people to fill in themselves)</th>
<th>Screening by staff (e.g. ‘MUST’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>✅ To identify ‘clinical concern’ to triage when someone requires screening/advice – e.g. could be used by receptionist, phlebotomist, HCA.</td>
<td>✅ By the patient or relative in waiting room or from website and discussed with staff member afterwards if required</td>
<td>✅ On initial registration and in response to ‘clinical concern’ as identified by the checklist</td>
</tr>
<tr>
<td>Community health and social care, e.g. integrated community teams, community nursing, older people’s mental health, allied health professionals</td>
<td>✅ By social care if not screening (refer to local policy)</td>
<td></td>
<td>✅ As recommended on Trust nutrition / screening policy</td>
</tr>
<tr>
<td>Care homes (nursing and residential)</td>
<td></td>
<td>✅ For family/carers at open days and coffee mornings</td>
<td>✅ For residents</td>
</tr>
<tr>
<td>Domiciliary care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community clinic appointments, e.g. Podiatry, diabetic eye screening, dentist</td>
<td>✅ In a consultation role- to offer advice on services and guide to further help as required</td>
<td>✅ By the patient in waiting room and follow up as indicated in the checklist</td>
<td></td>
</tr>
<tr>
<td>Volunteers and community groups, e.g. lunch clubs, activity groups, day/community centres, churches</td>
<td>✅ In a consultation role, as above</td>
<td></td>
<td>✅ For family / carers / clients at events</td>
</tr>
<tr>
<td>Care Navigators, Dementia Advisors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>