Nutrition Checklist Project

Feedback Report

November 2016

Contents

Acknowledgements

With thanks to all the patients, relatives and healthcare staff who contributed to this project. Many people participated by commenting, filling in checklists and completing the feedback form. Particular thanks to the dietetic students and staff from Plymouth University; Patients Association ambassadors, especially Gillian Newcombe, Janet Bax and John Bensusan; Juliet Duquemin, nurse, for her enthusiastic help; and to the patients and relatives who gave their time.

1 Introduction and Background

1.1 It is estimated that there are more than three million people in the UK who are malnourished or at risk of malnourishment. Around 30% of people admitted to acute hospital and a similar proportion of those admitted to care homes are malnourished or at risk of malnourishment. Being underweight or malnourished compromises the quality of life for patients, poses a significant health risk and may indicate an underlying health problem. In addition, it is known that patients and relatives attach importance to good nutrition to help aid recovery after illness or surgery as well as to contribute to the maintenance of good health.

1.2 In 2015, NHS England published a paper 'NHS England Guidance – Commissioning Excellent Nutrition and Hydration; 2015-2018'[1]. The Patients Association published a paper in November 2015 'Managing Adult Malnutrition in the Community'[2] which looked at policy, practice and patient views in relation to Nutrition and Malnutrition and the hospital discharge process and established a set of recommendations to help reduce the incidence of malnutrition. The Patients Association's paper identified a gap between policy and practice and the need to raise awareness of the issues both with professionals and with patients and relatives.

1.3 Following these reports, a small project was set up to address one aspect, namely the need for tools to help the identification (or self-identification) of people who are under-nourished or in need of nutritional advice and to guide them to the appropriate sources of help.

1.4 The main existing measure in use by professionals for assessing individuals for malnutrition is the Malnutrition Universal Screening Tool ('MUST')[3]This test uses a combination of Body Mass Index (BMI) scores, rapid weight loss assessment and the impact of acute disease to assess risk. Any hospital inpatient considered at all likely to be malnourished should be assessed during their stay. 'MUST' is also a tool that can be used in all care settings, for example by GPs, care home staff and other professionals.

1.5 For patients, there are a number of simple self-screening questions available via the NHS Choices website[4] and the recently launched (December 2015) BAPEN Malnutrition Self-screening tool[5]. However, judging both by information from patients and the continuing prevalence of people with malnutrition, there is scope for a less 'clinical' checklist which can be used in many settings to help encourage conversations about weight and nutrition and lead people towards established tools and guidance.

[1] 'NHS England Guidance – Commissioning Excellent Nutrition and Hydration; 2015-2018'https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guide.pdf

[2] 'Managing Adult Malnutrition in the Community'- Patients Association 2015 http://www.patients-association.org.uk/wp-content/uploads/2015/11/managing-adult-malnutrition-in-the-community-nov-2015.pdf

[3] www.malnutritionpathway.co.uk

[4] www.nhs.uk

[5] BAPEN Malnutrition Self-screening Tool –www.malnutritionselfscreening.org.

2 Aims and Objectives

Project Aim

2.1 The original aim was to produce a simple nutritional checklist for health and social care professionals to use with patients/carers in the discharge area and one for patients/carers which is also available through the Patients Association website.

2.2 In the course of working on the checklist, this aim was broadened to encompass patients/carers in the community, and health and social care professionals or voluntary sector workers involved with them, as well as with patients in hospital discharge. It was decided to have one checklist for both patients and professionals.

Project Objectives

2.3 The revised objectives were as follows:

- To develop a nutrition checklist for possible use by patients/relatives and professionals/voluntary sector to help identify need for nutritional help and provide some pointers for action;
- To undertake a small pilot with patients, relatives and professionals working in the sector to gain their feedback on whether the checklist would be a useful tool; and if so how, where and with what modifications;
- To produce a report and recommendations on next steps.

Project Outcomes

2.4 A nutrition checklist for patients and staff that has been tested with both in a number of different settings.

2.5 A checklist which can be used in conjunction with /as part of the tool set to be developed by the Malnutrition Consensus Panel.

3 Methodology

3.1 Stage 1 involved the initial first draft of a nutrition checklist by the Patients Association. This was shared with three Patients Association ambassadors and three dietitians. Early feedback indicated that the discharge lounge area might not be the most appropriate target for such a checklist for two main reasons:

- Patients at risk of malnutrition should have been checked using the 'MUST' tool while they were in hospital and given appropriate advice.
- The discharge process is quite complex as it is and so it is unlikely that staff would find time to add another element.

3.2 After Stage 1 the nutrition checklist was revised and its focus re-examined. It was agreed that the checklist might be useful in some or all of the following settings:

<u>Health and social care and the voluntary sector</u>

- Charities/self-help groups with (mainly) older people e.g. voluntary sector groups for specific conditions, food banks and carers' groups. The checklist could be given or sent to leaders of such groups;

- GP practices;
- Care homes/community care at home;
- On discharge from acute hospitals.

Direct use by patients/relatives

- Patients;
- Relatives/informal carers.

3.3 After Stage 1 amendments were made to the checklist itself to focus it more directly at patients who might be at risk from malnutrition and also to provide some pointers to action for those who had filled in the checklist and found themselves at risk of malnutrition. The checklist was designed so that patients or relatives could fill it in but it could also be used by professionals working with them.

3.4 Stage 2 involved testing the revised nutrition checklist with a wide range of professionals, dietetic students, voluntary sector workers, patients and relatives. Participants were provided with the checklist and a feedback form. Feedback was received from:

- Fourteen checklists and feedback forms filled in by patients, relatives or staff. These were all filled in by, or on behalf of, people in the 'target' group, i.e. people potentially at risk of malnutrition. Several were filled in by healthcare staff sitting alongside patients.
- Additional feedback from two students of nutrition, a nurse at a community hospital, a GP practice nurse, four Patients Association Ambassadors (drawing on personal and professional experience), two people running community facilities (e.g. Food Bank).

4 Findings

4.1 Detailed feedback about the checklist is provided below by giving a summary of the answers to the Feedback form. At the end of each question the part in italics gives Patients Association commentary.

Was the checklist easy to fill in? If no, please explain why not?

4.2 Everyone answered 'Yes' to this question. As one professional put it: 'User friendly, clear structure and doesn't require too much information for each answer'.

4.3 However, the feedback from staff who had assisted patients and relatives to fill the checklist in was that some people found it confusing in parts and rather too long, making it on occasion overwhelming.

4.4 Those most likely to be at risk of under-nourishment are older people, some of whom will have reduced cognitive ability. One of the Patients Association ambassadors commented: 'I would question the reliability, patience or motivation of many patients or informal carers to complete such a lengthy form.' However, it was felt that fairly simple changes, such as increasing the font size, including pictures and improving the flow and formatting would make a great difference.

4.5 There were some specific problems which made it less easy to fill in: the hospital section

was confusing as it was framed for people leaving hospital; some people were not sure what was meant by a special diet; patients on the whole had not heard of the BMI index.

Summary and comment: the checklist is easier for professionals than for patients/relatives to fill in. The checklist should be altered to reduce length if possible, to improve flow and to make it more pictorial in larger print to suit (some) older people.

- **Was the checklist useful? In what ways was it useful?**

4.6 Almost everyone thought the checklist useful. Reasons for the checklist being seen as useful included:

4.7 From professionals

- The checklist encourages people to think about their weight history;
- The checklist takes into account environmental and social factors associated with eating;
- Good use of quantifying intake e.g. meals and snacks;
- It considers patient family's opinion;
- Good direction to additional links and encourages self-management;
- Draws attention to weight loss and highlights possible causes;
- Stimulates discussion between patient and health and social care staff;
- Fills a gap where more clinical techniques (such as the 'MUST' test) are not appropriate or not available such as in community and voluntary settings or people not able to access online tools.

4.8 From patients and relatives

- Helps me feel more knowledgeable and highlighted where I need help;
- Helped me think about this, such as knowing if confident to help father with diet;
- Prompts thoughts about nutrition.

4.9 Note: staff at one Food Bank said they did not want to trial the checklist 'because we've tried that sort of thing before and people just aren't interested'.

- **What was not useful? Are there any questions that could be taken off the checklist?**

4.10 Many people thought all the questions were useful. Reasons for the checklist, or parts of it, not being seen as useful included:

- 'It was not specific'. Reviewing this patient's checklist, it looks as if this comment relates to the checklist not being clear enough about what to do next;
- Some people found the hospital section was confusing. Some of the questions in that section were relevant for people not in hospital if phrased differently;
- Some people filled in the checklist and emerged as not being at risk, or feeling confident in what they were doing to avert any risk. Such people were more likely to say the checklist was not particularly useful for them, which is understandable.

Summary and comment for questions 2 and 3:

The checklist was seen as very useful by both patients/relatives and professionals. There are a number of modifications which will make it even more useful, e.g. making it easier to see what to do next, using a flow-chart style of format. The hospital section needs changing and reducing especially given that the checklist is now seen as more likely to be useful in the community than in the hospital discharge lounge.

- **Was there anything missing which you think should be added to make it a helpful checklist and guide to action?**

4.11 Some people felt the checklist covered everything. Recommendations for additions were:

- Add a few more signs of being under-weight, such as physical changes- clothes or rings becoming loose and so on, in addition to the weight-based measures. It was also suggested that a picture of the BMI chart should be included so people could assess themselves;
- Add further information about the individual such as age, mobility, physical conditions. The final version needs to include name and contact details of patient and, where relevant the professional and his/her organisation;
- Some questions need a tick box for 'No' e.g. no snacks at Question 12;
- There were comments about the nutritional supplement section.

4.12 Suggested additional questions for those who are taking supplements were made by dietetic professionals and included:

- Which brand/flavours of supplements have you tried? In particular, to check whether patients were taking prescription supplements or off-the-shelf versions such as Complan™;
- How useful did you find the supplements you were prescribed? Have you gained weight while on them? On a scale 1-5;
- How much did you enjoy the supplements you were prescribed? On a score 1-5;
- Were you aware of other flavours/styles of supplements that were available?
- Are you regularly taking the supplements?

4.13 There was also a suggestion that there should be an explanation of the usage and benefits of nutritional drinks for those not already taking them.

4.14 The guide to action needs developing with further options being added and linked to relevant parts of the checklist. Next steps may be:

- accessing information;
- using nutritional supplements/methods of fortifying foods in a self-help manner;
- assessing BMI and monitoring weight;
- seeking help from GP/GP practitioner, either for nutritional advice, or to identify underlying medical causes of weight-loss;
- seeking help from Social Services;

- accessing local services such as Lunch clubs, Carers support groups, Alzheimer's groups and so on. The checklist needs to guide people much more clearly to their next steps, if any.

Summary and comment:

There are many helpful suggestions to improve the checklist. The format of the checklist needs work and expert design input both to make the checklist easy to follow and, critically to establish clear links between answers and suggested options for next steps. We need to consider the section on nutritional supplements – it may be that a short section is appropriate in this checklist and a longer set of questions be made available for those reviewing nutritional supplement prescriptions.

- **Who do you think this sort of checklist will be useful for and how might it be used?**

4.15 Respondents saw very wide usage for the checklist as follows:

- As part of hospital admission booklet for all patients;
- Nursing/residential homes where staff have a directive to complete (this checklist seen as providing fuller picture than a simple 'MUST' score);
- Used by GPs who are concerned about their patients;
- Community care teams including home care workers, occupational therapists, district nurses;
- Pharmacies, particularly those who know their patients well enough to observe changes in weight;
- Voluntary organisations which provide support for vulnerable people e.g. Homeless shelters, drug/alcohol support - useful for staff when concerned by members visibly losing weight;
- Charities where weight loss is, or may be, a symptom of the condition represented e.g. Alzheimer's Society;
- Used on NHS website to be accessed by patients themselves or families/friends/carers;
- Used as part of dietetic assessment – dietetic assistants could use this to gather initial information on a patient before they are seen by a dietitian and this would help prioritise;
- Local nutrition champions;
- Relatives, carers and patients;
- Useful to share information and prompt discussion, for example between patient and relative/carer and between patient and healthcare professional. In this context, it was seen as important that there are (at least) two copies, one for the patient and one for professionals involved in their care.

4.16 There was a view that some of those most vulnerable to becoming malnourished currently slip through the net. Older people sometimes become confused; will not move from the house except to follow old routines; may find eating and drinking difficult; are no longer visited at home by GPs. An example was given of a relative's late father who

refused help; meals would be found left in microwave; he just asked for milk and lived on porridge. The checklist could have been helpful for a relative or friend to fill in so that advice and support could be offered; in this case possible help could have come from Social Services and/or prescribed nutritional supplements.

Summary and comment:

The checklist was considered to be useful for a very wide group.

- **What do you think should happen after the checklist – e.g. who should it go to, what should it advise on the form?**

4.17 Answers to this question included the following:

- Most patients and relatives said that they would take the form to their GP;
- Professionals were interested in how to refer and talked about home care workers/voluntary sector staff reporting back to their supervisor for onward referral;
- Some saw a three-tier system whereby if a patient was identified as being at high risk of malnutrition after completing the checklist this could link into acute/community dietetic referrals. People at a lower risk could be directed to contact GPs for further support; and for some advice and information leaflets could be sufficient;
- Useful for subsequent monitoring;
- Initially to GP Nurse Practitioner as GPs may consider it too time-consuming;
- Go to professionals and copy kept for patient/relative;
- Link to a national helpline for nutritional advice;
- Link to local specialist dietitian.

4.18 The draft checklist directed people to their GP but there was some concern about whether GPs would have time or in some cases the expertise to deal with this. GPs now have such a large workload. This was brought home by the fact that one GP who was asked to comment on the checklist and who has a strong interest in nutrition said she did not have time to reply in the one month time frame she was given. Ideally there would be an alternative to seeing a GP to obtain help and advice.

Summary and comment:

The mechanics of using the final checklist need consideration. This is addressed in Section 5 of this report.

- **Is there any other information that should accompany the checklist?**

4.19 Comments included:

- Links already suggested are all useful;
- Links to supplement websites may be beneficial to give more advice on ways to use supplements;
- For special diets links to appropriate charities/organisations e.g. Coeliac UK/ Diabetes UK;

- Include or have available the leaflets in the final section (E: Further information); All the patients who wanted further information wanted this in leaflet form as opposed to online. All the possible topics of information were ticked by at least one patient or relative;
- There needs to be information about local facilities and support groups, such as 'Meals on Wheels', Red Cross meal clubs and so on.

Summary and comment:

There is a demand for further information, and patients would prefer this in leaflet form. Some of this information already exists and could be incorporated e.g. for 'Healthy eating' the 'Eatwell Guide' (pictorially represented by a healthy plate and given on NHS Choices website); for other information, such as Guidance on gaining Weight, the Managing Adult Malnutrition in the Community website has many useful patient leaflets[6].

➢ **Without the checklist, what would you do now if you had concerns relating to nutrition about yourself or someone else?**

4.20 Comments included:

- Contact GP for further support - this was the most frequent response;
- Look up online resources on nutrition support from reputable sources;
- Monitor their weight and intake (comment from dietitian);
- Consider helping to support intake with Meals on Wheels, local luncheon clubs and so on;
- Consider buying supplements from supermarkets e.g. Complan™.

Summary and comment:

These points are useful in the re-drafting of the checklist.

➢ **Any other suggestions, comments or changes?**

4.21 Most people did not put any comment in this box and one or two commented that they liked it as it was. Suggestions made were:

- A BMI chart and calculator (with an explanation on how to use it) could usefully be added;
- Patients and their relatives who are under-nourished are often at the end of their tether and worried whether they are doing enough. Beware of making patients or relatives worried or more anxious. Be encouraging and add words of reassurance: this is information and ideas which may help you;
- Flow chart or similar mechanisms to make the checklist easier to navigate;
- 'This would be VERY useful if modified';

[6] http://www.malnutritionpathway.co.uk/leaflets-patients-and-carers

- Ideally there should be a network of local nutritional coordinators to act as the focal point for all patients and professionals, assessing, advising and referring on as necessary and appropriate;
- Note: one patient talked about the difficulties she had encountered in hospital, when she could not use a knife and fork but no help was offered. She lost half a stone. She also witnessed a patient who was unable to open a sandwich pack but was not offered help; and a patient asking for help putting marmalade on toast and this help being refused by catering staff. No one in the hospital seemed to monitor food intake. She asked, 'Should there be a separate checklist for inpatients?'

Summary and comment:

In relation to the last point, unfortunately, we know there are problems of this sort in some hospitals but identifying them is arguably outside the scope of this checklist, and there are other surveys with this objective. The other comments are helpful in terms of thinking about a revised checklist. The point about the need for reassurance is particularly pertinent.

5 Conclusions

5.1 There is general agreement that the Nutrition checklist would be useful for its two original objectives:

- To help identify the need for nutritional help or advice, encouraging conversations about nutrition both within families and between families and professionals;
- To provide some pointers for action.

5.2 The fact that the checklist provides a more qualitative, patient-focussed and less clinical approach, as well as looking at social as well as clinical factors was felt to be very helpful. The checklist was believed to have the potential for widespread use. It was found to be an easy, non-threatening way to open the conversation about nutrition and weight.

5.3 The checklist in its draft form was generally better received by professionals than by patients or relatives. Many of the professionals who saw it were very enthusiastic about the potential for using the checklist, subject to some minor modifications. Many patients and relatives were also enthusiastic about the checklist. However, for some patients likely to be at risk from malnourishment, it is complex and occasionally overwhelming. For them the font size needs to be larger; it needs to 'flow' better; it needs to be more pictorial; it needs to offer reassurance and, very importantly it needs to offer clear pointers to action at various stages. A checklist modified to be more suitable for patients and relatives would work just as well for professionals; and all the feedback indicates that a modified checklist would be very helpful for both these groups.

5.4 Following this project, the checklist has been modified to take account of the comments made. A revised checklist is included in Appendix A.

5.5 The Nutrition Checklist should not be seen in isolation. It is part of a large set of tools

which are available to patients and professionals. It would often be the first step for patients and relatives, encouraging them to seek professional help. That professional help should involve the accredited and multi profession-endorsed Managing Adult Malnutrition in the Community Pathway.[7]

5.6 The second objective of the checklist is to provide some pointers to action. Many patients said they would find leaflets useful. As not all patients use the internet, it would be useful to have hard-copy leaflets available on topics such as Healthy eating, Guidance on gaining weight, Nutritional supplements and Community help with meals.

5.7 The main issue to consider is how the checklist would be used and actioned in practice to maximum effect. There was some feedback to indicate that GPs may not have the time to provide the sort of help and advice which is needed in following up the checklist. Options for providing advice may be practice nurses; community-based and practice-based pharmacists; or practice-based dietitians, where they exist. There may also be the opportunity to involve voluntary local health champions where Community Health Champions schemes8 are in place. Some professionals raised interesting ideas for developing a new model to capitalize on the checklist, using local networks to put the checklist and the subsequent nutritional advice and support into practice.

5.8 Based on the findings from this pilot and the positive feedback received from patients and professionals about the checklist in the trial, 18 recommendations are made in the section below in anticipation that this work is taken forward.

6 Recommendations

As a result of the work carried out in this pilot project the following recommendations are made:

Recommendation 1: To adopt the nutrition checklist and promote its use to a wide audience and in as many settings as possible, including GP practices, community care, the voluntary sector, and hospital discharge areas.

Recommendation 2: To periodically update the nutrition checklist and maximise its ease of use and effectiveness for patients, families/carers and health and social care professionals.

Recommendation 3: The nutrition checklist should be available online for patients and families/carers to access, via a range of different websites, including third sector organisations representing patient groups whose nutrition is most at risk.

Recommendation 4: The checklist should also be available via national helplines (including the Patients Association helpline) and through publicly distributed leaflets so that patients and families/carers have a range of means to access the checklist beyond the internet.

Recommendation 5: To consider how the nutrition checklist could best be used and actioned in practice, either by existing professionals and health champions, or through the establishment of a new role of “expert community nutrition champion”. The role would be to maximise the impact of the nutrition checklist and its objective of prompting action to seek help and expert advice where needed, and additionally taking on some responsibility

[7] www.malnutritionpathway.co.uk

[8] www.altogetherbetter.org.uk/health-champions

for providing nutritional advice and/or referral to relevant local groups and agencies.

Recommendation 6: The development of a short (three minute) video clip which could be shown in health and social care settings, such as GP surgeries, with the aim of promoting the use of the checklist and emphasis on the importance of good nutrition. This could be part of a wider public 'Think Nutrition' campaign.

Recommendation 7: There should be hardcopy leaflets about nutrition and diet available for those patients and relatives who are not used to using the internet. Funding for these as well as means of distribution should be sought.

To Malnutrition Task Force

Recommendation 8: To promote the nutrition checklist and incorporate it into other Malnutrition Task Force tool-sets.

Recommendation 9: To work with the Patients Association to take this forward as a research development project whereby the nutrition checklist is trialled in a locality in conjunction with expert community nutrition champions (see Recommendation 5) or other professionals to measure and evaluate the effectiveness of a co-ordinated approach to reduce the incidence and impact of malnutrition.

To Commissioners

Recommendation 10: The nutrition checklist should be included as part of the growing range of tools available to help prompt discussion, identification and treatment of malnourishment in order to reduce the frequency of malnutrition amongst patient groups and reduce any strain on the NHS.

Recommendation 11: Commissioners should put in place more robust systems to ensure that relevant tools and guidance, such as those in the NHS England Nutrition and Hydration Commissioning Guidance[9] and the Managing Adult Malnutrition in the Community Pathway[10] are used as recommended. These could include periodic reports on the levels of malnutrition amongst patients on admission to hospital and on discharge.

Recommendation 12: That the findings from this work be explored with the practice based pharmacists pilot to consider ways in which primary care and community based pharmacists may be able to assist in the identification of malnutrition and roll out of the nutrition checklist.

To GPs

Recommendation 13: That all GP practices should embrace the use and promotion of the nutrition checklist in community settings as a useful start-point before using the Managing Adult Malnutrition in the Community Pathway[10] to enable prevention and management of both disease-related and social malnutrition in the clinical setting.

Recommendation 14: That all GP practices should have access to a dietitian for expert

[9] NHS Commissioning – guidance on commissioning excellent nutrition and hydration (www.england.nhs.uk/commissioning/nut-hyd/)

[10] www.malnutritionpathway.co.uk

nutritional advice and policy development.

To Acute trusts /providers

Recommendation 15: The nutrition checklist should be used as a tool to assist staff in identifying the type of nutritional support and advice which is needed for in-patients and on discharge, especially for patients at risk of malnutrition either by age or type of condition.

To Care Quality Commission

Recommendation 16: there should be more robust measures in place to ensure nutrition and hydration aspects are built into Care Quality Commission inspections in all care settings. We note that the recent report from the Health Information and Quality Authority (HIQA)[11] includes some specific recommendations for action in this area, which is a good development and would be worth adopting in England.

To NICE implementation team

Recommendation 17: to raise the profile of nutrition and provide a key point of contact in their portfolio within NHS England.

To NHS Improvement

Recommendation 18: to make use of the nutrition checklist when working with NHS trusts and other organisations to ensure nutritional needs are taken into account at hospital discharge and in community settings.

[11] 'Report of the review of nutrition and hydration care in public acute hospitals' Health Information and Quality Authority, May 2016 (www.hiqa.ie)

7 References

1. NHS England Guidance – Commissioning Excellent Nutrition and Hydration https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guide.pdf

2. 'Managing Adult Malnutrition in the Community' Patients Association 2015 http://www.patients-association.org.uk/wp-content/uploads/2015/11/managing-adult-malnutrition-in-the-community-nov-2015.pdf

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5. BAPEN Malnutrition Universal Screening Tool (www.bapen.org.uk); BAPEN Malnutrition Self-screening Tool –www.malnutritionselfscreening.org).

6. http://www.malnutritionpathway.co.uk/leaflets-patients-and-carers

7. www.malnutritionpathway.co.uk

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9. NHS Commissioning – guidance on commissioning excellent nutrition and hydration: www.england.nhs.uk/commissioning/nut-hyd/

10. www.malnutritionpathway.co.uk

11. Report of the review of nutrition and hydration care in public acute hospitals, Health Information and Quality Authority, May 2016: www.hiqa.ie

8 APPENDIX: Revised Nutrition Checklist

Double click below to open up the checklist.

Final nutrition checklist 24.11.16.pdf

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