



Elder Friendly Pharmacies (Portsmouth) Healthy Eating & Malnutrition Health Promotion Project Evaluation Report

1.0 Project Background & Introduction

1.1 Context

Evidence shows that community pharmacies can be actively involved in the development and delivery of public health services (DoH, 2010). Visitors to community pharmacies come from all sectors of the population and they are often patients' first point of contact, and, for some, their only contact with a healthcare professional (PSNC, 2013). Hence community pharmacy should be an ideal setting to identify people at risk of malnutrition and to provide some practical advice to eat more healthily.

A project to raise awareness of elderly malnutrition among Community Pharmacies was run by the Wessex Academic Health Science Network (AHSN) in conjunction with NHS Portsmouth Clinical Commissioning Group, and working with Portsmouth City Council and Portsmouth Hospital Community Dietitians.

1.2 Aims and objectives

The project aimed to support Community Pharmacies to run a health promotion campaign focussed on elderly malnutrition; and in particular to review whether providing training to Community Pharmacies on nutrition in older people led to improved awareness of malnutrition and conversations with older people.

2.0 Methods

Malnutrition awareness training was provided to staff members from ten pharmacies in the Portsmouth area in October 2015. In total, 12 members of pharmacy staff attended (one from each pharmacy, plus an additional member of staff from both Everetts Pharmacy, Cosham and Rowlands Pharmacy, North End). All staff attended the same training session, which lasted two hours in length, and was held at Buckland Community Centre in Portsmouth. At the start of the session, pre-knowledge training quizzes were given out to gauge the participant's knowledge levels. Training was carried by the Wessex AHSN Dietitian and a community Dietitian from Portsmouth Hospitals NHS Trust. There was also someone from the Independence and Wellbeing team present, who provided information about activities and interest groups in the city focussing on keeping older people fit and well. Following training, the pharmacy staff who attended were encouraged to cascade their learning to other staff in their pharmacy.

Of the ten pharmacies who attended the training session, four pharmacies took part in the campaign. Following training, the campaign involved pharmacy staff (those who had attended training, and other staff who received the cascaded information from the staff attending the session) talking to older people about their weight (including measuring weight and height where appropriate), eating habits and any recent weight loss, and then providing some basic information, signposting and resources to support people to maintain a healthy weight. This was done using structured questionnaires which were designed by the Dietitian (a copy of this questionnaire can be found in appendix 1). The pharmacy staff either completed the questionnaire themselves using the answers provided by the older person, or the older person themselves completed the questionnaire if they were able to. Alternatively they could enter the answers straight onto PharmOutcomes if they had computer access during the conversation. There was no way of knowing whether the older

person themselves or the pharmacy staff member completed the questionnaire. Whilst the pharmacies were advised to focus on talking to people over the age of 75, there were no issues with them talking to people younger than this as they considered themselves an 'older person', or if younger people had concerns around malnutrition.

Questionnaires were completed and data entered into PharmOutcomes for analysis between 20th October 2015 and 1st February 2016. PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services. The pharmacies involved are familiar with using this system on a regular basis to capture evidence. Only six of the questions on PharmOutcomes were 'mandatory' leaving as much flexibility as possible.

A small amount of funding per questionnaire was available from NHS Portsmouth Clinical Commissioning Group; funding was available for up to 100 questionnaires per pharmacy. It was expected that each pharmacy would speak to (and complete a questionnaire for) at least 50 people. A total of 260 questionnaires were completed across the four pharmacies that took part (numbers of questionnaires completed according to pharmacy can be found in table 1 within the results section).

Following the completion of questionnaires and data entry, the Wessex AHSN Dietitian visited each pharmacy between 2nd and 23rd February 2016 to hold a discussion / informal interview with the pharmacy staff and obtain some qualitative data on the project, including strengths and weaknesses, potential recommendations, and insights behind the raw data.

3.0 Results

3.1 Findings from the pre-knowledge training quiz

A seven-question quiz was completed by five respondents at the start of training session, to gauge knowledge about malnutrition prior to the session. The forms were anonymous so there was no information on the type of staff or role from the completed quizzes. Overall, malnutrition knowledge at the start of the project appeared low. The following points summarise the main findings around pre-training knowledge:

- Participants knew that overweight / obesity affected a high proportion of over 65s; with two (40%) estimating that 65% of over 65s were overweight / obese (which was the correct answer), and two (40%) estimating 85%. The remaining participants estimated 45%
- Participants over-estimated the percentage of over 65s 'at risk' of malnutrition (which should be 10-15%), with three (60%) estimating 45% and two (40%) estimating if affected 65% of over 65s
- An open-ended question was asked about potential signs of malnutrition. Four (80%) identified weight loss and two (40%) identified problems around eating. Other perceived signs (which are not necessarily signs of malnutrition) included confusion, falls, dizziness, skin, mood swings and energy levels
- An open-ended question was asked about causes of malnutrition that could be influenced or changed as part of their role. Two (40%) suggested giving dietary advice and shopping help. Other 'causes' mentioned were not things that could easily be modified, or were not causes of malnutrition at all
- An open-ended question was asked about things older people could do if concerned they were malnourished. 'Correct' answers would include responses such as eating little and often, having milky drinks, eating high-calorie snacks and food fortification. Only two (40%) mentioned eating little and often. One answered 'build up foods', one mentioned having a 'conversation about food', and one mentioned offering Age Concern leaflets. Other things



mentioned included taking vitamins (two participants), increasing fruit and vegetable intake, having the correct balance of food groups, drinks with vitamin C and drinking more

- All participants thought calcium and vitamin D were the most important nutrients for older people. Fat, folate and zinc were perceived as least important (only three participants selected these). No participants picked up that all these individual nutrients are important
- When asked where to signpost to for help / support if concerned about someone with malnutrition, all five ticked 'GP'. Two stated a support group or the Practice Nurse. As part of the training, pharmacy staff were encouraged to signpost to the Practice Nurse or voluntary sector organisation, rather than to the GP (unless there were specific medical issues).

3.2 Findings from patients' questionnaires

3.2.1 Completion of questionnaires

It was expected at the start of the project that each pharmacy would talk to at least 50 older people (and fill out the associated questionnaire with them; the pharmacy staff either completed the questionnaire themselves using the answers provided by the older person, or the older person themselves completed the questionnaire if they were able to. There was no way of knowing whether the older person themselves or the pharmacy staff member completed the questionnaire). Two pharmacies carried out less than 50 questionnaires, but the other two carried out significantly more; a total of 260 were completed across all four pharmacies, exceeding the project expectations.

Table 1: The pharmacies involved in the project and the number of questionnaires completed for each

| Pharmacy | Number of questionnaires completed |
|------------------------------|------------------------------------|
| City Pharmacy, North End | 45 |
| Rowlands Pharmacy, North End | 39 |
| Goldchem Pharmacy, Southsea | 101 |
| Everetts Pharmacy, Cosham | 75 |
| Total | 260 |

Data on the day of the week and month of the year the questionnaires were completed was recorded for 222 of the questionnaires; breakdowns for the different pharmacies was not available for this data. This showed that December 2015 was the busiest month for data collection, with double the number of questionnaires being completed (82 out of 222; 37%) compared to January 2016, which was the quietest month (41 out of 222; 18%).

In total across all four pharmacies, more questionnaires were completed on a Wednesday than any other day (with 28% of the questionnaires being completed). 14-16% of the questionnaires were completed on Monday, Tuesday, Friday and Saturday, with the lowest number of questionnaires being completed on a Thursday (12%).

3.2.2 Demographics of older people surveyed

- The majority of the questionnaires (86%, n=224) were completed by the pharmacy staff with the older person themselves. 14% (n=36) of the questionnaires were completed with a carer or relative who was visiting the pharmacy on behalf of someone else
- More than twice the number of older people surveyed were female (females 68%; males 32%)
- A total of 241 people were aged 65 or above
- The majority of people (55%) were aged between 75 and 84 years old. Interestingly, 19 people (7%) were under 65, with ages ranging from 21 to 64. Whilst the project was aimed at over 65s, it was not specifically implied that no-one under 65 could take part. Feedback



from the pharmacies suggested that several younger people with long term conditions were keen to have a conversation about nutrition. See table 2 below for the age ranges of the people surveyed

- The majority of people live alone (58%), with 31% living with someone of a similar generation, e.g. partner, and the remaining 11% living in a household with people of a younger generation, e.g. living with their children

Table 2: The age ranges of the people surveyed (n=260)

| Age | Number of people | % of people |
|---------|------------------|-------------|
| 90+ | 7 | 3% |
| 85 – 89 | 25 | 10% |
| 80 – 84 | 60 | 23% |
| 75 – 79 | 82 | 32% |
| 70 – 74 | 32 | 12% |
| 65 – 69 | 35 | 13% |
| 60 – 64 | 13 | 5% |
| <60 | 6 | 2% |

3.2.3 Health of the person

When asked to describe overall health, a range of answers were received (based on 255 responses for this question), as shown in table 3 below. 43% described their health as ‘good’ or ‘very good’, whilst 18% described their health as ‘poor’ or ‘very poor’.

Table 3: Reported health description give by the people surveyed (n=255)

| Description of health | Number of people | % of people |
|-----------------------|------------------|-------------|
| Very good | 29 | 11% |
| Good | 81 | 32% |
| Moderate | 98 | 38% |
| Poor | 43 | 17% |
| Very poor | 4 | 2% |

3.2.4 Weight and body mass index (BMI)

Of the 260 people who answered the question about weight, height and BMI, the following results have been found:

- 156 people (60%) knew their weight and height or BMI, or had this measured at the pharmacy (if someone entered weight and height, the pharmacy staff then calculated BMI)
- 83 people (32%) ticked ‘declined’ or declined to have theirs measured
- In 21 cases (8%), the person was not available (but BMI was reported in some of these cases)

A total of 161 BMIs were recorded (either measured or reported); the BMI ranges for which are shown in table 4.

Table 4: The BMI ranges found or reported among the people surveyed (n=161)

| BMI range | Number of people | % of people |
|---|------------------|-------------|
| Very underweight (<i>BMI < 18.5</i>) | 2 | 1% |
| Underweight (<i>BMI 18.5 – 19.9</i>) | 10 | 6% |
| Healthy (<i>BMI 20-24.9</i>) | 62 | 39% |
| Overweight (<i>BMI 25-29.9</i>) | 65 | 40% |
| Obese (<i>BMI 30+</i>) | 22 | 14% |



3.2.5 Unexplained weight loss

Of the 255 responses received about recent unplanned weight loss, the following results have been found:

- 43 people (17%) reported that they had suffered from unexplained weight loss in the last 3-6 months. Of these, 37 were 'older people' with an age range from 65 – 93 years; average age 79. The remaining six ranged in age from 48 – 64 years
- 170 people (67%) reported no recent weight loss
- 42 people (16%) were 'unsure'

3.2.6 Malnutrition Risk

Of the 43 people reporting recent unexplained weight loss, three also had a BMI less than 20 (these three were all over 75 years of age). Of the 12 people with a BMI of less than 20 (underweight), three reported unexplained weight loss, five had experienced no weight loss, three were unsure and one did not answer the question. All those with a BMI <20 were over 65 years of age; ages ranged from 67 to 86 years, with an average age of 77. The following points summarise the results about malnutrition risk:

- At least 52 patients (all ages) were at risk of malnutrition (20.3% based on 255 responses); having either experienced recent unexplained weight loss and/or being underweight (BMI<20)
- At least 46 'older people' (65+) were at risk of malnutrition (19% based on 241 people over 65); having either experienced recent unexplained weight loss and/or being underweight (BMI<20)
- These percentages are a minimum as 16% of the people surveyed were 'unsure' if they had experienced weight loss

3.2.7 Shopping abilities of older people surveyed

All 260 respondents answered questions about shopping, and the results can be summarised as follows:

- 220 people (85%) reported that they could do their own shopping, whereas 37 people (14%) could not shop for themselves (3 people stated n/a or unsure)
- 206 people (79%) reported that they did not require assistance with their shopping. 51 people (20%) needed assistance with their shopping (3 people stated n/a or unsure)

3.2.8 Eating and cooking habits of older people surveyed

The majority of respondents answered the questions about eating and cooking (see numbers of respondents in table 5). A full breakdown of results is found in table 5. Key results are summarised in the bullet points below:

- Two thirds reported to rarely eat a hot meal
- 55% said they eat alone most days
- 18% rarely cook, and instead rely on supermarket ready meals
- 7% use a meal service such as Meals on Wheels, Appetito or Wiltshire Farm Foods

The answers to some of these questions are conflicting (e.g. between question 1 and 4), representing issues around the questionnaire design. It was pointed out by pharmacy staff during the interviews that respondents found some of these questions confusing and difficult to answer, so may not be an accurate representation of the views of the older people surveyed (see section 2.5 'project challenges').



Table 5: Number of respondents who answered and answers about their cooking & eating habits

| | Number of respondents | % answered 'yes' | % answered 'no' | % unsure or n/a |
|--|-----------------------|------------------|-----------------|-----------------|
| 1. Regularly cook / eat meals from ingredients | n=258 | 81% | 18% | 1% |
| 2. Usually rely on supermarket ready meals | n=258 | 18% | 79% | 3% |
| 3. Use a meal service | n=254 | 7% | 91% | 2% |
| 4. Rarely cook or eat a hot meal | n=258 | 66% | 33% | 1% |
| 5 Still enjoy their food | n=259 | 85% | 12% | 3% |
| 6 Eat alone most days | n=258 | 55% | 45% | - |
| 7. Find many foods difficult to swallow | n=258 | 13% | 84% | 3% |

3.3 Signposting by pharmacy staff

If applicable or required, signposting was provided by pharmacy staff to people who had completed the questionnaires. Table 6 shows the services that patients were signposted to, along with the numbers signposted to these services. GPs and Adult Wellbeing were the two services most frequently signposted. Patients could be signposted to more than one service.

Table 6: Signposting by the pharmacy staff

| Services signposted to | Number of older people signposted to these services |
|------------------------|---|
| GP | 45 |
| Adult Wellbeing | 34 |
| Carers Centre | 20 |
| Dentist | 7 |
| Nurse | 1 |
| Dietitian | 1 |
| Exercise Groups | 1 |
| Voluntary Work | 1 |
| Nothing required | 182 |

3.4 Resources provided by pharmacy staff

Advice and information about nutrition, meal services, social services, local community groups and activity groups were provided to pharmacy staff as part of the project. Resources were then given out by pharmacy staff to patients, as deemed appropriate. Table 7 shows the resources provided, along with the numbers of people provided with these resources. Resources about activity groups and lunch clubs were the resources most frequently used, shortly followed by the Dairy Council 'Bring It Back' booklets. Patients could be provided with more than one resource.

Table 7: Resource provision by the pharmacy staff

| Resources | Number of older people provided with these resources |
|-------------------------------------|--|
| Activity Groups | 56 |
| Lunch Clubs | 56 |
| Dairy Council Bring It Back booklet | 53 |
| Meal Services | 38 |
| Record of current weight or BMI | 11 |
| Blood pressure booklet | 1 |
| Social Services | 1 |
| Nothing required | 149 |



3.5 Findings from discussion / interviews with pharmacy staff

Informal interviews were held by the project Dietitian with staff from each of the four pharmacies involved in the project. The Dietitian had prepared a list of questions to ask the pharmacy staff in advance of the interviews (a full list of the questions asked can be found in appendix 2). These included:

- a) Questions around the training received (e.g. clarity, usefulness, and if training met expectations, knowledge on malnutrition prior to the training, and how skills / knowledge obtained have been implemented within their role)
- b) Questions about the project (e.g. what went well and not so well, what surprised them most, critique of the resources and signposting, assessment of perceived customer knowledge of BMI and basic nutrition, how the questionnaire could be improved, and the overall benefits of the project to the pharmacy)

These interviews were conducted as informal discussions, where the answers were discussed and notes were taken by the Dietitian to record the answers given. In three of the pharmacies, the interviews were carried out with two members of staff in discussion together. Table 8 shows the number of staff attending each interview / discussion, their roles, and how many attended the initial training.

Table 8: Information about the pharmacy staff attending Dietitian interview / discussion

| Pharmacy | Number of staff present at interview | Attended initial training session? | Roles of staff |
|-------------------|--------------------------------------|------------------------------------|---|
| City Pharmacy | 2 | One attended, one did not | Counter staff / shop floor |
| Rowlands Pharmacy | 1 | Yes | Counter staff / shop floor |
| Goldchem Pharmacy | 2 | One attended, one did not | Counter staff / shop floor; one specialised weight management for the Healthy Living scheme |
| Everetts Pharmacy | 2 | Yes, both | 1 counter staff / shop floor 1 Checking Technician |

The following bullet points provide a summary of the key results obtained from the interviews.

The training

- All pharmacy staff found the training useful, easy to understand and met their expectations
- Six out of the seven staff reported no or very little prior knowledge about malnutrition
- Staff from two of the pharmacies felt they would have benefited from some training around how to approach customers and start a conversation about nutrition
- Since the training, staff from three of the pharmacies reported a general increase in awareness about malnutrition and the scale of the issue. One staff member commented that they now take more notice of older people and the potential for malnutrition; whilst another said that prior to the training, they thought malnutrition was just an issue for children and the homeless

Things that surprised them about the nutritional habits of older people – the following comments were received from individual members of staff about what surprised them



- The number of people who ate sandwiches and cake instead of hot meals
- The number of people who were lonely and just wanted a chat; surprised that hardly anyone used Meals on Wheels; referred a couple of people to the Salvation Army as they were alone at Christmas
- Many people in their 70s are still very spritely, but surprised at the number of people who don't buy fresh foods like fruits and vegetables
- The number of younger people (under 65) who were at risk of malnutrition and wanted to take part

Customer knowledge about nutrition and BMI

- Two of the pharmacy staff (from the same pharmacy) reported that most people had heard of BMI but did not understand what it was
- One of the pharmacy staff reported that men in particular tended to over-estimate their height
- Staff from two pharmacies mentioned that older people didn't seem particularly concerned about their nutrition, especially if a partner had died, or they felt they were 'too old' to be bothered about good nutrition
- Staff from one pharmacy commented on the number of overweight older people they talked to, saying... "there are two types of elderly – the ones who've yo-yo dieted all their life and still want to lose weight; and those who've dieted all their life and now think it's too late"

Resources & Signposting

- Staff from three of the pharmacies felt signposting worked well (one reported to have a younger more active clientele that weren't too interested in this aspect. However this pharmacy had the most conversations / questionnaires completed)
- The Dairy Council leaflets and postcards were popular – the patients reported to like these resources, and the pharmacy staff also felt they were particularly useful for their clientele
- Staff from three of the pharmacies felt that more information or a directory of local services / voluntary sector services would have been useful, particularly for those who are mobile but lonely (also suggested was having little cards to advertise services or posters to put up in the pharmacy) e.g. local church clubs, library, and physical activity services, including exercise for wheelchairs and Portsmouth Ramblers
- Staff from one pharmacy suggested that recipe cards (or a book) with quick easy meals (e.g. under £2 and taking less than 15 minutes to prepare) would be useful, particularly for people on a budget or with poor dexterity

Project strengths

- Pharmacies varied in how they approached customers – e.g. one pharmacy approached people on the shop floor, whilst another tried to use their consultation room where possible, and another found using a display on the shop floor (for over a month) worked well and brought customers over
- Having the resources and knowing where to access additional copies from
- General interaction with the older community, and raising the awareness of malnutrition
- Three of the pharmacies felt that the timing of the project was good, and did not report any issues with staff time to complete the questionnaires (only one pharmacy felt that timing was an issue, and this was simply because the project timescale fell over Christmas)
- That nutrition has an impact of many conditions; e.g. whilst giving information on food fortification, concerns came up around length of time since last diabetes check; several patients were advised to visit GP / Practice Nurse for a check up as a result. One pharmacy was offering free blood pressure checks, and would bring up nutrition at the same time



Project challenges

- Knowing how to approach older people to start a conversation around nutrition; this is something that future training should include
- All pharmacies felt that improvements were required in the questionnaire form itself, e.g.
 - eliminate confusion around questions on cooking and eating habits, by amending the question 'do you regularly cook / eat meals from ingredients' to 'How many times a week do you cook from fresh... use ready meals... does a neighbour or family member cook for you', or similar. Also to amend the question 'I rarely cook or eat a hot meal', as many felt this was misleading and were not sure whether to answer yes or no. The confusion of patients was evidenced in table 5 when it can be found that the results showed that 81% of respondents said that they regularly cooked/ate meals from ingredients while at the same time 66% said that they rarely cooked or ate a hot meal
 - Include a question on physical activity
 - The questionnaire focussed on eating rather than other social factors like loneliness

4.0 Discussion

The project exceeded its aim in terms of the number of interactions with older people / questionnaires completed (260 instead of 200). Once the individual pharmacies and pharmacy staff had developed their own way of approaching older people visiting the pharmacy, all staff reported no problems approaching people, and the majority of people approached were willing to participate.

All staff interviewed found the training very useful, and that it opened up their eyes to the scale of the problem. Given the number of interactions staff had with older people as a result of training, rolling out nutrition / malnutrition awareness training to pharmacy staff in the future would increase malnutrition awareness and as a result potentially reduce the number of people at risk of malnutrition.

As mentioned in the results, 46 'older people' were at risk of malnutrition; having either experienced recent unexplained weight loss, or being underweight, or both. This translates to a percentage of 19% of older people (over 65) interviewed being 'at medium or high risk' of malnutrition. It is likely that this percentage is actually even higher, as 16% of the people questioned were 'unsure' whether they had experienced unintentional weight loss. This figure of 19% fits with the data found in published and quoted research, where 14% of older people living in their own homes were found to be 'at risk' (Elia & Stratton, 2005), and 25% of older people receiving care at home were found to be at 'risk' (Elia & Russell, 2009). 'At risk' in this published research is defined as people with a medium or high risk of malnutrition using the Malnutrition Universal Screening Tool ('MUST')¹. However, because questions were not asked about the actual amount of weight loss experienced in each, it is not possible to be sure that all those with recent unplanned weight loss had lost a clinically significant amount of weight (i.e. >5%). Therefore, scores using the 'MUST' screening tool have not been assigned, and the malnutrition risk figures obtained from the questionnaires in this project will not necessarily be fully comparable with the risk figures from Elia and Stratton (2005) and Elia and Russell (2009) or any other research that has used 'MUST' scores.

Results showed that 7% of the people surveyed were underweight with a BMI <20. This is again slightly higher than the published and quoted research, which found that 5% of older people were underweight (Edington et al, 1996).

¹ 'MUST' is a screening tool which can identify malnutrition risk in adults. For more information see www.bapen.org.uk/screening-and-must/must-calculator

Pharmacy staff noted they were surprised at the number of people under 65 who they spoke to or who were interested in having a conversation around nutrition. Staff reported that this small cohort were often people suffering with long term ill health, e.g. cancer, and struggle to put weight on. It's worth noting that whilst this project focussed on older people, the advice is the same for all adults regardless of their age.

There are a number of reasons for why the project has been successful:

- **Recording of data** – pharmacies are already used to using PharmOutcomes to record data to capture the evidence of the pharmacy's benefit for patients, and also to ease the burden of record keeping. Using this system of electronic recording which was already familiar to them may also have saved time in data entry.
- **Access** - pharmacies are open all day, including evenings and weekends. Pharmacies are also found in good and accessible locations, spread out across the area, e.g. on the high street, next to a GP practice, and next to a popular budget supermarket chain.
- **Connections with the frail elderly and their carers** – research suggests that over 80% of people over the age of 65 are on at least one regular medicine (Welsh Health Survey, 2011). This means that the majority of this demographic group are in contact with a pharmacy at least once a month. Many are also well known by staff, often by name. It was evident that several of the pharmacy staff interviewed were particularly passionate about the issue of malnutrition in older people.
- **Time** – interviews revealed that time was only an issue in one of the pharmacies (and this was possibly because the project fell over the Christmas period). Generally, pharmacy staff will naturally chat, interact and have conversations with people on the shop floor. Staff from one pharmacy said they had received feedback during the project from patients around the difficulty in getting a GP appointment, and the lack of continuity seeing the same Doctor when you get an appointment.
- **Nature of the advice and services offered** – whilst still being a professional NHS service, pharmacies are well placed to provide non-judgemental and informal advice, which is not necessarily recorded. Furthermore, this advice can often be accessed without an appointment. Pharmacists themselves are qualified NHS professionals with expertise in long term conditions and medication.
- **Healthy Living Pharmacies** – Portsmouth has a network of Healthy Living Pharmacies that are pro-active in supporting health and healthy lifestyles. Several pharmacy staff involved in this project were trained in weight management, so malnutrition awareness complemented this training. They also had the appropriate equipment to measure weight and height (and therefore BMI) and training in how to use this equipment. The project also has synergies with their work to a) support dementia friends, b) signpost informal carers to the Portsmouth Carer Service, c) be an elder friendly pharmacy, and d) support Portsmouth City Council adult social care services by effective signposting, e.g. to Community Connectors, lunch clubs and health and well-being service
- **Signposting** - This seemed to go very well, and pharmacy staff seemed to pick up the issue that malnutrition is often connected with social issues, like loneliness, income, and poor cooking skills. Pharmacy staff seemed keen and pro-active to signpost people to appropriate services, and were keen to innovate new suggestions about resources. There is scope to improve the breadth of services to signpost to if a similar project was run in the future.

The project had two minor shortcomings:

- 1) Some of the questions in the survey questionnaire for patients were at times confusing. For example, confusion of patients about some questions was underlined by the pharmacy staff interviewed and was further evidenced in table 5 when the results showed that 81% of respondents said that they regularly cooked/ate meals from ingredients while at the same time 66% said that they rarely cooked or ate a hot meal.
- 2) How to approach customers and start a conversation about nutrition was not included in the training.

5.0 Key Recommendations

- **Training** – Provide local training for staff in all pharmacies on nutrition, malnutrition awareness and starting a conversation about nutrition (broaching the subject). This could work as a ‘train the trainer’ approach, as the staff who attended the initial training session appeared to cascade their learning to the other staff in the pharmacy. Whilst attending a training session gave the audience a chance to ask questions and make the training specific to the Portsmouth area (e.g. signposting to adult social care and local activities), having online training available may improve access to training. The British Association of Parenteral and Enteral Nutrition (BAPEN) provide three online training modules covering malnutrition and nutritional support. They also offer three e-learning modules on malnutrition screening using the ‘MUST’ screening tool (this training includes causes and consequences of malnutrition, importance of screening and how to screen using ‘MUST’. It includes case studies to consolidate knowledge learned). This online training is available from www.bapen.org.uk/e-learning-portal
- **Malnutrition screening** - As the pharmacies were successful in exceeding the number of interactions / questionnaires with older people, pharmacies could be well-placed to offer malnutrition screening using the ‘MUST’ screening tool – this involves measuring height and weight, asking questions to ascertain the degree of recent unexplained weight loss experienced, and following a specified care pathway to improve nutrition. A pilot could be run to trial this in community pharmacies. This would enable more meaningful comparisons with the published literature to be made.
- **Survey Design** - Improve the design of the survey questionnaire for patients making sure questions are more specific to avoid confusion around questions on cooking and eating habits and include a question on physical activity
- **Signposting** - A focus on providing good signposting for older people, particularly to services and sectors who run activities and groups to reduce loneliness in older people, which could then impact on improving their nutrition and quality of life
- **Resources** - Leaflets on malnutrition and awareness materials suitable for the general public (e.g. the Dairy Council’s Bring It Back leaflets and postcard sets) should be commonplace within pharmacies. The Wessex AHSN have also produced a resource entitled ‘Eating well, feeling good’, which is available as a PDF online. This is available from <http://wessexahsn.org.uk/projects/106/undernutrition-awareness-and-training> Pharmacies could also get involved in national nutrition campaigns, such as ‘nutrition & hydration week’ e.g. displays / stands.



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7.0 Appendices

Appendix 1: Copy of the questionnaire survey undertaken by patients

Appendix 2: Copy of the questions used in the informal interviews / discussion with pharmacy staff

Report written by Annemarie Aburrow, Lead OPEN Dietitian

27th April 2016



Older Persons Essential Nutrition Project

We know that some older people, particularly if they live on their own, struggle to eat healthily and maintain a healthy weight.

Some Portsmouth pharmacies are helping researchers from the Wessex Academic Science Network to develop an effective pharmacy service to support this group of older people.

If you have concerns about yourself, or someone you know, not eating well in older age then we would be grateful if you could help us with our study by completing this anonymous questionnaire with a member of pharmacy staff.

Please turn over for Questionnaire – a member of pharmacy staff will help you complete the boxes.

If you have further comments you wish to make then enter them in box below. Examples of useful comments could be about the range of services that you can use, additional services you would like to see or you can comment on whether you found this information from the pharmacy helpful.

Thank you for your help.

Any further comments or suggestions can be put in box below



| | | | | |
|--|--------------------------|--|--------------------------|---|
| 1. Are you interested in these resources for yourself or someone else? | | | | |
| Myself | <input type="checkbox"/> | Someone else in my own home | <input type="checkbox"/> | Someone outside of my home |
| | | | | |
| All the following questions apply to the older person who is of concern | | | | |
| 2. Male <input type="checkbox"/> Female <input type="checkbox"/> | | | | |
| 3. Date of birth (or aprox age if not known) | | | | |
| 4. For the person you have in mind do they live | | | | |
| On their own | <input type="checkbox"/> | With a partner of similar age / generation | <input type="checkbox"/> | Within household with people of younger age |
| | | | | |
| 5. In the last 3-6 months has the person suffered any unexplained weight loss | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| | | | | |
| 6. How would you describe the person's health? | | | | |
| Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate |
| | | | | Poor |
| | | | | Very poor |
| | | | | |
| 7. Do you know the person's Body Mass Index? – The pharmacy can weigh and measure you | | | | |
| Yes | <input type="checkbox"/> | Person not available | <input type="checkbox"/> | Declined |
| Weight kg | <input type="text"/> | Height cm (can use historic height) | <input type="text"/> | BMI |
| | | | | |
| 8. Tick all that apply for the person concerned Are any of these activities an issue | | | | |
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | | <input type="checkbox"/> | N/A or Relevant or Not sure |
| I can shop for myself | <input type="checkbox"/> | | | |
| I need assistance with shopping | <input type="checkbox"/> | | | |
| I regularly cook/ eat meals prepared from ingredients | <input type="checkbox"/> | | | |
| I usually rely on ready meals (supermarket) | <input type="checkbox"/> | | | |
| I use a meal service eg meals on wheels / Wiltshire/ Apetito | <input type="checkbox"/> | | | |
| I rarely cook/ eat hot meal | <input type="checkbox"/> | | | |
| I still enjoy my food | <input type="checkbox"/> | | | |
| Most days I eat on my own | <input type="checkbox"/> | | | |
| I find many foods difficult to swallow | <input type="checkbox"/> | | | |
| 9. Pharmacy staff – what resources/ advice/ signposting could you use this time | | | | |
| Signposting | | Resources | | |
| GP (if concerned about health issue) | <input type="checkbox"/> | Bring it Back booklet | <input type="checkbox"/> | |
| Dentist (if concerned about oral issue) | <input type="checkbox"/> | Meals on wheels / Apetito/Wiltshire | <input type="checkbox"/> | |
| Adult Wellbeing Team (if concerned by being on own and not coping) | <input type="checkbox"/> | Luncheon Groups | <input type="checkbox"/> | |
| Carers centre if there is caring issue | <input type="checkbox"/> | Activity groups | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Record of current weight/BMI | <input type="checkbox"/> | |
| | | Other | <input type="checkbox"/> | |
| | | | | |



Appendix 2:

Interview / Discussion Questions for Portsmouth Pharmacy Project

Questions about the training

1. Did the training meet expectations? If yes, how? If no, why not?
2. Did you know anything about malnutrition before you attended the training?
3. Has your knowledge of malnutrition / healthy eating improved since training? If yes, how? If no, why not?
4. How have you implemented the information from training within your current role?
5. How have you been using the posters/resources?
6. Are there any additional resources that you feel are necessary?

Questions about the campaign

1. What went well about the campaign?
2. How often did you go through the questionnaire with people or raise awareness in the people you spoke with?
3. Were there any barriers in doing this?
4. Did signposting work well? If yes, how? If not, are there other services we should have in the city that they could access?
5. Was the information / resources right for your customers? If yes, how? If not, why not?
6. Did customers have a basic knowledge about healthy eating & malnutrition prior to your input?
7. Did customers understand what a healthy weight was prior to your input?
8. Were the questions asked of customers the right questions? If not, how could the questions be improved?
9. What were the overall benefits of running the campaign, e.g. to your pharmacy / yourself / your customers?
10. What didn't go so well / what could be improved?