

Nutrition in Older People Programme

Evaluation of a pilot project to identify risk of undernutrition in community dwelling older people as part of Hampshire Fire & Rescue Service Safe & Well visits, with support from Age UK Southampton for those identified as 'at risk'

1.0 Executive Summary

A three-month pilot project was run by the Wessex AHSN in conjunction with Hampshire Fire and Rescue Service (HFRS) and Age UK Southampton (AUKS) to evaluate the potential and effectiveness of using an adapted version of the Patients Association Nutrition Checklist in identifying older people at risk of undernutrition and providing basic nutrition support and signposting.

Training was provided by a dietitian to two AUKS staff and two AUKS volunteers to give them information on undernutrition (prevalence, risk factors, identification and treatment), and give them an opportunity to use the checklist in a role play situation.

St Marys fire station agreed to be part of the project, and use part A of the checklist at Safe and Well visits for all people over 65. Once trained, the AUKS staff and volunteers were ready to receive copies of part A of the checklist for any older people found to be at increased risk and offer to carry out an assessment visit to offer support, advice and signposting (using Part B of the checklist which assessed their situation further and provided guidance for referrals, signposting and advice).

Key results of the project:

- 3 older people were screened by HFRS using part A of the checklist
- 1 older person was found to be 'at risk' of undernutrition from Part A of the checklist
- Part B was not used on any of the older people identified as 'at risk' from the project (as the one person found to be 'at risk' declined a visit), but AUKS have used the checklist (both part A and part B) on some of their other clients and were able to identify and support clients who would not have identified as 'at risk' prior to the project.

Despite the limited data, this project demonstrated the potential of using the checklist to incorporate nutrition questions into the Safe and Well visit paperwork, and the value of having a voluntary sector organisation to assess those flagged up as at increased risk where an organisation (such as HFRS) lacked the time capacity to carry out the full assessment. Despite small numbers, this is the first time that engagement has been undertaken with the Fire Service to identify undernutrition early. Historically the responsibility for screening in the community has been with healthcare professionals using validated screening tools (e.g. 'MUST'); however undernutrition is still under-identified and under-treated, so we need to look towards alternative groups in a social context that can support healthcare professionals in identifying undernutrition and signposting towards appropriate treatment.

As part of the evaluation, feedback from the AUKS staff / volunteers and HFRS staff has helped identify the value of the project, and also improvements which could be made if a similar project was run in another location. The project also highlighted the potential of using both Part A and B of the checklist by the same organisation.

2.0 Project Background & Introduction

2.1 Context

Undernutrition affects around 1 in 10 older people living in the community (1) and has serious consequences if not identified or treated (2). It is well known that undernutrition is under recognised and under treated across all settings (3). One reason for this is the lack of screening in the community (traditionally screening is undertaken by healthcare professionals using validated screening tools, e.g. 'MUST'). Introducing simpler ways of identifying and treating undernutrition should help address this problem and improve outcomes for older people. Hampshire Fire & Rescue Service (HFRS) currently carry out Safe & Well visits to people at increased risk of falls, but currently do not ask any questions to assess risk of undernutrition as part of these visits. A project was run by the Wessex AHSN in conjunction with HFRS and Age UK Southampton (AUKS) to investigate whether standard nutrition questions could be used during these Safe & Well visits, and whether AUKS staff/volunteers could carry out a more detailed assessment and provide advice and signposting to people found to be at risk.

2.2 Aims

- To evaluate the use and effectiveness of including structured nutritional assessment questions in the HFRS Safe & Well visits (using Part A of the Nutrition Checklist)
- To evaluate the use and effectiveness of staff / volunteers at AUKS using Part B of the Nutrition Checklist to provide advice and signposting to people found to be at increased risk of undernutrition as identified by HFRS

2.3 Objectives

- HFRS (at one fire station: St Mary's Fire Station in central Southampton) to ask structured questions (Part A of the Nutrition Checklist) to all people over 65 during Safe and Well visits to determine whether they are likely to be at increased risk of undernutrition
- AUKS Service Navigator / volunteers to carry out well-being assessment visits to those people identified as likely to be at increased risk by HFRS, to provide advice / signposting (using Part B of the Nutrition Checklist)
- Follow up to be provided to those older people, to determine the extent of which the advice has been implemented and highlight potential improvement in nutritional status
- To complete a structured evaluation of the project

3.0 Methods

3.1 Project development

Initial meetings were held between the Wessex AHSN Nutrition in Older People Programme and the CEO of AUKS and HFRS Station Manager for Community Safety to agree the approach and scope of the project, decide on a Fire Station for the project and develop a project brief. Wessex AHSN provided funding to the sum of £750 to AUKS for the delivery of this three-month pilot project (to support release of staff to attend training, carry out assessment visits and oversee the project). St Mary's fire station in central Southampton was identified as a good station to carry out the pilot, due the geography (AUKS support the same geography). The Patients Association Nutrition Checklist was adapted into two parts. Part A was developed with input from HFRS, consisting of the four questions for HFRS fire officers were to ask during the Safe and Well visits, and a short flowchart to show them what to do depending on the answers given (see Appendix 1). Part B, containing additional questions, advice and signposting suggestions to support a more in-depth assessment and guidance on referrals, advice and signposting (see Appendix 2) was developed with input from the AUKS Service Navigator, to ensure it included localised signposting and services.

3.2 Training

A 1.5 hour training session was provided to AUKS staff and volunteers to provide them with information on undernutrition (including definition, prevalence, identification, dietary advice and signposting) and a chance to role play the use of the checklist they would be using for the project. A single-sided A4 'update

sheet' was provided to St Mary's Fire Station manager to pass on to the fire station staff. This sheet provided information on the aims of the project, why they should be concerned about undernutrition, what AUKS are doing, evaluation methods and where to go for more information.

3.3 Data collection

The data collection period (i.e. HFRS using Part A of the Nutrition checklist) was from 1st December 2017 to the end of February 2018 (three months).

3.4 Evaluation methods

The following methods were used to evaluate the project:

- Copies of completed Checklists (Part A and B) by HFRS and AUKS were used to determine the number of times the checklist was used, and the advice / signposting provided
- A recorded focus group was held with the AUKS Service Navigator and one of the volunteers, which was transcribed and summarised
- Feedback was obtained from St Marys Station staff through an informal telephone interview

4.0 Results

4.1 Training to AUKS staff / volunteers

Training was provided to two members of AUKS staff ("Service Navigator" and "Services Officer") and two volunteers.

4.2 Use of the Nutrition Checklist by HFRS and AUKS

During the three month data collection period, St Mary's Fire Station carried out 61 Safe and Well visits, the majority of which (n=58) were with people under 65 years of age, so did not fit into the project criteria. This meant that Part A of the Nutrition Checklist was only used with three people. Part A was used with two older males (aged 78 and 89 years old) and one older female (aged 88 years old). Two fire officers used the forms (one officer used the form twice). Of these three people, none were identified as 'at risk' on the forms. Copies of the Part A forms were supposed to be sent to AUKS for people found to be 'at risk' only. However, AUKS were sent the forms for all three people assessed by HFRS. For one gentleman, the form (part A) had been completed incorrectly; the person had actually answered 'yes' to two questions ("Have you lost a lot of weight unintentionally in the past 3-6 month?", citing the reason of "due to stay in hospital for 3 months", and "Have you recently lost your appetite and interest in eating?"), meaning he should have been identified as 'at risk'.

The person who answered 'yes' to these two questions was offered an assessment visit by AUKS, but the person declined the visit. This may have been because the person had received contact from AUKS without realising their information would be passed on. The flowchart (at the bottom of Part A) states that no further action is necessary if found not to be 'at risk'. However, if they were identified as 'at risk', the flowchart leads the fire officer to discuss passing on their details to AUKS for further assessment and seeking permission to do this.

Part B was therefore not used by AUKS for any of the people initially assessed by HFRS. However, at the focus group with AUKS, it became apparent that the AUKS Service Navigator and one of the volunteers (both of whom had attended the training session) had used Part B on some of their other clients found to be 'at risk' from using the checklist (see section 4.3 below).

4.3 AUKS focus group results

Results from focus group (attended by the AUKS Service Navigator and one volunteer) are summarised as follows:

- They were not using the Checklist as a result of referrals from HFRS. HFRS were sending through all completed Part A forms, including those found not to be 'at risk'. There was one appropriate

referral, but the gentleman refused visitation. Instead, AUKS used Part B of the Checklist with three individuals who they thought may be at risk (one lady who'd been a bit depressed and didn't have much of an appetite, another who'd been very isolated and couldn't get to the shops for food, and a gentleman with COPD who'd lost a lot of weight)

- AUKS phoned individuals beforehand to arrange a visit specifically to carry out Part B of the Checklist
- Individuals responded well to ideas of how to boost their calorie intake, and the use of Complan/Meritene
- The gentleman with COPD felt he had lost weight as a result of his medication, and the AUKS volunteer encouraged him to see his GP to address this, and also referred him to the community wellbeing team
- AUKS volunteer felt she provided advice to two ladies not likely to be supported by anyone else, and felt their diets would have worsened without the intervention
- Leaflets were provided to everyone they used the Checklist with (either the OPEN undernutrition leaflet or the COPD version ('Eating Well: Guidance for people living with COPD')).
- Individuals generally appreciated somebody coming and taking an interest in their nutrition
- No individuals were followed up during the project timescale, but there were plans to follow up people thought to be at increased risk
- AUKS found the Nutrition Checklist easy to use, and found it easy to identify advice and signposting to provide from the list of suggestions
- AUKS felt they were only able to provide limited advice on how to boost calorie intake for those who didn't eat dairy produce – and would value further guidance on this
- AUKS felt they had gained an increased awareness of undernutrition when conducting assessments, and felt there was potential value in training visiting volunteers to pick up on undernutrition
- Two other people were given leaflets, but were not assessed using the Checklist – the COPD version was sent out to one gentleman (who said he didn't have issues with his weight) and the OPEN undernutrition leaflet was given to a lady with Parkinson's disease who wasn't eating much, but didn't want to go through the Checklist

4.4 Feedback from St Marys Fire Station Staff

Feedback was sought from the two fire officers who used Part A of the Nutrition Checklist, and also from the Fire Station Manager. Feedback was obtained from one of the fire officers (who had used Part A on two older people), who quoted the following:

- "The checklist was very simple to use"
- "I discussed it as part of a conversation"
- "In comparison to other forms used in partnership working projects, it was very easy and succinct"
- "It didn't feel intrusive"

5.0 Discussion and recommendations

Despite small numbers, this is the first time that engagement has been undertaken with the Fire Service to identify undernutrition early. Historically the responsibility for screening in the community has been with healthcare professionals using validated screening tools (e.g. 'MUST'); however undernutrition is still under-identified and under-treated, so we need to look towards alternative groups in a social context that can support healthcare professionals in identifying undernutrition and signposting towards appropriate treatment.

Also, despite small numbers, the project showed that the potential for use of the checklist in two parts, where one organisation could carry out the more in depth discussion for people found to be at increased risk of undernutrition. AUKS had existing links and relationships with the fire service and other services around Southampton and understood the referral routes to enable people to access these services. AUKS have

expressed interest in continuing to use the checklist for their clients going forward, as part of their toolkit. Similarly, however, the project showed that both parts of the checklist could be used by one organisation i.e. AUKS), particularly when the organisation has links with services in the local area to refer or signpost into. There is scope for Part A to be used as a form of screening for undernutrition, with Part B then being used in those people found to be 'at risk' from Part A. People found to be 'at risk' from Part A should be encouraged to visit their GP or Practice Nurse, who should monitor their weight and carry out formal screening, e.g. using the Malnutrition Universal Screening Tool ('MUST').

There are several reasons for low number of visits carried out by the Fire Service during the project timescale; the main reason being the age of people being visited. The majority of referrals / requests for Safe and Well visits received by the Fire station were for people under the age of 65, outside the scope of this project. The Fire station prioritises visits to people who are more at risk of death by fire, and in inner city Southampton the demographics referred were younger people, those with drug and alcohol abuse, and people in temporary housing. In addition the project timescale was over the Christmas period, where less visits were being carried out due to competing priorities. If a similar pilot project was to run again, an area with a different demographic should be considered, for example the New Forest or an area of Dorset.

7.0 References

1. BAPEN. (2006). Malnutrition among Older People in the Community: Policy Recommendations. British Journal of Community Nursing. Available from: www.bapen.org.uk/pdfs/malnut_in_the_community.pdf
2. BAPEN. (2010). Malnutrition Matters - Meeting Quality Standards in Nutritional Care. Available from: www.bapen.org.uk/pdfs/toolkit-for-commissioners.pdf
3. Wilson L and Health R.P. (2013). A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions. 1–30

8.0 Appendices

Appendix 1: Part A of the Nutrition Checklist

Appendix 2: Part B of the Nutrition Checklist

June 2018

Nutrition Checklist Part B: *Guide to Follow up & Signposting*

Name of individual Address

Name of Age UK Care Navigator Date

You will have received a completed Part A from the Fire Service which indicates the person is at increased risk of undernutrition. This form is a guide to offer help; if you have serious concerns, please encourage a visit to the GP. Instructions for using this assessment form:

1. Through conversation, ask the questions on the left hand side, which help assess the person's situation and needs (and likely reason(s) for undernutrition). Tick if a positive response is given
2. Record specific actions / signposting / advice given by ticking the relevant box(es) – (these are suggestions and not all will be relevant or appropriate for every person)
3. A nutritional advice leaflet should be provided to all people assessed (record this at the end)
4. Agree a follow up plan, and arrange a follow up (call or visit) within 4 weeks to determine whether the person is achieving the advice provided and whether there has been an improvement – there is space to document this at the end

Social Situation

	Signposting / Actions / Advice given (tick as relevant)
<input type="checkbox"/> Do you live alone?	Whilst living alone isn't necessarily an issue or risk factor in itself, social isolation is a potential cause of undernutrition. Living alone may also affect someone's ability to obtain good nutrition (e.g. issues cooking, shopping and eating). <input type="checkbox"/> Initial assessment for visiting services
<input type="checkbox"/> Are you concerned about ability to shop for food?	<input type="checkbox"/> Lunch club referral <input type="checkbox"/> Day centre referral <input type="checkbox"/> Signposting to Cruse bereavement counselling <input type="checkbox"/> Encourage involvement by family members, local friends or neighbours <input type="checkbox"/> Online shopping (family / friends may help with this)
<input type="checkbox"/> Are you concerned about ability to cook meals?	<input type="checkbox"/> Sainsbury's grocery shopping national telephone order service <input type="checkbox"/> Dial-a-ride / Shopmobility <input type="checkbox"/> SCA travel scheme <input type="checkbox"/> Referral to OT (Occupational Therapist) to discuss assessment for mobility aids <input type="checkbox"/> Discuss convenience options, e.g. meals on wheels or microwave meals <input type="checkbox"/> Other
<input type="checkbox"/> Are you concerned about food budgeting?	<input type="checkbox"/> Signposting to debt advice or Life Skills course via CAP (0800 3280006 https://capuk.org/i-want-help) <input type="checkbox"/> Signposting to Citizens Advice Southampton (CAS)

Special diets & conditions that may impact on eating

	Signposting / Actions / Advice given (tick as relevant)
<input type="checkbox"/> Are you on a special diet or do you have a condition which may impact upon eating?	Many conditions such as stroke, cancer, dementia, COPD and diabetes may affect someone's diet or change the advice they may need <input type="checkbox"/> Encourage the person to see their healthcare professional, e.g. GP or practice nurse for more information on how to manage their diet or for reassurance if finding diet difficult or not confident managing their diet
<input type="checkbox"/> Have you been prescribed nutrition supplements?	<input type="checkbox"/> Encourage the person to take as prescribed. Encourage an appointment with GP, practice nurse or dietitian if any further information or advice is needed <input type="checkbox"/> Provide 'Nutrition Drinks (Oral Nutritional Supplements)' leaflet (available from www.malnutritionpathway.co.uk/leaflets-patients-and-carers)
<input type="checkbox"/> Do you often feel weak, tired and fatigued?	<input type="checkbox"/> Encourage quick and easy nutritious meals and snacks, e.g. beans on toast, microwave meals, meal delivery services <input type="checkbox"/> Encourage the person to visit GP or Practice Nurse to discuss this further

Appetite, Eating & Drinking

	Signposting / Actions / Advice given (tick as relevant)
<input type="checkbox"/> Are you unsure if you are eating the right foods or enough of the right foods?	Provide basic dietary advice if there is any concern around poor appetite, being underweight or recent weight loss (<i>treating undernutrition is of paramount importance, so traditional healthy eating advice (e.g. low fat) may not be relevant</i>), such as: <ul style="list-style-type: none"> <input type="checkbox"/> Small frequent meals and snacks <input type="checkbox"/> Milky drinks between meals <input type="checkbox"/> Full fat dairy products, e.g. whole milk, full fat yoghurts and cheese <input type="checkbox"/> Fortify foods with extra fat, protein and sugar (e.g. add cheese, butter & cream to mashed potato; add cream to porridge) <input type="checkbox"/> Nutritional supplement drinks from supermarket or pharmacy, e.g. Complan, Meritene <input type="checkbox"/> Encourage intake of favourite foods and snacks
<input type="checkbox"/> Is your appetite poorer than before?	
<input type="checkbox"/> Have you lost your enjoyment in eating?	
<input type="checkbox"/> Do you think you may be underweight?	
<input type="checkbox"/> Have you lost a lot of weight unintentionally?	
<input type="checkbox"/> Are you finding it difficult to drink or drink enough?	<ul style="list-style-type: none"> <input type="checkbox"/> Consider scheduling visits around mealtimes to monitor food intake <input type="checkbox"/> Encourage the person to visit their GP or practice nurse to investigate unintentional weight loss (and check for possible underlying illness) <input type="checkbox"/> Other
<input type="checkbox"/> Do you have difficulty cutting food?	<ul style="list-style-type: none"> <input type="checkbox"/> All fluids count, so encourage them to drink their favourite fluids including milky drinks, squash, fruit juices. Foods also contain fluid, e.g. soup, custard <input type="checkbox"/> Encourage the person to make an appointment with their practice nurse if they are on thickened fluids and finding this difficult <input type="checkbox"/> Other
<input type="checkbox"/> Do you have difficulty swallowing or cough while eating?	<ul style="list-style-type: none"> <input type="checkbox"/> Consider looking into option of carers to provide support at mealtimes <input type="checkbox"/> Softer foods and milky drinks <input type="checkbox"/> Referral to OT to discuss assess for adapted cutlery, tableware etc <input type="checkbox"/> If the person has difficulty swallowing or coughs while eating, encourage the person to visit their GP to discuss referral to speech & language therapy <input type="checkbox"/> Suggest visit to dentist to discuss any issues with teeth / dentures affecting eating <input type="checkbox"/> Other
<input type="checkbox"/> Do you have difficulty chewing food?	

Leaflet provided (Tick to show which leaflet you provided):

- OPEN undernutrition leaflet (A6 concertina booklet)
- Eating & Drinking Well: Supporting people with dementia (A4 printed leaflet)
- Eating Well: Guidance for people living with COPD (A4 printed leaflet)
- Nutrition Drinks (for people on oral nutritional supplements)

Follow up plans (please write any follow up plans here – this could include telephone follow up, follow up visit, visit to GP/Practice Nurse or checking the person has accessed a service run by Age UK):

Follow up (please use this space to record outcomes of follow up, services accessed, any likely improvements in nutritional intake, any additional information / advice given or referrals / signposting made):