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**Title:**  
**Community pharmacists' perspectives on malnutrition screening and support: a qualitative study**  
**Cork T, Guard H, Jones C, Allinson M, White S. School of Pharmacy, Keele University**

**Abstract:** (Please refer to instructions to authors and example abstract)

**Focal Points:**

- This study aimed to explore community pharmacists' perspectives on providing a malnutrition screening and management service
- All participants reported being willing to provide the service, following training, but some seemed to perceive insufficient need for it
- Further research seems warranted to pilot a service model

**Introduction:**

Malnutrition significantly affects patients' health and social care outcomes, particularly for older people, and subsequent use of NHS resources.<sup>1</sup> Research on malnutrition screening of older people living independently in the community appears lacking but anecdotal evidence suggests that malnutrition is often overlooked. Community pharmacies seem well-placed to screen for malnutrition and offer support to improve nutritional status. However, such services are not routinely provided and studies do not seem to have explored community pharmacists' perspectives on providing them. The aim of this study was to explore this topic.

**Methods:**

A qualitative approach was adopted on the basis of being well-suited to exploring participants' perspectives.<sup>2</sup> Following institutional ethical approval, in-depth digitally-recorded interviews were conducted with 20 pharmacists from community pharmacies in Staffordshire. A purposive sample was drawn of male and female participants from various ethnic backgrounds and from pharmacies of different types (e.g. independents and branches of multiple chains) and locations to represent a broad range of views. Participants were recruited by sending an invitation letter followed by telephone contact. The initial interview guide was developed from the objectives of the study. Key topics included pharmacists' understanding about and experience of managing malnutrition, their willingness to provide a malnutrition screening and support service, and the likely barriers and facilitators that they perceive doing so. Interviews were transcribed verbatim and analysed using framework analysis (i.e. deductive and inductive analysis).<sup>2</sup>

**Results:**

Participants reported no experience of malnutrition screening, but most said they regularly gave general dietary advice, particularly those working in Healthy Living Pharmacies. All participants reported supplying oral nutritional supplements (ONS) but none reported having reviewed patients' ongoing need for it. Participants appeared to have little recollection of learning about malnutrition, although some reported completing a continuing professional development module on ONS. All participants said that they would want training before providing a malnutrition screening and support service. This ranged from "...a refreshment on general knowledge on malnutrition..." to more substantive training on topics such as current guidance, diagnosis and ONS product selection. All participants reported being willing to provide such a service. Most considered it a role for other staff members rather than just themselves. However, there seemed to be low awareness of how many of their patients may be at risk of malnutrition. Most participants reported that community pharmacies were a good place for malnutrition screening (e.g. because of high accessibility), but some thought that access would be limited for housebound people receiving medicines by home delivery, as they may not be routinely seen by pharmacy staff. Subsequently, when asked, twelve participants said that there was a need for a service, whilst five participants reported being unsure and three said there was insufficient need. Benefits of service provision identified included improved health outcomes for patients, reduced NHS costs (e.g. from avoidable hospitalisation, and suboptimal use of ONS) and enhanced working relationships with local health professionals. Barriers identified included time, lack of funding and perceived damage to relationships with GP surgeries from pharmacies being contracted to provide influenza vaccinations.

**Discussion:**

These findings suggest that whilst community pharmacists may be willing to provide a malnutrition screening and support service following training, barriers appear to include potential limits to accessibility for housebound (high risk) patients, and perceived insufficient need. Although limited to one county, the findings suggest that further research is warranted to pilot a service model.

**References:**

1. Elia M, Stratton R, Russell C, Green C, Pang F. The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults. Redditch: British Association for Parenteral and Enteral Nutrition, 2006.
2. Pope C, Ziebland S, Mays N. Qualitative research in healthcare: Analysing qualitative data. *British Medical Journal* 2000; 320: 114-116.