

Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Prevalence of unhealthy diet**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- A healthy balanced diet helps to maintain a healthy weight, as well as providing the nutrients needed for reducing the risk of many long-term conditions: diet accounts for 32% of attributable DALYs for cardiovascular disease and 12% of attributable DALYs for cancers in Wales (*Health and its determinants in Wales*; PHW 2018; [link](#)).
- Nutrition is important across the life course; nutrition in the first 1000 days (conception to age 2 years; [link](#)) can affect health outcomes in later life (*Pediatrics*. 2018 Feb;141(2). pii: [e20173716](#)).
- Inequality gaps appear to be widening in Wales for fruit and vegetable consumption, with those in the most deprived areas consuming less fruit and vegetables than those in the least deprived areas; this will reinforce inequities in health outcomes (*Health and its determinants in Wales*; PHW 2018; [link](#)).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; [link](#)) highlights the need for a shift towards greater prevention and early intervention.
- The *Eatwell guide* has been introduced by Welsh Government, in October 2018 ([link](#)).
- Welsh Government have developed a draft obesity prevention and reduction strategy (*Healthy weight: healthy Wales*), as required by the Public Health (Wales) Act 2017; this will be finalised and published in October 2019. For updates, see [here](#).

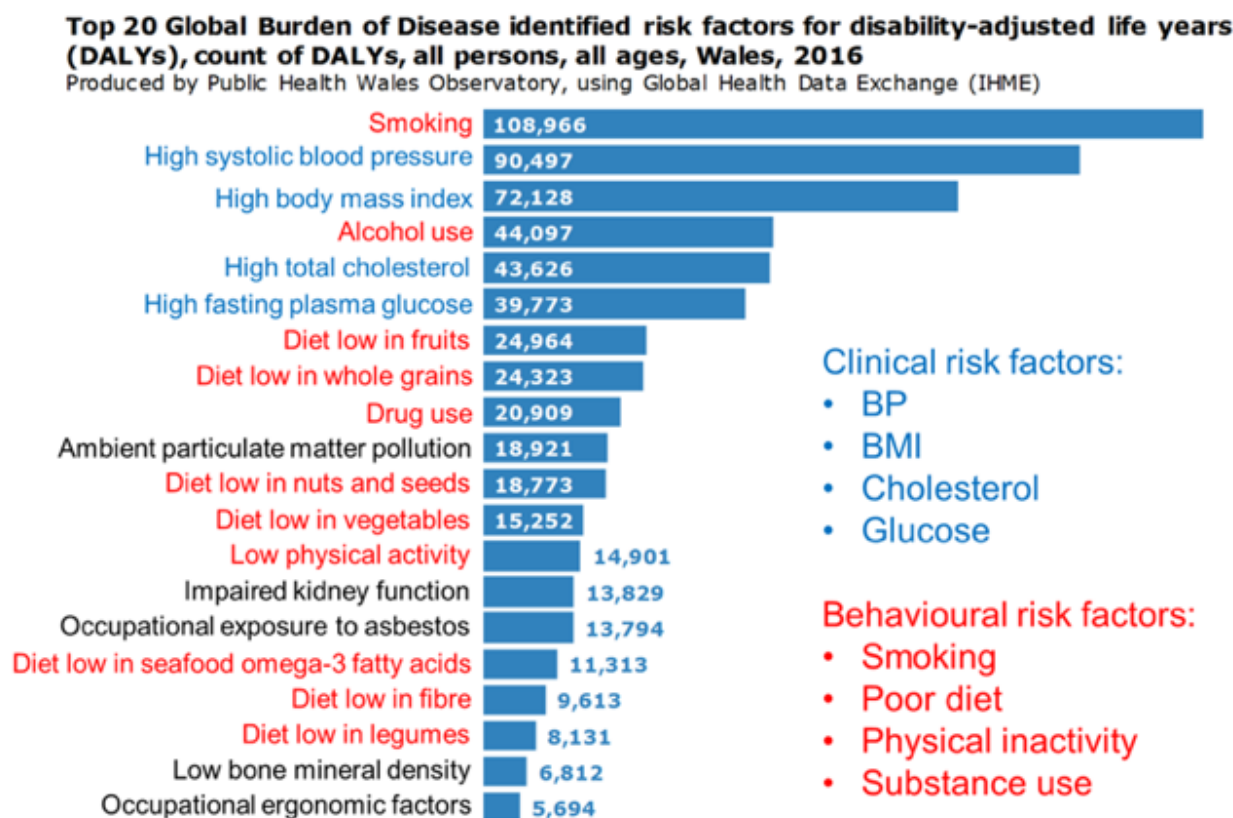
▼ ① Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature

mortality) and disability-weighted impact on quality of life from living with poor health.

- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.
- The relative contribution of known risk factors for DALYs is illustrated in the figure below ([*Health and its determinants in Wales*](#), PHW 2018).



Behavioural risk factors for DALYs:

- Behavioural risk factors for DALYs relate to both individual behaviours and the choice environment (i.e. the people and things around a person that influence their health choices).
- Four behaviours—smoking, substance misuse (alcohol and drugs), inactivity and unhealthy diet contribute considerably to identified risk factors for DALYs in Wales.
- Behavioural risk factors are generally reduced via mix of population and targeted approaches, with the aim of preventing or reversing health-harming behaviours that contribute to DALYs.

Clinical risk factors for DALYs:

- Four clinical risk factors are among the top five ranked risks for DALYs, these being: high systolic blood pressure (i.e. hypertension); high body index (i.e. overweight and obesity); high total cholesterol; high fasting plasma glucose (a prelude to diagnosis of diabetes).
- Clinical risk factors may be secondary (in part) to behavioural risk factors.
- Clinical risk factors are generally reduced via targeted approaches.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.



Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about diet**

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.

- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1), see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by practice staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to consider adopting an healthier diet.
- *Making a difference* (PHW 2016; [link](#)) cites evidence from the WHO that primary care interventions to promote a healthy diet and reduce obesity are quite cost-effective (relative to very cost-effective population-level strategies).
- [Placeholder: recommended coding for unhealthy diet TBC]

▼ Make every contact count by asking about other risk behaviours

- When asking about diet, consider also asking about smoking ([BRF-001](#)), physical inactivity ([BRF-003](#)) and alcohol misuse ([BRF-004](#)).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health* (Oxf). 2018 [Sep 6](#)).
- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:[189–198](#)).

▼ Ensure staff confidence to offer simple dietary advice suitable for most people

- The evidence-informed *Eatwell guide* (WG 2018; [link](#)) provides advice to the general population aged over two years.
- Key recommendations in the *Eatwell guide* are to: eat a wide range of foods to ensure a balanced diet and that your body is getting all the nutrients it needs; and eat the right amount of calories for how active you are, so that you balance the energy you consume with the energy you use. If you eat or drink too much, youâ€™ll put on weight. If you eat or drink too little youâ€™ll lose weight.
- The *Eatwell guide* offers eight tips for eating well: base your meals on starchy carbohydrates; eat lots of fruit and veg; eat more fish—including a portion of oily fish; cut down on saturated fat and sugar; eat less salt—no more than 6g per day; get active and be a healthy weight; donâ€™t skip breakfast; and donâ€™t get thirsty.
- MECC [promotes](#) three simple main messages: eat five fruit and vegetables a day ; swap high fat, high sugar food and drinks for healthier options; and reduce portion sizes.

- Signpost to the NHS Direct Wales page on healthy eating ([link](#)), which includes a downloadable food diary and BMI calculator.
- Signpost to BDA Food Fact Sheets ([link](#)), which are written by dietitians and cover healthy eating; diet and medical conditions; babies, children and pregnancy; weight loss; and nutrients in food.
- Nutritional skills training developed and co-ordinated by dietitians working in the NHS in Wales is available from Nutrition Skills For Life ([link](#)); this includes Foodwise for Life ([link](#)), a programme is designed to be delivered by a range of community based staff.
- [Placeholder: recommended coding for offer of dietary advice TBC]

▼ Ensure staff can access appropriate dietary advice for pregnancy, young children and frail older adults

- For advice on optimal maternal and child nutrition, see NICE guidance/ quality standards (PH11 and QS98, below); note that in the presence of a concern about a child's diet (or weight), advice on healthy eating should be offered to the whole family (role modelling is important, so supporting behaviour change in overweight or obese parents may need priority).
- Encourage persistence with breastfeeding (see [CRF-002](#)) and promote the Every Child 10 Steps to a Healthy Weight (see [CRF-002](#)).
- A range of resources are available from Every Child Wales ([link](#)), including a weaning booklet ([link](#)).
- *Nutrition in community settings* (WAG 2011; [link](#)) describes Good Food First advice to avoid malnutrition in community (e.g. care home) settings.
- A Food First guide produced by the ABUHB Community Nutrition Support Team is available for download ([link](#)).

▼ Raise staff awareness of referral to community nutrition and dietetic services

- While practice staff should feel confident giving general dietary advice (as above), some patients may benefit from tailored expert advice and/ or more intensive support.
- The *Eatwell guide* (WG 2018; [link](#)) notes that people with special dietary requirements or medical needs might want to check with a registered dietitian on how to adapt the guide to meet their individual needs.
- BDA Food Fact Sheets ([link](#)), which are written by dietitians are available for download and cover healthy eating; diet and medical conditions; babies, children and pregnancy; weight loss; and nutrients in food.
- [Placeholder: recommended coding for referral for dietary advice TBC]

▼ Raise awareness of healthy eating among patients visiting GP practices

- Promotional resources TBC.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Behaviour change: individual approaches*. Public health guideline [[PH49](#)] (Published date: January 2014) includes recommendations suitable for healthcare professionals. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.
- *Maternal and child nutrition*. Quality standard [[QS98](#)] (Published date: July 2015) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers improving nutrition for women who are planning to become pregnant, pregnant women, and babies and children under 5 and their mothers and carers. It focuses on low- and middle-income and disadvantaged families. It describes high-quality care in priority areas for improvement.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Make every contact count by opportunistically asking about diet

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1), see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being; this could support an informed choice to consider adopting an healthier diet.
- *Making a difference* (PHW 2016; [link](#)) cites evidence from the WHO that primary care

interventions to promote a healthy diet and reduce obesity are quite cost-effective (relative to very cost-effective population-level strategies).

▼ Make every contact count by asking about other risk behaviours

- When asking about diet, consider also asking about smoking ([BRF-001](#)), physical inactivity ([BRF-003](#)) and alcohol misuse ([BRF-004](#)).
- Evidence indicates the clustering (co-occurrence) of risk behaviours, whereas services in the UK tend to focus on changing behaviour to address a single risk factor (*J Public Health (Oxf)*. 2018 [Sep 6](#)).
- Clustering of behavioural risk factors is more frequent in areas of higher deprivation (compared to the general population) indicating the need for proportionately greater attention to multiple risk factors among people living in areas of deprivation (*Health Place*. 2017 May;45:[189–198](#)).

▼ Ensure staff confidence to offer simple dietary advice suitable for most people

- The evidence-informed *Eatwell guide* (WG 2018; [link](#)) provides advice to the general population aged over two years.
- Key recommendations in the *Eatwell guide* are to: eat a wide range of foods to ensure a balanced diet and that your body is getting all the nutrients it needs; and eat the right amount of calories for how active you are, so that you balance the energy you consume with the energy you use. If you eat or drink too much, youâ€™ll put on weight. If you eat or drink too little youâ€™ll lose weight.
- The *Eatwell guide* offers eight tips for eating well: base your meals on starchy carbohydrates; eat lots of fruit and veg; eat more fish—including a portion of oily fish; cut down on saturated fat and sugar; eat less salt—no more than 6g per day; get active and be a healthy weight; donâ€™t skip breakfast; and donâ€™t get thirsty.
- MECC [promotes](#) three simple main messages: eat five fruit and vegetables a day ; swap high fat, high sugar food and drinks for healthier options; and reduce portion sizes.
- Signpost to the NHS Direct Wales page on healthy eating ([link](#)), which includes a downloadable food diary and BMI calculator.
- Signpost to BDA Food Fact Sheets ([link](#)), which are written by dietitians and cover healthy eating; diet and medical conditions; babies, children and pregnancy; weight loss; and nutrients in food.
- Nutritional skills training developed and co-ordinated by dietitians working in the NHS in Wales is available from Nutrition Skills For Life ([link](#)); this includes Foodwise for Life ([link](#)), a programme is designed to be delivered by a range of community based staff.

▼ Ensure staff can access appropriate dietary advice for pregnancy, young children and frail

older adults

- For advice on optimal maternal and child nutrition, see NICE guidance/ quality standards (PH11 and QS98, below); note that in the presence of a concern about a child's diet (or weight), advice on healthy eating should be offered to the whole family (role modelling is important, so supporting behaviour change in overweight or obese parents may need priority).
- Encourage persistence with breastfeeding (see [CRF-002](#)) and promote the Every Child 10 Steps to a Healthy Weight (see [CRF-002](#)).
- A range of resources are available from Every Child Wales ([link](#)), including a weaning booklet ([link](#)).
- *Nutrition in community settings* (WAG 2011; [link](#)) describes Good Food First advice to avoid malnutrition in community (e.g. care home) settings.
- A Food First guide produced by the ABUHB Community Nutrition Support Team is available for download ([link](#)).

▼ Raise staff awareness of referral to community nutrition and dietetic services

- While wider cluster staff should feel confident giving general dietary advice (as above), some patients may benefit from tailored expert advice and/ or more intensive support.
- The *Eatwell guide* (WG 2018; [link](#)) notes that people with special dietary requirements or medical needs might want to check with a registered dietitian on how to adapt the guide to meet their individual needs.
- BDA Food Fact Sheets ([link](#)), which are written by dietitians are available for download and cover healthy eating; diet and medical conditions; babies, children and pregnancy; weight loss; and nutrients in food.

▼ Raise citizen awareness of healthy eating

- Promotional resources TBC.

▼ Work in partnership to modify the local food choice environment

- Advocate and support wider local plans that create an environment that supports healthier food choices. NICE guidance ([CG43](#)) states "Health professionals should work with shops, supermarkets, restaurants, cafes and voluntary community services to promote healthy eating choices that are consistent with existing good practice guidance and to provide supporting information."
- This may involve active review of applications to the local authority for fast food outlets and drafting objections, particularly where the rates of obesity are high, density of existing fast food outlets is high, or where the outlet is in close proximity to a school.

- Support local initiatives from the Public Service Board to promote healthy eating throughout the life course, but note that *Making a difference* (PHW 2016; [link](#)) cites evidence from the WHO that interventions to promote a healthy diet and reduce obesity in schools and the workplace are less cost-effective (relative to very cost-effective population-level strategies).
- Consider supporting the Community Food Co-operative Programme ([link](#)), which makes fresh fruit and vegetables available to local residents at very affordable prices and encourages people to include them in their diets.

▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Behaviour change: general approaches*. Public health guideline [[PH6](#)] (Published date: October 2007) includes recommendations suitable for a broad audience. This guideline covers a set of principles that can be used to help people change their behaviour. The aim is for practitioners to use these principles to encourage people to adopt a healthier lifestyle by, for example, stopping smoking, adopting a healthy diet and being more physically active.
- *Behaviour change: individual approaches*. Public health guideline [[PH49](#)] (Published date: January 2014) includes recommendations suitable for a broad audience. This guideline covers changing health-damaging behaviours among people aged 16 and over using interventions such as goals and planning, feedback and monitoring, and social support. It aims to help tackle a range of behaviours including alcohol misuse, poor eating patterns, lack of physical activity, unsafe sexual behaviour and smoking.
- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.
- *Maternal and child nutrition*. Public health guideline [[PH11](#)] (Published date: March 2008; Last updated: November 2014) includes recommendations suitable for a broad audience. This guideline covers the nutrition of pregnant women, including women who are planning to become pregnant, mothers and other carers of children aged under 5 and their children. In particular, it aims to address disparities in the nutrition of low-income and other disadvantaged groups compared with the general population.
- *Maternal and child nutrition*. Quality standard [[QS98](#)] (Published date: July 2015) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers improving nutrition for women who are planning to become pregnant, pregnant women, and babies and children under 5 and their mothers and carers. It focuses on low-income and disadvantaged families. It describes high-quality care in priority areas for improvement.
- *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. Clinical guideline [[CG32](#)] (Published date: February 2006; Last updated: August 2017) includes recommendations suitable for a broad audience. This guideline covers identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care

home. It offers advice on how oral, enteral tube feeding and parenteral nutrition support should be started, administered and stopped. It aims to support healthcare professionals identify malnourished people and help them to choose the most appropriate form of support.

- *Nutrition support in adults*. Quality standard [QS24] (Published date: November 2012) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers care for adults (aged 18 and over) who are malnourished or at risk of malnutrition in hospital or in the community. It includes identifying people at risk of malnutrition and providing nutrition support, including dietary changes and artificial nutrition support given through feeding tubes (enteral nutrition) or directly into a vein (parenteral nutrition). It describes high-quality care in priority areas for improvement.

STEP

D

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP

E

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.