

Review of Oral Nutritional Supplement (ONS) prescribing

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians.

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

The purpose of this protocol is to support primary care to standardise the management of adult patients requiring oral nutrition supplements in the local health economy. It includes guidance on how to review patients on Oral Nutritional Supplements (ONS) following the use of the Malnutrition Universal Screening Tool (MUST).

Malnutrition (under-nutrition) can have serious negative health consequences which include poor recovery from illness and surgery; impaired immune function; reduced muscle strength; impaired psychosocial function; increased susceptibility to pressure ulcers¹. Therefore it is important to promptly identify and treat those who are malnourished or at risk of becoming malnourished. Effective treatment of such patients involves providing adequate oral nutrition support.

Oral nutrition support is defined in the NICE clinical guideline CG32 as 'the modification of food and fluid by fortifying food with protein, carbohydrate and/or fat plus minerals and vitamins; the provision of snacks and/or oral nutritional supplements as extra nutrition to regular meals, changing meal patterns or the provision of dietary advice to patients on how to increase overall nutrition intake by the above'².

ONS are a medical intervention and should only be provided to patients who are classed as malnourished or at risk of malnutrition (using NICE definitions), where dietary intervention has not led to an improvement in nutritional status. In order to ensure the clinically and cost effective use of ONS, they should only be prescribed for specific Advisory Committee on Borderline Substances (ACBS) indications and should be prescribed appropriately in line with relevant guidelines.

The conditions specified by the Advisory Committee on Borderline Substances (ACBS) for prescribing nutritional sip feeds include³:-

The ACBS indications for Oral Nutritional Supplements³ :

- Disease-related malnutrition
- Short Bowel Syndrome
- Intractable malabsorption
- Proven inflammatory bowel
- Following total gastrectomy
- Dysphagia
- Bowel fistulas
- Haemodialysis
- Pre-operative preparation of patients who are undernourished
- Continuous ambulatory peritoneal dialysis (CAPD)

Method

1. Check the practice has agreed to the protocol and a signed copy is in place.
2. Check for any extra exclusions or amendments to the protocol made by the practice.
3. Notify local pharmacies/dispensary of work being undertaken and inform any relevant practice staff e.g. dispensary staff.
4. Run a computer search to identify patients who are currently receiving prescriptions for sip feeds (generically or by brand, all flavours) on repeat prescriptions. Only include patients who are over 18 years old.
5. Complete the data collection sheet (Appendix 1) for each patient. Identify those patients who require further review or amendments to their therapy – see also Appendix 2 for some useful tips. Patients requiring further review may include:-
 - (a) Patients whose conditions are not included in the ACBS criteria or
 - (b) Patients who have not had a trial of “Food First”
 - (c) Patients prescribed low calorie supplements (≤ 1 kcal/ml)

Note: ONS (Fresubin Original/Ensure), which contain less nutritionally and are not as cost effective as ≥ 1.5 kcal/ml products. Products ≤ 1 kcal/ml could be met with food fortification (e.g. whole milk with added skimmed milk powder is approximately 1kcal/ml).
 - (d) Patients with a documented MUST score of 1 or less
 - (e) Patients that have gained more than 5% in weight in 3-6 months or target weight/BMI has been achieved
 - (f) Any patient identified that you have any suspicion may not be using ONS appropriately (e.g. over-ordering)
 - (g) Any patients taking ONS long term (over 12 weeks) who have not been reviewed
 - (h) Any patient known to have a current problem of substance misuse
 - (i) Care home patients (care homes should be able to provide adequate nutrition and it may be difficult for these patients to attend appointments)
 - (j) Any patients with no documented weight, MUST score or indication for ONS
 - (k) Any patients prescribed ONS not on the preferred local formulary list
 - (l) Any patients who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home.
 - (m) Any patient undergoing Palliative care should be assessed on an individual basis. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

- (n) Any patient consistently unable to manage 2 servings of ONS per day, as they are unlikely to derive any significant benefit to well-being or nutritional status. To be clinically effective it is recommended that ONS be prescribed twice daily.
 - (o) Any patient on 'starter packs' as more costly – these should only be prescribed as an initial trial.
 - (p) Any patient on 'juice style supplements' unless they have lactose intolerance or dislike milky taste
6. Present findings to the GPs who will then decide on any further actions required. The GPs will sign and date the data collection form to authorise any changes.
 7. Make any necessary changes including update of the directions for ONS to be taken between or after meals when appropriate so not used as a meal replacement and send a letter to the patient advising them of the need for a review or stop where appropriate. Liaise with practice staff to organise mail merge of letters and posting. At the end of the session, for all those changes that have been completed, a letter must be ready to send to the patient for information.
 8. If a patient is excluded, add a consultation note listing reasons why they are unsuitable.
 9. Inform relevant practice staff.
 10. Record the numbers/patients changed using an 'activity log' (Appendix 3).
 11. Use the activity log to review all changes made and to measure the effectiveness of the review. Estimate cost savings made and present results back to the practice and organisation
 12. Continue to monitor the long-term outcomes of the switch e.g. cost savings via PPD data, complaints, problems encountered etc.

Exclusions

1. Patients with any of the conditions specified by the ACBS criteria
2. Patients under 18 years old
3. Patients with a recent (within 12 weeks) documented MUST score of ≥ 2 or above
4. Liver disease
5. Dysphagia
6. Cystic Fibrosis
7. Patients who have previously had bariatric surgery
8. Enterally (tube) fed patients
9. Patients who have had a recent review from a dietician

To flag up for special consideration by prescriber – approval required via electronic task

1. Any patient that you are concerned about, or other prescribing issue that you are concerned about.
2. Patients who have had recent surgery
3. Any patient undergoing Palliative care should be assessed on an individual basis. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.
4. Patients on dialysis
5. Patients Chronic Kidney Disease Stage 3 (particularly Stage 3b), Stage 4 and 5

Points to discuss with practice

1. Agree who the practice contact is for the project.
2. Seek agreement from practice as to whether palliative care patients can be reviewed.
3. Agree how any changes will be undertaken and by whom e.g. following the review, opportunistically when next seen, at next review or by calling them in to discuss.
4. If patients are being called in to be reviewed, agree the letter wording below.
5. If it is agreed that the patient's ONS can be stopped following a review with the Medicines Management Team member and GP, agree the letter wording below.
6. Any practice additions, deletions or amendments to the protocol.

References

1. **Baldwin C, and Weekes C.E.,** Dietary advice for illness-related malnutrition in adults. *Cochrane Database of Systematic Reviews* . [Online] January 2008.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002008.pub3/abstract>.
2. **NICE.** Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance and guidelines | NICE. [Online] 2006. view-source:<https://www.nice.org.uk/Guidance/CG32>.
3. **BNF.** Appendix 2 Borderline substances: BNF Legacy. [Online]
<https://www.medicinescomplete.com/mc/bnflegacy/current/PHP8853-borderline-substances.htm>.

Useful Resources

The online **MUST** calculator is available via <http://www.bapen.org.uk/screening-for-malnutrition/must-calculator>.

MUST charts and alternative measurements and considerations to MUST are available via <http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself>

Fabulous Fortified Feasts - containing recipe ideas for a fortified diet via <https://www.prescqipp.info/headline-areas/nutrition#fabulous-fortified-feasts>

Sip feed prescribing tips - see **Appendix 2**

Airedale NHS Foundation Trust guidance is available via
http://www.airedale-trustformulary.nhs.uk/docs/2015_135aMalnutritionPathwayAug2015a.pdf?UNLID=769919618201782414385
and patient leaflets at <http://www.airedale-trust.nhs.uk/services/dietetics/leaflets-for-patients-with-dementia/>

York Teaching Hospital NHS Foundation Trust guidance
<https://www.yorkhospitals.nhs.uk/our-services/gp-hub/nutrition-and-dietetics-information-for-gps/>

York CCG and Scarborough CCG medal Ranking for Oral nutritional
<http://www.valeofyorkccg.nhs.uk/rss/data/uploads/malnutrition/adult-oral-nutrition-formulary-medal-ranking.pdf>

York CCG and Scarborough CCG Guidelines for the appropriate use of Oral Nutritional Supplements (ONS) for adults in the community via
<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/1-october-2015/item-19-mcc-guidelines-for-ons-for-adults-in-the-community-3.pdf>

Quick Guide: Six Steps guide to prescribing Oral Nutritional Supplements (ONS) for adults see Appendix 3

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by staff for these purposes e.g.: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Possible letter- patient required to attend for review

Dear ~[Title/Initial/Surname],

Your repeat prescription for (name of Sip feed(s))

The practice has been reviewing its prescribing of (name of Sip feed(s)). We would like you to make an appointment with *** (e.g. practice nurse/ usual GP) so that they can review your care plan and ensure that you are receiving the most appropriate treatment.

Please make an appointment, at your earliest convenience, for a review. There is no need to stop taking your current (name of Sip feed(s)), please continue using them in the usual way until your appointment.

If you have any queries regarding this letter please, contact (add details).

Yours sincerely,

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Possible letter- stop letter

Dear ~[Title/Initial/Surname],

Your repeat prescription for (name of Sip feed(s))

The practice has been reviewing its prescribing of (name of Sip feed(s)). After a review of your notes and discussion with your GP, it has been decided that you no longer need to take (name of Sip feed(s)) and consequently they have been removed from your repeat prescription list.

If you feel this is inappropriate and would like to discuss it further, please arrange an appointment at your earliest convenience.

If you have any queries regarding this letter, please contact (add details).

Yours sincerely,

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Possible letter – to switch product

Dear ~[Title/Initial/Surname]

Your repeat prescription for (name of SIP feed)

The practice has been reviewing its prescribing of **(name of SIP feed)**. This is to ensure our patients receive the best treatment offering the best value to the NHS. As a result we have changed your future prescriptions to **(name of new SIP feed)**.

Your medication will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining **(name of SIP feed)** first. Refer to the dosage instructions which are written on the label when the medicine is dispensed.

If you have any queries regarding this letter please contact the surgery.

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

(Scarborough and Ryedale CCG only)

Dear Carer, Manager, Nurse,

Scarborough and Ryedale CCG has produced guidance for the appropriate prescribing of Oral Nutritional Supplements for adults in the community. The starting point of management being a Food First Policy, oral Nutritional Supplements should only then be prescribed if appropriate. Some useful resources have been added to the Social care link for Care Homes to access screening tools as well as leaflets giving useful hints and tips for patients and carers with recipes and guidance on preparing nourishing food and drinks.

See Social care link;

<http://www.harrogateandruraldistrictccg.nhs.uk/medicine-management/the-safe-handling-of-medicines-in-social-care-settings/>

Under

Your local Clinical Commissioning Group. Click on the links for your local CCG:

- [Scarborough and Ryedale CCG](#) Includes information on [nutrition, fortified foods and weight monitoring](#)

The latter link also contains further links to:

- “Are you getting enough to eat” – Advice from Nutrition and Dietetics Patient Information Leaflets.
- “Fabulous Fortified Feasts” – containing recipe ideas for a fortified diet
- The MUST screening tools

Yours sincerely

~ [Usual GP/Registered GP/GP Prescribing Lead/Other]

Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Appendix 1 - Data Collection Form

Patient ID	Age	Allergies checked	Any exclusions?	Care Home resident? Specify nursing or residential	Sip Feed Details Inc. dose and quantity	Dietician involved? Y/N	Date started	Prescribed for >12 weeks? Y/N	Meets ACBS criteria? Y/N	Documented MUST score? Record score and date. Score of 1 or less requires review	Any goals documented? For example 5-10% weight gain, target weight or BMI. Have these been achieved? Y/N	Was food fortification (Food First) tried as a first line treatment documented? Y/N	Substance misuser? Y/N	Over-ordering or other suspicion of abuse? Y/N	Is prescribing appropriate? Recommendations	GP authorised changes/agreed actions

Appendix 2- Sip feed prescribing tips for protocol users**Sip feed prescribing tips**

- ✓ Only prescribe sip feeds where the indication meets (ACBS) criteria and where the product being prescribed is included in the local formulary.
- ✓ Use the best value for money sip feeds e.g. see local formulary guidance
- ✓ Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.
- ✓ Provide open prescriptions where possible to allow the patient to choose their favourite flavours in conjunction with their local pharmacy
- ✓ Prescribe between 2-3 cartons of sip feed per day between or after meals and not before meals or as a meal replacement once the patient's weight loss and nutritional adequacy has been checked
- ✓ Review progress initially after 2-4 weeks then regularly review at least every 3 months
- ✓ If there is no change in weight after 3 months ONS should be reduced and stopped.
- ✓ Advise patients to chill sip feeds
- ✓ Suggest neutral flavour sip feeds for use in cooking or in place of milk
- ✓ Check Compliance with ONS and stock levels at home/care home.
- ✓ If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Build-Up®, Complian® or Nurishment®
- ✓ Patients with diabetes should not routinely be prescribed fruit juice based ONS i.e. Fresubin® Jucy, Resource® Fruit, Fortijuce®, Ensure® Plus Juice. This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication.

Sip feeds should be stopped when

- Patient is not taking them (another type or flavour of supplement may be appropriate in certain cases)
- When BMI increases to normal/"MUST" score is low risk
- Patient's appetite returns to normal and they are achieving a balanced, nutritionally adequate diet.
- Their medical condition has resolved e.g. pressure sore healed and patient is eating well

Appendix 3- Quick Guide: Six Steps guide to prescribing Oral Nutritional Supplements (ONS) for adults

These guidelines are NOT suitable for patients with the following conditions: Chronic Kidney Disease Stage 4 and 5, Patients on dialysis, Some patients with CKD Stage 3 (particularly Stage 3b), Liver disease, Dysphagia, Cystic Fibrosis, Patients who have previously had bariatric surgery, Enterally (tube) fed patients.

Step 1: Identify adults at risk of malnutrition.

Prior to consideration for commencing oral nutrition support or Oral Nutritional Supplements (ONS) the individuals' risk of malnutrition should be assessed using a screening tool (i.e. MUST). ['MUST Calculator'](#) ['MUST charts'](#) ['MUST App for iPhone'](#)

To identify people who are malnourished [NICE CG32: Nutrition Support in Adults](#), suggests the following criteria are used:

- MUST score of 2 or more or;
- Body Mass Index (BMI) less than 18.5kg/m² or;
- Unintentional weight loss more than 10% in the past 3-6 months or;
- BMI <less than 20kg/m² and an unintentional weight loss more than 5% in past 3-6months

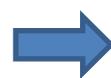
To identify people who are at risk of malnutrition [NICE CG32: Nutrition Support in Adults](#), suggests the following criteria are used:

- eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for more than 5 days or;
- a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

Step 2: Assessment

Assess and optimise underlying causes of malnutrition including both social and disease related

- | | |
|--|--|
| <ul style="list-style-type: none"> • Impact of medication(s) • Medical condition(s) • Physical symptoms (i.e. vomiting, pain, GI symptoms) • Poor oral health/dental treatment • Psychological issues | <ul style="list-style-type: none"> • Social issues or Disabilities affecting ability to do shopping, cooking or eating independently • Substance/alcohol misuse • Difficulties swallowing |
|--|--|



Review
treatment plan
and consider referring to
appropriate
local services.

Step 3: Goal Setting

Set and document realistic and measurable treatment goals E.g.:

- Target weight gain (E.g. 5-10%)
- Target weight/BMI
- Weight maintenance where weight gain is unrealistic or undesirable.
- Wound healing (if relevant)

Identify end point of treatment and agree review period (usually monthly reviews)

Step 4: Offer 'Food First' advice

Promote and encourage:

- High calorie and protein diet
- Food fortification of a normal diet
- Nourishing drinks (e.g. whole milk based drinks)
- Over the Counter (OTC) products if patients do not wish to make homemade milkshakes/fortified soups.
- Review progress. Continue 'Food First' whilst there is on-going progress towards goals (E.g. more than 0.5 – 1kg/month) until goals are met. If achievements plateaux and goals are not met, go to step 5.



Provide:
['Are you getting enough to eat?'](#)
['Malnutrition: Food Fact Sheet'](#)

Step 5: Prescribe ONS (Only when Food First measures fail to improve nutritional status)

Consider ONS in addition to 'food first' changes if:

- 'Food First' approach has failed to progress towards agreed goals after 4-6 weeks.
- Meet at least one ACBS criteria:- *Disease-related malnutrition , Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, and bowel fistulas.*

For ONS see full formulary with Medal Rankings

<http://www.valeofyorkccg.nhs.uk/rss/data/uploads/malnutrition/adult-oral-nutrition-formulary-medal-ranking.pdf>

Set clear goals, and specify ONS dosage, timing and expected length of treatment.

Review after 1 week. If patient tolerates the trial, prescribe ONS twice daily acute prescription (Repeat prescriptions increase risk of waste).

When ONS are required following hospital discharge a switch to a preferred product is recommended unless justified on a dietitian discharge summary (within 48hrs).

Step 6: Review and discontinuation of ONS

All individuals receiving ONS should be monitored by a health care professional. Monitoring can be done by:

- **Review progress against goals (e.g. using MUST, change in weight/BMI, changes in dietary intake, wound healing, compliance with food first and ONS).**
- **When goals of treatment are met discontinue ONS.**
- **Ideally, review 1 month after discontinuation to ensure there is no reoccurrence of the precipitating problem.**
- **If patient no longer meets ACBS criteria but wishes to continue ONS, recommend OTC products as in step 4.**

This summary page should be read in conjunction with the full guidance.

Document version control

Version	State changes	New version	Actioned by
1 00	Title change from "support" to supplement"	1 01	SK Sept 2017

Protocol approval details

Written by	Richard Tinsley/Jo Lane	09.02.2017
Clinically checked by	Julie Parker	24.08.2017
Tested in practice by	Angela Barnes	31.05.2017
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