

# Prescribing Points



Volume 26 Issue 5 June 2017



Oxfordshire

Clinical Commissioning Group

**Volume 26 Issue 5 June 2017**  
**Oral Nutritional Supplements Special Edition**

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This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact [OCCG.medicines@nhs.net](mailto:OCCG.medicines@nhs.net).

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## Commissioning Policy Statement 277 – Oral Nutritional Supplements (adults)

A [Commissioning Policy Statement](#)<sup>1</sup> (previously Lavender Statement) concerning the prescribing of oral nutritional supplements in adults has been released (June 2017). It states that “The Oxfordshire Clinical Commissioning Group (OCCG) considers the prescribing of oral nutritional supplements (ONS) for adults to be a LOW PRIORITY. The first-line dietary intervention for patients, identified as being at risk from malnutrition using the MUST score, should always be a *Food First* approach. Therefore ONS are not normally funded by the OCCG except in a few specific circumstances” (see page 4 for details). This policy is in addition to the [policy](#)<sup>2</sup> for the prescribing of ONS for residents in care and nursing homes released in December 2015 which states that “ONS should no longer be prescribed for residents within catered care and nursing homes, with the exception of patients suffering from motor neurone disease, head/neck cancer and those receiving sip feeds via a feeding tube”.

### Background

Spend on ONS in Oxfordshire decreased significantly in 2011/12, primarily due to initiatives implemented by the dietitians seconded to the Medicines Management Team (2010-2012). However, after 2012 spend in this area once again increased and by 2014/15, spend on adult ONS was in excess of £1.2 million.

In 2015, the Medicines Optimisation Team embarked on a project to further reduce prescribing of ONS in Primary Care which has involved collaborative working with both the acute and community sectors. In December 2015, ONS were traffic lighted as “BLACK” (not recommended for prescribing) for the majority of patients in catered care / nursing homes, the rationale being that the homes have facilities to prepare fortified meals and high energy snacks for patients with disease-related and age-related malnutrition, as well as liquidised diets for residents with swallowing difficulties. This has resulted in some homes purchasing their own supplements, but many are making supplements from their own basic ingredients. This policy does not appear to have had a negative impact on patients’ weights or their nutritional status.

It was recognised that many of the patients prescribed ONS by their GP had their prescription commenced in hospital, so a number of initiatives have been introduced in the acute sector to reduce the number of patients being discharged with sip feeds on their take home prescription (TTOs). These include regular promotion of the “Food First” message to junior doctors who are responsible for prescribing patients’ TTOs as well as training of housekeeping staff. These initiatives have already had an impact and the number of patients prescribed sip feeds on TTOs has reduced significantly.

The next step in the project is the adoption of the Commissioning Policy Statement (see page 4), to ensure that all ONS prescribing in Primary Care is appropriate and that a food first policy is adopted wherever possible.

### **Food First policy and food fortification**

*Food First* is the recommended first line dietary intervention for malnutrition. The idea of *Food First* is based upon using every day food items to enrich the diet with energy and protein. Many people who are at risk of malnutrition also suffer with poor appetites, or have such a high requirement for calories that they struggle to eat enough to maintain their weight. The use of *Food First* (or food fortification) helps these individuals to increase the calorie content of their food without necessarily increasing the quantity they have to eat, therefore helping them to maintain their weight. When someone has a poor appetite and is malnourished, calorie dense foods and drinks containing fat and sugar can help to improve energy intake without making portions too big to manage.

### **Implementation**

- Clinicians should consider reviewing all adult patients who are currently prescribed ONS, to ensure that only prescriptions which are appropriate and in-line with the Commissioning Policy Statement are continued. An Emis Web search to help practices identify patients is available on the [OCCG website](#)<sup>3</sup> and can be downloaded and imported onto practice clinical systems.
- Patients, who are discharged from hospital with ONS, should **not** automatically have sip feeds added to their repeat medication, but the prescription should be reviewed for appropriateness in-line with the Commissioning Policy Statement.
- Patients who have significant swallowing difficulties should be referred to the speech and language therapists.
- With the exception of patients who have “specific nutritional requirements” as identified in Point (1) of the Commissioning Policy Statement (see page 4), consideration should be given to discontinuing the ONS.
- Patients should be provided with advice about food fortification where appropriate (see information leaflet on page 7). This and additional Patient information leaflets (PILs) including lists of high calorie drinks, foods and snacks are available on the [OCCG website](#)<sup>3</sup> and from the Medicines Optimisation Team (see contact details below).
- A template letter, informing the patient that their ONS prescription has been discontinued as well as providing Food First advice, is also available on the [OCCG website](#)<sup>3</sup>. This may be sent to patients if clinicians consider that a face to face consultation with an individual patient is unnecessary. The letter may be adapted by practices for their own use.
- Where there is concern about a patient’s nutritional status
  - A weight and a MUST score should be calculated and recorded
  - The patient should be provided with advice about food fortification
  - A further MUST score should be re-calculated after a month of trialling a fortified diet
  - If there are initial concerns as to whether a fortified diet is appropriate or before the month’s trial of fortified diet is complete, consider prescribing ONS and referring to Community Dietetics.

- If after one month of a fortified diet, the patient remains at high risk of malnutrition (MUST  $\geq 2$ ) dietetic advice should be sought.
- If the dietitian provides justification as to why a sip feed is required and the patient fulfils the criteria for ONS, as identified in Point 2 of The Commissioning Policy Statement, a sip feed may be trialled. The prescription should be reviewed by the dietitian after a period of 6 weeks.
- The ONS should initially be prescribed as an ACUTE prescription
- If weight loss has not been halted or reversed after a 6 week trial, the prescription should be adjusted or discontinued as appropriate.
- Prescription of a sip feed should be discontinued once the target set by the dietitian has been reached or the BMI  $\geq 20$ .

**The following resources are available on the [OCCG website](#)<sup>3</sup> to assist clinicians / patients**

- [Food First](#) – a patient information leaflet (PIL) explaining the *Food First* approach with lots of hints and tips for patients to aid them in adding calories and protein to their diet
- [Food Fortification](#) – a PIL listing high calorie ingredients that can be added to every day food items
- [High energy snacks](#) - a PIL listing a variety of snacks that can be purchased to boost calorie and protein intake
- [High energy drinks](#) - a PIL listing drinks which can boost both calorie and protein intake
- [Template letter](#) – a template letter, explaining why a patient’s ONS has been discontinued, that practices can adapt for their own use if they consider a face to face consultation to be unnecessary. The letter includes advice about the Food First approach
- An [Emis web search](#) is available on the OCCG website and can be imported onto practice clinical systems to help identify appropriate patients

**Support from the Medicines Optimisation Team**

The Medicines Optimisation Team currently has a dietitian as a member of the team until August 2017. Suzanne will be contacting practices to offer assistance to carry out sip feed audits and is available to support practices with reviewing their sip feed patients and answer any nutritional queries. Please address any requests to [occg.dietitian@nhs.net](mailto:occg.dietitian@nhs.net)

**So What?**

- Consider reviewing all adult patients currently prescribed ONS to ensure that prescriptions are in-line with the Commissioning Policy Statement(CPS) (An Emis web search is available on the OCCG website to help identify patients)
- Discuss the Food First approach with suitable patients using the resources provided
- Consider discontinuing prescriptions for patients whose prescription is not in-line with the CPS
- Review all ONS prescriptions for patients discharged from hospital
- Contact either the OCCG dietitian ([occg.dietitian@nhs.net](mailto:occg.dietitian@nhs.net)) or refer to the Community Dietitians with any concerns 01865 904517

<sup>1</sup><http://www.oxfordshireccg.nhs.uk/policies-and-procedures/277-oral-nutritional-supplements/32860>

<sup>2</sup><http://www.oxfordshireccg.nhs.uk/prescribing-points/prescribing-points-volume-24-issue-6/30181>

<sup>3</sup><http://www.oxfordshireccg.nhs.uk/professional-resources/prescribing-incentive-scheme.htm>

Oxfordshire Clinical Commissioning Group Commissioning Policy Statement

Policy No. 277                      **Oral Nutritional Supplements (Adults)**

Recommendation made by    Oxfordshire Area Prescribing Committee January 2017

Date Approved by CCG        April 2017

Date of issue:                    June 2017

The Oxfordshire Clinical Commissioning Group (OCCG) considers the prescribing of oral nutritional supplements (ONS) for adults to be a **LOW PRIORITY**. The first-line dietary intervention for patients, identified as being at risk from malnutrition using the **MUST** score, <sup>(1,2)</sup> should always be a *Food First* approach. Therefore ONS are not normally funded by the OCCG except in a few specific circumstances detailed below. ONS are not considered suitable for residents of catered care / nursing homes with a few exceptions, see the [Oxfordshire Prescribing Formulary](#).

Funding for ONS will be considered for:

1. Patients who have specific nutritional requirements that cannot be met by a fortified diet. These patients would be under the care of specialist dietitians and include:

- a) patients requiring bolus feeds via an enteral feeding tube
- b) patients with acute inflammatory bowel disease (IBD) where a liquid / elemental diet is required
- c) patients with Stage 5 Chronic Kidney Disease (CKD) or those who are unable to meet their nutritional requirements due to renal dietary restrictions.

2. Patients who meet all of the following 5 criteria (a-e):

- a) are at high risk of malnutrition (**MUST** score  $\geq 2$ ) **AND**
- b) remain at high risk of malnutrition after one month of a fortified diet including either homemade or over the counter (OTC) supplements **AND**
- c) meet the Advisory Committee on Borderline Substances (**ACBS**) criteria<sup>4</sup> **AND**
- d) for whom a dietitian has requested ONS and has provided adequate justification as to why ONS are required rather than a suitably modified diet **AND**
- e) (i) patient or carer is unable to prepare homemade or purchase OTC supplements **OR**  
(ii) there is documented evidence that suggests that the patient is more likely to take a therapeutic dose (usually twice daily) of prescribed ONS compared with homemade or over the counter supplements (OTC)

## Prescribing Information

1. Where ONS are deemed to be appropriate, a powdered shake should be prescribed unless there are specific reasons why this would not be appropriate e.g. patient is fed via an enteral feeding tube, has chronic kidney disease (CKD) stages 4 or 5, or has lactose intolerance.
2. Clinicians should use their discretion as to whether ONS should be purchased over the counter, in line with the OCCG policy on OTC medicines

## Review Criteria

1. The dietitian who has requested a trial of ONS should arrange a review with the patient at 6 weeks. This may be done by telephone as long as an accurate body weight from the past week is available to the dietitian.
2. If the patient has not reversed or halted their weight loss after a 6 week trial of prescribed ONS, the nutritional intake and prescription should be reviewed for tolerance and adjusted as needed or discontinued.
3. Oral nutritional supplements should be discontinued if the patient's BMI  $\geq 20$  or if the target set by the dietitian has been reached.
4. Clinicians are advised **not** to continue ONS prescriptions beyond the period of dietitian review unless it is clear the patient is continuing to benefit and that reverting to food fortification is not likely to be successful.
5. A trial of reverting to food fortification should be considered at regular intervals.
6. Patients who have significant difficulty in swallowing should be referred to the Speech and Language Therapists (SLTs)

Resources are available on request from the CCG Medicines Optimisation Team <sup>(3)</sup> to support both clinicians and patients with the *Food First* approach.

## References/Tools:

<sup>1</sup>MUST Tool

<http://www.bapen.org.uk/screening-and-must/must/must-toolkit/the-must-itself#>

<http://www.bapen.org.uk/screening-and-must/must-calculator>

<sup>2</sup>Explanatory Booklet:

[http://www.bapen.org.uk/pdfs/must/must\\_explan.pdf](http://www.bapen.org.uk/pdfs/must/must_explan.pdf)

<sup>3</sup>Medicine Optimisation Team

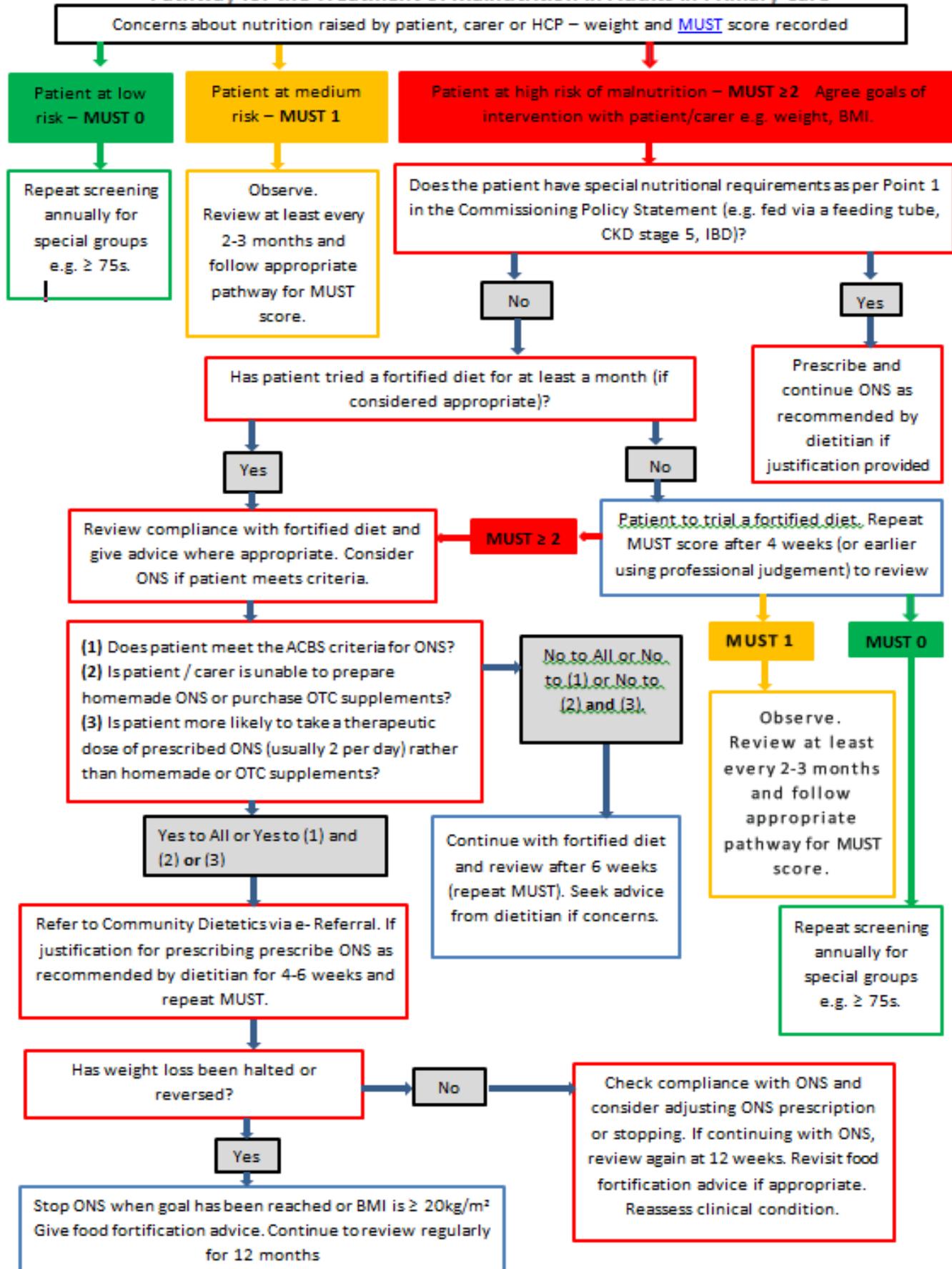
[occg.dietitian@nhs.net](mailto:occg.dietitian@nhs.net)

<sup>4</sup>Drug Tariff January 2017

## Notes

1. Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
2. This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE
3. **Please check you are using the most recent version of this policy**
4. Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies.htm>

## Pathway for the Treatment of Malnutrition in Adults in Primary Care



## Food First: Eating well to Prevent Malnutrition/Unplanned Weight Loss Patient / Carer Advice

To help prevent further weight loss and where appropriate promote weight gain, the **Food First** approach is recommended which involves small modifications to your current diet. This involves three main elements:

- 1 • **Aim to have one pint of full fat milk each day – see below and**
- 2 • **Include two high calorie snacks a day** from the list below **and**
- 3 • **Aim to eat three meals a day that have been fortified** following the advice below.

1 **Aim to have one pint of full fat milk each day**

2 **Include two high calorie snacks a day**



**If you currently use skimmed or semi skimmed milk** swapping to full fat milk adds extra calories to your diet.

**If you use full fat milk**, add 4 tablespoons of skimmed milk powder to each pint of milk and mix well – then use this milk to make drinks, on cereal and when cooking

**If you use a milk alternative** (e.g. soya, almond, hemp, oat, coconut, etc) aim to have one pint a day and choose a higher calorie product where possible.

**A milky drink** during the evening (at least an hour before bed) adds more calories to your intake.



**Including a snack mid-morning and mid-afternoon** adds extra calories to your diet.

Eating a little and often is an effective way of spreading your intake over the day which is more helpful if you have a small appetite.

**Snacks** can be sweet or savoury e.g. full fat yogurts, cheese cubes or triangles, nuts, dried fruit, savoury snacks (crisps, cheesy biscuits, Bombay Mix, nachos,) squares of chocolate, biscuits, cake, tinned fruit with evaporated or condensed milk, manufactured desserts (e.g. chilled or tinned rice pudding or custard, chocolate mousse, trifle, etc).

Over the counter nutritional supplements can be used as snacks which are readily available in supermarkets and pharmacies e.g. Complian®, Meritene® or Nurishment®



**Keep meals simple** but try to ensure they contain a good source of protein such as meat, fish, cheese, pulses (e.g. lentils, split peas, chick peas, kidney beans), or tofu as well as a starchy food for energy (e.g. bread, potato, rice, pasta, noodles).

**Eat pudding** with lunch and dinner to top up your intake – add cream, ice cream or sugar.

**Sandwiches or wraps** can also be a good quick meal – include some cold meat, fish, tofu, eggs or cheese with some salad and serve with some crisps.

**Simple meals** such as one of the following on toast: cheese, egg, beans, oily fish (e.g. mackerel, pilchards, sardines) are quick to prepare and are nourishing.

Casseroles, fish pie, cottage pie, spaghetti bolognese, chilli con carne, curries, ratatouille, pasta with a sauce and cheese sprinkled on top or a meal cooked in a slow cooker are **very nutritious** and if you batch cook you can freeze or chill the extra to eat another day.

**Ready meals** (from supermarket chains or companies who deliver to your home) are a convenient alternative to making meals from scratch if you do not want to or cannot cook.

**Tinned foods** offer a wide range of foods such as meat, fish, pulses, vegetables, fruit, desserts (e.g. rice pudding and custard) and have a long shelf life.

**Eat with friends** –take it in turns to cook or eat out.

**Enriching foods** adds extra calories and is helpful if your appetite is small. Enrich foods by adding butter, margarine or oil; cream, Greek yogurt or crème fraiche; full fat mayonnaise or salad cream; peanut, almond or other nut butters; sugar, honey, Golden syrup or jam. Each spoonful of these ‘enrichers’ adds towards an increased calorie intake.

**Drinks:** 6-8 drinks a day will help you stay hydrated, help your appetite and reduce the risk of falling

**Exercise:** Taking a walk each day can stimulate your appetite

**What about Healthy Eating?** For someone at risk of malnutrition, “normal” healthy eating advice does not apply. Some of the suggestions for fortifying your diet are high in fat which some people worry that this will harm their heart. However, malnutrition is a risk to heart health, so treating malnutrition can help to strengthen your heart.