PRESCRIBING ORAL NUTRITIONAL SUPPLEMENTS

IN ASSOCIATION WITH

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The provision of healthy, nutritious food should always be the first choice for managing malnutrition. Oral Nutritional Supplements (ONS) can complement, or wholly replace, a normal diet to provide patients with the essential nutrients they need when food alone is insufficient to meet their daily nutritional requirements.

For article references please email info@networkhealthgroup.co.uk

Facing huge pressure to cut costs where they can, some clinical commissioning groups (CCGs) have limited, or restricted, the prescription of ONS. One CCG has severely restricted the prescription of ONS in care and nursing homes; another appears to view the use of ONS as a case of last resort and only when all other avenues have been exhausted. These policies are misguided and both fly in the face of the existing evidence and fail to consider long-term outcomes.

The Managing Adult Malnutrition in the Community pathway[1] clearly indicates that ONS should be used in combination with food as part of the management of malnutrition; this is also referenced in the recently launched NHS England Commissioning Excellent Nutrition and Hydration (2015-2018) document.[2] ONS support positive health outcomes and reduce costs to the NHS.

ESSENTIAL MEDICAL MANAGEMENT

Patients requiring ONS range from those who are critically ill and those with inherited genetic disorders, to those with chronic illnesses. These may include cancer, kidney failure, cystic fibrosis, diabetes, dysphagia, loss of muscle mass and respiratory disease. In addition, specialist products may be required for people with inborn errors of metabolism, problems with absorption of normal foods, for enteral nutrition administered via nasogastric tube (NGT), or percutaneous endoscopic gastrostomy (PEG).

ONS can be an essential part of medical management and may be required either for life or for short periods of time, depending on a patient's clinical circumstances. In these cases, they guard against malnutrition until a normal diet can be resumed. They can be a lifeline in the community, where round-the-clock care may not be available.

However, recent statements from some CCGs have seemed to suggest that the provision of fortified food is a like-for-like replacement for ONS. This approach is over-simplified, does not adequately take into account a patient's clinical requirements, or the clinical assessment made by the healthcare professional. As such, it results in inequity of care for patients whose health outcomes may, as a result, become determined by where they live. The better approach would be to ensure that patients receive appropriate nutritional support, based on their particular circumstances, wherever they are. This would comply both with existing best practice national guidelines and the guiding principle in CCGs' own constitutions: 'access to services based on clinical need'.

NICE Clinical Guideline 32 states: *"Oral nutrition support includes any of the following methods to improve nutritional intake: fortified food with protein, carbohydrate and/or fat, plus minerals and vitamins; snacks; oral nutritional supplements; altered meal patterns; the provision of dietary advice."*[3]

It also states:

"Healthcare professionals should ensure that the total nutrient intake of people prescribed nutrition support accounts for energy, protein, fluid, electrolyte, mineral, micronutrients and fibre."[4]

The NICE Quality Standard on Nutrition Support in Adults (QS24),[5] recognises that ONS are a clinically effective way to manage disease-related malnutrition when food alone, however nutritious, is not sufficient to meet a person's dietary needs:

"It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet. A management care plan aims to provide this and identifies condition specific circumstances and associated needs linked to nutrition support requirements."

NICE QS24 also advises that care should be taken when providing food fortification alone, which tends to supplement energy and/or protein without necessarily providing sufficient or adequate micronutrient levels.

SAVING MONEY AND REDUCING WASTE

When CCGs are looking to reduce their overall expenditure on prescription costs, it is important to look at the burden of malnutrition in the local health economy in terms of hospital admissions and readmissions and to ensure that the nutritional needs of those patients who are malnourished, or at risk of malnutrition, are managed appropriately. We believe that nutritional support, including ONS, plays a valid and very important role in patient care and has significant clinical and health economic benefits. However, patients should only be prescribed ONS when they cannot meet their daily nutritional requirements from food alone, or are at risk of malnutrition due to a disease, disorder, medical condition or surgical intervention. For example, patients recovering from surgery, those with cancer or those who have had a stroke may find it difficult to eat because they cannot swallow or digest food properly, or because they have lost their appetite. If this is the case, they may need ONS to support their recovery and avoid becoming malnourished. Patients who have been clinically screened, and whose management plans recommend or require the use of ONS, should have equity of access to available care.

We understand that some CCGs have received anecdotal evidence that ONS are over-prescribed, thus becoming out of date and then thrown away.

We would be concerned if any commissioning decisions to restrict the use of ONS *per se* were being made on the basis of anecdotal evidence of over-supply of product in some cases. We do, however, share CCGs' concerns about waste and would always recommend that ONS is prescribed only when needed and combined with regular monitoring and review of patients' needs by a healthcare professional as outlined in NICE CG32, NICE QS24 and the Managing Adult Malnutrition in the Community Pathway.

It is important to note that if hospitals and care homes fully implemented NICE CG32 (screening those who may be at risk of malnutrition, having the right care pathways in place based on a patient's malnutrition risk score, conducting regular monitoring and review), they would ensure that only those who need ONS support actually receive it. Similar considerations should also apply to patients who receive ONS in the community.

The health and social care costs associated with malnutrition are estimated to be £19.6 billion per year in England alone,[6] amounting to more than 15% of the total public expenditure on health and social care.[7] About half of this expenditure is accounted for by older people (>65 years) and the other half is attributed to younger adults and children. In its guidance on cost savings,[8] NICE recognises that significant savings can be achieved relatively quickly through the provision of good nutritional support.

Ensuring that patients who are malnourished, or who are at risk of malnutrition, are treated appropriately and in a timely manner avoids secondary treatment and costs, as well as higher re-admission rates. Other studies also highlight the cost-effectiveness of ONS in treating malnutrition.[9,10,11] A systematic review of the cost and cost effectiveness of using standard ONS in community and care home settings found that cost-savings were demonstrated for short-term use of ONS (up to three months), with a median cost saving

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of 9.2% (P<0.01). Studies investigating cost savings for the use of ONS for three months or more found a median cost saving of around 5%.[10,12]

Furthermore, a systematic review demonstrates that there is very little evidence of efficacy of treating malnutrition with food-based strategies alone compared to the use of ONS.[13] A number of favourable clinical outcomes were also associated with use of ONS, including improved quality of life, reduced minor post-operative complications, reduced infections and reduced falls.[14]

The recent British Association for Parenteral and Enteral Nutrition (BAPEN) and the National Institute for Health Research Southampton Biomedical Research Centre (NIHR) report[7] stated that it costs three times more to treat or manage a malnourished patient compared to one without malnutrition, equating to £5,329 per patient. The single most important variable affecting the net cost balance was the cost saving due to the effect of ONS in reducing the length of hospital stay. In short, reduced use of healthcare resources due to ONS use could save the NHS £101.8 million every year.[7] Moreover, implementing NICE CG32/QS24 in 85% of those at medium and high risk of malnutrition would lead to a net saving of £172.2 to £229.2 million, which equates to between £324,800 and £432,300 per 100,000 head of population.[7]

CONCLUSION

Restrictions of ONS are of significant concern and are likely to affect patients' long-term health outcomes. Although CCGs are under increasing pressure to cut costs, a blanket approach using first-line measures is unlikely to be appropriate for all patients in all circumstances. Patients with co-morbidities, in particular, most stand to benefit from nutritional advice that is uniquely tailored to their own clinical circumstances. We believe that ONS should be available on prescription to all patients who need them and recognised as an integral part of the management of conditions which require nutritional support. Dietitians are well placed to evaluate when, and for how long, patients require ONS and will, we hope, speak up for patient-centred care.

For more information and to download a copy of our information sheet on the value of FSMPs see: www.bsna.co.uk/categories/medical_foods/

British Specialist Nutrition Association (BSNA)

BSNA is the trade association representing the manufacturers of products designed to meet individuals' particular nutritional needs; these include specialist products for infants and young children (including infant formula, follow-on formula and complementary weaning foods) and medical nutrition products for diagnosed disorders and medical conditions, including parenteral nutrition and gluten-free foods. www.bsna.co.uk.