

Recommended Quick Win: Recommendations and a flow chart to support review of prescription of 1kcal/ml oral sip feeds for adults

Recommendation

Review prescribing of 1kcal/ml ONS for adults, as these products are of low clinical - and cost – effectiveness.

Background

Spend is decreasing: in 2017-2018, London spent £594,979 on these products¹ with high variability between CCGs. See the LPP Nutrition dashboard for more detail.

Rationale

- There are better value products (lower cost for more nutrition);
- Due to similar sounding nutritional products, these items are frequently prescribed in error, when a more clinically and cost effective product was intended.

Products in scope

There are two 1kcal/ml adult ONS products - Ensure® and Fresubin® Original Drink:



- ✓ Ensure® liquid 250ml can (Abbott) £2.31²
- ✓ Fresubin® Original DRINK 200ml bottle (Fresenius Kabi) £2.18²

Actions to be taken

1. Minimise initiation of new prescriptions for 1.0kcal in adults. Make use of information messages on clinical system (*i.e.* 1.0kcal/ml should not be routinely prescribed). Prompt review of existing prescriptions and signpost to this resource.
2. Map local voluntary support services (community cafes, lunch clubs, meal delivery services) and commissioned dietetic services including referral criteria, wait times and referral forms*.
3. Run ePACT2 search of the above two products to identify GP practices with highest 1.0kcal/ml ONS spend.
4. Using clinical system (EMIS, S1), apply product codes (090402000BBEUA0 and 090402000BBNNA0), modify by the exclusion criteria (see flowchart) and note anything that is not appropriately read coded must still be excluded e.g. tube fed.
5. If outcome of search is 0 no further action required.
6. If 1.0kcal /ml prescriptions identified within search, review 1.0kcal prescription using the [Flowchart](#) (page 3 and 4 of this document) and [data collection spreadsheet](#).
7. Educate GP practice staff that due to similar names, these products are often mistakenly prescribed - better value and more clinically effective options are available.

Summary

There is evidence that some CCGs have stopped prescribing these products. All CCGs should review usage because inappropriate prescription of these relatively expensive products represents poor value for money.

*Community dietetic capacity and the extent to which patients are proactively signposted to other forms of support (lunch clubs, meals on wheels) and care, varies significantly across London. If the only support patients can access to address concern about malnutrition, this a red flag and highlights

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poor value for money. If patients are concerned about products being stopped (or switched) and cannot access dietetic and/or community support, CCGs should review their commissioning arrangements for community dietitians and social support. Depending on tariffs, dietetic consultations in community cost between £30-60. If patients are unable to access dietetic advice at pharmacy/GP level, the cost of a consultation with a dietitian is likely to be offset by savings made by discontinuing or reducing prescribing costs:

Monthly saving per patient			
Frequency	Cost of 1kcal/ml feeds	Switched to powdered supplement	Switched to 1.5kcal ready to drink sip feed
OD	£65	Monthly cost: £18 Monthly saving: £57	n/a
BD	£129	Monthly cost: £36 Monthly saving: £93	Monthly cost: £62 Monthly saving: £67
TDS	£194	Monthly cost: £55 Monthly saving: £139	Monthly cost: £93 Monthly saving: £101

Most appropriate ACBS presentation and dose for script switch:		
1kcal/ml prescribed	Equivalent cost effective option:	If sip feed is indicated
2 bottles	Powdered supplement <63g OD	<ul style="list-style-type: none"> Lactose intolerant Patient/carer is unable to prepare powdered supplement
3 bottles	Powdered supplement <63g BD	
4 bottles		1.5kcal/ml ready to drink sip feed TDS

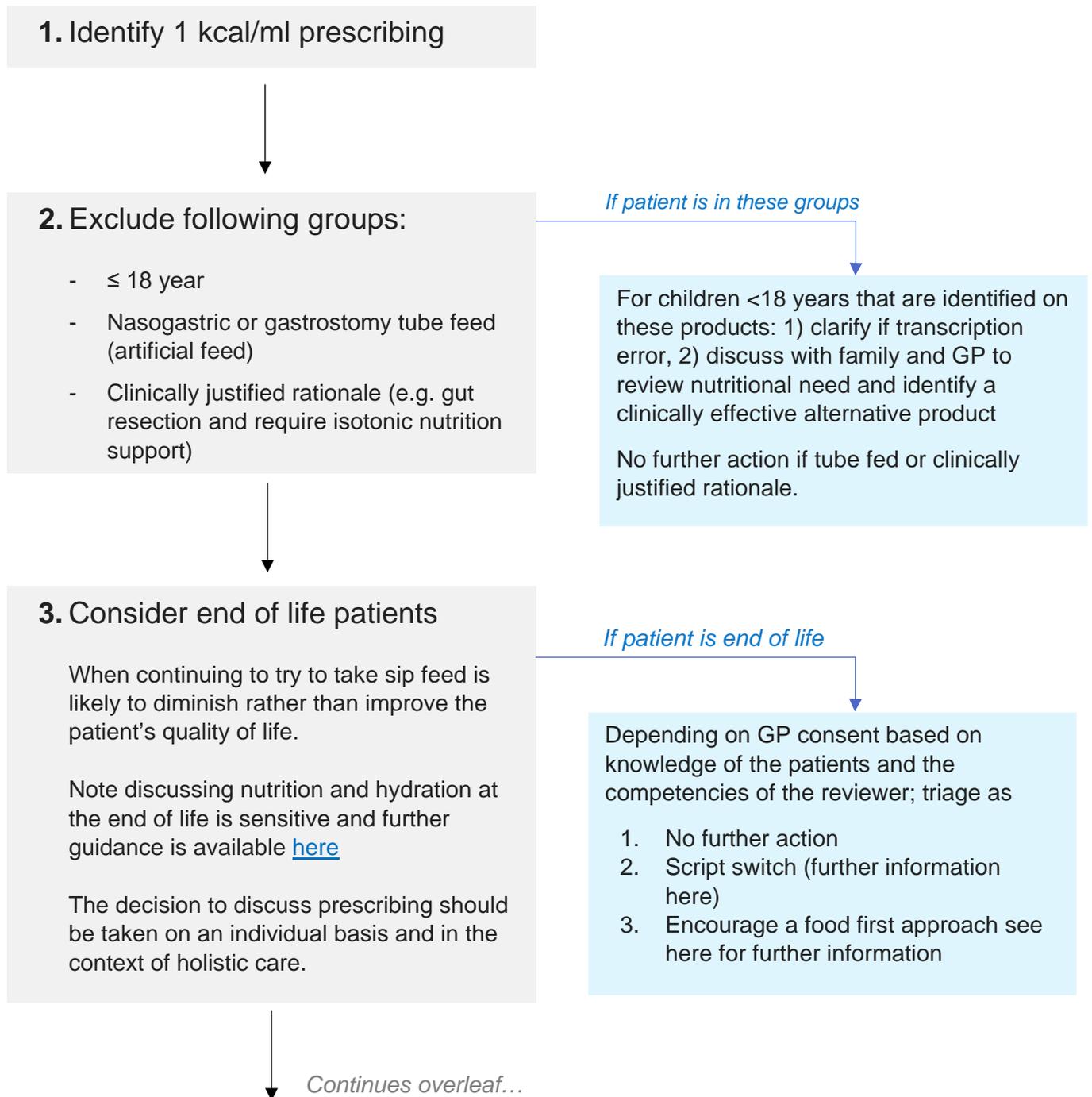
Use Clinical Commissioning Group formulary to select locally preferred product in each category:		
	Powdered supplement (<63g):	1.5kcal ready to drink sip feed:
Examples	Aymes Shake, Complian Shake, EnergieShake Powder, Ensure Shake, Foodlink Complete, Foodlink Complete with Fibre, Fresubin Powder Extra, All 60-70p per serving	Aymes Complete, EnergieShake Complete, Ensure Plus milkshake style, Fortisip bottle, Fresubin Energy, A majority £1.11 per serving

For use at GP practices: [data collection spreadsheet is available here](#).

Further information and references [Accessed 14.05.18]

- ePACT2 data 24.04.18
- NHS indicative prices available from www.dmd.medicines.org.uk. Product detail from nutritional companies websites & compendiums Correct on 14.05.18.
- Malnutrition Pathway. *A guide to managing adult malnutrition in the community* (2017) [Available here](#).
- Public Health England. *Composition of foods integrated dataset (CoFID) on the nutrient content of the UK food supply*. [Available here](#).
- PrescQIPP. *Guidance for the appropriate prescribing of oral nutrition supplements (ONS) for adults in primary care. Bulletin B145 April 2017 v3.0*. [Available here](#).
- London Procurement Partnership. [Available here](#).
- Wakefield CGG (2016). *Prescribing tips on 1.0kcal/ml adult oral nutritional supplements*
- Drug Tariff (May 2018) Part XV ACBS page 810
<https://www.nhsbsa.nhs.uk/sites/default/files/2018-04/Drug%20Tariff%20May%202018.pdf>
- <https://www.nice.org.uk/guidance/qs24/chapter/Quality-statement-1-Screening-for-the-risk-of-malnutrition> accessed 02.08.18

Flowchart



4. Initial review questions

- Are treatment goal/s are met?
- Does the patient have a recent BMI >20(kg/m²)
- Is the patient taking one or less than one bottle/day (sub therapeutic dose)?

If yes to any of the questions

Stop prescribing 1kcal/ml sip feed **AND**
Encourage a food first approach, see [here](#) for further information

For patients who value nutritional supplements explain that there are various over the counter powdered milkshakes, soups or sip feeds available, visit local pharmacy

Signpost to community support – dependent on consent, need and local capacity*

if unclear review

5. Further review questions

- Does the patient have a recent Malnutrition Universal Screening Tool ([calculator](#)) score of 2 or more, or BMI < 18.5 kg/m² ?
- Does the patient have current (< 3 months) achievable treatment goals or not yet achieved treatment goals?
- Does the patient meet ACBS criteria?
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If yes to these questions

Script switch to more cost- and clinically- effective equivalent products

Use table [here](#) to choose most appropriate presentation and dose

If unclear review

Discuss with the patient their experience of taking the sip feed and reasons for doing so

Calculate a new MUST score ([calculator](#)).

Note: nutritional screening should be available to everyone for whom it is appropriate, including people who are unconscious, sedated, unable to speak or communicate (because of language problems or because of their condition), and those who cannot be weighed or have their height measured (9).

If unable to

Script switch to more cost- and clinically- effective equivalent products

Use table [here](#) to choose most appropriate presentation and dose

AND

Review policy on continuing to prescribe without rationale