November 2018 Quick Win: 1 kcal/ml Oral Nutrition Support

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 products 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) £2.31
- Fresubin® Original DRINK 200ml bottle (Fresenuis Kabi) £2.18

**Actions to be taken**
1. Minimise initiation of new prescriptions for 1.0kcals 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 ePACT search of the above two products to identify GP practices with highest 1.0kcals/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 assess 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:

<table>
<thead>
<tr>
<th>Monthly saving per patient</th>
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<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>OD</td>
</tr>
<tr>
<td>BD</td>
</tr>
<tr>
<td>TDS</td>
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<table>
<thead>
<tr>
<th>Most appropriate ACBS presentation and dose for script switch:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1kcal/ml prescribed</td>
</tr>
<tr>
<td>2 bottles</td>
</tr>
<tr>
<td>3 bottles</td>
</tr>
<tr>
<td>4 bottles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Clinical Commissioning Group formulary to select locally preferred product in each category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powdered supplement (&lt;63g):</td>
</tr>
<tr>
<td>Examples</td>
</tr>
</tbody>
</table>

For use at GP practices: data collection spreadsheet is available here.

Further information and references [Accessed 14.05.18]

1. ePACT2 data 24.04.18
7. Wakefield CGG (2016). Prescribing tips on 1.0kcal/ml adult oral nutritional supplements
9. [https://www.nice.org.uk/guidance/qs24/chapter/Quality-statement-1-Screening-for-the-risk-of-malnutrition](https://www.nice.org.uk/guidance/qs24/chapter/Quality-statement-1-Screening-for-the-risk-of-malnutrition) accessed 02.08.18
1. Identify 1 kcal/ml prescribing

2. Exclude following groups:
   - ≤ 18 year
   - Nasogastric or gastrostomy tube feed (artificial feed)
   - Clinically justified rationale (e.g. gut resection and require isotonic nutrition support)

3. Consider end of life patients
   When continuing to try to take sip feed is likely to diminish rather than improve the patient’s quality of life.

   Note discussing nutrition and hydration at the end of life is sensitive and further guidance is available here.

   The decision to discuss prescribing should be taken on an individual basis and in the context of holistic care.

Continues overleaf…
**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 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?

*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 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 unable to*

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

- Use table [here](#) to choose most appropriate presentation and dose
- Review policy on continuing to prescribe without rationale

*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).*

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

*Calculate a new MUST score (calculator).*