



Oxfordshire Clinical Commissioning Group

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, ^(1,2) 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 ≥ 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) criteria⁴ **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 ⁽³⁾ to support both clinicians and patients with the *Food First* approach.

References/Tools:

¹MUST 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>

²Explanatory Booklet:

http://www.bapen.org.uk/pdfs/must/must_explan.pdf

³Medicine Optimisation Team

occg.dietitian@nhs.net

⁴Drug 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>