PRESCRIBING SUPPORT TEAM AUDIT: ORAL NUTRITIONAL SUPPLEMENTS (November 2008)

DATE OF AUTHORISATION:_________________

AUTHORISING GP:_________________________________

PRESCRIBING SUPPORT TECHNICIAN:__________________________

DIETICIAN:_________________________________________ __________

SUMMARY

The use and cost of oral nutritional products in primary care is increasing and as a result the Scottish executive, in their paper ‘Building a Better Scotland: Prescribing Efficiency Savings 2005 – 2006,’ challenged health boards to reduce spending on non-drug items such as nutritional products¹.

There are many reasons why a patient may become undernourished for example due to a period of ill health, in chronic obstructive pulmonary disease (COPD) where total energy expenditure is increased or dysphagia. Undernourishment has a negative impact on a patient’s health. The consequences include poor wound healing, increased risk of infections, depression and muscle atrophy. These conditions all have cost implications for the NHS so identifying and appropriately treating malnourishment can avoid knock-on healthcare complications and inflated costs. First-line treatment of malnourished patients should involve the use of appropriate standard foods which have been fortified to increase nutritional intake and the use of over the counter supplements such as complan and build-up. Use of oral nutritional supplements (ONS) such as sip feeds should not usually be considered for first-line treatment of patients who need nutritional support. Initiation of sip feeds in most cases should be by a dietitian after detailed nutritional screening.

An audit of 5 GP practices in Leeds identified that almost all patients who were prescribed ONS had not tried dietary intervention first line, only 15% (average) of patients on ONS had their weight monitored and patients were
often discharged from hospital on ONS which were continued for years without reassessment\textsuperscript{4}.

A local audit in 3 GP practices identified similar problems. Only 17\% of patients taking ONS were being monitored by a dietician and just over half (53\%) had documented ACBS indications. After dietetic assessment 41\% of patients on ONS were able to stop. The projected savings over a twelve-month period generated by this audit were £35,929.

It has also been identified that there is waste of ONS. To reduce this, small quantities should be prescribed initially as compliance is enhanced if patients can choose a product which they find palatable. A starter pack such as Forti Range should be prescribed which allows the patient to try a variety of flavours. Once the patient's preferred supplement has been chosen no more than four weeks supply should be given, as the patient should be re-assessed after that time\textsuperscript{2}.

There is recognition that current knowledge amongst UK health professionals of the causes and consequences of malnourishment and the best ways to treat it is often poor\textsuperscript{5}. ONS is often started in Dumfries and Galloway on a long term basis without follow-up or review. Limited access to a dietician has meant that specialist screening and review was restricted to patients requiring PEG or NG feeding.

**OBJECTIVE**

The purpose of this audit is to identify those patients who have been prescribed ONS (modular and sip feeds) and identify those who have been taking these for an extended duration without specialist review, identify those who do not have a valid clinical indication for ONS and those who are now suitable to stop.

Dietetic assessment, intervention, support and review will be available to the practice for all patients who are currently prescribed ONS as part of the project. The practice will also be able to seek the opinion of the dietician for patients they are considering starting on a nutritional supplement.

**RATIONALE**

In 2007/08, NHS Dumfries and Galloway spent >£635,000 on enteral nutrition and food for special diets.

ONS should only be prescribed for ACBS indications and prescriptions should be endorsed accordingly.

ACBS indications are:
- Disease related malnutrition
- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are malnourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Bowel fistulas

Dumfries and Galloway NHS have a contract with Nutricia for ONS and Nutricia products should be chosen first if a product is required. The D&G Joint Formulary provides a list of first choice products divided into different styles e.g. milk-based, juice-based, yoghurt-style etc. available at www.dgprescribingmatters.co.uk

**METHOD**

A computer search to identify patients over the age of 16 years currently receiving (or who have received in the past 12 months) repeat or acute prescriptions for ONS will be carried out. The search should include the following preparations:


Note: when searching using Gpass, some supplements are listed as a single preparation under a single “drug name” e.g. Nutrison MCT.
Other drug names e.g. Fortisip have multiple preparations listed. Please insure the searches are as complete as possible to include all drug names and preparations.

The Prescribing Support Technician will record on the data collection form, the following information regarding each patient identified by the search;
1 Patients name
2 Patient’s CHI and age
3 ONS prescribed, quantities and administration instructions
4 Date ONS 1st prescribed.
5 Who initiated the prescription (GP/dietician/nurse etc.)
6 Compliance (under or over-use)
7 Indication for ONS and if there are documented swallowing difficulties.
8 Last weight and BMI (including date)
9 Whether the patient is in a nursing home
10 Whether the patient has seen a dietician?
   If yes, location, date and advice given/prescription requested

Where information is not available in the patient’s electronic records, the paper notes will be checked by the Prescribing Support Technician and missing information recorded on the data collection form.

The Prescribing Support Technician will then pass the patient information to the dietician for review/follow-up.

**DIETICIAN REFERRAL**
All patients will receive a dietetic review. The dietician may divide the patients into further categories as part of their work plan e.g. :

1 Patients who are prescribed ONS and are drug addicts or alcoholics who should be referred back to the GP for stopping unless they fall into ACBS criteria (i.e. disease-related malnutrition secondary to conditions such as ALD/Hep C). The dietician should assess whether patients meet the ACBS criteria.
2 Patients who are residents in nursing or residential homes/require a domiciliary review.
3 Patients who have been started ONS in hospital and have not had their treatment reviewed.
4 Patients on modular ONS.
5 Palliative care patients will be referred to the GP to refer on to the Dietician as appropriate.
6 Patients requiring a clinic appointment.

The dietician will arrange clinics +/- domiciliary visits with the practice manager. All decisions regarding the patient’s care will be documented. This may be recorded as an “encounter” on the GP IT system or by a letter from the dietician to the practice (which the practice should act on and file as per usual practice). The dietician should confirm with each practice as to which method should be used.

The local community pharmacy/pharmacies will be informed about the activity and given a copy of the D&G ONS guidance.
New patients deemed to need nutritional support should be referred into the project as per the project outline. GP’s can refer patients using the paper referral form supplied by the dieticians or through SCI-DC.

New patients should not be prescribed ONS unless they have been assessed and recommended by a Dietician. Wherever possible, food fortification methods will be recommended before an ONS prescription is considered.

The dietician may record patient details that will be compared with the D&G dietician’s database of patients. This information will be used to confirm whether a patient is already under the care of the department.

**EXCLUSION CRITERIA**

1. Patients under 16 years of age
2. Patients with a nasogastric or PEG tube in situ
3. Patients currently under the care of another Dietician (These patients will be discussed with the current Dietician and their data included in the project if appropriate).

**SUGGESTED CRITERIA FOR REFERRAL TO PRACTICE**

Any criteria specified by the practice.

**REFERENCES**

4. Fitzgibbob A. What can Community Dieticians contribute to Medicines Management in primarycare? Pharmacy Management <www.pharman.co.uk>
CHANGES TO REPEAT PRESCRIBING

1. The audit must be checked and agreed with a GP in the practice prior to work being undertaken by the Prescribing Support Technician and Dietician.

2. Agreement is made between the Practice and the Prescribing Support Technician/Dietician on a suitable date for implementation.

3. It is recommended that the prescribing support technician/LHP Pharmacist notify local community pharmacies of the impending change in prescribing of sip feeds.

4. The Prescribing Support Technician conducts a search of the Practice Clinical System to identify patients currently prescribed sip feeds as authorised on the Prescribing Review form.

5. The patient list is checked to ensure that all patients are still undergoing treatment (recently deceased or recent discontinuation of sip feeds).

6. Patients are assessed, with respect to potential referral to GP or who require documentation of clinical information held on paper notes only.

7. No patient may be changed beyond the scope of the SPC unless authorised by the prescriber.

8. All changes to prescribing must be recorded within the prescribing field and, wherever possible, an indication recorded for the medication added.

9. Each patient should be informed of any changes made in accordance with the Practice’s preferred mode of communication.

10. If the patient is in residential care or has their medication otherwise supervised, e.g. Dosette dispensing, information regarding any changes should also be communicated to the relevant service providers.

11. The Prescribing Support technician and dietician will communicate information about the review to relevant personnel within the practice e.g. receptionists, nurses and will, if appropriate, create on-screen reminders on the Clinical System.

12. A project file is retained by the Practice containing a list of patients involved, patient letter templates and any individual information sent, a copy of the protocol and prescribing review form and contact details for the Prescribing Support Team and Dietician.

13. The Prescribing Support Technician/Dietician may record statistics of the review. No individual patient data leaves the practice.

14. A follow-up audit will take place.
**Oral Nutrition Record Sheet**

Practice: .................................................................

Dr:..............................................................................

<table>
<thead>
<tr>
<th>NAME</th>
<th>CHI &amp; Age</th>
<th>ONS Prescribed, Quantities, admin instructions</th>
<th>Date started Initiated by Dr/dietician/nurse?</th>
<th>Compliance/Use</th>
<th>Indication for ONS Swallowing difficulties?</th>
<th>Last weight &amp; BMI (&amp;date)</th>
<th>Patient in NH?</th>
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