

Managing Adult Malnutrition in the Community

The role for appropriate prescribing of ONS



Sarah Creighton, Specialist Nutrition Support Dietitian, Nutrition and Dietetics Service, Central London Community Healthcare NHS Trust and LPP Dietitian Project Manager

Central London Community Healthcare NHS Trust (CLCH) provides healthcare in the boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster. The vision of CLCH NHS Trust is to lead out-of-hospital community healthcare and give children a better start and adults greater independence. This article concentrates on the success of the Nutrition Support Dietetic Service that operates in CLCH NHS Trust inner boroughs (Hammersmith and Fulham, Kensington and Chelsea, and Westminster).

Background to the CLCH NHS Trust ONS Appropriate Prescribing Initiative

Hammersmith and Fulham, Kensington and Chelsea, and Westminster Primary Care Trust provider arms merged in April 2010 to form Central London Community Healthcare NHS Trust. Each former PCT had a community dietetic service that had been striving to improve the prescribing practices of adult oral nutritional supplements (ONS) in their organisation. For the purpose of this article, adult ONS refer to any ready-made, powdered or semi-solid supplements. This had been a key focus for the services as audit work had found that 75 per cent of adult patients receiving a prescription for adult ONS were in fact deemed inappropriate.¹ The second driver was spiralling total actual spend on adult ONS across London. In 2005/06, the expenditure on adult ONS in London PCTs was just over £10.9 million, this was increasing at an annual rate of between 5-18 per cent until 2010/11 when the expenditure was just over £17.4 million. In 2011/12, the annual increase on adult ONS expenditure in London was halted at just over £16.9 million, and a cost saving of £518,177 was experienced (ePACT data).

Initially, the CLCH NHS Trust adult ONS appropriate prescribing work had been considered project work, and not an integrated part of each services day to day work. Establishing an integrated CLCH NHS Trust Nutrition Support Service for adults was considered paramount to improve the prescribing of ONS as this work needed to be carried out on a continual basis to have an impact. The CLCH NHS Trust Nutrition Support Service aims to treat adult patients within Kensington and Chelsea, Westminster and Hammersmith and Fulham who are identified at high risk of malnutrition and monitor those patients receiving ONS to ensure prescriptions are appropriate. See **Figure 1** to see how this has been achieved.

What has helped the initiative be a success?

To address concerns regarding the screening and monitoring of malnourished patients, together with the increasing costs of adult ONS, CLCH NHS Trust has worked closely with the London Procurement Partnership NHS (LPP). The LPP, through the Pharmacy & Medicines Management Steering Group, commissioned the Clinical Oral Nutrition Support Project in 2008 to work in collaboration with commissioning organisations and provider services to identify local strategies to improve the treatment of adult malnutrition and the management of adult ONS and help organisations make appropriate prescribing part of routine practice. CLCH NHS Trust hosts the LPP Dietitian Project Manager post. The LPP promotes the use of the 'Six Steps to Appropriate Prescribing of Adult ONS' when assessing an adult patient's requirement for ONS – see **Figure 2**. The CLCH NHS Trust Nutrition Support Service has adopted this approach when assessing any patients' requirement for ONS and all new members of the service are educated about this approach, as are student dietitians.

For adult patients, when CLCH NHS Trust dietitians are recommending an ONS, the below principles are followed:

- Once a day prescriptions for adult ONS are avoided as dietary manipulation can effectively increase a patients energy and protein intake by a 300kcal and 13g of protein
- Large doses of adult ONS are avoided as few patients will require more than two ONS per day
- Clear goals are discussed and agreed with the patient when recommending the initiation of a prescription.

When GP practices partake in the CLCH NHS Trust Nutrition Support Service audit work, they are educated to follow this approach or refer patients to the service for a dietetic assessment.

Figure 1: Ensuring Prescriptions are Appropriate - Identifying patients at high risk of malnutrition and monitoring

1. CLCH NHS Trust Nutrition Support Service referral criteria expanded
 Any adult patient can be referred to the CLCH NHS Trust Nutrition Support Service if they have:

- MUST Score of >2
- BMI < 18.5kg/m²
- Prescribed ONS
- Initiation assessment for ONS
- Diagnosed with dysphagia by a speech and language therapist
- In receipt of community meals

2. Malnutrition training in community services such as nursing and AHP's
 Raising awareness of malnutrition with key healthcare professionals that are likely to come into contact with patients that are at risk of malnutrition – this allows onward referral to the dietetic service.

3. Malnutrition screening (MUST) embedded in nursing and therapies assessments
 Embedding 'MUST' in nursing and therapies assessment and providing training on 'MUST' and the CLCH NHS Trust Nutrition Support Care Pathway – this allows early identification of individuals at risk of malnutrition and onward referral to the dietetic service.

4. Engaging local secondary care partners to refer all adult patients discharged with ONS and screened as high risk of malnutrition
 Collaboration with acute dietitians to optimise discharging in to the community – this ensures all patients discharged on ONS are referred to the CLCH NHS Trust Nutrition and Dietetic Service for follow up by a dietitian.

5. Structured nutrition support clinics and domiciliary visits
 Establishing structured nutrition support clinics and home visits appointments – this has increased the services capacity to assess and review individuals who are referred thereby making waiting times negligible.

6. Malnutrition education and training in nursing and care homes
 Working with nursing homes to optimise processes within – this has ensured nutrition screening is standard practice, and meal provision and environment are conducive to improve nutritional intake.

7. Audit, education and training in GP practice
 Collaboration with GP practices to audit oral nutritional supplement (ONS) prescribing practices. All CLCH NHS Trust inner boroughs have a prescribing dietitian lead, who offers GPs the opportunity for their practice to be audited annually and for all adult patients receiving ONS to undergo dietetic review if the patient is not currently under the care of a dietitian. In July 2012, the audit work was extended in Westminster and Kensington and Chelsea to also focus on prescribing of paediatric ONS and paediatric specialist infant formulae.

8. Pop-up message technology utilised for all practices that have access
 Utilising Pop-up technology to remind GPs to refer adult patients prescribed ONS to the dietetic service for review.

The CLCH NHS Trust Nutrition Support Service has also reviewed the communication with GPs. The service now includes the nutrition prescription request template as recommended by the LPP – See Figure 3. The template is clear, goal-focused, identifies who is responsible for monitoring how the patient is progressing towards their goals and, therefore, it can avoid incorrect or unnecessary prescriptions being issued.

The CLCH NHS Trust Nutrition Support Service has also worked hard to engage key stakeholders, including GPs, district nurse, allied health professionals, care homes, nursing homes, secondary care dietitians, and medicines management.

Quality and financial outcomes for the CLCH NHS Trust Nutrition Support Service

An example of the CLCH NHS Trust GP audit work 100 adult patients were identified as receiving ONS via the GP audit work. Of these:

- 76 patients attended a face to face dietetic assessment. 24 patients did not respond to request to make an appointment.
- Of the 76 patients who attended a dietetic assessment:
 - 13 ONS prescriptions were assessed as appropriate and recommended to be continued
 - 58 prescriptions were assessed as inappropriate and recommended to be discontinued

Figure 2: Six Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements²

Step 1: Identification of Nutritional Risk
 The following criteria is used to identify those who are malnourished or at nutritional risk (NICE Guidelines (32) Nutritional Support in Adults):

- Body Mass Index (BMI) <18.5kg/m²
- Unintentional weight loss >10% in the past 3-6 months
- BMI <20kg/m² and an unintentional weight loss > 5% in past 3-6months
- Those who have eaten little or nothing for >5 days
- Those who have poor absorptive capacity or high nutrient losses

Step 2: Global Nutritional Assessment
 Assess underlying causes of malnutrition and consider availability of adequate diet:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance/alcohol misuse

Review treatment plan and refer to appropriate local services

Step 3: Set Goals
 Set and document realistic and measurable goals including aim of nutrition support treatment and timescale:

- Target weight gain/BMI
- Wound healing
- Treatment aims, i.e. weight maintenance, weight gain, improving nutritional intake or improvement in symptoms

Step 4: Food First Advice
 Promote and encourage:

- High calorie, high protein dietary advice
- Over the counter products (Complan, Build-Up, Nurishment, Nutrament)

Dietary advice sheets

Step 5: Prescribing ONS
 Consider ONS two bottles per day if:

- Patients meet ACBS prescribing criteria:-
 Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition, continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis
- Food First has failed to improve nutritional intake or functional status after one month
- Specify dosage, timing and length of treatment

Step 6: Review and discontinuation of ONS

- Review regularly to monitor, set goals and assess continued need for ONS
- When goals of treatment are met discontinue ONS

If patients no longer meet ACBS but wish to continue ONS, recommend over the counter supplements (Complan, Build-Up, Nurishment, Nutrament)

Adapted from 6 Steps to Appropriate Prescribing ONS with kind permission of Gill Cuffaro, Advanced Practitioner for Prescribing Support Medicines Management NHS Hertfordshire (June 2010).

(©LPP, 2011)

- 4 prescriptions were recommended to be reduced
- 1 prescription was recommended to be increased.
- These dietetic reviews and ONS recommendations equate to an annual cost saving of £75,409 on ONS (please note, this cost saving does not include the cost of undertaking the dietetic assessments).

The quality outcomes of this audit work include:

- As per NICE guidance⁴ all patients receiving ONS should be monitored by an appropriately trained Health Care Professional; therefore 100 patients were given the opportunity to undergo dietetic assessment with a qualified dietitian.
- Following dietetic assessment, 15 patients were identified as being at high risk of malnutrition (as defined by a 'MUST' score of 2 or more). It is CLCH NHS Trust policy that these patients are referred to the Nutrition Support Service. There is a risk these patients may not have received dietetic assessment without the audit work.
- Eight patients were identified as having a BMI>25kg/m² (indicating the individual is overweight) and 'MUST' score of 0 they were assessed as not requiring ONS. ONS are prescribed to aid weight gain and as such there is the potential that negative health effects could have been experienced if the prescription for ONS had not been discontinued.
- 58 ONS prescriptions were recommended to be discontinued as they did not meet the prescribing criteria and were not clinically indicated. All 58 patients were given an alternate treatment plan which met their clinical needs.

Patient reported experience measure survey

A telephone survey was completed with a sample of patients that had been under the care of the Nutrition Support Service, all had been discharged in the 12 months prior to the start of the evaluation. Following discharge, 73 per cent of these patients reported they had continued with the nutrition support goals made in collaboration with the dietitian.

Financial outcomes

The total actual cost of prescribing adult ONS across the CLCH inner boroughs saw a year on year increase from 2005-2008. Following the formation of the Nutrition Support Service, all boroughs experienced cost savings from year 2 post service initiation. In Kensington and Chelsea, between 2009/10 and 2011/12 expenditure on adult ONS has decreased by £106,604, this is equivalent to a 36 per cent reduction; in Westminster between 2009/10 and 2011/12 expenditure on adult ONS has decreased by £60,316 this is equivalent to 14 per cent reduction. In Hammersmith and Fulham between 2005/6 and 2010/11 expenditure on adult ONS was increasing; in 2011/12 the annual increase was halted and a cost saving of £58,045 experienced this is equivalent to 13 per cent reduction. See Figure 4.

Next steps for the CLCH Nutrition support service?

- The Nutrition Support Service is engaged in further audit work to assess the clinical outcomes where a food first approach is used to treat a malnourished patient or a patient at risk of malnutrition
- The GP audit work the CLCH NHS Trust Nutrition Support Service has been undertaken has been extended to focus on paediatric ONS and specialist infant formulae. To find out more about this, a follow-up article will be published in the October issue of CN Focus.

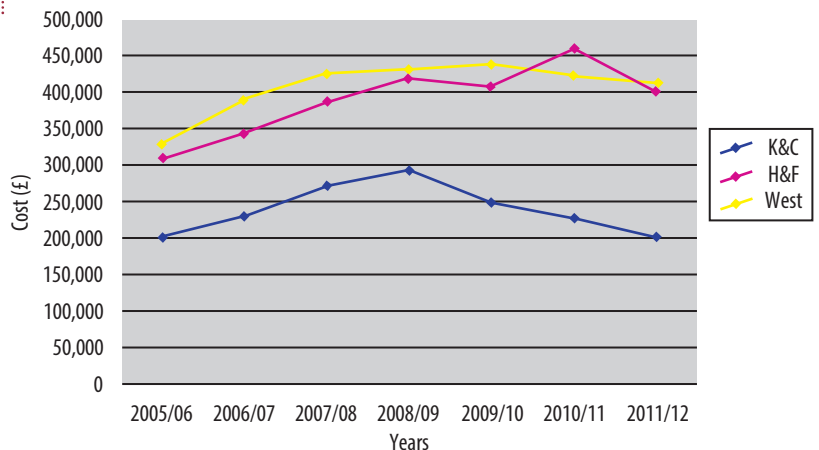
Figure 3: A Template for a Nutrition Prescription Request³

***** NUTRITION PRESCRIPTION *****

	Prescription request 1	Prescription request 2	Prescription request 3
Product name (manufacturer)			
ACBS indication			
Unit size			
Quantity per 28 days			
Flavours needed			
Instructions for use			
Calories provided from product			
Goal of nutrition prescription			
Prescription review plans			
Please stop prescription of:			
Product name, unit size, quantity per 28 days			
This is my latest nutrition prescription for this patient (Date: ??/??/??) Please update the patient's notes, archiving the stopped prescriptions.			
(For any nutrition prescriptions in the patient notes that are not mentioned above: please review whether these are still appropriate or advise us of these prescriptions so that they can be reviewed by a dietitian)			

(LPP, 2013)

Figure 4: CLCH Inner Boroughs Total Actual Spend on ONS



Nb: e-PACT spending data is related to ready-made, powdered or semi-solid supplements that contain between 1 and 2.4 kcal/ml and a balance of micronutrients

References: 1. Forrest C, Wilkie L (2009). London Procurement Programme Clinical Oral Nutritional Support Project. London Procurement Programme. Accessed online: <http://www.lpp.nhs.uk/> (April 2013). 2. London Procurement Partnership (2011). 6 Steps to Appropriate Prescribing for Adult Oral Nutritional Supplements. Accessed online: <http://www.lpp.nhs.uk/> (April 2013). 3. London Procurement Partnership (2013). Paediatric nutritional products appropriate prescribing resource pack. Accessed online: <http://www.lpp.nhs.uk/> (April 2013). 4. National Institute for Health and Clinical Excellence (NICE). (2006) Nutrition Support in Adults; oral nutrition support, enteral tube feeding and parenteral nutrition. Guideline32. Accessed online: www.nice.org.uk (April 2013).

CPD
NOW TEST YOUR KNOWLEDGE
Visit CPD section at: www.nutrition2me.com

FRESENIUS KABI
caring for life

The CNPD questionnaire linked to this article has been kindly supported by Fresenius Kabi
www.fresenius-kabi.co.uk