

The Rotherham Nutrition Prescribing Project



Jill Ward, Clinical Director Nutrition & Dietetics, The Rotherham NHS Foundation Trust, and **Stuart Lakin**, Head of Medicines Management, NHS Rotherham

Introduction

Rotherham GPs identified five areas where they believed that they had little influence over prescribing although they were responsible for the products and associated prescribing costs.

The areas identified were:

- Enteral nutrition
- Gluten-free and low protein products
- Continence equipment
- Stoma equipment
- Wound care

The solution was to move 'prescribing' responsibility from the GP and place it with the healthcare professional that recommended the intervention.

NHS Rotherham wanted to ensure that prescribing and financial responsibility should reside with the healthcare professional recommending the intervention. Therefore, the budget for these items would have to be transferred from the GPs to the service manager.

Rotherham Healthcare Community

- Population 254,000
- 39 GP Practices
- 63 Community Pharmacies
- 1 large Foundation Trust hospital located in the Borough
- Spearhead PCT

GP opinion

- We are constantly being requested by dietitians, nurses, and appliance companies to provide prescriptions for items that we are unable to assess whether they are appropriate for the patient
- We are only the mechanism of supply, we rarely initiate or make any alterations to these prescriptions
- We feel we are being bullied into prescribing
- Nutrition was perceived as a high cost area, with a high rate of cost growth and appeared near the top of the PCTs list of prescribing costs.



It was discovered that patients had been prescribed a wide variety of products for a range of diverse and obscure reasons.

The Rotherham Nutrition and Dietetics service (RNDS) were approached, in 2004, with the offer that if they managed the prescribing of oral nutritional supplements (ONS), in addition to enteral feeds in the community, any savings made against this budget would be shared between NHS Rotherham (commissioning organisation) and increasing the staffing to the dietetic service to improve patient care. The Clinical Director of Nutrition and Dietetics in Rotherham, following a discussion with the Macmillan Team and Director of Public Health, had been seeking funding for an oncology dietitian, and this project offered the opportunity to achieve this goal. An oncology dietitian and project co-ordinator were then funded up-front initially from the anticipated savings.

An initial audit demonstrated that only 50 per cent of patients receiving ONS in the community were known to the dietitians. Of those patients not known to the dietitians, 90 per cent had not received any review in the past six months. Also, if the majority of these patients had initially been assessed by the dietitian they would not have received a supplement.

In 2005/06, whilst overall prescribing cost growth in Rotherham was -0.30 per cent, ONS prescribing costs had increased by 10.4 per cent. The growth of ONS prescribing costs, in conjunction with the audit, demonstrated the need for a fresh approach.

As dietitians cannot become independent prescribers, in order for them to take over the prescribing from Rotherham GPs it was necessary to develop an off prescription supply model. As ONS does not require a prescription to be supplied to a patient, an NHS Rotherham dietetics voucher was produced. Local pharmacies were instructed to supply upon the receipt of this voucher, and return the voucher to the dietetics department. The pharmacy was reimbursed for products at drug tariff prices, including a dispensing fee. A prescribing co-ordinator had to be employed to perform this function. See Figure 1 for the service re-design.

To raise awareness of the project, the Medicines Management and Dietetic leads met with the local Pharmacy Committee/GPs and healthcare professionals to explain the new process. Discussions were held with surrounding Dietetic services to ensure there was clarity for the continuation of dietetic care for patients seen at hospitals neighbouring Rotherham.

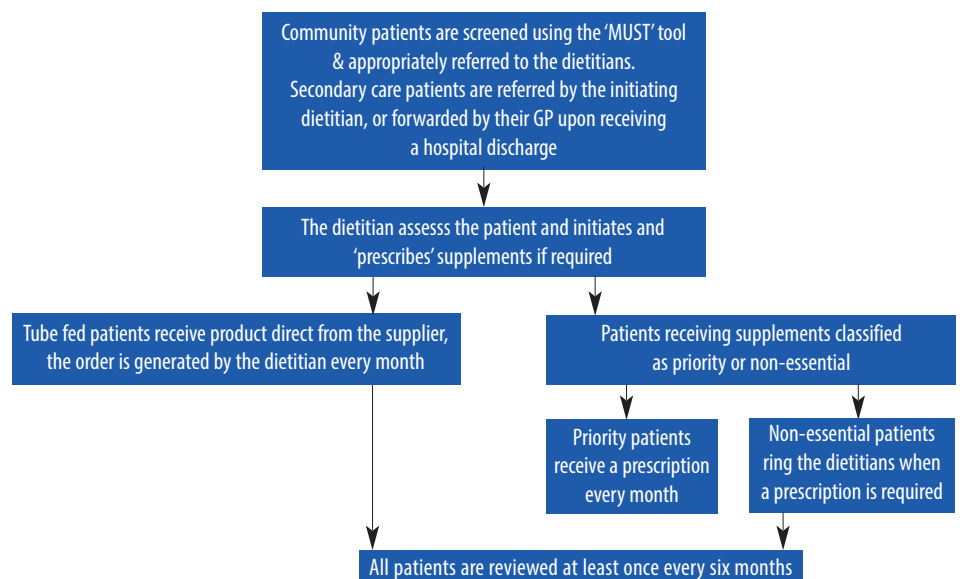
The hand-over of patients was undertaken in conjunction with Medicines Management, who identified all patients on ONS and Enteral tube feeds and developed a list of patients per practice. As of April 2006, there were in excess of 1000 patients, all of whom had to be assessed.

It was discovered that patients had been prescribed a wide variety of products for a range of diverse and obscure reasons. This included meal replacements, loose teeth and it soon became apparent that the project would be able to improve the appropriateness of ONS prescribing.

Gradually, practice by practice, all patients were checked as to whether they were known by the RNDS and how recently they had been seen. Appointments were made for these patients to provide follow up and support. For those patients not known to the service, a decision regarding review was made by information provided from their GP notes. This was to either to continue with their supply of ONS and offer an appointment with a dietitian, either in the practice, hospital out-patients or a home visit, or, in the case of patients prescribed ONS for an inappropriate clinical reason, the supply was stopped and the patient notified of the decision. If the patient did not agree with the decision to stop their prescription of ONS they were able to be re-referred into the system by the GP and assessed by the dietitian at the beginning of their care.

The challenge to the Department has been the changes in practice that have had to be considered now the budget has been transferred. The department reviewed all processes and pathways

Figure 1: Service Redesign



and made them far more robust. 'MUST' screening underpins the process to determine the right patients to be referred and food fortification is started on its own as well as in conjunction with prescribable ONS as determined by the dietetic consultation. It is important for patients/clients to enjoy food and the experience of it. The training and education of catering and nursing staff in nursing/care homes has raised awareness of the nutritional intake from the food and snacks they provide and, as a result, Rotherham has very few patients in nursing/care homes on ONS.

By robust financial management, and appropriate prescribing, the budget has been able to be kept within its financial constraints since 2006. The service model gets an annual budget uplift, the same as the GP prescribing budget. This continues to deliver cost savings to the Commissioners. At the outset of the project, it was agreed by both organisations that savings should be shared with the Acute Trust Dietetic Services and the Commissioners. Some of these savings have been invested in increasing dietetic staffing. To date the project has supported the increase of staffing to the level of 4.4 WTE dietetic posts and clerical staffing – see **Figure 2**.

For the first time ever, neighbouring dietetic services now receive feedback on their Rotherham patients care, and are informed of the amount of products their patients have accessed.

The service model has enabled the RDNS to have greater access to patient information than ever before, enabling improved monitoring and more timely interventions. The Commissioners also have greater understanding of the cost pressures as well as improved budgetary control.

In April 2006, the details of in excess of 1000 patients were transferred from GPs to the dietitians for ONS management. After patients that had not accessed a prescription for ONS in the previous six months were removed, 856 patients remained to be actively managed. Due to the regular review of patients, combined with adherence to a nutrition screening and referral pathway, the inappropriate use of ONS was reduced – See **Figure 3**. As of April 2011, 452 patients were receiving ONS supplements, a reduction of 47 per cent on the number of patients transferred to the dietitians in April 2006. All patients that are now receiving ONS have a minimum of a six-monthly review or greater depending on clinical need.

See **Table One** for advantages of the service to GPs, dietitians and NHS Rotherham.

In April 2008, NHS Rotherham and Rotherham Foundation Trust became partners in a joint nutrition contract; this delivered further efficiencies. This was the first time that the Commissioners had been a partner in the nutrition contract. Having a close working relationship with the nutrition contractor has brought benefits to the quality of patient care.

ONS costs have decreased by 18.9 per cent compared to 2005/06, the last year that the GPs prescribed nutritional supplements.

This compares to an increase of 79.9 per cent (calculated from EPACT database) nationally over the same period.

As of 2010/11 costs are actually 4.8 per cent (-£26,199) below 2003/04 expenditure – see **Figure 4**. If Rotherham's cost growth had followed national trends expenditure for 2010/11, it is estimated to be equal to £1,165,194. This is 103 per cent greater than the actual expenditure making a virtual saving of £652,102.

Audit of the service provision is fundamental in development of a gold standard service. The Contractor undertakes an annual patient focused audit as part of the contract. The project is also registered with NHS Patient Opinion, a web-based interactive tool for patients to comment on the service they receive. Patient feedback has been very

positive and encouraging. NHS Patient Opinion is open to everyone to access and view the comments patients have posted.

The project has been so successful that, in September 2010, the Commissioners requested that RNDs should also manage and 'prescribe' all gluten-free/low protein, specialised dietary products and specialised baby milks. A further budget was transferred across to dietetic management, with additional staffing to support this initiative funded from prescribing cost savings.

The project hits all the buttons for Quality, Innovation, Prevention and Productivity.

Figure 2: Posts Funding from Prescribing Efficiencies

- 2 oncology posts
- 1 community paediatric post
- Mental health dietitian
- 0.4WTE dietitian in diabetes
- Prescribing /project co-ordinator
- Administrative support

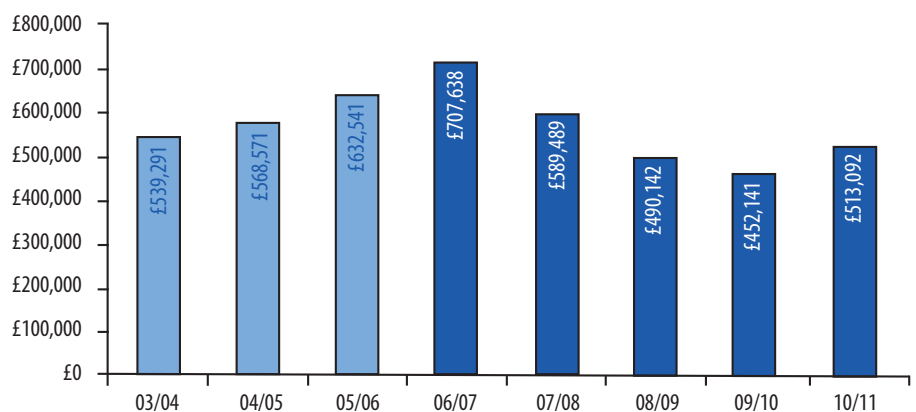
Figure 3: Number of Patients Receiving ONS

- Prior to April 06 xs 1000 patients were receiving a nutritional supplement
- April 06 = 856 Patients
- April 07 = 651 Patients
- April 08 = 506 Patients
- April 09 = 543 Patients (↓ 36.6%)
- April 10 = 583 Patients (↓ 31.8%)
- April 11 = 452 Patients (↓47%)

Table One: Advantages to GPs, Dietitians and NHS Rotherham

Advantages to GPs	Advantages to Dietitians	Advantages to NHS Rotherham
<ul style="list-style-type: none"> • Not bullied into prescribing supplements by DNs, nursing homes, or relatives that they believe to be inappropriate but cannot assess • No longer requested to supply products that they are not able to review/monitor. • Compliance with NICE guidance 	<ul style="list-style-type: none"> • Partnership working NHSR/GPs/local pharmacies • Dietetic responsibility • Budget problem solved for NHSR • Increase in Dietetics staffing – quality of patient care • No company representative influence over prescribing • Greater influence in food provision in Care homes • Community staff compliance with ONS pathway • Compliance with NICE 	<ul style="list-style-type: none"> • Improved patient management • Increased dietetics service • Improved control of the prescribing and supply of supplements • Ownership of the budget • Compliance with NICE guidance • PCT now a stakeholder in the nutrition contract • The provision of samples by nutrition companies had no further influence on prescribing

Figure 4: NHS Rotherham Nutrition Prescribing Costs



(Hidden costs against this budget are printing, stationery, and postage, even so the dietetic management of the supply ONS released considerable cost efficiencies.)