



Staffordshire and Stoke-on-Trent ICS' approach to effective and appropriate prescribing of oral nutritional supplements for adults supported by the Food First approach

Policy Reference Number	MO-P-008
Ratified by:	Integrated Care Board
Date ratified/effective from:	19/12/2024
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Responsible Committee:	Health and Care Senate
Review date:	19/12/2027
Target audience:	All ICB staff and system wide partners

CONSULTATION SCHEDULE	
Title of Individual	Groups consulted
Deputy Chief Medical Officer	Task and Finish Group

RATIFICATION SCHEDULE	
Name of Committee approving Policy	Date
Health and Care Senate	14.11.2024

VERSION CONTROL			
Version	Version/Description of amendments	Date	Author/amended by
1.0	New policy	19/12/24	Head of System Collaborative

IMPACT ASSESSMENTS			Date Completed	Comments
Equality Impact Assessment (EIA)			12.09.2024	
Quality Impact Assessment (QIA)			21.01.2025	
Data Protection Impact Assessment (DPIA)			NA	

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This policy applies to the Staffordshire & Stoke-on-Trent Integrated Care Board.

Where the term Staff is used this includes Non-executive Directors, Clinicians and contractors working on behalf of the ICB.

Staffordshire and Stoke-on-Trent ICS' position statement on the prescribing of Oral Nutritional Supplements (ONS)

Oral Nutritional Supplements (ONS) are no longer routinely prescribed.

They should **ONLY** be prescribed under the advice of a dietitian provided the patient meets the criteria listed below.

Oral Nutritional Supplements (ONS) do not contain anything more than food can provide.

Any subsequent prescribing following specialist input will be for Advisory Committee on Borderline Substances (ACBS) approved conditions only. These are:

- Intractable malabsorption
- Preoperative preparation of malnourished patients
- Dysphagia
- Proven inflammatory bowel disease.
- Following total gastrectomy
- Short-bowel syndrome
- Bowel fistula
- Disease-related malnutrition (where patients have a MUST score of 3 or more)

Patients meeting the criteria above will require dietetic advice for support prior to any prescribing within primary care taking place.

Where patients are eligible for prescribable ONS, they should usually be as a short-term treatment option for disease-related malnutrition if the patient is temporarily unable to meet their needs using food or drink only. ONS are not intended for long-term use or as a replacement for providing food sufficient to meet nutritional needs.

Formal malnutrition review of patients prior to seeking dietetic advice should still be conducted as per the Primary Care Quick Reference guide to Food Fortification and Prescribing Oral Nutritional Supplements.

1.0 Introduction

Oral Nutritional Supplements (ONS) are commercially produced products available as Over-The-Counter (OTC) [i.e. can be bought safely in a pharmacy or supermarket without a prescription and readily available] and prescribable products to support the treatment of malnutrition. They are used **in addition** to a fortified diet when this is not meeting nutritional requirements alone. ONS provides additional calories, protein, vitamins and minerals to improve the nutritional status of the malnourished individual to improve their clinical outcomes. They come in a variety of styles (milk, juice (juce), yogurt, savoury), formats (liquid, powder, puddings, pre thickened), types (high protein, fibre containing, low volume), energy densities (1-2.4kcal/ml) and flavours available to suit a wide range of needs and individual preferences. ONS has not been shown to reduce intake of normal food over a 12 week period¹⁻².

Prescribed ONS are to be held in the same regard as prescribed medicines for the management of specified conditions. Prescribers must satisfy themselves that the products are safe and that adequate monitoring through expert supervision is essential.

Local and national audit data indicates that ONS is often prescribed inappropriately in our community, during inpatient hospital stay and in primary care with a significant cost to the local health economy and limited benefit to the patient. In addition, feedback from engagement with specialist dietitians has indicated that the types and formats of ONS used for some patients are often inappropriate and associated with limited improvement in malnutrition status.

Recent comprehensive evidence-based reviews have shown ONS have little clinical benefit when compared with dietary advice alone.

Local and national guidelines advocate a 'Food-First' approach to malnutrition.

ONS use must be approved by the Advisory Committee on Borderline Substances (ACBS) conditions **only**:

- Disease-related malnutrition*
- Intractable malabsorption
- Preoperative preparation of malnourished patients
- Dysphagia
- Proven inflammatory bowel disease
- Following total gastrectomy
- Short-bowel syndrome
- Bowel fistula

*Across SSOT ICS, only patients with a MUST score ≥ 3 will be eligible for prescriptions for ONS. To ensure prescribing of ONS is conducted appropriately, the Integrated Care System does not support the prescribing of ONS routinely unless specialist dietetic input has been sought. The system recognises that some clinical scenarios will warrant prescribing, therefore this policy clarifies the stance together with robust exclusion criteria and supportive information to implement the system wide approach.

1.1 Evidence Base

A comprehensive evidence based, systematic review was conducted to inform the policy. This involved national guidelines and high-level studies.

Care Home Digest, Menu planning and food service guidelines for older adults living in care homes. British Dietetic Association (BDA) June 2024.⁸

The British Dietetic Association (BDA) is the only body in the UK representing the whole of the dietetic workforce. Dietitians are the only qualified and regulated health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public health level.

The Care Home Digest is the result of a large piece of work from the British Dietetic Association's (BDA) Older People and Food Services Specialist Groups, alongside the National Association of Care Catering. It is the result of the synthesis of a considerable body of evidence and provides an invaluable tool for staff working in care homes.

The guidelines review the role of Oral Nutritional Supplements (ONS) specifically and state:

'Oral nutritional supplements (ONS) do not contain anything more than food can provide. Food should be able to meet residents' needs and when a resident is at risk of malnutrition the food-based approach (outlined above) should be provided. It is important to ensure that a resident's intake is optimised with food and a food-based approach before either purchase or a prescription of ONS is even considered.'

In addition, most areas have local NHS guidance in place, which includes appropriate prescribing of ONS and in some cases advises against the prescribing of ONS for care home residents. If prescribed ONS are issued, this should usually be as a short-term treatment option for disease-related malnutrition if someone is temporarily unable to meet their needs using food/drink only. ONS are not intended for long-term use or as a replacement for providing food sufficient to meet residents' nutritional needs.'

NICE Clinical Guideline CG32 (2017): Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition.⁹

This guideline covers identifying and caring for adults who are malnourished or at risk of malnutrition in hospital or in their own home or a care home. It offers advice on how oral, enteral tube feeding and parenteral nutrition support should be started, administered and stopped. It aims to support healthcare professionals identify malnourished people and help them to choose the most appropriate form of support.

NICE states that in most cases, an adequate nutritional intake can be provided via 'good food' in combination with any additional support needed, such as physical support with eating⁵.

The guidelines offered the following research recommendations in 2017:

'What are the benefits of patients (in hospital or the community, including older people) identified as at high risk of malnutrition, by a screening tool such as MUST, being offered either oral nutritional supplements compared with:

- a) dietary modification and/or food fortification; or*
- b) dietary modification and/or food fortification together with dietary counselling, in terms of determining complications, survival, length of hospital stay, quality of life and cost effectiveness?'*

This is an essential recommendation for research since there is insufficient evidence on the benefits of intervention used for oral nutrition support – in particular, the benefits of often first line treatment, for example food fortification and/or dietary counselling. It is essential to know this so that the indications on how to treat can be further supported.

Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults - Baldwin, C - 2021 | Cochrane Library³

This systematic review is referenced in the BDA Care Home Digest, it compared ONS to dietary advice alone, dietary advice with ONS, and no intervention. It involved 94 Randomised controlled trails (RCTs) with 10,284 participants in total. Participants were aged 17-80+ with disease-related malnutrition from a range of conditions including cancer, dementia and kidney disease.

Participants were from all healthcare settings to include patients in hospital, care home residents and living at home. There were no harms reported.

The author concluded that there may be weight gain with just dietary advice and with dietary advice plus ONS in the short term, but the benefits are uncertain and not maintained.

For all other outcomes (hospitalisation, length of stay, complications, lean body mass, quality of life, mortality) evidence was inconsistent regarding the size and direction of effect, and the length of intervention required.

In summary, there was no clarity from the body of evidence about which intervention has most benefit or how long it takes to achieve benefit. Despite widespread use in clinical practice there is no evidence of clinical benefit from ONS

The Nutrition and Hydration Digest 3rd Edition (2023). British Dietetic Association (BDA).

The BDA's Nutrition and Hydration Digest is a fundamental evidence-based resource for all involved in the provision of food and drink services in healthcare. It is now part of the National standards for healthcare food and drink (2022), meaning that all NHS Trusts in England must comply with the nutrition standards outlined in the Digest as part of the legally binding NHS standard contract.

It states screening for malnutrition should be completed on admission to hospitals to identify high risk individuals and ensure a nutrition care plan is in place. Those identified as at high risk of malnutrition through a malnutrition screening programme should be referred for specialist Dietetic advice via locally agreed pathways. The dietitian will assess those at risk and create treatment plans based on individual needs.

The fortification of food is one way to provide nutritional support to patients. Nutrient dense foods, such as skimmed milk powder, cheese, nuts and nourishing drinks can be used to enhance the nutrient content of other foods without increasing their volume. Food based methods, are strongly encouraged as a first-line approach. These approaches have been shown to positively impact a patient's nutritional status and can be used in a variety of settings.

Food based approaches

- *Aim to overcome barriers to oral intake (e.g., pain, poor dentition, need for a modified food texture, environmental and social problems)*
- *Encourage small, frequent meals consisting of nutritionally dense foods. Aim to have three small meals with two to three nutrient dense snacks in between*

- *Increase the nutrient density of the diet using the addition of foods such as skimmed milk powder, cheese, nuts (ground nuts or nut butter), eggs*
- *Nourishing fluids should be encouraged, such as milk-based coffee/hot chocolate made with whole milk/malted milk, nourishing soups, smoothies or milkshakes*
- *Consideration should be given to micronutrients intake. A multivitamin and mineral supplement may be required. If required on discharge this should be purchased over the counter from a supermarket or pharmacy*

2.0 Purpose of the Policy

This policy presents a re-evaluated, system-wide approach to the management of malnutrition and the consequent use of ONS as a system. Despite widespread use in clinical practice there is no evidence of clinical benefit from ONS, however it is widely prescribed across Staffordshire and Stoke on Trent Integrated Care System (ICS).

This policy summarises the concerted approach healthcare professionals involved in malnutrition assessment and the prescribing of ONS should adopt when managing patients. Adherence to the policy will ensure ONS is no longer routinely prescribed unless specialist input is adopted. Subsequent prescribing will be for ACBS approved conditions only, appropriately indicated, reviewed and discontinued within correct timescales and involve dietetic review to ensure good clinical value.

3.0 Scope of the Policy

The policy provides all healthcare professionals involved in prescribing ONS working within the SSOT ICS with information when carrying out assessment and developing associated treatment plans for malnutrition.

This policy targets all healthcare professionals within primary and secondary care, this includes (although not an exhaustive list): General Practitioners (GPs), pharmacists, district nurses, practice nurses and other appropriate community healthcare professionals, junior doctors, non-medical prescribers (NMPs), nurses, healthcare assistants (HCAs).

The policy is targeted at adults aged 18 years and over. The policy does NOT replace individual dietetic/consultant recommendations on prescribable ONS for patients who require specific dietary advice for the treatment of malnutrition and or any other clinical condition that would be supported by the dietetic team.

The policy addresses funding via NHS prescription of ONS for all residents registered with a GP in the Staffordshire and Stoke on Trent ICB footprint, regardless of the home setting in which the resident resides, i.e. the patient resides in their own home or in a private care provider such as residential and nursing care homes.

4.0 Local Management

4.1 Roles and Responsibilities

It is the responsibility of the requesting professional to determine and confirm that the patient meets the criteria as outlined in this policy.

Referrals to the dietetic services that do not demonstrate this, will be declined and information on the food first alternatives, as described in this policy, will be shared.

4.2 Referring for dietetic advice

Formal malnutrition review of patients prior to seeking dietetic advice should still be conducted as per the Primary Care Quick Reference guide to Food Fortification and Prescribing Oral Nutritional Supplements (Appendix 1).

5.0 Disease Related Malnutrition

5.1 Primary Care and Community Care Providers

The local Primary Care Quick Reference Guide to Food Fortification and Prescribing Oral Nutritional Supplements (ONS) in Adults (Appendix 1) focus on advice and guidance for first line treatment of **'disease related malnutrition**.

Any consultation relating to malnutrition should be documented following the local guidance in addition to any Food Fortification advice provided.

This should include:

1. Weigh patient, obtain height and calculate BMI. Obtain weight history over the last 6 months if possible and calculate MUST score.
2. Assess for underlying cause
3. Set clear treatment goals with patient.
4. Optimise oral intake and provide food fortification advice.

Dietetic input should only be requested when the options detailed as First Line (see below) have been fully implemented. In addition, requests should only be made when Malnutrition Universal Screening Tool (MUST) scores are 3 or more.:

First Line

- Food fortification advice and/or
- Over the counter ONS products

Patients should be advised to fortify their food and have nutritious snacks and drinks.

Guidance for this is available [here](#) and can be shared with patients or carers.

Over the counter ONS products such as shakes and soups may be used, brands include:

- Complan
- Meritene

Dedicated resources/recipes and links to YouTube videos via QR codes to support primary care colleagues to share with patients and other healthcare professionals or private providers can be found in **Appendix 2**.

5.2 Inpatient Services discharge requirements

All newly admitted patients to inpatient services (physical and mental health) should be nutritionally screened within 24 hours of admission using a validated screening tool (such as [MUST](#) or [SANSI](#)) by staff with appropriate skills and training. The score/risk should be documented in the patient's care plan and if screening highlights a risk the appropriate nutritional care plan and monitoring should be followed and documented.

Adult inpatients should be screened weekly if using MUST and monthly if using SANSI.

Acute trusts may have specific decision support tools used solely at their individual trusts. Screening and review timescales should be adhered to as per the internal trust guidelines.

A referral to dietitians during inpatient stay should be considered where there are nutrition related concerns that require specialist advice. In relation to ONS, indicators for referral include:

- When a patient has a MUST score of 3 or above / SANSI High risk
- When a patient has a MUST score of 1 or 2 / SANSI medium risk and no improvement after following "food first advice" approach
- Patients who are already on ONS and still losing weight
- Patients for whom oral nutritional supplements are a sole source of nutrition
- Disease specific nutrition support

Service users referred for a dietetic assessment and who meet commissioned service criteria, will have thorough nutrition assessments that is inline within the [Model and Process for Nutrition and Dietetic Practice](#) (BDA, 2021).

Where appropriate, the dietitian will review and consider implications for Oral Nutritional Supplements (ONS) and enteral or parenteral tube feeding. These will be communicated within the service user's multidisciplinary team (MDT) and for appropriate shared decision making.

Patients who require ONS upon discharge should be discharged with a nutritional care plan and will have this communicated within their care plan and discharge plan as part of the Trust Admission, Discharge and Transfer Policy. This will include speech and language therapy (SLT) and dietetic diet and fluid recommendations where relevant.

ONS should not routinely be prescribed on discharge unless a dietetic review as detailed above has taken place prior to discharge.

5.3 Prescription requests from Private Care Providers

5.3.1 Residential and Nursing Care Homes

Dedicated evidence-based and recent guidelines have been produced by the BDA in the form of the Care Home Digest <https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/care-home-digest.html>.

This forms the first menu planning and food service guidelines for care homes for older adults, to support residential and nursing care homes to provide high quality food and drink services for residents in their care.

The guidelines provide information and tools that care home managers, nursing staff, carers and catering teams can use to understand how to ensure that menus meet residents' nutritional needs, together with guidance about how food service delivery can both enhance mealtime experience for residents and support them to meet their nutritional needs.

Oral nutritional supplements (ONS) do not contain anything more than food can provide³. Food should be able to meet residents' needs and when a resident is at risk of malnutrition a food-based approach should be provided.

Food fortification is the first line approach to managing malnutrition followed by using over the counter (OTC) ONS as a short-term treatment option for disease-related malnutrition if someone is temporarily unable to meet their needs using food/drink only⁴. ONS are not intended for long-term use or as a replacement for providing food sufficient to meet residents' nutritional needs.

1. A clear and detailed nutrition and hydration care plan should be produced by the care home for every resident before they move in (pre assessment). This should be updated at admission (initial assessment) and then regularly reviewed and updated as an ongoing process during their stay. Residents' nutrition and hydration care plans should consider their support and environmental preferences as well as their dietary needs. Nutrition and hydration care plans should be stand-alone documents just like other care plans covering key risks such as swallowing difficulties (dysphagia)
2. A food-based approach should be adopted to manage malnutrition in residents.
3. Prescriptions for ONS are no longer routinely provided and should not be requested. See Staffordshire and Stoke-on-Trent ICS' position statement on the prescribing of Oral Nutritional Supplements (page 4).

Homemade supplement recipes (Fortified Milkshake/Fortified Fruit Juice) have a similar energy and protein content to similar commercial ONS^{6,7}. Example recipes can be found in the Care Home Digest <https://www.bda.uk.com/practice-and-education/nutrition-and-dietetic-practice/care-home-digest.html>. It states the fortified milkshake recipe should be used in preference to the fortified fruit juice recipe as it is more nutrient dense. The fortified fruit juice recipe can be used when a resident does not like or cannot take milk. The recipe has a lower nutritional content than the fortified milkshake recipe.

Further support on food fortification can be found in **Appendix 2**.

6.0 Specific Considerations

In line with ACBS criteria, the SSOT ICS policy recognises some indications and patient cohorts may warrant the use of ONS. However, prescribing of ONS in these scenarios must have specialist dietitian input. These patients may be referred via their consultant internally at Trust level who is accountable for the care of their primary diagnosis and may include patients with:

- Intractable malabsorption
- Preoperative preparation of malnourished patients
- Dysphagia
- Proven inflammatory bowel disease.

- Following total gastrectomy
- Short-bowel syndrome
- Bowel fistula

There will be cohorts of patients under specialist services who consequently will be receiving nutritional support. These patients would be exempt from the policy and include groups such as those with:

- Renal disease/dialysis
- Decompensated liver disease
- Swallowing difficulties,
- Gastrointestinal disorders

In these cases, consider referral to specialist services e.g. dietetics, speech and language therapy.

6.1 Palliative Care

Palliative care is a holistic approach to the care of a person with any advanced progressive illness. It places equal importance on an individual's physical, emotional, spiritual and social needs¹⁰. Individual needs will vary from person to person and will change from the early introduction of palliative care to the last few days or hours of life.

Nutrition-related problems, particularly those contributing to a reduced food intake and weight loss, are common in advanced disease and can be a distressing reminder of deteriorating health for both the patient and their caregivers. These factors can negatively affect quality of life. While most research into the impact of nutrition is in patients living with advanced cancer, this is also the case for patients with other palliative diagnoses, such as lung disease, neurological disorders or frailty¹¹.

Loss of appetite is often distressing and is a commonly reported symptom. The appearance of losing weight can be a stark reminder of progressive illness, the emotional impact of this reminder can worsen an already challenging situation. Well-meaning caregivers can unwittingly put pressure on the patient to eat more, which can add to anxiety and affect relationships¹².

As illness progresses, and priorities shift from curative treatments to the promotion of quality of life, nutrition advice should be reviewed and relaxed if appropriate. Due to multiple co-morbidities such as obesity, high cholesterol or diabetes people have been advised to restrict food intake¹³. The low energy of these diets may now not be appropriate for someone with a reduced appetite and limited life expectancy. Moving away from a perceived health diet to more focus on calories can enable people to have more energy.

Approach

The approach to nutrition for individuals who are in the palliative stages of an illness will potentially be the same as those in the general population, refer to the main body of this policy for advice.

In palliative care, distinctions between life-prolonging and life-enhancing interventions are often required, and all interventions including how we approach nutritional support should be evaluated in this light¹⁴.

Specific approaches for palliative patients should aim to:

- Minimise food related distress

- Identify and manage problems that may be limiting oral intake such as:
 - Sore/dry mouth/ oral candida/ulceration
 - Nausea/ vomiting/ early satiety
 - Constipation/ diarrhoea/ steatorrhea
 - Pain
 - Dysphagia
 - Psychological factors, emotional distress, anxiety depression.
 - Functional deterioration e.g. inability to feed themselves.
 - Caregiver dynamics e.g. lack of understanding of where the person is in their disease journey.
 - Medications e.g. side effects which impact on eating and drinking.
 - Cognitive impairment leading to feeding difficulties and loss of satiety.
 - Cultural and religious beliefs (may influence dietary preferences, restrictions or rituals related to food and eating).
 - Financial constraints

Dietary Counselling

Dietary counselling can play an important role in patients with anorexia and cachexia¹⁵. All healthcare professionals should:

- Encourage discussion about food and drinks, focus on what the person enjoys and encourage consumption as tolerated.
- Encourage the person to eat little and often.
- Encourage patients to think about how and when they eat, it maybe they feel uncomfortable eating in front of others or making mealtimes a social occasion may change their perception on food.
- Encourage patients to experiment with different flavours, as disease can lead to changes in the way things taste.
- Explain that serious illness often causes a gradual loss of appetite and weight loss that may not be reversible.
- Review currently prescribed ONS considering the above advice. This is essential to support its effective use.

Oral nutritional supplements versus a 'food first' approach

ONS has value in some circumstances, but health professionals are often unrealistic in their prescription, which can cause anxiety and affect quality of life¹⁶.

Before initiating ONS consider the following:

- ONS may not reverse weight loss
- ONS should only be prescribed if they promote comfort and are tolerated
- ONS may benefit some people on psychological grounds as they may find it less burdensome and this may reduce mealtime anxiety.
- Some patients enjoy ONS, but if this is not the case then their use is limited in palliative care where the focus is on quality of life and enjoyment of food. This can be achieved by dietary counselling encouraging favourite foods and a realistic meal pattern, while attempting to avoid unnecessary weight loss.
- Patients and their care givers can be advised to fortify food with additional calories or protein. For example, adding butter, cream, cheese, skimmed milk powder, mayonnaise, peanut butter, honey or sugar to meals that patients enjoy. (**Appendix 2**)

For people identified as probably last few weeks / days / hours**Prescribing ONS is not generally recommended at this stage.**

In the final stages of life the body slows down and this affects the person's ability to eat and drink.

Advise the person and family that care should focus on enjoyment of food rather than quantity of food consumed or reversal of weight loss.

The goal of nutritional care should focus on:

- Food for comfort and tastes for pleasure
- The persons wishes - where the person is currently taking ONS, consider:
 - If these are well tolerated or contributing to symptom burden
 - Patient wishes to continue or prefer to stop ONS
- Providing good mouth care for comfort.
- Decisions and plans may need to be put in place to support the person to continue to eat even though they may be at risk of aspiration. (Please see www.westmidspallcare.co.uk for further information on Feeding at Risk)

7.0 Equality Impact Assessment

This proposal has been through the ICB's equality assessment process and no identifiable or potential adverse impact against any protected characteristics have been identified or mitigating actions have been taken to deduce any equality risk. In the event of any new data, information, or reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed.

8.0 References

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18. NICE. Care of dying adults in the last days of life (NG31) (NICE 2015). <https://www.nice.org.uk/guidance/ng31/chapter/Recommendations#recognising-when-a-person-may-be-in-the-last-days-of-life>

9.0 Monitoring

Ongoing monitoring on the implementation of the policy will be communicated to the Health and Care Senate.

National prescribing data from ePACT will be used to assess prescribing trends for Oral Nutritional Supplements.

Any increase in demand on dietetic services or inappropriate referrals will be communicated to the Health and Care Senate.

10.0 Review

The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.

The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.

Please note the authors' responsibilities regarding archiving superseded copies. The author will ensure that a review of the document is carried out in the event of a change in circumstances or immediately prior to the expiry date.

Appendix 1: Primary Care Quick Reference Guide to Food Fortification and Prescribing Oral Nutritional Supplements (ONS) in Adults.

Primary Care Quick Reference Guide to Food Fortification and Prescribing Oral Nutritional Supplements (ONS) in Adults

Step 1 : Is the patient at risk of malnutrition?

- Weigh patient, obtain height and calculate BMI. Obtain weight history over the last 6 months if possible and calculate MUST score [\[LINK\]](#)

Step 2 : Assess for underlying cause

- **Disease, disorder or medical condition** – provide disease related advice; treat nausea, vomiting, constipation; consider pain management; consider side effects of medication impacting appetite; consider if patient is following inappropriate restrictive dietary advice
- **Social** - access to food/shopping/food banks; family involvement; treat anxiety/depression & refer to appropriate services; consider referral to social prescriber/social groups/occupational therapy
- **Dental** – ensure good oral hygiene; advise on dental care; consider referral to dentist

Step 3 : Set clear treatment goals with patient

- Goals may include:
- Wound healing – review wound severity/size before & after intervention
 - To improve or maintain nutritional status/weight – review weight & MUST score before and after intervention
 - To improve or maintain functional ability/quality of life

Step 4 : Optimise oral intake and provide food fortification advice

- MUST1-2: Follow first line advice and review in 1 month
MUST 3+: **Seek dietetic advice prior to considering prescribing ONS.**

First line prescribing guidelines may not be appropriate for some patient groups such as those with swallowing difficulties, complex nutritional needs, renal disease/dialysis, gastrointestinal disorders, uncontrolled diabetes, decompensated liver disease or those patients approaching end of life. In these cases, consider referral to specialist services e.g. dietetics, speech and language therapy etc.

ONLY TO BE PRESCRIBED UNDER SUPERVISION OR ADVICE FROM DIETITIAN

First Line

- Food fortification advice and/or
- Over the counter ONS products

Patients should be advised to fortify their food and have nutritious snacks and drinks. Guidance for this is available [here](#) and can be shared with patients or carers. Over the counter ONS products such as shakes and soups may be used, brands include:

- Complan
- Meritene

Second Line

- Powder ONS

Patients should be advised to fortify their food and have nutritious snacks and drinks. Guidance for this is available [here](#) and can be shared with patients or carers. Alongside this patients should be prescribed powder ONS. **Recommended dose: 1 – 2 sachets per day.** Use links below to order sample packs. Brands include:
Foodlink Complete [\[Link\]](#)
Aymes Shake [\[Link\]](#)
Ensure Shake [\[Link\]](#)
Aymes Actasolve Smoothie – vegan/milk free option [\[Link\]](#)

Third Line: For patients unable to make up powdered ONS

- Ready to drink ONS

Patients should be advised to fortify their food and have nutritious snacks and drinks. Guidance for this is available [here](#) and can be shared with patients or carers. Alongside this, patients should be prescribed ready to drink ONS. **Recommended dose: 2 bottles per day.** Use links below to order sample packs.

Standard

Brands include:
Altraplen Energy [\[Link\]](#)
Aymes Complete [\[Link\]](#)
Ensure Plus Milkshake [\[Link\]](#)
Fortisip Plant Based – vegan/milk free option [\[Link\]](#)

Compact

For patients who struggle with volume or need fluid restriction
Brands include:
Altraplen Compact [\[Link\]](#)
Ensure Compact [\[Link\]](#)

Juice-style

For patients who do not like milk style drinks
Brands include:
Altrajuce [\[Link\]](#)
Ensure Plus Juice [\[Link\]](#)

Please note: Dietitian review prior to ONS prescribing (second & third line) may consist of an initial assessment for nutritional inadequacy, recommended ONS dosage and frequency, discontinuation date and any clinical threshold which would warrant re-referral.

Appendix 2: Using food to treat unintentional weight loss/poor appetite

Please follow the below link for recipe cards and hints and tips for food fortification.

[Using food to treat unintentional weight loss/poor appetite](#)