

NORTHERN IRELAND MEDICINES MANAGEMENT

Oral Nutritional Supplements

Nov 2023

Prescribing of oral nutritional supplements (ONS) in Northern Ireland

Oral nutritional supplements (ONS) are defined as sterile liquids, semi-solids or powders, which provide macro and micro nutrients.

Northern Ireland continues to have a significantly higher spend per head on oral nutrition than other UK regions. In primary care, £8.8 million was spent on ONS in 2022/23.

A scoping exercise in the South Eastern area (2019) identified that ONS waste over a 3 month period in care homes was 24% of the prescribing costs. Reasons were multi-factorial and learning is being taken forward regionally. The images below show just some of the ONS returned for disposal during the 3 month period. Returned medicines (including ONS) cannot be re-used; 160 tonnes of medicines were destroyed last year in Northern Ireland.



Ensuring appropriate management of malnutrition

Malnutrition is estimated to affect over 3 million people in the UK. It leads to increased GP visits, prescription costs and referrals to secondary care. The overall cost of treating a malnourished patient is estimated to be **two to three times** more than treating a non-malnourished patient. A food first approach is the preferred first step in helping to address poor dietary intake and unintentional weight loss.

The [Northern Ireland Formulary](#) nutrition chapter was updated in October 2021 and a virtual launch event took place in June 2023. A recording of this event can be viewed [here](#).

There are [7 suggested steps](#) to ensure appropriate prescribing of adult oral nutritional supplements (ONS) in primary care. Key information for each step is highlighted below, however please refer to [NI Formulary](#) for further detailed prescribing information.

Remember- Prescribing of ONS should not occur until Step 5!

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The 7 Suggested Steps of Adult Oral Nutritional Supplements in Primary Care

Step 1 — Identification of Risk: MUST Score

The [Malnutrition Universal Screening Tool](#) should be used to calculate the risk of malnutrition in adults. The resulting MUST score can then be used to plan how the patient should be managed, see below from the [NI Formulary](#) website.

Low risk MUST Score = 0	Medium risk MUST Score = 1	High risk MUST Score ≥ 2
<ul style="list-style-type: none"> Record MUST details Recommend a WELL BALANCED DIET 	<ul style="list-style-type: none"> Record MUST details Document nutritional care plan Promote 'Food First' Recommend High Protein / High Energy diet Care homes to monitor intake for 3 days (on food record chart) If improving continue until low risk If deteriorating treat as high risk 	<ul style="list-style-type: none"> Record MUST details Document nutritional care plan Promote 'Food First' Recommend High Protein / High Energy diet Refer to dietitian (or implement local policy) Care homes to monitor intake for 3 days (on food record chart)
✕	↓	↓

(Exemptions from MUST: pregnancy, undergoing dialysis, receiving enteral feeds or parenteral nutrition, decompensated liver disease, patients in critical care units and patients on end-of-life palliative care pathway)

Step 2 — Underlying causes of Malnutrition

Consider availability of adequate diet and identify any difficulties relating to:

- Ability to swallow or chew, ability to shop/cook, assistance required with feeding, dentition etc.
- Impact of medication on appetite or nutritional intake
- Physical symptoms (e.g. GI symptoms)
- Medical diagnosis (e.g. cancer), side effects of treatment and prognosis
- Environmental and social care issues including inadequate support at home etc.

People with eating, drinking and swallowing (dysphagia) difficulties should be assessed by speech and language therapists.

Step 3 — Set Goals

Set and document realistic and measurable goals and identify the end point of treatment.

Treatment goals should be individualised and may not always be to minimise or prevent further weight loss. Please see [NI Formulary](#) for further information.

Step 4 — Discuss Food First Dietary Advice


Dietary advice should be given on how to **fortify food**.




Note: For Nursing and Residential home settings, please consult [regional guidance](#) in relation to MUST scores.

A number of resources are available for patients and care homes, including care home catering staff, to advise on how to fortify food

- [Nourishing Drinks Recipe Ideas Information for Patients and Relatives](#)
- [Watch out for weight loss](#)
- [Food First: Adding extra nourishment to food and drinks in care home settings](#)
- [PHA Dietetic You Tube channel](#)



Watch out for weight loss


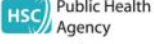


Have you seen any of these signs?

- Face, arms and legs look thinner
- Clothes getting looser
- Rings/watch strap loose
- Dentures loose
- Lost interest in food
- More leftovers at mealtimes or food waste in the bin
- Difficulty using cutlery and holding a cup or glass
- Memory problems.

Unplanned weight loss can cause poor health

- Try our tips to get the most out of your food
- If you are concerned speak to your GP
- If you are already on a special diet or have swallowing problems please discuss with your GP or Dietitian.



Simple Steps

- Eat little and often - have snacks between meals
- Avoid diet or low fat products
- Use 1 pint whole/full fat milk each day - try adding 4 heaped tablespoons of dried milk powder to make fortified milk to use in drinks, cereal and puddings
- Add butter or grated cheese to potatoes, vegetables, baked beans, tinned spaghetti
- Spread butter, margarine or cream cheese thickly on biscuits and crackers
- Butter hot toast then add another layer of butter
- Have cheese with biscuits, malt breads or toast as snacks
- Choose milk based desserts eg. custard, rice, creamy yoghurt.

Promote and encourage the inclusion of:

- **ONE** pint of fortified milk per day (refer to NI formulary for CKD patients)
- **TWO** nourishing snacks per day
- **THREE** fortified meals per day
- **FOUR**-week review if MUST score of ≥ 2 , or 2-3 months for those with a MUST score of 1

Step 5 – Prescribe ONS

Consider prescribing ONS if:

- food first dietary advice has been maximised for 4 weeks **AND**
- it is not possible to meet nutritional requirements from food intake alone **AND**
- there are clinical benefits and clear nutritional goals to work towards **AND**
- falls into one of the [ACBS](#) categories e.g. disease related malnutrition*

(* Further information on Borderline substances can be found in the [Drug Tariff](#))

then consider prescribing 2 x ONS per day (600 to 800 Kcals)

- Add directions for use, i.e. one twice a day, **between meals**. Do not advise 'as directed'
- Prescribe a limited quantity initially (e.g. 7-day supply) to reduce wastage and no more than a month's duration. **Reinforce food fortification advice**
- Add the review month and year to the dosage instructions and limit the repeat period to 3 months
- Record the weight, MUST score, ACBS indication, goal and review plan in the patient's record

A useful patient resource [How to use oral nutritional supplements](#) has been developed. The leaflet provides information about supplements and how to take them.

Note: For Nursing and Residential home settings, please consult [regional guidance](#) in relation to MUST scores.

Step 6 – Review need for ONS

Good practice suggests initial review after maximum one month then at least three monthly thereafter. This should include

- Review weight and MUST score
- Reinforce food first advice
- Consider suitability of a powdered product
- Check compliance and tolerance of present oral nutritional supplements, for example, there may be limited benefit of ONS if not taken as prescribed

Step 7 – When to discontinue ONS

Discontinue when:

- Goals have been met
- Nutritional status has improved and eating and drinking will maintain weight (reinforce food fortification advice)
- The individual is clinically stable
- No further clinical benefit and/or use may cause the patient anxiety or discomfort e.g. those that may be in the final days of life.

First Line ONS choices

POWDERED ONS IS THE COST EFFECTIVE CHOICE FOR PRIMARY CARE

Powdered ONS products such as **Aymes Shake[®]**, **Ensure Shake[®]** and **Foodlink[®] Complete** are more than **50% cheaper than ready-made ONS products** such as Ensure Plus[®] and Fortisip[®].

Currently, **only 8% of ONS items prescribed in Northern Ireland are for powdered ONS** and therefore **significant savings** are possible.

However, they are not suitable for ALL patients, e.g. those unable to make up shakes (either patient or carer); those with no access to fridge, fresh milk or storage; those unable to handle fresh milk products safely. Please refer to the [NI Formulary](#).

A ready reckoner of Northern Ireland Formulary cost effective choices is also available at the end of this supplement.



Compact style ONS

Compact style ONS such as Fortisip Compact[®] and Ensure Compact[®] should **NOT** be prescribed without consideration to the patient's overall fluid balance and risk of dehydration, and are **usually recommended after dietetic assessment**.

If a compact style ONS product is deemed appropriate, a powdered compact product such as Aymes Shake Compact[®] and Foodlink[®] Complete Compact is the **FIRST LINE CHOICE** (note: powdered compact ONS is not suitable for ALL patients, e.g. those unable to make up shakes (either patient or carer); those with no access to fridge, fresh milk or storage; those unable to handle fresh milk products safely. Please refer to the [NI Formulary](#)).

Dietetic Led ONS

The following products should only be prescribed under the recommendation of a dietitian, or a health care professional with expertise in this area:

- Fibre Containing ONS e.g. Ensure Plus Fibre®
- High Protein ONS e.g. Fortisip Compact Protein®
- Dessert Style ONS e.g. Forticreme®, Nutricreme®
- Modular Supplements e.g. Calogen Shots®, Pro-cal Shots®

GP practices should consider review of patients, not under the care of a dietitian, who are prescribed these products and de-prescribe if appropriate.



image: [Freepik.com](https://www.freepik.com)

Prescribing ONS in Specific Patient Groups

Guidance intended to help healthcare professionals support the nutritional needs of people, during the various stages of **palliative care** and in those at **risk of harm due to substance use** has been produced by specialist dietitians in these clinical areas.

The full guidance documents are available to view via this [link](#) and a recorded presentation by the specialist dietitians involved in the production of this guidance can be viewed as part of the formulary launch event [here](#).

Oral nutrition support - resources for patients, carers and healthcare professionals

Downloaded

Download	Downloads
Oral nutrition support - resources for patients, carers and healthcare professionals	3,714
Oral nutrition support - resources for patients, carers and healthcare professionals	7,187
Oral nutrition support - resources for patients, carers and healthcare professionals	2,445
Oral nutrition support - resources for patients, carers and healthcare professionals	133,34
Oral nutrition support - resources for patients, carers and healthcare professionals	186,77
Oral nutrition support - resources for patients, carers and healthcare professionals	549,98

Regional Template for Prescribing Recommendations to Primary Care

A [regional template](#) has been agreed in collaboration with all Trust Dietetic colleagues to ensure that the content and quality of information communicated to primary care is standardised. The template includes individual recommendations and targets for follow up when discharged. This will allow target information to be added to dose directions on prescriptions, thereby triggering review when a re-authorisation is required on the clinical system.

REASON FOR NON-FORMULARY PRODUCT RECOMMENDATION
<input type="checkbox"/> Powdered Oral Nutrition Supplement not appropriate as per risk assessment
<input type="checkbox"/> Trials of products available on the NI Formulary were unsuccessful
<input type="checkbox"/> Patient declines to change from already established product
<input type="checkbox"/> It is a specialised product not available on the NI Formulary
<input type="checkbox"/> Other (please specify):

SUMMARY OF CONSULTATION / RECOMMENDATIONS
The patient has been given advice and written information on how to fortify their diet with high protein and/or high energy foods.
The patient has been informed that the oral nutritional supplement will be stopped once treatment goals have been achieved/ supplements no longer indicated.

FOLLOW UP ARRANGEMENTS (tick all that apply)
<input type="checkbox"/> I plan to review this patient with URGENT TIMESCALE .
<input type="checkbox"/> I have arranged follow up with the community dietetic service.
<input type="checkbox"/> This patient has declined further dietetic intervention. Please re-refer to appropriate dietetic service if required.
<input type="checkbox"/> This patient does not require further dietetic intervention at present.
<input type="checkbox"/> I have discharged this patient to primary care but they require ongoing ONS prescription. Recommendations for review: INSERT (as appropriate) guidance on monitoring, targets for discontinuing ONS, appropriate re-referring .

If you have any queries please contact - **INSERT name, email, telephone**

Yours sincerely

REGISTERED DIETITIAN

Date: _____

Dear Dr:

Re: Dietetic telephone/virtual/face to face assessment/review carried out on **<DATE> as an inpatient/outpatient/ambulatory (indicate as appropriate)**

Patient:	HSC No:
D.O.B:	Address:
Postcode:	

Reason for Referral: _____

Aim of Dietetic Intervention: _____

NUTRITIONAL DATA		
Weight (kg):	Height (m):	BMI (kg/m ²):
% Weight change (kg over time period):	MUST score:	
Target weight/BMI/other:		

MUST score: (Medium: 1-2, Severe: 3-4, Critical: 5-6)

NUTRITION PRODUCT PRESCRIPTION REQUEST					
ACBS INDICATION:					
Product	Flavour	Unit volume (ml/g)	Qty per day	Total volume per 28 days	Indicate if Commence/continue Or STOP

Prescribing Resources

Messages have been added to the prescribing support tool, Optimise Rx, to support prescribing (EMIS GP practices only).

A prescribing template for ONS has been developed for both EMIS and Vision practices. The EMIS template is available to download via this [link](#). The Vision template is currently undergoing final testing and will be available soon, via the same link above.

HSC Primary Care Intranet

Product	Description	File	In This Section
Oral Nutrition Supplement - Fortisip Compact Protein			
Oral Nutrition Supplement - Forticreme			
Oral Nutrition Supplement - Nutricreme			
Oral Nutrition Supplement - Calogen Shots			
Oral Nutrition Supplement - Pro-cal Shots			

Patient resources

A leaflet '[When illness affects your appetite](#)' has been produced providing guidance and information for patients and carers receiving palliative care.



Additionally, a patient information leaflet in relation to swallowing information for end of life care has also been developed and is available via this [link](#).



Recent examples of inappropriate prescribing or recommendation of ONS



Case Study 1

Patient A with a BMI of 39 kg/m² prescribed Fortisip[®] Compact three times daily to aid satiety (feeling of fullness) in an attempt for intentional weight loss. This is not an approved ACBS listed indication and therefore should not be prescribed on an HSC prescription. The patient was reviewed by a NHSCT Prescribing Support Dietitian, weight loss target agreed, weight management advice given and an individualised plan agreed. The annual saving for the practice was £1,620.

Case Study 2

Patient B, type 2 diabetes, with a BMI of 36 kg/m² prescribed Fortisip[®] Extra twice a day. ONS was commenced during an acute admission for COVID-19 in January 2021 and continued post discharge. The patient was reviewed by a NHSCT Prescribing Support Dietitian, Fortisip[®] Extra discontinued, weight monitored and diabetic input recommended. The annual saving for the practice was £2,059.

Case Study 3

Patient C, with chronic heart failure (on no special therapeutic diet), purchased a small quantity of ONS to help 'build them up' after being recommended by a family friend. The patient returned the next day for advice as she was unable to take the ONS purchased. The community pharmacist provided dietary advice on how to fortify food and directed them to the patient resources available. The patient returned 4 weeks later to advise her weight had improved.

Training and information events for healthcare professionals

- [NI Formulary Launch event](#) - Video recording for all healthcare professionals including care home staff, GP practice staff and community pharmacy staff
- [GPNI Share the learning - May Update](#) – Video recording of a presentation given by the NHSCT Prescribing Support Dietetic team aimed at all GP practice clinical staff
- Upcoming NICPLD Webinar (25th Oct & 16th Nov) Effective oral nutritional supplement use – Webinar for all pharmacists. Places can be reserved via the NICPLD website.
- A series of Nutrition Deprescribing Training events facilitated by Medicines NI and NICPLD are planned prior to Summer 2024.



image: [Freepik.com](#)

Actions for GP practices

- Share newsletter with all relevant members of the practice team
- Follow the [Seven Steps to Appropriate Prescribing of Adult ONS](#)
- When ONS is appropriate use cost effective choices
- Ensure patients are weighed, where possible, prior to commencement of ONS and regularly if attending the practice for GP/ practice nurse or treatment room appointments
- Add dose directions to prescriptions, thereby triggering review when a re-authorisation is required on the clinical system
- Review ONS prescriptions; if pattern reflects collecting on an 'ad hoc' basis, take off repeat, review to establish how patient is taking their ONS and if further use is clinically appropriate
- Signpost to [making the most of your food/watch out for weight loss advice resources](#) and [oral nutrition support resources](#), where appropriate
- Review of nutritional needs of patients receiving palliative care in line with [guidance](#)
- Review of patients prescribed ONS who are at risk of harm due to substance use in line with [guidance](#).

Actions for community pharmacists

- Share newsletter with all relevant members of the healthcare team
- Discuss with patients requesting to purchase ONS or seeking nutritional advice, food fortification advice in line with the [Seven Steps to Appropriate Prescribing of Adult ONS](#)
- Discuss and reassure patients and carers of those receiving palliative care how appetite may be affected
- Discuss and reassure patients who are at risk of harm due to substance use why ONS may not or may no longer be appropriate
- Signpost to [making the most of your food/watch out for weight loss advice resources](#) and [oral nutrition support resources](#), where appropriate.

References

1. [Oral Nutritional Supplements \(ONS\) \(bapen.org.uk\)](https://www.bapen.org.uk)
2. <https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=4>
3. <https://www.bapen.org.uk/resources-and-education/publications-and-reports/malnutrition/cost-of-malnutrition-in-england>

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#)

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Oral Nutritional Supplements – Northern Ireland Cost Effective Choices for Primary Care

Formulary Choice	Cost Effective Choice	Presentation	Flavours	Notes
Powdered ONS >1.5kcal/ml (made up with 200ml of whole milk)	Aymes® Shake Ensure® Shake Foodlink® Complete	57g sachets Available as 1 box of 7 x 57g sachets of one flavour	Banana, Chocolate, Ginger, Neutral, Strawberry, Vanilla Banana, chocolate, strawberry, vanilla Banana, Chocolate, Strawberry, Natural, Vanilla	50% cheaper than ready-made ONS Not suitable for all patients, e.g. those unable to make up shakes (either patient or carer); those with no access to fridge, fresh milk or storage; those unable to handle fresh milk products safely. See NI Formulary for further information.
Ready Made ONS 1.5Kcal/ml Milkshake style (IF POWDERED ONS IS NOT SUITABLE)	Aymes® Complete	200ml bottle Available as 1 pack of 4x200ml in one flavour	Vanilla, Strawberry, Chocolate, Banana	Ensure Plus® and Fortisip® are less cost-effective formulary choices but have additional flavour options which may be preferred by some patients
Savoury Powdered ONS 1.5kcal/ml (made up with 200ml of hot water)	Aymes ActaSolve Savoury®	57g sachets Available as 1 box of 7 x 57g sachets of one flavour	Chicken, Vegetable	Not suitable for all patients, e.g. those with no support or who are unable to make up ONS. See NI Formulary for further information
Ready Made ONS 1.5kcal/ml Juice Style	AltraJuice®	200ml bottle	Apple, Blackcurrant, Strawberry, Orange	Ensure Plus® Juice and Fortijuice® are less cost-effective formulary choices but have additional flavour options which may be preferred by some patients. Suitable for those who do not like milky products but these are NOT MILK FREE.
Powdered ONS 2.4Kcal/ml Compact Milkshake Style (make up with 100ml whole milk)	Aymes® Shake Compact Foodlink® Complete Compact®	57g sachet Available as 1 box of 7 x 57g sachets of one flavour	Banana, Chocolate, Ginger, Strawberry, Vanilla, Neutral Natural, Strawberry, Vanilla, Chocolate, Banana	Compact style ONS should NOT be prescribed without consideration to the patient's overall fluid balance and risk of dehydration and are usually recommended after dietetic assessment .
Ready Made ONS 2.4kcal/ml Compact Milkshake style (IF POWDERED ONS IS NOT SUITABLE)	Altraplen® Compact	125ml bottle Available as pack of 4x125ml in one flavour	Vanilla, Strawberry, Banana, Hazel Chocolate	Compact style ONS should NOT be prescribed without consideration to the patient's overall fluid balance and risk of dehydration and are usually recommended after dietetic assessment . Ensure® Compact and Fortisip Compact® are less cost-effective formulary choices. Not suitable for all patients, e.g. those unable to make up shakes (either patient or carer); those with no access to fridge, fresh milk or storage; those unable to handle fresh milk products safely. See NI Formulary for further information.
Fibre Containing ONS	e.g. Foodlink® Complete with Fibre, Ensure® Plus Fibre and Fortisip® Compact Fibre			Should only be prescribed under the recommendation of a dietitian or a healthcare professional with expertise in this area.
High Protein ONS	e.g. Aymes Actagan 2.4 Complete Maxi®, Altraplen Protein®, Fortisip Compact Protein®			Should only be prescribed under the recommendation of a dietitian or a healthcare professional with expertise in this area.
Dessert Style ONS	e.g. Aymes Actasolve Delight®, Nutricrem®, Fresubin 2kcal Creme®			Should only be prescribed under the recommendation of a dietitian or a healthcare professional with expertise in this area.
Modular Supplements	e.g. Calogen Extra Shots®, Pro-cal Shots®			Modular Products do not contain a balance of nutrients and should not be initiated in primary care and should only be prescribed on the request of a dietitian (or a health care professional with expertise in this area) with clinical justification.

*Please see [NI Formulary](#) website for nutritional content of each product.

(Please note for patients with swallowing difficulties/dysphagia, please follow prescribing recommendations, as per SLT and Dietetics)