

Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care

Approximately £170 million is spent annually on oral nutritional supplements across England, Scotland and Wales (NHSBSA Feb to April 2021 and Public Health Scotland January to March 2021).

QIPP projects in this area are aimed at identifying and supporting adults who are malnourished or at risk of malnutrition, including the appropriate use of oral nutritional supplements. This bulletin includes information to assist all healthcare workers who are directly involved in patient care.

This bulletin reviews the place in therapy of oral nutritional supplements (ONS), sometimes referred to as 'sip feeds' or 'nutrition drinks'. This includes identification of those at risk of malnutrition, assessing underlying causes, setting a treatment goal, food and drink fortification advice, over the counter products, initiating prescribing of ONS and reviewing and discontinuing prescriptions. It offers guidance and support material for organisations considering reviewing the prescribing of these preparations as a QIPP project.

Recommendations

- Ensure screening for malnutrition is done using a validated screening tool such as the Malnutrition Universal Screening Tool (MUST) or The Nutrition Checklist before ONS is prescribed.
- ONS are only available on an NHS prescription if the specific criteria from the Advisory Committee on Borderline Substances (ACBS) are met. Patients who do not meet any of the relevant ACBS criteria should be advised to purchase ONS over the counter or prepare homemade nourishing foods and drinks. Products not listed as ACBS should not be prescribed.
- COVID 19 is not listed as an ACBS criteria and therefore patients suffering or recovering from COVID should not be prescribed an oral nutritional supplement unless they have a MUST score of more than 2 and also meet the ACBS criteria for prescribing.
- For patients with a MUST score less than 2, nutritional advice, including food fortification, should be used as the first line treatment approach.
- Appropriate dietary advice should be given to all patients at risk of malnourishment, regardless of MUST score.
- Food fortification should focus on ensuring the patient receives an appropriate balance of energy, protein, fluids, electrolytes, minerals, micronutrients and fibre to meet their needs. Simply adding extra calories in the form of foods high in saturated fat and refined sugar does not promote health and is not recommended.
- Patients not receiving adequate dietary intake of vitamins and minerals despite making improvements to their diet following dietary advice should consider taking a one-a-day multi-vitamin and mineral supplement purchased over the counter.
- For patients with a MUST score of 2 or more, NHS prescribing of ONS may be considered if in line with local guidance, for patients who meet the ACBS criteria, at a twice daily dose.

Recommendations

- Patients with a MUST score of 2 or more should also be treated in line with a local policy. This may include referral to a local dietitian, Nutritional Support Team or other service where available.
- Ensure ONS formulary choices are discussed across both primary and secondary care and appropriate switches are made at the point of discharge to a cost effective ONS formulary choice in primary care.
- Review prescribing monthly to re-screen and assess the patient for continued clinical need and discontinue treatment when it is no longer indicated.
- Where possible, if ONS is still indicated, switch suitable patients to a more cost-effective alternative ONS.
- When initiating or switching ONS, a one-week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated or liked.
- Avoid prescribing starter packs of powdered ONS except as an initial trial (or if shaker needs to be replaced), as they often contain a shaker device, which makes them more costly.
- Modular and disease-specific ONS should only be prescribed on the recommendation of a dietitian where there is clinical justification.
- Low calorie ONS (1kcal/ml or less) are not routinely recommended for prescribing (unless specifically recommended by a dietitian with clinical justification) as they are not cost effective.
- Ensure patients and their carers are aware that sip feeds that are not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

National guidance

The National Institute for Health and Care Excellence (NICE) clinical guideline on nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition [CG32] defines malnutrition as a state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes measurable adverse effects on body composition, function or clinical outcome.¹

Consequences of malnutrition include an increased risk of illness and infection, slower wound healing, increased risk of falls, low mood, reduced energy levels, reduced muscle strength, reduced quality of life and reduced independence and ability to carry out daily activities.²

Step 1 - Identification of nutritional risk

In order to assess the risk of malnutrition, NICE recommends a validated screening tool such as the Malnutrition Universal Screening Tool (MUST).¹ The MUST is a validated screening tool for malnutrition and is currently used throughout the NHS in primary and secondary care.³

It was developed by a multi-disciplinary group of healthcare professionals.³ It is a five-step screening tool that can be used to identify adults, who are malnourished or who are at risk of malnutrition (or undernutrition).^{3,4} It also includes management guidelines for use in hospitals, community and other care settings and can be used by all care workers.^{3,4} It is important that screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training.¹ In addition, all healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post, on the importance of providing adequate nutrition.¹

Screening should take place on initial registration at general practice surgeries and when there is clinical concern.¹ Screening should also be considered at other opportunities, for example, health checks, flu injections.¹ People in care homes should also be screened on admission and monthly thereafter.¹

NICE suggests the following criteria are used to identify those who are malnourished or at nutritional risk and may need nutritional support:¹

- Body mass index (BMI) less than 18.5kg/m².
- Unintentional weight loss more than 10% in the past three to six months.
- BMI less than 20kg/m² and an unintentional weight loss more than 5% in the past three to six months.
- Those who have eaten little or nothing for more than five days and/or are likely to eat little or nothing for the next five days or longer.
- Those who have poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

Different management options are recommended based on the calculated 'MUST' score, which indicates a patient's overall risk of malnutrition.^{3,4}

A Patients Association Nutrition Checklist has also been developed, which helps patients and staff working in health and social care identify the potential risk of undernutrition in adults as well as offering guidance on the next steps, particularly in a community setting.⁵ It can be used by anyone; there is a patient's version and a professional version. It acts as an additional, complementary tool which is especially helpful to start the conversation with people, and help facilitate the initial identification of people at risk of undernutrition by staff, carers and volunteers who may not be trained to screen or where formal screening is not appropriate.⁵ The Nutrition Checklist has been validated against MUST and may help to identify clinical concern.⁵

Referral to the dietetic service

Dietitians are skilled in assessing a patient's diet, nutritional intake, appetite and ability to act on advice, taking into account underlying medical condition(s) and psychosocial circumstances. The extent of local dietetic services varies and so check what is available in your area.

For those with a 'MUST' score of two or more, refer to a local dietitian, Nutritional Support Team or other service according to local policy.⁴ They should be offered fortified food advice and only prescribed ONS whilst they are waiting to be seen if that is what local guidance advises. See guidance regarding patients at risk of re-feeding syndrome (see below).

Healthcare professionals who are skilled and trained in nutritional requirements and methods of nutrition support (usually dietitians) should ensure that the total nutrient intake of people prescribed nutrition support accounts for:

- Energy, protein, fluids, electrolytes, minerals, micronutrients and fibre needs
- Activity levels
- Any underlying clinical condition

Local referral criteria may vary so check with the local dietetic service.¹

Patients at risk of re-feeding syndrome

The following patients, who are at risk of developing re-feeding problems, should be referred to the dietetic service without delay,¹ as this cannot be managed safely in the community and will require acute admission:

- Patients with a body mass index (BMI) less than 16kg/m².
- Patients who have unintentionally lost more than 15% body weight within the last three to six months.
- Patients who have had little or no nutritional intake for more than ten days.

OR patients with two or more of the following risk factors:¹

- Patients with a body mass index (BMI) less than 18.5 kg/m².
- Patients who have unintentionally lost more than 10% of their body weight within the last three to six months.
- Patients who have had little or no nutritional intake for more than five days.
- Patients with a history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics.

Step 2 - Assessment of causes of malnutrition

Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken.

Consider risk factors for malnutrition including:^{1,6}

- Ability to chew and swallowing issues.
- Impact of medication.
- Long-term conditions that cause loss of appetite, feeling sick, vomiting and/or changes in bowel habit such as diarrhoea.
- Mental health conditions which may affect mood and desire to eat.
- Conditions that disrupt the body's ability to digest food or absorb nutrients.
- Dementia, which can cause a person to neglect their wellbeing and forget to eat.
- Eating disorders, such as anorexia.
- Increased energy requirements.
- Teeth that are in poor condition or poorly fitting dentures that make eating difficult and painful.
- A physical disability or other impairment that makes it difficult to move around, cook or shop for food.
- Living alone and being socially isolated.
- Limited knowledge about nutrition or cooking.
- Alcohol or drug dependency.
- Low income or poverty.

Review the treatment plan in respect of these issues and if needed make appropriate referrals including social prescribing. This may include increased care at home, occupational therapy to identify problems with daily activities and potential solutions, a "meals on wheels" or meals at home service, or speech and language therapy to help with swallowing difficulties.⁶

Step 3 - Setting a treatment goal

Clear treatment goals and a care plan focussing on what the patient wants to achieve, should be agreed with the patient or their carer. Treatment goals should be documented in the patient's record and should include the aim of the nutritional support and timescale. This should be appropriate, realistic and measurable.

Possible treatment aims could include:

- Realistic target weight or target weight gain or target BMI over a period of time.
- Wound healing if relevant.
- Weight maintenance where weight gain is unrealistic or undesirable.
- Improved activities of daily living.

- Falls prevention.
- Reduced infections.
- Prevention/healing of pressure ulcers.
- Reduced anxiety associated with 'having to force feed' oneself in the absence of appetite for patients and/or their carers.

Step 4 - Offering 'fortified food' advice

ONS **should not** be used as a first line treatment for patients with a 'MUST' score of less than two.⁷

A 'fortified food' approach should be tried first for patients with a 'MUST' score of one, with regular review, prior to prescribing oral nutritional supplements on the NHS.⁷

This means offering appropriate dietary advice including food fortification to increase the amount of nutrition in everyday foods. This may include over the counter oral nutritional supplement products being added in to the person's diet. Additional snacks will be needed to meet requirements for those with a small appetite. Food fortification should focus on ensuring the patient receives an appropriate balance of energy, protein, fluids, electrolytes, minerals, micronutrients and fibre to meet their needs, and not just adding more calories.¹

Care homes should provide adequate quantities of good quality food so that the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of fortified food and suitable snacks.

The Care Quality Commission (CQC), who registers and inspects health and adult social care service providers in England have set out a regulation concerning hydration and nutrition.⁸ To meet this regulation, where it is part of their role, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.⁸ People must have their nutritional needs assessed and food must be provided to meet those needs.⁸ In addition, for patients in care homes, food fortifying care plans can be inserted into the individual's care plan to instruct staff (including caterers) regarding food fortification.

As per NICE guidance, healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals.¹ Oral nutrition support includes food fortification and additional snacks.¹

Step 5 - Prescribing ONS

Follow any local guidance on prescribing ONS or in the absence of any local guidance, ONS may be suitable for the following patients:

- MUST score of two or more - high risk, treatment indicated.⁴
- Dietary advice and food fortification have been followed appropriately and adequately for at least four weeks and there has been no progress towards the goal set.

Patients must additionally meet the relevant ACBS criteria to be eligible for an NHS prescription for any of the ONS products recommended in this guideline. Different approved ACBS conditions may apply to different products.⁹

For specific disease-related malnutrition requiring additional vitamin supplementation, the relevant ACBS criteria⁹ would apply. Very few vitamin supplements are ACBS listed and so patients not meeting ACBS criteria should be advised to purchase these supplements over the counter as part of self care.

Requirements should be checked for the particular ONS product(s) prescribed to ensure the patient is eligible to receive them on an NHS prescription.⁹ Patients who do not meet ACBS prescribing criteria should be offered advice on how to prepare homemade nourishing foods and drinks and purchase nutritional supplements over the counter if they wish to do so.

COVID 19 is not listed as an ACBS criteria and therefore patients suffering or recovering from COVID should not be prescribed an oral nutritional supplement unless they have a MUST score of more than 2 and also meet the ACBS criteria for prescribing.

Where prescribed ONS are indicated, it is important that appropriate dietary advice and a fortified food approach is still recommended alongside them, taking care to ensure that patients receive the right amount of micronutrients and minerals.^{1,4}

Patients who desire ONS products as part of a restricted diet for weight loss are not currently eligible for NHS prescriptions of ONS and should be encouraged to seek the input of a dietitian if they wish to purchase ONS over the counter.

Starting prescriptions

Where indicated, ONS are typically used in addition to the normal diet when diet alone is insufficient to meet daily nutritional requirements, not as a food replacement.⁷

It is recommended that two ONS (or 600kcal) per day be prescribed⁷ as clinical effects are often seen with one to three servings per day. However, one ONS per day (300kcal) prescribing provides amounts that can be met with food fortification alone which is the preferred treatment. Patients should be encouraged to take ONS or additional fortified snacks when they most feel like taking them, this may be between meals, like a snack, first thing in the morning or before bed.

When starting a prescription for ONS, aim to establish likes and dislikes and preferred flavours. A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated or liked. Avoid prescribing starter packs of powdered ONS except as an initial trial (or if shaker needs to be replaced), as they often contain a shaker device, which makes them more costly.

Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals. Ensure patients and their carers are aware that ONS sip feeds not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

Step 6 - Reviewing and discontinuing ONS

Patients prescribed ONS should be reviewed regularly as per recommendations in the 'MUST' tool, to assess progress towards their goals and assess whether there is a continued need for ONS on an NHS prescription.

For care home patients, a new 'MUST' score should be documented each month to warrant ongoing prescribing.⁷

In addition to weight/BMI, the following parameters should be monitored:

- Overall summary of changes in food intake.
- Compliance with ONS (e.g. ask carers how much undrunk ONS is tipped away at the end of the day) and stock levels at home/care home.
- Wound healing or other individual goals set e.g. improved quality of life or functional measures.

When conducting general medication reviews, ONS should be included as above.

Patients who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating an adequate amount of food, ONS are no longer required and this will need explaining to the patient and/or their relatives. ONS may be more likely to be used in the acute setting. However, nutritional needs can change post discharge, therefore, it is recommended that ONS are not prescribed following hospital discharge without first assessing need in line with the six steps outlined in this bulletin. Where ONS are still required, a switch to first line community or primary care agreed products is recommended.

ONS formulary choices should be discussed across both primary and secondary care and appropriate switches may need to be made at the point of discharge to a cost effective ONS formulary choice in primary care.

Discontinuing prescriptions

When treatment goals are met, oral intake is established and the patient is stable, prescriptions for ONS should be discontinued.⁷

Maximise food based advice to ensure that weight is maintained, and review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS criteria,⁷ or goals are met, but still wishes to take ONS, suggest they can purchase these over the counter for self care.

Safety

Where prescribing is indicated, avoid prescribing less than the clinically effective dose of two sachets/bottles daily. Review patients prescribed less than two sachets/bottles daily with a view to increasing to a clinically effective dose (if prescribing criteria are met) or consider discontinuing the ONS. At this stage, food fortification should be able to provide a similar amount of nutritional content to once daily ONS prescribing. If the ONS is discontinued, ensure patient is re-assessed after one month to confirm resolution of the nutritional problems.

Patients with complex nutritional needs, e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.

Patients with swallowing problems will require assessment by a Speech and Language Therapist before dietetic input.¹

Patients with diabetes should not routinely be prescribed fruit juice based ONS, i.e. Ensure® Plus Juce, Fortijuce® and Fresubin® Jucy. This is because these products have a higher sugar content, and blood glucose levels will need monitoring, with possible changes required to medication. Juice style ONS products are also not nutritionally complete.

Patient factors

Palliative care and ONS prescribing

Use of ONS in palliative or 'end of life' care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's health, stage of palliative care and their treatment plan. A therapeutic goal for prescribing ONS should be defined in the treatment plan and the continued need for ONS must be reviewed at regular intervals.¹⁰ Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages.¹⁰ As the patient approaches the end of his life, the administration of food, specifically adapted to their needs in terms of calories and nutrients, becomes increasingly insignificant. At this stage the indication for ONS no longer exists. Patients and carers may require support with adjusting and coping, including written information, where appropriate.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.¹¹

ONS should be stopped when no further nutritional intervention would be appropriate.⁷

Substance misusers and ONS prescribing

Substance misusers may have a range of nutrition related problems. However, substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription.⁹ In addition, the Department of Health UK clinical guidelines on clinical management of drug misuse and dependence states that people who use drugs may suffer from poor nutrition but should only receive oral nutrition support if there are clear medical reasons.¹¹

Consequently, ONS should only be prescribed for substance misusers if they have an ACBS indication.⁹ As part of their general health assessment, patients should however be given advice on diet and nutrition, especially if drinking heavily, which is noted in their clinical record. Thiamine supplements should be recommended if clinically indicated in the context of problem drinking.¹¹

Costs of prescribed ONS

The following tables provide ONS product comparisons for presentation, cost and kcal per serving. These product lists are not exhaustive and include nutritionally balanced products that are suitable for oral intake. Many of these products are not suitable as a sole source of nutrition and should not be used as tube feeds unless specifically indicated by the manufacturer. The Drug Tariff lists the ACBS indications for each product whereby it may be regarded as a drug for the treatment of specified conditions. Prescribers should ensure the ACBS criteria are met before prescribing ONS.

Other products may be considered on an individual patient basis, if first line choices do not meet an individual patient's needs.

Starter packs containing a shaker are usually more costly and should be prescribed for an initial trial only or when the shaker needs to be replaced.

To be clinically effective, ONS should be prescribed twice daily or at 600kcal per day. This ensures that calorie and protein intake is sufficient to achieve weight gain. If ONS is prescribed and/or taken less than twice daily, food fortification should be used instead as it is simple to add 300kcal per day using food fortification.

Powdered ONS (1.6kcal/ml - milkshake style)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
EnergieShake Powder®	4 x 57g sachets or 7 x 57g sachets of a single flavour – neutral, banana, strawberry, vanilla or chocolate 5 x 57g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	44p (58p starter pack) 380kcal when made with 200ml full fat milk
Foodlink Complete®	7 x 57g sachets or a 1596g tub of a single flavour - natural, strawberry, vanilla, chocolate or banana 5 x 57g sachets starter pack available with mixed flavours plus shaker* *Not for repeat prescription	49p (sachets or tub) (67p starter pack) 389kcal when made with 200ml full fat milk
Aymes Shake®	7 x 57g sachets or a 1600g tub of a single flavour – vanilla, strawberry, chocolate or banana 6 x 57g sachets starter pack available with mixed flavours plus shaker* *Not for repeat prescription	49p (sachets or tub) (66p starter pack) 388kcal when made with 200ml full fat milk

Name and formulation of ONS	Presentation	Cost and kcal per serving
Ensure Shake® (Note this can also be made into a compact product using less milk.)	7 x 57g sachets of a single flavour - strawberry, vanilla, chocolate or banana	49p 388kcal when made with 200ml full fat milk 329kcal when made with 100ml full fat milk
Complan Shake®	4 x 57g sachets of a single flavour – original, banana, strawberry, vanilla or chocolate 5 x 57g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	49p (67p starter pack) 387kcal when made with 200ml full fat milk
Fresubin Powder Extra®	7 x 62g sachets of a single flavour - neutral, vanilla, strawberry or chocolate	70p 397kcal when made with 200ml full fat milk

Powdered ONS (1.6kcal/ml- milkshake style with fibre)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Foodlink Complete with Fibre®	7 x 63g sachets of a single flavour - natural, strawberry, vanilla, chocolate or banana 5 x 63g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	72p (75p starter pack) 410kcal when made with 200ml full fat milk
Aymes Shake Fibre®	7 x 57g sachets of a single flavour - neutral, strawberry, vanilla, chocolate or banana. 5 x 63g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	71p (75p starter pack) 374kcal when made with 200ml full fat milk

Powdered ONS (1.5kcal/ml - smoothie style)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes ActaSolve Smoothie®	7 x 66g sachets of a single flavour – mango, pineapple, peach or strawberry + cranberry 4 x 66g sachets starter pack available in mixed flavours and a shaker* *Not for repeat prescription	£1.00 (£1.29 starter pack) 298kcal when made with 150ml water

Powdered lower volume ONS (2.3 to 2.4kcal/ml)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes Shake Compact®	7 x 57g sachets of a single flavour – vanilla, strawberry, chocolate or banana 5 x 57g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	49p (96p starter pack) 320kcal when made with 100ml full fat milk
Foodlink Complete Compact®	7 x 57g sachets of a single flavour - neutral, strawberry, vanilla, chocolate or banana 5 x 57g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	49p (67p starter pack) 334kcal when made with 125ml full fat milk

Powdered higher volume higher energy milkshake style ONS (2kcal/ml)^{12,13}

These products are not nutritionally complete.

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes Actasolve High Energy®	6 x 85g sachets of a single flavour – vanilla, strawberry, chocolate or banana 4 x 85g sachets starter pack available with mixed flavours and a shaker* *Not for repeat prescription	£1.96 (£2.24 starter pack) 593kcal when made with 200ml full fat milk
Calshake®	7 x 87g sachets of a single flavour - neutral, strawberry, vanilla, chocolate or banana	£2.63 600kcal when made with 240ml full fat milk
Enshake®	6 x 96.5g sachets of a single flavour – vanilla, strawberry, chocolate or banana	£2.66 600kcal when made with 240ml full fat milk
Scandishake Mix®	6 x 96.5g sachets of a single flavour – vanilla, strawberry, chocolate, caramel, banana or unflavoured	£2.66 585kcal when made with 240ml full fat milk

Powdered soup style ONS (1-2.2kcal/ml)^{12,13}

These products are not nutritionally complete.

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes ActaSolve Savoury®	7 x 57g sachets of a single flavour – chicken or vegetable	70p 251kcal when made up with 200ml warm water
Vitasavoury®	10 x 50g sachets of a single flavour – golden vegetable or chicken	£2.19 300kcal when made up with 100ml warm water

Powdered dessert style ONS (2.6kcal/ml)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes ActaSolve Delight®	7 x 57g sachets of a single flavour – butterscotch, lemon or mixed berries 3 x 57g sachets starter pack available with mixed flavours plus shaker* *Not for repeat prescription	99p (£1.20 starter pack) 302kcal when made up with 75ml full fat milk

Liquid ONS lower energy milkshake style (1 to 1.3kcal/ml or less)^{12,13}

Lower energy supplements are not cost effective and are not recommended for prescribing on the NHS.

Name and formulation of ONS	Presentation	Cost and kcal per serving
Ensure®	1 x 250ml can – vanilla or chocolate flavour	£2.49 250kcal (1kcal/ml)
Fresubin Original®	1 x 200ml bottle - vanilla, peach, nut, chocolate or blackcurrant flavour	£2.48 200kcal (1kcal/ml)
EnergieShake Advance®	1 x 200ml bottle - vanilla or chocolate flavour	£1.25 258kcal (1.28kcal/ml)

Liquid ONS milkshake style (1.5kcal/ml)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Nualtra Altraplen Energy	1 x 200ml tetra - vanilla, strawberry, chocolate or banana 4 x 200ml tetra starter pack available with mixed flavours * *Not for repeat prescription	89p (99p starter pack) 300kcal (1.5kcal/ml)
EnergieShake Complete 1.5kcal®	1 x 200ml bottle - vanilla, chocolate, strawberry or banana flavour	£1.01 300kcal (1.5kcal/ml)
Aymes Complete®	4 x 200ml bottles of a single flavour - banana, chocolate, strawberry or vanilla 4 x 200ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.05 (£1.40 starter pack) 300kcal (1.5kcal/ml)
Ensure Plus® Milkshake style	1 x 200ml bottle - chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee, peach or neutral flavour	£1.12 300kcal (1.5kcal/ml)
Ensure Plus Commence®	10 x 200ml bottles starter pack of up to 10 different flavours* - chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee, peach and neutral flavour *Not for repeat prescription	£1.13 300kcal (1.5kcal/ml)
Fortisip Bottle®	1 x 200ml bottle - neutral, vanilla, caramel/toffee, chocolate, banana, orange, strawberry or tropical flavour	£1.12 300kcal (1.5kcal/ml)
Nutricomp Drink Plus®	1 x 200ml bottle - vanilla, strawberry, chocolate or banana flavour	£1.12 300kcal (1.5kcal/ml)
Fresubin Energy® Drink	1 x 200ml bottle - vanilla, strawberry, chocolate, cappuccino, tropical fruit, blackcurrant, neutral, banana or lemon flavour	£1.40 300kcal (1.5kcal/ml)
Resource Energy®	4 x 200ml bottles in a single flavour - vanilla, chocolate, coffee, apricot, strawberry-raspberry or banana	£2.11 300kcal (1.5kcal/ml)

Liquid ONS milkshake style - higher protein (1.5 to 1.6kcal/ml)^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Altraplen Protein®	4 x 200ml bottles of a single flavour – strawberry or vanilla 2 x 200ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.72 (£1.68 starter pack) 300kcal (1.5kcal/ml)
Ensure Plus Advance®	1 x 220ml bottle of a single flavour - banana, chocolate, coffee, strawberry or vanilla	£2.20 330kcal (1.5kcal/ml)
Fortisip Extra®	1 x 200ml bottle - vanilla or strawberry flavour	£2.43 320kcal (1.6kcal/ml)
Fresubin Protein Energy®	1 x 200ml bottle - vanilla, chocolate, tropical fruits, cappuccino or wild strawberry flavour	£2.19 300kcal (1.5kcal/ml)

Liquid ONS milkshake style – with fibre (1.5 to 1.6kcal/ml)^{14,15}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Nutricomp Drink Plus Fibre® (liquid)	4 x 200ml bottles in a single flavour - vanilla, chocolate, coffee or peach-apricot	£1.60 312kcal (1.56kcal/ml)
Ensure Plus Fibre® (liquid)	1 x 200ml bottle - vanilla, chocolate, raspberry, banana or strawberry flavour	£2.23 310kcal (1.55kcal/ml)
Fresubin Energy Fibre® Drink (liquid)	1 x 200ml bottle - strawberry, chocolate, caramel, cherry, vanilla or banana flavour	£2.23 300kcal (1.5kcal/ml)

Liquid ONS milkshake style, higher volume (2.4kcal/ml)^{12,13}

These products are new higher 600kcal per serving products designed to be given as one serving daily

Name and formulation of ONS	Presentation	Cost and kcal per serving
Altraplen Compact Daily®	250ml tetra of a single flavour - banana, chocolate, strawberry or vanilla 4 x 250ml tetra starter pack available with mixed flavours* *Not for repeat prescription	£1.60 (starter pack £1.60) 600kcal (2.4kcal/ml)
Aymes ActaGain 600®	250ml bottles of a single flavour - banana, strawberry or vanilla 3 x 250ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.66 (starter pack £1.66) 600kcal (2.4kcal/ml)

Liquid ONS juice style (1.5kcal/ml):^{12,13}

These products have a high sugar content.

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes Actajuce®	1 x 200ml bottle – apple or orange flavour 2 x 200ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.70 300kcal (1.5kcal/ml)
AltraJuce®	1 x 200ml bottle - apple, blackcurrant, strawberry or orange flavour 4 x 200ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.73 300kcal (1.5kcal/ml)
Ensure Plus Juce®	1 x 220ml bottle - orange, apple, lemon & lime, strawberry, peach or fruit punch flavour	£2.00 330kcal (1.5kcal/ml)
Fresubin Jucy®	4 x 200ml bottles in a single flavour - orange, apple, pineapple, cherry or blackcurrant	£2.01 300kcal (1.5kcal/ml)
Fortijuce®	1 x 200ml bottle – lemon apple, orange, strawberry, tropical, forest fruits or blackcurrant flavour 4 x 200ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£2.02 (£2.07 starter pack) 300kcal (1.5kcal/ml)

Liquid ONS yoghurt style drink 1.5kcal/ml:^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Ensure Plus Yoghurt®	1 x 200ml bottle - orchard peach or strawberry swirl flavour	£1.16 300kcal
Fresubin YoDrink®	1 x 200ml bottle - apricot-peach, lemon or raspberry flavour	£1.44 300kcal
Fortisip Yogurt Style®	1 x 200ml bottle - raspberry, vanilla and lemon or peach and orange flavour	£2.33 300kcal

Dessert style ONS 1.4–2kcal/g:^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
EnergieShake Dessert® (milk based)	3 x 125g pots of a single flavour – caramel or chocolate	£1.10 187.5kcal (1.5kcal/g)

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes ActaCal Creme® (milk based)	4 x 125g pots of a single flavour – vanilla or chocolate or 2 x 125g pots starter pack available with mixed flavours* *Not for repeat prescription	£1.19 (£1.17 starter pack) 187.5kcal (1.5kcal/g)
Nutricrem® (milk based)	4 x 125g pots in a single flavour - strawberry, vanilla, chocolate orange or mint chocolate 4 x 125g pots starter pack available with mixed flavours* *Not for repeat prescription	£1.73 (£1.67 starter pack) 225kcal (1.8kcal/g)
Fresubin 2kcal Creme® (milk based)	4 x 125g pots in a single flavour - vanilla, wild strawberry, cappuccino, chocolate or praline	£2.04 250kcal (2.0kcal/g)
Forticreme Complete® (milk based)	4 x 125g pots in a single flavour - banana, chocolate, vanilla or forest fruits	£2.06 200kcal (1.6kcal/g)
Fresubin Dessert Fruit® (fruit based)	4 x 125g pots in a single flavour - apple-prune	£2.10 200kcal (1.6kcal/g)
Fresubin YoCreme® (milk based)	4 x 125g pots in a single flavour - apricot-peach, biscuit, lemon or raspberry	£2.17 187.5kcal (1.5kcal/g)
Ensure Plus Creme® (milk based)	4 x 125g pots in a single flavour - banana, chocolate, neutral or vanilla	£2.09 175kcal (1.4kcal/g)

Liquid ONS milkshake style, higher protein and higher energy (2-2.4kcal/ml):^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Aymes ActaGain Complete 2.4 Maxi®	1 x 200ml bottle – banana, vanilla or strawberry flavour	£1.33 480kcal (2.4kcal/ml)
Energieshake 2.0®	1 x 200ml bottle – vanilla, chocolate, strawberry or banana flavour	£1.52 400kcal (2.0kcal/ml)
Aymes 2.0kcal® (liquid)	3 x 200ml bottles– strawberry, banana or vanilla	£1.63 400kcal (2.0kcal/ml)
Ensure TwoCal®	1 x 200ml bottle - neutral, strawberry, vanilla or banana flavour	£2.22 400kcal (2.0kcal/ml)

Name and formulation of ONS	Presentation	Cost and kcal per serving
Fortisip 2kcal®	1 x 200ml bottle - vanilla, strawberry, mocha, forest fruit or chocolate-caramel flavour	£2.22 400kcal (2.0kcal/ml)
Fresubin 2kcal Drink®	1 x 200ml bottle - neutral, vanilla, apricot-peach, toffee, cappuccino or fruits of the forest flavour	£2.23 400kcal (2.0kcal/ml)

Liquid ONS milkshake style, higher protein and higher energy with fibre (2kcal/ml):^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Fresubin 2kcal Fibre Drink®	1 x 200ml bottle – chocolate, lemon, neutral, vanilla, apricot-peach or cappuccino flavour	£2.23 400kcal (2.0kcal/ml)
Resource 2.0 Fibre®	4 x 200ml bottles in a single flavour - summer fruits, strawberry, vanilla, coffee, apricot or neutral	£2.08 400kcal (2.0kcal/ml)

Liquid ONS milkshake style lower volume (2.4kcal/ml):^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Fresubin 2kcal Mini Drink®	4 x 125ml bottles – vanilla, fruits of the forest or apricot-peach flavour	£1.29 250kcal (2.0kcal/ml)
Altraplen Compact®	4 x 125 ml bottles of a single flavour - banana, hazel chocolate, strawberry or vanilla 4 x 125 ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.33 (£1.49 starter pack) 300kcal (2.4kcal/ml)
Ensure Compact®	4 x 125ml bottles of a single flavour - vanilla, strawberry, cafe latte or banana.	£1.33 300kcal (2.4kcal/ml)
Fortisip Compact®	4 x 125ml bottles in a single flavour - neutral, strawberry, vanilla, banana, mocha, apricot, forest fruit or chocolate flavour 6 x 125ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£1.33 (£1.33 starter pack) 300kcal (2.4kcal/ml)

Liquid ONS milkshake style lower volume, higher protein (2.4kcal/ml):^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Fortisip Compact Protein®	4 x 125ml bottles in a single flavour - neutral, vanilla, strawberry, banana, peach and mango, mocha, berries, hot tropical ginger or cool red fruits flavour 8 x 125ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£2.05 (£2.05 starter pack) 300-306.25kcal (2.4kcal/ml)
Fresubin 3.2kcal Drink®	4 x 125ml bottles - vanilla-caramel, hazelnut or mango flavour	£2.40 400kcal (3.2kcal/ml)

Liquid ONS milkshake style lower volume, with fibre (2-2.4kcal/ml):^{12,13}

Name and formulation of ONS	Presentation	Cost and kcal per serving
Fortisip Compact Fibre®	4 x 125ml bottles in a single flavour - strawberry, vanilla or mocha 4 x 125ml bottles starter pack available with mixed flavours* *Not for repeat prescription	£2.20 (£2.20 starter pack) 300kcal (2.4kcal/ml)
Fresubin 2kcal Fibre Mini Drink®	4 x 125ml bottles - chocolate or vanilla flavour	£1.29 250kcal (2.0kcal/ml)

Energy and protein fortifiers

These products can be used for patients with additional macronutrient requirements and should be used under the supervision of a dietitian or as suggested on a local pathway.

- Renapro® Shot
- Polycal® Liquid
- Altrashot®
- Calogen® Extra
- ProCal® Shot
- ProSource®
- ProSource® Plus
- ProSource® Jelly
- Protifar®
- Duocal Super Soluble®
- Polycal®
- Super Soluble Maxijul®
- Calogen®
- Fresubin® 5kcal Shot
- ProCal®
- MCT Procal®

Disease specific ONS products

Specialist products which may be required for particular patient groups such as those in the lists below. These should not routinely be initiated in primary care and should only be prescribed on the request of a dietitian with clinical justification or as local pathways allow.

Items highlighted with a * are also available as a tube feed.

Dysphagia specific ONS

Fresubin® Thickened Level 2
Fresubin® Thickened Level 3
Nutilis® Complete Drink Level 3
Nutilis® Complete Crème Level 3
Nutilis® Fruit Level 4
Slo Drinks
Resource Thickened Drink

Renal failure specific ONS

*Nepro HP®
Renastep®
Renilon® 7.5
Renapro®
Renamil®

COPD specific ONS

Respifor®

Impaired GI function specific ONS

Elemental® 028
*Peptamen®
*Survimed OPD®
*Vital® 1.5
Emsogen®
Elemental® 028 Extra
Modulen®
Nestle Nutrition Flavour Mix®
Nutricial Flavour Modjul®
Nutricia Flavour Sachets®

Cancer specific ONS

ProSure®
Forticare®

Pre – operative specific ONS

Oral Impact® powder

Choice of formulation

The list below can be used to select a suitable formulation for a patient. However, please refer to the cost table above if any alternative products are required as costs vary significantly.

- **Fortified food advice:** Fortified food advice should be offered to all patients where appropriate. A fortified milkshake style drink can easily be prepared at home using full fat milk, skimmed milk powder and a branded or supermarket own brand flavoured milkshake powder with added vitamins.
- **Powder:** The most cost effective formulation and first line choice is a powdered ONS, to be made up in accordance with the manufacturer's instructions. These products should only be prescribed if patient is unable to meet nutritional needs using food alone and they are able to prepare a powdered product. Choose a powdered ONS that costs 50p or less per serving.
- **Compact (low volume) powder:** For patients where volume is a problem, a low volume or 'compact' powder should be considered and the patient or carer is physically able to prepare a powder product. Choose a compact powdered ONS that costs 50p or less per serving.
- **Soup style:** If the patient prefers savoury flavours and patient or carer is physically able to prepare a powder product, then a powdered soup-style formulation may be appropriate. Powdered soup style products are not nutritionally complete.
- **Liquid:** If the patient is likely to have difficulties preparing a powdered ONS then a liquid ONS is the next option. Choose a liquid ONS that costs £1.70 or less per serving.

- **Compact (low volume) liquid:** Where volume is a problem but 'compact' powdered formulations are not suitable, a low volume or 'compact' liquid should be considered. Choose a compact liquid ONS that costs £1.40 or less per serving.
- **Yoghurt style:** If the patient dislikes milky drinks and soups, a yoghurt style may be acceptable (mainly the case where taste changes are an issue). They are not routinely recommended, but when one is indicated, choose one that costs £1.50 or less per serving.
- **Dessert style:** There is little clinical justification for the use of dessert style ONS. If one is indicated, choose a product that costs £1.75 or less per serving.
- **Juice style:** If the patient dislikes milky drinks, a juice style liquid should be considered. These are not usually suitable for diabetics due to high sugar content. They are not routinely recommended because they are not nutritionally complete, but when one is indicated choose one that costs £1.75 per serving.
- **Disease specific ONS:** Specialist products which may be required for particular patient groups such as those in the lists above. These should not routinely be initiated in primary care and should only be prescribed on the request of a dietitian with clinical justification or as local pathways allow.
- **Energy and Protein Fortifiers:** These products can be used for patients with additional macronutrient requirements and should only be used under the supervision of a dietitian or as suggested on a local pathway.

Please note: All products except Aymes Actasolve Smoothie® contain milk protein and lactose, including juice style formulations.¹²

Switching and stopping options

Patients prescribed ONS should have their treatment reviewed monthly and discontinued if treatment goals are met with nutritional advice including food fortification to maintain adequate nutrition.

ONS should normally be discontinued in patients with a MUST score of 0.

ONS should normally be discontinued for all patients with a MUST score of 1 and food fortification should be the treatment of choice unless food fortification has failed to produce any progress towards the goal set (review after one month for patients in a care home and two to three months for other patients in a community setting).³

Where prescribed ONS is appropriate, the most cost-effective product should be prescribed, where possible. Please refer to the cost comparison on ONS and the formulation choice sections within this bulletin for further information on product choice.

Patients being discharged from secondary care should be switched to the primary care cost effective ONS formulary choice upon discharge.

In all cases, changes should be tailored to the individual patient and there may be circumstances where specialist ONS under ACBS conditions are recommended to continue by a dietitian for a documented clinical reason.

ONS is only eligible for prescribing on the NHS under the specific ACBS conditions for that specific ONS product. Patients who are not eligible for ONS under ACBS should have their prescription discontinued, be given appropriate dietary and food fortification advice and should be advised to purchase ONS over the counter should they wish to continue with it. Please note COVID 19 is not listed as an ACBS criteria and therefore patients suffering or recovering from COVID should not be prescribed an oral nutritional supplement unless they have a MUST score of more than 2 and also meet the ACBS criteria for prescribing. Food products not listed on the ACBS list should not be prescribed.

Appropriate dietary advice should be given to all patients at risk of malnourishment. Food fortification should focus on ensuring the patient receive an appropriate balance of energy, protein, fluids, electrolytes, minerals, micronutrients and fibre to meet their needs. Simply adding extra calories in the form of foods high in saturated fat and refined sugar does not promote health and is not recommended.

Patients not receiving adequate dietary intake of vitamins and minerals despite making improvements to their diet following dietary advice should consider taking a one-a-day multi-vitamin and mineral supplement purchased over the counter. The most cost effective products are likely to be sold by supermarkets.

Switch savings

There is a significant difference in cost between different oral nutritional supplements.

In England, Scotland and Wales annual spend on ONS is as follows (NHSBSA Feb to April 21 and Public Health Scotland Jan to March 2021)

ONS type	Annual spend (£) England	Annual spend (£) Scotland	Annual spend (£) Wales
Standard lower volume ONS	£50,934,176	£2,739,124	£3,309,228
Standard Liquid ONS	£46,949,916	£3,164,556	£3,290,796
Standard juice style ONS	£15,825,120	£1,671,292	£1,637,720
ONS energy and protein fortifier	£11,802,576	£306,424	£577,312
Standard powdered ONS	£10,315,516	£700,364	£724,124
Standard dessert ONS	£8,035,709	£61,068	£490,053
Disease specific ONS	£3,476,868	£160,116	£363,884
Standard liquid ONS - lower calorie	£1,457,400	£25,396	£100,248
Yogurt style ONS	£888,316	£44,256	£39,076
Total	£149,670,138	£8,872,596	£10,532,440

A 20% reduction in inappropriate prescribing across the range of products could result in **annual savings of almost £34 million across England, Scotland and Wales** (NHSBSA Feb to April 2021 and Public Health Scotland January to March 2021). **This equates to £48,518 per 100,000 patients.**




For some areas a larger than 20% reduction would be appropriate and for others a smaller than 20% reduction. The data pack that supports this bulletin allows you to adjust these percentages to local needs.

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Additional PrescQIPP resources

 Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-261-oral-nutritional-supplements/
 Implementation tools	
 Data pack	https://data.prescqipp.info/?pdata.u/#/views/B261_EnteralfeedsON-Supdate/FrontPage?iid=1

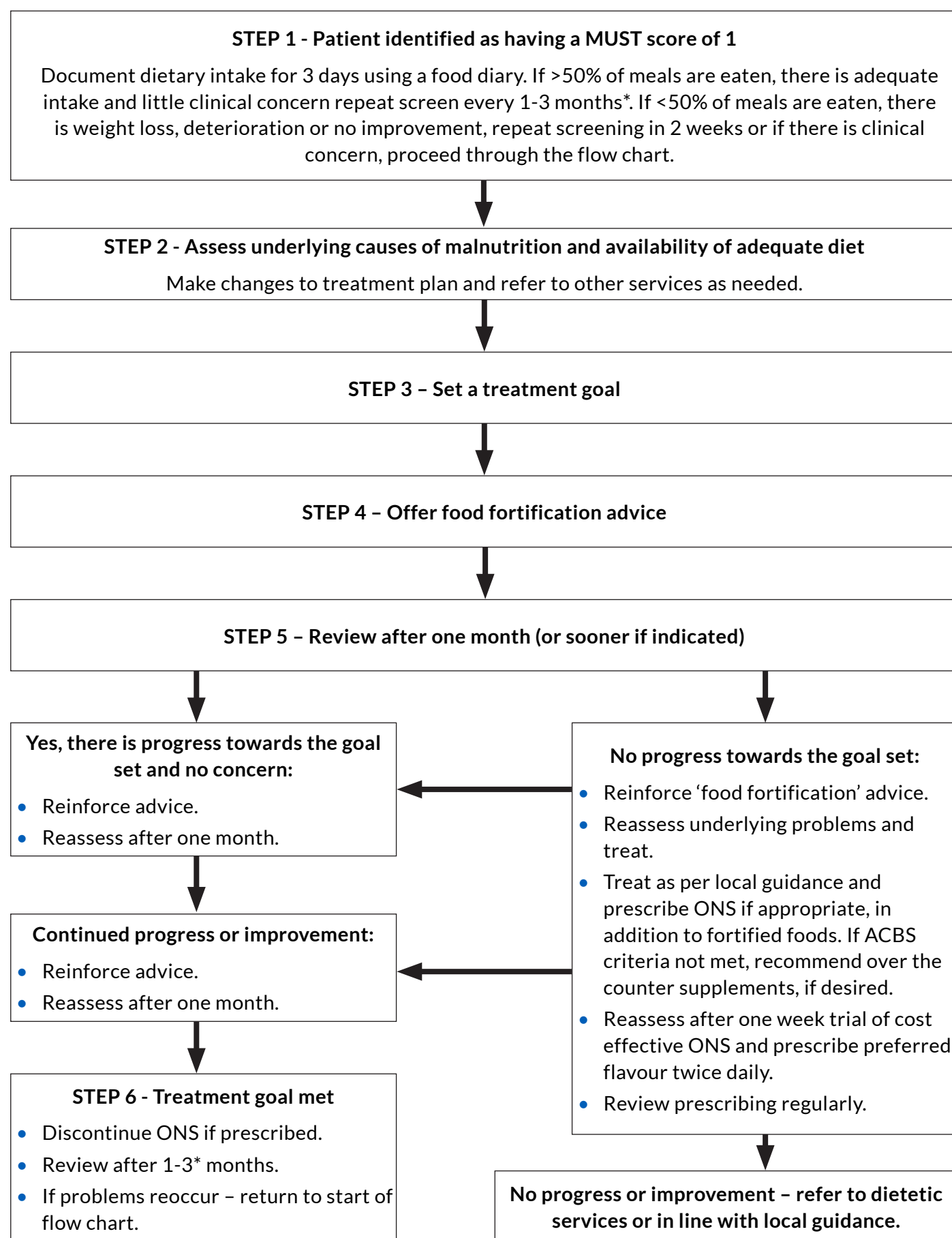
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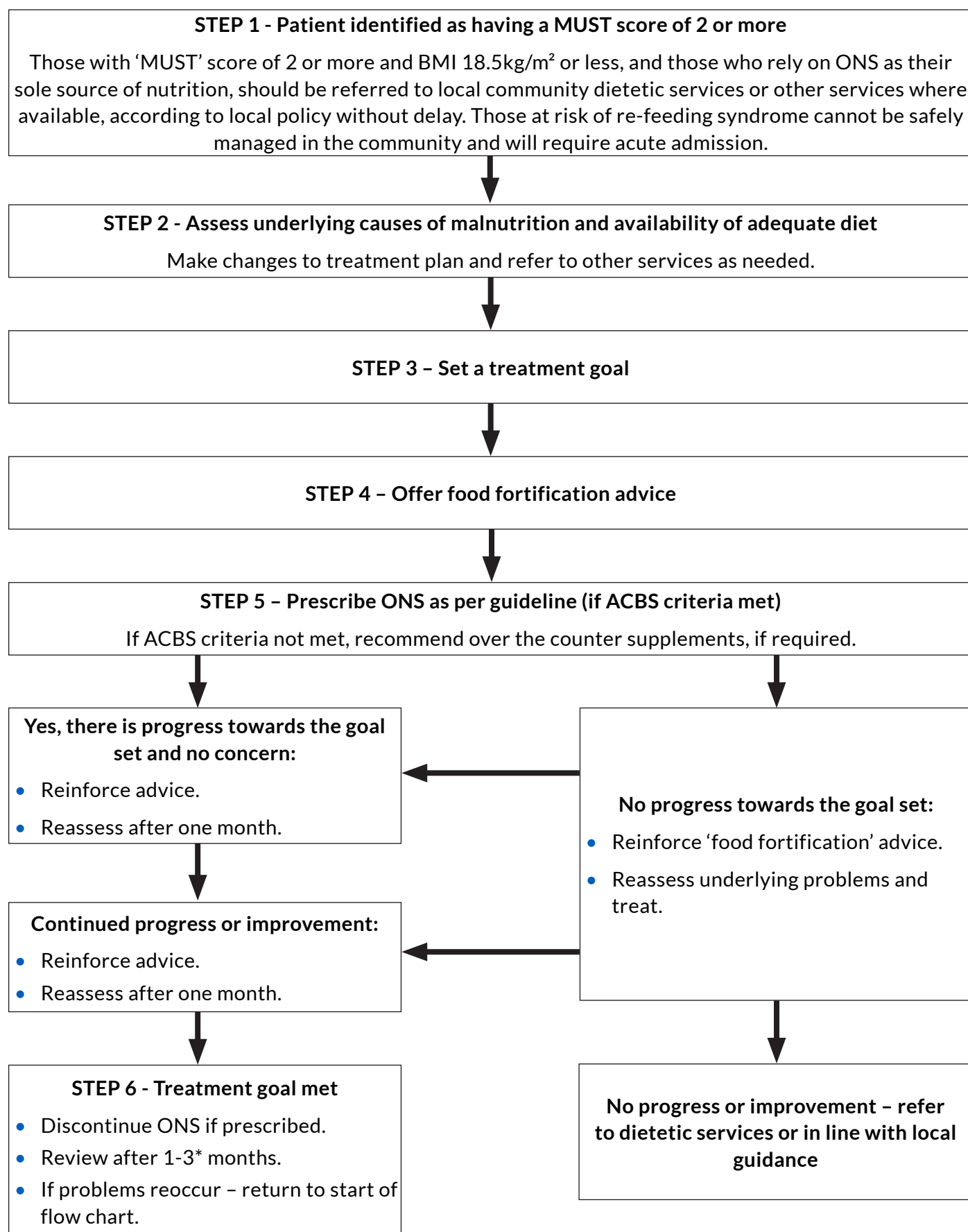
The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)

Appendix 1: ONS care pathway for MUST score of 1



*Review interval depends on whether the patient is in a community or care home setting, as per recommendations set out in the 'MUST' tool.

Appendix 2: ONS care pathway for MUST score of 2 or more



*Review interval depends on whether the patient is in a community or care home setting, as per recommendations set out in the 'MUST' tool.