

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

### Key recommendations

- Ensure screening for malnutrition is done using a validated screening tool such as the Malnutrition Universal Screening Tool (MUST) 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.
- 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, prior to prescribing ONS, unless dietary advice alone has failed to achieve satisfactory improvement in nutrition status or is unlikely to achieve an improvement in intake and there is clinical concern.
- 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.
- Patients not receiving adequate dietary intake of vitamins and minerals despite making improvements to their diet 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, in line with local guidance and formulary choices, for patients who meet the ACBS criteria.
- Patients with a MUST score of 2 or more should also be referred 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.
- 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 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.

### Savings available

In England, Scotland and Wales **annual spend on ONS is £170 million** (NHSBSA February to April 2021):




A 20% reduction in inappropriate prescribing across the range of products could result in **annual savings of £34 million across England, Scotland and Wales. This equates to £48,518 per 100,000 patients.**

### Dietary advice and fortified foods

Patients should consume adequate quantities of nutrient dense food so that the use of unnecessary prescribed nutrition support is avoided. Care homes are responsible for providing this to their residents. Oral nutritional supplements (ONS) should not be used as a substitute for the provision of fortified food and suitable snacks.<sup>1</sup>

## References

1. Care Quality Commission (CQC). Regulation 14: Meeting nutritional and hydration needs. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14. Last updated December 2020. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs#full-regulation>.
2. NICE. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE Clinical Guideline CG32. Published February 2006, updated August 2017. <https://www.nice.org.uk/guidance/cg32>
3. BAPEN (British Association of Parenteral and Enteral Nutrition). Introducing MUST. Last updated August 2016. <https://www.bapen.org.uk/screening-and-must/must/introducing-must>
4. Malnutrition Advisory Group. BAPEN (British Association of Parenteral and Enteral Nutrition). Malnutrition Universal Screening Tool ('MUST'). [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

Additional resources available	 Bulletin	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-261-oral-nutritional-supplements/">https://www.prescqipp.info/our-resources/bulletins/bulletin-261-oral-nutritional-supplements/</a>
	 Tools	
	 Data pack	<a href="https://data.prescqipp.info/?pdata.u/#/views/B261_EnteralfeedsONSupdate/FrontPage?:iid=1">https://data.prescqipp.info/?pdata.u/#/views/B261_EnteralfeedsONSupdate/FrontPage?:iid=1</a>

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