

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

Approximately £187 million is spent annually on oral nutritional supplements across England and Wales (NHSBSA October 2020 to December 2020).

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) 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. 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.
- 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 (e.g. in those with a disease-related severely limited appetite) 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. 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 referred to a local dietitian, Nutritional Support Team or according to local policy.
- 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 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.

## 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.<sup>1</sup>

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.<sup>2</sup>

### 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).<sup>1</sup> The MUST is a validated screening tool for malnutrition and is currently used throughout the NHS in primary and secondary care.<sup>3</sup>

It was developed by a multi-disciplinary group of healthcare professionals.<sup>3</sup> 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).<sup>3,4</sup> It also includes management guidelines for use in hospitals, community and other care settings and can be used by all care workers.<sup>3,4</sup> However, it is important that screening for malnutrition and the risk of malnutrition should be carried out by healthcare professionals with appropriate skills and training.<sup>1</sup> 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.<sup>1</sup>

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

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

- Body mass index (BMI) less than 18.5kg/m<sup>2</sup>.
- Unintentional weight loss more than 10% in the past three to six months.
- BMI less than 20kg/m<sup>2</sup> 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.<sup>3,4</sup>

A Patients Association Malnutrition 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.<sup>5</sup> 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.<sup>5</sup> It may help to identify clinical concern which could then act as a prompt to screen using a validated screening tool like 'MUST'.<sup>5</sup>

### 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 according to local policy.<sup>4</sup> They should be offered fortified food advice and prescribed ONS whilst they are waiting to be seen or unless otherwise instructed in any local policy. See guidance regarding patients at risk of re-feeding syndrome.

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.<sup>1</sup>

### 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:<sup>1</sup>

- Patients with a body mass index (BMI) less than 16kg/m<sup>2</sup>.
- 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:<sup>1</sup>

- Patients with a body mass index (BMI) less than 18.5 kg/m<sup>2</sup>.

- 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:<sup>1,6</sup>

- 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.<sup>9</sup>

## Step 3 - Setting a treatment goal

Clear treatment goals and a care plan 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 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.<sup>9</sup>

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.<sup>9</sup>

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 add more calories.<sup>1</sup>

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.<sup>9</sup>

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.<sup>7</sup> 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.<sup>7</sup> People must have their nutritional needs assessed and food must be provided to meet those needs.<sup>7</sup> 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.<sup>1</sup> Oral nutrition support includes food fortification and additional snacks.<sup>1</sup>

## 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.<sup>4</sup>
- Where dietary advice alone is unlikely to achieve an improvement in intake (e.g. in those with a disease-related severely limited appetite).
- Dietary advice and food fortification have been adequately tried 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.<sup>8</sup>

For specific disease-related malnutrition requiring additional vitamin supplementation, the relevant ACBS criteria<sup>8</sup> 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.<sup>8</sup> 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.

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.

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.<sup>1,4</sup>

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.<sup>9</sup>

It is recommended that two ONS per day be prescribed (range one to three per day) as clinical effects are often seen with one to three servings per day.<sup>9</sup> However, once daily prescribing provides amounts that can be met with food fortification alone and may delay resolution of the problem. Patients should be encouraged to take ONS when they most feel like taking them, this may be between meals, like a snack, first thing in the morning or before bed.<sup>9</sup>

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.<sup>9</sup>

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

- Overall summary of changes in food intake.
- Compliance with ONS and stock levels at home/care home.
- Wound healing or other individual goals set.

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 normally the need is negated and this will need explaining to the patient and/or their relatives. 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.<sup>9</sup>

Maintain food fortification advice where necessary and, ideally, 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,<sup>8</sup> 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.<sup>9</sup>

Patients with swallowing problems will require assessment by a Speech and Language Therapist before dietetic input.<sup>1,9</sup>

Patients with diabetes should not routinely be prescribed fruit juice based ONS, i.e. Ensure® Plus Juce, Fortijuce® and Fresubin® Jucy.<sup>10</sup> This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication. These products should be reviewed by a dietitian specialising in diabetes and nutrition support.

## Patient factors

### Palliative care and ONS prescribing

Use of ONS in palliative or 'end of life' care should be assessed on an individual basis.<sup>11</sup> Appropriateness of ONS will be dependent upon the patient's health, stage of palliative care and their treatment plan.<sup>11</sup> Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.<sup>11</sup>

Loss of appetite is a complex phenomenon that affects both patients and carers.<sup>11</sup> 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.<sup>11</sup> This is likely to become more significant through the palliative stages.<sup>11</sup> Patients and carers may require support with adjusting and coping,<sup>11</sup> including written information, where appropriate.

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

ONS should be stopped when no further nutritional intervention would be appropriate.<sup>9</sup>

### 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.<sup>8</sup> 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.<sup>12</sup>

Consequently, ONS should only be prescribed for substance misusers if they have an ACBS indication.<sup>8</sup> Patients should, however, be given advice on diet and nutrition, especially if drinking heavily.<sup>9</sup> Thiamine supplements should be recommended if clinically indicated in the context of problem drinking.<sup>9</sup>

### ONS for vegans or patients with lactose intolerance

Most ONS currently contain milk products and/or animal derived (lanolin-based) vitamin D. The only lactose-free/vegan oral nutritional supplements available is Aymes Actasolve Smoothie®.<sup>13</sup>

### Costs of prescribed ONS

The following tables provide ONS product comparisons for presentation, cost and kcal per serving and cost per 100kcal. 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.

The tables for each formulation type are ordered in terms of cost per 100kcal (from low to high cost) to assist you in choosing the most cost-effective preparation. Where the cost per 100kcal is the same, the products have been ordered alphabetically. The individual product literature should be consulted for more information and for any updates.

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. 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.<sup>14</sup>

#### Powdered ONS (>1kcal/ml and <2kcal/ml)<sup>13</sup>

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
EnergieShake Powder®	4 x 57g sachets or 7 x 57g sachets of a single flavour – neutral, banana, strawberry, vanilla or chocolate 5 x 57g sachet starter pack available with mixed flavours and a shaker*. *Not for repeat prescription	44p 58p (starter) 250-252kcal (1.25-1.26kcal/ml)	17p-18p 23p (starter pack)
Ensure Shake® (powder)	7 x 57g sachets in a single flavour of strawberry, vanilla, chocolate or banana.	49p 253kcal (1.27kcal/ml)	19p
Aymes Shake® (powder)	7 x 57g sachets or a 1600g tub of a single flavour – vanilla, strawberry, chocolate or banana. 6 x 57g sachet starter pack available with mixed flavours plus shaker*. *Not for repeat prescription	49p (sachets or tub) (66p starter pack) 248-253kcal (1.24-1.27kcal/ml)	19p-20p sachets or tub (26p-27p starter pack)



## 261. Oral nutritional supplements 2.0

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Foodlink Complete® (powder)	7 x 57g sachets or a 1596g tub in a single flavour of natural, strawberry, vanilla, chocolate or banana. 5 x 57g sachet starter pack available with mixed flavours plus shaker*. *Not for repeat prescription	49p (66p starter pack) 242-249kcal (1.21-1.25kcal/ml)	20p (27p starter pack)
Complan Shake® (powder)	4 x 57g sachets of a single flavour - original, banana, strawberry, vanilla or chocolate. 5 x 57g sachet starter pack available with mixed flavours and a shaker*. *Not for repeat prescription	49p (67p starter pack) 246-251kcal (1.23-1.26kcal/ml)	20p (27p starter pack)
Foodlink Complete with Fibre® (powder)	7 x 63g sachets in a single flavour of natural, strawberry, vanilla, chocolate or banana. 5 x 63g sachet starter pack available with mixed flavours and a shaker*. *Not for repeat prescription	71p (73p starter pack) 276-285kcal (1.38-1.43kcal/ml)	25p-26p (26p starter pack)
Fresubin Powder Extra® (powder)	7 x 62g sachets in a single flavour - neutral, vanilla, strawberry or chocolate	70p 260kcal (1.3kcal/ml)	27p
Aymes ActaSolve Smoothie® (powder)	7 x 66g sachets of a single flavour - mango, pineapple, peach or strawberry + cranberry. 4 x 66g sachet starter pack available in mixed flavours and a shaker*. *Not for repeat prescription	£1.00 (£1.29 starter pack) 296-298kcal (1.97-1.99kcal/ml)	34p (43p-44p starter pack)
Aymes Shake Extra® (powder)	6 x 85g sachets of a single flavour - vanilla, strawberry, chocolate or banana. 4 x 85g sachet starter pack available in mixed flavours and a shaker*. *Not for repeat prescription	£1.96 (£2.24 starter pack) 423-428kcal (1.78kcal/ml)	46p (53p starter pack)
Oral Impact® (powder)	5 x 74g sachets of a single flavour - citrus or tropical	£3.64 309kcal (1.24kcal/ml)	£1.18

**Powdered compact volume ONS (>2kcal/ml)<sup>13</sup>**

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Foodlink Complete Compact® (powder)	7 x 57g sachets in a single flavour of natural, strawberry, vanilla, chocolate or banana. 5 x 57g sachet starter pack	49p (66p starter pack) 253kcal (2.53kcal/ml)	19p (26p starter pack)
Aymes Shake Compact® (powder)	7 x 57g sachets of a single flavour – vanilla, strawberry, chocolate or banana.	60p (96p starter pack)	24p (38p-39p starter pack)
	5 x 57g sachet starter pack available with mixed flavours and a shaker*. *Not for repeat prescription	248-253kcal (2.48-2.53kcal/ml)	

**Soup style ONS<sup>13</sup>**

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Aymes ActaSolve Savoury® (powder soup style)	7 x 57g sachets of a single flavour – chicken or vegetable.	70p 247-251kcal (1.24-1.26kcal/ml)	28p

**Liquid ONS (>1kcal/ml and <2kcal/ml)<sup>13</sup>**

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
EnergieShake Complete 1.5kcal® (liquid)	1 x 200ml bottle. Vanilla, chocolate, strawberry or banana flavours	£1.01 300kcal (1.5kcal/ml)	34p
Aymes Complete® (liquid)	4 x 200ml bottles of a single flavour - banana, chocolate, strawberry or vanilla.	£1.05 (£1.40 starter pack)	35p (47p starter pack)
	4 x 200ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	300kcal (1.5kcal/ml)	
Ensure Plus® (liquid)	1 x 200ml bottle - chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee, peach or neutral flavour.	£1.11 300kcal (1.5kcal/ml)	37p

## 261. Oral nutritional supplements 2.0

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Ensure Plus Commence® (liquid)	10 x 200ml bottles – different flavours of Ensure Plus - chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee, peach and neutral flavour.	£1.11 300kcal (1.5kcal/ml)	37p
Fortisip Bottle® (liquid)	1 x 200ml bottle - neutral, vanilla, caramel/toffee, chocolate, banana, orange, strawberry or tropical flavour	£1.12 300kcal (1.5kcal/ml)	37p
Nutricomp Drink Plus® (liquid)	1 x 200ml bottle - vanilla, strawberry, chocolate or banana flavour	£1.12 300kcal (1.5kcal/ml)	37p
Fresubin Energy® drink (liquid)	1 x 200ml bottle – vanilla, strawberry, chocolate, cappuccino, tropical fruit, blackcurrant, neutral, banana or lemon flavour	£1.40 300kcal (1.5kcal/ml)	47p
Supressi 1.28kcal Complete® (liquid)	1 x 200ml bottle – vanilla or chocolate flavour	£1.25 256kcal (1.28kcal/ml)	49p
Nutricomp Drink Plus Fibre® (liquid)	4 x 200ml bottles in a single flavour of vanilla, chocolate, coffee or peach-apricot	£1.60 312kcal (1.56kcal/ml)	51p
Altraplen Protein® (liquid)	4 x 200ml bottles of a single flavour – strawberry or vanilla. 2 x 200ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£1.70 (£1.65 starter pack) 300kcal (1.5kcal/ml)	57p (55p starter pack)
Ensure Plus Advance® (liquid)	1 x 220ml bottle of a single flavour - banana, chocolate, coffee, strawberry or vanilla.	£2.20 330kcal (1.5kcal/ml)	67p
Fortisip Range® starter pack (mixed)	4 x Fortijuce, 4 x Fortisip, 2 x Fortisip yogurt style	£2.02 300kcal (1.5kcal/ml)	67p
Resource Energy® (liquid)	4 x 200ml bottles in a single flavour - vanilla, chocolate, coffee, apricot, strawberry-raspberry or banana	£2.11 300kcal (1.5kcal/ml)	70p
Ensure Plus Fibre® (liquid)	1 x 200ml bottle - vanilla, chocolate, raspberry, banana or strawberry flavour	£2.19 310kcal (1.55kcal/ml)	71p

## 261. Oral nutritional supplements 2.0

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Fresubin Protein Energy® (liquid)	1 x 200ml bottle - vanilla, chocolate, tropical fruits, cappuccino or wild strawberry flavour	£2.15 300kcal (1.5kcal/ml)	72p
Fresubin Energy Fibre® drink (liquid)	1 x 200ml bottle - strawberry, chocolate, caramel, cherry, vanilla or banana flavour	£2.23 300kcal (1.5kcal/ml)	74p
Fortisip Extra® (liquid)	1 x 200ml bottle -- vanilla and strawberry flavour	£2.43 320kcal (1.6kcal/ml)	76p
Fresubin Thickened Level 2® (liquid)	4 x 200ml bottles in a single flavour - vanilla or wild strawberry. Mildly thick	£2.35 300kcal (1.5kcal/ml)	78p
Fresubin Thickened Level 3® (liquid)	4 x 200ml bottles in a single flavour - vanilla or wild strawberry. Moderately thick	£2.35 300kcal (1.5kcal/ml)	78p
Nutrison Energy Multi Fibre Vanilla® (liquid)	1 x 200ml bottle - vanilla flavour	£2.48 300kcal (1.5kcal/ml)	83p
Frebini Energy® (liquid)	1 x 200ml bottle - strawberry or banana flavour	£3.37 300kcal (1.5kcal/ml)	£1.10
Vital 1.5kcal® (liquid)	1 x 200ml bottle - vanilla, mixed berry or café latte flavour	£3.29 300kcal (1.5kcal/ml)	£1.12
Frebini Energy Fibre® (liquid)	1 x 200ml bottle - chocolate or vanilla flavour	£3.36 300kcal (1.5kcal/ml)	£1.12
Fortini® (liquid)	1 x 200ml bottle - strawberry or vanilla flavour	£3.78 300kcal (1.5kcal/ml)	£1.26

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Fortini Multifibre® (liquid)	1 x 200ml bottle – strawberry, vanilla, banana or chocolate flavour	£3.96 300-306kcal (1.5-1.53kcal/ml)	£1.29- £1.32
Fortini Smoothie Multifibre® (liquid)	1 x 200ml bottle – strawberry, vanilla, banana or chocolate flavour	£3.96 300kcal (1.5kcal/ml)	£1.32

#### Liquid ONS compact volume ( $\geq 2$ kcal/ml)<sup>13</sup>

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Aymes ActaGain 2.4 Complete Maxi®	1 x 200ml bottle – banana, vanilla or strawberry flavour	£1.33 480kcal (2.4kcal/ml)	28p
Aymes 2.0kcal® (liquid)	3 x 200ml bottles of a single flavour – strawberry, banana or vanilla.	£1.60 400kcal (2.0kcal/ml)	40p
Altraplen Compact® (liquid)	4 x 125 ml bottles of a single flavour - banana, hazel chocolate, strawberry or vanilla. 4 x 125 ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£1.33 (£1.49 starter pack) 300kcal (2.4kcal/ml)	44p (50p starter pack)
Ensure Compact® (liquid)	4 x 125ml bottles of a single flavour - vanilla, strawberry, cafe latte or banana.	£1.33 300kcal (2.4kcal/ml)	44p
Fortisip Compact® (liquid)	4 x 125ml bottles in a single flavour of neutral, strawberry, vanilla, banana, mocha, apricot, forest fruit or chocolate flavour 6 x 125ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£1.33 300kcal (2.4kcal/ml)	44p
Altrashot® (liquid)	4 x 120ml bottles of a single flavour – vanilla or strawberry. 2 x 120ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£2.13 420kcal (3.5kcal/ml)	51p

## 261. Oral nutritional supplements 2.0

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Resource 2.0 Fibre® (liquid)	4 x 200ml bottles in a single flavour - summer fruits, strawberry, vanilla, coffee, apricot or neutral	£2.08 400kcal (2.0kcal/ml)	52p
Fresubin 2kcal Fibre Mini Drink® (liquid)	1 x 125ml bottle - chocolate and vanilla flavour	£1.29 250kcal (2.0kcal/ml)	52p
Fresubin 2kcal Mini Drink® (liquid)	1 x 125ml bottle - chocolate or vanilla flavour	£1.29 250kcal (2.0kcal/ml)	52p
Fresubin 2kcal Drink® (liquid)	1 x 200ml bottle - neutral, vanilla, apricot-peach, toffee, cappuccino or fruits of the forest flavour 6 x 200ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£2.23 400kcal (2.0kcal/ml)	56p
Fortisip 2kcal® (liquid)	1 x 200ml bottle - vanilla, strawberry, mocha, forest fruit or chocolate-caramel flavour	£2.22 400kcal (2.0kcal/ml)	56p
Fresubin 2kcal Fibre Drink® (liquid)	1 x 200ml bottle - chocolate, lemon, neutral, vanilla, apricot-peach or cappuccino flavour	£2.23 400kcal (2.0kcal/ml)	56p
Ensure TwoCal® (liquid)	1 x 200ml bottle - neutral, strawberry, vanilla and banana flavour	£2.22 400kcal (2.0kcal/ml)	56p
Fresubin 3.2kcal Drink® (liquid)	1 x 125ml bottle - vanilla-caramel, hazelnut or mango flavour	£2.35 400kcal (3.2kcal/ml)	59p
Fortisip Compact Protein® (liquid)	4 x 125ml bottles in a single flavour of neutral, vanilla, strawberry, banana, peach and mango, mocha, berries, hot tropical ginger or cool red fruits flavour 8 x 125ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£2.05 300-306.25kcal (2.4kcal/ml)	67p-68p



Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Fortisip Compact Fibre® (liquid)	4 x 125ml bottles in a single flavour of strawberry, vanilla, mocha 4 x 125ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	£2.20 300kcal (2.4kcal/ml)	73p
TwoCal® (liquid)	1 x 200ml bottle - banana, neutral, strawberry or vanilla flavour	£3.19 400kcal (2.0kcal/ml)	80p
Nutlis Complete Level 3® (liquid)	4 x 125ml bottle - chocolate, strawberry, vanilla, lemon tea or mango passionfruit flavour.	£2.32 250kcal (2kcal/ml)	93p
Renilon 7.5 (liquid)	4 x 125ml bottle - apricot or caramel flavour	£2.49 250kcal (2kcal/ml)	£1.00
Fortini Compact Multifibre® (liquid)	1 x 125ml bottle - strawberry or neutral flavour	£3.94 300kcal (2.4kcal/ml)	£1.31

Yoghurt style ONS<sup>13</sup>

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Ensure Plus Yoghurt®	1 x 200ml bottle - orchard peach or strawberry swirl flavour	£1.14 300kcal (1.5kcal/ml)	38p
Fresubin YoDrink® (liquid)	1 x 200ml bottles - apricot-peach, lemon or raspberry flavour	£1.44 300kcal (1.5kcal/ml)	48p
Fortisip Yogurt Style®	1 x 200ml bottle - raspberry, vanilla and lemon or peach and orange flavour	£2.33 300kcal (1.5kcal/ml)	76p

Dessert style ONS<sup>13</sup>

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Aymes ActaSolve Delight® (powder style dessert)	7 x 57g sachets of a single flavour – butterscotch, lemon or mixed berries.	99p (sachets) (£1.20 starter pack)	39p
	3 x 57g sachet starter pack available with mixed flavours plus shaker*. *Not for repeat prescription	251kcal (3.3kcal/ml)	(48p starter pack)
EnergieShake Dessert®	3 x 125g pots of a single flavour – caramel or chocolate.	£1.10 187.5kcal (1.5kcal/ml)	59p
Aymes ActaCal Creme® (dessert)	4 x 125g pots of a single flavour – vanilla or chocolate or 2 x 125g starter pack	£1.17 187.5kcal (1.5kcal/ml)	62p
Fortini Creamy Fruit Multifibre® (dessert)	4 x 100g pots in a single flavour – summer fruit or berry fruit	£2.00 300kcal (1.5kcal/ml)	67p
Nutillis Complete Crème Level 3® (dessert)	4 x 125g pots in a single flavour of strawberry, vanilla or chocolate	£2.32 306.3kcal (1.6kcal/ml)	76p
Nutricrem® (dessert)	4 x 125g pots in a single flavour of strawberry, vanilla, chocolate orange or mint chocolate	£1.70 (£1.53-£1.64 starter pack)	76p
	3 x 125g pot starter pack available with mixed flavours* *Not for repeat prescription	225kcal (1.8kcal/ml)	(68p-73p starter pack)
Fresubin 2kcal Creme® (dessert)	4 x 125g pots in a single flavour - vanilla, wild strawberry, cappuccino, chocolate or praline	£2.04 250kcal (2.0kcal/ml)	82p
Forticreme Complete® (dessert)	4 x 125g pots in a single flavour of banana, chocolate, vanilla or forest fruits	£2.06 200kcal (1.6kcal/ml)	£1.03
Fresubin Dessert Fruit® (dessert)	4 x 125g pots in a single flavour – apple-prune	£2.10 200kcal (1.6kcal/ml)	£1.05
Fresubin YoCreme® (dessert)	4 x 125g pots in a single flavour - apricot-peach, biscuit, lemon or raspberry	£2.17 187.5kcal (1.5kcal/ml)	£1.16

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
Ensure Plus Creme® (dessert)	4 x 125g pots in a single flavour of banana, chocolate, neutral or vanilla	£2.05 175kcal (1.4kcal/ml)	£1.17
Nutlis Fruit Dessert Level 4® (dessert)	4 x 150g pots in a single flavour of apple or strawberry	£2.58 202.5kcal (1.6kcal/ml)	£1.27

**Juice style ONS (not recommended for diabetics due to high glycaemic index):<sup>13</sup>**

Name and formulation of ONS	Presentation	Cost and kcal per serving	Cost per 100kcal
AltraJuce®	4 x 200ml bottle starter pack - apple, blackcurrant, strawberry and orange flavours	£1.70 300kcal (1.5kcal/ml)	57p
Ensure Plus Juce®	1 x 220ml bottle - orange, apple, lemon+lime, strawberry, peach or fruit punch flavour	£1.97 330kcal (1.5kcal/ml)	60p
Fortijuce® (juice style liquid)	1 x 200ml bottle – lemon+lime, apple, orange, strawberry, tropical, forest fruit or blackcurrant flavour	£2.02 (£2.07 starter pack)	67p (69p starter pack)
	4 x 200ml bottle starter pack available with mixed flavours*. *Not for repeat prescription	300kcal (1.5kcal/ml)	
Fresubin Jucy® (juice style liquid)	4 x 200ml bottles in a single flavour - orange, apple, pineapple, cherry or blackcurrant	£2.01 300kcal (1.5kcal/ml)	67p

**Low calorie supplements (1kcal/ml or less)**

Low calorie supplements<sup>13</sup> are not cost effective and are not recommended for prescribing on the NHS.

Elemental 028 Extra®	Ensure®	Slo Milkshakes+®
Elemental 028 Extra Liquid®	Fortini 1.0 Multifibre®	Survimed OPD®
Emsogen®	Fresubin Original®	

## Modular supplements

Modular supplements such as those listed below<sup>13</sup> 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 with clinical justification.

Alembicol D®	Loprofin Sno-Pro Drink®	ProSource Plus®
Betaquik®	Maxijul Super Soluble®	ProSource TF®
Calogen®	MCT Procal®	Protifar®
Calogen Extra®	Polycal®	Renamil®
Calshake®	Polycal Liquid®	Renapro®
Duocal Super Soluble®	Pro-Cal Powder®	Renapro Shot®
Enshake®	Pro-Cal Shot®	Scandishake Mix®
Fresubin 5kcal Shot Drink®	ProSource®	Vitajoule®
Liquigen®	ProSource Jelly®	Vitasavoury®

## Disease specific products

Specialist products which may be required for particular patient groups (e.g. renal patients, patients with bowel disorders) such as those listed below<sup>13</sup> These should not be initiated in primary care and should only be prescribed on the request of a dietitian with clinical justification. This list is not exhaustive.

Alicalm®	Ketoclassic Breakfast®	Renastart®
Dialamine®	Keyo®	Renastep®
Forticare®	MCT Oil®	Respifor®
Ketoclassic 3:1 Bar®	Modulen IBD®	Supportan Drink®
Ketoclassic 3:1 Meal Bolognese®	Monogen®	Monogen®
Ketoclassic 3:1 Meal Chicken®	Nepro HP®	
Ketoclassic 3:1 Savoury®	ProSure®	

## 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.

**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 if the patient or carer is physically able to prepare a powder product. Choose a powder ONS that costs 30p or less per 100Kcal.

**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 powder ONS that costs 30p or less per 100Kcal.

**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. Choose a powder soup style ONS that costs 30p or less per 100Kcal.

**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 50p or less per 100kcal.

**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 50p or less per 100kcal.

**Yoghurt style or dessert style:** If the patient dislikes milky drinks and soups, a yoghurt style or dessert formulation 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 40p or less per 100kcal.

**Juice Style:** If the patient dislikes milky drinks a juice style liquid should be considered. Not usually suitable for diabetics due to high glycaemic index. They are not routinely recommended, but when one is indicated choose one that costs 60p or less per 100kcal. Juice style formulations are not usually recommended in diabetes due to their high glycaemic index unless the patient will take nothing else.<sup>10</sup>

Please note: All products except Aymes Actasolve Smoothie® contain milk protein and lactose, including juice style formulations.<sup>13</sup>

## 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 (after one month for patients in a care home and two to three months for other patients in a community setting) or where dietary advice alone is unlikely to achieve an improvement in intake (e.g. in those with a disease-related severely limited appetite).

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.

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 (ONS).

In England and Wales annual spend on ONS is £187 million, the breakdown of the spend is shown in the table below. (NHSBSA October 2020 to December 2020):

ONS type	Annual spend (£)
Liquid ONS	£120,579,432
Modular supplements (to be initiated by a dietician)	£18,816,508
Juice products	£17,665,184
Powdered ONS	£10,785,780
Yoghurt and dessert products	£10,243,968
Low calorie supplements (not recommended for prescribing)	£5,189,604
Disease specific products (to be initiated by a dietician)	£3,387,912
Soup products	£353,324

A 20% reduction in inappropriate prescribing across the range of products could result in **annual savings of £37,404,343 across England and Wales (NHSBSA October 2020 to December 2020). This equates to £58,624 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.

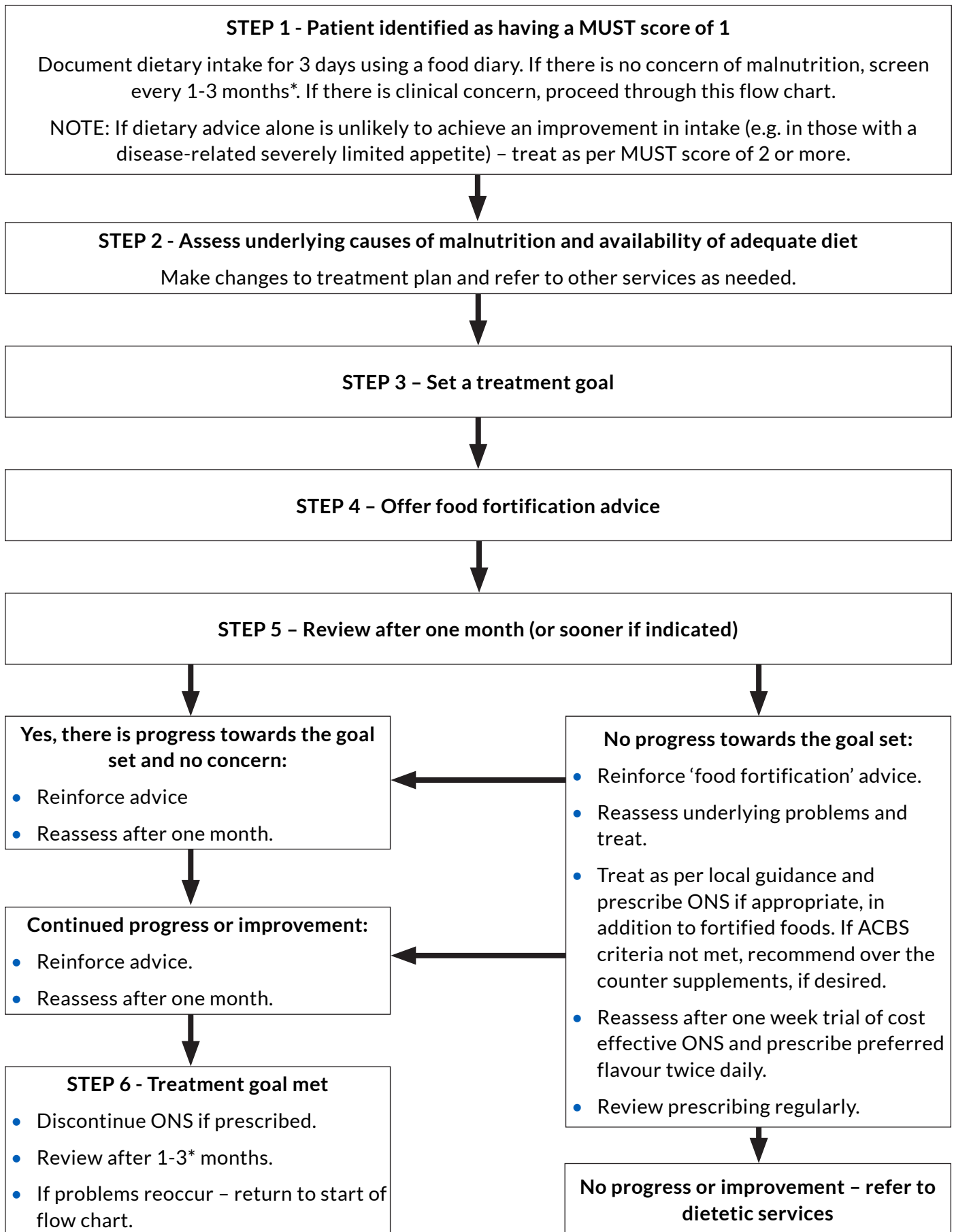
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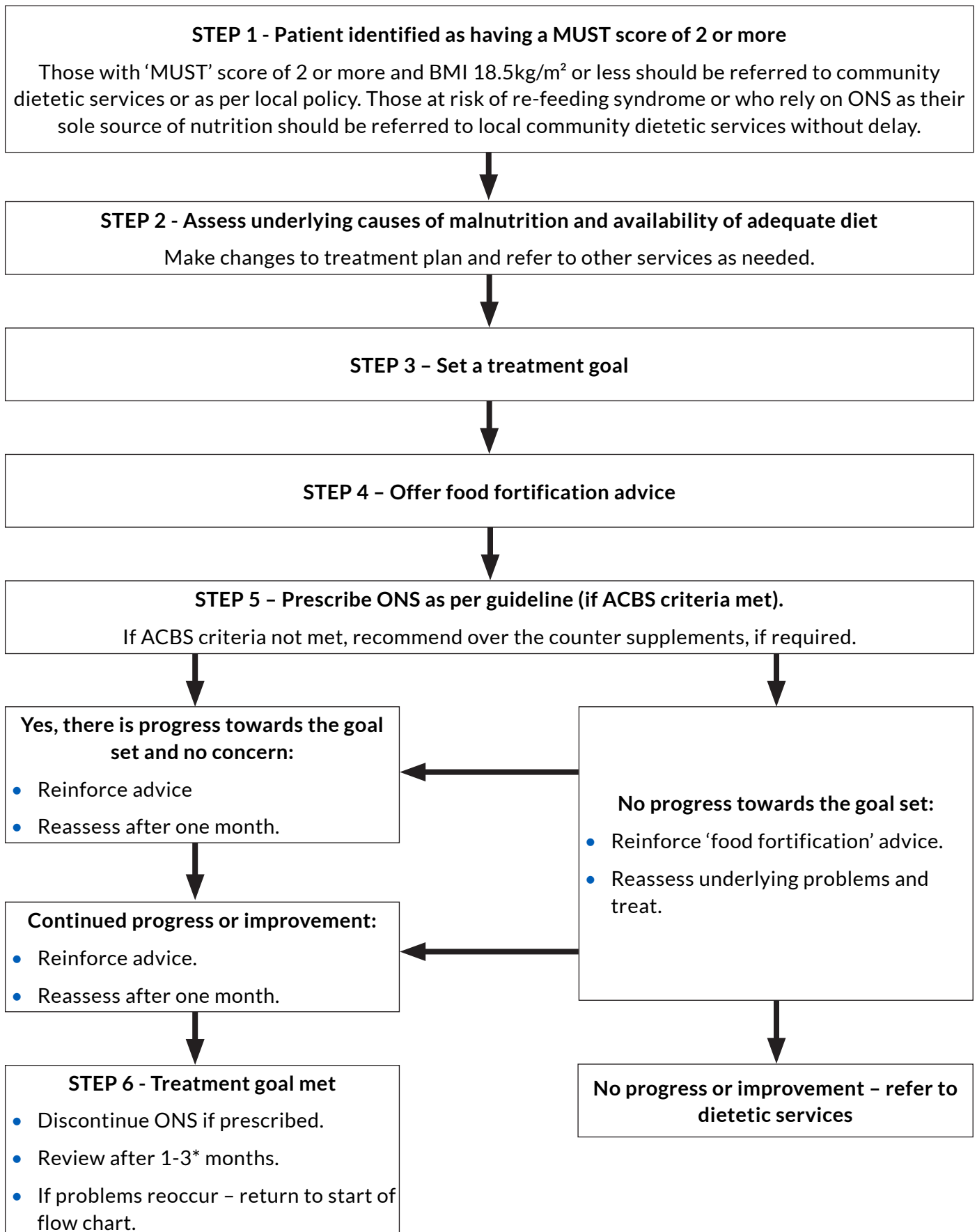
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## Appendix 1 - ONS Care Pathway for MUST score of 1






\*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.

## Additional PrescQIPP resources

 Briefing	<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>
 Implementation tools	
 Data pack	<a href="https://data.prescqipp.info/?pdata.u/#/views/B261_EnteralfedsON-Supdate/FrontPage?:iid=1">https://data.prescqipp.info/?pdata.u/#/views/B261_EnteralfedsON-Supdate/FrontPage?:iid=1</a>

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