

Borders NHS Board



PRESCRIBING PROPOSALS – ORAL NUTRITIONAL SUPPLEMENTS (ONS)

Aim

To inform the Board on the work being undertaken locally and nationally, relating to oral nutritional supplements (ONS).

Background

NHS Borders can only spend resources in line with the level of funding it receives.

The Medicines Resource Group (MRG) has been asked to develop proposals for managing expenditure on medicines within existing resources.

A number of areas have been proposed where NHS Borders could change its prescribing policy and reduce expenditure. This paper considers work being undertaken locally by the prescribing support dietitian and nationally by an ONS short life working group as part of the Effective Prescribing Programme.

Guidelines for ONS

Ideally Boards should have an ONS formulary in place covering hospital and community settings. National ONS prescribing guidelines are being produced and these will be monitored, with feedback to improve prescribing.

The draft national guideline is recommending that adult ONS formularies should include the following products:

1. One standard ONS powdered product (from Category 6) should be used as the 1st line product in community settings (and acute settings where possible)
2. Ready made products can be used as a 2nd line option if patients are unable to reconstitute the powder product or don't like milk
 - a. One ready-made milkshake style (from Category 3)
 - b. One yoghurt style (from Category 3)
 - c. One savoury style (from Category 3)
 - d. One juice style product (from Category 2)
3. One 'Compact' style product (from Category 4) when a low volume is indicated
4. One 'higher protein' style product (from Category 5) where additional protein is required
5. Where a standard ONS powdered product is the 1st line preferred option, Boards may wish to include one Dysphagia, Pre-thickened ONS product (Category 13) for use ONLY where patients are unable to thicken the 1st line standard ONS powdered product

6. Where a Board has a Thickening Agent on their ONS formulary (Category 11), these are best used on the advice of a specialist such as a Speech and Language Therapist after an individual has had a swallow assessment. Speech & Language Therapy services should ideally be involved in the decision for the formulary option.

Many products will be for specialist (dietitian) initiation only, this will include non-formulary products.

Locally we are reviewing our formulary options in light of the guidance above and encouraging changes in dietetic practice. One such example is to promote a switch from premade to powdered products where possible as the powdered products are much more cost effective.

The prescribing support dietitian is reviewing our prescribing data and visiting practices and undertaking patient reviews as necessary.

Care Homes

Data suggests NHS Borders prescribing in care homes is at a higher level (% patients on ONS and cost per treated patient) than other health boards. The prescribing support dietitian will:

- go into care homes to change patients to more cost effective products and assess whether patients should actually be on supplements. Also review the degree of food fortification etc within care homes currently
- discuss with the dietitians the benefits of a dementia leaflet that can explain to relatives how dementia may impact of eating and drinking. This will place more emphasis on enjoyment of what they do eat rather than supplements.

Learning from Other Boards

- Lanarkshire use a dietetic-led model of ONS prescribing. Their data is not available at present but the SLWG group plans to get this data to see if this is a more cost effective way of prescribing compared with the costs of the current Borders prescribing model. Grampian has also obtained funding to trial a dietetic-led model, starting in September, which will give a direct comparison of costs.
- Forth Valley have low prescribing figures attributed to a prescribing dietitian who has reviewed the processes of assessing, monitoring and prescribing supplements and any specialist product use.

Assessment of Use and Potential Savings within NHS Borders

In 2016-17 NHS Borders spent £282,209 on ONS products. For quarter 1 in 2017-18 this was £63,391

It is estimated that changes to powered products, restricted use of ONS within care homes and tighter control of primary care prescribing will generate savings of £48,000.

It should be noted there is a degree of caution around the savings estimate as it's all but impossible to separate the strands and there's a good chance of some double counting.

2016-17 spend on ONS products	£282,209
2017-18 Q1 spend	£63,391
Projected 2017-18 spend (possibly a little optimistic, but following a downward trend that started in 2015/16)	£249,000
50% of patients on premade supplements to powdered supplements	£25,000
Switching Procal/Calogen to Ensure Compact	£3,000
Some very preliminary work suggests about a third of care home patients who will be stopped	£20,000
Total potential saving	£48,000

Summary

NHS Borders spent £282,209 on ONS products in 2016-17 and forecasting to spend £249,000 in the current financial year. The paper summarises local and national changes to prescribing patterns which could generate savings of around £48,000.

Recommendation

The Board is asked to **note** the update on progress on improving prescribing of ONS within NHS Borders and some of the restrictions that will be put in place to prevent inappropriate use of these products.

The Board is asked to **discuss** whether they would wish to see further restrictions put in place.

Policy/Strategy Implications	Implications for formulary decision-making which may be in conflict with national policy that medicines are available to all patients for no charge at the point of healthcare, when prescribed.
Consultation	Medicines Resource Group (MRG); Primary care Prescribing Group; Public Health; finance;
Consultation with Professional Committees	Area Clinical Forum and associated sub-committees, specifically dietitians
Risk Assessment	N/A
Compliance with Board Policy requirements on Equality and Diversity	No impact
Resource/Staffing Implications	May increase workload for dietitians if all products become specialist prescribing only with reduced workload for practices.

Approved by

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