



Scottish Oral Nutritional Supplements Short Life Working Group (ONS SLWG)

**Report and recommendations
April 2018**

Document endorsed by



The Association
of UK Dietitians

Background Notes

Products

Oral nutritional supplements (ONS) are *Foods for Special Medical Purposes* and are prescribable in the UK under indications as specified by the Advisory Committee for Borderline Substances (ACBS). In its infancy the Scottish ONS Short Life Working Group (SLWG) agreed which products were within its remit. *Specialist* products, thickening agents and other dysphagia products were included and products specifically prescribed for paediatric patients were excluded. A full list of products agreed to be within the group's remit can be found in Appendix 7.

Product supply in NHS Scotland

In Scotland, the National Procurement division at NHS National Services Scotland (NSS) lead on the development of a Scottish national contract framework for ONS products used within acute / hospital settings. NHS Boards work with NHS NSS National Procurement to agree local contracts for ONS using this national contract framework. In Primary Care ONS products are prescribed on standard NHS prescription forms and dispensed by community pharmacies or dispensing doctors in all but one NHS Board. NHS Lanarkshire currently has a unique model in Scotland whereby ONS products are not prescribed, but supplied directly through a contracted pharmaceutical company to patients who are enrolled by local dietetic services.

Prescribing Information

The Prescribing Information System (PIS) was used by the ONS SLWG to obtain prescribing information for the products within its remit. PIS is a complete Scottish prescribing dataset drawn from items prescribed, dispensed and subsequently reimbursed on standard NHS prescription forms. It provides access to prescribing and dispensing information at individual patient level where prescriptions dispensed have a captured valid Community Health Index (CHI) number.

As noted above, NHS Lanarkshire has a unique model for ONS supply in Scotland. As products are delivered directly to patients from a contracted pharmaceutical company and not through a standard NHS prescription, the prescribing information for NHS Lanarkshire could not be reviewed by the ONS SLWG and is not included within this report. NHS Lanarkshire was actively involved in all other ONS SLWG work streams.

Nutritional Support

Nutritional support treatment can include oral, enteral, and parenteral nutrition to maintain or restore optimal nutritional status and health. Within this report, the term nutritional support applies to oral nutritional support only.

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The authors would also like to thank PresQIPP for sharing, and allowing modification of their ONS guideline (2017) for use in NHS Scotland.

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Executive Summary and Key Recommendations

A proposal to support a review of ONS prescribing and identify ways to drive forward high quality, effective and efficient ONS prescribing was accepted and supported by the Effective Prescribing Programme Board (EPPB) in 2016. This was in light of increasing trends in both ONS volume use and spend, plus variation in ONS prescribing across NHS Boards.

It was agreed that the work taken forward would be shared with NHS Boards and would support the *Once for Scotland* approach described within the Scottish Government's 2020 strategic narrative for the health sector. Three sub-groups were formed to drive forward key actions and outputs of the group. These would assist in the achievement of the overall aim to improve the quality, safety, clinical and cost-effectiveness of ONS prescribing across Scotland.

The prescribing information sub-group reviewed current national ONS prescribing information. This provided a clearer picture on ONS use across Scotland and detected in more detail the variation that exists between NHS Boards. Opportunities were identified to maximise the quality, safety and cost effectiveness of ONS treatment for patients. A categorised list grouping equivalent / similar type products was devised. A series of initial data measures were supplied by NHS NSS Information Services Division (ISD) for each NHS Board. Based on this review of prescribing information, key areas for prescribing improvement were identified. Recommendation letters were distributed to Boards asking them to plan and implement local improvement activity in relation to each recommendation.

A second sub-group reviewed current NHS Board ONS formulary arrangements. The sub-group produced *Best Practice Guidance for Adult ONS Formulary Development* to help reduce variation in formularies, and *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* which are intended for use by colleagues working in health and care settings across Scotland.

The third sub-group progressed key aims in relation to processes relating to ONS use. Through interviews and an e-survey, data was collected from 7 of the 14 territorial NHS Boards in Scotland to provide insight into current dietetic services, processes, practice and associated variation across Scotland. Variation between dietetic services was confirmed. Recommendations were produced based on the data collected. Key recommendations include the development of national *Dietetic Best Practice Principles for patients who require Nutritional Support* with associated training for dietitians, and a *Once for Scotland* approach to patient information and resources for nutritional support through NHS Inform.

Although not explicitly investigated by the ONS SLWG, the group acknowledge the significant number of anecdotal reports regarding ONS wastage. It is hoped that the group's recommendations regarding e.g. food first approaches, trialling ONS and use of suitable products and strengthened relationships with care providers will help to tackle this issue. In addition, reducing ONS waste is a key consideration within current improvement projects and work being undertaken at NHS Board level.

The work of the ONS SLWG has resulted in a greater understanding of ONS prescribing across Scotland and why there is variation between NHS Boards. The ONS SLWG has developed key outputs and recommendations to reduce this variation.

It is recommended that national, collaborative and multi-disciplinary working be sustained and further developed include a remit for other prescribable nutritional products. This will support sharing of best practice between NHS Boards, maximising quality and effectiveness of nutritional product prescribing, plus support the drive towards a single national formulary.

1. NHS Boards are asked to take forward and monitor the delivery of recommendations regarding the following (Appendix 8 contains more detail):
 - The use of 1 kcal per ml ONS products
 - The use of ONS dessert style products
 - Long term ONS use (defined as > 6 months)
2. It is recommended that NHS Boards make use of the standard queries/reports provided for the future analysis and reporting of ONS prescribing information.
3. NHS Boards should make use of the *Best Practice Guidance for ONS Formulary Development* when developing or next reviewing their ONS formulary. This supports the direction of travel towards a single national formulary.
4. The *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* should be implemented across all health and care settings and multi-disciplinary teams, making use of local processes for guideline acceptance and compliance. Current ONS policies and guidelines should be reviewed and updated in line with these.
5. Permanent prescribing support dietetic resource, rather than time limited, is recommended to achieve sustained improvements in the quality, clinical and cost effectiveness of ONS prescribing.
6. To reduce variation in nutritional screening, NHS Boards require a consensus on how nutritional screening tools and screening practice are applied for patients with / at risk of malnutrition.
7. *Dietetic Best Practice Principles for patients requiring Nutritional Support* across all settings will be developed nationally in 2018 and should be adopted by services. These should be incorporated into pre and post registration dietetic education.
8. Development of information, resources and tools for patients regarding food first and basic nutritional support advice on a *Once for Scotland* basis is recommended. This will support self-management of nutritional care. NHS Inform should be used as a platform for this.
9. It is recommended that dietetic services continue to co-produce improvement in nutritional care with people experiencing care, providers of care services and their staff.
10. Future workforce planning should take account of the changes on dietetic services in terms of demand for patients who require nutritional support and ONS, and how patient care is delivered across different care settings.

11. Continued national, multi-disciplinary and collaborative working for nutritional product prescribing across NHS Boards with a link to the Effective Prescribing and Therapeutics Branch is recommended. This will support sharing of best practice and new ways of working, including the use of technology to support care, to maximise the quality, clinical and cost-effectiveness of prescribing practice and support the drive towards a single national formulary.
12. Transformational change in dietetic practice is recommended as dietitians become prescribers to support the implementation and ambitions of the new General Medical Services contract in Scotland. Dietetic led pathways in primary care would streamline the patient journey, supporting high quality, patient centred care.

The Scottish ONS Short Life Working Group

Background

In 2016 a review of ONS prescribing across Scotland demonstrated growth in volume use and cost, with considerable variation between NHS Boards (Appendix 1). At that time the average annual increase nationally in ONS volume use was 3.68% and prescribing expenditure was approximately £16m per year. The cost impact of ONS prescribing on NHS Boards had been exacerbated by the cessation of product cost rebates from September 2015. This was despite a drop in list price cost for some ONS products around that time. A collation of NHS Boards' prescribing support efficiency plans also indicated that ONS was an area of priority for prescribing management review.

Major drivers for ongoing increases in Scottish ONS prescribing were identified as follows:

- In Scotland there is approximately 25% prevalence of malnutrition in patients admitted to hospital. 93% of people affected by malnutrition are living in the community (BAPEN, 2018).
- Older adults are at increased risk of malnutrition. In Scotland, over the next 10 years, the proportion of over 75s will increase by over 25%. This age group, are the highest users of NHS services, therefore the cost of managing malnutrition is expected to increase.
- Compliance with Healthcare Improvement Scotland's published *Food, Fluid and Nutritional Care Standards* (2014). These specify a minimum set of performance criteria for food, fluid and nutritional care and since 2014 require NHS Boards to identify patients with malnutrition in primary care as well as in all acute settings. As a result, malnutrition screening tools e.g. the *Malnutrition Universal Screening Tool*, or *MUST*, (BAPEN, 2018) are being implemented across health and social care settings and early adopter NHS Boards had significant increases in ONS spend. Ideally, ONS prescribing should be linked to nutritional screening with a robust patient care pathway.
- Shorter patient stays and discharge processes from some acute hospitals in line with the Scottish Government's *2020 Vision* (Scottish Government, 2015) has seen patients discharged into primary care at an earlier stage of recovery. Assessment prior to starting ONS is not always possible in these settings due to dietetic capacity. Inadvertent continuation of ONS prescribing on discharge may result if there is no assessment to determine patient's ongoing requirement for ONS.

Establishment of ONS Short Life Working Group

A proposal to support a review of ONS prescribing and identify ways to drive forward quality, effective and cost efficient ONS prescribing was developed. This was accepted and supported by the Scottish Government's Effective Prescribing Programme Board (EPPB) in 2016. This was in light of increasing trends in both ONS volume use and spend, plus variation in ONS prescribing across NHS Boards. The EPPB agreed the formation of a Short Life Working Group (SLWG) and facilitated support for a project manager at 0.4 whole time equivalent (WTE) for 12 months. The SLWG was formed with representation as follows:

- Lead dietetic representative for each territorial NHS Board in Scotland
- Effective Prescribing and Therapeutics Branch, Scottish Government

- The British Dietetic Association.
- Scottish Practice Pharmacy and Prescribing Advisors Association (SP₃AA).
- Primary Care and Community Pharmacy Group.
- Community Pharmacy Scotland (CPS).
- Care Inspectorate.
- NHS National Services Scotland (NSS) National Procurement.
- Dietetic Project manager.

GP membership was also requested but unfortunately was not fulfilled.

Other key stakeholders e.g. Lead dietitian representative for special NHS Boards did not require membership but were cited on the work of the group.

Aims

A first meeting of the ONS SLWG was held on the 1st December 2016. Co-chairs and a vice chair of the group were established. Terms of Reference including the aims, objective and membership of the ONS SLWG were ratified (Appendix 2). Roles and responsibilities of the project manager were also agreed (Appendix 3). It was agreed that the work taken forward would be shared with NHS Boards and would support the *Once for Scotland* approach described within the Scottish Government’s 2020 strategic narrative for the health sector. Three sub-groups were formed to drive forward key actions and outputs of the group. These would assist in the achievement of the overall aim to improve the quality, safety, clinical and cost-effectiveness of ONS prescribing across Scotland.

The ONS SLWG met bi-monthly until February 2018, with sub groups meeting as required.

At each ONS SLWG meeting 1 – 2 NHS Boards presented on their current models of practice for patients requiring nutritional support and ONS, and any improvement activity being undertaken. Further details of presentations are provided in table 1.

Table 1. ONS SLWG dietetic *sharing of practice* presentations

NHS Board	Date
NHS Lanarkshire	February 2017
NHS Tayside	February 2017
NHS Lothian	April 2017
NHS Forth Valley	April 2017
NHS Fife	June 2017
NHS Greater Glasgow & Clyde	October 2017
NHS Highland (unable to deliver but slides provided)	December 2017
NHS Dumfries & Galloway	February 2018

It became clear that innovative projects and approaches to improve the quality of patient-centred care and the clinical and cost-effectiveness of ONS prescribing are underway within NHS Boards across Scotland. A summary of these can be found in Appendix 4.

Prescribing Information sub-group

Background

The prescribing information sub-group was formed to review ONS prescribing information from the last 3 to 4 years. This provided a clearer picture on ONS use across Scotland and detected in more detail the variation that exists between NHS Boards. Opportunities were identified to maximise the quality, safety and cost effectiveness of treatment with ONS for patients. Appendix 6 details the terms of reference for this sub group.

Actions

An early action for this sub-group was to define the ONS prescribing information required. A categorised list grouping equivalent / similar type products was devised. ONS products were grouped into categories 1 to 10 and dysphagia products were grouped into categories 11 to 14 (Appendix 7). This was formulated as a basis for the reporting and analysis of ONS prescribing information across NHS Boards, meaning that ONS prescribing information across all NHS Boards (except NHS Lanarkshire) could be reviewed in a comparable way for the first time.

A series of initial data measures were supplied by NHS NSS Information Services Division (ISD). This data was obtained from the Prescribing Information System (PIS), a complete national prescribing dataset drawn from items prescribed, dispensed and subsequently reimbursed on standard NHS prescription forms. PIS provides access to prescribing and dispensing information at individual patient level where prescriptions dispensed have a captured valid Community Health Index (CHI) number. At the time Health & Social Care Partnership (HSCP) areas had not yet been defined within PIS therefore a review of variation between HSCPs within NHS Boards was not possible.

The ONS data requested separated patients into six discrete categories:

- All patients prescribed ONS products (includes Care Home patients).
- Care Home patients prescribed ONS products.
- Non-Care Home patients prescribed ONS products.
- All patients prescribed dysphagia products (includes Care Home patients).
- Care Home patients prescribed dysphagia products.
- Non-Care Home patients prescribed dysphagia products.

For each category the following was requested:

- Demographics and Key Information:
 - Absolute number of patients prescribed ONS & dysphagia respectively
 - Proportion of Board population prescribed ONS & dysphagia respectively
 - Total Gross Ingredient Cost of ONS & dysphagia respectively
- Trends in ONS Primary Care Prescribing:
 - Proportion of Board population as a percentage prescribed ONS & dysphagia respectively
 - Number of patients, Quantity and Gross Ingredient Cost of each category grouping for ONS & dysphagia respectively
- Cost per treated patient:

- Absolute number of patients, Gross Ingredient Cost (GIC) and Cost per treated patient for ONS & dysphagia respectively

Cost per treated patient is a relatively new prescribing measure developed from PIS data. Some improved benefits include:

- The treated patient is defined as a patient having been dispensed the product(s) in question over a specific time period.
- This measure identifies the individual patients being treated with a medicine or group of medicines.
- The total spend for products assigned to valid CHIs is then obtained and an average spend across the patient group can be determined.
- This measure is more refined than the established cost/weighted patient measure. Cost/weighted patient uses a broad NHS Scotland Resource Allocation Committee (NRAC¹) weighting for patients. While this is more accurate than a simple patient list size, it cannot identify individual patients. The data does not take into account prevalence of disease and meaning it reduces in accuracy and value as the data becomes more granular e.g. GP practice rather than NHS Board level.

Cost per treated patient does have some limitations:

- It introduces a surrogate of disease prevalence through assuming a patient on a medicine has a specific clinical condition(s). It is however not precise to a particular diagnosis.
- As it is the average expenditure per patient, the measure is influenced by:
 - cost of products used (reflecting local formulary choices and associated formulary compliance)
 - ordering patterns (including compliance, over/under supply, average number of days supplied)
 - number of products employed in disease management based on the inclusion / exclusion criteria
- Variation may also reflect local disease management approaches. For example a higher cost per treated patient due to multi-agent prescribing where intention is to reduce acute hospital admissions and/or improve outcomes is considered acceptable/optimal.

¹NHSScotland Resource Allocation Committee (NRAC) is the Scottish Resource Allocation formula. It is used in the allocation of around 70% of the total NHS Budget between the 14 territorial NHS Boards in Scotland. This provides funding to NHS Boards for the provision of Hospital & Community Health Services (HCHS) and GP Prescribing.

Results

The prescribing information requested was received by the ONS SLWG in a phased manner and reviewed by the sub-group. A prescribing information report was completed by members of the sub-group in collaboration with colleagues at NHS NSS ISD. Key information from this report is presented below (full report available on request). The following points should be noted:

- Data includes patients of all ages.

- The prescribing data is based on variations of the categorised product list (due to the number of products available it took several months to ensure that all appropriate products were included) and although slight variance in figures between data of the same time frame was possible this is not considered significant.
- Dysphagia products are defined as Categories 11 to 14 in Appendix 7.
- Unfortunately not all Fortijuce[®] products were included in this initial data therefore the figures shown may be a slight under-estimate.

Table 2. Absolute number of patients prescribed ONS, Proportion of Board population prescribed ONS as a percentage, and Total Gross Ingredient Cost by NHS Board for the period of October 2016 to December 2016 (Quarter 3 of financial year)

Health Board	Absolute number of patients prescribed ONS ¹	Proportion of Board population prescribed ONS as a percentage ²	Total Gross Ingredient Cost ³
NHS AYRSHIRE & ARRAN	2,256	0.61%	£366,983
NHS BORDERS	533	0.47%	£65,619
NHS DUMFRIES & GALLOWAY	612	0.41%	£79,076
NHS FIFE	1,185	0.32%	£186,731
NHS FORTH VALLEY	681	0.22%	£66,547
NHS GRAMPIAN	2,350	0.40%	£332,967
NHS GREATER GLASGOW & CLYDE	6,665	0.57%	£1,000,596
NHS HIGHLAND	1,371	0.43%	£189,270
NHS Lothian	3,131	0.36%	£386,553
NHS ORKNEY	58	0.27%	£6,839
NHS SHETLAND	81	0.35%	£12,253
NHS TAYSIDE	2,201	0.53%	£287,055
NHS WESTERN ISLES	126	0.47%	£18,174
Scotland Sum Total ⁴	21,250	0.45%	£2,998,661

¹ Absolute number of patients is derived from patients where a valid CHI has been captured, figures include care home patients. CHI Capture rate for ONS products was 94.77% and Dysphagia products was 97.21%.

² Proportion of Board population figures taken from National Records of Scotland Mid-Year Population Estimates: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/population-estimates-time-series-data>

³ Total Gross ingredient Cost reflects absolute spend on the defined product range and includes cost where a valid CHI was not captured.

⁴ Scotland Sum Total's exclude NHS Lanarkshire data. Between October and December 2016, PIS data identifies 296 (0.05%) patients were identified as prescribed ONS products in NHS Lanarkshire, with a Total Gross Ingredient Cost of £32,421.83.

Table 3. Absolute number of patients prescribed dysphagia products, Proportion of Board population prescribed dysphagia as a percentage, and Total Gross Ingredient Cost by NHS Board for the period of October 2016 to December 2016 (Quarter 3 of financial year)

Health Board	Absolute number of patients ¹ prescribed Dysphagia ²	Proportion of Board population prescribed Dysphagia as a percentage ³	Total Gross Ingredient Cost ⁴
NHS AYRSHIRE & ARRAN	383	0.10%	£52,098
NHS BORDERS	75	0.07%	£5,435
NHS DUMFRIES & GALLOWAY	132	0.09%	£10,740
NHS FIFE	329	0.09%	£28,811
NHS FORTH VALLEY	191	0.06%	£13,756
NHS GRAMPIAN	343	0.06%	£32,719
NHS GREATER GLASGOW & CLYDE	1,115	0.10%	£124,982
NHS HIGHLAND	284	0.09%	£29,838
NHS Lothian	597	0.07%	£67,503
NHS ORKNEY	23	0.11%	£1,214
NHS SHETLAND	15	0.06%	£999
NHS TAYSIDE	418	0.10%	£49,037
NHS WESTERN ISLES	31	0.12%	£3,023
Scotland Sum Total ⁵	3,936	0.08%	£420,156

¹ Absolute number of patients is derived from patients where a valid CHI has been captured, figures include care home patients. CHI Capture rate for ONS products was 94.77% and Dysphagia products was 97.21%.

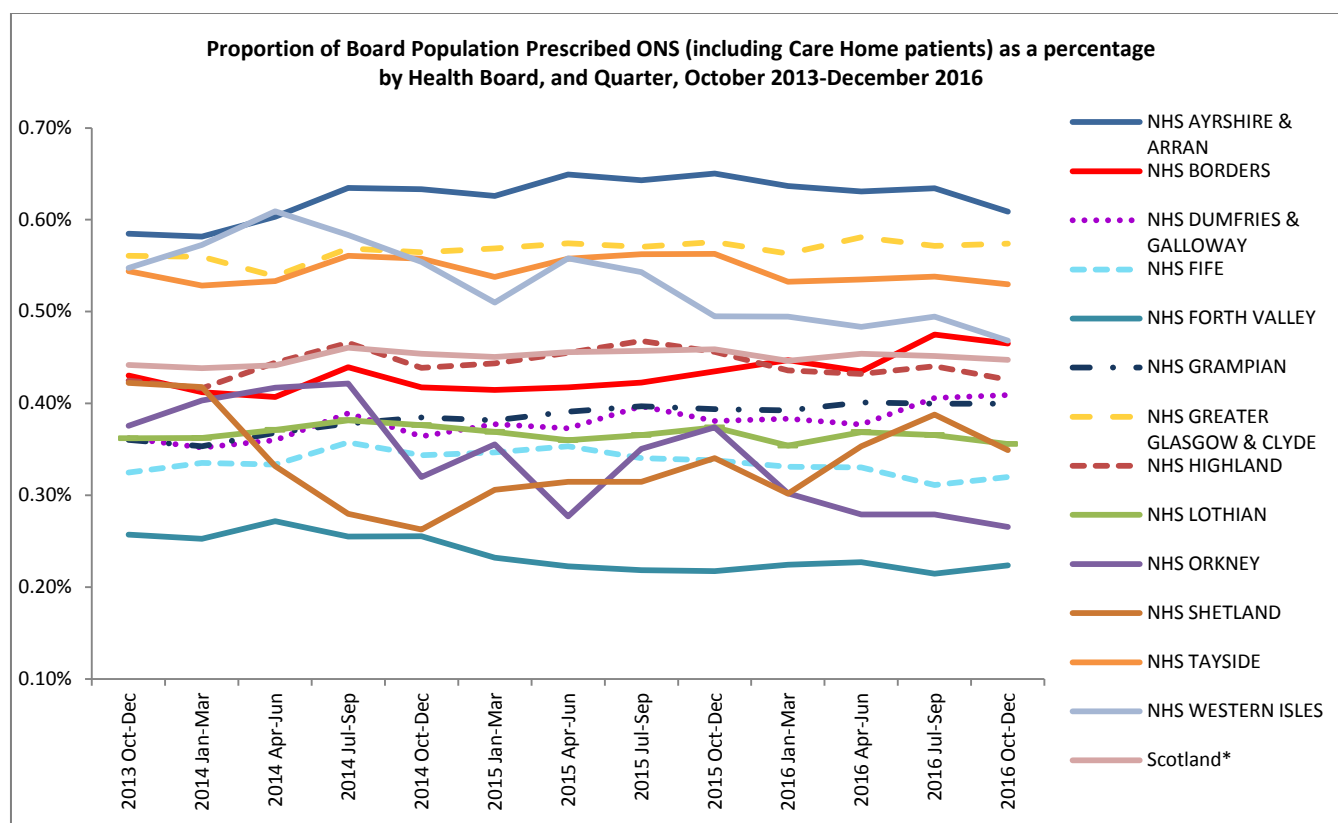
² Dysphagia products are defined as Categories 11 to 14 in Appendix 7.

³Proportion of Board population figures taken from National Records of Scotland Mid-Year Population Estimates: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/population-estimates-time-series-data>

⁴ Total Gross ingredient Cost reflects absolute spend on the defined product range and includes cost where a valid CHI was not captured.

⁵ Scotland Sum Total's exclude NHS Lanarkshire data. Between October and December 2016, PIS data identifies 264 (0.04%) patients were identified as prescribed Dysphagia products in NHS Lanarkshire, with a Total Gross Ingredient Cost of £22,053.22.

Figure 1 and Table 4: Proportion of Board Population Prescribed ONS (including Care Home patients) as a percentage by Health Board, and Quarter



Health Board	2015 Oct-Dec		2016 Jan-Mar		2016 Apr-Jun		2016 Jul-Sep		2016 Oct-Dec	
	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.
NHS Ayrshire & Arran	2,410	0.65%	2,360	0.64%	2,337	0.63%	2,351	0.63%	2,256	0.61%
NHS Borders	496	0.43%	512	0.45%	498	0.43%	544	0.47%	533	0.47%
NHS Dumfries & Galloway	570	0.38%	573	0.38%	564	0.38%	607	0.41%	612	0.41%
NHS Fife	1,244	0.34%	1,226	0.33%	1,223	0.33%	1,153	0.31%	1,185	0.32%
NHS Forth Valley	658	0.22%	683	0.22%	692	0.23%	654	0.21%	681	0.22%
NHS Grampian	2,314	0.39%	2,308	0.39%	2,360	0.40%	2,350	0.40%	2,350	0.40%
NHS Greater Glasgow & Clyde	6,621	0.58%	6,542	0.56%	6,749	0.58%	6,640	0.57%	6,665	0.57%
NHS Highland	1,464	0.46%	1,403	0.44%	1,391	0.43%	1,418	0.44%	1,371	0.43%
NHS Lothian	3,244	0.37%	3,115	0.35%	3,246	0.37%	3,217	0.37%	3,131	0.36%
NHS Orkney	81	0.37%	66	0.30%	61	0.28%	61	0.28%	58	0.27%
NHS Shetland	79	0.34%	70	0.30%	82	0.35%	90	0.39%	81	0.35%
NHS Tayside	2,336	0.56%	2,212	0.53%	2,222	0.53%	2,236	0.54%	2,201	0.53%
NHS Western Isles	134	0.50%	133	0.49%	130	0.48%	133	0.49%	126	0.47%
Scotland¹	21,651	0.46%	21,203	0.45%	21,555	0.45%	21,454	0.45%	21,250	0.45%

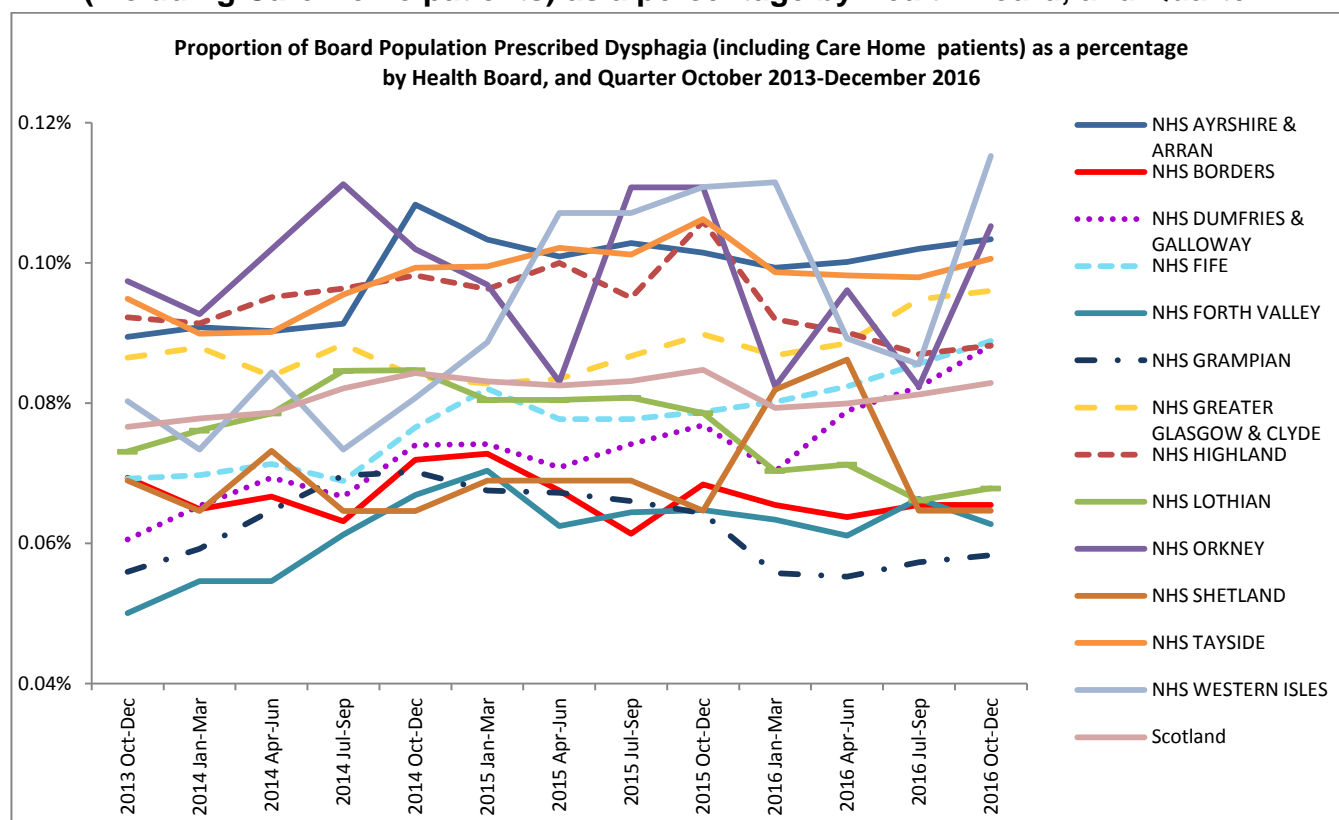
* ¹ Scotland figures have been calculated excluding NHS Lanarkshire data.

² Absolute number of patients is derived from patients where a valid CHI has been captured.

³ Percentage of Board population is based on population figures from National Records of Scotland Mid-Year Population Estimates.

⁴ Data available from Oct 2013 to Dec 2016, quarterly by Health Board upon request.

Figure 2 and Table 5: Proportion of Board Population Prescribed Dysphagia (including Care Home patients) as a percentage by Health Board, and Quarter



Health Board	2015 Oct-Dec		2016 Jan-Mar		2016 Apr-Jun		2016 Jul-Sep		2016 Oct-Dec	
	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.	No. of patients	% of Board Pop.
NHS AYRSHIRE & ARRAN	376	0.10%	368	0.10%	371	0.10%	378	0.10%	383	0.10%
NHS BORDERS	78	0.07%	75	0.07%	73	0.06%	75	0.07%	75	0.07%
NHS DUMFRIES & GALLOWAY	115	0.08%	105	0.07%	118	0.08%	123	0.08%	132	0.09%
NHS FIFE	290	0.08%	297	0.08%	305	0.08%	317	0.09%	329	0.09%
NHS FORTH VALLEY	196	0.06%	193	0.06%	186	0.06%	202	0.07%	191	0.06%
NHS GRAMPIAN	378	0.06%	328	0.06%	325	0.06%	337	0.06%	343	0.06%
NHS GREATER GLASGOW & CLYDE	1,033	0.09%	1,008	0.09%	1,028	0.09%	1,101	0.09%	1,115	0.10%
NHS HIGHLAND	340	0.11%	296	0.09%	290	0.09%	280	0.09%	284	0.09%
NHS Lothian	682	0.08%	619	0.07%	627	0.07%	582	0.07%	597	0.07%
NHS ORKNEY	24	0.11%	18	0.08%	21	0.10%	18	0.08%	23	0.11%
NHS SHETLAND	15	0.06%	19	0.08%	20	0.09%	15	0.06%	15	0.06%
NHS TAYSIDE	441	0.11%	410	0.10%	408	0.10%	407	0.10%	418	0.10%
NHS WESTERN ISLES	30	0.11%	30	0.11%	24	0.09%	23	0.09%	31	0.12%
Scotland¹	3,998	0.08%	3,766	0.08%	3,796	0.08%	3,858	0.08%	3,936	0.08%

* ¹ Scotland figures have been calculated excluding NHS Lanarkshire data.

² Absolute number of patients is derived from patients where a valid CHI has been captured.

³ Percentage of Board population is based on population figures from National Records of Scotland Mid-Year Population Estimates.

⁴ Data available from Oct 2013 to Dec 2016, quarterly by Health Board upon request.

Dysphagia products are defined as Categories 11 to 14 in Appendix 7

Table 6. Cost per treated patient for all patients prescribed ONS products October to December 2013, 2014, 2015, 2016

NHS Health Board	2013 Oct - Dec	2014 Oct - Dec	2015 Oct - Dec	2016 Oct - Dec
NHS AYRSHIRE & ARRAN	£191	£181	£173	£159
NHS FIFE	£171	£181	£165	£154
NHS GREATER GLASGOW & CLYDE	£179	£183	£162	£146
NHS SHETLAND	£196	£151	£153	£146
NHS WESTERN ISLES	£114	£121	£109	£140
NHS GRAMPIAN	£176	£165	£159	£138
NHS HIGHLAND	£154	£165	£165	£136
NHS TAYSIDE	£159	£150	£140	£128
NHS DUMFRIES & GALLOWAY	£144	£168	£159	£127
NHS LOTHIAN	£152	£159	£147	£122
NHS BORDERS	£152	£137	£150	£122
NHS ORKNEY	£148	£185	£143	£115
NHS FORTH VALLEY	£129	£108	£117	£95
Scotland*	£168	£168	£156	£138

Table 7. Cost per treated patient for all patients prescribed Dysphagia products October to December 2013, 2014, 2015, 2016

NHS Health Board	2013 Oct - Dec	2014 Oct - Dec	2015 Oct - Dec	2016 Oct - Dec
NHS AYRSHIRE & ARRAN	£97	£99	£134	£134
NHS TAYSIDE	£95	£98	£109	£117
NHS LOTHIAN	£97	£98	£119	£112
NHS GREATER GLASGOW & CLYDE	£89	£115	£102	£111
NHS HIGHLAND	£98	£113	£114	£105
NHS WESTERN ISLES	£50	£52	£79	£97
NHS GRAMPIAN	£81	£80	£76	£95
NHS FIFE	£91	£93	£83	£87
NHS DUMFRIES & GALLOWAY	£47	£69	£61	£81
NHS BORDERS	£70	£59	£63	£72

* Scotland figures have been calculated excluding NHS Lanarkshire data

Cost per treated patient is derived from Gross Ingredient Cost where a valid CHI has been captured, figures have been rounded to the nearest whole value. CHI capture rate for ONS products was 94.77% and Dysphagia products was 97.21%.

Figure 3. Cost per treated patient for all patients prescribed ONS products, in relation to proportion of Board population for all patients prescribed ONS products in the same time frame; October to December 2014, 2015 and 2016 (includes Care Home patients).

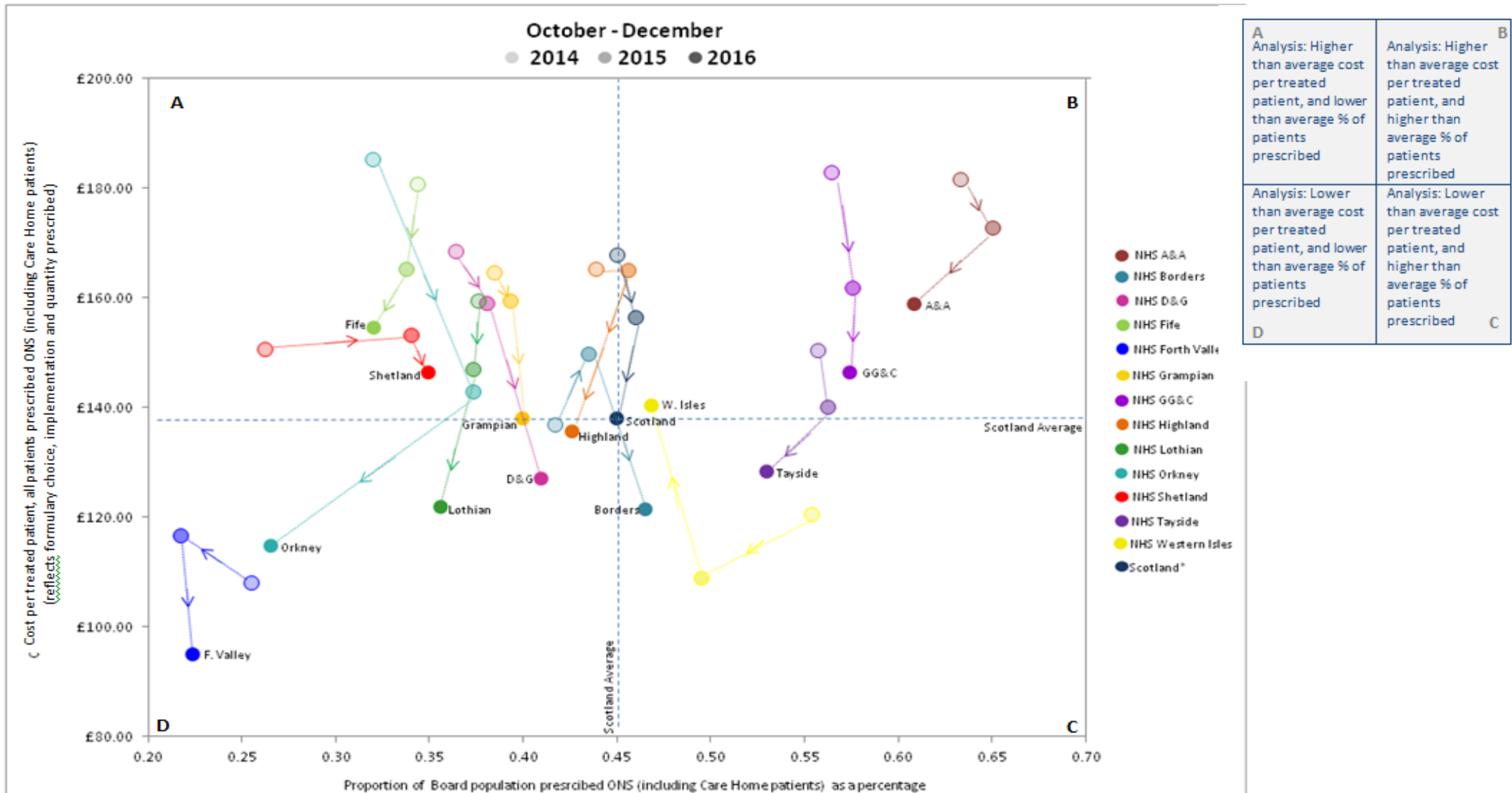
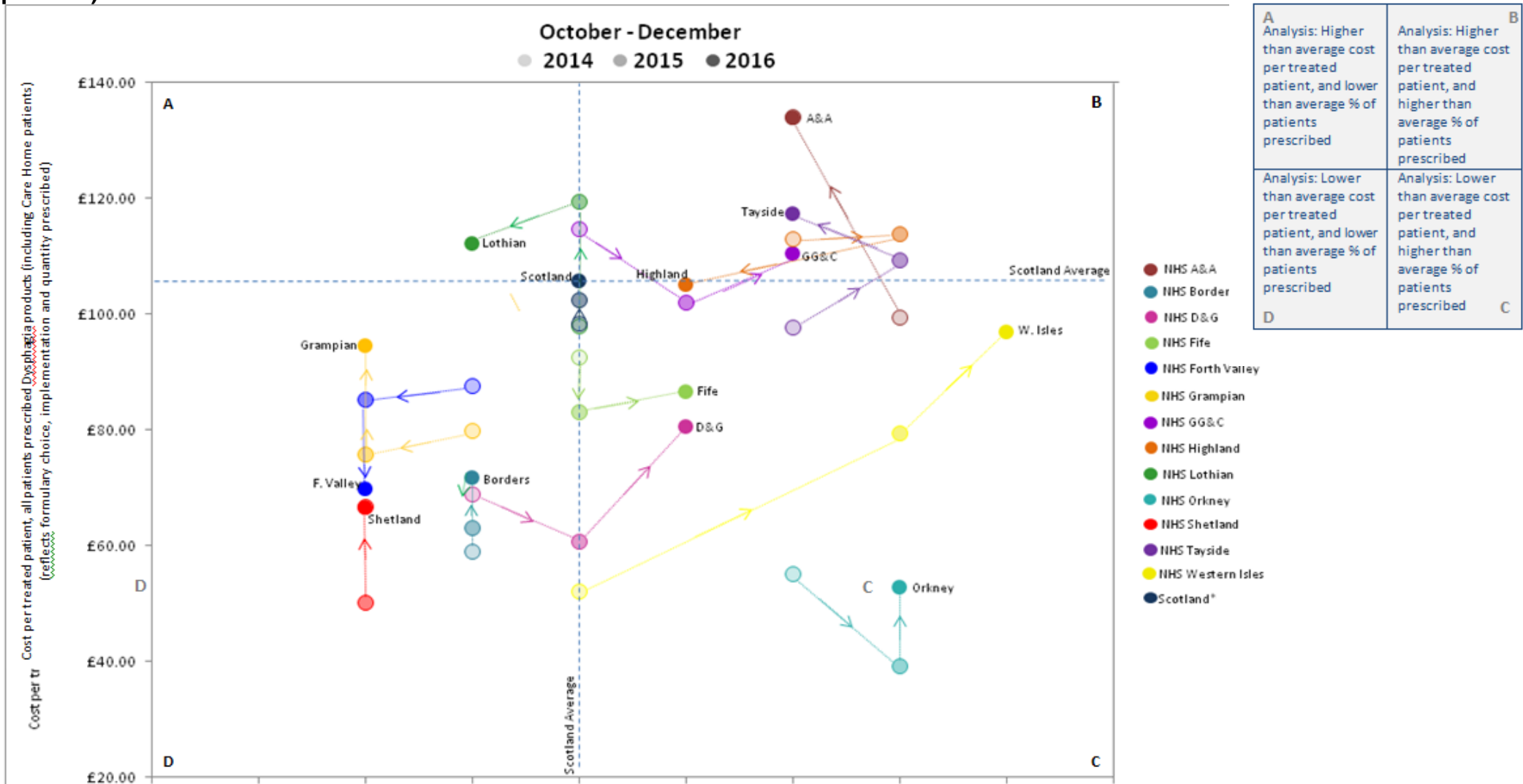


Figure 4. Cost per treated patient for all patients prescribed dysphagia products, in relation to proportion of Board population for all patients prescribed dysphagia products in the same time frame; October to December 2014, 2015 and 2016 (includes Care Home patients).



Conclusions and Recommendations

The prescribing information obtained confirmed variation between NHS Boards in the proportion of the population prescribed ONS and dysphagia products, and trends over time. Also highlighted was the variation between NHS Boards in the treatment cost per patient (per financial quarter) for both ONS and dysphagia products, and the trends over time.

The prescribing information also allowed for discussion around interventions or improvement work undertaken by NHS Boards where it was identified that ONS prescribing had improved. Examples include:

- NHS Fife: Temporary prescribing support dietetic resource was in place in 2012. During this time improvements to the quality and appropriateness of ONS prescribing are reflected in prescribing data, however trends reverted once this temporary post came to an end. Permanent prescribing support dietetic resource was secured in 2015 and since then the prescribing data indicates sustained improvements.
- NHS Forth Valley: Sustained improvements in ONS prescribing are seen as robust systems have been established by the permanent prescribing support dietetic resource in place.
- NHSGGC / NHS Tayside / NHS Highland: Recent, collaborative working between dietetic and pharmacy services and whole system approaches to review of ONS prescribing have demonstrated improvements and efficiencies.

It became apparent on reviewing the prescribing information that Speech and Language Therapist (SLT) resource and processes would also impact on dysphagia product use. SLT representation for the ONS SLWG was established in late 2017 to contribute to these discussions. It is acknowledged that earlier SLT representation would have allowed for a fuller exploration of dysphagia product use.

In August 2017 the sub-group submitted a further request for retrieval of information regarding the duration of ONS prescribing for patients across Scotland and within each NHS Board. Current evidence and professional consensus is that clinical benefits of ONS for community based patients are typically seen with 2-3 months of supplementation, however supplementation periods may be shorter, or longer (up to 1 year) according to clinical need (Multi-professional consensus panel, 2017). The data from NHS NSS ISD indicated that approximately 45% of patients receiving ONS were prescribed supplements for more than 6 months at a cost of approximately £6.1 million annually across Scotland.

Recommendations

Based on this review of prescribing information, key areas for prescribing improvement were identified and the following recommendations agreed:

- Board level review of the use of 1.0kcal per ml ONS products.
- Board level review of the use of ONS dessert style products.
- Board level review of long term ONS use (defined as > 6 months).
- The national development of reports, made available locally through PIS to support patient identification and use of these by NHS Boards.

Recommendation letters were distributed to Medical Directors, Directors of Pharmacy, Dietetic Leads and Managers and Allied Health Professional (AHP) Directors within each Board (Appendix 8) in November 2017 and February 2018. These letters outline background to the recommendations and include either recent ONS prescribing information or outline how to access date relevant dispensed information. Through these letters, NHS Boards have been asked to plan and implement local improvement activity in relation to each recommendation.

SUMMARY OF KEY RECOMMENDATIONS:

- **NHS Boards are asked to take forward and monitor the delivery of recommendations regarding the following (Appendix 8 contains more detail):**
 - **The use of 1 kcal per ml ONS products**
 - **The use of ONS dessert style products**
 - **Long term ONS use (defined as > 6 months)**

- **It is recommended that NHS Boards make use of the standard queries / reports provided for the future analysis and reporting of ONS prescribing information.**

Formulary sub-group

Background

A second sub-group was formed to review NHS Board ONS formulary arrangements to identify variation and potential areas for improvement in relation to clinical and cost-efficiencies, and to make recommendations for ONS formulary production. Full terms of reference for this sub group can be found in Appendix 9.

Actions

A scoping exercise was undertaken which confirmed that all NHS Boards in Scotland had an ONS formulary or formulary arrangements in place (some smaller NHS Boards used a neighbouring Board's formulary). Variation in ONS formularies was confirmed in the following areas:

- The types of product included.
- The number of products included.
- The format / layout.
- The level and nature of information included e.g. some NHS Boards included formulary product lists alongside or within ONS prescribing guidelines.

Using the agreed categorised product list produced by the prescribing information sub-group and in line with recent trend changes for clinical and cost-effective ONS use, the formulary sub-group produced *Best Practice Guidance for Adult ONS Formulary Development* (Appendix 10). This best practice guidance should be used by NHS Boards when developing or reviewing their local adult ONS formularies. The aims are:

- To reduce variation in ONS formularies and support a move towards a single national formulary
- To reduce variation in ONS prescribing across Scotland
- To promote high quality, clinical and cost effective ONS prescribing

This best practice guidance has been reviewed and approved by the ONS SLWG, and key members of the Effective Prescribing and Therapeutics Branch at Scottish Government.

Following the finding that some NHS Boards had in place ONS prescribing guidelines, and that these varied in content, the ONS SLWG agreed that a *Once for Scotland* national guideline be produced. In April 2017, PrescQIPP produced *Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care* (PrescQIPP, 2017). PrescQIPP is an NHS England funded not-for-profit organisation that supports quality, optimised prescribing for patients, produces evidence-based resources and tools for primary care commissioners, and provides a platform to share innovation across the NHS. The sub-group used this recently published English guideline as a basis to develop a guideline for use across all health and care settings across Scotland. Publication of the *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* is expected in April 2018.

Recommendations

The *Best Practice Guidance for ONS formulary development* and *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* contain the following recommendations:

- All NHS Boards should have a joint adult ONS formulary (covering hospital and community settings). It is recognised that ONS products may vary across these settings for practical and best value reasons but, where possible, variation should be minimised between settings.
- The *Best Practice Guidance for Formulary Development* includes recommendations on the types of products for inclusion on adult ONS formularies.
- Those initiating ONS should be aware of product costs to aid decision making around the most clinically and cost effective product choice.
- ONS formulary changes should be communicated timeously with community pharmacy to help manage stock holding.
- The first line treatment approach should be food first - maximising nutritional intake through food and drinks. Where possible people should be encouraged to self-manage their nutritional care.
- People should be referred to a dietitian before they are prescribed ONS.
- ONS should only be prescribed in the presence of specific indications as defined by ACBS (Advisory Committee on Borderline Substances).
- Where disease related malnutrition is suspected, it is essential to use a validated screening tool such as the *Malnutrition Universal Screening Tool (MUST)* to confirm this: ONS should not be used as a first line treatment for people with a MUST score of less than 2.
- Those initiating ONS must also take into account an individual's medical history and special dietary requirements (including food allergies) when recommending an ONS product. Some products may not be appropriate for those with, for instance, chronic kidney disease, diabetes or who are pregnant. ONS should not be prescribed for people at risk of re-feeding syndrome unless on the advice of a dietitian.
- ONS prescribing should be in line with the local NHS Board ONS formulary. Consideration must be taken where patients are moving across NHS Board boundaries to ensure appropriate, clinical and cost effective ONS prescribing.
- Where ONS are required post hospital discharge, the first line preferred primary care formulary product should be used and people should be provided with at least 1 week's supply on discharge with ongoing care and a clear nutritional monitoring plan in place.
- Prescribers and staff initiating ONS should consider the most clinically and cost effective product and ensure that the product and flavour are tailored to the person's needs, likes and dislikes.
- Dosage should be between 1-3 units per day, which provides 300-900kcal/day. Benefits of ONS are seen typically with 2-3 months supplementation in the community however supplementation periods may be shorter or longer (up to 1 year) according to clinical need (Multi-professional consensus panel, 2017).
- People prescribed ONS should be reviewed regularly throughout the duration of their treatment to assess the continued clinical need for ONS and continued appropriateness of the product. ONS should not be prescribed on a repeat basis and should be discontinued if people fail to engage in review and monitoring. People who are prescribed ONS long term should be reviewed by dietetic services at least annually.

SUMMARY OF KEY RECOMMENDATIONS

- **NHS Boards should make use of the *Best Practice Guidance for Adult ONS formulary development* when developing or reviewing their ONS formulary. This supports the direction of travel towards a single national formulary.**
- **The *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* should be implemented across all health and care settings and multi-disciplinary teams, making use of local processes for guideline acceptance and compliance. Current ONS policies and guidelines should be reviewed and updated in line with these.**

Process sub-group

Background

A third sub-group was formed to progress key aims in relation to processes relating to ONS use. These aims were:

- To scope and reduce variation in dietetic practices and processes in relation to patients requiring nutritional support and ONS, including nutritional screening.
- To identify variation in capacity of dietetic departments to support nutritional support patients and prescribing of ONS in a variety of acute and community locations, including care homes.
- To identify what ONS prescribing support work is carried out by NHS Boards, and dietetic prescribing support resource.
- To encourage sharing of models of practice.
- To make recommendations on dietetic best practice principles for patients requiring nutritional support to ensure high quality, patient centred care and improved quality, clinical and cost-effective ONS prescribing.

Full terms of reference for this sub-group can be found in Appendix 11.

Actions

Due to the nature of the information required it was agreed that a variety of approaches would be required for data collection. The sub-group agreed a set of questions. Some questions were required to be asked at interview to allow for fuller discussion and explanation and some simpler questions were obtainable via e-survey. After consultation with the wider ONS SLWG a framework for the interviews (Appendix 12) and an e-survey were produced (Appendix 13).

It was agreed that collection of full data from 7 of the 14 territorial NHS Boards in Scotland would provide sufficient insight into current dietetic services processes, practice and associated variation across Scotland. The 7 NHS Boards chosen reflect the diversity in factors affecting ONS prescribing such as the demography of NHS Boards, urban and rural areas, population size, geographical size, high and low ONS prescribing rates, and different models of ONS supply. The NHS Boards agreed were:

- NHS Ayrshire & Arran
- NHS Borders
- NHS Fife
- NHS Forth Valley
- NHS Highland
- NHS Lanarkshire
- NHS Lothian

ONS SLWG lead dietetic representatives and AHP Directors were asked to nominate an interviewee for their NHS Board. The question list was provided in advance of the interview and interviewees were advised that they could invite one other colleague to be present at the interview. Interviews took place during October and November 2017. Interviewees then advised which dietetic staff within their NHS Board area

should complete the e-survey. It was recommended that a separate response be supplied for each operationally different service e.g. community service, acute service, learning disability service etc. Assisted by a number of email and verbal reminders, e-survey responses were received from 19 dietetic services; 7 acute services, 7 community services, 2 integrated services and 3 specialist services (mental health and / or learning disabilities). This was an 83% response rate. It is acknowledged that some respondents encountered technical difficulties with the e-survey leading to problems in completion.

The data obtained was then considered and collated by the sub-group and initial conclusions were drawn. One to two members of dietetic staff involved in treating nutritional support and ONS patients from all 14 territorial NHS Boards in Scotland were then invited to attend a focus group / meeting to collect any additional relevant data and to sense check the sub-group's conclusions and recommendations.

Appendix 13 provides detail on interviewees, which dietetic services responded to the e-survey and attendees at the focus group.

Results and recommendations

The main observations and recommendations based on the data collected are below. The full report of the process sub-group is available on request.

Dietetic resource per NHS Board

It was hoped that information regarding dietetic staffing for patients requiring nutritional support would be obtained to identify variation in the capacity of dietetic departments to support nutritional support patients and prescribing of ONS across a variety of settings. Despite best efforts, it was not possible to obtain a clear picture for a number of reasons. Dietitians often have varied roles, treating patients of all ages with a number of different conditions including diabetes, gastrointestinal disorders and food allergies, as well as those who are at risk of, or who have malnutrition. Dietitians also may be involved in non-clinical work e.g. training, health improvement. Increasingly dietetic support workers or assistant practitioners are also involved in aspects of dietetic clinical treatment e.g. collection of information for dietetic assessment. For these reasons it has not been possible to establish a specific dietetic resource for patients who require nutritional support within NHS Boards.

ONS

Conclusions and recommendations relating specifically to ONS are as follows:

- People should be referred to a dietitian before they are prescribed ONS. Locally, there may be exceptional circumstances for initiation by non-dietetic colleagues, however at initiation these patients should also be referred to dietetic services. When patients default from dietetic treatment it is recommended that ONS are discontinued.
- It is recommended that dietitians have the facility to arrange for a trial of ONS products for patients in order to find the most suitable product before longer term prescriptions are arranged. Dietetic services should establish a system for this.

- The existence of guidelines in relation to nutritional support and / or ONS across NHS Boards varies. National *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* are in production and should be implemented across all settings and multi-disciplinary teams using local processes for guideline acceptance and compliance.
- ONS guideline is being produced and should be adopted by all NHS Boards. Implementation should make use of local NHS Board processes for guideline acceptance and compliance across all health and care settings and multi-disciplinary teams.
- A review of ONS prescribing data and information gathered on prescribing support for ONS suggests that temporary prescribing support dietetic resource does improve clinical and cost effective ONS prescribing, however this improvement is lost unless posts are continued on a permanent basis. NHS Fife and NHS Forth Valley provide good examples of permanent dietetic prescribing support posts achieving sustained improvements. Prescribing support dietetic resource should work in collaboration with both pharmacy (primary care and community) and dietetic services so that dietetic processes are in line with ensuring quality, clinical and cost-effective prescribing.
- It is acknowledged that dietetic services are following good practice by negotiating contracts for ONS products, led by NHS National Procurement, for use within acute and community hospital services, and in some cases in primary care.
- It is also acknowledged that dietetic services across Scotland are trialling and implementing innovative approaches in relation to ONS prescribing and provision (Appendix 4). It is recommended that results and outcomes continue to be shared across the profession nationally.
- It is recommended that NHS Boards use the national *Best Practice Guidance for Adult ONS Formulary Development* which supports the direction of travel towards a single national formulary and should help to reduce NHS Board cross-boundary issues. It is also recommended that dietetic services should share information regarding ONS treatment models and gain consensus on actions, e.g. through the use of standard letters, to improve consistency and clarity for patients, carers and staff.

Nutritional screening, un-met need and the changing demand on services

Conclusions relating to nutritional screening, un-met need and the changing demand on services are as follows:

- Although NHS Boards are using the same nutritional screening tool, there is variation in screening practices across Scotland for patients with or who are at risk of malnutrition. To reduce variation in nutritional screening, NHS Boards require a consensus on how nutritional screening tools and screening practice are applied for patients with / at risk of malnutrition.
- Most dietetic services are currently managing to meet clinical demand for patients who require nutritional support, however this is becoming increasingly difficult due to increases in identification of patients at risk of malnutrition leading to increased demand. This is coupled with a reduction in resources in some areas. In relation to this, 2 further themes emerged:
 - Nutritional screening is not reaching all at risk patients yet due to a lack of capacity within medical, nursing and dietetic services. As nutritional screening is implemented within health and care settings in response to

Healthcare Improvement Scotland's *Food, Fluid and Nutritional Care standards* (2014), clinical demand will most likely increase further.

- Current standards around identification and treatment of malnutrition for patients during a hospital admission may not be realistic given shortened length of hospital stay for patients in line with the aims of the 2020 vision. Future workforce planning should take account of the changes on dietetic services in terms of demand and how patient care is delivered across different care settings.

Dietetic services

Conclusions and recommendations specifically for dietetic services are as follows:

- There is variation in relation to nutritional support referral criteria for dietetic services (usually based on a screening tool score and / or care pathway), waiting time standards, the appointment priorities applied by dietetic services and how these are defined. Dietetic services across Scotland should aim to come to a consensus on these issues.
- Improvements to reduce un-necessary variation across Scotland in length of dietetic consultations, length of time between dietetic appointments and the length of episode of care across Scotland are also possible. It is recommended that dietetic services work together to come to a national consensus. *Dietetic Best Practice Principles for patients requiring Nutritional Support* across all settings will be produced in 2018 for national use and should be adopted by services.
- Associated training for qualified dietitians based on these principles should be developed and implemented using existing training platforms as a vehicle. These principles should also be incorporated into learning for undergraduate dietetic students using existing links between dietetics and Higher Education Institutions.
- All patients who require nutritional support should continue to receive food first advice to maximise their nutritional intake through food and fluids. Dietetic staff should also recommend the use of over the counter ONS products where appropriate e.g. where Advisory Committee for Borderline Substances (ACBS) indications for ONS prescribing are not met or where there is a preference for an over the counter product type.
- Because of increased demand, dietetic services are looking at time-efficient and complementary ways of reviewing patients including telephone and technology resources e.g. telephone clinics, *Healthcall / Florence*. Progress with these ways of working should be shared across the dietetic profession and further developed to deliver care in ways that are convenient for patients and maximise efficiency.
- It is recommended that dietetic services continue to co-produce improvement in nutritional care with people experiencing care, providers of care services and their staff across Scotland, while at the same time looking for new ways of working with them. This may include looking at ways to:
 - Share ideas and learning that promote the food first approach.
 - Upskill and develop frontline staff to support people experiencing care get the right help at the right time, including appropriate referral to dietetic services.
 - Involve care service providers in the development of *Once for Scotland* food and fluid care pathways that will be fit for purpose to meet the needs of the people experiencing care
 - Improve efficiency by reducing ONS waste

- Dietetic services acknowledge that collection of outcomes for nutritional support patients in a standardised way is desirable, and some services are already recording this information. It is recommended that dietetic services consider a national standardised approach to this however tools and systems for collating and reporting this information would be required in order for this information to be used.

Although not explicitly investigated, the ONS SLWG acknowledge that improvements are possible in two further areas:

Patient Information

Benefits are possible through a national approach to patient information and resources. Development of information and resources for patients regarding food first and basic nutritional support advice on a *Once for Scotland* basis is therefore recommended. NHS Inform should be used as a platform for this.

ONS wastage

The group acknowledge a significant number of anecdotal reports regarding large amounts of ONS wastage. It is hoped that the group's recommendations regarding food first approaches, trialling ONS and use of suitable products, dosage and duration of treatment, regular patient review and strengthened relationships with care providers will help to tackle this issue. In addition, minimisation of ONS waste is a key consideration within the current improvement projects and work being undertaken at NHS Board level.

SUMMARY OF KEY RECOMMENDATIONS:

- **Permanent prescribing support dietetic resource, rather than time limited, is recommended to achieve sustained improvements in the quality, clinical and cost effectiveness of ONS prescribing.**
- **To reduce variation in nutritional screening, NHS Boards require a consensus on how nutritional screening tools and screening practice are applied for patients with / at risk of malnutrition.**
- ***Dietetic Best Practice Principles for patients requiring Nutritional Support* across all settings will be developed nationally in 2018 and should be adopted by services. These should be incorporated into pre and post registration dietetic education.**
- **Development of information, resources and tools for patients regarding food first and basic nutritional support advice on a *Once for Scotland* basis is recommended. This will support self-management of nutritional care. NHS Inform should be used as a platform for this.**
- **It is recommended that dietetic services continue to co-produce improvement in nutritional care with people experiencing care, providers of care services and their staff.**
- **Future workforce planning should take account of the changes on dietetic services in terms of demand for patients who require nutritional support and ONS, and how patient care is delivered across different care settings.**

Summary of key recommendations

1. NHS Boards are asked to take forward and monitor the delivery of recommendations regarding the following (Appendix 8 contains more detail):
 - The use of 1 kcal per ml ONS products
 - The use of ONS dessert style products
 - Long term ONS use (defined as > 6 months)
2. It is recommended that NHS Boards make use of the standard queries/reports provided for the future analysis and reporting of ONS prescribing information.
3. NHS Boards should make use of the *Best Practice Guidance for ONS Formulary Development* when developing or next reviewing their ONS formulary. This supports the direction of travel towards a single national formulary.
4. The *Guidelines for appropriate prescribing of Oral Nutritional Supplements in adults (oral use)* should be implemented across all health and care settings and multi-disciplinary teams, making use of local processes for guideline acceptance and compliance. Current ONS policies and guidelines should be reviewed and updated in line with these.
5. Permanent prescribing support dietetic resource, rather than time limited, is recommended to achieve sustained improvements in the quality, clinical and cost effectiveness of ONS prescribing.
6. To reduce variation in nutritional screening, NHS Boards require a consensus on how nutritional screening tools and screening practice are applied for patients with / at risk of malnutrition.
7. *Dietetic Best Practice Principles for patients requiring Nutritional Support* across all settings will be developed nationally in 2018 and should be adopted by services. These should be incorporated into pre and post registration dietetic education.
8. Development of information, resources and tools for patients regarding food first and basic nutritional support advice on a *Once for Scotland* basis is recommended. This will support self-management of nutritional care. NHS Inform should be used as a platform for this.
9. It is recommended that dietetic services continue to co-produce improvement in nutritional care with people experiencing care, providers of care services and their staff.
10. Future workforce planning should take account of the changes on dietetic services in terms of demand and how patient care is delivered across different care settings.
11. Continued national, multi-disciplinary and collaborative working for nutritional product prescribing across NHS Boards with a link to the Effective Prescribing

and Therapeutics Branch is recommended. This will support sharing of best practice and new ways of working, including the use of technology to support care, to maximise the quality, clinical and cost-effectiveness of prescribing practice and support the drive towards a single national formulary.

12. Transformational change in dietetic practice is recommended as dietitians become prescribers to support the implementation and ambitions of the new General Medical Services contract in Scotland. Dietetic led pathways in primary care would streamline the patient journey, supporting high quality, patient centred care.

Conclusion, Reflections and Next Steps

Conclusion

The work of the ONS SLWG has resulted in a greater understanding of ONS prescribing across Scotland, variation between NHS Boards and why this exists. The ONS SLWG has developed key outputs that should begin to address this variation.

Reflections

Feedback from ONS SLWG members and other key stakeholders indicates that the group has been successful in achieving overall engagement, leadership, collaborative working and reaching consensus on key issues. Learning points have included: the need for SLT representation, allowing sufficient time to define the prescribing information needed (the number and type of products in question) and the complexity of and differences in models of service delivery which influence prescribing data collection. This learning will be used for the future analysis and reporting of ONS prescribing information.

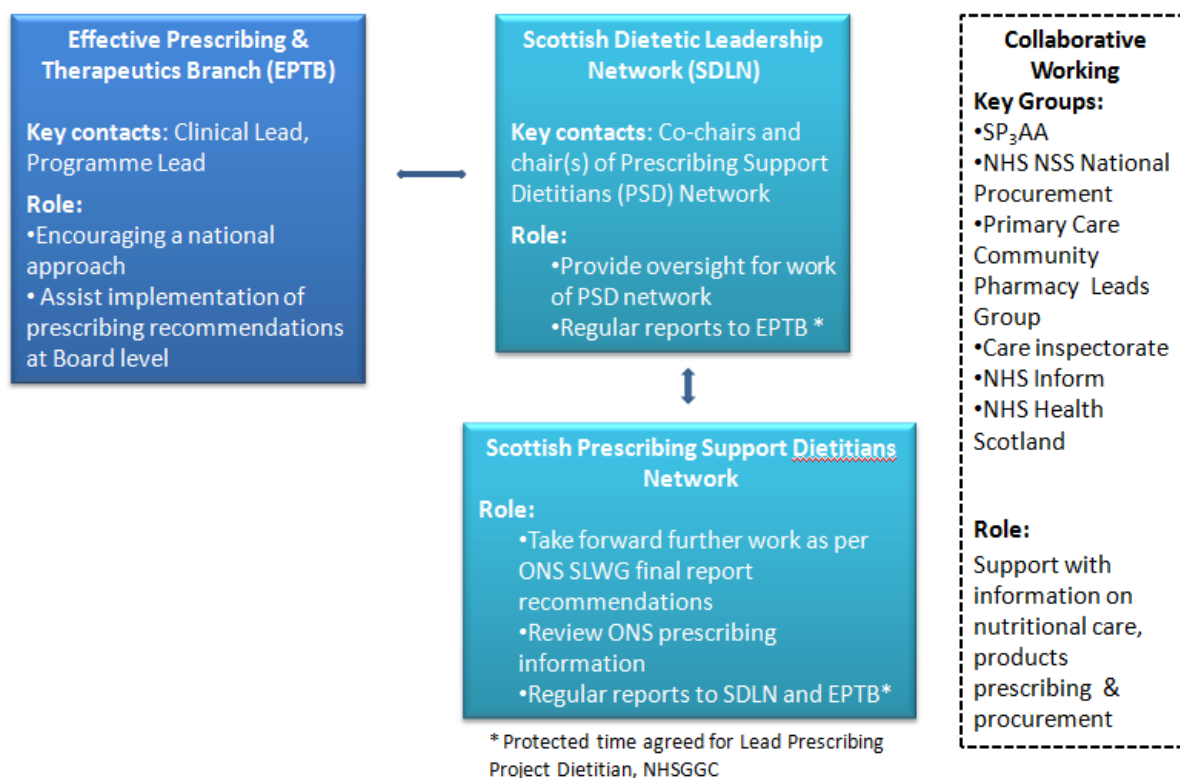
The ONS SLWG is a good example of how national multi-disciplinary working can contribute to improvements in the quality, clinical and cost-effectiveness of patient care. It has supported a *Once for Scotland* approach to care pathways in line with the Scottish Government's 2020 strategic narrative for the health sector.

Next Steps

It is recommended that this national collaborative approach be sustained and developed in the longer term to include a remit for other prescribable nutritional products. This will support sharing of best practice and new ways of working, including the use of technology to support care, to maximise the quality, clinical and cost-effectiveness of prescribing practice and support the drive towards a single national formulary.

A structure that would enable multi-disciplinary collaborative working across all care sectors using existing professional networks is proposed as follows:

Figure 5: Proposed model for continued national, collaborative working



With this model opportunities exist as follows:

- A national approach to the implementation of the ONS SLWG recommendations.
- Continued sharing of progress with innovative models and new ways of working, including the use of technology to support care, for ONS prescribing and dispensing.
- A continued national approach to obtaining and reporting ONS prescribing information.
- As dietitians become supplementary prescribers, networking and communication between dietetic services across Scotland and with pharmacy and other prescribing colleagues will be beneficial to promote effective prescribing and national approaches to high quality, patient centred, safe and effective care.
- Networks will exist to enable expert dietetic contribution to the formation of a Scotland single national formulary, including for Endocrine (diabetes) and gastroenterology medications, ONS and other nutritional products. Dietetic led care pathways for Gastroenterology through the *Modern Outpatient* agenda are being trialled across Scotland.
- The potential for improvement work related to other prescribable nutritional products e.g. ONS products specifically prescribed for paediatric patients.

Finally, transformational change in dietetic practice is recommended as dietitians become prescribers to support the implementation and ambitions of the new General Medical Services contract in Scotland. Dietetic led pathways in primary care would streamline the patient journey, supporting high quality, patient centred care.

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Glossary

Advisory Committee on Borderline Substances (ACBS) The Advisory Committee on Borderline Substances is responsible for advising on the prescribing of foodstuffs and toiletries.

AHP (Allied Health Professionals) A group of health professions distinct from nursing, medicine, and pharmacy. AHPs work in health care teams to make the health care system function by providing a range of diagnostic, technical, therapeutic and direct patient care and support services that are critical to the other health professionals they work with and the patients they serve.

Community Health Index (CHI) A population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.

Dysphagia Difficulty or discomfort in swallowing, as a symptom of disease.

Health and Social Care Partnership (HSCP) Health and Social Care Partnerships are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.

Healthcare Improvement Scotland (HIS) A public health body working towards better quality health and social care for everyone in Scotland.

Malnutrition Lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food that is eaten.

Malnutrition Universal Screening Tool (MUST) A five-step screening tool to identify adults who are malnourished, at risk of malnutrition (under-nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

National Procurement Centre of procurement expertise for health established as part of the wider procurement reform activity across the public sector.

Oral Nutritional Supplements (ONS) Sterile liquids, semi-solids or powders, which provide macro and micro nutrients. They are widely used within the acute and community health settings for individuals with specific indications.

ONS Formulary An official list providing details of ONS products to be used within a defined area / setting.

Total Gross Ingredient Cost (GIC) Cost of medicines and appliances reimbursed before deduction of any dispenser discount. This measure is used to make comparisons at an item level.

Prescribing Information System (PIS) A comprehensive, integrated information system designed to manage all the aspects of a health boards operation to allow health care providers to do their jobs effectively.

PrescQIPP An NHS funded not-for-profit organisation that supports quality, optimised prescribing for patients. PrescQIPP produce evidence-based resources and tools for primary care commissioners, and provide a platform to share innovation across the NHS.

Rebate A partial refund.

Appendix 1. Cost, quantity (units) and quantity variance of ONS products prescribed 2011/12 - 2015/6

ONS All Health Boards 2011/12 - 2015/16 (FY)

GIC	2011/12	2012/13	2013/14	2014/15	2015/16
NHS Ayrshire & Arran	£1,126,916	£1,296,430	£1,478,652	£1,653,917	£1,673,196
NHS Borders	£249,632	£243,267	£264,653	£332,794	£344,631
NHS Dumfries & Galloway	£280,391	£300,620	£338,606	£426,946	£437,743
NHS Fife	£1,101,881	£918,619	£882,046	£1,109,523	£1,077,079
NHS Forth Valley	£576,062	£420,609	£408,253	£435,304	£407,235
NHS Grampian	£1,105,005	£1,195,114	£1,406,480	£1,588,540	£1,607,588
NHS Greater Glasgow & Clyde	£3,758,956	£4,131,541	£4,371,337	£4,969,148	£4,808,244
NHS Highland	£754,103	£776,973	£890,503	£1,085,668	£1,085,325
NHS Lanarkshire	£286,788	£303,010	£315,989	£456,360	£346,674
NHS Lothian	£1,961,812	£1,946,872	£2,181,574	£2,598,619	£2,461,184
NHS Orkney	£52,299	£54,442	£55,397	£61,585	£42,598
NHS Shetland	£53,176	£61,009	£66,651	£46,376	£46,770
NHS Tayside	£1,237,953	£1,347,372	£1,471,630	£1,572,622	£1,561,934
NHS Western Isles	£61,488	£72,844	£67,962	£84,807	£86,328
Scotland	£13,220,336	£13,375,406	£14,199,732	£16,440,794	£16,007,492

ONS All Health Boards 2011/12 - 2015/16 (FY)

Quantity	2011/12	2012/13	2013/14	2014/15	2015/16
NHS Ayrshire & Arran	594,338	649,284	719,562	783,795	852,316
NHS Borders	127,952	120,245	130,352	155,841	176,913
NHS Dumfries & Galloway	150,854	152,647	164,348	202,177	221,167
NHS Fife	565,209	449,878	420,360	505,948	516,874
NHS Forth Valley	298,904	222,116	218,253	233,639	216,399
NHS Grampian	576,632	603,058	679,815	758,732	821,355
NHS Greater Glasgow & Clyde	1,960,028	2,086,513	2,160,079	2,449,294	2,591,983
NHS Highland	389,782	391,691	428,038	510,899	527,053
NHS Lanarkshire	149,627	151,139	146,895	200,661	151,213
NHS Lothian	1,053,874	1,072,301	1,177,799	1,386,328	1,357,545
NHS Orkney	28,194	28,388	26,742	29,599	21,184
NHS Shetland	27,379	28,975	30,047	20,770	21,369
NHS Tayside	615,617	634,177	658,199	710,773	764,812
NHS Western Isles	31,499	36,517	32,940	39,805	41,995
Scotland	6,840,598	6,757,593	6,993,429	7,994,546	8,288,907

Quantity Variance	2011/12	2012/13	2013/14	2014/15	2015/16
NHS AYRSHIRE & ARRAN		9.25%	10.82%	8.93%	8.74%
NHS BORDERS		-6.02%	8.41%	19.55%	13.52%
NHS DUMFRIES & GALLOWAY		1.19%	7.67%	23.02%	9.39%
NHS FIFE		-20.41%	-6.56%	20.36%	2.16%
NHS FORTH VALLEY		-25.69%	-1.74%	7.05%	-7.38%
NHS GRAMPIAN		4.58%	12.73%	11.61%	8.25%
NHS GREATER GLASGOW & CLYDE		6.45%	3.53%	13.39%	5.83%
NHS HIGHLAND		0.49%	9.28%	19.36%	3.16%
NHS LANARKSHIRE		1.01%	-2.81%	36.60%	-24.64%
NHS Lothian		1.75%	9.84%	17.71%	-2.08%
NHS ORKNEY		0.69%	-5.80%	10.68%	-28.43%
NHS SHETLAND		5.83%	3.70%	-30.87%	2.88%
NHS TAYSIDE		3.01%	3.79%	7.99%	7.60%
NHS WESTERN ISLES		15.93%	-9.80%	20.84%	5.50%
Scotland		-1.21%	3.49%	14.32%	3.68%

Appendix 2. Oral Nutritional Supplements: Short Life Working Group

TERMS OF REFERENCE

Objective: To review and advise on the current prescribing of oral nutritional supplements (ONS) and the future development of prescribing practice and processes to promote and improve quality, safe and cost effective prescribing

Structure: The short life working group will produce a report with recommendations to the Therapeutics Branch and Effective Prescribing Programme Board for implementation to improve patient care and deliver efficient management and monitoring of prescribing oral nutritional supplements across acute and primary care.

Terms of Reference:

The short life working group will aim to:

- Review current prescribing cost and volume plus drivers for the prescribing of ONS across acute and primary care services (including care homes)
- Review the evidence base for ONS prescribing
- To identify and understand the reasons for the existing prescribing variation across Health NHS Boards
- Review current ONS formulary arrangements across Health NHS Boards to identify if any cost efficiency can be identified through formulary review
- Identify any additional arrangements that can be put in place to improve and strengthen the existing prescribing management and monitoring processes
- Development of robust patient pathways, which include assessment and monitoring
- Review present prescribing and dispensing processes and consider if other options are more cost effective, safe and patient centred
- Provide interface and forum for joint working with Health NHS Boards, dieticians, pharmacists managed and independent contractors, GPs, nurses and other relevant stakeholders

The short life working group report will aim to produce recommendations in three key areas:

Prescribing management

- Formulary production to optimise prescribing quality safety and efficiency and to recommend measures for prescribing cost containment.
- Actions necessary to reduce variation in cost / item spend and cost per treated patient between Health NHS Boards
- Ensure appropriate monitoring and reporting of ONS prescribing across Health NHS Boards
- Identify action to be taken to reduce waste, in care homes and patients' homes.
- Understand the variation in care home structure and provision across NHS Boards
- Identify the preventative aspects of ONS, for example in preventing admissions

Processes

- Explore the potential for collaborative organisational level work on improving ONS processes based on quality improvement methodology
- Main actions considered required to have optimal patient centred safe effective processes for ONS prescribing with relevant stakeholders e.g. Lead Dietitians CPS, SPAA, Health NHS Boards
- Outline implementation guideline on ONS processes change including resources required
- Where possible, support self-management of patients

New Ways of Working

Consider prescribing dispensing models for application across Scotland.

- Impact of Dietitian prescribing from 2017 on existing processes
- Potential forum for cross HSCP communications on ONS horizon scanning and management
- Communications structure outlined to ensure appropriate links within NHS Boards, HSCPs, CPS, SGPC, Dietetic community, Scottish Nurse Directors Group, Scottish Care Organisation, Coalition of Care Homes. Other committees and structures as appropriate (including APCC and LMC)
- Consider ways of reducing demand within general practice through application of the model

Membership

The membership will reflect the range of professional personnel involved in ONS prescribing management. The membership will be multidisciplinary and will represent all relevant stakeholders.

Members will be asked to provide a deputy if unavailable for a meeting.

The chair and co-chair may bring in additional members as required

SLWG Duration and Frequency of Meetings

The duration of the SLWG will be 12 months with regular meetings.

Chair

Margaret Ryan and Janie Gordon will be co-chairs of the group
Fiona Huffer will be the vice chair of the group

Appendix 3. Scottish Oral Nutritional Supplements Short Life Working Group – Roles & Responsibilities of Project Manager

- Participate in and support the larger working group and the agreed sub-groups: Formulary, Process and Prescribing Information
- Ensure attendance at all required meetings. If unavailable for a meeting, nominate a depute representative
- Ensure adequate membership and representation at the working group and each of the sub-groups
- Provide support to co-chairs and vice-chair of the working group and sub-group chairs and vice-chairs
- Assist in progressing the completion of the work, actions and tasks required by members and sub-group members
- Completion of designated tasks as required by the SLWG and sub-groups as defined in meeting minutes and workplans
- Act as a co-ordinator / link between the sub groups and the working group, ensuring that workstreams are harmonised and are progressing towards achieving the outcomes required
- Share information between the sub-groups and SLWG as necessary
- Provide progress updates as required
- Completion of reports and presentations, as required, to the Effective Prescribing & Therapeutics Branch
- Liaise with administrative staff to arrange meetings and distribute associated paperwork for the SLWG
- Communication with other relevant parties and stakeholders as required

Key tasks for sub-groups

Process sub-group

- Support chair of the group in meeting arrangements
- With the chair of the sub-group, further analysis and interpretation of baseline information received regarding ONS processes
- Support for the collection of any additional information required and formulation of recommendations for improvement

Formulary sub-group

- Support chair and vice-chair of the group in meeting arrangements, gathering and circulation of information for meetings and updating of workplan
- Scope formulary information for NHS NHS Boards across Scotland and circulate to sub-group
- Assist in analysing and interpreting the information gathered to identify reasons for formulary variation, and the contribution of this to variation in spend across NHS Boards
- With the sub-group, formulate Best Practice guidance for formulary production for NHS Boards in Scotland

Prescribing Information sub-group

- Support chair and vice-chair of the group in meeting arrangements, gathering and circulation of information for meetings and updating of workplan
- Participate in formulation of data collection template for ONS
- Liaise with iSD with regards to data required

- With support from data analysts, and the wider sub-group, further interpretation of the data to begin to identify trends, variation, reasons for variation and improvement recommendations

Appendix 4. Current innovative ONS improvement projects / work underway in NHS Boards

NHS Board	Title of Project	Aim of Project	Brief Description	Outcomes / proposed outcomes	Timescale
Fife	A test of change to evaluate a dietetic led non-prescription ordering model for the supply of oral nutritional supplements (ONS) in NHS Fife	To improve both the clinical and cost management of patients requiring oral nutritional supplements, whilst delivering a more patient centred approach in their nutritional support care	A test of change to evaluate a dietetic led non-prescription ordering model for the supply ONS will be carried out initially in 2 GP clusters within NHS Fife. All patients who are currently prescribed ONS will be contacted and transitioned to an ONS delivery system and continue to be reviewed by their treating dietitian. All patients prospectively referred to the department from these GP practices will have undergone MUST screening to reflect their nutritional risk and referrals can be triaged accordingly. Following dietetic assessment where ONS is required the patient will be registered with an ONS home delivery service.	<ul style="list-style-type: none"> • Improve patient nutritional care – patient evaluation • Improve clinical management of nutritional support patients by implementing a more streamlined patient centred service where nutritional aims are met - measure waiting times and length of dietetic intervention • Improve direct cost efficiencies • Reduce GP time managing ONS prescriptions 	Review 9/12
Greater Glasgow & Clyde	Pilot of ONS New Ways of Working	To improve the quality, clinical and cost-effectiveness of ONS prescribing	New pathways have been developed and are now being piloted within 2 Health & Social Care Partnership areas in NHSGGC. These incorporate dietetic-led ONS prescribing, with ONS supply and long term monitoring (where required) provided by community pharmacy colleagues	<p>To provide streamlined, patient centred pathways of care for patients requiring ONS</p> <p>To ensure a robust monitoring plan is in place for all patients for the duration of ONS therapy, including review by a dietitian at least annually</p> <p>To reduce demand on General Practice</p>	Pilot commenced 1 st February 2018 in Renfrewshire and West Dunbartonshire HSCPs. First evaluation results expected August 2018
Grampian	Test of Dietetic-led prescribing (DLP) of ONS	To test whether DLP can demonstrate improved quality of care for patients, reduced workload for GP practices and	2 practices tested initially for a 6 month trial Patients identified by practice search and contacted to inform about the new service Patients opt-in to service and reviewed if not already known ONS request sent direct to Community Pharmacists who issue	<p>Results 80 patients contacted the service over 12 weeks 40% of those NOT known or not currently known to dietetics Dietetic outcomes: ONS stopped (28%), Reduced (14%), Changed (9%)</p>	

		reduced prescribing costs		<p>Cost savings: £2,300 (in 2 practices, in 80 patients, over 12 weeks)</p> <p>Feedback: Preliminary feedback from CPs and GPs- positive. No major issues. Feel it should be continued</p> <p>Next Steps: Test rolled out further to include another 4 practices for a 2-3 month trial. Funding being sought to continue beyond the test phase Funding to test Florence within the project</p>	
Highland	<p>Revised ONS formulary</p> <p>To fully implement a Food first approach with all care homes</p>	<p>To limit range and cost of products being prescribed. To comply with national formulary guidance</p> <p>To reduce waste, embed learning and development and improve mealtime experience. 29% of all ONS prescribing in NHSH is related to care homes.</p>	<p>Product list agreed following extensive consultation with GPs, dietitians, nurse prescribers and SLT. It was agreed to stop the use of high energy low volume (HELV) products (some agreed exceptions apply) Only dietitians to recommend the use of ONS and SLT to recommend use of thickeners.</p> <p>All care homes were advised in Q3 2017 that ONS use would be discontinued and Food first approach would be the priority. This builds on extensive education and training over previous 3 years. Dietetic teams agreed to implement and reinforce</p> <p>Datasets being checked and cross-checked</p>	<p>Implemented Q3 2017 (average 20% reduction between Q1-Q3) HELV use reduced by up to 60% in one operational unit (average 25% reduction overall) Communication out to all GPs and non medical prescribers in Sept '17 and April '18.</p> <p>Q4 data will provide more robust view of impact, Still exceptions to use of recommended thickener: need to reinforce with GP practices as it may be a repeat prescription issue.</p> <p>Review of Q3 data still showing some care home prescribing, which reflects the phased actions of dietetic input across all operational units. Q4 data is expected to demonstrate significant impact. Dietetic team leads will be asked to review any exceptions with their staff and the outlying GP practices. Note: no complaints or concerns from GPs or care homes. No</p>	<p>Ongoing</p> <p>Q4 data will be available for full year projection in May 2018.</p>

	To review all long term ONS	To reduce ineffective prescribing and inefficiency; to reduce waste	by dietetic team leads GPs have been asked to review their repeat prescriptions	adverse effects noted by any dietitians. Further details will be available in Q4. Some of these prescriptions may already have been stopped as a result of Q3 actions. Will continue to action into Q1 (2018/19)	May – Sept 2018
Tayside	NHS Tayside are undertaking improvement work across key areas as follows:		<p>Oral Nutritional Supplements in Hospitals Nurses, dietitians, pharmacists and previous in-patients co-produced a new approach to ONS in hospitals.</p> <p>Nutritional Care in the Community</p> <p>Development of 3 ONS formularies; one for hospital use, one for GPs and community nurses and, one for dietitians.</p> <p>GPs and community nurses are now advised to prescribe ONS for very limited periods only. People who need ONS for longer require to be referred to dietetics. This means an individual always sees the right healthcare professional.</p> <p>NHS Tayside is co-producing a new ONS Dietetic Service which will see dietitians provide people with an ONS script which can be dispensed within community pharmacy. rather than GP.</p> <p>New digital technology (Florence) is being brought in to the dietetic system and Tayside ONS patient pathway. This new way of working involves people requiring</p>	The general practice and care home reviews have led to a 28% fall in the cost of ONS between 2015 and 2017 which can be attributed to implementation of the best value formulary, new ways of working in	

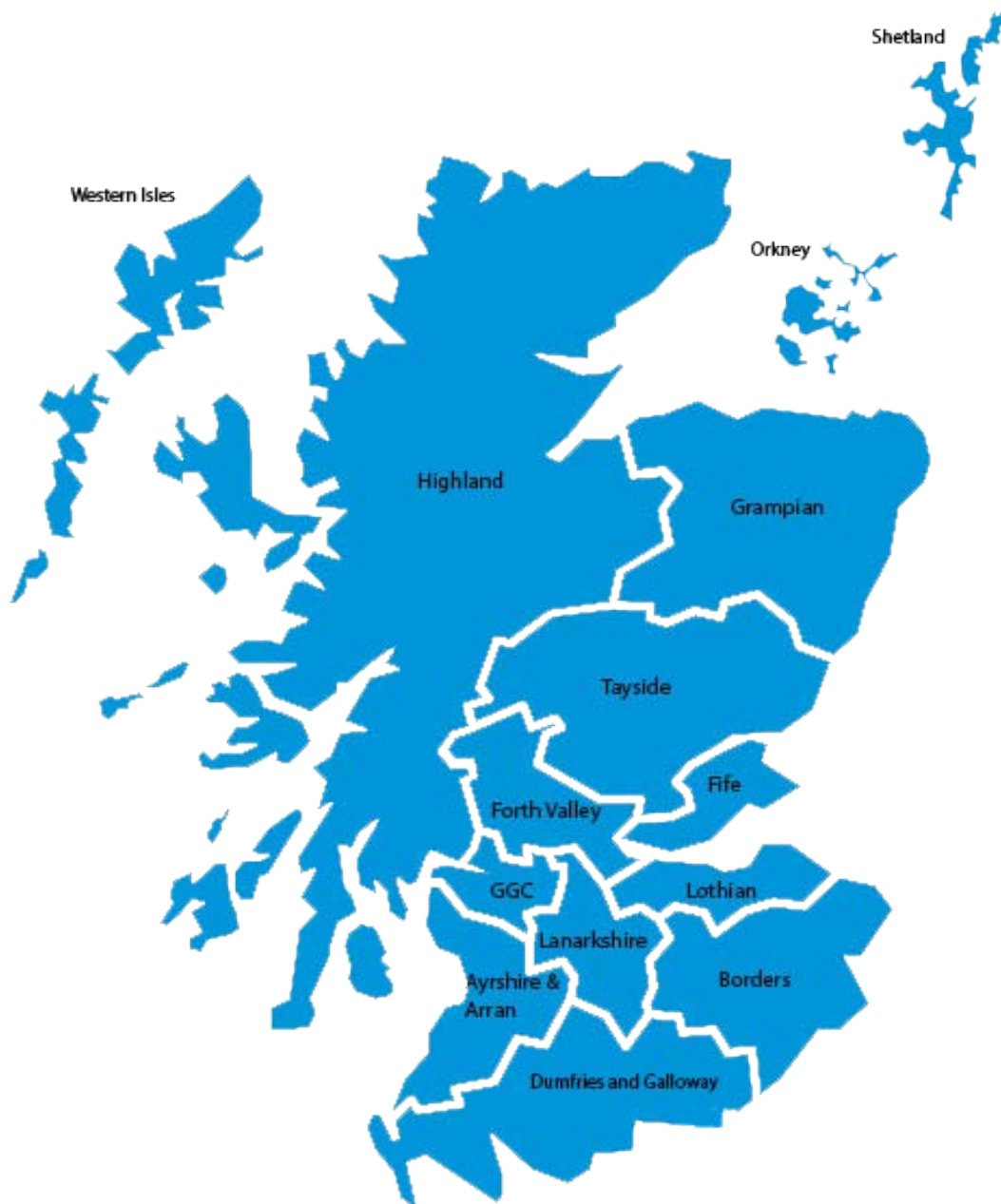
			<p>nutritional support receiving text messaging to help them self-manage. The system pulls all the information together for the dietitian to review virtually rather than people having to be seen as an out-patient.</p> <p>Nutritional Care in Care Homes</p> <p>A new pathway sees care homes send key nutritional information to Dietetics to review and then if required Nutrition and Dietetic Service orders ONS via a hospital supply route rather than GP. Each month care homes sends review information for virtual dietetic review and re-orders as necessary.</p> <p>Digital technologies (Healthcare) are being explored and developed to aid assessment and review of ONS in the care home. Zoom training has been developed to allow care home staff training via the internet.</p>	<p>This new approach ensures tighter compliance with best value formulary, reduces ONS spend and allows appropriate dietetic review. Care home and dietetic staff find it an improved way of managing ONS. GP time is saved and ONS waste is reduced. hospital and GP/care home reviews. The return on investment is significant with improvements in quality, patient and staff experience and reductions in waste, unnecessary variation and potential harm.</p>	
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Appendix 5. Facts and figures on the NHS in Scotland

NHS Scotland consists of:

- 14 regional NHS Boards which are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services (see Appendix 4)
- 7 Special NHS Boards (e.g. NHS Education for Scotland, NHS 24, Golden Jubilee National Hospital and The State Hospitals Board for Scotland) and one public health body who support the regional NHS Boards by providing a range of important specialist and national services.

(The Scottish Government, 2018)

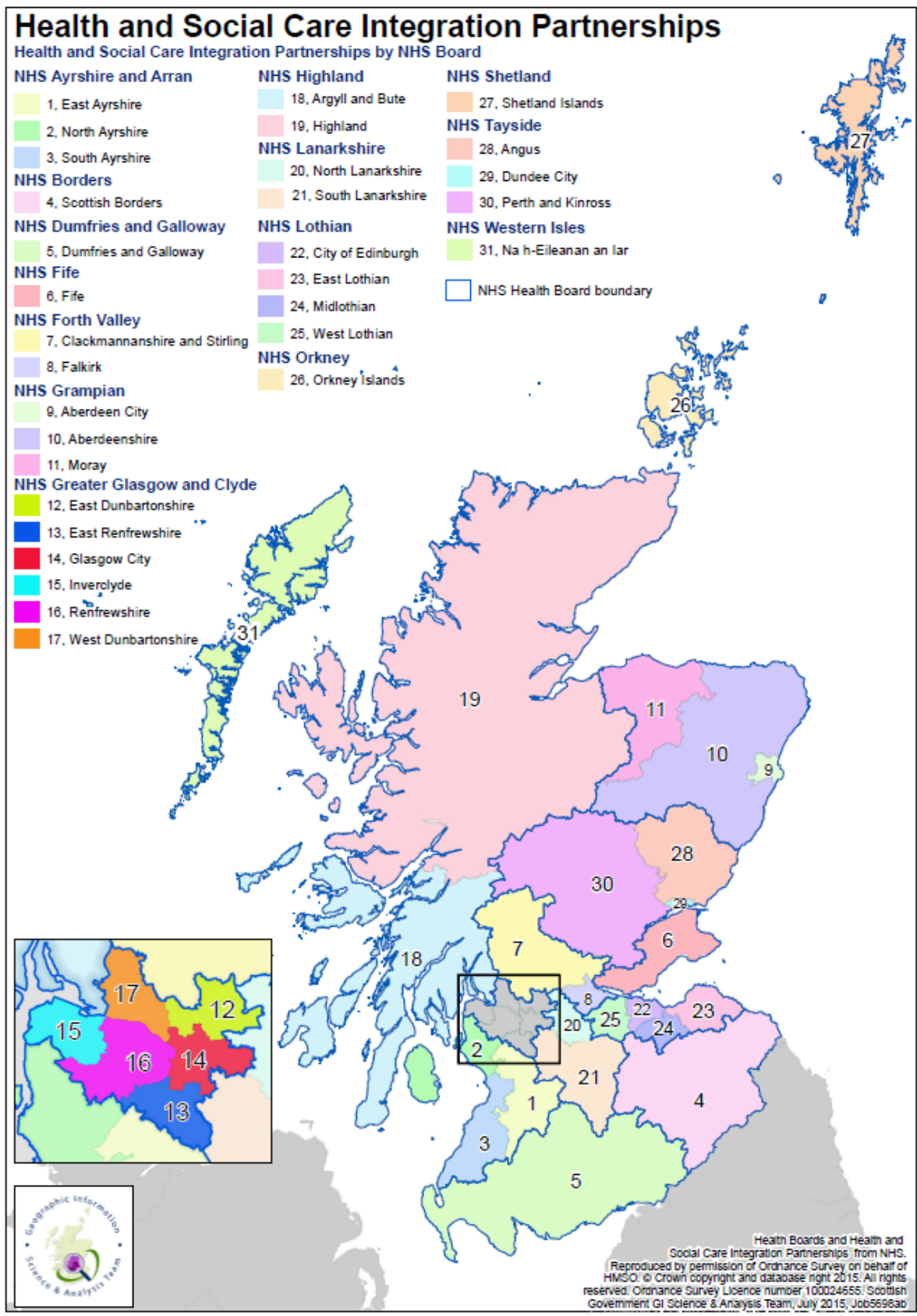


Population estimates for each of the 14 regional NHS Boards as at 30th June 2016 (National Records Scotland, 2017).

Population estimates for each regional NHS Board, June 2016

	Estimated population 30 June 2016
Scotland	5,404,700
NHS Board Areas¹	
Ayrshire and Arran	370,560
Borders	114,530
Dumfries and Galloway	149,520
Fife	370,330
Forth Valley	304,480
Grampian	588,100
Greater Glasgow and Clyde	1,161,370
Highland	321,900
Lanarkshire	656,490
Lothian	880,000
Orkney	21,850
Shetland	23,200
Tayside	415,470
Western Isles	26,900

As of the 1st April 2016, legislation for the integration of health and social care came into force bringing together NHS and local council care services under one partnership arrangement for each area. 31 local 'Health & Social Care Partnerships' responsible for the health and care needs of patients have been established across Scotland. Appendix 5 illustrates where HSCPs sit within NHS Boards.



The Scottish Index of Multiple Deprivation (SIMD)

SIMD is the Scottish Government's official tool for identifying areas in Scotland concentrations of deprivation by incorporating several different aspects of deprivation (multiple-deprivations) and combining them into a single index. An interactive map which provides an insight into geographical SIMD status across Scotland is available via this link: <https://jamestrimble.github.io/imdmaps/simd2016/> [Accessed 8th February 2018].

Care Homes in Scotland

Table 3 provides information on the number of care homes and number of care home beds within each NHS Board area as at the end of March 2017. This data has been extracted from the Care Inspectorate's Datastore (Care Inspectorate, 2018). There are a number of care home sub-types in Scotland*. The care home sub-type 'Children and Young People' has been excluded from these figures as products for paediatric use are not within the scope of the ONS SLWG. Please note that not all NHS Board areas have all care home sub types.

* Care home sub-types and abbreviation

Older People (OP)
 Alcohol & Drug Misuse (A&D)
 Blood Borne Viruses (BBV)
 Learning Disabilities (LD)
 Mental Health (MH)
 Physical & Sensory Impairment (PSI)
 Respite Care and Short Breaks (RESP)

No. of care homes and care home beds within NHS Board areas as at end March 2017

NHS Board Area	Care home sub-types within Board area	Total no. of care homes	Total no. of beds
NHS Ayrshire & Arran	OP, LD, MH, PSI	82	3204
NHS Borders	OP, LD	24	730
NHS Dumfries & Galloway	OP, LD, MH, PSI	36	1165
NHS Fife	OP, LD, MH, PSI, RESP	85	3073
NHS Forth Valley	OP, LD, MH, PSI	67	2089
NHS Grampian	OP, A&D, LD, MH, PSI, RESP	149	4197
NHS Greater Glasgow & Clyde	OP, A&D, LD, MH, PSI, RESP	214	9040
NHS Highland	OP, A&D, LD, MH, PSI	91	2462
NHS Lanarkshire	OP, A&D, LD, MH, PSI, RESP	92	4291
NHS Lothian	OP, A&D, BBV, LD, MH, PSI, RESP	145	5051
NHS Orkney	OP, LD, PSI, RESP	8	120
NHS Shetland	OP, RESP	10	160
NHS Tayside	OP, LD, MH, PSI	107	3868
NHS Western Isles	OP, LD, RESP	10	225

Appendix 6. Oral Nutritional Supplements: Short Life Working Group: Prescribing Information / Data sub-group

TERMS OF REFERENCE

Objective: To review current national ONS prescribing data, identify and make recommendations for areas of improvement

Structure: The sub-group will produce a report summarising findings and including recommendations and will report to the ONS Short Life Working Group

The short life working group will aim to:

- Agree ONS products for inclusion in data reporting and the data required to assess current ONS prescribing across Scotland, including volume use and spend. The agreed format / proforma for data collection can be used beyond the life of the SLWG to ensure ongoing monitoring and reporting of ONS prescribing spend and trends across Scotland, enable comparison between Health NHS Boards and ensure the sustainability of improvements
- Request data required and analyse to produce information required
- Identify trends in prescribing across Scotland and variation in trends between Health NHS Boards
- Identify and understand the reasons for the existing prescribing variation across Health NHS Boards
- Make recommendations for improvement to ONS prescribing across Scotland that will help to reduce variation and encourage best practice
- Use the data to support and inform any tests of change / new ways of working for the duration of the SLWG

Membership

The membership should include staff from a range of NHS NHS Boards and staff with experience in reviewing prescribing data and may vary over time

Duration and frequency of meeting

Meetings will be by teleconference / VC / face to face 1-2 monthly.

Appendix 7. Categorized product list

The following list was agreed by the Prescribing Information Sub Group of the ONS SLWG September 2017 – names and unit sizes therefore correct as at this time.

Product	Unit size
01. ONS - Products providing 1.0kcal per ml	
Fresubin Original	200ml
Ensure	250ml (can)
02. ONS - Juice based products	
Ensure Plus Juice	220ml
Fresubin jucy	200ml
Fortijuce	200ml
Fortijuce starter pack	200ml
Resource Fruit	200ml
03. ONS - Milk based products providing 1.1-1.5kcal per ml	
Altraplen	200ml
Altraplen protein	200ml
Aymes Complete	200ml
Ensure Plus Commence	220ml
Ensure Plus Fibre	200ml
Ensure Plus Milkshake style	220ml
Ensure Plus Savoury	200ml
Ensure Plus Yoghurt Style	200ml
Fortisip bottle	200ml
Fortisip Multifibre	200ml
Fortisip Savoury Multifibre	200ml
Fortisip Range Starter Pack	200ml
Fortisip Yoghurt Style	200ml
Fresubin Energy	200ml
Fresubin Energy Fibre	200ml
Fresubin Protein Energy	200ml
Resource Energy	200ml
Nutricomp Drink Plus	200ml
04. ONS - Products providing over 1.5kcal per ml	
Ensure Twocal	200ml
Fortisip Extra	200ml
Fortisip Extra Starter Pack	200ml
Fortisip 2kcal	200ml
Fresubin 2kcal Drink	200ml
Fresubin 2kcal Fibre Drink	200ml
Resource 2.0 Fibre	200ml
05. ONS - Compact products providing over 1.5kcal per ml	
Ensure Compact	125ml
Fortisip Compact	125ml
Fortisip Compact Starter Pack	125ml
Fortisip Compact Fibre	125ml
Fortisip Compact Fibre Starter pack	125ml
Fortisip Compact Protein	125ml
Fortisip Compact Protein Starter pack	125ml
Altraplen Compact	125ml
Altraplen Compact Starter / 'cluster' Pack	4 x 125ml bottles
Fresubin 2kcal Mini Drink	125ml

Fresubin 2kcal Fibre Mini Drink	125ml
06. ONS - Standard powdered products	
Aymes Shake	57g sachet
Aymes Shake starter pack	57g sachet
Aymes Shake (Chicken)	57g sachet
Complan Shake	57g sachet
Complan Shake starter packs	57g sachet
Ensure Shake	57g sachet
Fresubin Powder Extra	62g sachet
Foodlink Complete(>1.5kcal/ml)	7*57g sachet
Foodlink Complete with Fibre (>1.5kcal/ml)	10 *63g sachet
07. ONS - High calorie powdered products	
Calshake	87g sachet/90g sachet (chocolate only)
Scandishake Mix	85g sachet
Enshake	96.5g
08. Modular/Low Volume Products	
Calogen	200ml, 500ml
Calogen Extra	200ml
Pro-Cal Shot	120ml and 250ml
Pro-Cal Shot Starter pack	3 x 120ml
Pro-Cal	25 x 15g sachet, 510g tub, 1.5kg tub 12.5kg tub, 25kg tub
Pro-Cal Powder starter pack	
Pro-Cal singles	60 x 30mls
Calogen Extra Shots	6 x 40ml pots
Fresubin 5kcal shot	120ml
MCT Pro-Cal	30 x 16g
Liquigen	250ml
Maxijul Super Soluble	132g x 4 sachets, 200g can, 2.5kg can, 25kg
MCT Duocal	400g can
Medium-chain Triglyceride (MCT) oil	500ml
Polycal	400g can, 200ml bottle
ProSource Liquid	30ml *100 sachets
ProSource Plus	30ml *100 sachets
ProSource Jelly	118ml cup
Protifar	225g can, 2kg can
Vitajoule	500g can, 2.5kg can, 25kg can
Altrashot	120ml
Altrashot starter / 'cluster' pack	4 x 120ml bottles
09. Specialist Products - Tolerance	
Elemental 028 Extra	250ml carton
Elemental 028	100g sachet
Nestle Nutrition Flavour Mix (Banana)	60g tub
Nestle Nutrition Flavour Mix (Strawberry)	60g tub
Peptamen	200ml
Vital 1.5	200ml
Survimed OPD Drink	200ml
10. Specialist Products - Other	
Forticare (ca)	125ml carton
Ensure Plus Advance	220ml
Modulen IBD	400g can - 20% standard dilution, 500g
Oral impact (acute product but is ACBS)	74g sachet
Renilon 7.5	125ml

Nepro	220ml
Prosure (ca)	240ml
Renamil	100g *10
Renapro	20g *30
Renastart	400g can
Respifor (COPD)	125ml
Optifibre	5g *16 sachets, 250g can
11. Dysphagia - Thickening Agents	
Nutilis	12g *20 sachets, 300g tin
Nutilis Clear	175g
Resource ThickenUp	227g powder, 74*4.5g sachet
Resource ThickenUp Clear	125g powder, 24*1.2g sachet
Thicken Aid	225g , 100*9g sachet
Thick and Easy	100g x 9g sachets, 225g tin, 4.54kg pack
Thixo-D	375g powder
Vitaquick	300g powder, 2kg tin, 6kg tin
Multithick	250g powder
Thixo-D Cal Free	30g
Swalloweze Clear	125g until 4/5/17, now165g
Thick & Easy Clear	1.4g sachet, 126g tin
12. Dysphagia - Pre-Thickened Juice Drinks	
SLO Drinks	115ml * 25
Resource Thickened drink	114ml *12
Thick and Easy Thickened Juice Drinks	Various sizes incl. 1.42 litre bottle and 118ml pots
13. Dysphagia - Pre-Thickened ONS	
Fresubin thickened Stage 1	200ml
Fresubin thickened Stage 2	200ml
Nutilis Complete Stage 1	125ml
Nutilis Complete Stage 2	125g pot
SLO Milkshakes+	50g * 7
14. Dysphagia - Desserts	
Ensure Plus Crème	125g
Forticreme Complete	125g
Fortisip Fruit Dessert	150g
Fresubin Yocrème	125g
Fresubin 2kcal Crème	125g
Resource Dessert Fruit	125g
Clinutren Dessert	125g
Nutricrem	125g pot
Nutilis Fruit Stage 3	150g

Appendix 8. Recommendation letters to NHS Boards

Distribution: NHS Board Medical Directors
NHS Board Dietetic Managers / Leads
NHS Board Directors of Pharmacy

Cc: NHS Board Dietetic Representatives for the Oral Nutritional Supplement Short Life Working Group



09 November 2017

Dear Colleague,

Recommendations:

- 1) To consider individual patient suitability to switch from 1.0 kcal per ml Oral Nutritional Supplement (ONS) products (Ensure[®] and Fresubin[®] Original Drink) to an appropriate alternative or discontinue if no longer indicated**
- 2) To consider individual patient suitability to switch from Oral Nutritional Supplement (ONS) dessert style products* to an improved quality product, or discontinue use if ONS are no longer indicated**

A national Oral Nutritional Supplement Short Life Working Group (ONS SLWG) with dietetic representation from all Boards in Scotland was established in December 2016. The aim of the ONS SLWG is to improve the quality, safety, clinical and cost effectiveness of ONS prescribing across Scotland, supported by the Effective Prescribing Programme.

A consistent national approach for the analysis and presentation of ONS prescribing information has been developed by the ONS SLWG, and a review of current prescribing information for each Board has indicated potential areas for improvement.

A higher than expected use of 1.0 kcal per ml ONS products, which have a lower nutritional value per ml than most other available ONS products and higher than expected use of ONS dessert style products*, intended for use in patients with dysphagia was noted. A summary of the use of these products by NHS Board is outlined in Appendix 1.

These products are now only required in exceptional circumstances and should only be initiated under instruction of a Dietitian or in the case of dessert style products under Dietetic and /or Speech and Language Therapist instruction; it is suspected that this is not the case for all patients currently prescribed these products.

*Ensure[®] Plus Creme, Forticreme[®] Complete, Fortisip[®] Fruit Dessert, Fresubin[®] Yocrema, Fresubin[®] 2kcal Creme, Resource[®] Dessert Energy, Resource[®] Dessert Fruit, Clinutren[®] Dessert, Nutricrem[®], Nutilis[®] Fruit Stage 3

NHS Boards are asked to:

- Review the prescribing information attached, consider and agree how improvements should be taken forward with participation from relevant dietetic, speech and language therapy, pharmacy and medical staff.
- Make use of local search systems to identify patients currently prescribed 1.0 kcal per ml ONS

- products and ONS dessert style products.
- For individual patients assess the need for continued ONS prescribing. If ONS are no longer indicated these should be discontinued. If ONS continue to be required a switch to a more appropriate ONS product as per your local ONS formulary, and any local ONS prescribing guidance, should be considered (see notes a, b and c below).
- Make use of ScriptSwitch or other decision support tools to prevent future inappropriate prescribing of these products.
- To gain an understanding of the potential improvements that will result across Scotland and, for reporting purposes, a response to this letter detailing your local Board improvement plans in relation to these products and the expected financial impact would be greatly appreciated. Please direct responses to Lynsey Robinson, Lead Prescribing Project Dietitian NHSGGC (Lynsey.Robinson@ggc.scot.nhs.uk).

Notes: Regarding improvements, it may be useful to note the following:

- a) Where ONS products are required to treat non-complex malnourished patients, a standard first line ONS product should be used e.g. standard ONS powder product / standard ready to use product – please refer to your local ONS formulary for specific product information. **It is vital that patients with dysphagia for fluids thicken ALL drinks, including prescribed ONS drinks, to the consistency advised by their Speech & Language Therapist or other relevant healthcare professional.**
- b) It may also be the case that patients currently prescribed these products no longer require ONS. As a reminder, as Borderline Substances (Foods for Special Medical Purposes) ONS should only be prescribed for the following indications as specified by the Advisory Committee on Borderline Substances (ACBS):
 - Short Bowel Syndrome
 - Intractable malabsorption
 - Pre-operative preparation of undernourished patients
 - Proven inflammatory bowel disease
 - Following total gastrectomy
 - Bowel fistulas
 - Disease related malnutrition (In line with Healthcare Improvement Scotland's Food, Fluid and Nutritional Care Standards 2014, NHS Boards will have recommended Nutrition Screening Tools to help identify the presence or risk of disease related malnutrition e.g. the Malnutrition Universal Screening Tool – MUST).

It should be noted that some ONS products have more specific ACBS indications which can be found within the British National Formulary.
- c) Boards may also have local ONS prescribing guidelines that could inform the improvement activity to be taken forward.

To monitor improvements, quarterly prescribing information for these products will be provided to Boards in July 2018.

If you have any questions please direct these in the first instance to your Board ONS SLWG dietetic representative. Contact details for representatives can be found within Appendix 2.

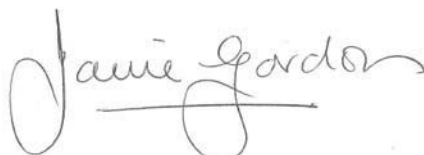
Thank you for your co-operation and assistance in taking forward this initiative to deliver improvements to the quality of ONS prescribing.

If you have feedback or suggestions for any additional implementation support that could be provided through the ONS SLWG, please get in touch.

Yours sincerely,



Margaret Ryan
Lead Clinician Prescribing Services
NHS Greater Glasgow & Clyde
Co-Chair ONS SLWG
Chair Scottish Prescribing Advisors
Association



Janie Gordon
Professional Head of Service,
Nutrition and Dietetic Department
NHS Fife
Co-Chair ONS SLWG
British Dietetic Association, NHS Scotland
Dietetic Leadership Network Representative



Distribution:
NHS Board Medical Directors
NHS Board Dietetic Managers / Leads
NHS Board Directors of Pharmacy

Cc: NHS Board Dietetic Representatives for the Oral Nutritional Supplement Short Life Working Group

26 February 2018

Dear Colleague,

Recommendation to consider continued requirement for Oral Nutritional Supplements in adult patients (16 and over) with 'long term' prescriptions (defined as over 6 months)

The Oral Nutritional Supplement Short Life Working Group (ONS SLWG) was established with the aim of improving the quality, safety, clinical and cost effectiveness of ONS prescribing across Scotland. Further to our recommendation letter, dated 9th November 2017, the ONS SLWG have identified a further quality improvement recommendation for your consideration and action.

This latest recommendation relates to 'long term' use of ONS. For the majority of patients, clinical benefits of ONS for community based patients are seen typically with short term supplementation (multi-professional consensus panel, 2012). It has been identified that a larger proportion of patients than expected are prescribed ONS for more than 6 months.

At present approximately 45% of patients receiving ONS are prescribed the supplements for more than 6 months. This is at a cost of approximately £6.1 million annually across Scotland, however it is acknowledged that a percentage of these patients will no longer be receiving these supplements for various reasons.

ISD (Information Services Division) have developed a standard report using reimbursed prescription data on the Prescribing information System for Scotland (PIS). This will allow each NHS Board, through their prescribing team, to run a search locally to identify these patients. A description of this report can be found in appendix 2. Validation tests for this search were carried out in 4 NHS Boards to achieve the highest possible level of accuracy.

NHS Boards are asked:

- To make use of this standard report, on receipt, to identify patients who are currently prescribed ONS for longer than 6 months.
- For individual patients, to assess the need for continued ONS prescribing. If ONS are no longer indicated, these should be discontinued. If ONS are still required,

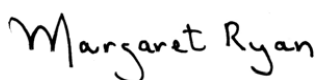
ensure that patients are prescribed the most appropriate ONS product and dose as per your local Health Board ONS formulary and prescribing guidance.

- To develop a Board improvement plan which includes the expected financial impact in terms of dietetic resource and anticipated cost-effectiveness as a result of taking forward this recommendation.
- To monitor prescribing improvements it is suggested that the prescribing report is refreshed locally on a quarterly basis.

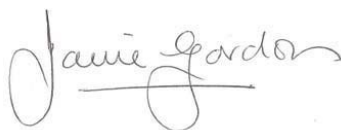
If you have any questions please direct these in the first instance to your Board ONS SLWG dietetic representative. Appendix 1 lists the contact details.

Thank you for your co-operation and assistance in taking forward this initiative to deliver quality, safety and cost effectiveness improvements to ONS prescribing.

Yours sincerely



Margaret Ryan Lead Clinician Prescribing Services



Janie Gordon Professional Head of Service, Nutrition and Dietetic Department



Alpana Mair, Head of Effective Prescribing and Therapeutics Branch

NHS Greater Glasgow & Clyde

Co-Chair ONS SLWG

Lead Pharmacist (Strategy) Effective Prescribing and Therapeutics Branch

NHS Fife

Co-Chair ONS SLWG,

British Dietetic Association, NHS Scotland Dietetic Leadership Network Representative

Scottish Government

References:

Multi-professional consensus panel (2012) Managing Adult Malnutrition in the Community Including a pathway for the appropriate use of oral nutritional supplements (ONS).

Available: http://malnutritionpathway.co.uk/downloads/Managing_Malnutrition.pdf [Accessed 16th February 2018]

Appendix 9. Oral Nutritional Supplements: Short Life Working Group Formulary Sub-Group

TERMS OF REFERENCE

Objective: To review current ONS formulary arrangements across Health NHS Boards and identify variation, potential improvements, clinical and cost efficiencies, and make recommendations for ONS formulary production

Structure: The sub group will produce a report summarising findings and including recommendations as above and will report to the ONS Short Life Working Group

Aims / Actions:

1. Agree membership, objectives, terms of reference.
2. Scope and review formularies / formulary arrangements across Health NHS Boards in Scotland
3. Identify reasons for variation in cost / treated patient between Health NHS Boards
4. Identify the actions necessary to address variation, make recommendations and agree 'Best Practice' guidance for formulary production
5. Complete a report detailing the above

Duration and Frequency of Meetings

Meetings will be 1-2 monthly, mainly via tele / video conference.



Scottish Oral Nutritional Supplements Short Life Working Group (ONS SLWG)

Best Practice Guidance for Adult ONS Formulary Development

Produced by the Formulary Sub-Group of the ONS SLWG, September 2017

Key Guidance

Oral nutritional supplements (ONS) are 'Foods for Special Medical Purposes' which can be prescribed in the UK under indications as specified by the Advisory Committee for Borderline Substances (ACBS).

This best practice guidance should be used by NHS Boards when developing or reviewing their local adult ONS formularies. The aims are:

- To reduce variation in ONS formularies and support a move towards a Single National Formulary
- To reduce variation in ONS prescribing across Scotland
- To promote high quality, clinical and cost effective ONS prescribing

ONS should only be prescribed in the presence of specific indications as defined by the Advisory Committee on Borderline Substances (ACBS). Those initiating ONS must also take into account an individual's medical history and special dietary requirements (including food allergies) when recommending an ONS product. Some products may not be appropriate for those with, for example, chronic kidney disease, diabetes or who are pregnant.

All Boards should have a joint adult Oral Nutritional Supplements (ONS) formulary covering hospital and community settings. It is recognised that ONS products may vary across these settings for practical and best value reasons but, where possible, aim to limit variation between settings.

Adult ONS formularies should include the following products (for categories please refer to category lists on the following pages):

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 powdered 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 5) when a low volume is indicated.
4. One higher protein style product (from Category 4), 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 following a swallow assessment. Speech & Language Therapy services should be involved in the decision regarding the formulary product option.

For the remaining ONS categories (below), it is recommended that these products are **not** routinely included on adult ONS formularies. Some use of these products may be expected, however it is recommended that all non-formulary products should be by dietitian initiation only. Boards may wish to specify within their local formulary the specialist products of choice for use within their Board area from these categories:

- Category 1: ONS products providing 1.0kcal/ml
- Category 7: High calorie powdered products
- Category 8: Modular / Low Volume products
- Category 9: Specialist products – tolerance
- Category 10: Specialist products – other
- Category 12: Pre-thickened juice drinks
- Category 14: Dessert products

It is recommended that those initiating ONS should be aware of product costs to aid decision making around the most clinically and cost effective product choice.

ONS starter packs should only be prescribed for patients **once** as these are for trial purposes only. Boards may wish to specify within their local formulary their starter packs of choice.

ONS formulary changes should be communicated timeously with Community Pharmacy to help manage stock holding.

Categorised product list

The following list was agreed by the Prescribing Information Sub Group of the ONS SLWG September 2017 – names and unit sizes therefore correct as at this time.

Product	Unit size
01. ONS - Products providing 1.0kcal per ml	
Fresubin Original	200ml
Ensure	250ml (can)
02. ONS - Juice based products	
Ensure Plus Juice	220ml
Fresubin jucy	200ml
Fortijuice	200ml
Fortijuice starter pack	200ml
Resource Fruit	200ml
03. ONS - Milk based products providing 1.1-1.5kcal per ml	
Altraplen	200ml
Altraplen protein	200ml
Aymes Complete	200ml
Ensure Plus Commence	220ml
Ensure Plus Fibre	200ml
Ensure Plus Milkshake style	220ml
Ensure Plus Savoury	200ml
Ensure Plus Yoghurt Style	200ml
Fortisip bottle	200ml
Fortisip Multifibre	200ml
Fortisip Savoury Multifibre	200ml
Fortisip Range Starter Pack	200ml
Fortisip Yoghurt Style	200ml
Fresubin Energy	200ml
Fresubin Energy Fibre	200ml
Fresubin Protein Energy	200ml
Resource Energy	200ml
Nutricomp Drink Plus	200ml
04. ONS - Products providing over 1.5kcal per ml	
Ensure Twocal	200ml
Fortisip Extra	200ml
Fortisip Extra Starter Pack	200ml
Fortisip 2kcal	200ml
Fresubin 2kcal Drink	200ml
Fresubin 2kcal Fibre Drink	200ml
Resource 2.0 Fibre	200ml
05. ONS - Compact products providing over 1.5kcal per ml	
Ensure Compact	125ml
Fortisip Compact	125ml
Fortisip Compact Starter Pack	125ml
Fortisip Compact Fibre	125ml
Fortisip Compact Fibre Starter pack	125ml
Fortisip Compact Protein	125ml
Fortisip Compact Protein Starter pack	125ml
Altraplen Compact	125ml
Altraplen Compact Starter / 'cluster' Pack	4 x 125ml bottles

Fresubin 2kcal Mini Drink	125ml
Fresubin 2kcal Fibre Mini Drink	125ml
06. ONS - Standard powdered products	
Aymes Shake	57g sachet
Aymes Shake starter pack	57g sachet
Aymes Shake (Chicken)	57g sachet
Complan Shake	57g sachet
Complan Shake starter packs	57g sachet
Ensure Shake	57g sachet
Fresubin Powder Extra	62g sachet
Foodlink Complete(>1.5kcal/ml)	7*57g sachet
Foodlink Complete with Fibre (>1.5kcal/ml)	10 *63g sachet
07. ONS - High calorie powdered products	
Calshake	87g sachet/90g sachet (chocolate only)
Scandishake Mix	85g sachet
Enshake	96.5g
08. Modular/Low Volume Products	
Calogen	200ml, 500ml
Calogen Extra	200ml
Pro-Cal Shot	120ml and 250ml
Pro-Cal Shot Starter pack	3 x 120ml
Pro-Cal	25 x 15g sachet, 510g tub, 1.5kg tub 12.5kg tub, 25kg tub
Pro-Cal Powder starter pack	
Pro-Cal singles	60 x 30mls
Calogen Extra Shots	6 x 40ml pots
Fresubin 5kcal shot	120ml
MCT Pro-Cal	30 x 16g
Liquigen	250ml
Maxijul Super Soluble	132g x 4 sachets, 200g can, 2.5kg can, 25kg
MCT Duocal	400g can
Medium-chain Triglyceride (MCT) oil	500ml
Polycal	400g can, 200ml bottle
ProSource Liquid	30ml *100 sachets
ProSource Plus	30ml *100 sachets
ProSource Jelly	118ml cup
Protifar	225g can, 2kg can
Vitajoule	500g can, 2.5kg can, 25kg can
Altrashot	120ml
Altrashot starter / 'cluster' pack	4 x 120ml bottles
09. Specialist Products - Tolerance	
Elemental 028 Extra	250ml carton
Elemental 028	100g sachet
Nestle Nutrition Flavour Mix (Banana)	60g tub
Nestle Nutrition Flavour Mix (Strawberry)	60g tub
Peptamen	200ml
Vital 1.5	200ml
Survimed OPD Drink	200ml
10. Specialist Products - Other	
Forticare (ca)	125ml carton

Ensure Plus Advance	220ml
Modulen IBD	400g can - 20% standard dilution, 500g
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Renilon 7.5	125ml
Nepro	220ml
Prosure (ca)	240ml
Renamil	100g *10
Renapro	20g *30
Renastart	400g can
Respifor (COPD)	125ml
Optifibre	5g *16 sachets, 250g can
11. Dysphagia - Thickening Agents	
Nutlis	12g *20 sachets, 300g tin
Nutlis Clear	175g
Resource ThickenUp	227g powder, 74*4.5g sachet
Resource ThickenUp Clear	125g powder, 24*1.2g sachet
Thicken Aid	225g , 100*9g sachet
Thick and Easy	100g x 9g sachets, 225g tin, 4.54kg pack
Thixo-D	375g powder
Vitaquick	300g powder, 2kg tin, 6kg tin
Multithick	250g powder
Thixo-D Cal Free	30g
Swalloweze Clear	125g until 4/5/17, now165g
Thick & Easy Clear	1.4g sachet, 126g tin
12. Dysphagia - Pre-Thickened Juice Drinks	
SLO Drinks	115ml * 25
Resource Thickened drink	114ml *12
Thick and Easy Thickened Juice Drinks	Various sizes incl. 1.42 litre bottle and 118ml pots
13. Dysphagia - Pre-Thickened ONS	
Fresubin thickened Stage 1	200ml
Fresubin thickened Stage 2	200ml
Nutlis Complete Stage 1	125ml
Nutlis Complete Stage 2	125g pot
SLO Milkshakes+	50g * 7
14. Dysphagia - Desserts	
Ensure Plus Crème	125g
Forticreme Complete	125g
Fortisip Fruit Dessert	150g
Fresubin Yocrème	125g
Fresubin 2kcal Crème	125g
Resource Dessert Fruit	125g
Clinutren Dessert	125g
Nutricrem	125g pot
Nutlis Fruit Stage 3	150g

Appendix 11. Oral Nutritional Supplements: Short Life Working Group Process Sub-Group

TERMS OF REFERENCE

- Objective:** Identify variation in local capacity of Dietetic departments to support prescribing of ONS in a variety of Acute and Community Locations, including care homes. To scope the variation and capacity of Dietetic departments across the Scottish Health NHS Boards and make recommendations on best practice. Encourage sharing of models of practice.
- Structure:** The sub group will produce a report summarising findings and including recommendations as above and will report to the ONS Short Life Working Group

Aims / Actions:

Scoping exercise in each Health Board

- To identify the Dietetic workforce available in each board area to nutritionally assess patients and recommend ONS as part of the treatment.
- Models of care in place
- Prescribing pathways for ONS
- Funding/budgets available

Plan

- Collect staffing information from each Health Board, including; wte, tasks involved, methods used
- Identify the key principles for Dietitians recommending ONS
- Describe the prescribing support work currently carried out by Dietitians across all Scottish Health NHS Boards
- Aim to reduce variation in Dietetic clinical practice when recommending ONS
- Maintain quality and effective patient centred approach across patient groups requiring oral nutritional support
- Identify whether local Dietetic capacity is tailored to the scale of the local health board and will include care homes
- Development of appropriate pathways to ensure Dietetic practitioners' prescribe ONS independently

Dietetic Process: The ONS Short Life Working Group Sub Group - Dietetic Process will aim to;

1. Scope out current practice and pathways; including MUST
2. Identify Dietetic best practice for patients requiring ONS
3. Collating and sharing information for the ONS Short Life Working Group around Dietetic Process.
4. Make recommendations for clinical and cost effective prescribing.
5. Standardised patient information and resources available and linked to the formulary and Inform.

Duration and Frequency of Meetings

Meetings will be 1-2 monthly, generally face to face meetings prior to the main SLWG meetings. VC or TC meetings may also be required

National ONS Short Life Working Group

1 Introduction

As you may be aware, a national ONS Short Life Working Group is currently carrying out work with the aim of improving the quality, safety clinical and cost effectiveness of ONS prescribing. As part of this, we now wish to gather information regarding processes relating to ONS use across NHS Boards. This will help us to understand the current picture better, identify areas of variation, areas of good practice and areas for improvement.

We wish to gather information on patients requiring Oral Nutritional Support (not patients who are enterally fed). Information will be gathered from 7 NHS Boards in Scotland. The 7 NHS Boards for inclusion are:

- NHS Ayrshire & Arran
- NHS Borders
- NHS Highland
- NHS Lothian
- NHS Lanarkshire
- NHS Forth Valley
- NHS Fife

An initial interview (lasting 1 - 1 ½ hours) will be carried out with the lead / head dietitian for the Board. An e-survey will then be sent to each **service** lead within the Board (there may be more than one e.g. one acute service, one community based service – a survey should be completed for each service that works differently operationally).

The information gathered will not be shared widely until a final report is complete. Participants will have the opportunity to comment on a draft report.

Once the lead / head dietitian to be interviewed has been identified, the interviewer will contact to arrange a suitable time for the interview to take place. Interviews may be face to face, via telephone or video conferencing. The question list and a summary report of current ONS prescribing data will be shared with the interviewee 1-2 weeks beforehand. This will inform the interviewee on their NHS Boards position in relation to ONS prescribing and allow time for gathering of information for the interview. The interviewee may wish to have **one** other person present at the interview to assist them with the questions, however **only one response must be given for each question**. A note taker will also be present at the interviews, either in person, via telephone or video conferencing.

The interviewee may also wish to share information documents before the interview takes place e.g. reports / organisational charts / information on dietetic staff resource. These can be sent to Lynsey.Robinson@ggc.scot.nhs.uk

At the end of the interview, the dietetic service leads within that Board who should complete the e-survey will be identified. Again, it is recommended that the survey be completed on behalf of each service that is different operationally e.g. one response for acute based services and one for community based services. Email addresses for the agreed service leads will be required as the survey link will be emailed directly to them. 2 weeks will be allowed for e-survey responses.

2 Interview Questions

Dietetic Service and Staffing

- Please outline the structure and resource for all dietetic services within your NHS Board (e.g. is there a separate acute and community service / integrated service / prescribing support dietitians / dietitians working in mental health / care homes dietitians / dietitians employed only for nutritional support etc.) and dietetic support workers.
- Please indicate what the dietetic resource is in whole time equivalent (wte), the grades of each post and what posts are permanent or temporary (you may have an organisational chart that you wish to share)
- What is your dietetic resource for nutritional support patients **only** across your dietetic service(s)? Again, please provide staff numbers, grades and a wte figure if possible
- Is demand for NS / ONS patients currently being met?

Prescribing Support for ONS

- Is prescribing support work for ONS carried out within your Board?
- If yes, who carries this out?
- And how is this carried out / how does prescribing support work contribute to improvements for ONS use?
- If you have prescribing support dietitians
 - please define this resource (if you have not already done so above). Again, please provide staff numbers, grades and a wte figure if possible and whether posts are permanent or temporary?
 - who employs prescribing support dietitians / which 'service' are they held within?

Nutritional Support treatment

- Do you collect any information such as statistics or outcomes for nutritional support / ONS patients? If yes, what do you collect and what are the key findings from these over the last year? Do you have a report that you are willing to share?

Other issues

- Within your NHS Board, do you have an ONS contract agreement? If yes, please provide more detail e.g. is this for Acute / Primary Care / Both?
- If so, who is involved in ONS contract agreements and how is this done?
- Who holds the budget for ONS?
- Can you describe, and if possible quantify, cross-boundary issues for your dietetic service(s)? E.g. If dietetic intervention is initiated in your Board area do patients stay with you or transfer to dietetics in their 'home' Board area / if initiated in other Board areas issues with patients coming back on non formulary products

Use of ONS

- What is recommended in your area in terms of ONS initiation? (i.e. who should initiate and when)
- Is that model being adhered to? i.e. In reality, who in your Board is initiating (or recommends initiation of) ONS for patients? E.g. GPs, acute medical staff / non medical prescribers / dietitians only
- Where non dietetic staff are initiating ONS:

- Are you aware of ONS being initiated by prescribers prior to dietetic input / at the point of dietetic referral or for patients who are not then referred for dietetic input? If yes, please provide more detail
- If dietitians initiate ONS, how does this process work and do you have any 'prescribing' governance in place for this E.g. Patient Group Direction / Protocol

Care Homes

- Is a different approach taken for care home patients in relation to **individual dietetic treatment** for nutritional support / ONS
- Are there any additional initiatives or interventions in place in care homes within your Board to support **good nutritional care** and reduce the risk of malnutrition e.g. training – who for, what and how often / guidelines or protocols for care home staff
- Is there a distinct approach with **regard to ONS** product use within care homes in your area?

Opinions on the reasons for variation

- Taking into account the Prescribing Information summary report, in your opinion:
 1. Why do you think variation exists across Scotland?
 2. Taking account of this NHS Boards position nationally (high/low/mid?) what is influencing your level of ONS prescribing? E.g. the products being used / established processes / compliance or non compliance with what is recommended in terms of products / processes
- In relation to Nutritional Support and ONS patients and the work that is going on within your Board why are you doing what you are doing at the moment? (E.g. are you implementing improvement work for ONS to see improvements to patient care / are you implementing improved screening to meet standards which has resulted in an increase in dietetic referrals and /or ONS use)

Finally:

- **Has the fact that a dietitian is interviewing influenced your answers?**
- **Summarise any agreed documents for sharing**
- ****Remember to get email addresses for survey****

Appendix 13. Processes relating to ONS use: e-survey



Oral Nutritional Supplement Use across NHS Scotland: Survey of Dietetic Services on behalf of the ONS Short Life Working Group for the Effective Prescribing Programme

1. Please provide your contact details, the name of your Dietetic Service and NHS Board *

First name	_____
Surname	_____
Email	_____
Address	_____
Postcode	_____
Phone	_____
NHS Board	_____
Name of your Dietetic Service	_____

2. Please advice what **dietetic service** within your Board you are providing answers for e.g. community / acute / mental health

(separate responses are required for each service that operates differently within your Board) *

3. For nutritional screening, do you use the Malnutrition Universal Screening Tool (MUST) within your Board?

- Yes, this is the nutrition screening tool of choice
- Yes, in combination with other screening tools (please indicate what these are)

- No (please indicate which screening tool you use)

4. Please provide any other relevant information with regards to your Nutritional Screening Tool

5. After a patient is screened, at what point is a referral to the dietitian indicated? Please tick all that apply and provide any additional relevant information e.g. if referral scores vary for different patient groups / clinical conditions, or 'food first advice should be trialled before referral to dietetics is considered' (please tick all that apply)

- MUST score = 1

- MUST score = 2 or more

- MUST score = 3 or more

- MUST score = 4 or more

- Other (incl. other screening tool indicators)

6. Where a risk is identified after screening, but not to the level where dietetic referral is required what nutritional support measures are recommended for patients and who would deliver this? (Please tick all that apply)

	Medical staff	Nursing staff	Nursing assistant	Dietetic support workers	Social care staff	Nursing / residential home staff
Food / diet approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter ONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribable ONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In relation to the question above, please describe any additional nutritional support measures taken / relevant information here:

8. Do you have established guidelines or pathways within your Board for Nutritional Support / Oral Nutritional Supplements for NON-DIETETIC staff? If so, and you are willing to share these please email a copy to Lynsey.Robinson@ggc.scot.nhs.uk

	Yes	No
Nutritional Support	<input type="checkbox"/>	<input type="checkbox"/>
Oral Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Additional guidelines for Nutritional Support or Oral Nutritional Supplements for specific groups or conditions	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate which priority level, if any, is applied to Nutritional Support patients for their first dietetic appointment and detail the length of time that applies to this priority (e.g. Urgent - within 1 week). If more than one priority applies, please also indicate the circumstances for each priority

Urgent priority

High priority

Routine priority

Low priority

No priority

10. What is / are your waiting time standard for nutritional support patients referred to your service? (Multiple boxes available in the event that there is more than one waiting time standard)

Waiting Time 1	_____
Waiting Time 2	_____
Waiting Time 3	_____

11. Why is this waiting time standard used? e.g. agreed by organisation / taken from Nutritional Care standards

12. Please indicate in which settings dietitians see Nutritional Support / ONS patients, and what % of overall Nutritional Support / ONS patients are seen in each setting

	100%	90-99%	80-89%	70-79%	60-69%	50-59%	40-49%	30-39%	20-29%	10-19%	1-9%
Ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-patient clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remotely by telephone / internet call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other technology e.g. Healthcall / Florence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care / residential home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Approximately how long are your dietetic appointment times for new and review Nutritional Support / ONS patients? *

	10mins	15mins	20mins	25mins	30mins	35mins	40mins	45mins	50mins	55mins	60mins
New	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **How frequently do your dietitians see each of their Nutritional Support / ONS patients? Where more than one answer is supplied please indicate the circumstances for each**

Daily

Weekly

Fortnightly

Monthly

2 monthly

3 monthly

4 monthly

6 monthly

Annually

Other

15. What length of time does the dietetic episode of care typically last for? Where more than one option is selected, please describe the circumstances for each

1 appointment

Approx 8 months

Up to 1 week

Approx 9 months

Approx 1 month

Approx 10 months

Approx 6 weeks

Approx 11 months

Approx 2 months

Approx 12 months

Approx 3 months

1-2 years

Approx 4 months

Longer than 2 years

Approx 5 months

Approx 6 months

Approx 7 months

16. What is your MAIN approach for patients who DNA and discontinue dietetic intervention whilst they are prescribed ONS? *



Advise GP (or other prescriber) to discontinue ONS



Dietitian discontinues ONS on prescriber's / direct delivery system



ONS monitoring is transferred to GP / other (please indicate who)

17. Please indicate when each of the following approaches are used as part of DIETETIC treatment for **Nutritional Support within your service**

	At first dietetic appointment / 'first line'	If first line dietetic approach is unsuccessful	If first and second line dietetic approach is unsuccessful	Don't use
Food / diet approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter ONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribable ONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. **Do you have established guidelines or pathways for dietitians only within your Board for Nutritional Support / Oral Nutritional Supplements? If so, and you are willing to share these please send a copy to Lynsey.Robinson@ggc.scot.nhs.uk**

	Yes	No
Nutritional Support	<input type="checkbox"/>	<input type="checkbox"/>
Oral Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Additional guidelines for Nutritional Support or Oral Nutritional Supplements for specific groups or conditions	<input type="checkbox"/>	<input type="checkbox"/>

19. **Please provide any further relevant detail on your dietetic treatment approaches for Nutritional Support patients:**

20. **In your area, are patients who are still prescribed ONS discharged from dietetic care and transferred to another healthcare professional for ONS monitoring? ***

Yes No

21. Who are patients transferred to for longer term monitoring, and in your opinion, are these colleagues able to complete this monitoring? (i.e. have the skills, knowledge, resource, time etc.)

Please tick all that apply

	Yes - patients are transferred to these colleagues	No - patients are not transferred to these colleagues	Yes - monitoring is always completed	Yes - monitoring is usually completed	Monitoring is sometimes completed	No - monitoring is not often completed	No - monitoring is not completed
Practice Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff at care / residential home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care at home staff / social care staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are your dietetic staff able to arrange for trial ONS products before an ongoing prescription / delivery is arranged? *

Yes

No

23. Please indicate by which method(s) ONS trial products are provided to patients (tick all that apply)

*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct delivery from the company	Dietitians provide purchased ONS products to the patient	Dietitians provide ONS products obtained by other means to the patient	Dietitian requests a short term (e.g. 1 week prescription) for the patient	Dietitian requests a 28 day 'acute' prescription for the patient

24. Where ONS (rather than bags of enteral feed) are used for tube fed patients, are the ONS:

	Always	Very Often	Often	Usually	Sometimes	Rarely	Never
Delivered direct to the patient via a Pharmaceutical Company delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispensed by local Community Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please provide any additional relevant information or comments relating to ONS / Nutritional Support processes within your service / Board

Appendix 14. Process sub group data collection

NHS Board interviewees

NHS Board	Name	Title
NHS Ayrshire & Arran	Maureen Murray	Dietetic Service Manager - South
NHS Borders	Lynne Cairns	Prescribing Support Dietitian
NHS Fife	Janie Gordon	Professional Head of Service, Nutrition & Dietetics
NHS Forth Valley	Jane Sillars	ONS Improvement Manager, G.I. Specialist Dietitian & Dietetic Team Lead South
NHS Highland	Deborah Kirby	Professional Lead for Dietetics, Argyll & Bute HSCP
NHS Lanarkshire	Maureen Lees	Head of Service - Dietetics
NHS Lothian	Fiona Huffer Anne Lamb	Head of Dietetics Service Lead Acute Dietetics

Details of dietetic services who responded to e-survey

NHS Board	Name of your Dietetic Service	Dietetic service you are providing a response for
NHS Ayrshire and Arran	Dietetics - East	Work as an Integrated Service which includes acute, community, health promotion, weight management and paediatrics
NHS Ayrshire and Arran	Nutrition and Diet Therapy (Mental Health Team)	Mental Health
NHS Ayrshire And Arran	Acute	Acute
NHS Ayrshire and Arran	Dietetics	Community in North Ayrshire
NHS Borders	Nutrition and Dietetic Dept	Community
NHS Borders	Nutrition and Dietetic	Acute
NHS Fife	Nutritional Support Service	Community
NHS Fife	Fife Acute Adults	Acute Adults
NHS Fife	Dietetic Dept	Older peoples services
NHS Forth Valley	Department of Nutrition and Dietetics	Acute, including acute paediatrics, renal
NHS Forth Valley	Forth Valley Community Dietetic Service	Community
NHS Forth Valley	learning disabilities part of the MH/LD/OAP care group	Learning Disabilities part of the Mental Health / Learning Disability / Older Adult care group
NHS Highland	Argyll and Bute HSCP	community
NHS Lanarkshire	Department of Nutrition & Dietetics	Acute
NHS Lanarkshire	Acute Dietetics	Acute
NHS Lanarkshire	Lanarkshire Dietetics	Mental Health and Learning Disabilities

NHS Lanarkshire	community dietetic dept	I am a team leader for the community dietetic dept reporting to my lead dietitian in Primary Care
NHS Lanarkshire	NHS Lanarkshire Dietetics	Acute
NHS Lothian	NHS Lothian Dietetic Service	Community

Attendees at focus group / meeting

NHS Board	Name	Title
NHS Ayrshire & Arran	Jane Collier	Dietetic Team Lead, University Hospital Ayr
NHS Borders	Lynne Cairns	Prescribing Support Dietitian
NHS Fife	Paula Young	Nutritional & Prescribing Support Dietitian,
NHS Forth Valley	Ruth Ramsay	Nutritional Support/Enteral Feeding Dietitian
NHS Highland	Debbie Kirby	Professional Lead for Dietetics, Argyll & Bute HSCP
NHS Lanarkshire	Mairead Keegan	Dietetic Team Lead, Hairmyres Hospital
NHS Tayside	Nicola Dewar	Dietitian, Stroke and Care of the Elderly