Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

# Q & A - Oral Nutritional Supplements (ONS) reduction in spend on inappropriate prescribing

**1. What does the 2025/26 ONS based ECF quality indicator include?**

The new ECF 2025/26 quality indicator requires practices to achieve a reduction in spend on ONS prescribing per 1000 practice patients to a threshold at or below £1000 per month. This metric is based on 12 months' rolling data. This indicator has been designed to expand on the work that has been done in the three ICB places to reduce inappropriate ONS prescribing in 2023/24 and 2024/25.

**2. Why is this work being done?**

In 2024/25 Hertfordshire and West Essex primary care spent £2.3 million on standard ONS. Evidence suggests that up to 80% of ONS prescriptions are not appropriate or are not taken as prescribed, resulting in little benefit to patients but a significant cost to primary care and the environment.

**3. What is the evidence to support this work?**

There is a variety of low to moderate quality evidence suggesting a benefit to use of prescribed ONS for managing malnutrition. However, it is important to be aware that at the most basic level any benefits are likely to be because they provide a full range of nutrients as advised in NICE CG32 and QS24. It is also important to note that neither NICE nor the Health and Social Care Act specify that prescribed ONS are essential to meet nutritional needs for those with or at risk of malnutrition. The Cochrane review "Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults (Review)" (2021) is clear that "*It is reasonable to presume that any benefits from ONS reflect their functional contribution to an increased nutrient intake (or balance of nutrients). It follows that if a similar increase in nutrient intake can be achieved by dietary means rather than using ONS, it is reasonable to expect similar clinical benefits*." Therefore, managing malnutrition using a food-based approach, which provides a range of nutrients and not just (or mainly) additional energy (calories) is supported by both NICE guidance and the Cochrane Review quoted above.

**4. What can clinicians do to reduce spend on ONS prescribing?**

a Optimise awareness of malnutrition guidance, access webinar/webinar recordings

b Review patients currently prescribed ONS using Oral nutritional supplement (ONS) review in GP Practice - Supporting Guidance

c Make sure that structured medication and polypharmacy reviews include any prescribed ONS using ONS, SMRs & polypharmacy reviews – Supporting guidance

d Use Scriptswitch, following the messages to support cost effective prescribing and to prevent errors in quantity prescribed

e ONS requested on TTAs/TTOs/discharge summaries do not have to be prescribed – Follow ONS Quick Guide

f Specific ONS requested by patient/ family/healthcare professionals including consultants & dietitians do not have to be prescribed - Follow ONS Quick Guide

g Regularly review all patients prescribed ONS (monthly review by practice if not reviewed by Dietitian)

**5. Are there any ICB tools to support this piece of work?**

Yes, Oral nutritional supplement (ONS) review in GP Practice - Supporting Guidance and Oral nutritional supplement (ONS) review in GP practice - Audit Tool will support practices when reviewing current prescriptions for ONS.

Searches for EMIS Web can be downloaded from EMIS Enterprise (SWH) or both EMIS Web and SystmOne searches are available from PMOT (hweicbhv.medicinesoptimisationteam@nhs.net).

There is a recorded webinar on the HWE training hub to support pharmacists reviewing ONS prescriptions Clinical Pharmacist Training - Adult ONS.

There is a suite of resources for healthcare professionals and patients/carers/care homes

| Healthcare professional resources | Patient/carer/care homes resources |
|---|---|
| Adult ONS & care homes - Position statement homemade supplements should be provided by care homes for most residents identified as at high risk of malnutrition. Homemade supplements are nutritionally almost identical to ONS, as easy to make as a powdered ONS and more palatable. | Care homes - Fortifying food a brief, practical guide for Care Home cooks/chefs on how to fortify food for residents at medium or high risk of malnutrition. Guides to use nutrient dense fortifiers, and the amount to enable intake of an additional 500 calories per day. |
| Adult ONS in primary care - Quick guide a quick reference regarding identification & management of malnutrition in the community. Contains links to all other food-based advice documents, in addition to essential guidance on when it is (and is not) appropriate to prescribe ONS, & which are the most cost effective ONS to prescribe. | Care homes & ONS - Relatives and friends information designed to support relatives and friends of people living in a care home setting to understand why ONS are not routinely used in care homes, and how food is used to meet peoples' nutritional needs instead. |
| Adult ONS, dessert style - Position statement ONS dessert type products are not appropriate for prescription due to their consistency (not in line with IDDSI), and lack of cost effectiveness (lower in nutrition and higher in price compared to comparable size liquid ONS). | Patient/carer information: Eating well for small appetites shows how a food-based approach can be used to meet nutritional needs of adults at risk of malnutrition. |
| Adult ONS & end of life - Position statement ONS products will confer little or no benefit for patients when initiated or continued in the last few weeks/days of life. Food means more to most patients than simply nutrition, and at the very end of life the contribution of small amounts of food and fluid to patients' quality of life is much more important than their nutritional intake. | Patient/carer information: Eating & drinking at end of life self-explanatory leaflet for relatives/carers of people who are reaching the end of their lives. It was originally requested by GPs and Dietitians, to help reassure carers that loss of appetite and reduction in food intake is a normal and expected part of the dying process, and that prescribing ONS is unlikely to be appropriate or helpful at this stage. |
| Care home malnutrition management pathway designed specifically for care home staff. Sets out the nutritional management required for each level of malnutrition risk identified using MUST. It also links to all the ICS food-based resources and details the process for care homes to follow if they think they might need to refer residents to a Dietitian. | Patient /care information: Eating well - Homemade supplements designed for patients at high risk of malnutrition according to MUST and intended to be provided together with either 'Eating well for small appetites' or 'Eating well - Quick guide'. Suitable to be used for patients living in their own homes or in care homes. The homemade milkshake recipe is nutritionally almost identical to prescribed milkshake type ONS. |
| Managing malnutrition – Additional guidance more detailed guidance is intended to support health and social care professionals in Hertfordshire and West Essex who work with people who are or may be at risk of malnutrition. | Patient/carer information: Eating well - Quick guide a short version of the above leaflet. It demonstrates how an additional 500 calories from nutrient dense foods can be consumed simply by making 3 or 4 small dietary changes each day. |
| Prescribing nutritional products/vitamin supplements - Position statement makes it clear for prescribers which nutritional borderline substances can be prescribed at NHS expense and under which circumstances. This position statement supports GPs to prescribe borderline substances in line with ACBS approval and ICB prescribing guidance. | |
| Thickeners & thickened ONS guidance Herts Place & Thickeners & thickened ONS guidance WE Place - Place based quick references regarding thickener prescribing (which may be required for people with diagnosed dysphagia). Resource ThickenUp Clear is the first-choice thickener in Hertfordshire and Nutilis Clear is the first-choice thickener in West Essex. For those who also have malnutrition, pre-thickened ONS is likely to be more reliable than thickening standard ONS. | |

## 6. What else is the ICB doing to support this work?

HWE ICB primary care clinicians can access a recorded webinar on the HWE training hub Primary Care Educational Session: Malnutrition - Identification, food-based management & effective prescribing April 2025 which provides information on the HWEICS guidance with case studies as examples.

The webinar will be repeated and will be widely publicised approximately 6 weeks prior to each event to allow you to register.

For more information and information on free access to this training please email hweicbhv.medicinesoptimisationteam@nhs.net

## 7. Supporting Web pages

Nutrition & Hydration HWE ICS Nutrition and Hydration guidelines and resources

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