It costs more not to treat malnutrition than to do so

So, why are prescriptions of oral nutritional supplements (ONS) ever in question?

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Following national guidance

NHS England and National Institute for Health and Care Excellence (NICE) guidance[1] state that oral nutritional supplements (ONS) should be prescribed whenever there is a clinical need to do so. The provision of ONS on prescription ensures that under the supervision of a healthcare professional, all patients, including the most vulnerable, are able to access the products that are most appropriate for their care, whenever they are needed. Which prescriptions are available in a certain area is dependent on each clinical commissioning group (CCG), the clinically-led statutory bodies that are responsible for the planning and commissioning of healthcare services for their local area. Facing significant pressure to cut costs, some CCGs are limiting, or restricting, prescriptions of ONS – with health ramifications that are increasingly worrying.

How do ONS support good patient outcomes?

ONS are evidence-based nutritional solutions for disease-related malnutrition. These highly regulated products[3] can partially, or wholly, replace a normal diet to provide patients with the essential nutrients they need when food alone is insufficient to meet their daily needs.[4, 5, 6] The NICE Quality Standard on Nutrition Support in Adults (QS24)[5] recognises that ONS are a clinically effective way to help manage disease-related malnutrition: *"It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet. A management care plan aims to provide that and identifies condition specific circumstances and associated needs linked to nutrition support requirements."*

Healthcare professionals are best placed to evaluate whether patients need ONS and if so, for how long they should be taking them. They can also provide patients with the most appropriate products for their individual clinical conditions and circumstances. ONS can play an essential part in medical management, acting as invaluable support when food alone is insufficient, either for short periods of time or for life. Receiving timely ONS is essential to the prevention and management of malnutrition and patients should only be prescribed ONS when they cannot meet their daily nutritional requirements from food alone, and/or are at risk of malnutrition due to a disease, disorder, medical condition or surgical intervention. Combined with regular monitoring and review of patients' individual needs and circumstances by a healthcare professional, as outlined in NICE Clinical Guideline 32,[4] QS24[5] and the Managing Adult Malnutrition in the Community Pathway,[6] this provides the most effective management solution for patients who are malnourished, or at risk of malnutrition. ONS should be discontinued when an individual is no longer malnourished, has met their nutritional goal(s) and is able to meet their nutritional needs through food alone.

Nutritional intervention is cost-effective

The health and social care costs associated with malnutrition are estimated to be £19.6 billion per year in England alone, amounting to more than 15% of the total public health expenditure on health and social care.[7] About half of this expenditure is on older people (>65 years). A British Association for Parenteral and Enteral Nutrition (BAPEN) report, published in 2015, stated that: *"Interventions with nutritional support (to implement the NICE clinical guideline/quality standard), including ONS, enteral tube feeding (ETF) and parenteral nutrition (PN) in hospital and community settings, were found to lead to greater net cost savings than those reported by NICE. The savings were even greater when the prevalence of malnutrition was high, when hospital admission rates were high, and when the gap between current care and desirable nutritional care was high."*[7] From the BAPEN report, five different models, which involved nutritional support in 85% of subjects with a high malnutrition risk, all resulted in cost savings.

In a systematic review examining the cost and cost-effectiveness of using standard ONS in the hospital setting, 12 of 14 cost analyses favoured the ONS group versus no ONS, and among those with quantitative data (12 studies) the mean cost saving was 12.2%.[8] A meta-analysis showed mean net cost saving of £746 per patient. Typically, cost savings were associated with significantly improved outcomes; reduced mortality (P <0.05); reduced complications (P <0.001); reduced length of hospital stays (by ~2 days, P < 0.05) which corresponded to roughly a 13.0% reduction in hospital stays. ONS were also found to be cost effective by avoiding development of pressure ulcers and releasing hospital beds in one study and in another by gaining quality adjusted life years. A systematic review examining the cost and cost effectiveness of using ready to consume ONS in the community and care home setting demonstrated that ONS compared to no ONS or routine care produces an overall cost advantage, particularly when used up to three months (median cost saving of 9.2%; P <0.01).[9] A median cost saving of ~5% was found for ONS use of ≥3 months.

It costs more NOT to treat malnutrition than to do so. It is estimated that £5,000 could be saved per patient through better nutrition management.[7] The provision of nutritional support to 85% of patients at medium and high risk of malnutrition would lead to a cost saving of £325,000-£432,000 per 100,000 people.[7]

NICE has also found that the implementation of CG32 and QS24 into a pathway of nutritional care would produce an overall cost saving, while improving quality of care. Nutritional support in adults was ranked as the third highest amongst a wide range of other cost saving interventions associated with implementation of NICE guidelines/standards.[7]

A study conducted in the USA in 2017[10] has also demonstrated the clinical and economic value of nutritional intervention. The study assessed the potential cost-savings associated with decreased 30-day readmissions and hospital length of stay in malnourished in-patients through a nutrition-focused quality improvement programme. The reduction in readmission rate and length of stay for 1269 patients enrolled in the quality improvement programme were compared with pre-quality improvement programme baseline and validation cohorts to calculate potential cost savings. The reduction in hospital readmissions and reduced number of days in hospital for patients in the quality improvement programme resulted in cost savings of $1,902,933 versus the pre-quality improvement programme baseline cohort, and $4,896,758 versus the pre-quality improvement programme in the validation cohort. After assessment of the entire patient population, per patient net savings of $1,499 when using the baseline cohort as the comparator and savings per patient of $3,858 when using the validated cohort as the competitor were achieved. The study showed that nutritional interventions improve health outcomes and reduce the overall costs of care in malnourished hospitalised patients.

Prevention is always better than cure

The implications of malnutrition are not just to the health and social care bill but more importantly to overall wellness and health outcomes. However, despite growing awareness of the implications of malnutrition, especially in the community setting, there continues to be a lack of support and acknowledgement of those most at risk.

While weight loss and decline in health are aspects of ageing, all too often we accept these changes as normal and fail to consider that ensuring sufficient nourishment could delay and diminish these issues, thus prolonging good health for as long as possible: maintenance of a good nutritional status can delay and reduce the risk of developing diseases, help maintain functional independence and therefore promote continued independent living.[11] A recent systematic review, which analysed nine studies, found that ONS in the community significantly reduced hospitalisation by 16.5% (P <0.001).[9]

With age, people naturally tend to eat less. Coupled with numerous variables, such as physiological changes, medications, illness and reduced mobility, it is very likely that shortfalls in micronutrients will arise. Such deficiencies associated with malnutrition can lead to an increased risk of falls, susceptibility to infections and confusion, for example, and result in increased hospital stays and social intervention. The malnourished are also at an increased risk of mortality.[12, 13]

Conclusion: it costs more to treat a malnourished patient than one who is not malnourished

Prevention and appropriate management have an important role to play in addressing the challenges presented by malnutrition. CG32 includes a range of measures that can be taken to address malnutrition and its impact on patients, as does the NHS England guidance on commissioning excellent nutrition and hydration 2015-2018. Any restrictions of ONS are of significant concern and may affect patients' long-term health outcomes. Although CCGs are under increasing pressure to cut costs, a blanket approach to prescribing policy will not be appropriate for all patients in all circumstances. Ensuring the maintenance of patients' nutritional status, and thus reducing malnutrition and its associated co-morbidities, should be higher up the health agenda. It is important to consider the long-term health and financial implications of malnutrition when looking at overall prescribed ONS expenditure. The provision of ONS on an FP10 prescription ensures that under the supervision of a healthcare professional, all patients, including the most vulnerable, are able to access the ONS products that are most appropriate for their care, whenever they are needed.

For more information and to download our information sheet on the value of ONS see: **https://bsna.co.uk/pages/bsna-publications**

About the British Specialist Nutrition Association

BSNA is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow on formula, young child formula and complementary weaning foods), medical nutrition products for diagnosed disorders and medical conditions, including parenteral nutrition and gluten-free foods on prescription. **www.bsna.co.uk @BSNA_UK**

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