

# Your Prescription

## Nutrition on Prescription

### What does it mean?



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Nutrition is imperative to our existence and over the year's awareness of the importance of good nutrition has increased, including the role nutrition can play in preventing and managing disease and medical conditions. High quality nutritional care should be at the heart of patient care but, in reality, it is still often ignored.

### Nutrition on prescription

Nutrition is available on prescription in many forms, for those who suffer from a disease, disorder or medical condition and when normal food alone is not sufficient to meet a person's dietary needs. These nutritional products available on prescription, otherwise known as medical nutrition, can be borderline substances which are nutritional products specifically formulated to meet disease-specific indications set out by the Advisory Committee on Borderline Substances (ACBS).<sup>1</sup> A product approved by the ACBS ensures that it is safe and appropriate for the treatment of specified conditions.

Nutritional borderline substances include **Foods for Special Medical Purposes** (FSMPs), which are evidence-based nutritional solutions for a range of diseases, disorders and medical conditions for all ages. These include **oral nutritional supplements**, **enteral feeds** and **specialist infant formulae**. **Gluten-free foods** are also nutritional borderline substances for patients diagnosed with coeliac disease. As well as borderline substances, nutrition can also be prescribed in the form of

**Parenteral Nutrition**, where the provision of nutrients is given by the intravenous route, via the veins. This is used for patients who have an inadequate or unsafe oral and/or enteral nutritional intake, or a non-functional, inaccessible or perforated (leaking) gastrointestinal tract.<sup>2</sup> As with all prescriptions, these should all be used under the supervision of a healthcare professional.

### Malnutrition

Malnutrition is a serious problem in modern Britain. It is estimated that malnutrition affects at least three million people in the UK,<sup>3</sup> around 98% of whom are living outside the hospital setting. Malnutrition and dehydration are both causes – and usually consequences – of illness, so ensuring that patients receive adequate nutrition is critical for improving their overall health outcomes.

The effective management of malnutrition could have a significant impact on the health economy as the annual health and social care costs associated with malnutrition are estimated at nearly £20 billion in England alone.<sup>4</sup>

The potential cost saving of implementing nutrition support in adults is ranked as the third highest amongst a wide range of other cost saving interventions.<sup>4,5</sup> As recognised by NHS England's Commissioning Guidance on Nutrition and Hydration,<sup>6</sup> malnutrition can result in increased demand for GP and out-of-hours services, increased hospital stays and decreased quality of life.<sup>7</sup> All too often, however, nutrition support guidelines and standards are forgotten or ignored, even though NHS England's 10 Key Characteristics of Good Nutrition and Hydration Care<sup>8</sup> require that *'all care providers have a nutrition and hydration policy centred on the needs of users, [which is] performance managed in line with local governance, national standards and regulatory frameworks'*.

Malnutrition can affect all ages, but it is particularly prevalent in later life. Malnutrition is caused by insufficient dietary intake with disability and disease at the heart of the problem.<sup>9,10</sup> Food intake is often reduced because of the effects of disease and its treatment, for example, poor appetite, swallowing problems the side effects of drugs, or physiological reasons. As a consequence, patients and families suffer; patient's quality of life is adversely affected; there's an increase in hospital admissions and readmissions; and mortality rises.<sup>11,12</sup>

It costs more not to treat malnutrition. In a report from 2015, it was estimated that there is a cost difference of nearly £5,329 more in treating a malnourished patient, compared to treating a well-nourished patient.<sup>4</sup> Moreover, 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 to £432,000 per 100,000 people.<sup>4</sup>

## Malnutrition screening

It's important to identify individuals who are malnourished, or at risk of malnutrition, using a validated nutritional screening tool, such as the 'Malnutrition Universal Screening Tool' ('MUST').<sup>13</sup> The National Institute for Health and Care Excellence (NICE) Quality Standard (QS24),<sup>14</sup> NICE Clinical Guidance (CG32)<sup>2</sup> and the Managing Adult Malnutrition in the Community pathway<sup>15</sup> all recommend a multidisciplinary approach to the identification of people at risk of malnutrition and **provision of timely nutrition support**. This can include advice on eating well and food fortification, but for those where more support is needed, foods specifically formulated to meet nutritional requirements may be prescribed.

## Nutritional solutions for disease management

### Oral nutritional supplements and enteral tube feeding

Medical nutrition can be used from birth until old age. If a patient can feed orally, nutrition support can take the form of oral nutritional supplements (ONS). NICE QS24<sup>14</sup> recognises that ONS are a clinically effective way to manage disease-related malnutrition when food alone is not sufficient to meet a person's dietary needs. It also advises that care should be taken when providing food fortification alone, which tends to supplement energy and/or protein without necessarily providing sufficient or adequate micronutrient and mineral levels. Patients requiring medical nutrition, including ONS, range from those who are critically ill to those with inherited genetic disorders to those with chronic illnesses. These may include cancer, kidney failure, cystic fibrosis, diabetes, dysphagia, sarcopenia and respiratory disease. In addition, specialist products may be required for people with inborn errors of metabolism, those with food allergies, or problems with absorption of nutrients from normal foods. For those who struggle to feed orally, enteral feeds (including ONS) can be administered via the gastrointestinal tract, either by a nasogastric tube (NGT) or percutaneous endoscopic gastrostomy (PEG). ONS can be an essential part of medical management and may be required either for life or for short periods of time, depending on the individual's clinical circumstances. In these cases, they guard against malnutrition until a normal diet can be resumed.

Despite all the guidance and strong evidence surrounding the benefits of ONS, there is considerable variation in prescribing practice across the UK, with some Clinical Commissioning Groups (CCGs) restricting the prescribing of ONS, especially in care homes. It is not only important to address the health of the patient, but also the time restrictions caregivers may have in a care home setting. ONS can be a lifeline in the community and care homes, where round-the-clock care may not be available. Those who can clinically benefit from prescribed ONS need to have access to the products. ONS is not designed as a food or meal replacement, but is a supplement of macro- and micronutrients to any food or other oral intake which can be tolerated by the patient as per national guidelines. NHS England data<sup>16</sup> reveals that the incidence of malnutrition in CCGs is on the rise.

In 2015, Oxfordshire CCG introduced a policy which restricted prescribing of ONS in care homes. The data shows an increase in the number of patient admissions to hospital with malnutrition or at risk of malnutrition by more than 37% from 2014/15 to 2017/18, resulting in an additional cost of £1.7 million.<sup>16</sup> Whilst cause and effect cannot be attributed, the figures merit examination.

Prescribed appropriately, ONS can prevent the complications associated with malnutrition and significantly improve patients' health outcomes, whilst offering a clinical and cost-effective solution.

### Specialist infant milks

It is well understood that breastfeeding is the best way to feed a baby. However, for those parents who are unable or choose not to breastfeed, infant formula is the only safe alternative, and when a baby has a specific nutritional requirement due to an underlying medical condition, a scientifically formulated specialist infant milk may need to be used. There are many different types of specialist milks available to address many medical conditions, including thickened infant formula for gastro-oesophageal reflux and ready-to-feed formula which are designed to support the increased metabolic requirements of preterm infants.

Conditions which require these specialist milks include:

- Faltering growth
- Cows' milk protein allergy
- Lactose intolerance
- Gastro-oesophageal reflux.

Specialist milks available on prescription have all been approved by the ACBS and must always be used under medical supervision for the full duration of the condition. It can take months before a correct diagnosis is made, therefore regular monitoring of the infant is important. All CCGs should prescribe all specialist milks with a 6-12 month review, in line with guidelines. This helps to ensure that vulnerable infants are diagnosed and managed in the best way possible, avoids potential complications from misdiagnosis, or even no diagnosis, along with ensuring the best possible nutrition for optimal health outcomes.

In 2017, Croydon CCG approved recommendations to stop the prescribing of specialist infant formulae, including extensively hydrolysed formula (eHF) and amino-acid based formula (AAF) prescribed to babies with cows' milk protein allergy (CMPA), claiming that suitable alternatives were available at equivalent costs.

However, many of the more specialised formulas are not readily accessible and are costlier. Croydon CCG reversed their decision to prescribe formula for CMPA after numerous concerns were raised by a variety of stakeholders, including healthcare professionals.

## Gluten-free foods

Coeliac disease is an autoimmune condition where the consumption of gluten (found in wheat, barley and rye) triggers the immune system to react and damage the lining of the small intestine. The damage caused decreases the surface area of the villi, and results in inflammation, pain and discomfort for the sufferer, while reducing the ability of the small bowel to absorb nutrients from food properly.<sup>17</sup> It is thought to affect one in 100 people and the only treatment is a strict lifelong gluten-free diet. Long-term complications associated with non-adherence include osteoporosis, iron deficiency anaemia, ulcerative jejunitis, malignancy (intestinal lymphoma), functional hyposplenism and vitamin D deficiency.<sup>18</sup> For children, non-adherence can also result in complications such as faltering growth and delayed puberty.<sup>19</sup>

In 2017, the Department of Health and Social Care (DHSC) conducted a national consultation in England looking at the availability of gluten-free foods in primary care. The outcome of this consultation was to retain the prescribing of staple gluten-free bread and flour mixes, which has been shown to help with accessibility, availability and the financial cost to the patient. Although a large number of CCGs follow the national guidance published from DHSC, NHS England has acknowledged within its guidance that a postcode lottery continues to exist across England with some CCGs even removing access to prescriptions entirely.<sup>20</sup> As such, they have made it their objective to provide clear national advice to CCGs to make local prescribing practices more effective. The guidance also acknowledges that the provision of gluten-free bread and mixes on NHS prescription is expected to minimise any drop in adherence.

The DHSC consultation outcome has been acknowledged by key stakeholders as a fair and equitable solution, which practically mitigates the risk of poor adherence for those patients who may

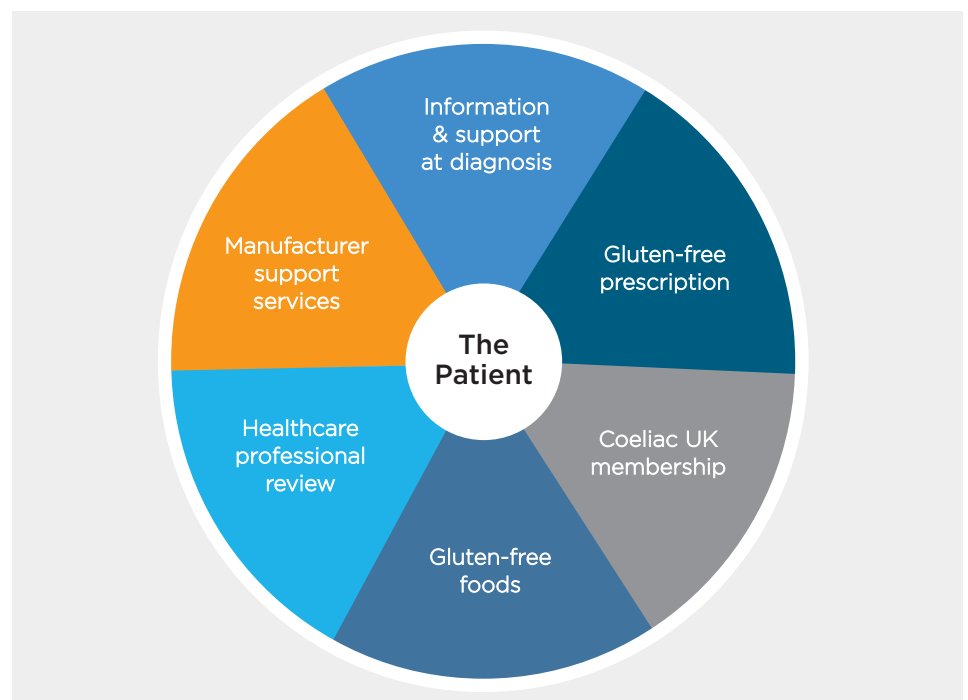
struggle with accessibility, availability and cost issues associated with following a gluten-free diet (see Figure 1). However, concerns have been expressed, as to whether the purpose of the NHS England guidance has been achieved as a number of contradictory statements within the guidance may lead to more confusion amongst prescribers and more uncertainty for patients

## Conclusion

High quality nutrition support should be at the heart of patient care. The nutritional status of patients who have a disease, disorder or medical condition should always be considered as part of a patient's

care management strategy. It is important for healthcare professionals to be able to recognise when it is appropriate for nutrition to be prescribed, as poor nutrition can have many negative consequences, both in the short and longer term. Appropriate prescribing can also result in long-term cost savings to the NHS and enhanced patient outcomes. Its positive impact on overall health and recovery should not be underestimated. CCGs should align their policies against national recommendations to ensure prescribing of borderline substances is appropriate and to reduce unwarranted variation, thus protecting the health of every patient.

Figure 1: Foundation of patient support



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## 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](http://www.bsna.co.uk)