



Oral Nutritional Supplements (ONS)



Agenda

Agenda Item	Speaker	Time
Welcome & Polypharmacy Update	Cat Caldwell , Imperial College Health Partners	12pm to 12.05pm
Oral Nutritional Supplements	John Adams , Hammersmith & Fulham Partnership PCN and Vittoria Romano , Central London Community Healthcare Trust.	12:05 to 13:00
Recap and Q&A	John Adams and Victoria Romano	TBC
Feedback and Close	Cat Caldwell	13:55 to 14:00

Housekeeping:



- Please remain on mute and with camera off unless speaking
- Please maintain confidentiality as appropriate
- Questions? Enter into the chat, or, during our Q&A section at 13:45 use 'raise hand' function
- Please note we will be recording this meeting, the slides will be shared after the session



**Book
now!**

Polypharmacy: 
getting the balance right

Multiple Dates Available

Learn how the NHS BSA polypharmacy prescribing comparators help us understand variation in prescribing of multiple medicines and identify patients more likely to be exposed to the risk of taking multiple or combinations of medicines.

Book your place:

[HERE](#)

**Health
Innovation
Network**


Business Services Authority

Polypharmacy ALS

The HIN polypharmacy programme has recently released final dates for the Action Learning Sets (ALS) to help build GP and prescribing health care professionals confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. Delegates need to attend all three sessions.

The ALS will also help PCNs deliver the medicines optimisation elements of the new Directed Enhanced Services contract and contributes to QoF.

Cohort 22

22nd January 5th February and 26th February

[Polypharmacy Action Learning Set Cohort 22](#)



**Polypharmacy
Action Learning Sets
Autumn 2024, Multiple Dates
Available**

The Health Innovation Network Polypharmacy Programme invites you to join our Action Learning Sets to help build GP and prescribing health care professionals' confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely.

This online interactive course is held over three half-days (9.30am–12.15pm) over one month.

More information and book now:
<https://www.healthinnovest.net/event/polypharmacy-action-learning-sets-3/>

Health Innovation Network

Polypharmacy: 
getting the balance right

Polypharmacy Pillar 3

A public-facing campaign to change people's perception of a 'pill for every ill' and encourage patients to open up about their medicines

'Are your medicines working for you' is a campaign designed to support more open conversations between patients and healthcare professionals about whether or not long-term medicines should continue to be prescribed. This will help everyone benefit from more effective and safer care.

Families and carers **are encouraged to ask questions about their medicines** so that they can be helped to get the most benefit. Everyone helping the patient's experience of the NHS, including Community Pharmacy, GPs, Hospital Doctors, Nurses and Hospital Pharmacy are being encouraged to listen to, better understand, and help overcome problems when using medicines.



Polypharmacy patient behavior change campaign

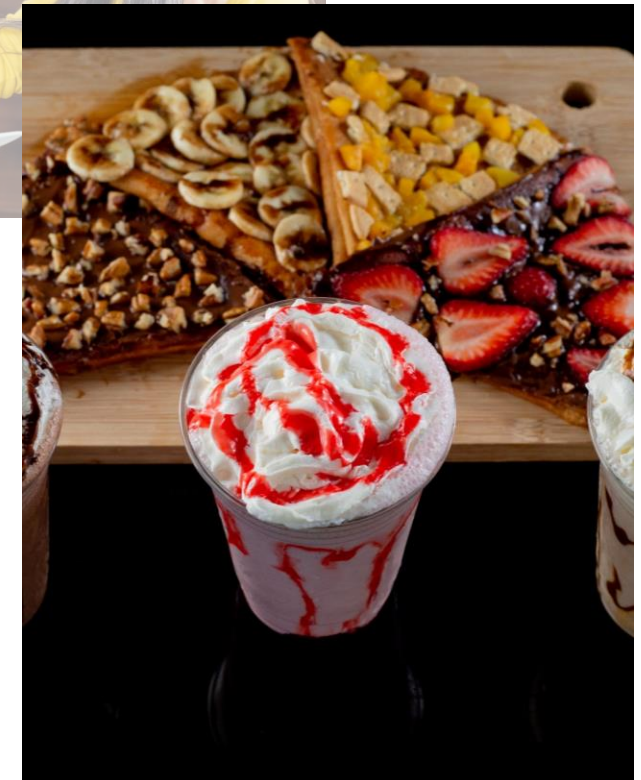


When	September 2024 to March 2025
What is ICHP doing	<ul style="list-style-type: none">▪ Patient materials hosted online by ICHP▪ Acura template with link to patient materials supplied by ICHP to encourage attendance of Structured Medication Reviews (SMR)▪ Post campaign analysis
What are we asking of PCNs	<ul style="list-style-type: none">▪ Invite patients to SMRs as per business as usual (BAU)▪ Use AccuRx template with embedded link to ICHP patient materials▪ Perform SMRs as per business as usual▪ Send follow up AccuRx with embedded ICHP survey▪ Clinician survey to be completed at 0 months, 3 months & 6 months▪ To provide aggregate data on SMR invitees & attendees
What do the PCNs get in return	<ul style="list-style-type: none">▪ Improved engagement in SMRs▪ ICHP support through provision of patient materials including hosting of resources▪ Data analysis evaluation of PCN SMRs for time period▪ Report on patient campaign at local and national level
How will this be measured	<ul style="list-style-type: none">▪ Measurement of click rates on patient materials▪ SMR invitees & attendees▪ SMR completion rates▪ Clinician and patient feedback

Food is about joy.
Affection.
Delight.
Togetherhness.

Think about your
favorite meal?

What is it?





My Favourite – Crisp W6



01 Hammersmith NW London

02 London's Best Pizza?

03 Book ahead



Facts

Appropriate
Prescribing

Cases

Oral Nutritional Supplements

John Adams
Vittoria Romano



About ONS

- You may have heard that some studies have shown benefits in malnourished people (mortality / hospital admission) [1] **(But caution with interpretation is needed as the lead author is an employee of an ONS company)**
- The nutrition in prescribed ONS can also be found in food
- Cochrane [2]: 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 ONS – reasonable to expect similar clinical benefit.
- Many report they don't taste great
- Patients are often not using them as intended
- NIHR systematic review [3] concluded: the review found little evidence of oral nutritional supplements having significant effects on reducing malnutrition or its adverse outcomes in frail older adults

£200+ million
NHS – Annually

[1] A systematic review and meta-analysis of the impact of oral nutritional supplements on hospital readmissions – Stratton Et Al (2013)

[2] Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults (Review) – Baldwin et al (2021)

[3] Oral nutritional interventions in frail older people who are malnourished or at risk of malnutrition: a systematic review – Thomason (2022)

What is in an ONS?

Cow's milk proteins, water, maltodextrin, sucrose, vegetable oils (rapeseed oil, sunflower oil), magnesium hydrogen phosphate, emulsifier (soy lecithin), flavouring, choline chloride, potassium citrate, sodium L-ascorbate, dipotassium hydrogen phosphate, ferrous lactate, retinyl acetate, colour (curcumin), DL- α -tocopheryl acetate, copper gluconate, zinc sulphate, manganese sulphate, calcium D-pantothenate, thiamin hydrochloride, pyridoxine hydrochloride, nicotinamide, riboflavin, sodium fluoride, pteroylmonoglutamic acid, chromium chloride, potassium iodide, sodium molybdate, sodium selenite, D-biotin, phytomenadione, cholecalciferol, cyanocobalamin

What's in a name? **Mixed Messages**

Fortisip Compact	Fortisip Compact Protein
300kcal	300kcal
12g protein	18g protein
£1.65	£2.50
The difference in protein is equivalent to an egg	

ONS type	Fibre (g)/ 100kcal
Ensure Plus Fibre	1.67
Fresubin Energy Fibre Drink	1g
Fortisip Compact Fibre	1.5g
Foodlink Complete with Fibre	1.12g
To be a source of fibre it needs to contain at least 3g/100kcal	

Aymes Shake	Foodlink Complete Powder
383kcal	383kcal
19g protein	19g protein
52p	58p
Made up with 200ml whole milk	

Ensure Plus Milkshake Style	Ensure Compact
300kcal	300kcal
12.5g protein	12.8g protein
£1.48	£1.73
The difference is 75ml water	

Other names: Nutritionally complete? Plus? Advance? Gain?

Be careful not to make a sound alike look alike error



Appropriate Prescribing

01 Clinical Need – Nutritional Problem

- Meets ACBS criteria (usually disease related malnutrition)
- Nutritional Screening:
 - MUST Score (Identify risk of malnutrition)
 - Patient Association Nutrition Checklist (Subjective / Easier)
- Why can't they meet needs with food? (using a food-based approach)
- Aetiology- Clinical conditions NOT social condition
- What does the patient want to achieve? Goal? (BMI? Enjoyment?)
 - Is it realistic?
- Prescription timeframe (usually up to 12 weeks) to manage expectations and review effectiveness

02 Evidence Base For Effect

- Don't make yourself feel better, make the patient feel better

03 Cost

- Have a **look** at your formulary, move products to lower cost options and don't prescribe the ones the hospitals are contracted to use, unless they have provided a clinical justification for why the formulary choices cannot be used


































What is a Food Based Approach?

Food based nutrition support should focus on providing a 'nutrient dense' diet. Nutrient dense foods contain a wide range of nutrients including energy, protein, vitamins and minerals and may also contain fibre.

It should only require 3 or 4 changes using a combination of the following















Nutrient Dense Fortification

These are examples of nutrient-dense food fortification ingredients (fortifiers) and suggestions of which foods/meals to add them to:

Dried Skimmed Milk Powder  1 heaped tbsp (15g) Add to: 55kcal, 6g protein	 Porridge	 Custard	 Mashed Potato	 Cream of Soup e.g. Tomato
1 Egg  Add to: 75kcal, 7g protein	 Milk Pudding	 Custard	 Mashed Potato	<i>Food Standards Agency (FSA) advises British Lion eggs are safe to be consumed runny, or even raw.</i>
Cheese/Paneer  1 tbsp (10g) Add to: 40kcal, 3g protein	 Mashed Potato	 Vegetables	 Curries/Dahl	
Greek Yoghurt  1 heaped tbsp (45g) Add to: 60kcal, 2g protein	 Porridge	 Casserole	 Curries/Dahl	 Pasta Sauce
Ground Nuts (Peanuts or Almonds)  1 heaped tbsp (15g) Add to: 90kcal, 3g protein	 Porridge	 Vegetable Soup	 Stew	 Cereal
Nut Butter  1 tbsp (15g) Add to: 95kcal, 4g protein	 Porridge	 Vegetable Soup	 Curries/Dahl	
Seeds  1 tbsp (10g) Add to: 60kcal, 3g protein	 Cereal	 Vegetable Soup	 Curries/Dahl	KEY: tbsp = tablespoon

Turn page to view more

Nutrient Dense Snacks

Egg  1 Boiled Egg (75kcal, 6g protein)	Beans and Pulses  Handful of Roasted Fava Beans (25g, 100kcal, 6.3g protein)	 Handful of Roasted Chickpeas (25g, 100kcal, 5g protein)	 Falafel 2x 22g (110kcal, 4g protein)	Savoury Dairy Snacks  Small Chunk of Cheese (e.g. with cracker) (20g) (80kcal, 6g protein)	 Cream Cheese on Half a Bagel (150kcal, 5g protein)
				 Half a Cheese Scone (120kcal, 5g protein)	
	Nuts & Seeds  Handful of Nuts (40g), (245kcal, 9g protein)	 Peanut Butter on Bread (15g) (190kcal, 7g protein)			
	 Handful of Seeds e.g. Pumpkin + Sunflower Seeds (25g) (150kcal, 7.5g protein)			Sweet Dairy Snacks  Rice Pudding 150g (140kcal, 5g protein)	 Custard 150g (145kcal, 4g protein)
				 Greek Yoghurt 150g (200kcal, 9g protein)	 Add 1 (15g) heaped tablespoon of skimmed milk powder and/or 1 tablespoon (15g) of ground almonds to fortify sweet dairy snacks

Turn page to view Lactose Free and Non-Milk Alternatives

What is a Food Based Approach?

Cont.

FORTIFIED MILKSHAKE



YOU WILL NEED:

- ½ pint/180ml full fat milk
- 2 heaped tablespoons (30g) dried, skimmed milk powder
- 4 heaped teaspoons (20g) vitamin fortified milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik)

OR

- 5 heaped teaspoons (25g) 'Ovaltine Original Add Milk' powder

OR

- 5 heaped teaspoons (25g) 'Horlicks Malted Food Drink' powder

DIRECTIONS:

Mix milk powder & milkshake/ovaltine or horlicks powder together in a glass. Gradually mix in hot or cold milk & stir well.

1 portion = 220ml

300kcal- 320kcal, 17-19g protein

FORTIFIED FRUIT JUICE

For those who do not like or cannot drink milk



YOU WILL NEED:

- 180ml (1/3 pint) pure fruit juice
Top Tip: Kubus 100%, Multivitamin Juice (Tesco), Naturis Multivitamin juice (Lidl), The Juice Company Multivitamin Boost (Aldi) or Tropicana Multivitamin Boost will provide more vitamins
- 40ml undiluted premium cordial (not sugar free/ diet/ no added sugar)
Try: Belvoir, Bottlegreen, Ribena, Rocks Organic
- 10g (2 x 5g sachets) egg white powder*
*can be found in the home-baking section of most supermarkets or larger, better value packs can be purchased online

DIRECTIONS:

Put egg white powder in a glass. Gradually stir in undiluted premium cordial & mix into a paste (do not whisk). When fully mixed, slowly mix in the fruit juice.

1 portion = 220ml

Between 180-250kcal, 8-9g protein

For people with diabetes you may wish to speak to your diabetes team or GP before starting



Food Based Approach

01 Varied Diet

Reduce taste fatigue
Family can support – show love
In hospital doesn't mean need now

02 Pleasure

Manage with foods you like
Your own independent choice

03 Easy

500KCal = A glass of full fat milk with skimmed milk powder in, a bit of cheese in mash, and Greek Yoghurt with Skimmed Milk Powder.





Caught In The Middle – GP & Pharmacist



- Rational & Environment Changes Between Care Boundaries
 - Appetite Inhibitors In Hospital
 - Poor Food
 - Meal Times Badly Controlled
 - Other Sick Patients
 - Pain
 - Unwell
 - Low Threshold For Issue Of ONS

Confidence



I was caught in the middle – Data From Polypharmacy Poster



£14,000

Annually



1,000,000mL

Probably not
needed



1/19 reviewed

Oops!



Nursing Homes – A Special Case

Health and Social Care Act 2008

Care homes are responsible for meeting the nutrition and hydration of their residents [1]

When would ONS be justified in a care home environment?

- Tastes worse?
- Same nutrition
- Costs the NHS



I was hoping you could advise. We have this note from a homelessness nurse practitioner.

"Could we please get Aymes Complete prescribed for the gentleman above on repeat. His MUST score is 2. He won't engage with dietitians. His appetite is poor and not budgeting for proper meals. Thanks for any help provided. He has been taking Aymes previously to good effect. I will continue to monitor his nutritional intake in the community."

Patient is a methadone user/benzodiazepine dependent





Is substance misuse an ACBS criteria?

NO

For ACBS criteria

Refer to the drug tariff





What are we **missing**



BMI / Weight Loss – MUST Score

Before prescribing – access it



Goal?

What functionally are we to achieve



Food based approach

Not trialed – what are the barriers?



ACBS Criteria?

Addiction and low mood are not a criteria

Capacity – unwise decision





Anyone Have Questions?

Takeaway Messages

1. As pharmacists/GPs reconcile discharge summaries, pharmacists need to be aware how to assess the appropriateness of an ONS prescription
2. Check for nutritional goal, Check ACBS criteria met, and nutritional risk score (MUST) – if not go back
3. Food based approach considered? – Why Not?
4. If not present, question the script to the recommender before prescribing
5. In care homes, always consider homemade alternative fortified drinks instead of prescribed ONS— patients often prefer them as they taste better. The homes are legally required to provide nutrition.
6. Make sure prescribed ONS is actively reviewed against local prescribing guidance (12 weekly at least)
7. Prescribe Low Cost Options (AYMES for us)
8. Hard decisions – Seek support





Recap and Q&A




27/11/2024 - Oral Nutritional
Supplements (ONS)



Feedback

We would appreciate input from our attendees regarding feedback from today's sessions and potential topics for future masterclasses

A faint, light blue version of the Imperial College Health Partners logo is visible in the bottom right corner of the slide.

Upcoming Polypharmacy Masterclasses

Work in Polypharmacy in North West London? Register your place at one of our upcoming education webinars.

15 January, 2025: Polypharmacy Masterclass with Dr Waseem Jerjes, [register here.](#)

12 February, 2025: Polypharmacy Masterclass with Dr Graham Stretch, [register here.](#)

19 March 2025: Polypharmacy Masterclass with John Adams, [register here.](#)

Email amar.singh@imperialcollegehealthpartners.com if you need any further information on our upcoming events.





Thank you & Close

