

QIPP Detail Aid

Providing support for quality in prescribing

SIP FEEDS- USE FOOD FIRST

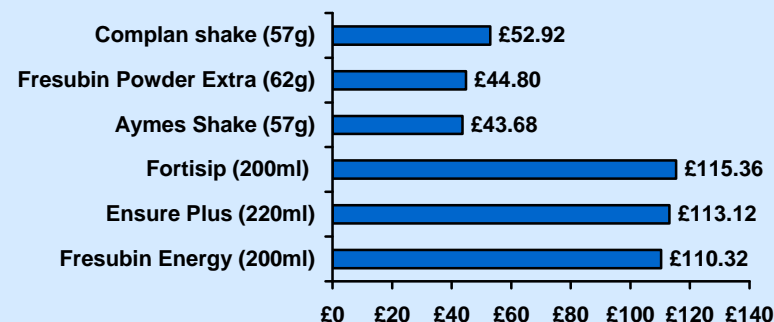
WHAT IS THE PROBLEM?

- In 2011/12 the East Midlands spent £11 million on sip feeds. Whilst the number of prescriptions has fallen by 17% over the last three years, overall expenditure has remained relatively static.
- There is considerable evidence to show that sip feeds are not used effectively. Audits have shown that up to 80% of prescribing is inappropriate or unnecessary.
- Patients should use them every day to gain benefit or they should be stopped.
- Some sip feeds have little more calorific value than full fat milk.
- A modest reduction in expenditure of 30% would allow over £3million to be available for other healthcare interventions or for more dietetic support.

WHAT IS THE EVIDENCE?

- NICE produced guidelines for nutritional support in adults in 2006. Most areas have local guidelines for oral nutritional supplements (ONS). All agree that patients should be screened for malnutrition using either a locally agreed or the 'MUST' tool. Food should be the first option, fortified if necessary with over the counter supplements.
- Sip feeds are intended to supplement a normal diet in certain groups of patients with poor nutritional intake or status. Situations where patients are relying entirely on ONS for their nutrition are outwith the remit of this document.
- Sip feeds should only be prescribed for people with an approved indication under borderline substances regulations (ACBS, see BNF Appendix 2) and only as a last resort. Clear goals should be set and the patient monitored frequently; sip feeds should be stopped when goals are met or the patient referred for dietetic support if not.
- Audits have shown that most patients are not weighed regularly and do not have documented indications or treatment goals. In one audit 74% of patients were within their healthy weight range, overweight or obese.
- Patients are often not clear on how to use sip feeds effectively and one study found patients wasted 50% of them.
- The NPC highlighted that care homes should provide adequate quantities of good quality food. One area reduced their expenditure on sip feeds in two care homes by 76% and improved nutritional standards after additional training for care home staff.
- Sip feeds are often started in hospital where patients may be acutely ill or not familiar with the food available. On discharge home, these factors may no longer apply. Patients should have clear indication on discharge as to whether sip feeds should continue and a clear treatment plan for monitoring on discharge.
- Anecdotal data suggest that ONS are provided to substance misuse patients as there is little other information/ resources to support alternatives. Nevertheless, reports of ONS being traded as street 'currency' continue.

WHAT ARE THE COSTS?



Costs for 28 days supply with 2 sip feeds per day. These products are commonly recommended as options if sip feeds are to be prescribed. Drug Tariff May 2013

KEY MESSAGES

- **The East Midlands spent £11 million on sip feeds in 2011-12. The cost is often over £100 per month. Sip feeds are intended to supplement a normal diet in certain groups of patients with poor nutritional intake or status.**
- **In most cases sip feeds should not be seen as a replacement for food. Patients should be given clear instructions how to take them.**
- **Sip feeds should be used only if other methods to improve nutrition have failed and only for patients with a condition with an ACBS indication, as listed in the BNF. Patient should be monitored frequently against clear treatment goals ideally supervised by a dietitian if used long term.**
- **Standard supplements containing 1.5kCal/ml should always be prescribed unless an alternative is recommended by a dietitian.**
- **Patients in care homes, following discharge from hospital and those with substance misuse disorders have been highlighted as high users of sip feeds, often with no clear ACBS indication or ongoing monitoring.**

References:

1. NICE Clinical Guideline CG32 Nutrition support in adults 2006 (<http://publications.nice.org.uk/nutrition-support-in-adults-cg32>)
2. NPC Prescribing of adult Oral Nutritional Supplements (ONS) 2012 (http://www.npc.nhs.uk/quality/ONS/resources/borderline_substances_final.pdf)
3. PrescQIPP Nutrition Toolkit [Registration required] (<http://www.clingov.eoe.nhs.uk/prescqipp/>)

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