

# QIPP Detail Aid Support Document

Providing support for quality in prescribing

## SIP FEEDS – USE FOOD FIRST

### 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.

### WHAT IS THE PROBLEM?

- In 2011/12 the East Midlands spent £11million on sip feeds. Whilst the number of scripts has fallen by 17% over the last three years, overall expenditure has remained relatively static.

Total sip feeds	Items	Actual Cost
2010-11	518,633	£10,984,290
2011-12	466,577	£10,895,235
2012-13	429,545	£10,936,286

- 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.  
*The majority of patients should be advised to use at least 2 sip feeds per day in addition to their usual meals. Using them on an occasional basis will not result in an improved nutritional status.*
- Some sip feeds have little more calorific value than full fat milk.  
*Full fat milk has a calorific value of 0.7kCal/ml. Some sip feeds contain 1kCal/ml.*
- 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.  
*The NICE Clinical Guideline recommends that all hospital inpatients on admission and all outpatients at their first clinic appointment should be screened for nutritional status<sup>1</sup>. Screening should be repeated weekly for inpatients and when*

there is clinical concern for outpatients. People in care homes should be screened on admission and when there is clinical concern.

There are many local guidelines for ONS. All highlight that food should be used where possible, fortified with over-the-counter supplements such as Complan<sup>®</sup> or Build-Up<sup>®</sup> drinks etc if necessary.

- 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<sup>2</sup>) 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.

If ONS is considered necessary, and the patient has a condition within an ACBS approved category, products such as Complan Shake<sup>®</sup> or similar (see graph below) should be tried first.

Eight indications are listed by ACBS for which ONS can be prescribed for medical reasons<sup>2</sup>:

- Short bowel syndrome
  - Intractable malabsorption
  - Pre-operative preparation of patients who are malnourished
  - Proven inflammatory bowel disease
  - Following total gastrectomy
  - Dysphagia
  - Bowel fistulae
  - Disease-related malnutrition
- 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.

A summary document from the London Procurement Partnership (LPP) from 2009 highlighted many local audits, areas of good and poor practice and anecdotal case studies<sup>3</sup>. Without exception, the audits have shown the majority of patients receiving ONS did not meet the criteria for ACBS, had no recorded treatment goals or monitoring plans, had no record of ongoing monitoring or dietetic review and no record of being screened for malnutrition or weighed.

- Patients are often not clear on how to use sip feeds effectively and one study found patients wasted 50% of them.

The East of England PrescQIPP group have put together a nutrition tool kit which contains examples of good practice and signposts to a wealth of resources for improving prescribing of ONS (see link below<sup>4</sup>).

- 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.

In their document, "Prescribing of adult Oral Nutritional Supplements (ONS): Guiding principles for improving the systems and processes for ONS use" (2012), the NPC recommended that care homes should treat ONS in a similar way to medicines, in that products should not be shared between residents or used in place of food unless specifically prescribed or recommended by a healthcare professional with appropriate skills and training<sup>5</sup>.

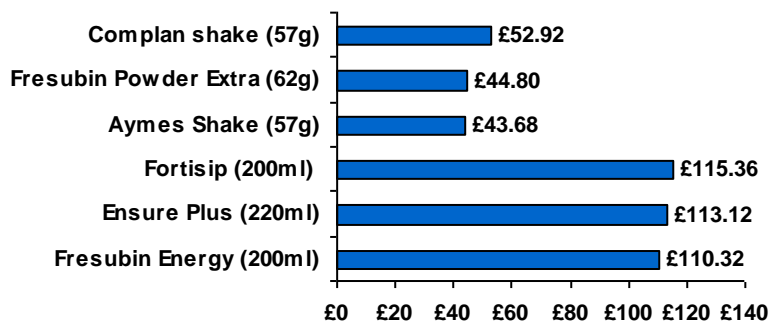
The LPP document<sup>3</sup> describes one example of dietetic intervention in two London care homes. By adopting a food first approach and implementing care home staff education and training initiatives, the inappropriate use of ONS as a first line option for treating malnutrition ceased. The monthly cost of ONS in the two homes reduced from £761 to £182 within 6 months. Not only did the usage and subsequent cost of ONS reduce but the appropriateness and quality of the food, snacks and drinks also improved significantly, resulting in better clinical outcomes, quality of care and a reduction in referrals to the dietitian for nutrition support intervention.

- 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.

Some health community guidelines recommend that a dietitian should review patients prior to discharge to agree a care plan. In the absence of written correspondence from a dietitian, all patients discharged from hospital with sip feeds should be assessed using the locally agreed nutrition screening tool and a care plan put in place.

- Anecdotal data suggests 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 suitable options if sip feeds are to be prescribed. Drug Tariff May 2013

### References

1. NICE Clinical Guideline CG32 Nutrition support in adults 2006 (<http://publications.nice.org.uk/nutrition-support-in-adults-cg32>)
2. Joint Formulary Committee. British National Formulary. 65th ed. London: British Medical Association and Royal Pharmaceutical Society of Great Britain; March 2013.
3. London Procurement Programme: Clinical Oral Nutrition Support Project Jan 2009 ([http://www.medicinesresources.nhs.uk/upload/documents/Communities/SPS\\_E\\_SE\\_England/LPP%20ONS%20Project%20Report.pdf](http://www.medicinesresources.nhs.uk/upload/documents/Communities/SPS_E_SE_England/LPP%20ONS%20Project%20Report.pdf))
4. PrescQIPP Nutrition Toolkit: Resources for the appropriate prescribing of Sip Feeds, Infant Feeds and Gluten Free products in the Midlands and East [Registration required] (<http://www.clingov.eoe.nhs.uk/prescqipp/index.php/nutrition-toolkit/viewdownload/88-nutrition-toolkit/530-prescqipp-nutrition-toolkit-hd>)
5. NPC Prescribing of adult Oral Nutritional Supplements (ONS) 2012 Guiding principles for improving the systems and processes for ONS use ([http://www.npc.nhs.uk/quality/ONS/resources/borderline\\_substances\\_final.pdf](http://www.npc.nhs.uk/quality/ONS/resources/borderline_substances_final.pdf))