

Transforming the Landscape of Nutrition

Prescribing: Food First - a Highland Recipe for Success

Evelyn Newman RD, Nutrition and Dietetics Advisor. Ian Rudd, Director of Pharmacy,
Thomas Ross, Lead pharmacist S@M division, NHS Highland, Inverness, Scotland



Background

Oral nutritional supplements (ONS) have become commonly accepted as integral to nutritional risk management. The range of products available for prescription has created a culture of convenience and reliance by users and clinicians. Community prescribing costs have grown rapidly by increasing, often inappropriate, ONS use; reaching >£1M for a population of 320,000 across NHS Highland in 2016. Various localised, short term attempts at stemming this have failed to build a long term sustainable solution.

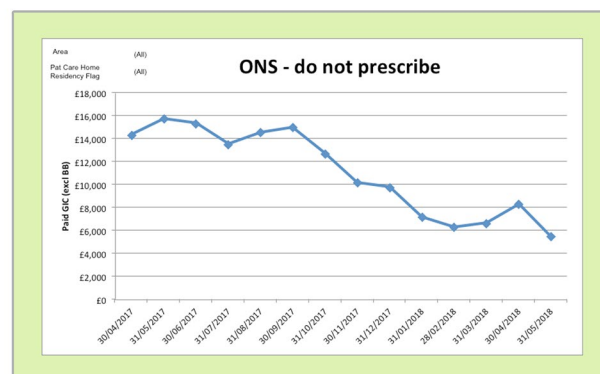
By 2017 a multi disciplinary team of care staff agreed a wholesale proactive culture change, focused on Food First rather than ONS.

The aims of this work are to:

1. provide enjoyable and safe nutritional care
2. reduce clinical variation in prescribing practice
3. eliminate unnecessary ONS prescribing
4. minimize expenditure on ONS prescribing

Results

Examination of quarterly datasets demonstrated immediate impact: by Quarter 3, 25% average total cost savings had been achieved. Reductions in expenditure for High energy, low volume products is demonstrated below. Total projected annual savings are anticipated to reach £300k recurrently, with potential for further reductions as ONS prescribing culture continues to be challenged. No evidence of harm is reported in any care setting. Care staff supported a Food First approach, welcoming the restricted formulary with online information. Reports of positive impacts to health, well-being and social interaction of people in care where the Food First approach has been fully embraced. Original objectives were safely implemented and proactively embedded in practice. Results have been widely applauded, shared and reported in national press. The Highland approach has generated much interest from other Scottish health boards who plan to adopt the success being demonstrated.



Method

A multi disciplinary team of care staff agreed a wholesale proactive culture change, focused on Food First rather than ONS. The team comprised of dietitians, pharmacists, speech therapists, nursing and community medical (GP) staff. Terms of reference mirrored those from a national short life working group, but focussed on Highland's ONS prescribing practice. Standardised datasets were used to consistently examine the baseline ONS prescribing patterns, costs and compliance with the ONS prescribing formula.

A number of actions were taken by the team, in advance of any national guidance or recommendation. These were based on widespread consultation and an agreed risk management assurance framework.

- Decisions to introduce a restricted ONS formulary and a list of "do not prescribe" high energy low volume products, were described by others as "brave".
- Use of prescribed high energy low volume products, including puddings, was proactively discouraged; ONS prescribing guidance for dietitians was agreed and circulated to create a standardised, consistent approach across Highland.
- Supported by care home managers, based on large volumes of ONS waste due to residents not enjoying ONS.
- Food First literature was made widely available.
- Further learning and development opportunities were made available for care staff.

Conclusion

This transformational piece of work has been hugely successful and continues to be embedded and monitored. The model used for this work is transferable to other areas of prescribing practice and is now being replicated in areas of continence and tissue viability.

Reliance on prescribed ONS must be proactively challenged, enabling person-centred conventional Food First care. We encourage others to: be bold in supporting and delivering a truly person-centred Food First approach across health and social care settings; to return to the basics of good dietetic practice by promoting nutritional care, which is appetising and maximizes health, well being and social interaction at mealtimes; the unnecessary use of prescribed ONS is putting an unacceptable burden on health budgets and should be proactively challenged.

References

Multi-professional consensus panel (2017) Managing Adult Malnutrition in the Community Including a pathway for the appropriate use of oral nutritional supplements.
Healthcare Improvement Scotland (2014) Food, Fluid and Nutritional Care Standards.