

Oral Nutritional Supplements (ONS) Prescribing Guidelines in Primary Care: Adults aged 18 years and over.

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This document is intended for use in primary care as a guide on the use and review of ONS for the management of malnutrition in adults aged 18 years and over. Local dietetic services and national guidelines have been consulted during the development of this document. The information provided here such as costs and presentations of ONS is correct at the time of publishing and will undergo periodic reviews to ensure that it remains up to date.

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Important

Nutrition supply services provide oral nutritional supplements (ONS) and other specialist feeds to secondary care at 'loss leading' prices. However, once patients are discharged and the duty of care passes to the GP practices, all ONS are then purchased at the full NHS price without any of the discount benefits received in secondary care. Due to the variation in price between settings and the greater selection of ONS available for use in primary care, the ONS recommended for prescribing in primary care may differ from the ONS prescribed in secondary care.

This document is not intended to be used as a fully shared guideline between primary and secondary care.

1. Introduction

ONS are commercial products often prescribed in primary and secondary care for the management of malnutrition¹. Prescribing audits have highlighted that in some areas of the country, up to 75% of prescriptions for ONS were inappropriate when measured against best practice².

2. Purpose of this document

This document outlines the clinical indication(s) for prescription ONS, the most cost-effective options available in primary care and provides guidance on when to refer to secondary care in order to:

- Optimise the use of limited NHS resources
- Contribute to best practice regarding safety and quality of care provision

3. ONS prescribing criteria

ONS should only be prescribed if;

Patients have/are at risk of disease-related malnutrition **AND** either food fortification ('[Food First](#)') alone is not safe or realistic **OR** 'Food First' has been tried for at least one month without success.

Important - 'Malnutrition' or 'risk of malnutrition' alone **do not** meet prescribing criteria for ONS.

Table 1: Markers of malnutrition/risk of malnutrition

At least one of the following criteria should apply:

- Body mass index (BMI) of $<18.5 \text{ kg/m}^2$
 - Unintentional weight loss of $>10\%$ within the previous 3–6 months
 - Unintentional weight loss of $>5\%$ if initial BMI $<20 \text{ kg/m}^2$
 - Eaten little or nothing for >5 days
 - Likely to eat little or nothing for ≥ 5 days
-

Prescriptions for ONS should only be considered if the patient meets the products Advisory Committee for Borderline Substances (ACBS) criteria³ (Table 2).

Table 2: 'Standard' ACBS prescribing criteria for ONS

- Disease-related malnutrition (does not include general malaise)
 - Bowel fistula
 - Intractable malabsorption
 - Following total gastrectomy
 - Short-bowel syndrome
 - Proven inflammatory bowel disease
 - Pre-operative preparation of malnourished patients
-

There are situations that can result in malnutrition yet are not necessarily ACBS indications for prescribing ONS such as:

- Substance misuse
- Poor fitting dentures
- Poor eating habits
- Financial difficulties

Please always assess the underlying causes of malnutrition and where beneficial (e.g. patient motivated to engage) offer support by referring or signposting to other services such as dietetic services, social prescribing etc.

4. 'Food First'

'Food First' should be considered for any individuals identified to be malnourished or at risk of malnutrition, including those who do not meet the criteria for prescription ONS.

NICE⁴: *'Since ONS presumably produce clinical benefits through increased nutrient intake, a similar increase in nutrient intake by dietary means, should lead to similar clinical benefits'*.

NICE¹ recognise that dietary counselling can be tailored to individual needs and may be associated with lower costs to the health service. For these reasons, we recommend that where it is safe to do so, 'Food First' should always precede the use of ONS. 'Food First' options include:

- Food fortification ([Appendix 1](#)).
- Over the counter (OTC) ONS for self-purchasing (Table 3).
- A daily complete oral multivitamin and mineral supplement to be purchased OTC (if there is concern with the quality of the diet).

Table 3: OTC ONS			
Product	Price/Unit	Price/Serving	Product description
Complan	Varies between stores (425g tin)	£0.89 (average)	7 servings, sweet and savoury flavours available
Aymes® Retail	varies between stores (7x 57g sachets)	£0.79	7 servings, reconstituted with 200ml full fat milk

5. Prescribing ONS – type, quantities and duration

GP practices may choose to provide ONS for their patient's in-line with this guidance. However, if ONS are required for longer than 3 months (due to a lack of progress), it is recommended that the patient is referred to the Community Nutrition and Dietetic Service.

If a patient meets the prescribing criteria for ONS, please consider choosing one the most cost-effective options as approved by the Area Prescribing Committee (APC). The following products have been classified as 'Traffic Light Green' on the Barnsley Joint Formulary and can be initiated in primary care (Note: patients with dysphagia and/or are tube fed require a referral to the Community Nutrition and Dietetic Service for assessment and advice):

Milk-Based Powder ONS

1st line choice (powdered ONS)

Aymes® Shake Compact OR **Ensure® Shake** – made compact by adding 100ml of whole milk/sachet.

Maximum dose: **One sachet Twice per day** (3,192g per 28 days), for a maximum period of 3 months and monitor monthly

- Patients with an eGFR <44ml/min, complex cardiac issues or a history of hyperkalaemia should be prescribed a 'ready-to-drink' option.

Milk-Based Ready-to-Drink ONS

Suitable for:

- Patients unable to prepare or have the support to prepare powdered products

1st line choice (ready to drink ONS)

Aymes® Actagain 2.4 Daily OR **Altraplen® Compact Daily**

Maximum dose: **One bottle/carton per day** (7,000ml per 28 days), for a maximum period of 3 months and monitor monthly

Juice-Based Powder ONS

Suitable for:

- For those who dislike a milk-based ONS.
- Aymes® Actasolve Smoothie is suitable for individuals with lactose intolerance and is approved by the Vegan Society.
- **Note:** despite Aymes® Actasolve Smoothie being a powdered ONS, it contains approximately 50% less potassium when compared to a milk-based, powdered ONS.

Aymes® Actasolve Smoothie

Maximum dose: **One sachet Twice per day** (3,696g per 28 days), for a maximum period of 3 months and monitor monthly

Juice-Based Liquid ONS

Suitable for:

- Those who are require a juice-based ONS but are either unable to prepare Aymes® Actasolve Smoothie or require a soya-free product.

Altrajuce®

Maximum dose: **One carton Twice per day** (11,200ml per 28 days), for a maximum period of 3 months and monitor monthly

6. Prescribing ONS – considerations and documentation

If ONS are prescribed, please document the following:

- **Rationale** for prescribing, e.g. BMI, Malnutrition Universal Screening Tool (MUST) score, % weight loss, not eating, 'Food First' has already been tried for X amount of time without success
- **Goal** e.g. prevent further weight loss or gain X amount of weight in Y timeframe
- **Review** e.g. when and (if possible) who is going to review the plan

7. Reviewing ONS prescriptions

Review and monitor the patient monthly and document progress in line with initial targets. If the practice is unable to monitor the patient or should a patient continue to lose weight/fail to make adequate progress, please consider referring to the Community Nutrition and Dietetic Service.

8. Stopping ONS prescriptions

Once patients achieve the intended goal and are consuming adequate oral nutritional intake from food and drink to maintain a satisfactory weight, ONS should be:

- Discontinued (either immediately or gradually)
- Where appropriate, patients should be advised to self-monitor their weight and encouraged to continue 'Food First' strategies after ONS are stopped
- If there is a concern, please offer a follow up review at the practice after stopping ONS
- Where there are concerns regarding the quality of the diet, please consider advising the patient to purchase an OTC 'complete A-Z multivitamin and mineral'.

Providing that prescriptions for ONS are initiated with a clear and patient-agreed goal, it should be easy to identify the point at which ONS can be stopped.

9. Referring to the Community Nutrition and Dietetic Service

A referral to the community dietetic services should be considered if any of the following apply:

- Persistent weight loss despite food first and ONS strategies
- BMI <16kg/m²

Patients can also be referred to dietitians if the following applies:

- Unintentional weight loss >10% within the previous 3-6 months
- BMI ≤18.5kg/m²
- BMI <20kg/m² **AND** weight loss ≥5%
- Already on ONS
- On a modified texture diet
- MUST* score = 2 or more
- MUST* score = 1 on re-screen with further weight loss

* *Malnutrition Universal Screening Tool (MUST⁵)*

The referral form can be found [here](#).

10. Patients who are discharged from hospital on ONS

All patients admitted to Barnsley Hospital NHS Foundation Trust are screened for malnutrition and those identified to be at risk are referred to the hospital dietetic services. Most patients referred to the dietetic services during an admission are seen by the dietitians before discharge. Where patients are discharged before they can be seen, patients are sent an opt-in invite letter to see the dietitians. In all cases, the dietitians will write to the GP practices with the outcomes.

Therefore, if a patient is discharged from hospital with ONS on prescription and there is no subsequent letter from the dietitians, it can be assumed that the ONS was started without screening and therefore it may be inappropriate to continue (when measured against prescribing guidelines).

To prevent inappropriate prescribing of ONS in primary care, GP practices are advised to stop prescribing ONS if they are included on the hospital discharge letter but there is no subsequent letter from the dietitians. Where there is a clinical concern, GP practices should screen the patient for risk of malnutrition and follow this guidance accordingly.

11. Product specific requests for ONS prescriptions from dietitians / other health professionals

GP practices can choose to decline inappropriate prescription requests or to prescribe a cost-effective equivalent ONS as approved by the APC (see [appendix 3](#)).

Where other health professionals request for GP practices to prescribe a specific ONS, the GP practices can opt for a more cost-effective ONS in primary care unless:

- The clinical need for the specific product has been clearly communicated to the practice
- There is a clinical contraindication for switching to our first line ONS, e.g. the feed is intended for tube feeding or the patient has dysphagia.

12. Responsibility of health professionals requesting GP practices prescribe ONS

All health professionals should communicate their requests for ONS prescriptions to GP practices clearly, timely and include the following information:

- Anthropometric data (weight, height, BMI, weight loss history)
- The clinical indication for ONS (evidence of disease-related malnutrition / ACBS prescribing criteria)
- Daily dose & a clear nutritional goal
- Duration / expected duration
- Review plan

Contact names and details for further support

Contact Details	Telephone number
Barnsley Medicines Optimisation Team, NHS South Yorkshire Integrated Care Board	01226 433798 (main Medicines Optimisation -Barnsley Place team switchboard number)

References

1. National Institute for Health and Care Excellence (NICE) (CG32 (2006) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Available from: <https://www.nice.org.uk/guidance/cg32/resources/nutrition-support-for-adults-oral-nutrition-support-enteral-tube-feeding-and-parenteral-nutrition-pdf-975383198917> [Accessed August 2023].
2. Forrest, C. and Wilkie, L (2009) London Procurement Programme Clinical Oral Nutritional Support Project. London: London Procurement Programme. (LPP resources and reports are available from the LPP website (www.lpp.nhs.uk), under pharmacy and medicines management work stream).
3. Advisory Committee on Borderline Substances (ACBS) Available from: <https://www.gov.uk/government/groups/advisory-committee-on-borderline-substances> [Accessed August 2023].
4. National Institute for Health and Care Excellence (NICE) (QS24) (2012) Nutrition support in adults. Available from: <https://www.nice.org.uk/guidance/qs24/resources/nutrition-support-in-adults-pdf-2098545777349> [Accessed August 2023].
5. Malnutrition Universal Screening Tool (MUST) Available from: https://www.bapen.org.uk/pdfs/must/must_full.pdf [Accessed August 2023].
6. British Specialist Nutrition Association (BSNA) Ltd (2017) Best practice for the provision of nutrition supply services including feeds, pumps, consumables, home delivery and associated support services. Available from: <https://bsna.co.uk/news/2017/best-practice-for-the-provision-of-nutrition-supply-services-including-feeds-pumps-consumables-home-delivery-and-associated-support-services> [Accessed August 2023]

Appendix 1: 'Food First' Leaflet for Patients

https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf

Appendix 2:

Community Nutrition and Dietetic Service Referral Form

Patient's Name: Mr/Mrs/Miss etc:

NHS number:

Date of birth:

Patient's telephone number

Address

Postcode:

Social information:

GP name:

Telephone number:

Practice address:

Reason for referral to the dietitian:

Is this patient able to attend an outpatient appointment? *Please circle Yes No*

Diagnosis/relevant clinical details:

Current medications:

Medical history: *Please tick yes or no and give relevant details below:*

Clinical conditions	Yes	No	Details
Diabetes: Type 1 or Type 2 (please specify)			
Gastrointestinal disorder			
Food allergies and intolerances			
Renal impairment			
Liver disease			
Dementia			
Swallowing problems			
Dyslipidaemia e.g. high cholesterol level			
Other:			

Weights: kg (date:) kg (date:) kg (date:)

Height m (actual or estimated) Current BMI: kg/m²

Other relevant information e.g. recent weight changes, biochemistry, diagnostic test results etc

Referral completed by:

Designation:

Address:

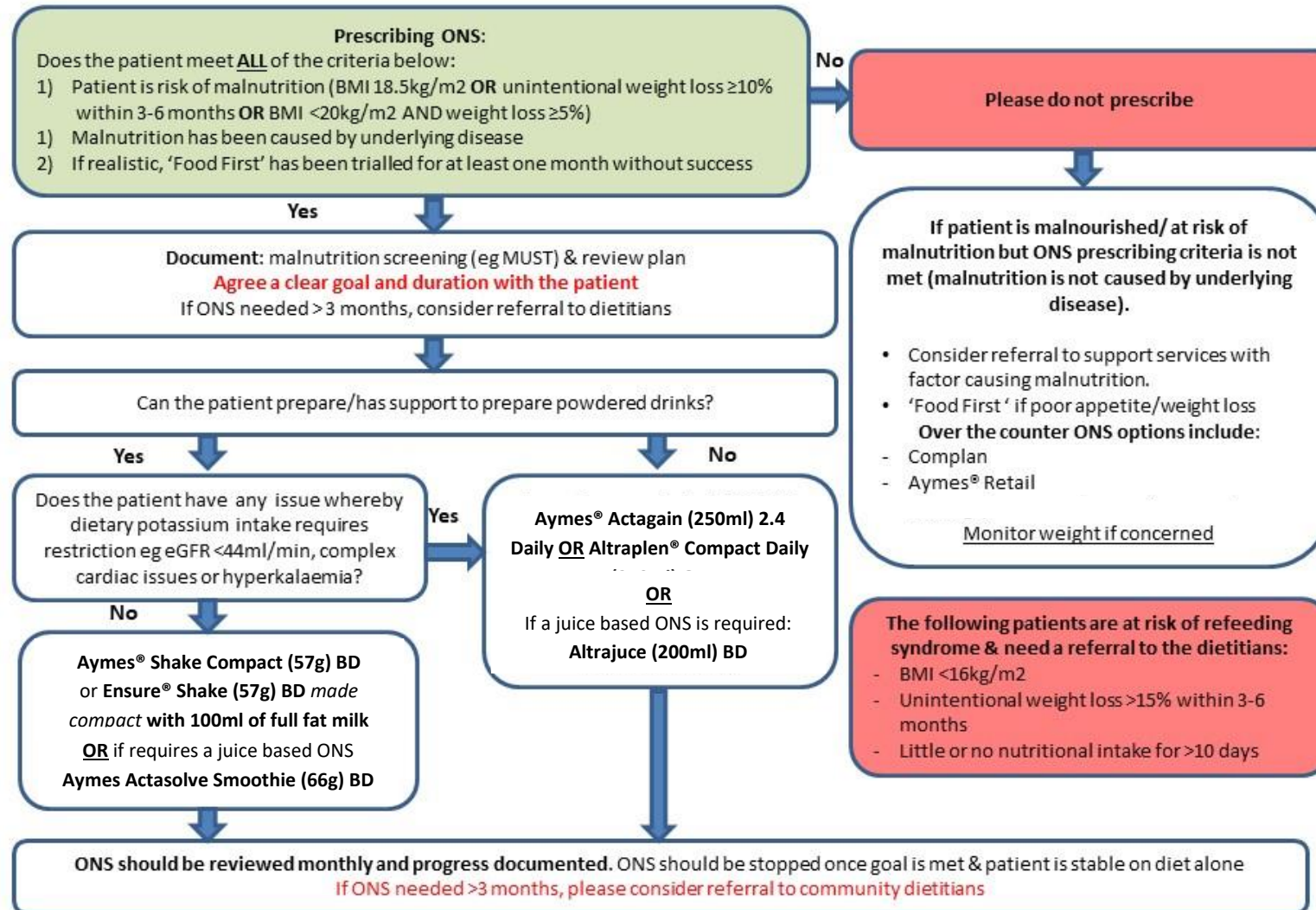
Signed:

Date & time:

Telephone number:

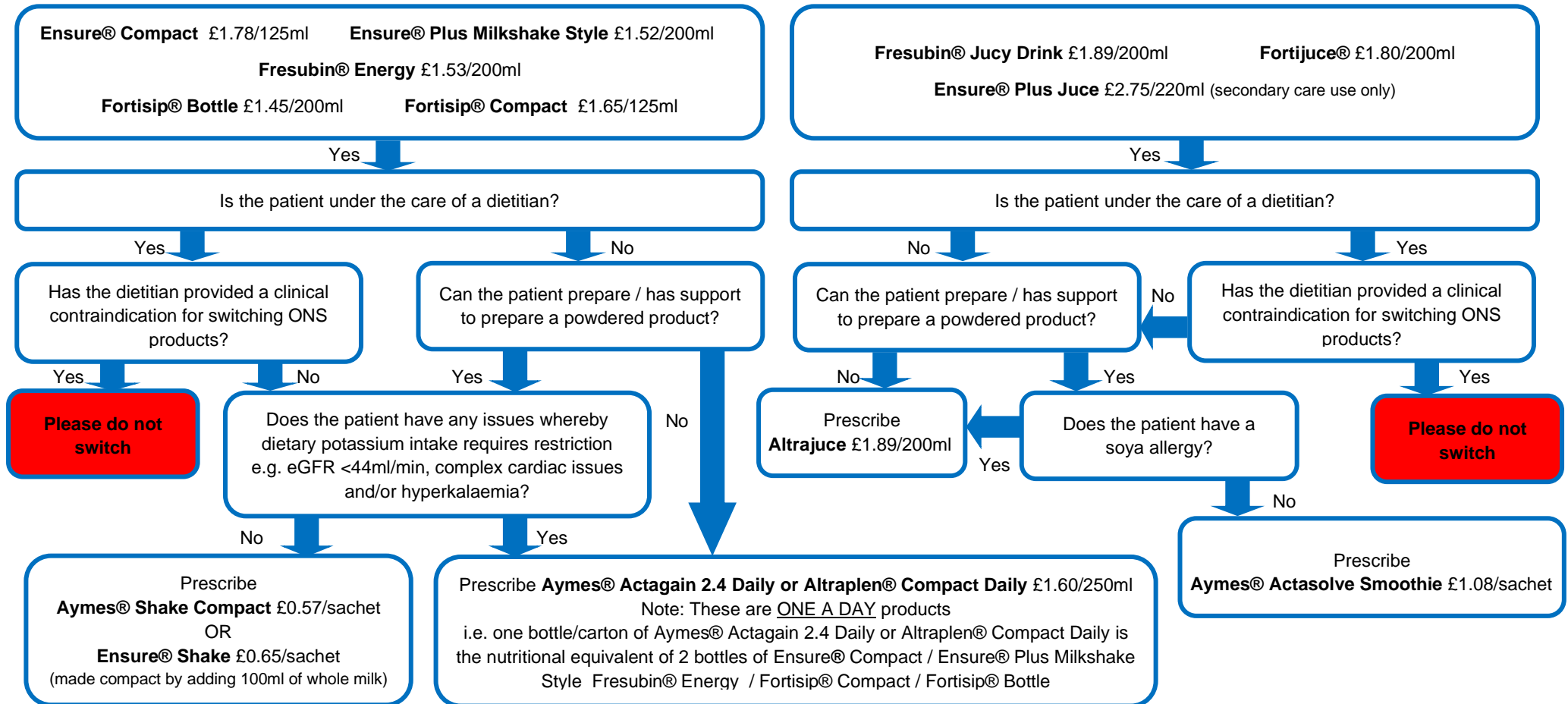
Please email form to: Barnsley.dietetics@swyt.nhs.uk or post to: Community Nutrition and Dietetic Service, The Cudworth Centre, Carlton Street, Barnsley, S72 8ST Tel: 01226 438817

Appendix 3: ONS Prescription Algorithm



Appendix 4: Prescribing and Reviewing Algorithm

Is the patient prescribed any of the following ONS?



At each stage – confirm that the patient meets ONS prescribing criteria: Disease-related malnutrition AND BMI <18.5kg/m² OR unintentional weight loss ≥10% within 3-6 months OR BMI <20kg/m² AND weight loss ≥5%

Stopping ONS: Prescribing criteria should be checked at each review and ONS stopped if criteria is not met. ONS should not be prescribed long term (> 3 months) without any input from dietitians. Exclude patients who are tube fed – these patients should be managed by dietitians.

Patients who are tube fed and/or have dysphagia should be managed by dietitians and therefore this algorithm does not apply to those patient groups.