

Transforming the landscape of nutritional product prescribing in The Highlands - A Food First Approach

Introduction

Evelyn Newman RD, Nutrition and Dietetics Advisor: care homes and Ian Rudd, Director of Pharmacy

The use and associated expenditure of prescribed oral nutritional supplements (ONS) for adults across NHS Highland peaked in 2015/16 at around £1.3M. There appeared to be a culture of over reliance on products, which was variable across practitioners and settings. It was considered excessive and not always appropriate or patient-centred. Our multi-disciplinary team wanted to improve the quality of care, cost effectiveness and consistency of nutritional support to adults in the Highlands. The Food First model of care, which has been adopted offers a realistic medicine⁽²⁾ approach to person-centred, asset based health and well being.

Aim of this work

In order to deliver a transformative shift from prescribing to conventional nutritional support the multi disciplinary consensus agreed to:

- Improve the consistency and effective delivery of nutritional care, based on conventional food and fluids, rather than prescribed ONS
- Reduce variation in use of ONS products across health and social care settings and clinicians.
- Minimise the need to use any ONS in care homes, where waste and compliance were reportedly high.
- Empower patients and prescribers to use fortified food and drinks instead of prescribed products, which were often wasted.
- Reduce the increasing cost of inappropriate, unpalatable and unnecessary ONS.
- Allow clinicians to focus more time on patients with more complex care needs.
- Secure value and sustainability by releasing >£300k annual recurrent forecast savings targets.
- Work collaboratively across all care settings to improve outcomes of care and well being.

Methods

- Widespread, multiagency and service consultation, co-ordinated by Highland-wide MCN.
- New, limited formulary agreed and implemented, ensuring equity and less variance.
- Clear ONS prescribing guidelines for dietitians to ensure standard work models.
- Easily accessible Food First advice with access via the treatment and medicine App (TAM) for all prescribers, to support self management.
- Additional learning and development for care home staff: Youtube clips, new nutrition resources folder; weblinks; on site staff training^(3, 5).
- Detailed examination and management of exceptions exposed using quarterly datasets; also used in dietetic clinical supervision.
- Targeted pharmacy and dietetic support plus advice for high prescribing GP practices.

[http://hub.careinspectorate.com/improvement/spotlight-on-improvement-for-adults-and-olderpeople/spotlight-on-food-and-fluid/adults-and-older-people/\(4\)](http://hub.careinspectorate.com/improvement/spotlight-on-improvement-for-adults-and-olderpeople/spotlight-on-food-and-fluid/adults-and-older-people/(4))

Outcomes

This transformational work continues to successfully deliver against these aims as Food First IS embedded and monitored in practice across all health and socialcare settings. Examination of quarterly datasets shows the impact of the activity and allows for detailed scrutiny of prescribing practice down to individual patient level. A significant reduction in expenditure is demonstrated below. Recurrent annual savings are being delivered and are predicted to rise as the culture of ONS prescribing continues to be challenged. Quarterly reviews of impact on patients and residents are conducted to ensure that there are no unexpected or adverse consequences resulting from this approach. No evidence of harm or negative feedback has been reported in any care setting. Social and clinical care staff overwhelmingly supported a Food First approach, welcoming the restricted formulary with online information. There are many reports of positive impacts to health, well-being and social interaction of people in care homes, where the Food First approach has been fully embraced. Original objectives have been safely implemented and proactively embedded in practice. Results have been widely applauded, shared and reported in national press⁽⁶⁾.

"The focus solely on food eases understanding for both residents and staff and has freed more staff time up to care and spend time with residents".
Nutrition Champion

Our residents prefer to eat normal food adapted to include increased calories rather than prescribed supplements

"I prefer food first because I can have my favourite things and they sometimes are more tasty with cream and syrup added which helps me gain a little weight".

"I like that I can still choose from normal menu like everyone else but have it adapted to suit my needs with the right textures".
Resident with Parkinson's Disease

Residents prefer to eat conventional food eating alongside others and find it less intimidating if they are eating the same things as everyone else.

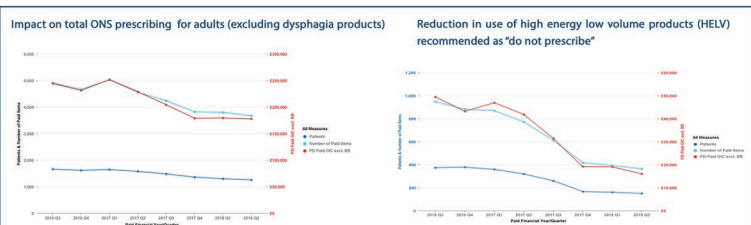
"I would rather have food than a supplement because I can choose what I want to eat and it tastes different each time. Supplements taste the same".
Care Home Resident



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 the objectives of Realistic Medicine in a truly person-centred Food First approach across health and social care settings; to return to the basics of good dietetic practice and a fundamental principle of nursing by promoting robust 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
We would like to acknowledge and thank the shared vision and encouragement from: The Scottish Expert prescribing group, The NHSS ONS short life working group, The NHSH prescribing group and The NHSH Board executive team.
1. Scottish Oral Nutritional Supplements Short Life Working Group (ONS SLWG) Report and recommendations. April 2018.
2. CMO annual report: Realistic medicine. Scottish government ISBN: 978-1-78544-947-5
3. <http://hub.careinspectorate.com/improvement/spotlight-on-improvement-for-adults-and-older-people/spotlight-on-food-and-fluid/adults-and-older-people/>
4. <https://www.nhs.uk/highland.scot.nhs.uk/Publications/Documents/Newsletters/nutrition%20news%20spring%202019.pdf>
5. www.oakhouse-kitchen.com
6. The Herald, 15/6/18, page 2.



Further details of this work
Evelyn Newman. NHSH Nutrition and dietetics advisor: care homes.
Evelyn.newman@nhs.net. Tel 07870 868475 Tweet @evelynnewman17