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## Greenwich Primary Care Protected Learning Time

Oral Nutrition Support in the Community

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**NHS**  
Improving lives

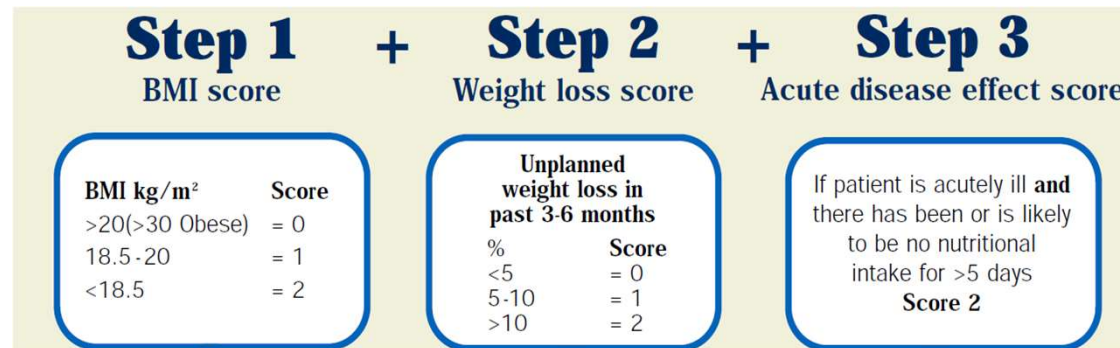
## Oxleas Community Dietetics Service

- Food First Dietetics service → housebound patients with malnutrition
- Primary Care Dietetics service → community clinics for malnutrition or gastro
- Home Enteral Nutrition service → home visits/virtual support for tube-feeding patients
- Diabetes Dietetics service → clinics and home visits for type 2 diabetes
- Paediatric Dietetics service → dietetic support for patient aged <18 years old

## Assessing and Managing Malnutrition in the Community Setting

- How does malnutrition present?
- Poor appetite and weight loss
  1. MUST score of 2 or higher
  2. BMI below 18.5kg/m<sup>2</sup>
  3. Unintentional 5-10% weight loss in 3-6 month span
- Assessment tools
  - Must do a MUST
  - score 2 or higher is high risk
  - Measure Mid Upper Arm Circumference – below 23.5cm likely <20kg/m<sup>2</sup>
- Assessment questions
  1. How long has patient observed change in weight/fit of clothes?
  2. What was their “normal”? Applies to weight/dress size/energy levels etc.
  3. Any changes to their normal appetite? Vomiting? Physical pain?
  4. Fluctuations in mental health? Finances? Housing? Social support?

## Assessing and Managing Malnutrition in the Community Setting: How to use MUST tool to score malnutrition risk



### Example

82 yr old woman  
PMH: dementia  
PC: constipation, chest infection, weight loss, poor appetite  
Height: 1.58m  
Weight: Mar 2024 55kg; Aug 2024 46kg

1. BMI 18.4kg/m<sup>2</sup> = 2  
2. -16.4% in 5 months = 2  
3. Chest infection = 2?  
**Total score: >4**  
**REFER TO DIETITIANS**

## Management guidelines

### **0** **Low Risk** **Routine clinical care**

- Repeat screening  
Hospital – weekly  
Care Homes – monthly  
Community – annually  
for special groups  
e.g. those >75 yrs

### **1** **Medium Risk** **Observe**

- Document dietary intake for 3 days if subject in hospital or care home
- If improved or adequate intake – little clinical concern; if no improvement – clinical concern - follow local policy
- Repeat screening  
Hospital – weekly  
Care Home – at least monthly  
Community – at least every 2-3 months

### **2 or more** **High Risk** **Treat\***

- Refer to dietitian, Nutritional Support Team or implement local policy
- Improve and increase overall nutritional intake
- Monitor and review care plan  
Hospital – weekly  
Care Home – monthly  
Community – monthly

\* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

No further input needed. Consider future referrals if score changes

GP to start Food First approach but no dietetic referral required

Refer to Oxleas Dietitians. Triaged to Food First or Primary Care Dietitians

## Food First Approach for patients with lower risk

- Little and often – serving same portions in smaller bowls may be less overwhelming
- Drink calories if they can't eat calories – e.g. milkshakes, smoothies with soya milk, soups with blended meat or pulses or OTC products e.g. Nurishment, Meritene
- Party snacks – energy/protein dense food in small manageable bites e.g. nuts, sandwiches, cocktail sausages, pakoras

### Useful Resources

- [Spotting and treating malnutrition - British Dietetic Association \(BDA\)](#)
- [Eating Well Affordably Age UK](#)
- [Eating Well in Later Life Age UK](#)
- [Food First for Vegetarians and Vegans](#)

BDA

#### Food Fact Sheet: Spotting and treating malnutrition

Malnutrition is a condition which happens when you do not get the correct amount of nutrients from your diet.

Malnutrition is a major public health issue in the UK. There are approximately three million people in the UK who are malnourished or at risk of malnutrition. The majority live in their own homes.



# How to Refer to Dietitians

- Complete NHS E-referrals forms for either:
  - Food first (home visits for housebound)
  - Primary care (can attend clinic)
  - Home enteral nutrition
- Send completed forms to:

[OX-TR.DIETETICREFERRALS@NHS.NET](mailto:OX-TR.DIETETICREFERRALS@NHS.NET)

## Primary Care Referral Criteria

MUST Score:  $\geq 2$  or prescribed nutritional supplements and are mobile in the community.

Irritable Bowel Disease - diagnosed post Coeliac Serology.

Coeliac Disease – Diagnosed

Malnutrition

Oral Nutrition Supplement review

improving lives		Oxleas NHS NHS Foundation Trust	
<b>Adult Community Dietetics Referral Form - Primary Care</b>			
<b>Primary Care Referral Criteria:</b>			
MUST 2+			
ONS review			
Gastro (including IBS, Coeliac disease, bloating symptoms)			
<b>Referral Details:</b>			
GP Details:			
Date of referral:			
Reason for Referral:			
Is patient Housebound?			
<b>Patient Details</b>			
Surname:	Forename:		
DOB:	NHS No:		
Address:	Tel.:		
	Tel. Mobile:		
Ethnicity:	Interpreter Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any Disability?	Learning Disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Physical Disability Details:		Details:	
<input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Other			
<b>Reason for Referral:</b>			
<b>Significant Medical History</b>		<b>Allergies</b>	
<b>Current Problems</b>			
<b>Medications</b>			
<b>Examinations</b>			
Height	Weight History		
BMI	MUST score		
<b>Current Consultation:</b>			

## The Ideal Referral

A **CLEAR REASON FOR REFERRAL** – How did the patient express their reason for seeing you? What are your concerns?

### Anthropometry

- **Weight and BMI – the newer the better!**
- **MUST score**
- Any previous recorded weights – bonus points

### Biochemistry

- **Serology for IBD/coeliac/gastro related malnutrition**
- Urea or K+, PO and/or Mg levels – *less frequent in community*

### Other

- **Previous medical history and current medications**
- Current or previous ONS use
- **Housebound or active?**
- Other AHP referrals? Any concerns or suspicions?

### Rejection Criteria:

- × Weight management or other exclusion criteria
- × MUST scores <2
- × Patients being seen by other dietitians
- × Vague referrals with no crucial anthropometry
- × Ambiguous referrals with no clear reason for referral



# ONS Greenwich spend ONS in the community

Prescribing cost (£) of the top 4 ONS Red/Amber products in Greenwich (Q1, April – June 2024)

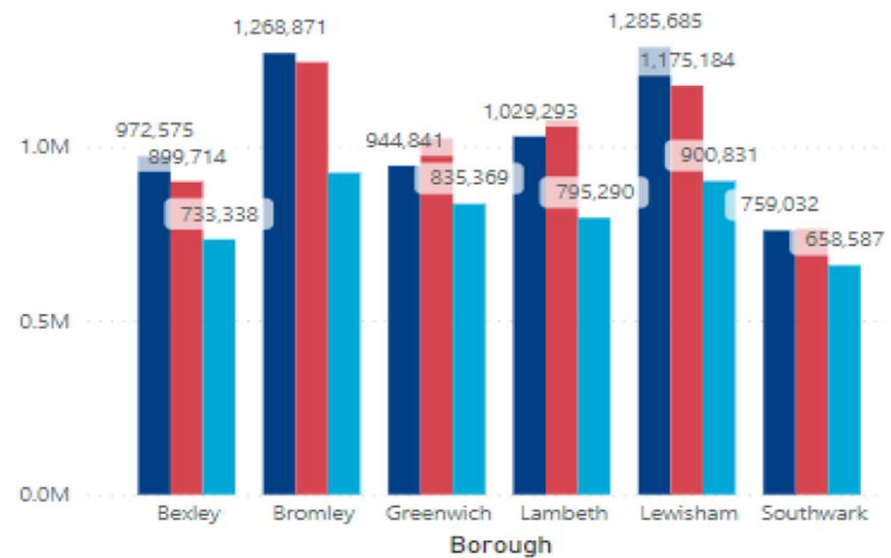
BNF Presentation	Greenwich
Ensure Compact liquid (4 flavours)	30,338
Fortisip Compact Protein liquid (9 flavours)	28,650
Fortisip Compact liquid (8 flavours)	13,431
Ensure Plus milkshake style liquid (9 flavours)	10,961

**£83,380 total spend**

Refer to **SEL Product Guides and Formulary guidance (RAGG)** to identify green, amber and red ONS products

**Nutrition Total Cost by Borough and Financial Year**

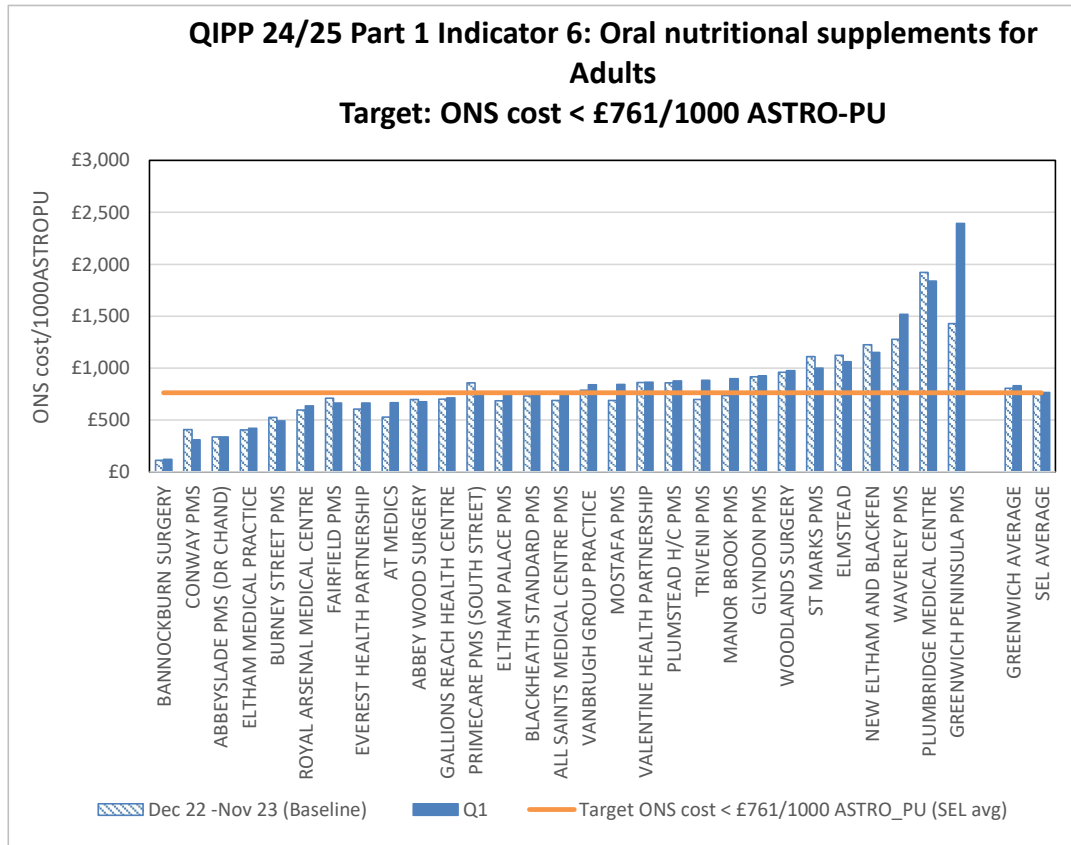
Financial Year ● 2021-22 ● 2022-23 ● 2023-24



# ONS Greenwich spend ONS in the community



## Greenwich GP ONS spend (£) 2024/25



- 15 out of 29 GPs spent more in Q1 2024/25 than Q1 2023 period
- Greenwich had 3<sup>rd</sup> highest spend in SEL in 2023-2024
- Greenwich spend slightly higher than SEL average spend
- **Medicines Optimisation plan 2024/25 aims to reduce our spend**

## ONS management tips

- Most powdered ONS is **first line**. If patient wants vegan choose **Aymes Actasolve Smoothie**
- Patients must meet ACBS criteria to receive ONS on prescription
- Dietitians review using changes in anthropometry, dietary intake, clinical updates and biochemistry to analyse if ONS use should continue. Must still meet ACBS criteria.
- GPs can use the same to review if ONS still needed. You could:
  - Measure changes/stability in weight (up to 0.8kg=clinically stable)
  - Measure BMI and BMI range
  - Reduced/increased MUST scores
  - Clear biochem/clinical signs of malnutrition/dehydration e.g. UTIs, refeeding (low potassium, phosphate and Mg) or visible change in muscle mass etc.
  - Ask if they have been missing/added meals or if they tried your nourishing drinks suggestions
- If you are unsure and would like a deeper review, refer to dietitians

# ONS management



Questions	Answer
Do patients 'fall through the net' who are discharged with red ONS products?	Yes. However, acute dietitians request green ONS in discharges or direct request to GP. Rarely discharge with ONS in hand. Rarely TTO Pharmacists also screen to minimise long term prescriptions of red/amber ONS products
How frequently should malnourished patients be reviewed?	MUST 1: Provide Food First advice, measure MUST in 1 month (Primary Care Clinician Pathway) MUST 2 and using ONS: ~1-3 months
Do Oxleas dietitians accept referrals for ONS review?	Yes as a 'one-off' and discharge if no further dietetic input needed
Are ONS flavours <i>that</i> important?	YES! Encourages compliance with prescription= effective lowering of malnutrition risk
Can I change enteral feeds too?	Current guidelines/formulary do not apply to enteral feeds. Trust the dietitian's judgement and contact if you have any concerns
How do I as a GP make sure that I am choosing the perfect ONS product for patients?	Any ONS for malnourished patients is ideal; priority is to choose green first line (mostly powdered) products as often as possible. Once the patient is assessed by a dietitian, we can assess fully and choose best ONS according to calculated requirements and other factors <b>(ACUTE PRESCRIPTIONS ONLY)</b>

## ONS Direct to Patient Sample Links

- Nualtra (Foodlink/Altraplen) - <https://nualtra.com/get-samples>
- Aymes (Actasolve) - <https://aymes.com/pages/aymes-sample-service>
- Abbott (Ensure) - <https://www.proconnect.abbott/uk/en/home/products.html>
- Nutricia (Fortisip) - <https://www.nutricia.co.uk/hcp/products/sample-products.html>



**Thank you, please feel free  
to ask questions**

