

Position Statement: Use of prescribed oral nutritional supplements (ONS) in care homes

Hertfordshire and West Essex ICS does not support use of prescribed ONS for care home residents. Food-based interventions (which contain a similar range of nutrients) should be provided for residents by care homes instead

Recommendations

- Do not prescribe** ONS for residents in care homes unless resident is tube fed; or resident requires thickened ONS due to diagnosed dysphagia requiring use of a thickener plus identified malnutrition
- Instead** advise care home staff to follow [HWE ICS Care Home Malnutrition Management Pathway](#) and when indicated, to provide **nutritionally comparable [Homemade supplements](#) instead of prescribed ONS**
- Support** staff and relatives to understand that homemade supplements (prepared using the [ICS recipes](#)) have an almost identical nutritional profile to comparable prescribed ONS

Rationale

Malnutrition is a common problem for care home residents. Many care home residents are admitted (or readmitted) from hospital and staff and relatives are likely to have experienced ONS provision in hospital. However, most people are unaware that due to favourable contracts between ONS providers and hospitals (which are not available to primary care) hospitals tend to pay a lot less for ONS than primary care does, and also a lot less than the cost of providing equivalent food-based interventions.

In the community food is likely to be both a more cost effective and a more acceptable and familiar choice for many patients for managing malnutrition.

In addition there are no nutrients found in prescribed ONS which cannot be found in ordinary food, and there is no absolute requirement for care home residents to need to have ONS prescribed as their nutritional requirements can almost always be met using food.

Food and mealtimes remain a highlight of the day for many care home residents and eating meals and snacks enable continued social contact, which is of equal importance to a resident's nutritional intake, and which cannot be provided by ONS.

When admitting a resident, care homes have accepted that they will meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for each resident Regulation 14 which states: *“A variety of nutritious, appetising food should be available to meet people's needs... Snacks or other food should be available between meals for those who prefer to eat 'little and often'... Where a person is assessed as needing a specific diet [which includes the guidance within [HWE ICS Care Home Malnutrition Management Pathway](#), this must be provided in line with that assessment...”*

A food-based approach to treating identified malnutrition is also supported by NICE:

NICE Clinical Guideline 32 (2006) states: *“Healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals.”*

NICE Quality Standard 24 (2012) states: *“It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet.”*

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