

The Value of Foods for Special Medical Purposes

Providing medical nutrition for the management of patients' conditions and to enhance their quality of life

Medical nutrition involves the provision of Foods for Special Medical Purposes (FSMPs). These are specialised foods designed to help meet the nutritional or dietary needs of patients living with a disease, disorder or medical condition who are temporarily or permanently unable to achieve an adequate nutritional intake from normal foods or through modification of the normal diet. They are evidence-based nutritional solutions for disease-related malnutrition (under-nutrition) and a wide range of other conditions in all ages.¹

FSMPs can be especially valuable in supporting positive health outcomes and in reducing costs to the NHS

Dietitians are uniquely qualified to advise on the correct use of these products. The choice of the most appropriate FSMP for each patient will vary as every clinical situation has specific nutritional requirements.

Because one type, composition or formulation of FSMP will not suit every patient's needs, it is essential that FSMPs are used under medical supervision.

Supporting the provision of good quality nutritional care, dietitians can help the NHS to deliver on all **Domains of the NHS Outcomes Framework**. In particular Domain 2 "Enhancing the quality of life for people with long-term conditions" as many long-term conditions require dietetic support to ensure optimal nutrition.³

Malnutrition affects at least 3 million people in the UK and the public health expenditure is estimated at £19.6 billion per year in

Typically highly specialised feeds, oral nutritional supplements (ONS) or metabolic products, which can be taken orally or given as tube feeds, they can be a lifeline for patients of all ages, from infants to the elderly.

FSMPs can partially, or wholly, replace a normal diet to provide patients with the essential nutrients they need to survive, recover and thrive. FSMPs should be used under medical supervision across a wide range of settings such as hospitals, care homes, clinics and in private homes.

Patients requiring FSMPs range from those with food intolerances and inherited metabolic diseases, to those living with chronic illnesses. These may include cancer, cystic fibrosis, kidney failure or chronic obstructive pulmonary disease (COPD), diseases such as lung, muscular or heart disease as well as psychiatric and neurological conditions.

England alone.⁴ NICE has calculated that the delivery of better nutritional care could be the sixth largest potential cost saving available to the NHS.⁵ The **NICE Quality Standard on Nutrition Support in Adults (QS 24)** clearly states that people who are malnourished or at risk of malnutrition should have a management care plan that aims to meet their complete nutritional requirements. The NHS England Commissioning Guidance on Nutrition and Hydration also recognises that malnutrition and dehydration have a large impact on the health economy with increased demands on GP services, out-of-hours services and increased rates of transition across pathways of care.⁶

The provision of dietary advice and oral nutritional supplements to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%.⁷ The use of ONS is linked to reduced hospital stay, which is the main driver of potential cost savings to the NHS. The reduced burden on healthcare services, as a result of ONS use, amounts to a potential total cost saving of £101.8 million per year.⁴ Person-centred nutritional care leads to positive health outcomes and reduces health and social care costs.⁴

FSMPs can be an essential part of medical management and may be required for short periods of time or for life, for example in patients recovering from stroke or with severe food allergies or bowel diseases. In these cases, they guard against malnutrition until a normal diet can be resumed.

FSMPs, designed to support better outcomes for patients, are evidence based and highly regulated.²

£19.6 billion

The health and social expenditure of disease-related malnutrition is estimated at £19.6bn per year in England alone⁴

Reduced use of healthcare resources due to ONS use, could save **£101.8 million per year⁴**

Around **98%** of malnutrition exists outside the hospital setting⁴



Reduced GP visits, due to ONS use and tube feeding, could save the NHS **£3.9 million⁴**

24% of hospitalised children may be malnourished⁸



25,000 adults were tube fed in the community in 2011-12⁴

[1] Elia M, 2003 [2] EU Commission Delegated Regulation (EU) 2016/128 supplementing Regulation (EU) No 609/2013 [3] BSNA and BDA, 'The Value of Nutritional Care in Helping the NHS', 2013 [4] Elia M, BAPEN/NIHR, 'The cost of malnutrition in England and potential cost savings from nutritional interventions', 2015 [5] NICE. Cost savings guidance, 2015 [6] NHS England. 'Commissioning Excellent Nutrition', 2015 [7] Stratton RJ, Green CJ, Elia M, 2003 [8] Pallewek I, Dokoupil K, Koletzko B, 2008 [9] Collins PF, Elia M, Stratton RJ, 2013 [10] Bell KL, Samson-Fann L, 2013 [11] Malnutrition Task Force. 'A review and summary of the impact of malnutrition', 2013 [12] Arends J, et al, 'ESPEN Guidelines on Enteral Nutrition', 2006 [13] Baldwin C, Parsons TJ, 2004

Examples of the wide ranging use of FSMPs across age ranges and different conditions

Both in hospital and in the community, FSMPs provide a vital lifeline to patients who, without their support, would become or remain malnourished and more prone to complications which may require further intervention.

Nutritional support for COPD

Malnutrition is a significant problem in COPD. Up to 45% of outpatients and 60% of inpatients with COPD have been reported to be at risk of undernutrition.⁹ Undernutrition occurs in patients with COPD due to shortness of breath, making eating and drinking more difficult. Patients at risk of malnutrition with COPD are more likely to have a higher risk of admission and readmission to hospital, increased length of stay⁹ and face a poorer prognosis than those patients not at risk of malnutrition.

FSMPs can help provide patients with the nutritional intake they require in more manageable format.

Cerebral palsy

Many children and adults with cerebral palsy are at high risk of malnutrition due to oral motor dysfunction.¹⁰ These patients often require long term nutritional support, either through ONS and/or tube feeds.

Malnutrition in vulnerable population groups

Infants and children: Some infants and young children have an inability to digest or absorb certain nutrients, which means they are unable to tolerate a normal diet. To meet their nutritional requirements for growth they need to be fed a specially-developed formula that can be better tolerated.

The ageing population: In the UK, more than 10% of people aged 65 and over living in the community are malnourished or at risk of malnutrition.¹¹ Among this vulnerable population group, the incidence of chronic age related diseases is rising.

Cancer

Weight loss commonly precedes tumour diagnosis and is reported among 30% to 80% of cancer patients, in which 15% of weight loss is severe (>10% of initial weight).¹² Where normal eating is possible but inadequate to meet patients' requirements, improved nutritional status can lead to better health outcomes and quality of life. Evidence shows that malnourished cancer patients receiving ONS, or being fed by tube, gain significantly more weight or lose significantly less weight than those receiving nutritional counselling alone.¹³

FSMPs can help...

Reduce malnutrition and the risk of becoming malnourished



Improve patients' health outcomes and quality of life



Reduce number of GP visits, length of hospital stay and number of admissions and readmissions

Putting nutrition at the heart of patient care

Malnutrition can increase mortality, morbidity, length of hospital stay and costs of care.⁶ Ensuring that patients receive adequate nutritional intake is essential for improving health outcomes. Appropriate use of FSMPs, following the screening, assessment and monitoring of patients, and under medical

supervision, should form an integral part of patients' disease management. This will help provide improved nutritional status, better health outcomes and a more satisfying patient experience.

The benefits of FSMPs include:

Optimal patient care	Use of FSMPs ensures that patients receive appropriate nutritional support to help them achieve optimal health outcomes as quickly and effectively as possible. ¹⁻¹³
Reduced health and social care spend	Use of ONS in malnourished patients can potentially save £101.8 million per year. ⁴
Safety and quality assurance	FSMPs are supported by robust evidence and are highly regulated. ² This ensures that healthcare professionals and patients can trust in the efficacy and quality of the products prescribed.

BSNA calls for:

- 1 FSMPs to be accessible to all patients who require them. All care pathways should clearly identify how and when FSMPs should be used to help manage patients' conditions
- 2 FSMPs to be prescribed and used appropriately, and for patients to be regularly reviewed and monitored by a healthcare professional
- 3 FSMPs to be recognised as an integral part of the management of long-term conditions which require nutritional support