



A SERVICE LEVEL AGREEMENT FOR
LOCALLY ENHANCED PHARMACEUTICAL
CARE SERVICES

TO DELIVER:

***THE COMMUNITY PHARMACY
NUTRITION SUPPORT SERVICE (CPNSS)***

PREAMBLE

This Agreement (“**the Agreement**”) is between NHS Greater Glasgow & Clyde, being a Health Board constituted pursuant to The National Health Service (Scotland) Act 1978 (as amended) (the “**Act**”) and having its headquarters at JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Rd, Glasgow G12 0XH (the “**Board**”) and the Contractor named in the submitted Participation Form (**Appendix 7**) (“**the Contractor**”) (each being a “**Party**” and being collectively referred to as “**the Parties**”).

1. SERVICE DETAILS, COMMENCEMENT AND DURATION

1.1	The Board has agreed the participation of the Pharmacy Contractor as a supplier for the provision of the Community Pharmacy Nutrition Support Service (CPNSS) in NHS GGC, negotiated under section 23 a (iii) Part 1 of the Scottish Drug Tariff i.e. Pharmacy contractors may enter into a contract with their local NHS Board in respect to provision of additional remunerated service.
1.2	This Agreement shall commence on Tuesday 1st March 2022 (or shall be deemed to have commenced on) (“ the Commencement Date ”) and shall (subject to the other provisions of this Agreement) continue until Monday 31st March 2024 (“ Expiry Date ”) unless terminated in writing by either Party in accordance with clause 11.1.

SERVICE SPECIFICATION

2. INTRODUCTION

2.1	This Service Level Agreement (SLA) acts as a contract between NHS GGC and the Contractor and commits the Contractor to provide the services as defined. The SLA must be read in conjunction with the Appendices provided. Services will be provided within the legal and ethical framework of pharmacy as a whole.
2.2	The introduction of this SLA for the CPNSS provides a contractual and governance framework for NHS GGC and their community pharmacy partners to supply oral nutritional supplement (ONS) products with enhanced pharmaceutical care provision where needed.

3. BACKGROUND TO SERVICE

3.1	The investment made by the NHS in ONS is for the explicit purpose of delivering health gain to the population. For this investment to bring the best possible outcomes for the people who are prescribed ONS, pharmaceutical care of the correct quality has to be
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	delivered reliably, safely, effectively and efficiently. The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”), places a duty on Boards to secure adequate pharmaceutical care services for the patients within their boundaries. Where ONS are requested by a Registered Dietitian (registered with the HCPC), it may be appropriate for the specified pharmaceutical care to be provided via community pharmacy. The placement of community pharmacies and their integration within the local healthcare system may mean that they are the preferred route of service provision.
3.2	<p>Pharmaceutical Care Services, provided from a community pharmacy, for patients receiving ONS has a number of advantages over traditional services:</p> <ul style="list-style-type: none"> • Service provision is more likely to be fully integrated with other local services delivered within the local healthcare system; • Access by vulnerable populations is facilitated, including those with less stable lifestyles and the homeless; • Effective communication is promoted between community pharmacy, general practice and dietetic services; • Ensuring that patients’ supplements are provided within the context of other medicines prescribed in primary care and the pharmaceutical care needs of the patient; • Supports the validity and reliability of the community pharmacy held pharmaceutical care record; • Enables assessment of patients’ needs for compliance support and delivery of enhanced support where required as part of the patient’s clinical management plan.

4. SERVICE AIMS

4.1	The central aim of the service is to provide patients at risk of, or with established malnutrition, with ongoing access to ONS along with any associated pharmaceutical care support deemed appropriate by the NHS Board from a local community pharmacy contracted to provide NHS Funded Services.
4.2	<p>The supplementary aims include:</p> <ul style="list-style-type: none"> • Ensuring that suitable education materials are provided to the patient or signposted; • Providing community pharmacists with links to appropriate support within the dietetic service to access advice or resolve care issues; • Ensuring that ONS supplied in this way are sourced and supplied effectively and efficiently for the NHS.

5. ROLES AND RESPONSIBILITIES

5.1	<p>The Dietitians will:</p> <ul style="list-style-type: none"> • Identify suitable patients;
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	<ul style="list-style-type: none"> • Obtain verbal consent (this will be recorded on ONS request form) to share information with the patient’s nominated community pharmacy and others for the purpose of service development and audit; • Ensure that the community pharmacy and patient’s GP practice are kept informed of relevant information about the patient’s nutritional and ONS care via the pharmacy’s clinical mailbox and Trak Care letters to GP practice ; • Ensure the patient’s ONS Dietetic Request Form (Appendix 2) and any other patient identifiable information will be transferred to the Community Pharmacy via the pharmacy’s clinical mailbox; • Be contactable (Monday – Friday 9.00am – 4.00pm) for any queries arising from the discharge; • Maintain a record of care for each patient.
5.2	<p>The Contractor will:</p> <ul style="list-style-type: none"> • Nominate key member(s) of staff, who will have accountability for provision of the service when required from that pharmacy. For pharmacies open over extended hours the contractor must also ensure that the staff on duty at these times are competent to maintain continuity of service, including that there is access to the pharmacy’s clinical mailbox; • Ensure all appropriate staff complete the required training (details will be provided under separate communication); • Create and ensure that a Standard Operating Procedure (SOP) is in place to support full delivery and governance of the service pathways, described here; http://www.clinicalknowledgepublisher.scot.nhs.uk/Published/PathwayViewer.aspx?fileid=3201 All staff involved in providing the service must be fully conversant with the content of the SOP. • Check clinical mailbox at least twice daily; • Ensure that the resources required by the pharmacy to deliver the service are available at all times: <ul style="list-style-type: none"> - Class III weighing scales (see Appendix 6) <p>This will ensure accuracy of weights, BMIs and MUST scores which determine the correct clinical treatment choice. Scales should be calibrated annually.</p> <ul style="list-style-type: none"> - A height measure is desirable - Internet and clinical mailbox access is essential for service delivery - The facility to print electronic patient leaflets when required • Maintain a record of care for each patient; • Ensure treatment continuity if a patient moves to a different community pharmacy. The community pharmacy providing existing service will transfer clinical record via clinical mailbox to new contractor on request; • Ensure that the appropriate dietitian / dietetic team and patient’s GP practice are kept informed of relevant information via electronic communication about the patient’s nutritional and ONS care.
5.3	All parties will maintain patient confidentiality and comply will all relevant GDPR regulations.

6. SERVICE OUTLINES AND STANDARDS

6.1	As ONS are not Prescription Only Medicines (POM) an NHS GGC Approved Prescribing Protocol for the management of specified ONS products by Registered Dietitians will be used (Appendix 5). This authorises Registered Dietitians to directly request a prescription for specific categories and doses of ONS.
6.2	<p>On receipt of an ONS Dietetic Request Form (Appendix 2) the Community Pharmacy will:</p> <ul style="list-style-type: none"> • Explain the service to the patient; • Register the Patient using the Patient Registration form - (Appendix 3); • Supply the patient with supplements detailed on the ONS Dietetic Request Form (Appendix 2); • Identify patient follow-up arrangements and use the Community Pharmacy Guidance Pathway (Appendix 1) to decide and undertake next steps. <p>It would be reasonable to obtain verbal consent (for housebound and care home patients) and document this when a signature can't be obtained. Please note that this consent is informed and voluntary. If there are any concerns about the individuals capability to consent the Dietitian will already have indicated this on the ONS request form.</p>
6.3	<p>On receipt of an ONS Monitoring Transfer form (Appendix 4) the Community Pharmacy will:</p> <ul style="list-style-type: none"> • Undertake the monitoring detailed on the ONS Monitoring Transfer Form (Appendix 4), to monitor progress for patients that have been discharged from active dietetic review against the targets / markers provided on the form, reducing and discontinuing ONS prescriptions or re-referring to dietetics as indicated.
6.4	<p>The pharmacy will supply the patient with the specified ONS product and dose for the duration indicated. The duration indicated will be either:</p> <p>'Ongoing' - in which case the pharmacy should prescribe every 28/31 days until further instruction is received from the Dietitian (usually within 3 months);</p> <p>Time limited - e.g. 1 week for trial purposes, or for 4 weeks only following hospital discharge.</p>
6.5	<p>ONS prescribing should be discontinued when:</p> <ul style="list-style-type: none"> • A time limited duration has ended; OR • A Dietitian contacts the pharmacy to advise discontinuation of ONS: OR • The patient successfully achieves the targets set by the Dietitian as per the ONS monitoring form (Appendix 4).
6.6	<p>The pharmacy will refer the patient back to the dietitian if:</p> <ul style="list-style-type: none"> • The patient's nutritional status declines to markers as specified on the ONS Monitoring Transfer Form: OR

	<ul style="list-style-type: none"> If the patient is still prescribed ONS after 12 months of community pharmacy monitoring (in this instance, ONS prescribing by the pharmacy should continue until further notice is received from the Dietitian).
6.7	The Pharmacy Contractor will utilise the “Local Services” tab on the UCF to obtain payment for the cost of the supplements provided.
6.8	Details of the patient will be securely shared (electronically) with the patient’s GP practice via a locally agreed process. Standard forms e.g. letter to GP re ONS discontinuation or letter to GP re ONS discontinuation will be used.
6.9	Completed claim form(s) will be returned to the Community Pharmacy Development Team (CPDT) on: <ul style="list-style-type: none"> - Initial sign up; - Registration of each patient entering the service; - The provision of monitoring for any patient once discharged from active direct dietetic review.
6.10	Patients re-presenting to the community pharmacy after having been discharged from the service will be assessed using the MUST tool and if appropriate will be referred to their GP or Dietitian for further review.

7. TRAINING

7.1	At least one member of staff from each participating pharmacy will complete the required training and will cascade it to other relevant members of the pharmacy team. Staff should complete online Webinars and endeavour to attend at least one live virtual training session (details will be sent under separate cover).
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8. MONITORING AND EVALUATION

8.1	Data relating to the number of patients benefitting from the service, the number of products supplied and any issues identified relating to this service will be collected by the GGC’s CPDT.
8.2	Oversight of the Service will be undertaken by GGC’s Nutrition Sub Committee of Non Medicines Utilisation Committee.
8.3	Any evaluation of the service will be led by GGC’s Nutrition Sub Committee of Non Medicines Utilisation Committee and any Contractor involvement will be agreed with CP GGC prior to being undertaken.

8.4	Regular audit (6 monthly) by CPDT and prescribing support dietetic service will take place to ensure patients are prescribed ONS as requested by dietitian and where CP monitoring has been requested that this is completed effectively.
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9. NOTIFICATION OF PARTICIPATION

9.1	Contractors should indicate their willingness to participate in the service by submitting a signed copy of the Participation Form (Appendix 7) using the submission details contained on the form. Forms should be submitted via e-mail ggc.cpdevteam@nhs.scot .
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10. PAYMENT ARRANGEMENTS

10.1	Payments for Service Participation/Delivery
10.1.1	The service will attract four payments: <ul style="list-style-type: none"> - Participation Payment; - Patient Registration Payment; - Payment for Supply; and - Monitoring Payment.
10.1.2	On receipt of a “properly completed” Participation Form, the CPDT will make payment of £250.00 . This payment should cover training fees, any initial set up costs and ongoing collation of information relating to pilot.
10.1.3	Where a Participation Form is not considered to be properly completed, the CPDT will return the form to the Contractor with a request for proper completion, providing a full explanation of remedial action required. No payments will be made pending receipt of form.
10.1.4	The Participation Payment will be made via the Regional Services mechanism via PSD. Details will be found on the local remittance issued monthly by CPDT.
10.1.5	A Patient Registration Payment of £5.00 will be made for every individual patient registered on the service.
10.1.6	A Monitoring Fee of £15.00 will be made for every patient where there is no active dietetic monitoring in place.
10.1.7	The Patient Registration Payment and Monitoring Fee will be made on receipt of properly completed claim form (Appendix 8). This claim will be paper based until such times as the CPDT introduce their electronic workbook.

10.1.8	Where a Claim Form is not considered to be properly completed, the CPDT will return the form to the Contractor with a request for proper completion, providing a full explanation of remedial action required. No payments will be made pending receipt of form.
10.1.9	Claim Forms received by the 5 th in the month, will be processed and payment made in that month i.e. a properly completed claim form received on 4 th February will be paid at month end February via dispensed December, paid February payments.
10.1.10	A properly completed claim form received after 5 th of the month, will be paid in the next month.
10.1.11	A Supply Payment of £2.00 will be made for every patient receiving 28/31 day supply of ONS. This payment will be made automatically by CPDT who will make payment from a report generated from the Patient Information System (PIS). A fee of £2.00 will be made for each individual CHI number appearing on the report.
10.1.12	All UCFs MUST contain a CHI number to allow Supply fee to be generated. Where there is no CHI number, no payment will be made. The CHI number for each patient can be obtained from the ONS Dietetic Request Form (Appendix 2).
10.2	<u>Overpayments/Recoveries</u>
10.2.1	If an over/inappropriate payment is identified, the CPDT will make arrangements to process a recovery. The payment recovered will not exceed the amount of the over/inappropriate payment. No additional/further financial sanction will be applied. The Contractor will be advised of the intention to recover monies before the recovery is made.
10.3	<u>General Business Costs</u>
10.3.1	<p>General business costs such as insurance, servicing finance, banking charges, business administration, payment tracking etc. are reflected in national arrangements for community pharmaceutical services and as such do not form part of local arrangements/ service level agreements.</p> <p>It is anticipated that the products prescribed and supplied via community pharmacy under this SLA will be available from major wholesalers / through existing account arrangements and will require no, or minimal additional workload, around account set up, payment tracking, administration etc. However, where such non-pharmaceutical care related impacts are significant and are envisaged, or occurring, local discussions on such impacts may need to take place.</p>
10.4	<u>Risk</u>
10.4.1	Contractors will remain accountable for delivery of their professional responsibilities and standards e.g. incorrect ordering of a medicine would fall beneath the threshold at which a Board / prescriber would be expected to take financial responsibility, although Boards should where possible attempt to utilise such medication for alternative patients.

10.5	<u>Service Financial Management</u>
10.5.1	The CPDT will undertake post-payment verification checks in line with the process established and agreed via National Services Scotland. Contractors participating in the service should support this exercise by providing information if requested.

11. TERMINATION

11.1	Should either party require to terminate this arrangement, they will only do so after three months notice has been provided, in writing.
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12. INTERPRETATION AND APPLICATION

“the Act”	Means the National Health Service (Scotland) Act 1978
“Board”	Means a Health Board within the meaning of section 2(1)(a) of the Act
“Contractor”	Means a person whose name is included on a Board’s Provisional Pharmaceutical List or Pharmaceutical List
“Commencement Date”	Means the date on which the service will begin and the date on which claims for payment will be deemed to be appropriate
“Extended Hours”	Means pharmacies open after 6.00pm on weekdays (at least one in the week), after 1.00pm on Saturday or any time on Sunday
“Expiry Date”	Means the date on which the service will end or the date by which the Service Level Agreement will be reviewed and renewed
“GDPR Regulations”	Means the arrangements for General Data Protection Registration set out in the Data Protection Act 2018.
“NHS Funded Services”	Means pharmaceutical services provided by a person on a Board’s pharmaceutical or provisional pharmaceutical list
“Parties	Has the meaning assigned to it in the Preamble to this Service Level Agreement
“properly completed”	Means the form must contain: contractor code, authorised signature, date of signing and completion of any other information deemed necessary.
“Registered Dietitian”	An expert on diet and nutrition who is registered with the Health and Care Professions Council.

“the Regulations”	Means the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended
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13. LIST OF APPENDICES

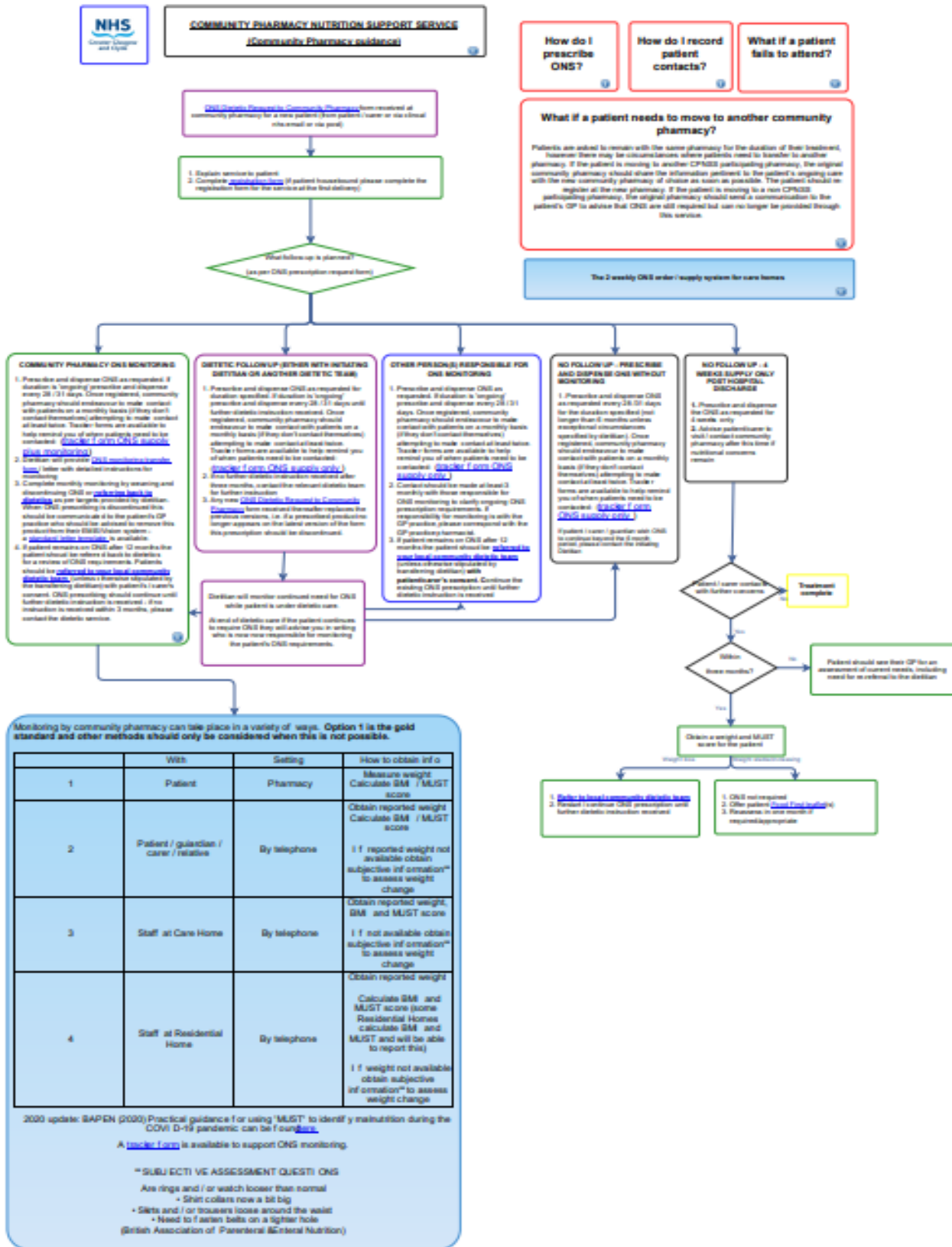
Appendix 1	Community Pharmacy Guidance Pathway 2020
Appendix 2	ONS Dietetic Request to Community Pharmacy
Appendix 3	Patient Registration Form
Appendix 4	ONS Monitoring Transfer Form
Appendix 5	Prescribing Protocol
Appendix 6	Safety Action Notice
Appendix 7	Participation Form
Appendix 8 (separate document)	Claim Form


Version	2. SLA
Name/Department of Originator/author:	Prescribing Support Dietitian Service/Community Pharmacy Development Team
Name/Title of responsible Committee/individual:	Una Cuthbert, Dietetic Manager, Prescribing
Date issued:	26 th April 2022
Review date:	1 st February 2024
Target audience:	NHSGG&C Community Pharmacy

Version	Date	Control Reason
2.	April 2022	<ul style="list-style-type: none"> - Clarification of GDPR Regulations; - Clarification around consent arrangements for house bound patients; - “Registered Dietitian” defined.
1.	Jan 2022	Original SLA

Appendix 1 – For Illustrative purposes only – full version can be found [Here](#).

COMMUNITY PHARMACY NUTRITION SUPPORT SERVICE - COMMUNITY PHARMACY GUIDANCE PATHWAY JAN 2020





Community Pharmacy Nutrition Support Service ONS Dietetic Request to Community Pharmacy

N.B. Community pharmacy – please ensure that all patients have completed a service registration form

Request to Community Pharmacy Pharmacy Name: _____ Address: _____	Patient name: _____ CHI: _____ Address: _____ Tel no: _____ Guardian/carer name and tel no. if appropriate: _____
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Following a dietetic consultation this patient has agreed to take the ONS products listed below in addition to diet and fluids for the following ACBS indication(s):

Please tick

<input type="checkbox"/> Short bowel syndrome /	<input type="checkbox"/> Pre-operative preparation of undemourished patients	<input type="checkbox"/> Total gastrectomy
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Inflammatory bowel disease	<input type="checkbox"/> Bowel fistulae
<input type="checkbox"/> Intractable malabsorption		<input type="checkbox"/> Disease related malnutrition
<input type="checkbox"/> Other _____		

This is a new prescription for ONS The patient above has agreed to participate in the CPNSS and understands that as part of this relevant clinical information will be shared between professionals involved in this service e.g. dietitian, community pharmacy staff, carers. They also understand that their information may be used to help with service developments and audit.

This patient already uses the service; this is a prescription amendment. Please discontinue prescriptions for any products not listed below.

Follow up and ONS monitoring will be undertaken by:

Please tick one

Myself / my dietetic team

The following dietetic team (name, address and contact details) _____

Community pharmacy (ONS monitoring transfer form or letter attached / to follow)

Other: _____ (name, designation, address and contact details) will keep you informed of any changes to the patient's product requirements. Please continue to prescribe and dispense ONS for this patient.

No follow up - this patient requires 4 weeks supply of ONS only post hospital discharge (see care pathway)

No follow up - this patient requires ONS to be prescribed and dispensed without monitoring for the duration indicated (no longer than 6 months) for the following reason:
 (Please tick) End of life care Complex condition Condition requiring intermittent ONS use

Dietitian to please score through / delete products not required			
PRODUCT NAME	DOSE	FLAVOURS / other directions	DURATION*
Ensure Shake	___ x 57g sachet per ___	Van <input type="checkbox"/> Choc <input type="checkbox"/> Straw <input type="checkbox"/> Bar <input type="checkbox"/>	
Ensure Plus Milkshake Style	___ x 200ml bottle per ___		
Ensure Compact	___ x 125ml bottle per ___		
Fortisip Compact (Neutral only)	___ x 125ml bottle per ___	Neutral only	
Ensure Plus Juice Style	___ x 220ml bottle per ___		
Ensure Plus Yoghurt Style	___ x 200ml bottle per ___		
Fresubin 3.2 kcal	___ x 125ml bottle per ___		
Other:			

If non-formulary product, justification for product selection: _____

*If 'ongoing' prescribe every 28/31 days until further instruction received from dietitian (usually within 3 months)

Dietitian: _____ HCPC no: DT _____ Date: _____
 (print name and sign)

Dietetic Team and contact details: _____

(N.B. This team can be contacted for information relating to the requested **product**. For information regarding the patient's future **care** please contact the person responsible for follow up as outlined in the shaded box above)

Community Pharmacy Nutrition Support Service Registration Form



Patient details		GP details
Name		
CHI		
Address		
Postcode		
Tel no		
Guardian/carer details if appropriate		
Registration date		

The above patient has agreed to participate in the Community Pharmacy Nutrition Support Service, through which pharmacies offer advice and support to patients who are at risk of or who have established malnutrition.

Pharmacist declaration: I declare that the information I have given on this form is correct and complete.

Pharmacist's name and signature		Date	
Pharmacy Stamp		Contractor Code	

Patient / carer please complete and sign this part of the form

I agree / I agree on behalf of the patient above to participate in the Pharmacy Nutrition Support Service and understand that as part of this relevant clinical information with regards to my / the patient's nutritional treatment will be shared between professionals involved in this service e.g. dietitian, community pharmacy staff, carers and GPs. I also understand that my information will be used to help develop service improvements.

I also agree to attend this pharmacy for the duration of my / the patient's nutritional treatment plan.

I consent to being contacted in future for evaluation purposes: YES NO

Patient / carer's Signature		Date	
Print name			

Pharmacy Nutrition Support Service
Oral Nutritional Supplement (ONS) monitoring transfer form



Request to Community Pharmacy	Patient name:
Pharmacy Name:	CHI:
Address:	Address:
	Tel no:
	Guardian/carer name and tel no. if appropriate:

Dear pharmacy colleague,

This patient's dietetic treatment is now complete and no further dietetic follow up is planned. The patient continues to require ONS, in line with the agreed aim of nutritional treatment, nutritional goals and targets.

I would be grateful if you would continue to prescribe and supply ONS for this patient AND monitor the ongoing need for ONS by assessing this patient monthly and amending their ONS prescription as detailed in the table below:

Instructions to community pharmacy for ONS monitoring						
Monitoring should be completed with:						
<input type="checkbox"/> The patient						
<input type="checkbox"/> Carer/guardian (as detailed above)						
<input type="checkbox"/> Other (provide name, relationship to patient and contact details):						
In the following setting:						
<input type="checkbox"/> This person will attend the pharmacy to complete reviews						
<input type="checkbox"/> Please phone this person to complete reviews						
Using:						
<input type="checkbox"/> Measured / reported weights						
<input type="checkbox"/> Subjective Assessment Questions						
	Height (M):		Weight (kg)	BMI (kg/m ²)	MUST score	When Subjective Assessment indicates:
ONS can be reduced to _____ units per day at the following targets →						
ONS can be further reduced to _____ units per day at the following targets →						
ONS can be discontinued at the following targets → OR if weight/BMI is maintained at _____ for a period of _____ month(s)						
The patient should be re-referred to the dietetic service if the patient declines to the following weight / BMI / MUST score →						
Additional relevant information:						

Dietitian: _____ HCPC no: _____ Date: _____
(print name and sign)

Dietetic Team and contact details: _____

Prescribing Protocol for specified Oral Nutritional Supplement products

Appendix 5

NHSGGC Protocol ref no: ONS102021

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Clinical Condition	
Indication:	<p>ACBS indications for Oral Nutritional Supplements (ONS) apply and must be clearly documented within the patient’s dietetic record of care and on any other relevant paperwork e.g. ONS product request forms / letters.</p> <p>ACBS indications vary for different products, therefore it is sensible to consult the English Drug Tariff which has a definitive list of ACBS indications and specifies these for each ONS product: English Drug Tariff</p> <p>There is a list of standard indications which apply to some ONS products:</p> <p>Short bowel syndrome</p> <p>Intractable malabsorption</p> <p>Pre-operative preparation of patients who are undernourished</p> <p>Proven inflammatory bowel disease</p> <p>Following total gastrectomy</p> <p>Dysphagia, bowel fistulae or Disease related malnutrition</p> <p>However it is important to note than many commonly used ONS do not have standard ACBS indications. People who do not meet the ACBS criteria should be advised about suitable food fortification and the option of purchasing suitable over the counter ONS.</p> <p>The NHSGGC Clinical Guideline: ONS Prescribing in Adults (oral use): Six stage approach provides guidance for all health and social care staff involved in ONS prescribing, use and monitoring across all settings.</p>
Inclusion criteria:	<p>This Protocol applies to</p> <ul style="list-style-type: none"> a) community based patients b) patients being discharged from an acute to a community setting <p>If they meet all of the following criteria:</p> <ul style="list-style-type: none"> • Uses a GP and community pharmacy within NHSGGC area

Prescribing Protocol for specified Oral Nutritional Supplement products

	<p>And</p> <ul style="list-style-type: none"> • Is aged 18 years or over AND • Has consented to dietetic treatment and, as part of this, to a course of prescribable ONS
Exclusion criteria:	<ol style="list-style-type: none"> 1. Patients who do not consent to dietetic treatment 2. Patients who decline treatment with ONS
Action if patient declines or is excluded:	<ol style="list-style-type: none"> 1. If the patient declines dietetic treatment, the patient may wish to seek nutritional advice from another relevant health care professional. Moving forward, the intention is that ONS initiation will be by dietitians only with other prescribers initiating ONS for their patient in very exceptional circumstances only. 2. If the patient declines treatment with ONS, appropriate nutritional advice specific to the patient's condition can continue.
Cautions/Need for further advice/ Circumstances when further advice should be sought:	<p>Cautions include:</p> <ol style="list-style-type: none"> 1. Where there is a risk of Re-feeding syndrome 2. Where there are potential drug-nutrient interactions 3. As with foodstuffs, some ONS will not be suitable for particular clinical conditions e.g. ONS high in certain electrolytes may not be suitable for patients with Chronic Kidney Disease at stage 4 and 5, ONS high in sugar may not be suitable for patients who are hyperglycaemic / have poor diabetes control 4. Where patients have an enteral feeding tube and require ONS product(s) <p>Further cautions can be found in individual product data sheets / patient information leaflets.</p>

Prescribing Protocol for specified Oral Nutritional Supplement products

Referral arrangements for further advice / cautions:

1. Where patients are at risk of re-feeding syndrome, dietitians should refer to NHSGGC Re-feeding syndrome Guidelines:
[NHSGGC Clinical Guideline: Adults at Risk of Re-feeding Syndrome in Primary Care](#)
[NHSGGC Nutrition Resource Manual SECTION 5: CLINICAL NUTRITION \(PART 1\) 5.3 Re-feeding Syndrome](#)
(The Nutrition Resource Manual is a key resource to enhance the patient experience and to ensure staff provide safe, effective, evidenced based nutrition care).
The Specialist Home Enteral Feeding dietitians, and some acute based dietitians can also offer further advice.
2. For advice and information on drug-nutrient interactions, dietitians can contact the NHSGGC Medicines Information service:
[\(Medicines Information Staffnet webpage\)](#)
Advice may also be sought from pharmacy or other relevant colleagues:
 - In the community setting pharmacy colleagues can be contacted through your Health & Social Care Partnership Prescribing Support Team
 - In the acute setting pharmacy colleagues can be contacted through your local Clinical Pharmacy Team.
 - Common drugs which have potential for interaction with ONS are listed below but this list is not exhaustive. Dietitians must check and be aware of the patient's current medication and consider any other potential drug-nutrient interactions before recommending an ONS product.
 - Bisphosphonates
 - Levodopa
 - Penicillins
 - Phenytoin
 - Quinolone antibiotics
 - Theophylline
 - Warfarin
 -
3. Dietitians must be fully aware of the patient's relevant medical history, including food allergies, their estimated nutritional intake via food and the nutritional profile of the ONS that they are recommending to avoid any adverse effects
4. It is recommended that patients in receipt of deliveries from a home enteral feeding company (for equipment etc.) should receive their feed / ONS product via that same route. However, a prescription of ONS products can be requested from community pharmacy if:
 - The product is required for oral AND / OR bolus administration via their feeding tube AND
 - The patient is also in receipt of an enteral feed product via the home enteral feed company AND
 - This is the preferred method for the patient

Prescribing Protocol for specified Oral Nutritional Supplement products

For further guidance on prescribing enteral feeding products for patients in the community:

[NHSGGC Clinical Guideline: Enteral Feeding Products for Patients in the Community - Prescribing Guideline](#)

Drug Details

Name, form & strength of medicine:

Products listed as [Borderline Substances](#) within the BNF **under the following categories and doses only** can be managed under this protocol:

Category	Dose
Nutritional supplements (non-disease specific)	≤ 8 units per day
Feed supplements - high energy supplements only	Dose providing ≤ 1300kcal per day

The only exception to this is the following product which is categorised within Appendix 2 of the BNF under 'Feed Additives – pre-thickened drinks':

- SLO Milkshake +[®]

All variations and flavours of SLO Milkshake[®] + are covered by this protocol at a dose of ≤ 8 units per day

Dietitians are reminded that they should use ONS products as listed on the [NHSGGC Oral and Enteral Nutrition Formulary - Adults and Older Children](#) unless in **exceptional** circumstances (formulary available on NHSGGC Medicines webpage: [GGC Medicines: Non- medicines Formularies](#)). Where a non-formulary product is requested, the prescribing support dietetic team should be notified at presupdiet@ggc.scot.nhs.uk, and written justification must also be included within:

- the dietetic record of care AND

Prescribing Protocol for specified Oral Nutritional Supplement products

	<ul style="list-style-type: none"> the dietetic request to community pharmacy AND a letter to the patient's GP. <p>Dietitians must always ensure that they are making the most clinically and cost effective product choice.</p> <p>Where products / dosage outwith this Protocol are required, a prescription request must be submitted to the prescriber responsible for the patient's care with clear clinical justification for the product and dose requested.</p>
Route/Method of administration:	Oral
Dosage (include maximum dose if appropriate):	<p>This Protocol allows for Nutritional supplements (non-disease specific) or SLO Milkshake +[®] at a dose of ≤ 8 units per day and high-energy feed supplements at a dosage providing ≤ 1300kcal per day to be initiated by registered dietitians.</p> <p>Typically, the daily dose recommended for Nutritional supplements (non disease-specific) and SLO Milkshake +[®] is 1 – 2 units per day, and 400kcal per day for high-energy feed supplements however in some cases higher daily doses are required.</p>
Frequency:	These products are for daily use, with a daily dose specified by the initiating Registered Dietitian
Duration of treatment:	<p>Duration of treatment will vary depending on the patient's clinical condition, progress with improved nutritional intake and status.</p> <p>Dietitians should discuss with the patient, and document in the Dietetic Record of Care the planned / estimated duration of treatment and any changes to this as treatment progresses.</p>
Maximum or minimum treatment period:	No defined maximum or minimum treatment period. The recommended effective treatment period for ONS is 2-3 months, however some patients will require longer term use e.g. some patients with progressive neurological conditions, dysphagic patients
Quantity to supply/administer:	≤ 8 units per day (Nutritional supplements – non disease-specific / SLO Milkshake +[®]) or ≤ 1300 kcal per day (high-energy feed supplements).
Supply, Administer or Both:	Supply only
▼ Additional Monitoring:*	No

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Legal Category:	Foods for Special Medical Purposes (ACBS approved)
Is the use outwith the SPC:**	N/A – ONS products do not require SPC
Storage requirements:	As detailed on individual product packaging.

* The black triangle symbol has now been replaced by European “additional monitoring” (▼)

** Summary of Product Characteristics

Warnings including possible adverse reactions and management of these:	<p>Please refer to current BNF for full details</p> <p>Use the Yellow Card System to report adverse reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/</p>			
Advice to patient/carer including written information provided:	<p>The dietitian will explain the treatment, aim of treatment, course of action, expected duration of treatment, name of product(s) recommended and dose recommended. Where possible, the name of the product(s) and dose recommended should also be provided in written format. Resources are available for this e.g. product information leaflets, NHSGGC’s ‘Guide to taking a nutritional supplement’ leaflet, available on the Prescribing Support Dietitians intranet page. The information could also be noted on other literature / leaflets provided to the patient.</p>			
Monitoring and follow up (if applicable):	<p>All patients who have ONS initiated by a registered dietitian will be monitored regularly for the duration of their ONS treatment.</p> <p>While patients are under the care of a dietitian, the dietitian is responsible for this monitoring.</p> <p>Where dietetic treatment is deemed to be complete and ONS are still required the dietitian may transfer this monitoring to another relevant healthcare professional with clear agreement and written direction e.g. community pharmacy who offer this service*, assistant practitioner, dietetic support worker, GP practice.</p> <p>*ONS monitoring may only be transferred to the patient’s community pharmacy when:</p> <ul style="list-style-type: none"> • the pharmacy deliver the ONS service • ONS are prescribed at the following doses: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Nutritional supplements (non disease-specific) or SLO Milkshakes +[®]</td> <td style="width: 30%; text-align: center;">≤ 3 units per day</td> </tr> </table>		Nutritional supplements (non disease-specific) or SLO Milkshakes +[®]	≤ 3 units per day
Nutritional supplements (non disease-specific) or SLO Milkshakes +[®]	≤ 3 units per day			

Prescribing Protocol for specified Oral Nutritional Supplement products

	Feed supplements - high energy	≤ 1300 kcal per day
<p>Clear monitoring instructions and targets for weaning and discontinuation of ONS must be provided to the pharmacy. Community pharmacy staff can monitor patient's weight, BMI, risk of malnutrition (using MUST scores) and check these against dietetic targets for weaning and discontinuation of ONS. If a patient requires additional monitoring such as monitoring of blood electrolyte levels, or for a specialist/complex condition, dietitians must identify another suitable colleague to transfer monitoring to.</p> <p>Monitoring plans should be clearly documented in Dietetic Records of Care.</p>		

Staff Characteristics	
Professional qualifications:	Health and Care Professions Council Registered Dietitian with a relevant qualification in Nutrition and Dietetics e.g. BSc (Hons) Human Nutrition and Dietetics
Specialist competencies or qualifications:	None required
Continuing education & training:	Registered Dietitians should remain aware of any product changes. It is the responsibility of the individual to keep up-to-date with Continued Professional Development

Referral Arrangements and Audit Trail	
Referral arrangements	Patients will be referred to Nutrition & Dietetic services as per local arrangements and agreed care pathways
Records/audit trail:	<p>The following relevant information must be recorded within the dietetic record of care:</p> <ul style="list-style-type: none"> • Patient's name, address & CHI • Name of the ONS product and dose recommended • Name and signature of staff member initiating / amending / discontinuing ONS treatment and date

Prescribing Protocol for specified Oral Nutritional Supplement products

- ACBS indication for ONS product recommended
- Clinical rationale for products out with Preferred First Line Formulary options

Dietitians are required to keep the patient's GP informed of the ONS product(s) and dose they have recommended, and of any ONS treatment changes that they make throughout the patient's dietetic episode of care.

References/Resources and comments:

- [NHSGGC Clinical Guideline: ONS Prescribing in Adults \(oral use\): Six stage approach](#)
- [NHSGGC Clinical Guideline: Enteral Feeding Products for Patients in the Community - Prescribing Guideline](#)
- [British National Formulary online](#)
- [MIMS online](#)
- [English Drug Tariff](#)
- [NHSGGC Medicines Information](#)
- [NHSGGC Oral and Enteral Nutrition Formulary - Adults and Older Children](#)
- [NHSGGC Clinical Guideline: Adults at Risk of Re-feeding Syndrome in Primary Care](#)
- [NHSGGC Nutrition Resource Manual SECTION 5: CLINICAL NUTRITION \(PART 1\) 5.3 Re-feeding Syndrome](#)
- [NHSGGC Guide to taking a nutritional supplement leaflet](#)

Prescribing Protocol for specified Oral Nutritional Supplement products

Professionals drawing up Protocol/Authors

Professionals drawing up Protocol/Authors	
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* **Lead Author**

SAFETY ACTION NOTICE

ESTATES AND FACILITIES EQUIPMENT



Patient weigh scales: potential for medication errors due to inaccurate readings

SAN(SC)08/20
30 MAY 2008
Facilities
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SUMMARY

There is potential for medication errors due to inaccurate readings from incorrectly calibrated patient weigh scales or the use of the wrong type (class) of scales.

BACKGROUND

1. The Local Authorities Coordinators of Regulatory Services (LACORS) has recently audited a number of NHS organisations and identified areas where scales used for weighing patients were incorrectly calibrated or of the wrong type (class). This has the potential to lead to medication errors where medication dosage is calculated using the weight of the patient.
2. There are two classes of weighing instruments in use in healthcare premises:
 - Class III(3) - for 'monitoring, diagnosis and medical treatment' of patients.
 - Class III(4) - less accurate domestic type scales for monitoring / recording patients' weights in GP consulting rooms, community settings (peripatetic visits) and nursing homes etc.
3. Weigh scales for 'monitoring, diagnosis and medical treatment' of patients should, in addition to bearing a CE mark, have a green 'M' sticker (black 'M' on a green background). This is a supplementary marking signifying conformity with essential requirements of the Non-automatic Weighing Instruments (NAWI) Directive¹. This sticker has the same status as the CE mark and should not be removed from the instrument. Class III(4) scales should not be found displaying this green 'M' sticker.
4. Weigh scales purchased and in use before 1st January 2003 were not required to carry information regarding the class (e.g. Class I, II, III or III) nor required to carry the green M symbol.

ACTION

5. This notice should be brought to the attention of all appropriate managers and staff.
6. All scales used for 'monitoring, diagnosis and medical treatment' of patients should be Class III(3). Any Class III(4) scales currently being used for 'monitoring, diagnosis and medical treatment' should be replaced with Class III(3).

<i>Suggested Distribution</i>	Accident & Emergency	Anaesthetics	Capital Planning & Design
Care Home Services	Community Care	District Nursing	Estates/Facilities
General Medical Practitioners	Health & Safety	Health Centres	Hospices
Intensive Therapy Units	Maternity	Medical Physics	Neonatal
Nursing	Oncology	Outpatients	Paediatrics
Pharmacy	Practice Nurses	Radiography	Radiotherapy
Risk Management	Stores	Supplies/Procurement	Wards

HEALTH FACILITIES SCOTLAND

Gyle Square Edinburgh EH12 9EB

A Division of National Services Scotland for NHSScotland

CONTACT EMAIL: iric@shs.csa.scot.nhs.uk

FAX: 0131 314 0722

WEBSITE: http://www.nhsscotland.com/shs/hazards_safety/adverse_p.html

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SAFETY ACTION NOTICE

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7. The only acceptable use for Class III(4) scales is for adult weight monitoring when there is no chance they may be used to weigh someone under the age of 18 years, regardless of the clinical environment. They should be clearly labelled to indicate they are not suitable for use in calculating medication dosage.
8. All weigh scales should be checked to confirm they meet the requirements of the class relevant to their clinical location.
9. Even though they may not comply with the NAWI Regulations¹, medical weighing instruments purchased and in use before 1st January 2003 can continue in use until they become unserviceable, as long as they are fit for purpose.
10. NHS Boards should have a system in place to ensure that all scales used for the weighing of patients are checked and maintained regularly to ensure correct calibration in accordance with manufacturers' instructions.
11. Any weigh scales which may not be giving accurate readings should be removed from use until re-calibrated. Following re-calibration they should be re-checked after a short period of use to ensure there are no undetected problems leading to inaccurate readings.
12. There is the further potential for error where scales can be set to display either imperial *or* metric units. Where this is the case, all readings should be set to metric.

ENQUIRIES

UK Weighing Federation
Brooke House
4 The Lakes
Bedford Road
Northampton
NN4 7YD
Tel: 01604 622023

REFERENCES

- 1 The Non-automatic Weighing Instruments Regulations 2000, The Stationery Office Limited, Statutory Instrument 2000 No. 3236, ISBN 0 11 018925 6

See also the [Guidance Notes](#) on the Medical Scales page of the UK Weighing Federation website <http://www.ukwf.org.uk/>

HEALTH FACILITIES SCOTLAND

Gyle Square Edinburgh EH12 9EB
A Division of National Services Scotland for NHSScotland

CONTACT EMAIL: iric@shs.csa.scot.nhs.uk

FAX: 0131 314 0722

WEBSITE: http://www.nhsscotland.com/shs/hazards_safety/adverse_p.html

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SLA Declaration of Participation:

Community Pharmacy Stamp or Address:

Contractor Code:

Please complete and return this form to:

Community Pharmacy Development Team
 Clarkston Court,
 56 Busby Road
 Glasgow
 G76 7AT

E-mail to: ggc.cpdevteam@nhs.scot

**Cut-off date for submission: Friday 28th
 February 2022**

Agreement to Provide:

Pharmaceutical care as defined in the SLA – Community Pharmacy Parenteral Nutrition Service (PNSS) between **1st March 2022 and 31st March 2024.**

(Please Tick as appropriate)

I wish to participate in this service and in so doing, I confirm that at least one member of staff will complete the required training within three months of commencing the service, and will cascade this to all other relevant staff within the pharmacy.	
I do not wish to participate in this service	


Contractor/Contractor Representative Name: (Please print)

Signature:

Date:

Counter Fraud Declaration: I accept that the information provided on this form may be used to verify any claim associated with this service and may be shared with other bodies/agencies for the purposes of prevention and detection of crime. In signing this form, I consent to this use and acknowledge that if I provide false information then I may be liable to criminal prosecution, referral to my professional body and/or recovery proceedings.

Please sign this document and retain for your own records. Please submit a copy as above.

Signed on behalf of NHS Greater Glasgow & Clyde:	
Date: 21st January 2022	Alan Harrison – Lead Pharmacist, Community Care