Special Foods Subcommittee meeting held 2 December 2009

(minutes for web publishing)

Special Foods Subcommittee minutes are published in accordance with the *Terms of Reference for the Pharmacology and Therapeutics Advisory Committee (PTAC) and PTAC Subcommittees 2008*.

Note that this document is not necessarily a complete record of the Special Foods Subcommittee meeting; only the relevant portions of the minutes relating to Special Foods Subcommittee discussions about an application or proposal from PHARMAC staff that contain a recommendation are published.

The Special Foods Subcommittee may:

(a) recommend that a pharmaceutical be listed by PHARMAC on the Pharmaceutical Schedule and the priority it gives to such a listing;
(b) defer a final recommendation, and give reasons for the deferral (such as the supply of further information) and what is required before further review; or
(c) recommend that PHARMAC decline to list a pharmaceutical on the Pharmaceutical Schedule.

These Subcommittee minutes were reviewed by PTAC at its meeting on 25 & 26 February 2010, the record of which is available on the PHARMAC website.

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1 Adult Standard Sip Feeds Special Authority – Inclusion of a screening (diagnosis) tool and other dietary measures

1.1 The Subcommittee considered a proposal from PHARMAC staff to include a screening (diagnosis) tool and other dietary measures into the Special Authority for Standard Adult Sip Feeds.

1.2 The Subcommittee noted the Malnutrition Universal Screening Tool (MUST) is used to identify adults who are malnourished, or at risk of malnutrition, through the use of a body mass index (BMI) score, a Weight Loss score (unplanned weight loss in the past 3-6 months) and an Acute Disease Effect score. The Subcommittee also noted the Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) and the NICE, West Essex NHS, South Staffordshire NHS, Greater Glasgow and Clyde NHS, and Waitemata DHB guidelines for the use of oral nutritional supplements (sip feeds).

1.3 The Subcommittee noted that MUST was designed and validated for use in adults in both the community and hospital setting while STAMP was designed for use in hospitalised children.

1.4 The Subcommittee noted that the intention of the proposal was to use a screening tool and associated guidelines to target the sip feeds to appropriate patients; not to screen all patients for malnutrition.

1.5 The Subcommittee noted that some screening tools are already in use in some hospitals and dietitian practices, although this is not universal, and that appropriate information on the use of oral nutritional supplements is lacking in general practice.

1.6 The Subcommittee **recommended** that the use of a screening tool and relevant guidelines are incorporated in the Standard Adult Sip Feed Special Authority criteria. The Subcommittee considered that this would provide clinicians with a clinically appropriate framework for prescribing subsidised sip feeds.

1.7 The Subcommittee considered that the incorporation of a screening tool into the Special Authority may highlight the issue of malnutrition and as a result it could increase the usage of sip feeds. The Subcommittee considered that if this occurred then it would be appropriate as it would be meeting an unmet health need. However, the Subcommittee noted that increased use could result in increased expenditure and some workforce issues in some areas if dietitians' workloads increased significantly.

1.8 While the Subcommittee considered that the MUST tool was appropriate for adults, it also noted that other options that could be considered included the Mini Nutritional Assessment (MNA), the Subjective Global Assessment (SGA) and the modified SGA. The Subcommittee considered that it may be appropriate to

include multiple tools as options to be used in the Special Authority if they provide consistent outcomes and are already in use.

1.9 The Subcommittee considered whether the use of a screening tool and relevant guidelines should be incorporated into the Special Authorities for the more specialised sip feeds as well as the Standard Adult Sip Feeds. The Subcommittee considered that any changes should be limited to Standard Adult Sip Feeds and oral supplements initially, although this could be reviewed in 12 months. The Subcommittee noted that the Special Authority requirement for Diabetic Products only requires that the patient has type 1 or type 2 diabetes and requires nutritional supplementation. The Subcommittee recommended that the Special Authority should be amended to include weight loss and malnutrition requiring nutritional support.

1.10 The Subcommittee noted that some children, aged between 8 and 18 years old, also used Standard Adult Sip Feeds. The Subcommittee considered that they should be able to continue to access these feeds while not being subjected to the MUST screening tool and associated guidelines as the MUST tool was not designed for this patient population.

1.11 The Subcommittee considered that any changes to the Special Authority that included the use of a screening tool and other guidelines should be reviewed after 12 months.

1.12 The Subcommittee noted that the inclusion of a screening tool and relevant guidelines may result in delays to the access of sip feeds for patients leaving hospital. The Subcommittee therefore recommended that Adult Sip Feeds should be included on the Discretionary Community Supply (DCS) list for 1 month and that this would be especially useful for patient's following surgery. Members noted that there may be some practical issues associated with having Special Foods dispensed by hospital pharmacies.