

Report on UK enteral nutrition and oral nutritional supplement supply PENG and BANS report on behalf of BAPEN (August 2022)

Executive summary

Since the end of 2021 there has been anecdotal evidence of UK wide supply issues of oral nutritional supplements (ONS), enteral feeds and ancillary products to support enteral feeding. This has caused considerable concern among dietitians and nutrition nurse specialists about the risks to patients' nutritional care, health and wellbeing and ability to continue optimal nutritional treatments. To help better understand the extent of supply issues and impact of these, the British Artificial Nutrition Survey (BANS) and Parenteral and Enteral Nutrition Group (PENG) on behalf of the British Association for Parenteral and Enteral Nutrition (BAPEN) undertook a survey of UK healthcare professional experiences.

Of the 177 respondents most were dietitians (87%, n154). Nearly all respondents (98%) reported supply issues between January – June 2022 which included problems with adult and paediatric ONS (84%; 65%) and enteral feeds (93%; 64%). Almost half had supply issues with gastrostomy tubes but few reported problems with supplies of giving sets and enteral syringes. Notice periods of supply problems were often short with 62% having on average 3 days or less whilst 37% reported less than 1 day. Only 27% of respondents were currently satisfied or very satisfied with their contracted enteral feed provider whilst 60% were dissatisfied or very dissatisfied. The majority (83%) had been in communication with their contracted enteral feed provider to discuss supply issues with common reasons for such problems being Brexit, the war in Ukraine, COVID and issues with transportation or supply chain. Only 17% were satisfied or very satisfied with the response from their provider.

The consequences of supply issues are significant. Most respondents described a need to change the type of feed (87%) or feeding regimen (79%) with additional dietetic consultations (81%) and review of stable patients (71%) necessary. The most commonly reported consequences for respondents were an increase in administrative tasks (92%), phone calls from patients or carers (83%) and staff stress (80%). Unsurprisingly, 68% of respondents needed to work additional hours as a result of the consequences of these supply issues. 69% reported patients being distressed or anxious as a result of supply issues.

Recommendations

1. This report is to be widely shared and include BAPEN partners, the British Dietetic Association (BDA), the British Specialist Nutrition Association (BSNA), patient groups such as Patients on Intravenous and Nasogastric Nutrition Treatment (PINNT) and NHS leaders, raising awareness of the current supply issues and providing a call to action.
2. BAPEN is committed to working closely with health professionals, industry and national leaders and as such will seek to support collaboration and engagement of relevant stakeholders to discuss ongoing supply issues, planning and sustainability of supplies and service level agreements.

Introduction

Enteral feeding and oral nutritional supplements (ONS) provide essential treatments for adults and children across all care settings. Supply issues with such forms of artificial nutrition has caused considerable concern among dietitians and nutrition nurse specialists. As a result, risks to patients' nutritional care, health and wellbeing are occurring and the ability to continue optimal nutritional treatments is being compromised. Enteral nutrition within the hospital setting is often a vital component of emergency and life sustaining treatment. It is estimated that within the UK over 40,000 adult and paediatric patients require home enteral feeding where such feeding is commonly the sole source of nutrition, hydration and route to receive essential medications. ONS are also an essential part of treatment for many individuals in both the hospital and community, being a critical part of the management of a specific disease or supporting those with or at risk of disease-related malnutrition.

Since the end of 2021 there has been anecdotal evidence of UK wide supply issues of ONS, enteral feeds and ancillary products to support enteral feeding. To better understand the scope of this BAPEN, through British Artificial Nutrition Survey¹ (BANS) and the Parenteral and Enteral Nutrition Group² (PENG) used an anonymous online survey to begin exploration of the issues. The survey was open to all UK healthcare professionals from 24th June – 11th July 2022.

Survey aims

1. To identify and describe any supply issues with oral nutritional supplements, enteral feeds and ancillary products to support enteral feeding in the UK across any care setting
2. To describe respondents' experiences of communication about supply issues from contracted company
3. To describe the impact on dietetic services and patients of supply issues

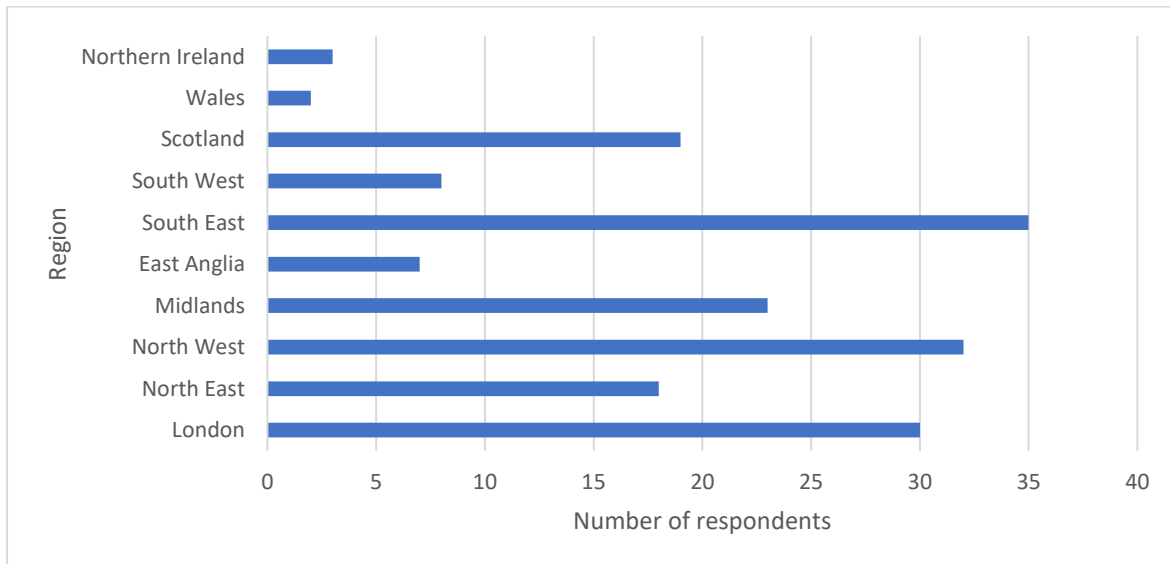
¹ BANS is a standing committee of BAPEN focused on UK data collection and reporting on artificial nutrition support modalities, treatment outcomes and related services.

² PENG is a specialist group of the British Dietetic Association and core group of BAPEN representing dietitians working in nutrition support across the UK. It aims to ensure that dietitians are supported to provide safe care to their patients, lobbying when national risks are identified, seeking to improve patient care.

Demographics of survey respondents

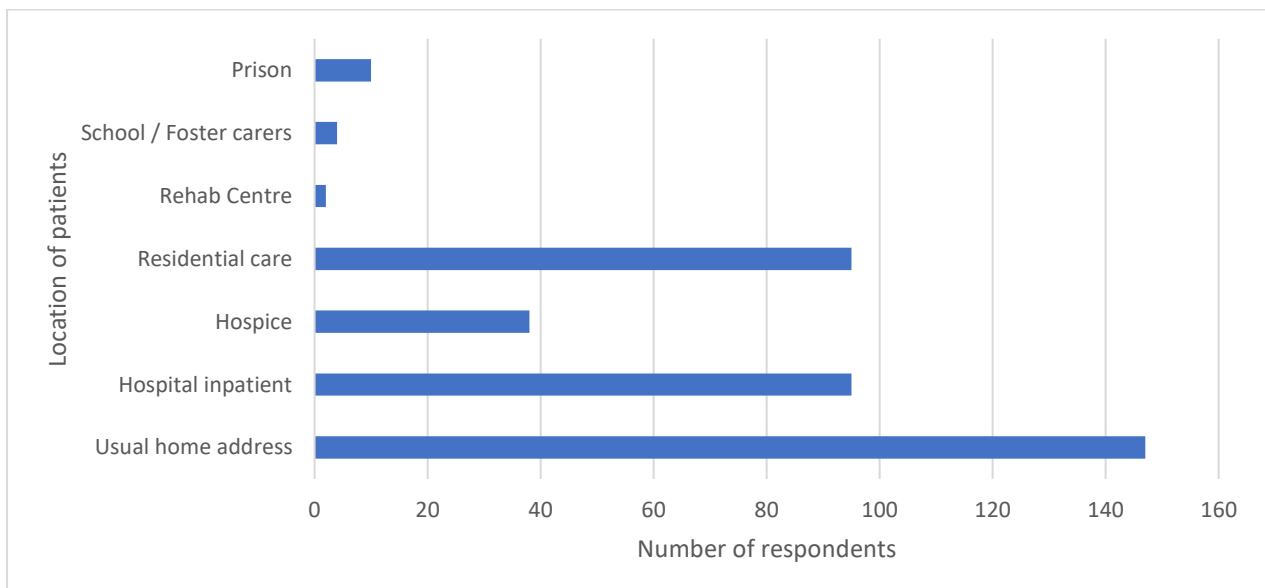
Of the 177 respondents the majority were dietitians (87%, n154). There were also respondents working as service managers, nutrition nurses, pharmacists, gastroenterologists and dietetic support workers or practitioners. All areas of the UK were represented with the highest number of respondents working in the South East and North West of England (Figure 1).

Figure 1 Region where respondents work



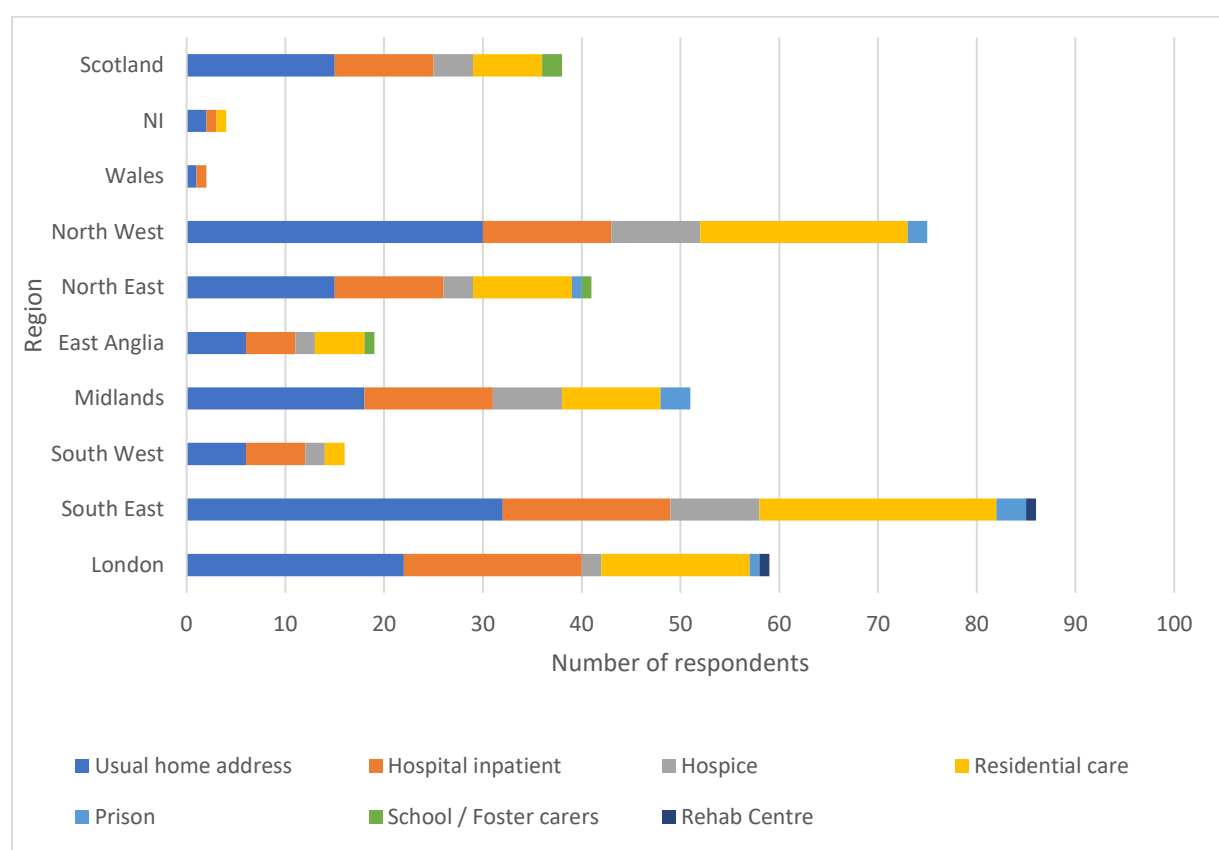
Respondents were asked to identify the locality if their patients requiring enteral feeding or ONS with scope to select more than one option (Figure 2).

Figure 2 Location of patients requiring enteral feed or oral nutrition supplements



Most respondents (83%, n147) had patients requiring ONS or enteral feeding living at home with just over half (54%, n95) having such patients in residential care. 54% (n95) had patients in a hospital setting with a fifth (21%, n38) seeing patients in a hospice setting. A small number of respondents saw patients requiring such nutritional interventions in prison (6%, n10), rehabilitation centres (1%, n2) or in a residential school or foster care (2%, n4). Similar patterns of patient locality were noted across all UK regions (Figure 3).

Figure 3 Setting for patients requiring enteral feed or oral nutrition supplements by region



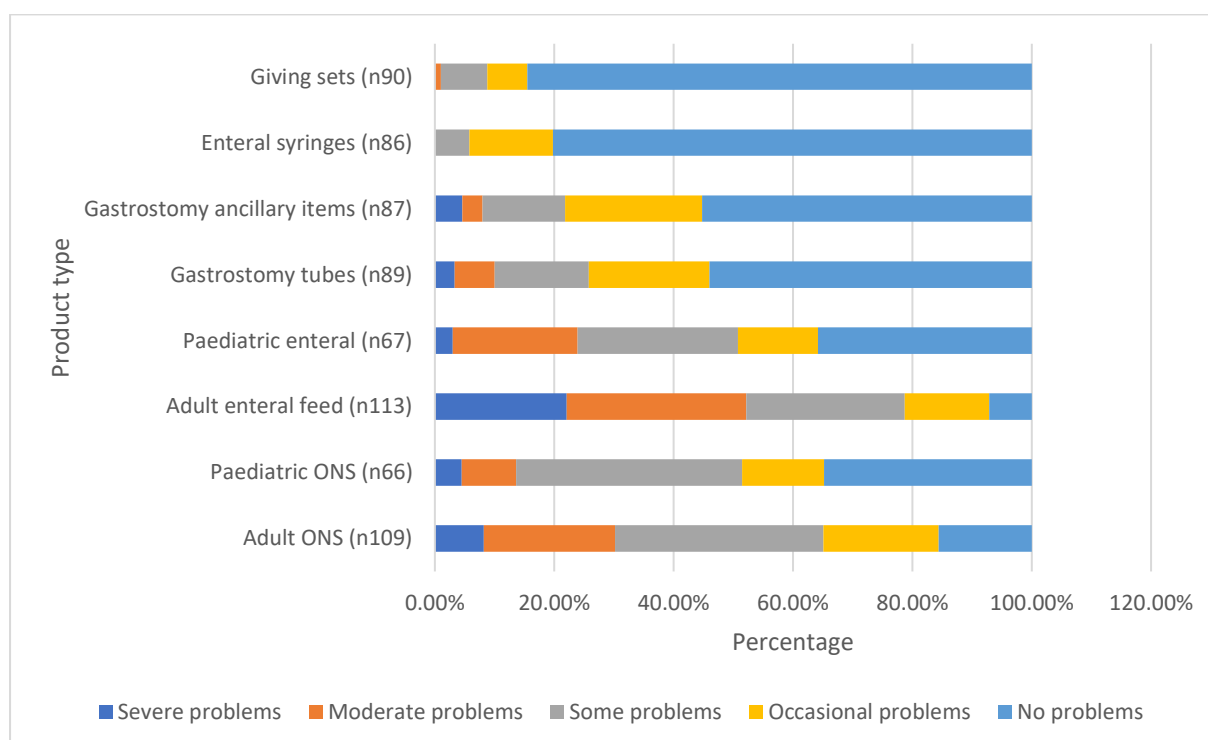
Most respondents (88%, n156) reported having a home enteral feeding contract, with 8% (n15) stating they did not have a such a contract. Only 6 did not know if they had a home enteral feeding contract.

Findings

1. Description of supply issues with ONS, enteral feeds and ancillary items

Virtually all respondents (98%) described having some form of supply issue with enteral feed, ancillary items or ONS between January – June 2022. Respondents were asked to provide information about the supply issues of specific product type including adult and paediatric ONS and enteral feeds, and specific ancillary items or products to support enteral feeding from their contracted provider (Figure 5).

Figure 4 Severity of supply issue by product type



Significant supply issues for both adult and paediatric enteral feed and ONS were reported. Supply issues for adult ONS were experienced by the majority (84%), with 30% reporting severe or moderate problems. Paediatric ONS supply issues were reported by two thirds (65%) with severe or moderate problems experienced by 14%. Over half of respondents using adult enteral feeds (52%) had severe or moderate supply problems with only 7% reporting no problems. Nearly two thirds (64%) reported some form of supply issue with paediatric enteral feeds with approximately a quarter (24%) having severe or moderate supply problems. Giving set and enteral syringe supply issues were infrequent with most reporting no problems (85%, 80%). No respondent reported a severe supply issue with these products. Nearly half had some form of gastrostomy tube supply issue with 10% reporting severe or moderate problems. Similarly, just under half had supply issues for gastrostomy

ancillary items. The full data set are presented as a percentage of responses for each products in Table 1.

Table 1 Severity of supply issue by product type

	Number of responses for product	Severe problems	Moderate problems	Some problems	Occasional problems	No problems
Adult ONS	109	8.2%	22.0%	34.9%	19.3%	15.6%
Paediatric ONS	66	4.5%	9.1%	37.9%	13.7%	34.8%
Adult enteral feed	113	22.3%	30.0%	26.5%	14.2%	7%
Paediatric enteral feed	67	3%	20.9%	26.9%	13.4%	35.8%
Gastrostomy tubes	89	3.3%	6.7%	15.8%	20.2%	54.0%
Gastrostomy ancillary items	87	4.6%	3.4%	13.8%	23.0%	55.2%
Enteral syringes	86	0.0%	0.0%	5.8%	14.0%	80.2%
Giving sets	90	0.0%	1.0%	7.8%	6.7%	84.5%

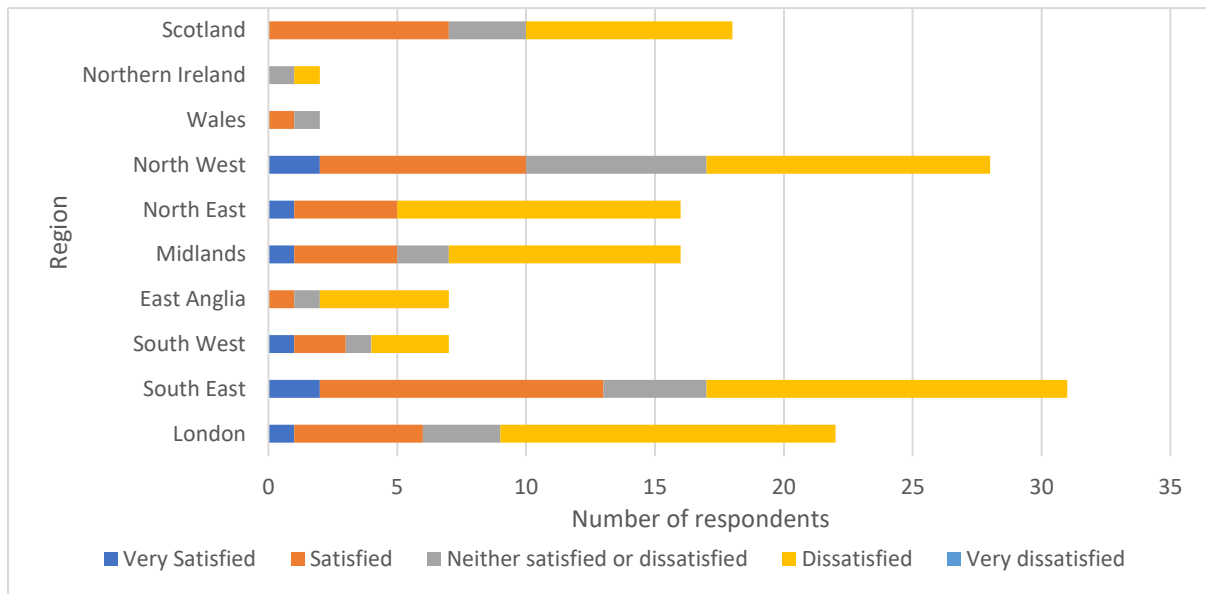
Respondents were asked how satisfied they were with their supply of enteral feed and ONS. Just over a quarter (27%) were satisfied or very satisfied with their supplies from their contracted company over the previous 6-months (January – June 2022). 60% were dissatisfied or very dissatisfied over the same time period (Table 2).

Table 2 Satisfaction with supply of enteral feed and ONS from contracted company January – June 2022

Satisfaction with supply of enteral feed or ONS	Percentage of respondents (n175)
Very Satisfied	2.2%
Satisfied	24.6%
Neither satisfied or dissatisfied	13.1%
Dissatisfied	43%
Very dissatisfied	17.1%

Similar patterns of satisfaction with the supply of enteral feed and ONS were seen across all UK regions (Figure 5).

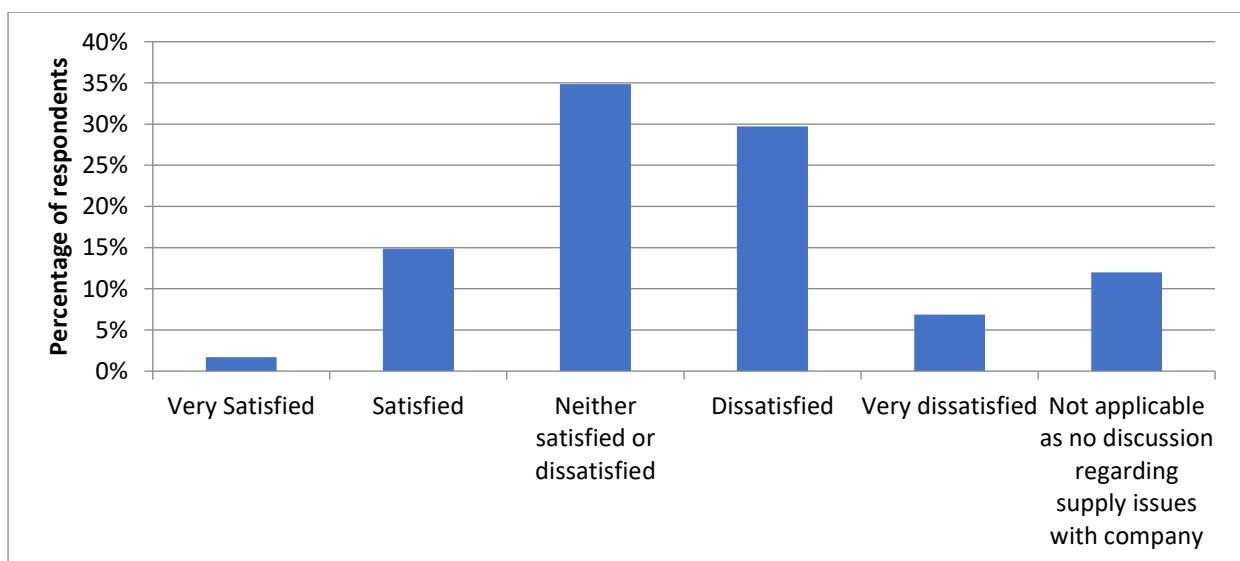
Figure 5 Satisfaction with supply of enteral feed and ONS from contracted company by region



2. Respondents’ experiences of communication about supply issues

The majority of respondent (83%, n146) had been in communication with their contracted enteral feed provider, while 15%(n27) did not know if they had been in contact. Respondents were asked if they had been given a reason for the supply issues from their provider. At the time of responding just over half (58%, n99) reported that they had and were then invited to share what the reported reasons were. The issues stated had four main themes, Brexit (n35), war in Ukraine (n15), COVID (n23) and issues with transportation or supply chain (n34). Respondents were then asked how satisfied they were the responses (Figure 6).

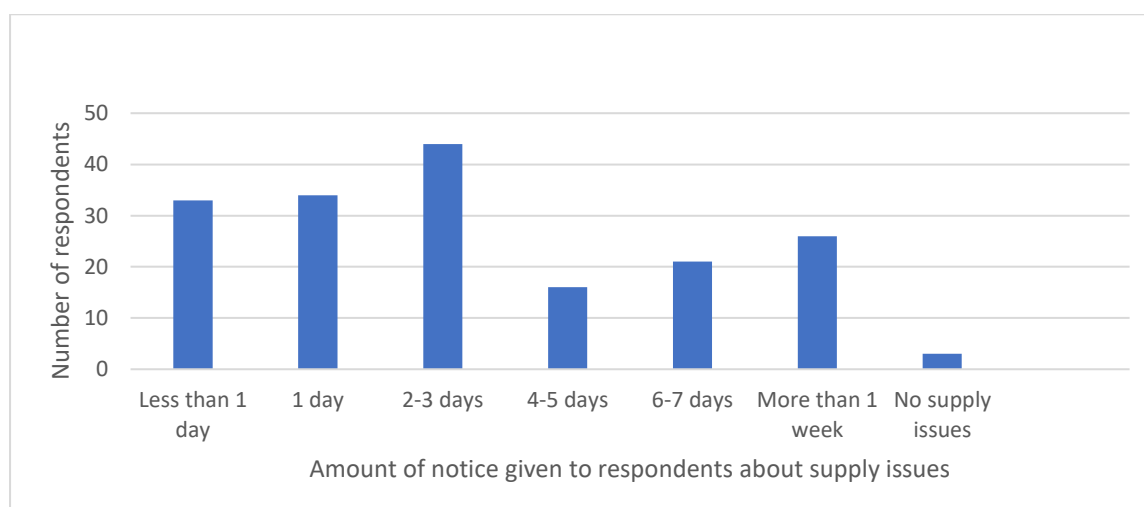
Figure 6 Level of satisfaction with the response to management of supply issues



Thirty five percent (n61) were neither satisfied or dissatisfied with the response from their contracted company, collectively 37% (n64) were either dissatisfied or very dissatisfied compared to 17% (n29) being satisfied or very satisfied. 12% (n21) reported this as not applicable due to lack of discussion with their contract provider.

Respondents were also asked to report on the average notice provided about a supply issue of an enteral feed or ONS (Figure 7).

Figure 7 Average notice received about a supply issue of an enteral feed or oral nutritional supplement (January -June 2022)



37% (n67) reported an average notice of supply issues of 1 day or less whilst a quarter (25%, n44) received notice of 2-3 days. In total 83% (n148) had on average seven days or less notice period. The full data set are presented in Table 3 as a percentage of responses for each product.

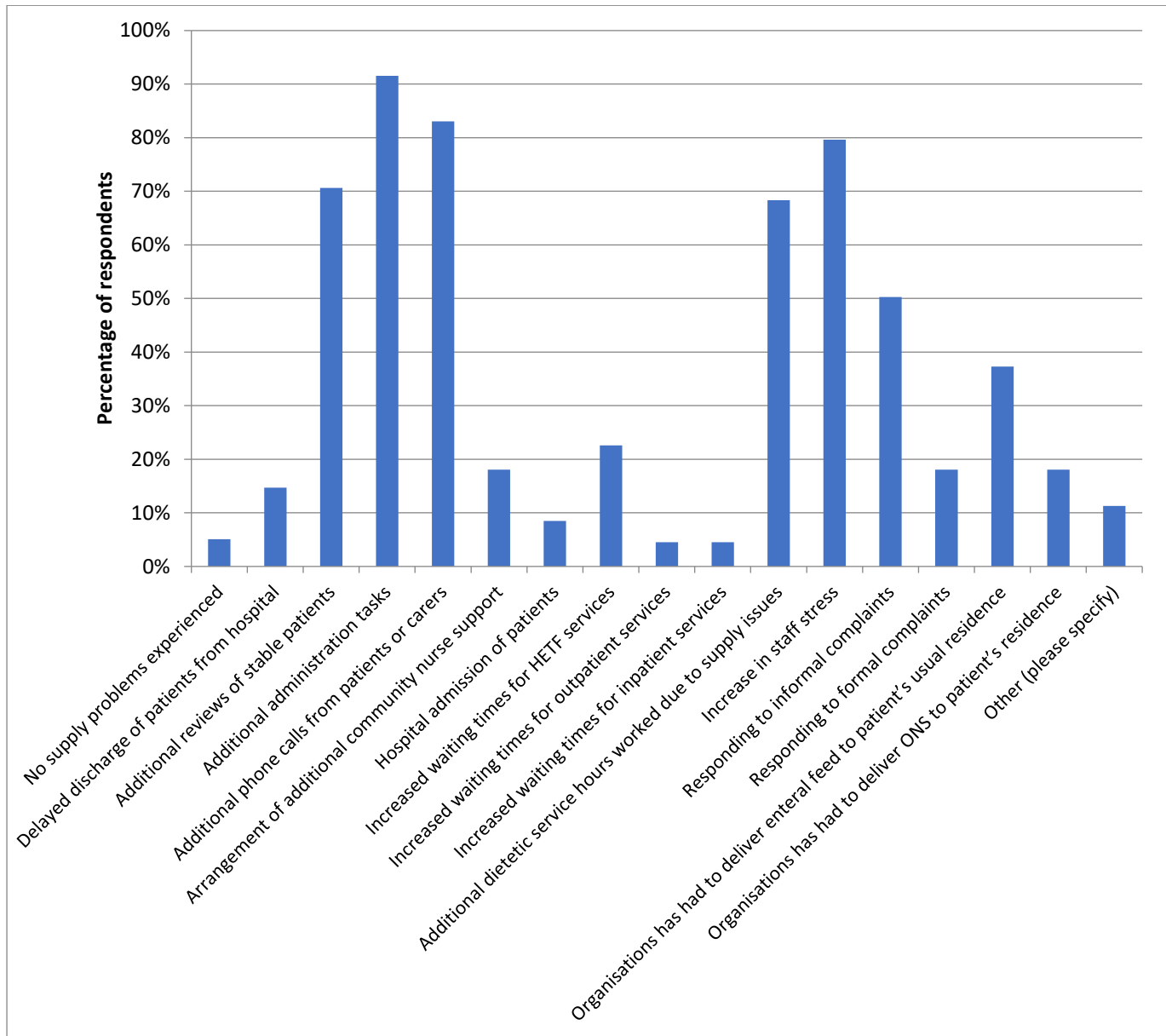
Table 3 Average notice received about a supply issue of an enteral feed or ONS (January -June 2022)

Average notice received about a supply issue of enteral feed or ONS	Number of respondents	Percentage of respondents
Less than 1 day	33	18%
1 day	34	19%
2-3 days	44	25%
4-5 days	16	9%
6-7 days	21	12%
More than 1 week	26	15%
No supply issue	3	2%

3. Impact of supply issues on clinical services and patients

Respondents were asked what they felt the impact of any supply issues were for community and hospital dietetic services and patients between January – June 2022. 175 respondents answered this question. Figure 8 presents details of the challenges for clinical services as a result of supply issues. Figure 8 provides further detail of the respondents’ experiences.

Figure 8 Description of challenges caused by supply issues for clinical services (January – June 2022)



The top three impacts on clinical services were the need for additional administrative tasks (92%), response to additional phone calls from patients or carers (83%) and an increase in staff stress (80%). Half (50%) of respondents had to respond to informal complaints and 18% to formal complaint about supplies. Additional review of stable patients as a result of supply issues was

described by 71% of respondents with 23% having an increase in waiting times for home enteral feeding services and 5% experiencing an increase in waiting time for inpatient service. 15% had patients with a delayed discharge from hospital as a result of supply issues, 18% had to arrange for additional community nursing support and 8% needed to admit a patient to hospital. Delivery of enteral feed and ONS to patients' residence was reported by 37% and 18% of respondents respectively. In view of the impact of supply issues on clinical services and in particular dietetic services 68% reported the need to work additional hours. Fifty respondents provided further comments about their experience of the supply of enteral feed and ONS. The themes were around poor communication (n16), increased dietetic workload or stress on services (n19) and also negative impacts on patients/carers (n12). There were six positive responses with examples below.

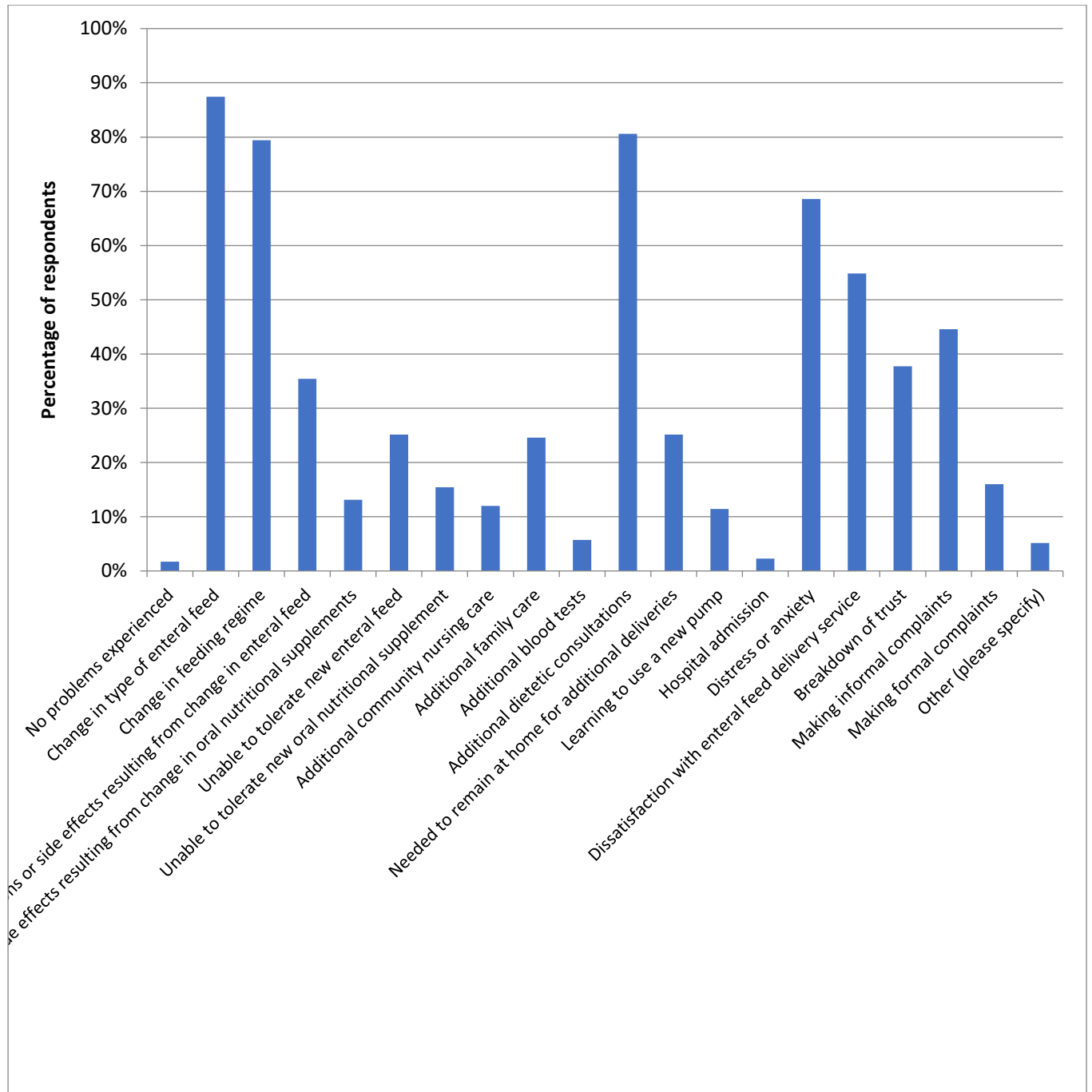
“Once we established consistent methods of communication with the feed company and with the right people, the problems were mainly resolved”

“We feel the HEF company have managed the shortages quite well and minimised impact on patients”

“Problems have been worse for patients who get the feed via local pharmacy”

Respondents were then asked to report on their experiences of the impact of supply issues on patients. The majority of respondents reported that supply issues had resulted in a change in the type of feed (87%), a change in feeding regimen (79%), additional dietetic consultations (81%) and distress or anxiety for patients (69%). Over half (55%) felt that patients were dissatisfied with the enteral feed delivery service with a 38% describing a breakdown of trust between patient and service. 45% reported patients making informal complaints and 16% formal complaints. 35% and 13% reported patients experiencing side effects from a change in enteral feed or ONS respectively whilst 25% and 15% unable to tolerate their new enteral feed or ONS respectively. Additional community nursing care (12%) and family care (25%) was necessary with 25% needing to stay at home more often for additional deliveries and 11% needing to learn to use a new enteral feeding pump. Additional blood tests (6%) and hospital admissions (2%) were also described. There were 9 additional 'other' issues reported, of these, two related to increased clinical risks to patients where they had been without feed or where the recommended level of pre-thickened feed wasn't available. Three respondents (2%) reported no problems. Further details of data relating to the challenges caused by supply issues for patients from respondents' experiences are presented in Figure 9.

Figure 9 Description of challenges caused by supply issues for patients from respondents' experiences (January – June 2022)



Summary

The results of this survey provide evidence that the UK has been experiencing significant ongoing issues with the supply of ONS, enteral feeds, gastrostomy tubes and essential ancillaries for patients requiring enteral feeding. These issues are creating additional pressures for dietetic and clinical services, risking compromised patient care and suboptimal treatment. At present many high-level clinical risks have been mitigated through increased dietetic, pharmacy and GP clinical and administration time however, this is likely unsustainable. It is not clear how long patients requiring enteral feeding and ONS will remain at risk with potential for the appropriate and optimal nutritional treatment to meet their nutritional needs compromised. Additionally, as this is a snapshot survey it is unlikely to be able to account for or capture any risks or incidents in detail and possibly may under report the severity of the problem. The survey found that there were likely multiple factors which are contributing to supply problems thus a more 'joined-up approach' will likely be beneficial in helping to manage and address these.

BAPEN's vision is to ensure that individuals receive safe, timely & appropriate nutritional care in every setting, every day. To achieve this BAPEN is committed to working closely with health care professionals, industry partners and national leaders and as such will seek to support collaboration and engagement of relevant stakeholders to discuss ongoing supply issues, planning and sustainability of supplies and service level agreements.

BAPEN action

1. This report is to be widely shared and include BAPEN partners, the British Dietetic Association (BDA), the British Specialist Nutrition Association (BSNA), patient groups such as Patients on Intravenous and Nasogastric Nutrition Treatment (PINNT) and NHS leaders, raising awareness of the current supply issues and providing a call to action.
2. BAPEN is committed to working closely with health professionals, industry and national leaders and as such will seek to support collaboration and engagement of relevant stakeholders to discuss ongoing supply issues, planning and sustainability of supplies and service level agreements.

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