

**Subject: Specialised Services Circular (SSC 2344)**  
**Sent on behalf of: Chair of the SW Specialised Service Circular Group**

Dear Colleagues,

Please find attached the following Specialised Services Circular(s):

<b>SSC Number</b>	<b>SSC Title</b>	<b>Trusts approved to prescribe in accordance with the SSC, providing appropriate internal governance arrangements are in place</b>
SSC 2344	<b>Managing national compounding capacity for Home Parenteral Nutrition for adults, children and infants of all ages</b>	<b>All South West region trusts</b>

**Is an implementation plan required from all SW trusts (regardless of commissioned status) for this SSC? No**

**For all other South West region trusts this is for information only.**

Trusts should ensure that use is registered on the Blueteq system (if appropriate).

Treatment will only be funded where the drugs minimum dataset is fully and accurately populated.

Please direct any queries to: [england.speccomm-southwest@nhs.net](mailto:england.speccomm-southwest@nhs.net)



**All Chief Executives****All Medical Directors****All Chief Pharmacists**

Dear Colleague,

**Re: Managing national compounding capacity for Home Parenteral Nutrition for adults, children and infants of all ages**

Due to current capacity issues in relation to the compounding of home parenteral nutrition (HPN) alongside limited availability of homecare nursing, the national HPN Clinical Advice and Management Group has been established to prioritise new HPN requests equitably. The Group is a multidisciplinary team of dietitians, doctors, nurses, and pharmacists with significant experience in both adult and paediatric HPN management. The group meets on a weekly basis and reviews new HPN requests (compounded regimens, hybrid regimens and supplemented PN) as well as HPN nursing requests

The capacity for producing a compounded HPN regimen in England remains challenged - there are currently around 40 patients on the national register, with almost 50% waiting up to 2 months to be discharged home. These patients have already been reviewed to rule out alternative treatment options. This unprecedented situation is expected to continue for several months and we have been informed that two homecare providers will need to swap to contingency HPN regimens (temporarily switch patients to multi-chamber bags) for up to a 4 week period in early 2022.

Trusts have already been asked to apply a RAG rating for all adult patient prescriptions for compounded PN, to identify which patients might be able to tolerate a generic prescription for a short period of time.

To address the risk of inequity in access to compounded PN for both patients established on HPN and those awaiting discharge from hospital, all clinical teams are now asked to take the following actions:

- 1. Please can all patients who have a compounded HPN regimen that is GREEN RAG rated have their regimen reviewed proactively to assess if it could now be safely changed to a Multi Chamber Bag (MCB), hybrid, supplemented PN regimen or terminal sterilised fluid regimen.**

- 2. Please note that if clinical teams identify compounded capacity, it isn't possible to substitute patients from your own centre and these slots must be released back to the homecare companies. The National HPN Clinical Advice and Management Group continues to have weekly oversight of compounding and nursing capacity for all the HPN providers on the framework.**
- 3. Please continue to submit any requests for compounded PN, hybrid regimens and supplemented MCB's using the online form Clinical Advice and Management Request Form for Home Parenteral Nutrition <https://forms.office.com/r/tbPSWZNCy>.**

MCBs are suitable for a number of selected patients on HPN who currently receive compounded PN. They are the only licensed form of intravenous nutrition support and compounded parenteral nutrition is unlicensed. MCBs are also terminally sterilised products. Guidance from the MHRA states that an unlicensed medicinal product may only be supplied to meet the special needs of an individual patient. An unlicensed medicinal product should not be supplied where an equivalent licensed medicinal product can meet the special needs of the patient.

There are MCBs with vitamins and trace elements added, although the range is limited at present. Many MCB products do not contain vitamins and trace elements and for some patients, additional fluids, vitamins and trace elements may be required, adding a layer of complexity and potential risk. This balance of risks does need to be considered on an individual patient basis. Any changes to regimens should only be made when the clinical team believe it is safe and appropriate for the individual patient's needs and the team remains clinically accountable for patient care.

A list of the Multi-Chamber Bags currently available can be found on the NHS Networks information page: [Home Parenteral Nutrition NHS Purchasers — NHS Networks](#)

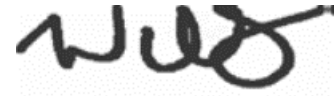
There will be patients where a change cannot be safely made, especially paediatric patients. However, there is an urgent need to take steps to release pressure on the system, to reduce the risk of further escalation and emergency action.

Please contact the Clinical Advice team, through the HPN Mailbox at [england.hpn@nhs.net](mailto:england.hpn@nhs.net) if you need further information.

With best wishes,



Dr Peter Wilson  
Medical Director (Commissioning)



Tracey Williams  
Principal Pharmacist