



Oral Nutritional Supplement (ONS) Replacement in Care Home

Training



**Leicester, Leicestershire
and Rutland**

**Leicestershire Nutrition
and Dietetic Service**

Working in partnership with
Northamptonshire Integrated Care Board

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Leicester, Leicestershire and Rutland Integrated Care Board

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Health and Wellbeing Partnership

Aims and Objectives

Aim

- To provide an overview of the new **LLR Care Home Malnutrition Management Pathway** and its practical application in care settings.

Objective

- **Explain the management approach** for residents with MUST scores of 0, 1, and 2+.
- **Clarify exclusion criteria and key considerations** to help staff identify when to seek further advice or refer directly to dietetics.
- **Outline available support**, including the dedicated inbox and direct referral process to dietitians.
- **Signpost to key resources and documentation**, ensuring staff know where to access guidance and tools.

Oral Nutritional Supplement (ONS) Replacement in Care Homes

Why This Matters

- **Malnutrition** affects over 1.3 million people aged 65+ in the UK, with up to **42% of care home residents** at risk.
- **ONS prescriptions** cost the NHS in LLR over **£1.3 million annually**, generate significant **plastic waste**, and often **don't meet cultural or dietary needs** (e.g., vegan, halal, kosher).
- There is a **better alternative**: food-first approaches that are **cost-effective, sustainable, and patient-centred**.

How We'll Do It

- Use tested resources from Hertfordshire ICB: recipes and resource packs.
- 5 simple, low-cost recipes (£0.61 and £1.21 per portion), tailored to various dietary needs (including vegan and non-milky options).
- Implement a phased rollout with:
 - Early engagement and recipe tasting sessions
 - Clear clinical criteria and exclusions (e.g., dysphagia, tube-fed)
 - Ongoing feedback loops to refine the approach
- Engage stakeholders through GP webinars, Care Home Subgroup meetings, and collaboration with dietitians, care home managers, patients and their families.

What We're Proposing

- Replace prescribed ONS with **homemade, nutritionally complete food-based alternatives** in care homes across LLR.
- This model has been **successfully implemented** in Hertfordshire and West Essex ICS, supported by:
 - **NICE guidelines**
 - **Health and Social Care Act**

Key Benefits

- **Financial savings:** Reduce costs associated with ONS prescriptions
- **Improved patient compliance:** Fresh ingredients give a better taste profile. Improved compliance can also reduce the malnutrition treatment duration
- **Social benefits:** Promote social interaction and enjoyment of meals
- **Environmental impact:** Reduce plastic waste from ONS packaging
- **Reduced GP burden:** Reduce prescribing on GPs
- **Reduced care home workload:** as simple as making a cup of tea—no special equipment or delays, unlike the 2-5-day prescription request process.
- **Inclusivity:** Cater to diverse dietary needs (e.g., vegan, halal, kosher)

Care homes are responsible for ensuring residents receive adequate food and drink to meet their nutritional and hydration needs.

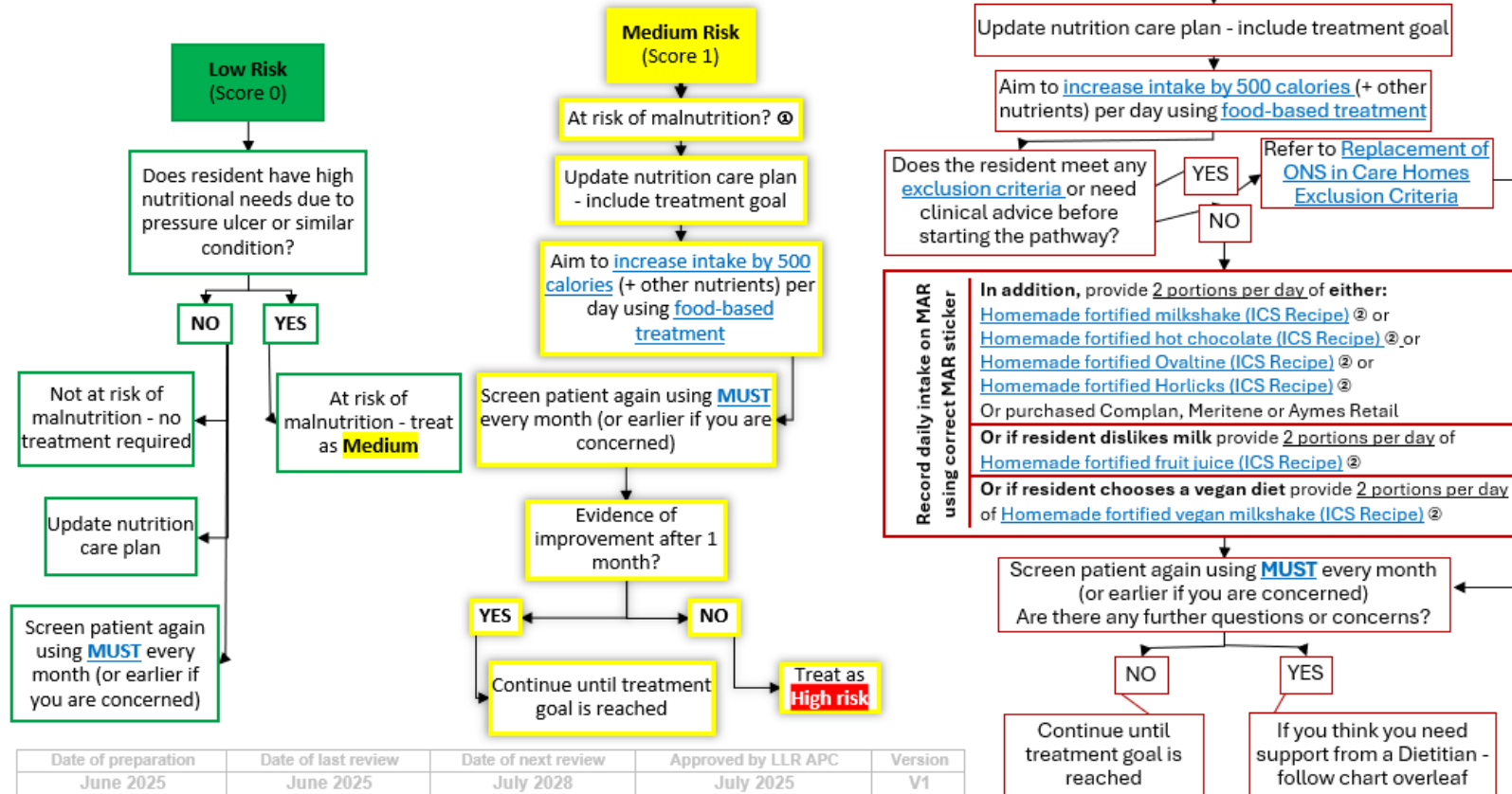
ONS contain no unique nutrients that can't be provided by regular food—making food-based alternatives equally effective, with added benefits.

Care Home Malnutrition Management Pathway

Care Home Malnutrition Management Pathway (based on MUST) - Pathway must be followed before referring to the Dietitian

① If a resident is currently **overweight**/was overweight prior to unplanned weight loss, is regaining weight in their best interests? If weight regain is not in the resident's best interests, treat resident as lower risk category to avoid significant weight regain. **Record what you are advising and why** in the resident's nutrition care plan

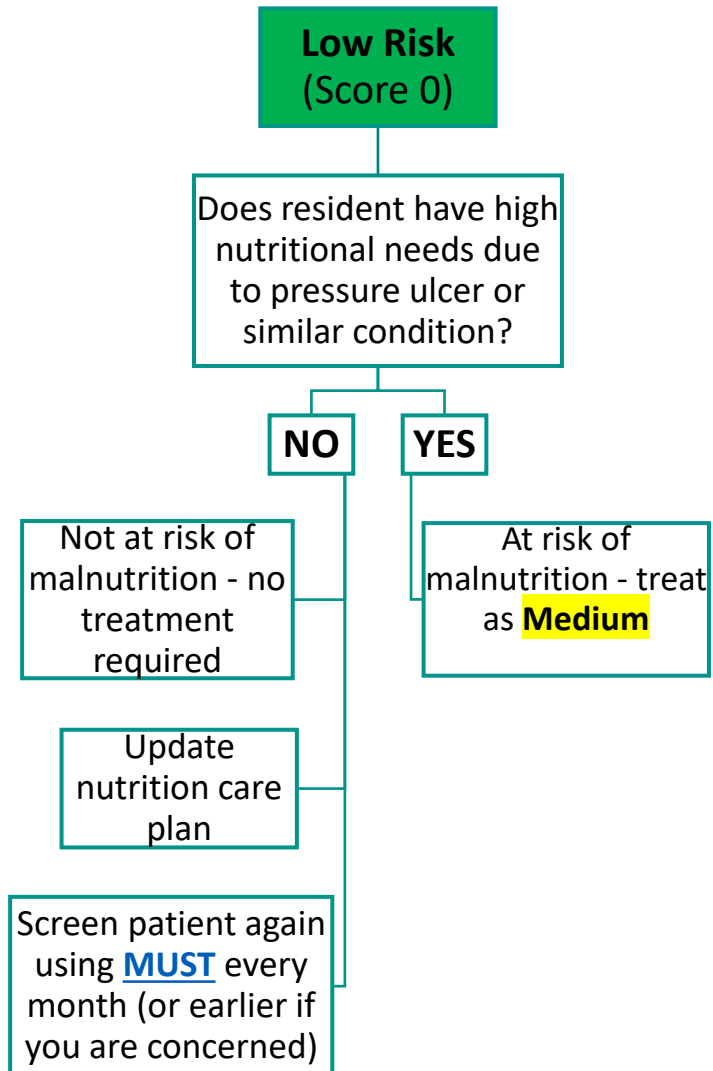
② All **Homemade Supplements** **must** be made **exactly** according to the [recipes provided by LLR ICS](#)



Date of preparation	Date of last review	Date of next review	Approved by LLR APC	Version
June 2025	June 2025	July 2028	July 2025	V1

Adapted from HWE ICB, with the author's permission, for use within LLR ICB

MUST Score: 0 = Low Risk



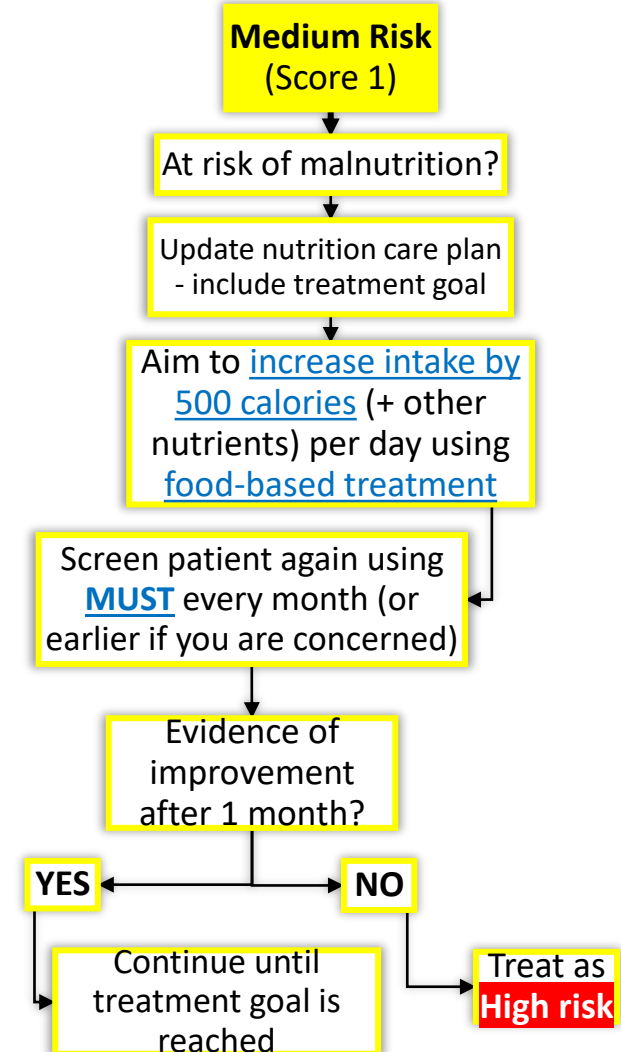
Ethel:

- 79-year-old care home resident
- Active around the home with no pressure ulcers or current clinical concerns.
- Enjoys her meals and usually finishing full portions of mains and desserts.
- Current weight = 60kg
- Weight 3 months ago was 63kg.
- Height = 1.52m
- BMI = 25.96kg/m²
- 4.7% weight loss in 3 months
- MUST = 0 (low risk)

MUST Score:1 = Medium Risk

Ethel

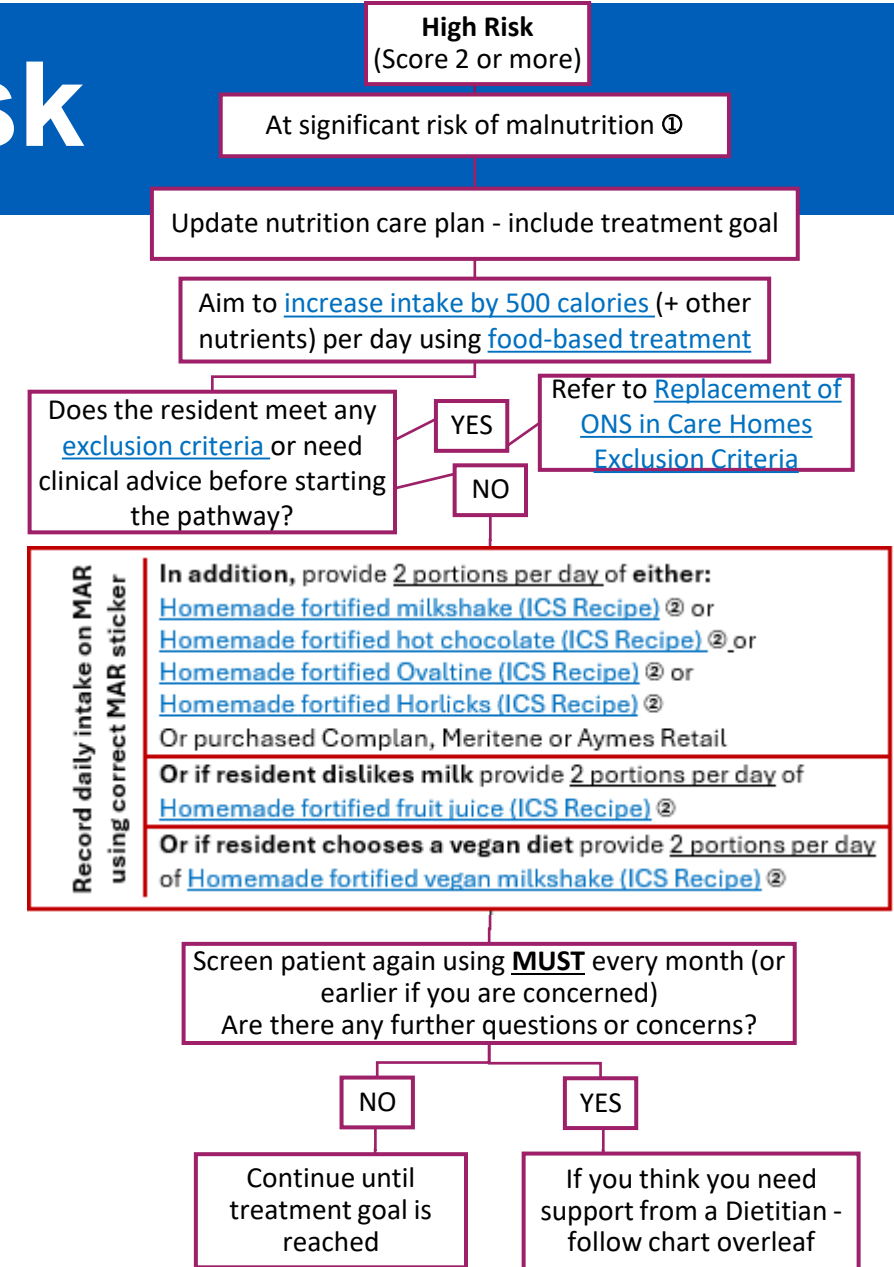
- Currently has a chest infection
- Now eating $\frac{3}{4}$ of her meals and only one pudding a day.
- Weight is checked and she is now 58kg (further loss of 2kg).
- BMI 25.1kg/m²
- 7.9% weight loss in 3 months
- MUST = 1 (medium risk).



MUST Score: 2 = High Risk

Ethel:

- Antibiotics have not helped to clear chest infection and Ethel has suffered from some side effects from antibiotics, meaning she has lost further weight:
- Now 56kg (further 2kg loss)
- BMI = 24.2kg/m²
- 11.1% weight loss (total 7kg weight loss)
- MUST Score = 2 (HIGH risk)



Clinical Exclusion Criteria

The resident is tube-fed

The resident has a diagnosed swallowing difficulty (dysphagia)

- Requiring thickened ONS
- Identified as malnourished (MUST)

Exceptional Circumstances

- Must be based on clinical assessment

LLR Care Home Malnutrition Management Pathway: Exclusion Criteria and Key Considerations

1) Clinical Criteria for exclusion:

Any residents meeting the following criteria would be excluded from the pathway:

Tube fed patients	<p>Resident will usually already be referred to Leicestershire Nutrition and Dietetics Home Enteral Tube Feeding Dietetic Team/ other Home Enteral Tube Feeding Dietetic Team if under out of area care.</p> <p>If not please see 'enteral feeding' section on LNSD Adult referral criteria https://www.lnds.nhs.uk/HealthProfessionals-ClinicalServicesAvailable-PrimaryHealthCareincludingReferralInformationandHomeVisitCriteria.aspx</p> <p>Or contact Home Enteral Nutrition Service (HENS) Team on hens.team@nhs.net contact: 0116 2227161.</p>
The resident has been diagnosed with swallowing difficulty (dysphagia) requiring thickened ONS and has been identified as malnourished using a validated screening tool (e.g., MUST).	<p><u>For Care-home staff:</u> Please complete care-home to dietetics direct referral form.</p> <p><u>For Other Healthcare Professionals:</u> Please see LLRAPC Managing Adult Malnutrition in Primary Care Guidelines for guidance on pre-thickened dysphagia specific oral nutritional supplements (See Appendix 3) if urgent prescription is required whilst awaiting dietetic input.</p>
Exceptional Circumstances:	<p><u>For Healthcare Professionals:</u></p> <p>In very exceptional circumstances where a clinical assessment indicates the need to consider alternative intervention to home-made nutritional supplements as part of a food-based approach, this must be decided on a case-by case basis with a clear rationale to justify recommended action plan and aims of treatment in supporting the resident to meeting their nutritional needs. A clear justification must be provided outlining why home-made nutritional alternative is unsuitable and therefore requires prescribed oral nutritional supplements to be considered for a specified time period in order to meet a specific need.</p> <p><u>For Care-home Staff:</u></p> <p>If you are unclear on whether there may be exceptional circumstances to exclude a resident from this pathway, please:</p> <ul style="list-style-type: none">- Review section 2 below which may support decision making with specific clinical conditions and complete a care-home to Dietetics direct referral form where a clear need has been identified for further input from Dietetics. Please also see section 3 for additional guidance.- If any queries, please contact: Leicestershire Nutrition and Dietetics Service (LNSD) in the Community for further guidance via lpt.dietitiansphcadmin@nhs.net

Clinical Considerations

2) Clinical considerations where further guidance from a Dietitian may be required prior to implementation of the pathway:

Please review information below which may support decision making with specific clinical conditions/scenarios and complete a care-home to dietetics direct referral form where a clear need has been identified for further input from Dietetics. Please note a referral to Dietetics does NOT automatically warrant that Oral Nutritional Supplements will need prescribing. The Dietitian will assess and advise on whether tailored dietary advice as part of a food-based approach is required OR whether exceptional circumstances are indicated to exclude a patient from this scheme.

Clinical condition/consideration:	Things to consider:
Diabetes	<ul style="list-style-type: none">- Please consider splitting the dose of homemade milkshakes throughout the day, this will spread out the individual carbohydrate load to reduce spikes in blood glucose levels.- Please consider the food safety aspect of this and ensure that drinks are kept chilled between offers.- If you have residents with Type 1 Diabetes or those on Insulin, please consider a referral to community Dietetics where tailored guidance may be required.
Pancreatic Enzyme Replacement Therapy (PERT)	<ul style="list-style-type: none">- If your resident is taking PERT (e.g., Creon[®], Nutrizym[®] and Pancrex[®]), please consider if these should be offered alongside the homemade drinks in order for them to digest and absorb the nutrients correctly.- Please consider a referral to community Dietetics if dietary advice is required for general advice only. Dietitians are unable to make prescription adjustments as the responsibility for this lies with the prescriber (usually GP).
CKD (stages 3-5)	<ul style="list-style-type: none">- If your resident has CKD stage 3, please consider a referral to Dietetics to ensure that the homemade nourishing drinks are suitable for them to take.- If your resident has CKD stage 4 or 5, and they are currently under renal consultant care, please ask consultant to refer to secondary care specialist Dietitians. If they are no longer under a consultant and they are for community care, please consider a referral to community Dietetics.
Inflammatory Bowel Disease (IBD)	<ul style="list-style-type: none">- Residents with acute inflammatory bowel disease (IBD) where a liquid/elemental diet is required- please consider a referral to community Dietetics.
Neurological conditions	<ul style="list-style-type: none">- The Community Integrated Neurology and Stroke Service (CINSS) see patients with terminal neurological conditions such as Motor Neurone Disease, Progressive Supranuclear Palsy and Corticobasal Degeneration. This patient group often have higher nutritional requirements, and their intake can also be further affected by a deterioration in their swallow.- Please consider a referral to community Dietetics if patient is not already under specialist CINSS Dietitian.
Huntingdon's Disease	<ul style="list-style-type: none">- Due to increased nutritional requirements, please consider referring your resident to the Dietitians if they have Huntingdon's disease
Mental Health	<ul style="list-style-type: none">- Please consider a referral to the Dietitians if your resident has a mental health condition which would affect their intake of the homemade nourishing drinks. Some examples may include:<ul style="list-style-type: none">o Patients with paranoia where they may not be accepting of homemade foods or fluids, only accepting those in sealed containers.o Patients who view prescribed ONS as 'medicine' and will accept it but won't accept food.
Learning Disabilities and Autism	<ul style="list-style-type: none">- If your resident will not accept homemade nourishing drinks from a sensory aspect, please consider a referral to Dietitians for further guidance.- Please ensure you are making any reasonable adjustments necessary to enable your resident to optimise their oral intake* If you notice a change in behaviour (e.g. reduced mood and oral intake), this may be a sign of pain, and you should use a method that is suitable for the person to identify this if required (i.e. DisDAT tool).
Refeeding risk	<ul style="list-style-type: none">- If your resident has had little to no oral intake in 5 days, please consider if they are at risk of re-feeding syndrome and would require a referral to Dietitians.

where further guidance from a dietitian may be required

- Diabetes
- PERT
- CKD (stages 3-5)
- IBD
- Neurological conditions
- Huntingdon's disease
- Mental Health
- Learning disabilities and autism
- Refeeding risk

Other Considerations

Significant unexplained weight loss

Extremely restricted dietary intake

Food allergy or intolerance

Coeliac disease

Pressure ulcer

Bowel changes

Swallow changes

Dementia

Overweight

Chewing problem

Unable to feed independently

Consistently refusing food or fluid

3) Other considerations:

Please review information below for some ideas that you might want to keep in mind for residents and some changes you could make to ensure the homemade supplements are suitable for them.

Clinical consideration:	Things to consider:
Significant unexplained weight loss	<ul style="list-style-type: none">- If your resident has experienced significant unexplained weight loss recently, please consider involving the GP to investigate any causes of the weight loss.
Extremely restricted dietary intake	<ul style="list-style-type: none">- If a resident has an extremely restricted dietary intake, please consider the use of multivitamin and mineral supplement to meet their micronutrient requirements.
Food Allergy/Intolerance	<ul style="list-style-type: none">- If your resident has an allergy or intolerance to the ingredients in any of the homemade nourishing drinks, please consider if they would enjoy an alternative recipe e.g. if they are intolerant of dairy foods (i.e. milk) would they tolerate a vegan milkshake?- If none of the recipes would be suitable, please consider a referral to the Dietitians.
Coeliac Disease	<ul style="list-style-type: none">- If your resident has coeliac disease, please ensure that you have checked all of the ingredients to ensure that they are gluten free.- Please ensure that you are avoiding cross contamination of gluten by using separate cutlery if a particular drink is being made without gluten.
Pressure ulcer	<ul style="list-style-type: none">- Please see additional dietary advice: https://www.malnutritionpathway.co.uk/library/protein.pdf- If additional concerns or support required, please complete referral to the Dietitians for further input and advice.
Bowel changes	<ul style="list-style-type: none">- Ensure sufficient fluid and fibre intake if identified as problem- Seek medical advice if required
Swallow changes	<ul style="list-style-type: none">- If your resident is showing changes with their swallow or you are concerned about their swallow, please ensure you are considering a referral to Speech and Language Therapy to investigate this prior to Dietetic Referral.
Dementia	<ul style="list-style-type: none">- Please see additional guidance: Dementia UK Eating and Drinking guide
If a resident is currently overweight/was overweight prior to unplanned weight loss	<ul style="list-style-type: none">- Patients with BMI above 25kg/m2 to aim for weight maintenance rather than weight regain.
Chewing problems/ Sore mouth / Poor Dentition	<ul style="list-style-type: none">- Assess Oral Hygiene, treat as needed- Get sore mouth / mouth ulcers treated- Check teeth/dentures-refer to Dentist if needed
Unable to feed independently	<ul style="list-style-type: none">- Position correctly-consider referral to Occupational Therapist or Physiotherapist- Provide appropriate cutlery/crockery- Provide assistance/supervision at meal and snack times
Consistently not finishing meals despite assistance	<ul style="list-style-type: none">- Assess comfort at mealtimes – e.g. need to empty bowels, pain, positioning- Consider environment & minimise distractions- Find out likes/dislikes & mealtime preferences from patient or relatives- Use verbal or visual prompts to help eating- Explore anxieties or communication difficulties- If signs of depression or pain seek medical advice- Encourage 3 small, fortified meals/snacks a day and at least 2 nutritious snacks and 2 nourishing drinks a day
Consistently refusing food or fluid	<ul style="list-style-type: none">- As above- If at risk of dehydration: Encourage drinks after and in between each meal aiming for 6-8 cups/day & seek medical advice
Other:	<ul style="list-style-type: none">- Consider if a medical condition is:a) Increasing nutritional requirements (e.g. pressure ulcer, infection)b) Affecting dietary intake (e.g. vomiting, diarrhoea, constipation, depression, pain)- Seek medical advice if required- Ensure treatment to control or treat any identified condition is provided- Consider side-effects of medications. Request a medication review.

Homemade Supplements & Recipes

Fortified milkshake (ICS recipe)

Ingredients—makes 1 portion

½ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
4 heaped teaspoons/20g vitamin fortified milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik)

Directions

Mix milk powder and milkshake powder together in a glass.
Gradually mix in cold milk and stir well.
1 portion = 220ml
Serve 2 portions per day



Fortified hot chocolate (ICS recipe)

Ingredients—makes 1 portion

½ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
4 heaped teaspoons/20g vitamin fortified chocolate flavour milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik)

Directions

Mix milk powder and milkshake powder together in a mug.
Gradually mix in hot milk and stir well.
1 portion = 220ml
Serve 2 portions per day



Fortified Ovaltine or Horlicks (ICS recipe)

Ingredients—makes 1 portion

½ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
5 heaped teaspoons (25g) 'Ovaltine Original Add Milk' powder or 'Horlicks Malted Food Drink' powder

Directions

Mix milk powder and Ovaltine or Horlicks powder together in a mug.
Gradually mix in hot milk and stir well.
1 portion = 220ml
Serve 2 portions per day



Fortified vegan milkshake (ICS recipe)

Ingredients—makes 1 portion

½ pint/180ml Alpro Growing Up Soya Drink
20g soya milk powder
40ml undiluted premium cordial (**not** sugar free/diet/ no added sugar) e.g. Belvoir, Bottlegreen, Ribena, Rocks Organic

Directions

Gradually mix soya milk powder together with Alpro Growing Up Soya Drink. Mix in the undiluted cordial.
1 portion = 220ml
Serve 2 portions per day



Product comparison, per portion	Calories	Protein	Carbohydrate	Fat	Cost*
Fortified milkshake/hot chocolate	295 - 310kcal	17g	39.4 - 44.2g	6.9g	£0.61
Homemade fortified Horlicks	319kcal	19.3g	43.8g	8.6g	£0.73
Homemade fortified Ovaltine	319kcal	18.4g	44.3g	7.9g	£0.79
Fortified vegan milkshake	297kcal	17.1g	56.4g	9.3g	£1.21
Purchased Complan + full fat milk	310kcal	12.5g	44g	8.1g	£1 - £1.47
Purchased Meritene + full fat milk	247kcal	16.6g	26g	8.3g	£1.35

Homemade Supplement & Recipe

Fortified fruit juice (ICS recipe)

Ingredients—makes 1 portion

½ pint/180ml pure fruit juice (using Kubus 100% Multivitamin Juice (Tesco), Naturis Multivitamin juice (Lidl), The Juice Company Multivitamin Boost (Aldi) or Tropicana Multivitamin Boost will provide more vitamins)

40ml undiluted premium cordial (**not** sugar free/diet/ no added sugar) e.g. Belvoir, Bottlegreen, Ribena, Rocks Organic

10g (2 x 5g sachets) egg white powder (find in the home baking section of most supermarkets or larger, better value packs can be purchased online)

Directions

Put egg white powder in a glass. Gradually stir in undiluted cordial (do not whisk). Add the fruit juice slowly and stir well.

1 portion = 220ml

Serve 2 portions per day



Product comparison, per portion

	Calories	Protein	Carbohydrate	Fat	Cost*
Fortified Fruit juice	178 - 250kcal	8.4 - 9.4g	38 - 52g	0 - 0.2g	£0.92
Fortified Fruit juice (using vitamin fortified products listed above)	191 - 246kcal	8.4 - 9.4g	38 - 52g	0 - 0.2g	£1.18

Video Recipe Links

HWE ICS Homemade Supplements Videos

[Making a fortified
milkshake](#)

[Making a fortified
hot chocolate](#)

[Making a fortified
fruit juice drink](#)

[Making a fortified
Horlicks/Ovaltine](#)

[Making a fortified
vegan milkshake](#)

Home-made Supplement Drinks Tips



Home-made supplements can be made in batches of multiple portions.



Home made supplements can be stored in the fridge for up to 24hrs, and outside of the fridge for 4 hours as per [Food Standards Agency guidance](#)



It is important you only use the ingredients listed, as this ensures they are providing the correct nutrition



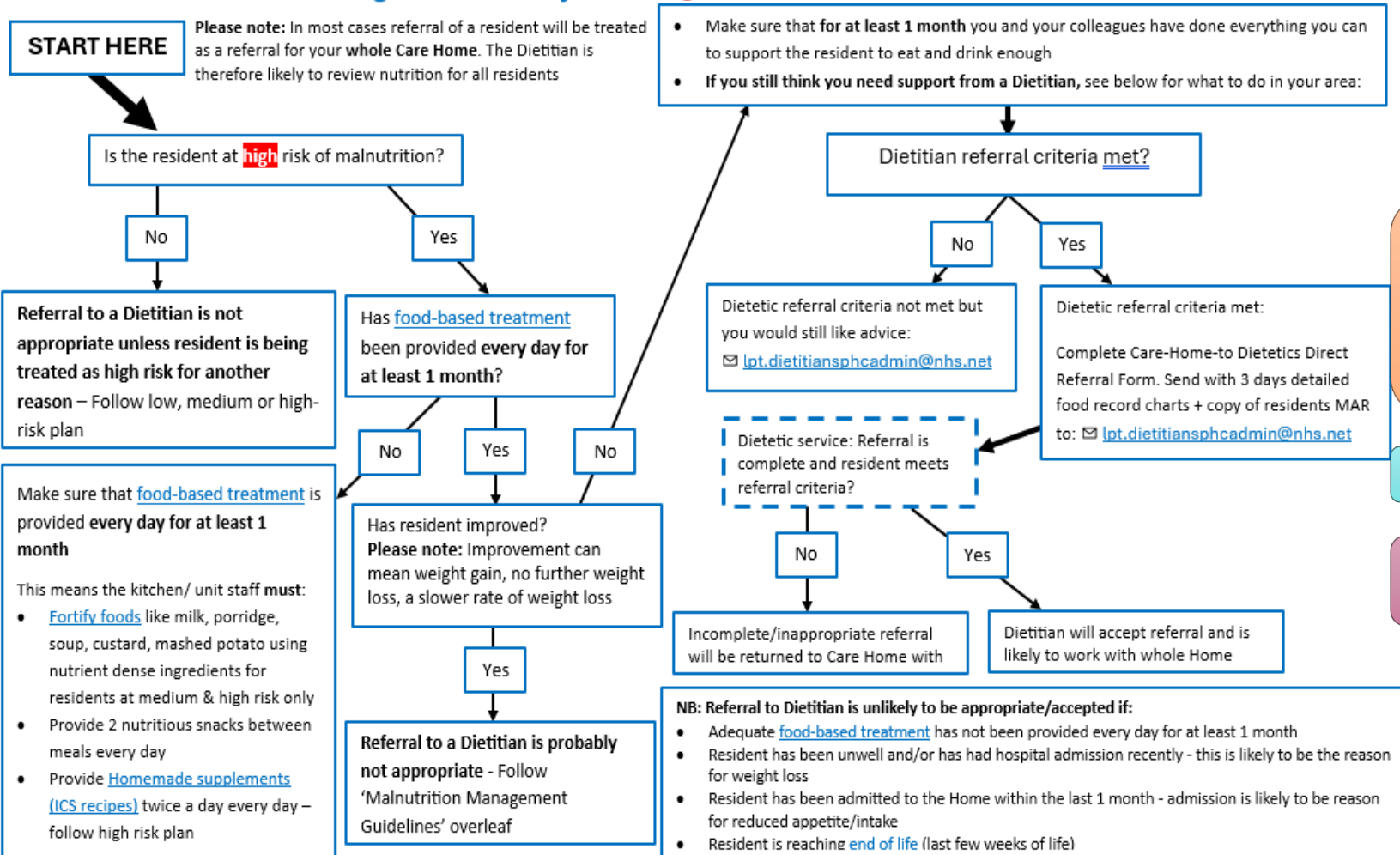
If your resident is unable to consume the home made supplements or experiences any other problems, we have a range of resources or you can contact our dietetic department



Remember these home-made supplements are only intended for residents identified at high risk of Malnutrition (MUST 2 or above) who would have previously been prescribed an oral nutritional supplement

MUST Score 2 and Referral to Dietetics

Care Home Malnutrition Management Pathway – Referring a care home resident to the Dietitian because of malnutrition



Food based treatments have been in place for 1 month, Ethel has not made any improvements, therefore time to refer to Dietitians following pathway:

Care-home referral form

All non-nutrition support referrals to continue to come via GP/PRISM

Care-Home-to-Dietetics Referral Form:

Direct referral to LNDS is ONLY for patients requiring nutrition support advice in relation to malnutrition, who meet referral criteria after following the **LLR Management of Malnutrition in Care Homes pathway**

Note:

All questions must be answered

Copy of current MAR chart must be included

3 days detailed food and fluid record charts must be included

Send to lpt.dietitiansphcadmin@nhs.net

Care-Home-to-Dietetics Direct Referral Form

Leicestershire Nutrition and Dietetic Service, OSU House, East Link, Meridian Business Park, Leicester, LE19 1XU. Contact number: 0116 222 7170

Please note this form for direct referral to Leicestershire Nutrition and Dietetics Service (LNDS) is ONLY for patients requiring nutrition support advice in relation to malnutrition, who meet referral criteria after following the [LLR Management of Malnutrition in Care Homes pathway](#).

For all other dietetic referral requests, please ask the patient's GP to refer in line with [LNDS Adult referral criteria](#).

PLEASE NOTE:

- All questions (pages 1-3) on this form must be answered
- Copy of current MAR chart must be included with each referral
- 3 days detailed food and fluid record charts must be included with each referral

Please email completed pages with 3 days detailed food and fluid record charts and a copy of current MAR to: lpt.dietitiansphcadmin@nhs.net

1) Referrer's Details:			
Date of Referral:		Care Home:	
Referrers Name:		Address:	
Referrers Job title:		Contact number:	
Care home e-mail address for communication:			
2) Resident's Details:			
Resident's full Name:		GP name and address:	
Date of Birth:			
NHS number:			
3) Pre-Referral checklist			
Is the resident at HIGH risk of malnutrition (assessed via a MUST screening tool)			
Yes		No	
Have meals been fortified every day for at least 1 month?			
Yes		No	
Have nourishing snacks been offered twice a day for at least 1 month?			
Yes		No	
Have homemade supplements been offered twice a day for at least 1 month? <i>unless</i> 1. patient meets exclusion criteria OR 2. Patient is on prescribed ONS OR 3. Further guidance from dietitian required before starting home-made replacement drinks - (see note below)			
Yes		No	
Please Note: If you have answered 'no' to any of the above questions, please do not refer to the Dietitians, and instead please visit the LLR Care Home Management of Malnutrition Pathway and ensure this has been followed thoroughly before considering a referral to Dietetics.			
HOWEVER,			
<input type="checkbox"/> if any of the exclusion criteria is met, OR			
<input type="checkbox"/> the resident is on prescribed oral nutritional supplements (ONS) and is not currently under a dietitian, OR			
<input type="checkbox"/> further guidance is required			
then please complete this referral.			

Key Changes from 01 September 2025

ONS Replacement in Care-homes scheme to be launched via phased approach commencing in Primary Care from 1/9/25 with acute + community hospital discharges following at a later date. From this date:

New care-home residents AND existing residents not on ONS:

- All new patients in care-homes to be assessed for Malnutrition risk using this pathway and follow appropriate management plan as per the pathway (except for acute + community hospital discharges-see below).
- All existing patients in care-homes not on ONS to be assessed for Malnutrition risk using this pathway and follow appropriate management plan as per the Pathway.

Care-home resident already on ONS:

- All existing patients already on ONS and under the care of a community dietitian (Leicestershire Nutrition and Dietetics Service) to continue with ONS until scheduled review where suitability to switch to home-made replacement drinks will be assessed by the dietitian.
- All existing patients already on ONS but NOT under the care of a community dietitian (Leicestershire Nutrition and Dietetics Service) to be referred via Care-home- to Dietetics direct referral form for assessing suitability .

Acute/Community hospital discharges:

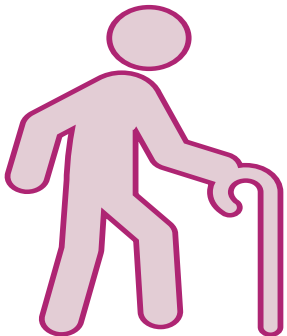
- As part of a phased launch, all patients who are discharged from acute or community hospitals on TTO's- to take these as prescribed until further notice.
- If a further ongoing prescription is requested on discharge, GP to review and prescribe if appropriate as per current practice. If no further ongoing prescription is required, then care-home to assess for Malnutrition risk using this pathway and follow appropriate management plan as per the pathway.

Further Information



The scheme is applicable to:

- All adult patients in nursing or residential care-homes



The scheme is not YET applicable to:

- Adult patients in the community living in their own homes
- Adult patients living in assisted living facilities

Dates

26 th August	Care Home Subgroup	10:30 am	Virtual
1 st September	County Care Home Provider Forum	10:30 am	Virtual
3 rd September	Rutland Care Home Provider Forum	2:00 pm	Oakham Enterprise Park
9 th September	Primary Care Webinar	4:00 pm	Virtual
25 th September	LLR Registered Managers Network	10:45 am	NSPCC Centre
14 th October	City Care Home Provider Forum	11:30	Virtual

Additional refresher training sessions will also be scheduled

Q&A Session Dates

Date	Time	Link	Date	Time	Link
2nd September	1:15 – 2:15	Join the meeting now	17th September	11:00 – 12:00	Join the meeting now
4th September	11:00 – 12:00	Join the meeting now	19th September	9:30 – 10:30	Join the meeting now
8th September	11:15 – 12:15	Join the meeting now	22nd September	11:00 – 12:00	Join the meeting now
10th September	10:00 – 11:00	Join the meeting now	26th September	10:00 – 11:00	Join the meeting now

Q&A session – invitation links to be shared
Additional refresher training sessions will also be scheduled

Resources and Contacts

The resources, including the pathway and recipe guides, will be available on the [APC website](#) and [Providing Care website](#) by September.

[ICAN training on the LNDS website](#) for guidance on how to complete MUST screening.

[Managing Adult Malnutrition in Primary Care Guidelines](#)

Leicestershire Nutrition and Dietetic Service: lpt.dietitiansphcadmin@nhs.net | 0116 222 7170

Dietetic Referral: ✉ lpt.dietitiansphcadmin@nhs.net

Home Enteral Nutrition Service (HENS): hens.team@nhs.net | 0116 222 7161

Evaluation Forms

[Evaluation form for STAFF](#)



[Evaluation form for Resident/Family](#)





Thank
you

Q&A