NHS Greater Manchester

NHS Greater Manchester Malnutrition Prescriber Guidance for Adults

Version 1.1

Document Control

Role	Contributors	Date
Author	Brett Finch – Cluster Lead Pharmacy Technician – Manchester & Trafford	1st May 2026
Reviewers	Graham Foster – NHS GM Medicines Optimisation Clinical Dietitian	1st May 2026
	Angela Gilchrist – Cluster Lead Pharmacy Technician – Manchester & Trafford	4th July 2025
	Ayse Sendil – Practice Based Pharmacist - Manchester	13th October 2025
Authorised by	NHS Greater Manchester Nutrition Review Group	1st May 2026
Approved at: GMMMG		13th August 2026
Approved at: Clinical Effectiveness and Governance Committee (CEGC)		30th August 2026
Approved at: Strategic Commissioning Committee (SCC)		2nd September 2026

Specialist(s) consulted:

Graham Foster – NHS GM Medicines Optimisation Clinical Dietitian	13th October 2025
NHS GM Nutrition Review Group	13th October 2025

Equality Impact Assessment

Date of approval of Equality Impact Assessment	2nd September 2026

Appendices list

Appendix 1.	BAPEN 'MUST' Score Flow Chart
Appendix 2.	Guidance for GP Practices When Patients are Discharged from Hospital on Oral Nutritional Supplements (ONS) Without a Planned Dietetic Follow Up
Appendix 3.	NHS GM Oral Nutritional Supplement (ONS) Preferred Products List
Appendix 4.	References for ONS Samples
Appendix 5.	Patient Guidance Leaflets

Change Control		
This section outlines changes from version 1.0 to version 1.1 of this guide		
		Date
1.	Additional context on Dietetic Referrals Section 4, Page 4 and Section 7, Page 7 Flow chart.	5th February 2026
2.	Ensure Compact & Ensure Plus Juice added to Product Formulary & Product Suitability List (Appendix 4)	5th February 2026
3.	Nutritional Information & flavours updated of Fortijuice within Formulary (Appendix 4)	5th February 2026
4.	Formulary (Appendix 4) updated to detail to select 'Flavour Non-Specified' when prescribing products.	5th February 2026
5.	Appendix 1 MUST Tool updated to refer 'Step 5' back to section 7 prescriber guidance.	2nd March 2026
6.	Section 7 updated to clarify High Risk patient and Review information	2nd March 2026
7.	Appendix 2 updated to include check of MUST score with link to MUST Calculator	2nd March 2026
8.	Section 4 updated to clarify GP trial of ONS for 4-8 weeks before referral to dietitian	2nd March 2026
9.	Clarity on 'Food First Approach' throughout document and definition provided within section 4	6th April 2026
10.	Reference and link to NICE CKS 'Managing Malnutrition' added to section 4	6th April 2026
11.	Section 6 – Exceptional Patient Groups updated to provide further context	6th April 2026
12.	Section 7 updated to clarify some information detailed within this guide is locally agreed and may differ from elements of national guidance.	6th April 2026

Contents

1. **Purpose** 3
2. **Scope** 3
3. **Background** 3
4. **National & Local Recommendations** 4
5. **Exclusion Criteria** 5
6. **Exceptional Patient Groups** 6
7. **NHS GM Prescriber Guidance for Malnutrition and Oral Nutritional Supplements** 8
8. **Appendices: Additional Guidance, Patient Leaflets & Formulary** 9
9. **References** 18

This guidance pertains to all localities within NHS Greater Manchester ICB, except for those where there is an agreement to trial specific guidance locally.
***Bolton locality** and **Tameside locality** currently have agreements to follow their alternative guidance pathways. If you are from the Bolton locality or Tameside locality please refer to your specific local guidance to make a decision on the assessment and review of malnutrition, prescribing of ONS and whether to refer to your community dietetic service.*

1. Purpose

1.1 The complexity of malnutrition in combination with the wide range of Oral Nutritional Supplement (ONS) products, has resulted in large instances of inappropriate prescribing within Primary and Secondary Care.
1.2 Many patients are often prescribed ONS therapy without appropriate assessment, follow up or referral to ensure therapy is appropriate.
1.3 This guide aims to support prescribers to ensure they have the tools and knowledge to appropriately assess patients for Malnutrition, prescribe effectively and review patients in line with national guidance.
1.4 Where there are concerns about a patient's mental capacity to understand information and make decisions about their own care and treatment, then the Mental Capacity Act 2005 must be followed.

2. Scope

2.1 This guide is aimed at all prescribers within Primary Care, including all medicines optimisation staff assessing patients for Malnutrition to ensure patients are educated on a '**Food First approach**' before the need to prescribe ONS. This is inclusive of patients already prescribed ONS. A **'Food First approach'** must continue to be maintained even if a patient does require ONS.
2.2 This guide **is not** aimed at patients who meet the Exclusion Criteria (section 5)

3. Background

3.1 BAPEN's Malnutrition and Nutritional Care Survey in Adults 2022 revealed that nearly half (45%) of all adults screened across health and care settings in the UK were found to be at risk of disease-related malnutrition – the highest figure since this screening begun in 2019 (2021, 39%; 2020; 40%, 2019; 42%).

3.2 The survey, which was carried out in October 2022, found that the prevalence of malnutrition was highest in individuals with cancer (62%), gastrointestinal conditions (50%), respiratory conditions (48%), frailty (45%) and neurological diseases (43%)

3.3 When assessing malnutrition prevalence by setting, the findings indicate risk is highest in those in their own homes (56%) and in residents in care homes (55%). In hospitals, 44% of patients were at risk of malnutrition. [BAPEN, 2022]

3.4 "*Malnourished adults account for about 30 per cent of hospital admissions and with prolonged length of hospital stay, 35 per cent of care home admissions, 15 per cent of outpatient clinic attendances and 10 per cent of those presenting at their GP. Overall, the cost of treating a malnourished patient is two to three times more than treating a non-malnourished patient*." [BAPEN 2021]

4. National & Local Recommendations

4.1 ONS Products should prescribed on the NHS if the patient meets at least one of the conditions stated in the Advisory Committee on Borderline Substances (ACBS) and/or has a calculated British Association for Parenteral and Enteral Nutrition (BAPEN) 'Malnutrition Universal Screening Tool' (MUST) score of 2 or more and may be prescribed products locally agreed within this document (see appendix 4). The MUST score calculator can be found in **Appendix 1**. [BAPEN 2018].

4.2 During assessment patients must also be counselled on a 'Food First approach' to ensure appropriate education on diet and nutritional support (**see Appendix 3**) along with recommendations for over-the-counter (OTC) ONS (**see Section 7**). Advisory Committee on Borderline Substances (ACBS) advises that ONS may be regarded as medicines for prescribing for the following approved indications:

- Short-bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Proven inflammatory bowel disease
- Following total gastrectomy
- Bowel fistulae
- Dysphagia
- Disease-related malnutrition

4.3 For further information on national guidelines please see NICE Clinical Knowledge Study – Management of Malnutrition (NICE, 2024)

4.4 A '**Food First approach**' is a proactive, evidence-based strategy designed to manage and treat malnutrition (or the risk of malnutrition) by maximising the patient's intake of nutrient-dense, ordinary food and drink. Some patients may not be suitable for a 'Food First Approach' or OTC ONS and would need to be considered on a case-by-case basis (**see Section 5 & 6**)

4.5 Locally ONS products should not be prescribed unless done so in line with the guidance stated within this document. For patients with a MUST score of less than 2 '**Food First approach'** (where appropriate, **see section 5 & 6**) is the recommendation of the NHS Greater Manchester Integrated Care Board.

Referral criteria for referral to locality community dietetic services is as follows:

- The patient must be registered with a GP practice within your designated locality or be a resident within your designated locality (see local referral information for confirmation)
- Patients should be trialled on ONS recommended within this document before referring to a dietitian. If the patient does not improve within a 4–8-week period then consider a referral.
- They must have a MUST score of at least 2 or more (*if you are in Bolton or Tameside locality please follow their local guidance on MUST score criteria*)
- A person is at risk of being malnourished if they have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs, such as: pressure ulcer present, recurrent infections or exacerbations of COPD.
- Have been recommended to be referred to a community dietitian from secondary care discharge letter (only applicable if discharged from hospital).

4.6 Locality Referral Criteria:

- **Trafford**: Nutrition and Dietetics Service
  - Referral Form (Nursing and Care Home patients)
  - Referral Form (for all other professional referrals except enteral feeding)
- **Manchester**: Community Nutrition Service – Referral Form
- **Wigan**: Nutrition and Dietetics – Referral Form
- **Salford**: Nutrition and Dietetics, Salford Community – email or EMIS referral
- **Bury**: Nutrition and Dietetic, Bury Community - email or EMIS referral
- **Heywood, Middleton & Rochdale (HMR):** Nutrition and Dietetics, HMR Community - email or EMIS referral
- **Oldham**: Nutrition and Dietetics, Oldham Community - email or EMIS referral
- **Stockport**: Nutrition and Dietetics, Kingsgate House, Stockport – EMIS Referral or via Email
- **Bolton**: Dietetics & Nutrition – Referral Form (*please ensure to follow local referral criteria)*
- **Tameside**: Dietetics (Community) – EMIS / SystmOne or email referral

5. Exclusion Criteria

5.1 The recommendations made in this document may not apply in all circumstances. For instance, it is recommended that GP practices/MOT do not change ONS prescriptions for the group of patients listed below where they are under specific specialist services who have requested specific ONS. Changes in this case **should not** be made without the input from the patient(s) specialist service(s). This is because ONS may be contraindicated or specialist ONS may be required:

- Patients currently under care of locality community dietetic service
- Patients under agreed 'hospital dietitian' nutrition care plan
- Patients on enteral feeding
- Paediatric patients
- Inherited metabolic conditions
- Oncology treatment /palliative care

- Renal/dialysis: only where the patient is under a specialist service who have requested ONS with documented rationale. All renal/dialysis patients should be under a renal dietitian (please follow up with renal service if this is not clear in patient records).
- Eating disorders
- Hypercholesterolaemia (only where the patient is under a specialist service who have requested ONS with documented rationale)
- Heart failure-fluid retention (only where the patient is under a specialist service who have requested ONS with documented rationale)
- Obesity (only where the patient is under a specialist service who have requested ONS with documented rationale)
- Food allergies / intolerances (to substances contained within ONS products)
- Dysphagia
- Cystic fibrosis
- Type1 diabetes

4.6 These patients may already be under the care of a dietitian or can be referred to dietetic services if indicated. Those with eating disorders should be referred to specialist eating disorder services, such as the GMMH eating disorder service.

4.7 Where requested please ensure to follow treatment plans requested by community and specialist dietetic services. Where treatment or dietetic goals are not clear please refer to individual services for further information.

6. Exceptional Patient Groups

6.1 When reviewing patients who may appear malnourished, request oral nutrition or receive requests from family/carers. It is important to consider the individual patient's underlying factors / contributors to malnutrition, the list below details a number of potential underlying factors you may wish to consider, and where earlier intervention of ONS may be considered before a patient becomes high risk however, this should be considered on a case-by-case basis. (Please bear in mind this list is not exhaustive).

6.2 **Unable to do own shopping / cooking –** please refer the person to the appropriate services (social services/ social prescribing link workers) to improve access to food. A referral to the dietetic service will not be indicated unless reflected by the MUST score.

6.3 **Physical pain –** review of treatment plan / medication management and the impact on appetite / oral intake should be assessed prior to MUST score if pain is a factor impacting nutritional intake.

6.4 **Vomiting –** the underlying cause / medical treatment should be implemented prior to MUST screening, as a reduction in vomiting may reduce the risk of malnutrition.

6.5 **Constipation / diarrhoea -** the underlying cause / medical treatment should be implemented prior to MUST screening, as a reduction in bowel problems may reduce the risk of malnutrition.

6.6 **Low income / poverty –** a referral to social services / social prescribing link workers. A lack of money is not an ACBS criteria for prescribing ONS. To support patients with access to foods please see the following information regarding Greater Manchester Foodbanks in your area. [GMMH 2025]

6.7 **Memory failure –** a referral for diagnosis and social support may be required. An inability to remember to provide nutrition for oneself is not an indication for referral to dietetics or prescription of ONS.

6.8 **Chewing / swallowing difficulty –** this may require a referral to Speech and Language Therapist (please refer to your local SALT team, should a patient require a referral).

6.9 **Medication interactions –** some medications may impact appetite and oral intake therefore increasing the risk of malnutrition. Please review medications if a patient reports a decreased appetite and change medications as appropriate.

6.10 **Poor mental health –** ensure the patient is known and being supported by the mental health team to reduce their risk of malnutrition. Please discuss with their team if the MUST indicates an intervention what support the person may require to be able to comply with the care plan indicated.

6.11 **Dental issues –** this is not an ACBS criteria for prescription of ONS. A modified texture diet / pain relief may increase the person's oral intake and reduce the risk of malnutrition.

7. NHS GM Prescriber Guidance for Malnutrition and Oral Nutritional Supplements

Malnutrition Risk Assessment

- Use the **Malnutrition Universal Screening Tool ('MUST') Calculator** for screening patients (Use link / see **Appendix 1)**
- Consider any underlying medical problems e.g., oedema
- Potential swallowing problems should be considered. Refer to Speech and Language Services if appropriate.
- Check patient does not meet '**Section 5 Exclusion Criteria**' (seek advice from specialist services if needed).

Low Risk Patient – MUST Score 0

- No current action: see '**Review**' section below.

Medium Risk Patient – MUST Score 1

- '**Food First Approach**' – **Appendix 3**
- Over-the -Counter (OTC) supplements can be recommended e.g. Complan®, Meritene, Ensure NutriVigor®
- **Monitoring:** Monitor patients as recommended in **Appendix 1, step 5**.
- When the agreed treatment goals are achieved OTC supplements should be discontinued.

High Risk Patient - 'MUST' Score of 2+ / Discharged from Hospital on ONS / ACBS Criteria Met

- Advise and follow a '**Food First Approach**' (**Appendix 3**) and continue to High-Risk Patients information.
- Patient identified at risk of malnutrition using 'MUST' tool and requiring oral nutritional support along with '**Food First approach'**
- For a quick reference for hospital discharge patients, see **Appendix 2**

First Line Nutrition Support: Dietary Advice

Start with a 'Food First approach':

- Provide Guide to Fortifying Meals and Store Cupboard Ideas (see **Appendix 3** – Patient Guidance Leaflets)
- Set realistic goals of nutritional treatment. These may be to improve nutritional status e.g., wound healing, or to reach or maintain agreed weight or to slow the rate of weight loss.
- Tailor advice to individual patient taking into consideration any dietary restrictions e.g., patients with diabetes.
- Review between 1 and 3 months or sooner if the condition requires.

High Risk Patients (MUST Score of 2+):

- Ensure to continue to reinforce '**Food First approach**' to fortify diet (**Appendix 3**)
- See **Appendix 2** - Guidance for GP Practices for 'When' / 'How' to Prescribe Oral Nutritional Supplements.
- Use **Appendix 4** - 'NHS GM Oral Nutritional Supplement Formulary' when **prescribing ONS.**
- Samples can be provided via **Appendix 5**

- **Prescribe on acute prescription only.**
- Starter packs are **not** recommended for Ready-To-Drink (RDT) products.

Review

- Review '**Low Risk'** and '**Medium Risk'** patients as every **4 to 12 weeks** using 'MUST' tool, continue a '**Food First approach**' (**Appendix 3)**. Do not prescribe ONS.

- Review '**High Risk Patients**' every **4 to 8 weeks**, using MUST Tool, continuing **'Food First approach'** and checking compliance with ONS. If the patient continues to deteriorate refer to '**Section 4, Page 4'** on when to refer a patient to a community dietetic service.

STOP

- When BMI>20 and dietary intake has improved or if the patient is non-compliant with taking nutritional supplements (ONS), consider reducing and stopping nutritional support and encourage fortified diet (**Appendix 3**).

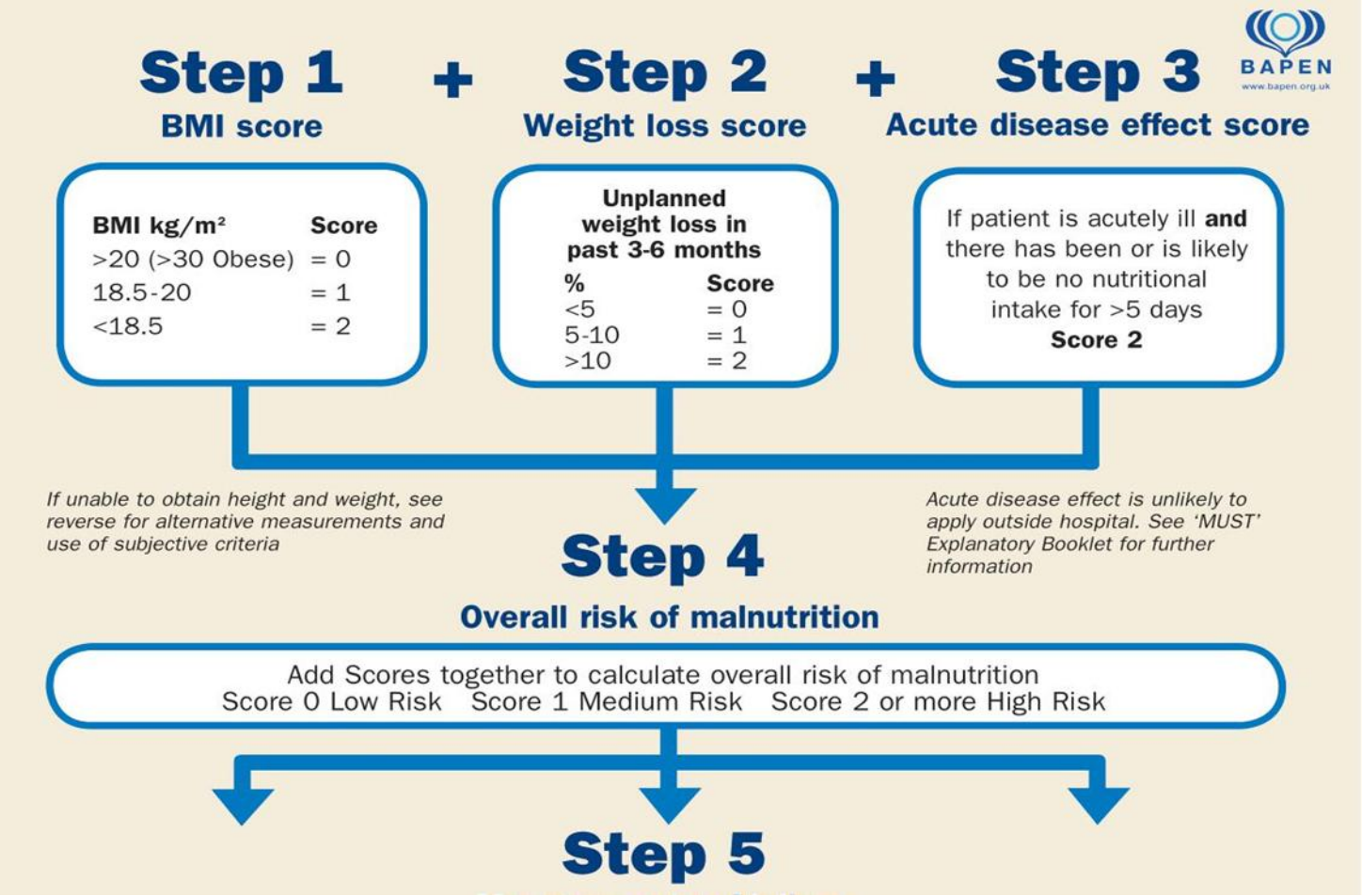
For further information refer to the malnutrition pathway (information in this guide is locally agreed guidance in line with local specialist teams and may differ from elements of national guidance)

References:

NICE CG 32. Nutrition support in adults. February 2006.Updated Aug 2017. (NICE, 2017)

8. Appendices: Additional Guidance, Patient Leaflets & Formulary

Appendix 1 – BAPEN 'MUST' Flow Chart

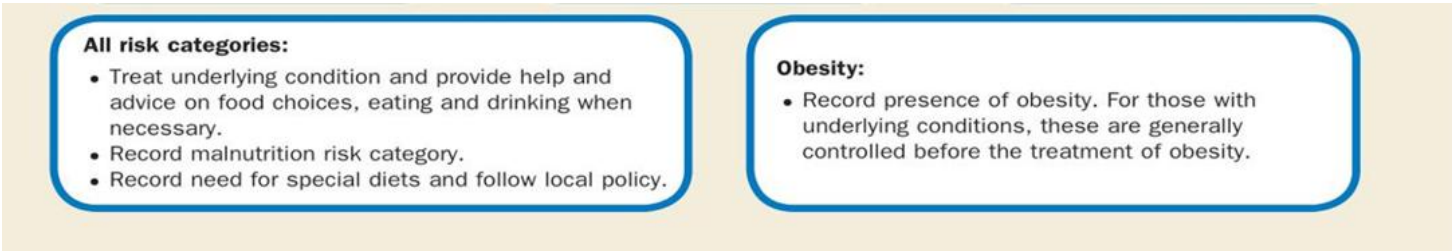


[BAPEN, 2026]

Management Guidelines

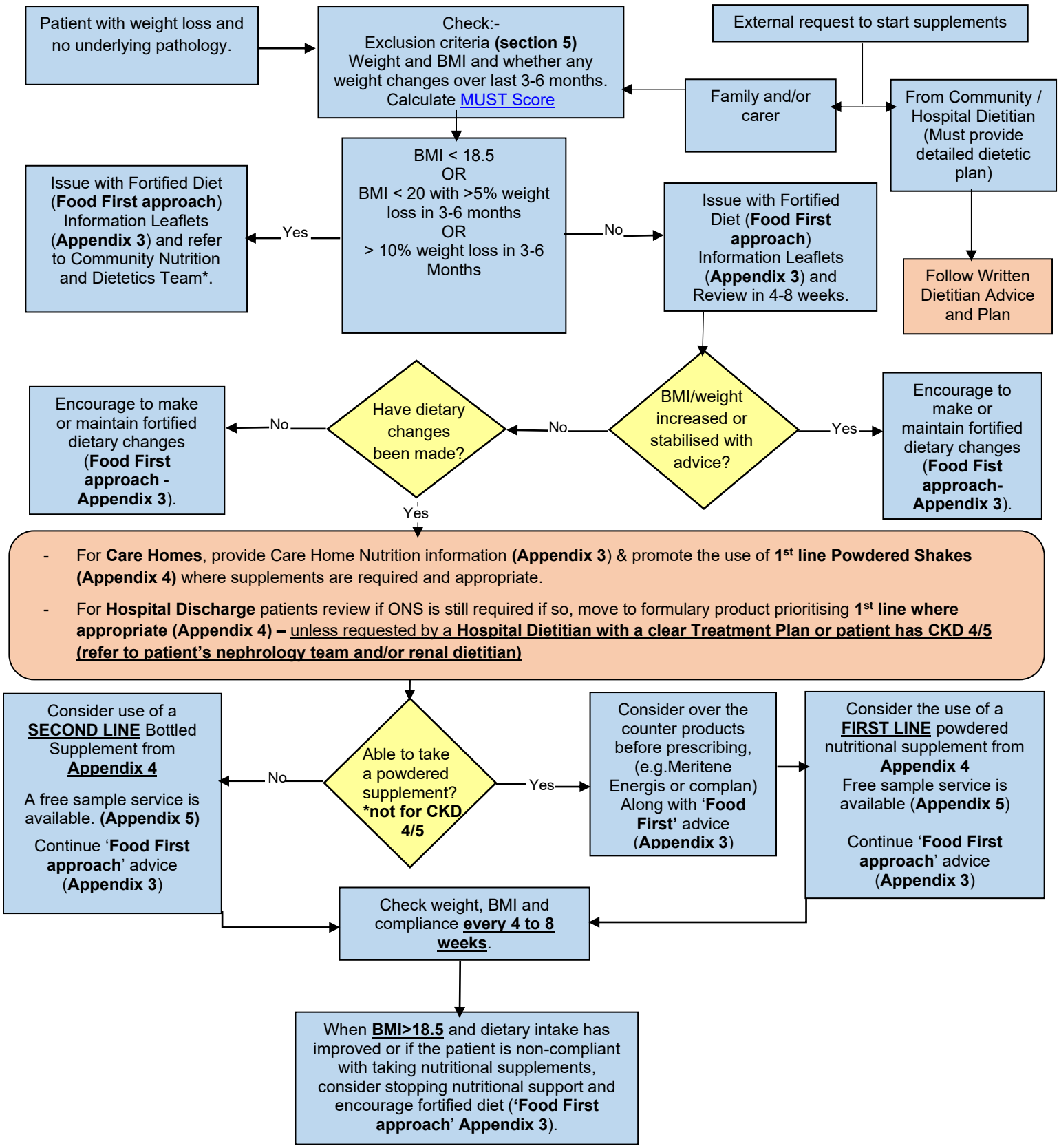
For Management Guidelines please see section 7 above.

In addition, consider information below from BAPEN



[BAPEN, 2026]

Appendix 2 - Guidance for GP Practices for 'When' / 'How' to Prescribe Oral Nutritional Supplements



Appendix 3 – 'Food First Approach' Advice - Patient Guidance Leaflets

The following leaflets are included to provide a selection of information and guidance to patients, carers and healthcare professionals on Food Fortification and maintaining a healthy balanced diet to support nutrition and reduce the risk of malnutrition.
Food First Advice may not be suitable for all patients, please **see Section 5** to see which patients would be excluded from the following guidance.

Guide to making the most of your food – advice for patients and carers
This leaflet provides some simple ideas on how you can get the most nutrition from everyday food you are eating. [Malnutrition Pathway, 2021]

British Dietetic Association – Care Home Digest
Comprehensive guidance for menu planning and food service guidelines for older adults living in care homes. [British Dietetic Association, 2024]

Nutrition Drinks (oral nutritional supplements) – Advice for patients and carers
This leaflet provides some information on the benefits of ONS when added to the diet and how to get the most out of them. [Malnutrition Pathway, 2021]

High Protein Foods - Advice for patients and carers
This leaflet has been created to provide information about the importance of eating enough protein and about how to get enough protein from your diet.

Greater Manchester Nutrition and Hydration - Age UK – Advice for patients and carers
Some specific resources are available and can be accessed online (via the websites below) or sent through the post. If you would like any of this information to be sent through the post please contact your local Age UK or Age UK Salford on 0161 788 7300. [Age UK Salford, 2023]

- **Food First Approach Recipes**
- **Eat, Drink, Live well booklet** – tips for people who have a poor appetite or have lost weight without meaning to.
- **Meal and snack ideas from a range of cultures**
- **Staple cupboard recipes**

Additional British Dietetic Association (BDA) leaflets detailed below:

Leaflet: British Dietetic Association (BDA) Homemade Supplement Recipes

Fortified Milkshake

Makes 1 portion
1 portion = 220ml
Serve 2 x 220ml portions per day
(or 4 x 110ml per day depending on the resident's preference)
300kcal and 17g protein per 220ml portion

Ingredients

1/3 pint/180ml whole milk

2 heaped tablespoons/30grams skimmed milk powder**

4 heaped teaspoons/20grams vitamin fortified milkshake powder (Aldi Cowbelle, Asda Milkshake Mix, Lidl Goody Cao, Nesquik®)

OR 5 heaped teaspoons (25grams) 'Ovaltine™ Original Add Milk' powder

OR 5 heaped teaspoons (25grams) 'Horlicks™ Original' Malted Drink powder

Directions

Mix milk powder and milkshake/ Ovaltine™/Horlicks™ powder together in a glass.

Gradually mix in milk and stir well.

**Use skimmed milk powder that does not contain added vegetable fat

Fortified Fruit Juice

Makes 1 portion
1 portion = 220ml
Serve 2 x 220ml portions per day
(or 4 x 110ml per day depending on the resident's preference)
180 – 250kcal and 8 – 9g protein per 220ml portion

Ingredients

180ml pure fruit juice (If possible, use fruit juice with added vitamins such as Kubus™ 100% Multivitamin Juice (Tesco), Naturis™ Multivitamin Juice (Lidl) or Tropicana™ Multivitamin Boost).

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

10grams (2 x 5gram sachets) egg white powder or 80gram liquid egg white (e.g.,Margarets™ liquid egg white) (these can be found in the home-baking section of most supermarkets or larger, better value packs can be purchased online).

Directions

Put egg white powder or liquid egg white in a glass.

Gradually stir in undiluted cordial or squash (do not whisk).

When mixed, gradually mix in fruit juice.

Leaflet: BDA - Nutrient Dense Snacks

Ready-made nutrient dense snack	Portion size	Approx protein content (grams)	Approx energy content (kcal)
Cheese and cracker	1 cracker + 1 small chunk of cheese	6	115
Cheese scone	½ scone	6	120
Custard	150grams tub	4	145
Falafel	2x 22grams	4	110
Greek yoghurt	150grams tub	9	200
Hard-boiled egg	1	7	75
Nuts	Small handful (40grams)	9	245
Rice pudding	150grams tub	5	140
Breakfast cereal with fortified milk	30grams + 150ml fortified milk	15	250

Leaflet: BDA – Suggestive Snack Schedule to support a food first approach

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Always available	Sweet and savoury biscuits, cake, yoghurts, chopped fruit						
Morning & Afternoon	Custard pot/ 2 mini scotch eggs	Cheese straw/ Rice pudding pot	Thick and creamy yoghurt/ Mini sausage roll	Mini Pork pie /2 scotch pancakes	Custard pot/ Toasted currant bun	Cheese on toast fingers/ Fruit scone	Sweet pancake/ Cheese & biscuits
Additional evening snacks should always include:	Cereals with milk, sandwiches, toast with toppings, biscuits, milky drinks, yoghurts						

Leaflet: BDA Eating, Drinking & Aging Well:

BDA The Association of UK Dietitians

Eating, drinking and ageing well

Having a nutrient-rich diet over the age of 65 is important for everyone, which means choosing foods with slightly more protein, calcium, folate (folic acid) and vitamin B12. The amount of carbohydrates, sugar, fibre, fat, and salt you need are likely to remain the same as for younger adults.

Enjoyment of eating and drinking

Taking pleasure in food and drink can help you eat well and maintain your health.

Enjoyment can be increased by getting involved in choosing food and drinks that you like and preparing, cooking and serving meals. For some, sharing a meal with friends or family helps or for others eating alone is more beneficial.

Cultural and religious identity is often linked with food and drink too and is there to be celebrated.

Weight

As you get older maintaining your weight is usually best for good health, giving you enough energy to stay well, socialise and be active.

If you have a low body weight you may need some support. If you are very overweight, losing weight may be good for your health but it is important to still eat a nutrient-rich diet, take regular activity and maintain muscle. If you are slightly overweight, losing weight might not actually improve your health.

Activity

Moving more and keeping active, together with eating a nutrient-rich diet keeps your muscles, bones and joints strong.

* Infographic reproduced from UK Chief Medical Officers' Physical Activity Guidelines 2019 - Contains public sector information licensed under the Open Government Licence v3.0. https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report

Vitamin D

Vitamin D supports bones, muscles and teeth. It helps preserve muscle strength, preventing falls, the softening of bones and the risk of fractures.

Vitamin D supplements purchased from a supermarket or pharmacy should provide 10micrograms (400 IU) each day and are the most effective way to meet your needs.

They should be taken in winter but you may benefit from them all year round. Vitamin D3 is your best choice, however, people following a vegan diet may find vitamin D2 more useful.

Supported by: Friends of the Elderly, BGS, BDA Older People Specialist Group

©The British Dietetic Association (BDA) 2023, Review 2026 - bda.uk.com

Eating, drinking and ageing well. A nutrient-rich diet is...

Fruit and vegetables

Fruit and vegetables provide a wide range of vitamins and minerals. Have at least five varied portions every day. Pick leafy greens like kale, spinach, and lettuce which are good sources of folate.

1 portion =	
80g	fresh, frozen or canned
30g	dried

Protein

Protein is good for muscle strength, so have at least one portion with each meal. Consider having two or more portions of fish per week, one of which is oily, such as salmon or mackerel. Limit processed meats.

1 portion =	
90g	cooked meat or poultry
140g	fish or shellfish
2	eggs
100g	meat alternative
150g	cooked beans or lentils
30g	nuts

Carbohydrate (Starchy)

Carbohydrates provide energy, especially for the brain. Have one portion of something starchy at each meal.

1 portion =	
190g	cooked pasta, rice or grains
80g	bread or chapati/roti
30g	breakfast cereal or flour
150g	potato, sweet potato, yam, cassava, plantain

Milk and milk-based foods

Milk and milk-based products are a key source of calcium. Have three portions of milk and milk-based products per day such as milk, yoghurt, or cheese. If you don't like, or can't have milk and milk-based foods, choose calcium-fortified milk-free alternatives.

1 portion =	
200ml	milk
30g	cheese
125g	yoghurt

Fibre

Fibre gets your gut working normally, supporting good gut bacteria and it can also help mental health. To help maintain a healthy gut choose wholegrain carbohydrate options and eat fruit, vegetables, beans and lentils.

Fat

Fats are high in energy and should be eaten sparingly but they can help you absorb vitamins like A, D, E and K. Limit high-fat foods like processed meats and pastries. Swap butter/ ghee for unsaturated vegetable, rapeseed, olive and sunflower oils and spread. Nuts and seeds are also good choices.

Vitamin B12

Intake can be low in older adults but vitamin B12 can help maintain energy levels and health. Regularly have foods fortified with it, for example breakfast cereals or yeast extract, or have animal products including lean meat, fish, poultry, eggs, milk and milk-based foods as outlined above.

Drinking enough?

Fluid is also important as you age. As you get older, you might not recognise the feeling of thirst as you used to, but you still need to drink. All fluids count, not just water. Other fluids include tea, coffee, milk, squash, fruit juice, fizzy drinks, hot chocolate and weak alcoholic drinks (up to 4% strength (ABV). Water, tea, coffee (without added sugar) and milk are the best choices for your teeth. Men and women have slightly different fluid needs:

WOMEN at least **1600 ML** per day = 3 PINTS

MEN at least **2000 ML** per day = 3½ PINTS

- Cups & glasses can be lots of different sizes so it's important to know how much fluid they hold.
- Drinking often during the day can be the key to getting all the fluid you need.
- If you drink less than the amount advised and are worried that drinking more might cause you problems controlling your bladder, please discuss this with a healthcare professional.

©The British Dietetic Association (BDA) 2023 - bda.uk.com

Alcohol Alcohol isn't an essential nutrient and intake should not exceed national recommendations of 14 units per week. Spread your intake across the week, rather than drinking in large quantities in one go – and have some alcohol-free days.

Sugar Sugar doesn't provide the body with anything it needs to keep well. Limit your intake of sweet snacks, sugary drinks and confectionery.

Salt Salt can make food tastier but too much can increase your risk of high blood pressure. Limit it and try replacing with herbs, spices, garlic, vinegar and lemon juice. Reduce your intake of processed meats and salty snacks, as well as the amount of salt you add when cooking or at the table.

Appendix 4: NHS GM Oral Nutritional Supplement (ONS) Formulary (see exclusion criteria 'Section 5' before use)

Greater Manchester Oral Nutritional Supplement (ONS) Formulary List – each category is listed in order of preference. Please prescribe as 'Flavour Non-Specified'					
FIRST LINE: Powdered, required to be reconstituted – first prescription should be an Acute prescription for a 'starter pack' so patient receives 'shaker' to prepare supplement.					
DO NOT switch to First Line if: the patient does not have dexterity or social support to reconstitute a powdered supplement / CKD 4 or 5 / history of hyperkalaemia / or are lactose intolerant. Please switch to Second Line for patients who meet these criteria or refer to specialist service (i.e. renal).					
Brand	**Flavours**	**Weight / Size**	**Energy(kcal)**	**Protein (g)**	**Dose**
Aymes Shake*	Strawberry, Chocolate, Vanilla, Banana, Neutral	57 g sachet	383	19	One BD
Foodlink Complete*	Strawberry, Chocolate, Vanilla, Banana, Neutral	57 g sachet	386	18.3	One BD
Ensure Shake* / Complan Shake*	Strawberry, Chocolate, Vanilla, Banana, Neutral/Original	57 g sachet	386/381	17.2/15.8	One BD
SECOND LINE: Ready to drink (RTD), standard 1.5 kcal/ ml – do not prescribe starter packs for RTD products.					
Milkshake Style for patients where powdered sachets are contraindicated or appropriate					
Altraplen Energy	Strawberry, Chocolate, Vanilla, Banana	200 ml bottle	300	12	One BD
EnergieShake Complete 1.5kcal	Vanilla, Chocolate, Strawberry or Banana	200 ml bottle	300	12	One BD
ActaGain 1.5kcal Complete	Strawberry, Chocolate, Vanilla, Banana	200 ml bottle	300	14	One BD
Juice Style (RTD and Powder) for those who cannot tolerate milky drinks					
Actasolve Smoothie / Foodlink Smoothie (sachet products)* **	Mango, Peach, Pineapple, Strawberry & Cranberry / Orange & Mango, Red Berry, Peach and Tropical	66g Sachet	298 / 287	10.7 / 10	One BD
Ensure Plus Juce	Apple, Orange, Peach, Fruit Punch, Strawberry and Lemon & Lime	220ml	330	10.6g	One BD
Aymes ActaGain Juce	Apple, Blackcurrant, Strawberry, Orange	200 ml carton	300	10	One BD
Fortijuce	Tropical Strawberry, Apple, Orange	200ml bottle	300	7.8	One BD
THIRD LINE: Low Volume Drinks – only when appropriate for patients who are fluid restricted or when requested by a dietitian					
Aymes Shake Compact (see 1st line exclusions)**	Banana, Chocolate, Strawberry, Vanilla, Neutral	57g sachet	316	15.1	One BD
Altraplen Compact Daily / ActaGain 2.4 Daily - (ONCE DAILY)	Banana, Chocolate (Altraplen only), Strawberry, Vanilla	250ml	600	24	**One OD**
Fortisip Compact	Banana, Chocolate, Strawberry, Mocha, Neutral, Vanilla	125ml bottle	300	12	One BD
Ensure Compact	Banana, Chocolate, Strawberry, Caffe Latte	125ml bottle	300	12.8	One BD

***Mix sachet with 200 ml whole milk (or equivalent non-cow protein milk) / **(Compact Sachet) Mix Sachet with 100ml whole (or equivalent non-cow milk protein) / *** Mix Smoothie sachet with 150ml of water**

(MIMS, 2026)

Product Suitability List – listed in the same order and RAG rating as the NHS GM ONS Formulary:

Supplement	Vegetarian	Vegan	Gluten Free	Halal	Kosher	IDDS Level
Aymes Shake	Yes	No	No	Yes	Yes	0
Foodlink Complete	Yes	No	Yes	Yes***	Yes***	0
Ensure Shake	Yes	No	Yes	Yes (Not Chocolate)	No	0 (chocolate is 1 if chilled)
Complan Shake	Yes	No	Yes	Yes**	Yes**	0
Altraplen Energy	Yes	No	Yes	Yes**	Yes**	1 (0 if warmed)
EnergieShake Complete 1.5kcal	Information Unavailable	Information Unavailable	Information Unavailable	Information Unavailable	Information Unavailable	1
ActaGain 1.5kcal Complete	Yes	No	No	Yes	Yes	1
Actasolve Smoothie	Yes	Yes	Yes	Yes	Yes	2
Foodlink Smoothie	Yes	Yes	Yes	Yes***	Yes***	2
Ensure Plus Juce	Yes (Not Strawberry)	N/A	Yes	Yes (Not Lemon & Lime)	Yes (Not Strawberry)	0
Aymes ActaGain Juce	Yes	No	Yes	Yes (Not Peach)	Yes	0
Fortijuice	Yes	No	Yes	Yes	Yes	0
Altraplen Compact Daily	Yes	No	Yes	Yes (Not Strawberry or Blackcurrant)	Yes (Not Strawberry or Blackcurrant)	2 (1 if warmed)
ActaGain 2.4 Daily	Yes (Not Strawberry)	No	Yes	Yes (Not Strawberry)	Yes (Not Strawberry)	2
Aymes Shake Compact	Yes	No	Yes	Yes	Yes	1
Fortisip Compact	Yes (Not Strawberry)	No	Yes	Yes	Yes (Not Strawberry)	2 (if chilled)
Ensure Compact	Yes (Not Strawberry)	No	Yes	Yes	Yes (Not Strawberry)	2

**Does not contain any ingredients that are forbidden in the Halal or Kosher diets; however, the manufacturing process is not observed by the relevant religious body.

***Halal certified. Does not contain any ingredients that are forbidden in the Kosher diet; however, the manufacturing process is not observed by the relevant religious body.

Specialist Dietitian Oral Nutritional Supplements

Other feeds are **only** to be prescribed under the direction of community dietitian / specialist recommendation / hospital dietitian with a clearly defined clinic letter. This is because these products require specialist assessment and monitoring. They should **not** be continued long- term without assessments and should only be issued on **acute** prescription (not repeat) unless otherwise recommended by a specialist.

These specialist ONS products also include pre-thickened supplements / puddings which may be required for patients with swallowing difficulties.

For any community dietitian recommended feeds, information should be provided to the GP to specify the reasons for the specialist feed, clear directions of use and quantity to be issued plus review date specified.

Any third-party requests for specialist ONS feeds should be confirmed with the patient that they are still required and dietarily appropriate before issuing prescriptions.

Appendix 5 – References for ONS Samples:

- Nualtra – Contact Us.
- Abbott – Pro Connect: Products
- Aymes – Sample Service
- Nutricia – Sampling Service
- Anaiah Healthcare Medical Nutrition – Order Samples (EnergieShake)

These sample links may not be exhaustive of all items available in the Oral Nutritional Supplement Formulary List (Appendix 4).**

9. References

- BAPEN. (2018). "*Introduction to Malnutrition*" [Online].
  Accessed via: https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=4
  [accessed: 20/02/2025]
- BAPEN. (2020). "*The MUST Toolkit*" [Online].
  Accessed via: https://www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=4
  [accessed: 20/02/2025]
- BAPEN. (2020). "*The MUST Calculator*" [Online].
  Accessed via: https://www.bapen.org.uk/must-and-self-screening/must-calculator/
  [accessed: 20/02/2025]
- NICE. (2017). "*Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*"
  Accessed via: https://www.nice.org.uk/Guidance/CG32
  [accessed: 20/02/2025]
- NICE CKS. (2024). "*Management of Malnutrition*" [Online]
  Accessed via: https://cks.nice.org.uk/topics/adult-malnutrition/management/management-of-malnutrition/
  [accessed: 20/03/2025]
- Malnutrition Pathway. (2023). "*Managing Adult Malnutrition*" [Online]
  Access via: https://www.malnutritionpathway.co.uk/
  [accessed: 20/02/2025]
- The Monthly Index of Medical Specialities (MIMS). (2023). "*Database of Prescription and Generic Drugs, Clinical Guidelines*" [Online]
  Accessed via: https://www.mims.co.uk/
  [accessed: 20/02/2025]
- Nualtra. (2023). "*Contact Us*" [Online]
  Accessed via: https://nualtra.com/contact-us
  [accessed: 20/02/2025]
- Abbott. (2023). "Pro Connect - Products" [Online]
  Accessed via: https://www.proconnect.abbott/uk/en/home/products.html
  [accessed: 20/02/2025]
- Aymes. (2023). "Aymes Sample Service" [Online]
  Accessed via: https://aymes.com/pages/aymes-sample-service
  [accessed: 20/02/2025]
- Nutricia. (2025). "Nutricia Sampling Service" [Online]
  Accessed via: https://www.nutricia.co.uk/hcp/services/sampling-service.html
  [accessed: 20/02/2025]
  Age UK Salford. (2025) "Our Resources" [Online]
  Accessed via: https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/our-resources/
  [accessed: 20/02/2025]
- Malnutrition Pathway – patient leaflet red. (2025). "Nutrition Drinks (known as Oral Nutritional Supplements) Advice for patients and carers" [Online]
  Accessed via: https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf

[accessed: 20/02/2025]

- Malnutrition Pathway – patient leaflet yellow. (2025). "Your Guide To Making the Most of Your Feed Advice for patients and carers" [Online]
  Accessed via: https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf
  [accessed: 20/02/2025]
- Malnutrition Pathway – patient leaflet High Protein Foods. (2025). "PROTEIN Why it is important and where to find it" [Online]
  Accessed via: https://www.malnutritionpathway.co.uk/library/proteinideas.pdf
  [accessed: 20/02/2025]
- UK Legislation. (2005). Mental Capacity Act 2005. [Online]. legislation.gov.uk. Last Updated: 2007. Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents
  [Accessed: 20/02/2025].
- Aymes (2025). Product Diet Suitability. [Online]
  Accessed via: https://aymes.com/pages/product-suitability-for-diets
  [accessed: 20/02/2025]
- Nualtra (2025). Religious and Allergens. [Online]
  Accessed via: https://nualtra.com/media/ovtfphut/religious-and-allergens.pdf
  [accessed: 20/02/2025]
- British Dietetic Association. (2024). Care Come Digest. [Online]
  Accessed via: https://www.bda.uk.com/practice-and-education/care-home-digest.html
  [accessed: 20/02/2025]
- Anaiah Healthcare Medical Nutrition. (2025). Order Samples. [Online]
  Accessed via: http://energieshake.com/order-samples/
  [accessed: 20/02/2025]
- Greater Manchester Mental Health NHS Trust. (2025). Where to find food banks in Greater Manchester. [Online]
  Accessed via: https://www.gmmh.nhs.uk/food-banks/
  [accessed: 30/05/2025]