Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Additional guidance – Appropriate use of adult oral nutritional supplement (ONS) in primary care

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Aim

These guidelines advise on the key role of food in supporting and managing malnutrition and the cost-effective prescribing of oral nutritional supplements (ONS) in adults in primary care. They are in line with relevant guidance published nationally by National Institute for Health and Care Excellence (NICE).

Purpose

This guidance is intended to support health and social care professionals in Hertfordshire and West Essex who work with people who are or may be at risk of malnutrition.

To be read in conjunction with all other Integrated Care System (ICS) ONS and nutrition support resources (see Appendix 1, 2 and 3 for more detailed information on all resources).

What is malnutrition?

"Malnutrition" simply means poor nutrition and can refer to both under and over nutrition. However, it is usually used to refer to under-nutrition.

These guidelines apply to undernutrition - a lack of adequate nutrients to meet the body's needs. Overnutrition is outside of the scope of these guidelines.

Why is malnutrition a problem?

Malnutrition detrimentally affects most body systems and can result in:

- Reduced efficiency of the immune system resulting in increased risk of infection and delayed recovery from illness
- Reduced muscle mass and function which can affect mobility, activities of daily living, respiratory muscles and function, and can also increase risk of swallowing difficulties (dysphagia)
- Impaired thermoregulation resulting in a predisposition to hypothermia
- Impaired wound healing
- Increased apathy, depression and self-neglect
- Increased risk of additional health care costs due to an increase in: GP visits (65%), hospital admissions (82%) and length of hospital stay (30%)

Who is most at risk of malnutrition?

Malnutrition is most common in older adults and is closely correlated with frailty – both are more common in the presence of the other condition. As age and level of frailty increase, so too does risk of malnutrition.

Unplanned weight loss is common in older adults but contrary to widespread belief is not a normal art of ageing and should be identified and flagged up as of concern.

What does the national guidance say about treating malnutrition?

NICE Clinical Guideline 32 Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006; updated 2017) states:

"Healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals. Care should

be taken when using food fortification which tends to supplement energy and/or protein without adequate micronutrients and minerals."

NICE Quality Standard 24 Nutrition support in adults (2012) states:

"People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their complete nutritional requirements.

It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet.

A nutritionally complete diet can improve speed of recovery and contribute to reducing admissions to hospital and length of hospital stays."

Does this mean ONS should be prescribed for those with or at risk of malnutrition?

There is a variety of low to moderate quality evidence indicating a benefit to using prescribed oral nutritional supplements for managing malnutrition. However, it is important to be aware that at the most basic level this is likely to because they provide a full range of nutrients as advised by the NICE evidence base above.

It is also useful to note that neither NICE nor the Health and Social Care Act specify that prescribed oral nutritional supplements are required to achieve the goals which they set out.

The Cochrane review "Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults (Review)" (2021) is clear that "*It is reasonable to presume that any benefits from ONS reflect their functional contribution to an increased nutrient intake (or balance of nutrients). It follows that if a similar increase in nutrient intake can be achieved by dietary means rather than using ONS, it is reasonable to expect similar clinical benefits.*"

Therefore, food-based approaches to managing malnutrition, which provide a range of nutrients and not just (or mainly) additional energy (calories) are supported by the NICE guidance quoted above.

How should malnutrition be treated?

Treating and managing malnutrition appropriately can improve nutritional status, clinical and functional outcomes and reduce health care use.

Ordinary food plays a key role in prevention, management and treatment of malnutrition. Hertfordshire and West Essex Integrated Care System (ICS) is committed to ensuring that a food-based approach to prevention, treatment and management of malnutrition is advised by all health and social care professionals. Food-based advice applies regardless of whether ONS are prescribed in addition.

If ONS are identified as required in addition to a food-based approach, they should only be requested/advised when there is evidence that the patient is unable to meet their nutritional needs using food-based treatment alone.

What if a patient has had ONS provided when they were in hospital?

Many patients receive ONS during an acute stay because in hospital, ONS are likely to be the most cost-effective way to prevent/treat malnutrition (current ONS contracts in most UK hospitals mean that ONS cost the hospital between zero and five pence each).

On discharge back into primary care, ONS may be included on the patients discharge summary or the patient or their carers may request an ONS prescription from their GP, but frequently these are not appropriate to prescribe following discharge because:

- When in hospital most patients are:
    - acutely unwell, which increases nutritional requirements but decreases nutritional intake
    - in an unfamiliar environment, offered unfamiliar food which they may not find appetising, at times which may not suit them
    - expected to eat in bed/at their bedside alone and without social interaction
    - access to food-based approaches to treatment are limited
- However, on discharge home most patients:
    - are no longer as acutely unwell
    - have an improved appetite and can choose familiar and preferred meals/snacks at times that suit them
    - can implement a food-based approach to treatment

Ultimately, standard adult ONS should only be prescribed in primary care if the patient meets Hertfordshire and West Essex ICS Adult oral nutrition supplement prescribing in primary care, regardless of whether a product was previously provided during an acute stay. **Products listed on discharge summaries should not be prescribed in primary care unless the patient meets the criteria within the ICS guidelines.**

Should ONS be prescribed for care home residents?

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 Meeting nutritional and hydration needs makes it clear that the nutritional and hydration needs of service users must be met where care or treatment involves:

"Provision of accommodation by the service provider, or an overnight stay for the service user on premises used by the service for the purposes of carrying on a regulated activity, or meeting of the nutritional or hydration needs of service users is part of the arrangements made for the provision of care or treatment by the service provider."

Regulation 14 also states that: *"A variety of nutritious, appetising food should be available to meet people's needs."*

Hertfordshire and West Essex ICS guidance for care homes supports provision of both a nutrient dense diet and homemade supplements which are nutritionally comparable to similar prescribed products.

How do homemade supplements compare to prescribed ONS?

Supporting patients who are at high risk of malnutrition with provision of homemade supplements (which are nutritionally almost identical to the content of a similar prescribed product), clearly aligns with both the Cochrane review **and** adheres to **both** NICE Clinical Guideline 32 and NICE Quality Standard 24.

Therefore, it is essential that any homemade supplement recommended must contain a broad range of vitamins and minerals as well as calories and protein.
In a milkshake/hot milk drink this can be cost effectively achieved by using either a vitamin fortified milkshake mix (Asda Milkshake Mix, Lidl Choco Drink, Tesco Milkshake Mix, Morrisons Milkshake Mix or Nesquik) or by using 'Ovaltine Original Add Milk' or 'Horlicks Original Add Milk'.
The full nutritional analysis of the 'Homemade fortified milkshake' (see Appendix 4) demonstrates that there is only an appreciable difference between it and a prescribed milkshake type oral nutritional

supplement (ONS) in the content of 4 micronutrients, all of which can be obtained from small portions of 'ordinary' foods.

Homemade fortified milkshakes should be encouraged for the majority of patients at high risk of malnutrition because they have the closest nutritional content to prescribed products.

Homemade fortified juice can be used where a patient does not like or cannot take milk. The 'fortified fruit juice' recipe has a lower nutritional content than the milkshake recipe, however it is close to the equivalent prescribed products which it should be noted are not nutritionally complete. The most comparable micronutrient content can be achieved by using a vitamin fortified fruit juice.

Which are standard adult ONS?

ONS and other ACBS listed, prescribed nutrition products come in a myriad of different types, volumes and compositions, but standard, adult ONS are categorised in table 1:

Table 1: Standard adult ONS

Product presentation	**Product type**	**Recommended cost-effective product** (can be initiated by GP practice)	**Alternative cost-effective product** (can be initiated by GP practice)	**Can be initiated by NHS dietitian only** (dietitian must provide clinical justification for specific ONS requested)	**Should not be prescribed** (not cost effective)
Powder	Milkshake	Aymes Shake Foodlink Complete	Complan Shake Energieshake Powder Foodlink Aqua		Ensure Shake
	Juice style	Aymes Actasolve Smoothie Foodlink Smoothie			
	Dessert style (milk based)	Aymes Actasolve Delight			
	Milkshake with fibre			Aymes Actasolve Shake Fibre (Formerly Aymes Shake Fibre) (dietitian should advise clinical reason why patient requires additional fibre)	Foodlink Complete with Fibre
	Milkshake low volume			Aymes Shake Compact Foodlink Complete Compact (dietitian should advise clinical reason why patient requires low volume ONS – usually due to fluid restriction)	
	Milkshake low volume, high protein			Aymes Actasolve Protein Compact (dietitian should advise clinical reason why patient requires low volume ONS – usually due to fluid restriction + why patient requires additional protein)	
	Soup style			Aymes Actasolve Savoury (dietitian should advise reason why patient requires savoury ONS)	
	Milkshake, higher volume			Aymes Actasolve High Energy Foodlink Extra (dietitian should advise clinical reason why patient requires high energy, high volume ONS)	Calshake Enshake Scandishake Mix

Product presentation	**Product type**	**Recommended cost-effective product** (can be initiated by GP practice)	**Alternative cost-effective product** (can be initiated by GP practice)	**Can be initiated by NHS dietitian only** (dietitian must provide clinical justification for specific ONS requested)	**Should not be prescribed** (not cost effective)
Ready to serve (Less cost-effective choices)	Milkshake	Altraplen Energy Actagain 1.5 Complete (Previous name Aymes Complete)	Energieshake Complete 1.5kcal	Ensure Plus Milkshake Style **(for tube feeding only)** Fortisip Bottle **(for tube feeding only)**	Fresubin Energy
	Juice style	Aymes Actagain Juce Altrajuce			Ensure Plus Juce Fortijuce Fresubin Jucy
	Milkshake low volume			Altraplen Compact (dietitian should advise clinical reason why patient requires low volume ONS – usually due to fluid restriction) Ensure Compact **(for tube feeding only)** Fortisip Compact **(for tube feeding only)**	Fresubin 2kcal Mini Drink
	Milkshake low volume, higher protein			Fresubin Pro Compact (dietitian should advise clinical reason why patient requires low volume ONS – usually due to fluid restriction + why patient requires additional protein)	Fresubin 3.2kcal Drink Fortisip Compact Protein
	Milkshake low volume, with fibre			Fresubin 2kcal Fibre Mini Drink (dietitian should advise clinical reason why patient requires this low volume ONS – usually due to fluid restriction + why patient requires additional fibre) Fortisip Compact Fibre **(for tube feeding only)**	

Product presentation	**Product type**	**Recommended cost-effective product** (can be initiated by GP practice)	**Alternative cost-effective product** (can be initiated by GP practice)	**Can be initiated by NHS dietitian only** (dietitian must provide clinical justification for specific ONS requested)	**Should not be prescribed** (not cost effective)
	Dessert style (milk based)				Aymes Actacal Crème Energieshake Dessert Forticreme Complete Fresubin 2kcal Crème Fresubin Yocreme Nutricrem
	Dessert style (fruit based)				Fresubin Dessert Fruit
	Milkshake, lower energy				Ensure Energieshake Advance Fresubin Original
	Milkshake, higher protein				Altraplen Protein Ensure Plus Advance Fortisip Extra Fresubin Protein Energy
	Milkshake higher protein, higher energy			Aymes Actagain 2.4 Energieshake 2.0 (dietitian should advise clinical reason why patient requires additional energy & protein) EnsureTwocal **(for tube feeding only)** Fortisip 2kcal **(for tube feeding only)**	Actagain 2.0kcal Fresubin 2kcal Drink

Product presentation	**Product type**	**Recommended cost-effective product** (can be initiated by GP practice)	**Alternative cost-effective product** (can be initiated by GP practice)	**Can be initiated by NHS dietitian only** (dietitian must provide clinical justification for specific ONS requested)	**Should not be prescribed** (not cost effective)
	Milkshake with fibre			Fresubin Energy Fibre (dietitian should advise clinical reason why patient requires additional fibre) Ensure Plus Fibre **(for tube feeding only)**	
	Yoghurt style drink			Fresubin Yodrink (dietitian should advise clinical reason why patient requires yoghurt tasting ONS – usually due to taste changes related to cancer treatment)	
	Milkshake higher protein, higher energy with fibre			Actagain 2.0 Fibre (dietitian should advise clinical reason why patient requires additional energy & protein + why patient requires additional fibre)	Fresubin 2kcal Fibre Drink Resource 2.0 Fibre
	Milkshake, higher volume (to be taken once per day)			Aymes Actagain 2.4 Daily (prev Actagain 600) Altraplen Compact Daily (dietitian should advise clinical reason why patient requires 1 a day product)	
Suitable for Vegans		Aymes Actasolve Smoothie (powder)	Foodlink Smoothie (powder)	Actagain 1.5 Plant Powered (dietitian should justify why patient requires a ready to drink ONS rather than powder)	Fortisip Plant Based 1.5kcal Fortisip Plant Based 2kcal Fresubin PLANT-BASED drink

What does a 'food-based approach' mean?

A food-based approach to managing malnutrition is focussed on intake of a 'nutrient dense' diet. Nutrient dense foods contain a wide range of nutrients including energy, protein, vitamins and minerals and may also contain fibre.

It is important for people who have or are at risk of malnutrition to be encouraged and enabled to eat foods from a variety of different food groups every day including:

- Starchy carbohydrates such as bread, pasta, rice, cereals or potatoes
- Protein such as meat, fish, eggs, nuts, beans/lentils, Quorn, soya
- Milk and milk containing foods such as yogurt, fromage frais or cheese
- Fruit and vegetables
- Fluid

As we age our requirements for fat or sugar do not increase therefore recommending an increase in intake of foods primarily containing these ingredients is unlikely to support good health. We are likely to need more protein and we still need the same amount of micronutrients (vitamins and minerals) as we did when we were younger. However, people who have or are at risk of malnutrition often have a small appetite and can find it more difficult to eat enough to meet these needs which is why advising a nutrient dense diet is so important.

Table 2: Healthy Eating or eating for health?

Adulthood – keep healthy, prevent illness	**Older age** - Prevent frailty & malnutrition	**Older age – If malnutrition occurs** recognise, identify & treat/manage
Healthy eating which means:	*Eating for health (focus on diet quality) which means:*	*Food based management of malnutrition (focus on diet quality) which means:*
• Balanced, varied diet • Low fat • Low salt • Low sugar • High fibre • 5 a day • Limit alcohol • Achieve and maintain healthy BMI	• Nutrient rich, balanced diet in combination with activity • Higher protein • Vitamins & minerals • Hydration • Maintain weight at a healthy BMI (may be higher than for younger age groups)	• Nutrient dense diet • Nutrient dense food fortification • Hydration

Vitamin and mineral intake can be supplemented by provision of a purchased one-a-day multivitamin and mineral supplement, but this should not be thought of as an alternative to a nutrient dense diet.

What does food fortification mean?

Food fortification means adding extra ingredients to foods and drinks to increase their nutritional content without significantly increasing their volume or detrimentally affecting their flavour.

Food fortification needs to adhere to the above NICE guidance and so should avoid ingredients which only or mainly contain calories (e.g., butter, cream, sugar).

The aim of a food-based approach is to provide about an additional 500 calories per day using food fortifiers and snacks which are naturally nutrient dense (so they all provide a range of nutrients).

The easiest way to tell if an ingredient is 'nutrient dense' is to consider whether it is something designed by nature to support a new life e.g., egg (which could potentially 'grow' a baby bird), whole seeds or nuts (from which a new plant could potentially grow) or milk (which would potentially 'grow' a baby animal). If the answer is yes, then this is likely to be a useful fortification ingredient. In addition, ingredients that are plant based, such as seeds and nuts, are likely to also contain fibre as an aspect of their nutrient density.

However, because food fortification also means adding additional nutrients to food without significantly increasing portion size or affecting taste or texture, careful thought is needed to ensure that fortifiers will not detrimentally affect food or drink flavour or texture.

All food fortifiers suggested in the following table are nutrient dense rather than primarily providing energy (calories).

Table 3: Food Fortifiers providing protein and energy

Nutrient dense food fortifier	**Quantity which could be added to 1 portion of food**	**Protein content (g)**	**Energy content (kcal)**	**Could be added to a portion of:**
Almond butter	1 tablespoon (15g)	3.4	98	Porridge, soup, curry & dahl
Cashew butter	1 tablespoon (14g)	2.8	94	Porridge, soup, curry & dahl
Cheese, grated	1 tablespoon (10g)	2.5	40	Potatoes, vegetables, curry & dahl
Egg	1 egg	6	75	Custard, milk pudding, mashed potato
Dried, skimmed milk powder	1 tablespoon (15g)	5.5	55	Custard, milk pudding/sweets, 'cream of' soup, porridge, mashed potato
Greek yogurt	1 tablespoon (45g)	2	61	Porridge, pasta sauce, casserole, curry & dahl
Ground almonds	1 tablespoon (15g)	3	92	Vegetable soup, stew, casserole, porridge, curry & dahl
Peanut butter	1 tablespoon (15g)	4	94	Porridge, curry & dahl
Pea protein powder	1 tablespoon (17g)	11	60	Vegetable soup, stew, casserole, curry & dahl
Soy protein powder	1 tablespoon (14g)	14	50	Vegetable soup, stew, casserole, curry & dahl

What about using ONS products to fortify food?

If ONS are required they should always be in addition to a food-based approach, which already encompasses food fortification therefore prescribing or advising use of products in tables 4, 5 and 6 to fortify food is not appropriate.

Specific ONS products (sometimes called modular ONS) may be suggested to increase a pts intake of specific macronutrients (usually energy (calories) and/or protein), however, as referenced by the NICE guidance above, provision of only 1 or 2 nutrients is unlikely to be appropriate or required by most adults to enable them to meet all their nutritional needs.

Table 4: Energy/protein fortifier ONS products (prices on 1 Jan 2026)

Product – liquid energy fortifier with or without protein	**Volume/quantity**	**Energy content per 30ml**	**Protein content per 30ml (g)**	**Additional nutrients provided by product**	**Cost to the NHS per 30ml**
Altrashot	120ml	105	1.5	None	£0.75
Calogen	200ml/500ml	135	0	None	£1.07
Calogen Extra	200ml/6 x 40ml	120	1.5	Few micronutrients	£0.94
Fresubin 5kcal Shot	120ml	150	0	None	£0.89
ProCal Shot	120ml	100	2	Few micronutrients	£0.95

Table 5: Protein fortifier ONS products (prices on 1 Jan 2026)

Product – liquid protein fortifier	**Volume/quantity**	**Energy content per 30ml**	**Protein content per 30ml (g)**	**Additional nutrients provided by product**	**Cost to the NHS per 30ml**
Aymes Actagain Protein Shot	60ml	46	11	None	£0.88
ProSource	30ml	100	10	None	£1.53
ProSource 20	60ml		20	None	£1.16
Prosource Plus	30ml	100	15	None	£2.05
Renapro Shot	60ml	45	9.9	None	£1.16

Table 6: Powder fortifier ONS products (prices on 1 Jan 26)

Product – powder energy fortifier with protein	**Volume/quantity**	**Energy content per 15g**	**Protein content per 15g (g)**	**Additional nutrients provided by product**	**Cost to the NHS per 15g**
ProCal Powder	510g	100	2	Few micronutrients	£0.71
Protifar	225g	56	13.4	Few micronutrients	£0.91

To put these prescribed products into perspective, it is worth comparing their nutrient contents with the nutrient dense food fortifiers suggested previously and considering the significantly greater nutrient density of these foods and their frequent low cost and this is another reason not to prescribe them for this purpose.

Enjoyment of eating is really important!

Food and drinks need to be appealing to look at and palatable to eat and drink so presentation and carefully considering how, and how much foods and drinks are manipulated to increase their nutritional content is key.

Eating and drinking are ultimately important for more than just the nutrients they provide, and research suggests that:

- Eating together is a core human activity and is important for building social groups.
- Mealtimes reflect identity and enable us to make and maintain connections with others.
- Eating with others can also help increase appetite and food intake.
- Food is often an important aspect of living with purpose for older adults, including those living within care settings.

Appendix 1 - Healthcare professional resources for the identification & management of malnutrition in Hertfordshire and West Essex

All the following resources can be found on
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/nutrition-hydration

Adult oral nutritional supplements (ONS) in primary care provides a quick reference for all health and care professionals (including care home staff) regarding identification & treatment of malnutrition in the community. It contains links to all other food-based advice documents on the local ICB website, in addition to essential guidance on when it is (and is not) appropriate to prescribe ONS, & which are the most cost effective ONS to prescribe.

This is the main guidance for all GPs and other healthcare professionals (including dietitians) to follow & all other food-based resources below can be accessed from this document.

Malnutrition should be identified using the Malnutrition Universal Screening Tool (MUST) before treatment is commenced (medium or high risk = malnourished). Treatment of malnutrition should start with a food-based approach to management.

https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1094&checksum=41bfd20a38bb1b0bec75acf0845530a7

a) *ONS in Care Homes - Position statement* provides a clear message for all care homes and healthcare professionals that homemade supplements should be routinely provided by care homes for the vast majority of residents identified as at high risk of malnutrition. Homemade supplements are nutritionally almost identical to ONS, as easy to make as a powdered ONS and more palatable.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1134&checksum=7c9d0b1f96aebd7b5eca8c3edaa19ebb

b) *Dessert Style Oral Nutritional Supplements - Position Statement* makes it clear for prescribers and others that ONS dessert type products are not appropriate for prescription due to their consistency (not in line with IDDSI), and lack of cost effectiveness (lower in nutrition and higher in price compared to comparable size liquid ONS)
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/nutrition-hydration/nutrition_support5/

c) *ONS and end of life - Position statement* provides a clear explanation for prescribers and others that ONS products will confer little or no benefit for patients when initiated or continued in the last few weeks or days of life. Food means more to most patients than simply nutrition, and at the very end of life the contribution of small amounts of food and fluid to patients' quality of life is much more important than their nutritional intake.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1110&checksum=2cbca44843a864533ec05b321ae1f9d1

d) *Nutritional product and vitamin prescribing - Position statement* makes it clear for prescribers which nutritional borderline substances can be prescribed at NHS expense and under which circumstances. This position statement supports GPs to prescribe borderline substances in line with ACBS approval and ICB prescribing guidance.

https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=2247&checksum=df1f1d20ee86704251795841e6a9405a

e) *Thickeners and thickening ONS* is a quick reference regarding thickener prescribing (which may be required for people with diagnosed dysphagia to reduce risk of aspiration). Resource ThickenUp Clear continues to be the first-choice thickener in Hertfordshire and Nutilis Clear is the first-choice thickener in West Essex. For those who also have malnutrition, pre-thickened ONS is likely to be more reliable than thickening standard ONS.

Hertfordshire - https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=4952&checksum=4f164cf233807fc02da06599a1264dee

West Essex - https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=4951&checksum=8cbe9ce23f42628c98f80fa0fac8b19a

Appendix 2 - Patient/carer resources for the identification & management of malnutrition in Hertfordshire and West Essex

a) *Eating well for small appetites* shows how a food-based approach can be used to meet nutritional needs of adults at risk of malnutrition.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=257&checksum=d96409bf894217686ba124d7356686c9

b) *Eating well - Quick guide* is a short version of the above leaflet. It demonstrates how an additional 500 calories from nutrient dense foods can be consumed simply by making 3 or 4 small dietary changes each day.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=256&checksum=f718499c1c8cef6730f9fd03c8125cab

c) *Homemade supplements* is designed for patients at high risk of malnutrition according to MUST and intended to be provided together with either 'Eating well for small appetites' or 'Eating well - Quick guide'. It is equally suitable to be used for patients living in their own homes or in care homes. The homemade milkshake recipe is nutritionally almost identical to prescribed milkshake type ONS.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=259&checksum=cfa0860e83a4c3a763a7e62d825349f7

d) *Eating and drinking at end of life* is a self-explanatory leaflet designed for relatives and carers of people who are reaching the end of their lives. It was originally requested by a number of GPs and Dietitians, in order to help reassure carers that loss of appetite and reduction in food intake is a normal and expected part of the dying process, and that prescribing ONS is unlikely to be appropriate or helpful at this stage.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1043&checksum=b9141aff1412dc76340b3822d9ea6c72

Appendix 3 - Care Home resources for the identification & management of malnutrition in Hertfordshire and West Essex

a) *Care Home Malnutrition Management Pathway* is designed specifically for care home staff. It sets out the nutritional management required for each level of malnutrition risk identified using MUST. It also links to all the ICB food-based resources below and details the process for care homes to follow if they think they might need to refer residents to a Dietitian. https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1128&checksum=3fe78a8acf5fda99de95303940a2420c

b) *Care Homes and ONS – Relatives and friends' information* is a resource designed to support relatives and friends of people living in a care home setting to understand why ONS are not routinely used in care homes, and how food is used to meet peoples' nutritional needs instead. https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/nutrition-hydration/nutrition_support/

c) *Fortifying food* is a brief, practical guide for Care Home cooks/chefs on how to fortify food for residents at medium or high risk of malnutrition according to MUST. It guides cooks/chefs to use nutrient dense fortifiers, and to use an adequate amount of each fortifier so that this enables intake of an additional 500 calories per day.
https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=258&checksum=502e4a16930e414107ee22b6198c578f

Appendix 4 - Full nutritional analysis of Homemade fortified drinks recipes compared with standard, prescribed adult ONS products

Nutrient content	Recommended nutritional intake for >50 yrs	Standard, ready to drink 1.5kcal/ml milkshake type ONS twice daily	Standard, powder milkshake prepared with whole milk twice daily	Homemade fortified milkshake (ICS recipe) twice daily	Fortified Ovaltine® (ICS recipe) twice daily	Fortified Horlicks® (ICS recipe) twice daily	Potential for improving under provision from fortified milkshake	Dietary sources
Energy (kcal)	N/A	600	776	590 - 620	637	638		
Protein (kcal)	N/A	25	31.2	34.2	36.8	38.6		
Carbohydrate (g)	N/A	80.8	88.6	78.9 - 88.4	88.5	87.5		
Sugar (g)	N/A	26	58.2	74.5 - 83.1	73.1	875.2		
Fat (g)	N/A	19.68	32.8	13.8	15.8	17.22		
Saturated fat (g)	N/A	1.8	18.4	8.8	9.2	8.5		
Vitamin A (mcg retinol equivalent)	600/700	468	760	398.6 - 536.4	809.7	729.7		
Vitamin C (mg)	40	48	76	46.66 - 99.20	55.2	39.2		
Vitamin D (mcg)	10	8	10.2	1.26 - 8.38	1.26	3.3	Older adults require supplementation (SACN/PHE & CQC advice*) and this should be purchased	
Vitamin E (mg)	3 - 4mg adequate	8.6	10.4	0.24 - 7.12	6.3	0.31	No LRNI Dietary sources: vegetable oils	10g polyunsaturated margarine provides 3mg; 10ml rapeseed oil provides 2mg
Thiamin (mg)	0.8/0.9	0.8	1.72	0.34 - 1.24	0.89	0.89		
Riboflavin (Vitamin B2) mg	1.1/1.3	1.08	2.8	1.84 - 3.04	2.54	2.48		
Niacin (mg)	12/16	10.4	18.2	1.34 - 13.96	9.34	8.54		
B6 (mg)	1.2/1.4	1.08	2.4	0.58 - 1.84	1.28	0.58	LRNI = 0.011mg/g protein/d Dietary sources: meat, fish, potatoes	1 small chicken breast contains 0.5mg; 50g tinned tuna contains 0.16mg; 1 small portion mashed potato contains 0.06mg
Folic acid (mcg)	200	160	260	60.20 - 212.14	160	140		
Vitamin B12 mcg	1.5	2.2	6	4.90 - 7.18	6.16	5.3		
Biotin (mcg)	No RNI	24	46	21.34 - 36.10	46.34	21.3		
Pantothenic acid (mg)	No RNI	4.4	8.6	4.12 - 8.74	7.12	4.1		
Calcium (mg)	700	480	1160	1206.0	1606	1526		
Phosphorus (mg)	550	400	920	927.2	927.2	1077.2		
Iron (mg)	8.7	8.4	8	0.28	7.27	5.9	LRNI = 4.7mg/d	1 small portion branflakes contains 6.1mg; 1 slice liver contains 3.9mg; 1 small portion cooked beef mince

Nutrient content	Recommended nutritional intake for >50 yrs	Standard, ready to drink 1.5kcal/ml milkshake type ONS twice daily	Standard, powder milkshake prepared with whole milk twice daily	Homemade fortified milkshake (ICS recipe) twice daily	Fortified Ovaltine® (ICS recipe) twice daily	Fortified Horlicks® (ICS recipe) twice daily	Potential for improving under provision from fortified milkshake	Dietary sources
							Dietary sources: red meat, fortified breakfast cereals. NB. **SACN Iron and Health 2010 states**: "The high proportions of the UK population with intakes below the LRNI and the relatively low prevalence of iron deficiency anaemia suggest that the Dietary Reference Values (DRV) for iron may be too high"	contains 2.7mg; 1 small portion cornflakes contains 1.6mg
Magnesium (mg)	270 women 300 men	120	140	118.8	306.3	138.4		
Zinc (mg)	7/9.5	7.2	7.2	3.88	8.88	4.18	LRNI = 4mg/d Dietary sources: meat, cereals, milk, fish, eggs	200ml full fat milk contains 1mg; 1 small portion branflakes contains 1mg; 1 small chicken breast contains 0.8mg; 1 egg contains 0.8mg; 15g skimmed milk powder contains 0.6mg; 50g tinned tuna contains 0.5mg
Iodine (mcg)	140	88	240	205	205	205		
Selenium (mcg)	60/75	34	32	10.32	10.32	10.32	LRNI = 40mcg/d Dietary sources: bread, meat, fish, milk, nuts, eggs	50g tinned tuna contains 45mcg; 1 egg contains 6.3mcg; 1 slice white bread contains 2.2mcg
Copper (mg)	1.2	0.72	0.6	0.04	0	0.05	No LRNI Dietary sources: organ meats, shellfish, beans, nuts, wholegrains	1 slice liver contains 1.2mg; 1 small portion rice pudding contains 0.13mg; 1 small portion branflakes contains 0.09mg; spreading of peanut butter (e.g. on a slice of bread) contains 0.08mg
Manganese (mg)	Safe intake >1.4mg for adults	2	0.7	0.08	0	0	No LRNI Dietary sources: cereals, bread, tea, fruit, veg, nuts	1 small portion porridge contains 0.6mg; 1 ring tinned pineapple contains 0.36mg; 1 cup of tea contains 0.23mg; spreading of peanut butter (e.g. on a slice of bread) contains 0.2mg; 1 slice white bread contains 0.18mg

Nutrient content	Recommended nutritional intake for >50 yrs	Standard, ready to drink 1.5kcal/ml milkshake type ONS twice daily	Standard, powder milkshake prepared with whole milk twice daily	Homemade fortified milkshake (ICS recipe) twice daily	Fortified Ovaltine® (ICS recipe) twice daily	Fortified Horlicks® (ICS recipe) twice daily	Potential for improving under provision from fortified milkshake	Dietary sources
Chromium (mcg)	No RNI	30	8	Not reported	Not reported	Not reported		
Vitamin K (mcg)	No RNI	48	60	2.22	Not reported	Not reported		
Potassium (mg)	3500	640	1480	1529.2	1607.2	1872.2		
Molybdenum (mcg)	No RNI	64	18	Not stated	Not reported	Not reported		
Sodium (mg)	1600	368	480	489.6	541.2	734.6		

Appendix 5 – Composition and price of Over the Counter (OTC) Nutrition Products

Product	Flavours	Presentation	Calories per serving (kcal)	Protein per serving (g)	Approximate Cost (£) (December 2025)	Cost per drink	Vegetarian/Vegan/Kosher/Halal *Always check with manufacturer*
Abbott Ensure Nutrivigor	Chocolate, Mocha, Vanilla	400g powder 54g dose made with 195ml water (also available in 850g tins)	233	8.7	£16.95	£2.80	Suitable for Halal & Kosher diets, vegetarians. Gluten free
Almased 500g	Original, Almond Vanilla	50g in 200-350ml of water + 2 tsps. of oil	228	25.7-26.7	£25.99	£2.60	Suitable for vegetarian diet
Almased sachets		10 x 50g sachets	230	26.7	£21.69	£2.17	Non-GMO, Gluten free and vegetarian
Aymes RETAIL Shake	Banana, Chocolate, Strawberry	4 x 38g sachets	265-266	14.9-15.1	£3.19	£0.80	
Dunns River Nurishment®	Banana, Chocolate, Strawberry, Vanilla	400g ring pull can	424	20	£1.70	£1.70	Suitable for vegetarian diet
Dunns River Nurishment®	Vanilla No Added Sugar	400g ring pull can	256	20	£1.70	£1.70	Suitable for vegetarian diet
Dunns River Nurishment® Bottles	Banana, Chocolate, Strawberry, Vanilla	330ml bottle	340	18	£1.58	£1.58	Suitable for vegetarian diet
Heul bottles	Banana, Berry, Chocolate, Salted Caramel, Iced Coffee, Strawberries & cream, Cinnamon swirl, Vanilla	500ml bottle	400	20-22	£3.50	£3.50	Suitable for vegans & kosher diets
Nestle Meritene® Energis Shake	Chocolate, Strawberry, Vanilla	15 x 30g sachets (with 200ml whole milk)	107	9.3	£21.99	£1.47	Gluten free, suitable for vegetarian
Nestle Meritene® Energis Soup	Chicken, Vegetable	10 x 50g sachets	207	7	£21.59	£2.16	Gluten free, (Vegetable flavour is suitable for vegetarian)
Nutricia Complan Original	Original (neutral)	425g tub (60g with 1/3pint whole milk)	244	8.5	£5.80	£0.82	Suitable for vegetarian diet
Nutricia Complan Sachets	Banana, Chocolate, Strawberry, Vanilla	5 x 55g sachets	241-246	9.5	£5.25	£1.31	

Product	Flavours	Presentation	Calories per serving (kcal)	Protein per serving (g)	Approximate Cost (£) (December 2025)	Cost per drink	Vegetarian/Vegan/Kosher/Halal *Always check with manufacturer*
NuVulife ® Shake	Butterscotch, Banana, Chocolate, Strawberry, Vanilla	7 x 50g sachet (mix with 200ml whole milk)	364	23.8-28.8	£13.49	£1.936	Suitable for vegetarians and Halal diet
Slimfast bottle	Banana, Café Latte, Cookies & Cream, Caramel, Chocolate, Mint chocolate, Vanilla	6 x 325ml bottle	204	15	£11.00	£1.83	
Slimfast Original powder	Banana, Blueberry, Café Latte, Strawberry, Caramel, Chocolate, Raspberry & white chocolate, Vanilla	375g tub (37.5g powder + 250ml of skimmed milk)	225-229	15	£7.50	£0.75	
Supligen liquid meal replacement	Peanut, Vanilla	290mls ring pull can	305-320	11-12	£1.90	£1.90	
yfood THIS IS FOOD	Banana, Berry, Caramel, Chocolate, Coconut, Coffee, Hazelnut, Vanilla	500ml bottle	500	33	£3.50	£3.50	Gluten & lactose free
yfood THIS IS FOOD Vegan	Banana, Berry, Choco, Coffee, Vanilla	6 x 500ml bottle	500	33	£20.94	£3.49	Suitable for vegans. Gluten Free

Above prices December 2025.

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