



Exploring clinical and non-clinical waste from home nutritional care

PINNT Update Survey 2025

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***Thanks go to all the respondents who shared their experiences.
Without you this report would not have been possible.***

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Abbreviations

BAPEN – British Association for Parenteral and Enteral Nutrition

HNS – Home Nutrition Support

HETF – Home Enteral Tube Feeding

HPS – Home Parenteral Support

ONS – Oral Nutritional Supplement

PINNT – Support and advocacy for people on home artificial nutrition

Executive Summary

This 2025 follow-up to the PINNT and BAPEN national survey provides the most comprehensive UK-wide update on sustainability, waste, and delivery reliability within Home Nutrition Support (HNS), covering Home Parenteral Support (HPS), Home Enteral Tube Feeding (HETF) and Oral Nutritional Supplements (ONS). Drawing on responses from 212 individuals, the findings reveal that the challenges identified in the 2024 report not only persist but, for many, have intensified.

Persistent delivery failures and system fragility

Across all treatment types, most respondents reported no improvement in homecare services over the past year. Many described worsening reliability, erratic delivery schedules, incorrect or missing items, and repeated substitutions linked to supply chain instability. HETF users were the most affected, followed by HPS users who reported late, split or incomplete deliveries that at times posed safety risks. ONS users experienced fewer issues but still faced incorrect flavours, damaged items and courier problems.

Unplanned deliveries - often triggered by preventable errors - remain common, increasing environmental impact, patient burden and avoidable clinical workload.

Waste is predominantly system-driven, not patient-driven

A major theme is that most of the waste generated in HNS arises from operational inefficiencies rather than patient behaviour. Over-delivery, wrong items, oversized packaging, and inability to return unused products contribute to significant avoidable waste. Many respondents described receiving far more supplies than needed, being instructed to dispose of unopened items, and struggling with the volume of packaging entering their homes.

This waste creates emotional, spatial and practical burdens, with some households requiring additional waste bins and frequent trips to recycling centres.

Recycling guidance remains inconsistent and insufficient

Despite strong willingness to recycle, most respondents reported receiving no formal advice from healthcare professionals or homecare companies. Where guidance existed, it was inconsistent, limited to a narrow set of items, and often contradicted by local authority rules. Confusion was particularly evident around mixed plastics, syringes, giving sets and items perceived as “clinical” despite being non-clinical waste.

Patients repeatedly called for clear, standardised, written recycling guidance and better labelling on packaging.

Digital and administrative systems are not meeting patient needs

New electronic ordering systems were widely criticised for poor usability, lack of instructions, and failure to reflect stock availability. Many respondents reported orders defaulting to incorrect quantities, inability to report out-of-stock items, and lack of communication around substitutions. These system failures directly contribute to waste, inefficiency and patient distress.

Sustainability is a patient safety and equity issue

The report highlights that sustainability in HNS is inseparable from patient safety, wellbeing and equity. Delivery failures, inappropriate substitutions and unclear guidance have direct clinical consequences, particularly for those dependent on life-sustaining nutrition. The burden of managing waste and storage disproportionately affects people in small homes, social housing, or with limited physical capacity.

Patients are already contributing solutions — but need system-level support

Respondents described extensive self-led efforts to recycle and repurpose materials, from reusing trays and bags to donating syringes for art projects. However, they emphasised that meaningful progress requires coordinated action across homecare providers, manufacturers, commissioners and local authorities.

Clear messages to stakeholders

Patients asked for:

- Healthcare professionals to recognise the scale of waste, the emotional burden of delivery failures, and the need for clear recycling guidance.
- Homecare companies to improve delivery accuracy, reduce packaging, communicate proactively, and stop relying on patients to resolve system errors.
- Commissioners to address the financial and environmental cost of waste, hold providers accountable, and ensure waste infrastructure meets the needs of HNS users.

Conclusion

The 2025 findings show that sustainability challenges within HNS remain significant and largely unchanged since 2024. Delivery reliability, waste generation and inconsistent guidance continue to place avoidable burdens on patients and clinical teams. Yet the report also highlights a strong willingness among patients to contribute to sustainable practices - provided they receive clear information, reliable systems and coordinated support.

Improving sustainability in HNS is not simply an environmental goal; it is essential to patient safety, service quality and the long-term resilience of home nutrition pathways across the UK.

Plain English Summary

1. Background

Home Nutrition Support (HNS) helps people who cannot meet their nutritional needs through normal eating. This includes:

- **Home Parenteral Support (HPS)** – nutrition given directly into a vein
- **Home Enteral Tube Feeding (HETF)** – nutrition given through a feeding tube
- **Oral Nutritional Supplements (ONS)** – high-calorie drinks or powders

In 2024, PINNT and BAPEN carried out the first UK-wide survey looking at sustainability and waste in HNS. It showed major problems with deliveries, packaging, waste, and communication. It also showed that patients were willing to recycle and reduce waste, but the system made this difficult.[9]

This new 2025 survey follows up on those findings. It looks at what has changed, what has stayed the same, and what patients want organisations to do differently.

2. The 2025 Survey

The survey ran from 1 August to 11 September 2025. It asked people about their experiences over the previous three months.

- **212 people** took part
- Many used more than one type of HNS
- Most respondents lived in England
- The largest age group was **61–70 years old**

Types of HNS used

Respondents were asked about their treatment and many were received more than one type of HNS, out of 212 people who completed the survey:

- **58.5%** received HPS*
- **50.9%** received HETF*
- **19.8%** received ONS*

**Exclusively or as part of their HNS.*

3. What Has Changed Since 2024?

The respondents clearly outlined that **very little has improved**, and many felt that things had become worse since the previous survey in 2024.

Across all treatment types, people said:

- Deliveries are still unreliable.
- Waste has not reduced.
- Packaging is still excessive.
- Communication from homecare companies is poor.
- Any improvements are due to individual staff, not the system.

HETF users

HETF users reported the most problems:

- Deliveries arriving in random amounts
- Items missing
- Needing several deliveries to complete one order
- Feeling “trapped at home” waiting for couriers
- No real progress on sustainability

HPS users

HPS users described:

- No real change
- More packaging and more waste
- Declining service quality
- More frequent deliveries due to supply issues
- Occasional improvements linked to helpful staff

ONS users

ONS users generally saw:

- No change
- Some packaging changes that did not reduce waste
- More delivery problems
- A few positive experiences with specific providers

Overall themes

Across all groups:

1. No change is the most common experience
2. Reliability is getting worse, especially for HETF and HPS
3. Waste has not improved and is often increasing
4. Improvements are rare and depend on individuals, not systems

4. Deliveries and Waste

Where supplies come from

Most people receive their HNS products and equipment from a homecare company. This was the same in 2024 and 2025.

Delivery accuracy

Delivery accuracy remains poor:

- Only 51% of HPS users received fully correct deliveries
- Only 44% of HETF users received fully correct deliveries
- 40% of ONS users had at least one delivery problem

Common problems

- Wrong prescribed product or ancillary
- Wrong size bottles or bags
- Too much or too little prescribed product or ancillaries
- Damaged items
- Substitutions due to supply shortages
- Missing items
- Damaged prescribed products or ancillaries
- Substitutions

Unplanned deliveries

Unplanned deliveries - caused by errors - were common:

- 30.6% of HETF users
- 22.2% of HPS users
- 14.3% of ONS users

These extra deliveries increase waste, stress, and environmental impact.

5. How People Manage Problems

When something goes wrong:

- 54% contact the homecare company
- 21% contact their clinical team (adding avoidable workload)
- 3% ignore the issue
- 18% had no problems

Variation in advice given

Advice on what to do with incorrect or damaged items was inconsistent:

- 37% were told to put items in household waste
- 16–15% had items collected by the homecare company
- 27% received no advice at all

Was the advice helpful?

Of those who received advice:

- 41% said it solved the problem
- 45% said it was only a temporary fix
- 14% said it was not helpful

6. Key Themes from Patient Comments

For HETF users

1. Poor communication
2. Incorrect or missing items

3. Supply problems and substitutions
4. Delivery issues and courier problems
5. Problems with new digital ordering systems

For HPS users

1. Missing, late or split deliveries
2. Wrong or unordered items
3. Packaging waste
4. Poor communication
5. Courier issues
6. Storage problems
7. Supply shortages
8. Emotional and practical burden

7. Overall Message

The 2025 survey shows that:

- Sustainability problems in HNS are still widespread
- Waste is still high and often caused by system failures
- Delivery reliability has not improved
- Communication remains a major issue
- Patients are willing to help reduce waste but need clear guidance
- Many problems could be fixed through better coordination and clearer processes

Sustainability in HNS is not just about the environment - it affects patient safety, wellbeing, and fairness. Improving it requires action from homecare companies, healthcare teams, commissioners, and policymakers.

1.0 Background

Sustainability with home nutrition support (HNS) continues to emerge as a critical yet under-examined dimension of healthcare delivery in the United Kingdom. Home nutrition support (HNS) includes a range of treatments used to reduce the risk of malnutrition (undernutrition) and improve nutritional state. These treatments often require prescribed products such as home parenteral support (HPS), home enteral tube feeding (HETF) and oral nutritional supplements (ONS). To administer many of these prescribed products, ancillaries are necessary. It is these treatments which will be considered in this survey. When used appropriately these are proven effective treatments with significant cost savings reported in the literature. Improved nutritional state reduces the risk of commonly accepted complications of malnutrition including increased use of healthcare resources and hospital readmission, greater risk of infection, slower recovery, and healing [1–8].

The 2024 PINNT-Bapen report [9]; Exploring clinical and non-clinical waste from Home Nutritional Support, provide the first UK-wide insight into how individuals receiving HNS perceived the issue of sustainability and provided insight into the many challenges which can arise as a result in addition to those of managing their treatment and condition.

It was clear from the 2024 survey that there were widespread issues in the supply chain, inconsistent waste management guidance and the emotion and practical burden placed on patients and careers when systems fail were sparkly apparent. However, what it also showed was that there is a strong willingness from respondents to contribute to more sustainable practices, despite limited support or clarity from existing services.

While the initial survey indicated a significant scale and nature of the problem, it also raised many important questions that require multi-agency work through. These included, how system-level processes within healthcare companies, NHS commissioning pathways and local waste management policies interact to shape the patient experience? What are the environmental, financial and operational implications of incorrect deliveries, over-supply and avoidable waste? (a key theme from the 2024 data) Critically, how can patient-reported experiences be translated into actionable improvements that align with the NHS Net Zero agenda?

This follow-up paper builds on the foundations of the 2024 survey, by reviewing the current situation, building on the themes which were highlighted from the 2024 data. It is hoped that beyond documenting an update to the patient experience, but to include key take home messages from patients for key organisations (homecare companies, healthcare and commissioners). By integrating the patient perspectives with stakeholder insights, emerging evidence, and system-level considerations, this paper

seeks to identify practical, collaborative solutions, which reduce waste, improve efficiency, and enhance the quality of care for people receiving HNS.

We hope that this work contributes to the growing recognition that sustainability in home nutrition support is not solely an environmental issues, but a matter of patient safety, service reliability and equitable access. Addressing these challenges requires coordinated action across clinical teams, homecare providers, commissioners and policymakers and it must be informed by the lived experience of those who rely on these treatment every day.

2.0 Survey

A follow-up to the first UK-wide survey in 2025 about sustainability and HNS. The key objective is to ensure that the situation is described from the individual's perspective.

A survey was originally co-produced by PINNT and BAPEN's Malnutrition Officer to explore the experiences and opinions of the factors affecting sustainability of HNS. The update used the same survey format and included the same questions, with some additional questions for respondents to share their thoughts.

Experiences during 3 months prior to the publication of the survey (June, July, August 2025) were sought using tick box responses, comments and narratives. The survey was open between 1st August until 11th September 2025 to include the UK's Home Artificial Nutrition week. It was shared online through PINNT member's database and social media. Respondents were informed how their anonymous data would be used, with agreement to this required before starting the survey.

2.1 Demographics of respondents

There were 212 responses to the survey responded to the survey. Many respondents required more than one type of home nutrition support; 27% (n58) with 59.0% (n125) receiving HPS, 50.9% (n108) needed HETF and 19.8% (n42) used ONS as part, or all their treatment.

2.1.1 Age

Figure 1 outlines the age distribution of those who responded, with most people on HNS aged between 61-70 years old (19.1%; n40), with a gradual rise to this age group, following by a decline.

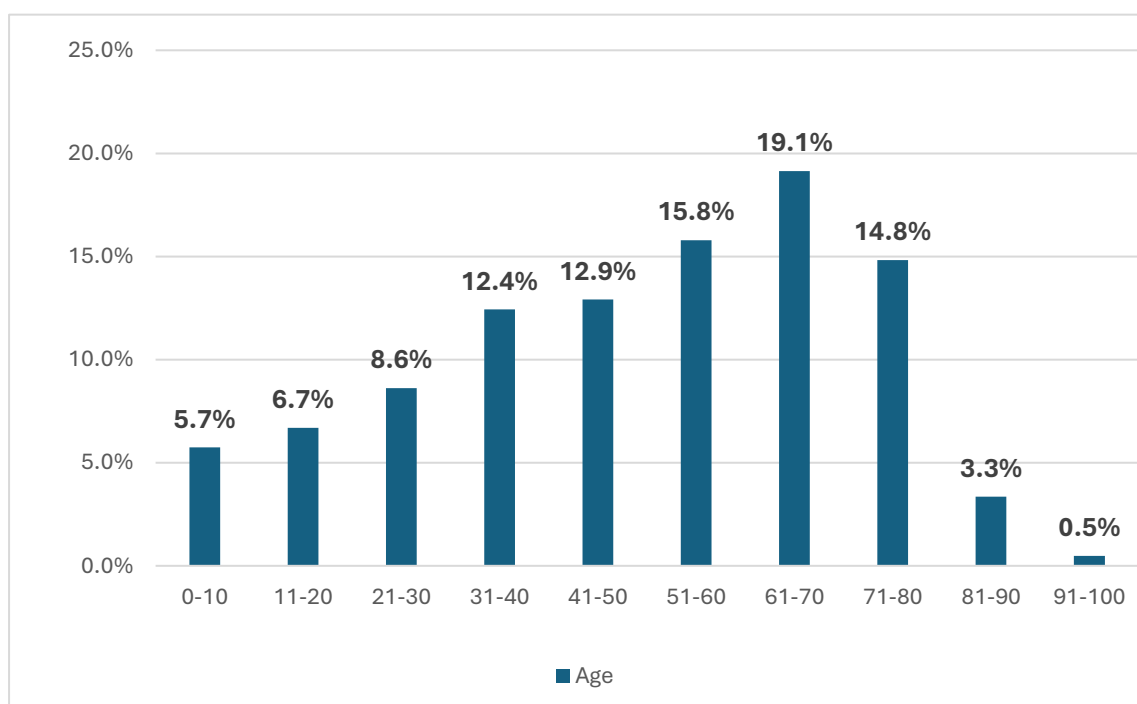


Figure 1: Percentage of individuals receiving HNS by age group

2.1.2 Locality

Many respondents lived in England (88.7%; n188), with 5.2% (n11) in Scotland, 4.7% (n10) from Wales and 1.4% (35) living in Northern Ireland. Of the 188 responses from people living in England, 3.3% (n5) were from Greater London, with most living in the South East (21.2%; n45), South West of England (16%; n34) and East Midlands (10.8%; n23) (Figure 2).

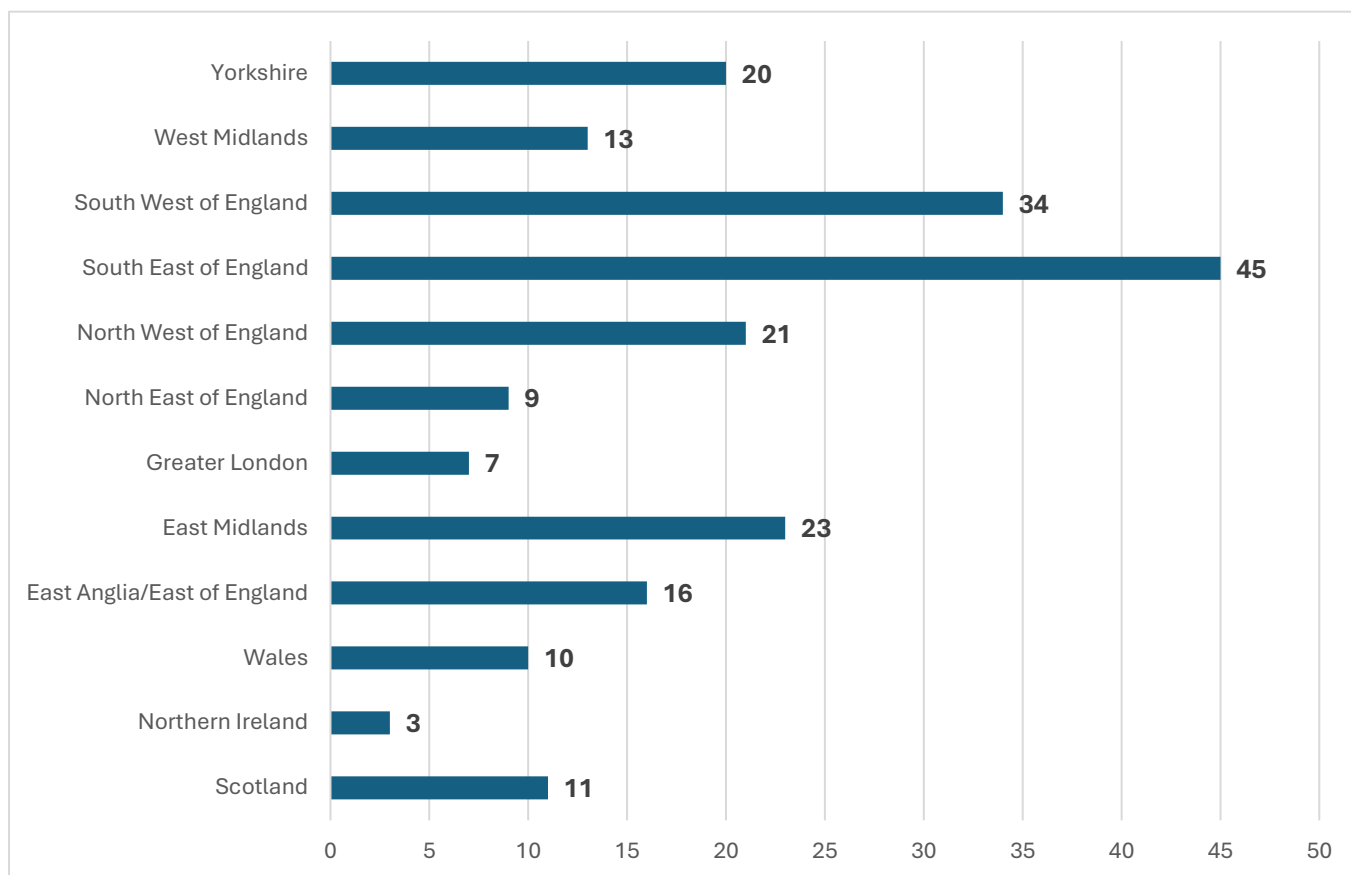


Figure 2: Number of individuals receiving HNS included in the survey by region within England

2.1.3 Type of HNS

The type of nutritional support provided for individuals varies depending on their individual needs, which will include a clinical and non-clinical element. The respondents to the survey were found to utilise a variety of different nutritional support, meaning some were in receipt of one, two or all three different treatment types.

Table 1: Number of respondents receiving HNS grouped by treatment type

Treatment (exclusively or as part of HNS)	No. of individuals receiving HNS (Total respondents = 212)	% of individuals receiving HNS (Total respondents = 212)
HPS	124	58.5%
HETF	108	50.9%
ONS	42	19.8%

Collectively those in receiving HPS (exclusively or as part of their treatment) was 58.5% (n124) of respondents, with those receiving HETF (exclusively or as part of their treatment) was 50.9% (n108), whilst those receiving ONS (exclusively or as part of their treatment) was 19.8% (n42), illustrated in the Table 1 and Figure 3.

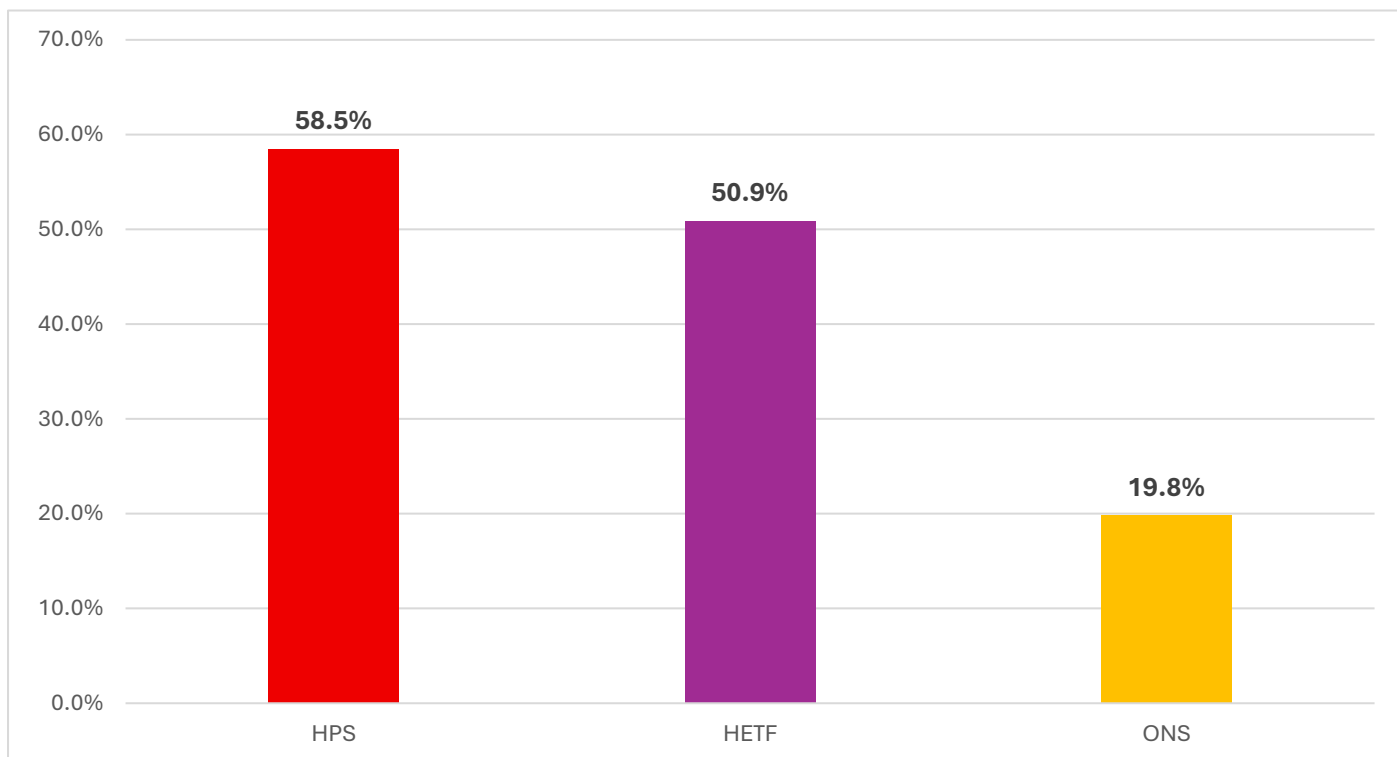


Figure 3: Respondents receiving HNS grouped by treatment type

Figure 4 and Table 2 below show a more in depth look at treatment usage. We can see that most respondents were exclusively on HPS (42.0%, n89), with those exclusively on HETF (30.2%; n64), the second most common. 10.4% (n22) were using ONS and HETF, 8% (n17) using HETF and HPS, 6.6% (n14) using ONS and HPS, 2.4% using HPS, HETF and ONS. Only 0.5% (n1) were exclusively on ONS.

Table 2: Number of respondents receiving HNS grouped by treatment type

Treatment	No. of individuals receiving HNS (Total respondents = 212)	% of individuals receiving HNS (Total respondents = 212)
HETF only	64	30.2%
HETF + HPS	17	8.0%
HETF + ONS	22	10.4%
HETF + ONS + HPS	5	2.4%
ONS only	1	0.5%
ONS + HPS	14	6.6%
HPS only	89	42.0%

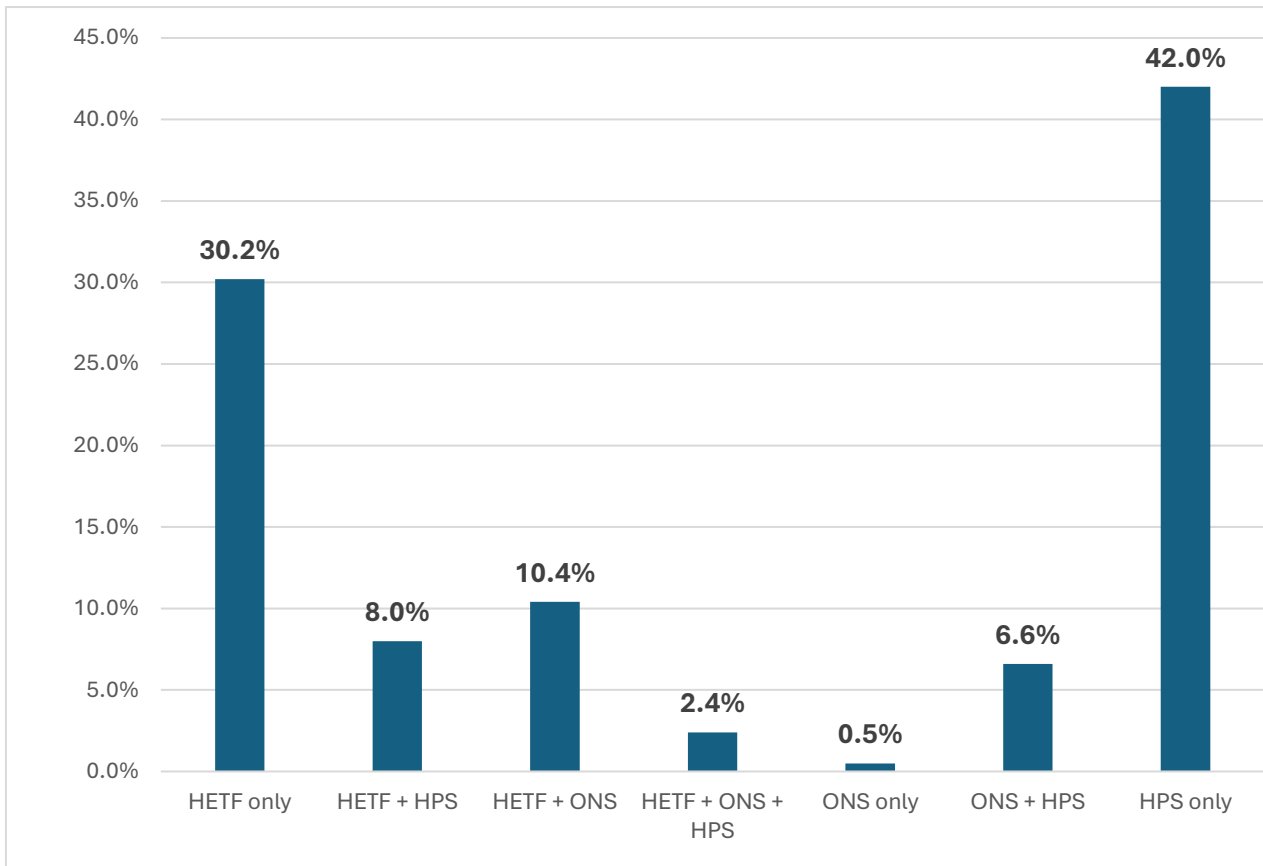


Figure 4: Percentage of individuals requiring HNS by treatment type

3.0 Change since 2024

A key objective of this follow-up survey was to understand whether the experiences of people receiving Home Nutrition Support (HNS) have changed in the year since the 2024 PINNT-BAPEN report. Respondents were asked to reflect on the previous 12 months and describe whether the reliability, sustainability, and overall quality of their homecare deliveries had improved, worsened, or remained the same.

Across all treatment types, the findings were strikingly consistent. The overwhelming majority of respondents reported no improvement in their homecare service, with many describing a deterioration in delivery reliability, communication, and waste generation. A small minority noted minor packaging changes, but these were widely viewed as superficial and did not translate into meaningful improvements in sustainability or service quality.

To explore whether experiences differed by treatment type, responses were analysed separately for individuals receiving HETF, HPS and ONS.

3.1. Home Enteral Tube Feeding (HETF)

HETF users were the group most likely to report a decline in service quality. Their accounts highlighted increasing unpredictability, supply issues, and a growing burden placed on patients and carers.

3.1.1 Erratic and fragmented deliveries

“Deliveries are more erratic... random quantities without notice.” [HETF respondent]

“It can take 3–4 deliveries to get it all delivered.” [HETF respondent]

3.1.2 Escalating supply problems

“More frequent deliveries due to a lack of supplies.” [HETF respondent]

“Feed bags missed out even when booked weeks in advance.” [HETF respondent]

3.1.3 Increased patient burden

“It’s becoming a lot like imprisonment... needing to stay home all day.” [HETF respondent]

3.1.4 No meaningful sustainability progress

“No changes which impact sustainability.” [HETF respondent]

“Still excessive packaging.” [HETF respondent]

HETF respondents overwhelmingly reported no improvement, with many describing worsening reliability, increased stress, and greater volumes of waste. Delivery failures and supply chain fragility remain prominent concerns.

3.2. Home Parenteral Support (HPS)

HPS users described a mixed picture dominated by stagnation and decline. While a few respondents noted isolated improvements, these were attributed to individual staff rather than systemic change.

3.2.1 No change / stagnation

“No noticeable changes.” [HPS respondent]

“Everything has remained the same.” [HPS respondent]

3.2.2 More waste and packaging

“Many small things in separate bags makes more waste.” [HPS respondent]

“More packaging now, not less.” [HPS respondent]

3.2.3 Declining service quality

“The company really does not seem to care anymore.” [HPS respondent]

“Deliveries are terrible... any faith I had has now completely gone.” [HPS respondent]

3.2.4 More frequent deliveries due to supply issues

“Constant supply problems... delivering multiple times per month.” [HPS respondent]

3.2.5 Isolated improvements

“Less errors with PN deliveries but only because my new coordinator is better.” [HPS respondent]

“Use of paper bags to keep small items together is much better.” [HPS respondent]

HPS respondents largely reported **no change**, with a substantial minority describing **worsening waste, reliability, and communication**. Improvements were rare and typically **linked to individual staff members rather than organisational processes**.

3.3. Oral Nutritional Supplements (ONS)

ONS users generally reported stability rather than improvement. Some noted cosmetic packaging changes, but these did not reduce waste or improve delivery reliability.

3.3.1 No change

“Still the same amount of packaging.” [ONS respondent]

“No changes at all.” [ONS respondent]

3.3.2 Minor packaging changes

“Different bottles, unsure if recyclable.” [ONS respondent]

“Paper bags introduced now... but deliveries are getting worse.” [ONS respondent]

3.3.3 Worsening experiences

“I feel there is more waste now than 2024.” [ONS respondent]

“More packaging now, not less.” [ONS respondent]

“Goods and services from [homecare provider] have declined.”

3.3.4 Isolated positive experiences

“Very happy with [homecare provider], always on time.” [ONS respondent]

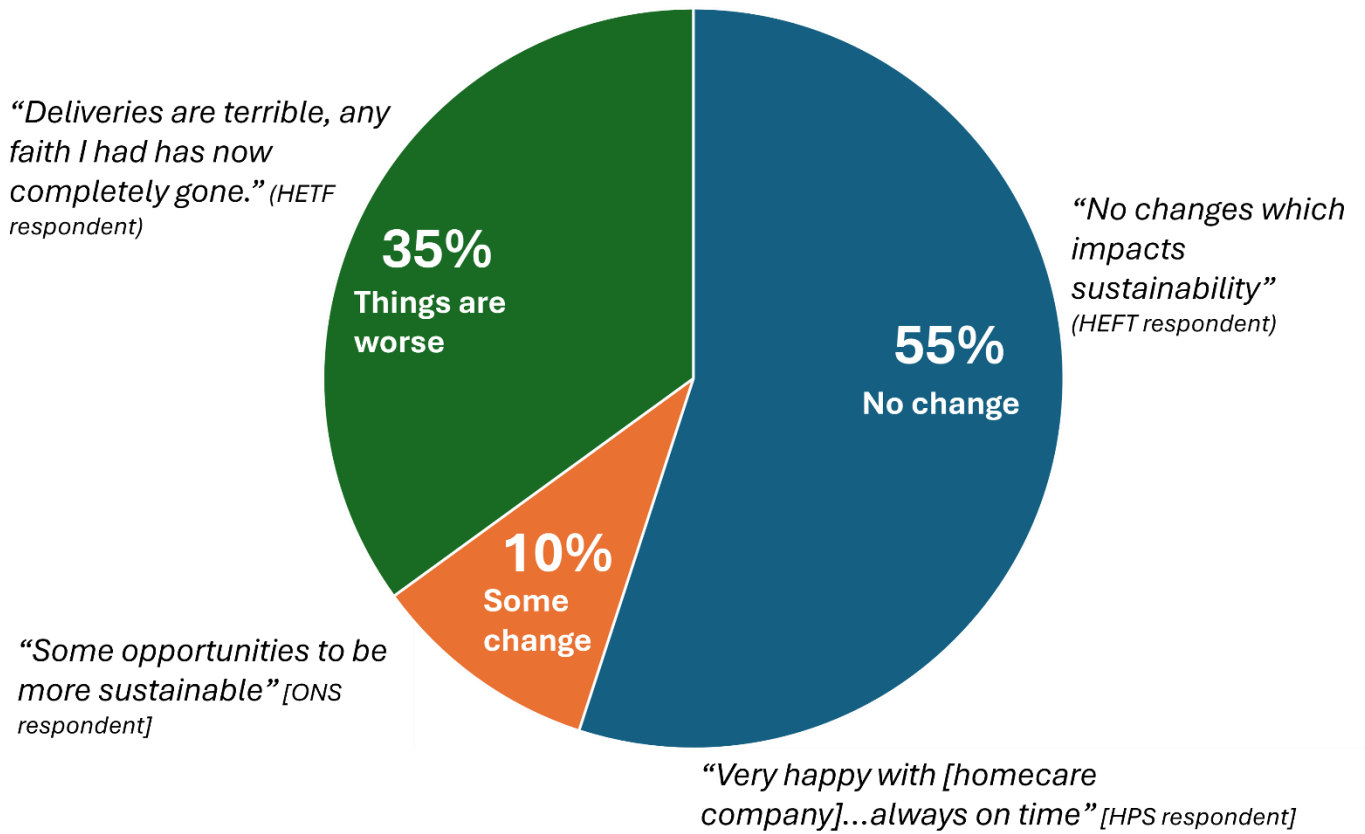
ONS respondents reported **no meaningful improvement**, with some describing **increased waste and declining service quality**. Packaging changes were viewed as superficial and did not contribute to sustainability.

3.4 Finding across all treatment types

Four clear themes emerged consistently across HPS, HETF and ONS:

1. “No change” remains the dominant experience
2. Worsening reliability is widely reported, particularly among HETF and HPS users
3. Sustainability has not improved, and in many cases, waste has increased
4. Any improvements are isolated and driven by individuals, not by system-level change

Figure 5: Illustration of the scale of change since 2024



4.0 HNS Delivery

Sustainability goes beyond the environmental impact of HNS. A need for more sustainable practices across the whole area of HNS were indicated in the previous report, which it is hoped would translate towards truly supporting the NHS wider objectives of sustainable healthcare for the future.

4.1 Delivery of HNS prescribed products

The 2024 data showcased that most individuals who require HNS obtained their prescribed products and ancillaries from a Homecare company [1], which remained true for the respondents of this update.

Of those respondents who were requiring HPS exclusive, 100% (n89) received their prescribed products from a homecare provider, with 93.5% (n58), requiring HEFT exclusive and 0% (n1) ONS exclusively. Those receiving multiple treatments, showed a similar variation in provision of prescribed products. Those receiving HEFT in addition to HPS, ONS or HPS & ONS, 94.1% (n16), 95.2% (n20) and 100% (n5) obtained their prescribed products in this manner (Table 3 and Figure 6).

Table 3: Homecare delivery of ancillary items by treatment type

Treatment	Respondents receiving prescribed products from Homecare company	
	Number of respondents	Percentage of respondents
HEFT	58	93.5%
HPS	89	100.0%
ONS	1	<1%
HEFT & HPS	16	94.1%
HEFT & ONS	20	95.2%
HPS & ONS	14	100.0%
HEFT & HPS & ONS	5	100.0%

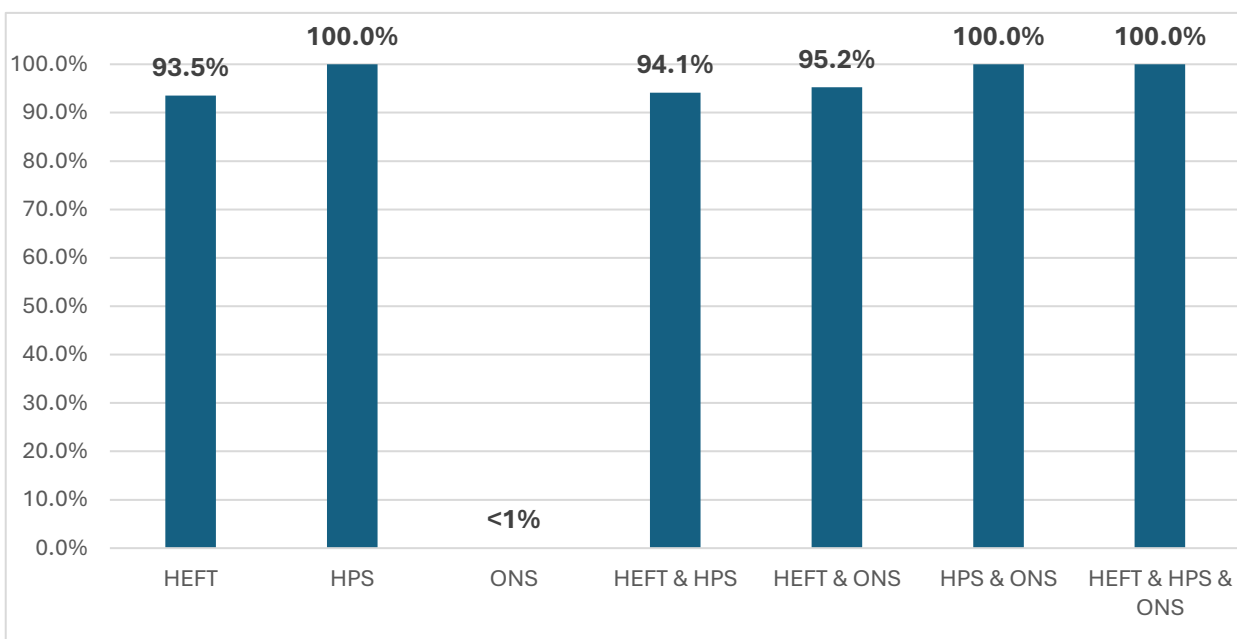


Figure 6: Homecare delivery of prescribed products by treatment type

4.2 Delivery of HNS ancillaries

Most respondents indicated that the homecare company provide the necessary ancillary items (Table 4).

Table 4: Homecare delivery of ancillary items by treatment type

Treatment	Respondents receiving ancillaries from Homecare company	
	Number of respondents	Percentage of respondents
HEFT	58	93.5%
HPS	89	100.0%
ONS	0	0
HEFT & HPS	17	94.4%
HEFT & ONS	21	100.0%
HPS & ONS	13	92.9%
HEFT & HPS & ONS	4	0.8%

With 93.5% (n58) of those on HETF exclusive having them delivered by a homecare company. 100% (n89) of those receiving HPS exclusively reported Homecare providers delivering ancillary items. For those on multiple treatments, the picture of those receiving ancillaries from a homecare provider was like that seen with prescribed products. 94.4% (n17), 100% (n21), 92.9% (n13), 0.8% (n4) received ancillary items from a homecare provider for those receiving HEFT & HPS, HEFT & ONS, HPS & ONS and HEFT, HPS & ONS respectively (Table 4, Figure 7).

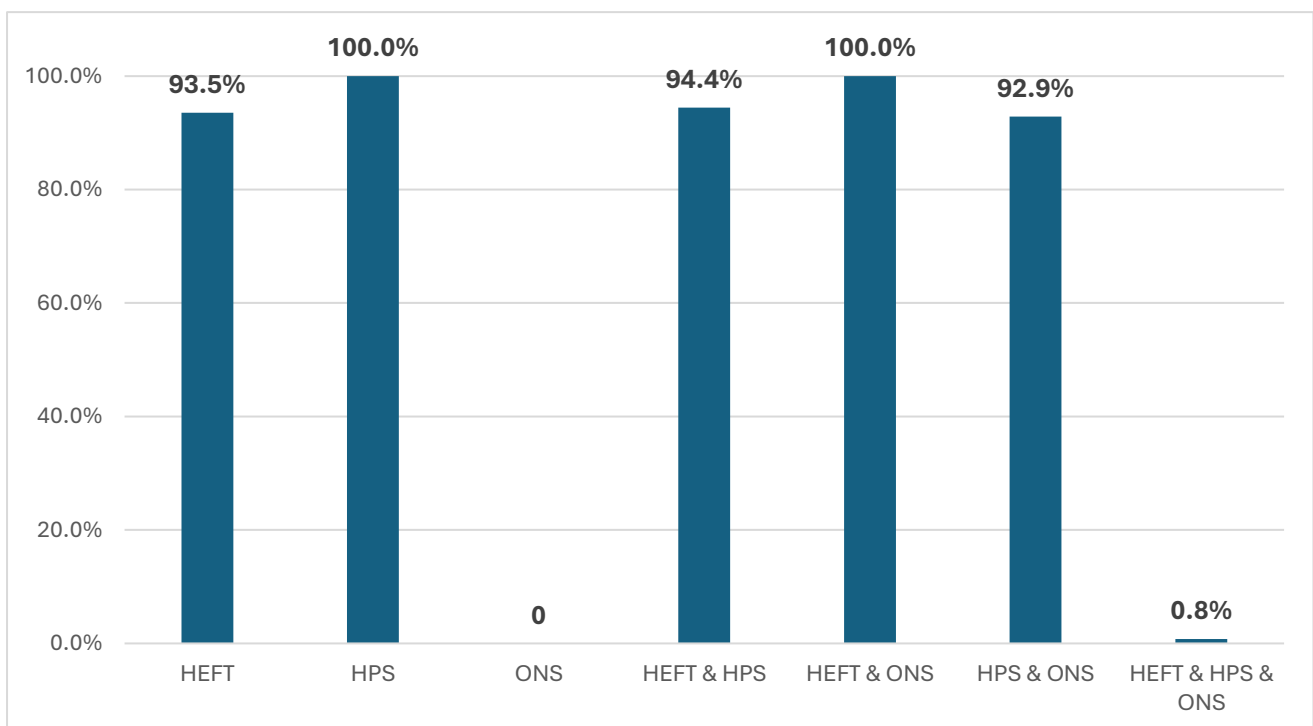


Figure 7: Homecare delivery of ancillary items by treatment type

4.3 Delivery issues with HNS

4.3.1 HPS specific

Similarly, those receiving HPS accuracy of prescribed or ancillary items was poor. Only 51.2% (n64) reported every delivery was correct, with 37.6% (n47), 9.6% (n12) and 1.6% (n2) reported most, some or none of their deliveries were correct respectively (Figure 8).

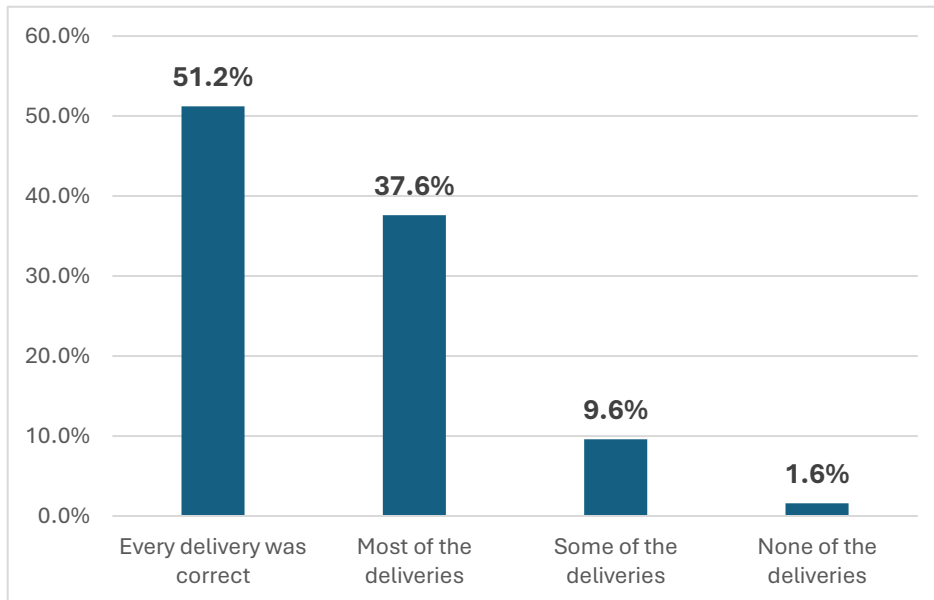


Figure 8: HPS delivery accuracy over the past 3 months

4.3.2 HEFT specific

Only 44.1% (n45) receiving HEFT deliveries found that their deliveries were correct, with 31.4% (n32), 21.6% (n22), 2.9% (n3) experiencing most of some or all their deliveries were incorrect in that 3-month period (Figure 9).

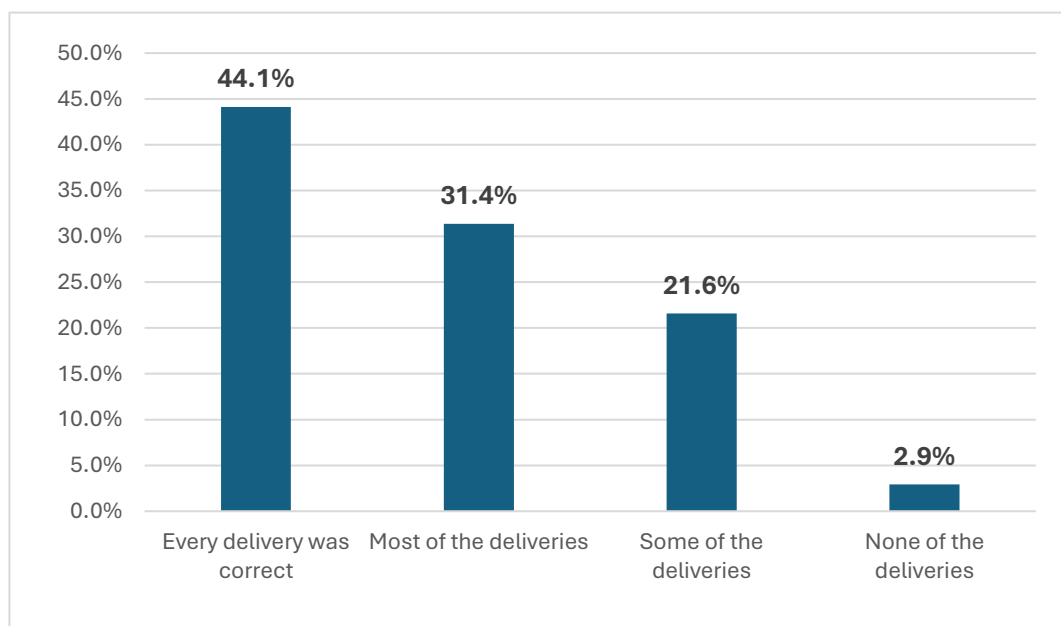


Figure 9: HEFT delivery accuracy over the past 3 months

Those who had encountered a problem with their HAN prescribed product delivery were asked what the issue/s was/were (Table 5).

Table 5: Categorisation of issues with delivery of HETF prescribed products

HEFT prescribed product issue	Number of respondents	Percentage of respondents on HETF
Replacement enteral feed delivered (supply problems)	25	23.4%
Wrong enteral feed was delivered	4	3.7%
Wrong size bottles or bags were sent	12	11.2%
Too much enteral feed was sent	14	13.1%
Not enough enteral feed was sent	22	20.6%
Damaged enteral feed bottles or bags	13	12.1%
Other - please tell us more in the box below	17	15.9%

Most 23.4% (n25) stated the issue was due to replacement enteral feed being delivered because of supply problems, 20.6% (n22) reported insufficient quantities of enteral feed received, 13.1% (n14) receiving too much enteral feed, 11.2% (n12) having the wrong size bottles or bags of enteral feed sent and 3.7% (n4) having the wrong enteral feed delivered.

The findings are similar to those identified in the previous report, highlighting supply chain issues are a significant contributing factor to delivery problems with HETF. Of the 15.9% (n17) would categorise the issue as “Other”, this was found to be inconsistent communications, repeated substitutions, or items arriving early or late when not available to take receipt of them, or items being left in unsafe conditions (e.g., extreme temperatures, heavy rain, etc.).

4.3.3 ONS issues

Table 6 shows the issues with ONS prescribed products. 6 in 10 of those receiving ONS received correct deliveries (59.2%, n29), meaning 4 in every 10 had delivery issues in the 3-months asked about. The main reasons for issues were, receiving the wrong flavour (16.3%, n8), Replacement items sent due to supply shortage (16.3%, n8), Missing items (not replaced), (4.1% n2), damaged bottle/sachets (4.1%, n2). This seems to align with the theme of inconsistency and supply chain fragility.

Table 6: Delivery of ONS and categorisation of issues experienced

ONS prescribed product issue	Number of respondents (n49)	Percentage of respondents on ONS
Every delivery correct	29	59.2%
Wrong Flavours	8	16.3%
Wrong Type	0	0.0%
Replace due to supply	8	16.3%
Missing items, not replaced	2	4.1%
Damaged bottles/sachets	2	4.1%
Other	0	0.0%

4.3.4 Unplanned deliveries across all treatment types

It was clear that delivery issues remained a key factor for the respondents, echoing the results found in the original survey.

For prescribed products almost one in three of those receiving HEFT had experienced unplanned deliveries for prescribed products (30.6%, n33), with almost a quarter of those receiving HPS and a sixth receiving ONS having unplanned deliveries; 22.2%, (n29) & 14.3%, (n6) respectively (Figure 10).

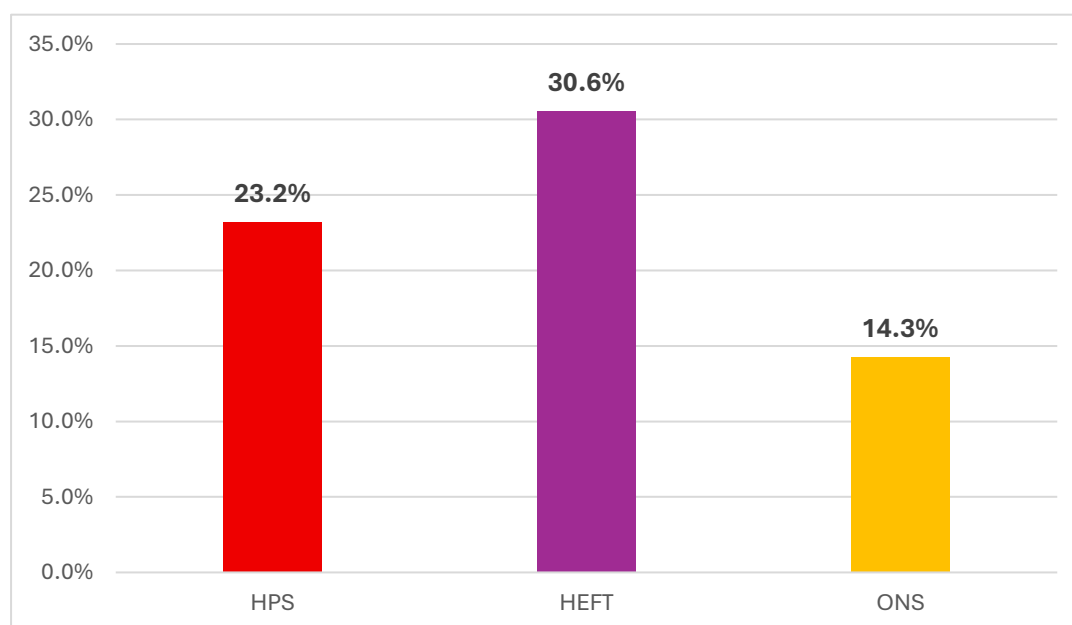


Figure 10: Unplanned deliveries due to incorrect or damaged prescribed products

For ancillary items, those receiving HPS were found to be receiving most unplanned deliveries with just over 1 in 4 (25.6%, n32) reporting this. Those on HEFT almost 1 in 5 (19.4%, n21) experienced this (Figure 11).

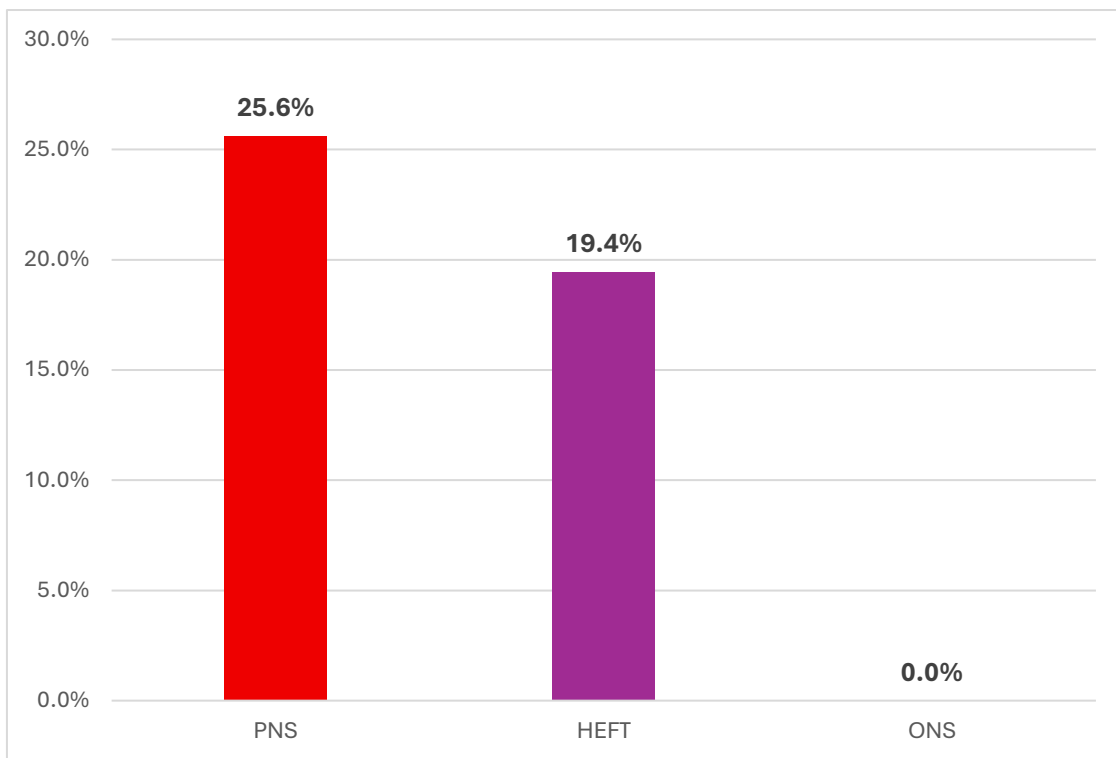


Figure 11: Unplanned deliveries due to incorrect or damaged ancillary items

4.4 Advise on how to manage incorrect or damaged items

Respondents were asked about what actions they took when they experienced issues with their HNS deliveries (figure 12), regardless of whether they had been given any prior advice. This showed a heavy reliance on the patient receiving the service from the homecare companies to resolve problems, as well as indications that often-clinical teams became involved to address the supply-chain issues, bring an element of healthcare burden into the situation, alongside the burden on industry and patients.

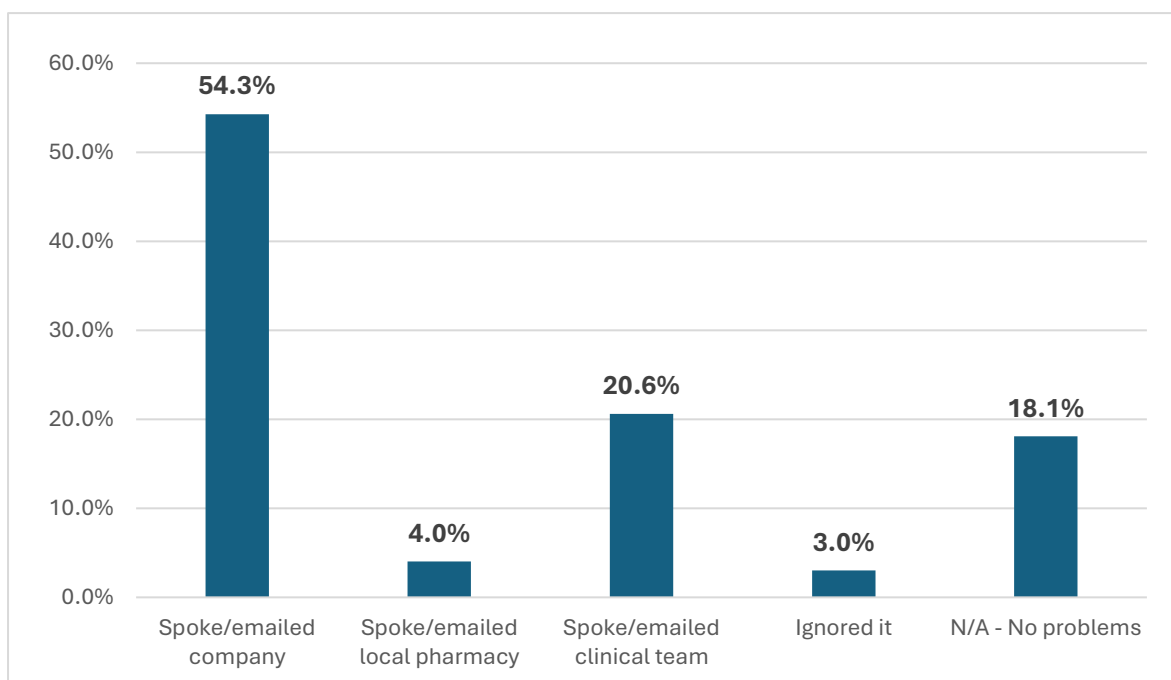


Figure 12: What actions people took when they experienced issues with their HNS deliveries

The findings identified:

- 54.3% (n108), contacted the homecare company directly – reinforcing that most issues originate from the homecare company.
- 20.6% (n41) contacted their clinical team, which represents avoidable clinical workload caused by logistical errors.
- 18.1% (n36) reported no problems – a useful benchmark for understanding the baseline.
- Only 3% (n6) ignored the issue, suggesting most patients feel compelled to intervene when errors occur.

There were variations in how people were advised to manage incorrect or damaged items, with some being told to dispose of the items in household waste (37% n27), and others having it collected for return to the homecare company (16.4% n22, 15.1%, n11) for HPS and HEFT respectively). Unfortunately, 27.4% (n20) received no advice on what to do with the items (Figure 13).

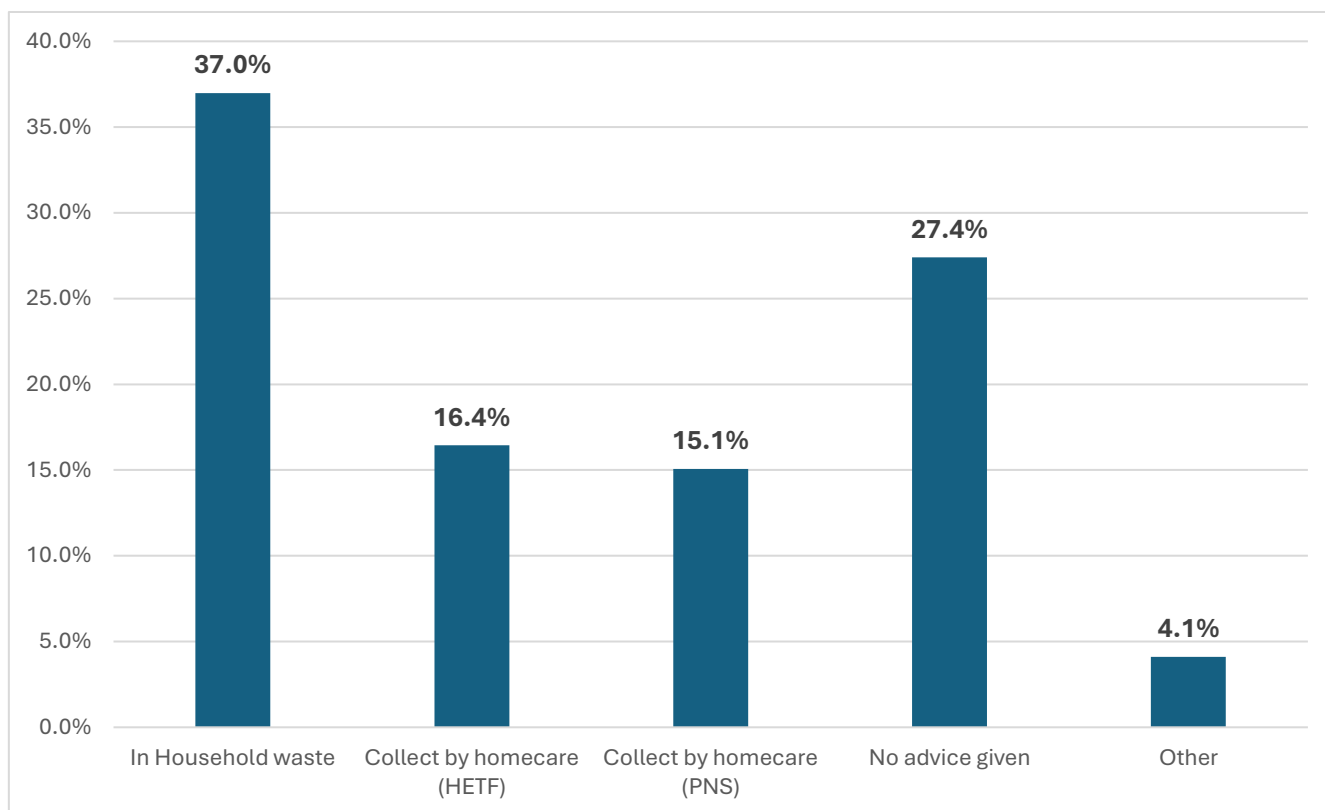


Figure 13: Advice given if requested

The findings align with the themes found in the previous paper [1], identifying a sense of confusion, inconsistency, and lack of clear guidance.

4.4.1 Outcome of the advice given for managing incorrect or damaged items

For those who did receive some advice, Figure 14, illustrates how respondents found that advice.

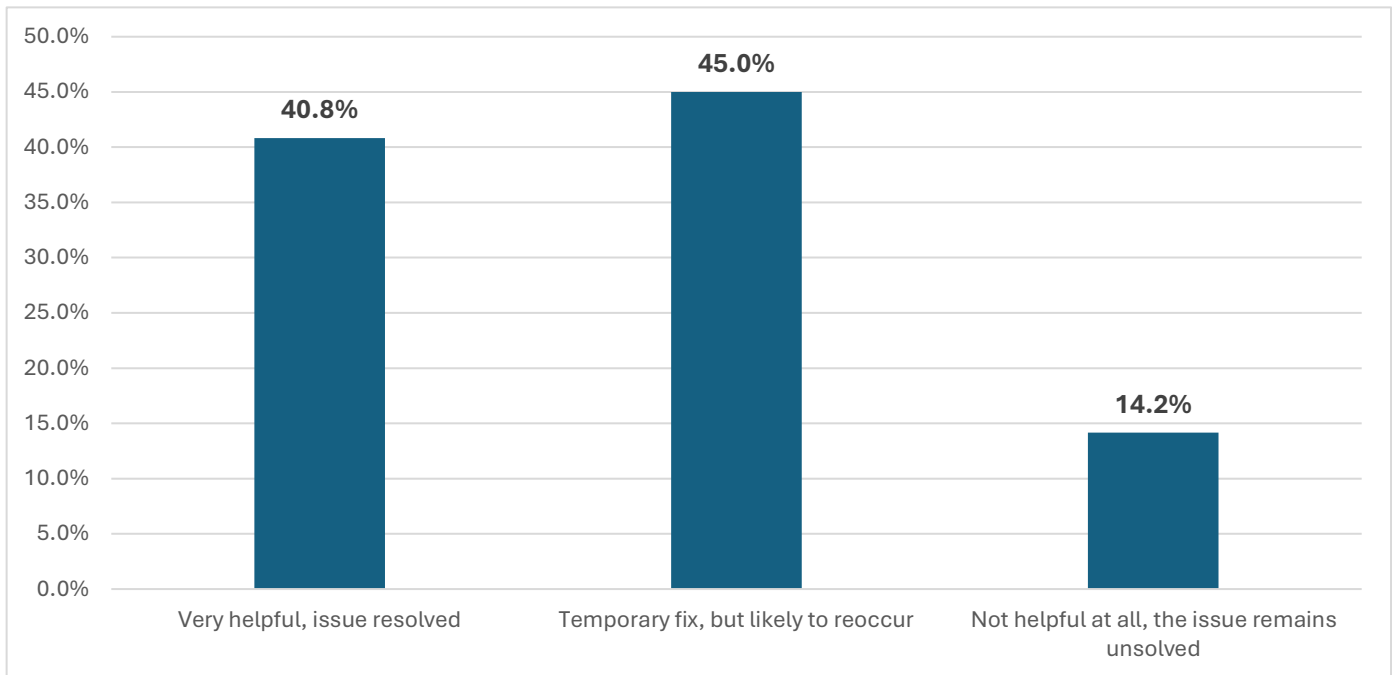


Figure 14: Effectiveness of the advice received

Most people only received a “temporary fix” (45%, n54), and a meaningful proportion felt the advice “not helpful” (14.2%, n17). It reinforces the narrative that inconsistent or unclear guidance is a major contributor to frustration and inefficiency in the HNS pathway. However, with 40.8% (n49) of respondents who received advice, found this to be “very helpful” it was demonstrated that it is possible to find an effective solution to when issues do occur.

4.5 Key Themes

Exploring more into the experiences of respondents, key themes emerged. To support with understanding more about these themes, the responses were grouped into treatment types to see if there were specific issues within a treatment type, or whether the finding were experienced across all areas.

4.5.1 HEFT

Five themes were found with those receiving HEFT (exclusively or as part of their treatment)

4.5.1.1 Communication failure and lack of information

The respondents expressed feelings of frustration, uncertainty and operational burdens, caused (they felt) due to poor communication.

“Awful communication, not being informed of issues – only find out when receiving the monthly order.”

[HEFT respondent]

“Poor communication, not being informed of supply issues.” [HEFT respondent]

“It took many phone calls... coordination between order taking and delivery was difficult.”

[HEFT respondent]

“The introduction of electronic ordering with no instruction and no way of accessing the site has made the whole situation 100% worse.” [HEFT respondent]

“Items missing from order or not sent as out of stock – the new ordering system doesn’t allow for this.”

[HEFT respondent]

4.5.1.2 Incorrect, missing or excess items

Inconsistency and unreliability of supply, highlighted areas of inefficiency, waste and burden on to the patient.

“Damaged or missing bottles of feed. Tubes being out of stock and incompatible replacements sent.”

“Sometimes send wrong sizes.” [HEFT respondent]

“Randomly different sized giving sets which were too short.” [HEFT respondent]

“A mix-up occurred... an item that was required was missed off.” [HEFT respondent]

“I was sent items I had not requested... caused a storage difficulty.” [HEFT respondent]

“Initially they over delivered on some syringes.” [HEFT respondent]

“Items sent that we had not ordered or the company just sending out a ‘standard order’.”

[HEFT respondent]

“Even if you amend the amount needed through the app, it sometimes sends the whole order.”

[HEFT respondent]

4.5.1.3 Supply chain and substitutions

A fragility in stock management and inappropriate substitutions was highlight by respondents, with potential risk and patient safety concerns.

“Supply issue so alternative sent, but then supply came back so correct items sent and I ended up with lots more items than needed.” [HEFT respondent]

“Things out of stock.” [HEFT respondent]

“Supply issues forced a change.” [HEFT respondent]

“On one occasion ... they had to send a completely different type of feed.” [HEFT respondent]

“Not enough stock delivered – unable to run fluids as well as feed.” [HEFT respondent]

4.5.1.4 Delivery logistics and courier issues

Recurring problems with delivery systems directly impacting #safety and patient wellbeing; consequences beyond inconsistency.

“Supposed to be delivered before 10.30am due to me living at the bottom of the stairs in a block of flats ... being threatened with eviction if they come late which they frequently do now ... The introduction of electronic ordering within the company with no instruction and no way of accessing the site has definitely made the whole situation 100% worse.” [HEFT respondent]

“[courier] have lost some of my deliveries... or they arrive damaged.” [HEFT respondent]

“Split across more than one delivery.” [HEFT respondent]

“Some deliveries were separated due to supply problems.” [HEFT respondent]

4.5.1.5 Ordering system issues

Respondents noted that frequent failures with digital system were impacting deliveries. A feeling of systems lacking a user-centred design, being a potential barrier and suggesting the potential need for redesign, or additional patient training on systems.

“The introduction of electronic ordering... with no instruction and no way of accessing the site has made the situation 100% worse.” [HEFT respondent]

“New ordering system doesn’t allow for items being out of stock.” [HEFT respondent]

“Some items we no longer use but haven’t been taken off the prescription.” [HEFT respondent]

4.5.2 HPS

For those in requiring HPS, eight themes were identified:

4.5.2.1 Missing, late or split deliveries

A source of patient anxiety highlighted due to frequent incidents of essential nutrition being delayed, incomplete, or arriving unpredictably.

“Missed from the delivery list. I have never received any satisfactory answers on why the feed is not delivered.” [HPS respondent]

“Occasionally a late delivery – I prefer morning delivery as I’ve been on HPN overnight.” [HPS respondent]

“Not enough parenteral nutrition bags were sent, resulting in a split delivery.” [HPS respondent]

“Part delivery received with a follow-up delivery within 48 hours.” [HPS respondent]

“Sometimes my feed just doesn’t show up.” [HPS respondent]

“Occasionally TPN not ready so delivered the next day.” [HPS respondent]

“Deliveries being late... arriving at 3am in the morning. Just not acceptable.” [HPS respondent]

4.5.2.2 Incorrect, Unordered, or Wrong-Sized Items

A sense of operational burden being added to the patient’s treatment management due to inconsistencies and potential safety risks from incorrect suppliers.

*“One order arrived with double what was requested, including 30 1ml syringes which I don’t use.”
[HPS respondent]*

“Incorrect quantity or unordered items delivered.” [HPS respondent]

“Wrong items.” [HPS respondent]

“Wrong amounts of saline delivered... had to return a full box and request correct fluids.” [HPS respondent]

“I’ve had many wrong items delivered that I’m not normally taking.” [HPS respondent]

“Incorrect items, items I didn’t need, wrong sizes.” [HPS respondent]

“Some items were omitted but corrected quickly.” [HPS respondent]

“Sometimes bags weren’t up to standard so... part delivery and the rest later.” [HPS respondent]

4.5.2.3 Over-Supply, Waste, and Storage Problems

Respondents highlighted waste, with an environmental impact and the burden of managing excess stock.

“Missed bags and delivered at agreed date.” [HPS respondent]

“...over send bags for holiday...I have to waste the additional bags.” [HPS respondent]

“One order arrived with double what was requested.” [HPS respondent]

“Stock amount was ignored and wrong amount delivered.” [HPS respondent]

“Too many PN bags sent... delivery drivers refused to take them back... I’m left to discard the bags and have had complaints from my council.” [HPS respondent]

“We get given too many giving sets – we have around 200.” [HPS respondent]

“They then sent far more than was needed.” [HPS respondent]

“Delivered double...does not fit in my fridge...I had to dispose of the older stock.” [HPS respondent]

“I requested a reduction of feed... but they sent the full amount anyway.” [HPS respondent]

4.5.2.4 Under-Supply and Safety Risks

“Occasional incorrect number of non-lipid bags delivered (too few).” [HPS respondent]

“Not enough of some products were being sent so had to have top-up deliveries.” [HPS respondent]

*“Ran out of feed prescribed so was sent something different but didn’t have the right amount.”
[HPS respondent]*

“No prescribed fluids delivered.” [HPS respondent]

“Sometimes fat bag PN was not delivered and had to be delivered on another day.” [HPS respondent]

“Short by 3 bags... holiday delivery was a complete shambles and I was short by 4 bags.” [HPS respondent]

4.5.2.5 Supply Chain Failures & Substitutions

Difficulties with fragility and inappropriate substitutions, indicating supply chain instability and patients lacking confidence.

*“Feed was not in stock... we were left to contact the dietitian team to request an alternative.”
[HPS & HEFT respondent]*

“...size out of stock – alternative size sent.” [HPS & HEFT respondent]

“...frequently out of stock so a less appropriate substitute has to be arranged.” [HPS & HEFT respondent]

“Supply issues meant I sometimes had to have extra deliveries.” [HPS respondent]

“A manufacturing issue.” [HPS respondent]

4.5.2.6 Courier, logistics and delivery system problems

Respondents on HPS highlighted operational failure which were outside of the clinical pathway.

“Delivering at my work address and insufficient items.” [HPS respondent]

*“Forget to send to [specific location] from [original location] then has to be chartered to me.”
[HPS respondent]*

“Delivery is sent over 3 days with different drivers.” [HPS respondent]

“Ancillaries come separately, increasing carbon footprint as they come by plane.” [HPS respondent]

4.5.2.7 Ordering system problems and administrative errors

Respondents on HPS also experienced system and administrative errors.

“They have changed from 2-weekly to monthly and often miss things.” [HPS respondent]

*“[Homecare company] have just changed their system and I’ve had huge delivery problems.”
[HPS respondent]*

“Not phoning up for a stock check... deliver far too much of some items.” [HPS respondent]

“Prescription issues and shortage.” [HPS respondent]

4.5.2.8 Emotional impact, stress and burden

The impact of the difficulties experienced was clearly having an emotional impact on respondents.

“Very stressful trying to get an alternative before our limited buffer stock ran out.” [HPS respondent]

“I find it so frustrating and poor communication when stock issues arise.” [HPS respondent]

“Holiday delivery was a complete shambles.” [HPS respondent]

4.5.3 ONS

Similar themes were identified from users receiving ONS, with six key themes.

4.5.3.1 Excessive Packaging & Environmental Burden

Respondents noted the environmental impact due to packaging excessive, a sense of avoidable waste, lack of responsiveness and patient frustration.

“The only ongoing issue I have with my deliveries is the amount of packaging... I have a mass of wasted cardboard and tape each month which I then have to dispose of.” [ONS respondent]

“Too much packaging and very difficult to recycle.” [ONS respondent]

“Explained above boxes.” [ONS respondent]

*“I have written to the company... they said there was nothing they could do, I would have to put up with it.”
[ONS respondent]*

4.5.3.2 Supply Issues, Stock Shortages & Substitutions

Impact of supply chain issues, stock shortages and substitutions were common.

“We have had problems with products being supplied due to availability.” [ONS respondent]

“One of the flavours was not available, so the prescription was made up of a single flavour instead of two.”

[ONS respondent]

“Limited flavours... due to stock issues.” [ONS respondent]

“They sent wrong flavours.” [ONS respondent]

“Sometimes I am given substitute products from [homecare company].” [ONS respondent]

“I have had a few swapped for different flavours... due to supply issues... I appreciate that an alternative has always been supplied.” [ONS respondent]

4.5.3.3 Courier Problems, Damaged Deliveries & Unsafe Handling

Issues with couriers and unsafe handling of packaging, were highlighted, suggesting poor quality control, a lack of accountability, alongside potential safety risks.

“[courier] tried boxes... boxes always arrive damaged, taped up. Items always dented, damaged, tops opened so not risking as no longer sterile.” [ONS respondent]

“They deliver on days they want to... dump in way of access.” [ONS respondent]

“ONS... dumped outside without letting me know they will be delivered.” [ONS respondent]

“Having all sorts of issues with [courier] not delivering to where I have asked... things arrive damaged, taped up, a mess.” [ONS respondent]

4.5.3.4 Communication Failures & Difficulty Contacting Providers

Poor communication and difficulty in reaching providers were highlighted within those receiving ONS, as found in HPS and HETF. An example of systemic communication breakdown, which had an emotional and practical burden.

*“[homecare company] saying they haven’t received the prescription (even though they have).”
[ONS respondent]*

“Getting through on the phone is difficult.” [ONS respondent]

“It is very time-consuming as there is such a long waiting time to get [homecare company] to answer the phone.” [ONS respondent]

“Spending ages trying to get through on the phone.” [ONS respondent]

“Always emailed dietitian and [homecare company] who do nothing at all.” [ONS respondent]

4.5.3.5 Ordering System Problems & App Failures

Failures with technology and ordering stock, indicating a need for further training and potential redesign of some elements of stock management.

“I was unable to input stock needed when the new app was rolled out due to the settings which I couldn’t change.” [ONS respondent]

“GP had problems prescribing after change of feed and name change.” [ONS respondent]

“I would contact my clinical team... to confirm my up-to-date ancillary list to prevent incorrect items being sent.” [ONS respondent]

4.5.3.6 Patient Burden & Emotional Impact

An element of stress, frustration, and time cost placed on patients was shown linked to system accountability.

“It is very time-consuming...”[ONS respondent]

“Spending ages trying to get through on the phone.” [ONS respondent]

*“I email my HPN company after pretty much every delivery to try to resolve the errors.”
[ONS &HPS respondent]*

“I have written to the company... they said there was nothing they could do.” [ONS respondent]

5.0 Waste from treatment

5.1 Clinical Waste

Respondents were asked if they had clinical waste because of their home nutrition support. 1.4% (n3) being unsure whilst 71.8% (n89) using HPS and 43.5% (n47) using HETF stated they had clinical waste (Figure 15).

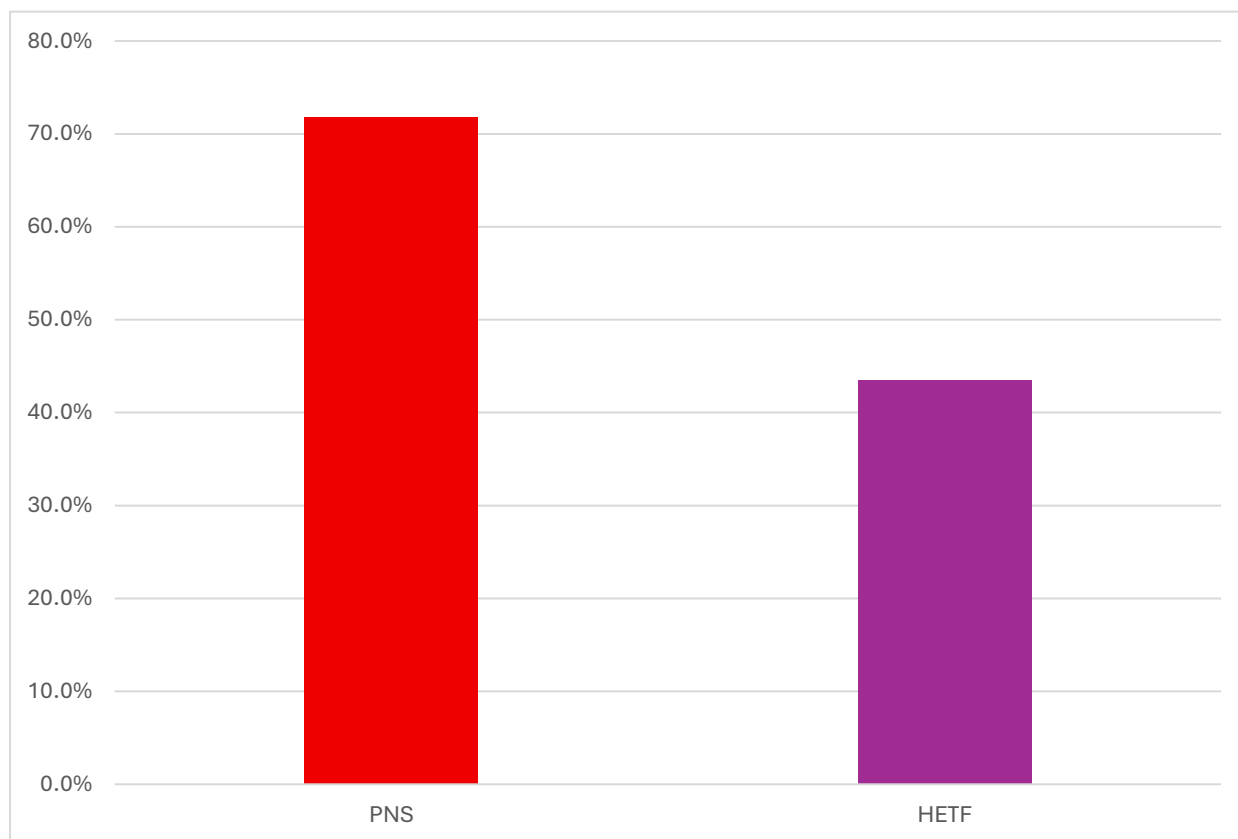


Figure 15: Respondents who stated they had clinical waste as part of their home nutrition support

5.1.1 Management of clinical waste

As shown in Table 7 & Figure 16 below, variation in practice was observed. 17.6% (n24) of individuals who stated they did have clinical waste because of their treatment, stated that they did not receive any advice about clinical waste. For those who did receive advice, the instruction was varied, 45.6% (n62) were told to place in a bag and dispose in general household waste, 14.0% (n19) were advised to place waste in council's clinical waste bags for collection, 16.2% (n22) had clinical waste disposed of by homecare company and 46.3 (n63) stated that they were advised to use sharps bins for needles and other sharps.

Table 7: What advised to disposed of clinical waste

What have you been told to do with your clinical waste? (select all the apply)	Response (Total responses 212)
No advice about clinical waste	17.6% (n24)
Place into a bag & into household waste	45.6% (n62)

Council’s clinical waste bags which they collect	14.0% (n19)
Homecare company clinical waste bags, who collect	16.2% (n22)
Needles & sharps in ‘sharps bin’	46.3% (n63)

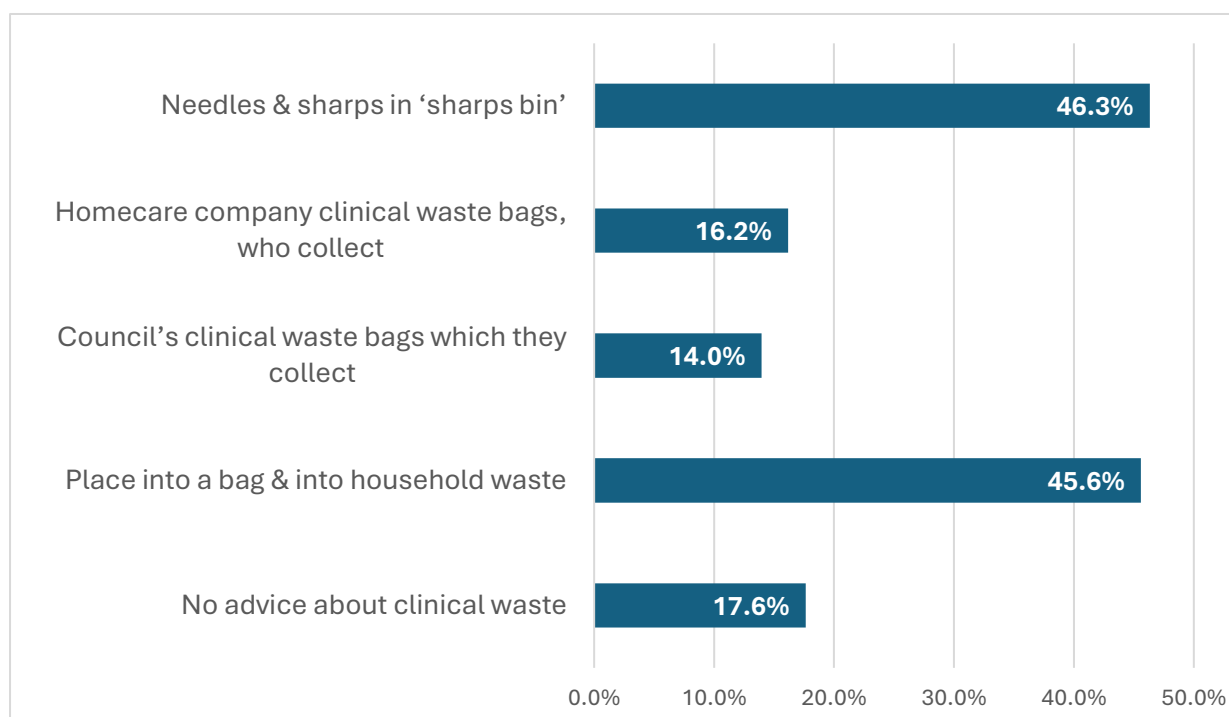


Figure 16: What advised to disposed of clinical waste

As demonstrated the results around who has and does not have clinical waste, and how to correct manage any waste is similar to the previous survey there was variation in what to do with clinical waste, and a lack of certainty generally about what constitutes clinical waste.

It is not possible to compare exactly as the survey was anonymous and it is unclear whether it was the same people who completed the survey previously. However, the variation exists and as before is an area in which work could be undertaken to support patient’s manage the clinical waste element of their treatment.

5.2 Non-clinical waste

Waste generated from HNS can be classified as non-clinical waste and therefore disposed of in a different way to clinical waste, which is often involves additional financial impact in order to be disposed of safely and efficiently.

As showcased in the previous report, there was a specific focus with non-clinical waste to reduce the overall amount and recycle as much of the waste as safe and possible.

5.2.1 Recycling and repurposing – Guidance given

Across all treatment groups, only a minority of respondents reported receiving any information or advice about recycling non-clinical waste from either healthcare professionals or homecare companies. Table 7 illustrated that regarding HPS, 17.7% (n22) and 22.6% (n28) received information about recycling from their homecare professional or homecare provide respectively.

It was found to be similarly across the other treatments also. Information regarding recycling of HETF items was 16.7% (n18) and 22.2% (n24) receiving some advice from their healthcare professional or homecare company respectively. Only a minority on ONS reported receiving information from their healthcare professional (23.8%; n10) or from their homecare company provider (33.3%; n14).

Table 8: Where any advice on recycling was received and those common recycled items

Treatment	Source of advice received		Commonly Recycled Items
	Healthcare Professionals	Homecare Provider	
HPS (n124)	17.7% (n22)	22.6% (n28)	Cardboard boxes, paper packaging, feed bottle packaging, some hard plastics (trays/pots), soft plastics
HETF (n108)	16.7% (n18)	22.2% (n24)	Feed bottles, [enteral] containers, cardboard, paper, some syringes (washed), occasional hard plastics
ONS (n42)	23.8% (n10)	33.3% (n14)	ONS bottles, cardboard, paper, some plastics depending on council rules

5.2.2 What was advised on non-clinical waste recycling & repurposing

Where advice had been given, it was usually limited to a narrow set of items (most often plastic bottles and cardboard) and was not systematically linked to all treatment types that individuals were receiving (Table 8), but it a key factor is that only a minority did receive any advice/information about recycling.

“No one has ever mentioned it to us.” [HETF & HPS respondent]

“I would like to but did not know I could.” [HPS respondent]

“I have been told you cannot do this.” [HETF respondent]

Variation was found between treatment types is discussed below.

5.2.2.1 Variation across treatments

5.2.2.1.1 Parenteral Nutrition (HPS)

Those receiving HPS, demonstrated that advice on recycling was variable regarding when and how it was given, if at all. Some found it was mentioned during training, others found information occasionally and inconsistently provider from homecare companies, but there was a distinct feeling of patients feeling unsupported in this area.

“My nurse spoke about it when teaching me. She knew what was and wasn’t recyclable.” [HPS respondent]

“I recycle soft plastics at the supermarket & cardboard at home. I’d like more info.” [HPS respondent]

“I was told that paper and plastic from flushes can go in the recycling.” (HPS respondent)

“We live in Guernsey and have a 70% recycling rate - all plastics and paper are recycled.”[HPS respondent]

“I recycle all paper and hard plastic waste. Patients should be advised about recycling.”

[HPS respondent]

5.2.2.1.2 Home Enteral Tube Feeding (HETF)

For those receiving HETF, any information received was similarly limited and found to be from either healthcare professionals or homecare company providers, with a focus on packaging.

“I was told the feed bottles could be recycled.” [HETF respondent]

“We wash out the bottles and put them in the recycling bin.” [HETF respondent]

“I asked my tube nurse, and she explained which parts were recyclable.” [HETF respondent]

“I recycle the bottles and syringes – homecare told me this was okay.” [HETF respondent]

5.2.2.1.3 Oral Nutritional Supplements (ONS)

Information was also rare for those receiving ONS, with any advised focussed on bottles.

“I recycle the [ONS] bottles – I was told they can go in the plastics bin.” [ONS respondent]

“I asked and was told the bottles are recyclable, but the foil tops are not.” [ONS respondent]

“I wash out the ONS bottles and put them in the recycling.” [ONS respondent]

5.2.3 Recycled Items (Among those who received advice/information)

Across all treatment types, the information provided fell into a few clear categories regarding what can be recycled, what cannot be recycled and what advice was given if any (Table 9).

Table 9: Recycled Items (Among Those Who Received Info)

Item	HPS	HETF	ONS
Feed bottles	✓	✓	✓
Cardboard boxes	✓	✓	✓
Paper packaging	✓	✓	✓
Hard plastic trays	✓	✓	Sometimes
Soft plastics	Sometimes	Sometimes	Rare
Syringes	Sometimes	Sometimes	Rare
Giving sets	✗	✗	N/A

Often advice/information went beyond just what can be recycled to include some further guidance. Typically, this involved extra steps for the patient to take, such as checking local council information, preparation of the items prior to disposal.

“Check your local council rules” [HETF respondent]

“Paper and cardboard can always be recycled” [HPS respondent]

“Wash bottles before recycling” [ONS respondent]

“Some plastics are recyclable but not all” [HETF respondent]

“Use household recycling where possible” [HETF respondent]

There were clear gaps in the information which if appropriately addressed could support the patient in managing the non-clinical waste from their HNS. These include:

- Providing clear and consistent information from all sources
- Written information provided, rather than verbal
- Additional training for everyone involved in the treatment
- Clear information on **all** packaging
- A standardised national approach to recycling

5.2.4. Repurposing of materials

Across all treatment types, there was a notable culture of patient- and carer-led repurposing of non-clinical items.

Respondents highlighted specific repurposing practices:

“We use plastic trays for Lego or painting/glue. We give the plastic bags to the local charity shop who use them to bag up toys.” [HETF respondent]

“I have donated out-of-date 10 ml plastic syringes to some people who used [them] as art supplies for people with additional needs and young children.” [HPS respondent]

“Yellow bags, which I do not need for PN procedure, make excellent storage, freezer and small rubbish bags.” [HPS respondent]

Common repurposing practices included:

- Gloves for cleaning, gardening, nappy changes, stoma routines
- Plastic trays and pots for children’s painting, crafts, seed trays, plant pots, household storage, or medicine pots
- Gauze, cotton wool and dressing towels for stoma care, wound care, makeup removal, eye care, or general cleaning
- Zip-lock and plastic bags for organising medical supplies, food storage, travel packing, rubbish bags, or freezer bags
- Bottles sometimes being reused for watering plants, crafts, or temporary storage

This highlights that patients are already actively seeking to reduce waste, even in the absence of formal schemes, but feel limited by safety concerns, local rules and the design of products.

5.2.5 Barriers to recycling and repurposing

5.2.5.1 Knowledge and labelling

A dominant barrier was lack of clear, trusted information about what is safe and permissible to recycle:

“I think recycling can be at times a bit confusing in terms of medical supplies.” [HPS & ONS respondent]

“I want to recycle as much as possible, and I don’t want excessive packaging... It is difficult to transport to the recycling site.” [HETF & ONS respondent]

Participants repeatedly called for better labelling on packaging (e.g. plastics symbols, explicit recycling instructions) and simple written guidance from both healthcare teams and homecare companies.

5.2.5.2 Local authority constraints

Many respondents noted that council rules varied and were sometimes restrictive, particularly regarding plastics perceived as “medical”:

“It is not permitted to recycle any of my waste locally. I have checked this several times.” [HETF respondent]

“Our recycling bins are often overflowing.” [HPS & HETF respondent]

Limited bin capacity, lack of access to recycling centres (especially for non-drivers and disabled people), and inconsistent infrastructure in flats/social housing further constrained recycling behaviours.

5.2.5.3 Effort, health and capacity

Several participants underscored that while recycling mattered to them, their physical and cognitive capacity was already stretched by managing complex home care:

“Management of home nutrition takes substantial amount of time and energy... dealing with the waste all takes up massive amounts of time and is like having another job.” [HPS respondent]

“Whilst recycling and reducing waste is very important to me... it would need to be accessible and easy and not add lots of extra steps to our already difficult and tiring routines.” [HETF respondent]

For some, sink blockages, contamination concerns, and the practicalities of washing containers also limited what they felt able to recycle.

5.2.5.4 System-driven waste and delivery inefficiencies

A powerful cross-cutting theme was that much of the waste is perceived as system-driven rather than patient-driven.

Many respondents described:

- Over-delivery of supplies, leading to unused items that must be discarded
- Wrong items or quantities, with patients told to throw them away
- Multiple deliveries for small items, often in large boxes
- A sense that homecare companies faced no real accountability for these inefficiencies

“Too much delivered results in waste... Mistakes are costly. Stop wasting money!” [HPS & HETF respondent]

“DPD splitting deliveries over the same day to 3–4 drivers... Money is being wasted sending small items in several large boxes instead of consolidating.” [HETF & ONS respondent]

“I was told that if something enters the property, they cannot take it away as it’s contaminated... what you think we need and what we really need may differ.” [HPS respondent]

Participants often linked this directly to NHS financial waste and environmental impact, and several explicitly asked whether the cost of errors is passed back to the NHS. As reported in the report on Homecare Medicines services by the House of Lords Public Services Committee (2023) highlighted that, “The NHS can pay twice – once for the homecare provider and, when that fails, to provide the service

themselves.” [10] The cost of inefficiencies ultimately is an additional burden to the NHS and ultimately the taxpayer.

5.2.5.5 Packaging

It was found that across all HNS treatments; HPS, HETF and ONS, there were repeated complaints about excessive packaging, particularly:

- Large cardboard boxes with very few items inside
- Multiple plastic bags for small products
- Pre-packed ancillary kits containing unnecessary items that go straight to waste

Patients frequently emphasised that better stock management, packaging design and delivery planning could significantly reduce non-clinical waste without compromising safety.

“The amount of boxes I receive fill half of a recycling bin, even when broken down.” [HPS respondent]

“The cardboard is insane, and it’s up to me to take it to the local tip for recycling.” [HPS respondent]

“Daily packs have items we don’t need, like orange waste bags, causing totally unnecessary waste.”

[HPS respondent]

5.2.5.6 Emotional and practical burden of waste

Respondents repeatedly described the emotional, spatial and practical burden imposed by HNS waste:

- **Physical space:** lack of storage for both supplies and accumulated waste; need for additional bins; living space dominated by boxes and packaging
- **Emotional load:** guilt about environmental impact and NHS cost; feeling like a “burden” or “wasteful”; stress and anxiety related to missed deliveries and overstock
- **Practical work:** sorting, breaking down boxes, arranging tip trips, managing bin capacity, and negotiating with councils

Statements like those below were commonly expressed:

“Due to the waste generated I now need two landfill black bins instead of one that I had before going on HNS.” [HPS respondent]

“I feel guilty having to put my excess plastics into general waste. I feel like a drain on waste and it makes me resent being a tube-fed person.” [HEFT & ONS respondent]

“It is a lot to take in... when you are faced with the continuous onslaught of rubbish it does get overwhelming in the mind and in your home.” [HPS & HETF respondent]

Importantly, many participants stressed that home nutrition already demands substantial time and energy, and that any changes to waste management must not further increase patient burden.

5.2.5.7 Patient-generated solutions and expectations

Finally, across HPS, HETF and ONS users, there were clear, constructive suggestions for improving sustainability and support:

- Clear, standardised recycling information at the start of treatment and when products change
- Better labelling on all items indicating recyclability and material type
- The manufacturer to explore collection of items difficult to recycle locally, or arrange for centralised recycling schemes
- Rationalisation of packaging and ancillaries to avoid unnecessary items
- More accurate ordering and delivery systems, with responsiveness to patient feedback
- Recognition of storage and waste burden in commissioning decisions (e.g. additional recycling capacity for households on HNS)
- Consideration for ICB/local trusts during tendering on the management of waste and recycling

Participants often framed their requests as shared responsibility, not blame, and repeatedly emphasised that they want to recycle and reduce waste, but require systems, information and infrastructure that make this realistically possible.

6.0 Discussion

This follow-up survey provides an important update on the sustainability challenges experienced by people receiving Home Nutrition Support (HNS) across the UK. Building on the 2024 PINNT–BAPEN report, the 2025 findings reinforce that sustainability in HNS is not a peripheral concern but a core component of safe, reliable, and person-centred care. Despite growing national commitments to reduce healthcare waste and carbon emissions, the experiences reported here demonstrate that progress within HNS pathways remains limited, inconsistent, and heavily dependent on individual staff rather than system-level change.

6.1 Persistent and worsening delivery challenges

Across all treatment types, respondents described ongoing – and in many cases worsening – issues with the delivery of prescribed products and ancillary items. HETF users were particularly affected, reporting erratic delivery schedules, missing or incorrect items, and repeated substitutions linked to supply chain fragility. HPS users similarly described late, split, or incomplete deliveries, with some reporting significant safety risks when essential nutrition was delayed or unavailable. ONS users experienced fewer issues overall, but still reported incorrect flavours, missing items, and damaged products.

These findings mirror the 2024 results and suggest that delivery reliability has not improved over the past year. Instead, many respondents described a deterioration in service quality, with increased administrative burden, heightened anxiety, and greater waste. The reliance on unplanned deliveries – often triggered by preventable errors – further compounds environmental and financial costs, while adding to the workload of clinical teams who are frequently drawn into resolving logistical issues.

6.2 System-driven waste remains a major concern

A striking theme across the dataset is that much of the waste generated in HNS is not patient-driven but system-driven. Over-delivery, incorrect items, unnecessary substitutions, and oversized packaging all contribute to avoidable waste. Respondents repeatedly described receiving far more supplies than needed, being unable to return unopened items, and being instructed to dispose of clinically unnecessary products in household waste. These experiences highlight inefficiencies within homecare logistics, stock management, and communication pathways.

The environmental implications are substantial. Many respondents reported needing additional household bins, making frequent trips to recycling centres, or struggling to store excess packaging in small living spaces. The emotional impact was equally significant: patients described guilt, frustration, and a sense of being overwhelmed by the volume of waste entering their homes. These findings reinforce that sustainability in HNS is inseparable from patient wellbeing and service quality.

6.3 Limited and inconsistent recycling guidance

Despite strong willingness among respondents to recycle, the majority reported receiving no formal guidance from healthcare professionals or homecare companies. Where advice was provided, it was often inconsistent, incomplete, or limited to a narrow set of items such as feed bottles or cardboard packaging. Confusion was particularly evident around syringes, giving sets, mixed-material plastics, and items perceived as “clinical” despite being non-clinical waste.

This lack of clarity contributes to unnecessary landfill disposal and places the burden of decision-making on patients, many of whom already manage complex medical routines. The findings suggest a clear need for standardised, treatment-specific recycling guidance, supported by improved labelling and collaboration with local authorities to harmonise recycling pathways.

6.4 Digital and operational systems are not meeting patient needs

The introduction of digital ordering systems was intended to streamline processes, yet many respondents described these platforms as confusing, inaccessible, or poorly integrated with stock availability. Issues included inability to report out-of-stock items, orders defaulting to “standard” quantities despite patient adjustments, and lack of communication when substitutions were made. These system failures contribute directly to waste, inefficiency, and patient distress.

The findings highlight the need for user-centred design, co-production with patients, and robust testing before implementation. Digital systems must support – not hinder – accurate ordering, communication, and stock management.

6.5 Sustainability as a patient safety and equity issue

The 2025 data reinforce that sustainability in HNS extends far beyond environmental considerations. Delivery failures, inappropriate substitutions, and inconsistent guidance all have direct implications for patient safety, particularly for those dependent on life-sustaining nutrition. The burden of managing waste, storing supplies, and navigating unreliable systems also raises issues of equity, disproportionately affecting those living in small homes, those without transport, and those with limited physical capacity. Respondents’ narratives make clear that sustainability must be understood as a whole-system responsibility, not an individual one. Patients are already doing what they can – repurposing items, recycling where possible, and adapting their routines – but meaningful progress requires coordinated action across homecare providers, clinical teams, commissioners, manufacturers, and policymakers.

6.6 Opportunities for improvement

The findings point to several actionable opportunities:

1. Standardised recycling guidance across treatment types, co-produced with patients and aligned with local authority capabilities.
2. Improved packaging design, including clearer labelling, reduced volume, and exploration of take-back or closed-loop recycling schemes.
3. Enhanced delivery accuracy, supported by better stock management, communication, and accountability mechanisms.
4. User-centred digital systems that allow for real-time stock updates, clear communication of substitutions, and accurate order adjustments.
5. Commissioning frameworks that recognise the environmental, financial, and emotional burden of waste and incentivise sustainable practice.

Cross-sector collaboration to align HNS pathways with the NHS Net Zero agenda while maintaining safety and reliability.

This follow-up survey demonstrates that sustainability challenges within HNS remain significant and, in many cases, have intensified since 2024. Patients continue to experience unreliable deliveries, inconsistent guidance, and substantial waste – much of which is avoidable. Yet the data also reveal a strong willingness among patients to contribute to more sustainable practices, provided they receive clear information and reliable support.

Addressing these challenges requires coordinated, system-level action grounded in the lived experience of those who rely on HNS every day. By integrating patient insights with operational improvements, policy alignment, and collaborative innovation, the HNS community has a clear opportunity to reduce waste, improve efficiency, and enhance the quality and safety of care.

6.7 Lived Experience of Sustainability in Home Nutrition Support

Patients repeatedly emphasised that sustainability challenges are not abstract environmental issues, but daily realities that shape safety, wellbeing, and quality of life. Their voices highlight the emotional, practical and systemic pressures created by waste, unreliable deliveries, and unclear guidance.

1. “The waste is overwhelming.”

“It gets overwhelming in the mind and in your home. The amount of rubbish from HNS is unbelievable.”

[HPS & HETF respondent]

“I now need two landfill bins instead of one. I never had this problem before starting HNS.”

[HPS respondent]

2. “We want to recycle — but no one tells us how.”

“I would like to recycle, but I didn’t know I could. No one has ever mentioned it.” [HETF respondent]

*“I try to recycle everything I can, but I’m unsure what is safe. Syringes, giving sets... nobody can tell me.”
[HPS respondent]*

3. “Most of the waste isn’t caused by us — it’s caused by the system.”

“Too much delivered results in waste. Mistakes are costly. Stop wasting money.” [HPS & HETF respondent]

“I was sent double the amount and told to throw the rest away. It feels so wrong.” [HPS respondent]

“Wrong items, missing items, damaged items... it all ends up as waste.” [HETF respondent]

4. “Delivery problems make life harder and more stressful.”

“Sometimes my feed just doesn’t show up. It’s terrifying when you rely on it to live.” [HPS respondent]

“Deliveries are more erratic now. It can take 3–4 deliveries to get everything.” [HETF respondent]

“I feel like I’m chained to the house waiting for deliveries.” [HETF respondent]

5. “We are doing our best to reduce waste ourselves.”

“I wash and reuse syringes for art groups and for watering plants.” [HPS respondent]

“We use the plastic trays for Lego and painting. The bags go to a charity shop.” [HETF respondent]

*“I recycle all the bottles and cardboard. I just wish the companies would help us do more.”
[ONS respondent]*

6. “We need clearer guidance, better communication, and systems that work.”

*“Awful communication. You only find out there’s a problem when the delivery doesn’t arrive.”
[HETF respondent]*

“The new ordering system has made everything worse. No instructions, no support.” [HETF respondent]

“I feel guilty about the waste, but I don’t have the information or the bins to do better.” [HPS respondent]

7. “Sustainability is part of safety, dignity, and quality of care.”

*“People don’t understand how much waste comes into our homes. It affects our space, our stress, our
lives.” [HPS respondent]*

“This isn’t just about recycling. It’s about being able to cope.” [HETF respondent]

7.0 Messages to stakeholders

Respondents were invited to describe what they would like healthcare professionals, homecare companies, and local commissioners to understand about the issues raised in the survey. Across all three groups, responses revealed strong, consistent themes centred on waste, delivery reliability, communication, and the burden of managing home nutrition support (Table 9).

7.1. Messages to Healthcare Professionals

Respondents emphasised that healthcare professionals often underestimate the practical, emotional, and environmental burden of home nutrition support. Many described the sheer volume of packaging and waste they must store, sort, and dispose of, often with limited space or inadequate local waste services. Several highlighted that incorrect prescriptions or delayed authorisations create significant stress, particularly for patients who are nil-by-mouth or have limited feed tolerance.

Patients also wanted them to recognise the time and energy required to manage home nutrition – including ordering, storing supplies, resolving errors, and handling waste – describing it as “like having another job.” Others stressed the need for continuity of care, empathy, and understanding of the realities of living with chronic illness(es).

A strong theme was the desire for clear, practical recycling guidance, with many noting that nurses and dietitians often provide inconsistent or no advice. A minority expressed positive experiences, noting supportive and responsive clinical teams.

7.2. Messages to Homecare Companies

Feedback to homecare companies was more direct and often more critical. The strongest message was the need to reduce waste and improve packaging efficiency. Respondents described receiving tiny items in large boxes, multiple part-empty boxes, or excessive plastic bags. Many expressed guilt about the environmental impact and frustration at the lack of recycling information.

Accuracy and reliability of deliveries were also major concerns. Patients stressed that incorrect, missing, or duplicate items create stress, waste time, and can be clinically unsafe. Several noted that repeated errors lead to multiple deliveries per month, increasing both environmental impact and patient burden.

Communication was another dominant theme. Respondents described unanswered calls, unclear updates, and being left to “work out” changes themselves. Many asked for better training of staff, clearer labelling of recyclable materials, and more proactive engagement with patients. A minority praised their homecare provider, but these were exceptions.

Table 10: Comparison of Stakeholder-Directed Messages

Healthcare Professionals	Homecare Companies	Local Commissioners
Understand the scale of waste patients must store, sort, and dispose of.	Reduce excessive packaging & send in appropriately sized boxes.	Recognise the financial cost of waste, errors, and multiple deliveries to the NHS.
Acknowledge the burden of managing HNS: ordering, storing, waste etc.	Improve delivery accuracy — errors cause stress and introduce more risk.	Hold providers accountable for repeated errors and inefficiencies.
Appreciate limited storage space in many homes, especially social housing.	Communicate clearly about stock issues, changes, and delays.	Understand the burden of waste disposal for those with limited access to facilities.
Recognise the emotional toll of failures on patient and carers.	Train staff to understand the importance of correct quantities and product types.	Support recycling schemes and accessible waste collection for medical packaging.
Provide clear recycling guidance — what can and cannot be recycled.	Provide recycling information on what can be recycled and how.	Improve joined-up working between brands, providers, and NHS teams.
Ensure prescriptions are correct and timely, especially for critical feeds.	Stop relying on patients to chase prescriptions or resolve system errors.	Recognise that feed is life-sustaining, and delivery failures can be dangerous.
Show empathy and continuity — frequent staff changes cause distress.	Listen to patient feedback and involve patients in sustainability improvements.	Be proactive when supply chain issues are identified.
Understand that patients are human beings, not numbers.	Respect patients' homes — they are not warehouses for excess stock.	Ensure commissioned services reduce burden, not add to it.

7.3. Messages to Local Commissioners

Respondents wanted commissioners to understand the system-level consequences of waste, inefficiency, and delivery failures. Many expressed concern that the cost of repeated errors, multiple deliveries, and discarded stock ultimately falls on the NHS. Several highlighted the need for greater accountability for homecare providers.

Patients also described the real-world burden of waste disposal, particularly for those living in small homes, social housing, or without access to recycling centres. Some noted that local waste infrastructure is inadequate for the volume of packaging generated by home nutrition support.

Commissioners were urged to recognise that delivery failures can be clinically dangerous, especially for patients who are nil-by-mouth or intolerant to alternative feeds. Respondents called for better joined-up working between providers, improved recycling schemes, and more responsive commissioning oversight.

A small number of respondents reported excellent service from their provider and encouraged commissioners to recognise and maintain high-performing contracts.

8.0 Conclusion

The study demonstrates that sustainability in Home Nutrition Support (HNS), including HETF, HPS and ONS remain an important and challenging area, which has been found to remain highly variable, having elements of operational fragility and at times unnecessary burdensome for patients and clinical teams.

Like the 2024 report, the findings of the 2025 update, have revealed substantial inconsistency in delivery accuracy, with the underlying drivers being shown to include supply chain instability, communication failures, courier-related problems, and administrative errors. These issues frequently resulted in missed, incorrect or excess deliveries, inappropriate substitutions, and significant packaging and product waste.

The cumulative effect of these failures is a considerable and avoidable burden placed on patients, who often spend substantial time chasing orders, resolving errors and managing waste. Clinical teams are also drawn into non-clinical problem-solving, diverting time from direct patient care. Despite isolated examples of good practice, the overall pattern reflects systemic rather than individual shortcomings.

Improving the reliability, sustainability and accountability of homecare delivery requires coordinated action across providers, commissioners and manufacturers. Strengthening supply chain resilience, enhancing communication pathways, redesigning digital ordering systems, and reducing packaging waste are essential steps toward a more efficient, patient-centred and environmentally responsible service.

Addressing these issues would not only improve patient experience and safety but also support the long-term sustainability of home nutrition support across the UK.

8.1 Patient burden

For people who rely on home nutrition support, deliveries are not simply logistical events – they are lifelines. The experiences shared in this study make clear that when deliveries are late, incomplete, incorrect or poorly communicated, the impact is felt immediately and personally. Patients are left anxious about running out of essential feed or PN, frustrated by repeated errors, and burdened with the responsibility of chasing orders, managing waste, and navigating systems that often feel unresponsive to their needs.

Despite these challenges, patients consistently demonstrate resilience, adaptability and a desire to work collaboratively with providers. What they ask for is not unreasonable: reliable deliveries, clear communication, respectful handling of supplies, and systems that recognise the realities of living with long-term nutritional support.

A patient-centred homecare service must start by listening to these voices. Improving supply chain reliability, reducing waste, strengthening communication and designing systems around real-world use are

not just operational goals – they are essential steps toward dignity, safety and peace of mind for the people who depend on these services every day.

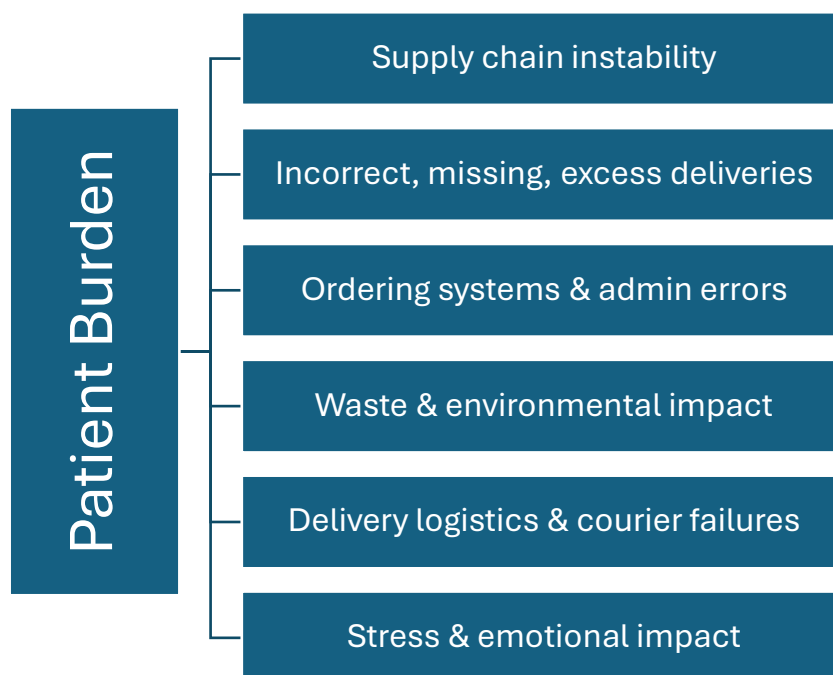


Figure 17: Illustration of factors contributing to patient burden

8.2 What Happens Next?

These findings show that respondents continue to wish to be part of making HNS more sustainable, but that clearer guidance and more reliable deliveries are needed for this to happen. Specifically, it is shown that there is a need for:

- **Communication:** Clearer and improved communication across all levels of the service, with consistent and practical information on appropriate waste disposal and stock management in order to reduce unnecessary waste, both in terms of physical waste and wasted resources.
- **Coordination:** Effective and coordinated research involving all stakeholders, including patient to understand how incorrect deliveries impact costs and sustainability for the NHS and where the key areas of focus should be initially to start the process.
- **Collaboration:** Creating a collaborative approach with patient, suppliers, and healthcare teams into the problem and at every discussion in order to really make home nutrition support more efficient and environmentally friendly.

8.3 Overall message

The 2025 update survey shows:

- Sustainability problems in HNS are still widespread
- Volume of waste is significant on a physical and resource level, often caused by system failures

- Delivery reliability has not improved
- Communication remains a major issue
- Patients want to recycle but need clear guidance
- Many problems could be fixed through better coordination

Sustainability in HNS is not just about the environment - it affects patient safety, wellbeing and fairness.

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Appendix

1.0 Survey: Explore clinical and non-clinical waste from home nutritional care

Why are we doing this survey?

This is a follow up to the survey completed in 2024, which is aimed at reviewing how nutritional care can be delivered sustainably.

The voice of those in receipt of home nutrition support (HNS) is vital and so important and the responses from 2024 are already starting to make a contribution to this topic.

PINNT would like to understand more about waste, recycling and repurposing of nutritional products and ancillary items/plastics in the home setting. This is the first step in working towards a more sustainable model for nutritional treatment at home.

Who can take part?

Any adult needing home enteral tube feeding (HETF), home parenteral support (HPS) or prescribed oral nutritional supplements (ONS) at home. Home parenteral support (HPS) is an umbrella term including parenteral nutrition and intravenous fluids. Carers of adults or children needing any of these types of nutritional care can also take part.

How long will the survey take?

The survey mainly has tick box answers. It should not take longer than 15-20 minutes to complete. It may take longer if you choose to tell us more about your experiences. We would welcome this.

What will we do with your data?

The survey is anonymous. That means we do not know your name or have any personal details about you which could identify you. We will analyse the anonymous data from the survey to find answers to our questions. We will produce a report for PINNT. We may also share the results of the survey on future work on this topic. You may recognise quotes from information you write. Quotes will all be anonymous but may have a pseudonym (made up name).

Can I withdraw my answers once I have submitted them?

The survey is anonymous. Therefore, it will not be possible to withdraw your responses once you have submitted your survey.

How will PINNT store your survey data?

PINNT is GDPR compliant. Data will be stored anonymously in a central database. This data may be accessed for the purposes of future work by PINNT Executive.

Please feel free to share this link with others receiving home artificial nutritional care in the UK. Thank you for your time.

About PINNT: PINNT is a Charitable Incorporated Organisation (CIO) working to support individuals, their family and friends on Home Artificial Nutrition. As part of their work, they collaborate with healthcare professionals, industry, policy makers and individuals receiving these types of support to educate, provide information and raise awareness.

1. I have read the information above and give consent to take part in the survey

I confirm

2. I am aged 18 years or older.

I confirm

3. Did you take part in the PINNT "Exploring waste from home nutritional support 2024" survey?

Yes

No

Unsure

Change since 2024

*** 4. If you took part in the 2024 survey or are not sure if you did, have you seen any changes - good or bad, in terms of the way the supplies are packed or delivered?**

Please list as many as you wish to share. This is referring to changes from 2024 to 2025.

Terminology

- Please read through this so you are clear of specific terminology used throughout.
- There are many terms used in the field of home nutrition support (HNS) and some of these are used throughout the survey.
- We have endeavoured to try and minimise the use of overly medical/technical terms, and therefore standardised terms which are used. We are aware that individuals completing this survey are likely to use slight different terms for their home nutrition support, so this page can help to guide us in to understanding what is being talked about in the survey.
- You will be able to come back to this page as you work through the survey (*simply click on the back button, until you arrive here [page 2]*).

Home nutrition support (HNS) - *In the context of this survey this is the collective term for the provision of treatment intended to support an individual's nutritional status via an **artificial nutritional source at home**. This includes nutrition supplied directly into the bloodstream (often called parenteral nutrition), or into the digestive system (often called enteral nutrition).*

Home parenteral support (HPS) - *in the survey this refers to the nutrition and hydration support provided to an individual at home via their bloodstream. This is sometimes called "home parenteral nutrition" (HPN), "total parenteral nutrition" (TPN), "parenteral nutrition" (PN), "parenteral support" (PS), "intravenous feed or intravenous fluids". This also includes the provision of micronutrients, such as magnesium when given via the bloodstream at home.*

Home enteral tube feeding (HETF) - *in the survey this refers to the nutrition and hydration support provided to an individual at home directly into their digestive system (stomach or intestine), bypassing the mouth. This is sometimes referred to as "home enteral nutrition", "enteral nutrition" (EN), "tube feeding", "PEG or PEJ or JEJ feeding", or "NG or NJ feeding".*

Oral nutritional supplements (ONS) - *in the survey ONS is referring to the nutrition and hydration support provided to an individual in a nutritionally fortified drink. Various products are available, in a variety of styles, but are typically a drink intended to boost the nutritional intake of an individual to meet their needs. These are often taken orally (by mouth) but can also be taken via use of a home enteral tube.*

Parenteral nutrition company - *this refers to the company which makes and delivers the parenteral nutrition to the individual at home. They are sometimes referred to as a "Homecare company" or by their specific Brand names. Please note that whilst you may include the company name in your answers and information, this will be replaced by [homecare company] during publication of the results.*

Enteral nutrition company - *this refers to the company which makes and delivers the enteral nutrition &/or oral nutritional supplements to the individual at home. They are sometimes referred to as a 'Homecare company' or by their specific Brand names. Please note that whilst you may include the company name in your answers and information, this will be replaced by [homecare company] during publication of the results.*

Local pharmacy - *this refers to the regular pharmacy in your local neighbourhood, sometimes called a "chemist", or this may be an online pharmacy who deliver your items. This is different from your parenteral or enteral nutrition company (Homecare company) as they will provide other medicines on a standard prescription.*

Clinical waste - *this refers to waste of items contaminated with body fluids. This includes dressings and bandages, Personal protective equipment (PPE), needles and sharps, and hazardous items such as medicine.*

Non-clinical waste - *this refers to waste which **does not** fall into the category of clinical waste above.*

Prescribed products - *in this survey this term is referring to the specific nutritional product which is provided. Sometimes referred to as "feed", "parenteral nutrition", "enteral nutrition", or "supplements".*

Ancillary items - *in this survey this term refers to the materials provided which facilitate your administration and management of your home nutritional support. This includes items such as dressings, gloves, giving sets, syringes, etc.*

About You

5. Are you the person receiving home nutrition support or a carer/family member/friend of a person receiving home nutrition support?

- Person receiving home nutrition support
- Carer / family member / friend

6. How old is the person receiving home nutrition support (HNS)?

7. Which part of the United Kingdom does the person receiving home nutrition support live in?

- Scotland
- Wales
- Northern Ireland
- Greater London
- North West of England
- North East of England
- Yorkshire
- East Midland
- West Midlands
- East Anglia/East of England
- South West of England
- South East of England

Home nutrition support (HNS)

8. Which of the following are you/they receiving? (Please select only ONE)

- Home parenteral support (HPS) **ONLY**

- Home parenteral support (HPS) **AND** Home enteral tube feeding (HETF)
- Home parenteral support (HPS) **AND** Oral nutritional supplements (ONS)
- Home parenteral support (HPS) **AND** Home enteral tube feeding (HETF) **AND** Oral nutritional supplements (ONS)
- Home enteral tube feeding (HETF) **ONLY**
- Home enteral tube feeding (HETF) **AND** Oral nutritional supplements (ONS)
- Oral nutritional supplements (ONS) **ONLY**

Delivery of home parenteral support (HPS) items

This page is for those receiving home parenteral support (HPS) exclusively.

9. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support feed/fluids (prescribed products)?

- Yes
- No, please tell us more in the box below

10. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support ancillary items (giving sets, dressing etc.)?

- Yes
- No - please tell us more in the box below

Delivery of home parenteral support (HPS) and home enteral tube feeding (HETF) items.

This page is for those receiving home parenteral support (HPS) AND home enteral tube feeding (HETF)

11. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support feed/fluids (prescribed products)?

- Yes
- No - please tell us more in the box below

12. Do you use home parenteral nutrition company (Homecare) to deliver home parenteral support ancillary items (giving sets, dressing etc.)?

- Yes
- No - please tell us more in the box below

13. Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HEFT) prescribed products?

- Yes

- No - please tell us more in the box below

14. Do you use a home enteral nutrition company (Homecare) to deliver enteral nutrition ancillary items (giving sets, etc.)?

- Yes
 No - please tell us more in the box below

Delivery of home parenteral support (HPS) and oral nutritional supplements (ONS) items

This page is for those receiving home parenteral support (HPS) AND oral nutritional supplements (ONS)

15. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support feed/fluids (prescribed products)?

- Yes
 No - please tell us more in the box below

16. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support ancillary items (giving sets, dressing etc.)?

- Yes
 No - please tell us more in the box below.

17. Do you use a home enteral nutrition company (Homecare) to deliver your oral nutritional supplements (ONS) prescribed products?

- Yes
 No - collect from local pharmacy
 No - delivered from local pharmacy
 Other - please tell us more in the box below

Delivery of home parenteral support (HPS), home enteral tube feeding (HEFT) & oral nutritional supplement (ONS) items

This page is for those who are receiving home parenteral support (HPS) and home enteral tube feeding (HETF) and oral nutritional supplements (ONS)

18. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support feed/fluids (prescribed products)?

- Yes
 No - please tell us more in the box below

19. Do you use a home parenteral nutrition company (Homecare) to deliver home parenteral support ancillary items (giving sets, dressing etc.)?

- Yes
- No - please tell us more in the box below

20. Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HETF) prescribed products?

- Yes
- No - please tell us more in the box below

21. Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HEFT) ancillary items (giving sets, etc.)?

- Yes
- No - please tell us more in the box below

22. Do you use a home enteral nutrition company (Homecare) to deliver your oral nutritional supplements (ONS) prescribed products?

- Yes
- No – collected from local pharmacy
- No - delivered from local pharmacy
- Other - please tell us more in the box below

Delivery of home enteral tube feeding (HEFT) items

This page is for those receiving home enteral tube feeding (HETF) exclusively.

23. Do you use a home enteral nutrition company (Homecare) to deliver your home enteral tube feeding prescribed products?

- Yes
- No - please tell us more in the box below

Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HEFT) ancillary items (giving sets, dressing etc.)?

- Yes
- No - please tell us more in the box below

Delivery of home enteral tube feeding (HETF) and oral nutritional supplement (ONS) items

The page is for those receiving home enteral tube feeding (HETF) AND oral nutritional supplements (ONS)

25. Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HEFT) prescribed products?

- Yes
- Other - please tell us more in the box below

26. Do you use a home enteral nutrition company (Homecare) to deliver home enteral tube feeding (HEFT) ancillary items (giving sets, dressing etc.)?

- Yes
- No - please tell us more in the box below

27. Do you use a home enteral nutrition company (Homecare) to deliver oral nutritional supplements (ONS) prescribed products?

- Yes
- No – delivered by a local pharmacy
- No – collected from local pharmacy
- Other - please tell us more in the box below

Delivery of oral nutritional supplements (ONS) items

This page is for those receiving oral nutritional supplements exclusively.

28. Do you use a home enteral nutrition company (Homecare) to deliver oral nutritional supplements (ONS) prescribed products?

- Yes
- No – delivered by a local pharmacy
- No – collected from local pharmacy
- No - please tell us more in the box below

Delivery of home parenteral support (HPS), home enteral tube feeding, oral nutritional supplements and ancillary items

- We are interested in learning about your experiences of deliveries during the last 3 months of April, May, June 2025.
- In this section all Home Nutrition Support (HNS) are mentioned, so if you **do not use** the type of support mentioned in that specific question, then please click the "Not Applicable" option for the question and move to the next one.
- Nutritional products mean any oral nutritional supplements, enteral feed or parenteral feed (including intravenous fluids, such as saline).

- Ancillary items mean any items you need to be able to give your nutritional care, such as giving sets, gloves, syringes.
- Planned delivery is your usual delivery. This may be weekly, every two weeks or monthly.

Parenteral Nutrition (HPS)

29. Over the past 3 months was the correct amount of home parenteral support (HPS) sent in your planned deliveries?

- Not applicable** - I don't have home parenteral support (HPS)
- Every** delivery was correct
- Most** of the deliveries
- Some** of the deliveries
- None** of the deliveries

30. If you encountered a problem, could you explain what the issue was and briefly what happened?

31. If there was a problem in the past 3 months, what was the problem for your home parenteral support (HPS)? (Please select all that apply, if you have this treatment, but had no problems, select "Every delivery was correct")

- Not applicable** - I don't have home parenteral support (HPS)
- Every delivery was correct
- Replacement parenteral nutrition was delivered due to supply problems
- Wrong parenteral nutrition was delivered
- Wrong size bottles or bags were sent
- Too much parenteral nutrition was sent
- Not enough parenteral nutrition was sent
- Damaged Parenteral nutrition bags were received
- Other - please tell us more in the box below

*** 32. Over the past 3 months, were the correct home parenteral support (HPS) ancillary items sent in your planned deliveries?**

- Not applicable** - I don't have home parenteral support
- Every** delivery was correct
- Most** of the deliveries
- Some** of the deliveries
- None** of the deliveries

33. If you encountered a problem, could you explain what the issue was and briefly what happened?

*** 34. If there was a problem in the past 3 months, what was the problem for your enteral feed? (Please select all that apply - If you receive this treatment and there were no problems, select "Every delivery was correct")**

- Not applicable** - I don't have home enteral tube feeding (HETF)
- Every delivery was correct
- Replacement enteral feed was delivered due to supply problems
- Wrong enteral feed was delivered
- Wrong size bottles or bags were sent
- Too much enteral feed was sent
- Not enough enteral feed was sent
- Damaged enteral feed bottles or bags
- Other - please tell us more in the box below

*** 35. Over the past 3 months was the correct amount of enteral feed sent in your planned deliveries?**

- Not applicable** - I don't have home enteral tube feeding (HETF)
- Every** delivery was correct
- Most** of the deliveries
- Some** of the deliveries
- None** of the deliveries

36. Please feel free to tell us more about this:

*** 37. Over the past 3 months, were you sent the correct home enteral tube feeding ancillary items/plastic in your planned deliveries?**

- Not applicable** - I don't have home enteral tube feeding (HETF)
- Every** delivery
- Most** of the deliveries
- Some** of the deliveries
- None** of the deliveries

38. If you encountered a problem, could you explain what the issue was and briefly what happened?

*** 39. Over the past 3 months, were you sent the correct amount and type of oral nutritional supplements? (Please select all that apply)**

- Not applicable** - I don't have oral nutritional supplements
- Every delivery was correct
- The wrong flavours of oral nutritional supplements

- The wrong type of oral nutritional supplements
- Replacement of oral nutritional supplements sent due to supply problems
- Missing oral nutritional supplements which have not been replaced
- Damaged bottles or sachets
- Other - please tell us more in the box below.

40. If you encountered a problem, could you explain what the issue was and briefly what happened?

Solving delivery issues (all types of home nutrition support; HNS)

In this section we are discussing all types of treatment in general, so all the questions will apply if you had deliveries of any home nutrition support.

All home nutrition support (HPS, HEFT, ONS)

*** 41. What did you do about any problems with deliveries? (Please select all that apply)**

- Spoke to or emailed the company
- Spoke to or emailed the local pharmacy
- Spoke to or emailed my clinical team
- Ignored it
- Not applicable
- I did not have any problems Other (please specify)

42. Please feel free to tell us more about this:

43. Over the past 3 months, did you have unplanned deliveries because of incorrect or damaged feed/fluid or oral nutritional supplements?

- Yes
- No
- Unsure
- Not applicable

44. Please feel free to tell us more about this:

*** 45. Over the past 3 months, did you have unplanned deliveries because of incorrect or damaged ancillary items? (Please select *all that apply*)**

- Yes
- No
- Unsure
- Not applicable

46. Please feel free to tell us more about this:

*** 47. What were you advised to do with any incorrect or damaged ancillary items, parenteral and enteral feed, oral nutritional supplements? (Please select all that apply)**

- Not applicable
- No damaged or incorrect items
- Advised to put into household waste
- Collected by home enteral tube feeding company (Homecare)
- Collected by home parenteral support company (Homecare)
- No advice given so put into household waste
- Other advice given, please tell us more in the box below
- Other - please tell us more in the box below

48. Please feel free to tell us more about any of your experiences on this topic.

If you sought advice/support for your issues, on a scale below how effective was what you received?

- Not helpful at all
- Temporary fix – but likely to reoccur
- Very helpful, issue resolves

49. Please feel free to tell us more about this

Clinical waste

Clinical waste means items contaminated with body fluids. This includes dressings and bandages, PPE, needles and sharps, and hazardous items such as medicine.

All home nutrition support (HPS, HEFT, ONS)

*** 51. As part of your nutritional care do you have clinical waste?**

Please select an option for all treatment types (if you do not have that treatment just select N/A)

- N/A – I don't have this treatment.
- Yes
- No
- Don't Know

52. Please feel free to tell us more

*** 53. What have you been told to do with clinical waste? (Please select all that apply)**

- I don't have clinical waste

- No advice about clinical waste disposal
- Place into a bag and put into my household waste
- I use the council's clinical waste bags which they collect
- I use clinical waste bags from homecare companies, who then collect
- Put needles and sharps in a 'sharps bin'
- Other - Please tell us more

54. Is there anything you would like to tell us about your clinical waste (if you have any) which you have not mentioned?

Recycling non-clinical waste from home nutrition support (HNS)

To ensure we provide the correct questions and reduce the number of questions you will be asked, please select again your method of home nutrition support.

55. Which of the following are you/they receiving? (Please select only ONE)

- Home parenteral support (HPS) **ONLY**
- Home parenteral support (HPS) **AND** Home enteral tube feeding (HETF)
- Home parenteral support (HPS) **AND** Oral nutritional supplements (ONS)
- Home parenteral support (HPS) **AND** Home enteral tube feeding (HETF) **AND** Oral nutritional supplements (ONS)
- Home enteral tube feeding (HETF) **ONLY**
- Home enteral tube feeding (HETF) **AND** Oral nutritional supplements (ONS)
- Oral nutritional supplements (ONS) **ONLY**

Recycling of non-clinical waste from home nutrition support (HNS) – PNS only

56. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

57. Has your homecare company provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

*** 58. Do you recycle any of the non-clinical waste from parenteral nutritional support (HPS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

59. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 60. Do you repurpose (use for another reason) any of your items from this treatment (HPS)?**

- Yes
- No

*** 61. Please tell us more about repurposing (using for another purpose) of items.**

Recycling of non-clinical waste from home nutrition support (HNS) – HPS and HEFT

First, we will look at your home parenteral support ONLY.

62. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

63. Has your homecare company provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

*** 64. Do you recycle any of the non-clinical waste from home parenteral support (HPS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could

- I would like to but been told you cannot do this
- Other - please tell us more in the box below

65. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 66. Do you repurpose (use for another reason) any of your items from your home parenteral support (HPS)?**

- Yes
- No

*** 67. Please tell us more about repurposing (using for another purpose) of items.**

Now, we will look at your home enteral tube feeding (HETF) ONLY

*** 68. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home enteral tube feeding (HETF)?**

- Yes
- No
- Unsure (please specify)

69. Has your homecare company provided information or talked to you about recycling non-clinical waste for home enteral tube feeding (HETF)?

- Yes
- No
- Unsure (please specify)

*** 70. Do you recycle any of the non-clinical waste from home enteral tube feeding (HETF)? *(Please select all that apply)***

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

71. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 72. Do you repurpose (use for another reason) any of your items from your home enteral tube feeding (HETF)?**

- Yes
- No

*** 73. Please tell us more about repurposing (using for another purpose) of items.**

Recycling of non-clinical waste from home nutrition support (HNS) – HPS and ONS

First, we will look at your home parenteral support ONLY.

*** 74. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?**

- Yes
- No
- Unsure (please specify)

75. Has your homecare company provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

*** 76. Do you recycle any of the non-clinical waste from home parenteral support (HPS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

77. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 78. Do you repurpose (use for another reason) any of your items from your home parenteral support (HPS)?**

- Yes
- No

*** 79. Please tell us more about repurposing (using for another purpose) of items.**

Now, we will look at your oral nutritional supplements (ONS) ONLY

*** 80. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for oral nutritional supplements (ONS)?**

- Yes
- No
- Unsure (please specify)

81. Has your homecare company provided information or talked to you about recycling non-clinical waste for oral nutritional supplements (ONS)?

- Yes
- No
- Unsure (please specify)

*** 82. Do you recycle any of the non-clinical waste from oral nutritional supplements (ONS)? *(Please select all that apply)***

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

83. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 84. Do you repurpose (use for another reason) any of your items from your oral nutritional supplements (ONS)?**

- Yes
- No

*** 85. Please tell us more about repurposing (using for another purpose) of items.**

Recycling of non-clinical waste from home nutrition support (HNS) – PNS, HEFT and ONS

First, we will look at your home parenteral support ONLY

*** 86. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?**

- Yes
- No
- Unsure (please specify)

87. Has your homecare company provided information or talked to you about recycling non-clinical waste for home parenteral support (HPS)?

- Yes
- No
- Unsure (please specify)

*** 88. Do you recycle any of the non-clinical waste from parenteral nutritional support (HPS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

89. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 90. Do you repurpose (use for another reason) any of your items from your home parenteral support (HPS)?**

- Yes
- No

*** 91. Please tell us more about repurposing (using for another purpose) of items.**

Now, we will look at your home enteral tube feeding (HETF) ONLY

*** 92. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for home enteral tube feeding (HETF)?**

- Yes
- No
- Unsure (please specify)

Has your homecare company provided information or talked to you about recycling non-clinical waste for home enteral tube feeding (HETF)?

- Yes
- No
- Unsure (please specify)

If you do recycle some items, please tell us what items you recycle and how you do this.

* 95. Do you recycle any of the non-clinical waste from home enteral tube feeding (HETF)? (Please select all that apply)

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

* 96. Do you repurpose (use for another reason) any of your items from your home enteral tube feeding (HETF)?

- Yes
- No

* 97. Please tell us more about repurposing (using for another purpose) of items.

Finally, we will look at your oral nutritional supplements (ONS) ONLY

* 98. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for oral nutritional supplements (ONS)?

- Yes
- No
- Unsure (please specify)

99. Has your homecare company provided information or talked to you about recycling non-clinical waste for oral nutritional supplements (ONS)?

- Yes
- No
- Unsure (please specify)

100. Which items do you recycle?

* 101. Do you repurpose (use for another reason) any of your items from your oral nutritional supplements (ONS)?

- Yes
- No

* 102. Please tell us more about repurposing (using for another purpose) of items.

Recycling of non-clinical waste from home nutrition support (HNS) – HEFT only

*** 103. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for your home enteral tube feeding (HETF)?**

- Yes
- No
- Unsure (please specify)

104. Has your homecare company provided information or talked to you about recycling non-clinical waste for home enteral tube feeding (HETF)?

- Yes
- No
- Unsure (please specify)

*** 105. Do you recycle any of the non-clinical waste from home enteral tube feeding (HETF)? *(Please select all that apply)***

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

106. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 107. Do you repurpose (use for another reason) any of your items from home enteral tube feeding (HETF)?**

- Yes
- No

*** 108. Please tell us more about repurposing (using for another purpose) of items.**

Recycling of non-clinical waste from home nutrition support (HNS) – HETF and ONS

First, we will look at your home enteral tube feeding ONLY.

*** 109. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for your home enteral tube feeding (HETF)?**

- Yes

- No
- Unsure (please specify)

110. Has your homecare company provided information or talked to you about recycling non-clinical waste for your home enteral tube feeding (HETF)?

- Yes
- No
- Unsure (please specify)

*** 111. Do you recycle any of the non-clinical waste from home enteral tube feeding (HETF)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

112. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 113. Do you repurpose (use for another reason) any of your items from home enteral tube feeding (HETF)?**

- Yes
- No

*** 114. Please tell us more about repurposing (using for another purpose) of items.**

Now, we will look at your oral nutritional supplements (ONS) ONLY

*** 115. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for your oral nutritional supplements (ONS)?**

- Yes
- No
- Unsure (please specify)

116. Has your homecare company provided information or talked to you about recycling non-clinical waste for your oral nutritional supplements (ONS)?

- Yes
- No

Unsure (please specify)

*** 117. Do you recycle any of the non-clinical waste from oral nutritional supplements (ONS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could
- I would like to but been told you cannot do this
- Other - please tell us more in the box below

118. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 119. Do you repurpose (use for another reason) any of your items from your oral nutritional supplements (ONS)?**

- Yes
- No

Recycling of non-clinical waste from home nutrition support (HNS) – ONS

*** 120. Has your healthcare professional provided information or talked to you about recycling non-clinical waste for your oral nutritional supplements (ONS)?**

- Yes
- No
- Unsure (please specify)

121. Has your homecare company provided information or talked to you about recycling non-clinical waste for your oral nutritional supplements (ONS)?

- Yes
- No
- Unsure (please specify)

*** 122. Do you recycle any of the non-clinical waste from oral nutritional supplements (ONS)? (Please select all that apply)**

- Yes
- Sometimes
- No
- I would like to but did not know I could

- I would like to but been told you cannot do this
- Other - please tell us more in the box below

123. If you do recycle some items, please tell us what items you recycle and how you do this.

*** 124. Do you repurpose (use for another reason) any of your items (from this treatment)?**

- Yes
- No

*** 125. Please tell us more about repurposing (using for another purpose) of items for your oral nutritional supplements (ONS)?**

Your thoughts really do matter: Regarding All Home Nutrition Support (HPS, HETF, ONS)

126. If there is anything which you would like to tell us which you have not had the opportunity to throughout the survey, please enter it in the box below.

127. What would you like, the healthcare professionals involved in your home nutrition support to understand the topics discussed in the survey?

128. What would you like the homecare companies involved in your home nutrition support to understand about the topics discussed in the survey?

129. What would you like the local commissioners (those who fund the provision of the home nutrition support) to understand about the topics discussed in the survey?

130. Could you provide a short sentence which showcases the impact of unnecessary waste from home nutrition support (HNS) which we can use with relevant organisations?

If you are happy to be contacted by us in the future about the survey, please include your details below.

Thank you!

A big thank you for taking the time to complete the survey.

Your responses will be submitted once you click "Done" at the bottom of the page.



Exploring clinical and non-clinical waste from home nutritional care

PINNT Update Survey 2025

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