

More detailed information to be shown on the JLA website for the questions discussed at the final workshop.

PSP Name	Total number of verified uncertainties identified by the PSP	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community)	Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here)	Date of the priority setting workshop	Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate)	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)
Nutritional Screening and Malnutrition PSP	81		How can early intervention be initiated in vulnerable groups to help prevent malnutrition?	07-Jun-19	1	Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).
Nutritional Screening and Malnutrition PSP	81		What is the best way to carry out screening in the community for effective identification of malnutrition	07-Jun-19	2	Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings
Nutritional Screening and Malnutrition PSP	81		Are people/patients aware of malnutrition, do they know how to prevent it and do they think screening for malnutrition is important?	07-Jun-19	3	Elia M, and Wheatley, C. Nutritional care and the patient voice: Are we being listened to? BAPEN. 2014
Nutritional Screening and Malnutrition PSP	81		Should multi agency working be implemented across all care settings to ensure standardised identification and treatment of malnutrition?	07-Jun-19	4	Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.
Nutritional Screening and Malnutrition PSP	81		How useful are nutritional supplements, are there alternatives and should independent research into supplements be carried out, rather than research lead by pharmaceutical companies?	07-Jun-19	5	Baldwin C, Weekes CE. Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults. Cochrane Database of Systematic Reviews. 2011:N.PAG-N.PAG.
Nutritional Screening and Malnutrition PSP	81		Is it appropriate and accurate to use standard BMI ranges to diagnose malnutrition in elderly people, dementia patients, bed-bound patients and patients with fluid imbalances?	07-Jun-19	6	Green SM, Watson R. Nutritional screening and assessment tools for older adults: literature review. Journal of Advanced Nursing. 2006;54(4):477-90.
Nutritional Screening and Malnutrition PSP	81		What other types of community support could be used to prevent malnutrition? E.g. - surplus from supermarkets and restaurants	07-Jun-19	7	Visser J, McLachlan M, Maayan N, et al. [Overview of Reviews]Community-based supplementary feeding for food insecure,vulnerable and malnourished populations - an overview ofsystematic reviews. 2018 Cochrane Library.
Nutritional Screening and Malnutrition PSP	81		Is there evidence that treating malnutrition in the community would lower hospital admissions and length of stay?	07-Jun-19	8	Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).
Nutritional Screening and Malnutrition PSP	81		Can technology and electronic records be used to record and improve nutritional treatments and to convey nutritional advice?	07-Jun-19	9	trtovac D, Lee J. The Use of Technology in Identifying Hospital Malnutrition: Scoping Review. 2018. JMIR Medical Informatics

Nutritional Screening and Malnutrition PSP	81	Should treatment be geared to specific disease states and patient groups (e.g. high fat diets can be inappropriate in cardiovascular disease)?		07-Jun-19	10	Baldwin C, Weekes CE. Dietary advice with or without oral nutritional supplements for disease-related malnutrition in
Nutritional Screening and Malnutrition PSP	81	Does social interaction, the use of volunteers and more sociable mealtimes in hospitals improve patient's food intake?		07-Jun-19	11	Whitelock G, Aromataris E. Effectiveness of mealtime interventions to improve nutritional intake of adult
Nutritional Screening and Malnutrition PSP	81	Would viewing malnutrition as more of a medical condition help with prevention?		07-Jun-19	12	NICE. Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition. In: [CG32] NG, editor. Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition. National Institute for H
Nutritional Screening and Malnutrition PSP	81	How beneficial is the food first approach (meeting dietary needs through ordinary foods & fluids), is it used often enough, does it need promoting more & what advice should the food first message convey?		07-Jun-19	13	Kimber K, Gibbs M, Weekes CE, Baldwin C. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults: a systematic review of nonrandomised studies. Journal of Human Nutrition & Dietetics. 2015;28(6):517-45.
Nutritional Screening and Malnutrition PSP	81	Is malnutrition getting worse over time and is this related to poverty and affordability?		07-Jun-19	14	Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. 2015.
Nutritional Screening and Malnutrition PSP	81	How can we help, treat and support those with mental health issues, or dementia, or those who refuse to eat, and how does their mental wellbeing impact on nutritional status?		07-Jun-19	15	Jackson J, Currie K, Graham C, Robb Y. The effectiveness of interventions to reduce undernutrition and promote eating in older adults with dementia: A systematic review. JBI Database of Systematic Reviews and
Nutritional Screening and Malnutrition PSP	81	Is dietitian led treatment more effective in terms of outcomes and should their input increase?		07-Jun-19	16	Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.
Nutritional Screening and Malnutrition PSP	81	Are nutrition telephone consultations with patients as effective as home visits?		07-Jun-19	17	Wright S, Jones D, Eden M. What are colorectal cancer survivors' preferences for dietary advice? A best-worst discrete choice experiment. 2017. Journal of cancer survivorship
Nutritional Screening and Malnutrition PSP	81	What is the extent of malnutrition in deprived/low income/hard to reach groups and what is the best way to provide them with nutritional support, education and good quality food?		07-Jun-19	18	Attree P. Low-income mothers, nutrition and health: a systematic review of qualitative evidence. 2005. Maternal and child nutrition
Nutritional Screening and Malnutrition PSP	81	What is the standard practice after malnutrition has been identified and is this carried out routinely and effectively?		07-Jun-19	19	Elia M. The 'MUST' Report. Nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults. http://www.bapen.org.uk/screeing-and-must/must/must-report/the-must-re

Nutritional Screening and Malnutrition PSP	81	How to decide if more invasive treatment is required and if certain patients should be prioritised over others?		07-Jun-19	20	Hanlon P, Nicholl BI, Jani BD, Lee D, McQueenie R, Mair FS. Frailty and pre-frailty in middle-aged and older adults and its association with multimorbidity and mortality: a prospective analysis of 493 737 UK Biobank participants. Lancet Public Health. 201
Nutritional Screening and Malnutrition PSP	81	Can good nutrition, nutritional support and nutritional intervention lead to health improvements and decreased length of stay in hospital?		07-Jun-19	21	Correia MITD, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. Clin Nutr. 2003;22(3):235-9.
Nutritional Screening and Malnutrition PSP	81	Has the ongoing public health campaign against obesity caused confusion and encouraged disordered eating and can we help people who are struggling with changes in eating behaviour?		07-Jun-19	22	Vanderkroft D, Collins CE, FitzGerald M, Lewis S, Neve M, Capra S. Minimising undernutrition in the older inpatient. JBI Database of Systematic Reviews and Implementation Reports. 2007;5(3):1-96.
Nutritional Screening and Malnutrition PSP	81	What is the best healthy eating advice and how should this be communicated to patients at home and people at home who may be at risk of malnutrition?		07-Jun-19	23	Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally
Nutritional Screening and Malnutrition PSP	81	Is decreased appetite in the elderly down to the aging process?		07-Jun-19	24	Jackson J, Currie K, Graham C, Robb Y. The effectiveness of interventions to reduce
Nutritional Screening and Malnutrition PSP	81	What are the views of health care provider, local authority and commissioners on malnutrition? - Are they aware of cutbacks and can commissioners be more engaged to provide quality assurance (cquin)?		07-Jun-19	25	Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. 2015.
Nutritional Screening and Malnutrition PSP	81	How accurate and valid are current nutritional screening tools?		07-Jun-19	26	Russell CA, Elia M, on behalf of BAPEN and collaborators. Nutrition screening survey in

Data management spreadsheet for use by Priority Setting Partnerships for all questions received. Spreadsheet to be published on the JLA website at www.jla.nihr.ac.uk on completion of the PSP.

ID	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community)	Original uncertainty	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)	Source of Uncertainty (if there are multiple sources, a PSP may wish to show them e.g. 1 x patient, 19 x clinician, 4 x research recommendations) <i>see next to each original uncertainty (HCP = health care professional)</i>
	Can assessment of muscle mass and function be included in nutritional screening?	<p>Ways to screen sarcopenia and how they can be included in tools (HCP)</p> <hr/> <p>nutritional screening needs to be personalised to older people (HCP)</p>	<p>Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings.</p>	
	Can screening and self-screening be validated in different care settings, health settings and in different disease states?	<p>Are there any proven successful models to link nutritional screening with other screening (eg cancer)? (carer)</p> <hr/> <p>How can we measure malnutrition when the subject has chronic disease (such as pancreatitis or inflammatory bowel disease? (HCP)</p> <hr/> <p>The amount of time/urgency before correcting deficiencies that are picked up through blood tests.,ie length of time before appointments. (Patient)</p> <hr/> <p>Number/ percentage of patients screened within 24 / 48 hours of admission to care setting e.g. hospital/ community setting.(HCP)</p> <hr/> <p>Effectiveness of arm circumference alone (eg armband tool) in detecting malnutrition and nutrition risk (HCP)</p> <hr/> <p>Accuracy of MUAC with estimating BMI (HCP)</p> <hr/> <p>Is ulna length relevant in older people (HCP)</p> <hr/> <p>Is BMI a poor indicator when BMI is below a certain number? What should we use instead? (HCP)</p> <hr/> <p>Is the BMI an indicator of malnutrition in all cases? (Patient)</p> <hr/> <p>How accurate/reliable is MUAC? Is it recorded/used and interpreted well? (HCP)</p> <hr/> <p>How many people actually understand the arm circumference measurement tool? (Patient)</p> <hr/> <p>How can we identify when sufficient nutrition is taken, but the body is not digesting and absorbing it properly? (patient)</p> <hr/> <p>What is the place for specific nutritional biochemical tests (when should they be used??)? plasma folate, plasma Vit C, transthyretin, etc (HCP)</p>	<p>Green SM, Watson R. Nutritional screening and assessment tools for use by nurses: Literature review. Journal of Advanced Nursing. 2005;50(1):69-83.</p>	

	<p>How can the tools be improved to increase and improve use in all parts of society? (HCP)</p> <p>Does self-screening result in changes to behaviour and prevent under-nutrition? (HCP)</p> <p>Armband - how can we continue to use this armband regularly. Who has these armbands, where are they kept (Patient)</p> <p>Does self-screening for malnutrition help to prevent malnutrition in the community? (HCP)</p>	
Should surgical patients have screening included in their surgical forms?	Should malnutrition intervention be included in surgical 2/52 referral forms?	Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings
What is the best way to carry out screening in the community for effective identification of malnutrition	How can these measuring tools be more efficiently deployed in the community? (Carer)	Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings
	What is the most effective way to treat and identify malnutrition in the community? (HCP)	
	Research on the impact of screening in community settings e.g. gp practices, with appropriate pathway. (HCP)	
	Is there a simpler tool which is comparable to MUST which could be used in the community? Preferably a tool that uses more subjective data (with yes/no type answers) such as the SIP tool (developed in 1996). (HCP)	
What is the prevalence of malnutrition and malnutrition related issues in the community?	Prevalence of sarcopenia in community dwelling older individuals (HCP)	Elia M (2015) The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre.
How accurate and valid are current screening tools?	Is this the most accurate way of diagnosing malnutrition as weight is not always the defining factor is malnutrition even in undernourishment. (Patient)	Russell CA, Elia M, on behalf of BAPEN and collaborators. Nutrition screening survey in hospitals in the UK , 2007-2011 https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf PowbB, editor2014
	what is the validity and accuracy of these tools (HCP)	
	Is the MUST screening tool fit for purpose? (HCP)	
	I would like to know which tool is best to use in which circumstance and how prevalent is the use of such tools? (patient)	
	which screening tool is best for different settings/patient group (HCP)	
How accurately are screening tools completed by Healthcare professionals, is more knowledge and training required?	How many patients are screened using actual weight/height or estimated weight/height.(HCP)	Russell CA, Elia M, on behalf of BAPEN and collaborators. Nutrition screening survey in hospitals in the UK , 2007-2011 https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf PowbB, editor2014
	How often is MUST incomplete or incorrectly completed? (HCP)	
	Why are screening tools not completed? (HCP)	
	Are screening tools used correctly?(HCP)	
	What are the system and 'professional culture' barriers to nutritional screening? (HCP)	
	How easy are these tools to use in practice? (HCP)	
	How effective is advice given by non-specialist vs specialists? (HCP)	
	Workforce issues around who can provide interventions to prevent malnutrition in a systematic and sustainable way. needs assessment for who is responsible for ensuring vulnerable groups are offered services/services are available for them.(Other)	
	Staff opinions on their roles/ responsibilities/ importance/ impact of nutrition screening/ treatment pathways. (HCP)	
	Do people who use MUST have an understanding of why MUST etc is important? (HCP)	
	making sure nutritional education in hospital is carried out routinely (HCP)	
how to most effectively train ward staff on use of screening tools in the most efficient way (HCP)		

	Lack of knowledge seems to be a problem- why is more importance not attached to nutrition by clinicians and policy makers? Why do they not read the research? (carer)	
	Are nurses confident in using these tools? (HCP)	
Should specific nutritional screening tools be available for different settings, different disease states and different patient groups?	Better guides for oedema impacting on weight changes. (HCP)	Russell CA, Elia M, on behalf of BAPEN and collaborators. Nutrition screening survey in hospitals in the UK , 2007-2011 https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf PowbB, editor2014
	Reliability: differs for ethnicity: differs for age: Differs for disease eg cancer, eating disorder (Patient)	
	Different patient groups by demographics and by different diseases. (HCP)	
	Identifying malnutrition in different patient groups (HCP)	
	Are there any proven links between malnutrition and other illnesses eg cancer (in particular groups perhaps, such as the over 80's?) (Carer)	
	our hospital has revised the MUST tool, so that patients with pressure ulcers would score 2 regardless of BMI or wt.loss. Do many trusts out there also change the MUST tool for their own use (HCP)	
	More information regarding body composition and sarcopenia.(HCP)	
	Can screening methods identify what is deficient in the diet? (Patient)	
	What are the best patient questionnaires or tools which screen for symptoms of deficiency in specific vitamins and minerals? (Patient)	
	Are there other anthropometric measurements that could be used as basic screening tools in primary care? (HCP)	
Alternatives if patient can't remember usual weight (HCP)		
Are UK healthcare professionals aware that other validated screening tools exist apart from MUST? Is the near universal use of MUST in the UK justified? (HCP)		
How useful and accurate is BMI and other surrogate measures, such as clothes, rings, ulna length, in predicting weight loss?	Accuracy of MUAC with estimating BMI (HCP)	Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings [updated 2016//. 5
	Is ulna length relevant in older people (HCP)	
	Is BMI a poor indicator when BMI is below a certain number? What should we use instead? (HCP)	
	Is the BMI an indicator of malnutrition in all cases? (Patient)	
	How accurate/reliable is MUAC? Is it recorded/used and interpreted well? (HCP)	
How many people actually understand the arm circumference measurement tool? (Patient)		
How effective is pinch/handgrip in predicting malnutrition in comparison to MUST and BIA and how low does hand grip have to be for diagnosis?	Effectiveness of Pinch Grip in clinical practice (HCP)	Green SM, Watson R. Nutritional screening and assessment tools for use by nurses: Literature review. Journal of Advanced Nursing. 2005;50(1):69-83
	what value should we use to define malnutrition with handgrip strength? (HCP)	
	What is the evidence for using hand grip strength in various conditions? (HCP)	
Accuracy of the hand grip test in patients already weak and reconditioned from other chronic illnesses? (Patient)		
What are reliable factors in predicting malnutrition?	What are reliable factors in predicting malnutrition? (HCP)	Cederholm T, Jensen GL, Correia M, Gonzalez MC, Fukushima R, Higashiguchi T, et al. GLIM criteria for the diagnosis of malnutrition - A consensus report from the global clinical nutrition community. Clin Nutr. 2019;38(1):1-9
Is the MUST screening tool cost effective?	Do we know the cost effectiveness of using MUST? (HCP)	Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. 2015
Is it appropriate and accurate to use standard BMI ranges to diagnose malnutrition in elderly people, dementia patients, bedbound patients and patients with fluid imbalances?	Are current BMI ranges used in MUST appropriate for the elderly? (HCP)	Green SM, Watson R. Nutritional screening and assessment tools for older adults: literature review. Journal of Advanced Nursing. 2006;54(4):477-90.
	Is BMI as good as MUST (HCP)	
	Is BMI correctly identifying malnutrition i.e. ascities/oedema/muscle mass? (HCP)	

What are the outcomes of treatment for malnutrition and how is this data recorded?	What are the quantitative outcomes (after treatment) for inpatients and outpatients? (HCP)	Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.
Is there evidence that treating malnutrition in the community would lower hospital admissions and length of stay?	Is there strong evidence that treating Malnutrition in the community leads to lower hospital admission rates and length of stay if admitted? (HCP)	Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).
Which patients are non-responsive to treatment for malnutrition and what else can be done for these patients?	Which patients with malnutrition might not be helped by nutritional treatment only eg cachexic patients.	Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.
What is the impact of nutrition nurses on tackling malnutrition?	impact of nutrition nurses in acute trusts of tackling malnutrition	Green SM, Watson R. Nutritional screening and assessment tools for use by nurses: Literature review. Journal of Advanced Nursing. 2005;50(1):69-83
Is the cost of oral nutritional support and other treatments a barrier to patients and prescribers?	Is cost of ONS over the counter a barrier to patients or to prescribers? (HCP)	Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.
	Cost and 'who pays' are increasingly important concerns in primary care. (HCP)	
	Is the advice affordable and accessible for those most vulnerable? Particularly in their own homes (HCP)	
	I'd like to see this (access to treatment when BMI isn't low) addressed in general. Presently most seems aimed at the elderly. (patient)	
Is it possible to make effective and practical dietary changes during acute illness?	Is it possible to make effective and practical dietary changes during acute illness? (HCP)	Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.
How to decide if more invasive treatment is required and if certain patients should be prioritised over others?	I would like to understand red flags that suggest potentially more invasive interventions should be used earlier in the nutritional care plan...should a patient on chemo with anorexia be prioritized for a specific nutritional intervention versus a frail elderly person in poor social circumstances? (HCP)	Hanlon P, Nicholl BI, Jani BD, Lee D, McQueenie R, Mair FS. Frailty and pre-frailty in middle-aged and older adults and its association with multimorbidity and mortality: a prospective analysis of 493 737 UK Biobank participants. Lancet Public Health. 201
How can cachexia (muscle wasting due to illness) be identified and should treatment aims be changed from weight gain to stopping further weight loss if a patient is cachectic?	When do you decide someone is cachectic and further nutritional support becomes futile for reverse of malnutrition (e.g. aim then becomes preventing further decline rather than weight regain). (HCP)	Vanderkroft D, Collins CE, FitzGerald M, Lewis S, Neve M, Capra S. Minimising undernutrition in the older inpatient. JBI Database of Systematic Reviews and Implementation Reports. 2007;5(3):1-96.
What is the risk of malnutrition in cancer patients and how should malnutrition be treated throughout the course of cancer?	Malnutrition and its effect on quality of life in patients with head & neck cancer. (HCP)	Baldwin CA, Spiro; Ahern, Rodger; Emery, Peter W. Oral nutritional interventions in malnourished patients with cancer: a systematic review and meta-analysis (Structured abstract). Journal of the National Cancer Institute. 2012;104(5):371-85.
	Malnutrition in cancer patients at diagnosis and throughout treatment. (HCP)	
Should treatment be geared to specific disease states and patient groups (e.g. high fat diets can be inappropriate in cardiovascular disease)?	Patients who have concerns re CVD and yet advised high kcal diet, research on adapted high kcal diet re CVD and just high kcal diet - any benefit/detriment? (HCP)	Baldwin C, Weekes CE. Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults. Cochrane Database of Systematic Reviews. 2011:N.PAG-N.PAG.
	What treatments are acceptable to people from different groups? (HCP)	
	Do different ethnic groups need different quantities of vitamins and minerals? (other)	
Should the type of nutritional treatment and method of treatment for malnutrition be altered for gender?	We generally think about malnutrition issues been the same for men and women - as BMI values are generally considered equivalent. However, this is a long way from the case; and the effects of, for example, excess body fatness is totally different in men versus women (HCP)	Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.
What is the best way to motivate and manage issues around food intake and loss of appetite?	How to motivate people who have forgotten how to eat?	Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).
	What is the most effective way of managing symptoms that affect food intake eg. loss of appetite, taste changes relating to cancer treatment (HCP)	
	What are the effective ways to increase appetite in those with malnutrition? (HCP)	
	Is there medication that can be taken to help those suffering? Eg - something that could increase appetite? (other)	

How can early intervention be initiated in vulnerable groups to help prevent malnutrition?	<p>Is early intervention in vulnerable groups beneficial? (HCP)</p> <p>Is malnutrition reactionary or is prevention recognised in at risk groups? (HCP)</p> <p>Whether it's better to treat someone before they become malnourished and dehydrated or after because most doctors favour the latter! I want to know how early intervention can improve patient outcomes. (patient)</p>	<p>Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).</p>
Is malnutrition getting worse over time and is this related to poverty and affordability?	<p>Are we seeing a widening of deprivation gap due to inequity of access?</p> <p>Why is it getting worse instead of better? Is it the increasing elderly population and dementia? (HCP)</p> <p>how to recognize when low food intake is a symptom of a bigger issue, eg social isolation, depression (HCP)</p> <p>Are there any proven successful models that link general advice with specific disease-related advice (eg heart or cancer)(Carer)</p> <p>Is there a trend that needs to be highlighted to work toward prevention(HCP)</p>	<p>Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. 2015.</p>
Is dietitian led treatment more effective in terms of outcomes and should their input increase?	<p>How does Nutritional therapy by a registered dietitian in comparison with just a oral Nutrition Supplement have an effect on weight Stabilisation/gain? (HCP)</p> <p>What is the understanding of the role of the Dietitian when treating and preventing malnutrition? (HCP)</p> <p>How does the role of clinical nutrition help those who need it once they have an identified medical condition and they struggle to eat and drink. (carer)</p>	<p>Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.</p>
How are nutritional screenings, treatments and nutritional advice implemented across healthcare settings and is more support required?	<p>How many treatment plans are implemented? (HCP)</p> <p>Auditing of care Home practice implementing food first advice. CQC experience of assessing adequacy of nutritional provision in care homes E.g. do they refer to dietitian for supplements or genuinely need guidance about appropriate ways to encourage individuals - offer alternative menu options, high kcal/protein meals and snacks, food fortification. Are they restricted by food budget to any extent and is this considered or questioned by CQC. (HCP)</p> <p>What support can care homes be given to support elderly with malnutrition and swallow issues? (HCP)</p> <p>The use of MUAC linking it to MUST in care homes.(HCP)</p>	<p>Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).</p>
Can the impact of nutritional treatment on prognosis and outcome be followed in patient cohorts?	<p>The so what - patient length of stay is decreasing - need to follow prospective cohort through their journey (HCP)</p>	<p>Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.</p>
Is screening for malnutrition beneficial in terms of patient prognosis?	<p>Does nutrition screening and identification of malnutrition influence patient outcome (outcome could be nutritional status or clinical outcome such as morbidity associated with treatment, length of hospital stay etc) (HCP)</p>	<p>Russell CA, Elia M, on behalf of BAPEN and collaborators. Nutrition screening survey in hospitals in the UK , 2007-2011 https://www.bapen.org.uk/pdfs/nsw/bapen-nsw-uk.pdf PowbB, editor2014.</p>
What kind and type of patient benefits from current nutritional treatments?	<p>Psychological profile of those that succeed with treatment (Carer)</p>	<p>Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).</p>
	<p>What role does nutrition play in preventing stroke and fragility fracture in the elderly and can nutritional support accelerate recovery from these conditions? (HCP)</p> <p>Relative malnourishment in the hospital population. How may that impact on length of stay, readmission rates etc? (HCP)</p> <p>outcomes of dietetic interventions. (HCP)</p> <p>How do the various ways of treatment impact in terms of muscle, strength & functionality - these are the important questions. (other)</p> <p>What does actually work in treating malnutrition? (HCP)</p>	

Can good nutrition, nutritional support and nutritional intervention lead to health improvements and decreased length of stay in hospital?	Implementation of malnutrition interventions into practice - how, what makes these work, (HCP)	Correia MITD, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. Clin Nutr. 2003;22(3):235-9.
	Best ways of treating malnutrition (HCP)	
	I would like to understand more about how various interventions meet individuals nutritional requirements...I feel too much focus is being placed on energy and not enough on micronutrients and protein (HCP)	
	How effective is dietary manipulation/fortified diet in the management of malnutrition (HCP)	
	Does a particular intervention result in beneficial changes in diet? (patient)	
	Do any of the various nutrition support interventions improve functional outcomes in older adults as both in and outpatients?	
	Can interventions related to malnutrition assist in reducing the premature deaths of people with learning disability (CIPPOLD and LEDER)? (HCP)	
	Is the mortality linked to underlying disease or malnutrition? (HCP)	
	QALYs for different conditions where malnutrition is prevalent (HCP)	
	Expected recovery time for regaining strength and muscle mass. (HCP)	
	The short and long term health effects of malnutrition, overall and by group, should also be considered. (patient)	
	What are the most severe side effects of being malnourished? (HCP)	
What problems (that under-nutrition causes) do older adults with under-nutrition want to avoid or cure? (HCP)		
How does malnutrition affect different people in different ways? How do we deal with this?	Effect of malnutrition to specific groups in the community as opposed to just Hospital.	Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.
Should more malnutrition written information be provided for patients in primary care settings, maybe in GP surgeries?	Should more information be provided for patients, maybe in GP surgeries (HCP)	Elia M, and Wheatley, C. Nutritional care and the patient voice: Are we being listened to? BAPEN. 2014
Are people/patients aware of malnutrition, do they know how to prevent it and do they think screening is important?	Is there enough awareness about malnutrition? (HCP) Do older adults think screening for under-nutrition is important and why? (HCP)	Elia M, and Wheatley, C. Nutritional care and the patient voice: Are we being listened to? BAPEN. 2014
What are the barriers to patients complying with dietary advice and how can they be better supported?	What keeps people on the treatment plan (patient) How to improve compliance, particularly for food first approach. (HCP)	Ginzberg Y, Shmilovitz I, Monastyrsky et al. Barriers for nutritional care in the transition from hospital to the community among older patients. Clinical nutrition ESPEN, 2018.
What are the current methods used to screen and treat malnutrition, is advice tailored and can it be delivered across different settings?	can the number of settings be reduced? - with commonality between settings. (HCP)	Elia M. The 'MUST' Report. Nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults.
	What are key components on healthy weight gain diet plans, is this message consistently being delivered by health care professionals across the UK? (HCP)	
	At what point should doctors consider treatments such as feeding tubes? (patient)	
	what settings do the patients find they can relax more; would they like people coming to their homes and demonstrating food first approaches? (HCP)	
	Are care plans effectively implemented following MUST assessments? (HCP)	
what interventions suit which groups best (HCP)		
Can it be made easier for carers to communicate with healthcare services about malnutrition, and should there be a helpline?	Is there a helpline for service users, families and carers to get advice ? (carer)	Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.
Is malnutrition the wrong word? Would using phrases like eating less, poor diet, no appetite be more appropriate?	The word "malnutrition" - is that the right word? It conjures up images of starving children in Africa. Would using a phrase like "poor nutrition" or "unhealthy diet" or some other phrase means that people living in the UK would be more likely to heed any messages? (carer)	Cederholm T, Barazzoni R, Austin P, et al. ESPEN guidelines on definitions and terminology of clinical nutrition. 2017. Clinical Nutrition

How can people be helped to change eating behaviours and to support themselves?	<p>ways to get individuals to support themselves since not all people will accept help, and if they have dementia and forget to eat this is problematic. (Carer)</p> <p>Whether you can get out of predicted habit - or it keeps with you for life What use other workers make of predictions (patient)</p> <p>How to help a person with a limited diet or help them to change eating habits (HCP)</p>	<p>Capra S, Ferguson M, Ried K. Cancer: impact of nutrition intervention outcome and nutrition issues for patients. Nutrition. 2001;17(9):769-72.</p>
How does nutrition and lifestyle change across the lifespan and what are people preferences and spending priorities?	<p>Is there a difference in nutritional status of people across the same social group generationally? For example does the health beliefs of a 60 year old working class male differ from a 60 year old female to a 20 year old male and female, how do they buy food and what is their lifestyle like... Compare that to middle class etc... s the difference down to perception or priority of costs. (HCP)</p> <p>How much does life style choice influence nutritional status?(HCP)</p> <p>What role does convenience and speed play in food choices? (Patient)</p>	<p>Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).</p>
What is the impact of previous life course habits on nutritional status in older age?	<p>are people on irregular diet patterns in early life more at risk of malnutrition as they approach later life (HCP)</p>	<p>Jackson J, Currie K, Graham C, Robb Y. The effectiveness of interventions to reduce undernutrition and promote eating in older adults with dementia: A systematic review. JBI Database of Systematic Reviews and Implementation Reports. 2011;9(37):1509-50.</p>
Is decreased appetite in the elderly down to the aging process?	<p>In the elderly is decreased appetite down to the ageing process. (HCP)</p>	
What weight is protective against malnutrition in older age?	<p>What weight is protective against malnutrition in older age? (HCP)</p>	
What is the impact on the quality of life of carers who are caring for someone with malnutrition?	<p>The effect on carers QOL who are living with and caring for a relative with malnutrition (HCP)</p>	<p>Pryke R, Lopez B. Managing malnutrition in the community: we will all gain from finding and feeding the frail. British journal of general practice. 2013</p>
Can patient reps and carers be trained to deliver nutritional/dietary advice and would this be cost effective?	<p>In addition would trained patients reps be a more cost effectiveness way for the NHS to support patients in larger group consultations and help to reduce post diagnosis GP & Consultant return visits.(Patient)</p> <p>Use of patient advocates/trainers to help</p> <p>how to involve families and for them to be aware of the complexity of the issue and potential prognosis (HCP)</p>	<p>Kimber K, Gibbs M, Weekes CE, Baldwin C. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults: a systematic review of nonrandomised studies. Journal of Human Nutrition & Dietetics. 2015;28(6):517-45.</p>
Would it be cost effective to implement population nutritional screening for over 65 years and would it be cost effective to manage any resulting interventions in the community?	<p>Payers need to be able to justify their spend on medical nutrition products, knowing that this is delivering improved health outcomes for the individual, plus value for money for the payer (HCP)</p> <p>Could you just treat all over 85 year olds as at risk of malnutrition? (HCP)</p> <p>Cost effectiveness studies of nutrition intervention (HCP)</p> <p>Which method works best with which group and which methods are most cost effective? (Patient)</p> <p>Cost effectiveness of managing malnutrition in the community? (HCP)</p>	<p>Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016(12).</p>
Is there a link between malnutrition and the elderly and should treatment be altered for the older patient?	<p>To what extent are frail people malnourished/at risk of malnutrition? (HCP)</p> <p>Once unplanned weight loss is underway it is difficult for older people to reverse this and regain weight, so it would be particularly important to prevent weight loss in this population. (Other)</p> <p>Does reducing malnutrition in older people improve their quality of life? (HCP)</p> <p>I am interested in the interaction, assessment and intervention of: Malnutrition and frailty (HCP)</p> <p>How is malnutrition different in elderly population? (HCP)</p> <p>How can elderly people on low incomes be provided with additional nutritional support to ensure they remain healthy in the community? (HCP)</p>	<p>Jackson J, Currie K, Graham C, Robb Y. The effectiveness of interventions to reduce undernutrition and promote eating in older adults with dementia: A systematic review. JBI Database of Systematic Reviews and Implementation Reports. 2011;9(37):1509-50.</p>

<p>How useful are supplements, are there alternatives and should independent research into supplements be carried out, rather than research lead by pharmaceutical companies?</p>	<p>Independent research on the effect of food first advice (ie one not sponsored by a nutritional supplement company) (HCP)</p> <p>value of supplements and fortified foods. (HCP)</p> <p>Effect of supplements - any value ? who uses them - is there any group more influenced by particular incentives (Patient)</p> <p>As a Diabetes Dietitian, I would like to see more work around Diabetes specific oral nutritional supplements and enteral feeds. This is because there is some evidence for the use of these but they are not used in the UK. (HCP)</p> <p>Are nutritional supplements over used? Are they the solution to treating malnutrition? (HCP)</p> <p>Compliance with powder based supplements, maybe comparison with readymade ONS (HCP)</p> <p>Are there some ONS that are better than others? And if so why? (HCP)</p> <p>Support for pts/carers to meet nutritional needs using primarily food instead of over reliance on prescribed nutritional supplements.(HCP)</p>	<p>Baldwin C, Weekes CE. Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults. Cochrane Database of Systematic Reviews. 2011:N.PAG-N.PAG.</p>
<p>Is refeeding risk (metabolic disturbances when nutrition is reintroduced after starvation) recognised and treated in primary care and in the community?</p>	<p>Is refeeding risk recognised and treated in primary care? (HCP)</p> <p>We really need some evidence / best practice about how / if to treat refeeding risk in the community. Currently the suggestion to check bloods daily and correct is not practical in the community, plus vitamins and minerals are harder to come by on prescription in the community, and by the time a referral reaches the community dietitians, the patient might already have commenced on oral nutrition supplements prescribed in the community so we have no idea if they are at refeeding risk or not, and how to treat or manage in the community. (HCP)</p>	<p>Aubry E, Friedli N, Schuetz P, et al. Refeeding syndrome in the frail elderly population: prevention, diagnosis and management. 2018. Clinical and experimental gastroenterology</p>
<p>How can professionals support carers to encourage their loved ones to eat a more balanced diet?</p>	<p>How can professionals support carers to encourage their loved one to eat a more balanced diet (carer)</p>	<p>Kimber K, Gibbs M, Weekes CE, Baldwin C. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults: a systematic review of nonrandomised studies. Journal of Human Nutrition & Dietetics. 2015;28(6):517-45.</p>
<p>Are nutrition telephone consultations with patients as effective as home visits?</p>	<p>Push telephone reviews in community are they as effective as home visits? (HCP)</p>	<p>Wright S, Jones D, Eden M. What are colorectal cancer survivors' preferences for dietary advice? A best-worst discrete choice experiment. 2017. Journal of cancer survivorship</p>
<p>Should multi agency working be implemented across all care settings to ensure standardised identification and treatment of malnutrition?</p>	<p>The importance of cross/multi agency working to ensure that the importance of identifying and treating malnutrition (primarily using food) is embedded across all care settings.(HCP)</p>	<p>Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.</p>
<p>Is more input required from dietitians in secondary and intermediary care?</p>	<p>We need more dietitians on care of the elderly wards and present in MDT and discharge meetings(HCP)</p>	<p>Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.</p>
<p>Would viewing malnutrition as more of a medical condition help with prevention?</p>	<p>is there any possibility that more could be done in preventing malnutrition, perhaps starting to viewing it more as a "medical condition" rather merely an outcome?(HCP)</p>	<p>NICE. Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition. In: [CG32] NG, editor. Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition. National Institute for H</p>
<p>Are people able to access dietetic services as needed, is there more than one referral pathway, and how do we ensure hard to reach groups don't miss out on treatment?</p>	<p>How do we reach the malnourished people that are not often presenting to health care professionals? (HCP)</p> <p>Does ongoing support provide more benefit than one off advice with patient led follow up?</p> <p>The struggle people have, those with disease related malnutrition, have to get the right kind of nutrition, artificial feeding if necessary. (carer)</p> <p>Malnutrition for particular conditions, particularly gastroparesis. Patients with this condition are not getting help earlier enough and pleas for help are often ignored. (patient)</p>	<p>Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.</p>

	<p>Is there access to treatment facilities without GP referral? Where are they advertised? OAPs don't use the internet to visit websites. (carer)</p> <p>role of dietitians against those seen just by GP (HCP)</p> <p>Also ease of referral therefore reducing length of time before seeing someone. (HCP)</p>	
What is the standard practice after malnutrition has been identified and is this carried out routinely and effectively?	<p>Actions undertaken by hospitals and community settings for patients with MUST 1 or 2 : what are staff actually doing and what could dietitians / health professionals advise to improve nursing/care staff taking relevant actions for MUST 1 and 2. ?</p> <p>How do we ensure that people act on the results of screening? (HCP)</p> <p>Is there a care plan?? The treatment/help patients experience varies hugely in each patient group. What can be done to change the attitudes of professionals towards young women who struggle with malnutrition NOT through psychological eating disorders? (carer)</p> <p>the so what questions.. does completing the assessment lead to improved nutritional intake and improved outcomes?(HCP)</p>	<p>Elia M. The 'MUST' Report. Nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults. http://www.bapen.org.uk/screening-and-must/must/must-report/the-must-re</p>
Is there confusion with terminology and the difference between screening for risk of malnutrition and nutritional screening?	<p>STOP confusing a screen for risk of MALNUTRITION with nutrition screen Not helpful in context of nutrition and hydration (HCP)</p>	<p>Elia M. The 'MUST' Report. Nutritional screening of adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool' ('MUST') for adults. http://www.bapen.org.uk/screening-and-must/must/must-report/the-must-re</p>
Is nutritional screening carried out in GP surgeries, do GPs need more support and training in this and what screening and treatment should they be offering?	<p>Or are GPs more likley to give nutritional advice if they have used a recognised screening method (MUST)? (HCP)</p> <p>Do we need more dietitians or nutrition assistants helping GPs in the community identify those patients who are at nutritional risk? (HCP)</p> <p>Why do GPs not take unintentional weight loss seriously when the issue is raised by patients and carers? (other)</p> <p>What makes them (GPs) think that unintentional weight loss is not important or that it can be ignored? (Other)</p> <p>I'd like to see research done around GP use of screening tools.(patient)</p> <p>Effect of training GPs in food first approaches on weight/malnutrition. (HCP)</p> <p>What tests should GPs normally do to screen this population?(HCP)</p> <p>Two times a year BMI must be checking by GP.(Patient)</p>	<p>Sampson G. Weight loss and malnutrition in the elderly--the shared role of GPs and APDs. 2009. Autrailian Family Physician</p>
What are the known risk factors of malnutrition and how can we identify, screen for, or prevent malnutrition early?	<p>How do we ensure that everyone gets screened when seen in the NHS? (HCP)</p> <p>Should there be more collaboration in the early identification of malnutrition? (HCP)</p> <p>Just because someone looks healthy doesn't mean they don't have malnutrition (patient)</p> <p>Early identification and intervention. (HCP)</p> <p>How many referrals are missed or are picked up using these methods (screening tools). (HCP)</p> <p>How do you identify the people who need testing? What about people who are naturally thin but very healthy and well nourished? (Carer)</p> <p>As malnutrition can go unnoticed what is the quickest way to define it and then assess the best route to go by (HCP)</p> <p>How to best identify early risk of malnutrition, to identify risk before the occurrence of observable physical changes (e.g. weight loss)? (Other)</p> <p>Need to develop a tool to identify and quantify the barriers to eating sufficiently. (HCP)</p> <p>Once identified as a patient who has unplanned weight loss what actions can be taken by the NHS to identify the cause of the problem and actions to be taken to remedy the problem? (other)</p>	<p>Correia MITD, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. Clin Nutr. 2003;22(3):235-9.</p>

	What about other courses about others with medical complaints of dietary needs (allergies), or do not eat or can't eat some foods(Patient)	
What is the best way to provide advice and nutritional information to people across different settings, and will they access it/read it?	Do people read the ingredients and nutritional information on food packaging? If not, why not?(Patient)	Wright S, Jones D, Eden M. What are colorectal cancer survivors' preferences for dietary advice? A best-worst discrete choice experiment. 2017. Journal of cancer survivorship
	Is the patient dietary advice in hospital catering providers' literature good and true?(Patient)	
	How foodservice systems can be redesigned to prevent nutritional decline in health care facilities (Other)	
	better tasting hospital food locally sourced (HCP)	
	If consumption of red meat can increase the risk of cancer, heart attack and diabetes why Hospitals have a food from red meat in menus?(Other)	
	consider the type of food elderly people will eat, and not providing watery soup that has little value nutritionally(HCP)	
Has the ongoing public health campaign against obesity caused confusion and encouraged disordered eating and can we help people who are struggling with changes in eating behaviour?	What can be done to support people suffering from malnutrition who are struggling to accept/understand that what was previously 'unhealthy' food is now the 'healthiest' option for them? (Other)	Vanderkroft D, Collins CE, FitzGerald M, Lewis S, Neve M, Capra S. Minimising undernutrition in the older inpatient. JBI Database of Systematic Reviews and Implementation Reports. 2007;5(3):1-96.
	Ways to promote high calorie foods to promote weight gain and better nutrition, to go against generic healthy eating messages. (Carer)	
	Does public health, healthy eating messages encourage disordered eating into older age? (HCP)	
	Does the public health message on obesity impact on the understanding of what is malnutrition in the UK? (HCP)	
When should nutrition education be provided to older people?	At what point should healthy eating advice targeted for the older adult be introduced? (HCP)	Vanderkroft D, Collins CE, FitzGerald M, Lewis S, Neve M, Capra S. Minimising undernutrition in the older inpatient. JBI Database of Systematic Reviews and Implementation Reports. 2007;5(3):1-96.
	Would the early introduction of Food First advice in the wider community prevent/ reduce the incidence of malnutrition later on.(HCP)	
How beneficial is the food first approach, is it used often enough, does it need promoting more and what advice should the food first message convey?	Is food first (not 'standard care') better than ONS regarding experience, satiety, comfort etc. (HCP)	Kimber K, Gibbs M, Weekes CE, Baldwin C. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults: a systematic review of nonrandomised studies. Journal of Human Nutrition & Dietetics. 2015;28(6):517-45.
	What are the drivers that enable ONS to be prescribed so easily, when it should be Food First? (HCP)	
	Is food first still the best approach to overcome malnutrition as opposed to starting with oral nutritional supplements. (HCP)	
Should school and university health degrees include more taught material on nutrition and malnutrition?	Implementing nutrition modules to nursing degree courses. (HCP)	-
	Why is nutrition not foremost in medical and nursing training, i.e., only given a few hours of lecture time in years of training? (HCP)	
	Will a return to domestic science and food preparation lessons improve health?(other)	
Can technology and electronic records be used to record and improve treatments and to convey nutritional advice?	National electronic recording and guidance for nursing / care staff and patients to follow.(HCP)	trtovac D, Lee J. The Use of Technology in Identifying Hospital Malnutrition: Scoping Review. 2018. JMIR Medical informatics
	Should electronic guidance be widely available?	
	How can electronic records and use of technology assist with this (integration of services to support people with malnutrition), and use of technology / apps to provide care plans? (HCP)	
	How better use of technology could help support interventions and monitoring (HCP)	
	how can we use technology to help staff? (HCP)	
Does social interaction, the use of volunteers and more sociable mealtimes in hospitals improve patient's food intake?	People's use of apps to improve their diet? (HCP)	Whitelock G, Aromataris E. Effectiveness of mealtime interventions to improve nutritional intake of adult patients in the acute care setting: a systematic review. JBI Database of Systematic Reviews & Implementation Reports. 2013;11(3):263-305.
	If staff are enabled to eat their lunch and have a cup of tea with older patients in acute hospitals does this improve food and fluid intake? (HCP)	
	Socialisation at meal times in acute hospitals (HCP)	
	Role of volunteers at mealtimes (HCP)	
What are the views of health care provider, local authority and commissioners on malnutrition? - Are they aware of cutbacks	I would like to know the views of GP, acute doctors, local authority and commissioners relating to malnutrition (Other)	Elia M. The cost of malnutrition in England and potential cost savings from nutritional interventions. Malnutrition Action

<p>Commissioners on malnutrition: Are they aware of outcomes and can commissioners be more engaged to provide quality assurance (cquin)?</p>	<p>Commissioners awareness of malnutrition costs and prevention programmes(HCP)</p>	<p>Group of BAPEN and the National Institute for Health Research Southampton Biomedical Research Centre. 2015.</p>
<p>Is exercise combined with dietary planning effective in preventing malnutrition and what else could be done to help keep people well nourished?</p>	<p>The benefit of physical rehab + enhanced nutrition in treating malnutrition Who is combining dietary and physical activity interventions in the community and are they seeing malnutrition and frailty being addressed? (HCP) Is the effect of oral nutrition support (any kind) improved when given in combination with resistance exercise therapy? What are the main reasons why people are malnourished and what is being done to address these issues.(HCP) do diet plans work to prevent malnutrition? (HCP) Is lack of exercise in these groups as detrimental as poor nutrition?(Patient)</p>	<p>Stratton R, Smith T, Gabe S. Managing malnutrition to improve lives and save money. British Association of Parenteral and Enteral Nutrition (BAPEN). 2018.</p>
<p>Can preventing malnutrition help with falls prevention?</p>	<p>Prevention of falls(HCP)</p>	<p>Julius M, Kresevic D, Turcoliveri M. Malnutrition as a fall risk factor. 2017. Federal practitioner.</p>
<p>What other types of community support could be used to prevent malnutrition? E.g. - surplus from supermarkets and restaurants</p>	<p>Explore types of support in the community i.e. surplus from supermarkets/restaurants(HCP)</p>	<p>Visser J, McLachlan M, Maayan N, et al. [Overview of Reviews]Community-based supplementary feeding for food insecure, vulnerable and malnourished populations - an overview ofsystematic reviews. 2018 Cochrane Library.</p>
<p>Is there a high risk of malnutrition in a particular group of people, can this risk be reduced and if patient is critically ill how should treatment be adapted?</p>	<p>Are there any nutritional interventions in critically ill patients to either minimise early muscle wasting or aid recovery of muscle post critical illness (HCP) What can we do for patients still suffering malnutrition despite oral, tube, and TPN feedings? Such as a patient with Intestinal Failure (patient) We need to know how to treat malnutrition in presence of disease as often we are good at identifying but treatments are limited . The simple increase provision of nutrient is not enough. Please could u invest in this and not screening ? (HCP) The level of malnutrition for high risk critical care patients (HCP) What groups of people are most at risk and how can we lessen the risk? (Patient) Refeeding syndrome - we need to make health care professionals more aware of who is at risk, how serious it is, and how to prevent and treat refeeding (patient) Awareness of sarcopenia and that it can be reversible.(HCP) Community prevention and management of malnutrition (HCP) Can there be a community model researched re MDT joined up work e.g. dietitian, SLT, gp, care agencies, psychology, OT, local charities, dentists, macmillian?(HCP) How effective is group education on malnutrition awareness/prevention of malnutrition in high risk groups e.g. the elderly? (HCP) When an individual in crisis what the best way to prevent malnutrition? (Patient)</p>	<p>Baldwin C, Weekes CE. Dietary advice with or without oral nutritional supplements for disease-related malnutrition in adults. Cochrane Database of Systematic Reviews. 2011:N.PAG-N.PAG.</p>
	<p>What macronutrients are the most important or is a balance?(HCP) Diet plans etc do not seem to give enough detail about the importance of vitamins and minerals. How can the importance of vitamins and minerals be conveyed to the population.(other) Less tax on bad foods and more promotion of a better diet and methods of simple and affordable healthier alternatives and recipes.(carer)</p>	

What is the best healthy eating advice and how should this be communicated to patients at home and people at home who may be at risk of malnutrition?

Do people understand the function of specific vitamins and minerals, and the signs of deficiency? (patient)
What knowledge do health care professionals and the general population have about food, nutrition and the prevention of malnutrition?(HCP)
Ensuring that the education re food first is easily available to all. (HCP)
How do people best respond to information about healthy eating? (patient)
more health promotion?(HCP)
What nutritional facts motivate people to change their diet for the better?(HCP)
How can people know what to do about sudden weight loss?(carer)
Will recipes which include what vitamins and minerals and how much of them, are present in what foods are cooked, be useful for home cooks. Not just the calories, sugar, fat, protein etc breakdown.(Other)
Could we look at attitudes/beliefs about why patients may not want to stop taking ONS?
Advice on how long to use oral nutritional supplements and when it is OK to stop them in primary care (HCP)
What is the most effective simple advice that can be given to enable people to self-care to reduce malnutrition (HCP)
What resources are currently used to guide people to eat better who are malnourished? (HCP)
Is lack of access to dieticians and knowledgeable advice preventing patients with chronic health conditions recovering or managing their health especially if they do not have a low bmi. (Patient)
Include the patient's voice (HCP)
Develop a structured model of family led nutritional monitoring and support supported by healthcare staff. (HCP)
How intensive would dietary advice for prevention need to be and for how long? (HCP)
How do we reach the right target group for malnutrition prevention and treatment in the community?(HCP)
Can we identify and target those most at risk before they get to the point of being malnourished? (Other)
Can we prevent Malnutrition quicker and can we refer quicker, as BMI does not always reflect malnutrition(carer)
Why isn't something put in place to check on older people, if there was some-one checking regularly money could be saved because problems would be found before they became serious (Patient)
What cultural influences are there on what people eat, how and when? Are these healthy influences or what modifications can be made whilst preserving culture and community?(Patient)
Research on the ability of care agency staff to recognise and address risk of malnutrition within their job remit/time constraints.(HCP)
Working with people in the community who have dementia I am not trained or able to use these methods and would be interested in some simplified way of screening in a community environment (Other)
Who is best placed in the community to screen (HCP)
can lay people/volunteers do these measurements reliably? (Carer)
What methods are most useful to non-professionals, such as volunteers? (HCP)
Can non-dietitians subjectively assess and estimate BMI categorisation visually? (HCP)
Is there any beneficial outcome from first line dietary advice given by GP/non-nutrition professional/diet sheet alone in prevention/treatment of malnutrition?

[Baldwin C, Kimber KL, Gibbs M, Weekes CE. Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. Cochrane Database of Systematic Reviews. 2016\(12\).](#)

<p>Who should be carrying out malnutrition screening in the community, who should be receiving it, is extra training required for this and can different groups and cultures be taken into consideration?</p>	<p>Should different methods of managing malnutrition be used with different cultures etc. for compliance? (HCP)</p> <p>How to support people with Asian languages and different cultures? (HCP)</p> <p>Would be interesting to see what differences there are in older people with regards to malnutrition and gender/ ethnicities/ SES etc. (HCP)</p> <p>Are sufficient funds or resources given for training by dietitians ? (HCP)</p> <p>GP/nurse clinics/dietitians could work together to diagnose and remedy by teaching what a balanced diet is for the older population who need more protein. (patient)</p> <p>Does proactive ward staff involvement impact on patient's nutritional status? (HCP)</p> <p>What if people don't seek help in the community how do health care professionals target them? (carer)</p> <p>Who to contact in the community (patient)</p> <p>What support is there for patients, who cannot carry out their day to day lives due to the long term side effects of malnutrition? (patient)</p> <p>How does the support carry on in the community and is this consistent in all areas? (HCP)</p> <p>Suggestions on how services need to perform to meet their needs (HCP)</p> <p>Can dietary advice for prevention be provided by any HCP or would it require a dietitian?(HCP)</p>	<p>Power L, Mullally D, Gibney E, et al. A review of the validity of malnutrition screening tools used in older adults in community and healthcare settings – A MaNuEL study. 2018. Clinical Nutrition ESPEN.</p>
<p>What is the extent of malnutrition in deprived/low income/hard to reach groups and what is best way to provide them with nutritional support, education and good quality food?</p>	<p>What do people in institutions want to eat if they had free choice? Do institutions adequately provide for minority and special diets? (Patient)</p> <p>How does the quality of prison food affect inmates comparing different prisons. Is there a difference between locations and effects of prison population numbers? (carer)</p> <p>Low income families and malnutrition, homeless and malnutrition - what is the extent? (HCP)</p> <p>What help are these people getting food in prison is often of poor quality mental health & elderly - people need support education and also help with finance to be able to afford healthier foods(HCP)</p> <p>Some may be on a low income not able to afford better quality food could they be shown alternatives to meat i.e.beans etc.(Patient)</p> <p>How can we best support people who face malnutrition due to poverty?(HCP)</p> <p>How can the homeless and disadvantaged help themselves eat properly, enough to maintain health.(Other)</p> <p>I would love to see more research into how Dietitians can work better with harder to reach populations e.g. people who are homeless, in prison, have severe mental health conditions living in the community and what interventions can we provide that would be of benefit to them. (HCP)</p> <p>What do People on Low benefits or homeless do to improve Malnutrition(Patient)</p>	<p>Attree P. Low-income mothers, nutrition and health: a systematic review of qualitative evidence. 2005. Maternal and child nutrition</p>
	<p>Effects of malnutrition on the onset of dementia (HCP)</p> <p>Link of malnutrition to learning difficulty and long term disability?(HCP)</p> <p>Link between mental health and patients with functional gut and neurological conditions often these patients present with an array of reported symptoms and requesting enteral feeding and there is limited research and evidence to support their management. (HCP)</p> <p>What conversations are had with patients and relatives when a person with advanced dementia starts to have swallowing problems. (HCP)</p>	

<p>How we help, treat and support those with mental health issues, or dementia, or those who refuse to eat, and how does their mental wellbeing impact on nutritional status?</p>	<p>How do people with medical conditions seek appropriate clinical nutrition, those who cannot eat or take in sufficient oral nutrition? (carer)</p> <p>How to help individuals who refuse to be helped (HCP)</p> <p>What about adults who do not accept they are not eating enough, or are malnourished, how can they be helped? (carer)</p> <p>I would be interested to see which approaches in the community help people living with dementia to eat well. One of the biggest challenges we find is finding solutions for dementia-related eating problems. Research into dementia friendly crockery, prompts, and the way we can support people in general seems limited. (HCP)</p> <p>People with mental health issues will put other items high on their personal agenda before food. (HCP)</p> <p>Think more research into dementia and mental health important (HCP)</p> <p>What foods are good for mental health by providing the essential building blocks of a healthy neurochemistry?(Patient)</p>	<p>Jackson J, Currie K, Graham C, Robb Y. The effectiveness of interventions to reduce undernutrition and promote eating in older adults with dementia: A systematic review. JBI Database of Systematic Reviews and Implementation Reports. 2011;9(37):1509-50.</p>
<p>Are people in the social care setting (i.e. – those receiving counselling) given dietary advice?</p>	<p>Are people in social care settings given information to assist them to meet their dietary requirements and advised of the consequences of not eating well? (HCP)</p>	<p>Omidvari A, Vali Y, Murray SM, Wonderling D, Rashidian A. Nutritional screening for improving professional practice for patient outcomes in hospital and primary care settings [updated 2016//. 5</p>
<p>How many people are admitted to a care setting that are lacking social care support/ meal provision/access to food?</p>	<p>Social care arrangements: how many patients are admitted to a care setting with malnutrition that have are lacking in some form of social support e.g. meal provision/ shopping/ carer/ (HCP)</p>	<p>Elia M, and Wheatley, C. Nutritional care and the patient voice: Are we being listened to? BAPEN. 2014</p>
<p>Is there a benefit to providing meals on wheels and are other services like this available?</p>	<p>What is the impact on meals on wheels and similar services?(HCP)</p> <p>Are meals on wheels still provided? If so, by whom? What is the criteria for recipients? (other)</p> <p>Industry's role in providing information (accessible advice) on cost-effective energy dense foods/ meals to those vulnerable to malnutrition (elderly, frail, socially deprived) who still would like to maintain independence through not relying on meals on wheels services(HCP)</p>	<p>Zhu H, An R. Poor diet quality and insufficient nutrient intake is of particular concern among older adults. The Older Americans Act of 1965 authorizes home-delivered meal services to homebound individuals aged 60 years and older. 2014. Nutritiona and hea</p>
<p>How could people who live alone be better supported through schemes such as lunch clubs, trips to the shops, and access to healthy living centres?</p>	<p>Access to shops selling a range of foods(HCP)</p> <p>Does the facility to make your own food improve the diet of long term residents? (Patient)</p> <p>How can food be made more accessible to those with adverse needs or living diversely within society? (Carer)</p> <p>What food choices are made by those who cannot cook and / or prepare their own food?(Patient)</p> <p>Wholefood recipes and cooking classes/clubs. (patient)</p> <p>I have been involved in diet clubs such as Slimming World but I don't think these look at the person as a whole as much as they could. I think there is a place for a new 'club' that involves more group activities/social. I think this would help address issues such as overeating due to depression/loneliness.(HCP)</p> <p>In elderly is malnutrition due to self-neglect or loneliness. (HCP)</p> <p>Link of social isolation and malnourishment (HCP)</p> <p>Support to vulnerable people in the community(HCP)</p>	<p>Public Health England. Helping older people maintain and healthy diet: A review of what works. 2017. Gov.uk</p>