



Environmental Sustainability in the UK Home Enterally Tube Fed Population:

A Healthcare Professional Survey



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Executive Summary

This report presents findings from a survey conducted in April 2025 by BAPEN's Malnutrition Action Group (MAG), the BAPEN Sustainability Specialist Interest Group, and the British Dietetic Association (BDA) Parenteral and Enteral Nutrition Group (PENG).

The survey gathered responses from 142 healthcare professionals (HCPs) working in Home Enteral Tube Feeding (HETF) across the four nations of the UK. The survey explored clinicians' beliefs, barriers to sustainable practice, and key areas of waste within HETF pathways. The insights have informed recommendations for future collaboration with patients, carers, advocacy groups, and homecare companies to develop innovative, patient-centred, and environmentally sustainable enteral feeding services that maintain safety and wellbeing.

The NHS currently supports over 40,000 individuals with HETF in the UK¹ who are unable to meet their nutritional needs orally. While guidelines exist for the safe administration of HETF² and best practices have been explored³, the environmental impact of HETF requires greater attention to meet the NHS's Net Zero target by 2045⁴.

Major contributors to HETF's carbon footprint include hospital admissions, home visits, and the production, transport, and disposal of feeds and equipment. Additional environmental concerns involve significant plastic waste and the disposal of unused feed into sinks, which may contribute to eutrophication⁵ – a risk exacerbated by oversupply and incorrect deliveries.

Key findings:

Workforce Knowledge, Beliefs, and Barriers

- 100% of respondents believed it is important or very important for the healthcare system to support sustainable practice.
- 70% had not received training on environmental sustainability or understanding the carbon footprint of their workplace.
- Key barriers to reducing HETF's environmental impact included limited product options (feeds and ancillaries), time constraints, and insufficient training or knowledge.

Prescriptions and Deliveries: Efficiency and Waste

- 46% of respondents regularly advised patients to dispose of feed.
- 73% of HETF dietitians frequently amended prescriptions due to stock issues.
- 58% reported patients regularly experienced incorrect deliveries.

Prescription amendments and delivery errors increase HCP workload, undermine patient confidence, and contribute to inefficiencies and waste – hindering sustainability and potentially increasing costs.

Reusable Ancillaries: Use and Barriers

- Single-use syringes and water reservoirs were provided despite reusable alternatives being available.
- Barriers included patient concerns, historical practice, and product limitations.

Respondents requested national agreement, consistent messaging across services, and guidance to support the use of reusable products.

Recycling

- 61% of respondents felt unconfident or neutral about advising patients and carers on recycling HETF items.

To improve recycling support, respondents requested clearer information from HETF companies, practical guidelines, and better understanding of local recycling policies and practices.

Sustainable Changes to Practice

- 56% of respondents reported implementing changes to reduce HETF's environmental impact.

Examples included reducing travel emissions with virtual appointments, streamlining ancillary supplies and minimising feed waste through regular stock checks.

Based on the findings, our recommendations include:

- 1. Training and education:** Promote access to sustainable healthcare training for nutrition professionals.
- 2. Collaboration with patients, carers, advocacy groups and homecare companies to develop guidance and resources** including best practices for reusable use, intervention frequency, and recycling/waste disposal.
- 3. In partnership with patients, carers, advocacy groups and homecare companies consider ways to:**
 - Minimise emissions from transport including staff and patient travel as well as homecare deliveries
 - Reduce feed waste
 - Advocate for lower carbon or reusable products
 - Consider methods of waste disposal including recycling and utilisation of methods to minimise the impact of unused feed e.g., anaerobic digestion

The survey highlights a strong desire among HCPs to support sustainable healthcare. National consensus, clear guidance, and innovation in collaboration with patients, carers, advocacy groups and homecare companies can help scale and spread sustainable HETF practices. These efforts will support NHS trust decarbonisation plans⁶, contribute to homecare company carbon reduction goals⁷, and ultimately reduce costs and environmental harm while safeguarding patient health outcomes.

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Thank you to all the people who took time to complete the survey and share so many innovative ideas for sustainable quality improvement work.

Introduction

Home enteral tube feeding (HETF) is a vital treatment for individuals who are unable to meet their nutritional needs orally. The NHS currently supports over 40,000 people with HETF in the UK¹. While guidelines exist for the safe administration of HETF² and best practices have been explored³, the environmental implications of HETF require further attention.

This report presents the findings of a recent healthcare professional survey titled *Environmental Sustainability in the UK Home Enterally Tube Fed Population*. The survey was developed through a collaboration between BAPEN's Malnutrition Action Group, the BAPEN Sustainability Special Interest Group (SIG), and the BDA Parenteral and Enteral Nutrition Group (PENG).

With NHS targets to achieve a Net Zero (NZ) NHS by 2045⁴, action is needed to better understand and reduce the environmental impact of HETF services. Every healthcare appointment and intervention carries a carbon footprint: whether it's a hospital admission for gastrostomy placement, a healthcare professional (HCP) home visit, or procedures such as gastrostomy tube changes. The production, transport, and disposal of enteral feeds and ancillaries also contribute to this footprint.

Although research is limited, standard dairy-based enteral feeds are likely to have a high carbon footprint, similar to that of oral nutritional supplements (ONS)⁵ with heavy, bulky products often manufactured in Europe and shipped to the UK.

Product availability challenges may further affect the carbon footprint and cost of HETF. Patients and HCPs frequently report the need to amend prescriptions, often resulting in larger feed volumes. Incorrect deliveries, duplicated prescriptions, and oversized feeds can lead to excess product, which patients are advised to dispose of into the sink. The disposal of nutrient-dense liquids into sewage systems may contribute to eutrophication, or the over-enrichment of water systems, ultimately harming aquatic life⁵.

Carbon emissions from product deliveries also add to HETF's environmental impact. A recent survey conducted by PINNT, a support and advocacy group for people on home artificial nutrition, highlighted that patients receive multiple deliveries per month from homecare companies, with fewer than 50% receiving the correct products across all three survey months.⁶

As clinicians, we recognise the substantial volume of plastic waste generated by HETF practices. Despite the availability of reusable ancillaries, they are not always utilised, and recycling enteral feeding equipment remains challenging due to product limitations and varying local authority recycling guidelines.

We now have an opportunity to rethink the care we provide. By embedding sustainability measures into HETF pathways, ensuring care is both efficient and effective, and exploring innovative service delivery models, trusts can reduce costs, meet Net Zero targets, and continue to safeguard patient safety and well-being.

Aims

The survey aimed to:

- Understand clinicians' beliefs and barriers to working in ways that support sustainable practice
- Establish key areas of waste within HETF
- Identify ways to support healthcare professionals (HCPs) to adopt more environmentally sustainable approaches to HETF care
- Provide teams with an opportunity to share examples of sustainable practice

Methods

A national survey was developed, piloted, and revised by BAPEN specialist groups, including the Malnutrition Action Group, the BAPEN Sustainability SIG, and the Parenteral and Enteral Nutrition Group, before dissemination.

The survey consisted of 25 questions covering:

- Respondent demographics
- Sustainability knowledge and beliefs
- Prescription and delivery practices
- Use of reusables and recycling

It employed multiple-choice questions, Likert scales, and free-text responses to capture local case studies as shown in Appendix 1.

Results

Respondent demographics:

A total of 142 HCPs responded to the survey, with representation from all four nations and regions. The largest representation came from Greater London and the Southeast. Most respondents were dietitians – 39% were HETF dietitians and 32% were specialist dietitians (not HETF). Nutrition nurses made up 12% of respondents, including hospital, community, and contracted nutrition nurses. Other respondents included dietetic service leads, pharmacists, doctors, and a former care home manager (Figure 1).

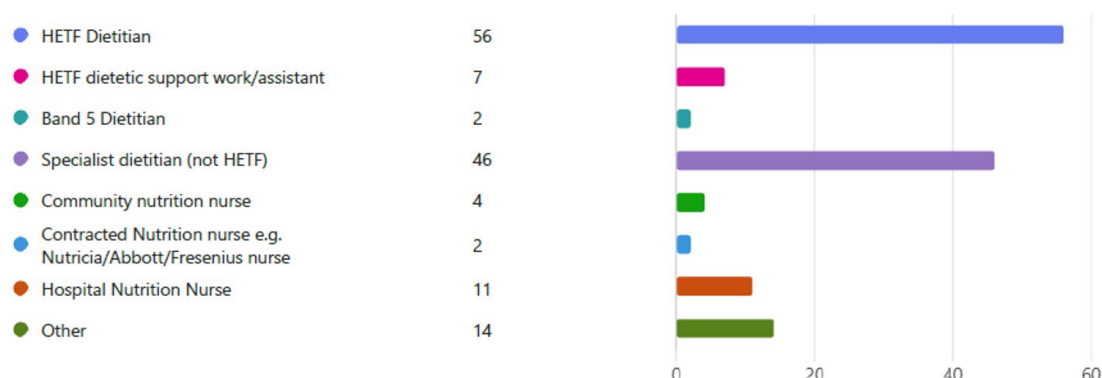


Figure 1: “What is your job role?”

Most respondents (81%) supported adult patients, while 19% worked with a paediatric caseload. Half of the respondents were based in the community, 30% in hospitals, and 18% worked across both settings. Others included a retired professional and someone in further education.

The survey results are divided into five key areas:

1. Workforce knowledge, beliefs, and barriers to integrating sustainability into clinical practice
2. Prescriptions and deliveries: efficiency and waste
3. Reusable ancillaries: use and barriers to use
4. Recycling
5. Sustainable changes to practice

Key findings:

1. Workforce Knowledge, Beliefs, and Barriers

These questions aimed to assess the importance of sustainable practice for HCPs working in HETF, explore barriers to implementation, and determine whether HCPs had completed environmental sustainability training.

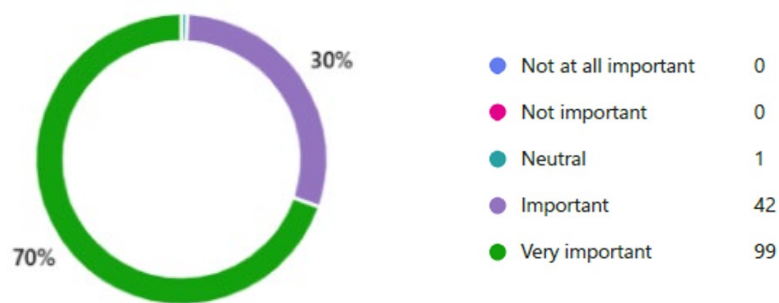


Figure 2: “How important do you think it is for the healthcare system to work in a way that supports sustainable practice?”

Figure 2 shows that 100% of respondents believed it was either “important” or “very important” for the healthcare system to support sustainable practice, with one person selecting “neutral.” Despite this, only 30% had completed training in environmental sustainability or understanding the carbon footprint of their workplace.

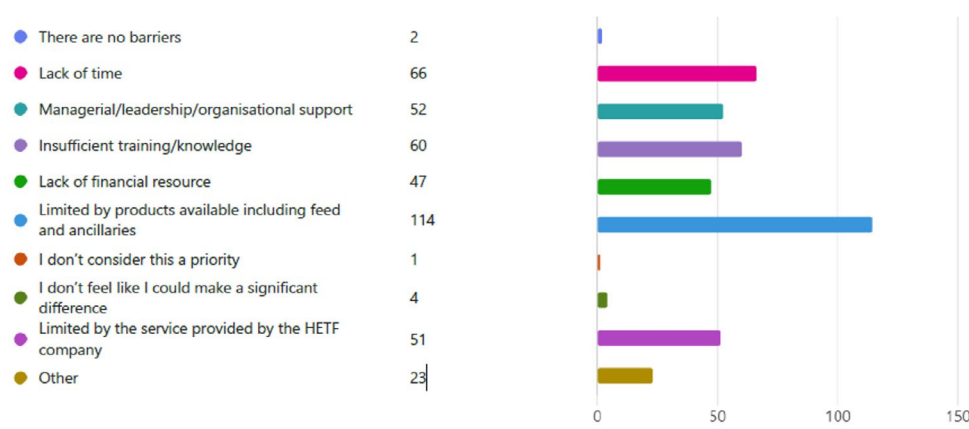


Figure 3: “What would you consider the main barriers to reducing the environmental impact of your HETF practice?”

The top three reported barriers were:

- Limited by available products, including feed and ancillaries (80%)
- Limited by lack of time (46%)
- Insufficient training/knowledge (42%)

Additional barriers are shown in Figure 3.

2. Prescriptions and Deliveries: Efficiency and Waste

Six questions explored the frequency of feed waste (Figure 4). Incorrect deliveries, duplicated prescriptions, unsuitable pack sizes, and damaged goods can all result in unused feed, impacting both finances and the environment.

46% of respondents reported advising patients to dispose of feed “often” or “very often.”

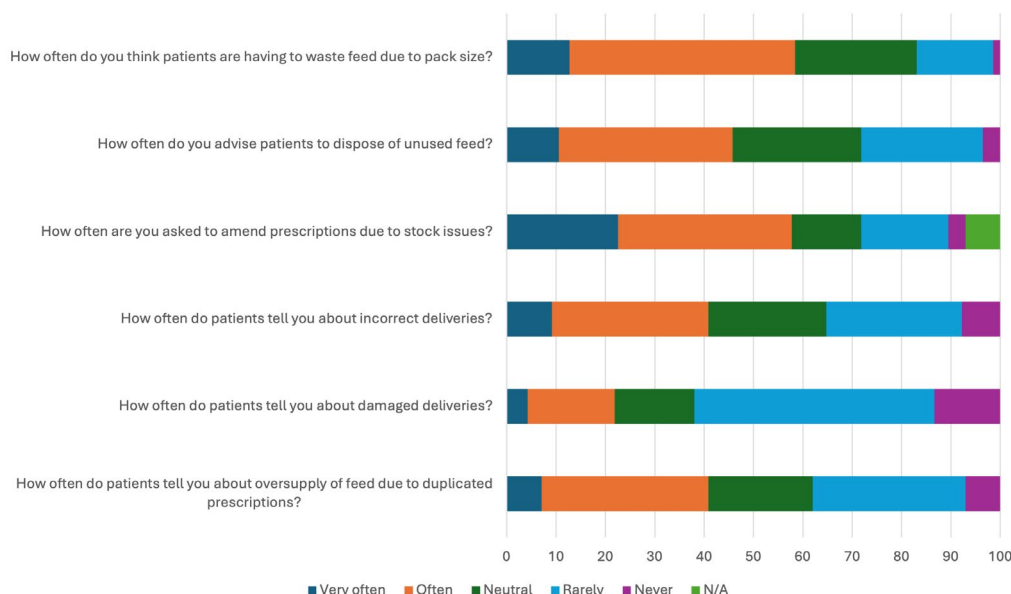


Figure 4: The frequency of situations likely to result in feed waste

Nationwide challenges with enteral feed and ancillary provision often require prescription amendments to ensure patients are provided with the appropriate alternatives. 62% of respondents reported being asked to amend prescriptions due to stock issues “often” or “very often.” This rose to 73% among HETF dietitians (n=56), who are frequently responsible for these amendments. The impact of prescription amendments on HCP workload, patient confidence and environmental sustainability should not be overlooked, with a number of respondents referring to the challenges within their free-text responses.

“The current stock challenges are causing significant negative impact on progress towards more sustainable practice in HETF.” – Anonymous respondent

Incorrect or damaged deliveries often increase HCP workload and can result in additional stress for patients and carers, with incorrect deliveries and waste leading to feelings of anger, guilt, and distrust in homecare companies⁶.

3. Reusable ancillaries: use and barriers to use

Reusable ancillary options exist for HETF patients but are not consistently utilised. When asked, “Are any of your patients using single-use items when reusable items are available?” 42% reported patients using single-use syringes, and 50% reported single-use water reservoirs, despite reusable alternatives.

Figure 5 shows reasons for providing single-use products, the main reasons related to patient or carer concerns, historical practice or a reluctance to change (50–56%) followed by ‘lack of suitable alternatives.’ This highlights the need for collaborative work with patients, carers and homecare companies to understand how to better support patients with reusable products, ensure ancillaries are utilised effectively and supplied in excess. There is also a need to ensure that reusable equipment is compatible with feeding systems.

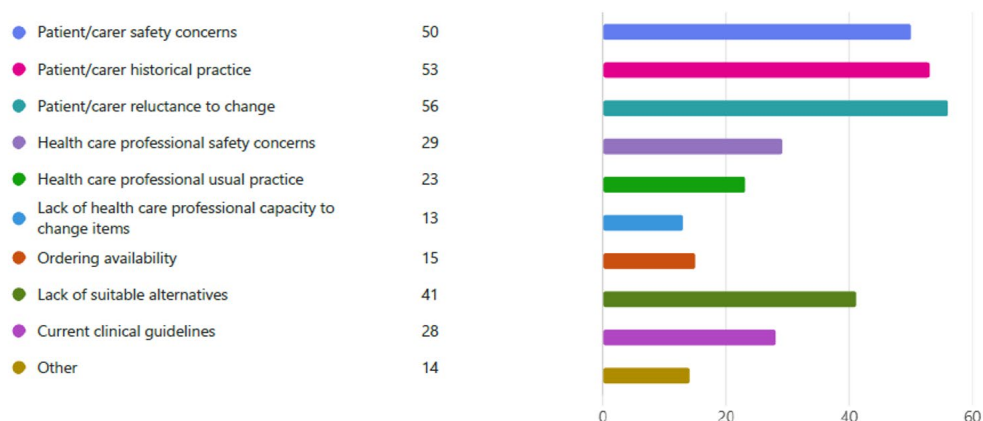


Figure 5: Why do you think such single-use items are being used?

When asked, "How confident are you in providing patients and carers with information about reusable items used for HETF?" responses were evenly split between confident/very confident and neutral/unconfident/very unconfident.

Top suggestions for improving confidence included:

- A toolkit/guidelines with evidence and case studies (71%)
- National agreement (68%)
- Consistent messaging from acute to community settings (63%)

4. Recycling

Recycling enteral feeding waste can be challenging, with variable guidance, inconsistencies between local authorities' guidelines and potential patient limitations. This is reflected in the survey results which suggest 61% of respondents were unconfident/very unconfident or neutral about advising patients and carers on the recycling of items used for HETF.

Top suggestions for improving confidence include:

- Clear recycling information from HETF companies (82%)
- Guidelines, resources, toolkit (70%)
- Understanding local recycling policies/practices (69%)

Results shown in Figure 6.

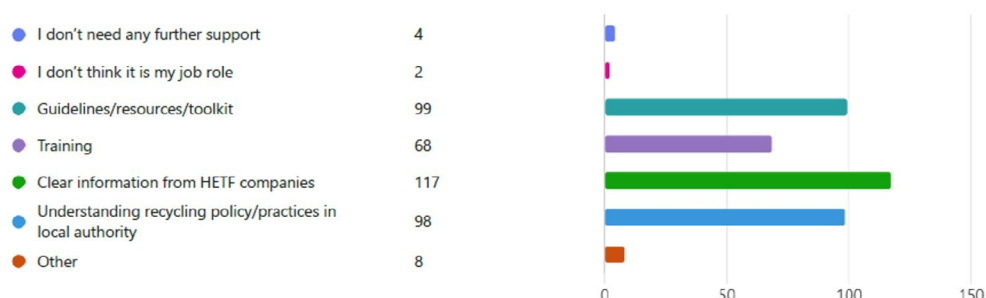


Figure 6: What would help you to become more confident in advising on and discussing the recycling of items for HETF?

5. Sustainable changes to practice

56% of the respondents reported having made changes to their practice to reduce the environmental impact of HETF. Although not exhaustive these changes included:

- Utilisation of telephone/virtual or joint appointments with other HCPs to support patients while **reducing travel**
- **Considering the frequency of interventions** including gastrostomy tube changes. As well as upskilling dietitians to complete tube changes during consultations, reducing the need for hospital appointments or additional home visits
- Reviewing ancillary guidance to **streamline supplies** and utilise **reusable products**
- **Reducing the frequency of unused feed** with regular stock-check in homes and healthcare settings and utilising regimens that minimise feed waste
- Supporting patients and healthcare settings to **recycle** HETF products

Summary and recommendations

Climate change presents an immediate and growing threat to health, with the UK already experiencing more frequent and severe floods and heatwaves, as well as worsening air pollution⁷. With ambitious NHS Net Zero targets and the moral obligation to provide sustainable healthcare, we have the opportunity to support high-quality, preventative, low carbon care through collaboration with patients across healthcare organisations, systems and companies. Guidance to reduce the environmental impact of HETF can support healthcare trusts and ICB decarbonisation plans⁸ as well as contributing to company carbon reduction plans in line with the [NHS Net Zero Supplier Roadmap](#)⁹ and could have the following co-benefits:

Financial

- Financial savings through streamlining ancillary supplies and reducing the oversupply of enteral feed

Environmental

- Reducing the carbon footprint of services
- Reducing overprescribing and oversupply
- Minimising waste through circularity/reusable products
- Reducing air pollution with fewer patient, staff and delivery miles
- Reducing packaging waste including single-use plastic

People

- Improved patient support and empowerment
- Improved workforce support, engagement and empowerment

This survey provides clear guidance from HCPs about the resources, guidelines and products needed to enable the workforce to reduce the environmental impact of HETF. In conjunction with the recent PINNT survey⁶, it can be used to form the recommendations below.

Key Recommendations

1. Training and education: Promote access to sustainable healthcare training for nutrition professionals.
2. Collaboration with patients, carers, advocacy groups and homecare companies to develop guidance and resources including best practices for reusable use, intervention frequency, and recycling/waste disposal.
3. In partnership with patients, carers, advocacy groups and homecare companies consider ways to:
 - Minimise emissions from transport including staff and patient travel as well as deliveries from the homecare company
 - Reduce feed waste including duplicated prescriptions, incorrect deliveries and prescription amendments
 - Advocate for lower carbon or reusable products likely to reduce the environmental impact of care which could include plant-based feeds where appropriate and access to high-quality reusables
 - Consider methods of waste disposal including recycling and utilisation of methods to minimise the impact of unused feed e.g., anaerobic digestion

This survey demonstrates the desire of healthcare professionals to work within a healthcare system that supports sustainable practice, as well as highlighting the challenges and support needed to achieve this in HETF. In practice many teams are making innovative changes to services delivering financial and environmental benefits whilst supporting patient centred care.

As an organisation working across disciplines and alongside patient and company representatives, BAPEN is uniquely positioned to lead guidance in this area to support scale and spread of sustainable HETF care across the UK.

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Appendices

Appendix 1: Survey Questions

The NHS supports over 40,000 people in the UK with home enteral tube feeding (HETF), helping people to live well and as independently as possible. Although the plastic waste in HETF is easily recognisable it is not the only sustainability challenge. The carbon emissions of patient and staff travel, admissions, feed waste and the interventions we offer e.g. gastrostomy changes are all important to consider. PENG, BAPEN Sustainability Special Interest Group (SIG) and Malnutrition Action Group (MAG) are collaborating to support and guide enteral feeding teams to work towards reducing their environmental impact whilst meeting patient needs, maintaining safety and delivering an efficient service. The data collected will help inform the baseline from which BAPEN will develop guidelines to support sustainable practice for this nutritional treatment. Thank you for your help to shape this work.

How your data will be used: Your data will be anonymised and presented by geographical regions, hospital or community services, adult or paediatric caseloads or by professional role and stored by BAPEN for up to 10 years. Such data will be presented in publications and reports, presentations, on BAPEN and PENG websites and through social media' *It will not be possible to withdraw your data once you have submitted the survey.*

1. I have read the information above and agree to my data being used as described. If you have any concerns or questions about this please contact the BAPEN Office (bapen@bapen.org.uk) *

☒ Consent

2. What is your job role? *

- ☒ HETF Dietitian
- ☐ HETF dietetic support work/assistant
- ☐ Band 5 Dietitian
- ☐ Specialist dietitian (not HETF)
- ☐ Community nutrition nurse
- ☐ Contracted Nutrition nurse e.g. Nutricia/Abbott/Fresenius nurse
- ☐ Hospital Nutrition Nurse
- ☐ Other

Appendix 1 continued:

3. Which care setting do you work in? *

- ☒ Community/Primary Care
- ☐ Hospital
- ☐ Hospital and community
- ☐ Private Sector
- ☐ Other

4. Which area of the UK do you work in? *

- ☐ Scotland
- ☐ Wales
- ☐ Northern Ireland
- ☐ Greater London
- ☒ Northwest England
- ☐ Northeast England
- ☐ Yorkshire
- ☐ East Midlands
- ☐ West Midlands
- ☐ East Anglia/East of England
- ☐ Southwest England
- ☐ Southeast England

5. Is the majority of your caseload adults or paediatric? *

- ☒ Adults
- ☐ Paediatric

Appendix 1 continued:

6. How important do you think it is for the healthcare system to work in a way that supports sustainable practice? *

- ☐ Not at all important
- ☐ Not important
- ☐ Neutral
- ☐ Important
- ☒ Very important

7. Have you ever had any training in improving environmental sustainability and/or understanding the carbon footprint of your workplace? *

- ☐ Yes
- ☒ No

8. What would you consider the main barriers to reducing the environmental impact of your HETF practice?(tick all that apply)

- ☐ There are no barriers
- ☒ Lack of time
- ☒ Managerial/leadership/organisational support
- ☐ Insufficient training/knowledge
- ☐ Lack of financial resource
- ☒ Limited by products available including feed and ancillaries
- ☐ I don't consider this a priority
- ☐ I don't feel like I could make a significant difference
- ☐ Limited by the service provided by the HETF company
- ☒ unclear guidance on how to recycle, inconsistent and unclear message on how frequently can reuse items. Some items reported to be reusable and n

Improving efficiency and reducing waste

9. How often do patients tell you about oversupply of feed due to duplicated prescriptions? *

- ☐ Never
- ☐ Rarely
- ☐ Neutral
- ☒ Often
- ☐ Very often

Appendix 1 continued:

10. How often do patients tell you about damaged deliveries? *

- ☐ Never
- ☐ Rarely
- ☒ Neutral
- ☐ Often
- ☐ Very often

11. How often do patients tell you about incorrect deliveries? *

- ☐ Never
- ☐ Rarely
- ☒ Neutral
- ☐ Often
- ☐ Very often

12. How often are you asked to amend prescriptions due to stock issues? *

- ☐ Never
- ☐ Rarely
- ☐ Neutral
- ☒ Often
- ☐ Very often
- ☐ N/A

13. How often do you advise patients to dispose of unused feed? *

- ☐ Never
- ☐ Rarely
- ☒ Neutral
- ☐ Often
- ☐ Very often

Appendix 1 continued:

14. How often do you think patients are having to waste feed due to pack size? *

- ☐ Never
- ☐ Rarely
- ☐ Neutral
- ☒ Often
- ☐ Very often

Single use and reusable items

15. Are any of your patients using single use items when there are reusable items available?(tick all that apply) *

- ☒ Syringes
- ☒ Flocare container/flexitainers/hydrobags
- ☐ Adaptors
- ☐ Extension sets
- ☐ No - go to question 17
- ☐ Don't know - go to question 17
- ☐ Other

16. Why do you think such single use items are being used? (tick as many answers as you feel apply)

- ☐ Patient/carer safety concerns
- ☒ Patient/carer historical practice
- ☐ Patient/carer reluctance to change
- ☐ Health care professional safety concerns
- ☐ Health care professional usual practice
- ☒ Lack of health care professional capacity to change items
- ☐ Ordering availability
- ☒ Lack of suitable alternatives
- ☐ Current clinical guidelines
- ☒ syringes become stiff

Appendix 1 continued:

17. How confident are you in providing patients and carers with information about reusable items used for HETF? *

- ☐ Very unconfident
- ☐ Unconfident
- ☒ Neutral
- ☐ Confident
- ☐ Very confident

18. What would help you to become more confident in advising on and discussing reusable items for HETF? (tick as many as apply) *

- ☐ I don't need any further support
- ☒ A 'toolkit'/guidelines including evidence and case studies
- ☐ Training
- ☒ National agreement
- ☒ A consistent message from acute to community care
- ☒ Information from Home care companies
- ☐ Trust infection prevention control policy
- ☐ Other

Recycling

19. How confident would you feel in advising your patients and carers on the recycling of items used for HETF? *

- ☐ Very unconfident
- ☒ Unconfident
- ☐ Neutral
- ☐ Confident
- ☐ Very confident

Appendix 1 continued:

17. How confident are you in providing patients and carers with information about reusable items used for HETF? *

- ☐ Very unconfident
- ☐ Unconfident
- ☒ Neutral
- ☐ Confident
- ☐ Very confident

18. What would help you to become more confident in advising on and discussing reusable items for HETF? (tick as many as apply) *

- ☐ I don't need any further support
- ☒ A 'toolkit'/guidelines including evidence and case studies
- ☐ Training
- ☒ National agreement
- ☒ A consistent message from acute to community care
- ☒ Information from Home care companies
- ☐ Trust infection prevention control policy
- ☐ Other

Recycling

19. How confident would you feel in advising your patients and carers on the recycling of items used for HETF? *

- ☐ Very unconfident
- ☒ Unconfident
- ☐ Neutral
- ☐ Confident
- ☐ Very confident



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