in TOUCH

Silver Edition, Dec 2017

Celebrating 25 years of BAPEN

Plus

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BAPEN
Putting patients at the centre of good nutritional care
1992 - 2017

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British Association for Parenteral and Enteral Nutrition

BAPEN is a Registered Charity No: 1023927

BAPEN is a Charitable Association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

BAPEN brings together the strengths of its Core Groups to raise awareness and understanding of malnutrition in all settings and provides education, advice and resources to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

BAPEN's Core Groups include:

- **Dietitians** – The Parenteral & Enteral Nutrition Group of the British Dietetic Association (PENG)
- **Doctors & Scientists**
  - BAPEN Medical
  - The British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN)
- **Nurses** – National Nurses Nutrition Group (NNNG)
- **Patients** – Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)
- **Pharmacists** – British Pharmaceutical Nutrition Group (BPNG)

BAPEN works with all stakeholders, including patients and professionals, healthcare commissioners and providers at local, regional and national levels, and industry to deliver the nutritional agenda **www.bapen.org.uk**

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A message from BAPEN's President

Dr Simon Gabe, BAPEN President

Welcome to our special Silver Issue of In Touch, which has been produced to mark BAPEN's 25th Anniversary and all the major milestones and achievements along the way.

With a December distribution it is timely to review our Conference, which took place last month and, as always, was a tremendous success. Our Annual Conference is one of the highlights of our calendar of events, providing an opportunity to learn from the lectures and seminars, share best practice and, most importantly for us all, to meet up in person and network with colleagues, where we are all passionate about raising nutritional care standards in the UK.

In our Opening Symposium we not only celebrated BAPEN's 25 years of achievements, but also looked ahead to the next 25 years and the challenges we continue to face as we seek to improve nutritional care in the UK.

I was really pleased to be able to unveil our new 5-year Vision & Strategy. BAPEN has been instrumental in the widespread understanding of the prevalence of malnutrition – its causes and consequences – and in campaigning for national screening. Our next challenge will be the implementation of appropriate nutritional support in all care settings, which is what our strategic plan aims to address.

Never has nutritional care been more crucial and BAPEN needs to be nimble enough to tackle all the issues we face. As such, fundamental changes to BAPEN's structure are going to be made to ensure we are able to respond to new challenges. We are also going to allow all Core Groups to benefit from free BAPEN Membership, which will build a stronger voice for our organisation in our lobbying activity. If you haven't already read the Vision & Strategic Plan it can be viewed on our website: **www.bapen.org.uk/about-bapen/about-us/our-vision-and-aims**.

A very interesting and thought-provoking part of our Opening Symposium was a presentation by Mike Wallace, a Health Economist, currently working at Nutricia Advanced Medical Nutrition. We asked him to look at the current cost of malnutrition in England, as calculated by BAPEN and the National Institute for Health Research in 2015, and use this as a base to project what the costs could potentially be over the next 25 years.

Whilst this is a simplistic calculation, it does consider population changes and healthcare inflation to see what the potential cost to the NHS could be if the changes to nutritional care that BAPEN is demanding aren't made.

Taking the £19.6bn as the most recent estimate of the cost of disease-related malnutrition (DRM) 2011/12 in England, he calculated that the current cost in 2017 across the whole UK is £29.5bn and that in 2042 it could be £71.1bn.

As the burden of chronic disease will likely grow, and life expectancy should increase, it could well be a conservative estimate. This data really highlighted the important job we all have to do – costs will only increase if we don't get better at detecting, managing and treating malnutrition.

Included in this special 'Silver Edition' of In Touch are more details on the key messages that Mike Wallace covered in his session. You can see the whole presentation, with helpful background data, via the website: **www.bapen.org.uk/images/pdfs/conference-presentations/2017/an-undeniable-truth-the-future-cost-of-malnutrition.pdf**.

Nutritional Care Tool Update

As you all know, from building on the work undertaken during the Nutrition Screening Weeks, which helped create a country-wide picture of the prevalence of malnutrition in the UK, BAPEN developed and tested a web-based Nutritional Care Tool. The Tool was designed to enable organisations to easily monitor the level of screening for malnutrition but to also ease the process for organisations to capture and evaluate the effectiveness of nutritional care provided along with the patient experience. The Nutritional Care Tool utilises quality improvement methodology (i.e. this data is intended to identify improvement opportunities within an organisation, not performance management or research).

At the 2017 Conference we launched a report which presents the first analysis of the data collected since the launch of BAPEN's Nutritional Care Tool in 2015. We have taken a decision that this information is really valuable for all of us and so will publish Annual update reports that will be launched at our Conferences.

We are delighted that we have 70 organisations currently registered to use the BAPEN Nutritional Care Tool. It is a great start but there is more work to be done to get everyone signed up and using the Tool. Please take time to read the report: **www.bapen.org.uk/images/pdfs/nutritional-care-tool/bapen-nutrional-care-tool-report-2017.pdf**.

If your organisation is not signed up please encourage them to do so in 2018. There are some tips about how to use the Nutritional Care Tool here: **www.bapen.org.uk/images/pdfs/nutritional-care-tool/bapen-5-steps-to-success.pdf**.

If you have any queries or comments about the Tool please get in touch directly: **bapen@bapen.org.uk**.

In summary

So far, all registered users have contributed data at least once since its inception in September 2015. The majority of organisations are in the NHS Acute sector, but there is representation from nursing and residential homes, and community organisations.

77% of organisations using the BAPEN Nutritional Care Tool reported having a nutrition steering committee and 73% reported having a nutrition support team.

57% of the organisations employ specialist nutrition nurse(s) with a median number of 1 whole time equivalent (WTE) specialist nurses in post. There were 2.93 specialist nutrition nurses per 1,000 available beds for all organisations registered to use the Tool.

The majority of registered organisations provide education and undertake audit in relation to nutritional care.

97.1% of organisations are undertaking regular audits of nutritional screening, 51.4% undertaking regular audits of nutrition care plans, with only 27.1% tracking nutrition outcomes and 12.7% undertaking regular audits of intentional rounding, where nutrition is included in the intentional rounding Tool used.

The patient experience questions were answered positively; 89.3% of patients able to answer reported receiving all the food and drink and/or nutritional care they had needed together with all the assistance they had needed to eat and drink.

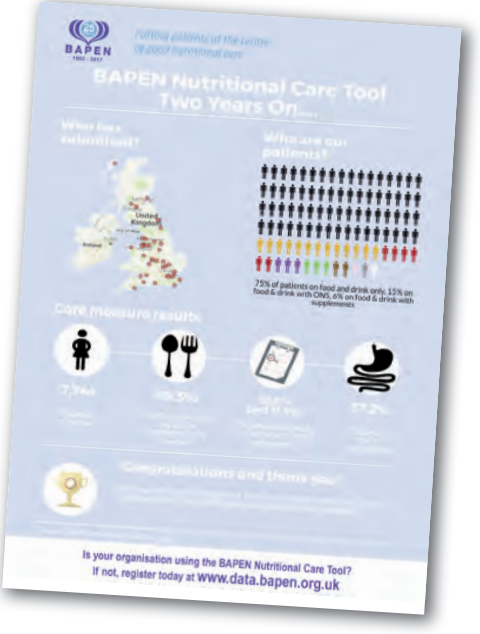
83.8% of patients surveyed with the Tool had been screened for malnutrition on entry to the care setting. The 16.2% of patients who are (presumably) not screened at entry to the care setting is a clear target area for improvement.

81.8% of patients surveyed with the Tool were re-screened for malnutrition at an appropriate interval.

37.2% of patients surveyed using the Tool were recorded as being at risk of malnutrition either through 'MUST' screening or subjective criteria. This represents a significant proportion of patients surveyed, although it should be remembered that many trusts completing the Tool may have focused on higher risk areas, such as care of the elderly.

Approximately 8% of patients surveyed showed a loss of 5% or more of body weight during their time in the care setting (see section 5 of the Report for details regarding the caution required in the interpretation of this finding).

75.3% of patients were recorded as receiving only food and drink. Further analysis of the data regarding feeding routes is being undertaken.



New Data Collection Weeks

We are planning to develop the Nutritional Care Tool early in 2018, so that organisations will be able to retrieve their data and monitor their progress. Organisations will still be able to continue to input their data at regular intervals during the year and we will continue to have national data collection weeks.

The next scheduled Data Collection Weeks are:

- Week commencing 12th March 2018 (Nutrition and Hydration Week) • Week commencing 11th June 2018
- Week commencing 10th September 2018

We have produced a short 5-step guide on how to use the Nutritional Care Tool. This and further information and resources are all available on the BAPEN website: www.bapen.org.uk/resources-and-education/tools/bapen-nutritional-care-tool

BAPEN 25th Anniversary

As we come to the end of this milestone year in BAPEN's history, we thought it would be good to collect some of the organisational wisdom and insight of this part of our journey. To that end, Andrea Cartwright, Consultant Nurse at Basildon & Thurrock University Hospital and member of BAPEN Faculty, kindly approached a number of people that have played a key role over the past 25 years – some having been with us since the very beginning. What follows is their shared reflections of what has been, insights into what is to come, along with some recommendations as to how to achieve this.

What unites each of our contributors is a passionate commitment to raising the awareness of malnutrition in all settings and BAPEN as a means to helping achieve this. This is apparent from the outset when our contributors were asked about when and why they joined BAPEN. As **Jeremy Powell-Tuck**, Emeritus Professor of Clinical Nutrition, Barts and the London School of Medicine, and one of those present at the very first meeting succinctly puts it: *"I realised that clinical nutritional support needed national coordination and also international presence. It also needed a forum for the presentation of relevant research and clinical developments."* Also present at the beginning, was **Lynne Colagiovanni**, former Consultant Nutrition Nurse at University Hospitals Birmingham. She commented: *"I felt it was important that as nutrition teams were being heavily promoted at that time, a forum where all the team members could meet to share knowledge and experience could only be beneficial."* And, as **Dr Janet Baxter**, currently in a leadership role for Nutrition Support Service in Tayside, adds: *"It felt very exciting to be present at the start of a system that could influence the management of nutritional support."*

When it comes to the reasons why fellow professionals should be encouraged to join BAPEN, **Ruth McKee**, a Colorectal Surgeon at Glasgow Royal Infirmary, and who until our November Conference was BAPEN Secretary, pulls no punches when it comes to her colleagues: *"I believe it is vital for GI surgeons to be involved in nutrition teams because so many patients who need artificial nutritional support are surgical patients – we should understand their anatomy, surgical problems and likely future course much better than anyone else,"* said Ruth. Former BAPEN President, Consultant Gastroenterologist **Tim Bowling** widens the net when he says: *"BAPEN is the only organisation that hosts the interests of those who are involved in nutritional support"*. He continues: *"There may be little 'high science' involved, but there is much to do to achieve best practice across the UK. So, for anyone with interest/enthusiasm in nutritional support, be it at the complex IF end or the more every-day ward end or in the community, BAPEN offers a fantastic forum."*

Our organisation journey so far has occurred against a backdrop of considerable change within the NHS. Reflecting on this, **Ailsa Brotherton**, outgoing Chair of the Quality and Safety Committee identifies two key changes, the first being *"the changing acuity of patients"* with the second being an *"increased focus on improving outcome measures/delivering services which demonstrate a return on investment"*. Many of the contributors note the considerable areas which have seen improvement, such as decreased waiting times, improved surgery/anaesthesia/ intensive care provision, as well as a much greater knowledge about nutritional support. Everyone, however, identified areas that have not improved. Ironically, it was often the improvements that had been achieved that themselves brought greater pressures. Janet highlights one example close to home for those of us in BAPEN:*"While we have more tools to support us in the management of undernourished patients requiring nutritional support, the pressures around time for staff to be trained means the tools are not necessarily used appropriately – with particular reference to 'MUST'."*

Several point out the systemic nature of various issues, such as the 'big brother' micromanagement of working practice and *the NHS as a whole becoming "much more centralised in its governance and control, leaving less room for individual and hospital 'firm' based initiatives."* In addition to the expected observations of too many patients and not enough resource, **Liz Anderson**, Chair of the National Nurses Nutrition Group (NNNG), adds another, perhaps less expected, observation: *"I think everything is 'image driven'. Social media seems to dominate."* She continues: *"This bothers me – I feel that, as good as a platforms such as Twitter can be for promoting excellent practice, we are in danger of becoming a profession of catch phrases and who has the most likes. My experience is that patients don't care how many followers you have. They do care if you are not providing the compassionate focused care that you should be."* **Carolyn Wheatley**, Chair of PINNT, commented on the increased momentum of patient and heathcare professional interaction across social media. Carolyn went on the say: *"Healthcare professionals are facing the challenges of social media. Social media has a place but should be used wisely."* These changes have undoubtedly had an impact on both healthcare professionals as well as patients and their care. Liz sees individual care becoming a thing of the past, with care at a healthcare professional (HCP) level becoming *"a competition – who can come up with the snappiest logo 'oh look at us showing how caring we are'."* Ruth adds that while outcomes are much better: *"At times I think we can forget the real person involved in the healthcare process."* Differing views and experiences of the role of patients themselves emerge. On one hand, as Tim puts it: *"Patient expectations have increased enormously, and sometimes these are unrealistic. Patients, in general, are only interested in their care, and often don't appreciate the bigger picture and priority setting that the healthcare professionals need to do, which sometimes is not to the benefit of an individual patient."* On the other hand, Janet describes a situation in Tayside where: *"Patients have become more agreeable to becoming partners in their care... very willing to contribute to stakeholder events and to work with us to develop new ways of working."*

At an HCP level, Tim speaks of a culture where professionals are *"getting it right most of the time, but being pilloried on those few occasions when we don't."* This sentiment is echoed by Lynne who adds it sometimes feels as though we get *"penalised for caring"*. Lynne continues: *"Caring is difficult to measure. There isn't a national standard or a government box to tick. Every intervention has to save/make money."* In a similar vein, Ruth speaks of the need to *"make a real effort to work on keeping our teams positive and collaborative, rather than just 'ticking the boxes' of various standards."* Ailsa draws attention to the fact there is now *"much less time available for study leave and activities contributing to personal professional development and wider professional activities."*

Switching back to BAPEN's key achievements over the past 25 years, many draw attention to the organisation's track record of delivering *"superb Annual Conferences"* as a well as a diverse range of reports and resources, most notably 'MUST' and BANS. These have helped, as Tim succinctly puts it, *"to raise awareness of malnutrition amongst professionals, the public and politicians."* It was noticeable that the vast majority of our contributors could cite a BAPEN initiative or resource that they had used in a previous or current workplace which had delivered a positive impact. Jeremy rightly draws attention to BAPEN's involvement with the ESPEN conferences, which were very influential internationally, before adding: *"Above all BAPEN is remarkable in its cross-professional structure and function, which has helped it to have an effective political voice within the countries of the UK."* All of which have been achieved, as Carolyn notes, while *"keeping Core Groups under the umbrella of BAPEN."*

When it comes to the challenges faced over the same period, several trends emerge, most notably the need to ensure ongoing, active and growing membership. As Jeremy explains: *"It is important that surgeons are more involved, as well as paediatricians, intensivists, renal physicians, gastroenterologists, sport medicine, etc. Nutrition by its nature impacts on all the 'ologies'."* The need to work collaboratively also rates very highly, both within BAPEN and between BAPEN and external agencies. Re the former, Janet rightly observes that: *"The spread and depth of knowledge and expertise can only come with working collaboratively – no single profession can have all the skills required to manage nutrition effectively."* Re the latter,

Tim identifies the need to *"persuade commissioners and politicians to engage and help facilitate real tangible change in quality of care."*

The role and contribution of BAPEN's Core Group and members to the wider body of BAPEN knowledge and expertise was also discussed and picked up the earlier theme of collaboration. Hence Ailsa's assertion that *"BAPEN is successful because it is a multidisciplinary organisation"*, one which Liz describes as containing *"the strength, experience and knowledge of a very diverse group of HCPs and patients."* Ruth reminds us that *"we can learn so much from other professions both locally in our teams and nationally from other Core Groups."* While acknowledging that at times there are potential conflicts of interest between BAPEN and Core Groups, Tim notes the importance of appreciating that *"we are all on the same side, working to the same goals."* To this, Jeremy helpfully remarks on the need for all members to be treated with mutual respect and as equals.

Our contributors were then asked for any standout moments in BAPEN's history as well as their favourite BAPEN Conference, and the reasons why. The Pennington Lectures were mentioned by many to which Jeremy added getting the ESPEN Council to agree to hold ESPEN in Glasgow. On a very personal level, several understandably recalled the importance of being awarded the John Lennard-Jones Medal. For Ruth however, it was sitting next to Khursheed Jeejeebhoy at the BAPEN dinner in 2015, who she described as *"a lovely man and so humble despite his encyclopaedic knowledge."* When it came to Conference venues, only three stood out. Brighton was championed by Liz, Norbreck Castle by Tim for its *"Dunkirk mentality"*, while Harrogate appears to be a marmite venue, being the favourite and worst venue of others.

We then turned the attention of our contributors to the future and asked what they believed BAPEN will need to prepare for in the next five years. Looking at the future revealed a largely positive outlook tempered with a degree of uncertainty and apprehension about whether this significant potential could/would be realised. The centrality of maintaining and developing the relationships with and between the Core Groups was identified, along with the need for/opportunities to grow the BAPEN membership as a whole. The hope for positive ongoing links with Europe was also expressed.

Achieving the agreed potential would require a number of changes in action and attitude, with several calling for the need for internal organisational restructuring to help future-proof BAPEN, while also making it more appealing to a wider audience. The need to embrace and capitalise on new technology to both maximise ways of working as well as ensuring maximum communication efficiency was also identified. Others mentioned the ongoing development of resources, such as BAPEN tools, conferences, and the widely respected economics reports that had proved so popular in the past, and to ensure BAPEN always had *"a pipeline of developments so it always had resources to promote"*. Jeremy drew attention for the need for Intestinal Failure (IF) national organisation to receive ratification and completion, with Tim adding that BAPEN needed *"to find a way of generating its own funds and ideally remove itself entirely from external commercial help."*

Above everything, however, was the recognition of the centrality of remaining focused on raising the profile of and having the greatest impact on improving nutritional care. Hence Janet's observation on the *"need to develop better awareness of the Health and Social Care agenda so that nutrition features to a greater extent in prevention and anticipatory care."* Liz pulls no punches when she states: *"We have to keep up the momentum of ensuring nutrition stays a priority for healthcare providers and commissioners. There is a real danger that artificial nutrition, in particular, will go into the background with the onus being on hospital food. We need to keep lobbying that clinical malnutrition is not just down to the fact that people don't like hospital food!"* Lynne speaks of the need to *"get back to focusing on EN & PN instead of malnutrition and nutrition screening."* Tim draws attention to the need to engage at an academic level: *"Nutrition matters have very little academic presence. There needs to be a much greater academic focus, that will appeal to both the academically-minded and those that are the shop-floor practitioners."*

Our penultimate question gave each contributor the opportunity to say what, if anything, they would have done differently during their time in BAPEN. The responses were as typically forthright. For Ailsa it would have been offering more support to colleagues new to committees and the council/exec. Jeremy *"would probably have tried to understand better the links between nutrition and cellular electrolyte handling throughout all cells and organs of the body, but perhaps especially the kidney.* While Liz said: *"I am still very much involved in BAPEN so ask me again in 10 years!"* Lynne stated she would have been more assertive on behalf of the NNNG while lobbying for a *"smaller, more effective council."* Being *"bolder to get involved in committees at an earlier stage in my career"* would be Ruth's choice. There was nothing much Carolyn, Janet and Tim would have done differently, although Carolyn notes the significance of Grasmere as *"looking back we see many of those delegates heading up teams and centres now, keeping the momentum going."*

Last, but by no means least, thanks to everyone who took the time to share their wisdom and insights into the BAPEN journey so far. Here's to the next 25 years – and your role in it, helping to make a difference in the world of patient nutritional care.

We offered everyone who contributed to this article three festive future wishes, two for BAPEN and one for themselves. Here, in their own words, are what they wished for.

AILSA

For BAPEN
- To succeed in getting commissioning of good nutritional care in the Government mandate so it becomes a priority for the NHS and social care.
- To see the Nutritional Care tool embedded in every organisation – and for BAPEN to rename it 'MUST+'.

For myself
- To spend 6 months of the year on a yacht sailing around the Med, with a glass of Bombay Sapphire to hand!

JEREMY

For BAPEN
- The final ratification of the HIFNET initiative.
- Lots of combined efforts linking BAPEN with other specialist societies and expert groups.

For myself
- An improved singing voice, better musical sight reading and a respectable golf handicap.

CAROLYN

For BAPEN
- An endless supply of willing people to keep BAPEN evolving.
- Showing the united voices of all the disciplines involved.

For myself
- I wish to continue doing what I can for as long as I can.

JANET

For BAPEN
- Increased membership and even greater influence at government, clinical and educational levels.
- Recognition as the 'go to' body of experts re clinical nutrition.

For myself
- To retire in the next couple of years knowing that I had made a difference to the world of clinical nutrition – and that includes contributions to the fantastic BAPEN association.

LIZ

For BAPEN
- Malnutrition was taken seriously at last and BAPEN was widely recognised for the asset it is.
- Nutrition was the top priority in all healthcare organisations.

For myself
- To be able to carry on doing the job that I love and being the best I can be for patients and colleagues.

LYNNE

For BAPEN
- That BAPEN works more effectively with the founder groups each side valuing the others input.
- That BAPEN could find the finance to support a multi-centre research study in some aspect of EN or PN.

For myself
- That I can find a way to continue to be involved in nutritional support in my retirement.

RUTH

For BAPEN
- To have more active volunteers who will contribute to the running of the organisation.
- To have more GI surgeons as members.

For myself
- To have another couple of consultant colleagues with an interest in nutrition – one gastroenterologist and one surgeon.

TIM

For BAPEN
- To continue to enhance its recognised high profile status as a champion for nutrition and nutritional support.
- Better and more guaranteed financial support to allow BAPEN to undertake the activities it needs and wants to do and also to give it a more secure future.

For myself
- Retirement before Mr Corbyn taxes me out of existence.

BAPEN Malnutrition Matters Conference 2017

BAPEN's Programmes Committee Members: Pete Turner (Chair) and **Jennie Mort** (Sovereign Conference), along with the Symposia Chairs: **Dr Ailsa Brotherton**, **Bruno Mafrici**, **Liz Anderson**, **Anne Holdoway**, **Dr Ruth McKee**, **Imogen McKenzie-Watson, Winnie Magambo-Gasana and Dr Andrew Rochford**, report on this year's BAPEN Conference.

This year's BAPEN Annual Conference offered delegates an extensive range of clinical and scientific topics relevant to both acute and community settings, providing over 13 symposia, two keynote lectures, a breakfast symposium, chaired poster sessions incorporating top scoring abstracts, and the Annual Dinner celebrating BAPEN's 25th anniversary. The Conference enabled delegates to hear of cutting-edge and innovative practice with an abundance of practical take home messages to facilitate improvements in the delivery of nutritional care back in the workplace.

Whilst it is not possible to describe all of the sessions in detail, this review provides insight into some of the Conference highlights.

Opening Symposium: BAPEN – Looking forward to the next 25 years?

Reported by Dr Ailsa Brotherton, previous Chair of the BAPEN Quality & Safety Group.

The 2017 BAPEN Conference opened with **Dr Simon Gabe**, President, welcoming delegates and introducing some of the Conference highlights. **Dr Ailsa Brotherton**, previous Chair of the BAPEN Quality and Safety Group, then outlined the headlines from the BAPEN Nutritional Care Tool Annual Report and asked all Conference delegates to adopt the Tool in their organisations throughout 2018, highlighting the benefits of using the Tool for individual organisations and the potential opportunities for data analysis if the Tool is adopted nationally.

Mike Wallace then outlined the predicted costs of malnutrition over the next 25 years and directed delegates to local health economy data, which will support discussions with commissioners at a local level. The predicted cost of malnutrition in 2042 is an astounding £71.1 billion; demonstrating the potential for organisations like BAPEN to make a difference to future healthcare costs.

Matthew James Lee, Department of Surgery, Sheffield Teaching Hospitals NHS Foundation Trust, and **Adele Sayers**, ST6 Colorectal Surgery Trainee, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, concluded the opening session with a superb presentation of the results of the National Audit of Small Bowel Obstruction (NASBO) followed by an excellent Q and A session that demonstrated the high level of delegate interest in this work and a discussion focused on future opportunities.

Further details on BAPEN's Nutritional Care Tool, along with the Data Collection Weeks, can be found on the BAPEN website: **www.bapen.org.uk/resources-and-education/tools/bapen-nutritional-care-tool**

Symposium 1: Estimating Nutritional Requirements – when is less more?

Reported by Bruno Mafrici, Clinical Lead Renal Dietitian, Nottingham University Hospitals NHS Trust.

Estimating nutritional requirements is a component of the dietetic assessment in patients who require nutritional support. Currently the 'Adult Requirements Section' of the 'Pocket Guide to Clinical Nutrition' from the Parenteral and Enteral Nutritional Group (PENG) of the British Dietetic Association is under review and five dietitians undertook five systematic reviews to develop an evidence-based approach for estimating energy expenditure and nutritional requirements using data generated from clinical studies. This new method, together with the new fully updated Pocket Guide is expected to be published by Spring 2018. During the symposium, **Dr Elizabeth Weekes** described the rationale for this new approach and the methodology in conducting the systematic reviews. Her section was followed by a debate between dietitians **Ella Segaran** (supporting the role of predictive equations) and **Pete Turner** (supporting the kcal/kg method) in estimating energy requirements in the critical care setting. The audience voted in favour of the kcal/kg method. A key message of the symposium was that there are flaws in all methods of estimating nutritional requirements and that all they give you is a starting point, after which monitoring and clinical judgement should drive the individualised nutritional care plan in patients receiving nutrition support.

Symposium 3: Restraints – Securing devices used in delivering nutrition support

Reported by Liz Anderson, Nutrition Nurse Specialist, Buckinghamshire Healthcare NHS Trust.

Nasogastric (NG) tube feeding is often very problematical. One of the biggest issues is the problem of mental capacity and what is in the best interest of the individual. And once the decision to feed the person using an NG tube has been made, what happens if the patient cannot tolerate it? With this in mind, the National Nurses Nutrition Group (NNNG) hosted a very informative symposium on the problems that healthcare professionals, carers and patients encounter when dealing with these issues. **Tracey Brown**, Adult Safeguarding Lead, North West Anglia NHS Foundation Trust, started with an overview of the Mental Capacity Act and how it was relevant to use in decision making in artificial nutrition support. **Suzy Cole**, Nutrition Nurse Specialist from Musgrove Park Hospital, Taunton, then shared an audit that she had carried out on how her team had improved patient comfort and compliance with NG tubes by using a non-invasive attachment device. Finally, **Liz Anderson**, Nutrition Nurse Specialist and **Deborah Begent**, Adult Speech and Language Therapy Service Manager from Buckinghamshire Healthcare NHS Trust, showcased their Palliative Feeding for Comfort Guidelines, which they use when artificial nutrition support is no longer appropriate for patients. The symposium was well attended and generated a lot of discussion both during the sessions and afterwards

Symposium 4: Addressing Malnutrition in the Community

Reported by Anne Holdoway, Consultant Dietitian, Bath.

With patients spending less than seven days in hospital and 93% of the malnutrition existing in the community, it is vital that community healthcare professionals integrate nutritional care, including malnutrition screening, into practice.

This symposium brought GPs under the spotlight for the first time at a BAPEN Conference. With GPs delivering care to thousands of patients every day, including the frail elderly and those with long-term conditions, they are key players in identifying malnutrition which can be developing insidiously. Following an introduction by Anne Holdoway to set the scene, **Dr Elanor Hinton** outlined current GP knowledge of malnutrition in patients with COPD. **Dr Anita Nathan** and **Dr Rachel Pryke** went on to provide the audience with insights as to how GPs can play an effective role in delivering holistic care to their communities that includes the identification, treatment and prevention of malnutrition. Tips and hooks to get commissioners engaged were highlighted.

A lively, facilitated panel discussion provided delegates with the opportunity to pose their questions to the panel and take home a host of key messages and actions to enable them to drive change and work effectively with GPs and commissioners to ensure timely nutritional care is achieved in primary care settings.

Symposium 5: Integration of Health and Social Care – The implications for nutrition professionals

Reported by Dr Ruth McKee, Consultant Colorectal Surgeon, Glasgow Royal Infirmary.

All four UK countries have moved to an era of integration between health and social care – this symposium addressed the spectrum of this integration, from the strategy described by our first speaker, **Mark Taylor**, from Belfast, to the detail of several smaller dietetic projects from Wales. We heard of the skills of transforming people's attitudes to integration and the hard work on the reorganisation of care in Northern Ireland, with some useful principles laid out for all. **Kirstine Farrer** has spent one day a week working with the Malnutrition Task Force project in Salford, where integration has included the use of the third sector of willing volunteers, which required both cooperation between many groups and training for many people. The challenge of identification of possible malnutrition by the non healthcare professional has been addressed by signposting possible malnutrition issues using a paper armband. From Wales, two projects were reported. The first **(Annalisa Owen and Judith Gethin)** was a collaboration between community and acute to pre-assess and inform patients considering gastrostomy for neurological disease before attendance for the procedure. The second **(Amy Evans)** described the use of an enhanced dietetic service to care homes which both improved the prescribing of oral nutritional supplements (ONS) and saved money. The theme of 'spending to save' was continued in **Janet Baxter's** description of the Tayside Nutrition Network, where innovations in screening, dietetic care and ONS prescribing have also been found to improve care and make scarce financial resource go further. We had a stimulating afternoon – apologies to those who did not get to ask questions as we over-ran our session and went for tea!

BAPEN Pennington Lecture: Nutrition – making a difference

Reported by Dr Ailsa Brotherton.

Dr Ruth McKee, Consultant Colorectal Surgeon, Glasgow Royal Infirmary, delivered this year's prestigious Pennington Lecture, paying tribute to Chris Pennington's research and clinical work before sharing her own experiences of excellence in nutritional care making a difference in surgical patients.

Dr Barry Jones, Chair of Faculty, presented Ruth with the prestigious John Lennard-Jones Medal for her outstanding contributions to BAPEN over many years, including as Chair of BAPEN Medical and BAPEN Secretary.

Dr Simon Gabe, BAPEN President concluded the afternoon by presenting the BAPEN 2017 Recognition & Awards *(please see further details under 'Awards and Recognitions')*.

Symposium 7: Death by Chocolate – The refeeding syndrome revisted

Reported by Pete Turner, Clinical Lead Nutrition Support Dietitian, Ulster Hospital, Northern Ireland.

This symposium featured an expert panel comprising **Mike Stroud** (Consultant Gastroenterologist), **Alison Culkin** (Specialist Dietitian), **Anna Hardman** (Community Dietitian), **Callum Livingstone** (Consultant Chemical Pathologist) and **Rebecca White** (Pharmacist). During an overview of refeeding syndrome (RFS) by **Pete Turner** followed by hospital and community case-based presentations by Alison Culkin and Anna Hardman respectively, questions were put to the panel as well as the audience. The following key points came out of the discussions.

- 98% of potassium is intracellular and levels are maintained by cell membrane pumps which account for around 37% of resting energy expenditure. For this reason plasma levels do not reflect whole body status in starvation.
- Biochemical RFS with drops in potassium (K), magnesium (Mg) and phosphate (Po4) are common. Symptomatic RFS is less common but may manifest as oedema, respiratory/cardiac failure, Wernicke-Korsakoff syndrome and very rarely death.
- NICE CG32 recommedations are grade D evidence based on expert opinion.
- Mike Stroud clarified the meaning of the NICE CG32 recommendation 'full dose IV B vitamin preparation, if necessary'. In most cases this means Pabrinex 1 pair of ampoules o.d. which can be stopped after 3 days providing the patient is established on nutrition support, is not an alcoholic or showing signs of Wernicke's encephalopathy. For patients with high alcohol intake see NICE CG100 recommendations for vitamins and treatment of Wernicke-Korsakoff syndrome.
- If feeds are started at 5-10 kcal/kg they should be built up quickly to establish full feed by day 4. It is not necessary to wait for normal blood levels of K, Mg or Po4 before increasing rates of feed providing large doses of electrolytes are given prophylactically as per NICE CG32 with regular monitoring. If feeds are built up quickly, following NICE recommendations does not lead to a significant nutritional deficit or exacerbation of malnutrition.
- Some experts feel it is safe to start at higher energy levels based on the published evidence on anorexia nervosa.
- Dietitian prescribing will help to ensure that the right amounts of electrolytes and vitamins are given.
- In parenteral nutrition (PN) it is difficult to follow NICE CG32 if you do not have a compounding unit or the ability to add electrolytes to standard bags. It is not possible to give the NICE CG32 recommended amounts of electrolytes separately without overloading the patient with dangerous amounts of fluid, sodium or chloride. It would be helpful for industry to develop a refeeding PN bag.
- Be aware of the 'deadly triad' that is well recognised in malnourished children but which also occurs in very malnourished adults. The triad classically consists of hypoglycaemia, neutropenia and hypothermia and is triggered by infection which is often not clearly evident because the patient is effectively immunosuppressed by their malnutrition. There should therefore be a low threshold for cultures, etc. and treatment with broad spectrum IV antibiotics in a deteriorating malnourished patient with even one of the elements present.
- In the community it may be difficult to get prophylactic electrolytes prescribed so feeds may need to be built up slowly with as much monitoring as possible.
- Clinicians need to audit their practice and publish.

Symposium 8: Feed at Swallowing Risk – Modified textures

Reported by Andrew Rochford, Consultant Gastroenterologist, Barts Health.

This was an excellent and highly relevant symposium highlighting the challenges clinicians face in the everyday management of patients with dysphagia. **Heulwen Sheldrick** opened the symposium with an overview of individual and team behaviours regarding decision making for feeding at risk. We should always consider the person, their situation, the views of others, the clinical and social prognosis, and the available options. **Joe Colby** from Coventry highlighted this perfectly with a complex case presentation involving a patient with learning difficulties. The case resonated with many in the audience and demonstrated the benefits to everyone when time and effort is spent reaching complex decisions. **Joanna Instone** from the BDA presented the work of the International Dysphagia Diet Standardisation Initiative (IDDSI). Many of the delegates were aware of the project and there was plenty of opportunity to discuss its implementation from all the home nations. The symposium was closed with an oral presentation from **Teresa Loughnane** who described a successful Quality Improvement Project that had led to improved outcomes for patients with dysphagia in Dublin.

Symposium 10: Nutrition & Dementia

Reported by Winnie Magambo-Gasana, Advanced Nurse Practitioner, Oxford University Hospital NHS Trust.

Nutrition and dementia is a highly emotive topic and the symposium raised the challenges faced in practice. **Dr Andrew Rochford** started the symposium with an overview of the ethics of feeding in dementia patients. The four ethical principles in healthcare are autonomy, beneficence, non-maleficence, and justice in relation to feeding in dementia patients. He reminded us that nasogastric feeding and intravenous fluids legally have the same stance as oral feeding. In complex cases where decisions have to made, bear in mind that nutrition is part of providing basic care which is a human right. His talk was followed by **Alison Smith**, Prescribing Support Dietitian, Aylesbury Vale and Chiltern Clinical Commissioning Groups, who gave a comprehension talk on the challenges faced in delivering nutrition in dementia. These include the importance of comfort feeding, risk assessments and recognising alterations in taste and food preferences all of which

can impact greatly administering adequate nutrition. Unfortunately, **Prof. Margot Gosney** was unable to join us for the final talk on the use of oral nutritional supplements (ONS) in patients with dementia. However, she provided the slides of her talk which are available on the BAPEN website and her key take home message was the importance of 'shared decision making' on initiating ONS.

It was a lively symposium that generated a lot of discussion and debate. A huge thank you to all the speakers and delegates that made it a success.

Satellite Symposium: The Healthcare Environment is Changing – What is your role?

Reported by Imogen McKenzie-Watson, Medical Nutrition Manager, Abbott.

Chaired by **Anne Holdoway**, Consultant Dietitian, the aim of the Abbott Satellite was to update healthcare professionals on the current healthcare and prescribing environment. **Judy Willits**, Healthcare Consultant, explained how the healthcare environment is changing and who the key decision-makers healthcare professionals need to engage with to ensure their professional voice is heard. **Phillip Graves**, Consumer Behaviour Psychologist, provided some compelling and practical advice on ways to positively influence peers through behaviours and language. The symposium evaluated highly and generated much discussion in the Q & A session

The Keynote Lecture: Human Microbiome in Health and Disease

This year's prestigious Keynote Lecture was delivered by **Paul Wischmeyer** from Duke University, North Carolina, USA.

Paul gave a fascinating insight into the importance of microorganisms to human health and how disruptions to the microbiome can have a huge impact on wellbeing. This starts from birth when babies delivered by caesarian section are not exposed to the vaginal flora leading to a different microbiome and a much higher prevalence of allergies. There is growing evidence for the benefit of probiotics, prebiotics (soluble fibres that enhance existing good gut bacteria such bifidobacteria) and even faecal transplants in critical care and treating conditions like clostridium difficile. Care may need to be taken with faecal transplants, however, as there is a possibility the recipient may take on health traits of the donor. For example, sterile mice given faeces from obese humans change their eating behavior and become obese. Even mental health could be influenced by gut organisms. Critical illness has the potential to decimate gut flora and probiotics may be of benefit. However, during the discussion with the audience an interesting hypothesis evolved: it may be worth freezing some of your own faeces so that these can be transplanted back into you to enhance rehabilitation from an ICU admission!

The Keynote Lecture was followed by BAPEN President, **Dr Simon Gabe**, presenting awards for this year's Best Original Communication and Best Poster, as judged by the Symposia Chairs and members of the BAPEN Programmes Committee *(please see further details under 'Awards and Recognitions').*

Symposium 13: Rehabilitation after serious illness from hospital to community and back...where?

After excellent presentations by intensive care unit (ICU) dietitians **Louise Nash** and **Judith Merriweather**, our international speaker **Paul Wischmeyer** once again took to the stage to talk about rehabilitation after critical illness. *"Are we creating ICU survivors or victims?"* was his question to the extensive audience staying to the very end of the Conference. More and more people are surviving ICU but subsequently have a very poor quality of life due to the debilitating loss of muscle mass and function caused by critical illness. With the potential to lose up to 1 kg muscle mass per day, up to 33% of patients may never return to work after ICU and for this reason rehabilitation probably has to start much earlier than it does it at present – ideally on admission to the ICU. He believes appropriately timed nutrition support, exercise and novel use of pharmacological agents play a vital role in this. In summary on the ICU, lower energy and protein loads should be given in the acute phase, with protein requirement increasing gradually after around four days. Vitamin D and beta-blockers should be given but anabolic agents, such as oxandrolone or hydroxmethylbutyrate (HMB), should be avoided. In the chronic phase on the ICU more protein is required (1.2-2 g/kg) with modest energy intakes, beta-blockers, HMB, oxandrolone, vitamin D, exercise, physiotherapy and possibly glutamine. In the rehabilitation phase post ICU, very high protein and energy intakes are required in combination with beta-blockers, oxandrolone, creatine (an amino acid that increases intracellular ATP), probiotics, physiotherapy exercise and possibly growth hormone.

As part of his highly innovative approach to treating and preventing ICU related muscle dysfunction, Wischmeyer has worked with former Tour de France cyclist Christian Vande Velde using ultrasound scanning to assess muscle glycogen levels. Glycogen depleted muscle can never achieve an anabolic state and synthesise new tissue as it will utilise amino acids as an energy source. Critical illness has been shown to completely deplete muscle glycogen and this may explain why very high carbohydrate and protein intakes are required in rehabilitation to regain lost muscle. In addition, mitochondrial dysfunction post critical illness prevents muscles from using fatty acids as an energy source. Wischemeyer and Vande Velde have rehabilitated a severely burnt cyclist who could barely ride his bike post ICU back to competition through exercise that targets mitochondrial recovery.

The exhibition, showcased over 30 healthcare companies with an interest in nutrition, along with BAPEN and the Core Groups: BPNG, NNNG, PENG and PINNT. This year's Poster Exhibition displayed over 70 posters, all of which were presented as oral communications after the lunch periods with the Posters of Distinction being presented during the Poster Reception on Tuesday evening prior to the BAPEN Annual Dinner. This year's BAPEN Annual Dinner – Celebrating 25 years was held in the Hilton Birmingham Metropole.

Awards and Recognitions

The 2017 BAPEN Awards and Recognitions were presented by Dr Simon Gabe, President of BAPEN.

Student Award

Awarded to **Dr Alison Culkin**, in recognition of becoming the first Registered Dietitian in the country to be a supplementary prescriber.

BAPEN Roll of Honour

There were three Roll of Honour scrolls presented to: **James Fletcher** for his prompt and efficient work and the redesigning of the BAPEN website; **Kate Cheema** for her work on the Nutritional Care Tool; and **Jo Wheeler** for her assistance to the BAPEN South East Region for their study days.

Powell-Tuck Prize

BAPEN Medical awarded the Powell-Tuck Prize for the best abstract submitted by a doctor in training to lead author **Konstantinos C. Fragkos**, Nutrition and Intestinal Failure Service, University College London Hospitals NHS Foundation Trust for *'Predicting 3- and 6-Month Survival for Advanced Cancer Patients on Home Parenteral Nutrition: A Nomogram'*. Unfortunately, the prize was not collected in person.

BAPEN's Best Oral and Best Poster Awards

Oral Communication Award was presented to **Dr Elanor Hinton** from NIHR Bristol Biomedical Research Centre for her presentation entitled *'A national survey of GPs to assess the understanding and priority given to malnutrition in patients with COPD'*.

The Poster Award was presented to lead author **J Leyland** from Northern General Hospital for the poster entitled *'An audit of the nutrition provision on the general intensive care unit at the Northern General Hospital, Sheffield'*.

Congratulations to all our 2017 Award Winners!

Malnutrition Matters

ADVANCE NOTICE – 2018 BAPEN Conference

Date: 20th & 21st November 2018 • Venue: Harrogate International Centre • Further details to be announced

The BAPEN Annual Conference is a multi-disciplinary event organised by representation from each of the following organisations:

BAPEN Medical

BSPGHAN working for children with digestive and liver disorders

BPNG

National Nurses Nutrition Group

PINNT A SUPPORT GROUP FOR PEOPLE RECEIVING ARTIFICIAL NUTRITION

BDA PENG Parenteral & Enteral Nutrition Specialist Group

BAPEN Council

Top Row (L to R): Dr Barry Jones (BAPEN Faculty Chair); Sarah Zeraschi (Yorks & Humber BAPEN Regional Rep & BPNG Presentative); Carolyn Wheatley (PINNT Chair); Pete Turner (BAPEN Programmes Chair); Bernadette Moore (Nutrition Society Representative); Mia Small (NG SIG Chair); Stephen Lewis (BAPEN Medical Chair); Rebecca Stratton (MAG Chair); Alison Culkin (PENG Representative); Jeremy Nightingale (BIFA Chair)

Bottom Row (L to R): Dr Dan Rogers (BAPEN Secretary); Liz Anderson (NNNG Chair); Kate Hall (BAPEN Executive: Communications); Dr Simon Gabe (BAPEN President); Trevor Smith (BAPEN Executive: Data & Measurement); Dr Nicola Burch (BAPEN Treasurer); Dr Andrew Rochford (BAPEN Executive: Education & Training)

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*If you are interested in any of the vacant roles, please contact the BAPEN office.