

Annual Report 2012



www.bapen.org.uk

Contents

Chair's Report	1
Treasurer's Report	3
Faculty Report	5
Committee Groups	6
Core Groups	10
BAPEN Contacts	15



Chair's Report

Dr Tim Bowling, chair of BAPEN

BAPEN structure

At the end of 2011, a proposal was put to the AGM to simplify the committee structure and rationalise Council membership, which numbered 33 and was too large and unwieldy for effective decision-making. The following changes have been put in place:

- On Council
 - Each Core Group will be represented by one voting member (rather than two), which will usually be the Chairman of that group. An alternate is encouraged in the absence of the nominated representative. An observer from each group is also welcome should this be required.
 - Special Interest Groups will no longer have a place on Council, although their views will be sought where appropriate and they can be invited to Council on an *ad hoc* basis.
 - ESPEN representation will be taken over by the Chairman.
 - The Regional Representatives group will fall under the remit of the Education and Training Committee, and the Chair of the RR will no longer sit on Council.
 - Faculty will be represented only by their Chair.
 - There will be representation from each of the four nations. If there is no suitable person already on Council then the representatives from Scotland, Wales and Northern Ireland will be invited.
 - This puts the total number on Council to no more than 20
- On the Executive
 - The core Executive group will comprise of 7 individuals: Chairman, Secretary, Treasurer + below.
 - The Chair of BANS and the Education and Training Committees will automatically hold Executive positions.
 - An Executive member will have charge of membership.

- An Executive member will have charge of communications.
- Given the complexity of the roles, a shadow position for secretary and treasurer has been introduced for up to a year prior to taking over (similar to the shadow-Chairman's role that has been in place for several years). These posts will be supernumerary to the Executive group.

Core Groups

It is with great delight that BAPEN have welcomed the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) as a Core Group. BSPGHAN have been playing an increasingly important and high profile role in BAPEN's activities for several years. There is much common ground and it was entirely logical that when they asked we should accept them with open arms. We look forward to a very fruitful association.

As we welcome one new Core Group, we sadly say goodbye to another. Our relationship with the Nutrition Society has changed in recent years. Initially, they were our scientific arm and very active in organising joint activities and symposia, both at our conferences and at theirs. The Cuthbertson Medal, a key part of our annual conference, was a Nutrition Society award. In more recent times, however, the priorities of both organisations have evolved and there is less common ground between the two, with only a handful of individuals who are now members of both. On careful consideration and after much discussion, Council felt that there was no longer enough common ground or apparent desire (on both sides) to maintain the association, and it was agreed at the AGM that BAPEN would inform the Nutrition Society that we did not feel that there was sufficient benefit to maintain them as a Core Group.

Membership

There has been a major drive to boost membership in 2011. This has been partly driven by the 2012 DDF meeting, where income was in part reflected by membership numbers. It has also been recognised that with BAPEN's increasing remit into the community and clinical specialisms away from the traditional area of nutrition support – e.g. critical care, oncology, old age medicine, etc. – that the Association needs to reach more widely to other groups. A membership brochure has been produced and, looking ahead to the next few years, one focus of activity will be to improve the breadth as well as the numbers of members.

Communications/media, etc.

On January 1st 2012, we were delighted to welcome Helen Lawn and Charlotte Messer from Helen Lawn and Associates to take over the PR/media/communications brief. A fresh pair(s) of eyes on us has been very helpful and there has been a great deal of activity in this regard. It was very apparent to them that we were giving out muddled messages as to what we were as an Association and what we were trying to do and achieve. So the priority for them was to focus on what messages BAPEN should be giving out to its various stakeholder groups, be they patients and healthcare professionals, commissioners, industry or the media. A great deal of debate and inward inspection ensued before the final product was agreed on, but we now have much better focus on our activities and goals.

Helen and Charlotte played a key role in our activities at DDF (see below), which rather preoccupied all of us in the middle part of the year. In the autumn they helped develop the membership brochure (see above). Helen and Charlotte have been a fabulous addition to the BAPEN team and we look forward to a very fruitful on-going association.

Meetings

a. DDF

The Digestive Diseases Federation (DDF) meeting in Liverpool in June was the culmination of a massive project that had been several years in the making. It was a joint conference of BAPEN and the British Society of Gastroenterology (BSG), the British Association for the Study of the Liver (BASL) and the Association of Upper Gastrointestinal Surgeons (AUGIS). Over 3000 delegates attended and overall it was a great success. Financially, BAPEN did at least as well as we would have done had we had our usual stand-alone conference. In terms of reputation, I do not think we can underestimate the benefits we have achieved. In the feedback BAPEN came out much better than the other 3 organisations with regard to the interest value of the symposia. BAPEN is now very much sitting as an equal partner on the top table of the other influential GI-orientated clinical groups, and has gained a great deal of respect from them as a result. There were of course aspects that were not as good, mainly that it was a large meeting and therefore not the usual 'cosy' feel of our normal conference. Also, despite immense efforts at marketing the event, BAPEN attendance was about 30% down from our stand-alone meetings. One reason was that it took place only 6 months after the 2011 conference, and this will be something to consider if we sign up to the next proposed DDF in 2015.

b. December meeting in Stone, Staffordshire

With the DDF being our annual conference, we could not run another conference. However, Council felt it was important that we held an event at our normal conference time, i.e. late November/early December. Almost 200 BAPEN members gathered for the meeting which was billed as a launch of our Decision Trees (see below) and also the headlines of the over-arching report from all four Nutrition Screening Weeks. In addition, there were teaching symposia from BAPEN Medical, PEN Group and BSPGHAN, as well as a lively pub quiz in the evening hosted by the master of ceremonies, Pete Turner. Despite smaller numbers, the meeting was a great success for the delegates, but not for the bank balance.

c. Conference 2013

This will be held at the usual time in late November in Harrogate. It will be BAPEN's 21st birthday, and we will celebrate accordingly.

Decision Trees

Under the Chairmanship of Sheldon Cooper, the Education and Training Committee have worked tirelessly to get this project up and running. Initially, these were called 'guidelines' but the name changed to 'Decision Trees' to reflect that we were aiming at pragmatic clinical management rather than more rigid guidelines. The intention is to break nutritional support into bite-size pieces and do an A5 page or two on management, including key references, and to be an important resource for members (and therefore a key incentive to join). These will build up into a portfolio as all areas are covered, from complex parenteral feeding to community-based issues to patient-based matters, e.g. pumps. It will clearly take some time to complete all of these, but Sheldon's group have started the ball rolling and finalised the first ones, some of which were demonstrated at the Stone meeting with great success.

Quality Group

With the increasing political activities of the Association and the growing focus on malnutrition by commissioners and the Department of Health, the Quality Group, previously an *ad hoc* one that was convened to prepare the original commissioning toolkit in 2010, has now been more formally recognised. It is chaired by Mike Stroud, former BAPEN Chairman, and is now actively engaged in several projects, the main ones being the Nutrition and Hydration Action Alliance and the Malnutrition Task Force. The Quality Group have also produced a toolkit for commissioners.

MAG/'MUST'

The Malnutrition Action Group, chaired by Professor Marinos Elia, have worked hard this year, developing further resources around 'MUST', such as launching an e-learning package for community use and a 'MUST' App, along with translating 'MUST' into other languages. At the end of the year they were turning their attention to a feasibility study of 'MUST' self-screening. A full report on these activities can be found later in this Annual Report.

National initiatives

a. NICE Quality Standards

Following on from the 2006 NICE recommendations for nutritional support, they commissioned a topic expert group to consider realistic outcomes/standards that should be mandated to all healthcare providers. Although BAPEN was not directly involved, the group was chaired by Professor Elia and the membership comprised other BAPEN members (although not representing BAPEN), including your Chairman. BAPEN is, however, a stakeholder organisation. The final recommendations were released at the end of November, and hopefully will prove a powerful incentive to commissioners to get it right – and therefore benefit BAPEN as an organisation and BAPEN members individually in their daily jobs, perhaps by improving resources.

b. HIFNET/BANS

The plans to formalise a network of designated hospitals to provide complex nutritional support gathered apace in the latter part of the year, with many senior BAPEN members closely involved in the process. BANS has been commissioned to provide the necessary data as part of the quality control to check the centres are maintaining excellence in practice

and adequacy of patient numbers and experience. This network was planned to be implemented in April 2013 but, as invariably happens, the timeline has slipped and, as I write this report, we are hoping that April 2014 will see its implementation. However, there is still much work to be done.

c. Strategy 2013-2016

I finish off with a word on future strategy. A strategy document looking at our goals over the next 2 years was being finalised at the end of 2012. We feel that trying to look further into the future is not terribly helpful, given the continual changes that face the NHS. However, BAPEN intentions over the next two years are much more realistic and reflect much of what is written above, i.e. a continuing strive to improve and increase membership, to widen our remit and exposure to different clinical arenas, both hospital and community, to consolidate our position as a key opinion leader with commissioners and politicians and to continue working closely with our industry partners. BAPEN is in a very strong position, has an excellent reputation and is adequately financially secure. BAPEN is fully able to justify its coming of age next year.



Treasurer's Report

Dr Nicola Simmonds, Honorary Treasurer

BAPEN remains in a healthy financial position. Overall in 2012 there was a net deficit of £29k compared with a net surplus of £71K in 2011 (in 2010 there was a net profit of £14k, in 2009 there was a net deficit of £20K). There were 4 main reasons for this reduction in net surplus: reduction in the direct level of support from industry, a reduction in income from e-learning, the deficit made on the meeting held in December 2012 and an increase in promotional activities this year. These will be discussed in more detail below. However, the overall balance at year end was £358k, which provides a firm base for our ongoing charitable activities.

Income

Total income for 2012 was £318K. It is not possible to make a direct comparison with previous years as our main annual conference was held as part of DDF and BAPEN received their share of the surplus from DDF and so income and expenditure related to DDF appear significantly less than for a standalone conference. However, we were delighted that the overall net surplus (finalised after the end of the 2012 financial year) from DDF was £73K which compares favourably with that for our usual annual conference and supports the original decision to participate, despite initial concerns that this might represent a significant financial risk. Income from direct corporate support

again decreased (from £116k to £99k), which was anticipated as we had to separate out conference costs from overall sponsorship as industry participation at DDF was organised centrally. BAPEN continues to maintain transparency in its relationship with industry and has decided to continue to keep general sponsorship separate from conference costs in the future. Income from individual affiliate membership did rise from £8k to £10k. This was despite an anticipated fall in the income from membership as membership of BAPEN was included as part of the 2011 conference delegate rates. This is encouraging, but we still need to attract more members, as it is BAPEN members who support and disseminate its work as well as contributing financially.

Annual Conference at DDF and December Meeting in Stone (Launch of Decision Trees and initial high level reporting of the 4 Nutrition Screening Weeks)

The 2012 annual conference was in Liverpool as part of DDF 2012. BAPEN was well represented with 11.3% (321) of the delegates. This number is likely to be an underestimate of the numbers of BAPEN members attending the conference as some are also members of the other participating organisations. There were also a significant number of delegates who were not members of any of the participating organisations and as a result BAPEN received 16.5% share of the surplus (£109k).

After BAPEN expenses for the meeting, this resulted in £53k net surplus for the meeting – significantly more than conference surplus in previous years (Figure 3). BAPEN also enhanced its reputation amongst those attending the meeting, with particularly good feedback on the symposia we had organised.

It was felt important that BAPEN should hold a meeting in addition to the annual conference. The initial proposal was that this would be a joint meeting with the Nutrition Society and as such was deemed to be financially viable. Unfortunately the Nutrition Society pulled out at a late stage in the planning of the meeting, and BAPEN took the decision to go ahead alone. Whilst the meeting was felt to be a success from the point of view of those who did attend, attendees were fewer in number and overall the meeting made a deficit of £16K.

As previously mentioned, the overall income and expenditure on conference appears to be significantly lower than in previous years as much of this was organised centrally. The overall surplus for both meetings is still in line with the best performance over recent years.

Expenditure

Total expenditure amounted to £347K. This cannot be directly compared with the expenditure from 2011 (£390K) as this included the annual conference.

Once again, the main cost was the BAPEN conference/December meeting (£108K) representing 31% of the associations expenditure. The other cost drivers are shown below.

We have been going out to tender regularly over the past few years to ensure that our main cost drivers are giving us value for money. In 2009 this was for the Conference and office contract, which was awarded to Sovereign. In 2010 the publication for In Touch was tendered and awarded to Complete Media and Marketing (CM2). In 2011 media and web services were tendered and were awarded to Helen Lawn and Associates and to John Lister consulting respectively. No tenders are planned for 2012, but all contracts and costs are reviewed regularly to ensure they reflect the needs of the charity.

Reserves

BAPEN has a reserve of £280K which is placed in a high interest deposit account. The annual turnover of the Charity is around £350K pa and this is managed through a current account. The reserves policy is primarily to provide security to the Charity in the event that expenditure significantly outstrips income. The success of the DDF conference means that we need to review our reserves policy in 2013. However, BAPEN has a number of contractual obligations it must meet and there is an on-going risk in relation to the annual conference. In addition, BAPEN has already agreed to be a partner in DDF 2015 and as such has already committed to pay a £20K advance loan to the DDF company for this and as previously, the amount of the loan required in advance is likely to be of the order of a total of £50K prior to the conference. We are, however, now reassured that this money is likely to be repaid shortly after DDF 2015. This would be most likely to relate to conference expenditure.

Figure 1: Total income and expenditure, with income from corporate support

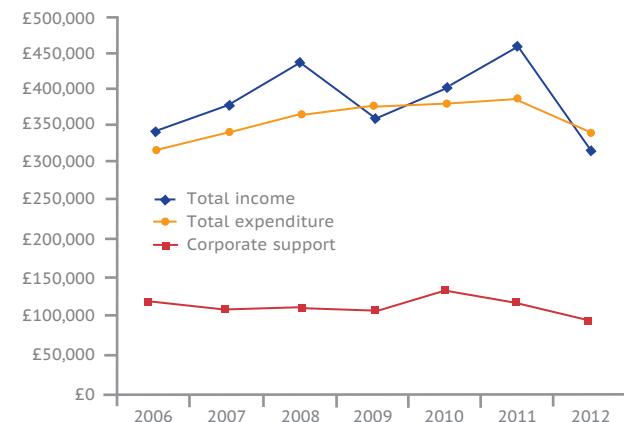


Figure 2: Income from individual affiliate membership

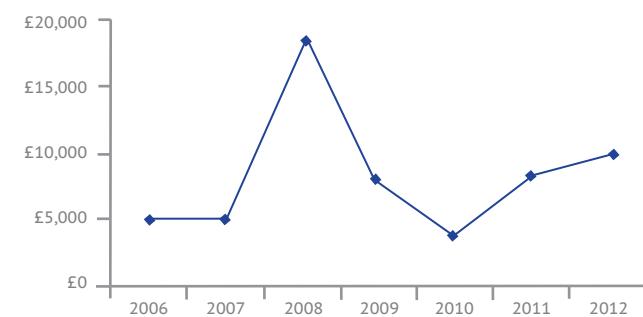


Figure 3: Conference income and expenditure (excluding industry membership income prior to 2012)

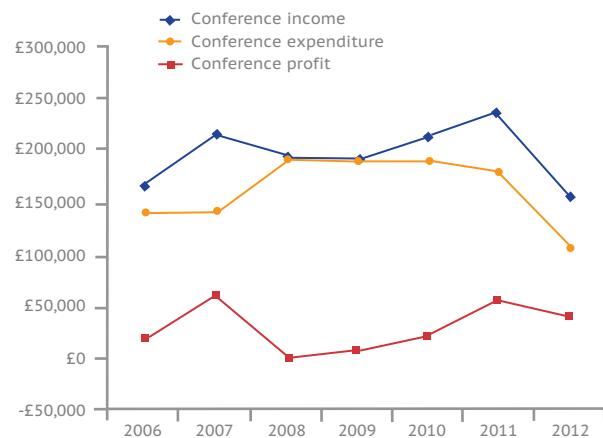
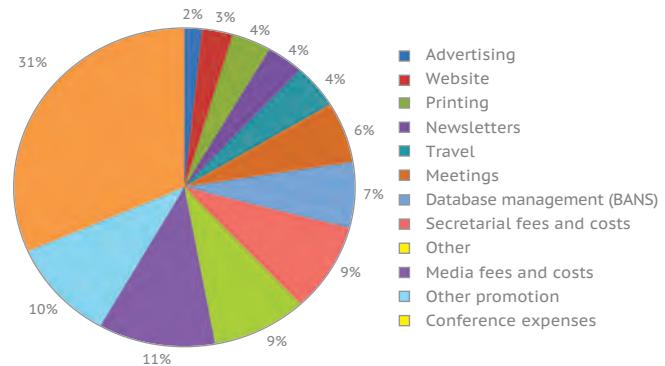


Figure 4: Breakdown of expenditure 2012



Looking to 2013 and coming of age

BAPEN has already achieved much and has a firm foundation on which to continue to build. However, the financial climate continues to be a challenge and we need to continue to make the best use of our resources.

- We will continue to work to build our membership numbers. BAPEN members are vital to be able to continue to develop our work and reach out to all areas of health and social care to ensure that nutrition plays a key role in caring for all. It is recognised that BAPEN should provide benefits to its members and so will work to develop resources for members, including an e-learning portal on the BAPEN website.
- We will continue to develop ways of increasing our revenue from 'MUST' and the educational tools relating to 'MUST', in order to maintain and extend BAPEN's activities in relation to nutritional screening.
- We will be a partner organisation at DDF in 2015.
- Building on the changes in the model of sponsorship that were needed to accommodate DDF in 2012, we are working with industry to develop sponsorship models that do not include conference sponsorship. BAPEN recognises the need for complete transparency in any sponsorship arrangement and that whilst there are areas of mutual interest, industry

also needs to adhere to the relevant guidelines and justify such arrangements.

- BANS is undergoing significant development in conjunction with the National Specialist Commissioning of Intestinal Failure Services and will be part funded from the Department of Health (through National Specialist Commissioning).
- BAPEN is currently reviewing opportunities for funding applications, for example, grants.
- As interest rates remain at historic lows, BAPEN will ensure that its reserves are in accounts that maximise interest, whilst allowing us to retain access to our funds in a reasonable timescale and also be assured that the risk is spread across different accounts so that all funds are covered by the Financial Services Compensation Scheme.
- We plan to review the BAPEN reserves policy and consider whether we should release some funds to support new projects.

The information given in this report is consistent with the financial statements from the accounts prior to inspection. The 2012 accounts will be inspected by Craufurd Hale, Chartered Accountants, Belmont Place, Belmont Road, Maidenhead, Berkshire, SL6 6TB. Full copies of the accounts will be available on request from the BAPEN Office or directly on the Charity Commission website.



Faculty Report

Christine Russell, Chair BAPEN Faculty

Faculty members: • Mrs Christine Russell (Chair) • Professor David Silk • Mr Ken Cottam • Professor Marinos Elia
• Dr Barry Jones • Dr Jon Shaffer

The key objectives of Faculty are to advise BAPEN Executive and Council and during the course of 2012 a number of issues were discussed and debated with the BAPEN Executive. These included:

- The financial status of the Association
- The DDF meeting in 2012
- The proposed changes to the Constitution following restructuring of BAPEN Council, and in particular the future

position of the Nutrition Society as a core group of BAPEN

- Future strategy of BAPEN.

It is the gift of Faculty to award the John Lennard-Jones medal to a member of BAPEN for outstanding contribution to the Association over a long period of time. We were delighted to award this to Dr Mike Stroud and that John was able to attend the DDF meeting in June in Liverpool and present it to him.

Committee Groups



British Artificial Nutrition Survey (BANS)

Dr Trevor Smith, Chair BANS

- **Dr Trevor Smith**, BANS Chair, Consultant Gastroenterologist, BAPEN Medical • **Ann Micklewright**, Dietitian, (Hon Sec) Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association • **Dr Rebecca Stratton**, Nutrition Society and also of Nutricia
- **Janet Baxter**, Dietitian and Manager, Scottish representative BAPEN and ESPEN – HANS group • **Carolyn Wheatley**, HPN Patient, Chair of Patients on Intravenous and Nasogastric Nutrition Treatment (PINNT) • **Carole Glencorse**, Dietitian, Main Industry Group representative (Abbott) • **Amanda Hirst**, Paediatric Dietitian, Paediatric Group, BDA • **Sarah-Jane Hughes**, Dietitian, Northern Ireland representative
- **Karen Henderson**, Nutrition Nurse, Scottish representative • **Sarah Zeraschi**, Pharmacist, British Pharmacists Nutrition Group (BPNG)
- **Liz Pascoe**, Dietitian, PENG group and Wales representative • **Geoff Cooke**, BANS Data analyst, Streets-Heaver Ltd • **Phil Scott-Townsend**, Manager, Streets-Heaver Ltd • **Henry Gowan**, British Intestinal Failure Register (Paediatric) • **Dr Barry JM Jones**, Consultant Gastroenterologist, BAPEN Medical, *ex officio* • **Prof. Marinos Elia**, Consultant Physician & Professor of Clinical Nutrition and Metabolism, Nutrition Society. Founder of BANS, *ex officio*

Key objectives for the year

- To process 2011 data in preparation for a combined 2012-13 report to be published on the BAPEN website.
- To obtain independent data from commercial companies without compromising patient confidentiality (Janet Baxter leading).
- To continue the development of eBANS.
- Promote reporter engagement at regional and national meetings, including BAPEN conference.
- Introduce a HETF working group to develop the HETF eBANS reporting tool with a particular focus on outcomes.
- Develop an enhanced reporting tool and patient registry for Intestinal Failure (IF) patients – working with HIFNET.
- Submit a business case to the specialist commissioners (England) to fund the enhanced IF eBANS reporting tool.

Key outputs for the year

- Reporting rates increased by 20% for HETF patients and 15% for HPN patients in 2011 compared to 2010.
- BANS hosted and led a HETF working group which looked in detail at the types of data that would be useful for HETF service provision.
- The work and achievements of BANS were presented in a main symposium at the DDF meeting in Liverpool.
- The committee developed a communications strategy, which included the publication of 2 eBANS newsletters; these were very well received.
- BANS committee members continued a programme of work with the HIFNET group to develop an enhanced database for patients with IF, which also included detailed clinical outcome data.
- A business case was successfully submitted to the specialist commissioners who agreed to annual funding of £51,500 per annum.



BAPEN Regional Representatives

Barbara Davidson, Chair Regional Representatives

The last year has been another challenging one for regional representatives as we try to come to terms with the new NHS structure and plot our way forward as an important part of BAPEN.

Several meetings and discussions have been held over the last 12 months to try and clarify the position and these are ongoing. I am hopeful that by the time of the next annual report we will have a strong, representative regional rep network supporting BAPEN at local level, perhaps as part of local nutrition networks,

in a position to drive BAPEN forward into the next 21 years!

My thanks go to the long suffering reps who have been working manfully on while all this has been taking place. There have been several regional study days organised around the country which have been well attended, successful and covered a wide range of topics.

Thanks to those who have 'served their time' as reps and moved on and I look forward to welcoming new faces in the coming months.



Education and Training Committee

Dr Sheldon C Cooper, Chair Education and Training Committee

Committee members: • Arlene Barton (PEN Group) • Winnie Magambo (NNNG) • Peter Austin (BPNG)
• Jo Sayer (BAPEN Medical) • Carolyn Wheatley (*ex-officio*, PINNT) • Ciaran Walsh (surgical) • Penny Neild (Medical) • Imogen Watson (Industry)

The key focus of 2012 was the development of the BAPEN Principles of Good Nutritional Practice: Decision Trees. The first five were produced aiming to encompass all professions caring for nutrition. This culminated in the presentation of the Decision Trees as a concept and first versions in December 2012 at the Yarnfield conference.

The first five Decision Trees were received well and suggested adjustments and comments were taken on-board, with publication now on the BAPEN website. The first five Decision Trees included: peri-operative nutrition, naso-gastric tube placement, ethics of feeding at the end of life, re-feeding syndrome, and diagnosis and management of PEG buried bumper. Finally, the 'Malnutrition in the Community' document was also presented by Anne Holdoway, noted to be separate from the Decision Trees, but of significant gravitas to be presented alongside the Decision Trees.

Subsequent Decision Trees have been planned for production

in 2013 and, while not part of the 2012 report, are well in progress.

The Education and Training Committee continue to provide a symposium at the annual meeting and DDF was no exception, with further plans being made in 2012 in advance for the 2013 more traditional BAPEN programme.

Finally, the BAPEN Education and Training Committee continue to provide endorsement for meetings organised by other organisations, with the key feature that they meet the aims and objectives of BAPEN whilst providing a good programme delivered by suitable experts in their field. We have endorsed many such meetings, for NHS organisations, BAPEN member organised meetings and external industry/pharmaceutical companies.

Thanks must go to the committee members above, and to all those who have created and peer-reviewed the Decision Trees. We hope to be able to extend the committee membership of the Education and Training Committee in the near future as the core groups increase in numbers.



Malnutrition Action Group (MAG)

Professor Marinos Elia, Chair MAG

Chair and group members at end of 2012: Marinos Elia (Chair) • Christine Russell • Rebecca Stratton
• Vera Todorovic • Liz Evans • Kirstine Farrer (replaced by Fionna Page during the year)

Key activities during 2012

During 2012 MAG continued to develop tools to implement the 'MUST' (Malnutrition Universal Screening Tool) framework of nutritional care, including translation of some of the aids into 5 languages. It was also involved in educational activities and exploration of future avenues involving patient involvement.

'MUST' app

Following the launch of the 'MUST' iPhone app, consideration was given to the development of an android version. The issue was discussed and approved by Council. In addition, there was support for the translation of both apps into 5 European languages. The work was commissioned with the view to completion in 2013.

Self-screening

It was decided to build on studies of self-screening with 'MUST' to examine their potential application in routine outpatient clinics in different parts of the UK, initially using a paper based format. Organisation for this activity had already began by the end of 2012.

'MUST' e-learning package

All three e-learning SCORM compliant packages (hospital, care home and primary care) were finalised and launched at the BAPEN meeting in Yarnfield in December 2012. The launch of the NICE Quality Standard on Nutrition Support in Adults in

November 2012, specifically promoted the use of the e-learning packages on its website.

Reviewing and approving 'MUST' frameworks produced by trusts/ organisations in the UK and other countries, and granting licences

As in previous years MAG continued to:

- Review and approve of the 'MUST' framework for trusts
- Review and approve of the 'MUST' for guideline documents (e.g. Guidelines – Summarising clinical guidelines from primary care)
- Approve and grant of licence for the use of 'MUST' in materials designed for commercial purposes.

Addressing queries about malnutrition

Members of MAG have continued to respond to queries, from the UK and abroad, about various aspects of malnutrition, especially nutritional screening using 'MUST'.

Nutrition Screening Week (NSW) Group

Very close liaison existed between MAG and NSW occurred. The work was a major activity and it is summarised in a separate report.

Income for BAPEN

BAPEN has continued to receive income from the sale of 'MUST' materials, granting licences for commercial use of 'MUST', and customisation of the e-learning packages.



Nutrition Screening Week (NSW) Group

Christine Russell, Chair NSW Group

Chair and group members at end of 2012: BAPEN: Christine Russell (Chair) • Prof. Marinos Elia (Chair MAG)

- Claire Oldale (Project co-ordinator) Collaborating Organisations: Najia Qureshi (British Dietetic Association)
- Christine McKenzie (Royal College of Nursing) • Janis Morrissey (Irish Nutrition and Dietetic Institute)

Key objectives for the year

- To publish the Nutrition Screening Week survey (NSW11) report.
- To amalgamate the data from all 4 Nutrition Screening Week surveys and analyse the data for the hospital sector in the UK.
- To present the preliminary results of the amalgamated data for hospitals within the UK at the BAPEN meeting in December.
- To start work on drafting the 5 hospital reports (UK and all 4 nations of UK) based on the amalgamated data from the Nutrition Screening Week surveys 2007 – 2011.

Key outputs for the year

The NSW11 report was published in March 2012 and local results sent to all participating centres. The survey, undertaken in April 2011 obtained data from 171 hospitals, 78 care homes and 67 mental health units in the UK and 26 hospitals and 6 care homes in the Republic of Ireland. This represented a significant increase in the number of mental health units in the UK participating in the survey which helped to strengthen the information previously obtained for this care setting. It was disappointing that only 6 care homes in ROI registered to take part in NSW11. The results confirmed that 'malnutrition' is common on admission to hospitals in the UK with 25% (18% high risk and 7% medium risk) patients being identified as at risk. As in previous surveys, a considerable

proportion (41% [25% high risk, 16% medium risk] of residents recently admitted to care homes in the UK and 19% [10% high risk, 9% medium risk]) of patients admitted to mental health units in the UK were identified as being at risk of 'malnutrition'.

Data from all four Nutrition Screening Week surveys were amalgamated and data for the hospital sector in the UK analysed. Preliminary results of the amalgamated data were presented at the BAPEN meeting in Yarnfield in December.

Impact of NSW

The results of all four NSWs undertaken between 2007 and 2011 continued to be widely used and cited in many publications. The NICE Quality Standard on Nutrition Support in Adults (issued 30th November 2012), included information from the surveys on the prevalence of malnutrition, which was also used to help calculate the costs of treating malnutrition in hospital and care homes.

In addition to BAPEN, local trusts, government, non-governmental and professional bodies and industry have used the results as a means of highlighting the problem of malnutrition and promoting the importance of nutritional screening. The screening surveys have confirmed that 'MUST' is the most commonly used screening tool within all care settings they have also identified some areas of nutritional care that need attention.



BAPEN Programmes Committee

Pete Turner, Chair Programmes Committee

Committee members: Pete Turner (Chair) • Chris Seal (Nutrition Society) • Barbara Dovaston (NNNG) • Mike Stroud (BAPEN) • Joanne Sayer (BAPEN Medical) • Tony Murphy (BPNG) • Jennie Mort (Sovereign Conference) • Sheldon Cooper (Education and Training) • Carolyn Wheatley (PINNT)

Key objectives for the year

1. Organise the BAPEN Contribution to the Digestive Disorders (DDF) Conference in Liverpool June 2012.
2. Liaise with MCI regarding logistics of the DDF Conference.
3. Organise the BAPEN November meeting in at Yarnfield Park in Staffordshire.
4. Ensure effective marketing the BAPEN Conference within DDF.
5. Ensure effective marketing of the BAPEN November meeting.
6. Arrange DDF and November meeting reviews in Complete Nutrition,
7. and In Touch.
8. Initiate Planning of BAPEN 2013 Conference.

Key outputs for the year

The programmes committee were delighted that 321 BAPEN members attended the first DDF conference in Liverpool 2012, which evaluated extremely well and made a considerable profit for

BAPEN at around £75,000 net. Of the 3500 delegates who attended, they rated numerous BAPEN symposia as among the most useful of the conference which also featured sessions from the BSG, AUGIS and BASL. The only criticism seemed to be that there was too much choice and it was impossible to attend all the parallel sessions.

A total of 207 people attended the Yarnfield Park Meeting in November. Generally the meeting evaluated well, with the majority of symposia ranked excellent or good. However, the location and venue were less than popular with many delegates. The meeting was generally not evaluated well by industry mainly because of the location of the exhibition within the conference facilities and low attendance levels.

Organising two conferences in one year was extremely hard work, although, the committee rose to the challenge incredibly well.

By the end of the year an outline programme for the BAPEN 2013 conference was also completed.



External Public Relations

Helen Lawn & Charlotte Messer, Helen Lawn & Associates

2012 was a significant year for BAPEN. A major review of the Charitable Association's image and messages took place to ensure that they reflected the growing remit and work undertaken by the BAPEN membership. The aim was to look at ways to raise the BAPEN profile, so that even more people become aware of the important work that is being done to improve the issues relating to malnutrition in hospitals and the community. We reviewed all the key BAPEN 'touch-points' where people have direct interaction with the charitable association such as website, printed materials, meetings, on the phone, etc., to ensure that everything being said was aligned and easy for non-members as well as new members to understand exactly what BAPEN does and how we can best signpost members to each of the Core Groups for up-to-date information about developments and events.

Why is this important?

- BAPEN is keen to encourage more people to become members so that together we can achieve greater improvements in nutritional care.
- BAPEN is promoting its educational and training resources so more healthcare professionals use them to improve patient outcomes. The BAPEN e-learning modules for screening are now freely available to all NHS staff via the resources section of the harm free care website (www.harmfreecare.org), the e-learning for health website and ESR.
- BAPEN is using the media to publicise its work to a wide audience of professional bodies, charities and individuals as well as the healthcare community.

The second quarter of 2012 saw the fruition of a lot of this work with the launch of some major communications developments for BAPEN. The first was the consolidation of BAPEN's key messages, working with members of the executive committee a workshop was held to look at what BAPEN does and review current messages and the strapline to ensure it reflected the activity of the charity accurately. The messages were further ratified as they went through Council for approval and we are delighted with the results.

New core message: 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.

New strapline: *Putting patients at the centre of good nutritional care*
A new look BAPEN logo was also introduced. Working with an experienced designer the logo was made simpler and more

compact. The word BAPEN is now larger in relation to the palm icon above it. This means the overall impact of the logo is greater, which is especially important when used at smaller sizes. The revised logo therefore works harder for BAPEN and the simplified layout is more contemporary. This has been achieved while allowing visual continuity with the old logo so that any recognition BAPEN had obtained, remains.

Website

A really exciting development in 2012 was the launch of the new BAPEN website which was unveiled at DDF 2012 and marked a new phase for BAPEN. Over the years the BAPEN website had grown 'organically' with new sections added as appropriate. In 2012, whilst we had a great online resource in terms of the content, the overall look and feel was dated and cumbersome with browsers struggling to navigate the site efficiently. This was a massive task in terms of visual redesign, and behind the scenes in terms of content and database management. The project, led by Nicola Turing, was a major achievement and huge improvement.

BAPEN Breakfast News at DDF

2012 also saw the first collaborative meeting DDF (Digestive Disorders Federation) which was the first ever UK collaborative meeting bringing together the UK's leading organisations which specialise in digestive diseases and nutrition:

- British Association for Parenteral and Enteral Nutrition (BAPEN)
- British Society of Gastroenterology (BSG)
- Association of Upper GI surgeons (AUGIS)
- British Association for the Study of the Liver (BASL)

The meeting was a huge success and BAPEN's innovative opening symposium, which was based on a breakfast television programme, was very popular. Working with journalist Estelle Williams and a BBC cameraman/director, a very interactive and interesting session was delivered. Highlights of this session can be found on the BAPEN website.

Membership brochure

During the second half of the year following completion of the messaging and brand refresh for BAPEN, we produced a membership brochure, something that had not been available previously. Working in conjunction with the Core Groups and BAPEN Executive, copy was written to provide key information about BAPEN and the benefits of becoming a member for anybody who might be interested in joining. The brochure summarises who BAPEN is, provides information about each of the Core Groups, what we have all achieved plus information about the education and training resources plus the benefits of becoming a member – i.e. to be part of an organisation that really makes a difference.

Press office

In 2012 activity in the press office was very busy. Time was taken to establish core lists of journalists working in all media who are interested in the work of BAPEN so that regular new communication and update bulletins can be provided and keep channels of communication open in between major news announcements. BAPEN continued to provide comment and input into features and news items and we worked with the Chairs and communications leads of the Core Groups to ensure we communicate the right messages, via the right sources within our organisation.

A key focus in 2012 was the publication of the fourth annual Nutritional Screening Week (NSW) report which prompted huge media interest. The press office also launched the new Decision Trees and Commissioning Toolkit and announced NICE approval of 'MUST' as well as the availability of 'MUST' in five languages.

The press office also promoted and supported an e-petition which was calling for the Government to act to eliminate avoidable malnutrition and dehydration. Dr Mike Stroud, Chair of BAPEN's Quality Improvement Committee, worked with the Nutrition & Hydration Action Alliance on this petition which needed 100,000 signatures from healthcare professionals, patients and the general public.

Social Media activity has been upweighted in order to drive more traffic to the new website and communicate BAPEN news via as many social platforms as possible. Throughout the year there were regular updates posted on the BAPEN Facebook Page and regular tweets, the activity attracted new followers including the King's Fund, colleagues at the NPSA, Hospital Caterers Association, NHS Midlands and East and many BAPEN members.

Core Groups



BAPEN Medical

Dr Ruth McKee, Chair BAPEN Medical



Chair and members: • Dr Ruth McKee (Chair) • Dr Clare Donnellan (Hon Treasurer) • Dr Nicki Simmonds (Hon Secretary) till Dec 2012 then Dr Jo Sayer • Dr Michael Colley • Dr Jeremy Woodward • Dr Jamil Aqeel • Dr Andrew Rochford • Dr Stephen Lewis • Dr Nicola Burch • Dr Penny Neild (*ex officio*) • Dr Sheldon Cooper (*ex officio*) • Dr Chris Mountford (medical trainee) shadow Dr Elizabeth Harrison • Mr Phil Stevens (surgical trainee)

Key objectives for the year

- Run a BAPEN medical teaching day on Sunday 17th June 2012 at DDF covering nutrition and liver disease.
- Run BAPEN Medical symposium during DDF – 'Feeding at the End of life'.
- Combined meeting with the Pancreatic Society on Thursday 16th November 2012 on nutrition in chronic pancreatitis.
- An educational module covering nutrition for specialty registrars in gastroenterology and surgery is to be developed – Not progressed.
- The Powell-Tuck prize awarded at DDF.
- LLL respiratory course run at December BAPEN meeting.

- We did not achieve further online learning modules for registrars this year due to the time commitments of committee members.
- The number of submissions for the Powell-Tuck prize was increased from previous years. The prize was awarded to M Dibb from the Intestinal failure unit in Salford with an abstract entitled Outcome on Home Parenteral Nutrition: 33 years experience from a National centre.
- We required replacement trainee committee members in late 2012 and advertised for volunteers – we received an excellent response. Chris Mountford was appointed as medical trainee, Elizabeth Harrison to shadow him and Phil Stevens as surgical trainee. They have started a trainee group for BAPEN Medical.

Key outputs for the year

- BAPEN Medical Teaching Day on Sunday 17th June 2012 at DDF covering nutrition and liver disease. This attracted more than 100 delegates, more than previously. Some people picked out particular sessions to attend rather than staying for the whole day, which increased overall attendance.
- A symposium on 'Feeding in Difficult Circumstances' was organised for BAPEN 2012.
- A combined meeting with the Pancreatic Society was arranged at Cameron House in November 2012. A BIFA meeting was also held there the previous day. The BIFA meeting was better attended by BAPEN members than the BAPEN/Panc Soc meeting but the overall meeting was extremely successful with higher numbers than have ever attended this meeting before. The combined sessions between BAPEN and Panc Soc were appreciated with good feedback.

Plans for 2013

- We plan to run a BAPEN Medical Teaching Day on Sunday November 2013 covering nutrition and renal disease and including an LLL education session.
- BAPEN Medical will organise at least two symposia during BAPEN 2013 – 'A spoonful of sugar' and 'A Rocky Road down the GI Tract'.
- An educational module covering nutrition for specialty registrars in gastroenterology and surgery is to be developed.
- The Powell-Tuck prize will be awarded at BAPEN 2013.
- The trainee group are planning a survey on training needs and an informal meeting during BAPEN 2013.

Other comments

We would like to thank our sponsors for 2012: Abbott, Baxter and Fresenius Kabi/Calea. We would be unable to run our meetings without their support.



National Nurses Nutrition Group (NNNG)

Liz Evans, Chair NNNG



Chair and members: • **Liz Evans** (Chair), Buckinghamshire Healthcare NHS Trust • **Neil Wilson** (Secretary), Manchester Metropolitan University • **Barbara Dovaston** (Treasurer) Heart of England NHS Foundation Trust • **Carolyn Best** (Communications Officer), Hampshire Hospitals NHS Foundation • **Winnie Magambo**, (Vice Chair) Advanced Nurse Practitioner, Vascular Access Team, Oxford University Hospitals NHS Trust • **Linda Warriner** (Committee Member), County Durham and Darlington NHS Foundation Trust • **Lena Walliman** (Committee Member), Nurse Advisor, Calea

Update on 2012 objectives

Objective	Outcome
Re-energise the granuloma work with the lead of Linda Warriner.	Taken forward to act as the basis for the new NNNG exit site guidelines.
Further develop NNNG website and populate member's area.	The NNNG launched a new website in November 2012 with an aim of updating the system to facilitate improved information for both the website and the healthcare community. The investment in the website upgrade has increased membership by a further 100 on the previous year.
Launch complete online membership for new and existing members.	The NNNG as part of the new website launched online membership. This proved very popular and is a seamless operation.
Increase NNNG membership to incorporate the broader nursing and allied health professions family.	NNNG membership has expanded to over 353 and now includes nurses from primary and secondary care, adult and children's services, dietitians, pharmacists and university lecturers.
Launch two good practice guidelines that are firmly embedded within practice context.	Safe Insertion of Nasogastric (NG) Feeding Tubes in Adults (released in March 2012) and Changing of a Balloon Gastrostomy Tube (BGT) into the Stomach for Adults and Children (released in July 2012).
Work in partnership with BAPEN to contribute to DDF in June 2012.	NNNG facilitated a successful symposium within the DDF.
Reschedule NNNG conference to October 2012 and consider outsourcing to private conference organiser.	NNNG Conference 2012 was held September 30 th and October 1 st in Birmingham. Organisation is in conjunction with Mark Allen.
To ensure financial control is carried through the year identifying any possible areas of cost reduction in our operating costs.	NNNG finances are healthy and continue to grow.
The NNNG banking system will be reviewed.	After due consideration, the Executive committee decided to swap accounts from the National Westminster to the Co-operative Bank as it was felt that the latter would serve the organisation better.

Key objectives for the year

1. Further good practice guidelines.
2. Continue to work with ESPG to find a safe solution for enteral tube feed connections.
3. Form closer working relationships with groups such as the Royal College of Nursing and the Royal College of Physicians Nutrition Committee.
4. Continue to work closely with NHS England in promoting and developing excellence in nutritional care.
5. Launch an online accreditation system for institutions to have their courses endorsed by the NNNG.
6. Further increase membership.
7. Develop closer links with community colleagues.



Parenteral and Enteral Nutrition Group (PEN Group) of the British Dietetic Association (BDA)

Anne Holdoway, Chair PEN Group

Chair and members: • Anne Holdoway (Chair) • Vera Todorovic (Vice Chair) • Sarah Ragoo (Treasurer) • Arlene Barton (Secretary) • Kate Hall (Communications Officer) • Emma Emmerson (Meetings Organiser) • Carole-Anne Fleming (Education and Training) • Ailsa Kennedy (Clinical Update Lead) • Katie Foster (Home Enteral Feeding Clinical Lead and BANS Link) • Helen Robinson (Administrator – BDA Office)



Membership details

Membership figures at the end of the membership year 2012 stood at a healthy 450.

The total number of members rose sharply following the launch of the Updated Pocket Guide (4th Edition), this was fuelled by the membership benefit unique to 2011 which was the provision of a complimentary copy of the updated Pocket Guide to Clinical Nutrition; the PEN Group's primary publication. PEN Group were delighted that the influx of members continued into the membership year 2012 thus supporting a vibrant network.

Membership renewal transferred to the BDA Office in March 2012

Approximately half of PEN Group members are BAPEN members reflecting the collaboration and mutual benefit of the 2 organisations.

Activities and Outputs 2012

PEN Group Study Days and Educational Events

The PEN Group played an active role in the delivery of the Digestive Diseases Federation in June 2012. This inaugural meeting uniting professionals from BAPEN and BAPEN's core groups of which the PEN Group is one, the BSG, BOMSS, AUGIS, BSL and BSPGHAN attracted >3000 delegates. Through a multidisciplinary agenda, nutrition was firmly on the agenda and the profile of dietitians through their presence and contribution was elevated. Plans are underway to run a DDF in 2015 and PEN Group will play an active role in this major event in both content and delivery, hopefully with the support of the GSG of the BDA and the BDA itself.

The Malnutrition Pathway was launched at the DDF; the first multi-professional consensus and concise, evidence-based guide to managing adult disease-related malnutrition in the community to be endorsed by National bodies. Ten organisations supported/endorsed the materials and website including the RCGP, PCSG, RSP, RCN, BAPEN. The Guide and pathway were led by 2 PEN Group dietitians: Anne Holdoway and Ailsa Brotherton.

The PEN Group integrated a further educational event into the December BAPEN meeting, the specific PEN Group sessions were attended by nearly 100 dietitians and several other HCPs. The PEN Group component focused on outcomes in nutritional support. In addition, the authors of the new sections of the PEN Group Pocket Guide presented on the evidence underpinning the content of the new sections. Hot off the press was a debate on the use of liquidised feeds; PINNT, NNNG and dietitians presented the background and views in this evolving area of growing concern

and in which dietitians may be increasingly asked to advise upon. Following the study day debate and as a consequence of the rising demand in use of home-made blenderised feeds, PEN Group teamed up with the BDA Paediatric Group to develop a position statement on this subject matter, completion is planned for 2013. A manned PEN Group stand at the BAPEN meeting provided the opportunity to promote sales of the fully revised (4th Edition) of the PEN Group Pocket Guide to Clinical Nutrition. The pocket guide remains a 'must have' for healthcare professionals working in the field of nutrition support.

PEN Group Clinical Update Course

The PEN Group Clinical Update course continues to be a successful event. Close to 80 delegates attended the 2012 course. Aimed at dietitians with several years' experience in a clinical post, the Clinical Update Course delivers training at Masters Level, to help dietitians develop advanced skills in clinical nutrition underpinned by evidence and best practice. Ailsa Kennedy remained Clinical Lead for the course liaising with Queen Margaret University, Edinburgh, who now host the event. In the future we hope that this course will have International appeal.

National activities

PEN Group responded to National documents from the CQC, NICE, DH and through activities and co-authorship on publications with BAPEN, the PEN Group continued to promote the importance of delivering good nutritional care in all care settings. This objective remains key for 2013, with the goal to influence National decision making and nutritional care.

With increasing specialist groups evolving within the BDA, PEN Group are aware of the need to work collaboratively across the profession with other specialist groups and networks, to ensure that outputs are maximised and duplication is avoided. The PEN Group will continue to work collaboratively with the BDA and other specialist groups to ensure the work of PEN Group and BAPEN are communicated effectively with the dietetic profession, PEN Group members and BDA Head Office.

Resources

New sections for the PENG Pocket Guide to Clinical Nutrition

The entire content of the PEN Group Pocket Guide was updated in 2011. In 2012 work began on 3 new sections: COPD, bariatrics and pancreatitis. The guide continues to be hugely successful. Income generated is to be reinvested in the PEN Group activities to include in the future projects to develop position statements and guidelines, fund small scale projects, and subsidise educational events and develop ePENLINES.

PENlines continues to be the primary publication for the Group and an important vehicle bringing the latest news and views to members including regular clinical updates. Electronic publication has removed the page restriction and encouraged by Kate Hall, our Communications Officer, the content has expanded in recent months as contributors have used PENlines as a vehicle to share innovation and best practice. We are grateful to Kate and all our contributors over the year.

Website

Activities in 2012 supported the development of the website to ensure that it continued to be fit for purpose. A regular poll on the home page enabled us to survey our members' activities and needs. The website looks to complement the information on the BAPEN website and the websites of the fellow core groups of BAPEN.

BAPEN activities

PEN Group committee members continued to play an active role in BAPEN through representation on several committees. Anne Holdoway as Chair served on the BAPEN Council, Arlene Barton served on BAPEN Education and Training committee, Vera Todorovic represented Dietitians on the BAPEN Malnutrition Action Group (MAG). Vera and other PEN Group members contributed to the BAPEN Quality Group. PEN Group member Pete Turner remained actively involved in the BAPEN Programmes Committee, supported by CaroleAnne Fleming, together ensuring that the educational needs of the PEN Group membership and other dietitians were met. On-going representation in BAPEN activities ensures that dietitians effectively contribute to the outputs of BAPEN from concept to delivery, as well as shape the strategy and planning of activities of BAPEN.

Several of our members represented the PEN Group and, therefore, the BDA on National initiatives, thus representing the views of dietitians in the wider world, at policy level and in multidisciplinary forums, effectively supporting lobbying to promote excellence in nutritional care on a National level and develop multi-professional resources.

Awards

PEN Group members nominated Vera Todorovic for a BDA Ibex which was awarded to Vera in recognition of her significant contributions to PEN Group, BAPEN and the field of nutritional support over many years.

In addition two PEN Group Awards were made possible in 2012 through the financial support of Abbott Nutrition, Fresenius-Kabi and Nutricia: Dr Alison Culkin, Research Dietitian, St Mark's Hospital

and Ruth Stow, Senior Nutrition Support Dietitian, Heart of England NHS Foundation Trust were awarded the PEN Group Educational Awards for research and audit work undertaken. Their success was announced at the BAPEN meeting December 2012.

Looking ahead

The primary aim of the PEN Group remains to facilitate dietitians working in oral, enteral and parenteral nutritional support to employ best/evidence based practice and primarily prevent and/or treat disease related malnutrition. In addition, the PEN Group also acts as a voice of professional expertise for and on behalf of dietitians working in oral, enteral and parenteral nutrition. The PEN Group committee acknowledge that these aims cannot be achieved by a committee but rely on active participation of our membership and engagement with patients and colleagues within BAPEN.

With increasing specialisation, the delivery of complex healthcare and the move to provide community based care, PEN Group explored the concept of Clinical Leads within the group. Although in its infancy the first step towards this was the inclusion of a HETF lead on the committee who acted as a link between BANs, PEN Group and the BDA. Plans for 2013 include expansion of Clinical Leads to include a Parenteral Nutrition Clinical Lead and a Research and Audit Clinical Lead. Along with our members this will ensure that the PEN Group is fit for purpose to help support members and the dietetic profession on a National basis in the future. Utilising the expertise within the group will help support and strengthen the important role that dietitians play in delivering optimal nutritional care within multi-professional teams and frameworks.

PEN Group will aim to continue to provide the channels and forum to encourage cohesive work to help dietitians and other professionals to deliver excellence in nutrition support. Activities in 2013 look to build on the achievements in 2012 and currently underway is the development of 'discussion forums', information exchange, new resources to download, plus an area on the website for sharing best practice and innovation.

Thank you

As Chair of PEN Group, I would like to acknowledge the immense amount of work that the committee members undertake particularly in their own personal time; Arlene Barton, Ailsa Kennedy, CaroleAnne Fleming, Emma Emmerson, Katie Foster, Kate Hall, Sarah Ragoo, Vera Todorovic and Pete Turner, along with other members of the PEN Group who actively engage to help us deliver our objectives and outputs.



Patients on Intravenous and Naso-Gastric Nutrition Therapy (PINNT)

Steve Brown, General Secretary PINNT



Another year of development for PINNT, with this being the year we celebrated our 25th Anniversary. This was marked with us offering free membership to all full and associate members. We found this enabled us to maintain and grow our numbers, ensuring that we were able to reach many new people living with artificial nutrition and healthcare professionals working in the field of Home Parenteral Nutrition (HPN) and Home Enteral Nutrition (HEN).

To celebrate our 25th year, we held a dinner, where people who were instrumental and of tremendous support to PINNT both currently and in the past were invited to an evening of food and entertainment. This gave us an opportunity to formally thank everyone and to highlight what PINNT has achieved over the past 25 years and where we hope to go in the future.

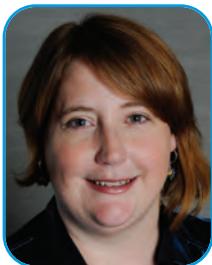
Our literature underwent a revamp with a fresh design rolled out across all of our resources; bringing it into line with our website layout. We also put into place a new method of supplying our member's information, making use of our website and electronic resources. This has not only helped to save valuable

funds, but also provided a more efficient and effective way to get our information to our members and increase the traffic on our website; enabling them to see up to date information on our activities.

Our website saw an exciting new development with the introduction of podcasts. PINNT considered what these should be focused upon and felt that specific areas were of greatest interest to many of our members: Half PINNT, what is enteral and parenteral nutrition, and travelling with artificial nutrition. These have been well received by all.

As our primary focus is to support people on artificial nutrition, we are encouraged to see new patient groups being formed up and down the country, to work alongside our existing groups which are growing in popularity.

As ever we continue to work closely with industry and healthcare professionals to promote the experiences of people on artificial nutrition and work together to create a better experience for all.



British Pharmaceutical Nutrition Group (BPNG)

Jackie Eastwood, Chair BPNG



Chair and group members at end of 2012: Jackie Eastwood (Chair), NHS London St Marks • Ruth Newton (Vice Chair), NHS Stoke • Dilusha Patel (Secretary Academia), NHS Southend • Richard Smith (Treasurer Industry), Runcorn • Peter Austin (Education Officer), NHS Southampton • Allan Cosslett/ Rebecca Price/ Lucy Thompson (Communications Officer Academia), Cardiff University/ NHS London Kings • Rebecca White (Prof. Dev. – Adults), NHS Oxford • Tony Murphy (Co-ordinating Officer), NHS London UCL • Venetia Horn (Prof. Dev. – Paeds), NHS London GOSH • Christine Wong (Research & Science Officer), NHS Sheffield • Mike Allwood (Co-opted Member), Derby University • Tim Sizer (Co-opted Member), NHS QA South West

The BPNG have been very active and have representation on all BAPEN Committees. The BPNG has also had representation in the following committees or organisations:

- Working Party for partnership working with the Royal Pharmaceutical Society
- UK Clinical Pharmacy Association Gastroenterology and Hepatology specialist group
- NHS Pharmaceutical Aseptic Services Group
- NHS Pharmaceutical Quality Assurance Committee
- NHS Technical Specialists Education and Training Group
- Royal Colleges Working Party on Nutrition
- HIFNET Development group
- HPN Framework for England

Key objectives for the year

- To continue to provide education and support for professionals working within parenteral nutrition
- To represent pharmacy in all nutrition initiatives nationwide
- To hold the Fundamentals in Parenteral Nutrition and advanced nutrition courses
- To be represented in the meetings between specialist pharmacist groups and the new professional body.

Key outputs for the year

- Fundamentals in Parenteral Nutrition course held at Regents College London (April). This is an annual event for all professionals new to parenteral nutrition
- Advanced one day course on Home Parenteral Nutrition, Bath (March)

Executive Committee

Honorary Chair

Dr Tim Bowling
Tel: 0115 919 4427
Fax: 0115 875 4540
Email: tim.bowling@nhs.net

Honorary Treasurer

Dr Nicola Simmonds
Tel: 01582 497 519
Fax: 01582 565 439
Email: njturing@gmail.com

Honorary Secretary

Dr Ailsa Brotherton
Tel: 01772 895 114
Email: secretary@bapen.org.uk

Honorary Officer – Membership

Andrea Cartwright
Tel: 01268 593 112
Fax: 01268 593 317
Email: andrea.cartwright@btuh.nhs.uk

Honorary Officer – Education & Training

Dr Sheldon Cooper
Tel: 01384 244 074 (Secretary)
Fax: 01384 244 262
Email: sheldon.cooper@nhs.net

Honorary Officer – Data & Measurement

Dr Trevor Smith
Tel: 02381 204 153
Fax: 02381 205 203
Email: trevorsmith@nhs.net

Honorary Officer – Communications

Wendy-Ling Relph
Tel: 07795 450 160
Email: wendy-ling.relph@nhs.net

Council Members

Chair: BAPEN Medical

Dr Ruth McKee
Tel: 0141 2114 286 (secretary)
Email: ruth.mckee@nhs.net

Liaison Officer: BSPGHAN

Dr Susan Hill
Tel: 0207 405 9200 Ext 0114
Fax: 0207 813 8258
Email: susan.hill@gosh.nhs.uk

Chair: BPNG

Jackie Eastwood
Tel: 0208 235 4094
Fax: 0208 235 4101
Email: J.eastwood@nhs.net

Chair: Faculty

Christine Russell
Tel: 01327 830 012
Fax: 01327 831 055
Email: ca.russell@btinternet.com

Chair: MAG

Professor Marinos Elia
Tel: 0238 079 4277
Fax: 0238 079 4277
Email: elia@soton.ac.uk

Chair: NNNG

Liz Evans
Tel: 01296 316 645
Email: liz.evans@buckshosp.nhs.uk

Chair: PEN Group

Anne Holdoway
Tel: 01225 722 851
Email: anne@hph.ltd.uk

Chair: PINNT

Carolyn Wheatley
Tel: 01202 481 625
Email: cwheatley@pinnt.com

Chair: Programmes Committee

Pete Turner
Tel: 0151 706 2121
Fax: 0151 706 5840
Email: peter.turner@rlbuht.nhs.uk

Regional Representatives

North East & Chair:

Barbara Davidson - Senior Dietitian
Tel: 0191 244 8358
Email: barbara.davidson@nuth.nhs.uk

Scotland

Emma Hughes – Specialist Dietitian (Renal)
Tel: 01463 704 473
Mob: 07795 953 758
Email: emma.hughes2@nhs.net

Northern Ireland

Sarah-Jane Hughes - Chief
Dietitian/Clinical Team Lead
Tel: 02890 634 386
Email: sarah-jane.hughes@belfasttrust.
hscni.net

Wales

Winnie Magambo - Nutrition Nurse
Tel: 029 2074 6393
Email: winifred.magambo@ouh.nhs.uk

North West

Dr Simon Lal - Consultant
Tel: 0151 529 8387
Email: simon.lal@srft.nhs.uk

Trent

Melanie Baker - Senior Specialist Dietitian
Tel: 0116 258 6988 or bleep 4600
Email: Melanie.baker@uhl-tr.nhs.uk

West Midlands

Vacant

Thames Valley

Marion O'Connor - Nutrition Support Dietitian
Tel: 01865 221 702/3
Fax: 01865 741 408
Email: marion.o'connor@orh.nhs.uk

East Anglia

Judith McGovern - Nutrition Nurse Specialist
Tel: 01603 286 286 bleep 0554 or 01603 287 159
Email: Judith.mcgovern@nnuh.nhs.uk

North Thames

Dr Andrew Rochford - Consultant
Gastroenterologist
Tel: 07946 411 973
Email: andrewrochford@nhs.net

South Thames

Mr Rick Wilson - Director Dietetics & Nutrition
Tel: 020 3299 9000 x2811
Email: rick.wilson@nhs.uk

South West

Dr Tariq Ahmed - Consultant
Gastroenterologist
Tel: 01392 406 217
Email: tariq.ahmed1@nhs.net

South

Peter Austin - Senior Pharmacist
Tel: 02380 796 090
Fax: 02380 794 344
Email: peter.austin@uhs.nhs.uk

South East

Dr Paul Kitchen - Consultant
Gastroenterologist
Tel: 01634 833 838
Fax: 01634 833 838
Email: paul.kitchen@medway.nhs.uk

Industry Representative

Carole Glencorse - Medical Director
Tel: 01628 644 163
Mob: 07818 427 905 • Fax: 01628 644 510
Email: carole.glencorse@abbott.com

To Contribute to In Touch

Faye Eagle – Publisher
Complete Media & Marketing Ltd.
Tel: 01920 444 063
Fax: 01920 444 061
Email: faye@cm-2.co.uk

BAPEN Media Enquiries

Helen Lawn & Charlotte Messer
Helen Lawn & Associates PR Ltd
Tel: 01892 525 141
Email: helen@helenlawn.co.uk
Email: charlotte@helenlawn.co.uk

BAPEN Office

BAPEN, Secure Hold Business Centre,
Studley Road, Redditch, Worcs, B98 7LG
Tel: 01527 457 850 • Fax: 01527 458 718
Email: bapen@bapen.org.uk
Website: www.bapen.org.uk