Ministerial Meeting Promises Focus on Malnutrition

Ivan Lewis MP, recently appointed as Minister of Care Services, has taken an early interest in the issues of nutrition policy in care and community settings.

“This is good news,” comments Professor Marinos Elia, Chairman of BAPEN. “It looks as though the messages about malnutrition are getting through – and being taken seriously.”

Stimulated by MP Paul Burstow’s Westminster Hall debate earlier in the year and his Human Rights Bill bringing attention to loopholes for those in care, an early meeting was arranged to meet the new Minister, following the move of Liam Byrne to the Home Office.

Awareness of malnutrition

BAPEN and NACC (National Association of Care Caterers) were invited to attend a meeting with Paul Burstow to raise professional concerns with the Minister regarding the issue of malnutrition. Awareness of the incidence and impact of malnutrition in care and the community, the need to raise standards of service and inspection in care, and the urgent need for co-ordinated training for agencies working with and for older people in all settings were all covered.

Both Sue Hawkins of NACC and Rhonda Smith representing BAPEN pointed out the numerous projects and initiatives currently underway in nutrition - ranging from minimum standards within care to production by the FSA of nutrient guidelines for care settings – and the potential danger of mixed messages, divergent advice and unaligned targets.

Those present vigorously supported the need for a strong lead within the Department of Health to provide a clear policy framework, with supporting research and appropriate resources, within which all agencies can interact and deliver co-ordinated services.

Nutrition – a matter of governance

With high profile cases being brought to the attention of the courts and the media of poor attention to nutrition and hydration in care, and involving older people particularly, it is important that Government take a lead in ensuring this service area becomes a matter of governance.

“During our discussion, it became apparent that this point was being taken seriously,” reports Rhonda Smith, “and that there is a recognition that malnutrition, and how it must and can be addressed, has to become part of the public health agenda.”

A letter has been sent to the Minister from Paul Burstow’s office summarising the seven key points made during the meeting:

1. The recognition of the cost of malnutrition to the health economy
2. The lack of national leadership and co-ordination of the many initiatives surrounding standards, care and nutrition, that would otherwise ensure relevant organisations registered as stakeholders and appropriate agency consultation
3. The need to strengthen standards for inspection in care homes regarding nutrition policy and provision
4. Acceptance that appropriate nutritional care and treatment is a matter of governance
5. A low awareness of malnutrition and its impact among professionals and the public
In his speech on 26th July 2006, Tony Blair highlighted a range of health problems facing the UK, including obesity, cardiovascular disease, smoking and alcohol. Although not mentioned in the speech, malnutrition has recently made its mark on the national radar screen. In February, the National Institute of Clinical Excellence (NICE) launched its guidelines on malnutrition, and these have led to an exploration of methods for their effective implementation. The Council of Europe Alliance (UK), with representation from a wide range of professional organisations, has had a series of meetings this year, with the aim of establishing practical ways of implementing the Council of Europe nutrition guidelines, which have already been officially approved by UK Ministers. The two activities do not seem to be co-ordinated, despite generally similar guidelines and similar aims for combating malnutrition in hospital (the Council of Europe guidelines do not focus on the community). Whilst these activities were taking place, the implementation of the Scottish nutrition guidelines (NHS Quality Improvement Scotland) in Scotland were being assessed. A report of the main findings of this inspection is expected in August. The lessons from the Scottish experience should be taken into account since they could help the implementation process in other parts of the UK.

Members of BAPEN have been involved with all of the above activities. They have also been involved in discussions with NICE officials, ministers, a range of senior representatives of other professional organisations, and members of the Department of Health, including the National Patient Safety Agency (NPSA). One of the central threads running through these discussions is the need to establish a co-ordinated national strategy to implement nutritional guidelines and to improve standards of care and inequities. A unified approach would avoid duplication of effort and conflicting messages, and increase the likelihood of implementing guidelines to the desired level. A recent study by Abacus International reported that 12 out of 28 guideline appraisals were under-implemented, and another 4 were over-implemented. This means that more than half did not quite hit the mark. But even if the nutritional guidelines produced by NICE, Council of Europe, National Service Framework, and other agencies were implemented, important problems with malnutrition would probably still persist. This is partly because the above guidelines have been predominantly directed towards healthcare workers who come into contact with malnourished patients. It is more difficult to deal with malnourished patients that do not readily access the health service. It is also difficult to see how the guidelines will deal with the root causes of inequalities, for example the north-south divide in the prevalence of malnutrition in England, or malnutrition inequalities associated with deprivation, which exist even within the same geographic region.

Like the obesity problem, the entire malnutrition problem is too big and too complex to be managed by the NHS alone, or even the government alone. A delivery chain is required that cuts across the domains of multiple national and local public agencies, as well as the private and voluntary sector. This was the theme that was developed in a recent report, Malnutrition among Older People in the Community: Policy recommendations for change. The report presents a vision for the future, with practical recommendations for the public and health professionals. It is the result of a joint venture between the European Nutrition for Health Alliance (Chair, Professor Jean-Pierre Bayens), International Longevity Centre – UK (Chief executive, Baroness Sally Greengross), and BAPEN, in association with the All-Parliamentary Food and Health Forum (Chair Lord Rae). It was a privilege and a pleasure for me to chair the workshop that led to the publication of the report and its launch in the House of Commons on 17th May. This report can be downloaded from the following websites:

- [www.ilcuk.org.uk/publications.cfm](http://www.ilcuk.org.uk/publications.cfm)
- [www.european-nutrition.org/publications.cfm](http://www.european-nutrition.org/publications.cfm)

Many of the above issues will be discussed at the annual BAPEN conference in Brighton on 1 - 2 November, 2006. An exciting and varied programme has been put together, which includes contributions from many distinguished individuals, including members of NICE, Health Care Commission, National Patient Safety Agency, International Longevity Centre, and others. Come and join the discussions, network with colleagues, and allow us to give you a warm welcome.

**Professor Marinos Elia**
Honorary Chairman

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** Roles and Contact Details**

**Executive Committee**

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<thead>
<tr>
<th>Name</th>
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**Chairmen of Standing Committees**

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**Chairman: Regional Reps**

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<th>Name</th>
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**In Touch Issue No. 43**
ESPEN Guidelines on Enteral Nutrition:

Some of these issues will be clarified in the “Inflammation technology: protein formula” could be very harmful to the critically ill. Hopefully excess amounts of some of the amino acids found in “standard high survival, whereas others are providing very convincing arguments that currently claiming there is evidence that high nitrogen intakes improve survival, whereas others are providing very convincing arguments that generally these guidelines should prove useful. They would benefit from some more practical recommendations on protein requirements, intensive insulin therapy and metabolic monitoring. Perhaps this could have been achieved if ESPEN had used a more multidisciplinary expert panel – such as those advocated by BAPEN and NICE.

The guidelines come out quite heavily in favour of immunonutrition (IN), stating there is grade A evidence to support its use in GI surgery and trauma. Fortunately they do emphasise the risks of IN in severely septic patients – claiming grade B evidence that these formulae may be harmful to such patients. This will be very useful to dietetic departments as one manufacturer is claiming a badly translated editorial by Damen and accompanying article by Tepsake in a Dutch journal not currently indexed on Pubmed are the definitive references on IN. These state there is grade A evidence that IN improves outcome in severely septic patients provided the full dose can be tolerated. However the Damen and Tepsake papers do not address the issue that achieving the full dose in severely septic patients can be very difficult due to gastric stasis. This point is made in the ESPEN recommendations – they stress IN should not be given to patients who cannot tolerate more than 700ml per day due to possible increased risk of mortality.

The only practice recommended by ESPEN that may not be widely used in the UK is to give enteral glutamine to burned and trauma patients. Despite one of the authors being Greta van den Burghe, there are sadly no recommendations on intensive insulin therapy and how this impacts on the delivery of enteral feed especially with respect to feeding breaks, confirmation of NG position and gastric stasis.

Generally these guidelines should prove useful. They would benefit from some more practical recommendations on protein requirements, intensive insulin therapy and metabolic monitoring. Perhaps this could have been achieved if ESPEN had used a more multidisciplinary expert panel – such as those advocated by BAPEN and NICE.

Putting Theory into Practice” symposium at this year’s BAPEN conference.

ESPEN do make some very sensible recommendations like only using jejunal feeding if gastric feeding has failed and only using peptide formula if polymeric feed has not been tolerated.

The only reference they make to this is “use standard high protein enteral route”. I think this would be more suited to Mike Stroud’s IBO classification (It’s Blooming Obvious – or words to that effect!)

The recommendations on energy provision probably agree with the views of most people who’ve taken the time to think about the metabolic changes in the inflammatory response of critically ill patients. They state “during the initial phase of critical illness in excess of 20-25kcal/kg/day may be associated with a less favourable outcome. During the anabolic recovery phase, the aim should be to provide 25-30kcal/kg/day”. Although this is the trend most of us are following (ie. keep energy low when patients are metabolically unstable and increase in recovery) the guidelines are very sadly lacking in how to recognise the recovery phase. Apart from the nebulous statement increase energy “in the anabolic flow phase” they do not give any practical guidance. A physiology textbook would probably state that the anabolic phase usually occurs around 10 days into the flow phase, but it never seems to be that clear cut in practice. Some practical guidance on interpreting metabolic markers like CRP, prealbumin and insulin requirements in recognising anabolism would have been useful.

Another area the guidelines are lacking in is protein requirements. The only reference they make to this is “use standard high protein formula”. It appears they did not even review the literature on nitrogen requirements. This is a shame because some UK experts are currently claiming there is evidence that high nitrogen intakes improve survival, whereas others are providing very convincing arguments that excess amounts of some of the amino acids found in “standard high protein formula” could be very harmful to the critically ill. Hopefully some of these issues will be clarified in the “Inflammation technology:

One of the latest editions of Clinical Nutrition contains the new ESPEN guidelines for enteral nutrition (EN) in a variety of conditions including pancreatitis and liver failure. I would recommend all ICU dietitians, doctors, pharmacists and nurses read the Intensive Care Guidelines. Although they don’t contain anything particularly ground breaking, I think they do serve to reinforce the feeding practices in most British ICUs – with a couple of possible exceptions.

The panel recommend early EN (started within the first 24 hours) for all haemodynamically stable critically ill patients with a functioning gut. Interestingly they state there is grade C evidence to support the recommendation “Use EN in all patients who can be fed via the enteral route”. I think this would be more suited to Mike Stroud’s IBO classification (It’s Blooming Obvious – or words to that effect!)


Focus on Malnutrition (continued from page 1)

| An improvement in the standard in food provided in care is essential, as is the support from nursing and caring staff that ensures that the food provided reaches the mouths of those who need it most. Concomitantly, the need for mandatory training concerning nutrition, special diets and service of meals to be introduced |
| The integration of the issue of malnutrition into the public health agenda and recognition through training |

A copy of BAPEN’s newly published Health Economic Report, which places the price tag of £7.3 billion on to this common but neglected health issue, was sent with the letter, whilst a copy of the Malnutrition among Older People in the Community policy challenge document, and of ‘MUST’ were tabled at the meeting.

“We await the response to the letter from the Minister with great interest,” concludes Professor Elia, “and hopefully with a confirmation that his office will instigate and support a real focus among professionals and the public on malnutrition.”

Report by Rhonda Smith
Media Officer, BAPEN
ESPEN update

ESPEN Congress – Istanbul: October 19-22 2006. Details about this are on the ESPEN website along with the programme. This promises to be an exciting meeting with additional symposia, courses and workshops. The organisers are, currently, applying for CME accreditation. The attractions of Istanbul itself do not need to be laboured and this will be a perfect time of year to visit...

NutritionDay – those of you who submitted data should now have received your feedback report which compares local activity with the European reference set. Further information will be shared at the ESPEN Congress. Please get in touch with the NutritionDay office if you have not received your report - emails have been returned from one or two centres. This is, presumably, because the named co-ordinator has moved to another job.

The next NutritionDay will be on January 25 2007. Please get in touch with me if you want to join in this unique initiative.

ESPEN Chairman – Prof. Olle Lungqvist (Sweden) has been elected to succeed Prof. Claude Pichard as the next Chairman of ESPEN and he will take up office following the October Congress.

BAPEN-ESPEN Block membership arrangements – I am aware that some members have been experiencing great difficulty in obtaining copies of Clinical Nutrition. Once again, I apologise for this and can reassure you that I am doing everything I can to resolve this.

Complan joins BAPEN and offers insight into communication to older people

Complan Foods Ltd has become the latest commercial member of BAPEN. Andrew Leek, Managing Director of Complan Foods Ltd says, “We joined BAPEN because we want to ensure Complan is at the forefront of the fight against malnutrition in the elderly and to help us continue providing our customers with the best products available”.

Below, Will Abbott, Complan Foods Ltd Marketing Manager, shares some insights from their own research that highlight the challenges of communicating the risks of malnutrition with older people.

Getting malnutrition on their radar

As outlined in the joint ENHA/BAPEN/ILC UK policy report ‘Malnutrition among Older People in the Community’ tackling the malnutrition problem is complex and requires efforts from a broad array of stakeholders.

At Complan we recognise the role we can play in raising awareness of malnutrition amongst older people in the community. We have recently undertaken some independent qualitative research to better understand the communication challenges we face. The research comprised focus groups and in-depth one on one interviews of 65 - 95 year olds living independently or in sheltered housing.

Four insights stand out as especially important:

1. Older people have a rational view of life. Facts, reason and familiarity rather than creative thinking and emotional decision-making dominate. Their lives are highly organised and structured into daily routines and no longer driven by spontaneity, creative thinking and emotional influences.

2. Food is for sustenance. Mealtimes are governed by strict routine and offer little variation or experimentation.

3. Older people have limited understanding of nutrition and no perception of malnutrition (“not in UK, not since the war”).

4. Non-preventative attitude to health. They take a short-term diagnostic approach focused on the here and now, eg. “My bones & joints ache so I will take cod liver oil but don’t take any other vitamin or mineral supplements”.

Therefore communication efforts, be they from healthcare workers or via commercial business, must:

1. Use clear and fact-based language that talks about specific benefits and action

2. Offer clear direction on how to develop existing food routines

3. Educate about the role and importance of nutrition to make malnutrition relevant and meaningful

4. Talk about health benefits now, not only possible long-term rewards

By building these into our communication strategies we hope we can begin to empower those at greatest risk of malnutrition to avoid it.

Pat Howard
ESPEN Liaison Officer, BAPEN
Working collaboratively to raise awareness of malnutrition in infants, children and young people

There is mounting evidence to suggest an increase in malnutrition in childhood. Malnutrition refers to intake of inadequate nutrients. Under-nutrition being the result of a deficiency in energy and/or other nutrients, and over-nutrition being the result of an excess of nutrients. The aim is to achieve optimal nutrition in childhood and this is important due to low nutritional stores, rapid growth and development, rapid neuronal development and immature body systems. An imbalanced state has been linked to effects on long term health, including chronic disease and poor psychosocial well being and in some instances premature mortality.

Within the UK malnutrition remains largely undetected and untreated and costs the NHS over £7.3 billion a year. There is very little statistical data available with regard to the prevalence of malnutrition in children, but available records indicate 5% of pre-school children have faltering growth; 1 in 260 children fall below 0.4th centile and 50% of these will have growth issues. 16% of infants and children admitted to hospital are underweight, 15% are stunted and 8% are wasted. Furthermore 84% of children under 4 years have an inadequate iron intake, with toddlers from socially deprived and ethnic minority groups being particularly affected. However, of these only a minority is referred for nutritional assessment.

Although there seems to have been an increase in the media interest over recent years and malnutrition in childhood is becoming an international public health priority, there is still a lack of national guidance on this issue. This paper describes an initiative to begin to address this problem. The Royal College of Nursing (RCN) set up a working group, including members of the Children and Young People Field of Practice, sponsored through an unrestricted educational grant provided by Abbott Nutrition.

In April 2006 the first national consensus statement on malnutrition in children and young people was launched at the annual RCN Congress in Bournemouth. This is available on the RCN website, Children and Young People Zone.

In the form of a consensus statement, entitled “Malnutrition in children and young people: what nurses need to know and do,” this publication aims to help nurses identify those children at greatest risk of malnutrition, and provides practical help and advice in relation to follow-up and referral.

The statement identifies:

- What is adequate nutrition?
- Standards of good nursing practice
- What every nurse should do
- How to identify dietary or feeding patterns that could lead to poor nutrition
- What to do next

Commenting on the launch of the position statement, Chairperson of the consensus statement Working Party, (Chair of the RCN Children’s Surgical Nursing Forum) Dr Nettie Dearmun confirmed “Nurses in all settings who work with children and young people have an incredibly important role in identifying and monitoring those at risk of poor nutrition. This consensus statement outlines good nursing practice, and offers nurses with a tool kit and a clear direction on what they can do when they come across children either with, or that they suspect to be at risk of malnutrition.”

It is possible to download a free copy of the consensus statement at www.rcn.org.uk/publications or order one from RCN direct 08457 72 6100. Publication code 003032.

This is just the beginning. It is anticipated that there will be further work in collaboration with dietitians and this will herald the start of a range of publications and joint working around this issue.

Dr Nettie Dearmun, Principal Lecturer/Senior Nurse Children’s Nursing (Oxford Brookes University/Oxford Radcliffe Hospitals)

LITRE addresses withdrawal of the Baxter 6060 ambulatory pump (part two!)

In the last edition of InTouch you will have seen a report from LITRE regarding two possible candidates for replacing the Baxter 6060 ambulatory PN pump when it is withdrawn for patient use. These were the Hospira Gemstar and the Ambix Wantage. The Wantage has now been withdrawn, following detailed evaluations by its American manufacturers which showed an unlikely but possible under-infusion in the PCA mode. Although this does not affect the PN mode it is still necessary to remove the pump until it undergoes improvements to its software.

At our meeting in May we evaluated two more pumps: the McKinley Bodyguard 323 and the Smiths Medical CADD VIP Prism. Many of you will have experience of the CADD pump. Our meeting took the same format as before, we had a presentation from each of the company reps and they answered questions. We felt there could be improvements in each of the products and we gave feedback which we have learnt has been acted upon by one of the companies. A report on the two pumps can be found on the BAPEN website.

I have had several Nutrition Nurses asking for advice on which pump LITRE prefers; as ever, we would advocate ‘horses for courses’; what one patient may find a plus (eg small keypad buttons), one might find a minus. We do however appreciate this has training implications for nurses.

PINNT and LITRE will be working with Baxter and the homecare companies to ensure that the change from the 6060 to another pump is as trouble-free as possible.

Justine Bayes, Chair LITRE
## Wednesday 1st November 2006

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<tr>
<td>10:00</td>
<td>WELCOME</td>
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<tr>
<td>10:10</td>
<td>BAPEN - Hot Topics. Highlights of the 2006 Conference</td>
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<td>10:30</td>
<td>Symposium 1: NUTRITION POLICY: GOVERNANCE, SAFETY AND INSPECTION</td>
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<td>13:30</td>
<td>Symposium 2: PRE &amp; PRO-BIOTICS</td>
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### Provisional Programme

**Symposium 1: NUTRITION POLICY: GOVERNANCE, SAFETY AND INSPECTION**

- **Chair:** Mrs Pat Howard - Head of Nutrition & Dietetic Services, Bristol Royal Infirmary
- **10:30 – 10:45**
  - "Implementation of Clinical Guidelines: the role of NICE"
    - Sue Collett, Implementation Advisor, NICE
- **10:45 – 11:00**
  - "Malnutrition: an issue of Patient Safety"
    - Caroline Lecko - Nutrition Lead, National Patient Safety Agency
- **11:00 – 11:15**
  - "Inspecting Implementation of Standards and Guidelines"
    - Amanda Hutchinson - Head of Long Term Care & Older People Strategy, Healthcare Commission
- **11:15 – 11:30**
  - "Standards for Improving Nutritional Care in Hospitals: the Scottish Experience"
    - Dr Alastair McKinlay - Consultant Gastroenterologist, Aberdeen Royal Infirmary
- **11:30 – 11:45**
  - Panel Discussion
- **11:45 – 12:15**
  - THE PENNINGTON LECTURE
- **12:15 – 12:30**
  - BAPEN Nutricia Research Fellowship Award 2006
- **12:30 – 13:30**
  - Lunch and Exhibition
  - Poster Presentations. NNNG Annual General Meeting

**Symposium 2: PRE & PRO-BIOTICS**

- **Chair:** Professor Jeremy Powell-Tuck - Chair BAPEN Medical
  - Professor of Clinical Nutrition, Barts and the London NHS Trust
- **13:30 – 14:00**
  - "Enteral Tube Feeding Diarrhoea, Probiotics and Prebiotics"
    - Dr Kevin Wheelan - Lecturer in Nutritional Sciences, King’s College London
- **14:00 – 14:30**
  - "Pre and Pro-Biotics in Inflammatory Bowel Disease: progress report"
    - Dr James Lindsay - Consultant Gastroenterologist, Barts and the London NHS Trust
- **14:30 – 15:00**
  - "Gut Health, Prebiotics and Probiotics: Fads, facts, fiction or function"
    - Professor Glenn Gibson - School of Food, Reading University

**Symposium 3: MANAGING WATER**

- **Chair:** Ruth Newton - Senior Pharmacist Aseptic/Clinical Services, University Hospital of North Staffordshire
- **16:00 – 16:30**
  - "Fluid Resuscitation of Shocked Patients"
    - Thomas Clutton-Brock - Senior Lecturer and Head of Department, Anaesthesia & Intensive Care Medicine, The University of Birmingham and University Hospital NHS Trust
- **16:30 – 17:00**
  - "Fluid Management of Post-operative Patients"
    - Dileep Lobo - Senior Lecturer in Surgery/Consultant HPB Surgeon Section of Surgery, University Hospital Nottingham
- **17:00 – 17:30**
  - "Does the Metabolic Milieu change during the Evolution of the Metabolic Response to Injury?"
    - Dr Andrew Webb - Medical Director of Clinical Services, UCL Hospitals NHS Foundation Trust

**2006 Annual Conference of The British Association for Parenteral and Enteral Nutrition**

**To be held at:**

Hilton Brighton Metropole

**On:**

1st - 2nd November 2006

This meeting is approved for credits under the Continuing Medical Education (CME) Scheme by all Medical Royal Colleges.
### Thursday 2nd November 2006

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<tbody>
<tr>
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| 09:00 - 11:00 | **Symposium 4**  
**“MANAGING COMPLICATIONS IN LONG-TERM PARENTERAL NUTRITION”**  
Chair: Angie Davidson - Consultant Nurse in Nutrition and Intestinal Failure, St. Mark’s Hospital, Harrow |
| 09:00 - 09:30 | **Managing Metabolic Bone Disease in Long-Term Parenteral Nutrition**  
Dr Jon Shaffer - Intestinal Failure Unit, Hope Hospital, Salford |
| 09:30 - 10:00 | **Managing Liver Dysfunction in Parenteral Nutrition**  
Dr Simon Gabe - Consultant Gastroenterologist & Hon. Senior Lecturer, St. Mark’s Hospital, Harrow |
| 10:00 - 10:30 | **Managing Micronutrient Deficiency and Toxicity in Long-Term Parenteral Nutrition**  
Lindsay Harper - Principal Clinical Pharmacist, Hope Hospital, Salford |
| 10:30 - 11:00 | **Is Intestinal Transplantation now an alternative to HPN?”**  
Stephen Middleton, Addenbrookes Hospital, Cambridge |
| 11:00 - 11:30 | Coffee and Exhibition                                                 |
| 11:30 - 13:30 | **Symposium 5 – Joint Symposium with the Nutrition Society**  
**“EATING, ILLNESS AND THE GUT - Disorder in the house?”**  
Chair: Gary Frost - Theme Leader for Clinical Nutrition - Nutrition Society, University of Surrey |
| 11:30 - 12:00 | **Signals which Generate Anorexia during Acute Illness**  
Professor Wolfgang Langhans - Swiss Federal Institute of Technology Schwerzenbach, Switzerland |
| 12:00 - 12:30 | **Critical Illness and Changes in Sensory Perception**  
Professor Susan Schiffman - Department of Psychiatry and Behavioural Sciences, Duke University Medical Centre, North Carolina, USA |
| 12:30 - 13:00 | **Strategies to Improve Ingestive Behaviour in the Critically-ill”**  
Dr Isobel Davidson - Dietetics, Nutrition and Biological Sciences, Queen Margaret University College, Edinburgh |
| 13:00 - 13:30 | Original Communications                                               |
| 11:30 – 13:30 | **Symposium 6**  
**“MALNUTRITION IN THE COMMUNITY”**  
Chair: Mrs Christine Russell - Honorary Treasurer, BAPEN |
| 11:30 – 11:45 | **Economics of Malnutrition: a Community Perspective**  
Professor Marinos Elia - Honorary Chairman, BAPEN |
| 11:45 – 12:00 | **Malnutrition of Older People in the Community: Recommendations for Change**  
Dr Jane Harper - Consultant Gastroenterologist & Senior Lecturer in Medicine & Nutrition, Institute of Human Nutrition, Southampton General Hospital |
| 12:00 – 12:15 | **Sheltered Housing: a forgotten sector**  
Imogen Parry - Head of Policy  
Emerging Role of Sheltered Housing (EroSH) |
| 12:15 – 12:30 | **Managing Malnutrition in Care Homes”**  
Rachael Masters - Specialist Dietitian for Older People, Darlington |
| 12:30 – 12:45 | **“Remembering Nutrition in Dementia”**  
Penny Hibbard – Admiral Nurse for Dementia  
Christchurch, Canterbury |
| 12:45 – 13:00 | **“Home Enteral Feeding and Dementia”**  
Dr Barry Jones - Chairman, BANS |
| 13:00 – 13:30 | Panel Discussion                                                       |
| 13:30 – 14:30 | Lunch and Exhibition                                                  |
| 13:30 – 14:30 | Poster Presentations                                                   |
| 14:30 – 15:15 | **SIR DAVID CUTHBERTSON MEDAL LECTURE**                                |
| 15:15 – 17:15 | **Symposium 7**  
**“INFLAMMATION TECHNOLOGY: PUTTING THEORY INTO PRACTICE”**  
Chair: Peter Turner - Senior Dietitian  
Royal Liverpool University Hospital |
| 15:15 – 15:55 | **“Intensive Insulin Therapy – How We Do It”**  
Dr Jane Harper - Consultant Intensivist  
Royal Liverpool University Hospital |
| 15:55 – 16:35 | **“Controversies in Estimating Energy Requirements - conclusions of the PEN debate”**  
Dr Elizabeth Weekes - Practice Development & Clinical Research Lead, St. Thomas’ Hospital, London |
| 16:35 – 17:15 | **“Protein, Patients and Inflammation – Do we know what to give?”**  
Dr Mike Stroud - Consultant Gastroenterologist & Senior Lecturer in Medicine & Nutrition, Institute of Human Nutrition, Southampton General Hospital |
| 17:15         | Close of Conference followed by Tea                                    |
The All Wales Medicines Strategy Group (AWMSG) identified concerns about the use or misuse of sip feeds in September 2004. Consequently a working group was established to make recommendations on the prescription and supply of sip feeds in Wales, and to acknowledge any resource implications.

The resulting report was published in June 2006 and identifies key clinical and organisational priorities for the provision of sip feeds. Importantly it has been written to complement the recommendations on nutritional screening and the use of oral nutrition support made in the NICE guideline Nutrition Support in Adults.

**Clinical Priorities**

The report acknowledges that nutritional screening should be carried out to identify individuals who are malnourished or are at risk of becoming so and that the cause of poor nutritional status should be treated. Nutrition treatment plans and information leaflets should be given to patients.

To improve communication between primary and secondary care, and ensure provision is made for follow-up and monitoring of clinical efficacy, prescribing priorities for different healthcare settings have been identified. Some of the recommendations are outlined in Table 1.

<table>
<thead>
<tr>
<th>Table 1: Prescribing priorities for different healthcare settings</th>
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<tbody>
<tr>
<td><strong>Hospital</strong></td>
</tr>
<tr>
<td>Unless they have been seen by a dietitian, patients should not be discharged from hospital on sip feeds.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>Organisational Priorities</strong></th>
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<tr>
<td>The working group identified that the use of free samples was a major cause of inappropriate use of sip feeds and that this could discourage a food first strategy or switching between sip feeds that are not nutritionally equivalent. The group hence recommend that:</td>
</tr>
<tr>
<td>- the direct supply of sip feeds and use of retrospective prescriptions should be discouraged</td>
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<tr>
<td>- nutrition companies should adhere to Clause 17 of the ABPI Code of Conduct regarding the provision of sip feed samples</td>
</tr>
<tr>
<td>- the use of sip feed samples by healthcare professionals (HCPs) should be discouraged</td>
</tr>
<tr>
<td>- training on the appropriate use of sip feeds should be available</td>
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<tr>
<td>- a multidisciplinary “community nutrition team” approach should be implemented.</td>
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<table>
<thead>
<tr>
<th><strong>Resource Requirements</strong></th>
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<tr>
<td>The report acknowledges that there is a significant lack of community dietitians and appropriately trained HCPs across the Local Health Boards in Wales. In order to achieve the recommendations outlined in the report, the working group has identified that a number of resources need to be developed, including:</td>
</tr>
<tr>
<td>- patient information leaflets</td>
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<td>- training packages and key competencies for HCPs</td>
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<tr>
<td>- strategies to improve nutritional intake from food</td>
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<tr>
<td>- good practice advice for HCPs on the use of sip feeds</td>
</tr>
<tr>
<td>- community monitoring charts/patient held records e.g. an Oral Nutrition Integrated Care Pathway (ICP).</td>
</tr>
</tbody>
</table>

For further information on the AWMSG report visit [www.wales.nhs.uk](http://www.wales.nhs.uk). For further information on Oral Nutrition Integrated Care Pathways, contact Abbott Nutrition on 01628 644570.

Carole Glencorse, Head of Nutritional Services, Abbott Nutrition

References
Over 50 delegates, representing all the health care professionals involved with Parenteral Nutrition (PN) attended this annual update meeting organised by the Nutrition Support Team (NST) at Auckland City Hospital (ACH).

The workshop opened by Professor Bryan Parry (ex St Mary’s Hospital Paddington), with a review of nutritional depletion that affects up to 40% of hospitalised patients and the meta analyses of randomised controlled trials confirming that Nutrition Support (NS) can overcome nutritional deficiencies and improve outcome when used correctly. ‘If the gut works use it’ but it is important to monitor nutrient provision with Enteral Nutrition (EN) and be prepared to switch to Parenteral Nutrition (PN) when appropriate.

Dr James Judson, specialist intensivist, then reviewed the important studies on glycaemic control in the ICU and described the Australasian ‘Normoglycaemia in Intensive Care Evaluation’ (NICE). To date, blood glucose level (BGL) targets are being achieved so the study has been extended to NICE-SUGAR in order to investigate ‘Survival Using Glucose Algorithm Regulation’. Additional ICU’s from Canada and USA are now participating and it is anticipated that results will be available in early 2008. In the meantime Dr Judson recommends targeting BGL at 8-10 mmol/L then tightening to 6-8 mmol/L after 3 days whilst continually monitoring caloric input.

Tailoring today’s PN regimen with new, more physiological, amino acids and lipid emulsions was addressed by BAPEN and BPNG member, Professor Patrick Ball from Charles Sturt University, Australia (ex Birmingham Children’s Hospital). The acid-base buffering benefits with improved outcome of glutamine supplemented PN for the critically ill, and developments with tyrosine dipeptides and taurine for pre-term babies were outlined. Research with MCT, olive oil and fish oil emulsions to increase the ratio of n-3 : n-6 fatty acids is very promising. Improved tolerance, better nitrogen balance, lower serum triglyceride levels and anti-inflammatory modulation are potential benefits that need to be confirmed with well controlled clinical trials.

Quality assurance and data collection is the basis of a high quality NS service according to Kerry McIlroy, senior dietitian and NZ representative to AuSPEN Council. Reviewing policies and procedures regularly; auditing PN patients once a week; collecting data for benchmarking and networking with other centres is the key to continuous improvement in a proactive fashion. To facilitate this the Auckland Regional Nutrition Database was established and explained by Simon Hill, PN pharmacist at North Shore Hospital (NSH) since arriving from the UK a few years ago. By recording patient data, length of PN therapy, periods of line insertion and reasons for removal, it is possible to compare experiences at different hospitals. A poster prepared from these data by medical student Gina Hsu, as her iPnEMA research project, compared the previous 7 years of PN experience with results from 2006. The most striking observation was the apparent rise in infectious complications when there was no specialist PN nurse on the NST, providing valuable evidence for the importance of a multidisciplinary team approach. A point further illustrated by Kim Bowden, Nutrition Nurse at NSH, who emphasised line management protocols are specific to the PN patient and must be incorporated into the clinical practice manual. Quality assurance continues with nurse education and on-going discussions with medical staff via the local NS intranet system.

Home Parenteral Nutrition (HPN) remains the evidence-based treatment of choice for severe intestinal failure (IF). Lyn Gillanders, senior dietitian at ACH, presented the endeavours of the AuSPEN working party in establishing an HPN register based on the Scottish HPN Managed Clinical Network (SHMCN) experience. The New Zealand register was successfully completed and presented as the award-winning poster at BAPEN 2005. Although NZ sent the first PN patient home successfully in the 1980’s under the supervision of surgeon Graham Hill (ex Leeds General Infirmary) the recorded prevalence of 2.5/million pop is much lower than in Scotland (14/mill). The task now is to expand HPN awareness programmes; increase clinical confidence and patient outcome, then evaluate Quality of Life in collaboration with the SHMCN.

More aspects of HPN were orchestrated by Professor Gil Hardy from Auckland University and Oxford Nutrition, with his review of the activities of some European patient support societies. “Life on the Line” is an apt title for the French and Belgian groups, whilst over the years PINNT has become a powerful voice supporting many PN and EN patients from all over the UK. Gil then introduced the stars of the workshop. First by video link from the UK, Carolyn Wheatley, Chair of PINNT, who started on HPN more than 20 years ago, described the early days and experiences of PINNT and the many support services provided to members for travelling and socialising via the On-Line newsletter. Carolyn offered her personal encouragement to the local patients and carers in their efforts to establish a NZ support group. Then Brenda, a part-time nurse, part-time farmer and HPN patient from Waikato described the pain, lethargy and personal challenges during her 6 years supported on HPN by her two daughters, pet donkey and kune kune (pig). Brenda performed exceptionally as ‘the human face of PN’. Her positive attitude motivated all the delegates but gave much to think about for future planning of HPN patient services.

After interactive Case Presentation and Q & A sessions the take-home message of this successful meeting was succinctly put by surgeon Bryan Parry in closing: ‘Continue working to established guidelines, audit your procedures and ‘Don’t Muddle Through!’”
Clips from Council

Council last met on 13th July 2006. Two new members were welcomed; Jeremy Nightingale has taken over from Simon Gabe as the Chair of the regional reps and Mike Stroud will take over as Chair of Programmes, when Lynne Colagiovanni steps down after the Annual Conference. The two ‘retiring’ members, were given a huge vote of thanks for all their hard work and efforts during their term of office.

As usual, the agenda was wide and far-reaching, but a number of items dominated the meeting:

1. Nutritional screening and support. At the time of the meeting, the NHS Quality Improvement for Scotland (QIS) report was about to be published (10th August 2006). Alistair McKinlay, who had been involved in the assessment exercise, provided a summary. Most Health Boards now have Nutritional Care Groups in place. However, nutritional screening is not universal, and indeed, seven of the largest Boards met very few standards, raising considerable concern. It is hoped that this process and report, in conjunction with the recently published NICE guidelines on nutritional support, will provide further impetus in raising the profile of all aspects of nutrition and driving change in the hospital setting as well as in the community. Encouragingly, despite the somewhat gloomy BAPEN financial report generally, sales of the MUST have been increasing year on year since its publication. Discussions between BAPEN, the National Patient Safety Agency, Health Care Commission and NICE are ongoing in the hope of creating a framework for education and implementation of nutritional screening throughout UK.

2. Home Parenteral Nutrition (HPN) Services. As any of us who are involved in the organisation of HPN know, it has become increasingly difficult in many Trusts to provide local HPN, with the new funding arrangements based on the payment by results and tariff system. However, there now seems to be a glimmer of hope on the horizon, with several meetings and discussions over the last few months between relevant special interest groups, users, NSCAG and other governmental officials. Jeremy Powell-Tuck reported on a number of planned initiatives, including the creation of an HPN network, similar to that in Scotland, a UK HPN group, consisting of professionals and users involved in HPN, who would act in an expert advisory capacity and an exploration, in conjunction with the Department of Health, of how to facilitate and structure funding for HPN services in UK. This is all very encouraging and we await further developments with interest.

3. ‘Wychwood Park’ Nutritional Support Team Course. Formerly known as ‘The Grasmere Course’, this excellent multi-professional educational three-day meeting has been severely affected by the cuts in funding and study leave, particularly for dietitians and nurses over the last few years. Despite many expressions of interest from teams up and down the country, the last 2 courses have had to be cancelled at short notice, due to lack of funding resulting in too few participants. As it is unlikely that this situation is going to change in the foreseeable future, Ian Fellows (Chair of Education and Training) and his committee have been working hard to create a practical alternative, which may be more accessible to people and less expensive. The initial plan involves a one day course, delivered within regions, therefore not needing to be residential, associated with a distance learning package. This is still very much at the planning stage, but looks very exciting and will hopefully open up the opportunity for many more interested teams and individuals to attend in future.

4. The Annual Conference, Brighton. Plans for this are progressing well under the Chair of Lynne Colagiovanni and her committee and the programme looks excellent, with something for everybody. Despite funding constraints, we do hope you will make a special effort to support the meeting this year, we know you won’t be disappointed! Hope to see you all in November!

Dr Penny Neild, Honorary Secretary

An introduction to nutritional screening - Using the 'Malnutrition Universal Screening Tool' ('MUST')

This is a work-based distance learning unit, developed by PACE (Partners in Active Continuous Education), and endorsed by BAPEN, which allows healthcare staff to enhance their understanding of nutritional screening and implementation of ‘MUST’ which is currently being used successfully throughout the UK.

The unit covers the aetiology and identification of malnutrition, use of ‘MUST’, nutritional care pathways for the implementation of ‘MUST’ and the impact of nutritional intervention. The unit can be completed at certificate level as evidence of continuing professional development or for academic credit at degree level.

PACE specialises in the development and delivery of quality education in healthcare and consultancy, with educational programmes developed to meet the needs of learners working in the healthcare setting. These open and flexible learning (distance learning) programmes are provided with optimal support and focus on work-based learning.

Learning units include:

- Nutrition, an Issue for Quality Caring
- Nutrition for Patients Elderly
- Optimising Nutrition in Care Homes
- Optimising Nutritional Care of Hospitalised Patients
- Optimising Nutritional Care in The Community

Other units include Understanding the Nutritional Needs of Older Adults, Food and Health, Gastrostomy Care and An Introduction to Nutrition. Please visit the website; www.qmuc.ac.uk/pace

For further information contact PACE on 0131 317 3446 or gaitken@qmuc.ac.uk - PACE produces educational programmes to meet the needs of healthcare workers and is a collaborative partnership between Queen Margaret University College and Nutricia Limited.
# Diary Dates 2006

## National Dates

<table>
<thead>
<tr>
<th>Dates</th>
<th>Meetings - National</th>
<th>Venue and Contact Details</th>
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</thead>
<tbody>
<tr>
<td>27th – 29th September</td>
<td>Obesity and its Management</td>
<td>Venue: Homerton College, Hills Road, Cambridge. For further information: Ms C Hawkins, Administrative Officer, Association for the Study of Obesity, 20 Brook Meadow Close, Woodford Green, Essex IG8 9NR. Tel/Fax: 020 8503 2042 e-mail: <a href="mailto:chris@aso.nfo.co.uk">chris@aso.nfo.co.uk</a> website: <a href="http://www.aso.org.uk">www.aso.org.uk</a></td>
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<tr>
<td>28th – 29th September</td>
<td>NACC (National Association of Care Caterers) Who Cares Wins</td>
<td>Hinckley Island Hotel, Hinckley, Leicestershire. For further information: Tel: 0870 748 0180 <a href="http://www.thenacc.co.uk">www.thenacc.co.uk</a></td>
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<tr>
<td>30th September – 2nd October</td>
<td>Food for the Brain Conference to explore the vital link between food and the brain, mental health and behaviour</td>
<td>Venue: Royal National Hotel, London. For further information: Tel: 020 8870 9119 <a href="http://www.foodforthebrain.org/conferencespeakers">www.foodforthebrain.org/conferencespeakers</a></td>
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<tr>
<td>5th October</td>
<td>Yakult &amp; K Symposium 2006. Current Understanding of the Health Benefits of Probiotics</td>
<td>Institute of Physics, 76 Portland Place, London W1 1NT <a href="http://www.yakultsymposium.co.uk">www.yakultsymposium.co.uk</a></td>
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<tr>
<td>16th October</td>
<td>East Anglian Nutrition Networking Meeting</td>
<td>Belfry Hotel, Cambourne, Cambridgeshire. Contact: Ian Fellows Tel: 01603 288356 Fax: 01603 288368 email: <a href="mailto:ian.fellows@nuhn.nhs.uk">ian.fellows@nuhn.nhs.uk</a></td>
</tr>
<tr>
<td>25th October</td>
<td>Food, Diet and Health 2006 – A One Day Conference</td>
<td>Venue: University of Glasgow. Further information: <a href="http://www.gla.ac.uk/developmental">www.gla.ac.uk/developmental</a></td>
</tr>
<tr>
<td>1st – 2nd November</td>
<td>16th Annual BAPEN Meeting</td>
<td>Hotel Metropole, Brighton. Further information: <a href="http://www.bapen.org.uk">www.bapen.org.uk</a></td>
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<tr>
<td>8th November</td>
<td>Royal Society of Medicine – Food and Health Forum; Slowing the ageing process – dietary and other interventions</td>
<td>Venue: Royal Society of Medicine. For further information: Linsay Michael Tel: 020 7290 3943 Fax: 020 7290 2989 email: <a href="mailto:food@rsm.ac.uk">food@rsm.ac.uk</a> <a href="http://www.rsm.ac.uk/food">www.rsm.ac.uk/food</a></td>
</tr>
<tr>
<td>24th – 25th November</td>
<td>7th National Nutrition and Health Conference 2006</td>
<td>Venue: Olympia, London. Cost: £115 for the 2 day event or £75 for 1 day. Low budget accommodation available - see website. For further information: Tel: 0870 7663216 email: <a href="mailto:admin@nutritionandhealth.co.uk">admin@nutritionandhealth.co.uk</a> <a href="http://www.nutritionandhealth.co.uk">www.nutritionandhealth.co.uk</a></td>
</tr>
<tr>
<td>28th November</td>
<td>Royal Institute of Public Health. Preventing Malnutrition in the Community - What works</td>
<td>London. Contact: Jennifer Tatman Tel: 020 7291 8533 <a href="http://www.jtatman@riph.org.uk">www.jtatman@riph.org.uk</a></td>
</tr>
<tr>
<td>7th December</td>
<td>Choosing, eating, living – Institute of Food Research Open Day</td>
<td>Institute of Food Research. Contact: Jo Belsten Tel: 01603 255218 Fax: 01603 2558168 e-mail: <a href="mailto:irf.communications@bbsrc.ac.uk">irf.communications@bbsrc.ac.uk</a></td>
</tr>
<tr>
<td>11th – 13th December</td>
<td>Nutrition Society Meetings- MCR-NHR Cambridge Nutrition in early life – new horizons in a new century</td>
<td>Churchill College, Cambridge. For further information and registration, contact: Liz Costin Tel: 01442 825568 e-mail: <a href="mailto:e.costin@nutsoc.org.uk">e.costin@nutsoc.org.uk</a> <a href="http://www.nutrition">www.nutrition</a> society.org</td>
</tr>
</tbody>
</table>

## Dates – September to December 2006

### Hungry for Information?

Hotline: 0870 890 5005 [www.infantandtoddlerforum.org](http://www.infantandtoddlerforum.org)
Freepost: RLXH-NJXJ-LLSZ, Infant and Toddler Forum, Bradford, BD6 1YA

## Meetings – International

<table>
<thead>
<tr>
<th>Dates</th>
<th>Meetings - International</th>
<th>Venue and Contact Details</th>
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<tbody>
<tr>
<td>12th – 13th October</td>
<td>Soy and Health 2006, Clinical Evidence, Dietetic Applications</td>
<td>Venue: Dusseldorf, Germany: <a href="http://www.soyconference.com">www.soyconference.com</a></td>
</tr>
<tr>
<td>19th – 22nd October</td>
<td>ESPEN</td>
<td>Istanbul. Further information visit: <a href="http://www.espenc.org">www.espenc.org</a></td>
</tr>
</tbody>
</table>
BAPEN West Midlands Nutrition Network

Wednesday 27th September 2006 ‘NICE Guidance’

Venue: Wolverhampton Medical Institute New Cross Hospital, Wolverhampton, West Midlands.

Contact: alison.fairhurst@dgoh.nhs.uk Tel: 01384 244 017 or sue.merrick@rwh-tr.wmids.nhs.uk Tel: 01902 695 335

South West Regional Nutrition Support Group Annual Clinical Nutrition Meeting

Mount Somerset Hotel and Conference Centre Thursday 28th September 2006

9:15am REGISTRATION AND COFFEE
9:45am “Overview to the NICE guidelines”
Dr Jeremy Nightingale, Consultant Gastroenterologist, St Mark’s Hospital
10:00am “Optimal timing for feeding before/after surgery”
Ms Ruth Mckee, Consultant Surgeon, Glasgow Royal Infirmary
11:15am COFFEE
11:30am “The enhanced recovery programme in surgery”
Miss Polly King, Torbay Hospital
11:50am “Teaching and training issues for nurses”
Ms Alison Young, Royal Liverpool University Hospital
12:40pm LUNCH
1:45pm “Refeeding guidelines and issues for dietitians”
Ms Jo Prickett, Chief Dietitian, Southmead Hospital, Bristol
2:30pm “Setting up a nutrition team and its effects on PEG referrals”
Dr Ian Murray, Royal Cornwall Hospital, Truro
3:30pm “Short talks” – MRSA and PEG infection; Dr Iain Murray, Royal Cornwall Hospital, Truro
3:50pm Dr John Smithson, Southmead Hospital, Bristol, NIP audit; Sarah Tebor, Torbay Hospital
4:15pm TEA AND FINISH

The cost will be £50 for BAPEN members and £60 for non-members. For further details contact: Dr Emma Greg, Consultant in Gastroenterology, Taunton & Somerset NHS Trust. Tel: 01823 344126 Email: Emma.Greg@STT.nhs.uk

St Mark’s 9th Intestinal Failure Study Day

Wednesday 4th October 2006

A multidisciplinary study day focused on Intestinal Failure & Home Parenteral Nutrition

Cost: £95 incl. refreshments

Apply soon as places are limited
Contact St. Mark’s Academic Institute: 020 8235 4046 or email: stmarks@imperial.co.uk

BAPEN welcomes Age Concern’s ‘Hungry to be Heard’ campaign and supports its seven steps to end malnutrition, the most important of which is to ensure that all older people are screened for malnutrition or risk of malnutrition on admission to hospital.

For further information see www.ageconcern.org.uk

Regional Representatives

Scotland
Carol-Anne McAtear — Nutrition Support Dietitian
Tel: 0141 201 5572 Fax: 0141 201 5037 email: caroleanne.mcatear@sgh.scot.nhs.uk

Northern Ireland
Ms Sharon Madigan — Community Dietitian
Tel: 02890 366 877 Fax: 02890 311 353 email: s.madigan@ulster.ac.uk

Wales
VACANT

North West
Dr Jon Shaffer — Consultant Gastroenterologist
Tel: 0161 787 4521 Fax: 0161 787 4690 email: jon.shaffer@srht.nhs.uk

Northern & Yorkshire
Emily Weinel — Nutrition Nurse Specialist
Tel: 0844 811 3030 Fax: 0191 202 4145 email: emily.weinel@sthct.nhs.uk

Trent
Dr Tim Bowling — Consultant Gastroenterologist
Tel: 07913 976082 email: tim.bowling@nuh.nhs.uk

West Midlands
Alison Fairhurst (joint rep) — Nutrition Support Dietitian
Tel: 01384 244017 Fax: 01384 244017 email: alison.fairhurst@dgoh.nhs.uk
Sue Merrick (joint rep) — Dietitian & Team Leader for Nutrition Support
Tel: 01902 695335 Fax: 01902 695335 email: sue.merrick@rwh-tr.nhs.uk

Eastern — West
Marion O’Connor — Nutrition Support Dietitian
Tel: 01865 221702/3 Fax: 01865 741408 email: marion.o’connor@orh.nhs.uk

Eastern — Anglia
Dr Ian Fellows — Consultant Gastroenterologist
Tel: 01603 288356 Fax: 01603 288368 email: ian.fellows@nnuh.nhs.uk

North Thames
Dr Jeremy Nightingale — Consultant Gastroenterologist
Tel: 0208 235 4177 Fax: 0208 235 4001 email: jeremy.nightingale@nwlh.nhs.uk

South Thames
Mr Rick Wilson — Director Dietetics & Nutrition
Tel: 0207 346 3243 Fax: as telephone email: rick.wilson@kingsch.nhs.uk

South West (West)
Dr Emma Greig — Consultant in Gastroenterology, Taunton & Somerset NHS Trust.
Tel: 01823 348356 Fax: 01863 288368 email: emma.greig@tst.nhs.uk

South West (East)
Dr Paul Kitchen — Consultant Gastroenterologist
Tel: 01634 830 000 Fax: 01634 833 838 email: paul.kitchen@medway.nhs.uk

Industry Liaison
Carole Glencorse — Nutritional Services Manager
Tel: 01628 644163 Fax: 01628 644510 email: carole.glencorse@abbott.com

For further information see www.ageconcern.org.uk