Meet the 2012 BAPEN Executive Team

PLUS: What's New, Diary Dates, Core Group Updates...

BAPEN at DDF
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A message from BAPEN’s Chairman...

Dr Tim Bowling, Honorary Chairman, invites you to the Digestive Disorders Federation Conference in Liverpool in June 2012.

One of the challenges that we all face is furthering our professional development in the face of limited resources. While our Trusts wish to have employees at the top of their game, it can be difficult for Trusts to assist us to improve our skill-set. This is particularly the case in the current difficult economic climate. It can be easier for us to undertake e-learning, and this can be very effective; indeed BAPEN has its own e-learning modules. However, CPD is much more than acquiring knowledge sitting alone at a computer terminal. We are all in vocational occupations. Much of what we do and learn is experiential, i.e. learned and improved by practical experiences. While much can be learnt in-house (especially for more junior colleagues), there is a great deal that cannot. Some of this can be delivered in a conference setting, with lectures and case discussions with expert panels, etc., but much can also be acquired from talking to colleagues and networking with new ones. Such aspects of CPD can only be acquired off-site, and the value of doing so cannot, in my view, be overstated. Attending conferences though requires study leave time (or sacrificing annual leave), negotiating with colleagues and bosses to be allowed away and finance for registration, travel and accommodation. As a result we are all very selective about which meetings we will honour with our presence.

This is why I want to tell you about a very important meeting coming up in June that should deliver a great deal. It is the inaugural Digestive Disorders Federation (DDF) Conference in Liverpool from 17th-20th June. This is the combined conferences of BAPEN, the British Society of Gastroenterology (BSG), the British Association for the Study of the Liver (BASL) and the Association of Upper GI Surgeons (AUGIS). Not only are the individual groups holding their own conferences, but there will be many shared symposia on topics on which common ground is shared. For example, intestinal failure (BAPEN and BSG); fibre and food intolerances (BAPEN and BSG); perioperative nutritional support (BAPEN and AUGIS) and nutrition in liver disease (BAPEN and BASL) – to name just a few.

It is expected that there will be 3000-4000 delegates and the meeting will attract a large international contingent. The advantage of many different symposia running together is that BAPEN sessions should attract an audience that would not normally come to BAPEN meetings. Likewise, those attending primarily because of BAPEN’s involvement, will be able to sample areas of interest to them. For those attending the conference for the first time, it should be a great introduction to BAPEN, and for those more regulars, there will be plenty of new material.

As a result we have the advantage that BAPEN can deliver a great deal. It is the inaugural Digestive Disorders Federation (DDF) Conference in Liverpool in June 2012. This is the combined conferences of BAPEN, the British Society of Gastroenterology (BSG), the British Association for the Study of the Liver (BASL) and the Association of Upper GI Surgeons (AUGIS). Not only are the individual groups holding their own conferences, but there will be many shared symposia on topics on which common ground is shared. For example, intestinal failure (BAPEN and BSG); fibre and food intolerances (BAPEN and BSG); perioperative nutritional support (BAPEN and AUGIS) and nutrition in liver disease (BAPEN and BASL) – to name just a few.

It is expected that there will be 3000-4000 delegates and the meeting will attract a large international contingent. The advantage of many different symposia running together is that BAPEN sessions should attract an audience that would not normally come to BAPEN meetings. Likewise, those attending primarily because of BAPEN’s involvement, will be able to sample areas relevant to the other stakeholder groups. Another great advantage of a high profile event is the calibre of the speakers, presentations and original abstracts, which I can assure you will be very high indeed. On top of the intellectual activities there will be, as always, plenty of opportunities to let your hair down and enjoy the social life of DDF and of Liverpool with colleagues and friends, both old and new.

“What’s the catch?” I hear you ask. Actually there genuinely isn’t one. The delegate costs, if you are a member of one of the four stakeholder groups, are very low indeed. If you are a dietitian, nurse, pharmacist or other allied health professional and are a BAPEN member, the daily rate is £55 instead of £220 if you are not a member, or £190 for the full conference versus £500 (doctors pay a bit more). If you are a patient, it is only £20 per day. The reason delegate costs have been able to be kept low (and a lot less than our normal conferences) is because of the anticipated number of attendees driving down overheads and running costs per head.

So, I would like to encourage you all to consider this. DDF will be a very big and a very important meeting, with a very full and varied programme, which I challenge anyone not to be able to find something of value. If you are not already a member of BAPEN, i.e. you are reading this over the shoulder of someone who is, please join (www.bapen.org.uk/join.html) and get a dramatically reduced registration (www.ddf2012.org.uk). This is one of those few situations nowadays that is a “win, win”. See you in Liverpool.
NICE Publishes New Quality Standard and Guidance on Patient Experience in NHS Services

NICE has published a new quality standard and guidance on patient experience in adult NHS services.

There have been a number of documents and initiatives over the past few years that have highlighted the importance of patient experience and the need to focus on improving this experience where possible. Such proposals have underlined the significance of the entire patient experience within the NHS, ensuring people are treated with compassion, dignity and respect within a clean, safe and well-managed environment.

To deliver the best possible experience for patients who use NHS services, high quality care should be clinically effective and safe. This quality standard and accompanying clinical guidance aim to ensure that patients have an excellent experience of care from the NHS.

The new quality standard for improving the quality of patient experience includes ensuring that patients are given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care. It also states that patients have their physical needs (such as nutrition, hydration, personal hygiene and pain relief) and psychological concerns (such as fear and anxiety) assessed. In addition the standard states that patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

NICE has also published accompanying clinical guidance on patient experience in adult NHS services. This guidance promotes person-centred care that takes into account a patient’s needs, concerns and preferences. It acknowledges the value patients place on healthcare professionals acknowledging their individuality and the unique way in which each person experiences a condition and its impact on their life. The guidance therefore makes a number of recommendations on knowing the patient as an individual, essential requirements of care, and enabling the patient to actively participate in their care.

The quality standard and guidance are available on the NICE website: http://www.nice.org.uk/guidance/qualitystandards/patientexperience/home.jsp and http://www.nice.org.uk/cg138

New Support for Malnutrition Report

‘Malnutrition and caring: The hidden cost for families’, a report from Carers UK in conjunction with Nutricia, has won support from parliamentarians and nutrition professionals.

The report, launched in February, highlights that too many families are struggling to cope with the lack of nutrition advice and support currently available, and are sometimes left to face the serious consequences of malnutrition.

Malnutrition, however, is largely preventable and Carers UK is calling for action to improve nutritional support offered to carers and the people they care for. Support for Carers UK’s call for action has come from the chief executives of the British Dietetic Association and BAPEN, Baroness Greengross and Care Services Minister Paul Burstow MP.

Dr Tim Bowling, Chair of BAPEN, said: “BAPEN fully supports Carers UK call for three specific actions that will support carers to recognise the risk of malnutrition early and to ensure appropriate advice and nutrition care planning are available where required. Carers must be supported to provide good nutritional care for their relatives and action is urgently needed to promote nutritional screening in community settings with access to appropriately trained healthcare professionals.

A joint national nutrition strategy is required and BAPEN is committed to co-authoring such a strategy with the Department of Health and a coalition of national partners working in the field of malnutrition. We look forward to working with Carers UK to tackle these problems effectively and put an end to avoidable malnutrition.”

The full research report can be read at: http://www.carersuk.org/professionals/resources/research-library/item/2461-malnutrition-and-caring-the-hidden-cost-for-families
Dignity Action Day (held this year on 1st February 2012) spotlights the importance of continually upholding the dignity of people receiving care. The new publication from the National Association of Care Catering (NACC) – How to Comply with CQC’s Outcome 5: Nutritional Needs – offers all community and residential social care providers the tools and know-how to ensure dignity through mealtimes.

Produced in collaboration with the English Community Care Association (ECCA), the publication embeds nutritional wellbeing with best practice. It is a valuable resource document, packed with information, guidance and practical tools, and focuses on the importance of mealtimes as part of the care service, as well as nutritional content.

The NACC supports the aims of Dignity Action Day to ensure that people in care are always treated as individuals, and are given choice, control and a sense of purpose in their daily lives. It recognises that mealtimes are significant occasions for those receiving care, both physically and emotionally, and the manner in which they are organised and delivered is vital in ensuring that dignity is upheld.

Martin Green, Chief Executive, ECCA, comments: “Everyone has a role to play in ensuring that mealtimes are enjoyable experiences for those in receipt of care services. The social aspect is as important as the nutritional content, and they should not be task orientated. Only by the mealtimes being person centred can dignity be ensured. If it is enjoyable then, ultimately, the nutritional care will be excellent. An enjoyable meal recognises what people want, and how, where and with whom they want it.”

Karen Oliver, Chair, NACC concludes: “The Care Quality Commission’s (CQC) Essential Standards of Quality and Safety are clear. Dignity is a core component of any provision of care and inspectors will certainly expect providers of health and social care to demonstrate their compliance. Our publication offers care professionals a practical resource that will help them meet these standards and ensure that mealtimes succeed in providing both nutritional wellbeing and dignity.”

For further information: www.thenacc.co.uk

Crohn’s and Colitis – Care improving but services fall short in key areas

The third round of the UK Inflammatory Bowel Disease Audit, carried out in 2010, shows that care for patients with ulcerative colitis (UC) and Crohn’s disease (CD) has improved across a wide range of measures since the previous two rounds in 2006 and 2008.

- Mortality for patients admitted with UC has halved over the 3 rounds of the audit
- Readmission rates have lowered
- The percentage of patients being seen by an inflammatory bowel disease (IBD) nurse specialist during their admission has doubled since the first round.

There is however still room for improvement, particularly in the following areas:

- More patients need to be tested for infections, including Clostridium Difficile (CDiff)
- All patients should be given heparin where appropriate to prevent blood clots
- More patients should see a specialist IBD nurse during their stay in hospital, who can advise and screen patients if anti-inflammatory treatment (Anti-TNF) is prescribed
- All CD patients should see a dietitian to prevent malnutrition
- Patients should receive more help to give up smoking and stay stopped to prevent the risk of worse outcomes

Inflammatory bowel disease is increasing and now affects one in 200 people in the UK, with profound life changing effects. The total cost of IBD to the NHS was estimated at £720 million in 2006. The UK IBD Audit (2010) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) with additional funding from Healthcare Improvement Scotland. The audit is co-ordinated by the Clinical Effectiveness and Evaluation Unit (CEEu) of the Royal College of Physicians of London on behalf of a collaborative partnership between gastroenterologists (the British Society of Gastroenterology), colorectal surgeons (the Association of Coloproctology of Great Britain and Ireland), patients (Crohn’s and Colitis UK), physicians (the Royal College of Physicians of London) and paediatric gastroenterologists (The British Society of Paediatric Gastroenterology, Hepatology and Nutrition).

The 2010 audit covered over 3,000 patients admitted with each condition. When comparing results from hospitals who participated in the previous two audits, 2,000 admissions each for UC and CD were directly comparable and their data is used here:

- Ulcerative colitis key findings:
  - The amount of people dying from UC has reduced by half since 2006 (1.7% to 0.8%)
  - The percentage of people admitted to hospital in the two years before the audited admission has reduced from 51% to 34%, most likely as a result of more responsive outpatient services

- Stool samples are now being sent significantly more frequently for both Standard Stool Cultures (SSC), (66% to 81%) and Clostridium Difficile Toxin (CDT), (54% to 75%) for UC patients admitted with diarrhoea
- There has been a significant reduction in the number of stool samples positive for CDT (4.2% to 1.6%) for patients admitted with diarrhoea in 2010
- Prophylactic Heparin is being prescribed more frequently (54% to 87%), 2% (66/3049) of patients had a blood clot during their admission in the third round
- The prescription of bone protection for patients discharged on steroids has increased (41% to 70%) as recommended in the BSG Guidelines for the management of IBD in adults

Crohn’s disease key findings:

- The use of Anti-TNF therapy for patients admitted with CD has doubled over 3 rounds but use remains at a relatively low level overall (3.9% to 8%) for CD
- For CD there has not been the same increase as observed for UC in the rates of stool samples sent for Standard Stool Cultures and Clostridium Difficile Toxin in patients admitted with diarrhoea, in fact the rates increased between rounds 1 and 2 and decreased in round 3
- 34.7% of patients with IBD were taking 5-ASA (anti-inflammatory) drugs, but these are only effective in UC, not CD
- 63.3% of patients in 2010 (1978/3122) were not taking any form of immuno-suppressive drugs on admission, so are missing an important form of treatment
- Significantly more patients are being weighed during their admission (51.4% to 74.7%)
- The number of patients seen by a dietitian during their admission has continued to rise across rounds but remains at a low rate overall (35.8% to 39.7%)
- Just under a third of patients with CD admitted to hospital are smokers. This has not changed over the 3 rounds of the IBD Audit (31.5% to 31%)

Dr Ian Arnott, Consultant Gastroenterologist, Western General Hospital and UK IBD Audit Clinical Lead, said: “The third round of the UK IBD audit has demonstrated very significant improvement in the care of IBD patients. The audit is widely supported by clinicians from around the UK and clinical teams have worked hard to realise these gains. Further rounds of the audit are needed to encourage and promote further improvement in the quality of care for patients with IBD.”
The BAPEN Nutricia Good Practice Awards recognise good practice by health and social care workers in identifying and managing malnutrition.

The awards are designed to encourage health and social care workers to share experiences in implementing screening and appropriate management of malnutrition across settings from the last 2 years.

The gold medal winner will be awarded £2000 and invited to present their example of good practice at the BAPEN annual conference 2012 (17th – 20th June). The silver medal winner will receive £1000 and the bronze medal winner £500.

Guidelines and instructions for applicants are available on request from: medical_affairs_enquiries@nutricia.com

Representatives of BAPEN’s Malnutrition Action Group and Nutricia will judge the applications and the award will be presented at the BAPEN annual conference 2012 (17th – 20th June).

The closing date for applications is 1st April 2012
Introducing…

Dr Tim Bowling – BAPEN Chair

Tim has been a member of BAPEN Exec for a number of years in the positions of Honorary Secretary and Chair Elect. Tim is a Consultant in Gastroenterology and Clinical Nutrition at Nottingham University Hospitals. He runs the clinical nutrition service and a nine-bedded intestinal failure unit and spends much of his time looking after acute type 1 and 2 intestinal failure patients, originating both from his local surgical wards and from further afield. He also runs the home TPN service. His academic interests all lie within nutrition support and concentrate on the physiological responses to enteral feeding. He has published over 60 papers, has edited books on nutrition in cancer and on nutritional support and lectures widely. Work is well underway to deliver BAPEN’s 2012 objectives, which include the development of the new BAPEN website, clinical guidance for frontline teams and delivering improved membership benefits in addition to the political work that is ongoing.

Ailsa Brotherton – BAPEN Honorary Secretary

Ailsa joined BAPEN Exec at the AGM in 2010. She was Head of Acute Dietetics at the Lancashire Teaching Hospital NHS Trust before taking up the post of Senior Research Fellow at the University of Central Lancashire. She has recently undertaken a secondment to the Department of Health’s QIPP Safe Care workstream which has delivered a national improvement programme with a focus on nutrition and hydration. In addition to the secretarial role, Ailsa is a member of BAPEN’s Quality Group and is involved in developing national nutrition policy and appropriate system levers. Ailsa is also Editor of the Journal of Human Nutrition and Dietetics.

Dr Simon Gabe – BAPEN Honorary Treasurer

Simon is BAPEN’s Honorary Treasurer and Caldicott Guardian. He was a regional representative for BAPEN in 1999 and Chair of the Regional Representatives from 2003-6. In 2005, he became an Executive Officer, until 2008 when he started as Treasurer.

Simon is a Consultant Gastroenterologist at St Mark’s Hospital in Harrow. He co-Chairs the nationally commissioned Intestinal Failure Service at St Mark’s, one of two centres in the UK funded to provide this service. Dr Gabe has a wide clinical experience in dealing with complex inflammatory bowel disease, especially with fistula development as well as intestinal failure, clinical nutrition, home parenteral nutrition and consideration of intestinal transplantation. Simon also co-Chairs the National Adult Small Intestinal Transplant (NASIT) forum and is an Editor of Proceedings of the Nutrition Society Journal.
With the new BAPEN Executive Team now in place, it’s now only apt that we introduce each BAPEN Executive and what role they have in moving BAPEN forward throughout 2012.

Dr Nicola Simmonds – Treasurer Elect

Nicki has worked as a Consultant Gastroenterologist with an interest in Nutrition at the Luton & Dunstable Hospital since 1996. Until recently, she led the Nutrition Support Team (which won the NHS Team of the Year award in 2000) and chaired the Nutrition Steering Committee in Luton, dealing with all aspects of nutrition care in the hospital. She has had an interest in training junior doctors in nutrition and in ethics in relation to nutrition and has spoken on the subject at the BSG and Leeds course in Clinical Nutrition.

Nicki was introduced to BAPEN when it was founded in 1992 and, in recent years, has been a member of the Education and Training Committee, Honorary Secretary of BAPEN Medical, has written the educational modules for junior doctors that are currently available on the BAPEN website (http://www.bapen.org.uk/elearning/), and been involved in the BAPEN quality group and writing the commissioning toolkit. Nicki is currently Treasurer Elect of BAPEN due to step into the role of Treasurer at this year’s AGM and is also leading the development of the new BAPEN website on behalf of BAPEN Exec.

Andrea Cartwright – Honorary Officer: Membership

Andrea is taking a lead role for membership on BAPEN Exec in 2012 and is a Nutrition Nurse Specialist at Basildon and Thurrock University Hospitals NHS Foundation Trust. She has a BSc (Hons) in Nutrition Support, is a registered Specialist Practitioner in Adult Care and a Nurse Independent and Supplementary Prescriber.

Andrea was Chair of the National Nurses Nutrition Group (NNNG) 2006 – 2009 and has represented the NNNG on BAPEN Council since 2001 as both NNNG Secretary and Chair. Andrea has been involved in many national working parties, most notably the NICE nutrition support guidelines (2006), and The Royal College of Physicians Feeding Oral Dilemmas (2010). If you have any requests for particular membership benefits or ideas for the BAPEN membership drive then please contact Andrea via the BAPEN Office (bapen@bapen.org.uk).

Dr Sheldon Cooper – Honorary Officer: Education and Training

Sheldon is a Consultant Gastroenterologist and Nutrition Lead at the Dudley Group NHS Foundation Trust in the West Midlands. During specialist training in the West Midlands he completed a Masters degree in Nutritional Medicine at the University of Surrey. Subsequently, he has undertaken an MD examining the aetiology of oesophageal adenocarcinoma, currently being written up.

Sheldon took over the Dudley Home Parenteral Nutrition service in 2009 when first appointed, and has now developed this into an Intestinal Failure Unit, currently looking after 35 to 40 HPN patients in the West Midlands. He also holds an honorary contract as a visiting consultant with one of the national intestinal failure units in Salford. Other clinical interests include inflammatory bowel disease – Sheldon co-leads a wireless capsule endoscopy and double-balloon enteroscopy service – in addition to intestinal failure and clinical nutrition.

In 2009, he became a member of the BAPEN Medical Committee (now ex-officio) and in 2010 joined the BAPEN Education and Training (E&T) Committee, becoming chair later that year. BAPEN Medical responsibilities include organising the Powell-Tuck Prize, a new venture to encourage trainee doctors to produce quality nutrition research, along with sitting on the BAPEN Programmes Committee and BAPEN Council. This led to Sheldon being elected to BAPEN Executive in 2011, and he is leading the development of BAPEN nutrition guideline production.
BAPEN Executive

Wendy-Ling Relph – Honorary Officer: Communications

Wendy is currently Matron for Nutrition and Quality at East Kent Hospitals University NHS Foundation Trust. Over the last four years she has been a founding member of the lead group for implementing Essence of Care and sharing best practice across the Kent Health Economy. She leads on nutritional issues throughout the Trust, but is also involved in leading improvements by embedding the concepts within the national programmes of Harm Free Care and the Productive Wards.

Wendy has led multi-disciplinary teams, including patients and their representatives to describe the Nutritional Quality Strategy for East Kent Acute Trust, along with setting up a Nutritional Steering Group and Operational Groups, ensuring clear lines of responsibility and accountability from ward to board. She is currently working with the Community Teams to describe and embed a cross-boundary nutrition strategy for East Kent. Wendy is leading Communications for BAPEN and will be focusing on both internal and external communications and working closely with Helen Lawn Associates, BAPEN’s new PR Media Company.

Dr Trevor Smith – Honorary Officer: Data and measurement

Trevor is a Consultant Gastroenterologist working in Southampton and, together with Dr Mike Stroud, leads a clinical nutrition and regional intestinal failure service. Trevor chairs the British Artificial Nutrition Survey (BANS) and is a member of BAPEN Council. He is also a member of the British Society of Gastroenterology small bowel and nutrition committee and the British Intestinal Failure Alliance (BIFA). Trevor will lead on data and measurement for BAPEN; in addition to exciting developments within BANS, BAPEN is focusing on nutrition ward to board dashboard development and exploring national data collection options for measuring performance and quality improvements in nutritional care.

Contact the Executive Team

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BAPEN at DDF
Why you simply must go!

Sunday 17th June – Wednesday 20th June 2012
Arena Convention Centre (ACC), Liverpool

The Digestive Disorders Federation (DDF) Conference will feature no less than four days of the very latest in clinical nutrition in the main BAPEN symposia and those organised with the other DDF partners – the British Society of Gastroenterology (BSG), the Association of Upper GI Surgeons (AUGIS) and the British Association for the Study of the Liver (BASL). Starting on Sunday 17th June with the BAPEN Medical study day and finishing on Wednesday 20th with a joint BAPEN BSG symposium on dietary fibre, the conference represents fantastic value at only £55 per day for BAPEN Members (rate for BAPEN Nurses and AHPs who register for the event between 01/03/2012 – 14/06/2012). All this and the opportunity to explore the vibrant and historic city of Liverpool!

Sunday 17th is the DDF postgraduate day and the nutrition highlights will be the BAPEN Medical study day and a debate featuring the current and former BAPEN Chairs. The BAPEN Medical study day will be an all-encompassing look at nutrition in liver disease with UK experts covering subjects from nutritional assessment, micronutrients and macronutrients, in and outpatient hepatic disease, peri-liver transplant to non-alcoholic fatty liver disease (NAFLD) – including a debate on surgical versus medical management of this condition. The main DDF teaching session will also feature a key debate with Dr Mike Stroud taking on Dr Tim Bowling on parenteral versus enteral nutrition in the critically ill. Hopefully Mike will be convincing us that we don’t need to worry about Greet Van den Berghe’s latest theory that TPN is very bad because it interferes with apoptosis.

Monday 18th June will be the start of the main BAPEN Conference, with the morning giving us an update of BAPEN news from Dr Tim Bowling and other key figures, some examples of good practice and an unmissable Pennington Lecture from Professor Marinos Elia – with the evocative title of ‘Money Matters.’

The afternoon sessions are an absolute must for anyone involved in artificial nutritional support. In ‘Doing it Safely – Enteral Nutrition’, Dr Sheldon Cooper will give us a case-based session to answer all those difficult questions on the finer points of managing refeeding syndrome. Delegates will then learn how to deal with anything that can go wrong with a PEG from major problems such as pain, bleeds and buried bumpers to minor ones like soreness, granulomas and those common and irritating blockages.

PETE TURNER
Chair of BAPEN
Programmes Committee
Critical care and parenteral nutrition (PN) aficionados will welcome The Nutrition Society symposium ‘Immunonutrition and Novel Substrates’ as it will feature omega 3 guru Professor Philip Calder giving us an update on the pros and cons of the vast range of different parenteral lipid emulsions now available. The state of the art PN theme will continue in ‘Doing it Safely – Parenteral Nutrition’ which will feature no less than the internationally renowned Joseph Boullata, Professor of Pharmacology and Therapeutics at the University of Pennsylvania, telling us about ‘Risk Management in PN – The US perspective’. Prescribing, compounding and monitoring of PN will be covered in detail by Pharmacist Jackie Eastwood before a subject that should be close to the heart of all nutrition teams is tackled by Nurse Consultant Alison Young – ‘Avoiding Catheter Related Sepsis’. The patient’s perspective will not be forgotten with PINNT’s Richard Shawyer giving the low down on what it’s really like to manage PN at home.

‘Feeding Decisions at the End of Life’ will focus on some the most difficult decisions facing nutrition teams and anyone working with artificial nutrition. This will include use of PN at the end of life, when to stop feeding and the use of PEGs in learning difficulties. Monday will finish with a classic BAPEN themed Annual Dinner at the Crowne Plaza Hotel.

The second day of the main BAPEN Conference will have a strong gastro and enhanced recovery from surgery feel but will still feature many crucial subjects in nutritional support. It will certainly be worth getting up early to attend ‘Feeding in Chronic Conditions’. Dietitian Jen Warburton will look at the challenge of providing adequate nutrition within the context of the dietary restrictions often imposed on patients with chronic kidney disease – including some controversial topics such as intradialytic PN. Sinead Duggan, Vice Chair of the Pancreatic Society Nutrition Interest Group, will look at effectively treating the malnutrition often associated with chronic pancreatitis before Professor Marinos Elia looks at some new evidence for feeding in COPD.

Diet can be an effective treatment for many commonly encountered gastroenterological conditions and ‘Dietary Management of GI Disorders’ will give the very latest evidence and expert opinion. Dietitian Lucy Goddard will look at incidence, diagnosis and management of lactose intolerance before dietitian Miranda Lomer gives an overview of the many dietary interventions available for treating IBS. Professor Jonathan Rhodes, President of the BSG, will give us a fascinating look at the possible role of dietary emulsifiers in the pathology of Crohn’s disease and how artificial nutrition can induce remission.

Nutrition Strategies and the latest guidelines for treating malnutrition will be detailed in Organisation of Nutritional Care. This will include the launch of the BAPEN and BDA guidelines on Food and Oral Nutritional Supplements and the latest on improving outcomes through food and beverage services.

Paediatrics has not been forgotten – the British Society of Paediatric Gastroenterology, Hepatology and Nutrition have dedicated the whole of symposium 9 to current issues in paediatric nutritional care.

Symposium 10 should prove quite interesting! In ‘GI Nutrition’ the most challenging, baffling and controversial questions in clinical nutrition will be put to two teams of nutritional academics captained by Dr Mike Stroud and Dr Tim Bowling.

The pioneer of preoperative carbohydrate loading professor Olle Ljungqvist will give two lectures on Tuesday – the first in the DDF plenary session will be entitled ‘Best Peri-operative Nutrition’. The second ‘Surgery, Nutrition and ERAS’ will round off Tuesday and the main BAPEN conference. Enhanced Recovery After Surgery (ERAS) programmes are being introduced throughout the NHS and this provides a fabulous opportunity for anyone involved in them to see a presentation from a man who was at the forefront of its development in Scandinavia.

Although the main BAPEN conference finishes on Tuesday, Wednesday will feature some joint BAPEN BSG symposia that are well worth attending. ‘Dietary Fibre – The good, the bad and the ugly’ will cover everything you wanted to know about fibre – where it comes from, the different types, what they do in the gut and how to use them clinically. There will also be some excellent joint DDF sessions on ‘Intestinal Failure’ and ‘Chronic Intestinal Pseudo-obstruction’ featuring the leading UK experts.

In conclusion, the aims of the DDF are perhaps best summarised by Professor Jonathan Rhodes, President of the BSG: “Nutrition is hugely important to gastrointestinal and liver health but often overlooked. This joint DDF meeting between BAPEN, BSG, BASL, AUGIS and with involvement from BSPGHAN...provides a wonderful opportunity to remedy this and to stimulate interaction, education and research.” With up to 4,000 attendees anticipated, the DDF offers delegates the chance to be involved in raising the profile of nutrition in patient care.
Are you a Doctor, Dietitian, Nurse, Pharmacist, Scientist with an interest in digestive diseases, nutrition, bariatrics? Then don’t miss the unmissable – DDF 2012.

DDF 2012 is the first ever UK collaborative meeting which brings together the UK’s leading organisations specialising in digestive diseases and nutrition, including BAPEN.

4 organisations, 4 days, one venue:
- Leading experts discuss key digestive and nutritional issues
- High impact multi-professional symposia
- State of the art lectures
- Over 1,000 abstracts
- Intestinal Failure, Immuno-nutrition and Pseudo-obstruction
- Nutrition in Liver Disease
- Bariatrics
- National Strategy for Nutrition
- Inflammatory Bowel Disease plus much more…..

BAPEN symposia plus combined symposia explore:
- Effective Feeding of Patients with Chronic Conditions
- Enteral and Parenteral Nutrition – Safe care
- Dietary Management of GI Disorders
- Ethical Dilemmas in Clinical Nutrition: Consent, End of Life, Dementia
- Nutritional Care in the Community
- Dietary Fibre – The good, the bad and the ugly

For BAPEN@DDF programme visit: www.bapen.org.uk/2012programme.pdf
For full DDF programme and to register to attend visit: www.ddf2012.org.uk

Significant discounts on registration fees for BAPEN members
Not a member of BAPEN? Join at www.bapen.org.uk/join.html

Image courtesy of The Mersey Partnership / Visit Liverpool
Core Group Updates

BAPEN Medical

We are running a taught course on Nutritional Support at the Association of Surgeons meeting in Liverpool on Thursday 10th May. This aims to cover the essentials of nutritional support in surgical patients and will include the aspects of nutrition from the GI surgery syllabus. Please let your local surgeons know about this!

BAPEN Medical Teaching Day will take place on Sunday 17th June at the DDF meeting, also in Liverpool. The topic is Nutrition and Liver Disease, and includes a variety of topics from nutritional assessment to management of NAFLD and nutritional management of both stable and unstable liver disease patients.

BAPEN Medical has a combined meeting with the Pancreatic Society of Great Britain and Ireland on Thursday 15th November at Cameron House, Loch Lomond. Chronic pancreatitis is one of the major topics to be addressed, but nutritional support in the perioperative period in pancreatic cancer will also be discussed and the difficult problem of maintaining nutrition in severe pancreatitis.

We welcome Jamil Aqeel to the committee of BAPEN Medical. The committee met at the end of February where we discussed e-learning to cover nutrition in the gastroenterology syllabus.

The abstracts for the Powell Tuck prize have been submitted and are currently being scored. Plan ahead to enter next year.

PEN Group – supporting excellence in nutritional care

KATE HALL
Communications Officer PEN Group
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Membership: March 2012 has come around very quickly! We are now into the 2012/13 PEN Group membership year and it is time for all members to renew their membership and for us to welcome any new members for this new year. PEN Group membership renewal or annual subscription remain unchanged this year £20 inc. VAT. The benefits of becoming a member of PEN Group include:

- Subsidised rates at the PEN Group meetings
- Subsidised rate for the Pocket Guide to Clinical Nutrition
- Clinical meetings at reduced price for members
- Reduced cost of BAPEN membership, plus dietician representation at BAPEN
- Min 2 copies per year of PENlines – electronic update
- Abstracts from meetings and clinical reviews
- Access to the PEN Group membership section of the website www.peng.org.uk – currently being updated to make it more interactive for members and meet members needs
- Facility to ask fellow PEN Group members their best practice or advice through the membership email address
- CPD opportunity to serve on the committee or work on individual projects for BAPEN / the dietician profession

For dietitians to become a new PEN Group member or renew membership please go to the PEN Group website www.peng.org.uk or contact the committee peng@bda.uk.com – new membership year begins March 2012.

PEN Group website: New for 2012 will be areas within the member’s section of the PEN Group website such as a dietician outcomes project – alluded to at our November 2011 PEN Group meeting. Look out for more news on this project in the coming months. We are also in the process of setting up a best practice forum on the member’s section of the PEN Group website so member’s need to keep a watchful eye over the coming months. In the meantime please email us with any examples or case studies at peng@bda.uk.com.

A new voting system has been set up on the member’s section of the PEN Group website. Voting is currently on topics to focus on in articles for Dietetics Today. Each month we hope to change the voting theme with the aim of keeping in touch with PEN Group member’s needs and views.

Dietetics Today: PEN Group are pleased to be covering some dietician articles in this year’s Dietetics Today (DT), this is a great opportunity for us to showcase some of the work that members are involved in and focus specifically on topics that are of particular interest to PEN Group members – if you would like to contribute or have some suggestions for topics please contact us at peng@bda.uk.com. The first contribution to Dietetics Today is entitled ‘Nutritional Support – 360 degree journey’ and will be in the March edition of DT.

This year is going to be a very busy and exciting one for the NNNG. Since the launch of our new website in November 2011 there has been a lot of interest in the site. In the first three months it had 574 visits. With a 'member's only' facility, it is full of the latest news and views and will host policy documents relating to the field of nutrition.

It also means that, for the first time, our members can renew their subscription online, which is proving to be an instant success; generating 62 per cent of our membership renewals online as opposed to the more traditional method of renewal via cheque or standing order. We have also seen an 11 per cent increase in new members this year.

This year represents the beginning of a new initiative for the NNNG – the development of practice guidelines aimed specifically at nurses working in the field of nutrition. The aim of these guidelines is to provide a concise and easy to navigate reference tool for nurses to refer to when developing or renewing nutritional protocols or policies. The first two guidelines to be developed will look at fine bore nasogastric tube insertion and replacement gastrostomy tube insertion. The first of these guidelines to be developed will be Safe Insertion of Nasogastric (NG) Feeding Tubes in Adults, which will be published via the NNNG website on 12th March. In support of these guidelines, the NPSA are planning to set up a webinar to promote them following their release to all our members. The plan is to then follow up with releasing the balloon gastrostomy guidelines by late spring 2012.

To strengthen the work the NNNG is currently undertaking to inform its membership and raise awareness of the nursing role in nutrition, we are forging close links with national agencies, including the RCN Gastroenterology forum and the RCP Nutrition committee.

We will be working with the RCN Gastroenterology forum to present an interesting programme on the Nursing Day at the UKDD week in June, where sessions including discussing whether there is a need to regulate Specialist and Advanced Practice and ‘Listening to the patient voice’ will be held.

At the request of the RCP Nutrition committee we have put forward a member of the NNNG to represent nutrition in nursing and review proposed publications.

We will be holding our own conference on 29th and 30th October this year in Manchester Town Hall and are pleased announce that Caroline Lecko from the NPSA will be delivering our key note speech. Caroline will be exploring the impact that the NPSA alert regarding misplaced nasogastric feeding tubes in adults and children (March 2011) had on clinical practice and upon patient safety. The programme is currently being finalised and we hope to be able to release a programme shortly.

We are sad to say goodbye to Tracy Earley who, due to an increasingly heavy workload, has regretfully decided to step down from the Committee. We are grateful to Tracy for all the work she has done for the NNNG but fully support her decision. We wish her well in the future and look forward to seeing her at conference this year.

Finally, the NNNG is only as good as its members and I think it is fair to state that we are very fortunate to have such a dynamic group of people within our membership who are keen to share their ideas and problem solve on our forum. We look forward to another successful year ahead.
Recipe Analysis: Maximising Accuracy
Dates & venues:
12th April 2012: Kings College London
19th April 2012: Kings College London
Website: www.nutritionandwellbeing.co.uk/training/recipe-analysis

ESPGHAN Update 2012
Date: 27th & 28th April 2012
Venue: Stockholm, Sweden
Website: www.espghan2012.org

The Allergy & Free From Show
Date 18th – 20th May 2012
Venue: Olympia, London
Website: www.allergyshow.co.uk

Date: 12th – 14th June 2012
Venue: Kosice, Slovakia
Website: www.probiotic-conference.net/Conference

Nutrition Society Summer Meeting 2012
Translational nutrition: integrating research, practice and policy
Date: 16th – 19th July 2012
Venue: Queen’s University Belfast
Website: www.nutrition-society.org

34th ESPEN Congress
Date: 8th – 11th September 2012
Venue: Barcelona, Spain
Website: www.espen.org

BAPEN South Region Meeting
Date: 17th September 2012
Venue: Paultons Park, Hampshire
Email: Peter.Austin@SUHT.SWEST.NHS.UK

American Dietetic Association – Food & Nutrition Conference & Expo
Date: 6th – 9th October 2012
Venue: Philadelphia, USA
Website: www.eatright.org/fnce

2013
Clinical Nutrition Week 2013
Date: 24th April 2012
Venue: Regents College, London
Email: bpnginfo@googlemail.com
Website: www.bpng.co.uk

Topics include:
• Indications in Adults
• Ethical Considerations in Adults
• Indications in Children
• Adult Requirements
• Monitoring Nutrition Support
• Interactive Case Presentations
• Access for PN
• Stability in PN

BAPEN Meeting
Date: Tuesday 15th May 2012
Time: 1.30pm–6pm
Venue: Kings College London (Waterloo Campus)
The programme includes:
• ‘Abnormal LFTs and home parenteral nutrition’ – A case presentation and expert panel discussion
• An integrated care pathway for nutrition in Lambeth and Southwark
• Home parenteral nutrition commissioning update
• Regional AGM and BAPEN Update
• Keynote presentation: ‘Paediatrics: early experiences with small bowel transplantation’
For more information please contact regional secretary:
Sheena.Visram@uclh.nhs.uk
PEN Group Clinical Update Course

The clinical Update Course is a 7-month course aimed at experienced dietitians working predominantly in nutritional support. The course is taught at master’s level and on successful completion delegates will be awarded with 15 master's level credits (equivalent to one module) from Queen Margaret University, Edinburgh.

The course starts in March, when pre-course work is sent out, and ends in September when the post-course assessment is submitted. Full details of all specific dates are detailed on the PEN Group website, and via the following link: http://www.qmu.ac.uk/dn/default.htm at Queen Margaret University.

The residential week will be Monday 25th June – Thursday 28th June 2012 at Queen Margaret University, Edinburgh, more details to be found at the following address: http://www.qmu.ac.uk/prospective_students/location_in_edinburgh.htm

The residential section of the course will start at 9am on Monday 25th June and 4 nights self catered accommodation is included in the cost commencing Sunday the 24th June 2012.

Cost: The cost of the course has been maintained for a further year:
- £950, including accommodation
- £850, without accommodation.

N.B. accommodation price is based on self catered campus accommodation, breakfast and evening meal are not provided. There are facilities to prepare your own meals and local shops nearby. Lunch and refreshments are provided during the teaching days.

Applications opened 1st October 2011 and places are allocated on a first come first served basis on receipt of completed application form, manager’s form, and full payment. In the first instance, please submit to: penadministrator@qmu.ac.uk

N.B. places are restricted to dietitians who will have been working for 2 years from the date of application, i.e. qualified before Sept 2010.

Application forms can be downloaded from the PEN Group website and also from the link found on the following page: http://www.qmu.ac.uk/dn/courses/PEN-info.htm. Further information on the course and details on how to apply for the course can be found at the PEN Group website (www.peng.org.uk) by clicking on Clinical Update.

Any further queries please contact: penadministrator@qmu.ac.uk

BAPEN Medical Teaching Day in 2012 at DDF – Nutrition and Liver Disease

Date: 17th June 2012
Venue: Liverpool
Website: www.bapen.org.uk/ce_annual_conf.html

Topics to be covered:
- Nutritional assessment of NAFLD
- Management of NAFLD
- Nutritional management of both stable and unstable liver disease patients.

BAPEN Medical Combined Meeting with the Pancreatic Society of Great Britain and Ireland

Date: 15th November 2012
Venue: Cameron House, Loch Lomond, Scotland

Topics to be covered:
- Chronic pancreatitis
- Nutritional support in the perioperative period in pancreatic cancer
- Maintaining nutrition in severe pancreatitis
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