Featuring...

BAPEN Members Attend ESPEN 2013 in Leipzig

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Welcome

This issue of In Touch will come out shortly before our next conference in Harrogate, details of which can be found later on in this issue. For those of you keeping up-to-date with news, you will be aware that BAPEN is celebrating its 21st birthday this year.

BAPEN has come a very long way since 1992. At first it was a group of patients and professionals primarily raising awareness of the importance and significance of malnutrition, mainly in relation to the hospital setting. In those days, nutrition support teams were virtually unheard of and in all but only a very few centres, nutrition care and knowledge was very poor at best and often wholly absent. The situation has improved recognisably since this time, much of that because of BAPEN and its Core Groups, although there are still far too many hospitals with either no nutrition team or one that is very dysfunctional. In more recent years, BAPEN has branched out to embrace the bigger issue of malnutrition in the population as a whole. Screening and ‘MUST’ has allowed BAPEN to sit at the nutrition top table with policy makers and Government, and really be able to influence strategy. Most initiatives relating to malnutrition now have, to a greater or lesser extent, BAPEN involvement. We therefore have achieved much that we can be proud of.

Looking forward, if BAPEN is to thrive it has to face and address the challenges that healthcare in 2013 and beyond will throw at it. As with all other healthcare organisations, we have to adapt and respond to the changing political and economic climate of our NHS. Currently, these challenges range from attracting and retaining our membership; continuing to lobby and pressure all hospitals to have safe and effective nutrition care; trying to persuade and cajole community services to do likewise; and working with national bodies, such as CQC, NHS England, Public Health England and their equivalents in Scotland, Wales and Northern Ireland to put in place policies to mandate good nutrition care.

I recognise that the activities the Council and Executive engage in at the corridors of power do not necessarily interest most of you. What is important to the individual member is what is going on locally in your patch. One area of emphasis that is now a priority is to strengthen local and regional BAPEN presence. Our aspiration is to have a BAPEN representative in every hospital and, in due course, in every community. But to achieve that, there needs to be a more overt BAPEN presence and activity in the regions, and we are actively working on plans to achieve this.

I have said, ever since I took over the Chairmanship, that BAPEN needs new blood. Some of you may look at those on the committees and Council and feel it is the same old faces. To a certain extent it is, because those individuals are dedicated to the cause and prepared to make the time and effort to contribute. But for BAPEN to move forwards it needs new people, especially if we want to enhance regional activity. It is well recognised that it is becoming increasingly difficult to get time away from the day-job and, therefore, that the amount of time any one individual can contribute will be variable and limited. But we really do want people to contribute in whatever way they can. At conference there will be a call for anyone who would like to involve themselves more in the Association to put themselves forward. Please do not be shy – everyone has something useful to contribute.

BAPEN can rightly celebrate what it has achieved over the last 21 years, but to move forward and to achieve greater success it needs you. Please help.
CN Awards 2012/13 Winners

This year’s CN Awards Winners gathered in London to be presented with their much deserved Awards, along with enjoying a glass of bubbly and a delicious afternoon tea.

Now in their third year, The CN Awards were launched by CN Magazines, in 2010, to provide the chance for all readers, advertisers and contributors of CN Magazines to come together to recognise the achievements of those whose great work has made a significant difference within the nutrition industry – whether an individual, group or organisation.

The winner of this year’s CN Award for Nutrition Resource was ‘Managing Adult Malnutrition in the Community’.

‘Managing Adult Malnutrition in the Community’ is the first comprehensive, concise, multi-professional guide produced in the area of malnutrition to be endorsed/supported by 10 key professional associations, including BAPEN – www.mainnutritionpathway.co.uk

On behalf of the Managing Adult Malnutrition in the Community consensus panel, Dr Ailsa Brotherton (BAPEN), Anne Holdoway (PEN Group), Barbara Parsons (Pharmaceutical Services Negotiating Committee), and Iain McGregor (Quality Care Academy) stepped up to be presented with their CN Award from Faye Eagle, Publisher of CN Magazines.

Anne Holdoway was also awarded the CN Award for Clinical Professional of the Year, sponsored by Vitaflo. Anne was nominated for the Award for her work at a National level and also leading the development of the Malnutrition Community Pathway, in which she demonstrated brilliant negotiating and influencing skills as she expertly facilitated challenging discussions, reaching consensus across many professional disciplines and Royal Colleges.

The ‘Geoff Simmonett’ Commitment to Patient Care Award, first awarded to Geoff Simmonett, who sadly passed away in 2010, for his huge contribution and dedication to the work of PINNT, and sponsored by the Nutricia Nursing Service, was awarded to Mia Small. Mia, a Nurse Consultant, Nutrition and Intestinal Failure at St Mark’s Hospital, was nominated for this Award because of her dedication to improving patient care and the patient journey – Mia constantly thinks of patients first and strives to always be there for them. Unfortunately, due to teaching commitments, Mia was unable to attend the gathering.

The CN Awards were voted for by readers of CN Magazines and all this year’s Winners should feel extremely proud.

Digestive Disorder Reaches Record Levels in Scots Children

More children than ever before are living with a debilitating digestive disease, research has shown.

Scientists have found that coeliac disease affects six times more children living in Scotland now than it did in 1990.

A team from the University of Edinburgh and Queen Margaret University analysed the health records of children from South East Scotland aged under 16 years who were newly diagnosed with the condition between 1990 and 2009.

The team – based at Royal Hospital for Sick Children in Edinburgh – found that the rate of children being newly diagnosed with coeliac disease rose from 1.7 in every 100,000 children in 1990-1994 to 11.8 per 100,000 children in 2005-2009.

The Edinburgh team adds that while it does not yet know what is responsible for the rise in coeliac disease cases, there are a number of possible explanations.

Factors could include changing patterns of childhood infection because of on-going improvements in healthcare as well as an increase in the incidence of related autoimmune conditions – including coeliac disease and Type I diabetes.

Researchers say that while the trend could reflect a growth in awareness of the condition, they have also seen a rise in the number of classical – more severe cases – which are more likely to affect younger children.

Dr Peter Gillett, of the University of Edinburgh’s Department of Child Life and Health and the Royal Hospital for Sick Children, Edinburgh, who led the study, said: “This study confirms a trend we have seen on a daily basis in our local area of Lothian, Fife and Borders. It also confirms the need to look further at factors influencing why we are seeing more patients with coeliac disease – it is not only because people are more aware of the disease nor is it thanks to our improved tests.

Although the number of patients that we are diagnosing with the disease is increasing, it is well short of the number of cases out there, as screening the general population would pick up one in 100 people.

The increase in pick-up has implications for families and the support from healthcare they require to maintain a strict lifelong gluten free lifestyle once the diagnosis is made.”

The research, published in the journal Paediatrics, was carried out with support from the Gloag family and Coeliac UK.
In this article, BAPEN’s Secretary, Dr Ailsa Brotherton shares some of the highlights and learning from the ESPEN Congress. If you have never attended ESPEN, do try to go to the 2014 Congress for the opportunity to network with and learn from global colleagues.

Ailsa's highlights: I attended the ESPEN Council meeting as the BAPEN representative and was extremely impressed by the very warm welcome I received from the ESPEN Executive Committee and the amount of work that is underway across Europe and beyond in terms of screening and nutritional care planning, Life Long Learning, research funding and travel bursaries.

I would urge all BAPEN members to apply for the research funding and travel bursaries as they become available. There are some potential exciting opportunities for BAPEN to work with ESPEN colleagues and BAPEN Executive will be exploring these over the coming weeks in liaison with the BAPEN Quality Group; details to follow in due course.
Jon Shaffer has been BAPEN's representative on the ESPEN Council for a number of years.

Jon writes: ESPEN has a number of active working groups with good UK representation; the oldest (established in 1995) is the ESPEN-Home Artificial Nutrition Working Group whose UK representative is Trevor Smith, with a newer group – Acute Intestinal Failure – which has three UK members: Jon Shaffer (Chair), Simon Gabe and Alastair Forbes. We are working together to establish a position paper about different aspects of acute IF, especially the management of entero-cutaneous fistulae; we will circulate as soon as it is available.

Whilst at the ESPEN Congress, I also chaired and presented in one of the LLL sessions on gastrointestinal diseases and also chaired a curious ‘hybrid’ session with three presentations – nutrition in the treatment of paediatric bone marrow transplants, nutrition support after solid organ transplants and the value of immunonutrition in general surgery – all high quality speakers with a large and interested, actively questioning audience. An excellent example of ESPEN’s breadth and depth!

Dietitians at ESPEN

Thanks to Anne Holdoway and colleagues. For a detailed update, see PENLines – The PEN Group’s official e-Newsletter.

Several commercial organisations supported satellite symposia. I particularly enjoy these as they are thought provoking and practical with a tendency to reflect state of the art practice. Topics at this year’s ESPEN Congress included: integrated patient care and the role of medical nutrition, clinical and economic outcomes of oral nutrition interventions, nutrition and outcomes in oncology, importance and impact of screening, latest research updates in relation to the use of parenteral nutrition in diverse patient types, feeding tube placement and evolution of monitors to check position, nutrition and infection.

The Fight against Malnutrition session consisted of a debate whether malnutrition screening should be mandatory. Professor Kondrup argued in favour and S. Schneider, against. Highlights from the session included:

- Best practice example from Denmark: Denmark accreditation in hospitals included screening and evaluating care plans, hospitals do not receive accreditation if they fail to meet the standards. Hospitals are then required to put plans in place for 3 months before getting conditional accreditation if the conditions are met. Accreditation is available on the Internet for any member of the public to view.
- Belgium are also looking at mandatory guidelines as well.
- Common barriers to screening:
  - Seen as easy but not easy in reality
  - Takes time to do and impacts on resources
  - Variation in screening tools exists – what is the gold standard?
  - Lots of tools require weight measurements, devices to weigh patients that can’t stand up aren’t standard everywhere.
- Who has the most power to make nutrition screening a mandatory action? Policy makers have the most power; how do we influence our policy makers? Budget holders require guidance, whilst they have the resources they are far removed from the clinical world.
- What can be done to overcome barriers for screening and facilitate compliance? Some top tips:
  - Combined bottom up and top down approach
  - Create interest and curiosity amongst staff including the nurses and doctors who will be undertaking the screen
  - This is more likely to secure and sustain success
  - Target new nurses and doctors – more positive attitude, need management to promote so they can spend time on this focus.

In the clinical and economic consequences of changing pathways of nutritional care symposium, Professor Marinos Elia discussed the distribution of malnutrition costs across the UK, highlighting that the biggest expenditure is within the hospital setting. Studies have shown that providing oral nutritional supplements (ONS) can reduce admissions and readmissions to hospital (Stratton et al 2013) and even if the intervention is taken in the community, it has been shown to have an impact on secondary care. Professor Elia went on to describe the cost analysis undertaken within NICE Quality Standard 24 (Commissioners Supporting Document) and highlighted that NICE CG32 was ranked the 3rd highest clinical guideline that could deliver the highest cost savings if fully implemented.

When evaluating the costs and resource impact, Professor Elia highlighted that screening is the biggest cost driver, hence innovative ways, e.g. electronic and self-screening, are required to reduce this resource.

The MNI grant winner was announced, and our congratulations go to Ireland who are this year’s winners. Niamh Rice accepted the Award on behalf of the country. IrSPEN was launched in 2010, with a mission to integrate good nutritional care into medicine and healthcare. Its main aims are to build, shape, educate and drive improvements, recognising that partnership working is key for effective advocacy.

Doctors at ESPEN

Thanks to Dr Simon Gabe and Dr Sheldon Cooper.

Dr Gabe presented a novel approach and monitoring technique to anticipate catheter occlusion by developing a method to measure pump infusion pressures in patients on long-term parenteral nutrition. They hypothesised that an occlusion within a catheter or vein will present with a gradual pressure rise over time and that it may be possible to detect catheter and vein occlusions before a complete occlusion occurs. By collaborating with industry (MicrelTM) a pump has been developed which will measure a pressure reliably and send information to a secure server, so that the pressure information can be analysed in detail. Seven patients were included in this pilot study and 636 infusions recorded over 559 days. The average infusion pressure was 0.28 ± 0.08 bar, which generally was lower and more consistent than expected. The normal occlusion alarms are set within pumps at 1.5-2 bar. Average infusion pressures did not increase significantly with the flow rate but was significantly higher for lipid containing parenteral nutrition compared to lipid free parenteral nutrition or parenteral electrolytes.

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In addition, one very interesting observation occurred while monitoring patients. In one patient, two unusual pressure spikes occurred on different days with the pressure rising to 1.48 bar and then settling. CT venography three weeks later demonstrated an SVC stenosis and she underwent venoplasty. These spikes were not seen after the venoplasty or in the other patients who were monitored.

It was noted that this is the first time that infusion pressures have been recorded in patients on long-term parenteral nutrition. The technology offers real time monitoring of pump performance, infusion pressures and volume infused. This technology may be used to develop warning alerts but further studies are needed.

Dr Sheldon Cooper, Consultant Gastroenterologist, BAPEN Executive Officer and Chair of Education and Training Committee, writes about ‘His first time at ESPEN’.

Dr Cooper writes: I have been trying to attend ESPEN for years, having been a regular attender, contributor and, more recently, Programme Committee member for the Annual BAPEN Conference. I have become accustomed to the style of BAPEN Annual Conference format, with Core Groups managing symposia of interest to their members as well as BAPEN membership overall. In more recent years, BAPEN Medical have been running a training day with modules from the ESPEN Life Long Learning (LLL) diploma programme, which has probably attracted as many dietitians and allied health professionals as doctors!

ESPEN format was somewhat different, with the first day and a half with multiple LLL modules, helping to facilitate progress to this European diploma. The rest of the Congress was obviously on a much larger scale, with four rooms running simultaneously with a most diverse programme, with sessions including subjects examining taste and smell for example, as well as the more common subjects of nutrition in the intensive care patient and the anti-oxidant and fish oil debate.

The speakers had a much more international flavour than at BAPEN Annual Conference for obvious reasons, and while the scientific content was more encompassing than BAPEN, the ‘take-home messages’ were just as clear. The Congress was over a longer period and with more sessions running there were more subjects covered, making for a greater educational experience.

There was the obvious extra added enjoyment of visiting a foreign city, and Leipzig was probably one I wouldn’t have gone to otherwise. It is a city with a very musical past, a theme which dominated the ESPEN social programme. For example, a choral recital by a choir steeped in history, with JS Bach having been the choirmaster for several decades. However, nothing beats the BAPEN Conference evening dinner and celebrations!

Having now attended ESPEN, I would thoroughly recommend it. I look forward to going again soon!

Nurses at ESPEN

Thanks to Mia Small, Nurse Consultant Nutrition and Intestinal Failure, St Mark’s Hospital, NWLH Trust.

Mia writes: The nursing session chaired by Maria Larsson (SE) and Mette Holst (DK) covered a variety of topics. Maria Larsson presented a comprehensive overview of nutritional care during and after chemo/radiotherapy and the challenges experienced by these patients. Magdalena Schreier (AT) then outlined the nutrition nurse’s role in Nutrition Day, an international project to improve knowledge and awareness of malnutrition and screening. This was followed by an oral communication by Kurt Boeykens (BE) on the reliability of pH measurement and auscultation to confirm nasogastric tube tip position which found the auscultation to have a specificity of 46%. Gabrielle Sieber (DE) presented a qualitative study looking at the challenges facing family care givers of individuals with dementia, which highlighted numerous areas of frustration and conflict.
UK nursing was represented in the poster presentations by myself with a number of posters outlining my team’s work. A study surrounding patient’s knowledge and recognition of catheter related complications showed that knowing signs and symptoms did not always equate with recognising problems if they occurred. Another study showed that tailored advice can reduce the incidence of catheter related bacteraemia in HPN patients. Swabbing catheter hubs as a means to diagnosing catheter related bacteraemia was also presented which showed a potential role for this.

Finally, in a mini-symposium looking at feeding tube placement, Caroline Lecko and I presented on the safety of NG placement. Caroline detailed the background behind the NPSA safety alerts that had been issued and I presented an in vitro study looking at the validity and reliability of pH indicators which highlighted variability in the performance of different indicators. Overall, while nursing was not widely represented, the nursing session was well attended and offered the opportunity for identifying and networking with European colleagues. In particular, Mette Holst (DK) hosted a pre-investigation workshop for nurses caring for patients with acute intestinal failure. She would be interested to hear from any UK nurses working with these patients (mette.holst@rn.dk) with a view to collaborating on guidelines.

Patients working collaboratively in ESPEN

Thanks to Carolyn Wheatley, Chair of PINNT.

Carolyn writes: PINNT are looking to forge links with other patient groups within Europe and further afield internationally to unite the voice of the patient. We hope to share the information we have gathered individually and bring about joined-up thinking on aspects that affect patients no matter where they live. Hopefully, once united, we can become a wider complementary service to current practice and contribute to future care and services in which the patient must be at the centre. We plan to grow the network that already exists and put it on a more formal basis and hopefully meet once a year during the ESPEN Congress. It’s early days but hopefully we will move forward in a constructive and positive fashion.

A Pharmacist’s Perspective of ESPEN

Thanks to Jackie Eastwood, Chair of BPNG.

Jackie writes: I was invited to speak this year at ESPEN 2013 in Leipzig. At ESPEN there is a specialist interest group for pharmacists currently led by a Polish pharmacist, Sylwia Osowska. This group arranges a symposium at the Congress, based around some pharmaceutical aspects of nutrition that also interests non-pharmacist attendees. Jean-Pierre de Bandt from France started us off with the first topic, Immunonutrition in Practice. This was a very good summary on the clinical data around the use of glutamine and fish oils in different clinical areas, both enteral and parenteral administration. I was then up, and was nicely surprised to find that the symposium hall was rather full, especially for the first session on a Monday morning. I spoke about how the multidisciplinary nutrition team should be looking at each process of prescribing and producing parenteral nutrition to reduce the risks. The USA have done a lot of work around this area, and I do feel this is something that we should look at within the UK and Europe.

Finally, Stefan Mühlebach spoke about rational ways of administering parenteral nutrition and medication together. This was a practical session with ideas and examples of when things go wrong.

Overall the symposium was very well attended and there were a large number of questions at the end. I had questions around some of the risk management strategies and quality assurance aspects of my talk. We are lucky in the UK that we have good quality assurance systems in place for the manufacture of parenteral nutrition, with peer review and support for units; it is not the same for all countries. It was also interesting to see that ESPEN is not just about Europe, there were a large number of attendees from the Far East and South America. It makes for some interesting conversations around practices elsewhere and may mean a trip across the Atlantic for me!

As for the social aspect of ESPEN, there are the formal arrangements; however, it is amazing how you can always find someone to go out with in the evening to discuss the day’s education!

A UK pharmacist is now taking over the chair of the Pharmacy Specialist Group in ESPEN – Peter Austin from Southampton. I will look forward to future years of the pharmaceutical session.
BAPEN 2013
Annual Conference
Harrogate International Centre • 26th & 27th November 2013

Quality Nutrition is higher on the healthcare agenda than ever before but will the economic climate affect our ability to combat the £13billion cost of malnutrition in the UK? BAPEN’s Malnutrition Matters Conference focuses on providing quality nutritional care in difficult times.

Programme Highlights
This meeting is approved for credits under the Continuing Medical Education (CME) scheme by all Medical Royal Colleges.

Tuesday 26th November 2013

09:30-09:45 – BAPEN Welcome & Opening of Conference
Celebrating Success over 21 years
Dr Tim Bowling, Honorary Chairman, BAPEN

09:45-11:00 – BAPEN’s response to Francis and Berwick: What can you do as BAPEN members to make a difference?
Setting the scene
Dr Ailsa Brotherton, Honorary Secretary, BAPEN

Patients at the centre of care
Carolyn Wheatley, Chair, PINNT

Placing patients at the centre of care in Northern Ireland
Sarah-Jane Hughes, Clinical Lead Dietitian (Nutrition Support/Intestinal Failure), Belfast Health and Social Care Trust

A response to the Berwick Review
Peter Murphy, Deputy Director of Nursing, Salford Royal NHS Foundation Trust

Leadership in Scotland
Dr Alastair McKinlay, Consultant Gastroenterologist, NHS Grampian

A Nationwide look at measuring nutrition
Judyth Jenkins, Head of Nutrition & Dietetic Services, Cardiff and Vale University Health Board NHS Trust

‘If you can’t measure it, you can’t improve it’ – developing a national dashboard of measures for nutrition
Kate Cheema, Specialist Information Analyst, The Quality Observatory, Surrey

11:30-13:15 – Symposium 1 – Nutrition in Hostile Environments
This symposium will discuss the challenges of maintaining healthy nutrition in a variety of hostile environments including the Antarctic winter, a war zone and, closer to home, the challenging environment of a hospital ward. The speakers will consider the different nutrient requirements and the risks associated with delivery of nutrition in these three very different settings.

Nutrition in the hostile environment of Afghanistan
Major Neil Hill, Army Medical Officer, Registrar in General Medicine, Diabetes & Endocrinology, London

Nutrition and hydration in the extreme environment of the polar regions
Dr Mike Stroud, Consultant Gastroenterologist, Institute of Human Nutrition, University of Southampton

The challenges of nutrition and hydration on the NHS Ward
Andrea Cartwright, Consultant Nurse – Nutrition Support, Basildon and Thurrock University Hospital NHS Foundation Trust

Fistulcysis/distal bowel feeding is possible with committed staff and patients
Joe Colby, Clinical Nurse Specialist – Nutrition, University Hospitals Coventry and Warwickshire NHS Trust

Drowning in too much brine: IV fluid prescribing practices and knowledge amongst medial staff in a district general hospital
Al Palmer, S Morrison, J Bardgett, D Scott and S Lambie, Acute Medicine & Nephrology, Raigmore Hospital, Inverness
11:30-13:15 – Symposium 2 – *A Rocky Ride Down the Gut*

This symposium will open with a presentation to discuss feeding in challenging situations, starting with the persistently vomiting patient, where oral feeding is problematic and tubes may be poorly tolerated. The next presentation will move to the small intestine where protein-losing enteropathy can lead to multiple nutritional deficiencies and malabsorption makes enteral feeding challenging. The final presentation will consider the nutritional challenges presented by chronic intestinal pseudo-obstruction, a condition that predominantly affects the colon but can also cause dysmotility of the rest of the gut. Close liaison between surgeons and nutrition teams is essential for managing these difficult patients and the choice of speakers will reflect this team-based approach.

- The vomiting patient – gastroparesis
  - Dr Philip Bliss, Consultant Gastroenterologist, Aintree University Hospitals NHS Foundation Trust
- Protein losing enteropathy
  - Dr Jon Shaffer, Emeritus Consultant Gastroenterologist, Hope Hospital, Salford
- Chronic intestinal pseudo-obstruction
  - Prof Alastair Forbes, Professor of Gastroenterology, University College Hospital, London
- Experience of home parenteral nutrition and the nutritional assessment of patients with systemic sclerosis
  - E Harrison¹, AL Herrick¹, J McLaughlin¹ and S Lal¹² ¹Institute of Inflammation and Repair, FMHS, University of Manchester and ²Intestinal Failure Unit, Salford Royal NHS Foundation Trust

14:15-16:00 – Symposium 3 – *Innovations to Improve Quality*

What can QI methodology contribute to improving nutritional care?
  - Dr Emma Donaldson, Quality Improvement Research Fellow, SpR Gastroenterology & General Medicine, Salford Royal NHS Foundation Trust

Can you assure your Trust Board that your nutritional care is highly reliable? Learning from the nutrition and hydration improvement project in orthopaedics
  - Kirstine Farrer, Consultant Dietitian, Salford Royal NHS Foundation Trust

Improving nutritional care through a Clinical Community approach; learning from the NHS QUEST network
  - Dr Ailsa Brotherton, Director for Clinical Engagement and Leadership

Question Time

Delivery of ‘MUST’ training by community dietitians
  - Aya McLellan, Community Dietitian, Nutrition and Dietetic Department, Ipswich Hospitals NHS Trust

The virtually paper free dietitian lead coeliac clinic
  - Emile Richman, Royal Liverpool University Hospital

Quality of service development
  - Adrian Gilson, Community Nutrition Support Dietitian, Barts Health, Newham University Hospital

14:15-16:00 – Symposium 4 – *Innovations in the Science of Clinical Nutrition*

This symposium will consider innovations in research and clinical practice and their potential future impact. The topics range from new developments in nutritional screening, body composition, and safety issues in preparing parenteral nutrition formulations, as well as fundamental research into mechanisms of the stress response at the subcellular level. A general discussion that contextualises innovations in complete systems such as the NHS will follow the presentations.

- New developments in self-screening: can anybody ‘MUST’?
  - Dr Paula McGurk, Diabetes Inpt Specialist Dietitian, University Hospital Southampton NHS Foundation Trust

- Quality assurance of parenteral nutrition – How safe is your PN?
  - Karen Hamling, Managing Director, ITHPharma, London

- New developments in bioelectrical impedance: overrated or underused?
  - Prof Marinos Elia, Professor of Clinical Nutrition & Metabolism, Institute of Human Nutrition, University of Southampton

- The role of endoplasmic reticulum stress in intestinal failure associated liver disease
  - LM Sharkey¹, SE Davies², A Kaser¹ and JM Woodward¹ ¹Department of Gastroenterology³ and Pathology⁴, Cambridge University Hospitals NHS Foundation Trust

Innovations in context
  - general discussion

16:30-17:10 – The Pennington Lecture

‘Intestinal Failure – concept, realisation and dissemination’
  - Dr Jon Shaffer, Emeritus Consultant Gastroenterologist, Hope Hospital, Salford

Other highlights:
- Chaired Poster Sessions
- BAPEN Nutricia Award & BAPEN Roll of Honour
- BAPEN AGM
- BAPEN Medical Trainees Symposium
- BAPEN Annual Dinner – The Majestic Hotel, Harrogate
### Wednesday 27th November 2013

#### 09:00-10:45 – Symposium 5 – A Spoonful of Sugar: Glucose Control and Nutritional Support

There has been considerable debate in recent years over the importance of tight glucose control for patients in the intensive care setting, especially those who are critically ill and may be septic. The first talk will provide an update of current guidance regarding glucose management for parenterally and enterally fed patients in the intensive care setting. The second talk will discuss how to tailor the diabetic control according to the type and timing of feeding or combination of feeding methods in use. The symposium will then review care of patients with diabetes due to pancreatic disease and how to address their specific nutritional needs.

**Tight glucose control in the critically ill – where are we now?**

Professor Greer van den Berge, Professor of Intensive Care Medicine, University Hospital, Leuven

**The Diabetic management of patients on enteral and parenteral nutrition**

Dr Aled Roberts, Consultant Diabetologist, University Hospital of Wales

**The management of the endocrine and exocrine deficiency in pancreatic disease**

Julia Mayerle, Associate Professor of Gastroenterology, University of Greifswald, Germany

#### 09:00-10:45 – Symposium 6 – Advancing Practice in Parenteral Nutrition

Should it now be routine to use the new lipid emulsions in neonatal PN? Do you know what the risks are, and how to manage them, when outsourcing PN services? Are we over-loading PN patients with chloride, and if so, what practical steps can be taken to provide a more balanced feed? This symposium considers current practice and recommendations.

**Should we be using SMOF lipid as standard in neonatal PN?**

Venetia Horn, Senior Specialist Pharmacist, Great Ormond Street Hospital for Children NHS Foundation Trust

**Outsourcing PN – what are the risks and how can these be managed?**

Richard Bateman, QA Specialist Pharmacist, East and South East England Specialist Pharmacy Services, Guy’s Hospital

**Chloride and acetate in adult PN – getting the balance right**

Rebecca White, Pharmacy Team Manager – Surgical Specialities and Nutrition, Oxford Radcliffe Hospitals NHS Trust

**An audit of parenteral nutrition standard bag usage in a large teaching hospital**

C Harris and N Westbrook, Pharmacy Department, Oxford University Hospitals NHS Trust

#### 09:00-10:45 – Symposium 7 – Liquidised Food and Feeding Tubes

There are a growing number of patients and carers who want to administer liquidised food through enteral feeding tubes. Although there are significant risks associated with this practice including infection, nutritional deficiencies and tube blockage, many wish to continue, providing convincing arguments of social and medical benefits. This symposium will review the history, research and expert opinion surrounding the subject to give health professionals the balance of knowledge required should they encounter the issue in practice.

**NG checks: validity and reliability of measurements by pH indicators**

M Small and SM Gabe, Lennard-Jones Intestinal Failure Unit, St Mark’s Hospital, Harrow

**Liquidised food versus enteral formula: past, present and future**

Professor Kevin Whelan, Professor of Dietetics, King’s College London

**Liquidised real food diet for children with life limiting neurological conditions: experience and implications**

Dr Susie Lapwood, Head of Research, Education and professional Development and Senior Specialty Doctor, Helen and Douglas House Hospices for children and young adults, Oxford

**Liquidised food – practical recommendations and PEN Group guidance**

Alisa Kennedy, Home Enteral Feeding Dietitian, Liverpool Community Health

**Ask the Liquidiser Experts: questions and panel discussion**

Panelists include: Professor Kevin Whelan, Dr Susie Lapwood, Alisa Kennedy, Kelly Larmour, Principal Dietitian, Paediatric Gastroenterology Dietetics, Great Ormond Street Hospital for Children NHS Foundation Trust, Barbara Dovaston, Lead Clinical Nurse Specialist for Nutrition, Heart of England NHS Foundation Trust, and Carolyn Wheatley, Chair, PINNT

#### 11:15-13:00 – Symposium 8 – Home Parenteral Nutrition Across the Four Nations

This symposium will look at the delivery of HPN across the four nations. It will comprise of both clinical and commissioning aspects of HPN and some case studies. Proposed topics include PN procedures used in England and is there scope to standardise them, delivery of HPN in Ireland and use of subcutaneous magnesium in HPN patients, HPN service in Scotland post HPN Scottish network and the Wales HPN (WHPN) network and development of IF services.

**The delivery of home parenteral nutrition services in England**

Mia Small, Nurse Consultant Nutrition and Intestinal Failure, St Mark’s Hospital, Harrow

**The delivery of home parenteral nutrition services in Wales**

Judyth Jenkins, Head of Nutrition & Dietetic Services, Cardiff and Vale University Health Board

**The delivery of home parenteral nutrition services in Scotland**

Dr Janet Baxter, Improvement and Development Manager (Nutrition Support), Tayside Nutrition MCN, Dundee

**The delivery of home parenteral nutrition services in Ireland**

Sarah-Jane Hughes, Clinical Lead Dietitian (Nutrition Support/Intestinal Failure), Belfast Health and Social Care Trust

**Burden of care at night when living with a child on parenteral nutrition at home**

A Hughes, V Evans, D Forbes-Penfold, J Koeplmeier, S Hill, Intestinal Failure Rehabilitation Unit, Great Ormond Street Hospital, London

**Home parenteral nutrition use in palliative care: A retrospective study to identify potential prognostic indicators**

B Drinkwater, BK Clarke, J Ratcliffe, J Jones, P Deel-Smith and SC Cooper, Intestinal Failure Unit, Departments of Gastroenterology and Clinical Nutrition, Dudley Group NHS Foundation Trust
11:15-13:00 – Symposium 9 – Nutrition In the Neurologically Impaired

This session will focus on some of the difficult issues encountered when artificially feeding children with severe neurological abnormalities. Proposed topics include when and how to investigate children with feeding difficulties, review of nutritional requirements and assessment, the most appropriate type of food and liquid enteral feed e.g. is it ever appropriate to give pureed food via a gastrostomy? When should surgical procedures, e.g. fundoplication, jejunostomy, ileostomy be considered? And finally, how to approach social and ethical issues and the difficulties encountered by families and professionals when patients transfer to adult services.

Paediatric e-BANS: how to report
Andrew Barclay, Consultant Paediatric Gastroenterologist, RHSC, Glasgow

Feeding the neurologically impaired child: what to give and how to give it
Clare Skeets, Community Paediatric Dietitian, Dorset Healthcare University Foundation Trust

Investigation and management of gastrointestinal problems in the neurologically impaired
Keith Lindley, Consultant Paediatric Gastroenterologist, Great Ormond Street Hospital NHS Trust

It starts to look like force feeding to me
BJ Tighe¹, C Blackburn² and A Slowther² ¹Faculty of Health and Life Sciences, Coventry University and ²Warwick Medical School, University of Warwick

Transition to adult care in the neurologically impaired – common obstacles and ethical considerations
Dr Karen Horridge, Paediatrician, Disability, Sunderland Royal Hospital and Chair of North of England Collaborative Cerebral Palsy Survey and British Academy of Childhood Disability

14:00-14:15 – BANS Update
Dr Trevor Smith, Chair of British Artificial Nutrition Survey (BANS)

14:15-15:00 – BAPEN Keynote Lecture
‘Use of glutamin in the critically ill’ – Professor Jan Wernerman, Professor of Anesthesia and Intensive Care Medicine, Karolinska Institute, Sweden

15.00-16.00 – Symposium 10 – Have I Got Fluid News for You!

This session will detail why fluid therapy and hydration is an aspect of patient care that must involve all health care professionals. A good knowledge of intravenous fluid therapy is vital for dietitians, nurses and pharmacists – not just doctors and Mike Stroud will outline the recommendations in the new NICE guidelines on this topic. Two teams of experts will then answer questions on all aspects of fluid therapy - from light hearted common myths and blunders to hydration at the end of life, giving fluids through enteral feeding tubes and fluids as vehicles for electrolyte supplementation in refeeding syndrome.

IV Fluids – time to take things seriously. NICE Guidance on IV Fluid Therapy
Dr Mike Stroud, Consultant Gastroenterologist, Institute of Human Nutrition, University of Southampton

Have I Got Fluid News for You
Expert teams answer questions on all aspects of fluid therapy fired at them by host Pete Turner

Other highlights:
• Chaired Poster sessions  • BAPEN Medical AGM  • PEN Group AGM  • Original Communication and Poster Prize Presentations

BAPEN Annual Dinner – Tuesday 26th November 2013

Help celebrate BAPEN’S 21st Birthday by attending this year’s Annual Dinner to be held at the Majestic Hotel, Harrogate. Lights, cameras and non-stop action are all in store as we roll out the red carpet for an evening of sophistication and razzmatazz that captures the unmistakable atmosphere of a truly special celebration – BAPEN’s 21st Birthday. Join ‘Oscar’ and all the legends of the sliver screen in a glittering night that promises to make you feel like a star.

Ticket price: £37.50 per person inclusive of meal with drinks, entertainment and VAT.

Dress code: Black Tie

BAPEN Annual Conference Registration Fees

<table>
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<tr>
<th></th>
<th>BAPEN Member</th>
<th>Non Member</th>
<th>Student / Retired Professional</th>
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<td>2-Day Conference Rate</td>
<td>£275.00 + VAT = £330.00</td>
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Significant discounts on registration fees for BAPEN Members.
Not a BAPEN member? Join at: www.bapen.org.uk/join.html

The BAPEN Members Rate is available if your BAPEN subscription has been paid in full at the time of receiving your registration form.

To register visit: www.bapen.org.uk
BAPEN Medical Teaching Day

Nutrition Support in Renal Disease – Filtering out the controversies
Monday 25th November • 09:30-16:45

ALL WELCOME: This day is open to all Members of BAPEN Medical and BAPEN, and any clinician or health care professional with an interest in Nutrition Support including Gastroenterologists, Surgeons, Intensivists, Renal Physicians, and Trainees in any discipline.

Chair: Dr Aqeel Jamil

Case Presentation
Professor Noël CANO, MD, PhD, President of the French Speaking Society of Clinical Nutrition & Metabolism (SFNEP). Human Nutrition Research Centre of Auvergne

The importance of successful fluid balance in the critically ill patient: Sepsis; CVVH; and ‘other eventualities’
Dr Luigi Forni, Clinical Lead for Acute Medicine; Western Sussex Hospitals NHS Trust

Chair: Dr Nicola Burch

Considerations for Nutrition Support in Acute Kidney Injury
Dr Jon Shaffer, Consultant Gastroenterologist, Salford Royal NHS Foundation Trust

Managing Nutrition Support in Chronic Kidney Disease
Professor Noël CANO, MD, PhD

Chair: Dr Michael Colley

Grand Round Case Presentation & Panel Discussion
Dr AJP Lewington BSc MEd MD FRCP FRCPE, Consultant Renal Physician/Honorary Senior Lecturer; Clinical Sub-Dean LTH; St James’s University Hospital, Leeds

Jimmy Ward, Sp. Renal Dietitian, RLBUHT

Helen MacCluggage, Lead Dietitian, King’s College NHS Foundation Trust

Nutrition Support in the Haemodialysis Patient
Professor Noël CANO, MD, PhD

Nutrition Support in the Peritoneal Dialysis Patient
Professor Alastair Forbes, Professor of Gastroenterology & Clinical Nutrition, UCL

Chair: Dr Clare Donnellan

Case Presentation – Sclerosing Peritonitis
Mr Titus Augustine MBBS, MS, FRCSES (Gen. Surg / Transplantation) Consultant Transplant and Endocrine Surgeon, Clinical Director of Transplantation at Central Manchester & Manchester Children’s Foundation Trust

ESPEN Renal LLL Exam
CPD will be applied for. Places may be booked and paid for along with the BAPEN Annual Conference registration fees.

Teaching Day Registration Fees

<table>
<thead>
<tr>
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<td>BAPEN Medical/BAPEN members</td>
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BAPEN Medical Trainee Inaugural Symposium

Inspiring Clinicians to Tackle Malnutrition
Tuesday 26th November • 17:30-18:30

Newly formed in 2013, the Trainee Committee of BAPEN Medical is hosting this unique symposium specifically aimed at trainees with an interest in Nutrition. The meeting will provide a unique networking opportunity and will allow trainees to influence the future of their committee.

We are joined by three, internationally renowned, keynote speakers who will share their wealth of knowledge and experience in clinical nutrition by staging a balloon debate. We very much hope that you will join us.

Welcome & Introduction (Including formal results of the 2013 BAPEN Medical trainee survey)
Dr Chris Mountford (Chair, BAPEN Medical Trainee Committee), SpR Gastroenterology, Freeman Hospital, Newcastle.

Balloon Debate
‘This house believes that nutrition support is best led by...’
• A Gastroenterologist – Dr Simon Gabe, St Mark’s Hospital
• A Surgeon – Dr Ruth McKee, Glasgow Royal Infirmary
• A Clinical Biochemist – Dr Michael Colley, Great Western Hospital

Discussion and vote
Interested in attending? Pre register your place by emailing: association@sovereignconference.co.uk
Core/Committee Group Updates

NNNG
Carolyn Best, Communications Officer NNNG
www.nnng.org.uk

This edition of In Touch sees the NNNG having just held a very successful annual Conference at the St John Hotel in Solihull. It was the largest NNNG Conference to date, with over one hundred delegates attending.

The two-day Conference included a keynote speech from Andrea Cartwright, Consultant Nurse Nutrition, Basildon and Thurrock University Hospitals NHS Foundation Trust and presentations from the MHRA, Florence Nightingale Foundation, Motor Neurone Disease Association and PINNT. There was a strong patient focus throughout the Conference, with a presentation on each day from users of NHS services or their relatives.

For the first time posters were included as part of the Conference, with a £250 prize for educational development being awarded to the poster voted for by delegates. The prize was won by Hazel Rolins CBE, Clinical Nurse Specialist, Luton and Dunstable University Hospital NHS Foundation Trust.

The Conference was also used to launch two further sets of NNNG guidelines, the first a Good Practice Consensus Guideline for the management of Exit Site problems around Gastrostomy Tubes for both Adults and Children and the second regarding obtaining an Accurate Body Weight Measurement in Adults and Children. Each delegate was offered a hard copy of the guidelines ahead of their release on the NNNG website later in October.

PEN Group
Kate Hall, Communications Officer PEN Group
communications.peng@bda.uk.com, www.peng.org.uk

We are looking forward to our AGM at the BAPEN Annual Conference on 27th November 2013, which will follow the PEN Group panel session entitled: ‘Ask the Liquidiser Experts: questions and panel discussion’. Panelists include: Professor Kevin Whelan, Dr Susie Lapwood, Ailsa Kennedy, Kelly Larmour, Carolyn Whetley and Barbara Dovaston. This will be a great opportunity for delegates to pose questions to the panel and create a good discussion.

For those PEN Group members who are unable to come to BAPEN this year, please send any questions you would like us to ask the panel on your behalf, or in confidence, as we will be writing up as a Q&A post BAPEN Conference for all PEN Group members to have access to, please email: PENG@bda.uk.com.

At the BAPEN Annual Conference we will also be announcing the winners of the PEN Group Award 2013, which has been supported by Abbott Nutrition, Fresenius Kabi and Nutricia. The three Awards will go to lucky PEN Group dietetic members who have had a poster accepted at the BAPEN Annual Conference, allowing each of the winners to participate in the BAPEN Conference.

In September, we announced the five dietitians who have won a free place on the PEN Group Clinical Update Course 2014, they are:
- Treasa Ody – Lanarkshire
- Anna Julian – Glasgow
- Jessica Zekavic – Hampshire
- Helen James – Berkshire
- Rebecca Ford – Coventry

More information about the PEN Group Clinical Update course can be found on the PEN Group website: www.peng.org.uk or on the Diary Dates page of In Touch (page 14).

At the moment, and with the lead up to the PEN Group meeting at BAPEN, we are trying to collect information from dietitians about whether they place NG tubes or are involved in gastrostomy tube changes. If you are a dietitian and have not taken part in the poll please go to: www.peng.org.uk

Since the last edition of In Touch, we have mailed out another edition of e-PENlines so if you are a PEN Group member and have not received yours yet please go to the member’s section of the PEN Group website to sign up.

A write up on the Fresenius Study days held in London and Leeds on 'Identifying Measuring and Making Your Dietetic Outcomes count' at which Anne Holdoway, Chair of PEN Group presented will be available shortly on the PEN Group website.

Finally, we are really proud to announce and congratulate Anne Holdoway, our very own Chair of PEN Group, who won the prestigious CN Award for Clinical Nutrition Professional of the Year AND the Nutrition Resource of the Year which was won by Managing Adult Malnutrition in the Community: www.malnutritionpathway.co.uk. See the What’s New (page 2) section for photos from the CN Awards presentations.

Remember if you are a dietitian and would like to get involved with the PEN Group as a member or in some of the projects coming up, then please contact us: PENG@bda.uk.com
You should receive this next communication just in time for two messages from BAPEN Medical.

First, if you move really fast you can apply to be a Committee Member for BAPEN Medical – the official closing date is Friday 1st November but since you should receive this at the very beginning of November we can stretch this to Sunday 10th November. We have vacancies for a surgical trainee member and for at least one consultant committee member. We’d like to encourage non gastroenterologists to apply because if they don’t there is a risk that all the committee members will be gastroenterologists – that can’t be a good thing. So chemical pathologists, surgeons and intensivists or other medical specialities are particularly welcome! But any gastroenterologists applying will also be welcomed. Please submit a maximum of one side of A4 with a brief CV, reasons for interest in the committee and suggestions of the skills which can be brought to the committee. Applications to: ruth.mckee@nhs.net or joanne.sayer@dbh.nhs.uk.

Secondly, please book for either the BAPEN Medical Teaching day on ‘Renal Disease – Filtering out the controversies’ on Monday 25th November, just before the Annual meeting – although you will have missed the Early Bird prices, the price of £78 is still incredible value for money. Then at the main meeting, don’t miss the BAPEN Medical symposia – ‘A Rocky Ride down the Alimentary Tract’ on Tuesday morning, covering some heartsink problems in bowel disease and ‘A Spoonful of Sugar’, looking at glucose control and nutritional support, on Wednesday morning.

And finally, please make sure that your trainees know about the BAPEN Medical Trainees symposium on Tuesday late afternoon at 17.30 – the Trainees Group have worked hard this year to get this off the ground and it would be good to encourage as many trainees as possible to attend!

My time chairing the Education and Training Committee draws to a close at the Annual BAPEN Conference later this year. I must thank all the members of the Education and Training Committee for their support and hard work over the last two and a half years. We have performed the usual tasks of providing symposia at the BAPEN meetings and ratified the endorsement process. Noteably though, the BAPEN Principles of Good Nutritional Practice – the Decision Trees – were formed first as a concept, having been tasked with producing guidance. After a long period the exact layout was confirmed and the first five Decision Trees were produced, peer-reviewed and delivered in 2012: Ethics and feeding at the end of life, Diagnosing and managing buried bumper syndrome (2 separate but related Trees), Nasogastric tube insertion, Perioperative nutrition and Re-feeding syndrome.

Currently we have between eight to 10 Decision Trees going through the review process and several of these are about to go for peer review, and will hopefully be ready for the Annual Conference in November. The conveyor belt of producing, reviewing, refining and then peer-review is set, with many more already in the pipeline. Following feedback we have opted to produce fewer Trees each year than originally planned, but compensate by ensuring quality and robustness exists.

We are always on the search for contributors to the Decision Trees and I’m sure the new Education and Training Chair, Arlene Barton, taking over the position from December, will be delighted to hear from you. I wish Arlene all the best for her tenure as Chair of the Education and Training Committee.
Diary Dates

November

**BAPEN Medical Teaching Day**
Date: 25th November 2013
Venue: Harrogate, UK
Website: [www.bapen.org.uk](http://www.bapen.org.uk)

**BAPEN Annual Conference**
Date: 26th & 27th November 2013
Venue: Harrogate, UK
Website: [www.bapen.org.uk](http://www.bapen.org.uk)

**BAPEN Medical Trainee Committee Inaugural Symposium**
Date: 26th November 2013
Venue: Harrogate, UK
Email: association@sovereignconference.co.uk
Website: [www.bapen.org.uk](http://www.bapen.org.uk)

**39th Annual Meeting of the Pancreatic Society of Great Britain and Ireland**
Date: 28th - 29th November 2013
Venue: Hilton Hotel, Liverpool, UK
Website: [www.pancsoc.org.uk/2013meeting](http://www.pancsoc.org.uk/2013meeting)

**GI and Nutritional Consequences of Cancer Treatment Conference**
Date: 28th - 29th November 2013
Venue: The Royal Marsden Education and Conference Centre
Website: [www.royalmarsden.nhs.uk/education/pages/other.aspx](http://www.royalmarsden.nhs.uk/education/pages/other.aspx)

January/February

**Clinical Nutrition Week 2014**
Date: 18th – 21st January 2014
Venue: Savannah, Georgia, USA
Website: [www.nutritioncare.org/ClinicalNutritionWeek](http://www.nutritioncare.org/ClinicalNutritionWeek)

**2nd International Conference on Nutrition and Growth**
Date: 30th January – 1st February 2014
Venue: Barcelona, Spain
Email: [www2.kenes.com/nutrition-growth/pages/home.aspx](http://www2.kenes.com/nutrition-growth/pages/home.aspx)

**International Congress on Obesity**
Date: 17th – 20th March 2014
Venue: Kuala Lumpur, Malaysia
Website: [www.iaso.org](http://www.iaso.org)

**BAPEN Scotland Meeting - Patient Safety in Nutrition Support**
Date: 24th March 2014
Venue: Stirling Management Centre, Scotland
Email: emma.tease@nhs.net
More details to follow on BAPEN website: [www.bapen.org.uk](http://www.bapen.org.uk)

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**PEN Group Clinical Update Course 2014**
Queen Margaret University, Edinburgh

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 Masters levels 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 following link: [www.qmu.ac.uk/dn/default.htm](http://www.qmu.ac.uk/dn/default.htm) at Queen Margaret University.

The residential week will be 23rd June – 26th June 2014 at Queen Margaret University, Edinburgh, more details to be found at the following address: [www.qmu.ac.uk/the_university/access.htm](http://www.qmu.ac.uk/the_university/access.htm)

The residential section of the course will start at 9am on Monday 23rd June and 4 nights self-catered accommodation is included in the cost commencing Sunday the 22nd June 2014.

Cost:
- £950, including accommodation*
- £850, without accommodation

Applications** are open and places are allocated on a first come first served basis on receipt of completed application form, manager’s form, and full payment.

Application forms can be downloaded via: [www.qmu.ac.uk/dn/default.htm](http://www.qmu.ac.uk/dn/default.htm)

*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

** Places are restricted to dietitians who will have been working for 2 years from the date of application, i.e. qualified before Sept 2012
## Executive Committee

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