

# e-bans reporters'digest

www.ebans.com

October 2011

*Good news! Reporting to e-bans is increasing .....*

Since 2008 reporting to BANS had been declining due to a number of factors which were discussed in detail in the 2009 Annual BANS report ([www.bapen.org.uk](http://www.bapen.org.uk)). The two most prominent barriers were the need to obtain patient consent and the time taken to submit the data. With the introduction of **e-bans** in July 2010 both of these barriers were removed. Consequently we can now report an improvement in registering new patients (figure 1) and updating existing ones.(figure 2)

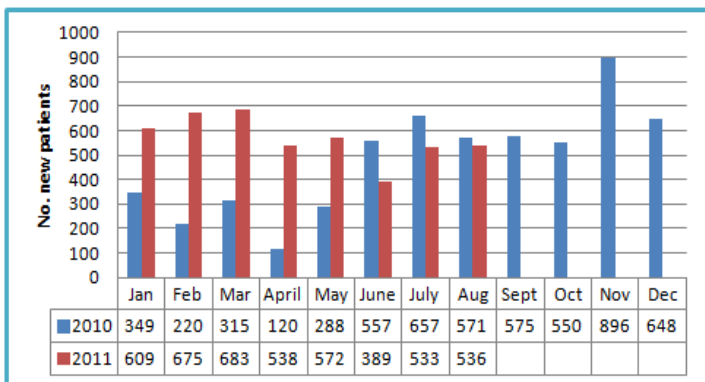


Figure 1: comparison new registrations in 2010 & 2011

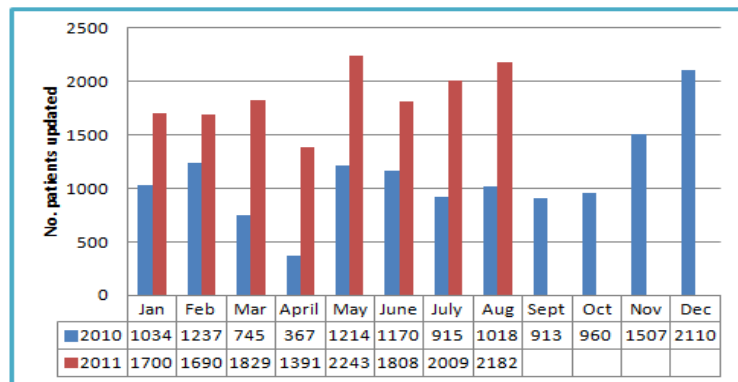


Figure 2: comparison of patient updates 2011 & 2012

Despite this good news, there is little need for complacency as there are still a number of organisations registered with **e-bans** who do not report (figure 3) and others who have never reported.

*Thanks to all those centres who continue to support e-bans and contribute to the sustainability of this unique national survey!*

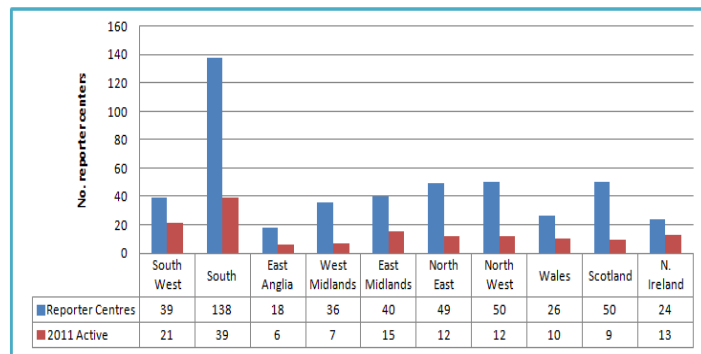


Figure 3: no. active reporting centres compared to the no. of registered centres by region

## BAPEN's ANNUAL CONFERENCE, HARROGATE. 28-30 NOVEMBER, 2011

The BANS Committee need your advice and expertise for the ongoing development of our unique **e-bans** survey. Join us at our meeting on **Tuesday, 29th November 2011 at 13.30 to 14.15**

- Observe a live demonstration of the changes made to **e-bans** following consultation with reporters
- Discuss proposals for Intestinal Failure data registration

FOR FURTHER PROGRAMME INFORMATION & CONFERENCE REGISTRATION  
www.bapen.org.uk

*Coming Soon*

**BANS 2011  
Annual Report**

Featuring  
**HETF & HPN in the UK  
&  
Clinical practice in  
Head & Neck Cancer  
Types of Lines for HPN**

The focus group agenda consisted of a number of presentations and interactive sessions looking in particular at the ongoing development of **e-bans**, a **recruitment strategy** and the need for **national HETF guidelines**:

☞ **e-bans**: the Focus Group viewed an on-line demonstration and agreed that the programme was now quick and easy to use. Several additional changes were recommended, including: rationalisation of the outcome codes; regional grouping of centres/reporters, the option to view other centres patients where shared care operates and the opportunity to download local reports. These have/will be incorporated into ongoing developments

☞ **Recruitment Strategy**: first and foremost we were told to:  
*RAISE AWARENESS OF WHAT BANS DOES by:*

- Improving communications (publications, professional newsletters, conferences etc.
- Targeting specific clinical professional groups: e.g. paediatrics, cancer groups etc.
- Appointing regional champions /ambassadors to keep colleagues updated, auditing local compliance and making direct contact with centres who do not report.
- Providing incentives: BAPEN funded places/staff, improving reports and downloadable data from e-bans, linking into other systems – Home Care systems, local databases
- Engagement with Dietetic Managers, Commissioners, professional bodies, voluntary sector
- Mandatory reporting: legal requirement

☞ **HETF Guidelines**: BANS has long since recognised that there are no national HETF guidelines. Therefore, Maria Tynan, (HETF Co-ordinator at the Southern Health & Social Care Trust, N.Ireland) was invited to talk about the N.Ireland 'Crest' Guidelines (2004) which she helped develop. These comprehensive guidelines relate to both hospital and community HETF and are due to be updated in 2011/12. Maria is keen to collaborate with BAPEN on this project. The focus group felt that it would be a worthwhile venture and would produce national guidance endorsed by BAPEN.

**The HETF Focus Group**

South East (Southampton)	Nadine.Hodgson	N.Ireland (Belfast)	Maria Tynan
South West (Bristol)	Amanda Judd	Scotland (Edinburgh)	Karen Henderson
East Midlands (Nottingham)	Amanda Hirst	Scotland (Lothian)	Catherine Paxton
East Midlands (Lincoln)	Sophie Wood	Industry (Abbott)	Jackie Swannick
West Midlands (Hereford)	Julie Mountfield	Industry (Nutricia)	KirstenHarris
North West (Salford)	Katie Hamer	BANS (Chair)	Trevor Smith
North Wales (Wrexham)	Sarah Gooda	BANS (Secretary)	Ann Micklewright
South Wales (Cardiff)	Liz Pascoe		

**BANS:**

- Provides credible quality data from a large patient cohort which informs patient care at national, regional and local levels
- Raises awareness of patient trends, highlighting inequalities and informing standard setting
- Informs the commissioning process - helps develop a business cases e.g. HIHNET
- Ensures sustainability of a National Register

**WANTED!!**

Examples of how BANS has been used to improve your services.

Please send to:  
Ann Micklewright  
dietqueen186@hotmail.com

*Focus on HETF .....Sharing Good Practice -Sarah Zeraschi.....*

Senior Pharmacist for Surgery, Microbiology & Infection Control, and Nutrition Support at Basildon & Thurrock University Hospitals NHS Foundation Trust (BTUH), Member of the BPNG Executive and a BANS Committees

At BTUH all patients with complex medication histories are discharged from hospital with a "drug list". The list is based on an MS Word template developed by an in house pharmacist detailing all of the patient's medication: what each is for, when and how to take them.

In the past, I had visited tube fed patients (and carers if needed) with complex drug histories and gave verbal advice and a hand written drug list which simply stated how to give each medicine. I used the BPNG / BAPEN template (available at: [http://www.bapen.org.uk/res\\_drugs.html](http://www.bapen.org.uk/res_drugs.html) ).

Recently, our Pharmacy Medicines Information Centre had received an increasing number of enquiries from GPs, carers and community pharmacists relating to problems with drug administration. Whilst medicines were being administered to inpatients relatively risk free due to the guidance of pharmacists, it became obvious that the transfer of care to

community was not as good as it could be. As a result a tube feeding drug template was developed by adapting the BPNG / BAPEN template and incorporating parts of our Enteral Feeding Policy. Using a few patients as examples, we rolled out training to pharmacy staff before started using the drug lists for suitable patients. This project is in its early stages, and unfortunately was not audited pre-implementation.

It is based on best practice: these patients often have complex drug histories and administering medicines via feeding tubes is a potential minefield. This combination can lead to treatment failure and reduction in nutritional intake which is obviously undesirable. We expect implementation of this procedure to reduce these risks associated with administering medicines via enteral feeding tubes.

Thanks to my colleagues, Stuart and Jo for ensuring the success of this project. [sarah.zeraschi @ btuh.nhs.uk](mailto:sarah.zeraschi@btuh.nhs.uk)