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The Newsletter of the British Association for Parenteral & Enteral Nutrition

Issue 010
August 2000

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**BAPEN 2000
Deadline
for Abstracts:
Weds 30th
August**

BAPEN OFFICE:

Sovereign Conference
Secure Hold Business
Centre, Studley Road,
Redditch, Worcs,
B98 7LG

Tel: 01527 518777
Fax: 01527 518718

To contribute please
contact the editors:

vera.todorovic@
bhcs-tr.trent.nhs.uk

ann.micklewright@
mail.qmcuh-
tr.trent.nhs.uk

The Challenging Remit of BAPEN

- a view from the new chairman

The growth and influence of BAPEN from the formation of the association in 1992 is a tribute to the previous chairmen, to the council and to all the members of the committees and working parties. BAPEN initially focussed on techniques for nutritional support, and then Disease Related Malnutrition. The areas, which now require emphasis, include the effective application of current knowledge in the delivery of nutritional care, and the expansion of that knowledge base.

Clinical Governance

The quality of care is an important issue that is addressed through Clinical Governance. From the BAPEN perspective Clinical Governance is both an opportunity and an obligation. There remain many areas of uncertainty in the field of nutritional management. The promotion of basic science through strengthened links with the Clinical Nutrition and Metabolism Group of the Nutrition Society, and clinical science through the coordination of clinical research, are important objectives for the development of our understanding of the value and role of nutrition and specific nutrients in the genesis and management of disease.

New Structures

BAPEN is developing a new structure to pursue these aims. Standing committees for Research and Science, Governance, Education, Communications, Programmes, and Finance are being formed. The existing groups such as BANS, LITRE, the Malnutrition Advisory Group, and the regional representatives will continue as subcommittees of one of the standing

committees. Other subcommittees may be established in relation to hospital catering and National Institute for Clinical Excellence (NICE).

Enlisting Expertise

Commensurate with the formation of the new structure is the need to enlist expertise and engage professionals from outwith the founder groups. There are many reasons for this. The changing remit of BAPEN now extends beyond the techniques for nutritional support. There is increasing involvement of many clinicians from different professions and disciplines in nutritional care in hospital and in the community. We must encourage colleagues from Nursing, Dietetic, Medical, and Pharmaceutical backgrounds who are working in the community, oncology, care of the elderly and many other fields to participate in, and contribute to, BAPEN.

Optimal Nutrition Care

Within the current climate we have a major opportunity to capitalise on much that has already been achieved to ensure that optimal nutritional care is offered to all patients. This opportunity is also a major obligation. I look forward to working with you during the next few years.

*C R Pennington
Chairman, BAPEN*

Thank You Saila,

Mrs Saila Shah has been working in the background at BAPEN Office since 1996 shortly after Dr David Silk became Chairman of BAPEN. Now that David's term of office has come to an end Saila has sadly decided to say goodbye to us. BAPEN Council would like to thank you, Saila, for all your help and pass on best wishes for the future.

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Prof. Christopher Pennington

Conferences

BAPEN - Midland Region

Effective Nutritional Support for Very Sick Patients

Hilton National Hotel, Coventry

Fri 29th Sept 2000, 09.00 - 15.00

A BAPEN recognised meeting for: Hospital Doctors, GP's, Nurses, Dietitians and Pharmacists.

Fee: £45 per delegate before 8/9/2000 £60 thereafter

For further details contact: Lyn Watkins, Organising Secretary, Walsgrave Hospital NHS Trust Tel: 02476 535128

Manchester Royal Infirmary Nutrition Support Team Study Day

Practical Parenteral Nutrition Postgraduate Centre, Manchester Royal Infirmary

Mon 23rd Oct 2000, 08.45 - 17.00

Doctors, nurses, dietitians, pharmacists and biochemists welcome.

Fee: £60 including lunch, workbook, copy of guidelines of parenteral nutrition

For further details contact: Karen Ward Tel: 0161 276 4723 Email:Kward@central.cmht.nwest.nhs.uk

BAPEN - Regional Conference

Malnutrition: An Issue for Everyone

Culloden Hotel, Bangor Rd, Belfast

Tue 14th Nov 2000

This one day course aims to highlight the need for multidisciplinary care in the prevention of malnutrition both in hospital and the community.

Fee: £45 per delegate before 14/10/2000 £60 thereafter

Accreditation for: CME, other accreditation applied for.

For further details contact: Sovereign, Tel: 01527 518777 Email:enquiries@sovereign.conference.co.uk

Trauma Care Regional Conferences 2000

A series of one day events in November 2000, to launch new Trauma Care Guidelines

15th Nov - Belfast
16th Nov - Stirling
17th Nov - Manchester
20th Nov - Birmingham
21st Nov - Cardiff
22nd Nov - London

For further details please contact: Trauma Care Regional Conferences,

Tel: 01794 511332
Email: icms@dial.pipex.com

BAPEN Annual Meeting

28 - 30 November 2000

Harrogate International centre

Interested in attending the meeting? Outline Programme & Registration Form and further details available on our website:

www.bapen.org.uk

or call Sovereign Conference Tel: 01527 518777 Email:enquiries@sovereign.conference.co.uk for a copy or return reply slip included with Initial Announcement. For further details contact: Sovereign, Tel: 01527 518777 Email:enquiries@sovereign.conference.co.uk

British ESPEN members: Please remember to fill in the enclosed form to help us to develop an email network for you.

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U.K. Dates

5 - 8 Sept	Leeds Course in Clinical Nutrition Course	Secretary - Clinical Nutrition, VCVE Unit, School of Continuing Education, Continuing Education Building, Springfield Mount, Leeds LS2 9NG Tel (+44) (0)113 233 3241 Fax (+44) (0)113 233 3240 email s.armitage@leeds.ac.uk
18 - 22 Sept	Intercollegiate Course on Human Nutrition - Evidence Based Nutrition	Contact: Hazel Binks, School of Biomedical Sciences, Queen's Medical Centre Nottingham NG7 2UH Tel (+44) (0)115 970 9478 Fax (+44) (0)115 970 9529
27 Sept	Royal College of Physicians - * The Interface between Doctors, Patients & Patient Support Groups	Contact: Conference office, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 4LE. Tel: 020 7935 1174 ext 436/252/300 Fax: 020 7224 0719, Email: conferences@rcplondon.ac.uk
10 Nov	Intensive Care Society Focus Meeting on Nutrition Outcome in Intensive Care	Institute of Electrical Engineers, London. Contact: Louise Wykes, Intensive Care Society, Tavistock House, Tavistock Square, London WC1H 9HR, Tel: 020 7383 2184, Email: louise@ics.ac.uk
6 Oct	Nutrition and the Gut in the Year 2000	Weston Park Conference Centre, University of Dundee, Perth Rd, Dundee. Contact: Anita Alexander Centre for Applied Nutrition Research, Tel: 01382 345637, Email: a.z.alexander@dundee.ac.uk

International Dates

10 -13 Sept	European Society for Parenteral and Enteral Nutrition	Palacio Municipal de Congresos, Madrid. ESPEN 2000 c/o MCI Congress, Rue de Lyon 75 CH 1211, Geneva 13 - Switzerland Tel +41 2233 44580 Fax +41 22 3399 621 email: espen@mcigroup.com
10 -13 Sept	European Society of Intensive Care Medicine	International Congress Centre, Berlin, Germany. Contact: Joseph Wybran European Society of Intensive Care Medicine, 40 avenue B-1070 Brussels
17-20 Sept	Fourth International Conference on Dietary Assessment Methods	Arizona Prevention Centre, P.O. Box 245163, Tuscon, AZ 85719; email dietconf@u.arizona.edu website: http://ahsc.arizona.edu/apc/conferences/dietmethods.htm
3 - 7 Oct	50th Annual Obesity and Associated Conditions Symposium	American Society of Bariatric Physicians, 5600 South Quebec Street, Suite 109A Englewood, CO 80111,USA, Tel: +1 303 770-2526, Email: bariatric@asbp.org
3 - 7 Oct	10th Scientific Clinical Nutrition Study Day - Milan	Secreteria Scientifica, U O di Dietetica e Nutrizione Clinica, az Ospedaliera Niguarda Ca' Granda, Piazza Ospedale Maggiorre 3, 20162 Milano Tel 02/64442839
12 - 15 Oct	41st Annual Meeting of the American College of Nutrition	Las Vegas, NV, USA Tel: +1 212 777 1037 Fax: + 212 777 1103 Email: office@am-coll-nutr.org WWW: http://www.am.-coll-nutr.org
16-19 Oct.	The American Dietetic Association Annual Meeting and Exhibition	Colorado Convention Center-Denver, CO. Contact: The American Dietetic Association, 216 West Jackson Boulevard, Chicago, IL 60606-6995. Tel: 312-899-0040; e-mail: mtgsinfo@eatright.org; or Internet: http://www.eatright.org .
3-5 Nov	9th Panhellenic Symposium of Enteric & Parenteric Nutrition	Conact: Dr G Nakos, University Hospital of Ioannina, Intensive Care Unit, Panepistmiou av., Ioannina 45-550, Greece, Tel: +030 651-99353-54, Fax: +030 651 99276, Email: gnakos@compulink.gr

ESPEN 2001, 9-12 Sept, Munich Germany - ESPEN 2002, 31 Aug - 4 Sept, Glasgow Scotland

BAPEN 2000 Deadline for Abstracts: Wednesday 30th August • BAPEN 2000 Deadline for Abstracts: Wednesday 30th August

Evolving Partnerships and Identifying Needs in

- Dr. Rosemary Richardson

Over the past two decades the NHS has and continues to undergo a period of rapid change. Advances in technology, their increased availability and use by healthcare professionals, and our improved understanding of pathophysiology and disease management have placed career development centre stage.

Indeed, central government's emphasis on developing Continuing Professional Development (CPD) and Lifelong Learning within healthcare organisations to support clinically effective practice has never been stronger. (The New NHS, Modern and Dependable (HMSO); A First Class Service (HMSO). After all, Lifelong Learning is inextricably linked with components of clinical governance and this important relationship lends itself to the delivery of clinically effective care.

This drive for Lifelong Learning will increase the demand for education / training in nutrition, a subject area that pervades all areas of clinical practice. In broad terms the aim of nutrition education / training in healthcare is to:

- Continually improve the standard of patient care.
- Reduce unacceptable variations in clinical practice.
- Ensure the best use of resources so patients receive the greatest benefit.

These aims of nutrition education seem somewhat grandiose, but if contextualised in daily practice, it underlines the contribution education makes to the provision of quality nutritional care. For example:

- Delivery of an appropriate education programme to catering staff allows employees to understand and meet clients' needs.
- Development of standard protocols and procedures relating to setting up intravenous feeding regimens and use of aseptic dressing techniques lead to equitable care across a healthcare organisation. However, to reduce variations in clinical practices staff require education/training support.
- In the 'New NHS' Healthcare Professionals (nurses, pharmacists, dietitians, clinicians) will

become more proactive decision makers and as a result there will be an increased demand for support and development. Integrated problem based learning is pivotal if this group are to deal effectively with their increased responsibilities.

Thus far, we have highlighted the range and diversity of employees in the Health Service who require education / training but the question remains how this demand will be met given the finite resources (human, financial) available in NHS Trusts (acute and community). If we are to meet the learning needs of our organisations we must adopt an innovative and flexible approach to the provision of nutrition

education. The intrinsic between Healthcare and must be eroded and replaced between NHS Trusts, academia. Indeed, to meet the nutritional requirements of NHS Trust nutrition learning programmes needs of employees and imposing what we think

For example, the profile development of educational programmes should be a preferred mode and method. A schematic diagram showing Assistant a staff member

Improving Hospital Downing Street Briefing by a Nutritionist

A small group of people were invited at short notice to a meeting with the Prime Minister on Tuesday 27th June 2000. Hazel Rollins, one of those invited gives her impressions of the day

"I was invited by Mrs Sarah Mullally, Chief Nursing Officer (England) to go to the meeting at 10 Downing Street. Also attending were: Peter Wearmouth (NHS Estates), Nancy Burnett (Assistant Director of Nursing, Royal Marsden Hospital), Brian Gibbs (Facilities Manager, Bassetlaw Hospital), Mrs Mullally and Robert Hill (Health Policy Adviser, 10 Downing Street). The meeting was intended to be informal and private and lasted an hour and a half (in the Cabinet Office!).

Improving Food and Hygiene

We were asked to discuss our own work in improving hospital food and/or hospital hygiene and then discussed ideas about how to influence others.

I discussed the progress made with Eating Matters at the Luton and Dunstable Hospital NHS Trust.

This project (funded by the Trust's Charitable Committee) has:

- Provided additional feeding equipment

- Introduced electronic chair scales and height meters and greatly improved the practice of screening for malnutrition

- Piloted the use of ward hostesses to improve nutritional care

- Reviewed the entire patient menu and included new foods such as cake with afternoon tea

- Used a nutrition research nurse to evaluate the project.

The first year findings were presented when the Trust hosted a major national conference in January. Mrs Mullally was the keynote speaker.

Front of House?

The Downing Street Meeting involved a great deal of discussion about the concept of "front and back of house" in providing a clean environment. Some good ideas about providing catering and domestic services which "improve the patient experience".

I was able to point out the clinical impact of both hospital acquired infection and in more detail, diet related malnutrition. We discussed Professor Pennington's work on weight loss during hospital stay and the incidence of malnutrition among hospital patients of all age groups and varied diagnostic groups. I was able to point out the knock on effects after discharge of increased hospital visits, high prescription costs and

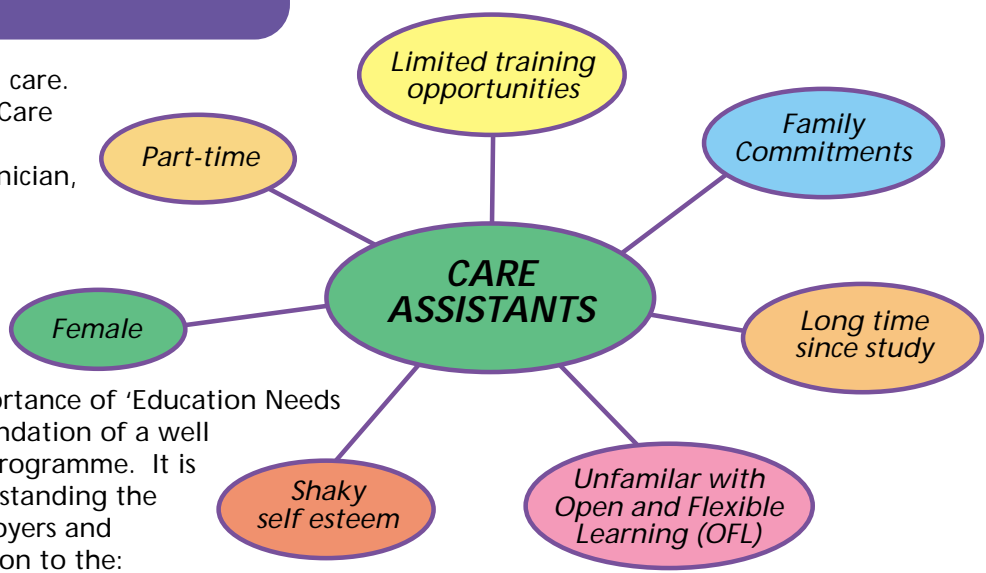


Nutrition Education

barriers that exist
Higher Education
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employers rather than
s appropriate.

patient's nutritional care.
In the diagram the Care
Assistant could be
substituted for a clinician,
pharmacist,
nurse or dietitian.

This article has
somewhat
simplistically began
to address the importance of 'Education Needs
Analysis' as the foundation of a well
designed training programme. It is
only through understanding the
needs of NHS employers and
employees in relation to the:



Profile of Learners

Hospital Food Nutrition Nurse Specialist

of re-admission. The group stressed
the key role that the Chief Executive
has in ensuring the quality of these
services (if it isn't on the Chief
Executive's agenda it isn't going to
happen).

We discussed the kind of leadership
and education required by all levels of
staff and discussed the use of generic
support workers. I suggested that
hospitals should use the expertise that
already exists by giving dietitians
executive input into the catering
specification and menu.

The group also discussed bringing
catering and cleaning back into core
hospital services. You will be familiar
with many of these ideas which were
included in the 1999 BAPEN report
Hospital Food as Treatment.

Mrs Mullally raised the issue of high
food wastage in hospital and I stressed
the importance of reducing waste by
ensuring that food is eaten.

The Prime Minister showed great
personal interest in these important
areas of patient care. By the time this
paper goes to press it is likely that the
ideas suggested will be in the public
domain".

*Hazel Rollins,
(Nutrition Nurse Specialist at Luton
and Dunstable Hospital NHS Trust)*

- strategic planning and prioritisation of education in an NHS Trust
- preference for the mode and media of delivery of education/training
- level of interest and need for staff to know more about nutrition
- current level of nutritional knowledge and understanding
- willingness to contribute to their CPD/Lifelong Learning either financially or using their own time.

Will education / training programmes be developed that are delivered efficiently, and effectively and are also acceptable to learners?

Partnerships in Active Continuous Education is working with NHS Trusts in the identification of generic education / training needs (focus on nutrition). The philosophy of PACE is to work in partnership with colleagues in NHS

Trusts to facilitate the analysis of education / training needs in other areas of clinical needs in other areas of clinical care i.e. diabetes, wound care, oncology. Perhaps, in our enthusiasm to teach colleagues about nutrition we have made too many assumptions. The approach of identifying 'need' assures that 'putting the cart before the horse' in terms of the provision of human education becomes a thing of the past.

Partnerships in Active Continuous Education (PACE) is an education partnership between Queen Margaret University College, The Nutricia Academy and healthcare professionals. The synergistic effect of this partnership permits the development production and delivery of quality nutrition education that meet individual needs of learners with a background in healthcare.

Rosemary Richardson, Director, PACE, Queen Margaret University College, Edinburgh

Stop Press • Stop Press • Stop Press

Malnutrition Advisory Group

The Director of the National Prescribing Centre is very supportive of the Prescribing Guidelines in development and has in principle agreed to include them in a mailing to 700 PCG's. This will be a significant step towards getting the guidelines adopted in General Practice.

One of the three validation studies is now complete and the other two are well underway.

The Guidelines remain on track for introduction at the Annual BAPEN Meeting in Harrogate.