The Better Hospital Food project is designed to “raise the profile” in relation to the quality of food offered to patients in hospital in the NHS in England. The NHS Plan published in July 2000 outlines the key developments to be made in food service and the Better Hospital Food project provides some of the tools to do the job.

The NHS Plan

The NHS Plan says (on page 47) that by 2001 there will be:

- A 24h catering service with a new NHS menu – that’s two major projects being led by NHS Estates which together are the bulk of the Better Hospital Food project.
- A national franchise for NHS catering – project being led by a private consultancy appointed by NHS Estates.
- Housekeepers on half of all wards by 2004 – project being led by the Chief Nurses Office.
- Dietitians will advise and check on the nutritional values of hospital food as part of the Performance Assessment Framework and there will be unannounced inspections of the quality of hospital food – project being led by NHS Estates.

Better Hospital Food – an implementation toolkit

The Better Hospital Food project provides a toolkit put together by a team of NHS and private sector dietitians, caterers, nurses and civil servants, ably assisted by Lloyd Grossman and his team of celebrity chefs. It consists of:

- A recipe file. Fully updated recipes with full ingredients lists, method statements, photographs and comprehensive nutritional content data. 590 dishes including 50 brand new “signature dishes” invented by the country’s foremost food gurus!
- A minimum menu framework describing each meal and the minimum standard set for that meal across England. This includes the requirement to provide two substantial snacks each day in addition to breakfast, lunch and supper.
- A minimum standard set for the 24h availability of food.
- A new website to provide information and resources for the NHS team. This is part of an ongoing commitment by NHS Estates to provide facilitating, central resource for the project. www.betterhospitalfood.com
- A new national menu presentation format. How the menu is presented to the patient will influence appetite and choice. The new menu format is high quality, in colour and will be standard across England.

Implementation

The timetable for project implementation is quite tight. Most of it is expected to be in place by December this year. Patient expectations are bound to be high because the project has a high public profile. There is also a lot of pressure from the top (i.e. the Secretary of State!) to push this project through because food services have been heavily criticised by the public in the surveys conducted in the lead up to the publication of the NHS Plan. The public wants clean hospitals and decent food.

What will the patients see?

The glossy new menu advertising the foods available and the opportunities to eat will be the first thing that a new inpatient will see. The new menu framework offers two new “opportunities to eat” each day in addition to the usual breakfast, lunch and an evening meal. These snacks must provide at least 150kcal and 2g protein each and will therefore make a significant contribution to the patient’s daily food intake.

24-hour availability of food will also have a visible impact. There are three ways in which this is to be provided.

Continued on P.2
The Better Hospital Food project. In the context of £10M a year has been set aside in the NHS Plan for groups involved in the ‘Better Hospital Food Project’ together with an update on the ‘Housekeepers Project’ and the development of Performance Standards for Catering Services.

Patients will have access to these food options throughout the day and night. Patients will also see that the traditional dishes offered by the NHS are being augmented with new ideas and recipes from the celebrity chefs. Food in the NHS should become something to write home about rather than a subject of complaint.

How will this benefit care?

More opportunities to eat and a much clearer, national specification for the nutritional quality of food are expected to ensure that more food is eaten. More food eaten = greater nutritional benefit = less undernutrition.

"Raising the profile" on basic nutrition provision in hospitals will mean that fewer patients fall through the net and this will free up resources for nutrition support to be delivered to a smaller target group.

"The Essence of Care" patient focused benchmarking for health care practitioners. This project includes a key benchmark on the provision of food and water.

• The idea of a "Modern Matron" empowering the senior nurse on the ward. This project will give nursing staff on the ward more autonomy and opportunity to develop services, including food services, more closely tailored to the needs of their particular patients.

• The hospital nutrition policy described in the NHS Plan provides the opportunity to consider and develop a whole hospital approach to the nutritional support of hospital patients.

• The Royal College of Physicians has convened a Working Party on Medical Aspects of Nutrition with the aim of drawing much more involvement from all branches of medicine.

The revolutionary change we would all like to see comes with a price tag – we will all have to renew our efforts to optimise patient nutrition in illness and in health; and the time to do this is now!

Further Reading

The NHS Plan; Department of Health, July 2000.


Hospital Food As Treatment: a report by a working party of the British Association for Parenteral and Enteral Nutrition; Edited by Simon P Allison; BAPEN, 1999.

Hospital Catering: Delivering a Quality Service; NHS Executive 1996.


Nutrition Guidelines for Hospital Catering: The Health of the Nation nutrition task force hospital catering project team; Department of Health, London 1995.

The National Service Framework for Older People

The National Service Framework (NSF) for Older People, which has recently been launched, sets out a programme of organisational developments with the aim of providing for the specific needs of the older population. These build on those outlined in the NHS Plan. The document sets out a ten-year programme of action to bring about change so that older people and their carers are treated with respect, dignity and fairness.

The NSF sets out eight standards for the care of older people across health and social services and the standards will apply whether an older person is being cared for at home, in a residential setting or in hospital.

The eight standards are listed overleaf to highlight the potential for nutrition intervention. In fact the importance of nutrition is highlighted throughout the document and it is recognised that the nutritional status of the older person, whether in hospital or in the community, is a vital aspect in the promotion of independence.

The emphasis throughout the document is on integration and developing whole systems of care. An important start will be the development of a single assessment process for health and social care for older people which needs to be in place with in each trust by April 2002.

Early nutrition screening and assessment will be a key part of this process and clinical nutrition specialists will have a substantial role to play in facilitating this development.

Dietitians, Specialist Nurses and Speech and Language Therapists are specifically mentioned as core members of the specialist old age multidisciplinary teams.

In this edition of the Newsletter, Standard Five, relating to strokes and the potential for nutrition intervention will be explored a little further.

**Standard Five - Strokes**

This standard sets out four main components for the development of integrated stroke services:

- Prevention
- Immediate care, including care from a specialist stroke team
- Early and continuing rehabilitation
- Long term support for the patient and their carers

The need for nutrition involvement is important in all of these stages with nutritional support a fundamental component in the immediate, early and continuing rehabilitation and long term support of patients who have had strokes.

**Immediate care** focuses on the importance of:

- Vigilant observation for and early management of possible complications which include: chest infection, DVT, incontinence, swallowing disorders, pressure ulcers and malnutrition
- Carrying out a multidisciplinary assessment and starting rehabilitation early (within 24 hours). This process should include a formal swallowing assessment and a plan for safe hydration, feeding and medication.

The National Clinical Guidelines for Stroke adds further weight to these statements and includes the following details.

Continued on P.4

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**The Intercollegiate Course on Human Nutrition**

The Intercollegiate Group represents the Royal Colleges of Anaesthetists, General Practitioners, Obstetricians and Gynaecologists, Paediatrics and Child Health, Pathologists, Physicians (London, Edinburgh), Physicians and Surgeons (Glasgow), Psychiatrists, and Surgeons (England, Edinburgh), in collaboration with the British Dietetic Association.

**Background to the Course and its aims**

A pilot course was held at the University of Southampton in September 1998, to bring together members of the ICGN, and also some individuals who would wish to be future trainers, to help clarify content and methods of delivery. The course was also attended by an educational task force, supported by Rank Prize Funds, who provided and continue to provide, support in co-ordinating and standardising the delivery of the course. There was unanimous agreement of the need for such a course to complement the present level of education in human nutrition. Specific aims of the course should be:

- to enable doctors to extend their knowledge of nutritional principles.
- to bring together sub-specialities to study nutrition in relation to disease processes and across boundaries of care
- to encourage the application of effective nutrition in relation to the promotion of health and in the treatment of disease.

The course design will balance nutritional concepts and supporting science with practical examples, real life experience, and cases relevant to all participants. Evidence-based human nutrition will provide one of several unified themes.

The course will take place over five days, shortened on the first and last days to facilitate travel. The course will be residential, allowing time for informal inter-disciplinary discussion and study.

The most likely participants will be trainees with an interest in nutrition, usually at specialist registrar level. In addition, some consultants and general practitioners who are developing a special interest in nutrition are likely to attend. The course will also be open to other professional groups with an equivalent interest and background in nutrition.

**Next Course**

Venue: Nottingham, 17th - 21st September 2001

Contact: Hazel Binks
Telephone: (0115) 970 9478
Fax: (0115) 970 9259
Email: hazel.binks@nottingham.ac.uk

Up to date information on the Courses can be found on the Intercollegiate Group on Nutrition website: www.icgnutrition.org.uk
Early and Continuing Rehabilitation

- This includes the need to target nutritional advice appropriately, e.g., texture modification or other nutritional support as required/appropriate.

Long Term Support

- This includes the need to regularly review nutritional well-being of patients wherever they may reside.

The importance of nutrition intervention for the stroke patient is clearly highlighted and the standards give an indication of the minimum levels of care acceptable for the nutritional support of these patients.

There is great potential for clinical nutrition specialists to become actively involved in the multi-agency development of seamless care for the older person and the opportunities to do so should be actively explored.

References

2. NHS Plan (2000) Department of Health

Vera Todorovic
Manager, Dietetic and Nutrition Services,
Bassetlaw Hospital, Worksop, Notts.

The Eight Standards

1 - Rooting out age discrimination
  ‘NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.’

2 - Person Centred Care
  ‘NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services’.

3 - Intermediate Care
  ‘Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and councils. This is intended to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital to prevent premature or unnecessary admission to long term residential care.’

4 - General Hospital Care
  ‘Older people’s care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.’

5 - Strokes
  ‘People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, and participate in a multidisciplinary programme of secondary prevention and rehabilitation’.

6 - Falls
  ‘The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and, with their carers, receive advice on prevention through a specialised falls service’.

7 - Mental health in older people
  ‘Older people who have mental health problems have access to integrated mental health services provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers’.

8 - The promotion of health and active life in older age
  ‘The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils’.

The prevalence of malnutrition community setting has for the driver for BAPEN activities, past year that the important component of patient care h Central Government both nc border.

For example, in Scotland the plan, ‘Our National Health: A change’ (HMSO 2001) implies strategic importance of nutrition patients and population. Indeed a number of key obj to nutrition and include:

- The Scottish Diet Action
  That will act to ‘improve info availability of healthy choice

- Service Standards
  ‘Improvement of service star recogination of the key role pi catering staff’.

- NHS Planning, Decision Accountability
  ‘Comprehensive performance for NHS which will assess h clinical outcomes and standards’

- Meeting Specific Needs
  ‘Three clinical priorities: coronary heart disease, cancer and mental

- Setting National Standard
  ‘The recommendations of the Nutritional Audit of Elderly in Care.’ which has now been

It is evident that each of the inherently refer to nutrition a was the findings of the audit elderly people and nutritiona long term care settings’. This nal over a three year period by , (Ayrshire and Arran Health E concerns relating to clients’ availability of food, eating or screening.

The report made a number of Health Boards are now requ term residential care as well. These recommendations rel qualitative aspects of food p as well as the routine nutritic monitoring of all elderly peo
A plan for implementation of these recommendations is now in place with the aim of optimising the nutritional care offered to this vulnerable group. In order for these recommendations not only to be taken forward but to remain embedded in practice appropriate training must be provided. Indeed the audit report highlighted the importance of education and training (E&T) provision in nutrition for all grades of staff.

Although the issue of training was emphasised for all staff groups (trained, untrained staff), investment in care assistants was regarded as a priority. This would seem logical as it is, after all, care assistants who play a significant role in food provision and associated nutritional care (i.e. eating environment, food availability). However this group, often inappropriately referred to as ‘untrained staff’, have traditionally received limited investment in, and access to, training. With shifting boundaries of practice, the depth rather than breadth of training offered to this group is likely to improve.

The level of support demonstrated by the Department of Health (DoH - Scotland) and their commitment to implementation of the recommendations of the audit of nutritional care of older people was significant. For example, the Chief Nursing Officer for Scotland, Miss Ann Jarvie, who feels strongly that the nutritional care of patients is a priority area of care, organised and chaired a series of workshops to disseminate the findings and recommendations of the national audit and these were held throughout Scotland.

The workshops were well attended both by staff involved in caring for older adults and senior managers who play a central role in strategically taking these recommendations forward.

The quality of nutritional care offered in older people’s services will be monitored by the Scottish Health Advisory Service (SHAS). This organisation evaluates, inspects and advises those involved in caring for the elderly. In addition, the Scottish Health Resource and Utilisation Group (SHRUGS) is currently working to incorporate markers of nutritional status (i.e. BMI, type of feeding) into its database. SHRUGS is involved in measurement of dependency in healthcare (acute and residential) and need for special care where dependency is described in terms of feeding, use of the lavatory and mobility.

Collection and analysis of this information can be used to determine characteristics of patients/residents, identify resource requirements and provide a comparator across a range of healthcare settings. SHRUGS are currently examining nutritional parameters that can be incorporated into the database (i.e. BMI). In the future it should be possible to examine the level of dependency of elderly people in care stratified by body mass index.

In terms of taking the National Nutritional Audit forward the DoH- Scotland has shown its commitment to E&T in nutrition by funding 7000 nutrition training programmes for healthcare assistants across Scotland.

This training programme (Nutrition for Elderly People – A Caring Approach, PACE) is open and flexible (predominately work based) and has been specifically developed to meet the needs of this group. Care assistants come from a range of educational backgrounds, are predominately women often working part-time and many have not undertaken any E&T for many years and these factors must be accounted for when developing materials.

This learning programme takes an estimated four hours to complete, three of which centre on work based learning/activities and the fourth hour is a workshop. The workshop at the end of the learning unit has been designed not only as a vehicle to test understanding but also serves to add value to the learning undertaken by participants. In other words, it is not just a case of giving out workbooks; appropriate support should also be provided. This support will be provided at a local level through a network of Dietetic Departments acting as Facilitation Centres.

This represents an efficient and effective approach to training where the individual undertaking the E&T has limited time away from the workplace, is learning in the workplace and the facilitator is delivering an hour structured workshop that focuses on sharing of ideas and understanding. The resources not only for the learning units themselves but for facilitation will also be supported by the DoH in Scotland.

We should not lose sight of the fact that the object of E&T is to improve patient care. Whilst this article has focused on the National Nutritional Audit it has encouragingly begun to show how the NHS plan in Scotland and its relevance to nutrition is positively impacting on staff and patients. It seems likely that the work carried out in this area will not only be monitored but there may be follow on studies that will begin to focus on practice based outcomes.
Looking Backwards, Going Forwards

Pat Howard, Outgoing Chair BAPEN Education and Training Committee, reviews progress

It is sometimes hard to believe that nearly a decade has passed since the concept of BAPEN was first mooted. At other times it’s hard to believe that it hasn’t been a great deal longer! What have we achieved during that time as an Education and Training Committee?

Some very important principles have been firmly established and these are also integral to the BAPEN philosophy. First of all, a huge range of healthcare professionals is involved in providing nutritional support to patients: all our activities are, therefore, multiprofessionally based.

Secondly, learning is an individual activity and individuals learn in different ways – we must respond to this. Thirdly, it is only by learning that we can develop and enhance our professional competence – so we have to make learning accessible to anyone who wants it.

The “Grasmere” course (Practical Nutritional Support: Working Together) is now widely recognised and provides a unique opportunity for new nutrition teams to develop their ‘business’ together. Each course is comprehensively evaluated and we are under increasing pressure to improve our performance on each occasion! The 10th Course was held in March this year and attracted an overall rating of 82.9%.

Each professions’ responses are individually analysed and the educational effectiveness is separated from overall satisfaction. Furthermore there is detailed qualitative feedback from both delegates and tutors.

The format of the course is continually reviewed and modified to ensure that it reflects current clinical practice as well as highlighting how effective nutritional support provision can be integrated within the ever-changing management agenda.

A unique feature of this year’s course was the beginning of the outbreak of foot and mouth disease. Tutors and delegates alike were disappointed that this prevented us from taking full advantage of our surroundings although an organised treasure hunt around Grasmere proved an acceptable substitute. The exceptionally harsh weather also prevented two tutors from joining us. Despite this the Tutorial team coped amazingly well – although we were all more exhausted than usual by the end of the course.

So, what next? We have now established a “follow up” course. This will run every 2 years in October from 5 pm Thursday to 5 pm Friday in an environment similar to The Wordsworth Hotel.

In October 2000 we ran the first formal course (Practical Nutritional Support: Making it Happen). Again we had to cope with circumstances beyond our control - this time the Haffield train derailment which caused difficulties for delegates returning home. Nonetheless the course was very well received and the overall rating was 86.5% using the methodology described previously.

We are now considering ‘sharing’ this model of learning outside the UK. Already many adult nutritional support services have, occasionally, been asked to advise paediatric colleagues on the nutritional management of their patients and have expressed the wish to have some training in this area.

We are also investigating the possibility of developing a paediatric module. Many adult nutritional support services have, occasionally, been asked to advise paediatric colleagues on the nutritional management of their patients and have expressed the wish to have some training in this area.

Continuing professional development is an important theme within the clinical governance framework. We have recognised this and have developed simple criteria for acknowledging the educational merit of study days and short courses. The application procedure is simple and full details will, shortly, be available on the BAPEN website.

Communication is fundamental and, in the context of nutritional support provision, high quality and effective communication is an imperative. We are, currently, working with the Communications Committee to develop our component of the BAPEN website.

This will mean that you will be able to access the information you need quickly and easily. However, we also need to know what you want – and we will be including a facility which will make it easy for you to tell us.

During the last year BAPEN Council have reviewed their organisational arrangements so as to be in the best position to respond to changes within the NHS. Resulting from this, new committees have been formed (Clinical Governance, Research and Science, Finance) and a representative from the Education Committee has been invited to attend their meetings. Although this represents a significant amount of extra work it will ensure that we are able to contribute our collective expertise to any new initiatives – watch this space!

The time has come to plan for the future in a more organised way and a lot of our time just recently has been assigned to developing a comprehensive 5 year Business Plan. Although some of the goal posts may move, we hope that we will be able to measure our success against the objectives we have set ourselves.

The plan will be carefully reviewed and updated on an annual basis to ensure that we remain responsive to your actual needs and that we are in a position to anticipate future developments. Once this has been formally agreed by BAPEN Council we will be posting a summary on the BAPEN website.

Over the years we have forged some important links – for instance by including representatives from the founder Groups (PINNT, BPNG, NNING, PEN Group, CNMG and the Main Industry Group) on our committee. We also have excellent liaison with the ESPEN Education Committee. We are looking forward to strengthening these and to developing new relationships – perhaps with Institutes for Higher Education among others.

Any committee can only be as good as its membership. What you may not know is how much sheer hard work is involved in making things happen – particularly when this is on top of the “9-5” job and when it is done at national level.

Looking back over the last 10 years there is a huge number of committed individuals who have risen to a range of challenges. They are too numerous to mention individually – but they know who they are and what they have achieved.

Dr Rosemary Richardson will be the new Chairman of the Education and Training Committee by the time you read this and, during the next few months, you will be able to follow the continuing work and successes of this Committee under her guidance.

Pat Howard
Head of Nutrition and Dietetic Services
Bristol Royal Infirmary
Bristol

Wordsworth Hotel, Grasmere, Cumbria
BAPEN returns to Harrogate this year for its 10th anniversary meeting. Highlights of the meeting will be:

13th Nov
BAPEN symposium: NUTRITION FOR LIFE
Chair: Professor Peter Milla
Adequate nutrition at every age in life is essential for health. Recent advances have shown that impaired nutrition may affect well being and recovery from illness and may have long lasting consequences.

Pre-natal Nutrition – To be confirmed
Perinatal Nutrition - Prof Alan Lucas
Growth, Puberty and Nutrition – Dr Anne Ballinger
Nutritional Challenges and Improved Survival – Ms Susanne Wood

Four keynote lectures – each by an expert in their field

BAPEN 10th Anniversary Annual Dinner

14th Nov
PEN Group and National Nurses Nutrition Group symposium: WORKING IN PARTNERSHIP
Multi-professional plenary original papers
British Pharmaceutical Nutrition Group (pharmacists) meeting
(this was a huge success in 2000!!!)
CNMG original papers and Sir David Cuthbertson Medal Lecture

CNMG Annual Dinner
Themed social evening hosted by Industry

15th Nov
Clinical Nutrition and Metabolism Group of The Nutrition Society scientific symposium: ENDOCRINE AND NUTRITIONAL MANIPULATION OF THE METABOLIC RESPONSE TO STRESS
Four keynote lectures – each by an expert in their field
PEN Group original papers and AGM
NNNG original papers and AGM

New Initiative
The CNMG will hold a Research Skills Workshop on Monday 12th November (afternoon) and Tuesday 13th November (morning). It will be limited to 40 attendees.
Full details available from the Course Director Stephen Wigmore. Email: sjwigmore@aol.com (preferred) or Department of Clinical and Surgical Sciences (Surgery), University of Edinburgh, Royal Infirmary, Edinburgh EH3 9YW

Support for young researchers studying for a higher degree
Young researchers (under 35 years of age), studying for a higher degree, who cannot obtain funding from another source, can be supported by BAPEN.

BAPEN will support up to 40 applicants by offering free registration on the Thursday and a contribution to reasonable overnight accommodation on Wednesday night (£50).

Conditions for application are:
Registering for Wednesday 14th and Thursday 15th November
Attendance for the full programme on Thursday 15th November
Confirmation by Head of Department of relevant details

For further information contact Sovereign Conference - details below.

To obtain an Initial Announcement of the meeting, when available, contact Conference Organisers:
Sovereign Conference,Secure Hold Business Centre Studley Road Redditch Worcs B98 7LG
Tel: 01527 518777  Fax: 01527 518718 E.mail: enquiries@sovereignconference.co.uk
U.K. Dates

5 - 9 Jun Trauma Care Third Conference Edinburgh International Conference Centre. (See above for details)

9 – 10 Jun British Pharmaceutical Nutrition Group Summer Symposium Intestinal Failure – Gut Wrenching Solutions Nottingham Hilton Hotel For further details please contact: Prof Mike Allwood Tel: 01332 593160 Email: m.c.allwood@derby.ac.uk

26 - 27 Jun Management of the Critical Care Patient Kensington Town Hall, London, Contact: Castle House Medical Conferences, Quint House, Nevill Care Patient Ridge, Nevill Park Tonbridge Wells TN4 8NN Tel: +44(0)1892 539606 Fax: +44(0)1892 517773 Email: enquiries@castlehouse.co.uk Website: www.castlehouse.co.uk

28 - 29 Jun Food For Thought: Perspectives on eating in childhood and adolescence RSA at Dean Clough, Halifax, Yorkshire RSM Administration: Victoria Boswell Tel: (+44) (0) 20 7290 2965 Fax: (+44) (0) 20 7290 2977

4 July One-day Symposium: Ageing and the Gut Royal College of Physicians, London. Information: ddf@digestivedisorders.org.uk

17 July Association for the Study of Obesity: Tackling Obesity in Tomorrow’s World The Morris Lecture Theatre, Robin Brook Centre for Medical Education, St Bartholomew’s Hospital, London. Further details available from Mrs Christine Hawkins, Administrative Officer, Tel/Fax: +44-20-853-5042; Email: CAHawkins@compuserve.com

18 Jul North East Regional Clinical Nutrition Study Day The Freeman Hospital, Newcastle-Upon-Tyne, For further details please contact Dr N. Thompson, Tel: 0191 284 3111 ext.26209, email: nick.thompson@thf.nuth.northy.nhs.uk

18 Jul Hospital Catering Fit for the Future? (see page 2) The Oxford Branch of the Hospital Caterers Association, Venue: The John Radcliffe Hospital, Oxford. For more information contact Sandra Smith Tel: 01604 752323 (see page 2 also).

17 - 21 Sept Intercollegiate Course on Human Nutrition (see page 3) Nottingham, For more details contact Hazel Binks, Tel: 0115 970 9478, Fax: 0115 970 9259 Email: hazel.binks@nottingham.ac.uk, Website: www.icgnutrition.org.uk

International Dates

27 - 30 May European Congress International Hepato-Pancreato-Biliary Association Amsterdam, Netherlands Information: Congress Care, Netherlands Tel: +31 73 683 1238: Email: a.appel@congresscare.com

13 - 16 Jun Congress of the European Association of Endoscopic Surgery Maastricht, Netherlands Information: EAES, Netherlands Tel: +31 43 387 7488

8 - 12 Sept 23rd ESPEN Congress Venue: Munich, Germany, For further details please visit the ESPEN website at: http://www.espen.org

30 Sept - 3 Oct 14th European Society of Intensive Care Medicine Annual Congress Contact: European Society of Intensive Care Medicine 40 Avenue Joseph Wybran, B-1070 Brussels, Belgium Tel: +32 2559 0355 Fax: +32 2527 0062 Email: public@escim.org Website: www.esicm.org

28 Oct - 1 Nov The Eighth World Congress of Intensive & Critical Care Medicine Contact: The Eighth World Congress of Intensive & Critical Care Medicine GPO Box 2609, Sydney, NSW 20001, Australia. Tel: +61 2 9241 1478. Fax: +61 2 9251 3552. E-mail: icms@dial.pipex.com Web site: http://www.iccm.aust.com

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Nutrition and Health Conference 2001

23rd and 24th November 2001
The Queen Elizabeth Conference Centre, London

A multidisciplinary approach for all health professionals interested in preventative medicine and the impact of diet on health and disease. Topics include diet and heart disease, cancer, diabetes, obesity, allergies and much more.

For further details please visit: www.nutritionandhealth.co.uk

For a registration brochure which will be mailed in Summer 2001:
Fax: 020 84552126
email: admin@nutritionandhealth.co.uk
Or write to Nutrition and Health Conference, PO Box 24052, London, NW4 3ZG

Trauma Care 3rd Conference

5th - 9th June 2001
Edinburgh International Conference Centre

A conference for all those with an interest in trauma medicine and the improvement of systems and care of the trauma patient. Building on the success of two conferences in ’97 and ’99, this ambitious programme will cover all aspects of trauma care.

The programme will include plenaries, workshops, debates and seminars addressing best practice, problematical topics, from first at the scene to rehabilitation.

Exhibition: A major exhibition will be organised in conjunction with the Conference.

Further Information and Final Announcement can be obtained from:

Index Communications Meetings Services, Crown House, 28 Winchester Road, Romsey, Hampshire, SO51 8AA Tel: +44 (0) 1794 511331/2 Fax: +44 (0) 1794 511455 E-Mail: icms@dial.pipex.com Web Site: www.traumacare-uk.com