



INTouch

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Ann Micklewright - Honorary Secretary 1996 - 2001

Ann Micklewright stood down as Honorary Secretary and Officer at the BAPEN AGM in May. Ann was elected as Assistant Honorary Secretary at the AGM in May 1996 and took on full responsibility as Honorary Secretary in December 1996. However, Ann's contribution goes back to the formation of BAPEN. During the last 10 years, Ann has participated in the instigation of some of the most important developments.

One of the early interests within BAPEN was home nutrition support. Ann developed a Home Enteral Feeding Register, and this, with the previous Home Parenteral Nutrition (HPN) Register, formed the basis of the British Artificial Nutrition Survey (BANS) Register which has provided much valuable information. Ann has been a member of BANS, and subsequently the BAPEN Representative on the ESPEN Home Artificial Nutrition Support (HANS) Committee.

Ann is one of the founder editors of "In Touch", an important method of communication, which is now published every two months and provides more detailed information about BAPEN and related activities.

One of the great successes with which Ann has been associated has been the formation of the Regional Representatives. This led to a series of well attended meetings throughout the UK, and it is pleasing to note that these have appealed to doctors, as well as other professional groups. These meetings have spread important messages about Clinical Nutrition and the role of BAPEN in

the promotion of the subspecialty. Recently, Ann has agreed to chair the Strategic Advisory Group, a group of eminent (and vocal!) nutritionists with no previous connections with BAPEN, who will look objectively at BAPEN strategy and give advice

to the Chairman from a different perspective. At various times during the past 10 years, Ann has also been a member of committees such as the Communications and Programmes Committee.

Innovative and incisive contributions during the Officers and Council Meetings were always much appreciated and valued. Finally, with the increasing recognition of the importance of the availability and quality of hospital food, Ann is representing BAPEN in this key area, and organising a symposium at the forthcoming BAPEN Annual Meeting in Harrogate in November.

Clearly, Ann has played a very important role within BAPEN over the years; we are grateful for her many contributions, including her hard work as Honorary Secretary during the last five years. We look forward to her continuing role within BAPEN in the future.



*Professor Chris R Pennington
Chairman*

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

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Editorial



Within the NHS variation in clinical standards and access to services especially applies to clinical nutrition. Nutrition receives scant attention in the education and training of many healthcare professionals yet it is of fundamental importance in the response to disease and recovery from illness.

Our two key articles in this edition of the newsletter "Managed Clinical Networks in Scotland" and "The Essence of Care" highlight how on a national multi-agency basis, some of the inequalities of nutritional care are being addressed.

Against this background BAPEN Council elected to focus on a few specific nutritional issues where improvements of care are most needed.

In order to facilitate this process BAPEN had previously established standing committees, including the Malnutrition Advisory Group, Clinical Governance, Education and Training (working in conjunction with the regional representatives), and Science and Research committees.

Home parenteral nutrition (HPN) can provide a reasonable quality of life for patients with intestinal failure. Patient surveys indicate that this is frequently not achieved due to inadequate resource and management by local health care teams. In Scotland the principle of a managed clinical network for HPN is being adopted. Thus HPN is managed by the team at the base hospital using evidence-based protocols drawn up by the members of the network. All participants provide audit data and make their patients available for clinical research. Patients and the staff at the local hospital have access to out-of-hours advice from the network. In exchange the local hospital will benefit from cost reduction through national contracts for the provision of HPN. Thus the patient does not have to travel to distant hospitals, evidence based management protocols are adopted, and costs are minimised.

The organisation of HPN is different in England for historical and geographical reasons. In England the distinction between HPN

centres and surgical intestinal failure centres has now been recognised and there is a move towards a Hub and Spoke arrangement for the delivery of HPN. BAPEN Council has asked Dr Barry Jones to convene a group to develop policy for HPN within the UK so that patients receive optimum treatment. Dr Jones has arranged a workshop of experts at the annual BAPEN meeting and will be reporting a summary of the recommendations to the BAPEN meeting on the following day.

BAPEN Council has chosen two topics to focus on for this coming year as part of its commitment to raising clinical standards in clinical nutrition; nutritional screening and drugs and enteral nutrition. We know that patients are malnourished on admission to hospital, become depleted during their hospital stay, and in some cases continue to decline from the nutritional perspective after discharge. Nutritional screening is thus needed throughout the patient journey.

Last year the MAG committee launched the screening tool for the community; this year adaptation of the tool for the hospital setting is envisaged.

BANS data has clearly shown that the number of patients receiving enteral tube feeding in the community is increasing. Many of these patients are old and require drug treatment. There is interaction between nutrients and drugs, as well as nutritional status and drug metabolism. The pharmacy group will be drawing together guidelines for drug administration during enteral tube feeding.

In principle we anticipate that both areas of focus may be promoted through the regional representative meetings and by the education committee. Outcomes will be assessed by audit through the governance committee. There are also research opportunities especially in relation to validation of the screening tool, although funding will be needed. From the BAPEN perspective much has been achieved, much more has yet to be done!

*Professor Chris R Pennington
Chairman*

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Clips from Council

Here are a selection of points from those discussed at the BAPEN Council Meeting on 16th May. We hope to bring you these as a regular feature in future editions of In Touch.

Organisation of HPN Services in England

There is general enthusiasm for the rationalisation of standards and an upbeat response from the Department of Health on the potential to appoint additional nutrition nurse specialists. Contact has been made with the BAPEN Regional Representatives and they report that most regions seem to have 'infant' hub and spoke arrangements in place. A patient questionnaire has been issued via PINNT and the results are due soon.

Clinical Governance

A handbook offering a practical guide to Clinical Governance, similar to that already produced by the Royal College of Radiologists, is planned. (For further information see p.4) It will cover the continuum of nutrition support and will be finalised by the end of February 2002.

BANS

Jon Shaffer, Ann Micklewright and Susanne Wood have left the Committee and Geoff Cook is to replace Doug Scott at Streets Heaver. To date BANS data has been included in 15 published papers and reports by Committee members and six books or chapters written by members.

Finance

A focus group is to be set up to consider fund raising opportunities and it was agreed that Committees should submit

their proposed plans and expenditure for 2002 in time for the July Council meeting.

BPNG

Two position papers are proposed on 'Phosphates and Stability in Parenteral Nutrition' and 'The Use of Standard Bags for Parenteral Nutrition'.

PEN Group

There will be a clinical meeting, 29-30th August, to launch four new sections to the PEN Group Guide to Clinical Nutrition.

PINNT

A list of patients' concerns is to be sent to Chris Pennington, who is to provide guidance about people who can help. The possibility of producing a Patients Guide for Healthcare Staff was discussed.

BAPEN Membership

Discussion is in progress to invite members of the Short Bowel and Nutrition Sub Group of the BSG, together with the trainees in Gastroenterology, to join the Gastroenterology Interest Group of BAPEN.

Focus for 2002

The Chairman introduced the concept of concentrating on one or two key topics each year and it was agreed that for the following 12 months these should be Nutritional Screening, and Drugs and Enteral Nutrition.

MAG - Moving the agenda forward



As many of you are aware, the Malnutrition Advisory Group (MAG) launched its guidelines for the detection and management of undernutrition in the community at last

year's BAPEN conference. This year we are working to raise awareness of the menace of malnutrition and further implement the guidelines throughout the NHS. Key to our activities is building on the support and interest generated at the launch. Our key activities will include:

Adapting the MAG Tool for Use in Hospital and Nursing Homes

We are seeking to simplify and adapt the MAG tool, which was originally developed for the community, for use in hospital and nursing homes. The MAG is seeking to ensure that there is a screening tool that can be used across a variety of care settings to allow comparisons and common assessments to be made. The group is seeking to have a working draft available soon and we would be delighted to hear from anyone who would like to know more.

Raising Awareness of Malnutrition

The MAG launch achieved significant press coverage and we are keen to build on this throughout the year since we need to keep the issue of malnutrition in the public domain.

Influencing Health Policy

The MAG will seek to influence health policy at national and local level. This will involve developing a position paper outlining recommended governmental and NHS actions to reduce the incidence of malnutrition in the UK. This paper will set out precisely what the MAG recommends be done and will be used to inform communications with policy makers and key opinion leaders.

We hope to hold a one-day policy forum in the near future. Key policy officials, BAPEN and MAG members and other key stakeholders will be invited to share their views on how malnutrition can be tackled through action in the NHS and by the Department of Health. The forum will create a platform for debate on the issue of malnutrition within the health service and facilitate communication between NHS partners.

The conclusions of the forum will be written up and distributed to raise awareness of the issues covered, particularly among MPs and ministers.

Building Healthy Alliances

A comprehensive range of professional and patient groups including the Royal College of Physicians, the Royal College of Nursing, the British Dietetic Association, the Patients' Association and the Alzheimer's Society supported the launch of the community guidelines. The MAG plans to continue its links with these organisations as well as fostering relations with additional key organisations.

In addition the MAG will continue to work in synergy with organisations who work directly with patients and carers in disease areas and patient populations where malnutrition is prevalent.

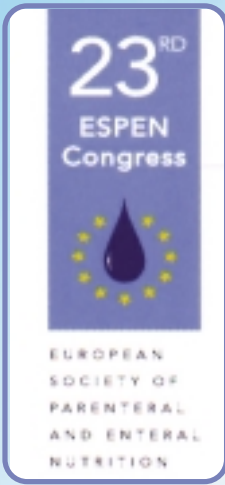
For more information please contact the MAG secretariat on 0207 309 1127.

*Professor Marinos Elia,
Chairman, Malnutrition Advisory Group*

ESPEN - Connecting BAPEN to Europe

Congresses

The ESPEN annual congress is probably now the most important PEN society scientific event in the world. There were almost 4,000 delegates at Madrid last year from around 70 countries and 285 were from the UK. The congress this year is in Munich from 8-12 September. The early registration deadline has passed but for more information go to www.espen.org. Of 390 abstracts submitted for Munich, 278 have been accepted.



The congress next year is being organised by BAPEN under the Chairmanship of Professor Chris Pennington and will take place in Glasgow from 31 August to 3 September 2002. At Glasgow it is intended that key pads will be available in the main lecture hall, e-posters will be introduced on a pilot basis and there will be breakfast meetings that will include practical workshops.

Council Meetings

The current Chairman of ESPEN will be familiar to you all – Professor Simon Allison. The last ESPEN Council meeting was held in February and was devoted to useful discussion on how ESPEN should improve its congresses. Further improvement of the scientific presentations is sought in order to create the best possible forum for discussion of scientific work and to encourage young and new investigators.

Among the proposals considered was the setting up of interest 'frontier' groups chaired by international experts who would be charged with maintaining an evolving programme in a subject over the course of several congresses and also the concept of a symposium highlighting new developments during the previous year.

Publication of a New Book

Basics in Clinical Nutrition 2nd edition, ed Lubos Sobotka (associate editors Allison, Furst, Meier, Pertiewicz, Soeters, Stanga). (cost 23 Euros)

For further information go to: www.galen.cz/espen/.

Socrates/Erasmus

This two week, subsidised course is run between Bonn and Maastricht. It is an advanced course aimed principally at graduate and post-graduate students in healthcare and/or research with an interest in clinical nutrition, especially young clinicians/clinical scientists. Although it is free and in English, it is underused by young doctors and scientists from Britain. Check the website or Clinical Nutrition for information on a new course in preparation.

Clinical Nutrition

Submissions to this journal have doubled since 1997, no doubt related to its indexation on Medline. There is a 53% acceptance rate and a 6-7 month acceptance to publication time. The journals' Impact Factor in September 2000 was 1.2.

Website

www.espen.org is being updated by Claude Pichard. This is the site to watch for congresses and abstract submission

dates. Work is proceeding on a 'Virtual University Course' and ESPEN is trying to raise 0.5m Euros for this.

BAPEN/ESPEN Links

'Members' of BAPEN have the great advantage of block membership of ESPEN for 45 Euros (about £28) which brings them not only useful reductions in the cost of congress registration but also Clinical Nutrition. Individual membership, separate from a national society, costs 70 Euros.

At present about 65 BAPEN block members have not sent in their subscriptions this year and they should do so by initially contacting Sovereign Conferencing, BAPEN's central administrative office.

*Dr Jeremy Powell-Tuck
ESPEN UK Council Member*



BAPEN Clinical Governance Committee Report

The first meeting of the Clinical Governance Committee of BAPEN took place in February of this year. The broad aims of the group were discussed with particular reference to where the committee's responsibilities lay in the development of clinical governance guidelines.

The committee broadly agreed that BAPEN's remit was not to advise Trusts on how to conduct nutritional support, but that it should develop clinical governance guidelines, which would cover in detail those areas relating to nutritional support to which patients are exposed.

The guidelines would outline minimum standards, audit arrangements relating to the assessment of performance against those minimum standards and, where possible, resource implications for adherence to and monitoring of those standards, in a format similar to that currently employed by the Royal College of Radiologists.

The principal areas selected for inclusion include:

1. Nutritional screening and assessment, including need for reassessment.

2. Assessment of nutritional requirements.
3. Provision of hospital food.
4. Use of supplementation and fortification of hospital food.
5. Acute and long-term enteral tube feeding.
6. Parenteral nutrition.

The Guidelines will be based upon national service framework documents, peer reviewed literature, and, where

PEN Group Activities

The PEN Group have recently produced two new publications:

Guidelines on nutritional support for students and dietitians in training

Following recent changes in the way dietitians are trained in the hospital setting the PEN Group education committee has undertaken to revise this publication in liaison with the colleges responsible for training students and the hospitals involved in providing the practical training. The Guidelines are currently being piloted in several hospital dietetic departments.

For further information contact Catriona McMasters PEN Group BAPEN education representative. Tel: 01254 293 210

New Inserts for PEN Group Clinical Handbook

Four new sections have been developed to add to this popular publication to update healthcare professionals working in nutritional support on current topics

1. Enteral Feeding and Diabetes
2. Refeeding Syndrome Guidelines
3. Microbial Control in Enteral Feeding
4. Enteral Feeding and Thermal Injury

These inserts will be launched at a two day clinical meeting at Manchester University 29-30 August 2001.

For further details on the meeting see the PEN Group website or contact Lyn Douglas, PEN Group Meetings Organiser on Tel: 0131 536 2579

www.peng.org.uk

*Carole Anne McAtear, SRD
Chairman, PEN Group*

appropriate, expert guidance from statutory bodies (including other BAPEN committees).

In addition the format will address the audit arrangements that BAPEN recommends should be in place in respect of each of the areas concerned. Where appropriate, a statement on accreditation and training will be included in the minimum standard.

A first draft is currently being developed. For further information contact: Dr Tim Bowling. Telephone: 01782 552 382

Practical Nutritional Support – Working Together

Summary of 10th Course in March 2001

28 delegates attended the course – seven doctors, seven dietitians, eight nurses and six pharmacists – from two teaching and three non-teaching hospitals in England and Wales and a team from Auckland, New Zealand, also joined the course.

In the post course analysis the level of satisfaction reported by delegates for all sessions ranged from 72.3% to 93.1% with an overall average of 82.8%. This is once again the highest score received on any of these courses. The educational component was rated at 3.4 overall (1 = low, 4 = high) while overall delegate

satisfaction was rated at 3.3 (1 = low, 4 = high).

Post course follow-up has already started and it is particularly pleasing to note that one team has already launched an initiative that they wish BAPEN to publicise.

A full report on the 10th course is available from Pat Howard and the 11th course will be held at Grasmere from 26 February to 1 March 2002.

*Pat Howard, SRD
Honorary Secretary*



The American Society's 26th Clinical Congress at Nutrition Week

Other convening organizations: American College of Nutrition, American Society for Clinical Nutrition, North American Association for the Study of Obesity

February 23-27, 2002, San Diego, California
Contact: Christine Rossiter 856-423-7222, ext. 235
www.nutritioncare.org, click on "Nutrition Week"

Nutrition Week is composed of non-profit, membership-based, scientific, educational or research-oriented nutrition associations and societies. Our mission is to enhance the understanding and collaboration among nutrition industry specialists, and raise the profile of nutrition within the health care community and general public.

Attendees and participants will be members of these organizations, practitioners with a related interest, and scientific leaders on the cutting-edge of research and development. The resultant synergy from this first gathering and collaboration of nutrition scientists, dietitians, pharmacists, nurses, physicians, and health care professionals, will have far reaching impact in scientific development, pharmaceutical discoveries, and patient care. Join us.

State-of-the-art clinical approaches and research findings will be presented as part of the educational mission of Nutrition Week. A comprehensive and multi disciplinary range of topics will include: obesity, nutrition and chronic diseases, such as diabetes, heart disease, cancers and osteoporosis, neuropsychology, parenteral and enteral

nutrition and nutrition support, micronutrients, phytoestrogens, nutraceuticals and alternative therapies. This is only the beginning.

The convening organizations, ACN, A.S.P.E.N., ASCN, and NAASO, are working diligently to design and promote this international program that will change the way we look at nutrition and health.

While modeled after the highly successful Digestive Disease Week (DDW), Nutrition Week 2002 will be a meeting like no other. It is an important gathering for information sharing, professional networking, and service and product promotion. Be a part of it.

Adrian Nickel
Director, Communications & Marketing
American Society for Parenteral and Enteral Nutrition
8630 Fenton Street, Suite 412
Silver Spring, MD 20910
301-587-6315, ext. 130
www.nutritioncare.org
Join us for A.S.P.E.N.'s 26th Clinical Congress at Nutrition Week, February 23-27, 2002, San Diego, California

The Essence of Care: Patient-focused be



Hazel Rollins CBE

The Essence of Care: Patient – focused benchmarking for healthcare practitioners¹ is a resource pack launched by Sarah Mullally, Chief Nursing Officer (England), in February 2001. The commitment to explore the potential of clinical practice benchmarking was made in Making a Difference, the national nursing, midwifery and health visiting strategy².

This paper outlines what is involved in clinical benchmarking and will argue that it is not solely about nurses and nursing (nor was it intended to be).

The NHS Plan reinforces the need to improve the patient experience and there is no doubt that improving the nutritional care of patients is part of the clinical governance agenda. Opportunities for multi-professional working have never been greater and the chance to make a real difference to nutritional care is there for the taking.

Resource Pack

The resource pack consists of a clinical benchmarking tool kit. It provides a structured approach to sharing and comparing practice. The idea is to identify best practice and produce action plans to improve the practice of others.

Members of the multi-professional team will be well aware of individual nurses who are good role models, and wards (the one you all prefer to work on) where nutritional care is above average. Yet that good practice may never have been shared.

Using benchmarking can make this good practice explicit to colleagues, giving others ideas and goals for improvement. Dwelling on poor practice and working within a blame culture is likely to be counterproductive. The benchmarking tool kit can help practitioners to move forward in a constructive fashion.

Phases of Benchmarking

Benchmarking can be broken down into distinct phases and the multi-professional team will be involved to a greater or lesser degree in each phase. The phases are as follows:

1. Agree a fundamental aspect of care to be considered
2. Establish a comparison group (this will include consumer representation, multi-professional colleagues, support staff, academic staff)
3. Agree best practice (for like to like comparison)
4. Scoring/re-scoring – practitioners justify why they have given themselves a particular score
5. Comparison and sharing
6. Action – leading to practice development
7. Dissemination

The approach used in the resource pack is qualitative and patient focused.

Eight aspects of care

Eight fundamental aspects of care have been selected in the first instance – all related to issues of most concern to patients, carers and practitioners. The benchmark standards have been "tested, refined and endorsed"¹ by over 2000 practitioners, patients and representatives of patient groups giving them wide ownership.

The eight aspects of care selected are:

- principles of self care;
- personal and oral hygiene;
- food and nutrition;
- continence and bladder and bowel care;
- pressure ulcers;
- safety of clients/patients with mental health needs in acute mental health and general hospital setting;
- record keeping;
- privacy and dignity.

Food and Nutrition -10 factors

The stated patient-focused outcome for the Food and Nutrition benchmark is as follows:

"patients / clients are enabled to consume food (orally) which meets their individual need".

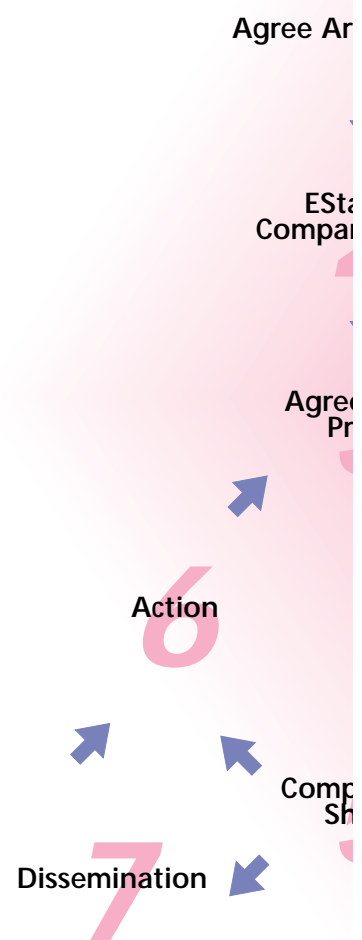
The food and nutrition benchmark includes 10 factors to be considered and a scoring continuum for each factor. Practitioners award their own practice a score. The benchmark – best practice score – achieves an A score. E = worst practice statement. In between are stepping stones for practitioners to consider taking to achieve best practice.

In the hospital setting, the Food and Nutrition benchmark should work in harmony with the changes brought about by the new NHS Menu and the ward housekeeper initiative outlined in the NHS Plan³.

This implies that the benchmark applies only to acute hospitals and excludes, for example, mental health and community trusts and nursing homes. However, this should not be the case and the trained regional facilitators will be keen to work with staff from other care settings. This is important so that improvements in care are equitable and so that patients do not experience differences in nutritional care between care settings.

Clearly not every Trust will choose food and nutrition in their first phase of benchmarking work and even if it is chosen, staff may choose to concentrate on a few key factors rather than all of them. Factors may be chosen because they are of particular concern or because a small amount of change may have a big impact on the quality of care.

The Phases of Care Benc



Multi-profession

Although registered nurses (and caterers) were involved in benchmarking standards for food and nutrition, the multi-professional team (including nurses, dietitians, and caterers) were involved in the development phase. Thus the teamwork required for implementation was role n

The resource pack explicitly encourages users to work with others. Users should include in their membership of a comparison group everyone who could have a role in nutrition experience. Clearly, the nutrition benchmark this involves dietitian and caterer will be involve

Registered nurses are required to acknowledge their knowledge and competence and seek support and guidance from other professionals in delivering good nutrition. What follows are suggestions for some fruitful areas from the benchmark for sharing.

Benchmarking for healthcare practitioners

The Essence of Benchmarking

1. Area of Practice

2. Establish a Comparison Group

3. Identifying Best Practice

4. Scoring / Rescoring

5. Comparison & Reporting

The 10 Factors

1. Screening / Assessment to identify patients / clients nutritional needs. Nutritional screening progresses to further assessment for all patients / clients identified as 'at risk'.

Dietitians have the skills to help nurses to select an appropriate screening tool and train and educate nurses in its' use. They will then be aware of the appropriateness of dietetic referrals (based on such screening) and can feed back accordingly.

2. Planning implementation and evaluation of care for those patients who required a nutritional assessment. Plans of care based on ongoing nutritional assessments are devised, implemented and evaluated.

3. A conducive environment (acceptable sights, smells and sounds). The environment is conducive to enabling the individual patients / clients to eat.

4. Assistance to eat and drink. Patients / clients receive the care and assistance they require with eating and drinking.

5. Obtaining Food. Patients / clients / carers, whatever their communication needs, have sufficient information to enable them to obtain their food.

Dietitians and caterers may be involved in making the new NHS menu available in large print, Braille, audio format and in a variety of languages. Dietitians can also play a valuable role in the education of staff involved in menu collation.

6. Food provided. Food that is provided by the service meets the needs of individual patients / clients.

7. Food availability. Patients / clients have set meal times, are offered a replacement meal if a meal is missed and can access snacks at any time.

8. Food presentation. Food is presented to patients / clients in a way that takes into account what appeals to them as individuals.

9. Monitoring. The amount of food patients actually eat is monitored, recorded and leads to action when there is cause for concern.

It is common to find that food record charts are poorly completed. The dietitian may need to challenge beliefs about whether best practice has been achieved. Suppose a ward team has awarded themselves an A score because they use food record charts to monitor food intake. As part of a comparison group the dietitian may need to challenge this belief if there is evidence that records are incomplete or that staff have not been trained to complete them properly.

Patient representation will be essential at this stage so that the professional view is challenged

constructively. Perhaps PINNT members who have a view on hospital food may be asked to contribute at a local level.

10. Eating to promote health. All opportunities are used to encourage the patients / clients to eat to promote their own health.

In the context of disease related malnutrition, the health message may be quite different to the message given to a newly diagnosed diabetic. Nurses may need help to identify the correct health message for a patient depending on their level of knowledge and understanding. The dietitian may also be involved in analysing and meeting educational needs.

The tool kit lists indicators to suggest that poor practice needs to be improved or good practice should be shared – e.g. patient survey results, complaints, audit results, adverse incidents. Dietitians and caterers may have contributed to these audits and surveys, perhaps as members of a nutrition steering committee. They can draw attention to these so that food and nutrition receives the attention it deserves.

Benchmarking requires agreement about the best practice statement and this will involve the use of (for instance) research-derived knowledge; national guidance and policies. In relation to the food and nutrition benchmark there is a potential role for experts in nutrition such as the dietitian to identify new evidence; bring it to staff's attention and help them to assess it's relevance to practice.

The need for dietitians to work with comparison groups has been discussed above. This will enable staff to identify, aim for and achieve best practice.

Conclusion

There is no doubt that clinical benchmarking (if done well) will improve the quality of care in ways that matter to patients and their carers. Here is an opportunity to be welcomed. Nutrition is firmly on the political and professional agenda. This multi-pronged approach should improve nutrition from all angles. The challenge now is for us all to deliver.

*Hazel Rollins CBE, RGN
Nutrition Nurse Specialist, Luton & Dunstable
Hospital*

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Professional involvement

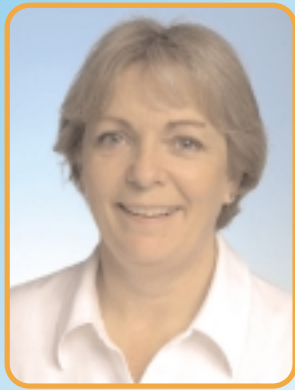
Professionals have led the initiative, nurses (for example dietitians) are involved in developing the benchmarking for food and nutrition. The initiative is modelled during the

The benchmarking process acknowledges the need for professional advice that comparison groups should include a possible impact on the relationship with the food and nutrition implies that the dietitian should be involved.

Professionals are required by their Code of Practice to acknowledge any limitations in their practice and so should welcome professional colleagues to challenge their practice. The benchmarking process (not exhaustive) as to how the Food and Nutrition

A Managed Clinical Network for Home Parenteral Nutrition in Scotland

The 1998 Acute Service Review¹ of the National Health Service in Scotland (NHSiS)



Janet P. Baxter,

discussions to allow ownership and a sense of involvement. Throughout the process, equity of access was a recurring theme as well as quality of services and outcomes, optimal use of resources and clinical effectiveness.

was undertaken for several reasons. Firstly, to take a critical look at the delivery of acute services within the modern NHS. Secondly there was a need to involve healthcare professionals and the public in the

The development of managed clinical networks was one of the most important recommendations. It was anticipated that networks would improve delivery of services but would require changes in working practices, in particular breaking down the traditional barriers between disciplines and professional groups. Many services lend themselves well to the concept of networking. The provision of Home Parenteral Nutrition (HPN) is one such service where the concept of multidisciplinary team working already exists. The requirements for successful, effective HPN have been outlined by BAPEN.²

A Managed Clinical Network for HPN in Scotland is a method of delivering the 'seamless care' described by the NHSiS Acute Services Review. It is not intended to centralise the treatment of patients, but to allow treatment to be delivered in the nearest hospital, via adoption of national standards, guidelines and protocols.

Aims

- To ensure equity of access
- To ensure that patients are managed according to evidence based, nationally agreed procedures and protocols
- To enable financial savings to be made via national contracts, to be invested in the improvement of the service.

Network development

There are approximately 70 patients in Scotland receiving HPN. The widespread geographical area of Scotland makes it difficult for patients to travel to recognised centres of expertise for their treatment. It is therefore important for the network to support the teams providing the service to these patients locally. Centres providing this service are expected to have a multidisciplinary nutrition team, comprising clinician, dietitian, specialist nurse and a pharmacist.

Any clinicians or teams with patients receiving HPN are welcome to participate in the network. Each centre should monitor practice and it is anticipated that those who become part of the network would become involved in the proposed research and audit projects and the Trust or Health Board would benefit from economies of scale from commercial contracts.

The network began on an informal basis in 1999 but was formally launched in November 2000. The network has a defined structure and must work within a specified framework

Equity of access, quality of service and clinical effectiveness are key issues.

supported by the National Services Division (NSD) of the Common Services Agency, within the Scottish Executive. A service agreement exists between Tayside University Hospitals NHS Trust and NSD, with Professor Chris Pennington as the lead clinician.

An integral part of managed clinical networking is the existence of a quality assurance programme which is acceptable to the Clinical Standards Board for Scotland (CSBS). In order to comply with their requirements, core standards for the network have been prepared. The CSBS will work with the network to provide a service within the Clinical Governance framework.

In order to promote the adoption of best practice, the nurses group of the network prepared a document of evidence based procedures and protocols. These are available to all potential participants in the network.

The collection, processing and dissemination of results from audit data

Guest Lecturers:

Professor C.H. Fearon (Edinburgh)

Professor K. Frayn (Oxford)

Dr. J. Treasure (London)

The Kullavanijaya International Guest Lecture:
Prof. T.H. Pennington (Aberdeen)

The Leeds Course in Clinical Nutrition is approved for a total of 16 hours C.M.E. by the Royal College of Physicians of London and Surgeons of England and also has PGEA approval (17 hours A/B)

4TH - 7TH SEPTEMBER 2001

Department of Medicine,
St. James's University Hospital and
School of Continuing Education,
University of Leeds

www.clinical-nutrition.co.uk

are fundamental to the success of the network. This will allow procedures and protocols to be updated in an attempt to ensure that there is adoption of best practice. Such information is reported annually at the winter meeting.

Part of the role of the coordinator is to identify patients receiving HPN, to visit centres to inform and enrol the nutrition teams in the network and to deliver the procedures and protocols. This has been done either by 'word of mouth' or by sending a questionnaire to aseptic pharmacists in Scotland. These visits have provided some baseline information on clinical practice. As predicted there are variations in clinical practice such as nutrition team composition and input, use of evidence based procedures and protocols, frequency of clinic review and monitoring of the patients. Lack of adequate resources for the effective organisation of a nutrition support team is an issue in several centres. Follow up visits will enable review of the system to ensure that all teams are using the same protocols for line management.

It is anticipated that the network will facilitate the set up of national contracts, which will through economies of scale allow financial savings. These will be reinvested in the network to allow continued improvement of HPN services. Funding is often a significant problem for centres undertaking the management of a patient on HPN resulting in negotiation with health boards or primary care.

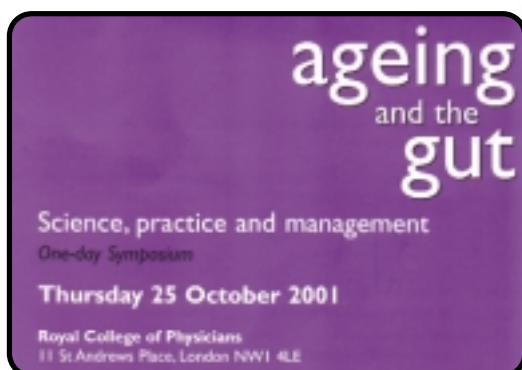
The network hopes to provide a forum for staff training, guidance and support. An annual meeting will be held which will be part educational, part business. Continued effort will be made to produce documentation for patients and staff. It is proposed to create patient held records and patient information. Their usefulness and information on all aspects of the network will be monitored using patient satisfaction questionnaires.

At the moment patient numbers in individual HPN centres are relatively small. Participation in the network will allow access for research and audit due to increased patient numbers.

*Janet P. Baxter, MPhil, SRD.
Coordinator of the Scottish Home Parenteral
Nutrition Managed Clinical Network*

References

1. *Acute Services Review Report. The Scottish Office. 1998.*
2. *Home Parenteral Nutrition: Quality Criteria for Clinical Services and the Supply of Nutrient Fluids and Equipment. Wood, S (Ed). A report by a working party of BAPEN 1995.*



CLINICAL NUTRITION

Wednesday 12 December 2001

at the Royal College of Physicians,
11 St Andrews Place, Regents Park, London NW1

PROVISIONAL PROGRAMME

The importance of nutrition in disease processes is often underestimated by physicians. This conference is aimed at physicians at all levels of training whatever their specialty. The programme has been designed to cover both practical and scientific aspects of clinical nutrition.

- 09.00 Registration and coffee
- 09.25 Opening remarks
Professor Sir George Alberti, President,
Royal College of Physicians

Chairman: Dr Tim Goodship, University of Newcastle upon Tyne (Conference Co-organiser)
- 09.30 What should all physicians know about clinical nutrition?
Professor Marinos Elia, University of Southampton
- 10.00 Interactive case conference
Dr Ian Fellows, Norfolk and Norwich Hospital
Professor Chris Pennington, University of Dundee
Dr Rosemary Richardson,
Partnerships in Active Continuous Education
Ms Carolyn Wheatley, PINNT, Dorset
Ms Rebecca White, Middlesex Hospital, London
Professor John Lennard-Jones, BAPEN
- 11.00 Coffee
- 11.30 Interactive case conference
- 13.00 Lunch

Chairman: Professor Sir George Alberti
- 14.00 CHARLES WEST LECTURE
Foetal origins or adult lifestyle?
The Newcastle Thousand Families at Fifty

Professor Alan Craft, University of Newcastle upon Tyne

Chairman: Professor Peter Kopelman, Royal London and St Bartholomew's Hospital, School of Medicine
- 14.50 Molecular aspects of obesity – from genes to therapy

Dr Isma Farooqi, University of Cambridge
- 15.20 The molecular physiology of wasting in disease and what we might do about it

Professor Mike Rennie, University of Dundee
- 15.50 Clinical nutrition – current deficiencies and opportunities for the future.

Professor Simon Allison, University of Nottingham
- 16.20 Close of the conference and tea

BRITISH ASSOCIATION FOR PARENTERAL AND ENTERAL NUTRITION 10th BAPEN ANNUAL MEETING

13th – 15th November 2001, Harrogate International Centre, Harrogate



BAPEN returns to Harrogate this year for its 10th anniversary meeting.
Highlights of the meeting will be:

Tuesday 13th Nov

11.00 BAPEN Early Day Symposium: HOSPITAL FOOD – A CLINICAL SERVICE NOT JUST ANOTHER FACILITY?
Chair: Professor Simon Allison

- The 24 Hour Menu – Mr Paul Cryer
- Putting It All Together – Mr Ian Robinson, Mr Rick Wilson, Mrs Ann Micklewright
- Bench Marking Nutrition – Ms Hazel Rollins, Ms Sandra Betterton (to be confirmed)
- Panel Discussion

(Please note: Attendance at the above symposium has to be pre-booked on the Registration Form)

13.45 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.

- Foetal Nutrition and Adult Disease – Dr Keith Godfrey
- Perinatal Nutrition - Speaker to be confirmed
- Growth, Puberty and Nutrition – Dr Anne Ballinger
- Nutritional Challenges and Improved Survival – Ms Susanne Wood

Four keynote lectures – four experts in their field

17.00 Malnutrition Advisory Group (MAG) Update

17.30 BAPEN Open Forum

- BAPEN 10th Anniversary Annual Dinner at The Majestic Hotel •

Wednesday 14th Nov

AM PEN Group and National Nurses Nutrition Group Symposium: WORKING TOGETHER IN PARTNERSHIP
Chair: Carole-Anne McAtear and Lynne Timmis

- Working Together in the Treatment and Prevention of Malnutrition in a Teaching Hospital
- Scottish HPN Managed Clinical Network: Co-ordination and Standards
- Collaborative Practice – Eating and Drinking
- Pre and Post-Operative Feeding in Colorectal Cancer Patients

CNMG Original Papers

PM

BAPEN Multi-professional plenary original papers
CNMG Sir David Cuthbertson Prize Medal Lecture
Recent Developments in the Provision of HPN in England and Wales
British Artificial Nutrition Survey (BANS) Update
1999 Research Grant Award Winner Presentation
Presentation of Nutricia 2001 Clinical Care Research Grant Award
CNMG AGM

- CNMG Annual Dinner •
Themed social evening hosted by Industry

BRITISH ASSOCIATION FOR PARENTERAL AND ENTERAL NUTRITION

10th BAPEN ANNUAL MEETING

13th – 15th November 2001, Harrogate International Centre, Harrogate

Thursday 15th Nov



AM Clinical Nutrition and Metabolism Group of The Nutrition Society Symposium:
ENDOCRINE AND NUTRITIONAL MANIPULATION OF THE METABOLIC RESPONSE TO STRESS

- Modulation of Postoperative Insulin Resistance by Preoperative Glucose Loading – Dr O Ljungqvist
- Perioperative Amino Acid Administration and the Metabolic Response to Surgery – Dr F Sellden
- Dietary Modification of Inflammation with Lipids – Dr P Calder
- Growth Hormone Therapy in the Critically Ill Patient – Professor R Ross

Four keynote lectures – four experts in their field

PEN Group original papers and AGM

NNNG original papers and AGM

PM CNMG Original Contributions

PEN Group Original Contributions

NOTE: Chaired Poster Communication sessions will take place during the lunch break on Wednesday and Thursday.

IMPORTANT INFORMATION

Closing date for receipt of abstracts is 10.00am Thursday 9th August

Details available on website or from Conference Organisers

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 on support for Young Researchers or for details on the meeting contact the organisers.

Conference Organisers:
Sovereign Conference, Secure Hold Business Centre
Studley Road, Redditch
Worcs B98 7LG
Tel: 01527 518777 Fax: 01527 518718
email: enquiries@sovereignconference.co.uk

BAPEN website: www.bapen.org.uk

Update from Scotland

Following devolution there are some differences in the way the health service functions in Scotland. These mainly relate to clinical governance issues and in particular standards and guidelines.

Scottish Intercollegiate Guidelines Network (SIGN)
www.sign.ac.uk

SIGN sponsors the development of evidence based clinical guidelines and facilitates their implementation into local practice for the benefit of patients in Scotland. Guideline topics selected for inclusion in the SIGN core programme are chosen on the basis of the disease, existence of variation in practice, and the potential to improve outcome. SIGN is the Scottish counterpart of NICE (National Institute for Clinical Excellence)

The Clinical Standards Board for Scotland (CSBS)
www.clinicalstandards.org

The board's remit is to develop and run a national system of quality assurance and accreditation of clinical services. The board will in partnership with healthcare professionals and members of the public, define standards for clinical services and assess performance throughout the NHS in Scotland, against the standards.

The standards it adopts will be related to patients' experience as they move through parts of the NHS. CSBS is the Scottish counterpart of CHI (Commission for Health Improvement).

Scottish Healthcare Supplies, Trinity Park House,
 Edinburgh EH5 3SH



This is a division of the common services agency for the NHS Scotland. They have produced a safety action notice to give advice to healthcare professionals on how to interpret the documents from the Medical Devices Agency.

The document **Enteral Feeding Systems: Risk of Contamination and Infection** is obtainable from the address above

Carole Anne McAtear, SRD

The Intercollegiate Course on Human Nutrition

Venue: Nottingham, 17th - 21st September 2001

This course is 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. The course will also be open to other professional groups with an equivalent interest and background in nutrition

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

• • • Diary dates • • •

U.K. Dates

29 - 30 Aug	PEN Group Summer Meeting Manchester University	Contact Lyn Douglas, PEN Group Meetings Organiser on Tel: 0131 536 2579
4 - 7 Sept	The Leeds Course in Clinical Nutrition	Dept. of Medicine, St James's University Hospital and School of Continuing Education, University of Leeds. For more information see page 8
17 - 21 Sept	Intercollegiate Course on Human Nutrition	See above for details
5 Oct	BAPEN Regional Meeting Inflammation & Nutrition	Hilton Hotel, Coventry. For more information contact Lynne Watkins Tel: 02476 535138
8 Oct	BAPEN Regional Meeting Identifying & Meeting Patient's Needs	Cardiff. For more information contact Sovereign Conference Tel: 01527 518777
18 Oct	Study Day: Intestinal Failure in Adults	St Marks Hospital, Harrow, Middlesex. Cost £60, £30 for Students including lunch and refreshments. For more information contact Judith or Janice on 0208 235 4046, Email: stmarks@ic.ac.uk , Website: www.stmarkshospital.org .
25 Oct	Digestive Disorders Foundation Ageing and the gut, One-day Symposium	Royal College of Physicians, 11 St Andrews Place, London NW1 4LE. Tel: 0207 486 0341 Fax: 0207 224 2012, Email: ddf@digestive-disorders.org.uk
23 - 24 Nov	Nutrition & Health Conference	See page 1.

International Dates

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.escim.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: intcare@icmsaus.com.au Web site: http://www.iccm.aust.com
23-27 Feb 2002	26th ASPEN Conference	San Diego, California Contact: Christine Rossiter 856-423-7222, ext. 235 www.nutritioncare.org , click on "Nutrition Week"
31 Aug - 4 Sept 2002	24th ESPEN Congress	Glasgow Scotland, For more information contact: ESPEN 2002 c/o MCI Congress 75, rue de Lyon, CH-1211 Geneva 13, Switzerland, Tel: +41 22 33 99 580 Fax: +41 22 33 99 621, Email: espen@mci-group.com