BAPEN_15 21/9/01 12:00 pm Page 1

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*The Newsletter of the **British Association for Parenteral & Enteral Nutrition***

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Contents

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The British Artificial Nutrition Survey (BANS) 2001 Report

The British Artificial Nutrition Survey (BANS) has now gathered sufficient information to allow analysis of trends in enteral tube feeding (ETF) and parenteral nutrition (PN) over the last five years.

The rapid growth of home enteral tube feeding (HETF), which had been over 20% per year, has recently been showing definite signs of slowing down.

The age distribution of adult patients on HETF, which was already skewed to the older age range, with a peak in the 70-80 year group, has shifted even further towards the older age range, to include patients who are generally more disabled and require more support.

Cerebrovascular accident has remained the commonest diagnosis in adults on HETF, but cancer has become progressively more important over the last five years.
It accounted for one in four patients who started HETF in 2000, and one in six patients who received it at the end of 2000.

For HPN the situation is very different. Cancer accounted for less than 5% of all diagnoses, and the peak age for adult HPN was 40-60 years, with only about 5% older than 70 years at the end of 2000. However, like HETF, there has been a shift towards an older age range.

In contrast, in children receiving either HETF or HPN there has been little change in age distribution, so that more than half of them continued to be less than two years of age.

Several of the trends in hospitals have been less dramatic than in the community. ETF has continued to be practised three - five times more frequently than PN, and the proportion of centres with nutrition support teams has remained about 40%.

The above trends, together with information suggesting sub-optimal standards of care in hospital and the community, have implications for patients, health care workers, including health planners and economists, and community carers, who are often family members.

A recently published paper by the committee of BANS (Elia et al., 2001) provides examples of the potential value of BANS data to such individuals. However, these developments also need to keep pace with organisational changes within the NHS. The budget for patients on HPN is currently managed by Health Authorities, although care is provided by only a few specialist centres.

Future Funding

HPN is one of a group of high cost, low volume treatments for which funding was to switch from Health Authorities to Regional Commissioning Groups from next April. It now seems likely that funding will be devolved to the PCTs instead. To date, there has been no official guidance or statement to this effect. However, an agreed definition of HPN and the requirements for such services is now being considered by the Department of Health and will form the basis for future commissioning of HPN services in England and Wales.

The new commissioners will then be able to purchase HPN services from established specialist centres or more local centres able to conform to the agreed definition of HPN. In Scotland HPN services are provided by a Managed Clinical Network, centrally funded since 2000.

Continued on Page 3

Professor Marinos Elia
Chairman BANS

Summary

The age distribution of adult patients on HETF, which was already skewed to the older age range, with a peak in the 70-80 year group, has shifted even further towards the older age range, to include patients who are generally more disabled and require more support.

The budget for patients on HPN is currently managed by Health Authorities, although care is provided by only a few specialist centres.

It now seems likely that from April 2001 funding for HPN will be devolved to PCt's

In Scotland HPN services are provided by a Managed Clinical Network, centrally funded since 2000.

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Editorial

Malnutrition remains a common problem in clinical practice. It is not recognised in the majority of affected patients and those patients in whom malnutrition is diagnosed are often treated inadequately. We have an opportunity and obligation to improve clinical outcome by identifying malnutrition and treating it appropriately in all affected patients.

The patient journey begins with the onset of symptoms, continues during outpatient investigation, through hospital treatment, subsequent discharge and convalescence until recovery is complete, if that can be achieved.

Much of this time is spent in the community; a decreasing proportion of the time is spent in hospital through changes in clinical practice resulting in a reduced length of hospital stay. As a result opportunities for assessment and management of the patient in the hospital setting are diminishing.

Despite this, most clinical care in nutrition at present is based in the hospital setting. There is overwhelming evidence that nutritional depletion is established in a large number of patients before they are admitted to hospital, and in some cases it continues after discharge. Many patients are affected by progressive nutritional depletion before, during, and after hospital admission so that the cumulative deficits can be substantial.

The recognition of nutrition as a clinical issue is required throughout the patient journey, and therefore a screening tool for the identification of malnutrition in patients in the community is important. This is one of the reasons for the introduction of a screening tool by the Malnutrition Advisory Group (MAG), a standing committee of BAPEN.

The appraisal of nutritional status is supposed to be part of the clinical assessment on and during hospital admission. Studies suggest that the diagnosis of malnutrition is missed in up to 75% of affected patients in hospital.

Furthermore, more than 60% of patients deteriorate nutritionally during their hospital stay; and those patients that are depleted on admission are especially prone to nutritional deterioration during their stay in hospital. Review of case notes often fail to reveal any significant nutritional data. There is therefore a need for a systematic approach to ensure that malnutrition is recognised in all affected patients.

There is no consensus about the methods for screening. Many methods, including the MAG tool, have focused, on anthropometric criteria such as BMI. A BMI of 18.5 or below will confer increased nutritional risk in many adult subjects. Whereas this evidenced based value is part of the MAG screening tool, recent evidence that higher values in the region of 24 - 29 are more appropriate for the increasing contingent of elderly.

The reduction of height with age, the proportionately reduced cell mass for a given BMI, and the prolonged recovery that feature in the elderly all impinge on the selection of cut-off values. However, a patient with a low BMI whose weight is static or increasing is clearly not so nutritionally disadvantaged as the patient in whom the BMI is within, or above, the normal range with a history of substantial unintentional weight loss.

Thus recent weight loss must be factored into any assessment. Recent weight loss of 10% is thought to be high risk; loss of 5% body weight is also associated with some risk. Clearly patients who have lost more than 10% of their body weight over the last six months, yet in whom weight has started to increase, may not be at significant risk. At the same time patients who have not lost this proportion of body weight, but who have starved for more than a week will have impaired organ function.

Information about recent diet, and aspects of the illness that have a bearing on food consumption are important in determining nutritional risk. Furthermore, screening tools for use in paediatric practice are even more difficult to develop.

Therefore any screening tool must consider anthropometric parameters, weight loss and recent dietary changes in addition to other factors associated with their disease. MAG has developed a screening tool initially for use in the community, which is designed to consider these variables and identify those patients who need more detailed assessment. The tool is currently undergoing further development and evaluation with the intention of adaptation for hospital use.

Finally, achieving the challenging goal of identifying those patients at risk and diagnosing malnutrition in all significantly affected patients will be a big achievement but, alone, will be insufficient. The next step is to ensure that all patients who need nutritional treatment receive it, and that nutritional treatment is appropriate and delivered to the best possible standards.

Hospital food, oral supplements, enteral tube feeding, parenteral nutrition and feeding in the community all require better organisation. Standards, audit, education, training and research all need to be addressed. This editions article on the Better Hospital Food Project highlights how one hospital is working to improve patients access to, and intake of food. Much has been achieved, but there is very much more to achieve. I am confident that BAPEN will meet this challenge.

Professor C R Pennington
Chairman

23rd ESPEN Congress - Munich

Three thousand delegates from more than 68 countries attended the 23rd Congress of the European Society of Parenteral and Enteral Nutrition (ESPEN), held in the International Congress Centre Munich.

The Congress had sessions devoted to nutritional support in cancer, obesity, cystic fibrosis, liver failure and elderly patients.

Immunonutrition, pharmacological nutrition and new substrates featured in an exciting programme which balanced basic and clinical research with clinical practice. Topical clinical themes such as undernutrition in hospitalised patients and gastrointestinal motility disorders also featured in the scientific programme.

Ethics, evidence-based medicine and quality management were further hot topics for ESPEN 2001. ESPEN wanted to focus on more practical practical issues surrounding the care of patients. There were a number of sessions where the clinical management of different kinds of patients was addressed.

ESPEN's commitment to reach out and build new interdisciplinary networks with other societies was reflected in the three joint symposia arranged in conjunction with the European Association for the Study of the Liver (EASL), the American Society for Parenteral and Enteral Nutrition (ASPEN) and FELANPE, the Latin American society.

The British Artificial Nutrition Survey (BANS) 2001 Report

Continued from Page 1

Funding for HETF

The arrangements for provision and funding of patients on HETF are quite different from those for HPN. Patients on HETF, who number 30-fold more than those on HPN, are managed by almost all NHS Trusts within the UK using different health care models. In the majority of cases, services are provided and managed by the dietetic department, with resources funded by the NHS.

However, not all trusts have dedicated personnel to manage the service and provide ongoing monitoring of patients on HETF. In an attempt to overcome this problem, some trusts have secured funding from enteral feeding companies to enable them to appoint staff required to co-ordinate HETF services.

A few trusts have taken an alternative approach and created a central budget to purchase feeds and supplies for both primary and secondary care. By purchasing products directly from suppliers, they have been able to avail themselves of lower prices and use the monies saved to employ staff to manage the service.

Centralised Budgets

However, arrangements for centralised budgets held by the Health Authority may need to change as Health Authorities will cease to exist by April 2002.

This approach is extremely complex and requires much thought, time and planning. Above all, it requires total co-operation from all involved and a commitment from the trust(s) to provide adequate funding to cover the growth of HETF year on year.

The issues involved and the points that need to be considered have been described in an excellent review by Howard and Bowen (Howard & Bowen, 2001). To keep pace with these developments BANS plans to obtain further information from centres around the country.

The BANS Committee would like to take the opportunity to thank all colleagues from registering centres who have contributed to the database over the last five years. They will receive a complimentary copy of the BANS report.

Trends in artificial nutritional support in the U.K. during 1996-2000. A report by the British Artificial Nutrition Survey (BANS), a committee of BAPEN.
ISBN 1 899467 50 5
Chairman: M Elia
Editors: M. Elia, C.A Russell, R.J. Stratton

The report is now available and copies are available for purchase at £10 for those in the United Kingdom and £13 overseas from: BAPEN Office, Secure Hold Business Centre, Studley Road, Redditch, Worcestershire, B98 7LG

The executive summary of the BANS report will also be available on the BAPEN website (www.bapen.org.uk).

References

Elia, M., Stratton, R.J., Holden, C., Meadows, N., Micklewright, A., Russell, C., Scott, D., Thomas, A., Shaffer, J., Wheatley, C. & Wood, S. (2001). Home enteral tube feeding following cerebrovascular accident. Clinical Nutrition, 20, 27-30.

Howard, P. & Bowen, N. (2001). The challenges of innovation in the organisation of home enteral tube feeding. Journal of Human Nutrition & Dietetics, 14, 3-11.

Summary

The arrangements for provision and funding of patients on HETF are quite different from those for HPN.

Patients on HETF, who number 30-fold more than those on HPN, are managed by almost all NHS Trusts within UK using different health care models.

Arrangements for centralised budgets held by the health authority may need to change aa health authorities will cease to exist by April 2002.

M. Elia
C.A. Russell
R.J. Stratton

LITRE Committee Update

The update on the design of the present LITRE Drip Stand has been agreed and is now going into production. The new features are; a wider base to provide greater stability (needed as feed containers are increasing in size); a longer handle to give a higher extension and which will also have two Velcro straps to secure the container to the stand in order to minimise movement; and a choice of hook, a short one for TPN and a longer one for enteral feed containers. The new colour will be light grey.

Our collaboration with the Medical Devices Agency (MDA) on the pump assessment tables is going well with a final draft of the patient questionnaire being prepared for our next meeting. The information gathered will go towards the next report produced by the MDA. Our gastrostomy survey has now rolled out to the 70 centres that wished to participate. We were pleased to be able to advise the centres that full ethical approval from MREC for the study was granted in May. It should be straightforward for the participating centres to gain ethical approval from their own NHS Trusts LREC (Local Research and Ethics Committee) for the study to go ahead. We look forward to seeing the results coming in after the hard work by several members of the committee to prepare the study.

TPN line blockage is an ongoing problem that patients keep bringing to our attention. With this in mind we are updating our present questionnaire and we hope to approve the final draft at our next meeting. If the new format is agreed we should start circulation in November. Another area that patients keep raising is the safety of their feed and their pumps when passing through X-ray machines at airports. It was several years ago since we published our report in the P.I.N.N.T. newsletter On Line. There has been an increase in the level of radiation used at airports recently, so we are currently updating the information that will be included in our next holiday checklist for P.I.N.N.T. This information is not included in the information received by the MDA when assessing pumps but the agency has decided to ask for it in the future.

Our present home checklist for HPN patients has been updated and should be available after our next meeting.

Geoff Simmonett
Chairman LITRE Committee

Summary

The improved design for the Litre Drip Stand has been agreed and production is going ahead.

The gastrostomy survey has been rolled out to 70 centres, who should find it straightforward to gain local ethical approval now that the MREC has granted full ethical approval for this national study.

The latest edition of the HPN home checklist should be available after the next LITRE meeting.

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
- 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 - Dr Attul Singhal
- Growth, Puberty and Nutrition – Dr Anne Ballinger
- Nutritional Challenges and Improved Survival – Ms Susanne Wood

Four keynote lectures – four experts in their field

DON'T DELAY - NOW IS THE TIME TO REGISTER FOR THIS MEETING!
Information available from Sovereign Conference

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

BAPEN_15 21/9/01 12:00 pm Page 5

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.

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

The Better Hospital Food Project - Expe

Cathy Steele

"Proof of the pudding is in the eating"

As clinicians, most of us have been aware for a long time of the importance of food as part of a nutritional support system for our patients. The publication of the report 'Hungry in Hospital[1] 1997' and subsequent reports in 1999, Managing Nutrition in Hospital[2] and BAPEN'S Hospital Food as Treatment[3] all highlighted the issue of food provision in hospital and recommended improvement frameworks using a corporate and team based approach linked to clinical governance.

Since then the agenda has been rather overtaken with the advent of the NHS Plan, and more recently, the high profile NHS Menu and involvement of Lloyd Grossman and his celebrity chefs. Both have an overriding key agenda which is:-

- Patient/consumer expectations of a higher quality service.
- A rapidly growing knowledge of the impact of nutrition on recovery from illness.

Driving continuous improvement in the quality of food provision services, and hence 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 multiprofessional working have never been greater and the chance to make a real difference to nutritional care is there for the taking.

With this background there are lots of other opportunities for a local team implementing the recommendations in the new NHS Menu. This article outlines experiences to date in one of the eight development sites identified in May 2001.

What is a Best Practice Development Site?

Eight 'Better Hospital Food Development Sites' around the country were selected to identify best practice solutions which will enable early implementation of the components / recommendations and action plan within the NHS Menu. The eight development sites are:-

Leicester Royal Infirmary
Royal Devon and Exeter
Birmingham Heartlands
Newcastle Freeman
Guy's and St Thomas'
Luton and Dunstable
The Royal Preston
The Royal Sussex County

The Leicester Royal Infirmary Hospital as a development site has a profile of being a 1200 bedded teaching hospital with specialities covering medicine, surgery, cancer, orthopaedics, children, pathology, obstetrics and gynaecology.

Catering services are provided by an external management company monitored by the Trust's Directorate of Facilities with professional advice from the Dietetic Service. Food provision is via an external supplier with cook chill food delivered on a daily basis and regenerated (70% plated and 30% bulk meal systems).

Locally, as a development site the initiative has provided a valuable opportunity to aid team working and to put food provision and nutritional care on the hospital's Executive agenda.

Work to date

A steering group was set up consisting of Estates/Facilities, Catering, Dietetic and Nursing representatives with links to Infection Control and the Trust's Fire Officer. Regular use was made of the Better Hospital Food project implementation toolkit.

Throughout planning meetings the group had to consider issues such as:-

- systems/mechanisms
- storage/stock control
- training and education
- health and safety/ food hygiene/ fire risk
- suitability of national recommendations for local patient groups
- nutrition/diet issues
- manpower

What have patients been of

On admission to the ward all inpatien provided with an **individual informati** explaining the pilot scheme.

Two snacks per day were offered to p (one at mid- afternoon and one mid- evening) from a choice of:-
Sweet biscuits
Cake – Genoa or Chocolate
Fresh fruit
Yoghurt
Scones – Plain, Fruit or Cheese
Cheese and Biscuits
Soft Cheese and Bread
Tea Cake

The selection was based on each item providing the recommended minimum of 150kcals and 2g protein and fulfilling needs for people with diabetes and those requiring a soft option. In reality the average snack item provided 175kcals and 3.5g of protein.

Snack boxes for those who had misse due to having a test (eg scan), treatm chest drainage) or those who have jus admitted (e.g. via A&E Department) a had the opportunity of a meal. Boxes provided on a planned (proactive) and unplanned (reactive) basis with nursin ordering from catering services during times of 8am and 8pm. Snack boxes c up to 5 items from sandwiches, fruit j yogurt, fresh fruit and sweet/savoury items (e.g. cake, crisps, chocolate) on average providing 983kcals and 22g of protein not currently provided in the absence of a meal.

24 hour ward kitchen service or the renamed 'round the clock pantry service' with a range of hot and cold drinks and light refreshments. The range available being:-

Tea
Coffee
Malted Drink/ Hot Chocolate/ "Options" Hot Chocolate
Fruit Juice portions
Fruit Squash – Ordinary/Sugar Free
Milk
Toast
Preserves – Jam/ Marmalade/Honey/M
Spreads – Butter/Low Fat Spread

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patients

Sweet Biscuits
Fresh Fruit
Yoghurt – Full Fat/" Light"
Cheese & Biscuits

The snacks, snack boxes and 24 hour ward kitchen services were provided by the

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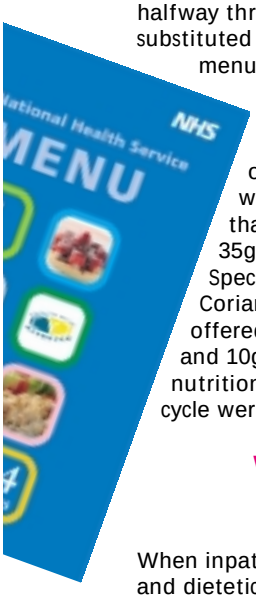
Ward Housekeepers and Nursing Auxiliaries with additional funding from Facilities/Estates for the period of the trial.

Chef's Special dishes from a range of starters eg Cream of Carrot, maincourse dishes eg Chicken Escalope, Tomato and Coriander and desserts eg Posh Pear and Chocolate Crumble. They were clearly identified by pictorial identification marks (chef's hats) on a specially produced ward menu. A range of 22 dishes was made available from our external supplier halfway through the trial period and substituted for existing dishes on the 21 day menu cycle.



On most days one Chef's Special dish was offered. On a lot of occasions the Chef Special dishes were of higher nutritional value than existing dishes eg 303kcals and 35g protein per portion of Chef's Special Chicken Escalope, Tomato and Coriander compared to the previous dish offered of Fish Fingers providing 179kcals and 10g protein per portion. Hence the nutritional value of the meal and the menu cycle were both raised.

What has patients' response been?

When inpatients were surveyed by dietitians and dietetic students at the bedside, patients were asked to rate the importance of the individual components of the initiative during their hospital stay.
Snacks – 98%
Snack boxes – 93%
Ward Based Service- 80%

larmite

Comments from inpatients were also very revealing and positive.

General comments about the pilot:

"Don't have to rely on relatives to bring in food"

"Don't have to rely on visitors for my food"

"Important not to go hungry"

Snacks

"Important for my recovery"

"Breaks the hospital day up"

" Helps with my diabetic control and insulin "

"Its nice to have scones and tea"

"Important – to go with my insulin treatment"

Snack boxes

"Diabetic – couldn't have all the items in the box"*

"Diabetic – not everything suitable"*

"Chewing difficulties – couldn't eat all the items"*
*NB On all of these occasions the box was provided on a reactive basis and standardised box contents were issued.

Ward based service

"Not promoted enough"

"Would like to get my own drink"

"Toast – great"

"Would use it if it wasn't a nursing duty"

Another part of the evaluation programme was to look at the volume and expenditure related to prescribable nutritional supplements (sip feeds) before and during the period of the trial. Overall, at the end of the trial, levels of usage and cost expenditure had dropped by a staggering 75%.

References
[1]Hungry in Hospital: a report of the Association of Community Health Councils for England and Wales; edited by Angela Burke, 1997.
[2]Managing Nutrition in Hospital: A Recipe for Quality; Alan Maryon-Davis and Amanda Bristow, The Nuffield Trust 1999.
[3]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.

Cathy Steele SRD,
Manager, Dietetic & Nutrition Services
Leicester Royal Infirmary.

Summary

Eight Better Hospital Food Development sites around the country were selected to identify Best Practice solutions which will enable early implementation of the components and recommendations within the NHS Menu.

The Leicester Royal Infirmary Hospital, has been selected as a development site. This Trust is a 1200 bedded teaching hospital with specialities. Food provision is via an external supplier with cook-chill food delivered on a daily basis. 70% of the food service is plated whilst the remaining patients chose their meals from a bulk meal system.

A number of aspects of the Better Hospital Food initiative have been implemented. When asked to rate the importance of the individual components patients scored in-between meal snacks and snack boxes higher than ward based services.

This initiative has provided a valuable opportunity for the Leicester team to put food provision and nutritional care on the Hospital Executive agenda.

Patients responded positively to snacks and snack boxes.

BPNG - Founder Group Focus

The British Pharmaceutical Nutrition Group (BPNG) was established to highlight and resolve pharmaceutical aspects of nutrition support. In its early years the groups attention focused only on parenteral nutrition, with the group co-ordinating with industry, academia and hospital pharmacy to ensure the nutritional requirements of patients could be achieved, utilising the convenience of the All In One concept.

All In One

The All In One concept is in reality a key-stone to the success of parenteral nutrition. Without the dedication of pharmaceutical scientists (many of whom were the original members of BPNG) in the last two decades, parenteral nutrition as we know it today would simply not exist.

The group has published regular newsletters, several stability guidelines, pharmaceutical audit and assurance frameworks. It has also developed interactive computer learning systems for pharmacy. Since the early days both the technical and clinical aspects of pharmaceutical nutrition have been the remit of the group, as the direction of pharmacy input in clinical nutrition is inter-related.

The group has just published the first national guidelines on the use of filters in the preparation and administration of parenteral nutrition and it's working party investigating the provision of phosphates in parenteral nutrition has just submitted its initial results to BAPEN and ESPEN, with recommendations to follow in the future.

BPNG has a number of aims:-

- To promote the role of pharmaceutical expertise and experience in the area of clinical nutrition
- To ensure the safe and effective preparation and administration of parenteral nutrition
- To promote education and research initiatives
- To encourage debate into pharmaceutical aspects of nutritional support

To help achieve these aims the group joined forces with the other founder group members to form BAPEN over a decade ago, in order to push forward within a multiprofessional framework all aspects of nutritional support. BPNG has actively supported and contributed to all of BAPEN's initiatives, reports and meetings since its inception , strongly emphasizing the need to ensure nutritional support is approached from a multiprofessional prospective.

BPNG continues to thrive independently in its own right, with over 150 members. Its annual summer symposium is one of the nutritional highlights of the year, with its success underpinned by its unique blend of learning techniques, designed to ensure research becomes practice.

We place considerable emphasis on pharmaceutical and clinical research and have recently committed ourselves to further supporting research both in terms of professional, and financial support.

For more than ten years the annual BRIT Award (British Research in Intravenous Therapy) has been awarded to a BPNG member for their contribution to research in parenteral nutrition. In 2000 we awarded the first BPNG Research Grant and we have recently commissioned a review of standard parenteral nutrition to determine its correct and appropriate provision.

Patient Group Direction

Over the next year attention will also be given to developing patient group directions in line with the NHS Plan and also the future of pharmacy, both initiatives which can greatly impact on the working lives of the group's membership.

The group has also continued to develop as a founder member of BAPEN, with its new projects such as Drugs and Enteral Feeding being undertaken within the BAPEN framework. This highlights the way the group focuses on clinical nutrition as an entity, not related to the route of administration.

Details of BPNG and all its activities can be found at our website,

www.bpng.co.uk.

As the chairman it is an honour and a rewarding experience to serve the membership and to continue to bring ideas to the forefront that uphold the BPNG tradition of addressing challenging issues, setting standards and supporting research to change clinical practice. In the certain knowledge, always, that at the end of all our work and deliberations there is a patient.

Bruce McElroy
Chairman BPNG

What's New - Resource Pack

'Initiating Change', BAPEN's original corporate brochure which was introduced following the launch of the organisation ten years ago, has been replaced by a Resource Pack which has been issued to Regional Representatives and is also generally available for members.

The pack consists of a full colour, six page gate-fold brochure entitled 'A Powerful Force in Patient Nutrition' which summarises the aims, services and organisation of BAPEN. Nine separate inserts provide more detail in turn about communications, the annual meeting, MAG, patients, BANS, Regional Representatives, publications, education and training and, finally, membership. An affiliate membership application form and an order form for publications is included in the pack, which is designed as an A4 landscape format envelope flexible enough to take additional flyers or leaflets.

Stock of BAPEN's resource pack is now held at Sovereign and copies can be ordered by contacting them as follows:

Tel: 01527 457 850, Fax: 01527 458 718
e-mail: bapen@sovereignconference.co.uk

Regional Representatives

The Regional Representatives have also been equipped with a portable, lightweight exhibition stand which features six full-colour panels based on the new corporate brochure. This display system comes complete with a shelf to hold copies of the Resource Pack and the whole will constitute an eye-catching focus for BAPEN at regional study days and other events.

To help the Regional Representatives seize every opportunity to promote BAPEN, they have now received a presentation kit which consists of 12 visuals based also on the corporate brochure. The visuals are in three forms – overhead transparencies, 35mm slides and a CD Rom – and will give each representative the flexibility to include a short presentation on the aims, activities and achievements of BAPEN at every suitable event.

Niall Bowen
Chairman, Communications Committee

Journal Watch

Journal Watch is going to be a regular feature for future newsletters. Rebecca White from the British Pharmaceutical Nutrition Group is this edition's contributor.

Research Letters: Changes in parenteral nutrition supply when the nutrition team controls prescribing
R.Newton, L.Timmis, T.Bowling
Nutrition 17: 347-350, 2001

This research letter briefly reports on an audit at North Staffordshire Hospitals (NHS) Trust describing the influence of the transition of the nutrition team from advisory role to authorisation role. The report compares referrals, numbers of patients on parenteral nutrition, line sepsis rates, peripheral feeding rates, total cost of parenteral nutrition and wastage.

The change from advisory role to authorisation role had a significant impact on the number of patients fed and the route of feeding used. It resulted in a large drop in line sepsis rates and reduced inappropriate prescribing from 31% to 3%.

Metabolic Occurences in Total Parenteral Nutrition Patients Managed by a Nutrition Support team
E.S.Dodds et al
Nutrition in Clinical Practice 16: 78-84, 2001

This clinical research paper details the metabolic abnormalities seen in hospitalised patients receiving PN. The results were taken from a Nutrition Support Team database at Duke University Medical Center, North Carolina, for 2747 courses of TPN over a seven-year period. This report is offered as a standard of care to be attained.

Use of filters during the preparation and administration of parenteral nutrition: Position paper and guidelines prepared by a British Pharmaceutical Nutrition Group Working Party.
K.Bethune, M.Allwood, C.Grainger, C.Wormleighton
Nutrition 17:403-408, 2001

This review article gives details of the BPNG's position paper on the use of filters based on a sound review of the literature relating to the contamination of PN solutions with particulates and a review of current practice in the UK.
The recommendations specify when filters should be used during the compounding and administration of PN and specify which size and type of filter should be used.

Nutrition Support on ICU – Is it worth it?
S.Monk
Nutrition 17:169-169

This 'pharmacists column' does not, as the title suggests, review the evidence for nutrition support on ITU, but it does discuss some of the key issues inherent in providing nutritionally complete parenteral nutrition solutions.

The author discusses the issues surrounding commercially available all-in-one bags and the continued need for the facilities to tailor these bags and make the necessary additions to render them nutritionally complete, and also discusses the consequences of manipulations at ward level.

The use of standard parenteral nutrition solutions in Paediatrics: A UK Perspective

K.Bethune
Nutrition 17:357-359, 2001

The author gives a succinct overview of the benefits and consequences of using 'standard bags' in neonates and children and gives details of two regimens that are used in two London teaching hospitals. The author concludes with the options available to ensure adequate provision of parenteral nutrition to neonates and infants.

Rebecca White

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BAPEN_15 21/9/01 12:01 pm Page 10

Clinical News

Addition to NICE Work Programme
www.nice.org.uk

In July of this year NICE announced new topics it was adding to its work programme. NICE describes topics as described as guidelines, service guidance and audit topics.

Audit topics of interest include:

- Clinical guidelines for chronic obstructive airways disease (COAD)
- The assessment and prevention of falls in older people
- The diagnosis and treatment of lung cancer
- Prospective clinical audit of parenteral nutrition in pre-term infants.

Guidelines of interest currently under commission include:

- Multiple sclerosis
- Pre op investigations
- Improving outcomes in cancer (colorectal and head and neck)

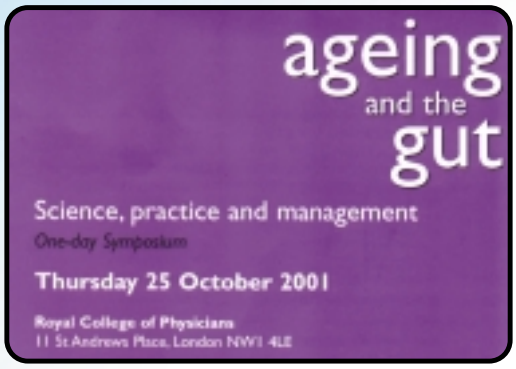
NICE Patient Information

A patient information leaflet is available relating to **wound care**. Of interest is reference to undernutrition as a factor that can lead to delayed healing. Emphasis is on the importance of a structured approach to care, (including assessing the patient before operation to identify potential wound healing problems) as a requirement for improving the overall management of surgical wounds.

For further information visit the Technology Appraisals section of the website.

Other News

- The Primary Care Society for Gastroenterology (PCSG) is drawing up evidence-based guidelines on the management of irritable bowel syndrome. They are due to be launched later in the year.
- The Cochrane Anaesthesia Review Group www.cochrane-anaesthesia-suite.dk is currently considering a protocol on **glutamine supplementation in critically ill patients.**



THE INTERCOLLEGIATE COURSE ON HUMAN NUTRITION

Hilton Coylumbridge Hotel, Aviemore, Scotland
4 – 8 February 2002.

Who The Course Is For:

The course should be of interest to trainees, SHO's, Consultants, GP's and other professional groups with a special interest in nutrition and comparable background knowledge.

About The Course:

The course provides a novel inter-disciplinary approach, exploring the evidence base for nutritional care.

We aim to provide you with an understanding of the potential to apply basic principles in nutrition to the promotion of health and treatment of disease and equip doctors to develop practical skills through experience and clinical training.

By the end of the course participants will be able to recognise the range of nutrition related health problems, assess nutritional status, and to be aware of nutritional aspects of normal growth and development, mood and body image, obesity and severe illness.

Teaching Mode:

The course is a balanced mix of case based problems, practical sessions, lecturers and small group discussions. The course will be delivered by a group of experts from across the Royal Colleges. CPD/CME approval has been obtained.

Venue:

The course will be held at the 4 star Hilton Coylumbridge Hotel, Aviemore.

To Register

Places are restricted so early registration is essential. For an information pack and further details contact::

Carolyn Fraser,
Department of Human Nutrition, Yorkhill Hospitals,
Glasgow, G3 8SJ

Tel 0141 201 9264 email cf24f@clinmed.gla.ac.uk

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.

ESPEN Awards - Munich 2001

A brief round up of three of the ESPEN Research Fellowship papers

Dr D Lobo presented a prospective randomised controlled study into the effect of salt and water balance on gastrointestinal function and outcome after elective abdominal surgery, which could have important implications. He randomised 20 patients undergoing hemicolectomy for colonic cancer to either standard postoperative management (at least 3 litres of water plus 154 mmol sodium/day) or salt and water restriction (no more than 2 litres of water and 77 mmol sodium/day).

Compared with the standard group, patients in the restricted group gained less weight (3kg less), had shorter solid and liquid phase gastric emptying times on the fourth postoperative day, earlier passage of flatus (by 1 day) and stool (by 2.5 days), and a statistically significant 3 day shorter stay in hospital.

Furthermore, there were no complications in the restricted group, whereas two patients in the standard group had infective complications and three had prolonged postoperative confusion. Dr Lobo concluded: "Avoidance of salt and water overload after abdominal surgery accelerates the recovery of gastrointestinal function and improves outcome in patients undergoing elective addominal surgery."

Insulin resistance has been long known to be a central aspect of the catabolic response and insulin sensitivity has previously been shown to decrease following major upper abdominal surgery. In addition, hyper caloric nutrition for several days is known to induce insulin resistance but preoperative oral carbohydrate loading has been previously shown to reduce this. **Dr M Soop** from the Karolinska Institute , Sweden presented a study based on the hypothesis that immediate postoperative enteral nutrition would further attenuate postoperative insulin resistance in patients pretreated with oral carbohydrates before undergoing colorectal resection or anastomosis.

Although much of his data is not yet fully analysed, he was able to draw some preliminary conclusions.
"The first is that postoperative feeding does not attenuate insulin resistance in patients undergoing major abdominal surgery who have been pre-treated with carbohydrates. It does tend to cause raised levels of glucose and insulin, although these were not very high."

A stable isotope study that looked at citrulline and arginine turnover in adult short bowel patients, was presented by **Dr K Vahedi** from University Hospital Paris, France.

He was able to show for the first time that "Citrulline flux is correlated to the remnant small bowel length. The citrulline concentration is also correlated, as has been shown before, but we have strong correlation between both of them. So in the future, maybe we could just measure the citrulline concentration rather than the flux, which is very time consuming, expensive and difficult. The citrulline concentration reflects the enterocyte mass function."

MAG - Progressing the agenda

Adapting the tool

MAG met in late June to plan establishing a common framework for the detection and management of malnutrition in different health care settings in the UK. Rebecca Stratton (now based at Southampton) and Vera Todorovic attended to lend their expertise. Here are some of the main plans:

- Modify the community screening tool (launched at BAPEN 2000 in Harrogate) for use in nursing, residential and hospital care settings
- Make the tool more user-friendly
- Test the practicality, reliability and concurrent validity of the tool in different healthcare settings
- Publish a peer reviewed report
- Apply the tool widely to assess the healthcare resource implications of malnutrition in the UK and potential inequity of treatment

The members of MAG were delighted to hear that the Research Committee of the BDA have concluded that the MAG tool "has a better evidence-base to support its use than any other tools evaluated". Since the committee also made some recommendations to further improve the tool, it would be valuable for both commitees to meet to discuss these issues and consider how best to work together to combat the problem of malnutrition in the UK.

Building alliances

As well as developing the MAG tool, we have been actively engaged in dialogue with key professional and consumer organisations.

Over the last two months members of the following organisations have been contacted and are supportive of the MAG's aims and guidelines:

- Age Concern
- Carers' National Association
- Community Practitioners and Health Visitors Association
- Counsel and Care
- Long Term Medical Conditions Alliance
- Parkinson's Disease Society
- Registered Nursing Homes Association
- Royal College of Nursing

Your views: experiences of using the MAG tool

Finally, MAG is compiling case studies of people's experiences of implementing screening programmes, with a view to raising awareness of undernutrition amongst health care workers.

We plan to use these experiences, with an emphasis on those involving the MAG tool, as examples of best practice, which are relevant to the Department of Health's nursing benchmarking programme, the Essence of Care. We would be delighted to hear of your experiences and any materials you are using.

The MAG is keen to work as closely as possible with all elements of BAPEN. We would be delighted to hear from anyone.

For more information please contact the MAG Secretariat by telephone on 0207 309 1127, or write to MAG Secretariat, Porter's Place, 11-33 Porter's Place, St John St, London, EC1M 4GB.

Professor Marinos Elia
Chairman MAG.

Summary

MAG plan to modify the community screening tool (launched at BAPEN 2000 in Harrogate) for use in nursing, residential and hospital care settings.

MAG intend to test the practicality, reliability and concurrent validity of the tool in different health care settings.

MAG is building alliances with consumer and professional organisations.

Clips from Council

Council held its annual 'Think Tank' meeting in July and a full exchange of views took place on key strategic aspects of BAPEN's structure, operations and direction. Here is a synopsis of the discussion:

New Committee Structure

The new Research and Science Committee will be retained but the interface with the CNMG needs to be clarified. It was felt that the committee should act as a focus of expertise to encourage research and that it should capitalise on the enthusiasm of young investigators.

The remit of another key committee for the future, Clinical Governance, needs to be more precisely determined and a paper will be prepared for discussion at the November Council meeting. In the meantime, individuals are contributing to a Position Paper which it is hoped will identify minimum standards for Trusts on issues such as enteral feeding and nutritional assessment.

Focus for 2002

As reported in the last issue of In Touch, nutritional screening and drugs and artificial nutrition had already been adopted by Council as the two topics to focus on next year. In taking nutritional screening forward, it was thought imperative to consider the patient journey through all ages and in all settings. Each Standing Committee will be able to make a contribution but the work of the Malnutrition Advisory Group (MAG) will be fundamental. The existing tool is now recognised by the Dept. of Health, has been included within Essence of Care and is incorporated into Guidelines for Nutrition. MAG is now developing a more universally applied tool and additional members with specific expertise, in nursing homes for instance, will be co-opted to the group.

It was agreed that drugs and artificial nutrition was a clinical governance issue. It was considered that current guidance required consolidation in a new reference manual and proposals also included a wall chart aimed at nurses and pharmacists and practical information for patients. Draft documentation will be submitted for widespread consultation and final distribution could take place in 12-18 months.

Potential for Income Generation

A long discussion about membership and subscriptions took place. It was noted that new members had been recruited from the BSG and similar approaches have been made to oncologists and those working with the elderly, although no membership fee was charged. A parallel was drawn between BAPEN and the BSG of 10-15 years ago. Today, the BSG is a profitable organisation with revenues derived from subscriptions, journal, annual meeting and investments.

It was decided that a Working Party would be set up to examine membership and finances. Key topics to consider would include BAPEN fees, the annual meeting costs, recruitment priorities and cost savings.

Annual Programme 2002

With the need to reduce costs in mind, the length and timing of next year's meeting in relation to ESPEN 2002 in Glasgow was considered and, after some debate, it was decided that consideration should be given to holding the BAPEN meeting at the normal time but over two days instead of three. A day devoted to BAPEN would be followed by a 'uniprofessional day' and there would be a conference dinner.

Planning for the Future

Questions on whether clinical nutrition ought to be developed as a sub speciality and whether BAPEN should be a Society or an Association were discussed and these are strategy issues which will continue to be debated. However, hospital food was seen as immediately important and a symposium on the subject has been organised at the annual meeting this November.

Niall Bowen
Chairman, Communications Committee

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U.K. Dates

5 Oct	BAPEN Regional Meeting Inflamation & 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 Physisicians, 11 St Andrews Place, London NW1 4LE. Tel: 0207 486 0341 FAx: 0207 224 2012, Email: ddf@digestive disorders.org.ukj1
23 - 24 Nov	Nutrition & Health Conference	The Queen Elizabeth Conference Centre, London. For a registration brochure Fax: 020 84552126 email: admin@nutritionandhealth.co.uk
12 Dec	Clinical Nutrition	Royal College of Physicians,11 St Andrews Place, Regents Park, London NW1, Tel: 0207 486 0341

International Dates

28 Oct - 1 Nov	The Eigth World Congress of Intensive & Critical Care Medicine	Contact: The Eigth 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