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

Special Annual Meeting Edition

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## Contents

Chairman's Report	→
PCT Award	p3
Incentive for Nutrition	p3
LITRE	p4
Journal Watch	p5
National Minimum Standards	p6
PINNT	p8
ESPEN News	p9
Education & Training	p10
BANS	p10
Communications & Liaison	p11
MAG	p12
Diary Dates	p12

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## BAPEN Chairman's Report 2001

Harold Wilson, a predecessor of the current Prime Minister, made the perceptive remark that a week is a long time in politics. Never has this been more amply illustrated than by the tragic events that occurred this autumn with all the national and global ramifications.

For all those working in the healthcare professions, and many others, such wanton destruction of human life is anathema. Peaceful solutions must be sought, found and implemented.

Whereas a week may be a long time for a politician, a year is a short time for BAPEN! The fact that nutritional care impinges on so many aspects of clinical practice, the increasing demands on the time of all healthcare professionals, and the changing political framework require a focus from BAPEN without which much will be attempted, but little will be achieved.

### Three Areas

This year BAPEN is concentrating on three areas: Home Parenteral Nutrition (HPN), Drug Delivery in Enteral Tube Feeding and Nutritional Screening. HPN is a continuing area of concern with different arrangements for patient selection, supervision, and funding.

Following the development of a managed clinical network for HPN in Scotland Dr Barry Jones has taken on the task of investigating, developing and co-ordinating HPN delivery across the UK. There will be an HPN workshop at the start of the annual meeting this year when invited experts will identify problems and formulate ideas, taking into account the important views and experiences of the patients. Dr Jones will report back to the BAPEN meeting on the next day.

### BANS & Home Enteral Tube Feeding

The BANS report continues to demonstrate the large number of patients who are treated by home enteral tube feeding. The majority of these patients are elderly. Elderly patients often have concomitant disease requiring a range of medications. There is relatively little information about the methods and guidelines for drug delivery in such patients, and a great deal of

opportunity for clinical research. The pharmacists, Mr Bruce McElroy and Mrs Vicky Bradnam, will be involved in developing guidelines in laminated form for use on the wards and in nursing homes.

The third main area of focus is the excellent work of Professor Marinos Elia and the

Malnutrition Advisory Group (MAG). The development of community guidelines for nutritional screening last year is now being extended and adapted to include the hospital setting; the concept being a tool for the patient journey. This is an area in which the word focus is especially apt. Investigating the entire population is inappropriate.

Likewise the use of tools such as the BMI in populations at the extremes of life in whom such measurements require validation is an area requiring further research rather than current clinical application. At present malnutrition is not diagnosed in the majority of affected patients who are admitted to hospital; the development of an effective and user friendly hospital tool is an important contribution.

### ESPEN 2002

Now we come to a very important topic. For those of you who did not know or worse may have forgotten - ESPEN 2002 is taking place in Glasgow on August 31st to the 4th of September 2002. The weather will be wonderful, the whisky will flow, and the programme is excellent.

The theme of the meeting is 'Patients' Progress - The Journey From Science To Practice'. Science, education and clinical practice will all be incorporated within the themes of each session. Introductory science and introductory clinical sessions will also be included.

*Continued on Page 2*

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Professor Chris R Pennington  
Chairman

# Chairman's Report

*Continued from page 1*

Great emphasis is being given to the needs of young investigators, science and clinical, to present their work. There will be oral sessions and appropriate abstracts may be presented within the symposia. Chaired poster rounds will present the opportunity for investigators to disseminate their work in electronic form developed by Dr Jeremy Powell-Tuck.

The co-chairs, Professors Robert Grimble and Marinos Elia in science, and Mrs Pat Howard and Dr Jeremy Powell-Tuck within the education and clinical practice session have invested a great deal of work.

Mr Ken Cottam has worked very hard in the Programme Committee, has chaired the Finance Standing Committee and co-chaired the local Organising Committee. Mrs Lynn McCreedy has been instrumental in putting together a most attractive social programme. Please put these dates in your diary-a good meeting and an opportunity to visit Scotland!

## A Big Thank You

For much of the last ten years Mr Ken Cottam, ably assisted by Mrs Sheila Hunt, has provided organisational, office and secretarial support for a growing and demanding Association. Ken will be stepping down next year, initially as Chairman of the Finance Committee and after the BAPEN 2002 annual meeting as Chairman of the Programme Committee. BAPEN is greatly indebted to both of our colleagues.

Whereas Ken and Sheila will not be stepping down from office until next year, the transfer of the office to Redditch has been implemented thanks to the very hard work of our honorary secretary, Mrs Pat Howard, and Mrs Jennie Mort and her team. This type of exercise is always fraught with difficulty but has been achieved with surprisingly few problems. BAPEN is very grateful to those concerned.

Mrs Howard replaced Mrs Ann Micklewright as secretary at the last Annual General Meeting in May. Ann had made a very valuable contribution as secretary and officer. Ann was part of many of the important BAPEN initiatives and her presence on Council will be missed.

When Pat stood down as Chairman of the Education Committee she left one of the most successful of the BAPEN committees

and initiatives, not least of which has been the Grasmere course. More than 50 nutrition support teams have attended the course. We wish Dr Rosemary Richardson well in her Chairmanship of this committee.

## New Publications

Two new publications are under preparation by small but multiprofessional BAPEN working parties. Dr Tim Bowling is preparing a handbook on nutrition and nutrition support for the young clinician. Mrs Janet Baxter and her group are preparing evidence-based guidelines to replace the outdated publication on Parenteral Nutrition in Adults. Both of these activities relate to the quality of care.

The Clinical Governance Committee headed by Mr Gordon Carlson has a very important role in setting standards and audit. The group is working on a governance document that should be available next year, and it is establishing links with the colleges.

I have a concern that the impact of the great deal of work in which BAPEN has been involved may be diminished by a misunderstanding of the BAPEN title which refers only to nutrition support techniques. For this reason Council is considering a tie line relating BAPEN to malnutrition in disease.

We hope that this will facilitate better understanding within the DOH and other organisations. Nutrition is now recognised to be important in many specialities with which we have much in common. We have extended an invitation to colleagues in the fields of gastroenterology, oncology and care of the elderly practice to join BAPEN. So far we have 60 new gastroenterology members.

## Research Role

One of the most difficult yet important roles in BAPEN is research and science. The CMNG as a group have always contributed in an area in which BAPEN as an Association is relatively weak. Professor Agustino Pierro, currently Chairman of the CMNG, has agreed to chair a new Research and Science Committee.

The committee will be considering the principle of the introduction of research grants in enteral and parenteral nutrition to support young investigators. This requires funding. My predecessor Dr David Silk, who chairs the Trustees, has undertaken to raise money for BAPEN research through the Trustees.

## Funding Concerns

There is a paradox, whereby Government regards nutrition as a priority and yet the purse strings for so many nutrition projects remain tight - notably for BANS, which has generated very valuable data.

Furthermore the funding of BAPEN, quite apart from ambitious research projects, is an increasing cause for concern due to increasing activity and diminishing income. We hope that by increasing the appeal of BAPEN to other specialities we will attract more industrial affiliates, and the possible move towards a Society needs careful consideration.

The Chairman of the Finance Committee, Mr Ken Cottam, has been asked to convene a strategy committee within the next few weeks to consider the options. This paper will be presented to Council in February. We hope to have the formal report from the Strategic Advisory Group by then, when hard decisions may be required. Heavy losses on annual meetings can no longer be sustained.

## Annual Meeting

The annual meeting this year is a tribute to the Programme Committee and the contributions from the founder groups. The BAPEN symposium is titled 'Nutrition for Life', and addresses interesting and important topics such as fetal nutrition and adult disease.

The CMNG symposium will consider 'The endocrine and nutritional modulation of the metabolic response to stress'. There is an early day symposium on hospital food, and the founder groups have put together stimulating programmes with multiprofessional relevance. I would encourage you to attend.

## Improving Nutritional Care

BAPEN has played an important role in the improvement of nutritional care for patients over the last ten years. These achievements reflect the hard work and dedication of many colleagues who are too numerous to name.

I would like to thank all those people who have contributed to BAPEN. I especially wish to thank my colleagues for help and support over the last year and I look forward to working with you all during the next year. Much has yet to be done!

*Professor Chris R Pennington  
Chairman*

# National Primary Care Development Award for BAPEN Northern Ireland Regional Representative

An award has been granted to conduct a randomised controlled trial of an educational intervention with the Primary Care Team (PCT) to improve care of patients receiving enteral feeding in primary care.

The increase in Home Enteral Tube Feeding is well documented through BANS. Although the number of patients has increased, service provision for patients in primary care has been in the main active rather than proactive. This leads to difficulties for patients and carers and also for the health professionals involved.

Recent work from Northern Ireland shows that most GP's (91%) felt they had received no education regarding PEG's and 53% of the GP's surveyed encountered problems (Heaney & Tham, 2001)<sup>1</sup>. McNamara and colleagues (2000)<sup>2</sup> reported that patients and carers in the Republic of Ireland lacked confidence in their GP's knowledge of enteral tube feeding; only 19% of patients / carers said that they felt confident in their GP's knowledge of the process.

Important issues for primary care are education of the PCT to improve patient care and facilitate improvements in the quality of life of this patient group. The study will aim to develop and implement an educational intervention with the PCT and evaluate the outcomes of such an intervention.

Part one of the study will involve questionnaire development and training development following a review of the literature and the use of focus groups with both the PCT and patients outside the study area. The randomised controlled trial will take place within the Eastern Board area of Northern Ireland. The patients, named GP and nursing staff will be randomised into two groups; one group to receive training and one group who will have no training. Pre and post intervention

questionnaires will measure any change in knowledge of the PCT. Pre and post intervention questionnaires will measure patient / carer satisfaction, confidence and comfort with enteral feeding between the two groups.

## Benefits to Primary Care

The project will record how patients and carers cope with enteral feeding and evaluate an educational intervention with the PCT. It will also address the concerns of the PCT by developing suitable and accessible educational resources (e.g. written materials, a CD-Rom or the development of a web site for the PCT) for use within primary care.

It will facilitate the development of opportunities for promoting health and well being within primary care by building in appropriate advice and support to every encounter with patients and their carers.

The project should address one of the areas highlighted, which is education of primary care professionals and community carers. It should also inform commissioners of services of the care needs of this patient group.

The significant increases in enteral feeding and its extension into the home setting, coupled with a lack of documented information on its current use has necessitated a review of the multidisciplinary group, Clinical Resource Efficiency Support Team, CREST, in Northern Ireland.

*Sharon Madigan SRD, Community Dietitian, North & West Belfast Health & Social Services Trust*

## References

- 1 McNamara EP, et al (2000) Enteral tube feeding in the community: survey of adult patients discharged from a Dublin hospital. *Clin Nutr*;19(1):15-22.
2. Heaney A; Tham TCK; (2001) Percutaneous endoscopic gastrostomies: attitudes of general practitioners and how management may be improved *Brit Journal Gen Pract*. 51: 128

## Summary

*An award has been granted to conduct a randomised controlled trial of an educational intervention with the Primary Care Team (PCT) to improve care of patients receiving enteral feeding in primary care.*

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## An Incentive for Nutrition?

Nottingham guidelines about using oral nutritional supplements with adults in the community were launched in autumn 2000. These had been developed in consultation with hospital and community staff in what was clearly only the first stage of a process of implementation.

Dietitians involved in the project were keen to find ways of helping community staff, particularly GP's and community nurses, to incorporate the guidelines into practice. A half-day training session about using the guidelines was successfully developed and piloted but getting the appropriate people to attend has proved more difficult.

One opportunity has been to incorporate a target about sip feeds into the GP incentive scheme organised by local pharmacy advisors. Some readers will be more familiar with such schemes than we were; the scheme in Nottingham involves GP practices carrying out specific projects in a number

of core target areas. If targets are met, a certain amount of additional money is available to the practice.

After discussion with pharmacy advisors, a target about the use of sip feeds has been made compulsory in one of Nottingham's PCT's, with another PCT making it an optional target.

This will enable us to try out this approach, extending it if successful. Practices taking part carry out a small audit of current sip feed use, using a simple audit tool based on the guidelines. Two staff (a GP and community nurse) must attend a training session and the audit is repeated six months later to see if practice has changed. The incentive scheme is intended to increase awareness and stimulate thinking, and is deliberately kept quite practical with realistic and achievable targets. Individuals attending the training, which is PGEA accredited, receive a certificate of attendance.

*Gillian White SRD, Sarah Kay SRD,  
Home Nutrition Support Dietitians, Nottingham*

# Nutrition Support Study Day

We were very fortunate to attend the BAPEN Midland Nutritional Support Study Day. The workshops in the morning provided a forum for the sharing of best practice and clinical experience. The first session was entitled PEG's and PEJ's and was led by Dr Tim Bowling – Consultant Gastroenterologist at City General Hospital, Stoke-on-Trent. The aims were to discuss the appropriateness of patient selection for PEGs, the control of this and whether those patients with PEGs placed received effective follow up and re-assessment. The session was very stimulating and provoked a lot of discussion surrounding the ethics of patient selection and the efficacy of artificial nutrition support in different patient groups. Dr Bowling presented evidence from various audits and postal surveys.

Nutrition Nurse Specialist, Susanne Wood from Kingston Hospital, presented an informative session on Intravenous Access for Nutritional Support. She stressed that one of the most important aspects when considering intravenous feeding was to be clear where the position of the tip of the catheter/cannula will lie. Some of the most common misunderstandings were about terminology around type and length of lines: for example subclavian = long line (PICC); antecubital fossa = mid line (PIC). Other problems associated with Parenteral

Nutrition (PN) include: infusate that will support bacterial and fungal growth and the number of patients assessed for PN who have already had multiple venous accesses prior to the need for PN. Susanne highlighted a study by Palmer (1996) – Short Cannula vs Midline Catheter. This invoked some discussion around the appropriateness of feeding. One section of the study group considering they needed their venflons rotated every 12 hours when the most common problem with PN is venous access! Susanne took a very specialist area and made it accessible to all.

Dr Barry Jones, Consultant Gastroenterologist, Russells Hall Hospital presented another stimulating session – Naso Enteral Route – that went hand in hand with Dr Tim Bowling's session. He looked in particular at post pyloric feeding in cases of reduced gastric emptying or where large gastric aspirates are present, highlighting studies and cases which demonstrated that post pyloric feeding may not be the most appropriate route as the presence of feed and chyme in the duodenum inhibits gastric emptying. One of the things that many delegates said that they would take away with them was the Protocol for Flushing Feeding Tubes. Dr Jones talked about pulsating the flush so that it caused turbulence inside the tube more readily removing feed and

other debris. This procedure will also prevent the tube blocking by debris of feed interacting with drugs administered through the tube. When you consider the number of tubes that have to be removed due to blocking, this presents itself as a very simple solution to a problem that can be very invasive for patients.

The afternoon session, which is normally the most difficult, (post lunch sleep time) was led by Dr Jeremy Powell-Tuck, Consultant Gastroenterologist, and Kate Durman, Senior Dietitian from the Royal London Hospital. Those of you who know Dr Powell-Tuck will know that there was no sleeping. Dr Powell-Tuck and Kate Durman presented three very interesting case studies based around patients with Crohn's disease and the management through nutritional support. Dr Powell-Tuck went on to look at nutrition and inflammation, taking an in-depth look at the physiological effects of inflammation on nutrition and how nutrition can be used to assist with the treatment of inflammation, giving our organiser, Dr Chuka Nwokolo, a lot to think about in relation to immunonutrition feeds.

Another successful day for all involved and we hope that Dr Chuka Nwokolo and his co organisers will continue to run more successful Study Days.

*Nottingham Delegates*

## Annual LITRE Report - Main Activities and Achievements

### The LITRE Drip Stand

After much consultation this has been updated and the new features are.

- A wider base to provide greater stability
- A longer extension handle to give more height
- Two Velcro straps to secure the feeding bag to the stand
- The tube clip has been removed as it was a potential hazard to feed bags
- Patients will have the choice of a short hook for TPN or a long one for the larger enteral container
- The new colour will be light grey

### Gastrostomy Survey

The questionnaires have been circulated to over 70 centres which confirmed that they were prepared to take part. We were also able to confirm that the study had received ethical approval from MREC. This should make it straightforward for the participating centres to gain ethical approval from their own NHS Trust's LREC. We look forward to receiving completed surveys next year.

### HPN Equipment checklist

- The present home checklist has been updated and will be available after our next meeting

### Pump Assessment Tables

- The questionnaire produced in collaboration with the MDA is in its final draft and will form part of their next report on feeding pumps. We hope to start circulation in the New Year.

### TPN Line Blockage Questionnaire

- This ongoing project has been updated and the revised questionnaire should start being circulated after our next meeting.

### Key Aims and Activities for 2002

- Build database for Gastrostomy Survey to analyse results
- Prepare a report on the results of the TPN Line Blockage Questionnaire
- Update holiday checklist for PINNT to include safety of X-ray at airports on pumps and feeds
- Produce a Patients' Charter to standardise training by home care companies and detailing equipment, supply, delivery, and service for patients on HEN and HPN
- Follow up the results of the pump assessment tables with the MDA

### Committee Membership

Our membership has had two Industry representatives this year, Helen Adamson and Sally Whitson, but both have now moved on and we await their replacement. Come back Cameron all is forgiven! We have two patients, Carolyn Wheatley (HPN) and Geoff Simmonett (HEN) plus two corresponding patients, Christine Porrett and Adam Duncombe, who are unable to attend meetings at present. Fiona Smedley, Dietitian; Jeremy Nightingale, Gastroenterology Specialist; Sian Thomas, Paediatric Nutrition Nurse; Lisa Harrison, Dietitian/ Carer; Martin Lee; Pharmacist; Zoe Warman, Nutritional Nurse Specialist; Teresa Dunn, MDA Pump Assessment Manager.

*Geoff Simmonett, Chairman*

## Journal Watch - from an NNNG Perspective

The second in our series. Judith McGovern Nutrition Nurse Specialist comments on the following papers::

**Pratt, R. J. et al. (2001). Guidelines for preventing infections associated with the insertion and maintenance of central venous catheters. Journal of Hospital Infection, 47 (supplement): 47-67.**

In 1998, the DoH (England) commissioned national evidence-based guidelines for preventing healthcare associated infections. In the first phase three areas were focused upon, central venous catheters (CVC) being one of them. These guidelines are systematically developed broad statements of good practice that all practitioners can use and which can be incorporated into local protocols.

Evidence-based recommendations are stated for preventing hospital-acquired infections associated with the use of CVC's in patients who are four years of age or older. The recommendations cover the following areas: catheter type; insertion site; aseptic technique during catheter insertion; skin asepsis; catheter and site care; replacement strategies and antibiotic prophylaxis. Note that subsequent patient management is not addressed.

The recommendations have been derived from systematic review of the literature and expert opinion where evidence is scant and categorised 1-3. The grade alerts the practitioner to the type of evidence that underpins each recommendation and does not imply that one recommendation is more or less important than the others.

As mentioned earlier these are broad guidelines and do not fully acknowledge certain specialist areas, such as parenteral

nutrition, but are still highly relevant. It is suggested that 6,000 patients in the UK acquire a catheter-related bloodstream infection each year and it is known that parenteral nutrition patients are a high-risk group. By incorporating these guidelines into local protocols they provide a baseline for clinical audit, evaluation and education, also focusing on important issues for clinical governance.

**Cresswell, L, (2001). Home Parenteral Nutrition – The Practice. Complete Nutrition Vol.1; No.4: 27-29.**

This article provides an overview of the complexity of home parenteral nutrition (HPN) based on the experience of one centre discharging approximately 10 patients per year. Patient suitability, training, home assessment and funding are discussed along with the necessity of careful discharge planning from hospital to home to make the transaction as smooth as possible. It highlights that a great deal of commitment from the patient, carers and Nutrition Support Team is required for HPN to be successful and provides a good focus for those who are contemplating or developing a service for such patients.

**Essential Skills: Nasogastric tube insertion Nursing Standard (2001) Vol.15;No.51:September 5-11.**

This feature is part of a monthly collectable guide to core clinical procedures for nurses. It does not provide evidence to base the suggested practice upon and the readers should be aware of this. Other journal articles providing good evidence for practice for the same topic include those by Colagiovanni (1999) and Burnham (2000) and are a good starting point for the development of local protocols.

*Judith McGovern  
Nutrition Nurse Specialist  
Norfolk & Norwich University Trust*

## Clinical Governance Update

The Clinical Governance Committee met for the first time in February and again in September this year. There is potentially a very wide brief for this group and it has been decided to start off by producing documents which set minimum standards for the practice of nutritional assessment and support.

It is hoped that ultimately we will be able to join forces with the various Royal Colleges and the Department of Health to give such work more influence over trusts and day to day practice. At the moment though it is early!

The Committee consists of:

Claire Archer  
Tim Bowling  
Annmarie Daniels  
Vicky Bradnam  
Gordon Carlson  
Sue Jones  
Dave Schnieder  
Vera Todorovic

*Dr. Tim Bowling  
(Acting Chairman)*

## 2nd International Conference IV Therapy

### Home & Hospital

6th & 7th March 2002  
At the John Radcliffe Hospital

A 2 day conference on all aspects of Intravenous Therapy

Aimed at:

Community: GP's and Nurses  
Hospital: All Healthcare Professionals  
Students: Medical and Nursing

Day 1: 'Understanding Veins'. Venous Anatomy and Physiology, the complications which can occur and their prevention.

Day 2: 'The Patients Journey'. From Admission through discharge and home care.

For Further Information Contact Helen Harris, Helen Hamilton or Sarah Drewett, TPN Line Insertion Level 6, C/D Corridor John Radcliffe Hospital, Headley Way, Headlington, Oxford, OX3 9DU

Tel: 01865 221653, Fax: 01865 222047,  
Email: helen@johnradcliffe.fsnet.co.uk

If you are interested in submitting a poster abstract, please contact above.

# National Minimum Standards

'Putting nutri



Rachael Masters

The importance of the nutritional care of the elderly in long term care has been recently highlighted in the National Minimum Standards - Care Homes for Older People<sup>1</sup>, Caroline Walker Trust's Eating Well for Older People<sup>2</sup> National Service

Framework for Older People<sup>3</sup> and other nutrition-related standards and guidelines<sup>4-9</sup>. This focus on nutrition is not solely related to nutrient availability and consumption, but also the value of environment and social interaction. Indeed, in long term care establishments there is evidence that there is a relationship between meal provision and quality of life<sup>1</sup>.

Whilst, central government is keen to set standards of healthcare, which incorporate nutrition, it is ultimately the commitment from staff in the implementation and monitoring of these standards that will impact on patient care.

County Durham and Teeside Education and Training Consortium and industry supported a project called "Focus on Food" that sought to:

- assist all grades of care home staff to encompass relevant nutrition-related guidelines and standards into a format which they can incorporate into their everyday practices
- facilitate staff to identify and treat undernutrition using the Malnutrition Advisory Group (MAG) nutritional screening tool and encourage energy dense foods and drinks as treatment
- assist staff to take a holistic view of residents' dietary needs in a practical format, including planning nutritious menus, assessing dietary needs, providing an appropriate eating environment and assisting residents with meals.

The project is being undertaken in six nursing homes and implements locally agreed nutrition standards, practical guidelines and recipe books. Three different types of facilitation are being used and evaluated to determine which is the most effective and acceptable in optimising nutritional care:

- two homes randomised to traditional in-house training for catering and healthcare staff
- two homes randomised to open and flexible nutrition learning packages developed by Partnership for Active Continuous Education (PACE), Queen Margaret University College, Edinburgh are used for healthcare staff and in-house training for catering staff
- two homes given no training or support

The standards and guidelines developed by "Focus on Food" are based on recognised nutrition-related guidelines and standards<sup>1-9</sup>, the most prominent being the National Minimum Standards - Care Homes for Older People<sup>1</sup>, which was launched in March 2001. All care homes for older people will be inspected against these standards from April 2002 by the National Care Standards Commission. The "National Minimum Standards" will replace the Registered Homes Act 1984<sup>12</sup>, whose only nutrition standard was "to supply adequate food for every patient". Although the new "National Minimum Standards" incorporate significantly more nutrition and dietary care standards, dietitians nationally still have grave concerns regarding the lack of nutritional specifications.

The following discusses each of the standards related to nutrition in the "National Minimum Standards", and makes suggestions on how "Focus on Food" aims to incorporate them into everyday care practices.

## Nutrition and the National Minimum Standards

### Standard 3: - Needs assessment

3.3: A full assessment is undertaken by people trained to do so, and to which the service user, their representatives and relevant parties have been party, including diet and weight, including dietary preferences.

As no guidance is provided on what constitutes a dietary needs assessment, "Focus on Food" consulted other guidelines and standards<sup>1-9</sup>, in order to develop a dietary assessment sheet (see below). This should be completed on each resident within one week of admission and sequentially at six monthly intervals. This assessment which takes about 3 minutes to complete includes:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Admission weight</li><li>• Height</li><li>• Body Mass Index</li></ul>                            | <ul style="list-style-type: none"><li>• Recent changes in appetite</li><li>• Recent changes in weight</li><li>• Special dietary needs (inc. therapeutic diets and allergies)</li><li>• Specific request re: meals, e.g. adapted utensils, meal times</li></ul> |
| <ul style="list-style-type: none"><li>• Food likes &amp; dislikes</li></ul>  | <ul style="list-style-type: none"><li>• Preferred eating environment</li><li>• Swallowing problems</li><li>• Medication which directly affect appetite/dietary intake</li></ul>  |
| <ul style="list-style-type: none"><li>• Oral health problems</li><li>• Assistance with eating</li><li>• Preferred portion size</li></ul> |  |

Any dietary needs identified are supported by a care plan. Staff receive training on the dietary assessment sheet and practical interventions for each area.

### Standard 7: Service user plan

7.7: The service user's plan is reviewed by care staff in the home at least once a month, updated to reflect changing needs and current objectives for health and personnel care and implemented.

"Focus on Food" recommends that the monthly updating of nutrition-related plans should report on factors such as weight change, dietary intake, undern risk, compliance of drinking dietary supplement.

### Standard 8: Health care

8.9: Nutritional screening is undertaken on admission and subsequently on a periodic basis, a record maintained of nutritional status including weight gain or loss and appropriate action taken.

"Focus on Food" also includes the MAG which is completed on admission and thereafter. A dietary intervention care pathway has been developed for the MAG tool outcomes. All interventions based on the use of everyday food ingredients, such as food fortification calorie nourishing drinks (at least 300 10g, protein/200mls), nourishing snack charts, vitamin supplementation, refer to a dietitian.

Standard recipes are provided for all 1000 calorie dishes and drinks. In order to reduce the cooks workload, all fortified dishes are made from the bulk dish, e.g. custard then specific quantities of ingredients such as milk powder, cream, milk.

### Standard 9: Medications

9.3: Records are kept of all current medications  
9.7: All medicines are administered by designated and appropriately trained staff

It is widely acknowledged that prescribed dietary supplements are often not given to prescribed resident, but given ad hoc to residents who may not have eaten their meal. "Focus on Food" recommends that dietary supplements are only given if recommended by a dietitian and documented in the drug cardexes to ensure compliance to the designated resident.

Previously many care staff have been unaware of dietary supplements and their use as a treatment for residents not eating which led to inappropriate use. This project appears to have raised staff awareness of other dietary interventions, because practical strategies are now in place through training, guidelines and recipe resources.

Standard 12: Social contact and activities  
12.1: The routines of daily living and activities made available are flexible and varied to meet the service user's expectations, preferences and capacities.

12.2: Service users have the opportunity to exercise their choice in relation to food and mealtimes.

# - Care Homes for Older People

## 'rition standards into practice'

In a large care home, it must be challenging for staff to successfully meet the expectations of each resident in relation to specific food preferences, timing of meals and content of meals. However, the food residents eat is often one of the few areas of life they can exert their individual control and this should be encouraged whenever possible. However, it has been observed that staff decide how many sandwiches and what type of fillings a resident eats, even when the resident has the capability to decide for him/herself. Even this aspect of choice is sometimes removed from them.

### Standard 15: Meals and mealtimes

15.1: The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individually assessed and recorded requirements, and that meals are taken in a congenial setting at flexible times.

15.2: Each service user is offered three full meals each day (at least one of which must be cooked) at intervals of not more than five hours

15.3: Hot and cold drinks and snacks are available at all times and offered regularly. A snack meal should be offered in the evening and the interval between this and breakfast the following morning should be no more than 12 hours

15.4: Food, including liquefied meals, is presented in a manner, which is attractive, and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition

15.5: Special therapeutic diets/feeds are provided when advised by health care and dietetic staff, including adequate provision of calcium and vitamin D

15.6: Religious or cultural dietary needs are catered for as agreed at admission and recorded in the care plan and food for special occasions is available

15.7: The registered person ensures that there is a menu (changed regularly) offering choice of meals in written and other formats to suit the capacities of all service users which is given, read or explained to the service users

15.8: The registered person ensures that mealtimes are unhurried with service users begin given sufficient time to eat

15.9: Staff are ready to offer assistance where necessary, discreetly, sensitivity and individually while independent eating is encouraged for as long as possible

The "National Minimum Standards" makes no reference to what is a "wholesome nutritious diet" or an "individually assessed and recorded dietary requirements". However, reference is

made to Caroline Walker's Trust "Eating well for older people" <sup>2</sup> and Voices "Eating well for older people with dementia"<sup>8</sup>, which contain specific recommendations on the nutritional requirements and menu planning for older people.

Although a standard is set on the maximum times between meals of 5 hours, it should be recommended to have minimum timings between meals of 2 - 3 hours, to allow residents' appetites to be stimulated. It is not uncommon for a resident to be offered all their main meals and two in-between meal snacks within 8 hours (9am - 5pm), then decline supper resulting in a 16 hour period between tea and breakfast the following morning.

Although acknowledgement is made on snack provision, no reference is made to nutrient dense snacks, which are required by some residents to fulfil their nutritional requirements, as care homes often provide plain commercial biscuits mid-morning and afternoon (35-50 calories). Although "Focus on Food" recommends a plain biscuit mid-morning to minimise the effect on lunchtime appetites, for mid afternoon and supper a nutrient dense snack is recommended, such as a small piece of cake, teacake, malt loaf.

Apart from regularly changed menus which are visible to residents, no guidance is given on the quality or content of the menu cycle. In view of this "Focus on Food" referred to other nutrition-related guidelines<sup>1-9</sup> and implemented 18 recommendations for menu planning in the elderly.

The "National Minimum Standards" give no indication on the amount allocated to money spent on food ingredients. Caroline Walker Trust<sup>2</sup> identified that it is difficult to provide an adequate nutritious diet for less than £15.00 per week, per resident, which equates to £17.70 in 2001. At present the average cost for the project homes is £14.06 (£2.01 per day).

### Standard 27 – Staff complement

27.7 Domestic staff are employed in sufficient numbers to ensure that standards relating to food, hygiene and nutrition are fully meet and that the home is maintained in a clean and hygienic state, free from dirt and unpleasant odours.

A project home innovatively fulfilled this by employing a domestic hostess, whose role includes distributing the mid-morning and mid afternoon drink/snack trolley, laying the dining room, updating the daily menus on tables. Their role was priceless in meeting the individual dietary needs of residents, and it prevented carers from being removed from the "floor" as in some homes the drinks and snacks were often rushed due to time pressures.

## Summary

*The standards and guidelines developed by "Focus on Food" are based on recognised nutrition-related guidelines and standards<sup>1-9</sup>, the most prominent being the National Minimum Standards - Care Homes for Older People<sup>1</sup>, which was launched in March 2001. All care homes for older people will be inspected against these standards from April 2002 by the National Care Standards Commission.*

*The "National Minimum Standards" will replace the Registered Homes Act 1984<sup>12</sup>, whose only nutrition standard was "to supply adequate food for every patient". Although the new "National Minimum Standards" incorporate significantly more nutrition and dietary care standards, dietitians nationally still have grave concerns regarding the lack of nutritional specifications.*

*In this project "Focus on Food" any dietary needs identified are supported by a care plan. Staff receive training on the dietary assessment sheet and practical intervention for each one.*

*"Focus on Food" recommends that dietary supplements are only given if recommended by a dietitian.*

# P.I.N.N.T Presentation at ESPEN - What can we learn from the patient?

It was indeed an honour to be invited to participate in the 23rd ESPEN education programme in Munich this year. The session, I presented at was entitled "What do patients on artificial nutrition support expect from their doctors and caregivers and what do they get?" It was an opportunity for me as a representative of P.I.N.N.T. to voice the opinions of patients in the United Kingdom.

The objectives of the session were:

- To highlight the needs of those patients dependent upon artificial nutrition.
- Discuss the impact that "protocols" and "guidelines" have on patient care.
- Question whether established support networks actually meet patients needs.
- Examine local services and ask for respect of patient's values and preference.

At first glance this was a daunting task for me, the token patient voice!

I hope the message was clear that gone are the days when patients were passive recipients of healthcare. What many patients feel they need is an open dialogue with healthcare providers that allows recipients of that care to communicate their needs and expectations. In other words, "teamwork" and "partnerships" are crucial to efficient and effective patient care. For example, the patient and clinicians should, on equal terms, discuss treatment/management options and the healthcare professional should ensure the patients clearly understand treatments and their realistic outcomes.

My presentation underlined the fact that patients feel the key to the success of home enteral nutrition is a robust support network. Artificial nutrition is a successful therapy but is not without risks and this was highlighted with emphasis on how

patients need reliable and easily accessible support and expertise. It is important that an appreciation on how patients "lives" and "needs" change and how constant review is essential. Personal beliefs and individual assessment of quality of life are important issues to bear in mind and these issues were drawn to the attention of the predominantly healthcare audience who attended my presentation.

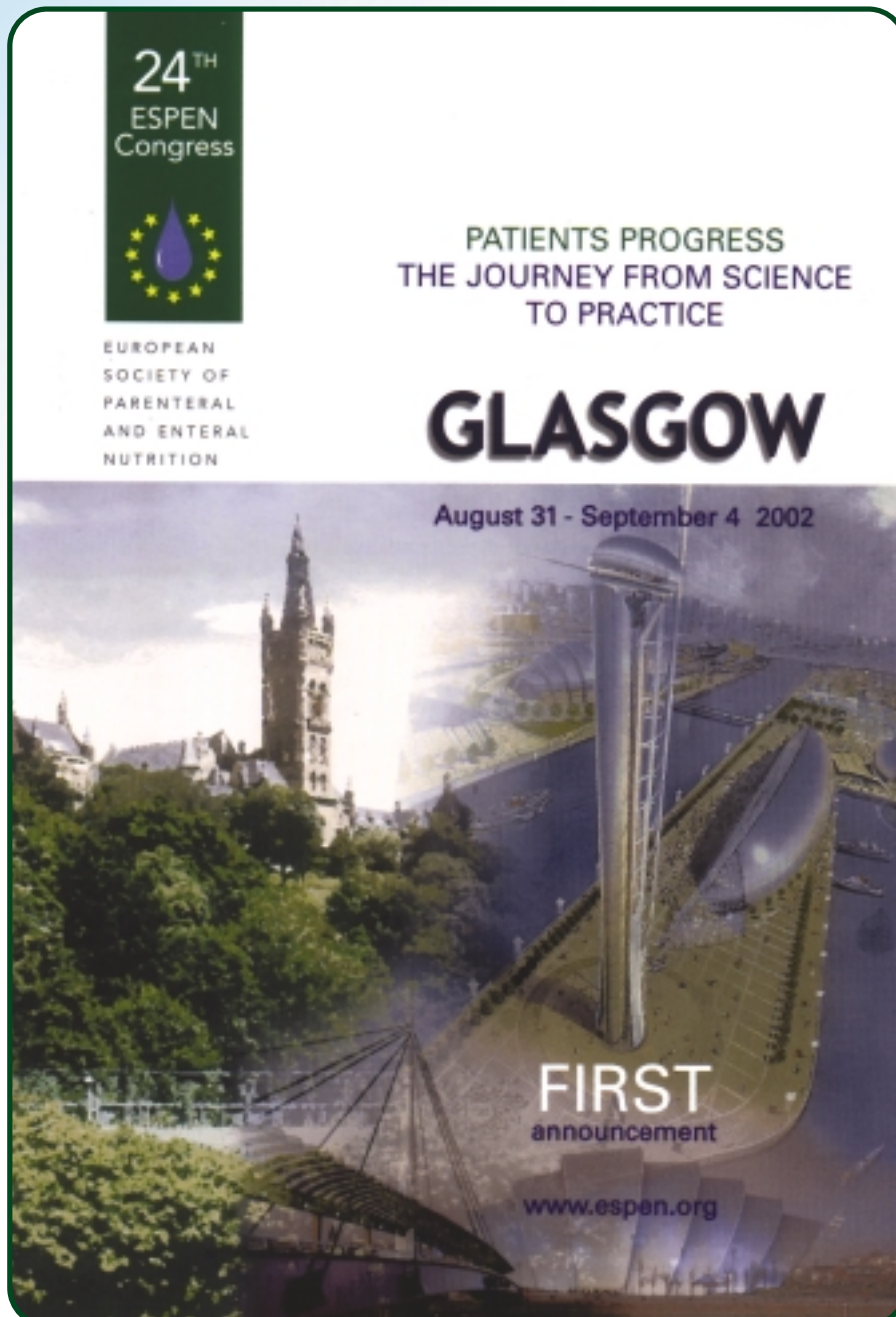
From a personal perspective, fear and nerves were rampant prior to my standing in front of the audience and giving my presentation. My co-chairman, Mathias Plauth (Germany) and Pat Howard (UK) along with my co-presenters showed unanimous support and encouragement which enabled me to deliver patient opinion to a very receptive audience. Once the educational session was complete there were a number of people who waited to discuss salient points in more detail with me and to ask further questions.

My initial apprehension as to how patients opinions would be perceived by the "professionals" were unfounded and I was pleasantly surprised to find people related to the basic message that it is often the foundations of support networks that tend to get overlooked. Review and assessment as to whether they meet patients needs were generally not done but I hope my presentation went some way to making things change in the future.

Patient involvement is an integral component of care and the principals of "teamwork" and "partnerships" are essential. However, there was some discussion round the issue that patients themselves also need to appreciate that it may not be possible to meet all patients requirements but again this needs to be discussed fully with the patient and I of course agree with this.

In summary, I was delighted to be involved in this very patient focussed session, which included the voice of the patient. This is exactly how we perceive the future relationship with our professional carers should be. One that involves open discussion in which opinions are appreciated and fully discussed by all parties.

Carolyn Wheatley  
(HPN patient)  
Chairman P.I.N.N.T  
(Patients on Intravenous and Naso gastric  
Nutritional Therapy)



# ESPEN News

The 23rd ESPEN congress in Munich is now behind us. There were 3399 attendees from 68 nations, 263 from the UK. 389 abstracts were submitted of which 299 (77%) were accepted and it was noticeable that there were many important and well presented posters on show at this meeting. The UK submitted the most abstracts (55) after Germany (61) and had a 67% acceptance rate. The quality rather than the quantity of our abstracts it seems needs to improve!

Don't forget the 24th, next year's ESPEN congress, is in the SECC, Glasgow under BAPEN organisation – August 31st-September 4th 2002. We are all very keen to see that it is a great success. Much work has gone into its planning and there will be a real drive towards innovation. More of that in another report nearer the time.

Council met at Munich 8th September 2001 and the AGM was held 12th September.

Much is being done to develop ESPEN's contribution to worldwide nutrition support. The web site is being completely overhauled and developed by Claude Pichard – [www.espen.org](http://www.espen.org). A "virtual university" is being planned. Two extra research fellowships of 15,000 euro each are to be funded (by industry). A new book Basics in Clinical Nutrition 2nd edition, ed Lubos Sobotka (Assoc editors Allison, Furst, Meier, Pertkiewicz, Soeters, Stanga), has been published - for information: [www.espen.org](http://www.espen.org) cost 23 euros - as reported in my last bulletin.

The Advanced Course in Clinical Nutrition will again be held in Maastricht and Bonn May 20th –31st 2002. It is in English and it would be good to see more BAPEN members attending this fully subsidised and excellent course – contact the secretary: [secretary.deutz@ah.unimaas.nl](mailto:secretary.deutz@ah.unimaas.nl), phone +31-43-387.74.89,

Fax +31-43-387.54.73 for further information.

The society's journal, Clinical Nutrition, goes from strength to strength under Miquel Gassull's editorship. It is available free to ESPEN members in electronic form which includes pre-publication of papers about to appear:

[www.harcourt-international.com/journals/clnu](http://www.harcourt-international.com/journals/clnu).

Publication time from acceptance is now averaging six weeks and the impact factor has risen to 1.4.

In the UK we have 70 regular and 169 block members of ESPEN. There has been considerable confusion over the block membership and a large number of people have not paid this year, which is causing understandable consternation among the ESPEN officers. Block members pay ESPEN through BAPEN's central office – if in doubt please contact [correen@sovereignconference.co.uk](mailto:correen@sovereignconference.co.uk). The plan is for reminders to be put out as circulars in BAPEN mailings twice a year and for cheques to be collated in BAPEN's central office before forwarding to the ESPEN treasurer. Please watch out for the reminders if you want to continue to benefit from the very generous terms offered to block members.

The Council was told that current fees for a block member at 45 euro and for a regular member 70 euro were resulting in a net loss per member. In order to break even the block membership needed to rise above 68.5 euro. On this basis it was agreed that next year's subscription fees would increase to 70 euros for a block member and 100 euro for a regular member. This is still a very low subscription for an international society of ESPEN's standing and continues to include the journal.

*Dr Jeremy Powell-Tuck  
UK council member of ESPEN*

## National Minimum Standards - Care Homes for Older People continued from page 7.

### Standard 31- Day to day operations

31.5 The manager and other senior staff are familiar with the conditions/disease associated with old age

Unfortunately the "National Minimum Standards" still does not require catering staff to obtain recognised qualifications, or mandatory nutrition training for healthcare staff. Although 50% of care staff will be required to achieve NVQ II, which incorporates some elements of dietary care.

However, interpretation of the various standards, (especially standards 3.3, 9.7 and 31.5) paves the way for numerous nutrition training opportunities.

### Nutrition Training Opportunity

• Standard 3.3: promotes training on dietary assessment of older people, which could incorporate undernutrition screening, supported by practical dietary interventions.

• Standard 9.7: promotes training on nutrition related medications (laxatives, dietary supplements), which could incorporate information on the development of the condition, dietary interventions to encourage prior to prescribed medications.

• Standard 31.5: promotes training on the nutrition needs of older people, which could incorporate how the ageing process can affect residents dietary needs

Although the "National Minimum Standards" may not be the "gold standard" state registered dietitians desire for care homes, they do provide an excellent stepping stone for dietitians and other health professionals to embrace and use to promote best nutrition and dietary practices in care homes throughout England and Wales.

*Rachael Masters SRD  
Community Dietitian "Focus on Food"  
Project Co-ordinator  
Bishop Auckland General Hospital,  
South Durham Health Care NHS Trust*

### References

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# Annual Education & Training Report - Main Activities



Dr Rosemary Richardson

## Practical Nutritional Support – Working Together

The 11th Grasmere course was held in February. This year the course team welcomed a group from New Zealand. The course evaluation continues to be favourable but doesn't mean the tutors become complacent. New initiatives include working on a paediatric element of this course.

## Information about Courses Related to Nutritional Support

The education and training would ask that BAPEN members continue to inform us of courses/educational developments that would be of interest to individuals 'hitting' our web site.

Members of the education and training committee are also reviewing courses on clinical nutrition to identify elements that have a broad appeal to practitioners. It is hoped that the BAPEN web site would be used to highlight the practical benefits of attendance at these courses.

The courses proposed for review include:

- Southampton Course
- Intercollegiate Course
- TNT Course

Do you know of any others?

## Endorsement of Educational Initiatives

Courses and Study Days that focus on clinical nutrition may apply for BAPEN endorsement. This can include putting details of the course/study day on the BAPEN web site.

## Key activities for 2001/2002

The educational programme has been finalised.

- ESPEN 2002
- Practical Nutritional Support – Working Together

The 12th Course will be held in Grasmere from February 26 – March 1st 2002.

Further information available from: Mrs Pat Howard Ansaphone: 0117 928 2049  
Email: pat.howard@ubht.swest.nhs.uk

- To work and liaise with other BAPEN committees but in particular Communications and Liaison.

- Work with Professor Peter Milla to develop a short course on paediatric nutrition support. The working title is 'Children and Not little Adults'

- Examine how BAPEN Education and Training can increase their input at the association's annual meetings (i.e. round table or laboratory discussion on a clinical focus, hands on sessions).

## Current Committee Membership

Chairman/CNMG:  
Dr Rosemary Richardson

BDA PEN Group:  
Miss Catriona McMaster

NNG: Mrs Carolyn Davidson

BPNG: Prof. Mike Allwood

PINNT: Mrs Carolyn Wheatley

Regional Representatives:  
Dr. Ian Fellows

Nurse: Miss Claire Archer

Post-course Tutor/Pharmacist:  
Mrs Ruth Newton

Clinician:  
Mrs Ruth McKee

## Departures

The committee said farewell to Pat Howard whose energy, drive and enthusiasm ensured the E&T Committee made a significant contribution to the activities of BAPEN.

*Dr Rosemary Richardson  
Chairman*

## Report from the British Artificial Nutrition Survey (BANS)

Information from BANS has continued to accumulate from up to 300 registering centres and over 20,000 individual patients. It has been analysed using descriptive and inferential statistics to form this year's annual report, which is larger than previous year's reports.

The new report includes an analysis of trends over the last five years from an increasing number of registering centres. It also includes abstracts of some papers published by BANS committee. The report, which is available as an official BAPEN publication (ISBN 1 899 467 505) can be purchased from the BAPEN office at a price of £10 (£13 from overseas). A complimentary copy will be sent to all our collaborators at registering centres.

**Presentation of BANS data at meetings:** BANS data has been presented at local, national, and international meetings, including those involving paediatrics and adult patients and both enteral and parenteral nutrition.

**Publications:** BANS data has been published in peer reviewed

journals. Several other papers and book chapters include data generated by BANS

**Further communication:** BANS data has been used to inform health planners, of national trends and geographic differences in the provision of nutritional support and recommendations have been made for improving standards of care. Amongst the bodies that BANS members have liaised with are Department of Health, various organisations, Royal College of Physicians, and regional Trusts and Health Authorities.

**Future plans:** With the changing structure of the NHS and the proposed abolition of Health Authorities in 2002, funding structures need to be investigated. A symposium on Home Parenteral Nutrition will be held during this year's BAPEN meeting to address key issues and likely future trends and problems. Further topics for in-depth evaluation are being considered by the BANS committee. If you have any suggestions for topics to evaluate please let us know.

*Professor Marinos Elia, Chairman*

# Annual Communications & Liaison Committee Report

During the year Prof. Bob Grimble (CNMG) and Dr. Stephen Rose (Paediatrics) stood down. Prof. Marinos Elia, who already represents both BANS and MAG, has agreed to look after the interests of the CNMG whilst the Paediatric Action Group will appoint a successor to Stephen Rose. NNGG representation passed to Ms. Judith McGovern and the MIG is covered by Ms. Lorna Green.

## Main Activities and Achievements in the last year:

The BAPEN Resource Pack, which was introduced at the last Annual Meeting, is now distributed by Sovereign and is available for use by the Regional Representatives (RR's) and more generally to promote and inform about BAPEN. The copy and graphics of the Pack were used as the basis for producing and equipping the Regional Representatives with a set of six exhibition panels, together with new portable, lightweight stands and they now have the means to create an eye-catching focus for BAPEN at their regional study days and other events. In addition, a Presentation Kit, bringing the exhibition panels to life in a set of 12 visuals, as overhead and 35mm slides and also a CD Rom, has been issued to the RRs to enable them to promote our organisation.

In Touch, the BAPEN newsletter, is now published bi-monthly and the number of pages has increased to 12. The Committee acts as an Editorial Board and plans the content three issues ahead. Recognising that the newsletter should be one of the primary ways of maintaining an informed membership, the Founder Groups and Standing Committees are now asked to

contribute regularly on a rotational basis.

Like the newsletter, the BAPEN website is in continual development. To facilitate this process, the Standing Committees have been asked to appoint 'website partners' who can take responsibility for originating and updating material which relates to their committee. Communications, itself, will keep the Home Page under constant review.

No Working Party reports have been published this year but it was decided to produce the BANS 2001 document as a BAPEN Report and this was available at the beginning of October. It is now a substantial publication with the number of pages up by 30% and a quarter of the total in full colour. As usual, copies were distributed to the reporting centres and this year either the report itself, or the Executive Summary, was passed to a number of key contacts in, for instance, the Department of Health. A press announcement was widely circulated to the print media and this is leading to useful coverage. Copies of the Report are available from Sovereign at £10. (UK Price)

The Regional Representatives continued with their programme of study days, which tend to be popular and, in one case, oversubscribed. In the South West they have been successful in bringing local nutrition teams together to share best practice and Sharon Madigan, the representative in Northern Ireland, is to be congratulated on gaining a £150,000 grant over three years to look at aspects of community nutrition. All RRs need to develop local multiprofessional networks and the Founder Organisations have been

asked to appoint 'liaison officers' to help this.

## Key Aims and Activities 2002

Both the website and the newsletter will be in continual development but, for the website, the priorities will be the addition of all BAPEN reports in their entirety with the exception of the BANS 2001 Report, and the construction of an interactive element for the benefit of members.

The RRs will need to play an increasingly influential role in the promotion of BAPEN and the recruitment of new members and the establishment of local multiprofessional teams will be an important aspect in achieving this. Subject to funding being available, BAPEN should underpin this activity with appropriate advertising to selected audiences next year.

ESPEN in Glasgow offers a clear opportunity to promote the aims, activities and achievements of BAPEN and a number of options, including an exhibition stand, are under consideration.

## Membership

Mr Niall Bowen (Chairman)  
Dr Marinos Elia (BANS, CNMG and MAG)  
Ms Lorna Green (MIG)  
Ms Judith McGovern (NNGG)  
Ms Vera Todorovic (PENG)  
Mrs Carolyn Wheatley (PINNT)  
Ms Rebecca Whyte (BPNG)  
Mr Rick Wilson (Regional Reps)

*Niall Bowen  
Chairman*

## BAPEN Welsh Regional Study Day

The first Welsh Regional Study Day was held on the 8th October in Cardiff and was a great success, with over sixty delegates attending.

The first speaker, Rick Wilson, Dietitian and Head of Nutrition, King's College London, reported on the background to the new NHS Menu plans and presented an update on how things are progressing in England. The situation in Wales is however, different and our second speaker, Heather Peake, Senior Dietitian at Carmarthen, spoke on the situation in Wales. A national strategy hasn't been developed but hopefully the Task and Finish group will soon be able to direct the National Assembly on the way forward.

Our next speaker was Ann Micklewright, Regional Representative Co-ordinator of BAPEN from Nottingham. Ann filled this slot at short notice so thanks to her for changing her plans and for rapidly acquiring skills on using Powerpoint. She spoke about nutritional screening and assessment and the differences between them were highlighted with evidence presented on the value of the currently used tools. The MAG guidelines were briefly discussed as they highlight some of the problems in making a screening tool "user friendly".

A light hearted, interactive case presentation from the Wrexham Nutritional Support Team completed the morning session.

The afternoon opened with a debate: "Home Parenteral Nutrition cannot be delivered at DGH level" with Dr. Jon Shaffer, Head of the Intestinal Failure Unit, Hope Hospital and Dr Barry Jones, Consultant Gastroenterologist, Dudley NHS Trust as the protagonists. The two eloquent presentations demonstrated general agreement on how home Parenteral Nutrition should be delivered and that the role of an Intestinal Failure Unit (IFU) must be differentiated from the delivery of home Parenteral Nutrition but despite Dr Shaffer's best efforts at the end of the debate the motion was opposed.

The final session concerned the delivery of nutrition to patients in Critical Care. Immunonutrition was covered by Dr Push Mangat, Consultant in Anaesthesia and Intensive Care at Morriston Hospital, Swansea whilst evidence on how to maximise nutritional delivery via the enteral route was presented by myself.

*Dr Campbell Edmondson, Consultant Anaesthetist, Wrexham  
Welsh Regional Representative for BAPEN*

# MAG Update

Over the last few weeks the Malnutrition Advisory Group (MAG) has been finding out how people have been using the MAG tool and management guidelines in practice. In this month's update we outline some examples that demonstrate how various healthcare workers are tackling nutritional screening across the country. Here are a few examples.

At King's College Hospital, South London, the tool has been tested successfully in a nursing home and rehabilitation ward.

In the opinion of Rick Wilson, Director of Dietetics and Nutrition at King's College Hospital, the MAG tool is useful and user-friendly. He said 'The MAG tool has helped us raise awareness of the issue of management and detection of undernutrition among local doctors, nurses and primary care groups'.

The MAG tool has also been tested at Bassetlaw Hospital and in the Bassetlaw community, Nottinghamshire, with positive results.

Vera Todorovic, Consultant Dietitian in Clinical Nutrition, has identified a number of advantages of the tool. In her opinion, not only does the tool raise the importance of nutrition in health care but it highlights the simplicity with which screening can be incorporated into health assessments.

In Manchester, the Community Nutrition Service has incorporated the MAG tool in their plan to tackle malnutrition in the community. The service has given presentations to district nurses and GP's explaining how to use the tool and encouraging its use to screen patients.

Further views on the MAG tool will be available once all the results of the last 'In Touch' survey of the MAG tool have been analysed. If you have not yet returned your form it is not too late. Remember that all returned forms will go into a prize draw for £100 of Marks and Spencer vouchers.

If you would be interested in commenting on the tool at its various stages, please contact the MAG office on the address below.

On 17th October, members of the MAG met with Angela Madden, Liz Weekes, and Michelle Mackintosh of the British Dietetic Association (BDA) to discuss how the BDA should be involved in adapting the tool for use in hospital and nursing home care settings.

The meeting was very positive and we hope the BDA will be closely involved in this work. Angela Madden is to attend the next meeting of the MAG, which will discuss modification of the tool for different health care settings and the plans for further reliability and validity studies.

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 Street, London, EC1M 4GB

*Professor Marinos Elia  
Chairman*

## • • • Diary dates • • •

### U.K. Dates

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
6-7 Mar 2002	2nd International Conference IV Therapy	John Radcliffe Hospital, Oxford. Contact Helen Harris, Helen Hamilton or Sarah Drewett Tel: 01865 221653, Fax: 01865 222047, email: helen@johnradcliffe.fsnet.co.uk
24-26 June 2002	8th World Congress on Clinical Nutrition	Contact Dr Heema Shukla, Tel 0207 9115 752 Fax 0207 9115 026 email: shuklah@wmin.ac.uk

### International Dates

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"
18-19 Apr 2002	2nd Sanitarium International Nutrition Symposium	Melbourne, Victoria, Australia Contact: Rachel Parsons, Tel +61 2 4348 7777, Fax +61 2 4348 7786 email rachel.parsons@sanitarium.com.au
20-24 April 2002	The American Society for Clinical Nutrition 42nd Annual Meeting at Experimental Biology	Contact The American Society for Clinical Nutrition. 9650 Rockville Pike, Bethesda, MD 20814-3998 Tel +1 301 530 7110 Fax +1 301 571 1863 emailsecretar@ascn.faseb.org
22-25 April 2002	1st International Congress on Transthyretin in Health Disease	Strasbourg, For further information contact: Yves Ingenbleek MD, PhD Faculté de Pharmacie, 74, route du Rhin F-67401 Illkirch, email: ingen@pharma.u-strasbg.fr
20-31 May 2002	ESPEN Advanced Course in Clinical Nutrition	Maastricht, Netherlands and Bonn, Germany. For further information contact Monique Devies, Secretary to Prof. Dr. Soeters and Dr. N.E.P. Deutz Tel: +31 43 387 74 89, Fax: +31 43 387 54 73, Email: secretary.deutz@ah.unimaas.nl
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
4-7 June 2003	36th Annual Meeting of ESPGHAN	Prague, ccongress Secretariat, Guarant Ltd/ ESPGHAN 2003, Opletalova 22 110 00 Praha 1, Czech Republic.