



BAPEN
Advancing Clinical Nutrition

The British Association for Parenteral & Enteral Nutrition

is a multi-professional association and registered charity established in 1992. Its membership is drawn from doctors, dietitians, nutritionists, nurses, patients, pharmacists, and from the health policy, industry, public health and research sectors.

Principal Functions

Enhance understanding and management of malnutrition

Establish a clinical governance framework to underpin the nutritional management of all patients

Enhance knowledge and skills in clinical nutrition through education and training

Communicate the benefits of clinical and cost-effective optimal nutritional care to all healthcare professionals, policy makers and the public

Fund a multi-professional research programme to enhance understanding of malnutrition and its treatment

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INTouch

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Reducing the Risks Associated with Drugs and Enteral Feeding

As the number of patients being artificially fed via the enteral route increases in hospital and the community, so do the risks associated with drug administration via such feeding tubes.

A multiprofessional Working Party led by the British Pharmaceutical Nutritional Group (BPNG) under the auspices of BAPEN, chaired by Rebecca White, Lead Pharmacist at University College Hospital London, has developed evidence-based guidance reflecting best practice when administering drugs via enteral feeding tubes.



Posters, patient and prescriber leaflets will all make a big impact on ensuring that best practice for administering drugs via enteral feeding tubes is followed. Photograph courtesy of Becky White

The fruits of the Working Party's expert labour - patient information leaflet, prescriber support leaflet and information poster - were launched at a Symposium at the Middlesex Hospital in late April. The highly successful event was attended by pharmacists from hospitals and the community, nutritionists, nurses, dietitians, journalists and industry representatives.

"With 20 - 25,000 adults and children in the UK receiving home tube feeding at any one time and numbers growing at approximately



Crushing tablets or opening capsules should be considered as a last resort
Photograph courtesy of Becky White

20% year on year," said Rebecca White, "it is essential that we do all that we can to reduce the risk of complications and errors.

Increasingly patients are transferred home on enteral tube feeding and are doing so as a result of cancer, stroke and other neuromuscular disorders, swallowing difficulties, Crohn's disease, gut dysfunction and surgical complications. A significant number of these patients are using their enteral feeding tubes to administer essential medicines.

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Speakers at and contributors to the launch symposium of the BPNG's Administration of Drugs via Enteral Feeding Tubes initiative were (from left) Carolyn Wheatley, Chairman of PINNT, Joanna Parker, National Patient Safety Agency, Geoff Simonett, LITRE, Rebecca White, Chair of BPNG Working Party, Lynne Colagiovanni, Nutrition Nurse Specialist and Dr Alastair Forbes, Chairman of BAPEN.

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Making the Future Bright



It was a great pleasure for me to be able to co-chair the recent launch of BAPEN's Clinical Focus Information Resource on Administration of Drugs via Enteral Feeding Tubes. The symposium - held in central London - was clearly a great success, with relevant coverage in the press expected. Becky White and her team deserve our congratulations.

The immediate fruits of their labours are available through the BAPEN office in the form of an information leaflet for patients and carers, another for GPs and community pharmacists, and a wall chart for institutional use. Splendid support from industry means that these are all free of charge.

A more detailed document with answers to all your questions and a full reference list will (with luck) be available at the end of the year. This is an excellent example of the sort of thing BAPEN can achieve. A real clinical problem identified, and some real practical solutions offered.

BAPEN 2003

The programme for Telford is essentially complete bar the integration of the free papers. Do please remember that the registration rates go up on 31st October, so it is in your interests to register before then. If you have not yet returned the advance registration slip to get the full registration form stick it in the post right away. We want as many of you there as possible.

Cover Price

The observant amongst you may have noticed that **In Touch** now has a cover price. This is not something we are expecting members to pay but an indication that the publication is a serious enterprise, and that we are aiming to utilise its potential for fund-raising through advertising and outside sales. This is only one of a raft of measures being introduced by our Treasurer to strengthen our financial base.

Increasing Independence

There has been a series of very careful deliberations between the Officers and the Main Industry Group to ensure that with time we reduce our dependence on direct grants from this small but immensely loyal group of companies, while maintaining (and increasing) our overall income. Various aspects of the new arrangements will come on line over the next four years and I am confident that this will be to our mutual benefit. The future for BAPEN is bright.

*Dr Alastair Forbes
Chairman*

INTouch

If you have a food or nutrition related project that you would like to discuss or publish details about, then contact the editors to find out what you need to do.

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Dan is the Man! - How PINNT can do so much

Daniel Green, 7, born with half his oesophagus missing was in hospital for four months and underwent a series of major operations at an early age. Despite experiencing reflux with his tube feeding, he has remained mobile and fun-loving.

"He knows no different." says Mum Sarah, "and he copes so well with his special backpack, something he has had since the age of three. He is an inspiration to us all. Being smaller is a bit of a disadvantage, but in school he has been mothered and looked after rather than being picked on. He has been relatively well for almost all the time, just staying away for five days in the last year."

The family joined PINNT and that gave them all the confidence to do



Daniel Green, showing the way forward for so many members of PINNT. Parents as well as children can learn from Dan.

more, including travel overseas. "We still had to visit the doctor while we were away, but it was worth it!" And while there were so many adjustments to make and demands to cope with, there were lighter times

too. "Zoe was only 2 when Dan was born and because of the way he was fed, through his belly button, she thought that all babies were fed in that way!"

Sarah has taken over as Membership Secretary of PINNT which means being in contact with 950+ individuals and families, her way of giving back and supporting others at times of need. Daniel's Dad has also made a significant contribution to PINNT by running two London Marathons and raising significant sums for their work.

Visit www.PINNT.com for full information on the services that PINNT provide. PINNT is registered charity no.327878

Rhonda Smith, Media Co-ordinator

Frontiers in Intestinal Failure

This was the first international symposium on intestinal failure (IF) from the two nationally recognised IF centres in England (St Mark's Hospital, London & Hope Hospital, Salford). There were around 140 delegates from various disciplines and the symposium was held in the modern and spacious Lowry conference centre. The day was split into a surgically orientated morning with sessions on the abdominal catastrophe and dealing with abdominal fistulae, and afternoon sessions on short bowel syndrome (SBS) and home parenteral nutrition (HPN).

From surgery to psychology

The abdominal catastrophe session was opened by Ian Anderson who dealt with the acute management and highlighted the importance of avoiding unnecessary surgery, the multidisciplinary approach as well as presenting a surgical approach to the management of these patients. Angela Vujnovich followed with an important talk on stoma and wound care emphasising that good skin care is the key in the successful management of these patients. Jackie Varden and Dalton Fortune ended this session by addressing the psychological problems often encountered by these patients which must not be overlooked. In the next session on abdominal fistulae, Alastair Forbes covered the aetiology and classification of fistulae and

addressed medical therapies, including immunosuppression and Infliximab for patients with underlying Crohn's disease. Kirsten Farrer then presented the data from the Hope experience on enteroclysis, where patients with enterocutaneous fistulae receive enteral feed directly into their distal bowel and demonstrated that it was possible to avoid parenteral nutrition in most patients selected for this novel enteral feeding route. Alastair Windsor then covered the surgical management, again highlighting the benefit of a conservative approach before planning reconstructive surgery.

Drugs versus diet

In the afternoon, Simon Gabe dealt with the medical treatment of SBS and also covered the causes, physiology and long-term survival in these patients. Angie Davidson followed with a description of the stages of management for patients with intestinal failure, highlighting the fundamental differences in the nursing set-up between the two units, which still achieve similar results. The dietary considerations in the management of SBS were presented by Alison Culkin and drug treatments by Lindsey Harper. In the final session in the afternoon Barry Jones from Dudley addressed the inequity of the provision of HPN across the UK and the difficulties in organising home care in England. Gordon Carlson presented data from

the Hope Hospital on central venous catheter sepsis which clearly demonstrated the benefit of salvaging feeding catheters whenever it is practical to do so with an infection. Finally John Shaffer addressed the bone & liver problems that occur in patients on HPN and suggested that parathyroid hormone could be an interesting form of treatment for osteoporosis in these patients in the future.

Bacterial translocation a key!

In addition to these sessions we were privileged to be given a state of the art lecture by Edwin Deitch from New Jersey, USA on the role of the gut in the development of multiple organ failure. This includes a summary of research in the field, which led to an understanding, that bacterial translocation via the lymphatics is a crucial pathway resulting in organ failure. Furthermore, there was a chance for delegates to discuss cases in the "Meet the expert" sessions, which were geared toward medical management, surgical techniques and specialist nursing care during the lunchtime break.

Overall this meeting was of a high calibre and was very well received. The plan is to repeat this on a yearly basis and alternate the location between Manchester and London. All will be welcome.

*Dr Simon Gabe, Dr John Shaffer
Symposium Co-ordinators*

Supplementary Prescribing -

One of the more far-reaching changes in patient care comes with the innocuous title of Supplementary Prescribing.

Here are some views by colleagues and fellow professionals who raise some interesting questions about the implications of the changes.

Supplementary Prescribing is defined

as a voluntary partnership between an independent prescriber - a doctor or dentist - and a supplementary prescriber to implement an agreed Clinical Management Plan (CMP) with the patient's agreement.

No Ratified Courses

Although the plan is that training nurses and pharmacists should start

in "Spring 2003" as yet there have not been any ratified courses put in place.

The Department of Health has a stated objective of having 1,000 pharmacists and up to 10,000 nurses trained and able to play their part by 2008.

Training and communication skills are the keys

Good training and excellent communications skills will be essential for success. A nurse supplementary prescriber must be a 1st level Registered Nurse, with 3 years' post registration experience and have an annotation on the Nursing and Midwifery Council Register that they have successfully completed a course of training. This must be a specific degree level course of 26 taught days at a Higher Education Institution plus 12 days "learning in practice". Pharmacists must be 2 years post registration and able to study at least at QAA level 3.

Supplementary prescribing by nurses and pharmacists is designed to provide patients with quicker and

more efficient access to medicines.

This new system would have advantages for patients on home nutritional support or on regular supplements. Nutrition nurse specialists are usually familiar with such patients.

In some hospitals, nutrition nurse specialists already write enteral feed regimes for certain categories of patient. However, in most cases, they have to obtain prescriptions from the GP or consultant. Now they will be able to act more independently. In hospital, one might expect an increase in specialist nurses writing regimes for stable patients. Monitoring should be better because

criteria for assessment can be included in the agreed plan.

The effect that this initiative will have on PCT prescribing budgets is unknown. The costs from supplements and enteral nutrition are growing rapidly. The new system could either result in a more efficient use of nutrition products and reduction in unnecessary prescribing, or a massive, appropriate expansion of a valuable treatment.

*Dr WR Burnham
Consultant Physician &
Gastroenterologist,
Barking, Havering & Redbridge NHS Trust*

Quicker, more efficient access to medicines?

Driven by the modernisation agenda, nurse prescribing is continuing to make rapid progress and it is likely to have one of the most influential impacts upon nursing to date. In 1994 Independent Nurse Prescribing developed as a pilot scheme, followed by Patient Group Directions and then Extended Independent Nurse Prescribing. Yet it is the Supplementary Prescribing (Crown Report 1999), that will allow autonomous nurses to challenge out of date boundaries, develop new and more accessible ways of delivering healthcare and provide more flexible and innovative services.

Nurse leaders believe that supplementary prescribing is crucial to developing new roles with the suggestion that, in time, it will become a formal part of pre-registration nurse training.

However, at present it has great 'potential' to widen the roles for specialist nurses, especially in the field of nutrition, if implemented correctly. The supplementary prescriber is responsible for

monitoring and assessing the

patient's progress and the medicines prescribed within the Care Management Plans (CMP). One of the primary roles of the Nutrition Nurse Specialist is to assess and monitor the patient receiving nutritional support. The Nutrition Nurse Specialist is in an ideal position to assess the effectiveness of the nutrition provided and make any changes necessary, thereby fulfilling one of the key principles of supplementary prescribing by providing maximum benefit to the patient in terms of quicker and more efficient access to medicines for patients.

Nutrition Support Teams

The structure and function of Nutrition Support Teams provides an ideal environment for the Nutrition Nurse Specialist or Pharmacist to implement supplementary prescribing. Weekly or twice weekly meetings allows the Consultant and the Nutrition Nurse Specialist or Pharmacist to discuss the patients CMP and make any changes accordingly. However, there are concerns over support for the number of Nutrition Nurse Specialists

in some hospitals still working in isolation of a Nutrition Support Team.

How effective will it be?

It remains unclear how effective supplementary prescribing will be given the extra time needed to complete the CMP and the legal documentation required.

Furthermore, it must only be undertaken by those nurses or pharmacists who wish to prescribe and also feel confident that they have the necessary competence and knowledge to carry out the role.

Prescribing should never be a distraction from the main agenda - one of caring - an important point for all Nutrition Nurse Specialists considering the large clinical component of our role, a component that no other health professional can undertake.

*Karen Ward, Nutrition Nurse Specialist,
Manchester Royal Infirmary,
Karen is the Vice Chair of The NNING.*



Views from the professions

Whilst they may well make funds available there will be an issue about provision of staff coverage whilst training takes place. Especially so in Trusts that are already experiencing

shortages of key staff!

Whilst the idea of speeding up delivery of care to patients is highly commendable, there is growing

concern that insufficient thought and planning has been given to resources which will need to be put in place so that the right training can be given.

What is on the horizon for pharmacists?

For many years pharmacists have advised doctors on the composition of parenteral nutrition solutions. It is common practice for the prescription to be written by the pharmacist and retrospectively signed by the doctor, often a junior doctor, who knows very little about nutrition.

The development of pharmacist prescribing provides the legal framework to support pharmacist prescribing of parenteral nutrition in addition to other medicines.

The entry requirements for the course will include: current registration with the Royal Pharmaceutical Society of Great Britain, written support from the sponsoring organisation including confirmation that the entrant will have appropriate supervised practice and that there is an identified service need for this extension of role and have identified a medical practitioner (Specialist Registrar or Consultant) to act as clinical supervisor.

The Royal Pharmaceutical Society is working with colleges to develop the taught course for pharmacist Supplementary Prescribers (SPs). Unlike the nursing course which is based around therapeutics and the use of drugs, the pharmacists' course is more likely to be based around clinical assessment of the patient as pharmacists are already familiar with the medicines and aspects of therapeutics. The first courses should start in the autumn.

CMPs can be very broad based

CMPs can be very broad based for example in the management of hypertension it may be sufficient to agree that the SP can use any of the drugs in section 2 of the British National Formulary to maintain blood pressure within agreed limits.

However the guidance from the Department of Health excludes the prescription of un-licensed medicines.

In technical terms a parenteral nutrition regimen compounded from base ingredients is unlicensed. As a result of this there are discussions underway with the Department of Health on this matter as the majority of the starting components are licensed.

Pharmacists who register as SPs will need to demonstrate evidence of relevant Continuing Professional Development to ensure that their prescribing skills are kept up to date and are extended as their prescribing role develops.

In addition to parenteral nutrition there is no reason why pharmacists could not prescribe enteral nutritional supplements depending on the clinical area they were involved in. Watch this space!

*Rebecca White
Lead Pharmacist: General Surgery,
Gastroenterology and Nutrition,
UCLH NHS Trust, London*

Supplementary Prescribing and the dietitian's role

As a key member of the multi-disciplinary team, the vast majority of dietitians already work within agreed care management plans. They are not in a position, at present, to make a differential diagnosis and cannot therefore take on the role of independent prescriber. This is a key component which differentiates the independent from the supplementary prescriber. While acknowledging that this will not remain the status quo, the professional organisation is working towards achieving the aspirations of the Prescribing Working Group to achieve supplementary prescribing status for dietitians, in the first instance.

Obtaining supplementary prescribing status for dietitians is first and foremost to enhance the quality of care and provide a patient centred service for those clients accessing the NHS across the UK.

To achieve this status will need major change to present legislation. There will need to be significant lobbying and examples to support the dietetic

statements that we need to be enabled to take on this role. These will all be balanced against the evaluation of ongoing practice within the nursing profession. It has taken the nursing profession over a decade to reach their present status.

Many questions to answer

For the dietetic profession there are many questions to answer and issues to resolve. For example:

- Where do ACBS products sit within this agenda? They are food medications. ACBS now sits under the responsibility of the National Institute of Clinical Excellence.
- How will appropriate training be given? We will have the immediate and long term needs of the profession to address.
- Who will be responsible for the financial implications of the dietetic actions in this new role?

The list is long and for more depth of detail please visit the BDA's Prescribing Working Group pages on the website: www.bda.uk.com.

Not all dietitians may wish to be in a position where they have the responsibility for commencing, adjusting and modifying a medication. How the profession moves into this area must be addressed with care and consideration. While attractive to those working in specialised fields of dietetics and an obvious way forward, supplementary prescribing will not be a dietetic practice obtained without significant planning.

At present negotiations are taking place to begin the process of dietitians being able to supply and administer medications against set procedures through Patient Group Directions. Supplementary prescribing is a 'must' for the dietetic profession. How long the road is before we reach the end remains to be seen, but we will get there! It could just be that we have a few blisters along the way.

*Jane Eaton, SRD FBDA
Professional Affairs Officer
The British Dietetic Association*





The 2003 BAPEN PROVISIONAL

BAPEN

Advancing Clinical Nutrition

Wednesday 19th November 2003

08:30	n Registration
10:00 –10:20	n BAPEN Launch of Malnutrition Universal Screening Tool (MUST) Prof Marinos Elia - Chairman Malnutrition Advisory Group (MAG)
10:20 –10:30	n BAPEN Research Awards Chaired by Professor Agostino Pierro BAPEN Research & Science Committee
10:30 –12:00	n Opening symposium "Malnutrition in Obesity"
10:30 - 10:55	"Comparison of the metabolic response to starvation or underfeeding in the obese subject with that in trauma/sepsis Dr. Mike Stroud Consultant Gastroenterologist, Institute of Human Nutrition, Southampton General Hospital
10:55 - 11:20	"Nutritional assessment of the injured obese patient, including the potential pitfalls of nutritional screening tools" Dr. Isobel Davidson Senior Lecturer Queen Margaret University College, Edinburgh
11:20 - 11:45	"The Management of short-term intestinal failure in obese patients" Dr. Jeremy Powell-Tuck, St Bartholomew's and the Royal London School of Medicine and Dentistry
11:45 - 12:00	Questions & Answers
12:00 - 13:30	n Lunch and Exhibition; Electronic poster sessions NNNG Annual General Meeting n Symposium 2 "Nutrition in Palliative Care"
13:30 -13:50	"Philosophy of Palliative Care" Kathryn Hopkins Lead Nurse - Palliative Care, Royal Free Hospital, London
13:50 - 14:10	"Permission to fall out. Feeding - when is a good time to stop?" Dr. Alistair McKinlay Consultant Gastroenterologist Aberdeen Royal Infirmary
14:10 - 14:30	"Decision Making - practicalities and benefits/burden of feeding" Angie Davidson, Nutrition Nurse, St. Marks Hospital, London
14:30 - 14:55	"Withdrawing nutritional treatment - How much is enough?" Charles Foster, Barrister, London
14:55 - 15:15	Panel Discussion
15:15 -15:45	n Tea and Exhibition
15:45 -16:00	n "The Lennard-Jones Medallist"
16:00 -16:30	n Nutrition Society Symposium "Modulation of cytokines in critical illness" Professor Lyle Moldawer, University of Florida, USA
16:30 - 17:00	"Endocrine modifications in critical illness" Professor Gerte Van den Berghe, University of Leuven, Belgium
17:00 -17:30	'Optimal nutritional support in critical illness' John MacFie, Consultant Surgeon, Scarborough Hospital
17:30 -18:00	n Nutrition Society's Cuthbertson Medal Lecture
18:00 -18:15	n BAPEN AGM and Open Forum
20:00 – 01:00	n BAPEN Annual Dinner Sponsored by the Main Industry Group of BAPEN: Abbott Laboratories, Baxter Healthcare, Fresenius-Kabi, Nestle Clinical Nutrition, Novartis Consumer Health, Nutricia Clinical Care

PN Symposium

PROGRAMME



BAPEN

Advancing Clinical Nutrition

Thursday 20th November 2003

08:00	n	Registration
08:00 - 09:30	n	Education & Training Workshop
09:30 - 10:00	n	LITRE Presentation Dr. Jeremy Nightingale, Consultant Gastroenterologist, Leicester Royal Infirmary Teresa Dunn, NHRA Infusion Device Evaluation Centre Manager, Medical Device Agency (MDA)
10:00 - 10:30	n	Coffee and Exhibition
	n	Symposium 4 "All in One and One for All – Off the shelf Parenteral Nutrition Cordon Bleu or Greasy Spoon?"
10:30 - 10:40		"Introduction" Speaker to be confirmed
10:40 - 11:05		"Current views on the protein and energy requirements of surgical and intensive care patients" Dr. Clare Reid, Senior Critical Care Dietitian, Charing Cross Hospital, London
11:05 - 11:20		"A report on the findings of an audit into the use of 'Off the Shelf' parenteral nutrition (PN) feeds in the UK" Bruce McElroy, Principal Pharmacist, Royal Shrewsbury Hospital
11:20 - 11:45		"Evaluation of a novel mls/kg approach to the use of commercially available PN feeds" Tony Murphy, Principal Pharmacist, University College London Hospitals
11:45 - 12:00		Questions & Answers
12:00 - 12:30	n	"The Pennington Lecture" "Chronic idiopathic intestinal pseudo-obstruction (CIIP): The remit of the clinical investigator, gastroenterologist, clinical nutritionist, pain relief expert or psychiatrist?" Prof David Silk, Central Middlesex Hospital
12:30 - 14:00	n	Lunch and Electronic poster sessions PEN Group Annual General Meeting and Awards
14:00 - 15:30	n	Symposium 5 "The way forward" "HPN and Regional Centres - logical or not?" Dr. John Shaffer, Gastroenterologist, Hope Hospital, Salford Dr. Barry Jones, Consultant Gastroenterologist, Russell Hall Hospital, Dudley
14:40 - 15:20		"Accrediting Nutrition Teams - Why?" Dr. Alastair Forbes, Dean & Consultant Gastroenterologist, St. Mark's Hospital, Middlesex "Accrediting Nutrition Teams - How?" Pat Howard, Head of Nutrition & Dietetic Services, Bristol Royal Infirmary
15:20 - 15:30		Questions & Answers
15:30 - 15:40		Order of Merit Dr. Alastair Forbes, Chairman BAPEN

ADVANCE REGISTRATION INFORMATION

REGISTRATION FEE (INC. COFFEE/TEA/LUNCH) - 1 day £150.00 - 2 days £260.00 BAPEN ANNUAL DINNER £30.00

Postgraduate students will be entitled to a 50% reduction on the registration fee providing they cannot obtain funding. This is subject to submission of a letter of application and a letter or recommendation from their Head of Department. These should accompany the request for a registration form.

There will be a financial penalty of £10.00 per day on the Registration Fees for any bookings received after 31st October, 2003. Any cancellation after 31st October, 2003 or a 'No attendance' at the conference carries a 100% cancellation fee.

Accommodation will be available in hotels close to the conference venue. Prices start from £50.00 per night and further details will be included in the Registration Form.

For further information contact Conference Organisers: Sovereign Conference, Secure Hold Business Centre, Studley Road, Redditch Worcestershire B98 7LG. Tel: 01527 518777 Fax: 01527 518718 email: association@sovereignconference.co.uk
This meeting is approved for credits under the Continuing Medical Education (CME) Scheme by all Medical Royal Colleges.



Media Matters

Rhonda Smith, BAPEN's Media Co-ordinator, reports on media and third party activity surrounding the launch of the Administration of Drugs via Enteral Feeding Tubes resource materials

Working alongside Becky White and her Working Party colleagues to help secure a successful and effective event to launch these vital new resources was a delight and a pleasure. They have all committed so much volunteer time to the development of these materials and went about the task of managing the launch meeting in a thoroughly professional way, working on a shoe-string budget. They set an example to us all.

As well as contributing to BAPEN's 'collateral' by making such high quality materials available, the Working Party and Becky in particular worked hard to cover costs through securing sponsorship. This was successfully achieved and to such an extent that all the resources are available free of charge via the BAPEN office, a fact that will not only secure wider distribution but also reduces administrative costs.

Rhonda Smith explains

My task was to support Becky in the overall planning of the event and to create interest and provide input from third parties and the media to ensure that the message was spread wider both pre- and post- the event.

Prior to the event, contacts from Help the Aged, Age Concern, Cancer BACUP and the Stroke Association were pre-briefed about the issues and resources.

Although none were able to send representatives to the meeting, relationships have now been built

around an understanding of the issues and follow-up work is continuing. All are including information in their own internal briefings and newsletters to health policy advisers, social care and branch networks.

Sarah Mullaly's office at the Department of Health was also personally contacted as a matter of priority, as was the office of P. L. Marshall Davies, President of the Royal Pharmaceutical Society. Resource packs were sent to both and messages of support were forthcoming.

For media use, a news release was developed and distributed to over 120 UK-based medical publications and journals.

A joint BAPEN initiative

A strong statement of support was provided for the release by David Cousins, Head of Safe Medicine Practice for the National Patient Safety Agency, in which he acknowledged the importance of the issue and congratulated BAPEN/BPNG on the initiative.

Three further supporting statements were provided by Rebecca White on the context and need for action, nutrition nurse specialist Lynne Colagiovanni on the vital need for support and guidance for nurses, and Carolyn Wheatley, Chairman of PINNT on how these resources contribute to empowering patients.

Excellent Coverage

Hospital Pharmacist and **Nursing Times** sent journalists to the event; a piece has already appeared in the former.

Reports are awaited and expected in **Nursing Times**, **GP**, **Hospital Doctor**, and **Nursing Standard**.

Features are currently being discussed with **Professional Nurse**, **Pharmacy in Practice**, **Practice Nurse** and **Practice Nursing**.

In addition, information about the resources has been posted up onto a number of focused and critical websites and circulated via professional newsletters. The net effect has been to drive visitors to the BAPEN website, increasing traffic by a significant percentage.

The media response has been excellent for three key reasons:

1. The issue is a live one – reducing risk for patients and health authorities and staff is high on the agenda
2. The resources have been produced under the auspices of BAPEN, a multiprofessional organisation providing credibility
3. The 'call to action' is clear to the healthcare professional audiences. Get the resources – either from the website or via the BAPEN office and as you will have read elsewhere many are doing just that!

Phase 2 of the BPNG initiative is the completion of the Handbook to accompany the resources to cover Medication review, Formulation choice, Tube blockage, Tube types, adapters & devices, Legal implications and Drug monographs.

I look forward to working with Becky and her team to spread the word about this significant initiative too.

Log onto www.bapen.org.uk/publications to view the resources and the media release.

Rhonda Smith can be contacted by email at rsmith@gciuk.com.
Rhonda Smith, Media Co-ordinator

A Scoop for PINNT!

Carolyn Wheatley, Chair of PINNT, has won the coveted 2003 Lifeline Letter Award from the Oley Foundation.

Nominated by Geoff Simonnett, Carolyn's positive attitude in dealing with her own personal continuing health problems as well as inspiring many others to overcome their difficulties and challenges, set her head and shoulders above many nominated individuals from America and around the world. Carolyn

is currently travelling to the US to accept her award.

PINNT and the Oley Foundation, based in St Augustine, USA have a close working relationship sharing information and news and providing support to members as they travel in the US and here in Europe.

A full report and photograph will appear in the next edition of In Touch.



Carolyn Wheatley

The patients' voice

As LITRE is becoming known more widely we are hearing more from patients about their problems and concerns with some of their equipment.

One area that we have been asked a lot about in the last six months is TPN line blockages. With this in mind we set about preparing a questionnaire that could be circulated to patients to find out how serious the problem was.

A good representation

With thanks to PINNT, who circulated all their TPN patients and the cooperation of Alistair Forbes at St Marks and John Shaffer at Salford, who also passed on the questionnaire to some of their patients, we were able to cover a fair representation. A total of 330 questionnaires were sent out and we were delighted to have 105 completed and returned. That's a 32% return rate, which is a good

result, or was it the £20 gift voucher for the patient picked out of the hat that did it! A patient at the meeting drew the winner, Lee Walmsley in Lancashire, and he should by now have received his voucher which was donated by W H Smith.

The results are being collated by Fiona Smedley and we will be publishing these in time for the BAPEN annual meeting.

Improved rucksacks

Following on from our contact with Baxter and problems which patients had raised with their 6060 pump and the rucksack, Lisa Beneages, the Product Manager, came along to our previous meeting to discuss the points we had raised. Lisa had already started some consultation work on the redesign of the rucksack and was interested to hear what we had to say. It was agreed that Carolyn would identify 10 HPN users

who would be able to supply further comments and feedback for Lisa who agreed to bring back the new improved rucksack to a future meeting.

Our leaking Gastrostomy survey is still on going since feed back from the centres who agreed to take part is very slow.

We are looking at our content on the BAPEN website and how to improve it and give more information about what we are doing, with a link for patients to contact us through.

Other areas we are dealing with are still on going and as we build up more information we will be reporting on them. The reusable syringe we had input into last October is now available and is creating interest in the NHS and home care companies.

*Geoff Simmonett
Chairman LITRE*

NNNG - A two year plan

After six years away from the Committee, I was re elected as Chair of the NNNG earlier this year. Following discussions with the other Committee members we have lots of ideas to try to raise the profile of the Group and encourage new members to join and current ones to stay.

Encouraging membership

Nurses are key players in making the BAPEN 'advancing clinical nutrition' a reality. This doesn't (as is often thought) just involve those of us who work full time in the nutrition field, but any nurse working in any health care setting. What we aim to do over the next two years is to encourage as many nurses as possible to join the NNNG by offering information, advice and education appropriate and relevant to their area of practice. This is quite a tall order and we hope to have the help and support of BAPEN to help us achieve it.

One of the ways this could be done is by suggesting and participating in BAPEN projects such as the recent 'Drugs and Enteral Feeding' Clinical Focus. This is a project which will directly affect, and hopefully

improve, the working practice of many of our colleagues out there in the 'real world' of nursing. It will make a difference.

Ambitious plans

Another thing we hope to do within BAPEN is to take a far more active and positive role in the planning of the programme for the annual meeting. If we want to encourage nurses (not just specialists) to attend we need to have a programme which contains seminars, workshops and clinical skills sessions which will make them think, 'this looks really good' rather than 'there's nothing here to interest me'. Study leave is hard to get so we have to be able to compete with all of the other annual conferences who are targeting nurses.

Independent of BAPEN we are hoping to re design our newsletter to make it a more attractive read and to look to different sources for copy than we have in the past.

We are also hoping to scale up our annual meeting. This year, because we were a little late with our

planning we have stuck to the traditional one day format. The day is titled 'Understanding the Gut' and will take place in Ipswich on July 28th. Topics that will be covered include; intestinal failure, nutrition in pancreatitis, nutrition after surgery and small bowel transplantation. It looks like being an interesting day! Further details are available from; dawn.bromley@ipsh-tr.anglox.nhs.uk Tel: 01473 704218 or Lynne.willi@btopenworld.com Tel: 01642 624563.

Please pass on the details to the nurses you work with.

For next year we aim to be much more adventurous and are in the early stages of planning a two day meeting with debates, workshops, and clinical skills updates.

Hopefully, these and other ideas which we will share as they develop will help us to increase our membership (and thus that of BAPEN) and enable us to provide nurses with a national group they can be proud of.

*Lynne Colagiovanni,
Chair, NNNG 2003*

Journal Watch - from a Pharmacist's Perspective

R.Neyra et al (2003)
Increased resting energy expenditure in patients with end stage renal disease
JPEN 27(1):36-42

This group from Nashville determined the resting energy expenditure of a group of patients with renal disease, using whole-room indirect calorimetry.

They determined REE in 15 patients with advanced end stage renal disease, 15 patients on chronic haemodialysis (HD) and 10 patients on peritoneal dialysis (PD). REE was measured after a 12 hour fast on a non-dialysis day.

REE was similar for patients on HD and PD (34.5+/-4.6 and 35.3+/-6.3 kcal/kg/day respectively) and was significantly higher than those not on dialysis (28.2+/-4.2kcal/kg/day). This represents an 18% increase in REE compared with non-dialysis patients. It is also known that dialysis itself can

increase requirements by another 5-10%.

The investigators compared the results with values obtained using predictive equations. The Harris-Benedict underpredicts requirements by approximately 20% for HD and PD patients, highlighting one of the pitfalls of using predictive equations.

In the same edition of JPEN (M.C.Ott et al, p.91-92) was an interesting case report of a HPN patient who developed microcrystalline cellulose pulmonary embolism and granulomatosis from repeated i.v. injection of codeine tablets.

M.Ibrahim et al (2003)
Iodine deficiency associated with parenteral nutrition in extreme pre-term infants
Arch.Dis.Child.Fetal.Neonatal.Ed 88(1):F56-7

This short report from the Tayside Institute of Child Health highlights the possibility of iodine deficiency in pre-term neonates on parenteral nutrition. Iodine deficiency contributes to about 30% of the hypothyroxinaemia in enterally fed preterm infants of 27-30 weeks gestation.

This group studied a cohort of 13 pre-term infants (<30 weeks gestation) and determined that iodine intake (3mcg/kg/day) falls short of the required intake which, based on the extensive GI absorption of iodine, may be closer to the enteral value of 30mcg/kg/day. The group are currently testing this hypothesis.

Rebecca White
Lead Pharmacist: General Surgery,
Gastroenterology and Nutrition,
UCLH NHS Trust, London

Better Hospital Food - Plans for 2003



The BHF project is now celebrating its second birthday and plans for the next stage of development were announced by the Health Minister, David Lammy on the 24th April 2003. A Department of Health press release outlining these proposals can be found at:
<http://www.info.doh.gov.uk/doh/intpress.s.nsf/Archive/?OpenView&Start=1&Count=32>

The emphasis of the project is now very much on service and the patient experience on the ward. Is the environment and service provided to the patient conducive to the enjoyment of a meal?

Ensuring that the mealtime experience is supported, enjoyable and free from interruption is a key part of ensuring that patients eat and get the most nourishment from the food provided.

Essence of Care, Food and Nutrition Benchmarking and the establishment of Modern Matrons will all assist in making sure that improvements are made.

Specialist guidance for Children and Young Adults developed with the help of dietetic colleagues from the Paediatric Group of the BDA is now available and can be downloaded from the BHF website at www.betterhospitalfood.com. The guidance is also available on the BAPEN website www.bapen.org.uk

The Council of Europe have recently published a report – Food and Undernutrition in Hospitals. The report is the work of an expert committee on clinical nutrition – led by the Danes.

Essentially it has established evidence to show that there is a significant

amount of avoidable undernutrition in hospitals across Europe and that this situation can be improved by better recognition of the important role of nutrition as part of treatment and by raising the quality of food services in hospitals.

The report can be purchased online at <http://book.coe.int/GB/CAT/LIV/HTML/1994.htm> and costs 19 Euros.

There are a lot of exciting developments in place with regard to food services and nutrition in hospitals, all good news. BAPEN colleagues are on the front line of these initiatives – so do let us know what's happening where you are!

Rick Wilson
BDA representative on the
Better Hospital Food Panel

Patients' Protection Bill

The House of Lords is currently debating a private members bill that will make it illegal to withhold food and water from patients. The General Medical Council and the British Medical Association state that they already have ethical guidelines addressing this issue but it seems that they may not go far enough to protect the patients interest. The Bill is entitled 'A Bill to prohibit the withdrawal or withholding of sustenance with the intention of causing the death of a patient' and further information can be found on the following website: <http://www.publications.parliament.uk/pa/ld200203/ldbills/009/03009.l-i.html>

Childhood Obesity & Eating Disorders

3 October 2003



This conference has been developed for all persons interested in the prevention, education and treatment of obesity in children and will also provide current information on eating disorders.

For a leaflet contact: Carolyn Fraser, Human Nutrition, University of Glasgow Yorkhill Hospitals 0141 201 9264
Email: cf24f@clinmed.gla.ac.uk

Forthcoming Conferences & Events

8-10 July 2003	Individual Variability in the Nutritional Response, Nutrition Society Summer Meeting	Kings College, London; Nutrition Society Meetings Administrator, PO Box 485, Tring, Herts HP23 6YT Tel: 01442 825568 email: e.costin@nutsoc.org.uk
16 July 2003	Lifestyle Modification for Obesity Management	St Johns College, York; Ms C Hawkins, Administrator Officer, Tel/Fax: 020 8503 2042 email: CAHawkins@compuserve.com Website: www.aso.org.uk
14 Oct 2003	Advances in Therapeutics in Liver Disease	Royal College of Physicians, Conference Unit, Tel 020 7935 1174 email: conference@replondon.ac.uk
28 July 2003	NNNG Meeting 2003 Understanding the Gut	Ipswich Hospital, Post Graduate Centre, Suffolk. Further information and full programme Contact Lynne Williams Tel 01642 624563 or Dawn Bromley 01473704218
30 July 2003	Nutrition and Healthy Ageing BSRA Annual Scientific Meeting	Venue: Wellington Hotel, 71-72 Vincent Square, LONDON, SW1P 2PA.
2-5 Sept	21st Leeds Course in Clinical Nutrition	St James's University Hospital, Leeds. Contact C Would, PLL Unit, School of Continuing Education Tel 0113 343 3241 email: c.would@leeds.ac.uk
28 Sept-2 Oct 2003	Gastro 2003	Website: www.gastro2003.com
29 Sept 2003	Long Term Central Venous Access	The Watershed, 1 Canon's Road, Harbourside, Bristol Tel 0117 9282163 email: simon.massey@ubht.swest.nhs.uk or julie.cliff@ubht.swest.nhs.uk
3 October 2003	Childhood Obesity & Eating Disorders	University of Glasgow, Yorkhill Hospitals. Contact: Carolyn Fraser, Short Course Development & Conference Manager. Tel: 0141 201 9264 Fax: 0141 201 0674 email: cf24f@clinmed.gla.ac.uk
19-20 Nov 2003	Twelfth Annual Meeting of BAPEN	Telford International Centre, Topics to include Malnutrition in Obesity: Nutrition in Palliative Care; Nutrition Society Symposium; Nutrition & Metabolism in Critical Care Nutriceuticals and/or Complete IVN off the shelf? The way forward: including Nutrition Teams; HPN centres. The primary and secondary care
Accrediting interface.		
21-22 Nov 2003	4th Nutrition & Health Conference	ExCel Conference Centre London Tel 020 8455 2126 or 020 8455 6570 email: admin@nutritionandhealth.co.uk
United Kingdom Dates 2004		
21-23 Jan 2004	Annual Winter meeting BSPGHAN	Crieff Hydro Hotel, Contact: Carolyn Fraser, Short Course Development & Conference Manager. Tel: 0141 201 9264 Fax: 0141 201 0674 email: cf24f@clinmed.gla.ac.uk
International Dates		
20-24 Sept 2003	ESPEN	Cannes, France, email: espen@mci-group.com
1-4 Oct 2003	9th European Nutrition Conference	www.fens2003.org
19-23 Oct 2003	European Gastroenterology Week	Congress and Exhibition Centre, Geneva, Switzerland. Contact MCI Congress Tel +4122 33 99 587 email: uegw@mci-group.com
1-6 Nov 2003	11th United European Gastroenterology Week UEGW	Madrid, Spain, Contact UEGF secretary email: ega-uefg@ega.it
6-8 Nov 2003	9th Annual Conference Parenteral & Enteral Nutrition Society of Asia (PENSA) and Indian Society for Parenteral & Enteral Nutrition (ISPEN)	Goa, India. Contact Dr Shivakumar Iyer, Neuro-ICU, Jehangir Hospital and Medical Centre 32 Sassoon Road, Pune 411001. email: pensa2003@indiatimes.com or jspenpune@vsl.net
International Dates 2004		
26-29 May 2004	13th European Congress on Obesity	Prague www.eco2004.cz

Cuthbertson Medal Applications

Applicants for the 2003 Sir David Cuthbertson Medal have until July 11th to submit their application. Applications should be sent to the Executive Secretary of the Nutrition Society, 10 Cambridge Court, 210 Shepherds Bush Road, London W6 7NJ. The successful candidate will receive the Medal during the BAPEN 2003 Congress and will deliver a lecture and prepare an article for publication in Proceedings of the Nutrition Society. Details of how to apply can be found at www.nutsoc.org.uk

Reducing the Risks

Continued from page 1

"To support both the patient and healthcare professional (HCP) to reduce the risks we have produced a Patient Information leaflet which will be provided by the HCP, and gives basic information to the patient, a record of drugs administered and acts as a prompt to both patient and HCP." said Carolyn Wheatley, Chair of Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT) at the launch Symposium.

"The Record Chart in the Patient Information leaflet allows all individuals fed by tube to understand better what's involved and to work together most effectively with their healthcare professionals in the community as well as in hospital" continued Caroline Wheatley. "As a patient and as Chair of PINNT I congratulate BAPEN and the BPNG on making this important resource available."

This view was endorsed by David Cousins, Head of Safe Medicine Practice for the National Patient Safety Agency (NPSA). David was represented at the Symposium by Joanna Parker, Assistant Director of Modernisation, Primary Care who also emphasised the importance of the Prescriber Support leaflet and Wall poster:

"The NPSA welcomes these resources because they bring together information concerning the appropriate use of enteral feeding equipment and techniques in a concise way, tailored to the needs of the staff who will be using it. By highlighting the risks associated with administering drugs via feeding tubes and providing healthcare staff with the right information at the right time, it should help to ensure safer care for patients receiving this treatment."

Rhonda Smith Media Co-ordinator

The Malnutrition Universal Screening Tool (MUST) on track for launch November 2003

The Malnutrition Advisory Group (MAG) is putting the finishing touches to the final draft of the MUST tool, both in words and presentation, before it is circulated for comment.

All members of MAG and BAPEN Council members, together with a selected group of field-testers to test 'user-ability', will get advance notice of when the pack will arrive and the return date. A questionnaire will be included in the pack so that feedback will be received in a common format.

Once this round of comments has been received and taken into consideration, the MUST will be submitted to key partner organisations for endorsement.

Official launch to professionals will take place at the BAPEN Symposium at Telford in November with a media launch in London prior to that meeting.

A 'Starter Pack' based on the agreed principles of the MUST Tool is currently being developed and will be available in July to assist healthcare professionals, policy makers and organisations plan the introduction of nutritional screening.

If you would like a copy of the MUST Starter Pack email rsmith@gciuk.com to secure a copy.

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