



BAPEN

Advancing Clinical Nutrition

The British Association for Parenteral and 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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Tariff payments are the new commissioning arrangements for the NHS

In the past there have been many methods of moving money through the NHS to enable those buying services (commissioners) to provide the right services for the population they cover. They buy these services from 'providers'. The **new tariff payment system** aims to widen the places from which the NHS can buy services (called plurality) by allowing commissioners to purchase from the private and charitable sectors as well as overseas. This is aimed at increasing the capacity the NHS can use.

Hospital Resource Group's

A method of payment called the Hospital Resource Groups (HRG's) is being introduced. This means that groups of procedures will have a defined cost.

Costing Procedures

Costs have been looked at nationally for procedures (reference costs) and a cost allocated that is an average. Some procedures will be done at less than this cost and some will be performed at a greater cost.

At the moment, patient based activity in Trusts is measured in a unit called a Finished Consultant Episode (FCE) and across the country this varies from 1, i.e. each patient episode has one FCE, to 1.7 which means more consultant time is involved for each episode.

If a patient has a complication from a procedure, then the commissioner pays for the cost of the complication as well as the procedure. The way payment is determined is by calculating how much the provider needs to meet the demands of the commissioner. Unfortunately there is no national yardstick to calculate cost against activity.

Another important consideration for providers is that, with the new tariff system, only one HRG will be payable for each admission. This will be the highest cost procedure for each patient.



Dr. Bill Barker
Chair of Wakefield West Primary Care Trust

Efficiency will pay dividends

Hospitals that are efficient overall, in that they have a low reference cost, will make money overall, and those that have high reference costs will incur a deficit.

You will now realise that in all hospitals, life is not so simple. There are units and individuals that are more efficient than others.

The HRG method of payment is seen as open and clear (transparent) and it should therefore encourage efficiency.

Commissioners will know how much it costs to meet the requirements of their population as defined by their 'Health Needs Audit' and deprivation index.

Those patients who exercise choice will have a defined amount of money already allocated to that procedure.

Since 2000 those Trusts that have new buildings have not increased their reference costs. Teaching hospitals do not have significantly higher reference costs and therefore do not incur higher HRG costs.

How will Trusts achieve balance or profit?

In simple terms the answer is; do all procedures below the HRG cost. Large numbers of you may be wondering how this will be achieved? There are many opportunities to increase the activity per bed and therefore decrease the cost per HRG.

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Focus on Dr Mike Stroud

In this issue, we focus on BAPEN Council Member, Dr Mike Stroud, Consultant Gastroenterologist at Southampton General Hospital. Mike is 48 and married with two children

When asked to describe Mike Stroud, it is difficult to know whether to focus on his career as a doctor, TV celebrity, author or explorer as he is successful in all these areas of his life.

Mike has always been an explorer at heart and enjoys training to peak fitness. During his gap year at University, where he initially studied geology, he travelled the world extensively. It was during these early expeditions that he became interested in just how the human body responds to extreme conditions, such as those endured on lengthy expeditions, and this led him to switch his degree course to medicine.

Medical background

Mike qualified as a doctor in London in 1979 and spent the next 10 years in a variety of hospital posts interspersed with far reaching expeditions and travel. In 1990, he entered full-time research on endurance, nutrition and survival under extreme conditions, working at both the RAF Institute of Aviation Medicine and then the Army Personnel Research Establishment. He then became the Chief Scientist at the UK Centre for Human Sciences. In 1995, he returned to hospital medicine and university work in Southampton where he is currently a Consultant Gastroenterologist and a Senior Lecturer in Medicine & Nutrition. As well as one of our long standing BAPEN council members, he is also the NICE Liaison Officer and is currently working on their *Guidelines on the use of Nutritional Support* due to be published in 2005.

North Pole expeditions

In the expedition world, Mike is probably best known for his record-

breaking expeditions with Sir Ranulph Fiennes. He initially teamed up with Sir Ranulph in 1986 in an attempt to make the first unsupported journey on foot to the North Pole from Arctic Canada which was then followed by four more North Pole attempts from both Canada and Siberia. These included a record-breaking journey in 1990 which raised more than £2 million for charity.

Antarctic explorations

Following these Arctic ventures, Mike and Sir Ranulph switched attention to Antarctica and the South Pole where in 1992/93 they broke several records when they completed the first unaided walk across the continent. At the time, it was also the longest unsupported walk in history and was not without life threatening incidents such as falling through crevasses and into icy waters. For Mike the hardest part is the mental endurance, "I certainly could not undertake an expedition such as these on my own", says Mike. On his return from the South Pole, Mike was awarded the OBE for 'Human Endeavour and Services to Charity' and the Polar Medal for 'Services to Arctic and Antarctic exploration' and the journey raised a further £2 million for charity.

Following the 1993 Polar journey, Mike continued his interest in extreme sports, leading the first UK team in the 1994 'Marathon of the Sands' (a trans-Sahara multi-marathon) and then in 1995 and '96 undertaking the first two ultra-distance 'Eco-Challenge' adventure races. In April 2002, he completed the first unsupported, non-stop desert crossing of Qatar, covering the 200 km in just 3 days and again raising money for charity.

Round-the-world quest

His latest and most gruelling adventure was the record breaking



Dr Mike Stroud

Land Rover 7x7 Challenge in November 2003. This epic round-the-world quest saw Mike and Sir Ranulph Fiennes complete a punishing schedule of seven marathons in seven days across seven different continents. Over the series of marathons the two pushed their bodies to the boundaries of physical endurance. Says Mike Stroud, "Physically, we are both completely wasted, but mentally overjoyed and happy to be home and alive. There were times when I really thought I would not be able to carry on, especially following the punishing Singapore leg –it very nearly finished us off. This has been an interesting medical study, and I am utterly amazed at how far a human can literally 'run on empty'."

Books, TV, films and radio

From his experiences, Mike has written two books 'Shadows on The Wasteland', documenting his crossing of Antarctica, and 'Survival of the Fittest' covering the relationship between nutrition, exercise, health and peak performance. He appears frequently on TV and radio as an authority on survival, nutrition and endurance, and in 2001, 2002 and 2003 featured as the doctor and fitness expert in the three BBC series of 'SAS – Are you tough?'. These were set in the mountains of Scotland, the Rain Forests of Sarawak and the deserts of Namibia. His is currently filming an 8-part series for the BBC in August called 'The Challenge' which features members of the public undertaking extreme challenges across the world.

*Sally Robinson
GCI Healthcare*



ESPEN Council Report

The Council of ESPEN comprises representatives from most European countries. There are two meetings each year between the Council and the Officers of ESPEN and the last meeting took place in Geneva. This is a forum for updating Council about ESPEN key activities as well as, on this occasion, being used as a way in which to identify a way forward for the society.

• Congresses

ESPEN 2004 September 11 – 14, will be held in Lisbon – plans are progressing well and the programme is nearly complete.

Keep your eye on the ESPEN website for further information:

www.espen.org

ESPEN 2005 will be held in Brussels (August 27 – 30) and the planning process has already started.

• Website

There is to be a new 'on-line' ESPEN journal. This will complement ESPEN's current journal (Clinical Nutrition) and will be managed in a similar way. The content is likely to concentrate on developments in education and clinical practice.

The ESPEN members' pages are being made much more 'user-friendly' and it will be easier to log on. There is also to be a 'Hot News' section.

• Key information

The Council of Europe have recently (November 2003) published their guidance on 'Food and Nutritional Care in Hospitals'. This follows earlier publications and is very important. It can be viewed at - <http://wcm.coe.int/rsi/cm/index.jsp>

• ESPEN Newsletter

This is a new initiative and there will be 3 issues each year, which will be sent to all ESPEN members.

• Intensive courses

2 day courses are being considered. These will be held at the times of ESPEN meetings and will be financially self-sufficient. They will offer an opportunity to present consensus

information at European level and will be structured in such a way that they could be adapted for national use.

• Industry Liaison Group

After a difficult couple of years there is now an explicit commitment to working together to progress the nutritional agenda. This is likely to concentrate on implementing changes in clinical practice resulting from scientific research. It is likely that nutritional screening will be a priority here.

The remainder of the meeting was taken up with small groups working together to identify how ESPEN can improve contact with its membership. Several ideas were generated and these will be prioritised. More information will be available about this in due course.

The next ESPEN Council meeting will take place in Lisbon in September.

*Pat Howard
BAPEN ESPEN Rep.*

We are very pleased in the next few editions of 'In Touch' to have contributions from our European colleagues.

A welcome message from APNEP

On behalf of the Portuguese Association for Enteral and Parenteral Nutrition (APNEP) we extend a very warm welcome to BAPEN, and the 26th ESPEN 2004 Congress to be held in Lisboa, the enchanting white, ochre and pastel coloured riverside capital city of Portugal.

Both our Associations are multi-professional and multi-disciplinary and committed to fostering good practice in Clinical Nutrition; unlike BAPEN however we are still in the infancy of organisation and accountability. Of course there are scattered centres of quality which try to entice others to follow but our culture always relies more on foreign experts.

Since British leadership is always the reference we look forward to your engaged and enthusiastic participation. Your widely acknowledged expertise will enrich each Session's content and, together with the Original Communications and Discussions will help to boost our efforts. These now range from structured Master Programs to the introduction of nutrition in undergraduate physician's curricula, as well as a higher number of Courses in Dietetics and Nutrition: Indeed, Portugal is one of the few Countries with a long standing tradition (more than 70 years) of graduate dietitians involved in healthcare!

It is also fitting to host what is actually the first Congress of the renamed ESPEN- The European Society for Clinical Nutrition and Metabolism with the motto "Nutrition... Just do it Right!", wishful thinking as well as an end-point!

Why should you come to ESPEN 2004?

1. First we admire you and we have long standing historical links!
2. At the Congress and in Glasgow 2002 you convinced us that Congresses are best served by the presentation of original work by investigators. We have used your idea, and besides the successful daily chaired poster rounds, we have expanded the number of opportunities for oral presentations: in addition to dedicated plenary sessions, up to two relevant oral presentations will be inserted in some Symposia. These will only include two formal talks making enough time for every presentation and discussion. Special free booths are available for Nutrition Societies, including BAPEN of course, in the exhibition area. If you want to find out more about this meeting you should visit our website: <http://www.espen.org/congress/lisbon2004>

3. Equally, or even more important is the location - Lisboa with its special southern light, sprawling on seven hills beside the wide Rio Tejo estuary is still stunning, mainly when you let yourself wander the old downtown area and medieval quarters, up and down the hills, either walking, by taking the remaining cranky old trams or using a funicular "elevador".

If you want to discover more about Portugal, situated on the south westernmost corner of Europe, September usually offers a fairly pleasant climate, is a perfect month either to fly to the mysterious Azores Islands, to go to the seaside in the southwest/south coasts, "far from the madding crowds", or to visit a wide range of UNESCO World Heritage sites, scattered all over this tiny country, some within the reach of a day trip of Lisboa. A favourite destination is the Douro Valley where the Porto Wine grapes are picked late September; it is a unique place, which was discovered and developed by...the British! According to the Lonely Planet guide "Lisboa is still one of Europe's most enjoyable cities".

Do not get scared by some advertised prices - unless you are only looking for the exclusive 5 Star Heritage Hotels in Lisboa; alternatives do exist, just look out for them and enjoy: Nightlife and/or Fado singing? You got it! Chic & Open-Air or budget restaurants, some with outdoor seating? You got it! Try to taste the flavour of real Portuguese cooking and good wine!

We certainly look forward to meeting you in luminous Lisboa at the 26th ESPEN Congress from 11th to 14th September 2004.

Maria E. Camilo
(President)

Antonio Sousa-Guerreiro
(Vice-President)

Marília Cravo
(Chairman Scientific Committee)

Regina Lourenço
(Chairman Educational Committee)

11-14 September 2004
Lisbon Congress Center

**NUTRITION...
just do it right!**



First Announcement

New commissioning arrangements for the NHS - continued from page 1

The number of days spent in hospital is one area. Discharge planning, pre-admission clinics and assessment of 'at risk' patients prior to admission will all help. Increasing the number of patients treated as day cases will also help as will, using the Diagnostic and Treatment Centres that are being developed. Minimising the number of patients admitted for urgent investigations and ensuring that inpatient complication rates are controlled will be important.

It is easy to highlight all of these but it means a huge change in the approach to managing the workload. Staff will need to ensure that what they do is going to lead to a better and more efficient service for the patient.

What can we do!

There is a great deal of evidence to suggest that advice can change outcomes. Much of this is simple and low cost. The evidence is clear and proven that changes in nutritional intervention lead to fewer complications, less cost and, more importantly, a better outcome for the patient.

This is only a brief account of the process and there will I feel be many more implications for Trusts and all their staff over the period of implementation from 2004 to 2008. Remember this applies to all services, and all providers, so Mental Health Trusts, Primary Care Trusts and Private Providers will all have to make changes to working practices.

Those who would like to know more could look at the FAQ section at: www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/NHSFinancialReformsArticle/fs/en?CONTENT_ID=4000870&chk=ZWZCI4

or the consultation documents at www.dh.gov.uk/Consultations/ResponsesToConsultationsResponsesToConsultationsDocumentSummary/fs/en?CONTENT_ID=4017035&chk=yEfWV5

www.dh.gov.uk/Consultations/ResponsesToConsultations/ResponsesToConsultationsDocumentSummary/fs/en?CONTENT_ID=4017035&chk=yEfWV5

which may help you!

Dr. Bill Barker

BANS report - update

Dr Barry Jones, new Chairman of The British Artificial Nutrition Survey (BANS) reflects on the past and looks to the future.....

After 8 years of distinguished leadership, Professor Marinos Elia has relinquished the chair of BANS. He presided over the development of probably the largest ongoing clinical nutrition audit world wide. The annual reports are now taken for granted as a normal part of the BAPEN calendar but the effort which has gone into each report by Marinos and the many committee members requires tribute. The value of BANS data has become appreciated by members and other interested parties, particularly managers and commissioners of health care. A number of clinical papers and numerous presentations have been spawned by the data. BAPEN has been able to utilise the information in its strategic quest for Department of Health recognition of specialised services such as Home Parenteral Nutrition (HPN) and community enteral tube feeding. The close mutual relationship between BAPEN and commercial nutrition companies is well illustrated by the figures for commercial homecare company involvement in both enteral and parenteral nutrition in the community.

BANS sets the standard

Over the last 8 years, BANS has set the standard for clinical nutrition audit in the UK which has not yet been matched in Europe or North America. However, there is no room for complacency and we must now move into a new era of data collection to reflect the needs of our evolving health care system. The challenges of "Shifting the balance of power" in 2002 leave us with no choice but to redefine our data in such a way as to be relevant to the new purchasers – the PCTs and the new commissioning groups reflecting the priorities of the Strategic Health Authorities. We will also be providing data from each home country for the first time.

As incoming chairman, it seemed to me that we needed to have a good look at what we have achieved to date and where we need to be going in the next few years. The BANS committee has identified several key strategies.

- *To enhance the perceived validity of*

BANS data

- *To enhance the overall reporting coverage upon which BANS depends*
- *To complement the present emphasis on community nutrition in adults and children by focusing more on in-patient enteral and parenteral nutritional issues.*
- *To make it easier for reporters to report by introducing electronic "real time" returns rather than the cumbersome paper based system at present*
- *To strengthen Founder Group input including pharmacists.*

This year we will be concentrating on home enteral tube feeding (HETF) and a questionnaire has recently been sent to reporters. Next year, we will be focusing on in-patient parenteral and enteral nutrition with an emphasis on quality issues. The present lamentable level of line sepsis audit in the UK will be highlighted for clinical governance purposes and will reinforce BAPEN's strategic goal to drive up quality. In order to achieve our objectives, we will need the continuing support of our long suffering reporters. Any who may have lapsed we would hope to encourage to return to active reporting. We will be looking for centres not participating at present so that we can obtain the best possible spread of information across the whole of the UK. BAPEN still has many goals to achieve. By supporting BANS, we can all contribute to those aims. The better the data the greater its power! Please let me know of any thoughts you might have on how you would like BANS to develop and the committee will do its best to oblige.

The latest BANS report has been published and some of the key facts are summarised below.

Latest BANS Report published and publicised

The latest BANS Report has been sent out to all reporters who submit information to the database. In addition a press release has been sent to the medical trade press highlighting the key findings in the Report.

Significantly, the Report, which is co-edited by Carole Glencorse, Nigel Meadows and Christine Holden, shows a substantial increase in the number of adults and children requiring artificial feeding at home, thereby placing an increased demand on NHS resources

(See following tables and figures). By the end of 2002, approximately 20,000 adults and children were registered on BANS as receiving home enteral tube feeding (HETF) in the UK. This represents a 16% increase in adult HETF and an 9% increase in paediatric HETF from 2001 to 2002 (point prevalence).

This years Report includes a section describing some of the issues relating to patients with either cerebral palsy or cystic fibrosis as more children with these traditional paediatric illnesses are now reaching adulthood. This raises issues regarding continuing care and provision of healthcare resources for this dependent patient group.

The Report emphasises that many adults and children requiring artificial nutrition at home are increasingly supported by commercial companies which provide a valuable home delivery and back-up service. The BANS Report reveals that 82% of adults and children starting HETF in 2002 used a home delivery company, an increase of 67% over the last eight years.

More alarmingly, figures from the Report highlight a large national variation in the provision of home parenteral nutrition to both adults and children. It indicates that equity of access to present services differ and that standards of care vary widely according to geographical location, workload and experience.

Using these key outcomes from the Report, a "Call for Action" news release was issued to the medical press highlighting the need for more resources and equality of care. The press release also provided a "taster" to encourage people to purchase their own copy of the Report and, hopefully, to use the findings in their own NHS Trust or organisation.

The release was sent to over 30 medical trade press covering nutrition, community care and social service, medical and nursing press. It was also sent to the specialist cerebral palsy and cystic fibrosis publications.

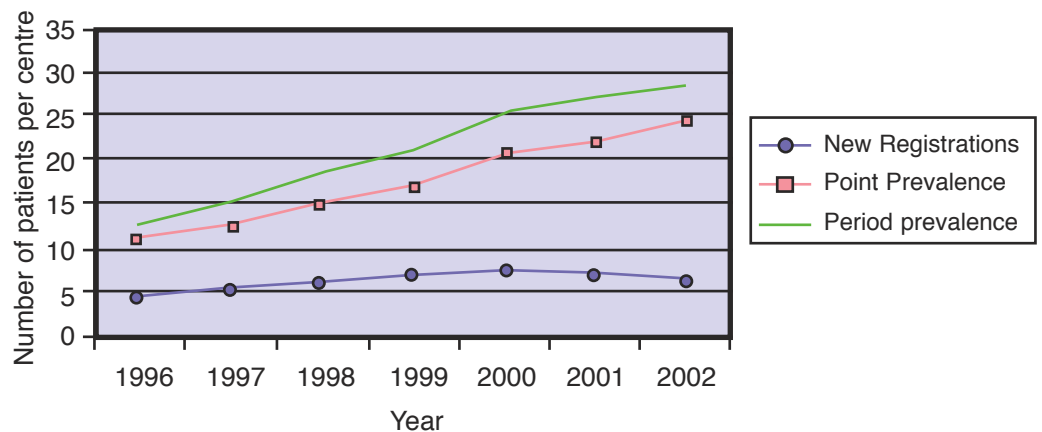
If you have not got a copy of the Report or would like additional copies, the BANS Report (ISBN 1 899467 70 0) can be purchased for £10 (UK) + p&p from: BAPEN, Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG. The Executive Summary can be downloaded from the BAPEN website (www.bapen.org.uk)

BANS' Tables and figures

**Table 4.1: Adult HETF:
Point prevalence and
new registrations of
adults receiving HETF**

	1996	1997	1998	1999	2000	2001	2002
Point prevalence	4236	6052	7771	9043	11,029	13,081	15,148
New registrations	2960	4346	5735	6214	7028	7397	6428
Number of reporting centres	235	246	270	272	282	286	264

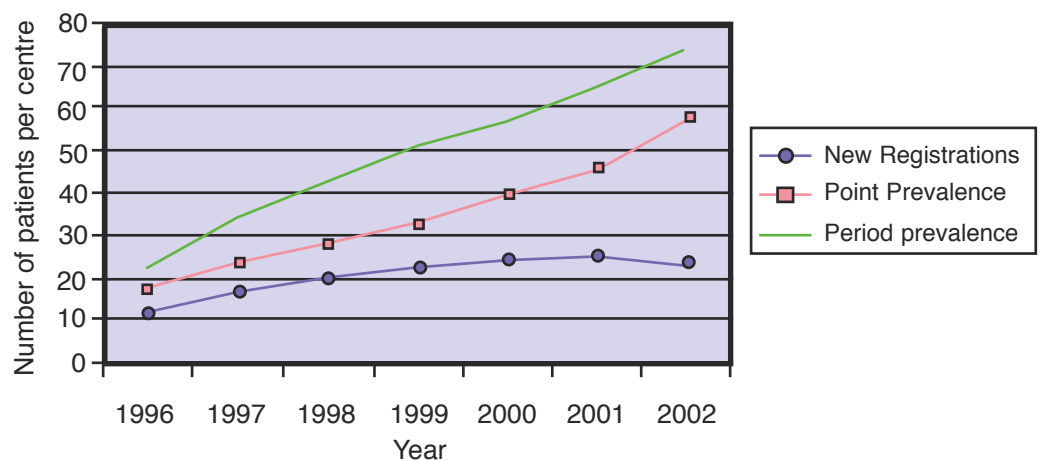
**Figure 4.1: Adult HETF:
new registrations, point
prevalence and period
prevalence per centre
1996-2002**



**Table 4.2: Paediatric
HETF: Point prevalence
and new registrations of
children receiving HETF**

	1996	1997	1998	1999	2000	2001	2002
Point prevalence	1779	2255	2667	3126	3531	3865	4219
New registrations	734	910	1071	1250	1204	1232	1175
Number of reporting centres	168	179	182	185	168	173	170

**Figure 4.6: Paediatric
HETF: new registrations,
point prevalence and
period prevalence per
centre between 1996
and 2002**



BANS' Tables and figures

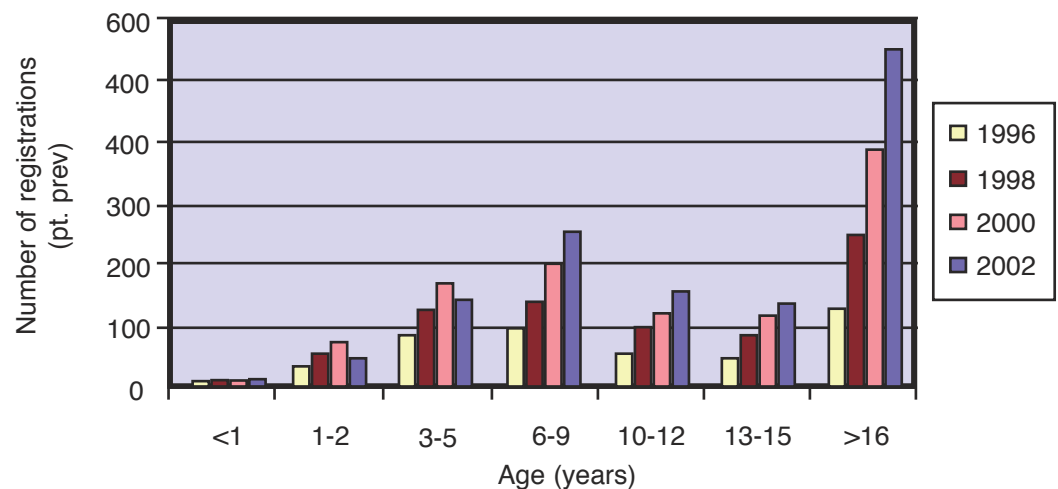
Table 5.1: Adult HPN:

	1996	1997	1998	1999	2000	2001	2002
Point prevalence and new registrations of adults receiving HPN	207	250	306	344	400	422	465
	58	84	113	126	134	126	103
	21	28	29	25	28	28	34

Table 5.2 : Paediatric HPN: Point prevalence and new registrations of children receiving HPN

	1996	1997	1998	1999	2000	2001	2002
Point Prevalence	30	46	64	64	65	68	68
New Registrations	11	22	24	11	14	13	11
Number of Reporting Centres	6	11	11	9	7	10	9

Figure 6.2: Age distribution of children and adults with cerebral palsy receiving HETF during 1996-2002



" in a recent questionnaire to BANS reporters 90% of the respondents said that they would prefer to report electronically and this will be discussed at the BAPEN Council meeting in July"

".....83% of the respondents said that they found the

BANS reports to be informative or very informative."

BANS Committee Members:

Barry Jones (Chairman), Geoff Cooke, Angela Davidson, Marinos Elia, Carole Glencorse, Christine Holden, Nigel Meadows, Alistair McKinley, Ann Micklewright, Christine Russell, Rebecca Stratton, Carolyn Wheatley

IPANEMA International Parenteral Nutrition Education and Methodology Advancement

For several years now a growing number of international nutrition support specialists have been concerned at waning interest and a lack of excitement in parenteral nutrition (PN). The increasing use of enteral nutrition (EN) spurred on by the undoubted physiological advantages of the dictum: 'if the gut works use it', is one obvious factor. However there has also been

a worrying overemphasis on the hypothetical risks and disadvantages of PN, largely due to flawed analyses of outdated literature and case reports.

Nutrition Support essentially began with PN. It has always been truly multi-disciplinary, involving of necessity the doctor, pharmacist, nurse and the dietitian, several years before the concept of Nutrition Support Teams

(NST) became widely accepted. Like all novel techniques PN was sometimes enthusiastically over-prescribed, and poorly practiced at other times, but it has mostly been used responsibly. In countries like the UK, it has been suggested that its perceived higher costs relate largely to its relatively low and conservative usage. In other countries, where usage has been far more prevalent, product costs

are significantly lower and more comparable to EN costs.

Overall PN has been and still remains a life-saving therapy.

Nevertheless, in the haste to fashionably embrace EN many of the pioneering features of PN have been forgotten: the successful clinical outcomes and low levels of infection achieved by dedicated nursing care of catheter connections and lines, the precise administration of patients' nutrient requirements that have been accurately formulated and supervised by the pharmacist, the assurance that the quantity of protein, energy and micronutrients prescribed for an individual patient will invariably in practice, be delivered.

When used in this context, PN is safe and cost effective and complication rates are low.

EN on the other hand can frequently fail to live up to our expectations.

It is still artificial feeding and in the literature is often confused with normal or sip feeding, where not only the gut but also the oral mucosa is stimulated. Moreover, studies have shown that as EN becomes more complex and interventional, costs and complication rates become more similar to PN. In the critically ill, when EN has been used exclusively, it usually falls short of meeting patient nutrient requirements. We believe combination therapy of EN and PN could in such cases be more appropriate but rarely seems to be considered.

In order to resurrect the profile of PN and more widely promote our firm convictions that it remains a key component of Nutrition Support, and an important topic for further research and development, a uniquely structured 'virtual' grouping of like-minded PN enthusiasts has been formed.

Under the guidance of our world-renowned multi-disciplinary advisory board our aim will be to rapidly communicate experiences, practice

research results, case studies and practical information relating specifically and solely to PN, via the World Wide Web. **Since the original idea for such a group was dreamed up during a Brazilian Congress, the acronym IPANEMA fits our vision for International Parenteral Nutrition Education and Methodology Advancement.**

It must be emphasised that this new group is not against EN, when it is clinically and objectively indicated. However we firmly believe that PN in the hands of well-trained, well-educated, clinically focussed professionals can be as cost effective, therapeutically equivalent and demonstrably safe.

IPANEMA will be a not-for-profit Charitable Trust, independent from, but wholeheartedly supporting and interacting closely with national and international groups such as ASPEN, AuSPEN, BAPEN, ESPEN and FELANPE. However, most of these societies are broadening their perspectives into more general community nutrition, metabolism and health. This is both necessary and admirable and we see no contradiction in these diversities. We nevertheless feel it is important for some of us to retain a close connection with our PN roots and maintain a single-minded focus on Nutrition Support by the intravenous route.

The IPANEMA Mission is to enable health professionals to increase attention to PN through inter-disciplinary collaboration, exchange of practical experiences and adoption of research methodology into clinical practice. Our Vision is that the wider application of knowledge through multi-disciplinary education and improved methodology will improve PN practice.

Our Goals are to reduce PN complications, optimise product use by minimising wastage, thus lowering the overall cost of therapy and enhancing

patient outcome.

Our Objectives are to improve understanding of the benefits and efficacy of PN, standardise terminology and practices for PN, facilitate educational workshops and research fellowships that focus research on nutraceuticals and other emerging PN technologies.

If you empathise with our views and are interested to actively participate in IPANEMA then check out our web-site: www.parenteral-nutrition.net and our interactive international PN forum at: <http://groups.msn.com/ParenteralNutrition-Ipanema>

We welcome you to register your interest and enthusiasm for PN, raise questions or comments relevant to your specific areas of technical or clinical expertise and share your PN experiences.

Professor Gil Hardy for the IPANEMA Founder Group: *(Patrick Ball PhD BPharm, Angela Marin RD, Bruce McElroy BPharm, Lee Varella RN, Erick Valencia MD)*

Contact: ghardy@nutrinox.com



Professor Gil Hardy



BAPEN

Advancing Clinical Nutrition

A DATE FOR YOUR DIARY!

***The 13th BAPEN Annual Meeting
will be held
17th - 18th November 2004
at the Telford International Centre***

FEATURING:-

- The Pennington Lecture
- The Nutrition Society Symposium
- PEN Group Annual General Meeting and Award
- NNNG Annual General Meeting
- The Nutrition Society Cuthbertson Medal Lecture
- BAPEN Annual General Meeting
- Exhibition
- Original Communications
- BAPEN Annual Dinner

*To register your interest contact the
Conference Organisers*

Sovereign Conference, Secure Hold Business
Centre, Studley Road, Redditch, Worcestershire,
B98 7LG

Tel No. +44 (0) 1527 518777

Fax No. +44 (0) 1527 518718.

E-Mail. association@sovereignconference.co.uk

LITRE update

We have been very busy in the last few months and several projects have come to a conclusion. So with the help of Fiona and Justine, members of the committee we have put together the highlights.

Leaking Gastrostomy Survey

It was decided to draw this study to a close at the last LITRE meeting because it was felt that we were very unlikely to receive any further questionnaires at this stage. Unfortunately the study has not been a successful one. Only 34 completed questionnaires were received, mostly from one centre. Data from these questionnaires suggest that leaking from the gastrostomy tube or stoma is very rare. However, we feel that the data is flawed for the following reasons.

- Most questionnaires were received from one centre, which has a very well established and well respected community support team for home enteral feeding.
- None of the respondents were children, or users of radiologically placed tubes.
- Respondents tended to be younger and fitter than most adults on HEF and therefore may not be representative of the UK HEF population as a whole.

With hindsight this study was too ambitious for LITRE to take on. A study design including a research nurse or dietitian to co-ordinate the study, and visiting or telephoning participants to assist in completion of the questionnaires is probably needed to obtain a representative data set. Funding for a single centre study is now being applied for. LITRE will be contacting those centres who took part in the study to give individual results and thank them for their efforts.

I would like to express my thanks to Fiona and Lisa for the tremendous amount of work and time they have put into this project. A more complete summary of the results will be published in In Touch at a later date.

Line Blockage Survey

A serious problem with parenteral nutrition catheters is occlusion, and to gauge the extent of this, LITRE designed a 'Parenteral Nutrition Line Blockage Survey'. Out of 360 questionnaires sent out 103 were returned.

Areas covered were: type of catheter and time in situ; pre- and post-flushing; whether any preventative measures were taken; whether lipid was infused separately; whether the feed bag had heparin in; and if a blockage had occurred, what (if anything) had cleared it.

Preliminary results for lipid show that lipid in the bag does not show a significant difference (28 reported a blockage and 34 not); those that infused lipid separately, had any equal number of occlusions to those who had not; and those that infused no lipid at all showed a marked difference (6 having a blockage, and 19 not). The results for pre-and post-flushing show a variety of flushing solutions, with the combination of NaCl and heparin/hepsal giving the best results.

Users views on pumps survey

A joint project between LITRE and the MHRA (Medicines and Healthcare Products Regulatory Agency) was a questionnaire regarding users' views on their pump. 300 questionnaires were sent out, and 133 returned.

Initial results show that there are 23 types of pump in use, with 2 principal devices (57 reports on the Baxter 6060 and 31 on the IVAC 598). 9 pump types were rated as excellent, with only 1 unacceptable. The MHRA are still evaluating the results and a fuller report will follow at a later date.

Change in design of giving sets

An issue referred to LITRE was the change in design of the giving sets for the Baxter 6060. Patients are finding it very difficult to pierce the feed bag with the new design spike, as the

gimlet at the bottom of the spike is hard to hold and twist up into the port in particular for patients with a weak grip or suffer from arthritis. Two representatives from Baxter, Lisa Benages, UK Product Manager and Brad Mosley from the US who is the Global Marketing Manager for the 6060 came to the LITRE meeting in January, and a very productive discussion took place. A new design will be developed in consultation with the UK users, and in the interim there are two solutions which will be notified to the Homecare companies.

LITRE on BAPEN website

LITRE has also expanded its section on the BAPEN website to make it more informative about LITRE. There is information on projects we are currently involved in and there is information on projects that have been completed.

It will also have a section on some of the questions that we receive from patients and how we have answered them. We will also be accessible to all via an e-mail link.

We would like to thank Vera for her help and support and hard working committee member Dave Wilson for collating the information for the website.



*Geoff Simmonett
LITRE Committee Chairman*

Living with Visceral Myopathy

The emphasis is on 'living', with 37-year-old Nick Green working, going out with friends, sharing a house with his younger brother and playing five-a-side football. There have been girlfriends but his underlying condition and treatment have made it difficult to start and maintain steady relationships "at least up to now, anyway!" he tells In Touch. He has travelled to Greece, Italy, Hungary and the Czech Republic whilst on total parenteral nutrition (TPN).

The early years

Nick was born with a chronic gut motility disorder, but it was not until he was a teenager and the family moved home that he was diagnosed as having visceral myopathy. As a child he was malnourished and ill, undergoing various inconclusive investigations and surgery. At ages 18 and 23 Nick underwent emergency surgery to remove the most ineffective parts of his intestine and bowel. He did not recover properly from the last of these operations; his condition became life-threatening due to complications and he had four operations in four days.

It became apparent over the next few years that the remainder of Nick's gut did not work efficiently enough to maintain an acceptable level of health or weight. During this time he tried to continue working full time, but he was not well and had low energy levels.

Understanding the disease

Visceral myopathy is a rare condition and one that is not yet well understood. The muscles in the stomach and gut wall, or the nerves that control them, do not function properly, and as a result the digestive system does not push through and process food and drink as efficiently as it should. At best it is similar to suffering from severe irritable bowel syndrome; at worst it leads to complete failure of the digestive system which can be fatal.

In consultation with his doctor, Nick decided that intravenous nutritional support was likely to be the only means of regaining good health and improving his quality of life. Nick told

In Touch: "It was a daunting regime to take on and to come to terms with, but the best thing about TPN is that the treatment is more liberating than restrictive."

Not coping alone

Nick became a member of PINNT in 1993. He found membership enormously helpful, especially when starting TPN. "Everyone on nutritional support faces similar problems," he said, "yet everyone also has a unique experience as there are so many variables in the type of underlying condition, the severity of it, and the nutritional support regime. PINNT does a great job in helping patients help each other and in representing their interests within the healthcare profession." He found reassurance in knowing that there are a lot of other people coping with similar problems to himself, and in being able to talk to them.

Since 1993 Nick has received intravenous nutritional support which he infuses overnight, five nights per week, via a 'portacath' device. This is a catheter attached to a small chamber, situated under the skin and accessed by inserting a special needle through the skin and into the chamber. As with most regimes, Nick has learned that there are advantages and disadvantages associated with this system. Apart from having to 'hook up' at night and disconnect his feed in the morning five days per week, Nick's daily routine is indeed routine. He has been able to resume a relatively normal life, although he still suffers from the symptomatic problems associated with his underlying condition, and he experiences different degrees of discomfort and pain every day.

Nick explains: "TPN merely circumvents some of the effects of the underlying condition of visceral myopathy – it is not a cure. Most patients on nutritional support still have major and complicated problems that continue to cause ill health, discomfort and pain. It is encouraging to know that improvements in delivering this treatment at home in a way that works around the patient's life are

continuing to be made by healthcare professionals.

Invisible to strangers

It's a difficult condition and treatment to explain to people. You could know someone for a while without him or her realising that there is anything wrong with you - you may not necessarily look ill in any way. Because of this you may often be expected to do things and live a life that you cannot. I can't, for example, go around explaining to everyone I come into contact with at work or socially that I have a serious medical condition – "Hello, my name's Nick ... I've got visceral myopathy and need intravenous nutritional support ... just so that you know ... etc."

Nick's parents and brothers have naturally gone through a lot themselves as a result of Nick's stomach problems and crisis points throughout his life. Although Nick is determined to be independent and take care of himself and his treatment, he says it's good to have the support and concern of his family. He knows he can rely on them when he needs them.

"For some years I was too ill to play football, but was able to resume this after being on TPN for some time and I still play five-a-side. This is what I feel happiest about," says Nick.



Nick Green

Screening is a 'MUST' The Scottish Experience

Dumblane Hydro was the setting on a very cold January day for a symposium to promote the 'MUST' screening tool to a Scottish audience. Nutricia Clinical Care kindly sponsored the event which was attended by approx 140 delegates from all over Scotland representing dietetics, nursing and clinicians in a range of care settings from acute hospitals to care homes.

The morning session of the meeting was opened by Miss Anne Jarvie, Chief Nursing Officer for Scotland who gave a retrospective view of the role of nutrition as part of patient care throughout her career in nursing. She emphasised that it is as important today as it was in the past, especially in nurse training. The rest of the first session was given over to Professor Marinos Elia, chair of MAG who gave an introduction to nutritional screening and 'MUST', and to Dr Ceri Green, Manager of the International Sciences Department within Nutricia

Healthcare who presented the evidence base for enteral nutrition intervention from hospital to home, as documented in the excellent recent publication **Disease related malnutrition: an evidence approach to treatment** which was commissioned by Nutricia. A CD rom is also available to accompany the text. There was a prize draw organised at lunchtime which allowed several individuals to win a copy of this book.

The afternoon session aimed to relate 'MUST' to work currently ongoing in Scotland. Dr Alistair Mckinlay and Jackqueline Walker presented the work being done by the Clinical Standards Board for Scotland (CSBS) which has now been taken under the umbrella of NHS Quality Improvement Scotland (QIS). They have produced Clinical Standards on Food, Fluid and Nutritional Care In Hospitals which were launched in September, 2003. All hospitals in Scotland will be audited against these standards in an effort to

improve nutritional care and provide equity of access for all patients. The Standards state that all patients should be screened within one day of admission using a validated screening tool and suggests that 'the use of the 'Malnutrition Universal Screening Tool' for adults 'would be appropriate'. Further information can be obtained from www.nhshealthquality.org.

The rest of the afternoon was given over to workshops which allowed individuals to discuss the finer points of implementing the 'MUST' in their own organisations. This raised a number of questions but gave us plenty to take back to our departments and hopefully left everyone feeling enthusiastic about the implementation of 'MUST'.

*Carole Anne McAtear
Chairman PEN Group*



*Dr Allan
Coslett*

Journal Watch – from a Pharmacist's Perspective.

Knafelz D et al (2003). Complications of Home Parenteral Nutrition in a Large Pediatric Series. Transplantation Proceedings 35(8): 3050-3051.

This Italian group, report on a study performed to retrospectively evaluate the type, and frequency of complications associated with home parenteral nutrition (HPN) delivery to 61 paediatric patients (mean age 4 years and 1 month). The results shown indicate that during a total infusion period of 27,740 days (mean of 1.2 years per patient), a total of 58 complications were observed (mean of 0.79 per patient per year).

Of the complications observed, 52% were found to be mechanically based, 26% as a result of infection, whilst only 3% were associated with metabolic complications, although the authors do note that there was a 19% incidence rate of problems associated with parenteral nutrition (PN)-related

hepatic complications. In all the patients who had shown signs of complication, none were to die from any of the problems, in fact in half of this group of patients, the HPN was stopped due to the patient progressing either to alternate nutrition support mechanisms (11 returned to normal feeding, 18 transferred to home enteral nutrition), a further 20 died of their underlying disease condition, whilst in one case small bowel transplantation was undertaken.

The authors concluded that HPN can still be seen as a valid alternate to small intestinal transplantation and that only patients with PN-related liver disease should be considered for combined liver-small bowel transplantation as an early option.

Taxis K, Wirtz V & Barber N (2004). Variations in aseptic techniques during preparation and administration of intravenous drugs – an observation-based study in the UK and Germany. Journal of Hospital Infection 56(1): 79-81.

In this interesting letter to the Journal Editor, the authors highlight the considerable differences noted in aseptic technique found between the UK and German based hospitals,

following the observation of 1700 manipulations (preparatory and administration) by 200 healthcare workers. The basis for their study was a paper by Nystrom et al (1983) who had conducted a European multi-centre study of the incidence of bacteraemia in surgical patients with intravenous devices, and had highlighted national variations in the incidence of hospital-acquired infections.

In this new study the authors noted differences in disinfection practices for both products and areas of practice, and storage of products after reconstitution, or used for periods greater than recommendations for continuous infusions. To conclude the authors indicate that aseptic standards for industry and pharmacy units have been shown to be high and adherence checked by monitoring, whilst the practice at ward level aseptic standards for preparation and manipulation have been shown to be variable and in some cases the adherence very poor. Therefore they suggest the establishment of strict guidelines for the aseptic preparation and administration of all parenteral products.

Dr Allan Coslett Cardiff University

NNG annual conference – 2004

I was encouraged to attend the National Nutrition Nurses Group (NNG) Annual Conference by our Nutrition Nurse Specialist, Lynne Colagiovanni, who also happens to be the Chairman of the NNG. I am the nutrition link nurse based on a GI unit, so nutrition plays an important part of our treatments and care. These conferences are a good chance to update and to network, but also to put faces to names, and this one had the added attraction of a Beach Party Barbecue!

Varied and interesting sessions

The sessions were very interesting and mostly ran to time for the morning. The afternoon was for workshops. There were two sessions that particularly impacted on me. The first was by Rick Wilson of Kings College Hospital. He was talking about the Better Hospital Food Project and explaining how trials of protected meal times were going. This was very interesting to a ward based nurse. It is frustrating that the meal times can be the busiest times of the day for staff and patients. The problems with implementing this were also explained; these mainly seemed to hinge on the usual problem makers, consultants and

visitors! It was easy to see the benefits of adapting this strategy and despite the upheaval it would cause I would be a fan of its introduction within my trust. Most of the audience seemed to be favourable to this, although many noticed that it is a promotion to prominence of something that has been steadily devalued in recent history!

Debates give food for thought

The other session that had real impact was in the debate, "Feeding in palliative care- more burden than benefit?". The impact comes from the presentation, which was as a court of law with Kate Pickering being the judge and Dr Simon Gabe acting as counsel for the argument and Dr Barry Jones acting against. There were two case histories on which we, the rather large jury, had to vote. It was a fairly light hearted way of dealing with a relatively heavy subject.

All the sessions and workshops were valuable and I have plenty to feedback to my colleagues on the ward, but these two did stand out.

A well organised conference

As usual the conference was well

supported by industry, with an exhibition of the latest products in feeds, tubes, catheters and services. The venue, the Bass Museum in Burton-on-Trent, was very good; old and having character made it a little more interesting. The food was lovely and plentiful, the only criticism could be the chairs in the main hall weren't the most comfortable, but after lunch that may stop the need to sleep! The Beach Party was excellent and the committee had obviously put in a lot of work. Most of us had made some effort although unfortunately the weather did not play the game, being rather indifferent. The barbecue was excellent, steak and salmon included, being something of a 'foodie' this was lovely. The evening went well and the slide in the children's play area was used frequently, mainly I think by Lynne!!

This was the first 2 day conference for the NNG and the general feeling was that it was an excellent meeting and should be used as a template for future events.

Melanie Love, Sister, Gastrointestinal Unit, University Hospital Birmingham NHS Trust.

The Better Hospital Food Project

The Better Hospital Food project has made an excellent start to 2004 with activities and developments in many areas. I have summarised some of the key developments.

Council of Europe report

The Council of Europe (CoE) Report on Undernutrition in Hospitals has had its recommendations adopted by a Committee of Ministers on 12th November 2003. It is not yet clear how the UK will implement this resolution. In England many of the recommendations in the CoE report will be covered in a completely revised, updated and republished version of the 1996 Department of Health document

on catering standards "Developing a Quality Service".

HCA & BDA

The Hospital Catering Association (HCA) and the British Dietetic Association (BDA) have a new collaborative forum to share learning on food service developments across the UK. One of the first activities of the group is to share notes on the implementation of the CoE recommendations.

Training resources

A training video and CDROM resource pack on Protected Mealtimes was launched on 21st January and is available from NHS Estates. It has been

circulated to all Directors of Nursing. Over the coming months Protected Mealtimes will be the subject of a national road-show. NHS Estates are working closely with the Royal College of Nursing to promote this important initiative.

Conference

The Food as Treatment Conference held on 21st January was a great success. Over 300 delegates attended and heard Lord Warner outline plans for the year. Notes from the conference are now available and will be posted on the BAPEN website.

The Better Hospital Food Project

New panel of experts

A new panel of experts met for the first time on 2nd March, the Better Hospital Food Forum. The group is Chaired by Loyd Grossman and includes Susan Jones, Chairman of the BDA; Prof Ian Phelps, the Elderly Care Tsar; Prof Peter Kopelman, Chairman of the Royal College of Physicians Nutrition Committee; Jonathan Porritt, Adviser to the Government on Sustainability; Dr Gill Morgan, Chief Executive of the NHS Confederation.

The aim of this group is to provide guidance on research and evaluation of the development of hospital food services and their impact on patient nutrition and clinical outcome.

New standards for the NHS

The Department of Health has posted a paper on developing "Standards for Better Health" for consultation. This includes standards on food service and will be the basis for inspection by the new Commission for Healthcare Audit and Inspection which will start operating from 1st April 2004.

Finally it would be helpful to hear from colleagues about their experiences of the project locally and also hear suggestions of how the central resource of the project can best support local developments.



*Rick Wilson, BDA
Representative on the Better
Hospital Food Panel*

News from the Education and Training Committee

I was appointed the new Chairman of the BAPEN Education and Training Committee in November, 2003. I have served as a member of the committee since 1997, facilitating links with the Regional Representatives of BAPEN. I have a long-standing commitment to education and have been a member of the Institute for Learning and Teaching since 2002. The new undergraduate medical course in Norwich includes modern clinical nutrition.

Paying tribute

I am pleased to pay tribute to the work of the outgoing Chairman, Dr Rosemary Richardson, and intend to further the core aims of the committee, particularly its contribution to the annual BAPEN meeting and to the redesigned Education Course for Clinical Nutrition Support Teams. This new course was held for the first time at Wychwood Park Hotel, Crewe, in February 2004 and five multi-disciplinary teams, each of four people attended.

The feedback from the Education Course at Wychwood Park in February

2004 was very impressive and the course was praised highly. It is planned to run a further course in early February 2005, at the same venue. So far, four teams have expressed an interest in attending. I would like to express profound thanks to Ruth Newton for organising such a successful course.

The next InTouch will carry a report on this meeting.

The committee also intends to foster contacts with other societies with an interest in clinical nutrition and promote joint symposia. A joint Association of Surgeons/BAPEN symposium was held in Harrogate at the Association of Surgeons meeting from 28-30th April, 2004.

Other Education matters

- The Education Symposium for the BAPEN Annual meeting in November, 2004 has two confirmed speakers, Gill McHattie and Kavita Jog, and replies are awaited to two further invitations.

- The Education Committee will run a workshop on day 2, with tutors from its membership. The topics covered will be the same as the workshop last year, in order to supply unmet demand. It is suggested that the Committee undertakes an annual workshop in this meeting, with the topics to change in 2006.
- Discussions are on going with Dr Barry Jones, who chairs the BSG Programme Committee, about a joint BSG/BAPEN symposium, probably at the 2007 BSG meeting. The currently favoured topic is education of gastroenterology Specialist Registrars in clinical nutrition.
- The constitution of the Education/ Training Committee is due for review and some preliminary discussion took place at the last meeting of the Education and Training Committee.

*Dr Ian Fellows
Chairman Education and Training
Committee*

There have been two meetings recently (February and May 2004) and we have discussed some important developments.

BAPEN Medical

We are supporting the creation of a group for doctors within BAPEN (in the same way as we have groups for all the other professions). It is vital that we encourage this to support the development of multi-professional practice in nutritional support. There is further information about this initiative in this newsletter and further information can be obtained from the BAPEN Office. If you want to comment you should contact Prof Jeremy Powell-Tuck (J.Powell-Tuck@mds.qmul.ac.uk).

BAPEN Constitution

This is being updated to reflect some of the changes that have taken place since BAPEN was formed in 1994. Once the changes have been agreed by Council, a draft will be posted on the website for your comments. We hope that this will be later in the summer to enable any comments from the membership to be included in time for final agreement at the Annual General meeting in November. For further information contact Pat Howard, Honorary Secretary

Strategy

BAPEN has, successfully, met all the objectives that were described at its formation. Discussions continue about reviewing our activities and ensuring that we are well placed to respond to the challenges of the future. We need to be very clear about our remit and our strengths so that we can put our resources to best use. This, too, will be agreed by Council before being posted on the website for your information.

Publications policy

BAPEN is producing a number of different resources and it is important that these are properly managed. Council has now adopted a formal policy to enable this thereby ensuring

high quality material. The policy will be posted on the website.

Individual Affiliates

The drive to increase our membership continues and we hope to introduce different perspectives into BAPEN through our individual members. It would help us enormously if you could 'spread the word' on our behalf. Information could be posted in your local hospitals / at meetings alongside the notices about the conference in November. Please get in touch with the BAPEN Office if you would like some fliers. There is a bonus for existing Individual Affiliates : if anyone introduces a new member they will receive a reduction in next year's membership fee once the new membership has been confirmed.

BAPEN archive

We have agreed to initiate an organisational archive. Although we are a relatively 'young' organisation, we already have quite a history and we would like to preserve this for the future. If you have anything you would like to contribute or if you just want to know more, you should get in touch with the BAPEN Office.

Standing Committees

It is with regret that we have had to accept the resignations of Dr Rosemary Richardson (Education and Training) and Dr Chuka Nwokolo (Programme Committee). These are two key committees of BAPEN and many of you will know the successes they have achieved – notably the new training course for clinical nutrition support teams and BAPEN 2003 at Telford. Rosemary and Chuka leave us with our thanks and all best wishes for the future. They will be succeeded by Dr Ian Fellows (currently a member of the Education Committee) and Mrs Lynne Colagiovanni (currently a member of the Programme Committee and Chairman of the National Nutrition Nurses Group (NNG) respectively.

We are also sorry to report that Professor Marinos Elia has stepped down from the chairmanship of the British Artificial Nutrition Survey (BANS) Committee. This is an undertaking which Marinos has led since 1996 (the original register was set up by the Parenteral and Enteral Nutrition Group (PEN Group) of the BDA). The BANS reports have been a unique and important source of information at many levels and we are extremely grateful for all the work that has been achieved by the Committee under his chairmanship. We are delighted that Marinos will continue to provide expert advice and support to the Committee as well as to Council. He is succeeded by Dr Barry Jones – familiar to many of you for his work in the field of Home Parenteral Nutrition (HPN).

Annual General meeting

This has now been moved from May until November because we are particularly anxious to ensure that as many of you as possible can contribute to the discussions. The AGM will take place in Telford on the first day of the meeting for all BAPEN members.

The 'MUST'

It seems that this BAPEN initiative has 'hit the ground running'. However, there has been a great deal of investment in this both financially and on an individual basis. Council recognises this together with the fact that the Malnutrition Advisory Group under the leadership of Professor Elia has more than fulfilled its brief. Discussions are now taking place to ensure that the current momentum is maintained and that the 'MUST' becomes the universally recognised and accepted 'Malnutrition Universal Screening Tool'.

BAPEN 2004 Telford

17-18 November – you must by now have this date in your diaries!

Council is enthusiastic about attracting as many delegates as possible to this

Regional News

BAPEN Welsh update

meeting – we have many reports of the benefits of networking with colleagues which has taken place at our previous meetings.

'Making Teams Work'

This course for clinical nutrition support teams was successfully held at Wychwood Park Hotel in Cheshire earlier this year. This replaces the 'Grasmere' course and has been completely reviewed and updated to reflect current needs. Council received comprehensive feedback about the course and was very pleased to note the high levels of satisfaction expressed by the delegates. Ruth Newton (Senior Pharmacist at Stoke City Hospital) was warmly congratulated for all that she and her team have achieved. If you want to find out about next year's course, please get in touch with the BAPEN Office.

BANS

The latest report (covering 2002) is now available and many of you will have seen it. A summary of some of the key information can be found in this edition of the newsletter. Council was advised that an active programme to review data quality is planned. Council also heard about concerns around gaps in data provision because there are no local reporters. If your trust is not already involved, please consider contributing to this unique dataset. More information can be obtained from the BAPEN Office.



Pat Howard
Honorary Secretary

The second Welsh Regional BAPEN study day took place on 26th February 2004 at the Village Hotel near Cardiff. The day was memorable not only for the excellent standard of the presentations but also for the heavy snowfall and the chaotic and less than exciting lunch (we all live and learn!)

Over 55 delegates were treated to a varied programme with guest lectures from Dr Tim Bowling, Consultant Gastroenterologist in Nottingham and Dr Simon Gabe, Senior Lecturer in St Marks, London interspersed with presentations from the Nutritional Support Teams (NST's) in Cardiff and Wrexham. Updates on development of the Welsh Home Parenteral Nutrition network by Dr Barney Hawthorne from UHW Cardiff and progress in the Nutrition and Catering Framework of 2002 by Judyth Jenkins, Chair of AWDAC completed the day. Unfortunately the heavy snow in Southwest Wales stranded two members of the NST from Swansea who were due to present a case study and as the afternoon progressed and white-out prevailed half the delegates were forced to leave before Dr Gabe's lecture. At least that's part of the programme for the next meeting sorted out!

Dr Bowling presented the "evidence" to support the use of bolus versus continuous tube feeding and for post-pyloric versus gastric tube feeding. Safe to say that the bad press enjoyed by bolus feeding may not be based on published evidence, and that post pyloric feeding may be marginally superior in some aspects, but in the reality of everyday practice it is not easy to maintain. The Cardiff NST then presented audit data on the use of surgical jejunostomies and how they have changed policy on their use particularly in emergency surgical cases where major problems were identified.

The presentation from the Wrexham NST took the form of a case study which highlighted many of the problems faced by a NST in deciding how to fulfil the NS role whilst the UHW team discussed the management of a complex patient with multiple fistulae and vascular access problems.

The afternoon started with an update on the Nutrition and Catering Framework and where progress has been made in policy development in Trusts throughout Wales. The role of dietetic assistants was discussed and the positive impact they have made in Cardiff. The Welsh HPN Clinical Network was next on the agenda and certainly progress is being made with discussions with Health Commissioning Wales being on-going and a workshop held on the 4th March in Swansea. Hopefully we will see a network in place in the near future.

Dr Gabe's talk was titled "Gastrostomy, a complex simple procedure" which covered not only the practical aspects of PEG insertion but also some of the ethical and moral dilemmas surrounding the procedure. This was followed by Paula Edwards, Nutrition Nurse Specialist from Wrexham, who presented audit data on the involvement of a NST in the work-up for PEG and the dramatic reduction in the referral to procedure ratio since NST involvement.

All in all a successful day as indicated by the delegate evaluations. Personally I would like to thank the six companies who sponsored the meeting and a big thanks to my secretary Sheila who dealt with the administrative arrangements.

Dr Campbell Edmondson, Welsh Regional Representative

BAPEN Medical Group



will

Professor Jeremy Powell-Tuck

Unlike dietitians, nurses, pharmacists and patients, practising doctors currently have no natural forum within BAPEN. Clinicians cannot always prioritise an interest in the latest metabolic research and may not initially identify strongly with the Nutrition Society.

BAPEN has a need to remain attractive to clinicians if it is to deliver improved nutritional care for UK patients. It must play a role in the education of Specialist Registrars and in the development of the medical and surgical evidence base for nutritional support.

BAPEN is an association of founder groups which seeks to promote the multi-disciplinary approach to nutritional treatment. However at this time it is not thought to be in the Association's interest to merge the founder groups into one Society. Autonomy might be weakened, the society might become too centralised

and vigour lost.

A decision has been made, accepted by Council, to set up a medical/ surgical interest group within BAPEN to complement the existing founder groups.

Such a group will concentrate on the development of the evidence-based practice of nutritional support and the delivery of education in this field. It will be called BAPEN Medical and encompass all medical interests – for example surgery, intensive care, paediatrics, care of the elderly, general practice.

The relationship between the old "CNMG" and BAPEN Medical, will need to remain close. The CNMG theme should benefit if more clinicians are attracted to BAPEN. It is very important that metabolic research remains strongly supported by BAPEN, and that ties with the Nutrition Society are maintained. BAPEN Medical

work with all the founder groups to arrange joint meetings and support joint approaches to education, both nationally and regionally. Some of its members will continue to contribute to metabolic research within the CNMG theme. It will seek to arrange joint meetings with other medical specialist societies in order to reach out beyond BAPEN boundaries.

I would very much welcome the views of others on this initiative, whether for or against. Please contact me on J.Powell-Tuck@qmul.ac.uk.

Registration forms or cheques should go to the BAPEN office.

Regional News BAPEN Trent update

The inaugural meeting of the Trent BAPEN regional group, was held on the 1st April 2004, at the Tigers rugby ground in Leicester. Dr Jeremy Nightingale (Regional Representative) opened the meeting with a presentation on the 'MUST' tool, followed by very informative lectures on the methodology of providing enteral nutrition, by Dr Tim Bowling (Nottingham), legal aspects of nutritional support (Dr Jim Stewart, Leicester), and the management of parenteral nutrition by Dr Mark McAlindon and Dr Kevin Page (Sheffield). The lectures closed with an excellent presentation by Justine Bayes (PINNT Trent Regional Rep) on the patient perspective and the work of PINNT in supporting both patients and health care professionals in all aspects of artificial nutritional support after hospital discharge. 50 delegates from around the

region attended, the industry sponsored event. It was agreed that a multi-disciplinary network should be formed with the aim of sharing local best practice and collaborating on guidelines and future research activity. A small working party hopes to meet regularly and organise meetings biannually. There was much

enthusiasm at the meeting for nutritional support in the region, (some delegates were particularly happy, as they had bumped into Martin Johnson and other rugby players on the way in!)

*Melanie Baker
Nutrition Team Dietitian
Co-organiser*



From left to right- Dr Mark McAlindon, Melanie Baker, Dr Jeremy Nightingale, Justine Bayes, Dr Tim Bowling

Diary dates

National dates

5-8th July 2004	Nutrition Society Summer Meeting and Association for the Study of Obesity	Trinity College, Dublin For full details visit www.nutritionandsociety.org
18-22 July 2004	Nutrient Interaction with Gene Expression	SECC, Glasgow Contact: Nutrition Society Meetings administrator, PO Box 485, Tring, Hertfordshire HP23 6YT Tel: 01422 825568 Email: e.costin@nutsoc.org.uk
Tuesday 3rd and Wednesday 4th August 2004	PEN Group Summer meeting Nutrition Support Training	Hulme Hall in Manchester. Contact : Judy Beeston Tel 01909 502923 email: judy.beeston@bhcs-tr.trent.nhs.uk
13-17 Sept 2004	Intercollegiate Course on Human Nutrition	School of Health and Social Care, University of Teeside Course Organiser: Dr Carolyn Summerbell, Reader in Human Nutrition, Tel: 01642 342769 Email: G.Thompson@tees.ac
5th October 2004	Childhood Obesity 2004: A one day conference and an intensive practical workshop on childhood obesity for health professionals	University of Glasgow For further information including programme and registration details, http://www.nutritionandsociety.org/Docs/28052004/ChildObesity.pdf Contact : Carolyn Fraser, Conference Manager Division of Developmental Medicine, Human Nutrition 1st Floor Tower Block QMH Yorkhill Hospitals, Glasgow, G3 8SJ Tel: 0141-201-9264; Fax: 0141-201-0674 E-mail: cf24f@clinmed.gla.ac.uk Website: www.gla.ac.uk/developmental/cpd/CPD.html
19 Oct 2004	London Intestinal Failure Day	London Contact: Dr Simon Gabe Tel: 020 8235 4177 Fax 020 8235 4001 Email: s.gabe@ic.ac.uk
9-10th Dec 2004	5th Nutrition and Health Conference London	For further information please visit: www.nutritionandhealth.co.uk

International dates

3-7 July 2004	2nd World Congress of Paediatric Gastroenterology, Hepatology and Nutrition	Paris, France For further information, please contact: Colloquium, 12 Rue de la Croix, Faubin, France Email www.wcpghan2004.com
11-13 August 2004	Nutrition Society of Australia Annual Scientific Meeting, in association with the International Congress of Clinical Nutrition and the Nutrition Society of New Zealand. Brisbane, Australia	Further details, including contact addresses, may be found at www.nsa.asn.au/ for the NSA/NZ meeting and www.wccn2004.com.au for the Clinical Nutrition meeting.
11-14 Sept 2004	26th ESPEN Congress	Lisbon, Portugal For further information please visit www.espen.org
15-18 Sept 2004	3rd Congress of the European Union Geriatric Medicine Society	Vienna For further information tel: +33 1400 71121 or Email: congress@mfgroupe.com
2 October 2004	Symposium on Nutrition and Alzheimer's Disease. International Academy of Nutrition and Aging	Tokyo, Japan Main topics: Antioxidants and Alzheimer's disease; Insulin and Alzheimer's disease; Fish oil and Alzheimer's disease. For more information concerning the program of the Symposium contact: I.A.N.A, c/c SERDI, 43 Chime Del Prat, 31320 Auzeville Tolosane, France
4-5 November 2004	Fourth European Congress on Nutrition and Health in Elderly People	Toulouse, France For more information concerning the program of the Symposium contact: I.A.N.A, c/c SERDI, 43 Chemin Del Prat, 31320 Auzeville Tolosane, France. 4.

Regional Representatives update



*Dr Simon Gabe
Chairman, Regional
Representatives*

Coming to a cinema near you – soon!

Over the coming year each BAPEN rep will be holding a local meeting. This may be a study day or a more formal meeting. You can guarantee that 'MUST' will be addressed as part of nutrition screening as well as topics of local interest.

Why the road shows?

The regional meetings are meant to be relevant locally in a way that a National meeting such as BAPEN or ESPEN can't. They will be more accessible and appropriate and of course much less expensive. Some may be free! We hope that they will stimulate local interest and help address practical issues.

The first regional meeting was held in Cardiff on the 26th February and was very well received. There were around 80 delegates with all specialities represented (except for surgeons) and the programme covered both enteral and parenteral aspects of nutrition with special relevance to Wales. There were external speakers as well as case presentations from the local teams. The next was Trent on April 1st, organised by Dr Jeremy Nightingale and after this there was one in the South West Region on the 3rd June, organised by Dr John Lowes. (See reports on pages 17 and 18).

What is in it for me?

If you want to attend regional meetings then get in touch with your local rep (see list below) and if there is no rep in your area then let me know if you are interested. I am being contacted by a number of people in hospitals who feel that they are alone in addressing nutrition in their hospital. Often there are only a few people interested in nutrition in hospitals as it is perceived as unimportant. These meetings will give a forum for those interested to meet and discuss problems and even set policies in due course. Nutritional issues are getting headlines nowadays – so what are you waiting for?

Regional Representatives

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