



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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New Health and Social Care Standards for the NHS

The Department of Health (DoH) has issued a new document 'National Standards, Local Action: Health and Local Care Standards 2005/06-2007/08' which sets out new health and social care standards for the NHS.

The DoH is keen to see the focus of the NHS shift from that of a service that focuses primarily on sickness, to one that develops into a health service, and one that continues to improve the quality of care patients receive. In order to sustain the drive to reduce inequalities in health, the DoH is cutting the number of national targets that NHS bodies need to achieve annually from 62 to 20 but local organisations will also now be expected to set local targets to tackle local priorities.

The national targets that remain have been divided into seven groups/domains and each of these include core and developmental standards. Core standards are to be achieved immediately and the developmental standards over the next 4 years.

- | | |
|---------------|---------------------------------|
| First Domain | Safety |
| Second Domain | Clinical and cost effectiveness |
| Third Domain | Governance |
| Fourth Domain | Patient Focus |
| Fifth Domain | Accessible and Responsive Care |
| Sixth Domain | Care Environment and Amenities |
| Seventh | Public Health. |

It is welcoming to see that nutrition plays an important role in the Patient Focus domain and the nutritional care of patients is a core standard.

**The standard C15 states:
'where food is provided, healthcare organisations have systems in place to ensure that:**

- patients are provided with a choice and that it is prepared safely and provides a balanced diet; and
- patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

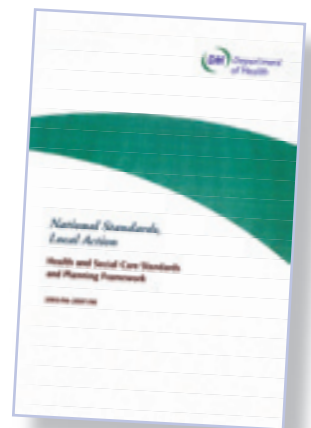
These standards form a framework for all health and social care organisations to work within, and it will be as important for Commissioners (eg PCT's) as well as providers (eg hospital trusts) to ensure that these standards are met.

This is an important opportunity for all of us to engage with our colleagues including other clinicians and managers, to ensure that the nutritional care of patients is seen as a priority.

For further information: visit www.dh.gov.uk

Vera Todorovic
Chairman
Communications and Liaison Committee

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Media Update

'MUST' media bandwagon rolls on

The 'MUST' publicity is still rolling out and recently we have had coverage in the following journals:

- Community Practitioner
– two page article
- National Heart Forum newsletter
– news item
- Hospital Doctor
– one page article
- Nursing Times
– two page article

Radio 4 You and Yours

An excellent interview was conducted with Rick Wilson and Dr Alastair Forbes for Radio 4's You and Yours programme on Malnutrition in Hospitals on Friday 25 June 2004.

Alastair was live in the studio for the discussion with Lloyd Grossman and Matron Caroline Lecko.

The impetus for the interview initially came from the Better Hospital Food programme publicity. We were approached by Radio 4 to provide back-up figures on malnutrition and confirmation of the work by the MAG on nutritional screening.

The key points came across well in the interview and it was good to hear the spectrum of nutritional care and treatment - from food to screening for malnutrition - being discussed in the same programme. We aim to get the topic of malnutrition/food in hospitals discussed again in the media well before the 'few years' timeline suggested by interviewer Liz Barclay! Don't forget to let me know if you see coverage for BAPEN, malnutrition or 'MUST' in your professional or local press. Send an email alert to rsmith@gciuk.com with details of the

title and date of the publication.

Look out also for announcements of the 2004 BAPEN Annual Symposium as publicity for the event begins to build. Let me know if there are any opportunities you spot, or can make available via your professional organisation or informal network, so that we can spread the word!



Rhonda Smith
Media Co-ordinator BAPEN

BPNG members offer



A BPNG study day for nutritional support staff

22nd September 2004

Haydock Park Racecourse Cheshire

Organised by British Pharmaceutical Nutrition Group at the Nutrition Now Exhibition of the NWNW branch of BDA

PN: Putting Theory into practice

Programme:

Morning 10.00am-1.00pm

The Allwood-Hardy Lecture-
Best Practice Evidence for Nutrition Support in ICU

by Professor Richard Griffiths

The IPaNEMA Lecture-
PN-Make it Right and Do it Right
by Dr Patrick Ball

Round Table sessions on:

- PN in Paediatrics • PN in ITU • PN in Intestinal Failure • PN: to Filter or not?

Afternoon 2.00pm-4.30pm

Lectures on: PN for GI Fistulae

by Dr Mario Ferreyra

Importance of the Team Ethics of PN- Interactive case presentation

For more information see

www.bpng.co.uk

Contact:

BPNG Office

British Pharmaceutical Nutrition Group

P.O. Box 5784

Derby DE23 1WU or

conferenceteam@hotmail.com

Medical Device Alert

Enteral feeding tubes (nasogastric) Ref. MDA/2004/026

The Medicines and Healthcare products Regulatory Agency (MHRA) have recently issued an alert relating to the checking of nasogastric tube placement. Blue litmus paper is commonly used to test aspirate to ensure the correct positioning of a nasogastric tube. Blue litmus paper will turn pink in the presence of acid regardless of the level of acidity (ie pH 7) and is not sufficiently sensitive to distinguish between the pH of different fluids, specifically between bronchial and gastric secretions.

There is the potential for a malpositioned nasogastric tube to go undetected if blue litmus paper is used as the method of checking placement. The MHRA are aware of an incident where this has occurred and contributed to the death of a patient.

As a result the MHRA have stated that pH indicator paper should be used in place of blue litmus paper and have issued the following guidance:

- Define expected pH range for secretions to be tested such as gastric and bronchial secretions, giving consideration to variables such as the use of antacids and proton pump inhibitors.
- Select the appropriate paper for your requirements. pH indicator paper is available in several ranges and graduations of pH.
- Follow the instructions for use provided by the manufacturer of the pH indicator paper and the nasogastric tube.
- Ensure all staff are appropriately trained in the use of the pH indicator paper and the interpretation of the results.

Trusts need to ensure that action has been taken by October 2004.

The National Nutrition Nurses Group (NNG) can be contacted for clinical guidance.

For further details on this alert visit

www.mhra.gov.uk



ESPEN and BAPEN: ideally complementary Societies

ESPEN, The European Society for Clinical Nutrition and Metabolism, is a federation of National Societies from all over Europe. ESPEN members come from all over the world and many are among the world leaders in the field.

As a member of ESPEN, you will benefit from many possibilities and opportunities, such as:

- International membership network
- Participation in the Interest Groups (see below)
- Reduced rate to the annual congress (minus 80 Euros)
- Eligibility for ESPEN travel and research fellowships (i.e. 500, 15 000 Euros)
- Involvement in ESPEN Committees work
- Free subscription to the official ESPEN journal, Clinical Nutrition
- Eligibility to the ESPEN Advanced Clinical Nutrition Course and Intensive Course

The annual ESPEN congress offers you a unique platform for acquiring/sharing the most recent news and developments in your domain. ESPEN members can freely join the Interest Groups (such as Perioperative care, Stable Isotopes, etc.) that are designed to promote spontaneous merging of clinical, research and educational interests among ESPEN members. The next ESPEN congress will be held at Lisbon, Portugal (September 11-14, 2004) and features an appealing slogan "Nutrition... just do it right".

ESPEN members produce the European guidelines for Clinical Nutrition and Metabolism. These important standards of practice are widely recognized by national health authorities. They facilitate the implementation of quality control programmes and help support the reimbursement of nutritional services and products.

As a professional involved in Clinical Nutrition and Metabolism, you need an active representation of your interests at the European Community level in Bruxelles. ESPEN is actively pursuing a structured action toward the recognition of the Nutrition specialty, thanks to its lobbying power. In line with this aim, ESPEN favours intense and long term interactions among national societies. Its latest project is to assemble and train international Instructors, who are the experienced professionals in Clinical Nutrition and Metabolism from all over Europe. These Instructors are anticipated to spread the use of the course at national and local level, thereby contributing broadly to education and training in Clinical Nutrition and Metabolism

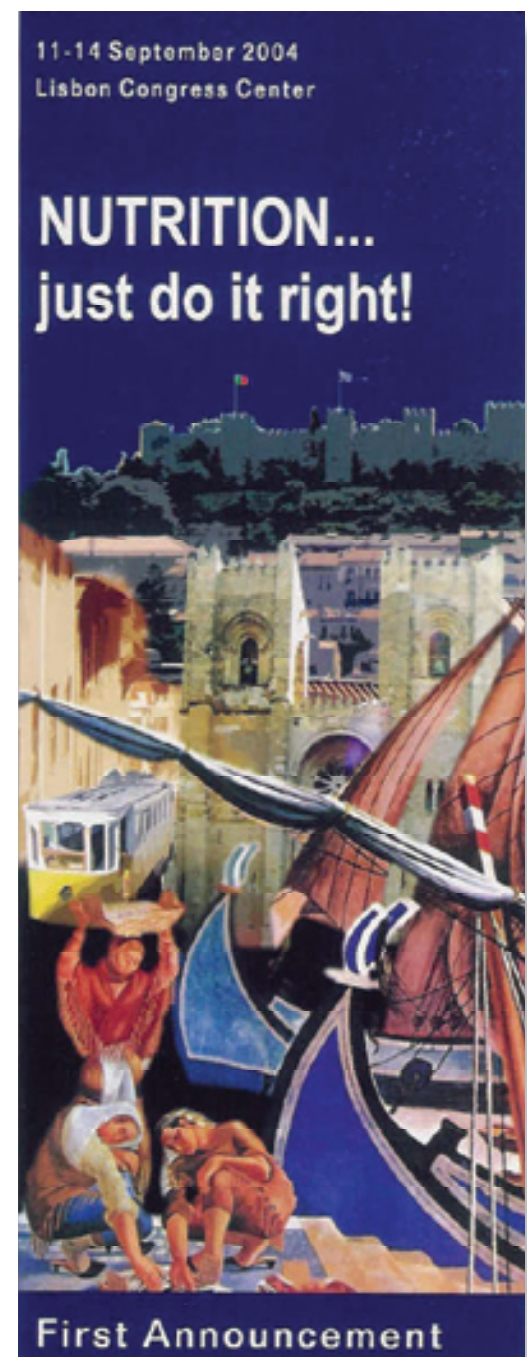
Join the Educators of the Educators !

As a member of BAPEN, you can join ESPEN through BAPEN for 70 Euros per year (normal ESPEN membership fee is 100 Euros). Contact the BAPEN office for further details.

More details on ESPEN structures and actions can be found on www.espen.org

Claude Pichard, ESPEN Chairman;

Olle Ljungqvist, ESPEN General Secretary



BAPEN symposium at the Association of Surgeons

The Association of Surgeons of Great Britain and Ireland holds an annual meeting for general surgeons every year. Around 1000 surgeons attend this major meeting which encompasses CPD, research and the organisation of surgical practice. At this year's meeting in Harrogate BAPEN ran a symposium entitled "Update in nutrition for surgeons".

A varied programme

Mr John MacFie from Scarborough chaired the session and encouraged useful discussion after two presentations. Rosemary Richardson presented some data on the nutritional aspects of accelerated recovery after colorectal surgery. This topic is of great interest in surgery at present, with increasing pressure to shorten the patient's stay in hospital. Rosemary gave us the background of other work in this area and also presented some data from Edinburgh showing

differences in body composition after preoperative carbohydrate loading. She challenged the audience to consider whether these differences in measured body composition led to improvement in function. Ruth McKee asked the question – "TPN – necessary in 2004"? Abdominal surgeons tend to have two extremes of opinion on the method of nutritional support which is best for their patients. They either assume that intravenous nutrition is the only real form of nutritional support, or they are adamantly of the opinion that intravenous nutrition is evil and unnecessary. The risks of poorly managed parenteral nutrition was highlighted but it was emphasised that in genuine intestinal failure this treatment was life saving and necessary. We had planned to complete this session with a talk from Mr Ross Carter on "Nutritional support in acute pancreatitis" but unfortunately he was unable to be at the meeting because of unexpected family illness.

A popular meeting

The Association of Surgeons meeting is popular with many surgeons from district general hospitals because it covers a wide spectrum of clinical care and we aimed this symposium at the generalist without a particular nutrition interest. We were rewarded by a good audience of around 100 people in one of the rather more obscure venues of the conference centre. The audience was mixed, with both senior and junior staff and both those who would regard themselves as true general surgeons, and those with great expertise in nutrition. Those experts in the audience provided helpful comment on various aspects of nutrition during the discussion period. Thank you to all those who participated!

Dr Ruth McKee

The Better Hospital Food Project

The Better Hospital Food Project – moving fast!

The British Dietetic Association (BDA) and the Hospital Catering Association (HCA) Joint Working Group on hospital food is bringing together all the best of the developments across the United Kingdom. Representatives from Scotland, England, Wales and Northern Ireland are working together under the umbrella of implementing the Council of Europe recommendations for improving food and nutritional care in hospitals. Over the summer we will be conducting a survey of all hospitals in the UK to establish which of the 114 recommendations are being implemented and to what extent. The survey will have a "tick the box" approach and we hope we can count on members to work with their colleagues in Catering, Nursing, Medicine etc to ensure a good return. The results of the survey will be presented at a symposium/workshop to be held in Birmingham on **Wednesday 3rd November 2004**. On that day we hope to work with colleagues from across the UK to identify priorities for implementation and map the way forward for the next year or so.

Further Developments

In England there are a number of other developments taking place.

The annual conference held in January for the last two years is being planned for February 2005. This time it is being managed with the help of the Royal Society of Medicine, further developing the theme of food as a vital part of treatment and care.

- Many of you will have seen the Dispatches documentary on Channel 4 on May 26th 2004 when an undercover reporter revealed some none too savoury practices taking place at a food factory which supplies the NHS. As a result of that programme inspections of NHS food suppliers have been doubled and more emphasis put on unannounced visits. Routine sampling of pre-prepared foods is to take place and nutritional standards will be commissioned. Work is also being undertaken to establish better quality controls for pre-prepared food across the NHS.
- A large scale, multi-centred research programme is being commissioned to address the question – Is hospital food better, is more being eaten and has this resulted in improved clinical outcomes?

- The Protected Mealtimes initiative continues to go from strength to strength. It was a major theme of the RCN conference and BHF / RCN teams visited many hospitals across England during May and June. Copies of the video and CDROM are still available from Toby Jenkins at NHS Estates (toby.jenkins@doh.gsi.gov.uk)

More information on all of these topics may be obtained by contacting Clare Williams (clare.williams@doh.gsi.gov.uk) at NHS Estates or by visiting the Better Hospital Food website at www.betterhospitalfood.nhs.uk



*Rick Wilson
Chair of the Joint BDA/HCA
Working Group
BDA representative on the BHF Panel*



BAPEN
Advancing Clinical Nutrition

B A P E N

Wednesday 17th

November 2004

08:30

Registration

Symposium 1

"News at Ten"

Chairman

Dr. Simon Gabe

10:00 – 10:10

Welcome and Introduction from the Chairman

10:10 – 10:30

"Payment by Results"
Speaker to be confirmed

10:30 – 10:50

"Pharmacists Prescribing of TPN"
Rebecca White

10:50 – 11:00

"Are they NICE guidelines?"
Dr. Mike Stroud

11:00 – 11:10

"MUST Highlights 2003 - 2004"
Professor Marinos Elia

11:10 – 11:30

"The Resolution on Food and Nutritional Care in Hospitals"
Speaker to be confirmed

11:30 – 11:40

Questions & Answers

11:40 – 12:00

2003 BAPEN Research Award Winners

12:00 – 13:30

Lunch and Exhibition
Electronic Poster Sessions

NNNG Annual General Meeting

**Nutrition Society
Symposium**

"End-Points in Clinical Nutrition Trials"

13:30 -14:00

"Death, morbidity and economics are the only end-points for trials"
Professor Ron Koretz

14:00 – 14:30

"Physiological function is an important end-point in clinical
nutrition trials"
Professor Peter Soeters

14:30 – 15:00

"Biochemical homeostasis and body growth are reliable end-points
in clinical nutrition trials"
Professor William Heird

15:00 – 15:15

Questions & Answers

15:15 – 15:45

Tea and Exhibition

15:45 – 16:15

Nutrition Society Cuthbertson Medal Lecture

16:15 – 16:30

BANS Update, 2004
Dr. Barry Jones

16:30 – 17:15

BAPEN Annual General Meeting

19:30 – 20:00

Drinks Reception for BAPEN Individual Affiliates



20:00 – 01:00

BAPEN Annual Dinner

Sponsored by the Main Industry Group of BAPEN:
Abbott Laboratories, B Braun Medical, Baxter Healthcare,
Fresenius-Kabi, Nestle Clinical Nutrition, Novartis Consumer
Health, Nutricia Clinical Care

Thursday 18th November 2004

08:30

Registration

09:15 – 10:30

BAPEN Nutritional Assessment Workshop

Symposium 3
Chairman

“From Beginners to Zimmers”
Bruce McElroy

09:30 – 09:50

“Nutritional Support in the Newborn”
Dr. John Puntis

09:50 – 10:10

“Current Practices in feeding Neonates”
Jamil Khair

10:10 – 10:50

“Undernutrition in Older People: Reflecting on practice”
Leeds BMI Group

10:50 – 11:00

Questions & Answers

11:00 – 11:30

Coffee

11:30 – 12:30

Oral Communications

12:30 – 14:00

Lunch and Exhibition
Electronic Poster Sessions
PEN Group AGM and Award

14:00 – 14:45

The Pennington Lecture
“Integrated Nutrition”
Dr. Simon Allison

Symposium 4
Chairman

“Challenges of Enteral Feeding from the Acute to the Community Setting”
Dr I W Fellows

14:45 – 15:05

“Food trials and supplement in the community”
Dr. Rebecca J Stratton

15:05 – 15:20

“Practice and Problems with Gastrostomies”
Gill McHattie

15:20 – 15:40

“The Parent’s Perspective”
Teresa Culverwell

15:40 – 16:00

“Patient follow-up and monitoring in the community”
Kavita Biggin

16:00 – 16:15

Discussion

16:15

Close of Conference

*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@sovereign
conference.co.uk](mailto:association@sovereignconference.co.uk)

Are you going hiking?

This is a phrase I hear time and time again.

Why? Because I have a stunning black nylon backpack which I wear all the time. Nothing unusual in that I hear you say, or possibly 'Geek!' But the difference is my backpack keeps me alive. Within it is a Fresenius Applix pump and a bag of Survimed feed. I am waiting for Mulberry or Louis Vuitton to produce an alternative but they don't seem keen or to consider that there is a market – I can't understand why!

The new me

My name is Ness Harbour; I am 41, a single parent and have been 'born again'. No, not as a Christian, but I have had the chance to begin life again. Prior to December 2000, I was 'in your face', pushy and arrogant, living the champagne lifestyle and driven by money. That person 'died' on the operating table in December 2000. I underwent a funduplication to stop reflux, for which it was very successful. Unfortunately I could get no food down and initially limited amounts of fluid. During the following year, whilst starving, I underwent various procedures including a repeat of the op but to no avail. To compound things I developed a dairy intolerance and many of the nutritional supplements went straight through me. And I mean straight through! You could hear it going through my system, which needless to say caused much hilarity amongst my teenage children and the district nurse. In December 2001 I was 'reborn'. I was fitted with a Percutaneous Endoscopic Gastrostomy, a PEG. This gave me the strength to start living again. Initially there were problems finding a feed that I could tolerate and I am still not up to the amount that I should be taking but I am trying. There are still times when lack of nutrition causes me to be

exhausted but I do not allow my PEG to stop me doing anything if I really want to do it.

The carefree student

I had lost my business and was on benefits but I had a chance to look at who I was and what I had been doing. I didn't like what I saw. I made the decision that I was not going back to it. Now I am in my second year of a degree course in English at my local university. I am a 'student bum' and I have never been happier, neither have I been so broke, but who cares?



Ness Harbour

A full and active life

Yes my PEG does have an impact on my life, I can't pretend it doesn't. I still have problems with my system going too fast at times, so knowledge of local loos is vital! I have to consider what I am wearing, no floaty dresses or clingy outfits for me. I have a few problems with discharge from the PEG site, which is not attractive when it comes through a white T-shirt. And there are times when I am

desperate to 'be normal' and will try and eat something, then suffer the consequences – not pleasant! However, as well as being a mature student, I play badminton (badly), I go to the gym (occasionally), manage an Under 15's boys football team (don't ask!), take care of my elderly mother and try and keep up with my teenage children, not terribly successfully I admit!

Readjusting

It has not always been easy. I did have to go through a grieving process for my body once the PEG was installed. This was mainly because in this media driven world where everyone is striving for the perfect body I had to accept that I could never achieve it. I could be as thin and toned as you like but I would still have a plastic tube hanging out of my stomach! It doesn't worry me now; what you see is what you get!

With a little help from my friends

It is easy to be positive when you have the full support of your family and friends. They have been incredibly tolerant because being hungry can make you very bad tempered at times, though that is not such a problem now. Possibly more important at times was the constant support and positive attitude of my GP and district nurse locally and also the dietician and nutrition nurse at the Royal Hampshire County Hospital, who answered every question and understood on my bad days. I could ask them all the slightest, most trivial of questions that were really worrying me and they would take the time to answer them or to just listen. Time is a very expensive commodity within the NHS so I was extremely grateful that they would spend so much of it with me.

Ness Harbour

Journal watch - a dietitians view

Henriksen M.G., Hansen H.V., Hessov Ib. Early Oral Nutrition After Elective Colorectal Surgery: Influence of Balanced Analgesia and Enforced Mobilisation. Nutrition 2002; 18: 263 – 267.

It is unequivocal that undernutrition is common in patients scheduled to undergo major elective surgery (Bruun et al, 1999; McWhirter and Pennington, 1994). In broad terms factors that contribute to patients' poor nutritional state include a pathophysiology that alters nutrient homeostasis affecting both the energy input and output components of the energy balance equation. In addition pre and postoperative starvation will further add to this endogenous deficit in energy and protein reserves. Preoperative starvation, in addition to the surgical procedure, further increases the catabolic response as measured by postoperative insulin resistance (Ljungqvist et al 1994, Thorell et al, 1994).

Postoperatively the use of opioid analgesia means the patient is unable to sit up and take fluids for several hours and may also contribute to ileus, nausea and vomiting. A delay of more than 3 days in establishing significant oral intake will further compound the presence of undernutrition and peripheral fluid infusion may restrict patient mobility and exacerbate loss of muscle mass.

Kehlet (2002) has shown that by understanding perioperative pathophysiology multimodal approaches (i.e. epidural and opioid sparing analgesia, early enteral feeding, early enforced mobilisation) can be implemented to accelerate recovery.

The paper under review is of particular interest as it focuses on the influence of balanced analgesia and enforced mobilisation on oral nutritional intake. Forty patients undergoing colorectal surgery were included in the study and were studied for 2 months after surgery. Postoperatively all patients followed the same nutrition regimen which included access to high energy diet on day one and three high protein/energy oral nutritional supplements during their period of hospitalisation. Nutritional assessment included body weight and body composition measured by bioelectrical impedance. Patients were randomised to either control or intervention group. Patients in the intervention group were encouraged to active mobilisation from day 1 and those in the control group were mobilised in the traditional manner. As regards analgesia the intervention group received epidural analgesia with low dose opioids and the control group epidural opioids.

The mean nutritional intake during the recovery period was significantly greater in the intervention group ($73 \pm 8 \text{ kJ/kg}$) compared with controls ($52 \pm 8 \text{ kJ/kg}$) ($p=0.04$). One week after surgery loss of weight, lean body mass and fat mass was significant only in the control group. Mobility was significantly improved in the intervention group with those in the intervention group being ambulant for an average of 5.5 hours a day compared to 1.7 hours a day in the control group in the first five postoperative days. There was no difference in the median time for the resumption of bowel function. A unique finding of this study is in the achievement of patients in the intervention group in meeting nutritional goals 3-4 days after surgery. This is paralleled by a concomitant improvement in body composition and

mobility. This improvement in body composition is not reflected 2 months after surgery but the emphasis in this study was on the early postoperative period. Further studies that centre on the recovery period will prove interesting particularly now that end points in this field of work have moved from morbidity and mortality to the rate and quality of patients recovery.

References

Bruun L, Bosaeus I, Berstad I, Nygaard K. Prevalence of malnutrition in surgical patients: evaluation of nutritional support and documentation. *Clinical Nutrition* 1999; 18: 141-147.

Mc Whirter JP and Pennington CR. Incidence and recognition of malnutrition in hospital. *British Medical Journal* 1994;308: 945-948.

Kehlet H. Multimodal strategies to improve surgical outcome. *The American Journal of Surgery* 2002; 183: 630-641.

Ljungqvist O, Thorell A, Gutniak M, Haggmark T, Efendic S. Glucose Infusion instead of preoperative fasting reduces postoperative insulin resistance. *Journal of the American College of Surgeons* 1994; 178: 329-336.

Thorell A, Efendic S, Gutniak M, Haggmark T, Ljungqvist O. Insulin resistance after abdominal surgery. *British Journal of Surgery* 1994; 81: 58-63.

Journal review by:

Rosemary Richardson MSc, PhD, R.Nut., SRD. Department of Dietetics and Nutrition, South Glasgow University Hospitals Division.

Enterocutaneous Fistulae & Intestinal Failure Study Day

The second joint National Intestinal Failure Units study day was held in the Royal College of Physicians on the 10th June 2004. Last year this was held in Manchester and addressed the management of intestinal failure. This year we focused on enterocutaneous fistulae. The stage was set with a multidisciplinary panel from both centres and Mr Steve Pollard from Leeds. The programme was based on a surgical algorithm for the treatment of patients with fistulae (SNAPP – Sepsis, Nutrition, Anatomy, Paramedical care and Planned surgery). The venue was chosen to attract the main target audience, elusive in every respect, the surgeons.

An exiting programme

There were over 100 delegates but very few surgeons. The meeting was a definite success and we had good feedback from the attendees. Briefly, the initial session on sepsis and the initial management started with a presentation from Mr Anderson, consultant surgeon from Hope Hospital who covered the aetiology and classification of enterocutaneous fistulae with a Scottish flair. Mr Windsor, consultant surgeon from St Mark's covered the surgical approach to sepsis control with his silver tongue and why operating on patients with sepsis is so dangerous. Dr Marshall, consultant radiologist from St Mark's, highlighted

the different imaging options for these patients with lots of pictures. This session finished with the difficult topic of pain control by Dr Johnson from the Hope who presented the novel concept of low front pain.

The next session dealt with nutrition and paramedical care with Angie



From left to right: Mr Steve Pollard (invited lecturer), Angie Davidson, Dr Simon Gabe, Anne Bradley, Nancy Jackson (Dansac), Debbie Buchan, Dr Tim Johnson, Anne Myers, Sally Crowther, Dr Alastair Forbes, Ms Antje Teubner, Christine Wond, Ammi Tanda, Dr John Shaffer

Davidson presenting the role for specialist nursing care in these patients with some panache, Dr Forbes from St Mark's discussed how to make the right decisions in feeding these patients with his smooth approach as well as the different drug treatments available. Ms Teubner presented the Hope experience on fistuloclysis (feeding patients enterally via their fistula) with style and Anne Myers addressed wound care with grace.

It may be surprising after these topics that everyone was hungry, but lunch

was devoured in the Edward Lumley Hall and for those interested there were case discussions during the lunch break.

The next session was on surgery and prognosis and the familiar face of Mr Windsor started the bidding with his experience on planning surgery and I followed with data on prognosis and survival in these patients. Mr Anderson reviewed the case presented earlier in the light of everyone's presentations and Dr Shaffer from the Hope eloquently brought us back to the more general topic of intestinal failure by presenting the latest data from the combined units. Finally, Mr Steve Pollard gave a seminal lecture on intestinal transplantation for patients with intestinal failure.

Success

The day stimulated discussion and in that respect was successful. I believe that we failed to attract surgeons, but hope that the word would get back to them through the physicians, nurses, dietitians and pharmacists who attended.

Maybe next time we should hold the meeting in Verbiers ... the Caribbean ... However, the next meeting will be in Manchester around the same time so watch this space and spread the word.

BAPEN Education and Training Course

Making teams work

Wychwood Park Hotel, Crewe, February 17-19th, 2004

The new Education and Training course, "Making teams work", was run at Wychwood Park Hotel, Crewe. Five teams of four people, from a multidisciplinary background, attended the course, which was run by a new course co-ordinator, Ruth Newton, and a team of tutors.

The course was conducted over three days and incorporated clinical and practical aspects of nutritional support in a team setting.

The venue was rated highly by participants.

The course covered a variety of topics

across nutritional support using different teaching methods. Team dynamics were incorporated using workshops changing team members across the three days. The first day assessed the history of individual teams and their background knowledge from which the tutors built during the rest of the course. Nutritional screening, assessment and requirements were discussed. During the second day, more practical aspects of delivery were discussed as well as the ethics of intervention in nutritional support. Teams also produced a promotional video, "Course, camera, action" as a team-building exercise. On the third day, clinical governance and community services were covered. The course

finished with each team making an action plan to pursue and this schedule will be followed up by the course co-ordinator.

The course evaluation by delegates was very positive.

Many thanks are extended to all the tutors and delegates who made such a success of the venture.

The next course is planned at the same venue from January 25-27th 2005.

Interested teams should contact Ruth Newton for details.

ruthnewton@yahoo.com

*Dr Ian Fellows
Chairman*

Education and Training Committee

Diary dates

National dates

Date	Meeting	Venue and Contact Details
7-10 September 2004	The Leeds Course in Clinical Nutrition	For further details contact the Course Secretary - Clinical Nutrition Tel: 0113 343 3241/3232 e-mail c.would@leeds.ac.uk
8-9 September 2004	Nursing in Practice Events	Business Design Centre, Islington, London For further details and to register, visit www.nipevents.com
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
22 nd September 2004	BPNG Study Day Parenteral Nutrition: putting Theory into Practice	Contact: BPNG Office, PO Box 5784, Derby DE23 1WU or conferenceteam@hotmail.com
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.nutritionociety.org/Docs/28052004/ChildObesity.pdf Contact : Carolyn Fraser, Conference Manager Division of Developmental Medicine, Human Nutrition 1st Floor Tower Block QMH
12 October 2004	Nutrition and Obesity	Royal College of Physicians, 11 St Andrews Place London NW1 For further information contact: Tel: 020 7935 1174 e-mail: conferences@rcplondon.ac.uk 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
1-4 th November 2004	Fermented food, prebiotics	University of Surrey, Guildford GU2 7XX and probiotics For further details contact: Course Administrator Tel: 01483 686413 e-mail: mromano@surrey.ac.uk
3rd November 2004, 6.30-8.30pm	PEG's: How, Why & When? Artificial Nutrition Support for Patients in the Community. A seminar for all Health Care Professionals.	Dudley Medical Education Centre, Russells Hall Hospital Open to West Midlands Bapen Members. Places may be limited, so please contact West Midlands Regional Reps for more information alison.fairhurst@dgoh.nhs.uk sue.merrick@rwh-tr.nhs.uk
17-18 November 2004	Feeding Problems: Helping Children who can't or won't eat	Contact: Carolyn Fraser, Short Course Development and Conference Manager, Queen Mother's Hospital, Glasgow G3 8SJ Tel: 0141 201 9264
23 November 2004	Nursing in Practice event	Birmingham NEC For further details and to register visit: www.nipevents.com
9-10th Dec 2004	5th Nutrition and Health Conference London	For further information please visit: www.nutritonandhealth.co.uk
14 April 2005	Northern Ireland Regional Meeting	Ramada Hotel, Belfast

International dates

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@mfgrupe.com

BPNG Study Day

The latest British Pharmaceutical Nutrition Group (BPNG) Study Day was held at the Royal Pharmaceutical Society headquarters in Lambeth, London. With a back to basics theme the day covered all aspects of parenteral nutrition (PN) support.

The day started with overviews of the indications for PN in adults presented by Dr Simon Gabe, St Marks Hospital, and in children presented by Dr Nigel Meadows, Barts and the London. Essentially intestinal failure is the only absolute indication for PN but the window of opportunity for effective intervention is much shorter in children due to their decreased body stores. Lynne Collagiovanni, NNNG Chair, then went on to describe the choice and care of venous catheters used for administering PN. Ruth Newton, Principal Pharmacist from North Staffs, then discussed the aspects of monitoring PN patients including physical and clinical parameters in addition to biochemical tests.

The panel discussion was lively with a broad range of questions and comments.

The afternoon session began with an overview of the factors affecting physicochemical stability presented by Prof Gil Hardy, the incoming BPNG chairman. This was followed by a presentation of the BPNG audit data on the use of standard PN bags completed by Bruce McElroy and previously presented at BAPEN.

Peter Rhodes, principal pharmacist at Southampton and one of the country's first qualified supplementary prescribers gave the final presentation of the day on supplementary prescribing and its application in clinical nutrition.

The day was well attended by pharmacists new to clinical nutrition and the discussions and debate raised a number of issues that the BPNG will be addressing in the next few months.

Vicky Bradnam, the outgoing Chairperson of the BPNG, concluded the day by thanking all the speakers and attendees. She also thanked the corporate members of BPNG for their support for this meeting.

Rebecca White

Initial Announcement	
Scottish Regional Meeting	BAPEN Advancing Clinical Nutrition
'MUST' do better raising standards in nutritional care	
Hot Topics to be covered -	
<ul style="list-style-type: none">• QIS – Quality Improvement Scotland Standards<ul style="list-style-type: none">• 'Malnutrition Universal Screening Tool'<ul style="list-style-type: none">• Artificial Nutritional Support• Better Hospital Food • Gastrostomy Tubes	
Venue : Walton Conference Centre, Southern General Hospital , Glasgow	
Date : Monday 25.10.04 (full day) Cost : to be confirmed	
This meeting is aimed at all healthcare professionals involved in delivering clinical nutritional care so please pass details on to your colleagues – nursing , medical , pharmacy etc.	
Open to non- BAPEN members.	
For further details and registration forms see BAPEN website www.bapen.org.uk	

Regional Representatives

Scotland Dr Alastair McKinlay Consultant Gastroenterologist
Tel: 01224 553628 Fax: 01224 550711
Email: a.w.mckinlay@arh.grampian.scot.nhs.uk

Ireland Ms Sharon Madigan Community Dietitian
Tel: 02890 366 877 Fax: 02890 311 353
Email: s.madigan@ulster.ac.uk

Wales Dr Campbell Edmondson Consultant Anaesthetist
Tel: 01978 725955 Fax: 01978 725932
Email: w.edmondson@new-tr.wales.nhs.uk

North West Dr Jon Shaffer Consultant Gastroenterologist
Tel: 0161 787 4521 Fax: 0161 787 4690
Email: jon.shaffer@srht.nhs.uk

North & Yorkshire Dr Nina Polanska Consultant Chemical Pathologist
Tel: 0191 454 8888 bleep 351 Fax: 0191 202 4145
Email: antonina.polanska@eem.sthct.northy.nhs.uk

Trent Dr Jeremy Nightingale Consultant Gastroenterologist
Tel: 0116 2586324 Fax: 0116 2586985
Email: jnight@globalnet.co.uk

West Midlands Alison Fairhurst (joint rep) Nutrition Support Dietitian
Tel: 01384 244017 Fax: 01384 244017
Email: alison.fairhurst@dudleygoh-tr.wmids.nhs.uk

Sue Merrick (joint rep) Dietitian & Team Leader
for Nutrition Support

Tel: 01902 643183 Fax: 01902 644945
Email: sue.merrick@rwh-tr.wmids.nhs.uk

Eastern - West Open to application

Eastern - Anglia Dr Ian Fellows Consultant Gastroenterologist

Tel: 01603 288356 Fax: 01603 288368
Email: ian.fellows@ampulla.org.uk

North Thames Dr Simon Gabe Senior Lecturer
Tel: 0208 235 4177 Fax: 0208 235 4001
Email: s.gabe@imperial.ac.uk

South Thames Mr Rick Wilson Director Dietetics & Nutrition
Tel: 0207 3463243 Fax: as telephone
Email: rick.wilson@kingsch.nhs.uk

South West (West) Dr John Lowes Consultant Gastroenterologist
Tel: 01803 654865 Fax: 01803 654896
Email: john.lowes@sdevonhc-tr.swest.nhs.uk

South West (East) Mr Peter Rhodes Principal Pharmacist
Tel: 0238 079 6090 Fax: 0238 079 4992
Email: peter.rhodes@suht.swest.nhs.uk

South East Open to application

Industry Liaison Carole Glencorse Nutritional Services Manager
Tel: 01628 644163 Fax: 01628 644510
Email: carole.glencorse@abbott.com