The Regional Representatives

I was delighted to have been asked to take on the role of chairman of the BAPEN Regional Representatives from Dr Simon Gabe in June 2006. Previously, I had helped set up the Trent BAPEN regional group and had chaired it for 3 years. The Regional Representatives group now consists of a representative from each of 14 regions in the United Kingdom. There have been minor changes in the titles of some regions. An Industry Representative (Carol Glencorse) is a new appointment to the group and a Secretary from within the group has been appointed (Janet Baxter). The Regional Representatives meet twice a year for a short meeting at the BAPEN conference and for a full days meeting in the spring. These meetings aim to update the Regional Representatives about BAPEN's activities and also cover other areas relevant to their roles (e.g. this spring Geoff Watts gave advice on how to be interviewed by the press).

A "Terms of Reference" document has been produced and summarises the aims of each regional representative. They are as follows:

(i) To improve the nutritional care of all patients within the region by providing a forum for education and training about malnutrition (its prevention, detection and treatment) in line with BAPEN's strategy and local needs

(ii) To help raise awareness about the role of malnutrition in those health care workers who are largely unaware of its relevance to their practice

(iii) To facilitate/advise any group within the region planning an educational event about nutritional care and be able to advise on suitable speakers

(iv) To be a media contact point for any "breaking" stories and to inform health care workers within the region about current major issues relating to malnutrition. This will usually be under the guidance of BAPEN

(v) To keep a list of names/addresses of all those within the region with an interest in malnutrition and to keep a list of hospitals within the region that have nutritional support teams

(vi) To promote BAPEN and its aims within the region, encourage people to join BAPEN and to generate surplus income to contribute to the charitable aims of BAPEN

A main role of each regional representative is to hold at least one annual multidisciplinary regional meeting. BAPEN itself is keen to help with the organisation and financial issues. The boundaries between the regions are not absolute and anyone interested in attending a meeting is welcome to apply. Arranging a meeting for the first time in a region is difficult. The representative needs the help of a group of enthusiastic people willing to help arrange the program and venue. The most important information, that every regional representative needs, is a list of the names and contact details of everyone within the region who has an interest in the care of patients needing nutritional support. He/she can then email out plans for regional meetings/events and also invite comments. My main plea from this article is to ask you all to immediately email (or write to) your regional representative letting him/her know that you wish to support the regional group and receive details about meetings. I do hope you will all support your regional representatives.

Dr Jeremy Nightingale
Chairman Regional Reps

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BAPEN
Advancing Clinical Nutrition

InTouch 47

Working Together in Partnership

Implementing change in healthcare is often difficult, time consuming and usually involves multiple meetings, consultations and interactions between professional and political organisations or agencies. Frequently, the public, professional organisations, and individual specialists raise issues of concern (e.g. about infection, dignity in care, malnutrition) so that they can put these on to the clinical agenda. It is understood that the practical implementation of new ideas is more effective if there is a simultaneous top-down and bottom-up approach. Top-down approaches work most effectively if Government/Department of Health/National Health Service work together with stake holders to filter the same consistent messages down to the clinic and at the bedside. Nutrition has suffered in the past because its supporters have not spoken with a single voice about how to solve short-term or long-term problems. This may be partly because nutrition crosses medical discipline lines, with no single discipline owning it. Without visionary leaders willing to work together, nutritional care will remain inadequate, fragmented and weak. Such a fragmented situation can lead to diffusion of responsibility, which already exists not only between professional organisations, but also between Government departments and NHS departments.

Making progress

In the last year or two there has been real progress in getting various forces to move in the same direction, with the ultimate aim of improving clinical nutrition care. Three examples are given below in which BAPEN has played a role.

The first culminated in the publication of a report in 2006 'Malnutrition among Older People in the Community: Policy Recommendations for Change'. It was produced by the European Nutrition for Health Alliance, BAPEN, International Longevity Centre (UK), in collaboration with the Associate Parliamentary Food & Health. It involved collaboration between various agencies including parliamentary, governmental and professional organisations, which included BAPEN as a major partner, the National Association of Care Catering, Nutrition Society, and Royal College of Nursing. The report was successfully launched in the House of Commons on May 17th 2006, providing a visionary model of care which was subsequently presented in Brussels and other counties. This report can be downloaded from the BAPEN website, www.bapen.org.uk

The second initiative, Council of Europe Alliance (UK), was launched on 4th October 2007. This represented an alliance of governmental and non-governmental organisations. Among the governmental organisations were the National Patient Safety Agency, Department of Health, Scottish Executive (QIS), Welsh Assembly, and the Department of Health and Public Service – Northern Ireland. There were 11 non-governmental stakeholders, which included BAPEN, the British Dietetic Association, Royal College of Nursing, Royal College of Physicians and National Association of Care Catering. The original Council of Europe report provided over 100 recommendations, which seemed to be too many to handle. The Council of Europe Alliance (UK) consolidated these to produce 10 Key Characteristics of Good Nutritional Care. These can be downloaded from the BAPEN website (also from the British Dietetic Association website). Having launched these 10 key characteristics, an important issue is to identify what needs to be done to facilitate their implementation. Will this be left to individual people, trusts or organisations to fulfil the aims, or will the Council of Europe Alliance (UK) attempt to establish an integrated implementation policy? And since the 10 characteristics apply only to hospitals and not to other care settings, it is clear that there is a need to extend the principles of good nutritional care into the community.

The Third initiative, the 'Nutrition Action Plan' launched in October 2007 as part of the Dignity in Care Campaign, takes into account hospital and community care settings. It has resulted from a joint action of governmental and non-governmental organisations, of which BAPEN was one. Its aim is to amalgamate the views of various stakeholders and to raise awareness about the link between nutrition and health and the effective treatment of malnutrition. It also aims to encourage good practice by promoting implementation of nutritional screening programmes, training of healthcare workers, and strengthening the inspection process. The report was launched by Ivan Lewis - MP, Under Secretary of State for Care Services, with strong governmental support. We look forward to hearing Ivan Lewis talk about the Nutrition Action Plan on 27th November 2007 during the annual BAPEN conference at Harrogate.

Continued on page 2

Contents

British Association for Parenteral and Enteral Nutrition

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.

Working in Partnership continued from page 1

The Nutrition Screening Week, which represents a collaborative effort between different professional organisations with BAPEN taking the leading role, is mentioned further in the newsletter and initial results will be discussed at the BAPEN Annual Conference.

All of these initiatives are worthy, and they all have the potential for achieving goals that individual organisations might have difficulty in implementing on their own.

It has been argued that change in clinical practice is more likely to occur when procedures, such as nutritional screening, are mandated by the National Health Service, inspected and appropriate action taken when there is under performance. None of the above initiatives seem to have had strong enough 'teeth' to mandate screening programmes. However, they are most welcomed. At the very least, they will help raise awareness and encourage better care.

Professor Marinos Elia
Chairman

BAPEN
Advancing Clinical Nutrition

BAPEN 2008

4th - 5th November 2008

Harrogate International Centre

Closing dates for Abstracts will be Friday 27th June 2008.

Diary Dates 2007/8

National Dates	Meetings - National	Venue and Contact Details
26th - 28th November	**BAPEN 2007 Annual Conference**	Harrogate. **www.bapen.org.uk**
	Meetings – International	
10th - 13th February	**ASPEN's Clinical Nutrition Week 2008**	Hyatt Regency, Chicago. **www.nutritioncare.org/ClinicalNutritionWeek/**
13th - 16th September	**ESPEN Congress 2008: "Nutrition Renaissance from Care to Cure"**	Florence. **www.espen.org**

30th ESPEN Congress

THE EUROPEAN SOCIETY FOR CLINICAL NUTRITION AND METABOLISM

FLORENCE

13-16 September 2008

Nutrition Renaissance from care to cure

Main topics of ESPEN 2008

Scientific programme

The chronic critically ill patient
Oxygen delivery and tissue metabolism in sepsis
Metabolic therapies in ICU: controversies or consensus?
The impact of anesthesia on metabolism
Phytochemicals and cancer
Obesity and cancer risk
Nutrition-related cancer risk
Tumor-specific metabolic changes
Fatty acids modulation of anti-cancer therapy
Preventing cancer-related malnutrition
Protein kinetics in the elderly
Metabolomics and proteomics in nutrition
Chronic intestinal failure
Growing up on parenteral nutrition
Strategies to prevent hepatosteatosis
Brain metabolism and nutrition
Nutritional support in wounds and pressure ulcers
Nutritional control of immunity
Amino acid metabolism in the gastrointestinal tract

Educational activities

ECPC Programme

Food in aetiology/prevention of cancer
Nutritional consequences of cancer treatment
Home artificial nutrition in cancer patients
Malnutrition in the elderly - hospital
Malnutrition in the elderly - community
Long-term nutritional issues in ICU
Complications of central venous catheters
Screening and ESPEN's NutritionDay
Severe obesity and bariatric surgery
Case reports/examples
Global guidelines on nutritional support
Launch of PN guidelines

ESPEN LLL Courses

New LLL modules on nutritional support

Renal disease
Pulmonary disease
Gastrointestinal - the compromised gut
Diabetes/hyperlipidaemia

Old 12 LLL modules

Introducing the team at the BAPEN Office:

The BAPEN OFFICE has been located in Redditch for over five years now and is instrumental in running all administration aspects of the Association.

The BAPEN OFFICE is open:

Monday-Thursday 09.00 – 17.30

Friday 09.00 – 17.00

and is available to answer any queries on membership, publications and copyright. They are also happy to 'point' you in the right direction regarding any nutritional matters.

The BAPEN OFFICE has been working very closely with Christine and Claire providing the administration for the Nutrition Screening Week.

The BAPEN OFFICE team consists of Jennie Mort, Correen Finney, Sian Styling and Kate Williams.

Jennie Mort heads the BAPEN OFFICE team and ensures that all working practices and procedures are in place and carried out correctly. She provides support and assistance to the Honorary Officers, including finance administration to the Honorary Treasurer. Jennie also sits on the Programmes Committee in her capacity as Conference Organiser for Sovereign Conference who are responsible for the administration and organisation of BAPEN's Annual Conference.

Correen Finney has worked for the BAPEN OFFICE ever since the office relocated to Redditch and is responsible for overseeing all administration aspects including membership, publications, copyright and general office duties. Correen also attends the Annual Conference on the BAPEN information desk, so, this year, come along and meet her - and put a face to the voice!

Sian Styling is the newest member of the team and has worked for the BAPEN OFFICE for twelve months. Sian is responsible for checking the BAPEN website for inaccuracies and general office administration including membership and publication sales.

Kate Williams has been working for the BAPEN OFFICE for the past six months, covering Jolene Lucas-Garner's maternity leave. She is responsible for liaising with committees, organising the meeting venues and administering the various Committee and Council Meetings, including the preparation of Agendas and typing of minutes, when required. Her general office administration duties also include membership and publication sales.

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Media column

What's in the Media?

What's in the media? you ask. In a word (or three) – BAPEN's Nutrition Screening Week.

September and October 2007 saw the biggest coverage for BAPEN since the launch of 'MUST', with reports and features in national broadcast media, print, online and on official government and NHS websites and networks.

The challenge was not so much whetting the media's appetite, as meeting the supply of BAPEN officers and commentators to feed them!

The strong endorsement from the Department of Health, led personally by Care Services Minister Ivan Lewis, and the support from Chief Nursing/Medical Officers in Scotland, Wales and Northern Ireland was reflected in coverage across all 4 UK nations. There was also international comment from health organisations and nutritional bodies on learning of BAPEN's actions in the UK.

On Launch Day itself the coverage started early, with BBC Breakfast TV featuring a live interview with Rick Wilson at 6:20am, linked to pre-recorded footage from Southampton Hospital with Professor Marinos Elia. This was repeated every hour on BBC24.

On radio, BBC R4's flagship 'Today' programme carried a filed report every hour from 6.05am from leading health reporter Adam Brimelow, whilst over on BBC Radio 5 Live news reports from 5am onwards featured a pre-recorded interview with Christine Russell. In Northern Ireland, Chief Nursing Officer, Martin Bradley featured on the TV Breakfast News. BBC Radio Wales carried an interview with Marinos Elia and Christine Russell, while Swansea Sound added local interest to an interview with Christine Russell by speaking with local co-ordinator, Catherine Edwards. A total of 22 printed and online articles referred to BAPEN's Nutrition Screening Week.

The websites of the Department of Health in England, the Scottish Government, the Welsh Assembly and Northern Ireland Department of Health, Social Security & Public Health covered news of the initiative, encouraging local hospitals and care homes to take part.

Media outlets are now waiting to hear the outcomes of the Nutrition Screening Week.

Elsewhere in the media, nutrition featured strongly in the coverage of the independent Healthcare Commission 'Dignity in Care' report which was issued during Nutrition Screening Week. The Daily Mail carried the report's key message that too many patients are at risk of malnutrition with barely one in six of those who need help with eating and drinking actually receiving it. There was strong local reporting of the report, with local media picking up on the performance of local Trusts, particularly where standards were not met and warnings issued.

Rhonda Smith,
Media Co-ordinator

Intestinal Failure (IF) Module

This module is open to the multidisciplinary team (those working with IF patients) and academically validated by King's College London (15 credits at Masters level).

Dates:
24-25 January
14-15 February
17-18 March 2008

Course location:
Burdett Institute of Gastrointestinal Nursing, St Mark's Hospital, Harrow, Middlesex.

For further information contact:
Annmarie Nunwa
Lecturer Practitioner
Burdett Institute of Gastrointestinal Nursing
St Mark's Hospital, London.

email: **annmarie.nunwa@nwlh.nhs.uk**
Tel: **0208 869 5432**

This course has been endorsed by BAPEN.

NUTRICIA CLINICAL care

Making the difference

BAPEN Nutricia Research Fellowship Award 2007 Winners!

This year the award for the BAPEN Nutricia Research Fellowship was increased to **£15,000** to facilitate a research project. Twenty two submissions were received and judged by members of the BAPEN Research and Sciences Committee, as well as representatives from Nutricia Clinical Care.

The winner of the 2007 award is Michelle Davis from The Christie Hospital, Manchester (Co-investigators; Effie Liakopoulou, Alex Molassiotis). Their project is entitled 'A prospective randomised controlled trial comparing enteral naso-jejunal feeding with oral diet in reduced intensity conditioning (RIC) bone marrow transplant patients'. Michelle wins an award of £15,000 to fund her research.

Two runners-up prizes have also been awarded to Dr Clare Reid, Addenbrookes Hospital, Cambridge and Dr Richard Johnston, Derby City General Hospital who both received a paid place at BAPEN Conference 2007.

Next year's award will open in March 2008. We require a typed protocol of no more than 1200 words describing the purpose of the study, methodology and details of how you would use the funding should be submitted. Please contact Dr Gary Hubbard (Clinical Research, Nutricia) for further details. **ghubbard@nutricia.co.uk**

Malnutrition Matters

malnutrition matters m2

Harrogate International Centre, 27&28 November 2007.

New UK wide-data on the prevalence of Malnutrition to be revealed at BAPEN's 2007 'Malnutrition Matters' Conference.

The data currently available on the prevalence of malnutrition on admission to hospital and care homes in the UK is over 10 years old, limited and inconsistent.

BAPEN will reveal on Tuesday 27th November, the first day of the 'Malnutrition Matters' Conference, the top-line data from its first Nutrition Screening Week (NSW). For the first time, reliable and comprehensive figures will be available on the percentage of the population moving from various settings into hospital or care that are malnourished or at risk of malnutrition.

Over three days during the Nutrition Screening Week (25-27 September), hospitals and care homes across England, Scotland, Wales and Northern Ireland screened new patients being admitted to hospital, and residents entering care homes, for malnutrition or risk of malnutrition using criteria from BAPEN's the Malnutrition Universal Screening Tool ('MUST').*

"The data provided by the NSW across the UK will mirror what is happening in the community where most malnutrition is to be found," declares Chair of BAPEN, Professor Marinos Elia. "Through screening for malnutrition on admission, hospitals and care homes can identify malnutrition and address it by implementing appropriate care plans – whether that involves food, diets, or specialist nutrition support and monitoring.

NSW will provide evidence for hospitals and care homes on the scale of the problem they have to tackle in their own care settings and regions – the numbers of patients and residents for whom a nutritional care plan must be provided – and enable them to consider how best to organise themselves to respond to that need."

BAPEN's **Nutrition Screening Week** was endorsed and supported by the Department of Health and Ivan Lewis - Care Services Minister, who will be speaking straight after the announcement of the results of the NSW on the **National Nutrition Action Plan**. Delegates to the **Malnutrition Matters** Conference will be able to question the Minister on the content and objectives of the Plan.

BAPEN's Malnutrition Matters Conference also features key symposia on **Feeding the Older Person in the Community, Nutrition in Cancer, Nutrition and Liver Disease, The Pre-term Infant, Safe Enteral Nutrition** and practical workshops on the implications of the **Mental Capacity Act** on professional practice.

NNNG Conference 2008 – First Announcement

Supporting Clinical Practice: The 3R's Rights, Responsibilities and Research in Nutritional Support

DATE: 23rd & 24th June 2008, VENUE: Knebworth Barns, Hertfordshire

	DAY 1
0945-1030	What's happening in nutrition: updates on national initiatives
1030 -1100	Normal swallow reflex and Dysphagia: the use of fluoroscopy
1100 – 1130	Coffee break
1130 - 1300	DEBATE: This house believes that the use of nasal bridles is ethically justified
1300 -1400	Lunch & exhibition
1400 –1445	Nutritional support in patients with learning disabilities
1445 -1530	Nurses responsibility in feeding patients with Dysphagia
1530 -1630	Coffee & AGM of the NNNG
1930 'til late	NNNG annual conference dinner & entertainment. Theme: 'School disco'

	DAY 1
0900-0930	Registration & coffee
0930-1015	Outcomes from the NNNG Granuloma Working Group
1015 – 1045	Detecting and dealing with Buried Bumper in PEG patients
1045 - 1100	1 x mini communication Member presentation – Abstracts to be invited
1100 - 1130	Coffee break
1130 - 1200	2 x mini communications Member presentations – Abstracts to be invited
1200- 1230	EPIC II Guidelines and the care of intravenous devices used for Parenteral nutrition.
1230-1315	Empowering patients' independence in Home Parenteral Nutrition
1315 - 1415	Lunch & exhibition
1415 - 1500	Strategies to support the Psychological needs of HPN patients
1500-1530	Metabolic and Biochemical complications in Parenteral Nutrition
1530-1545	Close & Tea - Safe Journey Home!

Contact Jane Fletcher, NNNG Secretary for booking form and conditions - **Jane.fletcher@uhb.nhs.uk**

Programme subject to change without notice

Midlands BAPEN

The first (and pilot!) meeting of the combined Trent and West Midlands groups was held on 5 July at the Marriott Hotel in Leicester. Sixty six delegates attended from across the Midlands, and beyond: 44 Dietitians, 6 Nutrition Nurses; 3 other Specialist Nurses, 4 Gastroenterologists; 2 Anaesthetists; 2 Pharmacists; 2 Pathologists; 1 HCA and 1 Student Nurse.

The programme (see below) concentrated on critical care, re-feeding and structure of nutrition support teams, given by colleagues from all round the Region. It evaluated extremely well: Over 75% felt that the event was relevant to their educational needs, and 90% rated the presentations as good or excellent.

It was generally felt that combining the two regions allowed much greater ambition in the planning and financing of the meeting – and in that regard, we are most grateful to the 8 sponsors. We therefore intend to keep a similar format for a meeting in 2008, so please look out for announcements for this in the New Year - it will be even bigger and better!

We are most grateful to all who attended and contributed to such a successful meeting.

Programme

Introduction and welcome - Dr Tim Bowling (Nottingham)

Morning session: **Nutrition Issues in the Critical Care Unit – Chair Dr Mark McAlindon (Sheffield)**

Use of gastric residuals as a clinical tool – Dr. Tim Bowling
Enteral feeding practices: An audit – Nick Trott (Dietitian, Sheffield)
Use and abuse of novel substrates – Dr. Fiona Leslie (Clinician, North Staffs)
Case study – Traci Lovejoy (Dietitian, Nottingham)

Afternoon session: Nutrition Support Teams – Chair Dr Barry Jones (Dudley)
Managing re-feeding syndrome Lecture – Mr Dileep Lobo (Surgeon, Nottingham)
Implementing an enteral feeding protocol – Ms Moira Currie (Dietitian, Leicester)

Nutrition Support teams:
Overview – Dr Barry Jones (Clinician, Dudley)
What's happening across the region – Sue Merrick (BAPEN Regional Rep)

Local experience: Dr Stephen Hearing (Mid Staffs General)
Rachel Lees (Birmingham Heartlands)
Alison Fairhurst (Dudley)
Dr Imtayiz Mohammed (Sandwell)

The Council of Europe Alliance (UK)

The Council of Europe Alliance (UK) was set up by the BDA and the Hospital Caterers Association (HCA) to implement the recommendations on food and nutritional care made by the Council of Europe in its 2003 Resolution (ResAP 2003(3)). BAPEN, as an active member of the Alliance group, has been a major contributor to the groups work.

On the 4th October, the Council of Europe Alliance launched its '10 Key Characteristics of Good Nutritional Care' – a distillation of over 100 recommendations made in the Resolution.

The '10 Key Characteristics' were very well received at the 2nd Nutrition Summit hosted by the Minister for Care Services, Ivan Lewis at the Department of Health on July 17th. Since the publication of the Age Concern Report 'Hungry in Hospital' in August last year, there has been a great deal of concern about hospital and care home food services. Ivan Lewis and the Department of Health have taken up the challenge of improving services as part of the Dignity and Respect Agenda.

The July summit was very encouraging and there was widespread support from the Minister and everyone else present for the work of BAPEN and the Council of Europe Alliance.

'10 Key Characteristics of Good Nutritional Care' - Council of Europe Alliance (UK)
STATEMENT OF SUPPORT

"The Department of Health fully supports the '10 Key Characteristics of good nutritional care in hospital'. The characteristics create a common understanding of what good nutritional care looks like in hospital settings.

Having enough to eat and drink is one of the most basic human needs. And yet, we know from our work on the Dignity in Care campaign that people are not always given the individual support and assistance that they need to be able to eat their meals. The characteristics help to demonstrate the fact that nutritional care must be given greater priority in Health & Social Care organisations.

That is why I welcome the Council of Europe Alliance (UK)'s important work on promoting the characteristics to raise greater awareness of nutrition across the service."

Ivan Lewis MP
Minister for Care Services

Our multi-stakeholder approach has borne fruit, most people in the room were well aware of the work we have been doing and the summit provided everyone with the opportunity to voice their support.

In October the joint action plan produced as a result of the summits was launched by the Department of Health in England. The action plan is wide reaching and will be backed up by the establishment of a new National Nutritional Care Governance Board.

More information can be found on the DoH website at:
www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Socialcare/Dignityincare/index.htm

Links to examples of good practice can be found at:
www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp

A copy of the '10 Key Characteristics of Good Nutritional Care' can be downloaded from the BAPEN website.

Rick Wilson
Chair of the Council of Europe Alliance (UK)

European Initiatives

This year's ESPEN was held in Prague in September. Having never been to Prague before, I was delighted to be attending ESPEN and get a chance to experience some Eastern European culture.

Culture was also the subject of one of Saturday's first symposia – a session on pre and probiotics. The highlight of this was John MacFie (consultant surgeon from Scarborough) speaking on "Modulation of Intestinal Microflora – Fact or Fiction?" Apparently bacterial translocation from the gut does occur and there is good evidence for disturbance of microflora in disease but very little evidence that probiotic therapy may be beneficial except in pouchitis which is rare. John's presentation was excellent but I can't help thinking he may have confused some Europeans by answering a question on probiotic therapy with "that's all fiddle-dee-dee".

Saturday afternoon concluded with a fascinating session on the international development of a guideline on enteral nutrition (EN) versus parenteral nutrition (PN) in severe acute pancreatitis. Eminent speakers including Stephen McClave from the USA concluded that EN is preferable to PN if it can be established. The full pancreatic rest afforded by PN may not be beneficial which is probably just as well because in order to achieve it when feeding enterally you would have to pace a tube at least 40cm beyond the Ligament of Treitz. Indeed there is growing evidence that nasogastric (NG) feeding maybe as safe and effective as jejunal feeding.

As the first day drew to a close we were told that the official conference opening ceremony would feature doctors playing bagpipes! However, I was most disappointed to find out that Professor Shenkin wasn't one of them!

Intensive Care Unit (ICU) aficionados were well catered for on day two with a menu including fish and glucose. Professor Calder gave the classic lecture on omega 3 fatty acids competing with arachidonic acid to reduce production of highly proinflammatory cyctokines. I learnt a new word in this session – "resolvins." These are apparently extremely

Highlights from ESPEN 2007

anti-inflammatory mediators synthesised from omega 3 fatty acids. The huge potential for use of omega 3 fatty acids in EN and PN on the ICU was also discussed in this session, by P. Singer (Israel) and K. Mayer (Germany) respectively.

Tight glycaemic control (TCG) has been adopted by many UK ICUs through the growing evidence that intensive insulin therapy (ITT) may improve survival and reduce morbidity. The downside of ITT is the increased risk of hypoglycaemia and JC Prosser (Belgium) outlined the impact of this problem on ICUs. Maintaining blood glucose at the recommended levels for TGC leads to a four times greater incidence of hypoglycaemia which in turn increases the work load and stress levels of ICU nursing staff according to a recent study. Having an episode of hypoglycaemia increases the risk of mortality and having a high Sequential Organ Failure Assessment (SOFA) score increases the risk of hypoglycaemia but it is not clear which comes first – a chicken and egg situation.

Delegates at the International Conferences in Prague are almost certainly at risk of being in positive energy balance due to excessive dumpling and beer consumption. Sunday afternoon's presentation on Non Exercise Activity Thermogenesis (NEAT) by Dr J. Levine (USA) was therefore very pertinent. John explained that there can be up to a 2000kcal difference in the daily energy expenditure of individuals of the same age, weight and gender – much of which may be due to NEAT. NEAT is energy expended in activity that is not specifically related to a form of exercise like jogging or visiting the gym. To put it crudely, NEAT can include fidgeting, pacing up and down or even chewing gum. As these are activities I was specifically told not to do by my primary school teachers, I now know who to blame if my BMI does creep over 30! Through his experiments with special, activity- detecting underpants, Dr Levine has shown that leaner individuals tend to fidget and move around their working environment more than their overweight colleagues. NEAT is controlled by the paraventricular nucleus (appetite centre) of the hypothalamus and increasing energy intake should lead to a compensatory increase in NEAT. In other words, the more you eat the more you should fidget. In obese individuals this mechanism may not function correctly.

The highlights of Monday and Tuesday included the Avid Wretind lecture "Disturbed intestinal permeability: a key mechanism for cachexia and catabolism" delivered by H. Lochs from Germany and a session on physical activity from G.Biolo from Italy. In the Wretlind lecture Herbert Lochs outlined the evidence for the breakdown of gut barrier function in disease and trauma as a cause of inflammation and cachexia. In critically ill patients the translocation of bacteria or bacterial endotoxin can lead to systemic inflammatory response syndrome (SIRS) or sepsis. In other diseases such as cancer, loss of gut barrier function may lead to the chronic inflammation and cachexia that can be so destructive. It is therefore very exciting that those of us working in clinical nutrition may have the key to preventing or treating gut permeability problems with enteral nutrition or novel substrates.

Gianni Biolo from the University of Trieste in Italy presented some fascinating findings from a study on body composition in bed rest which is about to be published. Healthy volunteers (presumably art students) were given five week's total bed rest and their body composition and energy intake monitored. All groups lost lean body mass and those that met or exceeded their energy expenditure gained fat mass. However, the really interesting finding was that the overfed group also developed quite a marked inflammatory response shown by a raised CRP. This really demonstrates that weight gain should not be a primary goal in bed bound sick patients and that overfeeding them to try to achieve it may be counterproductive or even harmful.

ESPEN in Prague was a generally speaking and excellent meeting. Next years' meeting is in Florence so it will probably be well worth taking the time to submit an abstract or just start asking for study leave and sponsorship.

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involved in the situation or delivery of care includes personal views, feelings and experiences. Findings highlighted some important implications for clinical practice. In essence, the two professionals involved in the studies (dietitians and nurses) were most likely to share the same perceptions, followed by the carers and professionals. The gap in perceptions between patients and professionals was larger but interestingly the largest estimated gap in perceptions was between the patient and their carer [2]. This demonstrates a clear need not only to involve patients and their carers in decision making but to make sure they perceive they have been involved in the process as fully as possible to maximise patient autonomy. Professionals should also acknowledge that carers are perhaps least likely to represent the views of the patients though with the introduction of the Mental Capacity Act (2007) enabling patients to appoint a Lasting Power of Attorney to make future healthcare decisions on their behalf if they lack the capacity to do so themselves. Carers are increasingly likely to find themselves at the centre of this decision-making role.

Clearly, it is not possible from such small qualitative studies to generalise about the impact of feeding upon the daily life of all patients. However, a clear need for additional support for patients, carers and parents has been identified that goes beyond simply meeting clinical needs. Working within limited resources often makes the delivery of co-ordinated care difficult. Perhaps one of the most pertinent messages from patients and carers alike relates to our ability as health care professionals to work effectively as a team in delivering consistent messages that support rather than confuse those in our care.

'I think all you professionals have learned in different places and when you are all saying different things I don't know who I am supposed to listen to'. [1]

References:
1) Brotherton, A.M., Abbott, J. & Aggett, P J. (2006) The impact of percutaneous endoscopic gastrostomy feeding upon daily life in adults. J Hum Nutr Diet. 19, 355-367.
2) Brotherton, A.M., Abbott. J., Hurley, M. & Aggett, P. Home Percutaneous Endoscopic Gastrostomy Feeding; Similarities and Differences in Perceptions of Patients, Carers, Nurses and Dietitians. J Adv Nurs 59 (4) 388-397.

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Call for Papers. Case Reports (International Ward Rounds)

Nutrition: The International Journal of Applied and Basic Nutritional Investigations is soliciting the submission of case reports. The Call for Case Reports is in recognition of the importance of clinical case descriptions and the interest that these generate in our readership. The International Ward Rounds case reports serve medical education by promoting or reinforcing new ideas, or indeed reminding readers of under-recognised complications in the nutritional management of disease entities. These reports have often provided valuable evidence in translating theory into clinical practice. A well-written case report must clearly state what is already known and what the case report adds to this.

The responding authors should indicate in their cover letter that the submitted manuscript is in response to this call for papers.

The manuscript will undergo expedited peer review. If accepted, the article will be highlighted on the cover of the issue in the next issue.

Case Reports (2,500 words)
Case Reports include case studies of 1-4 patients that describe a novel or unusual situation or add important insights into mechanisms, diagnosis or treatment of a disease.

If you have any questions please contact Martin Crook, Section Editor of International Ward Rounds.
email: **martin.crook@doctors.org.uk**

Feeding impacts on Family Life

Feeding impacts on Family Life
Clinical dietetics usually focuses on assessment of nutritional status, calculating nutritional requirements and (often rather aggressively) aims to maximise nutritional intake to maintain and improve nutritional status. Consideration of such issues is, of course, very important in the field of clinical nutrition but it is also imperative to place the patient and their relatives' wider needs at the centre of the delivery of care. It wasn't until I was afforded the opportunity to work with patients in their own homes that I began to truly appreciate these wider issues.

My interest in the impact of feeding on daily life and ultimately quality of life stemmed from joint working with Fresenius Kabi nurse advisors at the time when Home Enteral Feeding Dietitians were beginning to be appointed. During early joint visits to patient's own homes' it became clearly evident that incorporating PEG feeding into daily life brought with it a number of significant and often complex issues. The physical symptoms that arose as a result of PEG feeding and issues relating to PEG tube aftercare were often relatively easy to manage compared to the emotional, psychological and psycho-social issues; many of which appeared to centre on a lack of social support. My current role, as a research Dietitian, has created the opportunity for focusing on an exploration and increased understanding of living with a PEG and its impact on family life for both the patients and their families.

Impact of PEG Feeding

My research has centred around interviewing adult patients, their carers and parents of children receiving PEG feeding (67 interviews have been completed to date). Important issues for consideration by those involved in service delivery and supporting families at home have been identified by participants. Although many patients and their relatives acknowledge positive outcomes of PEG feeding such as no longer feeling under pressure to eat sufficient food at meal times, many identify negative impacts of feeding and key areas where further social and emotional support are required.

Factors that impact upon family life include delayed and disturbed sleep resulting in extreme tiredness, restricted ability to go out and take family holidays, restricted choice of clothes, leakage of feed onto clothes and difficulties finding a place to feed. 'Missing' being able to eat and drink and the resulting effect on social occasions was highlighted by many as problematic. This isn't restricted to patients, many of whom used the same phrase to describe their feelings, 'I just miss eating and drinking'. One patient described the impact of this on social events, 'It affects your social life when you go to anniversaries, birthdays and Christmas parties. I go, but I feel alienated and it makes the other people feel uncomfortable, as they're eating'. Such experiences extended to other members of the family and many discussed this lack of sharing at family gatherings, 'We can't even have a drink together at Christmas or even a piece of cake or a cup of tea. I don't like drinking in front if him because I know he would love a cup of tea'. Negative attitudes of others towards PEG feeding, including close family members were also reported; one patient discussed loneliness and isolation because of her husband's fear of the tube, 'My husband is frightened of the tube, he's frightened to give me a hug'.[1]

Parents also discussed childcare problems and the impact of incorporating the feeding regimen into family life and its resulting impact. Many of these unmet needs of both parents and carers were not clinical needs. Provision of social support together with access to adequate respite care is required from a network of health and social care professionals working together in a co-ordinated way to place the patient at the centre of care provided.

Perceptions

The other part of my research has included an exploration of the perceptions of adult patients and their carers, parents, nurses and dietitians of PEG feeding including involvement in the decision making process for PEG insertion, the adequacy of the information provided and the ongoing issues associated with feeding such as the appropriateness of the feeding regimen, the perceived success of feeding and the ongoing support received from professionals involved in the delivery of their care. Perceptions, defined as insight, intuition or knowledge gained through being directly

Continued on page 11.

Fighting Against Malnutrition:
The Prague Declaration

Malnutrition represents a significant issue in Europe today and urgent action is required at both EU and national level. This was the statement made in Brussels and Prague on 10th September, 2007.

The European Society for Clinical Nutrition and Metabolism (ESPEN), the European Nutrition for Health Alliance (ENHA), the Medical Nutrition International Industries (MNI) group and the members and partners of these organisations have joined forces to fight malnutrition in Europe. This alliance is dedicated to propose and implement changes, and to raise awareness from the most relevant healthcare stakeholders including physicians, healthcare managers, insurers, industry, and advocacy institutions. The alliance have called on the European Parliament, the European Commission and the European Council of Ministers, as well as national governments, providers of health services and other relevant bodies to:

- acknowledge that malnutrition and obesity are both results of poor nutrition with significant consequences for health outcomes and healthcare expenditures
- recognise malnutrition as a distinct pathology and its nutritional support as an integral part of each medical treatment
- affirm that access to proper nutritional care and support is a fundamental right
- offer political direction and support for all stakeholders involved in the fight against malnutrition
- provide coherent reimbursement policy for nutritional support across health and social care systems
- develop nutrition care plans for all healthcare settings and promote the implementation of existing solutions to fight malnutrition for the benefits of patients, healthcare systems and society

Malnutrition not only poses a tremendous burden on those affected and their families but also results in costs for the healthcare systems and society at large that outstrip those of over-nutrition. It is estimated that one third of senior citizens are malnourished, putting over 50 million Europeans at risk. With an aging population in Europe this figure is set to rise.

"It is high time for Europe to embrace a modern approach to healthcare. We should stop considering medical nutrition as a mere cost line on a balance sheet and give it the attention it requires as a crucial factor in recovery", said Dr Frank de Man, Secretary General, ENHA. He added, "Whilst there is a glimmer of hope in some countries and institutions, we know that even poorly equipped and over-stretched health systems can afford to act upon malnutrition".

For further information, please visit:
www.european-nutrition.org/

Carole Glencorse,
Head of Nutritional Services,
Abbott Nutrition

"Malnutrition is a common and under-recognised problem, and existing solutions are not being implemented which can save lives and money.

It's time to act!"

Pascal Garel, Hospitals of the European Union (HOPE)

European Initiatives

The ESPEN Home Artificial Nutrition (HAN) Group

The ESPEN HAN is a Special Interest Group with interest in both enteral and parenteral nutrition (although activities at the moment seem to reflect more interest in HPN!).

This is a multi-professional group, chaired by Dr Michael Staun of Copenhagen. The membership reflects the interest of the group. Members are replaced continuously in order to assure the continuity of the group. Duration of membership is usually about 3-4 years and replacements identified to maintain the multi-national and multi-professional composition of the group. A full list of current members appears on the ESPEN website.

Members must fulfil the following criteria:

- Members of ESPEN
- Enthusiastic to participate in the work of the group
- Expertise in the field of HAN
- Members must be approved by their national society for clinical nutrition

The aims of the group are (i) to perform scientific and epidemiological studies in the field of HAN, (ii) to provide guidelines for HAN and (iii) to participate in the education of professionals with an interest in HAN.

Meetings are held twice a year, once during ESPEN and once in February (for some reason Nice is preferred venue!) The ESPEN HAN working party met in Prague during the ESPEN congress to discuss current studies.

These include:

- Survival of cancer patients on HPN
- Renal disease in patients on HPN
- A follow up study on the indication for intestinal transplantation
- Renal disease in paediatric HPN patients
- Quality of life in patients on HPN across Europe

Many of the studies require the participation of as many centres as possible, so you may receive occasional e-mails from me asking if you would like to become involved The only mailing list I have access to at the moment for studies on HPN is that held by the UK HPN group. If you are not on that mailing list and would like to be, either for UK or for contact re HAN studies, please contact me at **janetbaxter@nhs.net**

Members of the group are also contributing to the ESPEN guidelines on parenteral nutrition, due to be published soon.

One last plug .....for the Home Parenteral Nutrition Book
Containing contributions from leading international experts and under the auspices of the ESPEN HAN Group, this book explores the life-saving treatment of home parenteral nutrition. It covers the complete scenario of home parenteral nutrition (HPN), from its prevalence in different continents to clinical indications and the practical aspects of its management. Topics covered include the growing use of HPN, scientific and practical issues associated with HPN in adults and the paediatric population, indications and outcomes in various diseases, complications, nutrient requirements, preparation and administration of the admixtures, monitoring of patients, medical and surgical alternatives, ethics and legislation, and quality of life.

To order contact **www.cabi.org**

For further information on all aspects of the HAN group, please see **www.espen.org**

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WHO growth charts – DH accepts recommendations of SACN and RCPCH

The World Health Organisation (WHO) published new growth charts for children from term to five years of age last year. These new growth charts are designed to describe how children should grow (growth standards) rather than describing how children actually grow (growth references) in a particular time and place. This is an important difference, both in developing and developed countries.

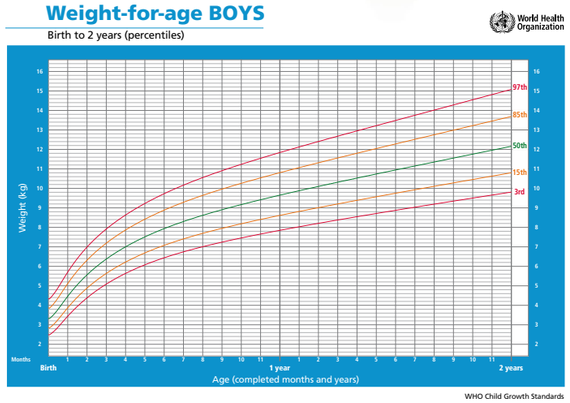
Most growth charts currently in use – including the 1990 charts most commonly used in the UK – are growth references. Children are measured either over a period of time (longitudinal data) or at a particular age (cross-sectional data) and this information is used to construct the growth reference. However, in a country where malnutrition is prevalent, the growth curves will under-diagnose malnutrition and short stature, because malnutrition is 'normal' in that setting. Whereas in a country such as the UK where rates of obesity are rising sharply, reference charts will lead to child obesity being underdiagnosed. In contrast, as a growth standard is designed to describe ideal growth, any deviation from the curves can be reliably interpreted as abnormal.

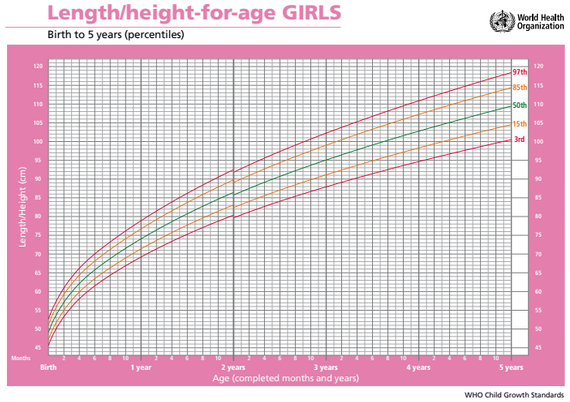
The WHO Multicentre Growth Reference Study (MGRS) was conducted between 1997 and 2003. Children from six countries participated: Brazil, Ghana, India, Norway, Oman and the United States of America (USA).

The first part of the study followed children from birth to two years (longitudinal) who had no known constraints to growth (for example, due to poverty or disease), were breastfed and had non-smoking mothers. Mothers were asked to breastfeed exclusively or predominantly for at least four months, introduce weaning foods by six months and continue partial breastfeeding for at least 12 months. Approximately 850 children completed the study.

The second part of the study collected cross-sectional data from children aged 18 to 71 months. In this study 6,500 eligible children were measured. Children were included if they met the socio-economic criteria, had been breast fed for at least three months and had non-smoking mothers. While the arguments for using these new charts for breastfed infants are relatively straightforward, more controversially, it has been suggested that these new WHO charts should be used for all infants. Breast milk is used as the gold standard for the production of infant formula and in the same way it is suggested that breastfeeding should be used as the biological norm for growth for all infants, regardless of the method of feeding. It has been well described for 20 years or more that low birth weight is associated with greater morbidity.

However, increasingly it is being argued that fast growth during particular critical developmental 'windows' in infancy may be harmful. If this proves to be the case, then modelling infant growth on breastfed infants may confer definite long term health advantages. This may well have implications for infant formula composition in the future.





In August the Department of Health (DH) adopted the recommendations of a joint report by the Scientific Advisory Committee on Nutrition (SACN) and Royal College of Paediatrics and Child Health (RCPCH) on the use of the WHO growth charts. As a result, the charts are to be trialled in pilot areas across England in babies between 0 and 24 months; the reports recommended that the 1990 charts be used from 2 years onwards.

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