



Implementation of the Nutrition Action Plan

Over the last few years the profile of clinical nutrition has been steadily rising on the political agenda, with the result that last year the Nutrition Action Plan for England was formulated and launched. This Action Plan was established as a result of a partnership between The Department of Health, Social Services and various stakeholders, including BAPEN, which featured prominently in the Report that accompanied the launch. The plan is ambitious. Unlike the Council of Europe Report and the Quality Improvement Scotland Report on Nutrition which focus only on hospitals, the Nutrition Action Plan is broader and involves all care settings. It aims to achieve the following:

- Raise awareness about the importance of nutritional care
- Make guidelines available in all care settings
- Implement nutritional screening
- Apply appropriate regulation and inspection processes
- Educate and train.

It became clear that implementation of the Nutrition Action Plan would not occur spontaneously. After all, the above five key areas have been identified previously by various organisations, including BAPEN, which have worked over many years to implement many of them - with limited success. A concerted action by government and stakeholders working together in a partnership is more likely to succeed. Therefore, a Nutrition Action Plan Implementation Board was set up to encourage and oversee the implementation process. This Board, chaired by Gordon Lishman; Director General of Age Concern, reports directly

to Ivan Lewis, Parliamentary Under Secretary of State for Care Services. The Board includes the five subgroup chairs who were appointed to help implement each of the five areas. Having been invited by Ivan Lewis and Gordon Lishman to chair the subgroup on Nutritional Screening, I see opportunities for linking some of the aims of the Nutrition Action Plan with those of BAPEN. Indeed, the Board is expecting BAPEN to take a lead in some areas. One of BAPEN's commitments is to undertake the Nutrition Screening Week. Not only have we collected data from the 2007 Nutrition Screening Week Survey, we have also produced a report which can be downloaded from the BAPEN website. We have also provided feedback to individual centres so that they can benchmark their local results against the national picture. We now plan to repeat and complement the 2007 Nutrition Screening Week with another audit and survey on 1-3 July 2008. Those of you interested in participating please send an email to the BAPEN Office (Bapen@sovereignconference.co.uk) expressing your interest. Any suggestions for modifying the questionnaires or other aspects of the Nutrition Screening Week Activity would also be welcomed.

Another common item on the Nutrition Action Plan and BAPEN agendas is the Shared Learning Initiative. In this initiative, examples of good practice associated with the implementation of guidelines in Trusts are recognised and promoted, so that those working in other Trusts can share experience and implement the guidelines. BAPEN was the first organisation to establish a link with NICE to achieve this aim (the BAPEN-NICE Shared Learning Initiative). If you have good examples of guideline implementation that you



would like to share with others (e.g. implementation of guidelines produced by NICE, NHS Quality Improvement Scotland, or Council of Europe) please let us know. Worthy contributions will be uploaded on to our website. They will also be sent to NICE for consideration to upload onto its website. Details of the application process can be found on the BAPEN website (www.bapen.org.uk).



Professor Marinos Elia

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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.

Nutrition Action Plan continued from page 1

One example of good practice, which has already been uploaded on the BAPEN website, concerns an audit on weighing scales in a trust, which has established a policy to monitor and remove the use of inaccurate scales used for clinical purposes including nutritional screening.

This shared learning initiative resonates with the recent media coverage that has drawn attention to serious clinical problems that could arise from the use of inaccurate weighing scales.

One of the five subgroups on the Implementation Board is concerned with education and training. Since nutrition education and training should encompass nutritional screening, it is difficult to separate the activities of the Nutritional Screening and Education and Training subgroups. Indeed, there is an overlap between the activities of all the subgroups, which means that integrated and coordinated actions between the subgroups is required.

The Nutrition Action Plan Implementation Board is expected to complete its work by the end of the year. This work can be judged according to whether specific pre-planned tasks, such as those indicated above for nutritional screening, are implemented. However, even if they are implemented, it does not mean that a change in practice will necessarily follow. Changes in behaviour, which are at the heart of this initiative, involve complex and inadequately-understood processes and pathways that may take considerably more than a few months to implement. Although monitoring the overall changes in routine clinical and social practice are important, they do not appear to be part of the activity of the Nutrition Action Plan Implementation Board.

Nevertheless, the Board with its political links could influence the future landscape of nutritional care in other ways. For example, primary care as we know it today is likely to change considerably in the future, under Lord Darzi's initiative, which will involve substantial reorganisation

and introduction of polyclinics. And since this initiative seems to have considered overnutrition (obesity) more than 'malnutrition' (undernutrition), there is a risk that problems associated with the detection and management of malnutrition will not be adequately addressed. It is hoped that the political awareness and action created by the Nutrition Action Plan will prevent this from happening. Another important proposal is the establishment of the Care Quality Commission, which is expected to be in place by April 2009, subject to parliamentary approval. This will involve an amalgamation of the Health Care Commission (which currently inspects hospitals); the Commission for Social Care Inspection (which currently inspects care homes) and the Mental Health Act Commission. It aims to establish a more integrated and consistent activity within the health and social care services, which currently spend over £100 billion of public money a year, and involve 2.9 million people in over 25,000 establishments. It is likely that health care providers will have to register with the Care Quality Commission and be more accountable than at present, although on a proportionate basis (those that perform well will be subject to less inspection). It also seems that the Care Quality Commission will have more power to exert on establishments that do not perform well. Therefore, it is important to ensure that appropriate criteria for dealing with dignity and nutrition are in place in advance before these new initiatives are implemented. Since the criteria and processes associated with regulation and inspection of nutritional care are being reviewed by senior officials involved in the Nutrition Action Plan (Regulation and Inspection subgroup) it is hoped that any changes made will be carried over beyond the life of the Implementation Board. Reinforcement of such messages by other organisations and agencies through politicians and various government departments will also help shape the future landscape of nutritional care.

Professor Marinos Elia
Chairman, BAPEN.

Media Column

From the BBC, BMJ and Cost Sector Catering to Midlothian Today via espenblog.com and the Health Service Journal (HSJ) – Malnutrition Makes the News again!

BAPEN's OfNOSH, initial results from BAPEN's Nutrition Screening Week 07 (presented at BAPEN 07), implementation of nutrition screening in Scotland, furore over percentage of patients leaving English hospital malnourished, the burden of malnutrition on health care systems across Europe, inaccurate hospital scales putting patients at risk, Parliamentary debate on regulating for malnutrition in care homes – a flavour of media coverage in the first few weeks of 2008 on nutrition, malnutrition and BAPEN.

This sets the scene for busy media communications during the next quarter with the launch of the full Report on BAPEN's Nutrition Screening Week 2007 (NSW07) available to download for free

from the BAPEN website, and the launch of NSW08, being held this year from 1-3 July.

Advance notice of BAPEN 2008 (4-5 November, Harrogate) has already gone out and promotion for our showcase event will build as the programme and speakers are finalised.

Promotional materials are available for BAPEN's 2008 **Malnutrition Matters** Conference (5-6 November, Harrogate). If you would like copies for a meeting or for distributing at your own place of work or network, please email me and we will be pleased to support your efforts. info@minervaprc.com

Rhonda Smith
Marketing & Communications
Manager for BAPEN
rhonda@minervaprc.com

Do send copies of any coverage on BAPEN and the activities of its associated groups that we may have missed.



Professor Ivan D A Johnston MCh FRCS – 4 October 1929 – 29 December 2007

I was privileged to attend a service on 14th April 2008 to celebrate the life and work of Ivan. The service was held in St James's Church, Chipping Camden, a magnificent Cotswold church built in the Middle Ages. It was a perfect setting for the service. The service included an address by Annette, Ivan's wife, and an address by Professor Tom Lennard, Professor of Surgery in Newcastle titled "Ivan, The Prof". Also included in the service was a beautiful carol titled "Sleep so peacefully". Both words and music were written by Annette Johnston in December 2007.

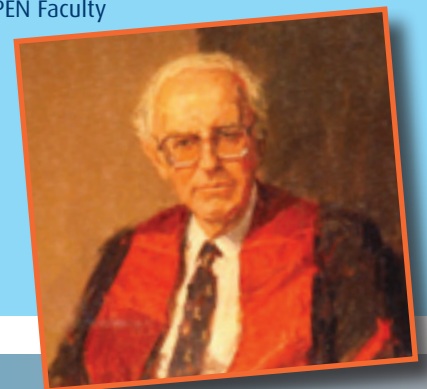
Over 200 people attended the service, including many from the medical profession, especially those involved in surgery.

Ivan was involved in preparing the Kings Fund report (A Positive Approach to Nutrition as Treatment) in 1992, which led to the formation of BAPEN in 1992, and he served as its Honorary Secretary for the first five years.

In addition to myself, Professor David Silk and Mrs Sheila Hunt attended the service. Sheila of course worked very closely with

Ivan in the formative years of BAPEN. It was a privilege to be present at such a fitting tribute to a great man.

Ken Cottam
BAPEN Faculty



Fit for Purpose?

The Local Authorities Coordinators of Regulatory Services (LACORS) have announced that the National Medical Weighing Project will run for the financial year 2008-09 in order to improve the standards of weighing equipment and practice in UK hospitals.

The project was initiated following a routine weights and measures inspection that found a local hospital to have serious inadequacies that could have been detrimental to patient care. This included the use of ordinary bathroom scales to calculate dosages of medication for young children.

The National Medical Weighing Project is not designed to “name and shame” poorly performing hospitals, but instead encourage local authority Trading Standards officers to work in partnership with their local NHS Trusts to deliver improvements in patient

care. The intention is to identify inaccuracies in equipment and eliminate the use of uncontrolled or non-compliant equipment, offer solutions and work to improve standards. Trading Standards officers have been asked to inspect all weighing equipment to ensure they are legal and fit for purpose. Paediatric and oncology wards will be specifically targeted.

Further information on the National Medical Weighing Project is available from:

www.lacors.gov.uk, and guidance on the legal requirements for medical weighing systems can be found on www.ukwf.org.uk (click on Medical Scales).

Carole Glencorse
Head of Nutritional Services
Abbott Nutrition

Aim

To improve standards in medical weighing equipment across the UK

Objectives

To enable partnership working between local authority trading standards departments and NHS Trusts

To assess current standards of weighing equipment in hospitals

To make achievable recommendations for improvement leading to measurable gains in patient care

To address local authorities' local agendas in respect of community health and protecting the vulnerable

To raise the profile of legal metrology



Taking steps to STAMP out under-nutrition in children

Screening for risk of undernutrition is advocated for all patients admitted to hospital by a number of bodies. However, until now there has been no child-specific, valid nutrition screening tool in the UK. STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) is a nurse-administered nutrition screening tool shown to be valid in children admitted to hospital aged 2-16 years.

Compared with the volumes of research evidence on the prevalence, causes and consequences of under-nutrition in adults and the elderly, there is little research into this area in paediatric clinical practice in the UK. What research there is suggests that as many as 1 in 5 children admitted to hospital are at risk of under-nutrition. The use of nutrition screening tools, such as 'MUST', for the early identification of individuals at risk of under-nutrition has been advocated both nationally and internationally. However, 'MUST' is not valid for use in children and the lack of a valid nutrition screening tool for children constitutes a health inequality that STAMP goes some way to addressing.

STAMP is a simple 5-step tool, developed and validated at the Manchester Children's Hospitals, in conjunction with the University of Ulster.

STAMP is a nurse-administered tool which empowers nursing staff to reliably identify and refer appropriately those children at risk of under-nutrition on admission to hospital. Steps 1-3 involve scoring nutrition risk predictors, step 4 is the calculation of an overall risk score and step 5 is a suggested care plan (Figure 1).


STAMP has been welcomed by the British Dietetic Association and the Royal College of Nursing.

STAMP is not intended to replace current policy and practice within Trusts, but to work within these to provide evidence-based, quality nutritional care to all children admitted to hospital.


Further information and supporting resources are available from www.stampscreeningtool.org

This project has been supported through an unrestricted educational grant from Abbott Nutrition.


Dr Helen McCarthy,
Lecturer in Dietetics (Ulster) & Honorary Paediatric Research Dietitian (Manchester).





A step-by-step guide to using STAMP



For more information, and to download other materials, please visit www.stampscreeningtool.org



Supported by an educational grant from  **Abbott Nutrition**

Central Manchester and Manchester Children's University Hospitals 
NHS Trust

Date of preparation: April 2008 F04NFD20080311



BAPEN Conference 2008

4/5th November 2008, Harrogate International Centre

BAPEN Conference is the Networking & Learning Event for all professionals involved in and committed to improving nutritional policy, care & treatment in community, care & hospital settings.

With more than 1 in 4 (28%) of those admitted into hospital and care suffering from malnutrition (BAPEN NSW07), it is finally acknowledged that malnutrition is a major public health issue of concern to the public, patients, professionals and policy-makers.

BAPEN's 2008 'Malnutrition Matters' conference provides all stakeholders with the evidence, knowledge and contacts needed to help address malnutrition in whichever setting they work.

Day-to-day professional practice, an understanding of the policy & regulatory environment, a focus on patient safety and the latest science and research updates on malnutrition and nutrition care & treatment are focused on in a packed two-day programme.

Preliminary results from BAPEN's Nutrition Screening Week 2008 will be provided, together with updates on progress on the implementation of the 'Improving Nutritional Care' Action Plan in which BAPEN is playing a key part.

Hot Topics

Coeliac disease, presentations, diagnosis, treatment and complications will be covered in a joint symposium with the BSG, together with a debate as to whether dietitians or gastroenterologists are better at follow up! Coeliac UK will give its verdict as well as an overview of its role.

Two parenteral nutrition 'hot topics' will be covered - firstly the rationale for using new lipid emulsions - a review of evidence from clinical trials presented by Professor Philip Calder, Southampton University. Secondly the impact of intravenous glutamine and selenium supplementation; the early results of a large Scottish Intensive Care Study (SIGNET) presented by Professor Peter Andrews of Edinburgh University.

Lost in Transit

The 'Lost in Transit: can nutritional care survive the primary/secondary care journey?' symposium will explore the transition of nutritional care across the primary/secondary care interface, through the narration of two parallel patient journeys. Four key speakers from different professions and care settings will explore key topics as they occur in the patient journey. These will include:

- Nutritional screening in the community
- GP knowledge of nutritional issues
- The value of good communication between primary and secondary care
- The value of pre-operative feeding
- The use of feeding jejunostomy in post upper GI surgery.

This symposium will promote the premise that good communication is the key to good transitional care, and that good nutritional care can positively affect patient outcome.

From Kids to Kevin & Kylie - and on to Grandma & Grandpa

All kids grow up to become teenagers and then adults, facing, as they do, periods of challenge and change, confidence and conflict, and frequently times of doubt. If chronic ill-health is added to this volatile mix, the result can be a potent cocktail which poses major problems for patients, carers and all associated health professionals.

Few groups of young patients find themselves under greater pressures than those requiring nutrition support and, for a variety of reasons, the long-term use of both enteral tubes and parenteral nutrition is becoming more common.

This symposium therefore aims to explore the difficulties and identify solutions, focusing particularly on the teenage years

during which careful planning is needed to ensure that paediatric and adult health services work together to provide as smooth a transition as possible. To do so, it will involve representatives from patients, carers and different health professionals. If you have any dealings with these patient groups, you also need to attend.

At the opposite end of the spectrum, nutrition at the end of life - the ethical, professional & carer challenges - will be debated and explored.

It MUST Happen - are we making the most of MUST?

Recent national and international guidelines have stressed the importance of screening for malnutrition and providing good quality food for those at risk.

How can this be done in varied care settings throughout the UK? The National Association of Care Caterers (NACC) will share their extensive experience before a speech and language therapist delves into the bewildering world of terminology in modified texture diets. The symposium will focus on risk management - what are the health implications for the patient and legal issues for the health professional if guidelines for screening and treating malnutrition are not followed? Come and join in this debate.

Feeding Size Zero

The challenges of Anorexia Nervosa will be debated by two psychiatrists and a dietitian covering their views about how to make the diagnosis of anorexia and rule out other conditions which may mimic this. Presentation of a difficult case will illustrate problems which can occur with these patients, using an expert panel to comment at each stage. The panel includes a barrister, dietitian and gastroenterologist. This is likely to be a lively debate of the medical and legal issues which can be involved.

Competent to Care?

This education session will focus around a case of competencies and consent. Dilemmas such as how to deliver nasogastric feeding in agitated patients and how to cope with training issues in nutrition to ensure competent cross-cover will be discussed. The specialist speakers will discuss and debate a range of topical issues including:

- Use of nasal bridles
- Competencies and skills required of hospital professionals to enable them to be involved in the processes involved in nutritional support
- Education projects for screening and assessment of patients in the community especially in relation to the elderly or those with mental health problems.

Interactive rolling case presentations will be used.

Hello with BAPEN Medical!

Due to the success of last year's training session, BAPEN Medical will again run a teaching day prior to the BAPEN Annual Conference. "IBD and Nutrition – everything you need to know" will cover the effects of inflammatory bowel disease on nutrition, and show how to manage nutrition in the full range of patients, from those with uncomplicated disease up to the management of fistulas and short bowel syndrome which may occur in severe Crohn's disease. Make sure you sign up for this extra-value day.

Goodbye with the Great Gut Debate!

Come and judge who is the weakest link in the Great Gut Debate Nine, eminent speakers – many plucked from BAPEN's founder groups – will represent a part of the gut; from the mouth to the anus. Each speaker will be given five minutes to state their case for being the GI tract's most essential component, before those with the least convincing argument are voted off until only the apparently most vital part remains. All health professionals working in nutrition should know about gut physiology – so make sure you're there when it's time to vote off the weakest link!

Check www.bapen.org.uk regularly for more information and registration details. Early bird registration discounts are available until **30 September 2008**.

Abstracts will be considered for oral, e-poster & static poster sessions. Abstracts relating to the symposia themes are particularly welcome. Log on to www.bapen.org.uk for full details. **Deadline 27 June 2008**.

BAPEN's Conference is organised by Sovereign Conference
+44(0)1527 518777 association@sovereignconference.co.uk
Marketing & Media by Minerva PRC +44(0) 1264 710428 info@minervaprc.com

Stands & resource centre tables available at BAPEN 2008 for commercial and not-for-profit organisations. Customised sponsorship opportunities also available.



MALNUTRITION MATTERS

2008 Annual Conference

of
The British Association for Parenteral and Enteral Nutrition
to be held at
Harrogate International Centre
on
Tuesday 4th November & Wednesday 5th November 2008

ABSTRACTS will be considered by **BAPEN** for Oral, E-Poster and Static Poster Sessions.

ABSTRACTS should be submitted online according to the published guidelines, available on the BAPEN website.

Closing date for submissions
Friday 27th June 2008

www.bapen.org.uk

A new lease of life: a personal view of Home PN

Bayes J (2007). *British Journal of Home Healthcare*. 4 (1)

This article, written by a patient, offers a very real insight into her life with HPN. She articulately describes her life before and after HPN, and offers advice to other patients who may be undergoing a similar adjustment process.

Key points:

She discusses the poor quality of life and poor health she had prior to commencing PN. However, the shock she experienced when long-term HPN was discussed with her at first appeared equally unpalatable.

After moving to a teaching hospital for her HPN training to commence, she explains the adaptation process she underwent to move from a novice at handling PN, taking 45 minutes to set up, to expert; taking only 20 minutes for the whole procedure.

Adjustment at home is another area she describes as one which is overwhelming at times. Having no 24-hour safety blanket, as in hospital, is offset by the joys of having her own bath, toilet and a more flexible approach to being able to set up and disconnect – at her own convenience. However, there was also the downside of her house being overtaken by hospital supplies, and the isolating effects of a social life which revolves around food now being changed. The threat and actuality of line infections, the guilt that comes along with this, and the constant pressure to maintain asepsis even when tired and unwell is also presented as a constant challenge.

Emotional adjustment is also a problem with body image, anxiety, depression and the effects of therapy possibly being lifelong in order to keep alive. She also talks about the expectations she has of herself, and how comparing herself to others who could do more with their lives was unwise.

A 'buddy' who has also undergone HPN was seen as useful, as was the PINNT support group. The resource of being able to talk to another PN patient is suggested as beneficial just after discharge, when the realities of PN hit home. She ends with a positive explanation about new relationships. She initially wondered if she would ever find anyone who could accept not only her HPN but her stoma too, but is now happily engaged. Overall, a honest account of the pros and cons of PN, one which should be a good resource for all HPN patients and nutrition teams involved in helping patients make the adjustment to this therapy.

Tracy Earley

Lead Clinical Nurse Specialist - Nutrition.
Associate Director of Nursing

Lancashire Teaching Hospitals NHS
Foundation Trust



The Nightingale Trust for Nutritional Support

Registered with the Charity Commission No 1109586

The Nightingale Trust for Nutritional support was formed in 2005 in Leicester by patients who had been treated there. Pamela Harris was the main driving force. It is named after Florence Nightingale, who recognised that starvation was common in hospitals, and also after Dr Jeremy Nightingale, a Gastroenterologist with a special interest in nutritional support. It is an independent charity that primarily aims to help with the nutritional care of seriously ill and malnourished patients in the United Kingdom.

Its objectives are:

1. To raise money for the nutritional care of seriously ill and malnourished patients.
2. To help the detection, prevention and treatment of malnutrition.

3. To support the education of healthcare workers, patients and carers.
4. To help with the purchase of essential equipment and educational tools.
5. To support research into issues relating to nutritional support.

These fundraising events that have-and-will be arranged include concerts, fetes, art exhibitions and coffee mornings. Money will be allocated after requests have been received and evaluated by the trustees who meet 2-4 times a year and include BAPEN members. Obviously the amount that can be given depends upon the money raised. We encourage you both to donate to the trust and also to seek from us appropriate financial support to help with the nutritional care of seriously ill and malnourished patients.

For further details or to make a donation please contact:

Mrs Pamela Harris
3 Ashfields,
Deeping St James Road,
Deeping Gate,
Peterborough PE6 9AL

Tel: 01778 344300
Email: pjjh1@tiscali.co.uk

NCEPOD launches study of hospital parenteral nutrition

This year, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) is launching a national enquiry into the use of parenteral nutrition (PN) in hospital patients.

The study will look at the key areas of prescription and practice, as well as organisational factors around the use of PN.

Both children and adults will be included in the study. This will be the first national audit of PN practice ever undertaken, and it is our intention that the final report will give firm recommendations for PN practice based on the study findings. Like all NCEPOD studies this will be a questionnaire based enquiry. Thus in due

course, clinicians may well receive said questionnaires and we would be grateful if they could be filled out and returned promptly, as per instructions.

In addition, we will be advertising for advisors to help analyse the data returned. We will need clinicians, nutrition nurses and dieticians to sit on the Advisor group. Please look out for the advert.

NCEPOD is extremely grateful to BAPEN for the help and support it has given in helping set up this study, and the use of its website to promote it.

Jim Stewart
Consultant Gastroenterologist
Clinical Co-ordinator
NCEPOD

jstewart@ncepod.org.uk

www.ncepod.org.uk

Summer Meeting

Monday August 3rd 2008

Pen
group



The Parenteral and Enteral Nutrition Group
of the British Dietetic Association

Programme

Time	Topic	Speaker
9.30 – 10.00 am	Registration	
10.00 – 10.30	Obesity – Using Adjusted Weight	Dr Clare Soulsby
10.30 – 11.15	Very Low Weight – The Physiological Aspects of Feeding	Ursula Philpot
11.15 – 11.30 am	Coffee Break	
11.30 – 12.15 pm	Challenging Traditional Approaches to Nutrition Support – Are We Brave Enough?	Prof. Rosemary Richardson
12.15 – 12.45 pm	PEN Group Annual General Meeting	Pete Turner, Chair of PEN Group
12.45 – 1.30 pm	Lunch	
1.30 – 2.15 pm	Nutritional Support in the Elderly	Mary Hickson
2.15 – 3.00 pm	Adults with Incapacity and Palliative Care/Dementia and Feeding with PEG/Bridles	Dr Ailsa Brotherton
3.00 – 3.15 pm	Tea Break	
3.15 – 4.00 pm	Palliative Care	Dr Claire Shaw
4.00 – 4.30 pm	Ethics of Nutritional Support	Gill McHattie
Morning Chair		Carole Anne McAtear
Afternoon Chair		Sarah McGladery

For further information and an application form please contact either Judy Beeston

www.Judy.Beeston@dbh.nhs.uk Tel. 01909 502923/502773, or visit the PEN Group website on www.peng.org.uk

Cost: £75 Pen Group Member or £100 Non-PEN Group Member

Diary Dates 2008/9

Dates - 2008	Meetings – International	Venue and Contact Details
13th – 16th September	ESPEN Congress 2008: “Nutrition Renaissance from Care to Cure”	Florence. www.espen.org
30th October - 2nd November	AuSPEN Annual Scientific Meeting for 2008 Held as part of the Asia Pacific Critical Care 2008 Congress	Sydney For further information: www.auspen.org.au

Dates - 2008	Meetings – National	Venue and Contact Details
24th September	South West Regional BAPEN Meeting Nutrition in pancreatitis/critical illness and difficult enteral feeding Topics include: <ul style="list-style-type: none">• Nutrition in acute and chronic pancreatitis• Nutrition in critical illness• Ethics of feeding and dementia• Setting up a nasal bridge service• Complications of RIG tubes. Case discussions included.	Lyngford House Conference Centre, Taunton <i>Registration (to include coffee, tea and lunch): £47.00 (inclusive of VAT) for BAPEN members and £52.50 (inclusive of VAT) for all others.</i> For further information contact: jodie.painton@tst.nhs.uk Tel: 01823 342126 Fax: 01823 344612
3rd October	Wales Regional Intestinal Failure Workshop	All Nations Centre, Cardiff For further information: Tel: 02920746393 winnie.magambo@cardiffandvale.wales.nhs.uk

NICE/BAPEN Shared Learning Initiative

Have you had experience of implementing guidelines for nutrition such as NICE?

Are you able to share that experience – whether successful or challenging?

Have you a few moments to submit a short summary for consideration for BAPEN 2008 and the BAPEN website? Your professional colleagues will love to learn from your experience and BAPEN will provide the platform to disseminate that experience.

As well as being uploaded on to the BAPEN website and discussed at BAPEN Conference, successful summaries will also be forwarded to NICE for consideration for their website. Full details are available on the BAPEN website www.bapen.org.uk

The deadlines for the applications are:

30th June 2008, and 28th February and 30th June on subsequent years.

30th
ESPEN
Congress



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

FLORENCE

Fortezza da Basso
13-16 September 2008

Nutrition Renaissance from care to cure

Preliminary Programme

www.espen.org

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 treatment.
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

Regional Representatives

Scotland

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Northern Ireland

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Wales

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North West

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North East

Emily Weinel — Nutrition Nurse Specialist
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Trent

Dr Tim Bowling — Consultant Gastroenterologist
Tel: 07913 976082
email: tim.bowling@nuh.nhs.uk

West Midlands

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