

Council Matters

**BAPEN**  
**'Malnutrition Matters'**  
**Conference 2008**

Committee Group Updates

**Nutrition Informatics**  
**A vision for the future**

**PLUS: Diary Dates, Core Group Updates and much more...**

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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 nutrition 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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# Chairman's Report...

## Tackling malnutrition from multiple directions

PROFESSOR MARINOS ELIA,  
HONORARY CHAIRMAN



I begin this issue of In Touch by offering a warm welcome to Mike Fryer and Faye Eagle of Complete Media & Marketing Ltd. (CM2), who are now managing the production of In Touch for BAPEN. Complete Media and Marketing Ltd (CM2), is not new to nutrition. Indeed, it is dedicated to medical, health and functional nutrition, and has grown rapidly since Mike established the company in 2000. Amongst its publications is Complete Nutrition, which many of you will know, and now has a readership of over 12,000 in the UK. Further information about CM2 can be found at [www.nutrition2me.com](http://www.nutrition2me.com). If you have suggestions about articles or the future direction of In Touch, please let us know (Faye Eagle would be particularly interested in hearing from you - [faye@cm-2.co.uk](mailto:faye@cm-2.co.uk); Tel: 01992 538001; Fax: 01992 538002).

I take this opportunity to mention some other recent developments associated with BAPEN's fight against malnutrition.

Earlier this year, I signed, on behalf of BAPEN, an agreement with the Secretary of State for Health (Connecting for Health) to allow the 'Malnutrition Universal Screening Tool' ('MUST') to be incorporated into the NHS National Programme for IT. In this way the 'MUST' can become available to all NHS staff in the UK, the Isle of Man and the Channel Islands (and potentially also to staff working for our armed forces abroad). It is hoped that the software will become available later this year. BAPEN will be happy to advise on specific issues, as required. Christine Russell and Vera Todorovic, have already been a major help in facilitating the process with the Department of Health. The increasing popularity of the 'MUST' has probably occurred because it can be used on all types of patients in all care settings by a variety of healthcare workers. It links clinical with public health nutrition, primary with secondary care and nutritional screening with nutritional care.

With the reorganisation of the health and social services in England there are opportunities to promote malnutrition so that it becomes embedded in the infrastructure of the new system. Amongst the proposed changes in the NHS are the amalgamation of the Healthcare Commission, the Commission for Social Care Inspection, and the Mental Health Act Commission to form the Care Quality Commission, the Darzi reorganisation of the NHS, which includes the controversial polyclinics, and Vital Signs, a three tier system of PCT priorities in the NHS. BAPEN has responded to a consultation on the Care Quality Commission, which had already considered aspects on nutritional care. Little or no consideration appears to have been given to malnutrition by governmental agencies concerned with the other two proposed developments. For this reason, in June 2008 a round table discussion amongst a range of experts on malnutrition from different backgrounds took place

to summarise the clinical, economic and political status of malnutrition in the UK. A report targeting parliamentarians and other health planners is expected to be launched later this year. We are grateful to the Infant and Dietetic Foods Association for providing BAPEN with an unrestricted grant to allow this development to occur.

At the centre of BAPEN's activities are patients and their carers. However, their voices are often not heard, or not heard loudly enough. For this reason BAPEN arranged another round table discussion at the beginning of July so that the voices of a wide range of patient/carer representatives of organisations could be heard. They perceived malnutrition to be common, that problems associated with treatment are also common, and, as expected, a wide range of suggestions were made to improve nutritional care in different care settings and during the patient journey from one care setting to another. A report of this meeting is also expected to be launched later this year and to complement our other report on political opportunities for improving nutritional care.

In the meantime, BAPEN continues to gather national data in its fight to combat malnutrition. Some data are specific, for example, those from the British Artificial Nutrition Survey (BANS), which have helped establish strategic proposals for specialised services such as home parenteral nutrition services (see recent report [April 2008] 'A Strategic Framework for Intestinal Failure and Home Parenteral Nutrition Services for Adults in England) which can be downloaded from the web ([www.nscteam.org.uk/ifstrategy.htm](http://www.nscteam.org.uk/ifstrategy.htm)). Other data are of a more general nature, such as those associated with detection and prevalence of malnutrition. These have helped establish strategic plans, including those indicated in the government's Nutrition Action Plan (Improving Nutritional Care 2007). In July, BAPEN and collaborators conducted the 2008 Nutrition Screening Week survey but the data still have to be analysed. The implications of the 2007 survey are summarised in a report which can be downloaded from the BAPEN website ([www.bapen.org.uk](http://www.bapen.org.uk)), as well as in an editorial in the August issue of Clinical Medicine (volume 8, issue No.4, p.364-5). My thanks to all those involved in all types of data collection for BAPEN.

One of the future challenges is integration of all these and other nutritional activities undertaken by BAPEN and other organisations and agencies so that there can be a smooth transition and consistency along the delivery chain, from ministers to patients. I hope that BAPEN can have a role in this important and difficult task that faces us.

# BAPEN MEMBERSHIP HAS CHANGED

Don't miss out...join **BAPEN** now...

During the last year a number of changes have been introduced which affect how you become a member of BAPEN. The details below explain the benefits of being a member of BAPEN and how to become one.



There are two levels of BAPEN membership. A full membership is either acquired by registering directly on the BAPEN website, or by paying a small 'extra' when joining one of the core groups (see below). An affiliate membership is a member of a core group but without specifically electing to be a full member of BAPEN. The table below explains the differences in benefits.

	Core Group Member – Affiliate Member of BAPEN	Full BAPEN Member
BAPEN Conference reduced delegate fee	X	✓
Eligible to vote at BAPEN AGM	X	✓
BAPEN Regional meetings reduced delegate fee	X	✓
BAPEN website members access	X	✓
In Touch E News	✓	✓
In Touch print	X	✓
ESPEN reduced membership fee	X	✓
ESPEN reduced Congress fee	X	✓
Personal copy of Clinical Nutrition (via ESPEN Membership)	X	✓

## How to join BAPEN if you are not a member of a Core Group

Visit [www.bapen.org.uk](http://www.bapen.org.uk) to join online/ download an application form or contact the BAPEN Office on:

Tel: 01527 457850 Fax: 01527 458718

Secure Hold Business Centre, Studley Road, Redditch, Worcs, B98 7LG

## How to join BAPEN if you are a member of a Core Group

If you are a member of the following Core Groups you are entitled to join BAPEN at a substantially discounted rate, please see details below:

**BAPEN Medical** – For further information visit: [www.bapen.org.uk/abt\\_med.html](http://www.bapen.org.uk/abt_med.html), where you can register online or download an application form

**BPNG** – You can join both the BPNG and BAPEN at the same time by visiting: [www.bapendatabase.org.uk/bpng\\_registration\\_1.php](http://www.bapendatabase.org.uk/bpng_registration_1.php) or join BAPEN directly by registering online via: [www.bapen.org.uk](http://www.bapen.org.uk) or contacting the BAPEN office.

**NNNG** – Members are asked to join BAPEN directly by registering online via: [www.bapen.org.uk](http://www.bapen.org.uk) or contacting the BAPEN office. For further information, please email: Jane Fletcher, NNNG Secretary: [jane.fletcher@uhb.nhs.uk](mailto:jane.fletcher@uhb.nhs.uk)

**PENG** – For further information, visit: [www.peng.org.uk](http://www.peng.org.uk), where you can download an application form

# • NEWS • NEWS • NEWS • NEWS • NEWS • NEWS •

Keeping you up-to-date with the latest news, views, reviews & developments

## Highlights from the North East Thames Regional BAPEN Meeting

Andrea Cartwright, Nutrition Nurse Specialist

The inaugural meeting of North East Thames BAPEN was held at the Education Centre, Queens Hospital, Romford. This is an impressive new hospital, with excellent facilities for meetings. The meeting was supported by Calea, Fresenius Kabi, BBraun and Nestlé, who all exhibited in the social area and financially contributed to the refreshments and evening buffet, so a big thank you to them.



Speakers Front row (L - R): Justine Bayes, Andrea Cartwright, Sarah Zeraschi, Sheena Visram.  
Back row (L - R): Alastair Forbes, Jeremy Powell-Tuck, Rodney Burnham, Jeremy Nightingale

The meeting was organised by Jeremy Nightingale (Regional Representative) and Sheena Visram (Secretary and Treasurer), with a little help from me (never put me in charge of catering again!). The aim of the meeting was to provide the opportunity to network with colleagues from within our area, and to stimulate discussion around nutrition support issues. This was achieved; so thank you to them for organising the day. Jeremy Nightingale opened the meeting by showing us that the North Thames area was large, and included all London Hospitals north of the Thames and extended north to Luton, Colchester and east to Southend. Within the region the group aims to improve the nutritional care of patients and to raise awareness about malnutrition in those care workers who are currently unaware (i.e. preach to the non-converted). Dr Rodney Burnham, Consultant Gastroenterologist and Physician at Queens Hospital and Registrar to the Royal College of Physicians, started the afternoon with a look at nutritional care in hospital and beyond. Queens Hospital has had a Nutrition Support Team since 1987, one of the first in the country, and are responsible for stimulating many doctors' and nurses' interest in nutrition support (Jeremy Nightingale and myself included).

I gave a talk on the importance of nutrition screening, and described the barriers experienced by staff on the wards to provide effective screening. From my recent experience on the ward, I was able to show

that the forms a nurse has to complete to admit a patient may take 45 minutes to do. I also gave a brief overview of the results from Nutrition Screening Week 07.

Sarah Zeraschi, Nutrition Pharmacist from Basildon Hospital, followed with a practical demonstration of the problems of drug-nutrient interactions. We were suitably impressed by the solid mass that forms when sucralose and an enteral/oral sip feed are mixed together.

Justine Bayes (PINNT Secretary) gave an interesting talk from the patient view point, before Professor Alistair Forbes presented two interactive case studies to get the 'little grey cells' working, and stimulate debate amongst the audience. Case studies always go down well, and help to build practical knowledge in a 'safe' environment.

As the afternoon became evening, Professor Powell-Tuck finished the day with a few slides (should I say quite a few slides!) discussing malnutrition, problems with refeeding, salt and fluid balance, linking them nicely to some of the work he did when David Blaine came out of his box!

There was something for everyone, and time over supper to make acquaintances. We hope to organise another meeting for early 2009, so keep an eye on your inbox if you are registered with North East Thames Regional BAPEN or email Sheena on: [sheena\\_visram@hotmail.com](mailto:sheena_visram@hotmail.com) if you want to be notified.

## BAPEN Appoints New Publishing Partner...

CM2, the company behind titles such as Complete Nutrition Magazine, has recently been appointed by BAPEN as publishing partner.



Mike Fryer



Faye Eagle

Charged with working closely with BAPEN to manage, produce and take forward their print and online member publications, CM2 are now responsible for the production of 'In Touch' and 'BAPEN News'.

As you have no doubt noticed, this new partnership is already producing results, with the last issue of 'BAPEN News' and this issue of 'In Touch' sporting new, fresh and dynamic looks, which we very much hope you like.

CM2 specialise in nutrition publishing for health professionals and in addition to producing their own titles, have extensive experience working with, and producing publications for nutrition Associations around the world.

Commenting on the new appointment, Mike Fryer, MD of CM2 said:

*"We're delighted to have been chosen to work with BAPEN to help take forward their key member publications.*

*I think that the combination of CM2's knowledge of nutrition publishing, and BAPEN's commitment to furnish their members with great nutrition information and unrivalled support, will produce great results. We will be working hard to ensure that the work we do supports BAPEN's core aims whole-heartedly"*

CM2's publisher, Faye Eagle, will be managing the production of 'In Touch' and 'BAPEN News'. Your thoughts about this issue and

suggestions on what you would like to see included are very welcome. Please email: [faye@cm-2.co.uk](mailto:faye@cm-2.co.uk) or call: 01992 538001





CORE  
learning

## NHS Core Learning Unit Launches Online Training Programme

Robin Beck, Events Coordinator, NHS Core Learning Unit

The NHS Core Learning Unit has recently launched the 'Food Nutrition and Hydration and Social Care' online training programme. The two hour programme is aimed at nurses, carers, health care assistants, care assistants and volunteers in the Health and Care sector. The programme is part of the Nutrition Action Plan and is designed to support existing initiatives by bringing together key tools, techniques and best practice.

Debates about food in care settings have been raised time and time again. The clinical importance of nutrition was recognised by Florence Nightingale back in 1859:

*"Every careful observer of the sick will agree in this that thousands of patients are annually starved in the midst of plenty from want of attention to the ways which alone make it possible for them to take food... have a rule of thought about your patient's diet, consider, remember how much he has had and how much he ought to have today."*

Yet malnutrition and dehydration still remain prevalent in today's health and care sectors. And with about 40% of new admissions to hospital judged to be malnourished and a further 10% of people being cared for in the community in a similar state, it's an issue that needs urgently addressing. Whatever the reasons, many service users are not consuming food, enough food, or the right type of food. This has significant health impacts and also undermines the dignity of the people involved.

The online training programme aims to:

- Increase understanding of the importance of nutrition and hydration as essential ingredients of life
- Help recognise why people become malnourished and/or dehydrated in care settings

- Identify practical ways for carers to ensure that patients / service users consume their food and drink
- Identify key best practice and benchmarks related to food and nutrition

The key messages that all learners will take away from this programme are that:

- Food and water are very important to quality of life; without them you die
- Meals are as important as medication
- The service user's dignity is central to quality care

The programme was developed by a technical management group made up of cross sector experts in the field of food and nutrition who constructed the content, while a project management group checked each of the modules to ensure that they are fit for purpose. A stand-alone module on the Basics of Nutrition and Hydration will follow later in August with additional modules due for release in the new year.

Access to all of the modules is via [www.corelearningunit.nhs.uk](http://www.corelearningunit.nhs.uk) and can be accessed anywhere, anytime with a computer connected to the internet. Thanks to funding from the 10 Strategic Health Authorities access is free for all NHS Trust and PCT staff in England simply by going to the above website address and registering for an account, which only takes a few minutes. At the end of the programme each learner receives a printable certificate which can be added to their portfolio.

For more information on this training programme please contact the NHS Core Learning Unit at: [clpu@yorksandhumber.nhs.uk](mailto:clpu@yorksandhumber.nhs.uk)

Please note: The figures for malnutrition quoted within the above text are not based on criteria used in 'MUST' and do not reflect the current prevalence of malnutrition on admission to care as identified in BAPEN's Nutrition Screening Week last year.



## NICE/BAPEN Shared Learning Initiative

Have you 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 2009 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 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](http://www.bapen.org.uk)

The deadlines for the applications are:

- 28th February 2009
- 30th June 2009
- 28th February 2010
- 30th June 2010

## Thank You for Supporting NSW 08!

Christine Russell & Marinos Elia  
Joint Project Leads for NSW08

Thank you to all co-ordinators at hospitals and care homes who participated in BAPEN's second Nutrition Screening Week earlier this month (1st – 3rd July). Your support for this important initiative is much appreciated.

BAPEN also thanks the RCN and BDA for their collaboration and the NPSA, Department of Health in England, Scottish Government, Welsh Assembly and the Chief Nursing Officer of Northern Ireland for their support.

If participants would like to provide feedback

on what worked well and what could be improved, please email that information to:

[bapen@sovereignconference.co.uk](mailto:bapen@sovereignconference.co.uk)

244 centres registered to take part representing 154 hospitals and 90 care homes across the UK. The data are now being entered in preparation for analysis and the results will be presented at the BAPEN Conference in Harrogate on Tuesday 4th November. Once the full report has been produced, we will analyse each centre's data and send them a report so they can benchmark

their local data against the national picture.

Despite fewer centres participating this year, the information will add to our existing data and may give some indication of any seasonal variation in the prevalence of malnutrition on admission to hospital and care.

**Register for BAPEN 2008 'Malnutrition Matters' to hear the results of NSW08 first-hand!**

For reference – Guidance Notes and Forms for Hospitals, Mental Health Units and Care Homes and an FAQ (Frequently Asked Questions) document are available to view at: [www.bapen.org.uk/ce\\_nsw\\_guidance\\_notes.html](http://www.bapen.org.uk/ce_nsw_guidance_notes.html)



Nutrition Screening Week NSW08

The second South Region BAPEN nutrition day was held on 7th July this year, with a theme of 'peri-operative nutrition support'.

**Peter Austin**  
South Regional  
BAPEN Representative

Despite the rain it was very well-attended, with more than 70 delegates representing pharmacists, clinicians, nurses, dietitians and pharmacy technicians. We even managed to tempt Professor Gil Hardy, the vice-president of AusPEN, to attend and speak!

The programme comprised a series of talks, as well as original communications, and covered the management of surgical patients with nutritional needs in a practical way that was related to the evidence where available. Delegates were looked after well at Paultons Park and this was reflected in the very positive feedback we received on the day. Fifty-four delegates completed a feedback form and all rated the programme, organisation and value as either good or excellent. We received kind industry sponsorship, primarily from Abbott, BBraun, Clinovia, Nutricia, Vygon and Willow but also Hospira and Vitaflo. We are very grateful for the support that we received



Good opportunities to discuss issues with both the sponsors, speakers and other delegates during the break times

from all of these companies as this kept the delegate fees at a very reasonable level to encourage attendance.

Next year, the third South Region BAPEN day will take place on Monday 6th July 2009, and the theme will be 'practical nutrition support'. Places will be limited so please do apply early. It will be at Paultons Park again so if the programme doesn't entirely tempt you to attend, perhaps the chocolate fudge cake, afternoon cream tea or roller-coaster ride will tip it in favour! The programme and application form will be available from [Peter.Austin@suht.swest.nhs.uk](mailto:Peter.Austin@suht.swest.nhs.uk)

## NCEPOD Launches Study of Hospital Parenteral Nutrition

**Jim Stewart,**  
Consultant Gastroenterologist Clinical Co-ordinator NCEPOD

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 dietitians 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.

[jstewart@ncepod.org.uk](mailto:jstewart@ncepod.org.uk)  
[www.ncepod.org.uk](http://www.ncepod.org.uk)

## Nutrition Screening to Tackle Malnutrition among Older People in the Community in Wales

The Welsh Consumer Council convened a Round Table meeting in early 2008 to discuss how best to address malnutrition among older people in the community. The main focus for the meeting was the opportunities presented by the use of appropriate use of nutrition screening tools and potential barriers to implementation.



The aim? To raise awareness and stimulate debate on how to tackle malnutrition among older people living independently in Wales.

Low awareness of the prevalence and impact of malnutrition, lack of training among health and social care staff, perceived difficulties with the use of screening tools such as 'MUST' and diverse local initiatives were all cited as real barriers to a co-ordinated approach to tackling this major public health issue.

A multi-agency approach to this multi-causal issue was agreed by participants as part of the route to success, but this must be accompanied by a step-change in national policy and a sea-change in culture.

Tackling Malnutrition among Older People in the Community – a discussion paper from the Welsh Consumer Council is available from [www.wales-consumer.org.uk](http://www.wales-consumer.org.uk). The results from BAPEN's work with sheltered housing (the GNASH Project) are awaited with interest by this group in Wales!



## All Change! Nutrition Plans, Policy & Practice - BAPEN's 2008 'Malnutrition Matters' is a gold-mine of information for all committed to and involved in best practice nutritional care and treatment

Do you know how standards for and regulation about nutrition policy & practice is changing in hospital, care and the community? Do you know precisely what the Department of Health's Nutrition Action Plan has been working on and will deliver? There is change afoot which will impact on policy and practice in nutrition care in all care settings and affect your daily professional life. Do you know what BAPEN has been involved in

during 2008? Do you know about the results from BAPEN's data collection through Nutrition Screening Week (NSW08) and BANS (British Artificial Nutrition Survey) now being collected electronically? Have you heard about BAPEN's parliamentary activity and its work with patient support groups? Do you know what GNASH stands for and what BAPEN will achieve through its partnership working with sheltered housing?

Hear from regulators, managers and BAPEN the

answers to these questions and much more during the opening plenary session of the 'Malnutrition Matters' Conference in Harrogate 4th November. Book your place today – don't delay! Registration, accommodation and programme details are on the BAPEN website [www.bapen.co.uk](http://www.bapen.co.uk) – note Early Bird Registration fees are available until 26th September 2008. Registration fees held at 2007 rates.

See you in Harrogate!

30<sup>th</sup>  
ESPEN  
Congress



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SOCIETY FOR  
CLINICAL  
NUTRITION AND  
METABOLISM

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## Media Matters

RHONDA SMITH  
BAPEN MARKETING &  
COMMUNICATIONS



Ivan Lewis is rarely out of the headline news these days – and not simply because he is a Labour Government Health Minister!

Care Services Minister Lewis has not only been busy being responsible for the Improving Nutritional Care Action Plan (with stakeholders such as BAPEN) but also he has been whizzing round the country with Dignity & Respect Ambassador Michael 'Parky' Parkinson, launching the National Carer's Strategy, the consultation document on the National Dementia Strategy (comments until 11th September) and the End of Life Strategy.

All these Strategy documents are available to download from the DH website:

[www.dh.gov.uk/en/index.htm](http://www.dh.gov.uk/en/index.htm)

When he has not been busy launching these new initiatives and 'pressing the flesh', Ivan Lewis has been at the House of Commons answering questions on his areas of responsibility posed often by Conservative Shadow front bench Health team member Stephen O'Brien.

Topics posed to Ivan Lewis by O'Brien in the first half of 2008 and as reported in Hansard (the Official Publication of our Government [www.parliament.the-stationery-office.co.uk](http://www.parliament.the-stationery-office.co.uk)) included progress on implementation of the Nutrition Action Plan via the Governance Board, population data on under-nutrition, co-operation with other European Countries re: malnutrition, and data regarding the numbers leaving English hospital 'malnourished'. This latter question & answer made the headlines as the current data appeared to show a dramatic rise over previous years in those leaving hospital malnourished. Whilst this data was interpreted incorrectly, the resulting furore from Trusts and reported in the media, who found themselves inadvertently top or bottom of the 'League' with regard to malnutrition, did help to raise awareness further of the issue!

If you see coverage of BAPEN in the general, local or specialist press please do let us know via this email address [info@minervaprc.com](mailto:info@minervaprc.com).

### From Parliament to Patients and Population Groups

Watch out for news from BAPEN's recently convened Expert and Patient Group meetings convened to debate and discuss the best ways to raise awareness among parliamentarians, policy makers and the public of the need to maintain momentum across hospital, care and community settings to address malnutrition most effectively.

MEEDIA MATTERS

# The Need for Nutrition Informatics



**RICK WILSON**

DIRECTOR OF NUTRITION AND DIETETICS, KINGS COLLEGE HOSPITAL LONDON, BAPEN SOUTH THAMES REPRESENTATIVE AND MEMBER OF BAPEN COMMUNICATIONS COMMITTEE

Nutritional care has become more sophisticated, complex and challenging over the years. In fast moving, high turnover healthcare environments the determination of nutritional need, accurate delivery of care, continuous monitoring and quality improvement, demand excellence in information management and performance monitoring. Our knowledge of the benefits of good nutritional care grows by the hour. Its impact on outcomes - good or bad - is increasingly apparent as is its influence on the patients' experience of their care.

“ Provision of nutritional care is one of the most challenging and complex services delivered in any care setting. It is hardly surprising that it frequently fails. ”

Simple arithmetic illustrates the data handling challenges presented in providing nutritional care. Take a typical 30 bed ward or 30 resident care home for example. Assuming the simplest scenario where everyone is eating and drinking normally. Thirty people eat at least three times per day, making choices about each component of each meal. Those thirty people also consume at least seven beverages each day, another seven choices each. That is (30 people x 3 meals x 3 courses) + (30 people x 7 beverages) or 480 choices or data elements. Add in the complexities of snacks, modified diets, portion sizes, oral nutritional supplements and artificial nutrition and the data elements that need to be managed each day run into the thousands. The further complexity of, meeting cultural and religious needs and the permutations available when serving each drink or meal (i.e. with sugar or without, with gravy or without, etc.), mean that the data elements run into tens of thousands in just one small area. Provision of nutritional care

is one of the most challenging and complex services delivered in any care setting. It is hardly surprising that it frequently fails.

The National Patient Survey carried out for the Healthcare Commission in England each year gives us a snapshot of what patients, recently discharged from hospital think of the service. There are three questions related to food in the survey and Table 1 illustrates the responses of the sample of c80,000 people.

Data for the 2008 survey was collected during July. It is clear from the three years data we have already analysed that something new needs to happen to radically improve patient satisfaction. The quality of service we provide, its safety and the impact it has on clinical outcome has never been more important. On the 60th anniversary of the inception of the NHS, Lord Darzi launched his long awaited report 'High Quality Care for All - NHS next stage review'. This report is very different to other recent reviews - it contains no radical restructuring or reorganisation

Table 1: Results of the Healthcare Commission National Patient Survey

	2005	2006	2007
How would you rate the food? (% of people ranking it 'good or very good')	54%	53%	55%
Were you offered sufficient choice of food? (% yes)	Not available	79%	77%
Did you get enough help and assistance with eating? (% yes)	62%	58%	60%

recommendations and no new national targets. Instead, it is all about the engagement of clinical staff in the delivery of improvements to the patient experience, quality of care, safety and clinical outcomes.

Nutrition, nurture, nursing; all these words have the same latin root *nutrire* to nourish or to suckle. The provision of nutrition is a clear outward demonstration of caring, conversely withholding food or water is readily and easily interpreted as a lack of care or even as a hostile act. A failure of nutritional care will be interpreted as a total lack of caring and will colour public opinion of an institution accordingly. Hospital, hospitality and hospitable are also words which give us a clue about the caring and secure environment required for recovery and recuperation from illness. The latin root *hospitale*, guest house or inn, illustrates once again the importance of shelter and the provision of food and drink to the sick and needy. The very first hospitals were places of sanctuary in monasteries and convents; food, drink, shelter and security were just about all that could be done for the sick. This was true throughout history and until the late 19th and early 20th centuries. The development of modern medicine, anaesthesia, antibiotics and surgery has radically changed the nature of hospitals, but the fundamentals of care remain. Shelter, security, food and water are vital if treatment is to succeed and recovery and recuperation are to be optimised.

The Governments of all four countries in the UK are actively seeking quality and outcome improvement from their respective health and social care services. Taxpayers and voters want high quality and effective care in return for their support and their money. In England, the regulatory bodies the Healthcare Commission and the Commission for Social Care Inspection, are merging to become a new regulator the 'Care Quality Commission'. The Care Quality Commission will exist in shadow form from the autumn of 2008 and legislation will be put in place to provide its powers by April 2009. The Department of Health has already consulted on the registration standards that will be required of all health and social care providers ([www.dh.gov.uk/en/Consultations/Closedconsultations/DH\\_083625](http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_083625)). The emphasis of these registration requirements is on patient/public safety and quality of care and service. There is increased recognition of the importance of good nutritional care in ensuring that clinical outcomes and the patient experience are optimised. There is also a clear recognition that poor nutritional care is a safety issue. If people do not get enough food or fluid then starvation, dehydration and eventually, death will ensue. It is increasingly apparent however, that the wrong meal or a missed meal is harmful and presents a real risk to patient safety. A coeliac patient getting a meal containing gluten, a dysphagic patient getting food of the wrong consistency, a patient with diabetes missing a meal or being fasted inappropriately; all of these situations are

harmful. Furthermore, this harm is avoidable harm; staff and institutions will be held to account for exposing people in their care to these avoidable risks.

So how will we manage these risks in the fast moving environment of modern hospitals? One tool that is emerging as a key part of the dietetic office is *Nutrition informatics* - an application of information technology to nutritional care management processes. *Nutrition informatics* is the term coined to describe this type of software. As part of the hospital information system and the patient record, *Nutrition informatics* software enables staff to document, monitor and review all aspects of nutritional care. The clinical record can include information about food allergies or dietary requirements as well as 'softer' nutritional care issues such as food preferences and cultural and religious dietary needs. *Nutrition informatics* software can provide knowledge and decision support systems for the clinician in developing individual nutritional care plans. They can also provide solutions for the documentation of the delivery of nutrition and hydration, integrating this information with other parameters of the progress of recovery. Once the information about nutritional care is captured then the opportunities for the continuous audit and evaluation of care can be realised. This must be our vision for the future.

#### References

Hoggie L B, Michael M A, Houston S M, Ayres El J. Nutrition informatics. J Am Diet Assoc. 2006 Jan ;106 (1):134-9.

“ Once the information about nutritional care is captured then the opportunities for the continuous audit and evaluation of care can be realised. ”



## 'Nutrition and the Liver' BAPEN Medical Summer Meeting July 3rd

Tim Bowling, Chair BAPEN Medical  
(on behalf of the BAPEN Medical committee)

BAPEN Medical held its third mid-year meeting. The purpose of these meetings is to have a greater mix of science and clinical practice than we would have at the main BAPEN conference meetings. This year our focus was on the liver. As it was our last opportunity to utilise Jeremy Powell Tuck's hospitality before his retirement, he organised the Wingate Institute at the Royal London Hospital as our venue. There we welcomed 53 delegates and speakers, including representatives from Baxter, who kindly sponsored the day.

Professor Philip Calder kicked off proceedings with an overview of fatty acid metabolism. On paper a rather dry subject, but in Philip's skilled hands an excellent start to the day, allowing most of us to 'revise' this important area and give us a starting point to the subsequent talks. The second session was a bit of a gamble. Adina Michael-Titus, a Reader in neurosciences at the Royal London, was recommended by Jeremy and gave a talk on the use of omega-3 fatty acids in spinal cord injury, based mainly on laboratory work on rats. I don't mind confessing that I was concerned that this would not really fit in with the rest of the day and be rather too 'basic science'. As it turned out, for me and for many others, this was the most stimulating session of the whole day. Adina described remarkable neurological recovery in the rats given the omega-3's, and the potential clinical applications of this approach are immense. So, this may not have been a liver-orientated talk, but it was loosely related to nutrition, and certainly got everyone thinking. Thereafter, we turned wholesale to the liver. Alastair Forbes presented on the particular challenges of the obese patient, both in terms of the impact of obesity on liver physiology and how this may influence how we nutritionally support such individuals, and also the risks, complications and sequelae of bariatric surgery.

After lunch in Jeremy's pet local curry house, we returned for three overtly clinical sessions. Jeremy Woodward, from Cambridge, talked us through how we interpreted, investigated and managed abnormal liver function during parenteral feeding. David Lloyd, our trainee representative on the BAPEN Medical committee, discussed the different lipid emulsions available and how they affect liver function. To finish, Jill Johnson, the

dietetic lead at the Queen Elizabeth liver unit in Birmingham, told us how to nutritionally support patients with established liver disease, e.g. the cirrhotics.

The delegates were a mix of gastroenterologists and hepatologists at both Consultant and trainee grade, and dietitians. The feedback we received indicated that everyone felt this was a very enjoyable and excellent day. Although it is becoming increasingly difficult to persuade colleagues to utilise their sparse study leave and rapidly dwindling (non-existent!) study leave budgets to attend these one-off days, we do believe that there is sufficient interest for them, and fully intend to continue them in the future – look out for 2009 dates (notification in this publication and on the website will appear in due course).

While we put a lot of store on this smaller and more intimate mid-year meeting, our main annual event is the postgraduate teaching day, which we hold on the day before the main BAPEN conference (this year to be held on Monday 3rd November in Harrogate). Last year 136 delegates attended – roughly 20% of the total conference attendance. The 2008 theme is 'Nutrition and Inflammatory Bowel Disease – everything you need to know'. While the main target audience is clinicians (as we are BAPEN Medical), the content will appeal and be relevant to anyone and everyone with an interest in nutritional support. Please see the programme on the website. It will be an excellent day, with very high calibre speakers – and you even get a free evening meal thrown in if you are staying on for the conference. All for only £47 (or £23.50 if you are a BAPEN Medical member) – unbeatable value!

I look forward to seeing you at future BAPEN Medical events.

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Registered charity 327878

## PINNT stands for Patients on Intravenous and Naso-gastric Nutrition Therapy and this year is our 21st birthday.

Our aims are: to encourage contact and mutual support between members; to provide information; to develop public awareness of the therapies; and encourage and assist with research. We work closely with healthcare professionals and industry to ensure that patients have the best possible quality of life whilst on artificial nutrition.

If you think your patients or indeed yourself would benefit from PINNT, we can be contacted via:

Email: [pinnt@dsl.pipex.com](mailto:pinnt@dsl.pipex.com) Website: [www.pinnt.com](http://www.pinnt.com) Post: PO Box 3126, Christchurch, Dorset BH23 2XS



## BPNG Update

Jackie Eastwood, Chair BPNG

The BPNG celebrated its 20th birthday this year with a gala dinner at our summer course. After a hard day in the classroom, we put on our glad rags and danced the night away.

We were grateful to have the majority of our past chairs present to celebrate the night with us. Our guests also included Jeremy Powell-Tuck who helped organise the first meeting.

This year was election year at our AGM. Becky White, our chair for the last three years decided to step down in order to pursue other avenues. We are fortunate that she is not going too far and will continue to be part of the BPNG Exec, as her enthusiasm for nutrition is boundless. The names of the current executive committee are available on the

BPNG website: [www.bpng.co.uk](http://www.bpng.co.uk)

Over the last year we have been involved in a number of projects including producing a competency framework for pharmacists working within nutrition. We are hoping that this will be used as a tool for pharmacists to progress to Consultant Pharmacists.

We are also in the process of providing guidance for healthcare professionals working with patients on long term and home parenteral nutrition. As part of this we are hoping to standardise the processes around the home parenteral nutrition prescriptions in

order to reduce the possibility of errors.

What are the plans for the next year? We will be holding our annual Fundamentals Day for Parenteral Nutrition at the beginning of 2009. This is open to all professions that are starting out in parenteral nutrition. Later in the year we will be holding a study day for advanced practitioners. The details of these courses will be available on the BPNG website ([www.bpng.co.uk](http://www.bpng.co.uk)) from the end of 2008.

Once the information about nutritional care is captured then the opportunities for the continuous audit and evaluation of care can be realised.



## NNNG Update

Tracy Earley, Communications Officer, NNNG

2008 has proved to be one of some change, and some stability for the NNNG committee. Neil Wilson, Nutrition Nurse Specialist, left the committee to take up a new post as a lecturer – we wish him every success. As a result of Neil's departure, I joined the committee as joint Communications Officer along side Kate Pickering. The remainder of the committee continue, with Andrea Cartwright keeping everyone of us in order – difficult as it is at times!

Our membership goes from strength to strength, we topped 250 last year, the most members we have had since 1998. Re-registration this year currently stands at over 120 members, with more joining each month. We are, as always, looking for more! So nurses, dietitians, pharmacists, doctors, please visit our website [www.nnng.org](http://www.nnng.org) and take a look at what we are up to. Without doubt, our members agree that the Yahoo! chat group is a resounding success, and without Kate Pickering, who set up the group and acts as moderator, this would not have been achievable. Our 2008 conference, held on 23rd and 24th June at Knebworth Barns, was a resounding success. Over 80 delegates attended and it was without doubt our most successful and largest to date. Talks included: a lively debate on whether nasal bridles are ethically justified; dysphagia and videofluoroscopy; EPIC II guidelines, metabolic and biochemical complications of PN. This year we also welcomed our first international speaker. Professor Albert Westergren, a nursing academic, with an interest in stoke care and dysphagia, flew in from Sweden to give a well-received talk on Malnutrition and Eating Difficulties in the Elderly Care Setting; and he has vowed to return next year. We had three mini communications too, where newer members presented their work to the membership. This gave the opportunity for people to present to an audience in a safe environment – it proved to be a great success. The evening social event was also very successful. Entitled 'The School Disco', most members threw themselves into the spirit of things.



The NNNG Committee re-live their school days at the Conference Dinner

### Other NNNG news...

Winnie Magambo has been leading a group of nutrition nurses in our quest to develop some evidence based guidance for the management and treatment of gastrostomy granulomas (or skin tags to the unenlightened!). She presented the results of the questionnaire at the NNNG conference, and it looks like it will lead to even more work, perhaps in the way of a multi-centre research project.

Liz Evans has been heavily involved with the Department of Health Core Learning Unit to

produce the e-learning module for practitioners around better ways of organising oral nutrition delivery. Andrea Cartwright and Lynne Colagiovanni are both involved in the development of the NCEPOD PN audit report, which will find out what is currently happening in hospitals providing PN, then as a result make recommendations and set some standards for institutions that are involved in PN provision. All our works cannot be mentioned here, but this just gives you a flavour of a very busy year. We hope 2009 is as successful!

# Committee Group Updates

## BANS Update

Dr Barry Jones, Chairman, BANS

Many of you will be wondering when e-BANS is to be launched. The answer is that we are rolling it out now to those who wish to transfer to an electronic version (contact Geoff Cooke at Streets Heaver Ltd – [Geoff.Cooke@streets-heaver.com](mailto:Geoff.Cooke@streets-heaver.com) or Ann Micklewright – [dietqueen186@hotmail.com](mailto:dietqueen186@hotmail.com)). By the New Year, we hope all reporters will have converted. We expect there to be some 'glitches,' which we will do our best to deal with as quickly as possible. The advantages to reporters and reporting units will be considerable. You will be able to access your own data at any time electronically and the dreaded six-monthly follow ups are to become much easier. e-BANS will automatically remind reporters which patients need updating and if nothing has changed, a simple tick in a box will suffice.

The downside of BANS in the future is the imposition of the need for consent before divulgence of the semi identifiable data we collect. This is a legal requirement under the Health and Social Security Act 2001. We have applied for and been awarded Section 60 support for continuing with data collection (see PIAG website: [www.advisorybodies.doh.gov.uk/PIAG](http://www.advisorybodies.doh.gov.uk/PIAG)). You can reassure your Caldicott Guardians using this information. This process will be repeated in December 2008 for a further year's extension. We will have to demonstrate that we have moved towards obtaining consent for those who can consent, or assent for those who can not. We will provide the necessary information sheets and examples of consent/assent forms on the e-BANS website and also on BAPEN's website shortly. We appreciate that obtaining consent will be problematical for some reporters. On registering a new patient on BANS, reporters will be asked to indicate whether consent has been obtained. If it has not, you will not be permitted to transfer the initials, date of birth, gender or first half of postcode to e-BANS. However, you can still let us have the completely anonymised data for that patient. We will no longer be able to be sure that we have avoided

double registrations but we will still get a pretty good idea of how many patients are out there.

If any one is in doubt as to the value of BANS data, we have just achieved a notable victory. In 1999, the attention of BAPEN Council was drawn to the inequity of access to HPN. A position paper was then produced using BANS data. This was the basis for ongoing interactions with government over the lack of commissioning of HPN and the inequity of access. These initial approaches were ineffective. However, data collected since then has further enhanced our case such that the Nutrition Committee of the Royal College of Physicians of London, was able to persuade the then President, Dame Carol Black to take up the matter with the Chief Medical Officer, Sir Liam Donaldson. This in turn led to the formation of an important group representing the Department of Health, NSCAG (National Specialised Commissioning Advisory Group), BAPEN and HPN and intestinal failure related professionals. Lead by Professor Jeremy Powell-Tuck, this group is now known as HIFNET (Home Parenteral Nutrition and Intestinal Failure Network) and will become the relevant group for HPN and intestinal failure in England.

This culminated in the production and

publication of a definitive document, entitled: 'A Strategic Framework for Intestinal Failure and Home Parenteral Nutrition Services for Adults in England'. This can be accessed at [www.nscsteam.org.uk/ifstrategy.htm](http://www.nscsteam.org.uk/ifstrategy.htm). Within this document is reference to the importance of BANS data and also a statement that all commissioned HPN/IF providers will be required to notify BANS of their data. This is already part of the standards applying to HPN patients within the Scottish and Welsh network. These achievements have only been possible because of the tireless efforts of HPN reporters.

This year's report is shaping-up well and will be available on the BAPEN website before the Annual Conference in Harrogate. It can be downloaded free of charge and used as you see fit, subject to copyright laws. The BANS committee has been pleasantly surprised by the numbers of reporters still actively participating despite the difficulties caused by PIAG and consent based data together with the switch to e-BANS .

The future of BANS and its electronic offspring depends as ever on the continuing input from reporters whom the BANS committee would like to thank once again.



## Education Committee Update

Ruth Newton, Chair: Education & Training

This is an exciting time for the education committee, covering new territory – well new territory for me as the new Chair! We have a number of challenging projects to address over the next 12 month.

Firstly, our symposium in November at Harrogate, looks at controversial issues such as nasal bridles and competencies essential to care for patients. The latter we are hoping to progress further with the development of teaching tools, which will help train all professionals involved in nutrition and enable them to show they are 'competent to care'. This

is an important area which is already being addressed by several specialist groups. We are all now required to provide evidence that we are suitably trained, using best practice, to carry out our daily jobs.

We are also looking to develop a MUST training package, examining the existing packages of training in order to provide a user-friendly tool.

AND we are in the final stages of preparing the new nutrition teams training package – so if you know of a new team that requires some training please let us know.

**I must, as a final task, say a big vote of thanks to Ian Fellows, the retiring Chair, for all his help and hard work over the past several years – Thanks from all of us!**

TIM BOWLING, HONORARY SECRETARY BAPEN



## Mumblings from the Secretary

This is my first missive as Honorary Secretary of BAPEN, and I have a hard act to follow. My predecessor Penny Neild did a superb job to which many of us owe great thanks. Probably the most significant impact of this role for me has been the realisation of the immense amount of work that goes on behind the scenes by the Council and Executive, and especially the Chairman, Marinos Elia, and the Treasurer, Christine Russell – all in addition to their day jobs! This effort goes largely unrecognised by the majority of the BAPEN membership, but without which this Association would collapse.

My task in this communication is to feed back some of the activities from the Executive and Council that may not be communicated by others.

- At last we are up and running with the membership database, which should hopefully make life easier for both the Office and you in terms of membership renewal and a much more robust way of keeping tabs on the membership in general and its demographics.
- A contract has been agreed with Complete Media & Marketing to publish this communication, which will free up the Communications Committee (who previously were responsible for In Touch) to devote more time to the website. We all recognise that the website is our window to the outside world, and to a certain extent we will be judged by the quality of it. At present, most of the membership is not really in the habit of logging on and using it very much to access information, in part for good reason as it has not previously been as comprehensive and up-to-date as we would like. We want habits to change. Vera Todorovic and others have and are spending a huge amount of time on the website, including starting up the members section (now functioning) which will include conference presentations (2007 ones are there); announcements of BAPEN-related meetings at both local, regional and national level; and links to other related organisations. Please get into the habit of using the website more. Any suggestions for improvement would be greatly valued.
- One of the perennial constraints of this Association is finance, and one of the perennial problems for the membership is

how to negotiate time off from your hospital base to attend BAPEN meetings and how to raise the necessary funds to come along. We are very aware of these difficulties. So if you despair at the registration costs of the November conference, please remember that EVERY effort is made to keep this to a minimum. Council, and especially the Treasurer, have the impossible task of striking the right balance between income generation (the annual conference being the major source of income for the year) and costs to the individual delegate. This year the rates are the same as 2007, and actually compare very favourably to many national meetings.

- Finally, and very importantly, a number of individuals are stepping down from their roles of responsibility from both the Executive and Council. While the perception amongst the membership may be that these are 'jobs for the boys/girls', I can assure you that we really want to hear from anyone who feels they have something to offer the Association. Not previously being on Council or playing a 'significant' role within BAPEN is entirely irrelevant – it is your enthusiasm that is paramount. Please feel free to send me in confidence any expressions of interest, either for specific roles or just wanting to put your hand up as an interested individual (email: [tim.bowling@nuh.nhs.uk](mailto:tim.bowling@nuh.nhs.uk) or tel: 0115 919 4427).

I think that is enough mumbling for now! Hopefully I will see you in Harrogate.

# COUNCIL MATTERS

## National Adult Small Intestinal Transplant Forum

A forum for clinicians wishing to discuss patients who may be suitable for intestinal transplantation

Date: **1st September & 1st December 2008 (2-5pm)**

Venue: St Mark's Hospital, Harrow

For further information:

Dr Simon Gabe - Tel: **020 8235 4089**

Email: [simon.gabe@nwlh.nhs.uk](mailto:simon.gabe@nwlh.nhs.uk)

Dr Stephen Middleton - Tel: **01223 217467**

Email: [stephen.middleton@addenbrookes.nhs.uk](mailto:stephen.middleton@addenbrookes.nhs.uk)

## 30th ESPEN Congress

### Nutrition Renaissance from Care to Cure

Date: **13th – 16th September 2008**

Venue: FLORENCE

For further information:

Website: [www.espen.org](http://www.espen.org)

## Nutrition NoW

The North West and North Wales Branch of the BDA (NWNW) 4th Nutritional Exhibition has over 50 Departments and Companies taking part. We have secured speakers on Cardiovascular Disease and BAPEN to provide the educational element of the day.

Date: **17th September 2008**

Venue: JJB Stadium, Wigan

For further information email: [nadia.aslam@elht.nhs.uk](mailto:nadia.aslam@elht.nhs.uk)

## South West Regional BAPEN Meeting

Date: **24th September 2008**

Venue: Lyngford House Conference Centre, Taunton

Themes: Nutrition in pancreatitis/ critical illness and difficult enteral feeding

### Case discussions included

#### ALL WELCOME – whether members of BAPEN or not:

Dietitians; Nurses; Nutrition nurses; Doctors – Physicians and surgeons; Pharmacists; Any clinician with an interest in Nutritional support; Trainees of all disciplines are particularly welcome

Registration (to include coffee, tea and lunch): £47.00 (inclusive of VAT) for BAPEN members and £52.50 (inclusive of VAT) for all others.

For further information contact:

Email: [jodie.painton@tst.nhs.uk](mailto:jodie.painton@tst.nhs.uk)

Tel: **01823 342126**

Fax: **01823 344612**

## NW Regional Nutrition Teaching Day

Organised by the NW Regional BAPEN Committee

Sponsored by Fresenius Kabi Ltd

Date: **2nd October 2008**

Venue: The Post Graduate Centre, University Hospital Aintree

The teaching day has Royal College of Physicians CPD Approval 6 points

For further information contact Louise Matlock:

Email: [louise.matlock@fresenius-kabi.com](mailto:louise.matlock@fresenius-kabi.com)

Tel: **07970 084080**

## Wales Regional Intestinal Failure Workshop

Date: **3rd October 2008**

Venue: All Nations Centre, Cardiff

For further information contact Winnie Magambo:

Tel: **02920746393**

Email: [Winnie.magambo@cardiffandvale.wales.nhs.uk](mailto:Winnie.magambo@cardiffandvale.wales.nhs.uk)

## AUSPEN Annual Scientific Meeting for 2008

Held as part of the Asia Pacific Critical Care 2008 Congress

Date: **30th October – 2nd November 2008**

Venue: Sydney

For further information visit: [www.auspen.org.au](http://www.auspen.org.au)

## BAPEN Medical Teaching Day - Nutrition and inflammatory bowel disease – everything you need to know

In conjunction with ESPEN Life-long learning

Date: **3rd November 2008 (10am start)**

Venue: Harrogate

It will be possible to complete the Life-long learning compromised gut module and secure 3 credits for the ESPEN European Diploma in Clinical Nutrition if the quiz is completed successfully and an evaluation form is filled in.

**ALL WELCOME:** Members of BAPEN Medical; Members of BAPEN; Any clinician or healthcare professional with an interest in nutritional support; Surgeons; Trainees of all disciplines in particular are welcome

Registration (including coffee, tea and lunch): £23.50 (inclusive of VAT) for BAPEN Medical/BAPEN members and £47 (inclusive of VAT) for all others.

For further information contact Dr Emma Greig (Honorary Secretary BAPEN Medical):

Email: [Emma.Greig@tst.nhs.uk](mailto:Emma.Greig@tst.nhs.uk)

Tel: **01823 342126**

Fax: **01823 344612**

## Annual BAPEN Conference

Date: **4th – 5th November 2008**

Venue: Harrogate International Centre, Harrogate

Website [www.bapen.org.uk](http://www.bapen.org.uk)

## ASPEN - Clinical Nutrition Week 2009

Date: **1st – 4th February 2009**

Venue: New Orleans

For further information visit: [www.nutritioncare.org](http://www.nutritioncare.org)

## FIRST ANNOUNCEMENT – Midlands BAPEN Meeting

Date: **10th February 2009**

Venue: Holywell Park Conference Centre

Cost: Day delegate fee £50

For further information:

Melanie Baker – [melanie.baker@uhl-tr.nhs.uk](mailto:melanie.baker@uhl-tr.nhs.uk)

Alison Fairhurst – [Alison.Fairhurst@dgoh.nhs.uk](mailto:Alison.Fairhurst@dgoh.nhs.uk)

Sue Merrick – [Sue.Merrick@rwh-tr.nhs.uk](mailto:Sue.Merrick@rwh-tr.nhs.uk)

Applications will be available via [www.bapen.org.uk](http://www.bapen.org.uk) (from August 2008)

## FIRST ANNOUNCEMENT - BAPEN North East Regional Meeting

Date: **30th April 2009**

Venue: Northern Skills Centre, Hexham General Hospital, Northumberland

For further information email: [Barbara.Davidson@nuth.nhs.uk](mailto:Barbara.Davidson@nuth.nhs.uk)

## GASTRO 2009: Combined World Congress / UEGW Global Collaboration for Gastroenterology

Date: **20th – 25th November 2009**

Venue: London Excel Centre

Website: [www.gastro2009.org](http://www.gastro2009.org)

## Executive Committee

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VACANT

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**BAPEN**

Advancing Clinical Nutrition  
Registered Charity 1023927



**MALNUTRITION MATTERS**

# 2008 Annual Conference

of

**The British Association for  
Parenteral and Enteral Nutrition**

to be held at

**Harrogate International Centre**

**Tuesday 4th & Wednesday 5th November 2008**

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.

**Programme includes:**

- Updates on: Nutrition Screening Week 2008; Combating Malnutrition in Sheltered Housing (GNASH); Parliament to Patient Activity; BANS; Nutrition Action Plan; Changing Regulations & Standards in Nutritional Care
- Key symposia include:
  - Coeliac Disease: Basics and controversies (with the British Society of Gastroenterology)
  - Nutrition at the End of Life: Feeding the dying patient
  - Lost in Transit: Can nutritional care survive the primary/secondary care journey?
  - Hot Topics in Parenteral Nutrition
  - Feeding Size 0: The science of starvation
  - Young people, artificial nutrition and transitional care
  - It 'MUST' Happen – or risk the consequences
  - Feeding Size 0: The challenges of anorexia nervosa
  - Competent to Care
  - Gutless – You are the Weakest Link: Goodbye
- Original Communications
- New for 2008 - A Poster Reception will be held at 5:30pm on Tuesday 4th November where you will have an opportunity to discuss any issues with the author whilst enjoying a glass of wine!
- Visit the Resource Centre as well as the Exhibition for information from NHS agencies, charities and commercial companies
- See the new e-BANS system demonstrated live on-line!

This meeting is approved for credits under the Continuing Medical Education (CME) Scheme by all Medical Royal Colleges

The **BAPEN Annual Dinner** will be held at **The Majestic Hotel, Harrogate** at **8:00pm** on **Tuesday 4th November**.

Download the registration form, or register and pay on-line via the BAPEN website:

**[www.bapen.org.uk](http://www.bapen.org.uk)**

The BAPEN Annual Conference is organised by:  
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