

BAPEN Conference Highlights



Nutrition in Europe

**Please NHS and Social Care Providers
– We want more!**

PLUS: Diary Dates, What's New and Core Group Updates...

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Cost per issue: £2.00 to non members

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.

The Newsletter of the British Association for Parenteral and Enteral Nutrition.

Printed version: ISSN 1479-3806.

On-line version: ISSN 1479-3814.

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BAPEN is a Registered Charity No: 1023927.

Welcome...



Happy New Year and welcome to the latest issue of In Touch.

This issue includes an article titled 'Please NHS and Social Care Providers – We want more!' from Rhonda Smith, BAPEN's Marketing & Communications Manager. Rhonda discusses the findings from the BAPEN Round Table meeting held last year, attended by key charities and patient groups, which in turn produced key points to be included in the recent BAPEN Report 'Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers' (published on 20th January 2009).

Carole Glencorse, Head of Nutritional Services, Abbott Nutrition, highlights what's happening in the rest of Europe with regards to addressing malnutrition. Also included in this issue are further highlights from the 2008 BAPEN Conference.

Finally, along with news, diary dates, and committee and core group updates, don't forget to check out the latest information on the 2009 BAPEN Conference found on pages 13 & 14.

With best wishes,

The Editorial Team

* If you have any comments, or would like to contribute to In Touch or e.touch, please email Vera Todorovic: vera.todorovic@dbh.nhs.uk

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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

The deadlines for the applications are:

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

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

core
learning

Accessing the Online Training Materials for Food, Nutrition and Hydration

In August 2008, the NHS Core Learning Unit launched the first five modules of the Food, Nutrition and Hydration in Health and Social Care online training programme. Developed by experts from both the health and care sectors, the programme is a valuable resource for raising awareness of the importance of food and nutrition for all those involved in hands on care of patients and service users.

Rather than a new project, the online training programme is designed to support the Food and Nutrition benchmark, which is one of the eight original Essence of Care benchmarks launched back in 2001. The objective is to try and join up all the initiatives and ensure that practitioners see this learning not as a new initiative but one that brings together some of the key tools, techniques and best practice already in use.

The programme is accessed online, anytime and anywhere that learners have access to a computer and the internet. The programme is designed inline with standard IT specifications in the service, and help is available for anyone having difficulties accessing through the NHS Core Learning Unit's dedicated support team.

There are two routes to access, one for NHS Healthcare staff in England and one for Care sector staff in England. For NHS staff in

England, learners need to go to www.corelearningunit.nhs.uk and register for an account using their NHS email address. Registration takes about five minutes and learners can access instantly. For Care sector staff in England, learners need to go to <http://socialcare.corelearningunit.com>. Again registration takes about five minutes and learners can access instantly.

It is also possible for NHS organisations to appoint administrators who can then monitor staff uptake on the programme. This can greatly help to increase the numbers of people using the programme and also provides valuable information for audit purposes.

Since the launch of the original programme development of new modules has continued with a stand alone module on the 'Basics of Food and Nutrition' launched in September 2008 and two new modules on 'Dysphagia' and 'End of Life Feeding' due for

Nutrition Action Plan

The Department of Health facilitated a group of key stakeholders, including BAPEN, to develop a Joint Action Plan Improving Nutritional Care and established a Delivery Board with five sub-groups, including one on Nutritional Screening, chaired by Professor Marinos Elia.

The Board was officially established for just one year (2008) and news is currently awaited as to whether the work of the Board will continue.

For more information about the Plan, and the work of the Delivery Board, logon to: http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Dignityincare/DH_082909

release in 2009. There are plans for a further four modules to be released in the future to support the Food, Nutrition and Hydration agenda.

Anyone requiring assistance registering or any further information can contact the NHS Core Learning Unit at: cluteam@skillsforhealth.org.uk or by phone on: 0845 330 6507. The unit can also provide electronic leaflets giving further information on how to register, and the IT requirements for using their training site.

GNASH – Group on Nutrition and Sheltered Housing

BAPEN established and leads a group of sheltered housing providers with an interest in combating malnutrition – hence the name GNASH.

Why was GNASH formed?

700,000 people live in sheltered housing, a large population group of mainly older people and studies have indicated that the prevalence of malnutrition in this group can be as high as 14%. This is a large population group that can be 'reached' living as they do in communities with the services of a Scheme Manager, who has a mandate to support their health and wellbeing.

Therefore GNASH was formed to 'address malnutrition' in this potentially vulnerable but also 'reachable' group.

What is GNASH doing?

GNASH is involved in three activities.

It has run a Pilot Project with a number of sheltered housing schemes in the north and south of England with the primary objective of the audit to develop and test an easy-to-use questionnaire that correlates closely to 'MUST' – i.e. the answers given

to the questions asked deliver the same 'risk of malnutrition' score as when the physical measurements and questions in 'MUST' are used.

Subsidiary objectives included establishing the prevalence of the risk of malnutrition among tenants, how close any 'recalled' information on height and weight given by tenants is to the results of actual measurements taken, and establishing a set of questions and a questionnaire format that are acceptable to both scheme managers and tenants. Such a model questionnaire could be applied to other settings in the community, for example, Meals on Wheels, and domiciliary care.

The Report from this Pilot Project will be published in Spring 2009.

GNASH has supported the development of a Good Practice Guide, *Addressing Malnutrition*, to be published soon by the Centre for Sheltered Housing Studies (CSHS) and written by Imogen Parry. This Guide with good practice examples,

designed primarily for Scheme Managers, will also be of interest to all working in community and housing settings.

CSHS, together with GNASH team and BAPEN trainers, is providing a series of Seminars for Scheme Managers and all working in the community with older people throughout 2009 on Addressing Malnutrition. Information from the GNASH Pilot Project and the Good Practice Guide provide a base for these new and practical sessions.

Seminars are currently available in Manchester, Plymouth, London and Worcester and a 10% discount is available for BAPEN members. Visit: <http://www.cornwall.ac.uk/cshs/index.php?dlrid=1470> or email: events@cshs.co.uk for further information.

Members of GNASH – BAPEN, EROSH (Essential Role of Sheltered Housing), Accent Group, Harrogate Neighbours, National Association of Care Catering, Nutricia, Westminster PCT, City of Westminster Housing and Care.

Please NHS and Social Care Providers – We want more!

More appropriate and consistent nutritional information, care and treatment demanded by charities and patient groups



RHONDA SMITH
BAPEN MARKETING & COMMUNICATIONS MANAGER

As part of its continuing ‘Malnutrition Matters’ campaign, and its commitment to the Department of Health’s Nutrition Action Plan, BAPEN convened a Round Table meeting (July 2008) attended by 18 charities representing patients, carers and population groups. The aim of the meeting was to establish whether malnutrition was common within the groups they represented and the quantity and quality of nutritional care and treatment these groups currently experience.

Meeting attendees also agreed on their common wishes and goals concerning nutritional care and treatment, recording these points in the BAPEN Report *‘Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers’*, published on 20th January 2009.

Groups representing older people and their carers, people with dementia, Parkinson’s disease, children with cystic fibrosis, cerebral palsy and learning disabilities agreed that malnutrition is common, often unrecognised and untreated in children as well as adults, and may have severe consequences for the most vulnerable.

Nutrition information, care and treatment accessed by the adults and children represented by the charities declared that it is often in short supply, variable in quality and lacks continuity across health and care settings.

“The groups represented at the BAPEN ‘Round Table’ discovered and agreed that *the same type of problems* with nutritional care and treatment affected us all,” said Carolyn Wheatley who represented PINNT (Patients on Intravenous, Nutrition and Naso-gastric Treatment) at the meeting and is a patient herself. “This came as a surprise – we all thought we had unique problems around equal access to information, expertise and continuity of care.

It also came home to us that it is not just the child or adult with nutritional issues who is affected but also their family – parents, children, siblings, and grandparents. Health and

care professionals need to take this wider group into account.”

Professor Marinos Elia, Chair of the Round Table meeting, and recently retired Chairman of BAPEN, said: “The ‘bottom-up’ comments recorded in this Report from patients, carers and individuals on their experience of nutritional care and treatment and their recommendations for improving such care are remarkably similar to those expressed by the multi-disciplinary professionals with which BAPEN usually works.

Our challenge now is to link the two – to deliver the joined up approach that will really make a difference to the nutritional care experienced by families, patients and professionals.”

Whilst all Round Table participants agreed that nutrition and appropriate care and treatment was a fundamental right for all children and adults, it was acknowledged that the most vulnerable groups required special attention – particularly if communication or acknowledgement of need was difficult.

The Cystic Fibrosis Trust (CFT) particularly welcomed the Report as it supports the recent findings of their national survey of members and families.

“The CFT welcomes the BAPEN nutrition report, drawing attention to the problems experienced by many people with a variety of health difficulties,” said Rosie Barnes, Chief Executive. “In a recent survey conducted by the CFT, around 35% out of well over 1,000 respondents indicated that they had problems in

“ It also came home to us that it is not just the child or adult with nutritional issues who is affected but also their family... ”



putting on and maintaining weight. A further 50% reported severe problems with digestion, which sometimes resulted in a hospital admission.

Whilst most of these patients said they regularly saw a specialist cystic fibrosis dietician, there was a worrying number of patients who had not seen a dietician at all, or had only seen one once in the last year. This is just one example of how poor attention to dietary and digestive considerations may have severe adverse impact on the health of an individual.

The BAPEN report tackles the various issues faced by those with health problems and their nutritional requirements in a thoughtful and sensitive way. This basic aspect of healthcare does need to be given appropriate priority to ensure the maximum length and best quality of life."

Older vulnerable groups such as people with dementia and Parkinson's disease were represented at the meeting and concerns were raised concerning the lack of understanding or concern among many health and care professionals of nutritional status.

Penny Hibberd, Admiral Nurse, supported by the charity for dementia, echoed a common theme. "Carers and families see nutrition as an extremely high priority to maintaining health and social contact of the person with dementia. Unfortunately, in the experience of Admiral Nurses, distress around eating and drinking and malnutrition often goes unnoticed until there is a change in symptoms or carer circumstances.

Admiral Nurses consider nutrition and hydration as part of our initial and follow-up assessment of the physical and emotional needs of the person with dementia and their carer. We endeavour to ensure that all health and care professionals we work with are alert to this fundamental issue."

David Congdon, Head of Policy and Campaigns at Mencap, underlined the importance of nutrition. "We welcome BAPEN's report and the problems it illustrates match the experience of too many adults and children with a learning disability in hospitals and care homes.

The devastating effect of lack of proper feeding support for people with a learning disability in hospitals was outlined in Mencap's Report *Death by Indifference*. Every individual hospital and care home must act to ensure they supply good quality food and that vulnerable people at risk of malnutrition are supported in getting the food and nutrition they need."

"As well as improved training, communication and extra resources which do require committed funding, BAPEN's Report and collaborators also call for a fundamental change in attitude to ensure that nutritional care is delivered with compassion and dignity to all people and patients, no matter their age or health status," added Professor Marinos Elia.

He continued: "2008 saw nutritional care edge higher up the agenda with government, policy-makers, regulators and professionals. This Report will contribute to maintaining that momentum and help to ensure that malnutrition, which accounts for around 10%

of the UK's total health and social care budget, is addressed effectively."

Round Table participants agreed that improvements are in train driven by new policy frameworks, regulations and inspection processes but there is still a long way to go before every child and adult receives and experiences appropriate nutritional care and treatment.

The consensus Report states that:

- Every child and adult has the right to nutrition and hydration that meets their individual needs
- Nutrition in whatever form it takes to be enjoyed where possible in an appropriate social setting
- The right food or nutrition support to be provided at the right time in the right way to all individuals at risk of malnutrition with compassion and dignity.

Participants at the Round Table meeting welcomed the idea of an Annual Meeting with BAPEN to discuss and debate progress on and ideas about improvements in the provision and delivery of nutritional care and treatment.

Participants in the Round Table and the Report were: BAPEN, PINNT/HalfPINNT, Age Concern England, Age Concern Croydon, Age Concern Hackney, CICRA (Crohns in Childhood Research), Coeliac UK, CORE (Digestive Disorders), Counsel and Care, Cystic Fibrosis Trust, for dementia/Admiral Nurses, Help the Aged, ILC-UK, Macmillan Cancer Support, Mencap, NACC (National Association of Crohns and Colitis), Parkinson's Disease Society, Scope.

“ The BAPEN report tackles the various issues faced by those with health problems and their nutritional requirements in a thoughtful and sensitive way. ”

Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers by Professor Elia and Rhonda Smith was published 20th January 2009 by BAPEN and presents the consensus views of 18 charities representing groups potentially at risk of being most severely affected if their nutritional needs are not identified and appropriately addressed. These views were expressed and recorded at a Round Table meeting convened by BAPEN in July 2008. The Executive Summary of the Report is available to download from the BAPEN website: www.bapen.org.uk with the full Report available to purchase at £20 plus post & packing.



BPNG Meeting - Fundamentals of Parenteral Nutrition

A course for any healthcare professional new to parenteral nutrition
Covering: indications for adults and paediatrics, requirements,
monitoring, venous access, stability and ethics.

Date: **23rd April 2009**

Venue: Regents Park College, London

For further information:

Email: conferenceteam@hotmail.com

Website: www.bpng.co.uk

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

The PENG Clinical Update Course

This is the last time the course will be run in the traditional BDA
validated format before moving to masters level from 2010.

Date: **28th June - 3rd July 2009**

Venue: Strathclyde University, Glasgow

Further details will be posted on the website soon: www.peng.org.uk

BAPEN Medical Teaching day - Nutrition and Renal Medicine

Date: **18th June 2009**

Venue: Central London

Topics to be covered:

- Nutritional requirements and renal disease
- Diet and aetiology / progression of renal disease
- Feeding critically ill patients with renal problems
- Sclerosing peritonitis and its nutritional management
- Nutrition in renal transplantation and joint renal and intestinal transplantation
- Case presentations

CME applied for from the Royal College of Physicians (London)

For further information contact: Dr. Nicki Simmonds (Honorary
Secretary BAPEN Medical)

Email: nicola.simmonds@ldh.nhs.uk

Tel: **01582 497519**

Fax: **01582 565439**

All welcome – more details to follow.

NNNG Conference

TLC: Teach, Lead, Communicate in Nutritional Care

Date: **22nd & 23rd June 2009**

Venue: Knebworth Barns, Hertfordshire

For further information contact: Winnie Magambo or Jane Fletcher

Email: Winnie.magambo@cardiffandvale.wales.nhs.uk

Jane.Fletcher@uhb.nhs.uk

South Region BAPEN Meeting - 'Practical Nutrition Support'

Date: **6th July 2009**

Venue: Paultons Park

For further information contact: Peter Austin

Email: Peter.Austin@suht.swest.nhs.uk

The PENG Summer Meeting and 25th birthday Celebrations

Date: **4th & 5th August 2009**

Venue: London TBC

Website: www.peng.org.uk

ESPEN Congress

Nutrition Networking – From the Cell to Europe

Date: **29th August – 1st September 2009**

Venue: Vienna, Austria

Website: www.espen.org

The Leeds Course in Clinical Nutrition

Date: **8th – 11th September 2009**

Venue: St. James University Hospital, Leeds

Email: clinicalnutrition@leeds.ac.uk

Website: www.clinical-nutrition.co.uk

BAPEN Annual Conference

Date: **13th – 14th October 2009**

Venue: Cardiff International Arena

Website: www.bapen.org.uk

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

Date: **20th – 25th November 2009**

Venue: Excel Centre, London

Website: www.gastro2009.org

Ensuring Good Nutrition in Europe

Carole Glencorse, Head of Nutritional Services, Abbott Nutrition



The work of BAPEN in driving the malnutrition agenda within the UK is familiar to many, but what is being done to address the situation in the rest of Europe?

In 2007, the members and partners of European Society for Clinical Nutrition and Metabolism (ESPEN), the European Nutrition for Health Alliance (ENHA) and the Medical Nutrition International Industry group (MNI) joined forces to fight malnutrition in Europe. The 'Prague Declaration' called on the European Parliament, the European Commission and the European Council of Ministers, as well as national governments, providers of health services and other relevant bodies, to:

- Acknowledge that malnutrition and obesity are both results of poor nutrition with significant consequences for health outcomes and healthcare expenditures
- Recognise malnutrition as a distinct pathology and its nutritional support as an integral part of each medical treatment
- Affirm that access to proper nutritional care and support is a fundamental human right
- Offer political direction and support for all stakeholders involved in the fight against malnutrition
- Provide coherent reimbursement policy for nutritional support across health and social care systems
- Develop nutrition care plans for all healthcare settings and promote the implementation of existing solutions to fight malnutrition for the benefit of patients, healthcare systems and society.

Since this time, the members and partners have continued to lobby policy makers to raise the awareness of malnutrition in Europe. As a consequence of these efforts, there have been a number of achievements:

- The European Parliament (EP) adopted six amendments referencing the need to address under-nutrition, in addition to obesity, within the report on the White Paper on Nutrition, Overweight and Obesity related issues. This will help to ensure malnutrition is acknowledged as a health priority across the 27 EU Member States.
- Malnutrition has been identified as a key target area for policy development and work within the EU over the next five years in the 'Together for Health: Health Strategy 2008-2013'. The strategy gives malnutrition equal weighting with other key public health challenges in Europe, including cancer, diabetes, cardiovascular disease, mental health and obesity. The recognition of malnutrition as a major influence on the health of EU citizens is a significant development for those working in the field and acknowledges the

influence of malnutrition on health and social care as well as on the individual and their carers.

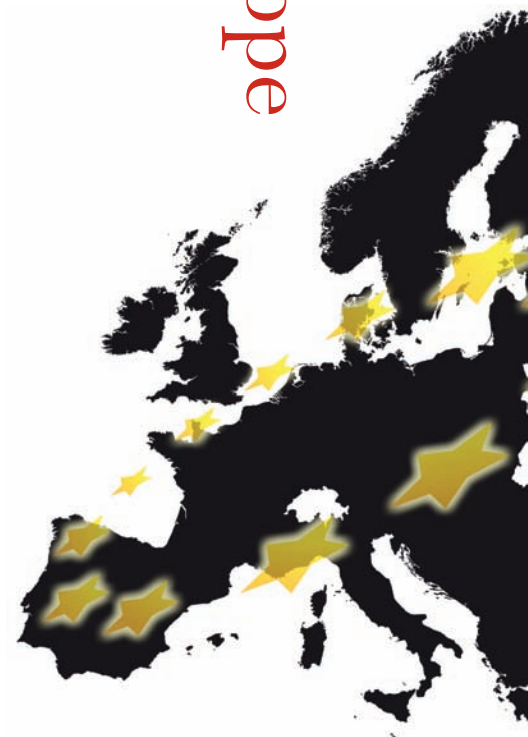
- In partnership with ENHA, a working lunch was held in the European Parliament to help raise awareness of malnutrition. Presentations highlighted the urgent need for action in tackling this issue, while over 30 representatives of European NGOs, parliamentary groups, European Commission, nutrition industry, and academics attended - including European Hospital and Healthcare Federation (HOPE), European Federation of the Association of Dietitians, European Public Health Association, Alzheimer's Europe, ESPEN and the European Union of Geriatric Medical Society (EUGMS).

ENHA launched a new campaign in late 2008. 'Air, Water, Nutrition: It's A Basic Need' calls for malnutrition and nutritional care to be given a higher priority, with systems for prevention and detection put in place. ENHA identify that policies should focus on all those involved in the care of vulnerable groups, including the general public as well as social and health professionals, healthcare managers, health insurers, patients, policymakers and politicians.

The requirements of an ageing population in Europe were also acknowledged in 2008 with the publication of a 'Silver Paper on the future of health promotion and preventative actions, basic research, and clinical aspects of age-related disease' by the EUGMS Policy Working Group. The report identifies that public health policies should specifically address the needs of the older person. Appropriate nutrition and nutritional care is recognised as a key indicator for quality of life, disease prevention and sustainable health, and it is proposed that nutritional care should be part of the healthcare solution - not just a cost item - with older persons being encouraged to maintain good nutritional habits. The need for routine nutrition screening with appropriate interventions, training for all healthcare professionals and the need for national nutritional care plans in Europe have been proposed as action points. A copy of the report can be downloaded from: www.eugms.org/index.php?pid=195

As can be observed, a significant amount has already been done in the EU to drive malnutrition awareness amongst healthcare professionals and key stakeholders. With malnutrition now firmly placed on the agenda of the European Parliament, the task ahead is to translate this initial success into coherent nutrition policies for the health and social care systems.

Nutrition in Europe



Committee Group Updates

Education Committee Update

Ruth Newton, Chair: Education & Training

First, may I, on behalf of the Education and Training Committee, wish you all a Happy New Year.

The committee had a very successful year in 2008, which ended with a very successful symposium in Harrogate. The theme focused on competencies, a subject currently on everyone's mind, which was reflected in the discussion during the interactive case. We had three talks around different aspects of training and effectiveness of various educational tools from four excellent speakers. This theme will continue

into the next conference in Cardiff.

Visitors to the conference also had the chance to experience the 'MUST' training tool, which BAPEN are working on alongside a team from Glasgow and Clyde. This tool will, in due course, provide training for both hospital and community workers.

During this year we also have the challenge of finalising the new Nutrition Team course,

which will be launched at the end of the year; so if you are part of a new nutrition team watch this space.

We are also experiencing more demands for BAPEN endorsement of courses, which means that they take longer to process – so please allow enough time for us to process your applications should you want to use the logo on your advertising.



Core Group Updates

NNNG Update

Andrea Cartwright, Chair NNNG

There's been a change to the NNNG Committee, as Kate Pickering, our Comms Officer has made a difficult decision to step down. Kate has been a stalwart committee member for many years and she is our 'self taught' website builder and web master – no mean feat! We will miss her input to the committee, but luckily she has agreed to continue as webmaster for our website www.nnng.org. We now will be looking a replacement to finish Kate's term of office.

Following the success of the Advanced Skills Workshops for Nutrition Nurse Specialists last year, we are holding another in Cardiff in early 2009. There are no courses to help nutrition nurses gain practical skills or expand their practice, so this is a unique opportunity for experienced specialists to share their knowledge. In June we go back to

Knebworth Barns for our conference. With the current recession in mind we are hoping to get sufficient delegates to make the two days a success. We have put together an exciting programme. Details are available on the website.

The other projects that the NNNG have been involved with in the last year include the

NHS Core Learning e-learning education packages, the recent BAPEN publication *'Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers'*, Royal College of Physicians working party on nutrition at the end of life, and NCEPOD Parenteral Nutrition Study.

PINNT Update

Justine Bayes, Secretary PINNT

PINNT's regional groups in Scotland, Oxford and East Anglia all held very successful meetings prior to Christmas, where members and friends were made to feel very welcome. Our Oxford Group even had a competition to see who could make the best Christmas decoration out of an empty Ensure Plus bottle! Like anyone else, Christmas can sometimes be hard for our members; but there is the added problem that such an emphasis is placed on food and eating lots. Our meetings held at this time of year let our members know they are not alone.

BAPEN's report from their facilitated discussion held with patient groups last year 'Improving Nutritional Care and Treatment: Perspectives and

Recommendations from Population Groups, Patients and Carers', published on 20th January, highlights the importance of patient input into the shaping of care.

PINNT were very pleased to be invited to participate in this event. PINNT hopes that the report will receive the acknowledgement that it deserves.

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PENG Update

Pete Turner, Chair PENG

The 2008 PENG Summer Meeting was held in August with the title of 'Nutrition Support at the Extremes'. It was a very successful, well-attended meeting with eminent speakers discussing controversial subjects, such as feeding very overweight and underweight patients, as well as the ethics of nutrition at the end of life.

The PENG clinical handbook has been extensively revised and new sections on access routes, parenteral nutrition, screening and acid base balance have been launched. All current PENG members have been given a complimentary copy of the handbook with the new sections. For details of this and all other PENG publications for sale please see: www.peng.org.uk. PENG also plan to continue to develop the material within the clinical handbook to ensure that it remains an up-to-date, evidence based reference document. The group also started to look at the possibility of electronic versions of the handbook for palm tops and PCs.

PENlines, the PENG newsletter, continues to be sponsored by Nutricia Clinical Care, with two editions in 2008. Back copies can be found on the website www.peng.org.uk, which also contains details of membership and contact details for PENG committee members.

PENG have reduced their annual membership fee by £5 so that dietitians can join both groups for £35 – the usual cost of individual BAPEN membership.

PENG played an active role in the BAPEN 2008 conference in Harrogate. This included organising and participating three symposia for the conference, 'It MUST Happen – or Risk the Consequences', 'Nutrition at the End of Life: Feeding the Dying Patient' and 'Gutless – You are the Weakest Link: Goodbye!'. All three were well-attended and received good evaluations.

The PENG Clinical Update, a post graduate BDA validated course for dietitians working in nutrition support, successfully took place in Glasgow during July 2008 with approximately 80 delegates participating. Ailsa Kennedy, the current course leader, can be contacted at Ailsa@geoffholdgate.wanadoo.co.uk regarding the 2009 course, which will again be held in Glasgow. This will be the final time it will be run as a BDA validated course before progressing to Masters Level from 2010.

31st
ESPEN
Congress



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

Vienna, Austria

29 August
1 September 2009

From the Cell to Europe
NUTRITION
NETWORKING

VIENNA

www.espen.org

SAVE THE DATE

For more information,
please contact
the Congress Secretariat
ESPEN 2009
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1211 Geneva 13
Switzerland
Phone +41 (0)22 33 99 580
Fax +41 (0)22 33 99 601
E-mail espen2009@mci-group.com

BAPEN Nutricia Research Fellowship Award 2009

An Opportunity to Win £15,000

The award for the BAPEN Nutricia Research Fellowship is **£15,000** to facilitate a research project.

In addition there will be 2 runner-up awards of a funded place at the BAPEN 2009 annual conference.

The award is designed to encourage research in the area of adult and paediatric clinical nutrition and contribute to the evidence base. The award can be used to fund research or audit in a hospital or community setting. All Researchers and Healthcare Professionals actively involved in clinical nutrition are encouraged to apply.

Guidelines and instructions for applicants available on request from:

Franci Tuck: ftuck@nutricia.co.uk or Tel: 01225 711569

Or for further information please contact:

Dr Gary Hubbard: ghubbard@nutricia.co.uk

Members of BAPEN and Nutricia will judge the submitted protocols. The award will be presented at the BAPEN annual conference 2009.

The closing date for applications is 29th May 2009



BAPEN

www.bapen.org.uk



MALNUTRITION MATTERS!

BAPEN 2008 ANNUAL CONFERENCE

Alison Shepherd R Nutr MSc BSc (Hons) RGN



Missed out on last year's BAPEN Conference, or attended and just missed out on some of the sessions? Look no further! Below are some more highlights from BAPEN'S 2008 Annual Conference.

Coeliac Disease: Basics and Controversies

Highlights from Symposium I: Joint Symposium with the British Society of Gastroenterology

This enlightening session was chaired by Dr David Sanders, Consultant in Gastroenterology at the Royal Hallamshire Hospital and Dr Emma Greig, Consultant in Gastroenterology, Taunton and Somerset NHS Trust.

Coeliac Disease in the Twenty First Century: A multisystem autoimmune disorder

DR WILLIAM DICKEY,
GASTROENTEROLOGIST,
ALTNAGELVIN HOSPITAL,
LONDONDERRY, NORTHERN IRELAND

Dr Dickey opened the session by defining coeliac disease (CD) as an autoimmune multisystem disorder usually presenting in adulthood, affecting at least 1% of the population, which is perceived to be rare in childhood. It is well-documented that coeliac patients present with the symptoms of malabsorption, although, this may be mild, non specific or absent. Indeed, literature suggests that few coeliac patients are underweight with a larger minority suffering with obesity. These individuals are less likely to present with classic symptoms of coeliac disease i.e. diarrhoea and reduced haemoglobin.

The major histocompatibility complex (MHC) Class II molecules HLA DQ2 and DQ8 are the key risk factors in coeliac disease. Patients with this tissue type are at risk as these molecules bind deaminated gluten peptides. These are then recognised by CD4+ T cells and they produce an antigen-antibody complex with these deaminated gluten peptides.

Dr Dickey proposed that new serological testing for CD autoantibodies has now revolutionised diagnosis. Serum Immunoglobulin A-class tissue transglutaminase (tTG-ab) and endomysial antibody (EMA) test play a key role in the diagnostic evaluation of CD, with a more recent introduction of a novel whole blood test based on self tissue transglutaminase (tTG). CD

no longer requires a histological diagnosis using the Marsh criteria, as it has been argued that some individuals with CD may have more subtle abnormalities which are not sensitive enough to be detected using this classification.

Dr Dickey proposed that EMA is produced prior to the histological damage in the villi and for this reason the EMA test is more reliable in those with an 'atypical' presentation, or for those who are seronegative despite having symptoms of CD.

Dr Dickey concluded his presentation by discussing an exciting new link between antibodies to organ-specific transglutinases and clinical presentation. Recent research suggests that up to 85% of CD patients without gastrointestinal symptoms may present with idiopathic ataxia. Therefore, measuring antigliadin antibody in these patients is vital and can assist in making the correct diagnosis.

What to do if it goes wrong?

DR DAVID SANDERS, CONSULTANT
GASTROENTEROLOGIST, ROYAL
HALLAMSHIRE HOSPITAL

Dr Sanders began by proposing that the majority of patients with coeliac disease will derive benefit from a gluten-free diet. However, for some CD sufferers, it has been shown that their symptoms will not improve on the gluten-free diet and can relapse. This is known as non responsive CD or NRCd, and is a common phenomenon affecting between 10-19% of cases.

Sander's based the rest of his talk upon the condition known as refractory CD (RCD), defined as the persistence of severe villous atrophy on small intestinal biopsy, despite strict adherence to a gluten-free diet for at least six months, with no other underlying pathology.

Sanders concluded his talk by addressing the therapeutic options used to treat this disease. The major aim, as with any disease, is that of ensuring patient safety. Sanders reiterated throughout his presentation that clinicians treating RCD should rule out any serious underlying conditions to ensure accurate treatment.



DEBATE: 'Dietitians are better than clinicians in following up coeliac disease'

Chairing the debate, Dr Sanders asked the audience their views on this subject before the debate began. A resounding amount of delegates were in favour of dietetic support as opposed to consultant support.

FOR

Claire Stuckey, Senior Dietitian, Gastroenterology and Nutrition Support, Royal Bournemouth Hospital and Jacqui Lowdon, Chief Paediatric Dietitian, Manchester Children's Hospital, put forward a very convincing case supporting this statement.

The literature proposes that the best model of care for the management of the client with CD is that of a dietetic clinic, with access to a gastroenterologist.

Indeed, it can be argued that dietitians possess many skills. In Claire Stuckey's and Jacqui Lowdon's opinion, a dietitian is aware of the social and physiological aspects of food and

eating, with skills in behavioural change, which can assist patients in adhering to this very challenging diet.

AGAINST

Professor Peter Howdle, Professor of Gastroenterology at St James University Hospital, Leeds, provided the Consultant's perspective.

It has been suggested, following diagnosis of CD, that initial follow up of the patient should begin at six months with a specialised clinician. This is because, in his view, specialist CD clinicians also have a wide range of different skills which complement those of the dietitian. He argued that a clinician was more adept at managing disease status and interpreting genetic, biochemical, immunological and bone mineralisation findings than a dietitian.

He then suggested, where appropriate, if a choice had to be made, a team approach is the most desirable. In Professor Howdle's opinion, one would expect a specialist clinician to be better, and certainly no worse, than a specialist dietitian.

This comment sparked lively debate amongst

delegates, with several clinicians and dietitians proposing that as clinicians and healthcare professionals we should respect and work with each other's skills, which can only seek to enhance patient care.

Sanders then put the same question to delegates again, and the response this time was neither for, nor against, either a dietitian, or a consultant clinician following up a patient with CD. Delegates had now decided, along with the panel and speakers, that a team approach is the best way to manage a client with CD.

What does Coeliac UK do?

NORMA MCGOUGH, HEAD OF DIET AND HEALTH, COELIAC UK

The last session, provided by Norma McGough, informed delegates about the Coeliac UK's work, aims and current research programmes. Coeliac UK is the leading charity working for people with coeliac disease and dermatitis herpetiformis (DH).

McGough spoke with passion and enthusiasm about her work and this was a fitting end to what had been an excellent symposium.

Lost in Transit: Can nutritional care survive the primary/secondary care journey?

Exploring the transition of nutritional care across the primary/secondary care interface, through the narration of two parallel patient journeys, this symposium was expertly organised by the National Nutrition Nurses Group (NNNG) and chaired by Andrea Cartwright, Chair of the NNNG.

Four key speakers from different care professions and care settings explored the key topics as they occurred in the patient journey.

Nutritional Screening in the Community

PATRICIA MATHER, COMMUNITY MATRON, NOTTINGHAM CITY PCT

Patricia Mather emphasised that this talk would be based upon her views and opinions, which she hoped may provoke debate and discussion for delegates.

She proposed that nutritional screening in the community should be routine and its importance needed to be emphasised if malnutrition in this setting was to be avoided.

Her presentation focused on a recent initiative in Nottingham, known as 'Tele Health'; equipment is placed in patient's homes and is able to monitor the patient's vital signs as well as weight. A small machine, the size of a clock radio prompts the patient to take the readings at a certain time of day and these are then sent via a telephone line to the nurse computer screen, ensuring close monitoring of the patient.

Concluding her presentation, Patricia Mather suggested that every nurse needs to be aware of the importance of screening for malnutrition wherever they are based, be this in a hospital or community setting.



GP Knowledge of Nutritional Issues

DR GILLIAN GERTNER, GENERAL PRACTITIONER, HAMPSTEAD, LONDON

Dr Gertner described her local situation to delegates and stated that despite visiting patients in the community they often did not perform a nutritional assessment. However, she also suggested that these nurses were often agency

nurses and there was no continuity of care.

Dr Gertner then highlighted the work of Camden NHS Trust, which includes a service known as the Camden Reach Team. This service provides an older peoples dietitian, who is responsible for visiting and supporting clients' nutritional needs when back in their own home, especially following discharge from the hospital unit.

Dr Gertner made no excuses for the fact that she personally had not received any nutrition training, other than the mere basics at medical school and proposed that GP's should have more nutrition training.

Dr Gertner concluded her talk by proposing that there needs to be effective communication between the primary and secondary care interface and spoke of how she believed the role of the polyclinic could assist in this. It is hoped that the polyclinic would act as the 'Hub' with local practices being the 'spokes of the wheel'.

The aim of this is to improve the patient care pathway and utilise a multidisciplinary team approach and improve training to enable better patient care.

The Value of Good Communication between Primary and Secondary Care

PAMELA COULTHARD, CHIEF DIETITIAN, ROYAL PRESTON HOSPITAL

Pamela Coulthard began her talk by explaining to delegates the differences between Primary Care Trusts (PCT) and local NHS Hospital Trusts. She then went on to explain that PCT's covered an enormous geographical area with different amounts of staff in different parts of the Trust. This in her opinion led to poor communication and wide differences in the quality of care.

Pamela Coulthard gave examples of her own PCT and local NHS Trust in the Lancashire area, suggesting that there was a distinct lack of specialist nutrition nurses in some of the hospitals within her local Trust.

She then moved the emphasis of her talk to concentrate on the hazards of enteral feeding at home. This success of this process depends on resources, training and the responsibilities of nurses and dietitians who need to work as a team.

Concluding her first talk, Pamela Coulthard expressed that excellence is required in both written and verbal communication between PCT's and NHS Hospital Trusts to ensure patient safety at all times.

The Importance of Pre-operative Feeding

PAMELA COULTHARD, CHIEF DIETITIAN, ROYAL PRESTON HOSPITAL

Pamela Coulthard's second presentation concentrated on the ESPEN Guidelines on pre-operative feeding, which she used to support her view on the importance of pre-operative feeding those individuals who are malnourished prior to any surgical procedure.

Coulthard went on to propose that the use of enteral feeding with the addition of some specialist immunoenhancing nutrients pre-operatively can help to prevent post-operative complications. She concluded her talk by looking at the benefits of carbohydrate loading and pre-operative fasting prior to surgery.

The Use of Jejunostomy Feeding in Post Upper GI Surgery

JOHN WHITING, CONSULTANT UPPER GI SURGEON, UNIVERSITY HOSPITAL BIRMINGHAM NHS TRUST

John Whiting emphasised that it is imperative that clinicians do not misdiagnose an individual at any time. He suggested that a client who has signs of intestinal failure above the jejunum may be suitable for surgically placed jejunal (SJ) tubes.

Despite an abundance of literature which promotes the use of SJ tube feeding in post-operative surgical patients, there is apathy amongst some surgeons to place and use them. John Whiting suggested that the methodology used in many of these studies could be criticised, which therefore accounts for the reticence.

John Whiting also discussed why he, as clinician, may not consider using SJ tube feeding post-operatively. He put forward the argument that the insertion of such tubes may increase operating time, they may also suppress appetite; and in one of his patients this method of feeding caused a bowel obstruction through which the patient died. Saying all of this, Mr Whiting still felt there was a place for SJ feeding as a method of providing post-operative nutrition support.



Don't forget, as a member of BAPEN, you can view the presentation's from BAPEN's 2008 Annual Conference – MALNUTRITION MATTERS – via the 'Member's' section of the BAPEN website: www.bapen.org.uk



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- Undernutrition and Nutrition Support in the Community
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- Who's fault was it anyway! – Competencies in training
- Metabolic Competence and Nutrition Support in the Obese
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2009 Annual Conference

of

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

to be held at

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on

Tuesday 13th October 2009

&

Wednesday 14th October 2009



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

Closing date for submissions
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