

British Consensus Guidelines on Intravenous Fluid Therapy



Nutrition Screening Week 2008 The Results

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

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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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www.bapen.org.uk

A message from BAPEN's new chairman

DR MIKE STROUD
HONORARY CHAIRMAN



A couple of months ago, I took over the chairmanship of BAPEN from Marinos Elia who, for the last few years, has led our organisation with a mixture of imagination, determination and sheer effort. As a result of his good work, I do not think there has been any time in BAPEN's history, when more has been done to highlight the problems related to malnutrition in healthcare. So what now can I contribute? Well, I can certainly bring similar enthusiasm. I am really honoured to have been made the chairman of an organisation which I have held dear ever since I developed a commitment to clinical nutrition. I am passionate about providing good nutritional care for all patients in all settings, and firmly believe that a successful, expanding BAPEN is the key to making this happen, and I do have some ideas as to where we might focus our efforts.

Firstly, I am particularly keen to ensure that proper nutritional care is not just seen as a matter of dignity – a frequent representation in the media. The 'Malnutrition Matters' message should sit right up beside super-bugs in healthcare and public consciousness, for I have no doubt that more patients are at greater risk of poor outcomes (or even death) from their nutritional problems, than they will ever be from MRSA and C. difficile infections, and now could not be a better time to embed this message. All healthcare is moving on the quality agenda and whatever way you look at it, when it comes to quality, nutrition ticks all the boxes.

Secondly, we need to get more healthcare professionals really involved, not only by driving employment of more dietitians, nutrition nurses and specialist pharmacists (although this would undoubtedly help) but by getting everyone to realise that whatever a patient's underlying health problems, ensuring their best nutrition can pay real dividends. We must therefore make the educational resources available to abolish ignorance right across the spectrum – getting everyone, from care assistants to consultants, to understand: Why – malnutrition is an issue; Who – needs better nutritional care; What – is best to give; and How – to best provide it whilst ensuring minimum risk.

Thirdly, there is a particular need to engage more with primary care. Implementation of screening and nutritional pathways may be far from perfect in hospitals, but at least in most the malnutrition message is audible. Out in the community, this is far from being the case. Despite the fact that the results from BAPEN's recent nutrition screening weeks show that the majority of nutritional risk lies in that sector, there is still little recognition of this and BAPEN must examine how this can be changed. Personally, I think it has to be via the GPs, for until they are convinced that this is both important and cost-effective, it just will not happen.

Finally, we must have the ambition to promote research for there are still many questions to be asked within the Why, Who, What and How thinking, and now could not be a better time to try seek the answers. Many of the new national research funding streams are aimed squarely at clinically orientated work, and our interests fit their remit perfectly. We have, therefore, already taken steps to revitalise our Research and Science Committee by appointing a new chairman, Dr John McLaughlin. He has already demonstrated his understanding of the new opportunities and has been tasked by BAPEN Council to appoint a new committee so that they can seize the opportunities. I wish him and his new committee the very best in that endeavour.

So, there you have it. I do hope to build on the extraordinary legacy left by Marinos who will be a hard act to follow. Through his work, we now have the ear of many who influence the Department of Health and Government, and it is now my aim to go on talking to them, shouting if I need to.

'MUST' CHAMPION

BAPEN needs a new champion for 'MUST'

This is a high profile role currently undertaken by Christine Russell

You will be a member of the Malnutrition Action Group (MAG) chaired by Professor Marinos Elia and be responsible for reviewing applications for copyright permission and licence to use 'MUST' in externally produced materials both within the UK and also abroad, liaising closely with the BAPEN Office and the BAPEN Executive as required. In addition you will act as the first point of contact for queries regarding the use/implementation of 'MUST' in various care settings. The work will require you to liaise with the BAPEN Education and Training committee regarding the development and /or endorsement of training resources on the use of 'MUST' both in the hospital and community.

We are looking for a motivated and ambitious BAPEN member to take on this challenging role, with the expectation that there will be a handover period working with Christine. We are very keen to encourage individuals not currently involved in BAPEN committees to put themselves forward.

Expressions of interest either to Christine Russell (ca.russell@btinternet.com) or Tim Bowling (tim.bowling@nuh.nhs.uk) by 31st May 2009.



BAPEN Reports

BAPEN are continuously working as an Association, and with other likeminded Associations, to collate information and produce reports on current nutritional issues affecting hospital, community and social care. BAPEN has recently produced a number of new reports that are now available to purchase via the BAPEN office and website.

New Reports

- Improving Nutritional Care & Treatment: Perspectives & Recommendations from Population Groups, Patients & Carers
- Combating Malnutrition: Recommendations For Action
- Nutrition Screening Week 2008 Results
- Malnutrition in Sheltered Housing Report

For further information, or to order a BAPEN Report, simply visit the publications section of the BAPEN website: http://www.bapen.org.uk/res_pub.html – order online, or contact the BAPEN office on: 01527 457 850.



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



Coming soon....

New from BAPEN

Nutritional Screening – a 'MUST' for Healthcare

In partnership with NHS Greater Glasgow and Clyde, BAPEN has developed an interactive e-learning resource on nutritional screening using 'MUST'. Designed for healthcare staff working in hospitals, the module explains the causes and consequences of malnutrition, the importance of nutritional screening and how to screen using 'MUST'. It includes examples of care plans and an online assessment together with a certificate of achievement.

In addition, the resource includes an optional reporting system which can be set at unit, directorate or ward level to enable managers to monitor staff uptake and completion.

Undertaking this module will equip staff to play a key part in improving the nutritional care of their patients/clients.

The resource is hosted on a secure server and can be accessed via the internet thus enabling the learner to complete the module at work or at home. The resource can be

customised to include trust logos, a welcome from a senior manager and local care plans if desired. Costs for customisation will depend on the work required.

Whilst this module focuses on the hospital setting, another module is currently being developed to cover alternative settings in the community.

For further information and access to the module, please contact the BAPEN Office on:

Tel: 01527 457850

Email: bapen@sovereignconference.co.uk

Are you part of the team?

'Clostridium difficile infection: How to deal with the problem' was published by the Department of Health and Health Protection Agency in January 2009.

At the request of the Department of Health, the guidance was produced by a working group established by the Health Protection Agency's Steering Group on Healthcare Associated Infection. It replaces the previous guidance which was published in 1994. The guidance covers new evidence and approaches to delivering good infection control and environmental hygiene, taking on board a national framework for clinical governance that highlights that all clinicians have a personal responsibility for infection prevention and control.

As part of the 10 key recommendations, the document highlights that Primary Care Trusts should establish a multidisciplinary clinical review team, who are to review C. difficile patients at least weekly. Along with a microbiologist, infectious disease or infection prevention and control doctor, and an infection prevention and control nurse, the team should also consist of a gastroenterologist or surgeon, and a dietitian!

To view the guidance visit: http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1216105603048

Nutritional Problems Common among Tenants of Sheltered Housing in England

Just published Report from BAPEN establishes high prevalence of malnutrition and obesity

[RHONDA SMITH, COMMUNICATIONS MANAGER FOR BAPEN](#)

The Malnutrition in Sheltered Housing Report from BAPEN, produced in association with the Group on Sheltered Housing (GNASH) reveals that, using the 'MUST', 14% of all tenants in the sheltered housing units participating in the study were identified as malnourished (9% high risk) and 24% obese.

With an estimated 700,000 people living in sheltered housing (more than in care homes) this means that, at any one time, malnutrition affects more people in sheltered housing than in hospital.

GNASH was formed to conduct an audit study to not only identify the prevalence of malnutrition with 'MUST' but to also to see if a questionnaire could be developed that would correlate with results obtained by 'MUST'. Secondary aims were to see how close any 'recalled' information on height and weight given by Tenants is to the results of actual measurements taken, and whether Scheme Managers and Tenants had any preference for using the 'MUST' or a questionnaire.

The Executive Summary of the Report is now available to download freely from the

BAPEN website www.bapen.org.uk and full printed copies of the Report to purchase at £20 plus post & packing.

Members of GNASH are – BAPEN, ERoSH (Essential Role of Sheltered Housing), NACC (National Association of Care Catering), Nutricia (UK) Ltd, Accent Group, City of Westminster Housing and Care, Harrogate Neighbours, Richmond Housing Partnership, Westminster PCT, with additional help from Home Group and Invicta with the study.

BAPEN thanks all partners and participants for their contribution to this study and publication, particularly the Scheme Managers who undertook 'MUST' training and undertook the screening, and the 335 tenants who took part in the study.

North West Regional Nutrition Training Day

DR ABI SHARMA,
SPR IN GASTROENTEROLOGY,
NW DEANERY



The BAPEN-affiliated, NW Regional Nutrition Training Day, sponsored by Fresenius Kabi and held at University Hospital Aintree (UHA) on the 2nd October 2008, was a very well attended event with delegates from dietetics, pharmacy, medical gastroenterology and surgical backgrounds. The meeting had been organised by the NW regional BAPEN Committee (Simon Lal [regional BAPEN rep], Sorrel Burden, Lindsay Harper and Alison Young).

The day started well with a timely and useful overview of NICE guidelines for nutritional support in adults. This was followed by a stimulating talk on difficult scenarios concerning artificial feeding. Both of these sessions developed interesting discussions between the delegates and speakers.

The late morning session started with two excellent talks by Dr Paul O'Toole (UHA) and Alison Young (Royal Liverpool Hospital) on methods of enteral and parenteral feeding and their indications. The last session covered refeeding syndrome (Dr David Wile, UHA), a common and often overlooked condition in hospital with potentially serious complications. This session was very much appreciated by clinicians attending the day and stimulated avid discussion.

The afternoon session comprised workshops on nutritional support, refeeding syndrome and intestinal failure. These provided an excellent opportunity for delegates from varied backgrounds to work together in smaller groups and share personal knowledge and experiences.

My impressions were echoed by colleagues in that the programme, venue and organisation were all excellent. The programme was varied and informative, and the atmosphere was relaxed and informal. From a personal perspective I have certainly become more aware of, and confident with, nutritional issues concerning my patients, and the role of the multidisciplinary team in facilitating best nutritional support. I look forward to the next training day and thoroughly encourage all those with an interest in nutrition to attend.

NS The Nutrition Society Cuthbertson Medal 2009

The Nutrition Society Cuthbertson Medal has been awarded annually since 1990 as a tribute to Sir David Cuthbertson.

It is awarded to scientists at an early stage of their career for excellence in Clinical Nutrition and/or Metabolism research providing an evidence base for clinical practice. The work should be of clear relevance to nutritional management in patient care. Research related to the epidemiology and prevention of disease, i.e. public health nutrition, is not eligible.

Judging

Applications will be judged by acknowledged experts in the field. The final decision will be made by the Cuthbertson Medal Committee of the Nutrition Society.

Work will be assessed for:

- Relevance to the terms of reference
- Quality and impact of the submission
- Publication record
- Evidence of independent scholarship
- Future potential.

Rules

Applicants for this prestigious award should be scientists within 15 years of higher degree graduation at application. Re-applications will be considered.

The Award

The successful candidate will be awarded free membership of the Nutrition Society for one year, will receive the Medal during the BAPEN Conference in October 2009 and will be expected to deliver a lecture at that Conference and to prepare an article for publication in Proceedings of the Nutrition Society.

How to apply

Applicants must supply:

- A brief up-to-date curriculum vitae
- A 1000 word summary of their contribution to an area of relevance to clinical nutrition and/or metabolism
- Copies of up to three published papers in support of their application.

Applications should be addressed to:

Honorary Secretary, Nutrition Society, 10 Cambridge Court, 210 Shepherds Bush Road London, W6 7NJ

Or emailed to: office@nutsoc.org.uk

Closing date: 5pm on 30th June 2009



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:

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

British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients – GIFTASUP – A BAPEN Medical/BAPEN initiative



PROFESSOR JEREMY POWELL-TUCK

EMERITUS PROFESSOR OF CLINICAL NUTRITION, BARTS AND THE LONDON MEDICAL SCHOOL, CHAIR, IV FLUID THERAPY GUIDELINES STEERING COMMITTEE

Those who work on nutrition support teams are very familiar with the late referral of very sick, postoperative patients several days after major surgery, often against the background of complicating medical illness – COPD, diabetes, CHD for example. The patients are bloated and oedematous, there may be an element of pulmonary congestion or heart failure, and the nutritional challenge is daunting. We have learnt that the priorities for the management of such patients are similar to the priorities for feeding a sick child with kwashiorkor: start with a low calorie intake, gently restrict sodium and water intake to enable loss of oedema and negative fluid and sodium balance, provide plenty of potassium, phosphate and magnesium, ensure all micronutrients are replaced generously and manage insulin resistance. Though there may be some argument over the finer points of how much protein to provide, or on the merits or demerits of nutrients like glutamine, the management of this refeeding process is now much better understood. It highlights the links between energy provision and sodium and water partitioning, and takes notice of the way the stress response and starvation tends to favour fluid retention.

BAPEN Conference attendees will have heard such luminaries as Dileep Lobo, Simon Allison, Peter Gosling and others talk about the need for care in the intravenous provision of salt and water in the contexts of surgery and critical illness. Attendees at meetings of surgical societies, the Intensive Care Society and others, have also exercised themselves on the advantages and disadvantages of preoperative glucose loading, 'dry or wet' management, the benefits of intra-operative flow monitoring, the use of low dose inotropic support and the choice of plasma expanders, in which contexts there have been a large number of controlled trials.

Those of us familiar with the concept of the 'patient journey' know how the sickest patients move from unit to unit in hospitals, from resuscitation to intra-operative management to intensive or high dependency care, and back to the general ward – and how uncoordinated nutritional and intravenous fluid therapy can become between these different phases.

We should also be aware that trainees see patient management at these different stages of the patient journey and may have difficulty in understanding that what is right at one point may become inappropriate later. The area is complex and potentially confusing – but 'fluid balance' still tends to get left to the most junior and inexperienced staff.

It was with these problems in mind that a group of us from six major medical societies, from the disciplines of nutritional support, surgery, anaesthetics, intensive care, renal medicine and biochemistry, came together to develop British Consensus Guidelines based on the best evidence we could find. We concentrated on what we could agree on rather than the absolute cutting edge. We involved a very wide correspondence group and took preliminary thoughts to annual meetings of the ASGBI, the Intensive Care Society and BAPEN Medical. Finally, the recommendations went through the committees of each of the societies involved for final vetting. It truly was a very broad church.

The Guidelines then have been created under the auspices of BAPEN, the Association of Surgeons of Great Britain and Ireland, the Society of Academic and Research Surgery, the Intensive Care Society, the Association of Clinical Biochemistry and the Renal Association. They have been endorsed by the Royal College of Anaesthetists, are to be adopted in full by ESPEN, and have the support of the Improving Surgical Outcomes Group. They have attracted attention through editorials and summaries in the British Journal of Surgery, Anaesthesia, the Journal of the Intensive Care Society and we expect further publication in Clinical Nutrition and, we are told, an editorial in the BMJ. We hope that having such consensus guidelines will help provide an authoritative basis for future training in this important but potentially complex area. We plan to review the Guidelines in five years time.

You'll find the Guidelines available free to download in the BAPEN publications section of the resources section of the BAPEN website – www.bapen.org.uk/pdfs/bapen_pubs/giftasup.pdf Why not at least read the 28 recommendations set out at the beginning, which provide a summary of the whole document?

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Congress



THE EUROPEAN
SOCIETY FOR
CLINICAL
NUTRITION AND
METABOLISM

Vienna, Austria

29 August
1 September 2009

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Grams, moles, mg, mmol it all fades back into school chemistry!!

RICK WILSON

BAPEN COMMUNICATIONS
COMMITTEE & BAPEN SOUTH
THAMES REGIONAL REP



Remember when the simple chemistry calculations and conversions were second nature? Well here are a few notes to remind you of the basics.

A mole of a substance is its atomic weight in grams. That weight contains 6.02×10^{23} atoms of that substance – a constant known as Avogadro's number. Writing 'one mole' is much easier than writing 6.02×10^{23} atoms. A millimole (mmol) is one thousandth of a mole i.e. $1 \text{ mole} \times 10^{-3}$. The following table lists the atomic weight of the elements we commonly come across in clinical nutrition.

| Atomic number | Symbol | Name | Atomic weight |
|---------------|--------|------------|---------------|
| 1 | H | Hydrogen | 1 |
| 6 | C | Carbon | 12 |
| 7 | N | Nitrogen | 14 |
| 8 | O | Oxygen | 16 |
| 11 | Na | Sodium | 23 |
| 12 | Mg | Magnesium | 24 |
| 15 | P | Phosphorus | 31 |
| 16 | S | Sulphur | 32 |
| 17 | Cl | Chlorine | 35.5 |
| 19 | K | Potassium | 39 |
| 20 | Ca | Calcium | 40 |
| 26 | Fe | Iron | 56 |

Some useful example calculations therefore are:

- 1 mole of sodium chloride (NaCl) would be $[(1 \times 23) + (1 \times 35.5)]$ grams = 58.5g
- 1 mmol of sodium chloride = $58.5 / 1000$ g = 58.5mg
- 1g of sodium chloride contains $1000 / 58.5$ mmol of sodium chloride = 17 mmol
- 1 litre of 0.9% (weight by volume [w/v]) saline contains $1000 \times (0.9 / 100)$ g of sodium chloride = 9g = 9×17 mmol = 153 mmol – NB that is a lot!
- 1 mmol of phosphorus (P) = 31mg
- 1 mmol of phosphate (PO₄) = $((31) + (16 \times 4))$ mg = 95mg

I hope that readers find this little reminder as useful as I have found researching it!!



Nutrition Screening Week 2008

The Results



CHRISTINE RUSSELL AND PROFESSOR MARINOS ELIA
CO PROJECT LEADS FOR BAPEN'S NUTRITION SCREENING WEEK



The results of the second Nutrition Screening Week, held from 1st – 3rd July 2008, have now been analysed and the full report is available from the BAPEN Office (£20 + p&tp) or to download from the BAPEN website (www.bapen.org.uk). This article highlights the key findings.

Reporters from 130 hospitals, 75 care homes and 17 mental health units in the UK, completed a general questionnaire and an anonymous patient questionnaire using criteria based on the 'Malnutrition Universal Screening Tool' ('MUST') in all care settings. Data were collected on patients during the first three days of admission to hospitals and acute mental health units, and on residents admitted to care homes and long stay/rehabilitation mental health units in the previous six months. The combination of medium and high risk categories is referred to here as 'malnutrition' for simplicity.

The forms used in the 2008 survey were very much the same as those used in 2007. However, in this years' survey participants were specifically asked to indicate if the primary diagnosis/problem was one of cancer and the range of primary clinical problems was extended to include mental health disorders and sensory impairments. Changes were also made to the general forms to include questions regarding calibration of weighing scales and care plans for all care settings and inclusion of nutrition information for patients identified as being malnourished in communications provided upon discharge from hospital.

The results of the 2008 survey undertaken in the summer have been compared with those of the 2007 Nutrition Screening Survey, which was undertaken in the autumn between 25th and 27th September 2007.

I. Hospitals

- 1.1 Of 5089 patients who were screened on admission to hospital, 28% were found to be at risk of malnutrition, high risk (22%), and medium risk (6%), the same proportions found to be at risk in the 2007 survey.
- 1.2 Overall the results for the hospital survey in 2008, including those on policies and practice, were similar to those for 2007.
- 1.3 78% of patients included in the survey were admitted from their own homes, suggesting that the risk of malnutrition largely originated in the community.
- 1.4 'Malnutrition' varied significantly according to source of admission (26% from home, 34% from another hospital, 32% from another ward, and 52% from a care home), type of admission (34% for emergency admission, 19% for elective admission), and type of ward (e.g. 42% in oncology wards and 19% in orthopaedic/trauma wards). However, unlike in the 2007 survey, it was not greater in hospitals that had a screening policy than in those that did not (29% v 30%), and there was no significant difference between larger hospitals with >1000 beds and those with <1000 beds.
- 1.5 'Malnutrition' was common in all age groups and diagnostic categories, but it was significantly more common in women (30% v 26%), who were older than men, in subjects aged over 65 years than under 65 years (32 v 23%), and in certain diagnostic categories compared with others (e.g. gastrointestinal disease (41%) and neurological disease (31%) versus cardiovascular disease (20%) and musculoskeletal conditions (20%).
- 1.6 12% of patients included in the survey were reported to have cancer. 'Malnutrition' was significantly higher in those patients with cancer than those without (40% v 26%).
- 1.7 A low body mass index (BMI <20 kg/m²) contributed to a 'MUST' category (medium + high) in 44% of 'malnourished' patients
- 1.8 Most hospitals reported that they had a screening policy (82%), but weighing on all wards was carried out in just over half the hospitals in the survey, and only a little over a quarter of the patients (27%) involved in the survey were in hospitals where weighing was carried out on all wards. Furthermore, only 6 out of 10 hospitals stated that the scales on all wards had been calibrated within the last 12 months.

- 1.9 Nutrition information on those patients identified as 'malnourished' was not always included in discharge communications. About half the hospitals reported that they always or usually included this information, 39% said they sometimes included it and 8% either did not or did not know. This suggests that 'malnutrition' may be under-recognised and under-treated following discharge from hospital.
- 1.10 Compared to hospitals without a nutrition screening policy, those with a nutrition screening policy were more likely to undertake weighing on all wards (53% v 21%), use scales that had been calibrated on all wards (60% v 50%) and communicate nutrition information on discharge from hospital (always + usually = 52% v 36%).

2. Care homes

- 2.1 Of 614 residents recently admitted and screened, 42% were 'malnourished' (30% high risk, 11% medium risk) which was much higher than in the 2007 survey when 30% residents were 'malnourished' (20% high risk, 10% medium risk). This may be due to the difference in mix of care homes that took part in the 2 surveys with more exclusively nursing homes, fewer exclusively residential homes and more care homes with nursing facilities participating in 2008 than in 2007.



- 2.2 The prevalence of 'malnutrition' was greater in residents admitted from hospitals (45%) and other care homes (45%) than in those admitted from their own homes (36%). The prevalence was also greater in nursing homes (46%) than residential homes (36%).
- 2.3 Most care homes (89%) reported that they had a screening policy and almost all (96%) reported that they had a policy to weigh residents on admission and 65% recorded the height of residents on admission. 99% of care homes said they regularly weighed residents during their stay. 84% using scales that had been calibrated within the last 12 months.
- 2.4 A low BMI (<20 kg/m²) contributed to the 'MUST' category (medium + high) in about 8 out of 10 'malnourished' residents. Underweight was 4 to 5 fold more common than obesity. The subjects in care homes were older than those in hospitals and mental health units, more than half of them being 85 years and over. The prevalence of 'malnutrition' increased with age and was higher than that reported in 2007 (36% v 26% in those <70 years, 37% v 29% in those 70-84 years and 46% v 32% in those >85 years; p = 0.076 and p (trend) = 0.031) and duration of stay (up to 6 months; p <0.01).
- 2.5 Women were older and had a greater prevalence of 'malnutrition' than men (45% v 34%).
- 2.6 Over half the residents had neurological conditions, 17% residents were classified as frail elderly both with an associated 'malnutrition' prevalence of 43%. 6% residents were reported to have cancer and 'malnutrition' was higher in those residents with cancer than in those without (55% v 41%).
- 3.3 All units said their policy was to weigh patients on admission but only about a third of units used scales on all wards that had been calibrated in the last 12 months. 1 in 8 units said that the scales had not been calibrated during the past 12 months.
- 3.4 A low BMI (<20kg/m²) was present in 17% of patients (8% with a BMI < 18.5 kg/m²). The mean age of subjects was higher than in the 2007 survey (66yr v 59 yr respectively) and those subjects aged 65 years and over (66%) had a greater prevalence of 'malnutrition' (27%) than those less than 65 years (6%).
- 3.5 Only about 1 in 5 units said they always included nutrition information on all patients identified as being 'malnourished' in discharge communications.

4.A comparison across care settings

- 4.1 The prevalence of 'malnutrition' on admission to hospitals in this second survey was the same as that found in 2007 (28%) but the prevalence on admission to care homes in 2008 was significantly higher than in 2007 (42% v 30%). The prevalence of 'malnutrition' on admission to mental health units was lower than to other care settings and similar to that found in mental health units in 2007 (20% v 19%), although a much smaller number of subjects were reported from mental health units.
- 4.2 In all care settings most of the 'malnutrition' was high risk 'malnutrition'.
- 4.3 The prevalence of 'malnutrition' amongst patients admitted to hospitals or care homes varied significantly according to source of admission, being lower in those that came from their own homes than from institutions (other wards, hospitals and care homes). The differences in hospitals were significant.
- 4.4 In hospitals and care homes women outnumbered men (ratio 1.07:1 in hospitals and 2.3:1 in care homes). In mental health units men outnumbered women (1.0:0.9). In all care settings women were older and had a greater prevalence of 'malnutrition' than men.
- 4.5 BMI contributed to over 4 out of 10 subjects categorised as 'malnourished' (medium + high risk) in acute hospitals, 6 out of 10 in community hospitals and mental health units, and 8 out of 10 in care homes. Underweight (BMI <20kg/m²) was most common in care homes, affecting 33% of residents. The mean BMI in care homes (23.0 kg/m²)

was significantly lower (p <0.001) than in hospitals (26.4 kg/m²) and mental health units (25.6 kg/m²). In care homes underweight was more common than obesity (BMI >30kg/m²), in mental health units it was equally common, whilst in hospitals obesity was more common than underweight.

- 4.6 The practice of regular calibration of scales varied in all care settings. It was more likely to occur in care homes than in hospitals and least likely to happen in mental health units.
- 4.7 9 out of 10 hospitals said they had care plans for the management of malnourished patients. Half the hospitals reported that they always or usually included nutritional information in discharge communications but only just over a third of mental health units always or usually did so. The majority of care homes and mental health units also reported that they had care plans for the management of malnutrition.

The results of this second nutrition screening week survey reveal again that policy and practice vary between and within healthcare settings. Weighing scales were not regularly calibrated in all hospital wards, care homes and mental health units, showing that some institutions were failing to meet Department of Health recommendations. Whilst nutritional screening was linked to care plans in most institutions this was not routinely followed through into discharge planning possibly hindering the continuity of nutritional care.

The results of this and the 2007 Nutrition Screening Week Survey should be regarded as interim results. It is planned to undertake two more surveys in the winter in 2010 and spring in 2011, to amalgamate all the data obtained in the four seasons, and analyse them together to obtain a more complete picture of 'malnutrition' in the UK.

The dates for the next Nutrition Screening Week are 12th – 14th January 2010 and we hope that we can rely on your support to make it a success.

Please contact the BAPEN Office to register your interest in participating now. Also, we would welcome some help in running the next Nutrition Screening Week. If anybody is interested in working with us and gaining experience of managing the project, data entry and analysis under the supervision of Professor Marinos Elia at Southampton, please do let us know.

BAPEN Reports, Awards, Quotes & Comment Make Malnutrition News in 2009

RHONDA SMITH, COMMUNICATIONS MANAGER FOR BAPEN
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Publication of two new BAPEN Reports – Improving Nutritional Care & Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers and Combating Malnutrition – ensured BAPEN made headlines across broadcast, newspaper, professional magazine and on-line media in the first quarter of 2009.

The new health economic calculation contained in both reports generated headlines in money and people terms, not just across the UK but also in the Middle East and China!

3 million at risk of malnutrition at cost of £13 billion

'Malnutrition affecting 3 million in UK' shouted BBC Health On-line, Guardian, Men's Health, Nursing Times, Mature Times, The Lancet, Tehran Times and China Daily News. Local Government Chronicle, Hospital Healthcare and Health Service Journal headlined on the £13 million cost of malnutrition.

Supporting statements from Help the Aged, Age Concern, RCN, BDA and NPSA generated further newspaper and website coverage.

Following the formal launch of the Reports in the House of Commons, hosted by Paul Burstow MP, a number of MPs who attended featured the Reports on their websites with some also contacting their local papers.

Why malnutrition matters

Dr Mike Stroud kicked off his formal appointment as Chair with a 'Scrubbing Up' article published on the BBC Health website. Addressing malnutrition in the primary care setting, the focus of the article, is the topic Dr

Stroud has selected as an area of focus. To read the article log on here: <http://news.bbc.co.uk/1/hi/health/7879742.stm>.

Another headline prompted by Dr Stroud first broke in the Daily Mail – 'Hospitals spend less on patients' food than prisons on inmates' with a call to adjust that expenditure. Eight Chinese newspapers picked up on this story together with professional journals and websites.

Malnutrition on death certificates causes consternation

A month later, 'Malnutrition kills 240 NHS patients a year' screamed the headlines on Channel 4 News, Guardian, Sky News, Birmingham Mail, Metro Radio, and over 40 local news outlets across the UK.

Prompted by a Parliamentary question posed by Stephen O'Brien Shadow Health Minister, based on data provided by UK National Statistics, the answer to the question seemed to indicate that deaths of patients from malnutrition in hospital and nursing care

had risen over the 10 years of the life of the Labour government.

Challenging the data, it became evident that the increase could be explained by malnutrition appearing on any part of the death certificate, not as prime cause. Indeed, from BAPEN's perspective such data could be argued as a positive, demonstrating that malnutrition was becoming increasingly recognised as contributing to mortality.

Dr Tim Bowling responded to media enquiries from BBC West Midlands, effectively putting the story into perspective.

The collection, annotation and collation of data concerning malnutrition has long been of concern to BAPEN and the charity will continue its efforts with government and the DH and others to seek further clarification on collection of data.

Do send copies of any coverage on BAPEN and the activities of its Associated Groups that we may have missed to: rhonda@minervaprc.com



Sir George Young MP (North-west Hampshire) pictured here with Rhonda Smith, attended the launch and covered the issue of malnutrition on his website



Paul Burstow, MP



BAPEN Medical Summer Meeting Nutrition and Renal Medicine

Date: Thursday 18th June 2009 • Venue: St Bartholomew's Hospital, 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)

ALL WELCOME

- Members of BAPEN Medical; Members of BAPEN; Any clinician or healthcare professional with an interest in

nutritional support; Nephrologists/urologists; Intensivists; Surgeons; Trainees of all disciplines in particular are welcome

Registration costs (including coffee, tea and lunch):

- Until 18th May 2009: £46.00 (inclusive of VAT) for BAPEN Medical/BAPEN members and £69.00 (inclusive of VAT) for all others.
- After 18th May 2009: £66.00 (inclusive of VAT) for BAPEN Medical/BAPEN members and £89.00 (inclusive of VAT) for all others.

To reserve a place, please visit the BAPEN website www.bapen.org.uk and download a registration form.

BAPEN Medical Teaching Day - Nutrition and the Dysfunctional Gut

Date: Monday 12th October 2009 • Venue: Cardiff International Arena

Topics to be covered include:

- Spectrum of gut dysmotility and IBS
- Pseudo-obstruction (medical and surgical management)
- Food allergy and intolerance
- Organic v functional vomiting
- Case presentations

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

ALL WELCOME

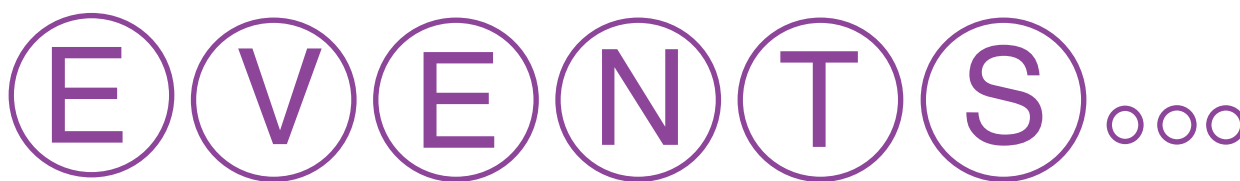
- Members of BAPEN Medical; Members of BAPEN; Any clinician or healthcare professional with an interest in nutritional support; Surgeons; Trainees of any discipline

KEEP THE DATE FREE – MORE DETAILS TO FOLLOW

For informal enquiries, about either of these events, please contact:

Dr Nicki Simmonds (Honorary Secretary BAPEN Medical)

Email: nicola.simmonds@ldh.nhs.uk • Tel: 01582 497 519 • Fax: 01582 565 439



A Short Course in Parenteral Nutrition Does one size fit all?

Date: 21st July 2009 • Venue: University of Derby, Kedleston Road Site, Derby

With the current climate in the NHS, services are being questioned, including aseptic production. Providers are expected to judge which products are made on site and which are purchased pre-made. Nutrition is not exempt from such decisions. This study day looks to address these issues. Does one size fit all? Does parenteral nutrition have to be made on-site? Why does everyone receive different bags when surely their feed can be standardised? The introduction of standard menus over the past few years has certainly helped with capacity issues in our aseptic units - but are they used appropriately? Come along and find the answers to your questions.

Programme to include:

- Why did standard bags come about?
- Standard bags for Adults
- Standard bags for Paediatrics and Neonates
- Non standard patients-Adults
- Non standard patients-Paeds
- Workshops
- Stability on the fringes
- Competency Framework

For further information visit: www.bpng.co.uk



NNNG Annual Conference 2009

Date: 22nd & 23rd June 2009 • Venue: Knebworth Barns, Knebworth House, Hertfordshire

Highlights:

- Feeding the critically ill
- Biochemistry: interpreting blood results in the critically ill
- Fluid and sodium balance
- Board to ward: leadership in nutritional care
- Anatomy and physiology: an overview of the gut

- NNNG Member presentations

2008 prices held for 2 day packages.

For more details:

Website: www.nnng.org

Email: Jane.fletcher@uhb.nhs.uk



The Parenteral and Enteral Nutrition Group
of the British Dietetic Association

PEN Group Summer Meeting Education, Education, Education...

To celebrate 25 years PEN Group are having an extra special summer meeting

Date: 3rd – 4th August 2009 • Venue: Park Inn London, 92 Southampton Row, London

Over the two days we are going to launch our new education strategy for the future.

Background to the development of the strategy
PEN Group education survey

Partnership working with:

HEI's to develop our masters program as an exit point for the clinical update.

BDA to develop a Tier 1 program on Enteral and Parenteral Nutritional support (ANS) that is 'off the shelf' product with some modular elements that can be delivered individually on refeeding syndrome and calculation of energy requirements.

AGM

Hot topics for PEN members:

- ACBS Prescribing

- Prescribing
- NPSA – Enteral feeding tubes
- Working 'off script'
- Commissioning
- NCPOD
- BANs – The future

Costs:

One day delegate rate: Pen Group Member £70, Non PEN Group Member £90

Two day package including celebratory dinner: Pen Group Member £160, Non PEN Group Member £225

Once speakers are confirmed a final programme will be available via the PEN group website http://www.peng.org.uk/peng_meetings.html and emailed directly to PEN group members.



Registered charity 327878

PINNT's Annual General Meeting

Date: 13th June 2009 • Venue: The Village Hotel, Pinehurst Road, Farnborough, GU14 7BF

Our AGM will be held on Saturday 13th June 2009 at 11.30 a.m. Refreshments will be available from 11.00 a.m. The venue will be The Village Hotel, Farnborough – The Hub, The Vision Room.

The agenda will be as follows:

1. Welcome & Introduction
2. Approval of the minutes AGM 28.6.08
3. Chair's report
4. Secretary's report
5. Treasurer's report
6. Resignation of Officers & Executive
7. Election of office for 2009/10
8. AOB

Presentations will be given by the EC on the following:

- The new website
- EC – the faces behind the names ~ The Vision for the next term of office...

Interested in becoming a member of PINNT...

If you would like further information on becoming a member of PINNT please contact us at the details below.

For further information:

Tel: 01202 481625

Email: pinnt@dsl.pipex.com

Address: PO Box 3126, Christchurch, Dorset BH23 2XS

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

Website: www.peng.org.uk

BAPEN Medical Teaching day - Nutrition and Renal Medicine

Date: **18th June 2009**

Venue: Central London

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

For further information contact:

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Fax: **01582 565439**

All welcome – more details to follow

See BAPEN Medical's section within Core Group Events for further information

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

See NNNG's section within Core Group Events for further information

Nutrition Society Annual Summer Meeting

Over- and Undernutrition: Challenges and approaches

Date: **29th June – 2nd July 2009**

Venue: University of Surrey

Website: www.nutritionandsociety.org and click on NS Summer Meeting 2009 for further information

BPNG Meeting – A Short Course in Parenteral Nutrition – Does one size fit all? When and how to use standard PN bags

Venue: University of Derby

Website: www.bpng.co.uk

See BPNG's section within Core Group Events for further information

The PENG Summer Meeting and 25th birthday Celebrations

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

Venue: London TBC

Website: www.peng.org.uk

See PENG's section within Core Group Events for further information

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

The Failing Gut - causes and consequences

Date: **17th September 2009**

Venue: Royal College of Physicians, London

Website:

<http://www.rcplondon.ac.uk/event/details.aspx?e=1408>

BAPEN Medical Teaching Day - Nutrition and the Dysfunctional Gut

Date: 12th October 2009

Venue: Cardiff International Arena

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

See BAPEN Medical's section within Core Group Events for further information

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

Healthcare Events: Upcoming Conferences

Dates: Please access web address

Website: http://www.bapen.org.uk/pdfs/meetings/healthcare_events.pdf

National Adult Small Intestinal Transplant Forum

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

2009 Meetings: 8th June: Hope Hospital, Salford, Manchester (11-4pm)

14th Sept: St Mark's Hospital, Harrow (2-5pm)

7th Dec: St Mark's Hospital, Harrow (2-5pm)

Cost: free

For further information please contact

Dr Simon Gabe (020 8235 4089, simon.gabe@nwh.nhs.uk)

Dr Stephen Middleton (01223 217467, stephen.middleton@addenbrookes.nhs.uk)

Addenbrooke's
NHS Trust

Oxford Radcliffe Hospitals
NHS Trust

Salford Royal
NHS Foundation Trust





MALNUTRITION MATTERS 2009

BAPEN Annual Conference



13th & 14th October – Cardiff International Arena

BAPEN takes its campaign to Wales, challenging the home nations to reduce the malnutrition that exists in so many UK care settings

BAPEN 2009 Programme includes:

- **The Six Nations Replay – Tackling Malnutrition at Home and Abroad**
The home nations and the rest of the world will reveal their game plans as they prepare to scrum down in the big push against under-nutrition
- **A Question of Access: The Long and the Short of PN Delivery**
This case study based symposium will explore the practical issues of access in long and short term PN delivery
- **The Skeleton in the Closet – Malnutrition in the Community**
A look at the incidence of malnutrition in the community, incentives to screen for it and BAPEN's initiatives to treat it
- **Death by Drowning**
Practical advice on fluid and electrolyte management based around the recently published British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFTASUP)
- **Whose Fault was it Anyway? – Competencies in Training**
An entertaining session looking at a hypothetical patient death and how the finger of blame could be pointed at any member of hospital staff – including the nutrition team!
- **Too Many Pies – Metabolic Competences in Obesity**
Exploring the nutritional challenges of managing the growing number of obese patients in care settings
- **Who Pays for it Anyway? – Commissioning Nutritional Care**
An overview of World Class Commissioning exploring the ways in which clinicians can influence their local commissioning agendas to secure funding for nutrition teams, both in the hospital and the community
- **Downsize Me**
The symposium will concentrate on the metabolic causes and consequences of obesity and its treatment – including the use of bariatric surgery
- **Drugs and Nutrition**
Have you ever wondered how drugs might affect nutritional intake, or how nutritional status can influence the way drugs work? Find out in this exciting symposium
- **BAPEN's Got Talent: The Nutritional X-Factor!**
Five hopefuls will have just five minutes to convince a panel of highly opinionated BAPEN judges and the audience that what they are involved in is the most exciting development in clinical nutrition today

NEW FOR 2009 – BAPEN Basics Course “Getting to grips with Nutrition”

If you have a particular interest or are looking to specialise in the field of nutrition support then this foundation course for you!

BAPEN Medical Teaching Day – Monday 12th October, 2009 – “Nutrition and the Dysfunctional Gut”

This day will provide the delegate with a strategy to disentangle the complex problems of patients with a 'dysfunctional gut'.

Abstracts will be considered for oral, e-poster & static poster sessions. Abstracts relating to the symposia themes are particularly welcome. Abstract submission deadline 26th June 2009.

First announcement programme and full registration information now available. Early Bird registration rates available until 31st July 2009.



BAPEN Annual Dinner – Tuesday 13th October, 2009

Saddle up partners and dust off those spurs, as we head for a whip-cracking, high-stepping Wild West hoedown. Dig out those jeans and checked shirts and don't forget your cowboy hat!

Saloon opens at 7:30pm at the Mercure Holland House Hotel, Cardiff.

Don't forget to book your ticket when you register for the conference!

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