

Meeting Quality Standards



Core and Committee
Group Updates

BAPEN 2010 Conference Preview

PLUS: Diary Dates, What's New and NCEPOD PN Report...

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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.

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

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www.bapen.org.uk

A message from BAPEN's chairman

DR MIKE STROUD
HONORARY CHAIRMAN



A year ago, BAPEN decided that we should concentrate for 2009/10 on spreading the message that good nutritional care ticked all the boxes in the NHS Quality Agenda. This led to our writing directly to the Chief Medical Officer and every member of the National Quality Board, Care Quality Commission and Parliamentary Health Standards Committee, and I like to think that those letters helped to bring about the current situation with nutritional care highlighted in many Government and Department of Health initiatives.

Following on from the letters, we decided to develop guidance to help ensure the incorporation of best nutritional care into all NHS and Social Care settings and, after a great deal of hard work by members of our own quality group and a variety of partner organisations, our Toolkit for Commissioners and Providers: 'Malnutrition Matters: Meeting Quality Standards in Nutritional Care' has now been launched.

The Toolkit opens with background information on malnutrition and its importance in UK health settings before providing a summary of national standards and recommendations on nutritional care. It then emphasizes the four key steps that should be implemented in every health and social setting, namely:

1. Identify malnutrition through screening and assessment
2. Implement appropriate care pathways for all those identified as malnourished or at risk of malnourishment
3. Train all frontline staff in the importance of nutritional care
4. Ensure that management structures are in place to support best nutritional practice

To take organisations through these four elements in a systematic fashion, we then provide seven detailed tools which permit assessments of local need and levels of current provision; definition of nutritional care pathways; education and training of staff; and the development of service specifications, operational frameworks and quality indicators for monitoring and review. The whole thing is freely available to download from the BAPEN website and I hope that all BAPEN members will find it useful in promoting nutritional care standards within their own organisation.

So far, the Toolkit has been very well received with many enthusiastic expressions of support including messages from the President of the Royal College of Physicians, the Director of Age UK, the Chairman of British Dietetic Association and the Director of the National Patient Safety Agency as well as many others. Furthermore, we have also received Government support with a statement from Paul Burstow, the new Minister of State for Care Services, which read:

"I welcome the leadership shown by BAPEN and the many other respected organisations that collaborated in developing this resource and I hope that care providers and commissioners will use it to make sure older people receive the nutritional care they are entitled to."

So far then so good, and one year on from our commitment to highlight nutritional care in the quality agenda, I think we can be proud of our achievements. There can, however, be no let up in the fight to keep nutritional issues near the top of the NHS, political and public agendas and so for 2010/11, we have decided to focus down within the nutritional care and quality arena to that of nutritional care and safety. And I hope that this time next year, we can look back and once again claim to have achieved something worthwhile.

TIM BOWLING

HONORARY SECRETARY

There are a number of forthcoming important elections and nominations that BAPEN needs to bring to your attention. BAPEN is always on the look-out for 'new blood' from enthusiastic colleagues, whatever professional group or seniority. We are in very exciting times and we would welcome any member to involve themselves in BAPEN's activities.

Honorary Senior Officer

We are looking to appoint a third Senior Officer, alongside Andrea Cartwright and Becky White. This is usually for a three-year term. The role of the Senior Officers is to support the Chairman, Secretary and Treasurer and be part of the Executive Committee (as well as Council). Both Andrea and Becky would be very happy to discuss this post in more detail and
(andrea.cartwright@btuh.nhs.uk and rjwhite14@aol.com).

Please could any expressions of interest be sent directly to myself via email: tim.bowling@nuh.nhs.uk.

A resume will only be sought if there is more than one applicant. The closing date is 5pm Friday 17th September.

Secretary

I am standing down as Secretary at the conference in November 2010, having completed the requisite three years in post. This post, like the Chairman, is elected by Council with the successful applicant put forward at the AGM at the conference in November.

Could I ask for any expressions of interest to be sent directly to myself via email: tim.bowling@nuh.nhs.uk. A resume will only be sought if there is more than one applicant. The closing date is 5pm Friday 17th September.

I am more than happy to be contacted by any prospective applicant.

The Chairman

Our Chairman, Dr Mike Stroud, is due to stand down at the end of 2011. To enable a smooth transition the Constitution has recently been changed so that the successor is elected one year in advance of taking up the post and thereby spending 12 months as Chairman-elect and sitting on the Executive and Council for this period. We, therefore, need to appoint Dr Stroud's successor before the upcoming BAPEN conference in November.

Could anyone who would like to nominate themselves for this position send to BAPEN Office a brief resume about themselves – why they would like the post, why they would be a suitable appointment and what their vision is for the Association.

The word limit for this is 500, and the closing date is 5pm Friday 17th September. Please send to Jennie Mort via email: Jennie@sovereignconference.co.uk. Any submissions received after this time will not be eligible.

The election itself is the responsibility of Council rather than the membership as a whole. Hence, the voting members on Council will be sent the nominations and be asked to submit their responses prior to the conference in Harrogate. The successful applicant will then be put forward at the AGM for approval.

Dr Stroud would be very happy to be contacted by any prospective applicant. His contact email address is: M.A.Stroud@soton.ac.uk.

John Lennard-Jones Medal

The Executive Officers, Council members and any individual member with two seconders are invited to submit, with reasons, applications to the Faculty for the award of a John Lennard-Jones Medal.

The John Lennard Jones Medal is BAPEN's highest award and the gift of the Faculty for individuals who have significantly contributed to BAPEN over a long period of time. Often, but not always, it is awarded to an individual on retirement or departure from BAPEN activities. It is preserved, therefore, for the truly deserving and not necessarily awarded every year. The medal will be publicly presented by a member of the Faculty at the Annual BAPEN meeting.

Applications, which should not exceed 500 words in length, should be submitted to the Chairman of the Faculty, Professor D.B.A. Silk, via BAPEN Office: Jennie@sovereignconference.co.uk by 31st August 2010.

• NEWS • NEWS • NEWS • NEWS • NEWS • NEWS •

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

All Party Parliamentary Group (APPG) – Calling all Local MPs

BAPEN to provide Secretariat for new APPG Nutritional Care including Hydration

Safe Nutritional Care saves lives, improves clinical and care outcomes and patient experience, and saves money – and its official! The evidence on the effectiveness of paying attention to nutrition to improve the quality of care is now accepted at the highest levels of policy and practice. This acceptance presents health and care professionals with an ideal opportunity to improve outcomes whilst also reducing costs across national, regional and local NHS and social care budgets. Successful and timely implementation, however, will be challenging given the current climate.

To maintain focus on nutritional care, including hydration, and to continue to press for implementation at national and local levels, a new All Party Parliamentary Group (APPG) is being set up in Westminster with the support of members of the House of Commons and House of Lords, managed by a Secretariat provided by BAPEN. The aim of the APPG is to ensure that nutritional care remains high on the agenda of delivering Safe Quality Care at all levels and does not 'get lost' in the current activity of budget cuts and NHS reorganisation.

BAPEN with many other professional partners have

long campaigned for nutritional care to take its rightful place as a key determinant of improved health outcomes and reduced health inequalities. The current advantage must not be allowed to slip through our fingers and the APPG will help in that endeavour by both challenging Government and DH at the highest level and supporting local MPs to press for local implementation to the benefit of all constituents.

All BAPEN members and readers of In Touch can help by identifying their local MP, writing to them at their constituency office and asking what they know about the importance of nutritional care and how it is being delivered locally. The letter can point them to the newly set up APPG of which they can become members and provide my contact as the Secretariat for the group (rhonda.smith@bapen.org.uk).

If you would like more information, or to discuss your letter to your MP, please do not hesitate to contact me by email as above or by phone 07887-714957

Rhonda Smith, Secretariat APPG – Nutritional Care including Hydration

Nutrition Screening Week (NSWI I)

6th – 8th April 2011

Help BAPEN collect data on malnutrition on admission to hospital and care in Spring and sign up to take part in the fourth Nutrition Screening Week.

Save the date – and watch the BAPEN website for further information.

Study Links Malnutrition and Depression in Elderly Hospital Patients

Over half of malnourished patients in hospital also show signs of depression, according to a small-scale study* presented at the International Congress of the Royal College of Psychiatrists, which took place in Edinburgh (June 2010).

Doctors from Barnet and Chase Farm Hospitals NHS Trust in London studied 129 elderly patients who were admitted to medical wards in August 2009. They were assessed for malnutrition (using the Liverpool nutritional score**) and depression.

The mean age of the patients was 80.2 years. 70 (54%) of the patients showed signs of malnutrition and 60 (47%) had depression. 40 of the 70 malnourished patients (57%) were also depressed. Of the non-malnourished patients, only 9 (15%) were depressed.

Dr Shakil Alam, lead author of the study, said: "We found that nutritional deficit was significantly associated with depression. However, further research is needed to find the direction of causation in this relationship – does being depressed put people at greater risk of malnutrition, or does malnutrition make people depressed? Or is there another factor at work? Malnutrition and depression are very common in the elderly, and can lead have serious implications. Dr Alam said: "Our study shows that health professionals need to take the problems of malnutrition and depression extremely seriously. If staff identify patients as suffering from one of these problems, it should prompt screening for the other."

* Depression in Malnourished Medical Patients. Dr Shakil Alam, Dr Jose Sanchez-Crespo, Dr A Vignaraja and Dr R D'Souza, Barnet and Chase Farm Hospitals NHS Trust. The research was presented at the International Congress of the Royal College of Psychiatrists, Edinburgh, 21-24 June 2010.

** Nutritional Status was assessed using the Liverpool nutritional score (Liverpool nutritional assessment: Taken from: Barnet and Chase Farm Nursing Assessment booklet). Malnourishment was a score of 8 or greater.

Need to get back 'In Touch'!

Can't find your copy of the last issue? Need to look at something specific in a past issue of In Touch?

As a Member of BAPEN you have access to back issues of In Touch via the Membership section on the BAPEN website: www.bapen.org.uk

From now on back issues will be uploaded to the BAPEN website in a new, exciting format – as an interactive, digital e-publication – allowing you to flip easily through the publication, access links of interest at the click of a button and zoom in on information that is of particular interest.

Social Networking with BAPEN!

Want to know what's going on with all things related BAPEN more often? Then make sure you are networking with BAPEN online via:



BAPEN's facebook page, find us on facebook:

www.facebook.com/pages/BAPEN-British-Association-for-Parenteraland-EnteralNutrition/291856937810?ref=ts&tv=wall



Don't miss BAPEN tweets and follow us on Twitter@BAPENUK

NCEPOD REPORT – A MIXED BAG – PUBLISHED...

Major Deficiencies in Artificial Nutrition given in Hospitals Identified by National Enquiry.

A national enquiry has found major deficiencies in the way hospitals are giving artificial or parenteral nutrition (PN) to sick adult patients and vulnerable premature babies causing avoidable complications, according to the findings in a new study from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

Lead report author Dr James Stewart, NCEPOD Clinical Co-ordinator and a Consultant Gastroenterologist, said: "We found that adults are often given this treatment when it is not needed. Care must be improved in the provision of artificial nutrition across all patient groups."

Parenteral nutrition is the method used to feed patients intravenously when they are unable to absorb sufficient nutrition through their gastrointestinal tract. It is also a mainstay of treatment for premature babies.

Co-author Dr David Mason, NCEPOD Clinical Co-ordinator and Consultant Anaesthetist, said:

"Premature babies may receive insufficient nutrition for their energy requirements" and called for "those responsible for the provision of PN to pre-term babies to develop greater consensus on its use."

A Mixed Bag reviewed the hospital care of 877 adult and 264 neonatal patients who were given PN, and found good practice in less than a quarter of all cases.

The enquiry also found clear evidence of poor care and documentation when feeding catheters (central venous catheters – CVCs) were inserted.

Dr Stewart stated that: "CVC insertion is an

invasive procedure that carries well recognised risks, which means that it must be properly documented." He called for: "Improvements in education around CVC insertion and care."

NCEPOD Chairman Bertie Leigh said: "It is deeply depressing that the quality of care is so often unsatisfactory. Indeed, in discussion with the NCEPOD Steering Group the scale of disappointment verged on disbelief."

He called on the new Government to appoint a Nutrition Tsar to: "Harness the energies of all those involved in artificial nutrition."

Key findings

Adults

- Good practice was found in only a fifth (19% of 877 case reviews)
- PN was administered for an inappropriate clinical reason in nearly a third of cases reviewed (29% of 808), and assessment and monitoring was inadequate in half
- Complications were avoidable in half of the adult cases (49% of 164).

Key recommendations

- Clinicians need to recognise a patient's need for PN early
- Where PN is needed it should be administered without delay
- PN should only be given when all other feeding methods have been considered and excluded
- Regular clinical and biochemical monitoring of the patient should be mandatory.

Premature babies

- Good practice was identified in a quarter of cases (24% of 264)
- In almost a third of cases (28% of 252) there were delays in recognising the need for PN and then further delays in starting PN in 17% of cases (36/210)
- In 37% of cases reviewed (178) the first PN administered was considered inadequate for the babies' needs
- Complications were avoidable in a fifth (19% of 32) of premature babies on PN.

Key recommendations

- The need for PN should be considered early for premature babies
- Once a decision to administer PN is taken it should be started immediately
- The first PN must be adequate for babies' needs
- The National Institute for Health and Clinical Excellence (NICE) should develop guidelines on nutritional support for neonates and children.

BAPEN Welcomes the Evidence contained in the NCEPOD Artificial Nutrition Enquiry Report

Dr Mike Stroud, Chair of BAPEN states: "The NCEPOD Report 'A Mixed Bag'* provides solid evidence that many hospitals are currently delivering unsafe artificial nutrition to the most vulnerable adults and babies.

The irrefutable data confirm what BAPEN and other organisations such as NICE have been saying for some time – that standards in nutritional care must be improved to ensure all patients receive quality, safe and equal treatment from staff who are appropriately trained and supervised.

Artificial or parenteral nutrition (PN) is tube feeding delivered intravenously and is used where the gut is inaccessible or unable to absorb sufficient nutrition. It is an invasive and complex procedure which requires input from a multi-disciplinary team to deliver the specialist training, supervision and monitoring needed to avoid the inappropriate use and avoidable complications identified in the NCEPOD Report.

Previous evidence¹ has already established that improved nutritional care is delivered when a hospital has a multi-disciplinary Nutrition Support Team (NST), a practice that BAPEN and its members have long championed. Although we have not had the opportunity to examine the data from each hospital site, we are confident that examples

References:

*The majority of members of the Expert Group who advised NCEPOD on the study are members of BAPEN and more than half the Advisors who reviewed the cases are also members.

1. NICE, 2006: Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition <http://guidance.nice.org.uk/CG32>

Lennard-Jones J 1992, A positive approach to nutrition as treatment, Kings Fund, London • 2. BANS British Artificial Nutrition Survey the unique national audit of clinical nutrition practice, managed and currently funded solely by BAPEN, has made vital contributions to the planning and delivery of high quality nutritional care in the UK • 3. HIFNET, the Home Intestinal Failure Network, brings the multidisciplinary team including medical and surgical clinicians together to improve standards, share good practice and highlight challenges in the long term management of intestinal failure and PN. A commissioning framework has recently been established endorsed by NHS specialised commissioning, the Royal College of Physicians and Royal College of Surgeons of England with BAPEN members.

of better practice were observed where such teams were in place."

Dr Mike Stroud continues: "BAPEN supports the recommendations set out in the NCEPOD Report, particularly those concerned with training of staff in decision-making and monitoring. However, in response BAPEN makes two further recommendations:

1. All acute hospitals should have multi-disciplinary NSTs in place to oversee PN prescription and management in line with previous recommendations from NICE and BAPEN.
2. A rolling system of registration and audit of all patients on PN should be established to monitor practice and hence secure improved standards in PN usage and on-going care. This registration and audit system could be delivered by extending BAPEN's existing BANS database² which currently covers patients on long-term home PN, to cover all PN patients, both in and out of hospital. BAPEN would welcome support to develop this idea in partnership with the DH. The system would also support the work of the newly established commissioning and management framework that deals with intestinal failure and longer-term PN known as HIFNET."³

For further information about NCEPOD or to download a copy of 'A Mixed Bag', visit: www.ncepod.org.uk

BAPEN AWARDS ROLL OF HONOUR 2010



**Have you given a lot to BAPEN
in 2009/10, or do you know a
colleague who has?**

Any BAPEN member can be nominated for the Roll of Honour. We are very keen to reward the 'unsung heroes' who work hard behind the scenes, but do not necessarily get any glory, for example, a Regional Rep or Committee Member.

If you would like to nominate either yourself or a colleague, please e mail the BAPEN Office (bapen@sovereignconference.co.uk), who will send you a nomination form to return either electronically or by fax

Deadline: 5pm Friday 17th September 2010

**The Rolls of Honour will be awarded at the Annual Conference
in Harrogate in November 2010**



BAPEN
Advancing Clinical Nutrition

NOW AVAILABLE FROM BAPEN!

'MUST' e-learning

A resource to equip nursing staff and other healthcare professionals to meet CQC and NICE nutrition standards.

The resource focuses on screening for malnutrition using 'MUST' & improving the nutritional care of patients.

Key features:

- Based on 'MUST' screening tool for malnutrition
- Case study based interactive online e-learning resource
- Accessible at work or at home
- 20 minutes on average to complete
- Designed for all nurses – specialists and non-specialists
- Easily customised to include Trust materials and logos – standard cost: £400+VAT*
- Cost effective approach to training
- Optional reporting system to monitor take-up & completion
- For healthcare staff in hospitals – version for community available soon

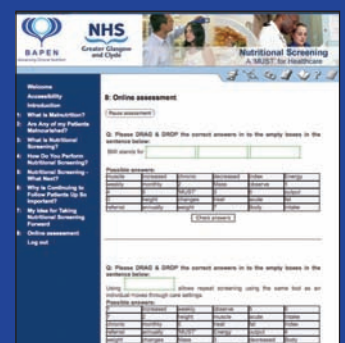
Interested in taking a look?

For further information and access to the module, please contact the BAPEN Office on: 01527 457850 or email: bapen@sovereignconference.co.uk or visit: http://www.bapen.org.uk/must_nutrition_screening.html

Developed by BAPEN in partnership with NHS Greater Glasgow and Clyde

Recognised as a 'Tool of Excellence' by NHS Education for Scotland
Endorsed by the National Nurses Nutrition Group (NNNG) core group of BAPEN

* Costs of customisation vary according to requirements – full details on application





2010 BAPEN Annual Conference MALNUTRITION MATTERS



2nd & 3rd November 2010 • Harrogate International Centre

QUALITY IMPROVEMENT IN NUTRITIONAL CARE

Quality is the word and focus this year

But what does this mean for daily nutritional practice in community, care and hospital settings?

The 2010 Annual Conference will emphasise how good nutrition is at the forefront of safe care and is a priority for all UK health care professionals from hospital to community.

This will be apparent from the very opening session – Ensuring Quality in Nutritional care – which starts with a look at the Care Quality Commission (CQC). Although the CQC is the independent regulator of all health and adult social care in England, they have made meeting nutritional needs an essential standard of quality and safety which will be of interest to all UK health professionals who want to create better nutritional services. BAPEN Chair, Mike Stroud, will be giving invaluable insight into making such services a reality with a look at the BAPEN Malnutrition Matters Toolkit for Commissioners and Providers. Screening is at the heart of a quality nutrition service and Professor Marinos Elia will show how the 'MUST' e-learning module can play a vital role in the efficient, cost effective training of all healthcare staff. The importance of perusing data to improve quality will be illustrated by Dr James Stewart, Consultant Physician & Gastroenterologist, Digestive Diseases Centre, Leicester Royal Infirmary. He will give a detailed report on the The NCEPOD's audit of national PN practice that uncovered among other very worrying findings:

- Good practice around PN was only identified in 19% of patients
- Inadequate consideration was given to enteral nutrition in a third of patients on PN
- PN was administered for an inappropriate indication in 29% of patients
- There were deficiencies in the assessment and monitoring of PN patients in 54% of cases
- Metabolic complications occurred in 40% of PN patients and 49% of these were probably avoidable

Hear all the NCEPOD PN findings in detail at BAPEN 2010!

The quality and safety theme is also major focus of Symposium 6 – Test your IQ: Improvement in Quality. Ailsa Brotherton tells us why this symposium is a must for everyone involved in setting up and delivering safe nutritional care.

Colleagues with a high 'Intelligence Quotient'

will make sure they attend this symposium which will focus on 'Improvement in Quality' across acute and community settings. This symposium will open with a sharp focus on quality standards in nutritional care and explore how all organisations and care settings can demonstrate they are meeting the quality standards for nutrition.

The CQC has a key role in driving quality improvement in nutrition as their Essential Standards of Quality and Safety specify nutritional outcomes that apply to all providers, focusing on service user experience. The outcomes clearly state that individuals who use services should be supported to have adequate nutrition and hydration. Compliance to these regulations will reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.

The CQC provide very detailed prompts for registered providers where they prepare, or support people who use services to prepare food and drink to ensure personalised care by providing adequate nutrition, hydration and support and to promote an individual's rights and choices. They are currently developing a tool that will be used by their assessors to assess organisations compliance to the Nutritional Standards. Sally Bassett, Honorary Deputy Chief Nurse East of England SHA and Director, Forensic Services, PricewaterhouseCoopers will explain the development, testing and implementation of this tool and discuss how organisations may use it to drive quality improvements in nutritional care through self assessment.

Nutritional care is central to the delivery of good quality, safe care and the challenges we all face in delivering ongoing improvements in the quality of nutritional care within the constraints of the current economic climate are immense. Clinical leadership and innovation are fundamental to success and Pam Coulthurst, Specialist Dietitian and Team Leader at the Lancashire Teaching Hospital NHS Foundation Trust, will share with you her Trust's experiences of

using BAPEN's new Toolkit, Malnutrition Matters: Meeting Quality Standards in Nutritional Care toolkit for Commissioners and Providers in England. Pam will explore how the Toolkit can assist organisations to meet required nutritional standards and share the challenges of implementing the Toolkit.

Many healthcare professionals miss the opportunities created by National Policy Payment Frameworks, such as CQUIN, to focus attention on nutritional care. Within this symposium we will also be exploring the importance of using the Policy Drivers to improve nutritional care and Rachael Masters, Team Lead Dietitian, will present her experience of getting nutritional care embedded into local, and regional, CQUIN.

The symposium will close with a focus on the key findings of the 2010 Nutrition Screening week – another excellent example of the importance of perusing data to improve quality – and an update on BANs reporting.

There really is something for everyone involved in providing quality nutritional care at this year's BAPEN. Other highlights include:

- Options in Enteral Feeding: To PEG or not to PEG, is that the only question?
- Micronutrients under the Microscope
- Best Practice in the Preparation of Patients for Bariatric Surgery
- Nutrition is the Cutting Edge in Surgery – Peri-operative Feeding
- HIFNET and PN
- From Cutting Edge Research to Clinical Practice
- Test your IQ: Improvement in Quality
- HIFNET: Building a Seamless Parenteral Nutrition Service for Patients
- Nutrition in IBD
- How to Succeed in Research
- Dragons' Den

For those who fancy some winter sun but can't afford the flights we have the next best thing – a Caribbean beach party at the BAPEN Annual Dinner!

For further information and to book online visit: http://www.bapen.org.uk/ce_annual_conf.html ►

Conference Fees*

Pre-conference registration

2-Day Conference Rate
£306.38 + VAT = £360.00

2-Day Conference Rate:
Individual Affiliate Members of BAPEN
£275.74 + VAT = £323.99

2-Day Conference Rate: Students
£153.19 + VAT = £180.00

Day Delegate Rate
£191.49 + VAT = £225.00

Day Delegate Rate:
Individual Affiliate Members of BAPEN
£172.34 + VAT = £202.50

Day Delegate Rate: Student
£95.74 + VAT = £112.49

On the day registration

2-Day Conference Rate
£331.91 + VAT = £389.99

2-Day Conference Rate:
Individual Affiliate Members of BAPEN
£298.72 + VAT = £351.00

2-Day Conference Rate: Student
£165.95 + VAT = £194.99

Day Delegate Rate
£217.02 + VAT = £255.00

Day Delegate Rate:
Individual Affiliate Members of BAPEN
£195.31 + VAT = £229.49

Day Delegate Rate: Student
£108.51 + VAT = £127.5

The 2-Day Conference Rate includes registration fees for Tuesday and Wednesday, admission to the Trade and Poster Exhibitions, tea/coffee and lunch daily.

The Day Delegate Rate includes the registration fees for either Tuesday or Wednesday, admission to the Trade and Poster Exhibitions, tea/coffee and lunch.

BAPEN Annual Dinner

Tickets £37.50 per person includes 'Caribbean Style' buffet meal, drinks, entertainment and VAT @ 17.5%.

* For further information on conference fees and booking conditions, please visit:
http://www.bapen.org.uk/ce_annual_conf.html

Travelling to Harrogate is easy...

Harrogate is famous for its spa, its shops and its many festivals. The iconic Majestic Spa Hotel dates from 1900, and is just one example of Harrogate's stunning array of Victorian and Edwardian architecture. Take a stroll round the divine Valley Gardens, Alan Titchmarsh's favourite public garden and one of Yorkshire's most beautiful. Find out about Harrogate's spa town history at the Royal Pump Room Museum and take in a show at the stunning Royal Hall Theatre. Harrogate boasts some of the best specialist shopping in Yorkshire. Find the famous Betty's Tearooms down in the Montpellier Quarter.

European royals started to frequent the spas at Harrogate in the early 20th century. The town makes a great base for exploring the Yorkshire Dales for walking and touring and also boasts the Harrogate International Centre (HIC).

Easily accessible at the heart of North Yorkshire - England's largest County, Harrogate is equidistant from London and Edinburgh (200 miles) and the East/West coasts (60 miles). This ideal geographical position is enhanced by excellent road, rail and air links to a town which has been attracting visitors for over 400 years. Visitors arriving by road will find that the motorway network delivers them smoothly to the town's doorstep from all directions. Frequent InterCity connections between London's Kings Cross typify the strong rail links and the bustling terminals of Leeds and York channel thousands of passengers through to Harrogate.

Situated in the county of North Yorkshire, Harrogate has good connections to the motorway network, for the traveller arriving by:

Car:

- From London: M1, then A1(M) - exit Wetherby (9 miles from Harrogate)
- From the North: A1 - exit Wetherby or Knaresborough (Knaresborough exit is 8 miles from Harrogate)
- From the East: M621 - A1(M) - exit Wetherby
- From the West: M56 - M62 - A1 (M) - exit Wetherby

To help plan your journey to Harrogate, visit: www.theaa.com or www.rac.co.uk

Bus or Coach:

- For details of public transport in the Harrogate District, visit: www.harrogateanddistrict.co.uk
- For details of National Express coaches, visit: www.nationalexpress.com

Train:

- Harrogate Railway Station - Regular services from and to Leeds and York being operated by GNER, VIRGIN, ARRIVA, etc.
- There is a train service from London Kings Cross via York or Leeds to Harrogate. This service is

operated daily by GNER www.gner.co.uk

- For further information on travelling by train - National Rail Enquiries Tel: 08457 48 49 50 or book tickets online via: www.thetrainline.com

Air:

- Leeds/Bradford International Airport - Tel: 0113 250 9696, Website: www.lbia.co.uk
20 mins drive from Harrogate. Daily scheduled flights Worldwide connections and direct flights from the UK and Europe.

- Manchester Airport - Tel: 0161 4893000, Website: www.manairport.co.uk

90 mins drive from Harrogate, 24 direct train services to and from Leeds station. Internal, European and Worldwide flights to a wide range of destinations.

Sea:

- North Sea Ferries - Tel: 01482 377177, Fax: 01482 79514, Website: www.ponsf.com
From Rotterdam to Hull and Zeebrugge to Hull. Hull is 60 miles from Harrogate.

Further information on Harrogate and the surrounding areas is available on the Tourist Office website www.harrogate.com

BAPEN Medical Teaching Day • Nutrition and Cancer

DATE: 1ST NOVEMBER 2010

VENUE: HARROGATE INTERNATIONAL CONFERENCE CENTRE

Topics to be covered include: Nutrition and the Causation of Cancer; The Basic science of Cachexia; The Nutritional Consequences of Chemotherapy and Radiotherapy; Nutrition Support in Cancer (oral, enteral and parenteral); Nutrition in Palliative Care; Case Presentations

All welcome: Members of BAPEN Medical; Members of BAPEN; Oncologists; Any clinician or healthcare professional with an interest in nutritional support; Surgeons; Trainees of any discipline.

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

Cost (including coffee, tea and lunch):

	Before 1st October	After 1st October
BAPEN Med/ BAPEN members	£40.00 + VAT = £47.00	£60.00 + VAT = £70.50
Non-members	£60.00 + VAT = £70.50	£80.00 + VAT = £94.00

For further information: Dr Nicola Simmonds (Honorary Secretary BAPEN Medical)

Tel: 01582 497519 • Email: nicola.simmonds@ldh.nhs.uk • Fax: 01582 565439

To book your place, please visit the BAPEN website: www.bapen.org.uk

BAPEN/BSPGHAN Paediatric Teaching Day

DATE: 1ST NOVEMBER 2010

VENUE: HARROGATE

**INTERNATIONAL
CONFERENCE CENTRE**

We are delighted to be holding a second BAPEN/BSPGHAN meeting.

The Paediatric Teaching Day will focus on the benefits and limitations of nutritional screening tools, the findings of the national review of the use of parenteral nutrition (NCEPOD) in paediatrics and neonates and the long-term nutritional and growth problems associated with short gut. This will be a multi-disciplinary day with lectures, case discussions and presentations given by dietitians, pharmacists, paediatricians, nutrition nurses and paediatric surgeons. The aim of the day will be to stimulate multi-disciplinary discussion around these fascinating and complex issues.

Costs:

BAPEN Med/ BAPEN members

Before 1st October: £40.00 + VAT = £47.00

After 1st October: £60.00 + VAT = £70.50

Non-members

Before 1st October: £60.00 + VAT = £70.5

After 1st October: £80.00 + VAT = £94.00

To book your place, please visit the BAPEN website: www.bapen.org.uk



Breakfast Briefing Meeting

Nutricia invites you to attend a free breakfast briefing at 7.30am on Wednesday 3rd November 2010

In the Ripley Suite, Holiday Inn, Harrogate.

Topic:

UPDATES IN THE DETECTION AND MANAGEMENT OF MALNUTRITION

Buffet breakfast: Served from 7.30am onwards:

Join us for Croissants, Bacon Rolls, Fruit, Tea, Coffee and Orange Juice

Briefing starts: 7.45am Briefing ends: 8.45am

Delegates can pre-book prior to the event via the conference organisers – Sovereign Conference:

Tel: 01527 518 777

Email: association@sovereignconference.co.uk

Only 60 places available so reserve your free place NOW!

BAPEN CONFERENCE

2ND/3RD NOVEMBER - HARROGATE INTERNATIONAL CENTRE



“DRAGONS’ DEN”



- Are you a budding nutritional entrepreneur?
- Are you seeking funding for your research project, audit, guideline development, training initiative, patient information or website?
- Have you invented a revolutionary feeding product or device and need financial support to develop it?

THEN WHY NOT PITCH YOUR IDEA IN THE BAPEN DRAGONS’ DEN?

The BAPEN Dragons will decide there and then if your project deserves the money you’re asking for. Submit a brief outline of your idea in no more than 500 words to bapen@sovereignconference.co.uk no later than 11th September 2010 and we’ll decide if you’ll be entering the “Dragons’ Den” on the 3rd November.

Malnutrition Matters: Meeting Quality Standards in Nutritional Care – Next steps



AILSAL BROTHERTON
NATIONAL QIPP SAFE CARE PROGRAMME MANAGER

BAPEN launched its toolkit for commissioners and providers in May 2010 with an aim of driving large scale improvement in nutritional care across all settings. BAPEN's Quality Group is now turning its focus to the implementation of the toolkit and is linking to Department of Health (DH) Initiatives to promote the Toolkit. This article reports on the work being undertaken to integrate good nutritional care into the National QIPP (Quality, Innovation, Productivity and Prevention) Safe Care Work Stream.

Providing good nutritional care is no easy task. There are a plethora of nutritional guidelines and standards to support organisations in delivering good quality nutritional care but the barriers and complexities of implementation across healthcare systems are extremely challenging. For many organisations ensuring good nutritional care requires alignment of nutrition steering committees, multidisciplinary nutrition teams, new management approaches to facilitate nutritional care across acute and community settings and real developments in systems and processes, together with improvements in recording of clinical outcomes and patient experiences. This can also only be achieved with good clinical leadership and innovative approaches and the toolkit is designed to help health and care organisations to achieve this.

Good nutritional care revolves around four main tenets:

- Malnutrition must be actively identified through screening and assessment
- Malnourished individuals and those at risk of malnutrition must have appropriate care pathways
- Frontline staff in all care settings must receive appropriate training on the importance of good nutritional care
- Organisations must have management structures in place to ensure best nutritional practice.

The DH QIPP Safe Care Work Stream

What are we trying to accomplish by embedding nutrition and hydration into the safe care agenda?

The White Paper *'Equity and Excellence: Liberating the NHS'* places a strong emphasis on safety and details how power will be devolved from Whitehall to patients and professionals. *"Professionals will be free to focus on improving health outcomes so that these are amongst the best in the world. Improving the quality of care will become the main purpose of the NHS."* (DH, 2010)

Nutritional care must be at the centre of high quality, safe care to improve health outcomes. The QIPP Safe Care Work Stream has developed a

shared ambition to significantly reduce harm from pressure ulcers, catheter acquired urinary tract infection (CA-UTI), falls and venous thromboembolism (VTE) within two years. This will be delivered by a coalition of partners (including the NPSA, the NHS Institute, High Impact Action team, the Information Centre) and Strategic Health Authorities working together to support change at the frontline of care, accelerate momentum and avoid duplication.

Within the evolving NHS structure outlined in the White Paper, this programme will be co-designed with the system and will support front line staff to make changes to provide safe and personal care to every patient, every time. We will focus our efforts on a targeted portfolio of improvements which we believe will have a significant impact on the four harms identified above; good nutritional care must be at the centre of safe and personal care.

This programme plan takes us into new and challenging ways of working. We will need to embed a range of quality methods at all levels within the system, across all organisations. Our national partners, strategic health authorities (SHAs) and participating organisations will have to demonstrate an unparalleled commitment to deliver this agenda in a challenging environment.

We will build on existing good performance and efficiency to create a culture of continuous quality improvement. Our goal is to develop a safer system in which every member understands their role in delivering safer care and works towards achieving that goal every day. Emphasis will be placed on improving systems, working towards excellence in every system, engaging all clinical and non clinical front line staff in improvement and using small tests of change to build momentum. Most importantly we will ensure shared learning from mistakes.

Significant progress has been made over the last decade to improve the safety of healthcare. Demonstration programmes, such as the Safer Patients Initiative, Patient Safety First, Matching Michigan and Leading Improvement in Patient

Safety (LIPs) have provided a platform for leading edge organisations to raise their ambition for safety. We also have demonstrable evidence that we can make change at scale. The best example of this is the systematic improvement in infection control, which has been achieved through policy and practice coming together around shared goals. At the outset of these programmes many believed that the desired change was not achievable, but, by sharing and learning we have demonstrated that it is indeed possible to deliver safety improvement at scale. We now need to move further and faster, identifying some key safety issues which we can focus on to deliver our next wave of improvements.

Nutrition and hydration (alongside other basic systems of care) will be at the centre of our next wave of improvements, which will be delivered through a national improvement programme. The QIPP safe care team will work with a small team in each of the ten SHAs to implement the QIPP safe care programme. A supportive network of regional safety leaders will be recruited from the strategic health authorities, quality observatories, universities and local government. This supportive network will act as field agents to support frontline teams in the delivery of this ambitious programme of work, driving improvements in the delivery of nutritional care at scale and pace.

Programme Description

Pre-work

Each SHA will establish a safe care programme support team (using staff with expertise in safety governance [PSATs]), high impact interventions and safety improvement (NHS III solutions or Quality Observatories). Each SHA programme team will work to recruit 10 organisations to participate in the QIPP safe care improvement programme. Each organisation will form an improvement team (up to 10 frontline healthcare professionals) to work across acute, primary and social care within a geographical location. This is crucial to the delivery of seamless nutritional care pathways.

Phase 1: Safety 100

The nine-month programme, comprising three face-to-face meetings 90 days apart, will be delivered using the IHI (Institute for Health Improvement) breakthrough series collaborative framework. During this programme we will provide training in improvement, measurement and mobilising to support teams to work together to innovate and spread best practice rapidly. New knowledge will be archived into simple bundles and change packages which will be used to accelerate the rate of change. Learning Sessions will be held across England.

Phase 2: Safety 300

Phase two of the safety programme will be run for the system by the system. It is envisaged that three organisations (from each region) that successfully accomplished the aim within the one year time frame will be invited to act as 'nodes' and will replicate the programme (established in phase 1) in 10 more organisations (30 per SHA). Once again, learning and knowledge will be archived and spread rapidly by planned large scale change.

Scale Up and Spread: Safety Assured

In the 'safety assured' phase organisations from Phase 1 and 2 will work to sustain results and transfer learning deep within the healthcare system and to other key safety domains. Ongoing monitoring of data will be required.

Why a breakthrough series collaborative approach?

The breakthrough series collaborative (BTS) model is a proven intervention in which teams can learn from each other and from recognised experts around a focused set of objectives. The key to success is engagement, alignment and collaboration. Subject matter experts work with improvement experts who help organisations select, test and implement changes on the front line of care. Systems are re-designed from the bottom up using small tests of change. Engagement in this process is absolutely crucial to success. To date, within the field of nutrition, there has been a heavy reliance on subject experts to provide guidance and standards with little focus on the role of improvement experts to ensure widespread implementation of improvements in nutritional care.

A BTS collaborative provides a framework to optimise the likelihood of success for improvement teams. It works best when there is a deficit in quality which can be identified by teams as 'unacceptable' and where there are pockets of excellence which can be used for learning. This approach is therefore well suited to the nutrition agenda as we can define 'unacceptable practice'. It is unacceptable for patients not to be screened on admission; it is unacceptable for patients not to have repeat screening where required; it is unacceptable for patients not to have a nutritional care plan where one is indicated; and it is totally unacceptable for nutritional care plans not to be implemented. We also have ample areas of excellent practice, some of which are highlighted in the High Impact Actions 'Essential Collection' which we must use to share learning across the healthcare system.

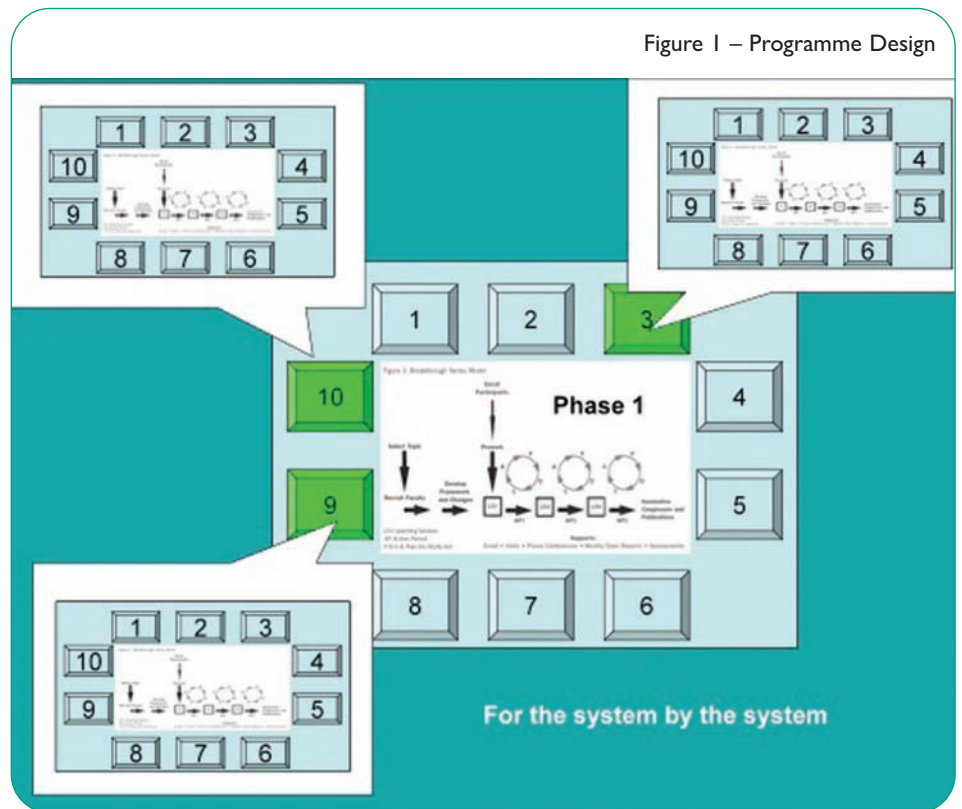
Critical success factors include leadership support, patients at the helm, a clear aim, focus on measurement, an agreed time frame and clinical engagement. Teams commit to working together over a fixed period and attend three learning sessions. In-between learning sessions there are 'action periods' where teams test changes. Learning sessions provide instruction in the theory and practice of improvement and feedback to senior leaders, focusing the organisation's learning. Each team reports on their methods and results, lessons learned and provide social support and encouragement for making further changes. During the intervening action periods participating teams have direct access. This is an ambitious aim and will present key challenges; we must identify the key elements of nutritional care that must be delivered to achieve the outcomes and the Toolkit provides a

sound basis on which to build this improvement work. BAPEN will continue to work closely with the organisations involved in the production of the Toolkit and the DH QIPP Safe Care Team to provide the nutritional expertise to the National Improvement Programme.

Malnutrition does matter and no NHS or social care organisation can claim it is delivering safe, effective, quality care without appropriate nutritional care policies in place. These must be a priority for all and organisations that deliver good nutritional care will see improvements in clinical outcomes and patient experience whilst simultaneously achieving significant reductions in costs.

Call to action: SHA's will soon be asking organisations to opt into this programme – get involved to drive improvement for your patients in your Trust.

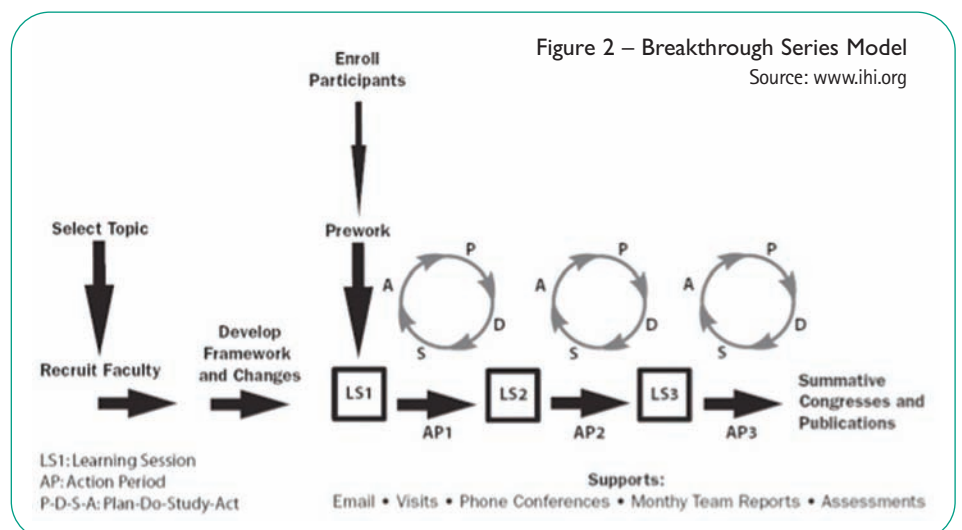
Figure 1 – Programme Design



For the system by the system

Figure 2 – Breakthrough Series Model

Source: www.ihl.org



Core Group Updates



BAPEN Medical Update

EMMA GREIG, CHAIR – BAPEN MEDICAL

We have been busy planning our two teaching days and hope that many of you will be able to attend. We are running one day on 16th September, which will be held in conjunction with BSPGHAN and cover those areas where Adult and Paediatric Nutrition specialists can learn from each others practice. As you will see from the advert (see page 14) in this 'In Touch', the programme looks very interesting and we are hoping for a wide audience. Our other teaching day will be held on the day before BAPEN

Conference; this has proved to be a popular event over the last three years (see page 7). This year we plan to cover cancer and nutrition and look at the effects of cancer and its various treatments on nutritional status and what we can do to assist. You can book for both of these events via the BAPEN website (www.bapen.org.uk).

Finally, we have launched the Powell-Tuck prize for any budding trainee-grade medical researchers.

Committee Group Updates

Research and Science Committee Report

DR JOHN MCLAUGHLIN, CHAIR – RESEARCH AND SCIENCE COMMITTEE

STRUGGLING WITH STATISTICS??

BAPEN Research and Science Committee are keen to support early phase researchers who are developing research studies in hospital or community based nutritional settings.

One area of difficulty frequently encountered is a lack of expert statistical support and advice. We have identified that this is mainly a problem for non-medical NHS staff, especially those

working outside Teaching Hospital Centres or University environments.

The Committee has therefore secured generous support from BAPEN Council to fund professional statistical assistance for a limited number of selected projects. These should closely align with the mission of BAPEN and of the Research Committee. Work that may lead to

future Grant or Fellowship applications is particularly encouraged.

Applications should be on one side of A4 and addressed to the Chair of the committee via e-mail (john.mclaughlin@manchester.ac.uk). Enquiries are welcome. Applications will be considered at the next Committee meeting, and selected for support on merit and future promise.

Malnutrition Action Group (MAG) AND Nutrition Screening Week (NSW): Update on current activities

MARINOS ELIA, CHAIR – MAG & CHRISTINE A RUSSELL, CHAIR – NSW

The Malnutrition Action Group (MAG) and Nutrition Screening Week (NSW) groups of BAPEN work closely together on several common issues and some of the current activities and planned future activities are outlined below.

NUTRITION SCREENING WEEK (NSW)

The third Nutrition Screening Week (NSW10) took place in January this year and over 400 centres registered to take part including about 60 centres from the Republic of Ireland. The NSW initiative was one of the key activities of the Nutrition Action Plan Implementation Board and the Department of Health (DH) considered the NSW initiative important enough to advertise it on its website.

This year additional questions about standards regarding weighing scales, type of nutrition screening tool used and training provided have been included. The data are

currently being entered ready for analysis and the results of the survey will be presented at the BAPEN Conference, in Harrogate, on Wednesday 3rd November. As in previous years we have been disappointed with the number of Mental Health Units that have participated in NSW. The final survey will take place between 6th-8th April 2011 and we aim to make a determined effort to encourage those who work in Mental Health to take part. Following NSW11 we will pool all the data from all four surveys and aim to publish the combined results in 2012.

We would like to express our thanks to everybody who participated in NSW10 and also to the staff at the BAPEN Office for co-ordinating the registration, Claire Oldale for her invaluable

assistance in producing the documentation and responding to queries, and to Marianne Vennegoor, Wendy Milligan and Andrew Morris who are helping to enter the data.

Impact of NSW

The results of the NSW have already had a wide impact. They have been used by the Department of Health e.g. the website of National Patient Safety Agency and a range of organisations such as the British Dietetic Association (BDA), the Royal College of Nursing (RCN), and of course BAPEN to promote their policies on nutritional care in different settings and in various publications. Local trusts have also used the results as a means of promoting the use of screening, and industry

have used them to promote the importance of recognising malnutrition, especially in the community. NSW has identified some areas of nutritional care that need attention. Following our presentations at last year's BAPEN Conference, two papers have been accepted for publication in the Proceedings of the Nutrition Society. One provides a summary of some of the key findings and implications of the NSW initiative and the other indicates the need for government to establish a valid database on the prevalence of malnutrition (instead of relying on grossly inadequate databases) to monitor the changes over time and the effects of interventions.

MALNUTRITION ACTION GROUP (MAG)

Malnutrition Advisory Group (now called the Malnutrition Action Group) developed the 'Malnutrition Universal Screening Tool' ('MUST') framework of nutritional care, although most of the validation work has been undertaken outside BAPEN (by individuals who are also members of MAG). MAG remains focused in its efforts to embed the 'MUST' framework in routine clinical practice in the UK. Specific activities, which are expected to extend into the next period, are listed below:

I. Services

(i) **Information service:** With the help of Kirstine Farrer, who was appointed last year, we continue to respond to regular queries about nutritional screening and care and particularly about the 'MUST' framework. In addition to queries from UK, there is a steady stream of queries from other countries.

(ii) **Reviewing and 'approving' the 'MUST' framework for trusts:** Before implementing the 'MUST' framework, trusts have been requesting approval of their policies and procedures from BAPEN (MAG). We have frequently refused to accept modifications to essential components of 'MUST' to ensure that a consistent framework remains. Requests to approve components of the framework that are associated with local policies and resources are generally accepted.

(iii) **Licence to use 'MUST':** In addition to approving the use of 'MUST' we also approve and grant a licence for the use of 'MUST' in materials designed for commercial purposes. About 10 have been granted so far, and this generates an income for BAPEN.

2. Education and training: e-learning modules on the 'MUST' framework

After a multitude of requests from various trusts in the UK for MAG to approve educational packages involving 'MUST', it was felt that MAG should be actively involved in producing its own e-learning modules on the 'MUST' framework, especially since the Core Learning Unit in the DH had not developed a module on nutritional screening. A collaboration between BAPEN and the Greater Glasgow and Clyde NHS Trust was set up to produce an interactive e-learning module

for hospital workers. This has been available for several months and is in need of active promotion, since many trusts within the UK are unaware of its existence. To aid promotion, additional information has been added to the BAPEN website as well as a separate item (see page 5) in this issue of In Touch. The e-learning module has a facility to track and certify individuals who have completed the module. This feature should be attractive to trusts that are seeking to implement educational and training policies on nutritional screening. It also allows trusts to provide evidence of education and training, which may be required by regulatory agencies such as the Care Quality Commission (CQC). The community module is in the final stages of completion. It has been sent to the BAPEN education and training committee for review, and it is in the process of being field tested by a series of community workers. Later we plan to seek comments and support from BAPEN Council and other organisations (e.g. RCN, BDA) and the Core Learning Unit of the DH. The new module will also require active promotion.

3. Review of 'MUST' framework

(i) **Guidelines:** A review and approval of guidelines on nutritional screening (*Summarising clinical guidelines for primary care*; available in hard copy and electronically – www.eguidelines.co.uk) are made three or four times a year.

(ii) **The 'MUST' framework:** This is reviewed intermittently.

4. Developing more flexible options for 'MUST' material

(i) **New charts:** The presentation of charts, tables, and wording on some of the documents (including the range of weight, height and BMI values on the charts) are currently being reviewed with the aim to develop charts and other material in alternative formats.

(ii) **'e-MUST' calculations:** A number of different electronic versions of 'MUST' have been developed and some used by staff and patients over the last few years. From the time of the first series of clinical trials, undertaken about two or three years ago at Southampton in both patients (self screening using an electronic version of 'MUST') and staff (comparison of paper with 'e-MUST' versions of 'MUST'), it was felt that there was potential for further development of 'e-MUST' for incorporation into computers, hand held instruments, telephones, and other types of electronic devices, some of which could be used to transmit data, as well as the BAPEN website. It is anticipated that some 'e-MUST' results from the early clinical studies will be presented at the BAPEN conference in November. Members of MAG have advised the DH (Connecting for Health) on the inclusion of 'e-MUST' into the Lorenzo software, as part of National Programme for IT, which is now available for use in the NHS. Various members of MAG have become aware that electronic versions of 'MUST' or its components have been developed independently of BAPEN and can be found on other websites e.g. in Wales,

Bradford, London. Some of them do not yield correct results and we feel that the presentation of 'MUST' on some websites is not particularly attractive. For obvious reasons, members of MAG feel that any BAPEN developments related to 'MUST' should be co-ordinated and channelled through MAG. Various options for developing and launching 'MUST' calculators have been explored, and considered at the BAPEN Think Tank meeting in June 2010.

5. Malnutrition coding systems in primary care

To facilitate recognition of malnutrition in the community as well as continuity of care between settings, it is necessary to use consistent criteria and coding systems. At least two coding issues have become incorporated into the MAG strategy for the next period: to try to incorporate 'MUST' categories into the SNOMED-CT coding system (Systematized Nomenclature of Medicine – Clinical Terms), a process that may require clinical lobbying to influence Connecting for Health (DH); and (if the first step is successful) promotion of the SNOMED codes for 'MUST'. The existence for 'MUST' is already acknowledged in at least two of the four software systems commonly used in primary care, but there are plans to configure these using SNOMED. Marinos Elia has been corresponding with DH/CSC (Computer Science Corporation) officials to better understand the process that is necessary to implement the change. On the advice of the Clinical Terminology Director, CSC Alliance (which is responsible for the delivery of the NHS National Programme for IT across large parts of England), MAG plans to request new SNOMED terms from the UK Terminology Centre. There is some support for this among officials involved in the NHS National Programme for IT, although there is a general policy to resist adding new terms to SNOMED.

Impact of 'MUST'

'MUST' is now the most commonly used nutrition screening tool in the UK, both in hospitals and the in the community. It is widely supported by governmental and non-governmental organisations, and it has been incorporated into various policy documents by the governments of the four devolved nations. With the CQC in England expecting evidence of appropriate nutritional care from October 2010, there is now an opportunity, and a greater need than previously to embed nutritional screening in routine clinical care. The MAG strategy is to make the 'MUST' framework more flexible and accessible. It also aims to ensure that screening is done more quickly, and more effectively, and without misconceptions. Since its launch in 2003, 'MUST' has generated a significant income for BAPEN through sales of the 'MUST' Report and 'MUST' resources.

Education & Training Committee Report

RUTH NEWTON, CHAIR – EDUCATION & TRAINING COMMITTEE

The next few months are going to be exciting from an Education & Training perspective.

Firstly, we are finalising our case for the annual symposium for BAPEN in Harrogate this November. We are delighted to have Andrew Bibby coming to address commissioning issues as part of our case on bariatric surgery. Our case looks at a bariatric surgical patient who suffers complications whilst away from home and is commenced upon HPN from the resulting

intestinal failure. We also have two other specialist talks looking at complications in these patients and nutritional requirements from other keynote speakers.

Secondly, we are addressing the recommendations listed in the NCEPOD report published at the end of June. BAPEN can play a

large role in terms of the training available for new/existing nutrition support teams – improving the standards provided across the country. We are meeting to discuss the way in which BAPEN will take this forward in September, so if you require any help in your area to establish a team or have any suggestions, please contact me at: ruthnewton@yahoo.com.

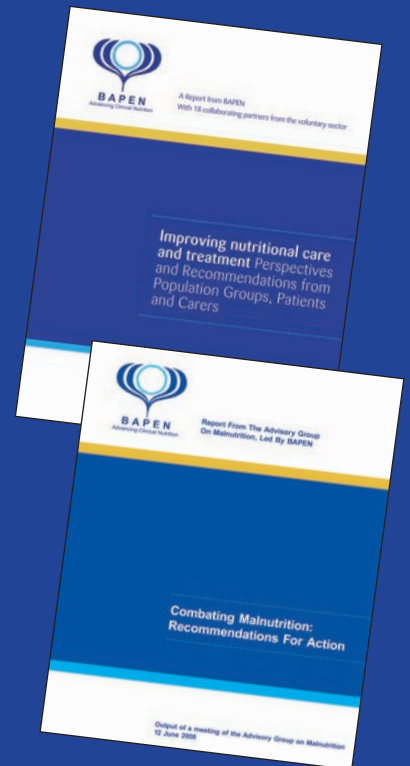


BAPEN Reports

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 reports are 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:

www.bapen.org.uk/res_pub.html – order online, or contact the BAPEN office on: **01527 457 850**

32nd ESPEN Congress

Date: 5th – 8th September 2010

Venue: Nice, France

Website: www.espen.org

The Leeds Course in Clinical Nutrition

Date: 7th – 10th September 2010

Venue: St. James University Hospital, Leeds

Email: clinicalnutrition@leeds.ac.uk

Website: www.clinical-nutrition.co.uk

A Practical Guide to Improving Nutrition and Hydration on the Wards

SIXTH ANNUAL CONFERENCE

Following the launch of the High Impact Action: Keeping nourished – getting better

Date: 7th September 2010

Venue: 20 Cavendish Square, London

Website: <http://www.healthcare-events.co.uk/ct/td35/conf>

BAPEN Medical / BSPGHAN Teaching Day

Nutrition and the Transition from Paediatric to Adult Care

DATE: 16TH SEPTEMBER 2010

VENUE: MEDICAL SOCIETY, 11 CHANDOS STREET, LONDON

Topics include: Psychiatric aspects of nutrition disorders and their treatment; Family aspects; Transitioning patients with tubes; Lessons from paediatric and adult nutritional practice; Lessons from the NCEPOD report into parenteral nutrition; Abnormal liver function associated with parenteral nutrition; Coeliac disease

All welcome: Members of BAPEN Medical; Members of BSPGHAN; Members of BAPEN; Any clinician or health care professional with an interest in nutritional support; Surgeons; Trainees of any discipline

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

Cost (including coffee, tea and lunch):

	Before 16th August	After 16th August
BAPEN Med/	£40.00 + VAT	£60.00 + VAT
BAPEN members	= £47.00	= £70.50
Non-members	£60.00 + VAT	£80.00 + VAT
	= £70.50	= £94.00

For further information: Dr Nicola Simmonds (Honorary Secretary BAPEN Medical)

Tel: 01582 497519 Email: nicola.simmonds@ldh.nhs.uk

To book your place, please visit the BAPEN website: www.bapen.org.uk

Joint Trent BAPEN Annual Meeting & Gastro-intestinal SpR Training Day

Date: 22nd September 2010

Venue: Leicester Tigers

Email: melanie.baker@uhl-tr.nhs.uk

BAPEN Medical Teaching Day • Nutrition and cancer

Date: 1st November 2010

Venue: Harrogate International Conference Centre

For further information visit: www.bapen.org.uk or see

Conference Preview article on page 7

BAPEN/BSPGHAN Paediatric Teaching Day

Date: 1st November 2010

Venue: Harrogate International Conference Centre

For further information visit: www.bapen.org.uk or see

Conference Preview article on page 8

BAPEN 2010 Annual Conference

'MALNUTRITION MATTERS'

Date: 2nd & 3rd November 2010

Venue: Harrogate International Centre

For further information visit: www.bapen.org.uk or see

Conference Preview article on page 6

NNNG 3rd Advanced Skills Study Day for Nutrition Nurses

Date: 17th November 2010

Venue: Manchester Metropolitan University

Email: neil.wilson@mmu.ac.uk or anne.myers@srft.nhs.uk

Next year's exciting Southern Region BAPEN Nutrition Day

DATE: 4TH JULY 2011

VENUE: PAULTONS PARK, HAMPSHIRE.

Programme being is currently being worked on.

Please aim to book early as this year was an early sell-out.

To register your interest, or for further information,

email: peter.austin@suht.swest.nhs.uk



Intestinal Failure, Rehabilitation & HPN

From Hospital to Home

6th – 7th October 2010

A 2 day course incorporation our IF study day and HPN workshop

Apply soon as places are limited

Phone: 020 8235 4046

Fax: 0208 235 4039

Email: stmarksacademicinstitute@nwlh.nhs.uk

Website: www.stmarkshospital.org.uk



Cost: £130.00 (1 day)
£250.00 (2 days)

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