Home Parenteral Nutrition Framework for England

Plus
- 2016 BAPEN Annual Conference – Don’t miss the early bird rates – book by 5th September
- Core & Committee Group Updates
- And much more

www.bapen.org.uk
Welcome to the latest edition of In Touch. Much has happened since I last put pen to paper for In Touch, some of which I reflect on here and some we will share with you in November at Conference.

Dominating the news, of course, has been Brexit following the UK’s EU referendum result. Clearly this is quite a historic outcome and we will have interesting times ahead, whatever your view on the matter. Just before the result, BAPEN heard that Professor Alastair Forbes had been elected Treasurer of ESPEN. This is something that we are really pleased with as BAPEN has always been very active within ESPEN in terms of participating in the annual conference, but has not been involved in the ESPEN Executive. Our congratulations to Professor Forbes. In addition, Professor Philip Calder is the Editor of Clinical Nutrition and, therefore, BAPEN is getting much more involved in the running of ESPEN. Fortunately, Brexit will not influence our activity within ESPEN. As you will already know ESPEN gives BAPEN members a discounted membership and we do encourage you, as BAPEN members, to take this up.

You will be aware that I have been very keen for BAPEN to develop more Special Interest Groups (SIGs) as these groups address issues of the moment and involve enthusiastic and knowledgeable people in the area. By their very nature, in nutrition, they are multi-disciplinary. The first new SIG to be developed is the NG SIG. The NNNG are naturally going to be very involved in this group, which will be chaired jointly by Dr Trevor Smith and Mia Small. I am looking forward to the output of this group and, thanks to Dr Alisa Brotherton, a film has been completed to raise awareness of the issues with NG placement. The film is thanks to Dr Ailsa Brotherton, a film has been completed to raise awareness of the issues with NG placement. The film is

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A message from BAPEN’s President
Dr Simon Gabe, BAPEN President

BAPEN is a Charitable Association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

BAPEN brings together the strengths of its Core Groups to raise awareness and understanding of malnutrition in all settings and provides education, advice and resources to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

BAPEN’s Core Groups include:

- Dietitians – The Parenteral & Enteral Nutrition Group of the British Dietetic Association (BPNG)
- Pharmacists
- Nurses – National Nurses Nutrition Group (NNNG)
- Patients – Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)
- Doctors & Scientists
- BAPEN Medical
- The British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN)
- Nutrition Group of the British Dietetic Association (BPNG)

BAPEN works with all stakeholders, including patients and professionals, healthcare commissioners and providers at local, regional and national levels, and industry to deliver the nutritional agenda www.bapen.org.uk

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New Guidance Launched to Help Combat Malnutrition in Patients with COPD

A new practical guide ‘Managing Malnutrition in COPD’ has been launched to assist healthcare professionals in identifying and managing people with COPD who are at risk of disease-related malnutrition and includes a pathway for the appropriate use of Oral Nutritional Supplements (ONS) to support community healthcare professionals.

It is estimated that around 21% of individuals with COPD (up to 630,000 people in the UK) are at risk of malnutrition.1 Malnutrition may develop gradually over several years or might develop or progress following exacerbations. The consequences of malnutrition in COPD are significant and associated with increased healthcare costs, increased mortality, longer hospital stays, more frequent readmissions, reduced muscle strength and reduce respiratory muscle function.

The guide ‘Managing Malnutrition in COPD’ has been developed by a multi-professional panel, with expertise and an interest in malnutrition and COPD, and is endorsed by 10 key professional and patient organisations, including BAPEN.2 The document is based on clinical experience and evidence alongside accepted best practice. It also includes a pathway to assist in the appropriate use of oral nutritional supplements (sip feeds). It is complemented by three colour coded patient leaflets which provide practical advice according to risk category (green – low risk, yellow – medium risk, red – high risk).

The guidance is an updated version of the Respiratory Healthcare Professionals Nutritional Guidelines for COPD Patients which were developed in 2011, it has been updated to complement the ‘Managing Adult Malnutrition in the Community’ guidelines www.malnutritionpathway.co.uk.

‘Managing Malnutrition in COPD’ and the three complementary patient leaflets can be downloaded for free via: www.malnutritionpathway.co.uk/copd/.


Share Your Views on In Touch and WIN!

In order to gain a greater understanding of BAPEN Members’ information needs, BAPEN want to know your current perceptions of In Touch – BAPEN’s membership publication.

BAPEN have set-up a short survey that asks a series of questions about what you think of In Touch, along with some general questions about how you access information. At the end of the survey you have the option of being entered into a prize draw for the chance to WIN BAPEN membership for a year*. The survey will close on 12th September 2016. To access the survey, please visit: www.surveymonkey.co.uk/r/intouchsur

*No purchase necessary. Competition is free to enter. Only one entry per person. This is a prize draw, with only one prize offered – BAPEN Membership for a year. The prize – BAPEN Membership for a year – will commence once your current membership expires. The winner will be selected at random. Competition closing date is 12th September 2016, 23:59 GMT (UK). The winner will be informed by email.

Salford Malnutrition Task Force Prevention Programme Wins National Award

At the end of June, in London, the Salford Malnutrition Task Force Prevention Programme site collected the 2016 Excellence in Public Health and Wellbeing Award.

The Salford site is made up of representatives from the Salford Together partnership of NHS Salford Clinical Commissioning Group, Salford City Council, Salford Royal, Greater Manchester West NHS Mental Health and from Age UK Salford, who provide further links to the community and voluntary sector.

For further details visit: www.malnutritiontaskforce.org.uk/salford-partnership-scoops-national-award-in-flight-against-malnutrition.
Home Parenteral Nutrition Framework for England

Jackie Eastwood, Outsourced Medicines Supply Services Coordinator
NHS London Procurement Partnership, and BPNG Member

Introduction

On the 1st April 2016, a new framework for the provision of home parenteral nutrition (HPN) in England commenced. This was the second time that HPN had been purchased for England as whole, rather than separate arrangements with either primary care trusts or acute trusts. The aim of having a standard framework for the whole of England is to ensure equity of access to care by patients and to ensure that quality is built into the services provided for HPN.

In the current financial climate of the NHS, we did have to consider the cost of the services to be provided. Over the term of the previous contract, the numbers of patients receiving this treatment had increased. This is particularly seen with the number of patients receiving HPN for a short period of time, either while waiting for reconstructive surgery or for palliative reasons. The increase in patients has meant that homecare companies are not always able to take on new patients due to either compounding or nursing capacity constraints.

We need to ensure that as patient numbers increase, the NHS can continue to treat all patients to the same high standards as requested within the framework. Within this framework, we had to implement the changes to homecare standards that occurred with the launch of the Royal Pharmaceutical Society (RPS) Standards for Homecare and the Handbook for Homecare.

Key issues with the previous contract

The reason that the HPN framework was commissioned was to improve standards and equity of access for patients to HPN services. Whilst this was achieved, there were however a number of new issues that came to light over the course of the contract.

The main issue has been that of capacity, particularly of the nursing service. Over the years, there has been a change from patients being trained to undertake their HPN procedures within the hospital, to a reliance on homecare provider nursing to take on this role. The ease of sending a patient home with the new framework, and an increased number of patient discharges has meant this service has been stretched. The homecare companies have also not been able to plan for the number of patients that they will receive in any given area, so nursing teams may or may not have been in place when needed.

There have been issues with compounding capacity for some of the homecare companies, this however is improving and will need to be continually monitored at a regional and national level.

When reviewing the issues with the first framework, and when writing the specification of the current framework, the stakeholder group established that the framework was not always being used as intended. Homecare companies were providing medication, ancillaries and services that were not directly linked to the provision of HPN at home. Commissioners from NHS England (NHSE) have made it very clear that the framework is for the treatment of patients at home on HPN. It does not to cover all aspects of care for intestinal failure patients, including the supply to a hospital of parenteral nutrition (PN) for established HPN patients.

In order to mitigate these issues, the specification is very clear on the medication, ancillaries and services that can be provided under this framework and cross charged to NHSE and those that cannot. If as a trust, you wish these services that are now outside the scope of the HPN framework to be continued, then funding for these services must be from the trust or the local clinical commissioning group (CCG) with agreement. For patients that you feel fulfil exceptional circumstances for extra care, then an application to NHSE via the individual funding route should be undertaken.

How to use the new framework

In order to understand what can be requested under this framework, the specification, along with the appendices contains full details of these items and services. The homecare companies have been made aware of the items and services that they can offer under the framework that will be funded by NHSE.

If you identify that you obtain items or services for patients that are no longer available, please liaise with the patient and homecare provider to ascertain another route of obtaining and funding these items.

In order to try to overcome the issues with capacity, trusts (prescribing hospital) and homecare companies (homecare provider) will need to work together more closely. We are anticipating holding regional days, so that trusts, pharmacy procurement, homecare leads and commissioners can meet. The remit of the meetings will be to decide which of the homecare companies will be used for new patients within the region,
and what proportion of patients each company will receive. This will help homecare companies plan for each region with regards to compounding capacity and the ability to build up nursing teams within that area. The Commercial Medicines Unit (CMU) have developed a tool to help with this decision making – the Local Evaluation Tool, which was shared with all prospective suppliers with the tender documents. At these meetings, you are able to speak to the companies, however changes to the standard framework cannot be made or any financial benefits requested.

The contract for this service remains between the trust and the homecare provider. Where there are issues and complaints, in the first instance these should be resolved by the trust. Where issues are ongoing, the regional homecare leads will collate issues across a region and facilitate resolution.

Changes made to the new framework
There are a number of changes that have been made to the current framework to try to overcome the issues that arose with the previous contract.

The list of medicines that are available has been reduced to those that are more closely linked to the administration of PN. If other medications are required, the homecare provider under a separate contract and financial arrangement can provide these.

The ancillaries included in the ancillary stock list need to cover adult and paediatric practice. The list aims to encompass all possible variables in technique and subsequent equipment required. Items have been selected for inclusion based on current evidence and best practice guidelines for preventing infection associated with the administration of parenteral nutrition through a central venous catheter.

If there is no clinical evidence to support a clinical choice behind products – for example, make of glove – then these are listed as ‘generic’ and the homecare provider can select which product to supply.

If there is clinical evidence to support the choice behind an item – for example, needle free connector, or dressing – then these are listed as ‘product specific’. Where specific product names are listed this is as a guide, not as an endorsement of a particular brand and the choice of product is the responsibility of the prescribing hospital. The same applies for dressings. Types of dressing, i.e. waterproof semi permeable, transparent moisture vapour transferable dressing, or waterproof ‘island’ type dressing, are listed along with commonly used examples of each.

The equipment listed on the framework needs to cover adult and paediatric practice for the safe administration of HPN.

The decision to use a particular pump rests with the prescribing hospital. To reflect the difference in cost between the pumps and giving sets, pumps have been placed into two different price bands. This does not mean that a pump from the more expensive band price is restricted as the choice of pump is a clinical one, just as the choice behind the complexity of a parenteral nutrition solution is, but thought should be given as to whether all patients need to be on the more expensive pumps.

If you wish to prescribe or provide items that are not on the framework to your HPN patient, there are a number of ways that this can be done.

1. These items can be prescribed or provided by the GP or the HPN prescribing trust. The decision on where these items are obtained may be dependent on local policies and availability
2. The items can be prescribed or requested by the HPN prescribing trust and the homecare provider can deliver this with the HPN and ancillaries. These additional items will be invoiced to the trust separately to the HPN. These costs will not be able to be passed through to NHSE and the trust will be responsible for the costs
3. If you feel that your patient is exceptional, it is possible to apply for additional funding for these items from NHSE via the IFR route. If the IFR is approved by NHSE, then the homecare provider can supply the items, invoice the trust and the cost will be passed through to NHSE.

A number of standardised forms have also been designed, the stakeholders briefing document holds more information on these.

Homecare nursing
Nursing visits are for patients and/or carers receiving training, or patients unable to undertake the procedures to administer PN themselves. The framework only covers nursing for the provision of HPN and necessary central venous catheter care.

A maximum of two visits (maximum one hour per visit) can be made in a 24-hour period. The nursing visit time can be extended in exceptional circumstances, such as needing to call an ambulance for a patient. Additional visits can be requested by the prescribing hospital, however this would be part of a separate clinical and financial agreement and not part of the HPN framework.

The obtaining of blood in a patients’ home can be undertaken by the homecare provider, as long as the prescribing hospital has supplied equipment and an approved method of transporting samples to the relevant location for analysis. The use of homecare provider nurses for this transportation is not approved within the HPN framework.

It is anticipated that training for patients and/or carers will take no more than 28 hours. This does not mean that patients/carers have to be trained within this time period, but that a re-evaluation needs to take place before further nursing is supplied by the prescribing hospital as to the progress the patient/carer is making. There is no limit for how much nursing can be supplied, as this will vary between individuals, but periodic reassessment of a patient’s nursing requirements should occur.

In summary
These changes to the framework have been substantial, while ensuring quality, safety and access to all patients requiring this therapy. We will be continuously monitoring this contract over the two years to look at ways we can improve the contract going forward.

Further information can be obtained from your regional homecare or procurement pharmacist. There is a NHS network for HPN purchasers, this is a closed group and you can apply to join by contacting: Jacqueline.eastwood@lpp.nhs.uk.

Roll of Honour 2016

Have you given a lot to BAPEN in 2015/2016, 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.

If you would like to nominate either yourself or a colleague, please complete and return the nomination form available via the BAPEN website: www.bapen.org.uk/news-and-media/news/568-roll-of-honour-student-award-2016 and return to the BAPEN Office: bapen@bapen.org.uk. Deadline: 5pm Friday 16th September 2016.

The Roll of Honour will be awarded at the Annual Conference in Brighton in November 2016.
Demonstrating the Value of a Home Enteral Feeding Service

Sean White, Home Enteral Feed Dietitian, Sheffield Teaching Hospitals NHS Foundation Trust, and Anne Holdoway, Chair Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association

Health professionals are increasingly being asked to provide evidence that they are delivering a cost-efficient, clinically effective service which patients value. As a profession we continue to struggle to collect and report meaningful data to demonstrate that the services being commissioned provide benefit to patients. A lack of guidance on optimal outcomes models that have been validated to capture real improvements in either health related outcomes or quality of life, are perhaps a contributory factor.

Patients on home enteral feeding (HEF) can be supported holistically to achieve a wide range of positive outcomes, which extend beyond the meeting of nutritional requirements or improvements in nutritional status. HEF teams, including dietitians, nurses and assistants, play a pivotal role supporting patients to meet these goals. Potential sources of data that could be collected to demonstrate value include:

- Meeting nutritional status dietetic goals
- Avoiding unnecessary hospital visits
- Self-management with tube care or feeding systems
- Patient satisfaction with the service provided
- Improved sense of well-being or quality of life.

For HEF teams to integrate the routine collection of outcome data into practice a number of challenges warrant addressing. These include deciding when is the best ‘end-point’ or interim point at which to collect data. Most patients remain on the caseload of HEF teams for as long as they are on enteral feeding, which can be lifelong. This makes deciding on an intervention period difficult. Identifying clear goals should allow the team to decide when may be the best time to collect ‘end-point’ outcome data, and this may differ depending on the nature of the outcome in question. Also, taking snap-shots of your HEF caseload may be an effective method. Outcome data could be reported in a number of different ways:

- Collated longitudinal data such as weight recordings, documenting the success of meeting specific dietetic goals
- Snap shots of entire HEF caseload, e.g. percentage of caseload with weight moving in the desired direction at any point in time
- Time limited data reports, e.g. number of ‘avoidable admissions’ prevented over a year

- Periodic questionnaires that can be given to patients and their carers, focusing on their perceived function, wellbeing or quality of life.

The Dietetic Outcomes Toolkit (DOT) – www.peng.org.uk/publications-resources/dietetic-outcomes-toolkit.php – was launched at BDA Live in London on 3rd March 2016. This is a working document developed by a group of experienced dietitians in consultation with the PENG membership. The Toolkit details a range of approaches to collecting and reporting on dietetic outcomes, with a focus on nutrition support. The working group recognised that a ‘one size fits all’ approach would fail to provide measures for the wide range of settings that a dietitian working in nutrition support may work. Even within HEF, dietitians can work within different service models or have a range of clinical responsibilities. The Toolkit should be viewed as work in progress, it is PENG’s intention that the resource will evolve over the years ahead with new tools and innovative models of outcome collection being added. Efficient data collection systems need to be established to overcome the primary reasons dietitians gave in a PENG survey for not collecting outcome data; namely ever increasing demands on their time, rising caseloads and stretched resources. With increasing use of electronic records such as System One and RIO, we would encourage templates be designed with producing meaningful outcome data reports in mind. This will reduce the time taken to collect data and the ability to run automated reports. We look forward to working with established national databases, such as BANS, that could provide a forum for collecting and reporting on HEF outcomes. Feedback on the Toolkit or sharing of new tools developed would be wellcome.

Student Award 2016

We are inviting nominations for this year’s Student Award

This award is open to any student nurse, dietitian, medic or pharmacist who has made a significant contribution in the field of nutrition which may be worthy of recognition, e.g. an audit, change of practice or project.

If you would like to nominate either yourself or a colleague, please complete and return the nomination form available via the BAPEN website: www.bapen.org.uk/news-and-media/news/568-roll-of-honour-student-award-2016 and return to the BAPEN Office: bapen@bapen.org.uk.

Deadline: 5pm Friday 16th September 2016.

The Student Award will be presented at the Annual Conference in Brighton in November 2016.
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REFERENCES

Date of preparation: October 2015
RXANI150237A
Programme Highlights

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

Tuesday 8th November 2016

08:30 – 09:30  Registration & Exhibition

09:30 – 11:00  Opening Symposium – BAPEN news, updates & initiatives, MAG & its impact over the past 20 Years

11:00 – 11:30  Coffee & Exhibition

11:30 – 13:00  Symposium 1: Cost of Nutrition Support at Home

UK experts in home enteral and home parenteral nutrition will discuss the organisation and delivery of artificial nutrition at home, highlighting the cost/benefit issues for all parties involved: the patient, the hospital, industry and society.

In addition, a patient on home PN will present his own experience of the service – the good points and the bad points.

Chair: Dr Sheldon Cooper, Consultant Physician and Gastroenterologist, University Hospitals Birmingham NHS Foundation Trust

Cost of enteral nutrition at home
Dr Rebecca Stratton, University of Southampton

Cost of home parenteral nutrition (HPN)
Alison Young, Nurse Consultant in Nutrition, The Royal Liverpool and Broadgreen University Hospitals NHS Trust

Evaluating the quality of life of adult patients on home parenteral nutrition in North East England and Cumbria (OC)
Dr Max Hu, Department of Gastroenterology, Freeman Hospital, Newcastle-upon-Tyne

HPN – the patient experience
Jason Murtagh

Q&A session

11:30 – 13:00  Symposium 2: Blended Food and Feeding Tubes

The desire to use blended natural food rather than commercial formula continues to remain popular among some tube fed patients and their carers. This symposium aims to give an overview of the latest research in the field, an overview of the use of blended diet across the USA and practical guidance on managing patients who prefer this option of feeding in the UK.

Chairs: Ailsa Kennedy, Home Enteral Feeding Dietitian, Liverpool & Jane Fletcher, Nutrition Nurse Team Leader, Queen Elizabeth Hospital

Evidence analysis in the use of blended diet for children and young people
Professor Jane Coad, Associate Dean of Research, Professor in Children and Family Nursing/Head of Children and Families Research, Faculty of Health & Life Sciences, Coventry University

Blended diet in the USA
Sarah Durnan, Doctoral Research Student, Coventry University

Practical management of patients on blended diet
Bryony Donaldson, Home Enteral Nutrition Dietitian, Kent Community Health NHS Foundation Trust

The use and experience of registered dietitians with blended diets given via a gastrostomy in the UK (OC)
Linda Cantwell, Faculty of Health and Social Care, University of Chester

Panel discussion

11:30 – 13:00  Symposium 3: BIFA Symposium

This symposium is a must for everyone working in intestinal failure. It will cover the BIFA position statement, a HIFNET update, drug absorption in short bowel syndrome and management of post-operative ileus.

Chair: Dr Jeremy Nightingale, Consultant Gastroenterologist, St Mark’s Hospital, Harrow

BIFA Position Statement on HPN
Dr Jeremy Nightingale, Consultant Gastroenterologist, St Mark’s Hospital, Harrow

HIFNET Update
Ursula Peaple, NHS England

21 years of parenteral nutrition in Northern Ireland: a review of intestinal-failure associated liver disease (OC)
Dr Leanne Stratton, Department of Gastroenterology, Belfast City Hospital, Northern Ireland

Drug absorption in patients with a short bowel
Dr Richard Ng, Specialist Pharmacist, St Mark’s Hospital, Harrow, & Yee Cheung, Specialist Pharmacist, St. Mark’s Hospital, Harrow.

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Post-operative ileus
Dr Alistair McKinlay, Consultant Gastroenterologist, Aberdeen Royal Infirmary

11:30 – 13:00 Symposium 4: NG Tube Safety
Chairs: Dr Trevor Smith, Consultant in Gastroenterology and Intestinal Failure, Southampton General Hospital & Mia Small, Nurse Consultant Nutrition and Intestinal Failure, St Mark’s Hospital, Harrow

Update on NCT safety and never events
Caroline Lecko, Patient Safety Lead, NHS England

pH testing – the potential pitfalls
Mia Small, Nurse Consultant Nutrition and Intestinal Failure, St Mark’s Hospital, Harrow

Safe insertion and ongoing care of NGTs
Liz Anderson, Nutrition Nurse Specialist, Buckinghamshire Healthcare NHS Trust

11:30 – 13:00 Symposium 5: Nutrition and Gut Function
This symposium hosted by BSPGHAN (British Society for Paediatric Gastroenterology, Hepatology and Nutrition) will explore how nutrition affects gut function concluding with some discussion of what we can learn from this area.

Chair: Dr Jutta Kögheimer, Consultant Paediatric Gastroenterologist, Great Ormond Street Hospital for Children NHS Foundation Trust

Environmental enteropathy
Dr Kelsey Jones, PGH&N Trainee, Oxford/KEMRI – Wellcome Trust Research Programme, Kilifi, Kenya

Links between food allergy and gut function
Professor Simon Murch, Professor of Paediatrics and Child Health, Warwick Medical School

Promoting intestinal adaptation in intestinal failure
Dr Susan Hill, Consultant Paediatric Gastroenterologist, Great Ormond Street Hospital for Children NHS Foundation Trust

13:00 – 14:00 Lunch & Exhibition, BAPEN AGM
14:00 – 16:00 Chaired Poster Sessions
Posters showcasing new research will be displayed throughout the conference in the Poster Exhibition area, however, ‘themed’ facilitated poster presentations will provide an opportunity for informal discussion with the author.

BAPEN’s Education & Training Committee Workshop 1: Malnutrition Screening Tool

14:00 – 16:00 Symposium 6: Hospital Nutrition Support
This symposium, again hosted by BSPGHAN (British Society for Paediatric Gastroenterology, Hepatology and Nutrition) will evaluate practice of hospital nutrition teams in neonates, paediatrics and adults concluding with some discussion of what we can learn.

Chair: Professor Alan Jackson, Professor of Human Nutrition, University of Southampton

Assessment of nutrition risk and screening for malnutrition in hospitalised children
Dr Konstantinos Gerasimidis, Lecturer in Clinical Nutrition, University of Glasgow

The value of a systematic approach to nutritional care in the neonatal unit
Dr Mark Johnson, Consultant Neonatologist, University Hospital Southampton NHS Foundation Trust

The role of paediatric nutrition teams
Chris Smith, Specialist Dietitian, Brighton & Sussex University Hospitals

The role of adult nutrition teams
Trevor Smith, Consultant Gastroenterologist, University Hospital Southampton NHS Foundation Trust

How can we make hospital nutrition teams function better?
Discussion and questions to the speakers

14:30 – 16:00 Symposium 7: Barriers to Nutrition in Older Patients: Sensory, Appetite & Access
This symposium will debate the importance of multisensorial stimulation by different foods and how this may influence appetite and food intake in patients.

Chair: Dr Stephen Lewis, Gastroenterologist, Plymouth Hospitals NHS Trust

Sensory
Dr Lisa Methven, Associate Professor in Food and Sensory Science, University of Reading

Randomised crossover study to investigate whether patients eat more when food is served on a red plate (OC)
Meg Barne, Addenbrooke’s Hospital, Cambridge

Appetite
Professor Margot Gosney, Director of Clinical Health Sciences, University of Reading

The glycaemic response to a renal-specific oral nutritional supplement and its effect on the appetite in patients with type 2 diabetes during haemodialysis: a randomised crossover trial (OC)
Vishal Patel, Diabetes and Nutritional Sciences Division, King’s College Hospital NHS Foundation Trust

Access
Dr Helen Roberts, Associate Professor in Geriatric Medicine, University of Southampton

Q&A session

14:30 – 16:00 Symposium 8: Quality & Safety in Prescribing Nutrition Support
The NCEPOD enquiry (2010) into nutrition support in NHS hospitals clearly showed that there was room for improvement. This symposium will consider what needs to be in place to ensure that nutrition support is prescribed and monitored safely? This is timely…considering the emerging roles, and responsibilities, for nutrition team members as supplementary and independent prescribers.

Chair: Becky White, Manager, Medical Affairs – Integrated Pharmacy Solutions UK, Ireland and Nordics, Baxter Healthcare Limited

Quality and safety in the prescribing of parenteral nutrition
Sarah Zeraschi, Consultant Pharmacist Nutrition, Leeds Teaching Hospitals NHS Trust

Quality and safety in the prescribing of enteral nutrition. Managing fluids in the acute phase following bowel surgery
Alison Culkin, Research Dietitian, St. Mark’s Hospital, Harrow

Challenges of prescribing IV fluids as an independent prescriber
Andrea Cartwright, Independent Nurse Prescriber, Basildon and Thurrock University Hospital NHS Foundation Trust

Impact of dietitian led enteral nutrition service development a Western Sussex Hospitals NHS Foundation Trust (OC)
Elaine Murphy, Dietetics Department, St Richards Hospital, Chichester
Panel discussion:
- Becky White  •  Sarah Zeraschi  •  Alison Culkin
- Elaine Murphy  •  Andrea Cartwright

14:30 – 16:00 Symposium 9: Access for Parenteral Nutrition

Parenteral nutrition can be administered peripherally via a cannula or centrally via PICC, temporary CVC or long-term tunnelled central venous access device. Some patients on long-term HPN get into difficulties when their major vessels thrombose and getting a vascular access device into a central vessel is a challenge. This symposium will be looking at the recommended parameters for administering parenteral nutrition through a vascular access device safely. It will explore the benefits and risks of administering parenteral nutrition peripherally via a cannula and discuss alternative methods in gaining access with the use of advanced technologies in patients with limited viable major vessels for a vascular access device.


The plasma osmolality/osmolarity parameters for administering parenteral nutrition
Richard Smith, Pharmacist, BBraun Medical Limited

Parenteral nutrition: routes for peripheral administration
Winifred Magambo-Gasana, Advanced Nurse Practitioner, Oxford University Hospital NHS Trust

Vascular access in end stage disease: The HeRo Graft
James Gilbert, Consultant Surgeon Renal & Transplant, Oxford University Hospital NHS Trust

Q&A session
16:00 – 16:30 Tea & Exhibition
16:30 – 17:10 BAPEN Keynote Lecture: Preserving muscle in cancer patients
Professor Stéphane Schneider Professor of Nutrition, Gastroenterologist and Researcher at University Hospital and INSERM, Nice, France
17:10 – 17:30 BAPEN 2016 Recognition & Awards
17:30 Poster Reception
Posters of Distinction will be presented in an informal environment giving you an opportunity to view and discuss with the author.

Nutricia invites all healthcare professionals to attend a free breakfast briefing. Continental breakfast available from 7.30 am.

For further details and registration information visit the BAPEN website: www.bapen.org.uk

Breakfast Symposium: ‘Empowering change, Improving Practice’
Wednesday 9th November 2016, 07:30 – 08:45

Have you ever wondered why some patients have a permanently poor appetite after their upper GI or pancreatic surgery? Gut peptides could be the key and this symposium will give an overview of their role in appetite regulation, before looking at the potential negative effects of GI surgery on the pathways involved. This symposium isn’t just for one the scientists, it will focus on the implications for clinical management of patients for everyone in the multidisciplinary team and how gut peptide manipulation could be a major part of future therapies in all types of GI surgery.

Chair: Pete Turner, Clinical Lead Nutrition Support Dietitian, Ulster Hospital, Northern Ireland

Overview of gut peptides and appetite
Professor Rachel Batterham, University College Hospital London

Peptides and appetite in upper GI surgery
Jessie Elliott, HRB Surgical Research Fellow, St James’ Hospital, Dublin

Gut Peptides in Clinical Practice - TBC
09:00 – 10:30 Symposium 11: Making the Most of the Microbiome - Part 1

Everyone is talking about gut microbiota and the microbiome but what is it, what does it do, and how can we use it to promote health and manipulate disease? It has been implicated in everything from obesity to cancer, food allergies to depression. The Education & Training Committee are delighted to host two consecutive symposia which will take you from basic colonic physiology to current evidence based clinical practice with keynote presentations from international experts.

A systematic review on the effect of fermentable oligosaccharide, disaccharide, monosaccharide and polyol manipulation on bifidobacteria abundance and gastrointestinal symptoms, implications when following a low FODMAP diet (OC)
Moira Summers, Hertfordshire

Further details to be announced - check the BAPEN website.

09:00 – 10:30 Symposium 12: Nutrition in Everyday Practice

This exciting symposium hosted by the BAPEN trainees committee will be of interest to all healthcare professionals attending the BAPEN Conference. This symposium includes an eclectic mix of speakers from differing backgrounds, and aims to provide practical information about commonly encountered nutritional problems. Talks are likely to be relevant to all who attend and will hopefully influence your future practice.

Chairs: Dr Chris Mountford, Consultant Physician and Gastroenterologist, The Newcastle Upon Tyne Hospitals NHS Foundation Trust, & Dr Amrit Dhaliwal ST6 Gastroenterology Registrar, University Hospitals Birmingham NHS Foundation Trust

Nutrition on the acute medical take
Dr Robert Fearn, Consultant Physician and Gastroenterologist, Homerton University Hospital Foundation Trust
Nutrition training in UK medical undergraduate programmes - has the situation improved? & Medical students perception of nutrition training at an undergraduate level and the role of the clinicians they shadow (OC)
Dr Penny Neild, St. George’s University of London

Nutrition in inflammatory bowel disease
Dr Andrew Rochford, Consultant Gastroenterologist and General Physician, Newham University Hospital, Barts Health NHS Trust

Nutrition in liver disease
Dr Charlotte Rutter, Consultant Gastroenterologist, University Hospital Southampton NHS Foundation Trust

10:30 – 11:00 Coffee & Exhibition
11:00 – 12:30 Symposium 13: Steady as she goes – Feeding the Metabolically Stressed

Providing optimal nutrition for the critically ill could all be down to timing – too much too early could be harmful. Caution with early energy may be the norm but do we also need to be conservative with protein? Focusing on the subjects of muscle wasting and autophagy, international experts will look at the science behind nutrient requirements at the different stages of critical illness before a dietitian looks at the practical implications for our day to day practice.
Chair: Dr Irina Grecu, Consultant in ICM & Anaesthesia, Hampshire Hospitals Foundation Trust

Acute skeletal muscle wasting in critical illness
Dr Zudin Puthucheary, National Institute for Health Research Fellow in Respiratory and Critical Care, UCL Institute for Human Health and Performance

Autophagy adaptive mechanism of the acute disease
Professor Dr Greet Van den Berge, Professor of Intensive Care Medicine, University Hospitals Leuven, Belgium

Optimum nutritional support in adults receiving veno-venous extracorporeal membrane oxygenation is possible but underfeeding is common, especially in those with more severe organ dysfunction (OC)
Liisa Kaakinen, Diabetes and Nutritional Sciences Division, King’s College London

Individualised nutrition on the ICU – putting the evidence into context
Danielle Bear, Principal Critical Care Dietitian & NIHR Clinical Doctoral Research Fellow, Guy’s and St Thomas’ NHS Foundation Trust

Panel discussion

11:00 – 12:30 Symposium 14: The microbiome in clinical practice – Part 2: FODMAPs vs FADMAPs

Everyone is talking about gut microbiota and the microbiome but what is it, what does it do, and how can we use it to promote health and manipulate disease? It has been implicated in everything from obesity to cancer, food allergies to depression. This symposium will look at current evidence based clinical practice and will end with a clinical case and expert panel debate. We aim to debunk the myths surrounding microbiota and demonstrate the use and limitations for everyday clinical practice.
Chair: TBC

Enteral feed and gut microbiota
Kevin Whelan, Professor of Dietetics, King’s College London

Faecal microbiota transplantation in the UK
Dr Rob Porter, Consultant in Microbiology and Infection, Portsmouth Hospitals NHS Trust, Carole Fogg, Senior Lecturer and Researcher, Portsmouth Hospitals NHS Trust

FODMAPs vs. FADMAPs – clinical case & expert panel debate
Barbara Davidson, Lead Specialist Dietitian, Newcastle Upon Tyne NHS Foundation Trust

11:00 – 12:30 Symposium 15: Integration of Health and Social Care, the Implications for Nutrition Professionals

The four different countries in the UK have separate health systems but often a change or initiative in one country leads to changes or initiatives elsewhere – we can learn from one another. One of the main changes in healthcare in recent times has been the integration of health and social care. Each country has tackled this somewhat differently and this symposium addresses this topic with the aim of mutual learning and improvement.

GP patient databases show that malnutrition is under-reported and under-treated in patients with chronic disease (OC)
Dr Catherine Fry, Nutricia Limited, Wiltshire

Further details to be announced - check the BAPEN website.

11:00 – 12:30 BIFA Grand Round

The BIFA grand round will feature three interactive case studies presented and chaired by UK experts covering mesenteric infarction, paediatric intestinal failure (IF) and malignancy related IF. The audience and a multidisciplinary panel including a dietitian, a doctor, a nurse, a pharmacist and a surgeon will be asked to give their opinions on the management of each case.

Case 1: Mesenteric infarction – teduglutide or small bowel transplantation? – Jeremy Nightingale

Case 2: Paediatric Intestinal Failure – TBC

Case 3: Malignancy related intestinal failure – TBC

12:30 – 13:30 Lunch & Exhibition, BAPEN Medical AGM

13:30 – 14:00 Chaired Poster sessions

Posters showcasing new research will be displayed throughout the conference in the Poster Exhibition area, however, ‘themed’ facilitated poster presentations will provide an opportunity for informal discussion with the author.

BAPEN’s Education & Training Committee Workshop 2: Regional Work

14:00 – 15:00 BAPEN Pennington Lecture: Nothing is ever wasted
Dr George Grimble, Institute of Liver and Digestive Health (Bloomsbury), University College London

Original Communication and Poster Prize Presentations

15:00 – 16:00 Symposium 16: Clinical Nutrition Room 101

Which guidelines do experts follow and which ones would they like to see banished to the Clinical Nutrition Room 101? Which foods, nutrition products, treatments, politicians and metabolic pathways make our lives so difficult we’d like to see them gone for ever? A panel of BAPEN ‘experts’ will give their opinions on what we could change to improve the nutritional management of our patients.

16:00 Close of Conference
The Full Individual Members of BAPEN Rate is available if your BAPEN subscription has been paid in full at the time of receiving your registration form. The Student Rate is available to all pre and post graduate students. The Retired Health Professional Rate is open to any retired healthcare professional with an interest in nutrition.

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.

### Early Bird Registration Fees

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<td>£356.67 + VAT = £440.00</td>
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<tr>
<td>Consultants &amp; Associate Specialists/Industry</td>
<td>£283.33 + VAT = £340.00</td>
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<tr>
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<tr>
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### Day Delegate Rate

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<td>£66.67 + VAT = £80.00</td>
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### Early Bird Registration

For bookings received up to 5th September 2016

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### Registration & further information available on the BAPEN website:

www.bapen.org.uk

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### Nutritional Care in Older People

- **09:00 – 09:30**: Registration & Coffee
  - Chair: Dr. Stephen Lewis

- **09:30 – 10:00**: Physiology of Ageing
  - Dr. Zoe Wyrko, Care of the Elderly Consultant, UHB

- **10:00 – 10:30**: Epidemiology and etiology of malnutrition in the elderly (LLL session) Dr. Sheldon Cooper

- **10:30 – 11:00**: Age related sarcopenia (LLL session) Dr. Irina Grecu

- **11:00 – 11:30**: Coffee

- **11:30 – 12:00**: Nutritional screening and dietetic advice in the elderly (LLL session) Dr. Aqeel Jamil

- **12:00 – 12:30**: Artificial nutrition in the elderly (LLL session) Dr. Stepane Schneider

- **12:30 – 13:00**: Nutrition in dementia
  - Dr. Andrew Rochford

- **13:00 – 13:45**: Lunch
  - Chair: Dr. Irina Grecu

### Developing an Extended Role in the Management of Enteral Feeding

- **09:30 – 10:00**: Registration & Coffee
  - Chair: Dr. Stephen Lewis

- **10:00 – 10:45**: Developing an Extended Role in the Management of Enteral Feeding
  - Tubes – A Dietitian’s Journey
  - Paula Young

- **10:45 – 11:30**: Nasogastric & Gastrostomy Feeding Tubes – A Theory Refresher
  - Marig Thomson

- **11:30 – 12:30**: Workshop 1 – Nasogastric & Gastrostomy Extended Skills
  - PENG Facilitators

- **12:30 – 13:00**: Enfit Update
  - Ailsa Kennedy

### BAPEN Medical or PENG Pre-Conference Teaching Day Registration Fees

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### Registration & further information available on the BAPEN website:

www.bapen.org.uk
The NNNG have published new guidance on the Safe Insertion and Ongoing Care of Nasogastric Feeding Tubes in Adults.

As many of us are aware, the insertion of fine bore nasogastric feeding tubes is a procedure fraught with problems and anxieties. Traditionally, it has always been the job of the nurse to insert these tubes and provide the ongoing care of them. When I trained, a long time ago, we used the auscultation method of injecting air down the tube and then listening with a stethoscope over the stomach to see if it made a ‘whooshing’ noise as the air hit the end of the tube. If it did, it was assumed that it was in the stomach and it was safe to feed. And, if we were in any doubt, well there was always the trusty litmus paper which would immediately turn pink at the hint of acid!

However, we now know better and, as a result of reports to the National Patient Safety Agency (NPSA) of patient harm and death due to misplaced tubes, they issued an Alert in 2005. The ‘whoosh’ test was discredited and healthcare settings were told not to use it. The NPSA also recommended the use of the more accurate pH paper to ascertain if an NG tube was in the right place. It also recommended that documentation of position and the use of fully radio opaque nasogastric feeding tubes should be implemented (NPSA 2005).

Despite this, the NPSA continued to receive reports of patients suffering harm. Between September 2005 and March 2010 there were a further 79 reported cases of harm related to feeding through misplaced tubes (NPSA 2011).

Therefore, in 2009, feeding into the lung from a misplaced tube became a ‘Never Event’ in England. Worryingly during 2009/2010, there were 41 Never Events reported to the NPSA where a misplaced naso or orogastric tube was not detected prior to use. The evidence from the Never Event reports suggested that there were issues with X-ray interpretation at all times, and there may be increased risks from nasogastric placement or X-ray checking at night.

This led to the 2011 NPSA Alert: ‘Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants’. Those of us who work in Acute Healthcare are well aware of the impact it had.

The Alert recommended that amongst other things, the following actions should be taken:

- All policies, protocols and bedside documentation to be reviewed to ensure compliance
- Staff training, competency frameworks and supervision are reviewed to ensure that all healthcare professionals involved with nasogastric tube position checks have been assessed as competent. Competency training should include theoretical and practical learning
- An ongoing programme of audit is put in place to monitor compliance
- Purchasing policies are revised and old stock systematically removed to ensure all nasogastric tubes used for the purpose of feeding are radiopaque throughout their length and have externally visible length markings
- Purchasing policies are revised and old stock systematically removed to ensure all pH paper is CE marked and intended by the manufacturer to test human gastric aspirate.

Many nutrition nurses were involved in the implementation of this Alert and the NNNG forum was flooded with questions from concerned professionals worried about how they were going to implement it. Some, like my own Trust, were fortunate in having senior members of staff taking the Alert seriously and providing the necessary support needed to action the Alert. Others struggled with their Trusts understanding why this was so important. There was also so many mixed messages out there around how to test for aspirate, including should the guidewire remain in until position was definitely confirmed, who was allowed to pass the tubes, how was competency assessed.

Thus in 2012, the NNNG Committee decided to compile some good practice guidance around the safe insertion of fine bore nasogastric feeding tubes. The aim of the guidance was to provide a basis on which nurses could learn safely how to pass nasogastric tubes confidently. We called upon experienced nutrition nurse specialists from around the country to contribute their expertise until we were satisfied that the guidance was fit for purpose and published it on to our website.

They did prove very popular. However, the feedback we were getting from nutrition nurses was: “We know how to put them in, but what about ongoing care?” “How do we ensure colleagues, who look after for patients who are being fed via NG tubes, are caring and monitoring patients properly?”

Well we have risen to the challenge. It has been a long time coming – we have checked and double checked. We have sent the guidance out to a whole host of professionals for advice. However, we are pleased and proud to announce that on Monday 13th June 2016, the NNNG Good Practice Guideline ’Safe Insertion and Ongoing Care of Nasogastric (NG) Feeding Tubes in Adults’ was launched and available to download from our website for free.

Based on evidence and best practice from experienced nutrition nurse specialists and other healthcare professionals, the aim of this Good Practice Guideline is to provide education and guidance on how best to care for these patients. It is not intended to be used instead of local practice but to enhance local practice.

We are also working on a similar set of guidance for paediatrics. We are also working on a similar set of guidance for paediatrics and hope that it will be ready later in the year.

We would like to thank everyone for their patience and also all those colleagues who reviewed the Guideline. We hope the wait was worth it and the guidelines are a valuable resource.

If you would like a copy, please visit our website at: www.nnng.org.uk.
PENG’s Committee Education Leads, like the BAPEN Programmes Committee, are preparing for the pre-BAPEN Conference PENG Teaching Day, expanding on the details already shared with PENG members – it promises to be a fantastic day and will incorporate the PENG AGM. On the subject of education and training, we have just finished running the PENG Clinical Update Course in June, where over 80 dietitians participated in the annual Masters accredited course (further details can be found in the latest edition of e-PENlines). We have just launched the competition for PENG members to apply for one of the five free places to take part in the 2017 Clinical Update Course – deadline Sept 9th 2016 – details can be found here: www.peng.org.uk/clinical-update.

The deadline for the PENG Award 2016 has now passed and we look forward to judging them all and informing the lucky winners for 2016. The Awards are designed to help fund travel and registration at the BAPEN Conference (2016) for PENG members who have had abstracts accepted.

Congratulations to PENG members and fellow Committee members, including our Chair, who recently received BDA Awards: Anne Holdoway for her BDA Honorary Fellowship, Ailsa Kennedy and Sara Smith for their BDA Ibex Awards.

Sean White and Linda Cantwell represented PENG at the recent NNNG Conference, which was an excellent opportunity to share the patient resources we have recently developed along with the Dietetic Outcomes Toolkit – thank you to NNNG for inviting us.

We will be sharing details on updates to the PENG Pocket Guide to Clinical Nutrition over the coming months – watch this space for what and when, and please get in touch if you have any queries: peng@bda.uk.com. Other announcements by PENG at the November meeting will be the results of the PENG membership survey which will be going out to members over the Summer – the results from the survey will help shape our next phase of work and ‘call out’ for members to get involved in.

Education & Training Committee

Andrew Rochford, Consultant Gastroenterologist, Chair BAPEN Education & Training Committee
Email: eandt@bapen.org.uk
Website: www.bapen.org.uk

It has been a while since we have included an update from the Education & Training (E & T) Committee. We have been working on our symposia and workshops for conference. We have two excellent symposia looking at the Microbiome with expert speakers presenting the basic science and then examining the implications for everyday clinical practice. We are also hosting two workshops; the first is held in conjunction with the Quality & Safety Committee and will look at the use of the Nutritional Care Tool. Our second workshop will showcase the work that is happening in regions across the country; there will be examples of best practice, collaboration on audits, and influencing commissioning.

The Committee is now focused on four main areas of work: Conference, ‘MUST’ and e-Learning, E & T Resources, and Regional work. We have representation on the Committee from all of our Core Groups but we are always looking for new members to join the Committee and work with us. By defining these work streams we hope that more members may be interested in working with the Committee. If you would like to know more about the Committee’s work please do not hesitate to contact us at: eandt@bapen.org.uk. We very much look forward to seeing you at one of upcoming regional workshops or at Conference in Brighton.

PINNT – A support group for those at home receiving parenteral or enteral feeding

For further information on PINNT’s work and the support they can provide to your patients, visit: www.pinnt.com • Tel: 020 3004 6192 • Email: info@pinnt.com
Diary Dates

**September**

**Leeds Course in Clinical Nutrition**
Date: 14th – 16th September 2016
Venue: University of Leeds, Leeds, UK
Website: www.clinical-nutrition.co.uk
Email: clinicalnutrition@leeds.ac.uk

**ESPEN Congress**
Date: 17th – 20th September 2016
Venue: Copenhagen, Denmark
Website: www.espen.org/congress

**October**

16th International Nutrition & Diagnostics Conference
Date: 3rd – 6th October 2016
Venue: Prague, Czech Republic
Website: www.indc.cz/en/

**Food & Nutrition Conference & Expo 2016**
Date: 15th – 18th October 2016
Venue: Boston, USA
Website: www.eatrightfnce.org/FNCE

**United European Gastroenterology (UEG) Week**
Date: 15th – 19th October 2016
Venue: Austria Centre Vienna, Vienna, Austria
Website: www.ueg.eu/week/

**November**

**BAPEN Annual Conference**
(BAPEN Medical and PENG pre-conference Teaching Days will take place on 7th November 2016)
Date: 8th & 9th November 2016
The BAPEN Medical and the PENG Pre-Conference Teaching Days will take place on 7th November 2016
Venue: Hilton Brighton Metropole, Brighton, UK
Website: www.bapen.org.uk

**AuSPEN ASM 2016**
Date: 17th – 19th November 2016
Venue: Melbourne, Australia
Website: www.auspen.org.au/events/auspen-asm-2016/

**December**

**BAPEN South East Regional Nutrition Study Day**
Date: 12th – 13th December 2016
Venue: The Royal Society of Medicine, London, UK
Website: www.stmarksacademicinstitute.org.uk

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**BAPEN Regional Meetings**

**Optimal Nutritional Care for All**

- **27th September – 12:15-16:30**
  South region – Mercure Bristol Grand Hotel, Bristol
- **28th September – 09:00-13:30**
  London region – De Vere Venues West One, London

For further information, visit: www.bapen.org.uk/resources-and-education/meetings/upcoming-bapen-meetings

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**The Tenth BAPEN South Region Nutrition Day**

**Meeting nutritional needs**

Date: 5th September 2016 • Venue: Paultons Park, Hampshire

Highlights include: Improving nutritional care through discussion of case studies: A case of pseudomyxoma; A case of the dietetic management of a gastroenterology patient; A case of an intensive care patient; A case of nutrition support in a surgical patient – an update • Current safety issues in nutritional support: Enteral access; Parenteral access • The first bag of parenteral nutrition prescribed for a patient • How do we know the nutritional needs of our patients are met?

For further information and to download a registration form, visit: www.bapen.org.uk/resources-and-education/meetings/upcoming-bapen-meetings
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Industry Representative
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Tel: 01628 644 163 Mob: 07818 427 905
Email: carole.glencorse@abbott.com

*If you are interested in any of the vacant roles, please contact the BAPEN office.