Dining out with a little more ease - PINNT’s NEW restaurant card

At our AGM in July 2004, we launched one of our new initiatives which has been produced with the generous permission of our fellow support group in the US, The Oley Foundation. One of their members thought that such a card would be helpful when trying to explain in social circumstances why their ability to eat or drink was complicated by a medical problem.

This card is for use in eating places, where the user is unable to eat a full portion. It should be shown to the waiter/waitress who will hopefully read and understand the request and allow the user to either: share a portion, order a small portion, or for adults, order from the children’s menu. This should save the user having to go into a lengthy and complicated explanation of their dietary restrictions, and enable them to participate without having to incur the cost of a full meal that they are unable to eat.

Each full member of PINNT will receive a FREE restaurant card. Cards can be purchased by non members.

This card does not guarantee the user co-operation from anywhere that they may try to use it; any consideration will be solely at the eatery’s discretion.

The success of the card will be monitored for the initial six months and we hope that our membership will benefit from this simple idea because we know how socially restricting not being able to eat and drink normally is.

You can find out more about PINNT on www.pinnt.co.uk.

We hope you like our new look website too!

Carolyn Wheatley
Chairman PINNT
Since my last piece for ‘In Touch’, Dr Penny Neild has taken over as Honorary Secretary of BAPEN and we also have a new member of the BAPEN Office team in the form of Sue May, who has taken on a pioneering role in administrative support. Early signs indicate that this really is going to improve our efficiency and as well as making things easier for the Hon. Sec., will improve our day-to-day liaison with the BAPEN Office where Sue is based. I am sure that over the next few months many BAPEN members will find themselves in contact with this impressive duo.

Substantial plans have already been laid for the 2005 BAPEN Annual Conference, and even in skeleton form it looks good. The Programme Committee is working hard to ensure that strengths are developed and weaknesses remedied. I am particularly keen to see that the basic science aspects are not neglected at the expense of making sure that there is a strong educational programme. I am convinced that there is space and time for both – in metaphysical as well as purely pragmatic senses. Please add your own contributions and do not feel embarrassed to submit abstracts. The final scoring system for this year is still under consideration, but it is probable that the adjudication committee will find a way to discriminate between the conventional scientific abstract constructed along traditional lines that easily suits the requirements of the Nutrition Society for publication, and the more practice-based abstract that is of potentially great importance for our members, but does not quite have the level of journalese to satisfy the Proceedings. We will aim to showcase both types of work but only the former would be put forward for the editorial scrutiny of our sister society. Again a gentle reminder that the final date for abstract submissions is the 24th of June!

The BANS report for the last complete survey period will soon be ready, but it must be acknowledged that this activity is under some pressure. Firstly, it is one of BAPEN’s more expensive activities and funds are never easily come by, but more worryingly there is a clear indication that some of our reporters are coming under great scrutiny from the point of view of informed consent. This is now to the extent that some are withdrawing from the task completely. In the cancer field it is now recognised and accepted that registries should be immune from this sort of requirement in order to assemble meaningful and comprehensive datasets. We need to ensure that a similar understanding is established for the BANS data collection, which is of course by far and away the most complete and accurate view of artificial nutritional support that exists in the UK (and probably in the world). It would be tragic to lose this because of a misplaced concern over civil liberties that cannot be threatened by the process employed.

On a happier note I am pleased to report on the steady “rolling-out” of the ‘MUST’ programme and also on the substantial overseas interest that it has already generated. Translations into Finnish, Swedish and even Australian are underway!

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This useful review article, on the dietary exposure of babies to phthalates, attempts to highlight the problems associated with the ubiquitous presence of phthalates as environmental contaminants. At present little is known about the actual extent of Di-(2-ethylhexyl)-phthalate (DEHP) exposure in infants, believed to be the most sensitive population. However they are potentially exposed to a large variety of DEHP containing sources (e.g. breast milk, infant formula, baby food etc).

The background information informs the reader that DEHP is the most commonly used plasticizer in polyvinylchloride (PVC) formulations, however it is not chemically bound to the PVC and leaks out from PVC items with time and use, and is therefore universally considered to be a ubiquitous environmental contaminant. Using the sub-headings, “Exposure to DEHP in infants”, “Oral Route of Exposure”, “Infant Formulæ”, “Breast Milk” and “Neonates in Medical Treatment”, the authors provide detailed information on the levels of exposure that have been reported in the literature (e.g. levels of DEHP in milk from healthy mothers, leading to exposure levels of 21 microgram/kg/day for infants aged 0-3 months old and 8 microgram/kg/day in 3 to 13 month old children).

The final sub-heading “Plasticizers and Potential Health Risk” is used to provide an excellent review of the toxic effects of phthalates, describing the important animal studies that have been performed, together with some information on the limited amount of suggestive human exposure studies which can be found in the literature. The authors conclude that future research is needed to further investigate the precise extent of dietary exposure to phthalates in humans and particularly in babies, especially if human toxicity is confirmed, even if only partially.


This article reviews the pharmacological use of vitamin A and E highlights their potential benefit in many of the diseases suffered by preterm infants thought to be related to oxygen-free radical induced injury. The introductory sections provide the reader with a brief overview of the physiological functions of the various vitamins, whilst subsequent sections detail the nutritional requirements of the preterm baby during the different phases of nutrition and growth (e.g. transitional phase, early growth phase and the catch-up growth phase). Three tables provide detailed information on the recommended vitamin intakes of term and preterm, and the vitamin composition of various nutritional sources, including breast milk, infant formulae, PN and oral multivitamin preparations.

The review of the pharmacological use of vitamin A and E highlights their potential benefit in many of the diseases suffered by preterm infants thought to be related to oxygen-free radical induced damage (e.g. bronchopulmonary dysplasia, retinopathy of prematurity (ROP), intraventricular haemorrhage and necrotizing enterocolitis). Supplementation of vitamin A possibly reduces the incidence of ROP and necrotizing enterocolitis. Supplemental vitamin E reduces the risk of sepsis, whilst vitamin E when given in the first days of life of preterm infants, appears to reduce the risk of some complications but at the same time increasing the risk of sepsis. The authors conclude therefore that routine use of high-dose vitamin supplementation is not conclusively supported by clinical evidence at this moment in time.

Dr Allan Cosslett, Lecturer, Cardiff University

Media activity over the last few months has been high, stimulated by topics covered at the BAPEN Conference in Telford.

Press releases issued prior to the Conference covered the 'Hot topics' being discussed, plus the appointment of Dr Alastair McKinley as the new Chairman of MAG – rechristened the Malnutrition Action Group – and a review of Screening Tools currently in use. Releases were distributed to the professional press, as well as to national and local Shropshire media to alert them to the Conference.

Both local radio stations - Beacon FM and BBC Radio Shropshire - covered the conference on the first morning of conference. Beacon FM interviewed Rhonda Smith on the conference as a whole whilst BBC Radio Shropshire sent out their O/B (Outside Broadcast unit – a man, hatchback car and very tall aerial!) to interview Alastair on malnutrition.

Three symposia were attended on which to base on-going stories of interest to the media. Prescribing by pharmacists in clinical nutrition, improving hospital mealtimes and best nutrition for premature babies were the topics chosen. Releases and stories are being developed to appear in the appropriate media over the coming months.

Health writer Clare Gurton attended the Conference and produced a highlights report which you can read in the previous 'In Touch' and provided the basis for a feature article on ‘MUST’ and its uptake and implementation for Complete Nutrition.

Additionally, ‘MUST’ has been referenced in:

• 'Nursing and Residential Care' (January 2005) Preventing undernutrition and dehydration in older people

• 'Nursing Times' (January 2005) - Nutrition focus for distance learning

A flurry of media interest in the data produced by MAG in the development of the ‘MUST’ resulted from Age Concern’s media activity in December 2004, which focused on the effects of malnutrition in older people and the importance of nutritional intake for the maintenance of well-being.

MAG and ‘MUST’ have become the standard references in media circles on malnutrition and its impact on the population. BAPEN and all who contributed to the MAG work should feel justly proud of this recognition.

Rhonda Smith
Media Coordinator, BAPEN
A Council meeting was held in Nice in the middle of January. This meeting is used as an opportunity to share ideas about strategic developments which are being planned by ESPEN as well as to update members about progress being made on the annual 2005 conference.

**European Nutrition Day**

An ambitious project is being planned whereby hospitals throughout Europe will be asked to take part in a benchmarking exercise. This will continue the work generated by the EU Directive on Hospital Food and the aim is to develop a European profile reflecting how nutrition is managed. The study will include information about:

- The ward/unit in which the patients are managed and some basic details about whether or not there is a nutrition policy etc
- Demographic and clinical details about the individual patients
- Information about the patients’ actual nutritional intake – which they will be asked to complete

All data will, of course, be strictly anonymised and this will be returned for national analysis/publication once the overall European results have been published.

There has already been a pilot study in 3 countries which has yielded very useful and interesting information. The paperwork is currently being revised and the full study will be undertaken later this year once all the necessary permissions have been obtained. Each country (and the UK counts as one country in this instance!) is being asked to recruit 100-200 wards in 20-40 hospitals and, at the moment, only adult patients are being included.

We are now looking for volunteers to participate in this important project – if you are interested, please get in touch with me and I will be able to show you the preliminary paperwork.

**Continuing Medical Education (CME)**

CME is already mandatory in many European countries and this is likely to apply universally during the next decade. However, CME credits acquired in one country are not necessarily recognised in another country. This has obvious implications for organisations such as BAPEN and ESPEN. The intention is two fold:

- To attempt to identify a common ‘euro-credit’
- To establish a suitable technical platform to facilitate learning

The first step in this process will be to establish what the national requirements are for CME and a questionnaire is currently being devised for circulation to all ESPEN Council members.

**Life Long Learning**

This is a programme being developed by the European University network and ESPEN with support from the EU Leonardo da Vinci programme. It is aimed at increasing the skills and competence of health related professionals in clinical nutrition, although initially ESPEN will be targeting doctors.

The programme consists of a combination of web-based learning (doctors only) and ‘live’ taught modules. The intention is that, ultimately, it will be possible to achieve a formal ESPEN/European qualification in Clinical Nutrition. One taught module has already been successfully piloted and the following modules will be run alongside (but not in conflict with) the Brussels conference:

- Home parenteral nutrition
- Nutrition in the ICU
- Perioperative nutrition
- Nutritional assessment

These modules will be open to dietitians, pharmacists and nurses as well as doctors.

The current hope is that attendance at these unique educational opportunities will be free of charge/heavily subsidised for ESPEN members - with non-ESPEN members having to pay the full price. One important thing to bear in mind is that, if you want to attend any of these, you will probably need to allow for an extra night’s accommodation!
Basics in Clinical Nutrition

The 3rd edition of this handbook has just been published and it is a useful addition to any bookshelf. Topics covered range from basic concepts in nutrition, physiology and biochemistry to comprehensive reviews of enteral and parenteral nutritional support and concluding with the provision of nutritional support in a wide range of different clinical situations. There is a multi-professional authorship drawn from across Europe and Professor Simon Allison is one of six distinguished editors. For further information visit www.espen.org.

Annual Conference

Lisbon – Last year’s meeting was declared a resounding success by the Chairman. It generated a significant profit as well as being positively evaluated by both the delegates and the industry sponsors.

Brussels – The programme for this year’s conference is nearly finalised and two thirds of the invited speakers have already accepted. Details are available on the ESPEN website but you should note that the call for abstracts goes out on January 29th and the closing date is April 11th 2005. Abstracts submitted after this time will be accepted and they will be included in the conference programme. However, there will be a ‘late’ charge of 50 euros and any late abstracts will not be published in Clinical Nutrition.

Remember the conference date; 27th - 30th August 2005

Istanbul – Arrangements are being made for this meeting which will be held from 26th-29th August 2006.

Finally, a reminder... have you paid your subscription to ESPEN for 2005? The next edition of Clinical Nutrition is due soon – essential for finding out what is new in this field. If you are an ESPEN member this is included in your membership fee and this, in turn, is reduced if you join via BAPEN. Why not contact the BAPEN Office now for a subscription form or download from the BAPEN website - www.bapen.org.uk.

A focus on Israel

The organization and the preparation of the 25th ESPEN Congress in Cannes had a very strong impact on the Israel Society for Clinical Nutrition (ISCN). Its membership to ESPEN has increased to 57 for a country of only 6.5 million inhabitants. More abstracts have been submitted to the congress (Israel is in the top 10 countries submitting abstracts at the congress in Cannes and in Lisbon). More papers have been submitted to Clinical Nutrition and more speakers are involved in the scientific and educational programs of the congresses.

In addition, at the local level, the ISCN organised - together with 6 other societies and the Ministry of Health - a Nutrition Week, under the auspices of the Minister of Health. In this nutrition week, gastroenterologists, nutritionists, sport specialists, pediatricians, gerontologists, but also industry and scientists had the opportunity to share their experience. Of particular interest were the sessions on functional food and on nutrition and sport involving the Israel team for the Athens Olympic Games. More than 650 participants attended the meeting.

Finally, one of the most positive developments has been the creation of a Tel Aviv University Diploma of Metabolism and Clinical Nutrition: 360 hours of teaching and 100 hours of practice during 2 years of studying. This course is held at the Tel Aviv University as a postgraduate course for doctors. Many specialists in family medicine, gastroenterology, endocrinology, geriatrics or pediatrics participate in this course.

Professor Pierre Singer
Pharmacist Prescribing of Parenteral Nutrition – Making it Happen!

The story so far, a personal perspective...

I qualified as a supplementary prescriber, from Kings College London, in April 2004, one of the first wave of pharmacist prescribers. My initial area of specialisation was parenteral nutrition and associated clinical management; I was one of three pharmacists with this as their area of clinical specialisation.

I, like many of my colleagues in similar positions, have spent many years (more than I care to mention) as the pharmacist on the nutrition support team. In general we have a broad experience not only in pharmaceutical compounding but also in relevant clinical areas such as surgery, gastroenterology and intensive care.

For years I had ‘prescribed’ parenteral nutrition but always required a doctors countersignature to make the prescription legal. When the opportunity arose to undertake the training to be a supplementary prescriber I jumped at the chance, it seemed the next logical step. On reflection, it was the next step, I felt that I had enough experience and knowledge to be able to prescribe safely.

The first steps
Obtaining funding for the course, time off for lectures and support from my department were obtained. The first hurdle was finding a doctor who was prepared to be my designated medical practitioner, someone who knew enough about nutrition and education to be able to assess my competence, and who had the time to support me through the process. Fortunately the Chair of the Trust’s Nutrition Advisory Group (and Clinical Director for intensive care) stepped into the role.

As the first wave, we were a little unsure about how it was all going to work in practice. The lectures were straightforward, the reflective practice diary and supervised practice less so.

In hindsight, I educated my colleagues about supplementary prescribing without realising it. During the process of collecting evidence of my competence I used real patients cases that we had been seeing on the nutrition round to highlight learning points and demonstrate clinical decision making. I asked the consultants looking after those patients to validate my evidence and comment on my clinical management plans. Each time I did this I was explaining to another clinician about supplementary prescribing, so that when it came to putting it into practice they were already familiar with the process.

My tutor will freely admit he is not an expert in clinical nutrition. We used a number of methods to demonstrate my knowledge base and clinical competence. I produced copies of lectures and comment on my clinical management plans. Each time I did this I was explaining to another clinician about supplementary prescribing, so that when it came to putting it into practice they were already familiar with the process.

‘In hindsight the process wasn’t too painful.’

Putting it into practice….
After passing the exam, I was keen to get started but there were a number of things that needed to be put into place first.

- I had to amend my job description to include my new prescribing role.
- The trust had to document its clinical governance framework for non-doctor prescribing.
- I had to arrange my indemnity insurance (just in case!)
- I had to decide on the format for my clinical management plans (CMP).
- I had to communicate the process to all the medical teams that it would affect.

- In practical terms the nutrition team would be referred a patient for consideration for parenteral nutrition. As a team we would assess the patient and decide on an appropriate management plan. This information would be included in the clinical management plan. As a team we would discuss with the patient that I would be writing the prescriptions and explain about monitoring and prescribing. Once the patient had agreed, the lead consultant looking after that patient then signed the clinical management plan. A copy of the signed CMP was filed in the medical notes.

Each time a prescription was written it was documented in the medical notes (one of the requirements for supplementary prescribing), even if no changes were made we would still document how many days PN had been ordered. If appropriate the clinical management plan also incorporated other relevant medication such as drugs to manage stoma output, venous access or additional fluid and electrolyte therapy.

As a prescriber I am legally and professionally accountable for every prescription I write. For this reason it is essential that I understand every aspect of parenteral nutrition prescribing from calculation of the dose (requirements) to details of administration. The team made every decision collectively and fortunately I never had cause to disagree. However, ultimately the prescriber makes the final decision about what should be prescribed.

What might be the disadvantages of this system?
There is a risk that as a doctor is no longer needed to write the prescription that the role on the nutrition team will no longer be a priority for junior staff and therefore valuable learning experiences will be lost. There is a risk of deskilling clinicians in this area, and therefore it is imperative that both taught and practical sessions are put into the postgraduate training to compensate for this. A prescribing process should not be based around one individual and contingency arrangements should be made for when that prescriber is absent.

A tale of two cities…
I recently moved to a new post in Oxford and am now in the process of setting up the infrastructure for supplementary prescribing of PN, another Trust where the pharmacist has always ‘prescribed’ the PN. I now appreciate the relationship of trust that I had developed with so many of the clinicians at University College London Hospital (UCLH), I hope that I will be able to do the same in Oxford.

Who else should be allowed to prescribe PN?
I personally feel that it is not a matter of professional group but clinical experience and knowledge. If a clinician can demonstrate their competence then they should be able to prescribe. Of all the ‘medicines’ to prescribe, parenteral nutrition has to be one of the most complex, with the potential for both short and long-term complications. Not a responsibility to be taken lightly.

I would like to thank the Nutrition Team and my medical and pharmacy colleagues at UCLH for all their help and support during the training period and implementation. Good luck to all those pharmacists and nurses undertaking training in this area. The professional rewards are worth the effort.

Rebecca White
Supplementary Pharmacist
Prescriber
Lead Pharmacist;
Surgery and Nutrition
Oxford Radcliffe Infirmary
The Home Enteral Nutrition Team (HEN) in South East London

The origins and development of the HEN Team is a good illustration of multi-agency and multidisciplinary collaboration within the health service.

The HEN team is a specialist, community based service, providing support and expertise to people receiving home enteral tube feeding (HETF), within Lambeth, Southwark and Lewisham (LSL) Primary Care Trusts.

The team was launched in January 2000 with a caseload of 180 patients, and since then the service has been evolving to meet the needs of this growing caseload. By the end of 2004, the total number of LSL patients registered with the home delivery company was 426 (130 paediatrics).

The Team

The service was funded through setting up a single purchasing contract between the acute and community Trusts within LSL for the provision, and delivery of the enteral tube feeds and equipment. An agreement was also made with the GP’s to take the feed off prescription. The method of discharging patients from hospital and the continued supply of feed and equipment was streamlined as well.

The HEN Team is multi-disciplinary and currently consists of:

- Team Leader (with a dietetic background)
- Administrator
- 2 Dietitians
- 2 Nutrition Nurses
- 1.5 Speech and Language Therapists (specialising in dysphagia management)

Referrals are made by the hospital dietitian direct to our team prior to the patient’s discharge. Once referred, the patient’s details are registered with the feed company, which then organises the delivery of feed and ancillaries to the patient’s home.

Our objectives include ensuring a smooth start to HETF and offering an assessment and follow up service. We provide advice, training and support to families, carers and other health professionals regarding all aspects of HETF. In addition, the specialist nurses within the team will attend to emergency calls within office hours. This has prevented accident and emergency visits and hospital admissions for example, accidental tube removal and feeding tube blockages. One of the dietitians holds a paediatric caseload and works in close collaboration with the Community Childrens’ Nursing Team and staff in special schools. The speech and language therapists provide assessment and dysphagia management advice.

Over the last five years there have been successes as well as major challenges to overcome in order to meet our overall aim, which is to provide a high quality cost effective and co-ordinated service that will adapt to meet the needs of our users.

Achievements

1. The team has succeeded in setting up and providing a co-ordinated service for our patients and their carers. Prior to the HEN team there was no formal community based service throughout LSL.

2. Through multidisciplinary working, patients can expect comprehensive care and advice on all aspects of HETF.

3. The HEN team service within LSL is still unique within the UK.

4. We have established communication links with all of the local hospitals and community based health care professionals within LSL.

5. Training on HETF remains a priority objective.

6. The team aims to be innovative by adapting our methods of service delivery to ensure we are meeting the demands of our users. In five years the adult caseload has increased by 77%, and the paediatric caseload has increased by 363%.

7. The majority of patients on the caseload are diagnosed with a chronic disease; the main diagnosis for the adults is stroke and for the children it is cerebral palsy. Discharges from the caseload are only made if the feeding tube is removed or if patients move to a non-LSL GP.

8. By ensuring our service remains specialised and dedicated to HETF, there are opportunities to develop the service and contribute to research in this area.

Challenges

1. The increasing caseload numbers each year have proved to be a major challenge. We are currently looking at the skill mix and training needs to take advantage of the expertise that already exists within the team.

2. Experience in the field has showed that our caseload increasingly has more complex clinical and social needs. More time has to be allocated for extra administration and telephone contacts, as well as attending case review meetings regarding patient care.
3. The challenge to secure more financial resource to fund more staff is one recognised by all our health service colleagues. Funding for more staff has to be balanced against financial provision for the ever increasing caseload.

4. The need for a more rigid screening prior to PEG insertion has been identified. The team will be collaborating with our acute colleagues in this work and should ensure better and safer discharges from hospital.

5. Working as a specialist team within the community that provides a service to three PCTs and the local acute Trusts, can pose particular difficulties, especially with respect to effective communication and keeping abreast of developments within each Trust. We rely on our strong links with the local dietetic and speech and language departments in the acute Trusts and the nursing management structure within the PCT’s.

6. Working in the community within a specialist team has threatened to be professionally isolating. We have been making efforts to ensure that staff have access to clinical supervision, and have support from their professional colleagues both within the PCT and from the acute Trusts.

This is the fifth year of the HEN Team in LSL, and to ensure that we are meeting the needs of our patients we will be evaluating our adult patients’ experiences with the service. We plan to use the data from this survey of approximately 250 patients to review current systems of working and to improve patient care to meet our patients’ expectations.

Working within a multidisciplinary team has enabled staff to expand on their clinical knowledge and skills with regard to HETF and also to learn the value of understanding and respecting the specialist knowledge and skills of other team members. In addition, there has been the opportunity to work closely with private industry and the local and neighbouring acute and community Trusts. Through multidisciplinary collaboration the HEN Team has developed and will continue to provide a dedicated service to our patients and their carers.

For more information please contact us; Ileen Patel, Team Leader. The Home Enteral Nutrition Team, MMRU Building, Wardalls Grove, Avonley Road, New Cross, London, SE14 5ER.

email: ileen.patel@lewishampct.nhs.uk Tel: 0207 771 5183 Fax: 0207 771 5110

Better Hospital Food 2005.. 06.. 07..

2005 will be a watershed year for the Better Hospital Food project. The initial four year phase of the project is now complete and plans for phase two are being firmed up. To date the project has focused on the supply chain; ingredients, recipe, menu and food availability specifications and purchasing. The next phase will be very much more focused on the patient’s experience of the food service as a whole. How can the food service in our hospitals be further developed to delight and effectively nourish our patients? The food service modernisation agenda continues apace. Here are some brief highlights.

Council of Europe Resolution
The BDA and Hospital Catering Association would like to thank everyone for their consideration of the recent survey on the Council of Europe resolution. This was a difficult task and response rates had been rather low as a result. However, 107 hospitals requested passwords and about half completed the survey. A seminar was held on 3rd November 2004, at the Royal Lancaster Hotel in London. This was very well attended and the main outcome of the day was that England, Wales and Northern Ireland need an implementation framework for the resolution – something very similar to the Food, Fluid and Nutritional Care Framework being implemented in Scotland. It was resolved that a proposal would be put to the Councils of the BDA and the HCA suggesting that they lead the setting up of a committee of non government organisations to put such a framework in place.

Study Day at the Royal Society of Medicine
A study day directed at doctors was held at the Royal Society of Medicine on 10th December 2004. The main focus of this day was food as treatment and there was much lively debate and discussion in a small audience of around 150. Disappointingly there were few doctors in the audience, however, a DVD of the day is being prepared by NHS Estates and this will be used at meetings of doctors over the next year.

Better Hospital Food Phase Two
The first phase of the Better Hospital Food project comes to an end in March 2005. Phase two is already at an advanced stage of planning and it will continue to have a high profile in NHS reform. Patient Choice is a key Government theme running through all NHS reforms and developing food services patients will find attractive, continues to be a priority. Most of the project will be led by the National Patient Safety Agency after April and it is likely that nutritional care management and the reduction of the risk of undernutrition in hospitals will have a high profile.

Patient Environmental Action Teams (PEAT 2005)
Patient Environment Action Teams (PEAT) inspections for 2005 are already underway. Colleagues should seek out the responsible officer in their Trust. PEAT 2005 includes some modernisation goals and one of these is that 50% of patients will have a documented nutritional risk assessment on admission, which will include a record of body weight.

Healthcare Commission Plans
The results of the PEAT review will be used by the Healthcare Commission in its assessment of healthcare organisations. The Healthcare Commissions plans for inspection and accreditation are currently available for consultation from their website www.healthcarecommission.org.uk. Core standard C15 is the key one on the provision of food and nutritional care. Consultation closed in February 2005.

Rick Wilson
Chair of the joint BDA/HCA Working Group
BDA Representative on the BHF Panel
Call For Abstracts

Advancing Clinical Nutrition

Annual Meeting
of
The British Association for Parenteral and Enteral Nutrition
to be held at
The International Centre Telford
16th - 17th November 2005

- ABSTRACTS will be considered by BAPEN for Oral, E-poster and Static Poster Sessions. Method of presentation will be decided by the BAPEN Programmes Committee

- ABSTRACTS should be submitted online according to the published guidelines, available on the BAPEN website. www.bapen.org.uk

For full details please refer to Direction to Contributors, Abstract Submission Forms and Copyright Assignment Forms on the BAPEN website from January 2005.

CLOSING DATE FOR RECEIPT OF ABSTRACTS IS FRIDAY 24th JUNE 2005

Registered Charity 1023927
Before giving an update on the recent BAPEN Council meeting, just a few words to introduce myself. I took over from Pat Howard as Honorary Secretary after the AGM in November 2004, an extremely hard act to follow!! Pat gave me a fantastically comprehensive handover and I also have the good fortune to be very well supported by the BAPEN Office staff (Jennie Mort, Sue May and Correen Finney), so any glitches, you’ll have to blame me… (but please be gentle)…!

And so to Council…

**BAPEN 2004**

The annual conference was held in Telford in November. Despite an interesting programme, the attendance figures were disappointingly low with respect to the previous year. Apart from the usual delegate funding issues, a number of other potential reasons for this were discussed, including content, venue, facilities etc. All feedback has been seriously considered and the programme for the 2005, although still in evolution, promises to be innovative and exciting – watch this space! One thing on which all were agreed was the need for continued increased submission of abstracts. These make a large contribution to both the scientific and clinical components of the meeting and are published in the Proceedings of the Nutrition Society. Therefore, a great way of sharing your results and experience as well as a boost for the CV! So if any of you are involved in any nutrition-related studies/audits, please could we encourage you to submit an abstract. You’ve got until June 24th 2005 and if you are interested, but have never written one before, please feel free to ask for help. Vera Todorovic and the website team are working hard to make submission as easy as possible via the website.

**BAPEN Regional meetings**

A number of other meetings have been arranged by the regional reps over the forthcoming few months, all of which sound excellent (in fact one comment from the Chairman was that they were too good and were in danger of threatening the annual conference…!!), so watch out for further details.

**BAPEN Nutrition Teams Course**

Unfortunately, the Wychwood Course had to be cancelled at the 11th hour, because only 2 teams were able to guarantee the deposit. This was clearly extremely disappointing for all concerned, particularly the organisers, who had put in such a huge amount of effort and enthusiasm. Dr Ian Fellows and the Education and Training Committee will discuss potential ways forward which will hopefully improve the chances of future survival of this most important course.

**BANS Report 2003**

The BANS report for 2003 has, as usual, taken up a huge amount of time for Dr Barry Jones and co-workers, but should hopefully be published within the next few weeks.

**BAPEN Medical**

BAPEN Medical seems to going from strength to strength and, under the chairmanship of Professor Jeremy Powell-Tuck, aims to forge links with other groups with nutritional interests in the form of joint meetings.

**Founder Groups**

The news from the founder groups had a unifying theme – ‘We need your help!’ So if you are a dietitian, pharmacist, nurse specialist, or user of nutritional support and have some good ideas about how you could improve your organisation, step right up; it may well be that you could be placed in a position where you have some real influence over such matters.

**BAPEN Focus 2006**

If you have any ideas for FOCUS 2006, please contact me, the Communications Committee or the BAPEN Office. Topics of interest will be discussed at the Think Tank meeting in May.

Dr Penny Neild
Honorary Secretary

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**Clips from Council**

**September 2005**

<table>
<thead>
<tr>
<th>Course</th>
<th>“Developing Nutritional Support Skills”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
<td>TBA – North England</td>
</tr>
</tbody>
</table>

**Cost:**

- TBA

**How to book:**

Email: conferenceteam@hotmail.com
Or view: www.bpng.co.uk

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**Course:**

“Fundamentals of Clinical Nutrition”.

| Venue                  | Royal Pharmaceutical Society, London     |

**Cost:**

- £135 BPNG members
- £160 BPNG non-members
- £200 Members exhibitor fee
- £220 Non members exhibitor fee

**How to book:**

Email: conferenceteam@hotmail.com
Or view: www.bpng.co.uk

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**Tuesday 26th April 2005**

**Course:**

Annual Summer Symposium.

**Venue:**

Hilton Hotel, Leicester

**Cost:**

- Day delegate: £120 members, £145 non-members
- Weekend delegate: £250 members, £275 non-members
- Exhibitors: £310 members, £340 non-members

**How to book:**

Email: conferenceteam@hotmail.com
Or view: www.bpng.co.uk

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**Saturday 18th & Sunday 19th June 2005**

**Course:**

Annual Summer Symposium.

**Venue:**

Hilton Hotel, Leicester

**Cost:**

- Day delegate: £120 members, £145 non-members
- Weekend delegate: £250 members, £275 non-members
- Exhibitors: £310 members, £340 non-members

**How to book:**

Email: conferenceteam@hotmail.com
Or view: www.bpng.co.uk

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**2006... call for topics of interest**

Each year BAPEN focuses on a topical issue. We need your bright ideas for 2006. Please email any ideas to the BAPEN Office, the Hon Sec or the Chair of Communications by April 25th 2005. If you wish to discuss your ideas please feel free to contact any of these individuals. www.bapen.org.uk

**research... best practice... guidelines... audit tools...**

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**...Hot News** - The National Patient Safety Agency have issued a Patient safety alert on reducing the harm caused by misplaced nasogastric feeding tubes. This important information is available on www.npsa.nhs.uk. All NHS Trusts need to have acted on the guidance and have local protocols in place by September 2005.
## 2005 Diary Dates

<table>
<thead>
<tr>
<th>National Dates</th>
<th>Meeting - National</th>
<th>Venue and Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th April</td>
<td>Nutrition Through Life Study Day</td>
<td>Royal College of Physicians, 11 St Andrews Place London NW1 For further information contact: Mike Fryer, Tel: 01992 538001 e-mail: <a href="mailto:ntlday@cm-2.co.uk">ntlday@cm-2.co.uk</a></td>
</tr>
<tr>
<td>12th April</td>
<td>Nutrition Society Meeting – Reaction to allergy</td>
<td>West Park Conference Centre, Dundee For further details please visit: <a href="http://www.nutritionssociety.org">www.nutritionssociety.org</a></td>
</tr>
<tr>
<td>14th April</td>
<td>Northern Ireland Regional Meeting - BAPEN</td>
<td>Ramada Hotel, Belfast. Contact Sharon Madigan. email: <a href="mailto:s.madigan@ulster.ac.uk">s.madigan@ulster.ac.uk</a></td>
</tr>
<tr>
<td>25th April</td>
<td>Ethics and Nutrition - Joint SIGNE / NAGE Meeting</td>
<td>Best Western Milton Hotel, 27 Washington Street, Glasgow, G3 8AZ. Tel: 0141 222 2929. For further details contact : <a href="mailto:ruma.kinkead-weekes@virgin.net">ruma.kinkead-weekes@virgin.net</a></td>
</tr>
<tr>
<td>28th April</td>
<td>Fit for Surgery! Fast Track Perioperative Care</td>
<td>The Royal College of Surgeons of England. Further details from Kasia Riding, Speciality Programme Co-ordinator. Raven Department of Education, The Royal College of Surgeons of England, 35-43 Lincoln’s Inn Fields, London WC2A 3PE. Tel: 0044 (0)20 7869 6342 or e-mail <a href="mailto:KRiding@rcseng.ac.uk">KRiding@rcseng.ac.uk</a></td>
</tr>
<tr>
<td>14th - 16th June</td>
<td>The British Dietetic Association 2005 Annual Conference</td>
<td>Thistle Hotel, Cardiff. For further details please visit: <a href="http://www.bda.uk.com">www.bda.uk.com</a></td>
</tr>
<tr>
<td>15th - 17th June</td>
<td>Micronutrients through the lifecycle</td>
<td>Queen’s University, Belfast Original communications submission deadline : 4 April 2005 For further information please visit: <a href="http://www.nutritionssociety.org">www.nutritionssociety.org</a></td>
</tr>
<tr>
<td>18th - 22nd June</td>
<td>Annual Practical Nutritional Symposium</td>
<td>Chilworth Manor, Southampton Details: Tel: 023 8079 6317</td>
</tr>
<tr>
<td>28th Jun - 1st July</td>
<td>Annual Summer Meeting hosted by the Institute of Food Research, Norwich</td>
<td>The University of East Anglia, Norwich. Nutrition Society Medal Lecture. Annual Postgraduate Symposium. Original communications submission deadline: 4 April 2005 For further information please visit: <a href="http://www.nutritionssociety.org">www.nutritionssociety.org</a></td>
</tr>
<tr>
<td>27th - 30th Aug</td>
<td>ESPEN Congress</td>
<td>Brussels. For further details see <a href="http://www.espenc.com">www.espenc.com</a></td>
</tr>
<tr>
<td>4th - 7th Sept</td>
<td>Joint Symposium as part of Research on Alcoholism. Annual Conference Nutrition and Alcoholism</td>
<td>University of Kent, Canterbury. For further information: <a href="http://www.nutritionssociety.org">www.nutritionssociety.org</a></td>
</tr>
<tr>
<td>5th - 6th Sept</td>
<td>The Intercollegiate Course on Human Nutrition</td>
<td>Strathdon Hotel, Nottingham. For further information please contact: Wendy Solis, School of Biomedical Sciences, Queens Medical Centre, NG7 2UH. Telephone: 0115 9249924</td>
</tr>
<tr>
<td>6th-9th Sept</td>
<td>23rd Leeds Course in Clinical Nutrition</td>
<td>St Jame’s University Hospital, Beckett St, Leeds. Contact details: email: <a href="mailto:clinicalnutrition@leeds.ac.uk">clinicalnutrition@leeds.ac.uk</a>, <a href="http://www.clinical-nutrition.co.uk">www.clinical-nutrition.co.uk</a></td>
</tr>
<tr>
<td>7th - 9th Sept</td>
<td>Seventh International Symposium in Vivo Body Composition Studies. Linking Structure to function</td>
<td>Southampton UK. Deadline for abstract submission: 1st June 2005 See <a href="http://www.bc2005.soton.ac.uk">www.bc2005.soton.ac.uk</a> or e-mail <a href="mailto:bc2005@soton.ac.uk">bc2005@soton.ac.uk</a> for more information.</td>
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</table>

### Meeting - International

| 4th - 7th May | 6th International Gastric Cancer Congress – Japan | Further details: iacc6@sc.itc.keio.ac.jp |
| 15th - 20th Oct | 13th United European Gastroenterology Week (UEGW) | Copenhagen, Denmark Further details: UEGW Website. |

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**BAPEN South West present a full day conference entitled “Nutrition Support when things get difficult”**

**Date:** 2nd June  **Venue:** Lyngford House in Taunton  **Price:** £50.00

A varied programme of state of the art presentations, free papers and case reports. For a conference programme and registration form, please contact:

Vivien Mills, Endoscopy Unit, Torbay Hospital, Lawes Bridge, Torquay TQ2 7AA.

Tel: 01803 654865 or e-mail vivien.mills@nhs.net  
email: vivien.mills@nhs.net

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**BAPEN Medical**

BAPEN Medical is now a recognised Founder Group within BAPEN  
Supporting practitioners in the medical aspects of the clinical practice of nutritional support

Joining fee: £20 (BAPEN members), £40 (not a BAPEN member)

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

**To join:** send this slip with a cheque to the BAPEN office with your name, address, e-mail, occupation

Complete your details overleaf, cut along the dotted line and send to the address above with your cheque.
Regional Representatives

Scotland
Carol-Anne McAtear
Nutrition Support Dietitian
Tel: 0141 201 5572   Fax: 0141 201 5037
Email: caroleanne.mcatear@sgh.scot.nhs.uk

Ireland
Ms Sharon Madigan
Community Dietitian
Tel: 02890 366 877   Fax: 02890 311 353
Email: s.madigan@ulster.ac.uk

Wales
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North West
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Northern & Yorkshire
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Nutrition Nurse Specialist
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Email: emily.weinell@sthct.nhs.uk

Trent
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Consultant Gastroenterologist
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Email: jnight@globalnet.co.uk

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Nutrition Support Dietitian
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Email: alison.fairhurst@doh.nerht.nhs.uk

Sue Merrick (joint rep)
Dietitian & Team Leader for Nutrition Support
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Email: sue.merrick@rwh-tr.wmids.nhs.uk

Eastern - West
Jean Dart
(Chief Dietitian)
Marion O’Connor
(Senior Dietitian)
Tel: 01865 221702/3
Fax: 01865 741408
Email: janeane.dart@orh.nhs.uk
Email: marion.o’connor@orh.nhs.uk

Eastern - Anglia
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Consultant Gastroenterologist
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Email: ian.fellows@nnuh.nhs.uk

North Thames
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Email: s.gabe@imperial.ac.uk

South Thames
Mr Rick Wilson
Director Dietetics & Nutrition
Tel: 0207 346 3243   Fax: as telephone
Email: rick.wilson@kingsth.nhs.uk

South West (West)
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Email: john.lowes@nhs.net

South West (East)
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Principal Pharmacist
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Email: peter.rhodes@suht.swest.nhs.uk

South East
Dr Paul Kitchen
Consultant Gastroenterologist
Tel: 01634 830 000   Fax: 01634 833 922
Email: paul.kitchen@medway.nhs.uk

Industry Liaison
Carole Glencorse
Nutritional Services Manager
Tel: 01628 644163   Fax: 01628 644510
Email: carole.glencorse@abbott.com

Ah ha … now that I have got your attention, I need to tell you about developments with the regional reps. Firstly, more meetings are being planned this year, so please look at the forthcoming meetings list and see what is happening near you. There may be chocolate, food and wine - surely very good value!.

Change the World
Next … ladies and gentleman … roll up, roll up … your chance to change the way of the world (AKA BAPEN). Democracy is king and this is your chance to get involved. Seven different regions are up for election and anyone interested in standing needs to place their name in the hat by April 1st 2005. The regions are:

Scotland, Wales, Eastern (Anglia), North Thames, South Thames, South West (West), South West (East).

All those standing will be advertised in the next ‘In Touch’ with voting slips. Please contact me for information about the role of the reps. I would love to hear from you.

Dr Simon Gabe
Chair of the BAPEN Representatives
s.gabe@imperial.ac.uk

### BAPEN reps meeting dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Region</th>
<th>Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 April ’05</td>
<td>Northern Ireland BAPEN meeting</td>
<td>Northern Ireland</td>
<td>S Madigan</td>
</tr>
<tr>
<td>25 May ’05</td>
<td>Enteral feeding study day</td>
<td>N London</td>
<td>S Gabe</td>
</tr>
<tr>
<td>3 June ’05</td>
<td>St Mark’s Intestinal Failure workshop</td>
<td>N London</td>
<td>S Gabe</td>
</tr>
<tr>
<td>7 June ’05</td>
<td>Eastern Region Nutrition Support team meeting</td>
<td>Eastern (Anglia)</td>
<td>I Fellows</td>
</tr>
<tr>
<td>17 June ’05</td>
<td>Clinical Nutrition Course</td>
<td>Northern &amp; Yorkshire</td>
<td>E Weinell</td>
</tr>
<tr>
<td>5 Oct ’05</td>
<td>St Mark’s Intestinal Failure study day</td>
<td>N London</td>
<td>S Gabe</td>
</tr>
</tbody>
</table>

To join, please complete your details below and return this slip, along with your cheque made payable to: BAPEN Medical, to the BAPEN Office.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Occupation:</th>
<th>Tel:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Food! Chocolate! Wine!