BAPEN Annual Conference returns to Harrogate
BAPEN’s Response to Francis

BAPEN’s secretary, AILSA BROTHERTON and Chair of BANs DR TREVOR SMITH outline BAPEN’s response to the Francis Inquiry

“The report will challenge everyone working in healthcare.” (Health Foundation, 2013)

The Francis inquiry, chaired by Robert Francis QC, has examined the role of commissioning, supervisory and regulatory bodies in their ongoing monitoring of the Mid Staffordshire Foundation NHS Trust. It has identified failures across the healthcare system, and many of us, policymakers, commissioners and regulators, as well as frontline clinical staff, are focusing on the lessons we can learn to make sure that this never happens again in our healthcare system, as well as turning our attention to implementing the recommendations.

We know from an earlier investigation into care at the hospital that ‘it did not have a grip on operational and organisational issues, with no effective system for the admission and management of patients admitted as emergencies’ and that ‘the trust’s board and senior leaders did not develop an open, learning culture.’ (Healthcare Commission, but how many of us can honestly say that our organisation has a true learning, open culture with a real desire to continually improve? Or are we still approaching improvement with a ‘tick box’ approach and a culture of demonstrating achievement of targets, with little focus on patient experience and patient centred care.

At BAPEN, we have been considering our response to Francis and, ahead of publication of the report, reviewed the resources available to help Trusts organise the delivery of excellent nutritional care. The published report highlights the poor practice in nutrition and hydration, not only in Mid Staffs but in the hospitals inspected by the CQC in the Dignity and Nutrition Inspections and makes specific recommendations relating to food and drink.

Recommendation No 241 states that: ‘The arrangements and best practice for providing food and drink to elderly patients require constant review, monitoring and implementation.’ Readers of the report cannot fail to appreciate the importance of a complete cultural shift to delivering compassionate, patient centred care and this must include good nutritional care.

Our commitment to transformational change in line with the recommendations from Francis – Ensuring patients have a voice: BAPEN collaborates with PINNT on an important, patient centred nutrition initiative

BAPEN is really excited to be working in collaboration with PINNT and 20 other charities on a vital project which will collect patient and carer experiences of nutrition and hydration services, which will paint a clear picture of how the health issues relating to malnutrition and dehydration are currently handled.

Joint leaders of the initiative Carolyn Wheatley, Chair of PINNT, and Professor Marinos Elia, Chair of BAPEN’s Malnutrition Action Group, agree that this initiative will help to drive improvements to NHS services in this therapy area. For full details visit: http://pinnt.com/News/PINNT-collaboration.aspx

BAPEN’s commitment and call to action

BAPEN has also reviewed the patient experiences relating to poor nutritional care in the initial Francis report and is committed to helping Trusts tackle the nutrition issues highlighted within it.

This is really important to us in BAPEN as we believe all patients, and their families, deserve much better nutritional care than they are receiving. We know what excellent nutritional care looks like and we have all the tools and interventions to screen for malnutrition and to deliver excellent care. However, we still lack highly reliable systems to deliver integrated nutritional care that will allow all care providers to meet the standards of nutritional care outlined in the NICE Guidance and the NICE Quality Standards. BAPEN is highly committed to correcting this and we are working with colleagues in NHS Midlands and East to develop a fully integrated nutritional pathway of care which will be launched in March.

We have also pulled together key resources that will enable organisations to implement good clinical nutritional care: www.bapen.org.uk/news-and-media/new/bapens-response-to-the-francis-report

A new QI initiative

Do you want to join an innovative nutrition Quality Improvement programme? We are also committed to delivering a Quality Improvement programme for our members, bringing together improvement scientists to work with nutrition experts to design highly reliable systems of care. We have been talking about delivering improvements in nutritional care since the publication of the Kings Fund report in 1992 and, although we have made great progress in some areas, such as screening, we still have such a lot of work to do to really deliver the improvements required to be confident that our patients will never receive the poor nutritional care described in the Francis report. We are, therefore, developing a QI programme that we will deliver virtually and we plan to share the results at the 21st BAPEN Conference in November 2013. If you would like to get involved in the programme contact the BAPEN office: bapen@bapen.org.uk

Our focus on measures

Dr Trevor Smith, Consultant Gastroenterologist and Chair of the British Artificial Nutrition Survey (BANS), is leading some exciting developments within BAPEN. There is currently a lack of nutritional outcome measures for nutrition and hydration and BAPEN is working with colleagues on the Malnutrition Task Force to rectify this. We are undertaking work to ensure there is an appropriate suite of measures, that can be collected both locally and nationally that ensure we can measure where organisations are delivering good nutritional care and where improvements are needed. Early thoughts include the possible development of a Nutrition and Hydration Safety Thermometer, and electronic data collection tools focused on outcomes.

Every patient deserves good nutritional care and we need to work collaboratively to deliver this as a priority.
Nutrition & Hydration Week – 18th-24th March 2013

A taste of patient safety

With the support of key partners, Patient Safety First will be hosting the second annual Nutrition and Hydration Week starting on 18th March 2013. Throughout the week, Patient Safety First will be running interactive webinars, which aim to support the improvement of patient safety around nutrition and hydration.

Webinars include: Patient Safety – combined risk assessment; Don’t let them die of AKI (acute kidney injury); Hydration Matters; Recognising and treating AKI and recording fluid charts accurately; What’s on the menu at the global village? Introduction to the International Dysphagia Diet Standardisation Initiative; Eat well - Derbyshire County Council’s campaign to tackle malnutrition in older people.

Along with the webinars, Patient Safety First are promoting the participation in some key activities throughout the week. For full details on the webinars and activities, visit: www.patientsafetyfirst.nhs.uk/Content.aspx?pa=thr/Campaign-news/nutrition-and-hydration-week-2013/

National Nutrition Day – 20th March 2013

The Hospital Caterers Association (HCA) and the National Association of Care Catering (NACC) have joined forces to launch a Nutrition Day to be held on Wednesday 20th March 2013, to help raise awareness of the importance of good nutritional care, which includes hydration, in all social and healthcare settings throughout the UK.

The Day will focus on providing vital advice and guidance to health and social professionals on the action that can be taken to help prevent undernutrition and dehydration. The Office of National Statistics has indicated that both malnutrition and dehydration are factors that are cited in the cause of death of over 420 people in social and health care settings every year. The HCA and NACC will provide information and supporting materials which can be used to promote good practice for all those working in these settings. These can also be used to highlight to patients and customers the dangers of becoming malnourished or dehydrated and how to avoid suffering from these conditions.

The overall aim of the day is to illustrate how, by making positive changes to eating and drinking habits, people can improve their quality of life. The benefit of the campaign to professionals and staff within social and healthcare settings will be the preventative role they can play in catalysing a reduction in malnutrition related illnesses that often require complex treatments, prolong recovery periods, delay hospital discharges and increase NHS costs.

Karen Oliver, NACC Chairman, said: “We are proud to launch the first combined Nutrition Day. It’s important to understand how much food and fluid is required on a daily basis, how this can be increased and what good practices to follow are. I call upon all involved in social and health care to play their part in helping us to promote this vital element of good nutritional care up and down the country. Many social and health care staff are in a position to help monitor the health of older people and it is vital we ensure they have the awareness and tools to provide the care our vulnerable patients and service users deserve.”

Janice Gillan, HCA Chair, commented: “With more integrated partnership working between health and social care, it was a logical move to work with the NACC on promoting this vital core activity for health and social care. There is also a strong economic argument for supporting people with good nutrition and hydration. Evidence suggests that dehydration can lead to increased hospital stay, and increased readmission rates.”

The Nutrition Day will be keenly promoting the following: The 10 Key Characteristics for Good; Nutritional Care; Utilising Nutrition Advocates for each health or social care setting; The minimum standards for good nutrition in the respective settings; Highlighting Good Nutrition Practices; Highlighting Good Hydration Practices.

Ailsa Brotherton, BAPEN’s Honorary Secretary, states: “BAPEN sees this initiative as an ideal opportunity for all those involved in hospital and care catering to review current practice and seek to make positive changes to eating and drinking habits that will help prevent undernutrition and dehydration. BAPEN fully recognises that REAL change will be the result of a proactive partnership between healthcare and catering professionals.”

For further information visit: www.thenacc.co.uk/events/Nutrition_Day

2013 nutritionDay Worldwide

This year’s nutritionDay Worldwide takes place on 7th November 2013!
www.nutritionday.org

Must Read Paper

Dr Ailsa Brotherton, BAPEN’s Honorary Secretary, and Dr Mike Stroud, Chair of NICE Fluid Guideline Committee, along with colleagues from the Royal College of Physicians publish BMJ paper:

‘Nutrition and fluid balance must be taken seriously’

BMJ 2013; 346: f801 – www.bmj.com/content/346/bmj.f801

Biggest Shake up in Diagnostic Practice for Coeliac Disease in 40 Years

The biggest shake up in diagnostic practice for coeliac disease in children for 40 years is set out in new guidelines published by the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) and Coeliac UK, the national charity for people with coeliac disease.

This new recommended approach will aid more accurate diagnosis, help children get treated more quickly and should bring savings to the NHS.

In recent years diagnosis was based on a blood test for antibodies followed by a biopsy. However, the accuracy of blood tests has improved and the need for biopsy may lead to delayed diagnosis and treatment, because of reluctance by parents for children to have a biopsy or limited availability of biopsy facilities. The new guidelines recommend that children with symptoms and whose blood tests show a high level of IgA tissue transglutaminase antibodies (x10 x upper limit of normal for assay) do not need to undergo biopsy to secure diagnosis.

Currently biopsies in children require a general anaesthetic and cost around £1,000 per patient. Without the need for a biopsy, the clinician has the possibility of putting patients with significant symptoms on a gluten-free diet without delay. Whereas a biopsy may take several weeks, and occasionally longer, before diagnosis can be confirmed resulting in distressing and often painful ongoing symptoms. Instead a follow up genetic test will be used to confirm the diagnosis.

The full guidelines will be sent to paediatric gastroenterologists and paediatricians with an interest in gastroenterology. A shorter version of the guidelines will also be made available for all GPs and can also be downloaded from: www.coeliac.org.uk
Loyd Grossman and Celebrity Chefs Join Calls for Hospital Food Standards

With attention now turning to patient meals in the horse meat scandal, journalist and broadcaster Loyd Grossman, and five different celebrity chefs have been appointed to lead these voluntary initiatives: Albert Roux, John Benson-Smith, Mark Hix, Anton Edelmann and Heston Blumenthal.

Government has ignored at least fourteen voluntary initiatives to improve hospital food, said: “We must not think this report must serve as a lesson to Jeremy Hunt that simply publishing recommendations for the improvement of hospital food isn’t good enough, as every one of his predecessors in the last twenty years has found out. It’s time for the government to take effective action by introducing mandatory standards for patient meals.”

Hospital patient Michael Seres said: “I’ve been in and out of hospital for thirty years with Crohn’s Disease which required major surgery last year. From my perspective, hospital food hasn’t got any better in this time, and remains the number one complaint amongst patients. It’s shocking to admit, but I’m not surprised that the horsemeat scandal has spread to hospitals.”

To download the report visit: www.sustainweb.org/publications/info/265

References: 1, ‘Horsemeeat scandal: Burgers withdrawn from hospitals – Burgers containing horsemeat have been supplied to hospitals in Northern Ireland’, BBC News, 15 February 2013: www.bbc.co.uk/news/uk-northern-ireland-21469713;

2, Campaign for Better Hospital Food, calling for mandatory hospital food standards www.sustainweb.org/hospitalfood/organisational; 3, New ‘super kitchen’ at Nottingham University Hospitals costs £1.6 million, This Is Nottingham, The taste of a new era for our hospital food as Nottingham City Hospitals roll out new menus, 2013, www.thisisnottingham.co.uk/taste-new-era-hospital-food/story-1779093-2-detail/story.html; 4, ‘Measuring Up: The medical profession’s prescription for the nation’s obesity crisis’, was published by the Academy of Medical Royal Colleges on Monday 18th February and downloadable from: www.amrc.org.uk/about-us/newsletter/letters-to-editors-unite-to-deliver-prescription-for-uk-obesity-epidemic.html

PINNT collaborates with BAPEN on Important Nutrition Initiative

PINNT is collaborating with BAPEN and 20 other charities to collect the experiences of patients, their families and carers of nutrition & hydration services and how the health issues of malnutrition and dehydration are handled.

Participating charities representing a wide variety of patient and population groups across all ages are being invited to complete a survey asking for feedback on their group’s experiences of NHS nutrition & hydration care across all settings, whether services have improved or not, are consistent, safe and of high quality. Information from the survey will be used as the basis for a face to face meeting to agree priorities for improvement, leading to a report and feeding into an expected public awareness campaign.

Joint leaders of the initiative Carolyn Wheatley, Chair of PINNT and Professor Marcos Elia Chair of BAPEN’s Malnutrition Action Group agree that this initiative is vital to help the drive to improve NHS services in this therapy area, so vital across many long-term health conditions for both adults and children.

Carolyn Wheatley adds: “With the implementation of massive changes to NHS care services just around the corner, we must make sure that nutrition & hydration services do not miss out and that all on ‘our’ therapies receive the best and safest medical and nursing care and support, including training.”

PINNT will post information on its website on the progress of this initiative as it moves forward.

www.pinnt.com

Announcing the ‘Powell-Tuck Prize’ to be awarded by BAPEN Medical

Calling all training grade doctors/surgeons to submit quality abstracts reporting research/clinical aspects of nutrition, for both poster and oral presentation at the BAPEN Annual conference in November (Harrogate).

Deadline for submission for consideration is as for BAPEN abstract submissions on the BAPEN website, and confirmation of training doctor (medical, surgical or other clinician) and GMC number will be required:

www.bapen.org.uk

The presentation of the Powell-Tuck prize, named after the founder of BAPEN Medical; Professor Jeremy Powell-Tuck, includes £100 prize fund and free attendance at the Annual BAPEN Conference (conference fees only). This year there will also be runner-up prizes for free attendance at the BAPEN Medical teaching day at Harrogate (conference fees only), the day prior to the main BAPEN meeting.

Any queries please to: sheldon.cooper@nhs.net

Dr Sheldon Cooper on behalf of BAPEN Medical Committee
Malnutrition remains all too common in a wide range of care settings, including both hospital and community, thus becoming the responsibility of a wide range of healthcare professionals. While a wealth of evidence exists for nutritional practice, there are also a number of areas where research is unable to provide conclusive results to govern pathways of care due to the complexities of investigating the influence of nutrition and the ethics surrounding clinical intervention versus none. Not all healthcare professionals are able to be up-to-date and hold expertise in every aspect of care of complex malnutrition.

As a result, BAPEN recognised the need for assisting healthcare professionals in the care and management of malnutrition. Well over a year ago the Education and Training Committee were charged with producing BAPEN’s first nutrition guidelines. After many committee meetings and appreciation that there is a wealth of nutrition guidance already produced, it was felt that BAPEN would be best placed to draw together existing guidance and aid those delivering nutritional care by steering a pathway of decisions. Thus ‘BAPEN’s Principles of Good Nutritional Practice’ were developed as ‘Decision Trees’.

The first five Decision Trees were ‘commissioned’ for initial presentation at the December 2012 BAPEN Meeting at Yarnfield Park, Staffordshire. A variety of different Decision Trees were chosen to cover a wide range of nutritional disciplines: refeeding syndrome management, peri-operative nutrition, naso-gastric feeding tube placement, ethics and clinically assisted nutrition or hydration approaching the end of life, and buried bumper syndrome (PEG) identification and management. Thanks must go to Ciaran Walsh (peri-operative), Imogen Watson and Dr Barry Jones (ethics) and Dr Nicki Simmonds (buried bumper) for producing the Trees, and Pete Turner, Dr Ruth McKee, Liz Evans Walsh (peri-operative), Winnie Magambo and NNNG (NG tube placement). Thanks must also go to the members of the BAPEN Education and Training Committee, and the Core Groups and associate organisations for the production of the Decision Trees now and in the future: PEN Group, NNNG, BPNG, BAPEN Medical, PINNT, Nutrition Society and BSPGHAN.

The workshops provided an excellent forum to discuss the evidence base behind the Decision Trees and how they work. During the workshops a number of suggestions and observations were made which will help to improve the Decision Trees.

A further number of Decision Trees are ready for peer review now, including various PN and HPN related Trees, and several disease specific Decision Trees are imminent: COPD, renal and inflammatory bowel disease, with many more in production by experts in their field.

If any reader is keen to become involved in the Decision Trees production process, please contact me as we are always seeking those to design and create the pathways, or in the peer-review process which will become more encompassing. For those not at the meeting in December, the first Decision Trees are now in the members’ section on the BAPEN website: www.bapen.org.uk.

BAPEN Principles of Good Nutritional Practice: Decision Trees

DR SHELDON COOPER, MSc MD MRCP RNutr, BAPEN Executive Officer and Chair of Education and Training
Liquidised Food and Feeding Tubes

There are a growing number of patients and carers who want to administer liquidised food through enteral feeding tubes. Although there are significant risks associated with this practice, including infection, nutritional deficiencies and tube blockage, many wish to continue, providing convincing arguments of social and medical benefits. This symposium will review the history, research and expert opinion surrounding the subject to give health professionals the balance of knowledge required should they encounter the issue in practice.

Nutrition in Hostile Environments

This symposium will discuss the challenges of maintaining healthy nutrition in a variety of hostile environments, including the Antarctic winter, a war zone and, closer to home, the dangerous environment of a hospital ward. The speakers will consider the different nutrient requirements and the risks associated with delivery of nutrition in these three very different settings.

Advancing Practice in Parenteral Nutrition

Should it now be routine to use the new lipid emulsions in neonatal PN? Do you know what the risks are, and how to manage them when outsourcing PN services? Are we over-loading PN patients with chloride, and if so, what practical steps can be taken to provide a more balanced feed? This symposium considers current practice and recommendations.

A Rocky Ride Down the Gut

This symposium will open with a presentation to discuss feeding in challenging situations, starting with the persistently vomiting patient, where oral feeding is problematic and tubes may be poorly tolerated. The next presentation will move to the small intestine where protein-losing enteropathy can lead to multiple nutritional deficiencies and malabsorption makes enteral feeding challenging. The final presentation will consider the nutritional challenges presented by chronic intestinal pseudo-obstruction, a condition that predominantly affects the colon but can also cause dysmotility of the rest of the gut. Close liaison between surgeons and nutrition teams is essential for managing these difficult patients and the choice of speakers will reflect this team-based approach.

Nutrition in the Neurologically Impaired

This symposium will focus on some of the difficult issues encountered when artificially feeding children with severe neurological abnormalities. Proposed topics include when and how to investigate children with feeding difficulties, review of nutritional requirements and assessment, the most appropriate type of food and liquid enteral feed, e.g. is it ever appropriate to give pureed food via a gastrostomy? When should surgical procedures, e.g. fundoplication, jejunostomy, ileostomy, be considered? And finally, how to approach social and ethical issues and the difficulties encountered by families and professionals when patients transfer to adult services.

A Spoonful of Sugar: Glucose Control and Nutritional Support

There has been considerable debate in recent years over the importance of tight glucose control for patients in the intensive care setting, especially those who are critically ill and may be septic. The first talk will provide an update of current guidance regarding glucose management for parenterally and enterally fed patients in the intensive care setting. The second talk will discuss how to tailor the diabetic control according to the type and timing of feeding or combination of feeding methods in use. The symposium will then review care of patients with diabetes due to pancreatic disease and how to address their specific nutritional needs.

Battle of the Nutrition Nerds

Experts from the world of clinical nutrition will face off in three no holds barred mini debates on controversial topics. Other highlights will include:

- Update on BAPEN’s current activities
- Home Parenteral Nutrition across the Four Nations
- Pennington Lecture
- Original Communications
- Chaired Poster Sessions
- Industry Partners Exhibition
- BAPEN Annual Dinner – celebrating 21 years!

Abstracts

Abstracts will be considered for oral and Poster Sessions. Visit: www.bapen.org.uk for further details. Closing date for abstracts: Monday 8th July 2013

Plus... New for 2013: BAPEN Medical introduce a new networking event aimed specifically at trainees. Details to be announced soon.

Pre-conference Teaching Day

Monday 25th November 2013

‘Nutrition Support in Renal Disease – Filtering out the Controversies’

This year’s BAPEN Medical Teaching Day provides a dynamic overview of many of the complexities of nutrition support in renal disease and a practical approach to many of the complexities in this field. Included will be sessions on: fluid balance and CVVH; nutrition in acute and chronic kidney disease; and discussion regarding specific aspects of nutrition support in patients on renal replacement therapy (PD & HD). The day will be structured around interesting case presentations, and will include the ESPEN LLL module on Nutrition Support in Renal Disease.

ALL WELCOME: This day is open to all Members of BAPEN Medical and BAPEN, and any clinician or healthcare professional with an interest in nutrition support including gastroenterologists, surgeons, intensivists, renal physicians, and trainees in any discipline. CPD will be applied for.

BAPEN NEEDS YOU!

A stream of symposia at this year’s BAPEN Annual Conference will be dedicated to ‘Good Practice’. You are invited to submit your example of ‘Good Practice’ which should fall into one of the following areas:

- Innovation
- Science
- Community Care

Expressions of interest to present should be submitted to the BAPEN Office with a short synopsis providing an overview of the content for the presentation and name of the presenter to bapen@sovereignconference.co.uk no later than Wednesday 20th March 2013.

The BAPEN programmes committee will review all entries and notification of success will be advised during April 2013.

Registration & further information coming soon! www.bapen.org.uk
ADVANCE NOTICE
2013 Annual Conference

Harrogate International Centre
Tuesday 26th &
Wednesday 27th November 2013

malnutrition matters

2013 will see BAPEN celebrate 21 years of combating malnutrition by raising awareness and working to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

Join BAPEN in celebrating 21 years by attending this year’s Annual Conference

www.bapen.org.uk
Core Group Updates

BAPEN Medical

RUTH MCKEE
Chair BAPEN Medical

BAPEN Medical have started a trainees group and are keen for trainees of any specialty to join them – Chris Mountford is the lead with Elizabeth Harrison as the deputy. A survey of trainees’ opinions and needs will be sent out in the near future. A trainee group meeting is planned during the main BAPEN Annual Conference in Harrogate in November – contact C.Mountford@doctors.org.uk to take part in the survey, or to add your name to their mailing list.

The BAPEN Medical Teaching Day will take place on **Monday 25th November 2013** immediately before the BAPEN Annual Conference. The title is ‘Nutrition Support in Renal Disease – Filtering out the Controversies’, and the day will include an LLL session on nutritional support in renal disease – but also much more! The deadline for abstract submission for BAPEN 2013 is **8th July 2013** – if you are a doctor in the training grades, remember to submit your abstract for the **Powell-Tuck prize**. The winner will gain free registration for the following BAPEN Annual Conference, with runner-up prizes of registration for the BAPEN Medical Teaching Day in 2014.

Two BAPEN Medical symposia are planned for Harrogate 2013. The first addresses some difficult management problems, from gastroparesis, through pseudo-obstruction to protein-losing enteropathy. The second includes various aspects of blood glucose control, ranging from the critically ill septic patient to the pancreatic patient with both exocrine and endocrine pancreatic failure. Plan to be there!

NNNG

CAROLYN BEST
Communications Officer NNNG

This is the beginning of what looks like being a very busy year for the NNNG. The Committee has just returned from the first working weekend in Manchester at which discussions were held regarding the content of our Conference. Conference this year is moving south and will be held in Birmingham on 30th September and 1st October 2013.

The Committee have also made inroads into the development of our next set of good practice guidelines providing step by step management of exit site complications and, in response to a demand from a number of universities, the development of criteria to accredit nutrition modules throughout the UK.

We are also proud to announce that Linda Warriner, Home Enteral Feeding Specialist, County Durham and Darlington NHS Foundation Trust, has been awarded the Florence Nightingale Foundation Award and will be travelling to Australia later this year to undertake a study to compare the service provision and guideline development for enteral feeding. She has also been shortlisted for the British Journal of Nursing Community Nurse of the Year Award.

This year also sees changes in the NNNG Committee with Anne Myers, Lead Nurse Intestinal Failure Unit at Salford Royal NHS Foundation Trust, stepping down as Treasurer. Anne has been on the Committee for the last three years, and her tight reins on the budget and her dry wit will be sadly missed. Stepping into the Treasurer role is Barbara Dovaston, Clinical Nurse Specialist – Nutrition at Heartlands Hospital in Birmingham.

In addition, Lena Walliman, Nurse Advisor with Fresenius-Kabi, joined the Committee at the end of last year and has already demonstrated her commitment to contributing to the work of the NNNG.

It is hoped that having handed over the responsibility for organising our Annual Conference to a professional conference organiser, the Committee can pay more attention to meeting the requests of members for clear information and guidance for nurses.

BAPEN Welcomes BSHPGAN as a New Core Group

BSHPGAN provides professional leadership and promotes standards of care for children with nutritional, gastrointestinal and hepatological disorders. Its membership includes consultants and specialist trainees in paediatric gastroenterology, hepatology and nutrition as well as specialist dietitians, nurses and nutrition pharmacists. The society supports research, training and education for members and the development of standards of care for children with nutritional disorders; it also gives advice and support to implement child-centred strategies to deliver nutrition assessment and nutrition support through the Nutrition & Intestinal Failure Working Group. [www.bsphgan.org.uk](http://www.bsphgan.org.uk)
As you will see on page 13 of the BAPEN Annual Report (available to view via www.bapen.org.uk) in our Chair’s review of activities, the PEN Group continue to play an active part in the world of parenteral and enteral nutrition. At the end of last year we undertook an online survey with PEN Group members, to see how we were doing as a committee in providing what our members both needed and valued. A summary of the findings was presented at the PEN Group Meeting, BAPEN, in December 2012 and a full summary will be included in the new look e-PENlines this Spring.

The PEN Group meeting at BAPEN was really well attended and included some fantastic presentations. This meeting included the announcement of the impending launch of the three NEW sections in the PEN Group Pocket Guide to Clinical Nutrition, which will be on COPD, Pancreatic Disease and Bariatric Surgery. These new sections will be available free to PEN Group members who joined for the membership year 2012/13. So, again, we urge all PEN Group members to keep an eye on our website and their emails for the details on how to get their own copies of the new sections. At the PEN Group Meeting we were also very proud to announce the winners of the PEN Group Awards 2012, which were supported by Abbott Nutrition, Fresenius Kabi and Nutricia – Dr Alison Culkin, Research Dietitian, St Mark’s Hospital, and Ruth Stow, Senior Nutrition Support Dietitian, Heart of England NHS Foundation Trust.

We would like to take the opportunity, at this point, to ask all dietitians who are involved in audit or any research to share their experiences with us, particularly as this is a key focus for us this year with the development of a Clinical Research Lead within the PEN Group Committee; this will also be a focus for our PEN Group Annual Meeting in November 2013.

Later this year, in June, the ever popular PEN Group Clinical Update Masters Course will be held with more information about this course being found at: www.peng.org.uk

Finally a reminder to all dietitians, March 1st is renewal time for PEN Group members and a time to welcome new dietetic members to PEN Group, being a member of PEN Group offers many opportunities – see: www.peng.org.uk. In this new membership year (2013/14), all dietitians who either renew their PEN Group membership or join as a new member will automatically be entitled to greatly reduced rates at PEN Group meetings. In 2013, the PEN Group are planning to have an audit research satellite meeting at the BAPEN Annual Conference to help all dietitians get practical advice on doing this in clinical practice – as a PEN Group member you will get preferential booking at a nominal fee. In addition PEN Group members will be eligible to enter a competition to get a free place on the 2014 PEN Group Masters Clinical Update course.

The new clinical leads within PEN Group are also keen to develop a buddy opportunity for members in a further bid to support our members, plus a new look e-PENlines.

For further details on the benefits of being a PEN Group member, to renew, and to join, visit: www.peng.org.uk
Nutritional Screening is a ‘MUST’

NOW AVAILABLE
3 SCORM compliant interactive e-learning modules for staff working in:
• Hospitals
• Primary Care
• Care Homes

Key features:
• Modules link into national or local learning management systems used by Trusts /organisations, overcoming the need for a separate reporting system
• Content includes causes and consequences of malnutrition as well as nutritional screening using ‘MUST’
• Interactive – using case studies tailored to each care setting
• Each module takes about 45 minutes to complete but learners can work at their own pace, pausing and returning to the course later if required
• Includes an end of course assessment with certificate of completion which can be used to demonstrate compliance with requirements for training on nutritional screening
• Standard hospital version available via ESR or the Department of Health e-Lfh platform
• Customised versions are available to purchase via the BAPEN website

www.bapen.org.uk
The Care Quality Commission (CQC) has already raised concerns about care in the field of nutrition and hydration: at least one of basic or essential standard as not met by 15 per cent of inspected hospitals and 20 per cent of nursing homes, according to a 2012 CQC report (www.cqc.org.uk/sites/default/files/media/documents/cqc_soc_201112_final_tag.pdf). Furthermore, the recent publication of the Francis enquiry on 6th February 2013 has raised many concerns about nutrition and hydration in a particular hospital, and this has triggered an investigation of another nine hospitals (www.gponline.com/News/article/1170472/francis-report-hospital-investigation-widens/).

The Care Quality Commission (CQC) has already raised concerns about care in the field of nutrition and hydration: at least one of basic or essential standard as not met by 15 per cent of inspected hospitals and 20 per cent of nursing homes, according to a 2012 CQC report (www.cqc.org.uk/sites/default/files/media/documents/cqc_soc_201112_final_tag.pdf). Furthermore, the recent publication of the Francis enquiry on 6th February 2013 has raised many concerns about nutrition and hydration in a particular hospital, and this has triggered an investigation of another nine hospitals (www.gponline.com/News/article/1170472/francis-report-hospital-investigation-widens/).

The NICE quality standard on nutrition is not a basic standard. It is an aspirational but achievable standard within the current system of care in England. It aims to establish and maintain the good quality care that is expected of providers (www.nice.org.uk/guidance/QS24). It involves key parts of the management pathway, starting from identification of malnutrition using a validated procedure, to the provision of nutritional support to help meet the nutritional requirements of people and to facilitate continuity of care. A summary of five key statements within the standard is provided in Table 1 and a more detailed discussion is provided in an article in Guidelines in Practice. (www.guidelines.co.uk; February issue). The article is associated with action points and CPD credits, which can be doubled if a change in practice can be demonstrated.

The NICE quality standard on nutrition support in adults was issued on 30th November 2012, as part of an on-going initiative that aims to facilitate good quality care in clinical practice. Unlike most other quality standards, which are specific to individual disciplines, the one on nutrition support is relevant to all medical disciplines and also involves primary and secondary care, health and social care and multiple professions. Referred to as quality standard 24 (QS24) to reflect that it was 24th in the series of NICE standards, the one on nutritional support raises questions about whether commissioners and providers of health and social care are delivering the high quality nutritional care that is expected of them.

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NICE encourages use of BAPEN’s e-learning modules
NICE encourages use of BAPEN’s e-learning modules

PROFESSOR MARINOS ELIA, Chair MAG, and CHRISTINE RUSSELL, Chair Faculty
Nutritional screening and BAPEN’s e-learning modules

Three of the five quality statements (Table 1) involve stages of nutritional screening. NICE has issued guidance on the implementation of the standard and the NICE website provides links to suitable resources which can aid the implementation including BAPEN’s e-learning modules on nutritional screening using ‘MUST’ (www.nice.org.uk/usingguidance/education/ElearningResourceMUSTNutritionalScreeningTool.jsp).

One of the reasons why ‘MUST’ was considered suitable is that it facilitates continuity of care during the patient journey from one setting to another, which can be a problem when using screening tools designed for one care setting only.

Emphasis is also placed on undertaking screening using a validated screening tool (Statement 1), linking the results of screening to a care plan (Statement 2), and on documenting and communicating relevant information within and between care settings (Statement 3). The three statements can be regarded as being complementary to each other and to contribute to the establishment of a key management pathway. In some trusts it has become mandatory for nurses and other staff to undertake training in the use of ‘MUST’.

The ‘MUST’ e-learning modules, which were developed in partnership with Glasgow and Clyde NHS Trust, are designed for use by staff working in hospitals, care homes, and primary care, each of which can be tailored for local use. The modules are now all SCORM compliant and take about 45 minutes to complete. They include case studies with interactive components, and provision of a certificate on successful completion, which can be linked into the learning management systems operating in NHS Trusts. Standard versions of the modules are freely available via the electronic staff record (ESR) or the Department of Health e-Lfh platform. Customised versions can be purchased via the BAPEN website: www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/e-learning-resources-on-nutritional-screening-for-hospitals-and-the-community.

The Malnutrition Action Group of BAPEN is working towards provision of options for non-NHS staff and organisations to access the modules via the BAPEN website.

Other documents accompanying the quality standard

The NICE quality standard is accompanied by two other documents: one of these aims to help commissioners and others to understand the implications and potential resource impact of the quality standard; and the other provides general information about the importance of nutrition for people who use NHS nutrition support services. These two documents refer to a range of additional resources and reports produced by a wide range of organisations and agencies. For example, among those issued by the Department of Health are ‘Essence of care’, ‘Improving Nutritional care’ and ‘Reducing harm caused by misplaced nasogastric feeding tubes in adults, children and infants’ (The National Patient Safety Agency). A large number of reports and aids produced BAPEN feature prominently: the ‘MUST’ toolkit, including the ‘MUST’ app, ‘MUST’ calculator and ‘MUST’ report; ‘A toolkit for commissioners and providers in England’; ‘Combating malnutrition: recommendations for action’; ‘Screening for malnutrition in sheltered housing’; ‘Improving nutritional care and treatment: perspectives from population groups, patients and carers’; and the series of reports about the Nutrition Screening Surveys.

Other NICE initiatives related to nutritional support

Following the NICE quality standard on nutrition, a series of key performance indicators were developed by a committee, the ‘COF (Commissioning Outcome Framework and Quality Outcome Framework (QOF) Review Group for Nutrition Support’ (later renamed as the ‘Clinical Commissioning Group Outcomes Indicator Set (CCGOS) Review Group for nutrition support’). However, since performance indicators for the year 2013 have already been decided (by other committees) the indicator set for nutrition is not expected to be considered for implementation until 2014.

In the meantime, another NICE initiative has become established, which has involved the formation of the Evidence Update Advisory Group (EUAG) on nutrition support in adults. Because a considerable amount of new research has been published since Clinical Guideline 32 (CG32) was issued in February 2006 (mainly using information reported in 2005 or earlier), it is appropriate that new evidence is evaluated. Apart from considering the strengths and weaknesses of the new evidence, EUAG will highlight key points that emerge from the new evidence and comment on its potential impact on current guidance. The work is expected to start in March and to be completed in 5–6 months.

Marinos Elia is providing continuity with all the NICE initiatives on nutritional support in adults.

Table 1: Quality Statements in the Quality Standard

<table>
<thead>
<tr>
<th>Statement</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Statement 1</td>
<td>People in care settings are screened for the risk of malnutrition using a validated screening tool.</td>
</tr>
<tr>
<td>Statement 2</td>
<td>People who are malnourished or at risk of malnutrition have a management care plan that aims to meet their nutritional requirements.</td>
</tr>
<tr>
<td>Statement 3</td>
<td>All people who are screened for the risk of malnutrition have their screening results and nutrition support goals (if applicable) documented and communicated in writing within and between settings.</td>
</tr>
<tr>
<td>Statement 4</td>
<td>People managing their own artificial nutrition support and/or their carers are trained to manage their nutrition delivery system and monitor their wellbeing.</td>
</tr>
<tr>
<td>Statement 5</td>
<td>People receiving nutrition support are offered a review of the indications, route, risks, benefits and goals of nutrition support at planned intervals.</td>
</tr>
</tbody>
</table>
BAPEN Scotland – Raising the Standard: The future direction of nutritional care in Scotland

22nd March 2013 • Royal College of Physicians, Edinburgh, Scotland

The Food, Fluid & Nutritional Care Standards were approved in 2003, and were the first systematic attempt by a country to address the nutritional care that patients should be able to expect in a modern health care system. Ten years on, the Older People in Acute Care Collaborative (OPACC) and a continuing series of individual cases suggest that recognition and management of nutritional problems remains sub optimal in Scottish hospitals.

This meeting, organised by BAPEN Scotland, will explore the current structure and governance of nutritional care and how it should develop in the future.

BAPEN Scotland is committed to improve standards and members are the key professionals to influence practice. This represents a real opportunity for those at the coalface to join a group of influential delegates drawn from across Scotland to influence the future of nutritional care.

A Scottish Government representative will introduce several keynote speakers, including Professor Marinos Elia, Chair of the NICE standards for nutritional care.

Further details will follow in due course. In the meantime please note this date in your diary.

For further information contact Dr Janet Baxter, email: janetbaxter@nhs.net

British Intestinal Failure Alliance (BIFA) Annual Meeting

Thursday 16th May 2013 • Cardiff Park Plaza Hotel, Wales

Topics include: managing chronic pelvic and abdominal pain, psychological assessment and management of intestinal failure with severe pain, gut motility disorders in children and adults, assessing and resolving abdominal catastrophes, laparotomy, gut failure in children and adolescents, HIFNET

Further details will follow in due course. In the meantime please note this date in your diary.

For further information contact Dr Janet Baxter, email: janetbaxter@nhs.net

The 6th Pan–London Regional Meeting

Tuesday 21st May 2013 • 9:30am–4:30pm • Central London

Topics include: managing chronic pelvic and abdominal pain, psychological assessment and management of intestinal failure with severe pain, gut motility disorders in children and adults, assessing and resolving abdominal catastrophes, laparotomy, gut failure in children and adolescents, HIFNET

To register your interest and be guaranteed a place, please contact: Sheena Visram, North Thames BAPEN Regional Secretary Email: sheena_visram@hotmail.com
The Seventh South Region Nutrition Day
Improving Nutritional Care
Monday 1st July 2013 • Paultons Park, Hampshire

Provisional programme – Please note: The focus will be on the management of adult patients

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:15 – 08:55</td>
<td>Arrival and coffee</td>
</tr>
<tr>
<td>08:55 – 09:00</td>
<td>Welcome and introduction</td>
</tr>
<tr>
<td></td>
<td>Peter Austin, Senior Pharmacist, Southampton</td>
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</tbody>
</table>

**Session One: How should we monitor nutritional support?**
Chaired by Alan Jackson, Professor Human Nutrition, Southampton

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 – 09:30</td>
<td>Monitoring oral/enteral feeding</td>
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<tr>
<td></td>
<td>Lucy Bakewell, Intestinal Failure/Surgical Lead Dietitian, Southampton</td>
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<tr>
<td>09:30 – 10:00</td>
<td>Monitoring parenteral feeding</td>
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<td></td>
<td>Liz Buse, Intestinal Failure Nurse Specialist, Southampton</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Specialist nutritional assays</td>
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<td></td>
<td>Dr Paul Cook, Consultant in Chemical Pathology and Metabolic Medicine, Southampton</td>
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<tr>
<td>10:30 – 11:00</td>
<td>Morning coffee</td>
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</table>

**Session Two: Controversies in artificial nutritional support**
Chaired by Mr Andrew King, Consultant Surgeon, Southampton

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:00 – 11:30</td>
<td>Should we use fish oils in oral, enteral and parenteral feeding?</td>
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<td></td>
<td>Philip Calder, Professor of Nutritional Immunology, Southampton</td>
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<tr>
<td>11:30 – 12:00</td>
<td>Should we use parenteral nutrition in end of life care?</td>
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<td></td>
<td>Dr Mani Nafghibi, Nutrition Research Fellow, Southampton</td>
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<tr>
<td>12:00 – 13:00</td>
<td>Lunch</td>
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</tbody>
</table>

**Session Three: Recent developments in nutritional support (part I)**
Chaired by Dr Steve Woottton, Biomedical Research Centre in Nutrition, Southampton

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>13:00 – 13:30</td>
<td>BAPEN Decision Trees</td>
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<td></td>
<td>Dr Sheldon Cooper, Consultant Gastroenterologist and BAPEN Executive Officer, Dudley</td>
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<tr>
<td>13:30 – 14:00</td>
<td>British Artificial Nutrition Survey (BANS)</td>
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<td></td>
<td>Dr Trevor Smith, Consultant Gastroenterologist, BANS Chairman and BAPEN Executive Officer, Southampton</td>
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<tr>
<td>14:00 – 14:30</td>
<td>Update on Intravenous Fluids</td>
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<td></td>
<td>Dr Mike Stroud, Consultant Gastroenterologist, and NICE IV Fluids Group Chairman, Southampton</td>
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<tr>
<td>14:30 – 15:15</td>
<td>Afternoon cream tea</td>
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</tbody>
</table>

**Session Four: Recent developments in nutritional support (part II)**
Chair TBC

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>15:15 – 15:45</td>
<td>Self-screening</td>
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<td></td>
<td>Dr Paula McGurk, Diabetes/Research Dietitian, Southampton</td>
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<tr>
<td>15:45 – 16:15</td>
<td>NICE Quality Standards</td>
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<tr>
<td></td>
<td>Marinos Elia, Professor of Clinical Nutrition and Metabolism, Southampton</td>
</tr>
<tr>
<td>16:15 – 16:30</td>
<td>Summary and close</td>
</tr>
<tr>
<td></td>
<td>Peter Austin, Senior Pharmacist, Southampton</td>
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</tbody>
</table>

To complete an online registration form visit: [www.bapen.org.uk/professionals/meetings/upcoming-bapen-meetings](http://www.bapen.org.uk/professionals/meetings/upcoming-bapen-meetings)

For further information, please contact: [Carol.Moody@uhs.nhs.uk](mailto:Carol.Moody@uhs.nhs.uk) or [Peter.Austin@uhs.nhs.uk](mailto:Peter.Austin@uhs.nhs.uk)

PLACES ARE LIMITED SO PLEASE WAIT FOR CONFIRMATION OF PLACE
© BAPEN Scotland – Raising the Standard: The future direction of nutritional care in Scotland
Date: 22nd March 2013
Venue: Royal College of Physicians, Edinburgh, Scotland
Email: janetbaxter@nhs.net

Advanced Course on Dietary Assessment Methods
Date: 14th – 16th May 2013
Venue: Jurys Inn Aberdeen, Scotland
Website: www.abdn.ac.uk/acdam

British Intestinal Failure Alliance (BIFA) Annual Meeting
Date: 16th May 2013
Venue: Park Plaza Hotel, Cardiff
Website: www.bapen.org.uk/professionals/meetings/upcoming-bapen-meetings
Email: janetbaxter@nhs.net

The 6th Pan-London Regional Meeting
Date: 21st May 2013
Venue: Central London
Email: sheena_visram@hotmail.com

Launch of the BNF Task Force Report – Nutrition and development: short- and long-term consequences for health
Date: 21st May 2013
Venue: Royal College of Surgeons, London, UK
Website: www.nutrition.org.uk

BDA Paediatric Group Annual Study Day
Date: 23rd May 2013
Venue: ICO Conference Centre, London
Email: jmassociates1@me.com
Tel: 01242 226587

Date: 11th – 13th June 2013
Venue: Kosice, Slovakia
Website: www.probiotic-conference.net/Conference

The Seventh South Region Nutrition Day – Improving Nutritional Care
Date: 1st July 2013
Venue: Paultons Park, Hampshire
Website: www.bapen.org.uk/professionals/meetings/upcoming-bapen-meetings
Email: Carol.Moody@uhs.nhs.uk or Peter.Austin@uhs.nhs.uk

Nutrition Society Summer Meeting – Nutrition and healthy ageing
Date: 15th – 18th July 2013
Venue: Newcastle University, UK
Website: www.nutritionssociety.org

20th International Congress of Nutrition
Date: 15th – 20th September 2013
Venue: Granada Conference and Exhibition Centre, Granada, Spain
Website: www.icn2013.com

Nutrition & Health LIVE
Date: 1st & 2nd November 2013
Venue: London, UK
Website: www.nutritionandhealth.co.uk

BAPEN Annual Conference
Date: 26th & 27th November 2013
Venue: Harrogate, UK
Website: www.bapen.org.uk

PEN Group Clinical Update Course 2013
The clinical update course is a 7 month course aimed at experienced dietitians working predominantly in nutritional support. The course is taught at master’s level and on successful completion delegates will be awarded with 15 maters levels credits (equivalent to one module) from Queen Margaret University, Edinburgh.

The course starts in March, when pre-course work is sent out, and ends in September when the post-course assessment is submitted. Full details of all specific dates are detailed on the PEN group web-site, and via the following link: www.qmu.ac.uk/dn/default.htm at Queen Margaret University.

The residential week will be 24th June – 27th June 2013 at Queen Margaret University, Edinburgh, more details to be found at the following address: www.qmu.ac.uk/prospective_students/how_to_find_us.htm

The residential section of the course will start at 9am on Monday 24th June and 4 nights self catered accommodation is included in the cost commencing Sunday the 23rd June 2013.

Cost: The cost of the course has been maintained for a further year:
£950, including accommodation
£850, without accommodation.

N.B. accommodation price is based on self catered campus accommodation, breakfast and evening meal are not provided. There are facilities to prepare your own meals and local shops nearby. Lunch and refreshments are provided during the teaching days.

Applications are open and places are allocated on a first come first served basis on receipt of completed application form, manager’s form, and full payment. Please submit to JM Associates, (not pen administrator), 2 Cleeve Mount Close, Cheltenham, Gloucestershire, GL52 3HP; email: jmassociates1@me.com telephone: 01242 226587.