

British Intestinal Failure Alliance (BIFA) Position Statement Home Parenteral Support (HPS)

Authors: BIFA Committee 2025: Jeremy Nightingale (Chair), Kirstine Farrer (Deputy and Secretary) Alison Young, Philip Stevens, Simon Gabe, Michael Glynn, Simon Lal, Mia Small, Carolyn Wheatley, Theodoric Wong, Jeremy Woodward, Nick Thompson, Sarah-Jane Nelson, Graham Doherty, Alex Speakman, Carol Gamble, Maeve Green, Nicky Wyer, Uchu Mead, Kirkham Breege.

First published August 2016, first revision December 2019, second revision February 2026

Background

This document was first requested by Michael Stroud when Chairman of the British Association of Parenteral and Enteral Nutrition (BAPEN) in 2015. It aims to help Nutrition Support Teams (NST) setting up Intestinal Failure (IF) / HPS / Home Parenteral Nutrition (HPN) centres and/or managing patients receiving HPS. It addresses the key practicalities relating to the facilities and quality of care expected in the UK at an IF / HPS / HPN centre for infants, children, young people and adults. While not directed at commissioners, it may be referenced by them.

It has been written for guidance in the United Kingdom hence many statements are generic. In some points the specific policies/practices in England, Scotland, Wales and Northern Ireland are mentioned. It can be read in conjunction with the Healthcare Improvement Scotland Document on Complex Nutritional Care Standards (December 2015).

The first document was produced in 2016 then was updated in 2019 and again in 2026. This version has been modified by BIFA after comments from BAPEN council and members, and from the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) and by NHS England.

It will be reviewed again in July 2029.

Introduction

Home parenteral support (HPS) includes those having home parenteral nutrition (HPN) and those having home parenteral fluid – often 0.9% saline with magnesium (HPF). HPS is needed for patients
BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

with acute or chronic intestinal failure (IF) in whom nutritional and / or water and electrolyte balance cannot be corrected by oral or enteral feeding and in whom parenteral support is feasible at home (Messing B et al). While HPS was first described in 1970 (via an arterio- venous fistula), it has been used as a treatment via a central venous catheter (CVC) in the UK since the 1980s and the number of patients has been increasing so that the total number (point prevalence) exceeded 1000 in 2013 (British Artificial Nutrition Survey), was 1,144 in 2015 and 3083 in 2022/23 (excluding Wales). In 2025 there were 246 patients in Scotland; 150 in Wales; 99 in Northern Ireland and 3,041 in England, giving a total of 3,536 patients for the United Kingdom.

The reasons for starting HPS are a short (includes bypass), leaking (perforated- includes enterocutaneous fistula), obstructed or dysfunctional gut or extensive small intestinal mucosal disease. Occasionally it is due to no enteral access or after unsuccessful enteral nutrition. Consideration for stopping HPS may be when oral / enteral intake is resumed, a problem has resolved (e.g. obstruction or entero-cutaneous fistula), or the gut has adapted (e.g. after colon continuity has been restored) or it is no longer in the patients' best interest.

The aims of HPS include preventing or treating undernutrition, inanition and/or dehydration, helping a patient become fit for surgery, reducing diarrhoea / vomiting, and improving the quality of life. Long-term HPS should not be prescribed for patients without evidence of chronic IF (for example, patients with anorexia nervosa, disorder of gut brain interaction, opioid bowel dysfunction) or those refusing the oral / enteral route, except as a temporising measure when the patient's malnutrition is life threatening for a time-limited period to achieve nutritional safety, while the wider multi-disciplinary team focus on more appropriate biopsychosocial holistic and rehabilitative approaches to manage the patient's primary underlying condition.

There are many aspects of HPS that a patient or his/her/their family, carers or guardian must come to grips with before and whilst having HPS. They need to learn about the principles of asepsis, basic gut and vascular anatomy and the complications of HPS, and about their underlying illness. The patient (and / or carer) must learn the skills of hand decontamination, aseptic techniques, connecting and disconnecting an infusion, changing a dressing, flushing a catheter and managing a pump (see BIFA endorsed unified procedures and HPN toolkit on central catheter care). They also need to have sufficient manual dexterity and vision. They need to be psychologically motivated and manage the HPS in an appropriate home environment. They may need to learn how to adjust to lifestyle events such as bathing, showering, swimming, partaking of sports and travel. In addition to the HPS they may also have to cope with wound / stoma management, chronic pain and much medication (e.g. analgesics, proton pump inhibitors, anti-diarrhoeal and anti-emetic drugs).

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

Unit

1. Patients receiving home parenteral support (HPS) should be cared for by a Severe IF or HPS / HPN designated unit with a multidisciplinary nutrition support team (NST). In England, for adult patients these are referred to as designated Integrated IF and HPS centres.
2. In England, Wales and in Northern Ireland HPS should only be practiced in centres that are commissioned (N/A in Scotland) and where there is a governance framework (with Trust Board support) including finance in place for caring for these patients.
3. It is suggested that units should have at least 30 adult or 20 paediatric patients in England (this has not been defined for the other home countries) receiving HPS of which at least 10 adults have been receiving it for more than 5 years. New units may develop under the guidance of an established unit meeting the criteria in this document.
4. In England, all patients starting HPS must be registered annually via the prior approval form (Blueteq) high-cost drugs system and their Blueteq number should be added to all prescriptions and invoices.
5. HPS / HPN units should work together to standardise practice.

Team

6. The adult team should consist of a minimum of 2 dedicated full time consultants with an interest in IF (most commonly gastroenterologists) with dedicated sessions, 2 or more nutrition nurse specialists, a specialist dietitian (with dedicated sessions) and a specialist pharmacist (with dedicated sessions). Children's teams should have a paediatric gastroenterologist, paediatric trained nurses, a dietitian and a pharmacist. A clinical psychologist / psychiatrist should ideally be part of both teams and may benefit the patients and help support the staff.
7. There should be arrangements for cross-cover with skilled staff of appropriate expertise when any member of the team is away.
8. Within the team there should be dedicated staff (nutrition nurse, dietitian, pharmacist or IF / HPS coordinator / administrator) to liaise directly with the home care companies.
9. There should be a member of the team or another specified expert available for 24-hour emergency specialist advice (with access to an intensive therapy or a high-dependency unit when required).
10. There should be on site expertise in stoma care / tissue viability that may include managing a dehisced abdominal wound and when appropriate administering distal enteral feeding.

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

Practice

11. There must be a dedicated central venous catheter insertion service capable of placing tunnelled central catheters and peripherally inserted central catheters (PICCs). Some centres also utilise implantable ports. It should be possible to achieve HPS access within 24 hours for a short term central venous catheter and within 3 working days for a long term central venous catheter (except an implantable port).
12. There must be a clear pathway to admit a patient if an emergency (e.g. superior vena cava occlusion, or sepsis).
13. There must be written protocols with pathways, agreed by teams involved with central venous catheter care, for the management of complications (see 12 above). Information leaflets that outline procedures, complications and actions to take including contact telephone numbers / emails should be given to patients/carers.
14. Units must have agreed pathways and the expertise to repair, unblock or replace a central venous catheter.
15. Staff (includes medical) must have access to a training program (includes both knowledge and skills) in complex nutritional care as relevant to IF / HPS patients.
16. The team should have the specialist skills, when appropriate, to train a patient, carer, friend or family member to do all the procedures or facilitate training by a home care company
17. Once a decision for HPS is made the patient / parents or carers should be assessed for their ability to perform HPS procedures. This assessment will have to be repeated when situations change.
18. Where possible training on the care of their CVC and connection / disconnection should commence prior to discharge from hospital. As a minimum new patients need to have core training on hand hygiene, glove application (if used) and disinfecting the needle-free connector.
19. The initiation of training and ongoing homecare nursing support by homecare companies should be the exception when the patient is not able to manage this for themselves.
20. When a patient is medically stable and a home care HPN company has an agreed contract, the patient should be able to go home within 5 working days following submission of a final prescription to the home care company (as specified in the NHS National Framework for the Supply of HPN in England, the National Procurement HPN Contract in Scotland and the all Wales framework agreement for the provision of HPS in Wales).
21. Patients with cancer and/or needing palliative care have their individual needs/circumstances considered quickly and are fast tracked home or to a hospice within 14 days of the decision for HPS, providing they are medically and psychologically stable and all relevant information has been received from the referring unit. If clinically safe and appropriate, remote discharge, can be

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

- arranged by the IF / HPS / HPN centre, for a patient from another unit but only if this referral is accepted by the IF / HPS / HPN centre.
22. Wherever possible prescriptions should aim to be met by licensed, multi-chamber bags +/- intravenous fluids. If this is not possible, then a hybrid regimen (a combination of compounded PS and multi-chamber bags +/- intravenous fluids to meet the patient's weekly requirement) should be considered; if neither multi-chamber bag nor hybrid regimen is possible, then a fully compounded PS regimen can be considered. See 2023 NHS England commissioning statement on HPS and the 1st line, 2nd line and 3rd line options.
 23. HPS is only supplied by an accredited NHS HPS national framework supplier in England, via the Scottish HPN contract in Scotland, via the All Wales framework agreement for the provision of HPS in Wales, and via the Commissioned Intestinal Failure Service, Belfast Trust, in Northern Ireland. However, the Trust and the prescriber are still overall responsible for the patient's care, and they need to monitor the performance of the home care companies.
 24. Patients should be reviewed by a dedicated multidisciplinary team (at least a nutrition doctor, specialist nurse, dietitian and pharmacist) usually in a specialist outpatient department (or sometimes by telephone or video link) at an interval not longer than every 6 months. The frequency is determined by the patients' underlying medical problems, their nutritional/fluid status and complexity of the regimen/medical treatments / psychosocial issues. Patients and carers should be signposted to join local or national patient support groups (e.g. PINNT - Support and Advocacy for people on Home Artificial Nutrition) prior to discharge. Patients / carers should be given the HPS services in England Patient Charter document which aims to foster respectful partnerships between patients and providers; so helping patients engage with their own care.

Relationships

Internal

25. Good links and established pathways with an onsite interventional radiology service for patients with difficult venous access or for re-establishing patency if a central vein becomes occluded.
26. Good relationship with microbiology service and regular / when appropriate meetings to discuss patients (especially for central venous catheter sepsis, discitis etc).
27. Have good relationships and links with a pharmacy aseptic preparation unit.
28. Have access to a psychological medicine department and for children / young adults to have access to children and adolescent mental health services (CAMHS), both of which should have experience in managing patients with intestinal failure.
29. Have easy (ideally on site) links to urology, gynaecology, vascular surgery, plastic surgery, upper and lower GI surgery, nephrology (haemodialysis unit), a hepato-biliary team, hepatology,

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

biochemistry, ophthalmology, dental care, occupational therapy, physiotherapy, social care, speech and language therapy (SALT) and psychiatry / psychology. In addition, for children and young people paediatric surgery, young people play/youth workers and paediatric physiotherapy.

External

30. Good links, networking and established pathways are required with at least one centre skilled and competent in intestinal failure surgery (e.g. enterocutaneous fistula repairs and re-establishing bowel continuity) and that can pre-assess patients considered for intestinal transplantation. In England, close regional networking between Integrated and HPS centres is required.
31. Good relationship with commercial HPN service providers (as per NHS HPN National Framework in England) and have regular meetings to review Key Performance Indicators.
32. Services for young people should provide an adolescent and transition service with pathways and a dedicated transition process held with the adult provider including joint meetings between the patients, the parents or carers and NSTs from both the paediatric and adult centres.
33. A discharge planning service should engage with community services if needed (e.g. district community nurses, health visitors, stoma care / tissue viability, pain team etc).
34. If a patient is not suitable for homecare or an approved homecare provider cannot be found there should be an escalation process to relevant NHS commissioning personnel.

Outcomes

35. The team must conduct regular audits of their outcomes. Units should be aspiring to an adult/young people inpatient catheter-related blood stream infection (CRBSI) rate of less than 1/1000 catheter days on a specialized / dedicated IF / HPS / HPN ward (less than 3/1000 on all other wards within the organization) and an outpatient CRBSI rate of less than 1/1000 catheter days. Infants on parenteral nutrition have higher rates of CRBSI.
36. Clear evidence of participation in relevant audits and clinical governance. These may include waiting times, waiting list morbidity/mortality, length of stay, readmission rates, central vein thrombosis, central venous catheter occlusion, abnormal liver function tests and numbers weaned from HPS.
37. The views and quality of life of HPS patients, carers and families and the views of staff should be regularly audited.
38. Effective networking with nearby hospitals to where a patient may be admitted (e.g. with sepsis or CVC occlusion) and dissemination of shared care guidelines (e.g. catheter-related sepsis or CVC occlusion) to the nearby hospitals.
39. All HPS patients should be registered on the IF Registry. The registry needs to be maintained for

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

all patients, including details of any admissions, surgery, outpatient visit outcomes and any HPS related complications. IF centres and HPS centres need to comply with commissioning standards and submissions as deemed appropriate in line with their commissioning specification. This may encompass quality outcomes, reporting requirements, coding responsibilities.

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

Reading / References:

Cawley C, Lal S, Nightingale J, Small M. British Intestinal Failure Alliance (BIFA) Guidance. Standardized Parenteral Support Catheter Guidelines. Updated June 2024
www.bapen.org.uk/pdfs/bifa/standardised-parenteral-support-catheter-guidelines.pdf

Commissioning Statement: Parenteral nutrition for the treatment of adults and children with Type 2 and Type 3 intestinal failure requiring home parenteral support. www.england.nhs.uk/wp-content/uploads/2023/10/2267-hpn-commissioning-statement.pdf

Complex Nutritional Care Standards. Healthcare Improvement Scotland. December 2015.
www.nhsggc.scot/downloads/complex-nutritional-care-standards-2015

Consultation Guide: Proposed changes to specialised severe intestinal failure services for adults. NHS England. August 2018.
https://www.engage.england.nhs.uk/consultation/severe-intestinal-failure-services-for-adults/user_uploads/if-service-review-consultation-guide.pdf

Home Parenteral Nutrition Services in England Patients Charter (Version 2).
<https://pinnt.com/Support/HPN-Patient-Services-in-England-Patient-Charter/HPN-Patient-Charter-Version-2.aspx>

Lal S, Chadwick P, Nightingale J and the BIFA Committee. British Intestinal Failure Alliance (BIFA) Recommendations for Catheter Related Blood Stream Infections (CRBSI) Diagnosis. April 2018. Updated June 2024. www.bapen.org.uk/pdfs/bifa/recommendations-for-crbsi-diagnosis.pdf

Lal S, Chadwick P, Nightingale J and the BIFA Committee. British Intestinal Failure Alliance (BIFA) Recommendation Management of Catheter Related Blood Stream Infections (CRBSIs). January 2019. Updated June 2024.
www.bapen.org/pdfs/bifa/recommendations-on-management-of-crbsi-updated-june-24.pdf

Lal S, Paine P, Tack J, Aziz Q, Barazzoni R, Cuerda C, Jeppesen P, Joly F, Lamprecht G, Mundi M, Schneider S, Szczepanek K, Van Gossum A, Wanten G, Vanuytsel T, Pironi L. Avoiding the use of long-term parenteral support in patients without Intestinal Failure: a position paper from the European Society of Clinical Nutrition & Metabolism, the European Society of Neurogastroenterology and Motility and the Rome Foundation for Disorders of Gut-Brain Interaction. *Clinical Nutrition* 2024; 43: 2279-2282

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

Messing B, Hebuterne X, Nightingale J. Home enteral and parenteral nutrition in adults. In Intestinal Failure (First Edition) 2001. p407-430

Service specification: severe intestinal failure service (adults). First published 9 July 2019 and updated 31 October 2023. www.england.nhs.uk/publication/intestinal-failure-service-adult/

Small M, Cawley C. Home parenteral nutrition toolkit. <https://www.bapen.org.uk/wp-content/uploads/2023/11/hpn-toolkit.pdf>

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927

BAPEN Office, Seven Elms, Dark Lane, Astwood Bank, Redditch, Worcestershire, B96 6HB, ENGLAND
Tel: +44 (0)1527 457 850 Email: bapen@bapen.org.uk www.bapen.org.uk

GLOSSARY

Home Parenteral Nutrition Centre - a team caring for patients with type 3 intestinal failure. The team will have experience in caring for patients requiring HPS. The HPN centre is responsible for appointing one of the approved homecare companies to provide patients with homecare and for specifying all aspects of the homecare service that the homecare company must deliver. In-patient management of patients with Type 3 IF (management of HPN-related complications or treatment of the underlying disease responsible for IF) and ongoing out-patient management of Type 3 IF.

Home Parenteral Support (HPS) - involves feeding directly into the bloodstream to meet the patient's requirements. HPS can include fluids and electrolytes (home parenteral fluid (HPF)) or macronutrients and micronutrients (home parenteral nutrition (HPN)). Macronutrients are carbohydrates, proteins and fat, and micronutrients are vitamins and minerals needed by the body in very small amounts.

Hybrid regimen. - A hybrid approach may involve a combination of licensed multi-chamber bags, terminal sterilised fluids and compounded bags across a week. It describes a situation where not all the PN and fluids need to be compounded in order to meet a patient's individual needs.

Multi-chamber Bag (MCB) – licensed double or triple chamber parenteral nutrition bag.

Parenteral nutrition (PN) - refers to the intravenous administration of macronutrients and micronutrients

Integrated Intestinal Failure Centre – Multidisciplinary teams responsible for the following:

- In-patient assessment and management of patients with Type 2 IF including IF surgery.
- Follow-up outpatient attendance(s) post discharge of Type 2 IF patient, pending provision of specialised IF surgery.
- In-patient management of patients with Type 3 IF (management of HPN-related complications or treatment of the underlying disease responsible for IF).
- Ongoing out-patient management of Type 3 IF outpatient or in-patient assessment and management of patients referred who are deemed to be at high risk of having (or developing) type 2 or 3 IF.
- Provision of HPN (and associated homecare nursing if required) via the NHS Commercial Medicines Unit National Framework agreement for the supply of HPN.
- Regular review of patients on HPN ensuring the least resource required to meet the patient's needs.
- Assessment for onward referral to and ongoing lifelong follow-up after intestinal transplantation or autologous gastrointestinal reconstruction (AuGIR).

BAPEN brings together the strengths of its Core Groups to optimise nutritional care



*British Association for Parenteral and Enteral Nutrition Registered Charity 1023927