The National Nurses Nutrition Group

The NNNG was formed in 1986 and soon after this applied for registered charity status. In 1992, the NNNG, became a ‘founder’ group of BAPEN (British Association for Parenteral and Enteral Nutrition) furthering its objectives to promote education in nutrition and related subjects for members of the nursing profession, for the public benefit, and especially for the benefit of patients in hospital and the community. In furtherance of the above, the NNNG strives to:

- Promote an increased awareness among nurses of disease related malnutrition and its consequences.
- Provide opportunities for members to meet together for the purpose of discussing matters of common interest concerning disease related malnutrition.
- Promote activities that will assist members working in the field of nutritional support to increase their knowledge and enhance their contribution to this subject.
- Promote the role of the Nutrition Nurse Specialist within a multi-disciplinary nutritional support team.

The NNNG has continued to develop and is keen to support all healthcare professionals involved in the nutritional care of patients.

Our membership consists of Nutrition Nurses, Dietitians, Support / Assistants, University Lecturers, Industry Nurses / Managers and Student Nurses

The benefits of membership include....

- Access to the web-based members’ discussion board to share and compare practice
- Access to members only area of the new website, which includes nutritional resources; including 4 sets of national guidelines
- Nasogastric tube insertion in adults Available to members to download
- Balloon gastrostomy tube replacement Available to members to download
- Obtaining an Accurate Body Weight Measurement in Adults and Children Available to members to download
- Exit site management for gastrostomy enteral feeding tubes Available to members to download
- A membership newsletter relating to current issues in nutritional care delivered to your door
- A free copy of every issue of the BJCN nutrition supplement delivered to your door
- Invitation to the Annual NNNG Conference at a subsidised rate
- A discounted rate on BAPEN membership
- The opportunity to contribute to local and national working groups

www.nnng.org.uk
EVALUATION FORMS:
Your evaluation form is included in the conference booklet as a loose insert, please complete and return to the registration desk at the end of the conference.

CPD CERTIFICATES:
Please sign the CPD register to confirm your attendance. CPD certificates can be found as a loose insert in the conference booklets.

CONFERENCE PRESENTATIONS:
The presentations will be posted on the following web link subject to speaker approval/copyright approximately one week after the event and will remain there for three months:
www.mahealthcareevents.co.uk/NNNG/0717/presentations

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Organised by
MA Healthcare Ltd, St Jude’s Church, Dulwich Road, London SE24 0PB
Contact: Laura Denne, Events Manager. Tel: 0207 501 6748
Websites: www.nnngconference.co.uk
Find us on Facebook: MA Healthcare Events
Follow us on Twitter @MAHealthEvents
Dear Delegate,

Welcome to the 2017 National Nurses Nutrition Group (NNNG) Conference at the Bournemouth International Centre. I would also like to extend a warm welcome to those non-members who have joined us at conference and hope that over the next two days you may gain an insight into the benefit of joining the NNNG and participating in the work of the organisation.

Once again, we listened to our members and have tried to deliver a contemporary conference agenda that addresses many of the current issues in nutritional care. This year, for the first time, we are excited to be able our paediatric colleagues their own afternoon symposium which we hope will be of great benefit and interest to them.

We like to provide a platform for our members to present the fantastic work they have been involved with by presenting their work through the medium of poster presentations. I hope you will join me in supporting these individuals by taking the time to view their posters and listen to their presentations and in congratulating these members on their willingness to share their practice and experiences. We are also pleased to be once again hosting the Annual Pamela Harris Lecture. This is an award sponsored by the Nightingale Trust for Nutritional Support in association with the National Nurses Nutrition Group. It is open to all health care professionals caring for patients receiving artificial nutrition support either in hospital or at home. The winner will be giving a 30 minute lecture on what improvements they have made to patient care or experience.

We are once again pleased to be working in partnership with MA Healthcare to deliver an exciting conference programme. Don’t forget this programme is able to offer you CPD accreditation and provide valuable evidence for revalidation.

Finally, I would like to thank our industry colleagues in continuing to support the NNNG by exhibiting at our conference and hope all our delegates will take the opportunity to visit their stands and engage in providing feedback on product development.

We hope that you all enjoy your time with us and leave the conference with some new ideas to share and develop your practice, re-energising our passion for continuing to enhance nutritional care.

Best Wishes

Liz Anderson
Chair
National Nurses Nutrition Group
www.nnng.org.uk
We are a group of nurses dedicated to promoting excellence in all aspects of nutritional care and promoting good nutritional practice for nurses across all specialities.

The NNNG was established in 1986 and soon after became a registered charity. Initially the focus of the group was enteral and parenteral nutrition support. Over recent years the focus of the group has widened to reflect the increasing profile of nutrition: from screening strategies and mealtimes to the complex nature of artificial feeding. The group consists of nurses from the public and private sectors, secondary and primary care and embraces a truly multi-professional approach to its membership.

The NNNG is a founder group of the British Association of Parenteral and Enteral Nutrition (BAPEN) and works with the Department of Health, NHS England, Home Intestinal Failure Network, Royal College of Nursing and the Care Quality Commission to influence present and future policy.

Our committee and its members continue to develop and promote robust nursing standards representing the increasingly important role of nurses in the nutritional care of patients.

The objectives of the NNNG are to promote education in nutrition and related subjects for members of the nursing profession, for the public benefit, and especially for the benefit of patients in the hospital and community.

In addition to the above, the NNNG may:

- Promote an increased awareness amongst nurses of disease related malnutrition and its consequences.
- Provide opportunities for members to meet together for the purpose of discussing matters of common interest concerning disease related malnutrition.
- Promote activities which will assist members working in the field of nutrition support to increase their knowledge and enhance their contribution to this subject.
- Raise funds and incite and receive contributions from any person or persons what so ever by way of subscription, donation and otherwise provide that the National Nurses Nutrition Group shall not undertake any permanent trading activities in raising funds for its charities objects.
- Promote the role of the nutrition nurse specialist within a multi-disciplinary nutrition support team.
- Do all such other lawful things as shall further the above objects.
### Monday 10th July

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09.00–09.30</td>
<td>Registration and exhibition viewing</td>
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| CHAIR:  | Liz Anderson  
Nutrition Nurse Specialist, Buckinghamshire Healthcare NHS Trust & Chair, National Nurses Nutrition Group |
| 09.30–10.00 | Nutrition updates: the national picture  
Liz Anderson, Nutrition Nurse Specialist, Buckinghamshire Healthcare NHS Trust & Chair, National Nurses Nutrition Group |
| 10.00–10.45 | Keynote address: Room for all: changing role of the NHS  
Dr Patricia Oakley, Director, Practices Made Perfect Ltd |
| 10.45–11.15 | Refreshments and exhibition viewing                                                          |
| 11.15–12.00 | Refeeding syndrome  
Dr Des de Silva, Consultant Gastroenterologist, Royal Berkshire Hospital |
| 12.00–12.30 | Nightingale Trust for Nutritional Support: Pamela Harris Medal Lecture  
Introduced by: Lynne Colagiovanni, Trustee & Training Co-Ordinator, Nightingale Trust  
Keeping the home in homeostasis; saving bed days through outpatient blood monitoring service with day case intravenous fluid and electrolyte replacement  
Margaret Collins, Specialist Nurse, Nutrition Support Team, Cheltenham General & Gloucestershire Royal Hospitals |
| 12.30–13.00 | Poster presentations                                                                 |
| 13.00–13.45 | Lunch and exhibition viewing                                                                 |

### COPD SYMPOSIUM

<table>
<thead>
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<th>Time</th>
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| CHAIR:  | Barbara Dovaston  
Clinical Nurse Specialist Nutrition, Heartlands Hospital |
| 13.45–14.30 | Nutrition in COPD  
Dr Tom Wilkinson, Professor of Respiratory Medicine, Southampton University Hospital |
| 14.30–15.00 | An exploration of the current knowledge of general practice nurses in the nutritional needs of patients with COPD: Phase 1 – a survey  
Neil Wilson, Senior Lecturer, Manchester Metropolitan University |
| 15.00–15.45 | What are we missing in our COPD care?  
\* Malnutrition in COPD: putting guidelines into practice  
Gail Rimmington, Respiratory Nurse Specialist, Portsmouth  
\* Improving the nutritional care of patients with COPD  
Claire Campbell, Nutrition Support Nurse, Frimley |

### PAEDIATRIC SYMPOSIUM: breakout session

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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| CHAIR:  | Kirstie Swannell  
Community Children's Nurse, Cambridge Community Services |
| 13.45–14.14 | Parenteral nutrition in acute paediatrics: the long road home  
Catherine Paxton, Nutrition Nurse Specialist, Royal Hospital for Sick Children, Edinburgh |
| 14.15–14.45 | How safe is nasojejunal tube practice in paediatrics  
Hazel Rollins CBE, Clinical Nurse Specialist, Gastroenterology & Nutrition, Luot & Dunstable University Hospital, Luton |
| 14.45–15.15 | Nurse-led gastrojejunal tube service in children  
Martina O’Reilly, Gastrostomy Nurse Specialist, Royal Belfast Hospital for Sick Children |
| 15.15–15.45 | Blenderised feeding in children: the state of play  
Mo Hodge, Lead Nurse, Paediatric Enteral Feeding |
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>15.45–16.10</td>
<td>Refreshments and exhibition viewing</td>
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<tr>
<td>16.10–16.40</td>
<td>AGM meeting of all members</td>
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<tr>
<td>16.40</td>
<td>Close of conference</td>
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**Tuesday 11th July**

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>08.00–08.15</td>
<td>Registration and exhibition viewing</td>
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<tr>
<td></td>
<td><strong>CHAIR:</strong> Nina Cron</td>
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<td></td>
<td>Specialist Nurse in Nutrition Support, Ashford and St Peter’s Hospitals NHS Foundation Trust</td>
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<tr>
<td>08.15–08.45</td>
<td>Poster presentations</td>
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<tr>
<td>08.45–09.30</td>
<td>Establishing enteral feeding in the critically ill:</td>
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<td>physiological changes to the stomach in the first 24-48 hours</td>
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<td>Dr Kinesh P Patel, Consultant Gastroenterologist, Chelsea and Westminster Hospital</td>
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<tr>
<td>09.30–10.00</td>
<td>NG CXR teaching programme</td>
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<td>Tracy Earley, Consultant Nurse Nutrition, Royal Preston Hospital</td>
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<td>10.00–10.30</td>
<td>Misplaced NGTs: is it a never event?</td>
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<td>Dr Frances Healey, Deputy Director Patient Safety, NHS Improvement</td>
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<td>10.30–11.00</td>
<td>Refreshments and exhibition viewing</td>
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<tr>
<td>11.00–11.45</td>
<td>Complex nutritional feeding issues: Ehlers Danlos Syndrome: managing nutritional issues</td>
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<td>Professor Qasim Aziz, Professor of Neurogastroenterology, Barts NHS Trust</td>
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<td>11.45–12.30</td>
<td>Risk feeding: how and when do we do it?</td>
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<td>Laura Vincent, Speech and Language Therapist, Royal Hospital for Neuro-disability, London; Lydia Fletcher, Dietetics, Royal Hospital for Neuro-disability, London</td>
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<tr>
<td>12.30–13.15</td>
<td>Lunch and exhibition viewing</td>
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<td><strong>CHAIR:</strong> Jo Wakeling</td>
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<td>Regional Lead Nurse, TransCare Nurse Led Service</td>
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<td>13.15–13.30</td>
<td>Poster presentation awards</td>
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<td>13.30–14.15</td>
<td>Parenteral nutrition osmolality: what does it mean in practice</td>
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<td>Richard Smith, Clinical Support and Medical Affairs Specialist, BBraun Medical Ltd</td>
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<td>14.15–14.45</td>
<td>Access for peripheral PN</td>
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<td>Winnie Magambo Gasana, Advanced Nurse Practitioner John Radcliffe Hospital Headley Way, Oxford; Elizabeth Clark, Oxford University Hospitals</td>
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<tr>
<td>14.45–15.30</td>
<td>Complex PN discharges</td>
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<td>Nina Cron, Specialist Nurse, Nutrition Support, St Peters Hospital, Chertsey Barbara Dovaston, Clinical Nurse Specialist Nutrition, Heartlands Hospital</td>
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<tr>
<td>15.30–15.45</td>
<td>Summing up by Chair</td>
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<td>15.45</td>
<td>Close of conference</td>
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LIZ ANDERSON

Liz Anderson became the nutrition nurse specialist for Buckinghamshire Healthcare Trust in 2007. She first joined the NNNG committee in this year and was voted Chair of the group in January 2010. She is now in her second term as Chair.

She has a varied nursing background having worked in both medical and surgical wards and becoming ward sister of an acute stroke unit. Liz believes passionately in the importance of good nutrition in influencing a person’s recovery from illness and reducing the need for admission to hospital. Liz’s main interest is promoting excellence in nutrition support from a quality and safety perspective with the aim of improving patient experience and satisfaction.

Liz has a BA (Hons) in Nursing Practice completing her dissertation in ‘trained nurse’s attitudes to nutrition in hospital patients’. She has a Post Graduate Certificate in Nursing in Nutrition

She has represented the NNNG on a number of projects with NHS England, the Department of Health, NICE and the RCN. She was a member of the Department of Health’s Hospital Food Standards Panel which looks at patients’ experience of hospital food and nutritional care. Liz is also a member of NHS England Nutrition and Hydration Strategy Group, BAPEN Malnutrition Action group and the BAPEN Special Interest group in Nasogastric tube placement and on going care.

Liz is a council member for BAPEN and is a member of the Royal College of Physicians Nutrition Committee. She has been published a number of times in various nursing journals and continues to maintain a busy national profile by speaking at events and conferences.

BARBARA DOVASTON

Barbara works as a lead clinical nurse specialist for nutrition at The Heart of England NHS Foundation Trust, Birmingham, across three sites, working with both enteral and parenteral patients. Since qualifying as a RGN in 1994 Barbara has worked within gastroenterology on both medical and surgical wards and endoscopy culminating in a short spell as the clinical nurse specialist for gastroenterology. An interest in nutrition led Barbara to join the nutrition support nurses in 2000 and was appointed as the lead in 2004. Since this point the nursing nutrition team has expanded so that Barbara now manages five other nurses. Barbara represents the NNNG on the BAPEN programs committee and the Enteral Plastic Safety Group.

KIRSTIE SWANNEILL

Kirstie qualified from Southampton University in 2010 and went on to work at Addenbrookes Hospital. She started working within the Children’s Community Nursing Team, Luton as a generic nurse before beginning her role as the enteral feeding lead nurse within the team. Kirstie completed her specialist community nurse practitioner and nurse prescribing in 2016

NINA CRON

Currently Nina is the specialist nurse in nutrition support at Ashford and St Peter’s Hospitals NHS Foundation Trust.

Nina qualified in 2005 from Brighton University and consolidated her training at the Royal Surrey County Hospital, Guildford on the urology and vascular ward before going into critical care in recovery and then ITU.

She left the NHS and worked in private nursing homes and learnt the important role that nutrition plays in keeping residents and staff fit and healthy. This combined with her own experience in sports nutrition for running and swimming marathons led to a passion for promoting good nutrition and hydration.

Between 2010-2013 Nina worked with Nutricia as a nurse adviser and was inspired to learn from her patients that with the right support there were no limits to the activities that could be achieved.

JO WAKELING

Jo has been nursing for over 17 years, and has a background in gastrointestinal and colorectal nursing. She previously worked at St Mark’s Hospital, and set up an award winning gastro day unit in Newport, Gwent. Jo has spent three years as an IV nurse specialist. Her particular interest has always been around parenteral nutrition (PN) and successfully set up an intestinal failure service with Dr De Silva at the Royal Berkshire for six years and contributing to the trust being able to deliver home PN on the National HPN framework. Jo has completed her masters in clinical nutrition and most recently left the NHS just under a year ago to join B.Braun to develop their home care nurse training and managing nursing teams to deliver PN in patients’ own homes...............

and it’s certainly been a ‘roller coaster’!
Dr Patricia Oakley has over 35 years health and public service experience in both operational and policy research and development areas. She has worked extensively with national policy-makers and trust boards, executive directors and senior clinicians, and with service managers and clinical practitioners, in developing their strategies to deliver affordable public services. She has worked in management and organisational development; restructuring organisations and clinical care systems; designing and delivering skill-mix reviews and re-profiling programmes; conducting value for money audits and managing subsequent change programmes; and preparing strategic workforce and education and training investment plans.

She has also worked with senior strategic health authority, local authority and primary care trust staff, and GP practices, to develop their infrastructures of skills, knowledge and processes to make local commissioning schemes work in practice based on her work with one of the original GP multi-fund pilots in the early 1990s.

In the last 20 years, Dr Oakley has served as non-executive director on the English National Board for Nurses, Midwives and Health Visitors and as the elected president of the Association of Healthcare of Human Resource Managers. In addition, she has been a member of the government’s NHS task force looking at good practices in staff involvement, and a specialist advisor to both the House of Commons select committee on health and the Scottish Executive’s Integrated Workforce Planning Group.

A production and radiopharmacist, and subsequently clinical pharmacist by background, Dr Oakley was a London chief pharmacist from 1981-1987 when she moved to the former North West Thames Regional Health Authority where she was head of the manpower and pay policy unit. She specialised in economics, corporate finance and management accounts in the masters programme at London Business School; and she has a doctorate in medical politics and conflict from London University’s Birkbeck College’s Organisational Psychology Department. She is a teaching and research fellow in the management department at King’s College, London University which is part of the School of Social and Public Policy. More recently, to specialise in medical humanities, Dr Oakley was awarded a Diploma in the History of Medicine by The Worshipful Society of Apothecaries and has an MA in Victorian Studies.

Dr Patricia Oakley is one of the founding Directors of Practices Made Perfect Ltd., where she is a workforce planning and policy research and development specialist. Practices Made Perfect Ltd. works with public service organisations to help them develop their service strategies and workforce development plans. The main areas of specialist research are labour market and education trends, training and skill mix issues, and the effects of the changing legal, regulatory and commercial pressures on future skills deployment and staffing profiles.

Dr Des De Silva trained at Imperial College School of Medicine before completing specialist training in gastroenterology and sub-speciality training in clinical nutrition and intestinal failure at University Hospital Southampton and the Institute of Human Nutrition. He was appointed as a consultant in June 2009 at the Royal Berkshire Hospital Reading where he has interests in intestinal failure, inflammatory bowel disease and bowel cancer screening.

He currently sits on the Royal College of Physicians Nutrition Committee as well as the Gastroenterology Specialist Advisory Committee in his role as Training Programme Director for Gastroenterology for the Oxford Deanery.

Refeeding syndrome
The refeeding syndrome (RFS) is a potentially lethal condition characterised by metabolic abnormalities and rapid fluid and electrolyte shifts in malnourished patients receiving increased calorific intake. In the modern Western World, the syndrome is rare outside those without significant concurrent medical or psychiatric illness. Nevertheless, it is an often overlooked problem that does occur reasonably frequently in hospitals, particularly on elderly care or oncology wards.

There is a need for close monitoring, regular measurement of electrolyte levels and vigilance in identifying severe complications such as sepsis, heart failure and arrhythmias. Knowledge of the syndrome and how to manage it could help prevent harm to this vulnerable group of patients.
LYNNE COLAGIOVANNI

Following training and various posts in Nottingham, Lynne worked in intensive care at Derby Royal Infirmary before taking up a post as a clinical nurse specialist at the Queen Elizabeth Hospital in 1989. This was the same year in which she joined the NNNG. Lynne has chaired the group on two separate occasions and remains a staunch supporter and loyal member. She was appointed consultant nurse in nutritional support in the mid 2000’s.

During her career in nutrition nursing Lynne has published widely and been involved in national and international initiatives for both BAPEN and ESPEN.

Lynne took early retirement in 2010 but has continued to be involved in nutritional support through private consultancy, work with the NNNG, and also with the Nightingale Trust for Nutritional Support for who she is the training and education co-ordinator.

MARGARET COLLINS

Margaret has worked in Gloucestershire Hospitals Trust for 16 years and has been the specialist nurse in the NST for two years. Her previous role was inflammatory bowel disease specialist nurse. She has also worked on the acute gastroenterology ward and within the emergency department.

DR TOM WILKINSON

Professor of Respiratory Medicine, Southampton University Hospital

NEIL WILSON

Neil trained as an adult nurse at the University of Manchester and worked in urological and colorectal surgery after qualifying until he was seconded as his trust’s first nutritional support nurse. He completed the ENB NO4 gastroenterological and nutrition support nursing. And was appointed as a nutrition nurse specialist in 2003 and was responsible for setting up a nutrition team working across primary and secondary care. He developed a nurse-led nutrition outpatient clinic and a radiological nutrition intervention service until December 2007. Neil moved into higher education and is now working as a senior lecturer at Manchester Metropolitan University, teaching on both undergraduate and postgraduate programmes, with specialist interest in nutrition. Neil remains connected to practice undertaking clinical exposure with the nutrition team at Salford Royal NHS Foundation Trust. Neil is currently five years into his PhD in COPD and nutritional care in general practice.

An exploration of the current knowledge of general practice nurses in the nutritional needs of patients with COPD: Phase 1 – a survey

People living with chronic diseases such as neurological and respiratory disorders are often at greater risk of developing chronic malnutrition. Russell and Elia, (2010, 2011, 2012) have repeatedly identified those with respiratory disorders admitted from the community setting as being one of the greatest groups at risk. It is thought that in many cases malnutrition goes unrecognised and untreated despite patient’s exposure to community services. This may be explained because weight loss for people with COPD, may occur gradually over a period of time and therefore its identification is difficult to initially detect (Elia and Russell, 2008). Although 3.7 million people in the UK are suspected to be suffering with the respiratory disorder COPD, only 900,000 have a formal diagnosis (NICE, 2010). These patients are ordinarily being managed through primary care services in terms of ongoing monitoring, prescriptions and support from their general practitioners (NICE, 2010). Many people living with COPD frequently become catabolic, often using their energy reserves to support and maintain their breathing. This increases their metabolic rate, breaking down muscle and lean body mass and resulting in a nutritional deficiency occurring (Anker et al, 2006). The NICE (2010) guidelines indicate that nutritional care should be provided to COPD patients including assessment and care planning with interventional support where appropriate. Despite this and the connection between weight loss and COPD being documented as far back as the late 60s, the initiation of treatment has been inconsistent throughout this period. It is acknowledgement that treating malnutrition in people with COPD at an earlier stage can bring great benefits of improved nutritional status, respiratory function and in some cases avoidance of hospital admission (Hallin et al 2006, Weekes et al, 2009). There have been attempts to coordinate nutritional interventions for all at risk patients in the form of the general NICE (2006) nutrition guidelines. These guidelines have been recently supported by the coalition of respiratory healthcare professionals in partnership with the DOH in 2011. Despite this, little is known about the sequence of nutritional support offered by general practitioners and their practices.
Neil’s PhD aims to research ‘the knowledge and attitudes of practice nurses towards nutrition in patients with COPD’. The study is in two phases, the first is a survey of all general practices in Greater Manchester relating to key concepts of nutritional care, training and education and the 2nd phase will be qualitative interviews with practice nurses to explore the results from phase one. Neil will present the results of phase one, quantitative survey results and discuss how this has informed stage 2 which is currently being analysed.

GAIL RIMMINGTON

Gail is a registered general nurse who developed a passion for respiratory medicine after studying for the asthma diploma as a practice nurse in 1998. Since 2001 she has concentrated solely on respiratory care within primary care in some form or another.

Since 2004 she has worked as an independent respiratory nurse specialist within general practice. At present running nurse-led asthma and COPD clinics in four surgeries within Hampshire, diagnosing and conducting respiratory assessments with the aim of enhancing patient care and improving quality of life.

From February 2006 until November 2017 Gail also worked for Education for Health as a regional trainer on their short courses, diploma and degree level respiratory modules with the aim of improving respiratory knowledge and care within all areas of the NHS.

She continued her own clinical education and in December 2010 gained a BSc (Hons) in Respiratory Care, with a classification of First Class Honours (1), with Education for Health and the Open University.

Gail participated as a panel assessor at review panels (2012/2013) for the National Review of Asthma Deaths (commissioned by HQIP on behalf of the Department of Health)

Gail has set up and continues to facilitate, the South Hampshire Respiratory Journal Club for nurses and GPs to improve knowledge, commitment and interest in respiratory medicine within general practice, which is affiliated to the PCRS.

CLAIRE CAMPBELL

Claire qualified from King Alfred’s College, Winchester in 1998 and took a rotational post at the Royal Surrey County Hospital working in cardiology and gastroenterology. The second part of this rotation saw Claire move into the surgical directorate caring for patients with complex surgical and nutritional needs on the colorectal, hepatobiliary and upper GI surgical unit.

In 2003 Claire moved to Frimley Health working on the acute surgical unit where she further developed her interest in the nutritional care of patients.

In 2007 Claire successfully applied for the position as nutrition support nurse at Frimley Health. As a new post Claire was able to develop this service which incorporates both enteral and parenteral as well as involvement in oral nutrition initiatives.

Claire developed a nurse led assessment service for gastrostomy and has forged close relationships with community colleagues across dietetics and speech and language therapy to enable timely and appropriate placement for patients. The development of this service saw Claire win a local award for commitment to patient care. More recently Claire’s role continues to evolve as she is training to become a nutrition nurse endoscopist. This has been a huge challenge for Claire but one which she hopes will enhance the nutrition nurse service for the patients as well as add to her skill set.

In addition to Claire’s clinical remit, she is also an NNNG committee member and is the communication’s officer for the committee. This is something that Claire is proud to be a part of and has seen her become involved in work streams such as development of the good practice guidelines.

Claire is currently representing the NNNG on an exciting piece of work in conjunction with PENG.

This is the first time Claire has been a speaker at conference and whilst she is a little nervous, she hopes it will encourage others to share their knowledge and experiences at the so that the importance of good nutritional care is promoted for many years to come.

What are we missing in our COPD care?

The publication of the Management of Malnutrition in COPD guidelines gave an opportunity to reflect on the care of a patient over a two year period.

Early nutritional intervention in management of COPD can have positive results and reduce hospital admissions. This case study highlights the burden of long term tube feeding. Not only for the patient but also those family members involved in the
care of their relative. Whilst we try to explain the risks of the procedure, I wonder if we pay enough attention to discussing the impacts on lifestyle that these interventions can cause. Having read the guidelines I wonder if the right decisions were made with regards to placement of the RIG. Although the patients hospital admissions reduced and her physical strength improved, the strain on her and her family of living with a long term condition with the added burden of gastrostomy management has led to deterioration in her overall wellbeing.

This session aims to explore this case study and changes in practice that could be implemented in the future with the introduction Management of Malnutrition in COPD guidelines.

CATHARINE PAXTON

Catherine graduated from Glasgow University with a Bachelor of Nursing degree and RGN qualification in 1993. After working in adult orthopaedics, in Cambridge, she moved to Edinburgh to do her paediatric training at Lothian College of Health Studies. While staffing on a general surgical, GI and ENT ward, at The Royal Hospital for Sick Children Edinburgh, she developed her interest in complex nutrition. She was appointed paediatric nutrition nurse specialist in 2003. As a member of the multidisciplinary nutrition support team, she provides care, advice and support to children, requiring enteral and parenteral nutrition, and their families. She has presented locally and nationally on enteral feeding tubes, in particular jejunal tube feeding and been on the review groups for enteral best practice statements.

Parenteral nutrition in acute paediatrics: the long road home

Intestinal failure (IF) is defined as a reduction in the functioning intestinal mass below the amount necessary for adequate absorption to allow for growth and development. Parenteral nutrition is nutrition administered directly into the bloodstream and is used as part of the management plan for intestinal failure. There are three types of IF: Type 1 IF requires short term PN in hospital usually only 7-10 days. Type II IF requires prolonged hospital PN defines as >28 days and Type III IF require home parenteral nutrition. Other indications for parenteral nutrition are pre-term neonates and for those in a high catabolic state.

Parenteral nutrition (PN) should be considered as the most complex drug preparation available. To ensure that PN is used appropriately the decision to commence PN should be made by a multidisciplinary team following full nutrition assessment. Ideally the multidisciplinary team will consist of doctor, nurse, dietician and a pharmacist.

What should be considered when thinking of commencing parenteral nutrition?

• Is the gut working? If it is we should use it. What will we feed the gut and how will we do it?
• How long will we require PN for?
• What intravenous access will we require to administer the PN through?
• Blood monitoring
• Which lipid preparation will we use?
• Prevention and management of complications of PN

Supporting the families of children and young people requiring parenteral nutrition is important it can be a long and difficult journey for them

HAZEL ROLLINS CBE

Hazel currently works as clinical nurse specialist, gastroenterology and nutrition in paediatrics at the Luton and Dunstable Hospital NHS Foundation Trust, focussing on children and young people requiring nutritional support. Over the last 15 years she has developed a service for children and families affected by gastrointestinal disease, acting as a point of contact, support, information and access to appropriate healthcare.

Hazel has been committed to improving the nutritional care of patients ever since she was appointed to the post of Nutrition Nurse Specialist 27 years ago. She has published and lectured widely on nutritional care at a local, national and international level and has contributed to nutritional policy at a national level. Hazel has worked closely with industry and the NPSA/NHS England in developing safer enteral feeding products and techniques. Hazel has first degrees in biology and child health nursing, and a master’s degree in professional practice. She was awarded the CBE for services to nursing in 2001.

How safe is nasojejunal tube practice in paediatrics

Nasojejunal tube feeding is used in some of the sickest children in our care. Yet little is written about patient selection, tube insertion techniques, tube position checks or ongoing care. It seems to be a hidden area of clinical practice. Concerns about repeated radiation exposure are discussed in clinical practice, yet not well defined in the literature. The author has conducted two surveys of healthcare practitioners involved in nasojejunal tube insertion or management, and reviewed radiation exposure in a small group
of children. The results will be presented and an argument made for audit, research and guidelines.

**MARTINA O’REILLY**

Martina O’Reilly is the only paediatric gastrostomy nurse specialist in Northern Ireland. She works in the regional paediatric hospital the Royal Belfast Hospital for Sick Children and provide expert care and advice for the whole province with the help of a multi-professional team. Martina is a registered sick children’s nurse and has been in this hospital a total of 36 years. The past six have been in this post but prior to that she was a cystic fibrosis nurse specialist for 25 years. She also works for the Northern Ireland Children’s Hospice as a hospice at home nurse. Martina is a mentor and facilitator for the students at Queens University and also provides training sessions for children’s community nursing service.

Martina is married with two grown up children and has a beautiful little granddaughter who has opened her eyes and her heart to the beauty of life.

**MO HODGE**

Mo Hodge has been a qualified nurse for the past 38 years, 30 of which she has worked in paediatrics. She has worked in both the acute and community settings and has been in her current role for the past nine years.

During these nine years, Mo has improved and developed the community service provided to the children of Gwent.

Her and her team have been nominated for several awards for their work around trans-gastric tubes and blended diet. She is currently involved in a South Wales research project on the effects of blended diet via gastrostomy devices.

**Blenderised feeding in children: the state of play**

Families have never been more proactive in nurturing their children and for children who are gastrostomy fed this should be no different. I hope to have an interactive discussion on how we support families to undertake this method of feeding and if by doing so are we in breach of our ethical code of practise.

**DR KINESH P PATEL**

Dr Kinesh Patel undertook specialist training in gastroenterology in North West London, including four years at St Mark’s Hospital. He was appointed jointly as a consultant in gastroenterology at Chelsea and Westminster Hospital and the Royal Brompton Hospital in 2016.

His interests include cancer screening, inflammatory bowel disease and nutrition. He jointly runs the Food Allergy Service at the Royal Brompton and runs the nutrition service at Chelsea and Westminster.

**Establishing enteral feeding in the critically ill: physiological changes to the stomach in the first 24-48 hours**

Critically ill patients have significant derangements to their physiology and specific nutritional needs. Gastric function is markedly affected by systemic illness. Expert assessment of requirements and mode of feeding is an essential part of the overall care of patients on intensive care. Enteral feeding has been associated with improved morbidity and mortality but can be challenging to deliver due to problems with gastroparesis, ileus or access to the GI tract. It is thought that early enteral feeding delivers benefits for patients although the evidence for this is controversial. Additional difficulties are posed by the increasing numbers of critically ill obese patients in whom delivering optimum nutrition can be a challenge.

**TRACY EARLEY**

Tracy has worked at Lancashire Teaching Hospitals NHS Foundation Trust for the 14 years, where she is responsible for nutrition support in hospital, community, enteral and parenteral nutrition support. She has had success in implementing a new integrated nutrition and communication services model providing a seven day service for nutrition patients. Here she leads a team of eight nutrition nurses, five CVAT nurses, four hospital alcohol liaison service (HALS) nurses, dietetics and the speech and language therapy to work flexible to deliver services. She has also recently been appointed as Associate Divisional Medical Director for surgery, to provide clinical leadership for the pelvic, GI and breast surgeons, as well as obstetrics and neonates.
NG CXR teaching programme

Introduction:
Nasal bridle is used to minimise dislodgement of nasogastric tubes (NGT), in order to deliver successful enteral feeding. In 2005, we began to offer and implement this as an integral part of the nutrition team service. We use bridled NGT’s as an alternative feeding device to percutaneous endoscopic gastrostomy (PEG) in order to improve nutrition in high-risk patients.

Method:
We undertook a 17 month prospective study to look at patient demographics, indications and outcomes of those requiring nasal bridle to secure their NGT. We also compared our PEG 30 day mortality whilst using nasal bridle to the time period when nasal bridles were not available, based on four previous PEG mortality audits.

In addition, we identified ethical concerns in using the nasal bridle to secure NGT’s from staff groups based on one of the authors MSc study. We then identified a robust set of protocols to support this, and an education plan to imbed them. These included, a trust ratified, ethics committee approved restraint policy, two-person referral system to meet GMC (2005) guidelines, a clinical guideline and a clinical competency assessment framework. Workshops and lectures were undertaken to specifically use these tools to address any ethical concerns across the directorates.

Finally, in order to teach the skill of nasal bridle insertion, study days, with practical workshops and a training DVD were produced. These support both the insertion skills required, and the justification of the device by appropriate selection of patients.

Conclusions:
Nasal bridle is clinically safe and effective as an alternative means of delivering nutrition to patients both in hospital and community settings.

Improved selection of patients means that nasal bridle can significantly reduce the 30 day PEG mortality.

A comprehensive trust wide approach to protocols, skill acquisition, and competency assessment address the ethical concerns that individual staff groups had. A corporate approach to resolving this was extremely useful.

Training of new staff groups has been greatly facilitated by the skills based teaching sessions and DVD.

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DR FRANCES HEALEY

Frances is a registered nurse who has worked as a nurse specialist, directorate manager and deputy director of nursing posts in acute hospitals and mental health services. She has led successful research studies related to pressure ulcer prevention and falls prevention, collaborated on studies taking innovative approaches to mortality review, and co-led regional QI projects. In 13 years working for national patient safety organisations she has held range of responsibilities related to improving the quality of investigation and learning from patient safety incidents, including analysis of incidents related to nasogastric tubes that informed past NPSA Alerts and recent NHS Improvement Alerts. She is currently Deputy Director of Patient Safety in the national patient safety team at NHS Improvement. The role includes oversight of the teams who undertake clinical review of all nationally reported death and severe harm incidents, and who share findings through the NHS Improvement Patient Safety Alerting System.

Misplaced NGTs: is it a never event?
Whilst the phrase ‘never event’ carries a connotation that may have been unintended (as feedback provided to a recent consultation made clear), the key purpose of the never events framework was to identify incidents that act as ‘red flags’ that an organisation may not have robust systems for the implementation of safety guidance. An alert and associated resource set issued by NHS Improvement included an analysis of reports of recent nasogastric tube incidents. Many appeared to arise from widespread rather than isolated issues with organisational implementation of past alerts, including an apparent disconnect where organisations had acted to provide training for nurses in pH interpretation without equivalent systems to train doctors in x-ray interpretation. Because of this, trust boards were asked to review whether they had implemented past guidance, and to take executive responsibility for putting this right where this had not occurred. Insights from trusts’ response to the alert, and from recent inquests, will be used to draw out the potential for nursing leaders, medical leaders, educators and managers to make a combined effort to ensure staff confirming nasogastric tube placement have the knowledge, skills and confidence to keep their patients safe.
Professor Qasim Aziz completed his undergraduate medical training in his native Pakistan in 1983. After this, he came to the United Kingdom for higher medical training. He started his research career at the University of Manchester and obtained his PhD in 1996. He is now Professor of Neurogastroenterology at Barts and The London School of Medicine and Dentistry at Queen Mary, University of London.

Professor Aziz’s research focuses on understanding the neurophysiological basis of human brain-gut communication. He has made an important contribution to the understanding of how gut pain is processed in the brain, and how both inflammation/injury to gut nerves and psychological factors can lead to the development of chronic gut pain.

Professor Aziz has received national and international awards for his research including the British Society of Gastroenterology Research Gold Medal and the American Gastroenterology Association, Janssen Award for Basic and Clinical Research. He has published numerous original articles in medical journals such as Nature, Medicine, Nature Neuroscience, Lancet and Gastroenterology.

Until March 2007 he held the position of chairman, Neurogastroenterology and Motility Section of the British Society of Gastroenterology, and is a member of the Association of Physicians and Surgeons of UK and Ireland. He has recently finished his tenure as a member of the European Society of Neurogastroenterology and Motility executive committee and also as a member of the United European Gastroenterology Federation education committee.

Lydia Fletcher

Since qualifying ten years ago, Lydia has spent most of her career working with patients who have acquired brain injury or neurodegenerative conditions. She has a wealth of experience in enteral tube feeding and has extended her dietetic role to include specialising in the care and maintenance of enteral feeding tubes. Currently Lydia is based at the Royal Hospital for neuro-disability and is a key member of the Huntington’s disease service, working with people to achieve or maintain good nutritional status. She has an interest in decision making around placement of enteral feeding tubes and has been involved in the development of resources to support this process.

Laura Vincent

With a background in neuro-rehabilitation Laura has worked both in private and public healthcare sectors with people with acquired neurological conditions. She has a wealth of experience in the assessment and management of people with swallowing and communication disorders and a special interest in instrumental assessment and dysphagia rehabilitation. She is currently based at the Royal Hospital for neuro-disability with a split caseload of Huntington’s disease and brain injury services. She works closely with key members of the multi-disciplinary team to facilitate those with communication difficulties in making complex decisions around eating and drinking including placement of enteral feeding tubes and risk feeding.

Risk feeding: how and when do we do it?
The planning for future nutritional management and the topic of risk feeding are key issues when working with patients who have a neurodegenerative condition. Laura, specialist speech and language therapist and Lydia, senior dietitian will discuss the future feeding planning pathway developed at the Royal Hospital for neuro-disability to support this complex decision making process. This will include MDT assessment of mental capacity in patients with cognitive and communication disorders. Case studies will be used to highlight common issues that arise during this process and how they might be managed. The importance of family involvement, clear documentation and multi-disciplinary team working will be key ‘take home messages’.

Richard Smith

Richard is an clinical support and medical affairs specialist for B Braun, Sheffield. Remit covers PN and other IV fluids. He formerly worked in the NHS, then in industry for Geistlich, Fresenius Kabi and now B Braun. Richard is a fervent supporter of Chelsea Football Club and to a lesser extent Blackpool (home club), also Lancashire County Cricket Club. He lives with two young ladies, Amy and Olga, these being of a reptilian nature, i.e. dragons.

Parenteral nutrition osmolality: what does it mean in practice?
Parenteral nutrition and maths do not fit together well. There is a morass of data, confusing, contradictory and in some cases, incorrect. This session will look at some of the data and practices...
of peripheral parenteral nutrition, their terminology and application of osmolarity/osmolality calculation.

WINNIE MAGAMBO GASANA

Winnie undertook her nurse training as an adult registered nurse at Addenbrookes Hospital, Cambridge and moved to Cardiff in 1997. She commenced her career working within the critical care directorate in Cardiff and Vale University Health Board. In 2005 she took up the post of nutrition nurse specialist in Cardiff. The lead nurse post was responsible for the hospital and home parenteral nutrition (HPN) service working alongside enteral nutrition colleagues as part of the wider nutrition team. Winnie was pivotal in scoping and setting up the Welsh HPN network of which Cardiff was the main centre. She represented Wales as the regional BAPEN representative. In June 2012 Winnie relocated to the Oxford University Hospitals Trust as a vascular access nurse in the vascular access team alongside the nutrition support team based at the John Radcliffe Hospital. She has presented nationally and internationally at conferences. Winnie served on the NNNG committee her last role on the committee being that of vice-chair of the NNNG. She represents the NNNG on BAPEN education and training committee and is on the BAPEN programmes committee.

ELIZABETH CLARK

Elizabeth Clark works as a specialist nurse practitioner for the vascular access line insertion team within the Oxford University Hospital Foundation Trust. It is a nurse-led service which provides the placement of peripherally inserted central catheters (PICCs), the insertion and removal of tunnelled central lines and the insertion of femoral lines, covering four main hospital sites. The service also provides on-going patient and staff discussion and education regarding many aspects of vascular access, especially focusing on improving the patient pathway. The service is closely linked with the nutrition team.

Elizabeth has worked within the service for three years, during which time she has gained extensive experience regarding line placement. She is currently working towards her master’s in advance nursing practice at Oxford Brookes University.

Previous experience includes a senior staff nurse position in anaesthetics and recovery at the John Radcliffe Hospital and a specialist nurse role with the acute pain service within the trust.

Access for peripheral PN

Advances in technology in the world of vascular access, has impacted the variety of different types of vascular access devices available on the market for the safe delivery of peripheral parenteral nutrition. Terminology of the different vascular access devices can also be ambiguous at times: is it a “long line”, “Midline”, “extended indwelling catheter”? Can parenteral nutrition be administered peripherally through “the line”? What are the differences and implications of the different lines? This aim of this session on access for peripheral parenteral nutrition is address these pertinent issues around vascular access devices and the safe delivery of peripheral parenteral nutrition.

NINA CRON

Biography as before

BARBARA DOVASTON

Biography as before

Complex PN discharges

Parenteral nutrition is a complex area of care. Supporting discharge for these patients is a specialist area undertaken by home parenteral nutrition centres who are expert in arranging training monitoring, training and ongoing support but what happens when the discharge is more complex than just the PN?

Patient groups are getting more complex and with this comes the inevitability of some PN patients having even more complex discharge needs and raises the question of how to manage and asks the question of how PN can be managed when it is a smaller part of a complex discharge but has care constraints to keep the patient safe.

Two case histories are presented: one from a home parenteral nutrition centre and one from a trust which does not support home parenteral nutrition. Neither patient has a discharge destination suitable for ongoing PN care.

This session doesn’t aim to provide any answers but allows exploration of the challenges of complex parenteral nutrition discharges when it is not the only factor pertinent to making the discharge success.
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Julie Smith – Editor
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