PENG: BECAUSE SUPPORT AND INFLUENCE MATTER



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In a new column from the Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association (BDA), Chair, Anne Holdoway provides us with an overview of the plethora of projects undertaken by the PENG Committee, Clinical Leads and members in support of the dietetic profession.

Nutrition support is now a vast speciality with the potential to achieve a positive impact on outcomes in many settings. As many dietitians are involved in nutrition support, the Parenteral and Enteral Nutrition Group (PENG), a specialist group of the British Dietetic Association (BDA), was delighted to be invited to write a series of articles for NHD readers. Over the coming months, we will be informing NHD readers of new developments in the field of nutrition support, illustrating how, in today's climate, PENG can help to promote safe, high-quality nutritional care and raise the profile of dietitians.

OUR FOCUS ON ADVANCING PRACTICE

Research and audit are crucial to develop our evidence-base and underpin practice. In 2014, PENG ran a survey to understand membership engagement in research and audit. The results identified the extent that PENG Members were involved, barriers to participating and support mechanisms needed to facilitate up-skilling and action. The results were used to shape our three-year research and audit strategy and project plans.

Funding was identified as a key barrier to undertaking research and audit, we, therefore, agreed to ringfence some of PENG's financial reserves to fund small-scale projects. We recently awarded our first grant to Melanie Baker, Senior Specialist Dietitian at Leicester Royal Infirmary to fund a retrospective audit on the 'Management of High Output Stomas'. Key in advancing the science and practice of dietetics, we hope to grant more awards in 2016.

The survey also identified a lack of confidence amongst members in publishing results. We therefore, focused the PENG study day in November 2015, on how to produce and publish work and utilise evidence to change practice and support business cases. In response to lack of confidence in getting started and publicising work, we have also established a buddying and mentor scheme. Going forward, we will be developing a research and audit area on the PENG website.

RESOURCES

Supporting dietitians in everyday practice, the *PENG Pocket Guide to Clinical Nutrition* (4th edition) continues to be hugely popular in providing evidence-based knowledge at the fingertips of thousands of dietitians. New sections on bariatrics, pancreatitis and COPD have been added through collaboration with colleagues in other Specialist Groups including BOMMS and the Pancreatic Society.

Based on patient/carer surveys, we have also just released our first in a series of information leaflets to support decision-making amongst patients and carers. Written in conjunction with NNNG and PINNT and tested amongst patients, the resources are freely available to all via the PENG website: www. peng.org.uk/publications-resources/ resources-for-patients-hcps.php

Anne is a Registered Dietitian and Freelance Dietitian, Chair Parenteral and Enteral Nutrition Group, Specialist Group of the British Dietetic Association, Council Member of BAPEN Whilst many departments have their own local tools for the management of malnutrition, the *Managing Adult Malnutrition in the Community* guide and pathway, continue to be valuable resources with 30,000 visitors to date. The website has recently been redesigned to ease navigation and content expanded with new clinical areas covered. The pathway and guide were also adapted and published in Medendium's 'Guidelines' and 'e-Guidelines', which reach 33,000 GPs and with over 52,000 registered users, thus providing HCPs with easily accessible information on steps to take to screen, treat and prevent malnutrition.

EDUCATION AND TRAINING, EVENTS AND BURSARIES

As for many Specialist Groups of the BDA, education and training is a key focus to help advance the profession and develop our skills. The recent study day in London on utilising data for the purpose of research and audit was a huge success as measured in the feedback and evaluation and as evident from the interactive workshops.

As part of our commitment to ongoing education and the development of advancing dietetic skills in nutrition support, we continue to run the Clinical Update course annually. This unique course, now at Masters level, remains popular with up to 75 participants a year. In response to restrictions on training budgets, we have recognised that funding for courses is limited and in the last two years have funded 10 bursaries to assist dietitians in attending.

Through the generous support of industry, we have also been able to continue to offer an annual PENG Award; each year this can be in a different guise according to membership needs. In 2015, six £250 grants were awarded to PENG Members on merit for audit and research that had been undertaken and submitted for presentation at our November study day. The grant covered travel and subsistence, enabling the winners to attend to showcase their work, disseminate results and empower others to emulate the studies in order to build national data to help evaluate our impact.



PENG COMMUNICATIONS

Our three-times-a-year electronic newsletter, *e-PENlines*, regular live updates via the PENG website and emails, keep our Members in touch and connected. In 2015, we started a 'teaser' version of the *e-PENlines* that non-PENG-members can access.

In 2015, the PENG website www.peng.org.uk was revamped too, adding content along with improvements to optimise navigation and mobile device access. There remains a specific Member's section of the website, as well as open access to areas advertising courses, some resources and getting to know PENG as a Group. Web activity is monitored so that we can understand who visits what pages, usefulness of resources and what information dietitians are seeking. In any year, there are in excess of 13,000 visits.

Recognising that feedback is important to help us refine support to Members and continue to evolve, we encourage Members to contact the Committee via PENG email directly and we regularly undertake surveys amongst Members. A monthly poll on our home page (one for enteral and one for parenteral) is an opportunity for us to obtain insights from HCPs working in nutritional support.

We also seek to involve Members in projects and a recent increase in the response to calls of engagement, including calls for applications to posts with the Advisory Committee for Borderline substances (ACBS), NICE and the PENG outcomes project work, is extremely encouraging.

ON BEHALF OF PENG

PENG acknowledges the importance of liaising with other Specialist Groups of the BDA to avoid duplication of efforts.

On a social media platform, PENG has a dedicated Twitter feed - any news item shared or added is immediately tweeted. Non-Members can sign-up and in 2016, the Twitter account will be more interactive.

NATIONAL INFLUENCE, AMBASSADOR ROLES AND COLLABORATION

PENG has been privileged to represent the profession in developing a range of key national documents, including the NHS England 'Commissioning Excellent Nutrition and Hydration' (www.england.nhs.uk/ commissioning/nut-hyd/) and the 'Com-plex Nutritional Care standards' in Scotland (www. healthcareimprovementscotland.org/our_work/ patient_safety/improving_nutritional_care/ complex_nutrition_standards.aspx).

We have actively participated in key stakeholder meetings at a national level with government ministers, Age UK, BSG, RCGPs, DH, Carers UK and the Faculty of Public Health. Along with published articles, we have strived to raise the profile and value of dietitians and the importance of good nutritional care.

Whilst presence at our own BDA Conference is important, we also recognise that presentations to others is crucial to get key messages across on the importance of timely nutritional care. In the past year, PENG has presented at AGE UK, BAPEN, the Digestive Diseases Federation meeting, Primary Care and Public Health and ESPEN.

MULTI-PROFESSIONAL WORKING AND CORE FUNCTIONS WITHIN BAPEN

Back in the 90s, Members of PENG, together with patients, gastroenterologists, clinical nutritionists, biochemists, pharmacists and nurses, with a shared ambition to make nutrition an integral part of care, came together and formed 'BAPEN'. PENG has remained a 'core' and founding Group and it is true to say that BAPEN could not achieve what it does without the valuable input from its dietetic Members. As a core Group, PENG has access to a significant clinical network and with an active dietetic Member on every BAPEN Committee (Quality, Education and Training, BANs, Programmes, BIFA) and a position on BAPEN Council, PENG is able to influence policies and campaigns to raise the profile of nutrition and the role of the dietitian. Recognising the importance of the patient voice and placing patients and carers at the heart of decision-making, the PENG Committee is also in regular contact with PINNT.

Work within BAPEN is a prime example of multi-professional working. Whilst much engagement takes place within the Committees and electronically, the PENG Committee and Clinical Leads participate and lead on numerous BAPEN initiatives to achieve measurable and practical outputs. In the past year, we have been involved in the development of the BAPEN selfscreening tool (www.malnutritionselfscreening. org) and dietitians from within and outwith PENG, played a key role in developing and testing the new BAPEN Nutritional Care tool. To be successful, this new tool will be very much dependent on dietitians participating in data collection. Data collection has been kept simple and collation and analysis are automatic. As a national portal, return on investment is considerable as the tool has the capacity to provide valuable insights into the treatment and prevention of malnutrition locally and nationally and builds on the data from the former BAPEN nutrition screening weeks. Please do consider signing up to use the tool at www.data.bapen.org.uk

SUPPORTING THE DIETETIC COMMUNITY

PENG acknowledges the importance of liaising with other Specialist Groups of the BDA to avoid duplication of efforts. Where possible, we seize opportunities to not only promote the work of dietitians in nutrition support, but also to promote the work of other Specialist Groups of the BDA to external audiences and stakeholders as they Recognising the pressing need to collect and utilise meaningful outcomes to protect practice and posts, a PENG project group is currently working to develop a practical toolkit on outcomes in nutrition support.

arise, e.g. public health dietitians at a meeting with the Director of the Faculty of Public Health, paediatric dietitians at a Westminster forum on the role of diet in chronic conditions.

In 2013/2014, PENG collaborated with the dietetic'virtual home enteral feeding (HEF) group' to move the hosting of the virtual HEF group to PENG. The forum, an initiative developed by the Bristol Home Management Services for enteral feeding, had become a victim of its own success. The move was undertaken to secure ongoing support for this vibrant network to continue. Although now managed by PENG, the network is open to all healthcare professionals, including non-members, to enable a wide audience to access it (www.peng.org.uk/hef-group/). PENG hopes that this move will foster links with the NNNG and BAPEN's BANs Committee via our PENG HEF leads. The network remains very active and is a great example of how a virtual professional forum can flourish and enhance the sharing of best practice, facilitate peer support and policy development. Monitoring activity will help identify gaps, which PENG may be in a position to address through funds and resources.

Leading on the development of a multiprofessional, multi-organisation statement on the appropriate use of oral nutritional supplements is a recent initiative, which we hope discourages discrepancies and misunderstandings in oral nutrition support.

In conjunction with BDA Head Office, PINNT, NNNG, respite nurses and the Paediatric Group of the BDA and DISC, PENG helped develop a statement on the use of liquidised feeds for tube feeding and a risk-assessment tool (www.peng. org.uk/pdfs/hcp-resources/risk-assessmenttemplate.pdf). Both are designed to guide practice and sensitively account for the views of all stakeholders, including patients and carers on this emotive topic.

PENG was also represented on the BDA Supplementary Prescribing Group proposal and in a separate prescribing project group tasked to consider the future management of borderline substances by dietitians.

With presence at key BDA events such as BDA Vision, Dietitians Week and the BDA House of Lords event in June (where our jellybean-eating mannequin 'Adam' created a stir), 2015 was a busy year.

FUTURE PROOFING OUR PROFESSION - OUTCOMES IN NUTRITION SUPPORT

Recognising the pressing need to collect and utilise meaningful outcomes to protect practice and posts, a PENG project group is currently working to develop a practical toolkit on outcomes in nutrition support. Conscious of developments in other Specialist Groups, PENG is seeking to collaborate with other groups and therapists to minimise duplication and achieve our goal in a timely manner. Launch of the toolkit is planned for 'BDA Live' March 2016; more news will follow on this subject in a future article.

For a large Specialist Group to be successful, it relies heavily on the volunteering of many. As Chair, I consider myself in a privileged position to oversee a strong, highly-skilled and dedicated team of Committee Members and Clinical Leads that give their time selflessly to deliver on objectives set to best support our Members. Whilst I have been unable to add names alongside all the projects, I hope you might visit the PENG website to see who is involved: www. peng.org.uk/about-us/peng-committee.php. The wide range of activities and achievements captured here illustrate the professionalism, dynamism and passion of the PENG Committee, Clinical Leads and Members and I wish here to thank you all. In future editions of NHD, I hope you will enjoy reading of new developments that will continue to ensure that good nutritional care is an integral part of modern healthcare and dietitians get the recognition they deserve. And you never know . . . you might be tempted to become a part of what we do.