



---

# Trust a Dietitian To know about nutrition



# Contents

## 1

### Introduction

#### Acute Care

##### Case Studies

- 1 - A whole service approach to hospital food
- 2 - Reducing waiting times
- 3 - Improving the patient experience
- 4 - Dietitian led clinics improving the quality of service
- 5 - Improving access to the most appropriate professional
- 6 - Cost saving through non-medical prescribing
- 7 - Improved patient care and better outcomes through non-medical prescribing

## 7

### Community Setting/Public Health

#### Case Studies

- 8 - Multi-disciplinary working to reduce waiting times

## 8

### Leadership

#### Case Studies

- 9 - Improving care through service leadership
- 10 - Improving care through strategic clinical leadership

## 9

### Research

#### Case Studies

- 11 - Implementing evidence based practice

## 10

### Dietetic Assistants

- 12 - Skill mixing

## 11

### International

- 13 - International networks and global awareness



# *Trust a Dietitian to know about nutrition*

There's a wealth of information wherever you look on the subject of diet and nutrition. In fact if you "Google" the subject on the World Wide Web you would find about 1,190,000 entries on UK sites alone. For the average person however sorting out the good information and advice from the bad, the ugly (seaweed juice) and even the down right dangerous can be a minefield.

From 1924 when the first pioneering sister dietitians were identified, to the registered professionals today, dietitians have made it their business to research and audit the science and art of nutrition and dietetic practice, and turn the good evidence into real life practical safe messages - in sickness and in health and through every stage of life.

## *Acute Care*

Much has changed in the way dietetics is practiced since the first dietitians were employed in our hospitals to take care of the nutritional needs of patients. Dietitians have always focused their skills on ensuring good quality nutritional care for every patient in hospital. Current evidence, financial constraints and government policy have all had an influence on how nutritional care is provided. However dietitians have never let go of one of their core roles to promote good nutrition through food provision in all healthcare settings.

In November 2002 a report from an expert committee of the Council of Europe was published - "Food and Nutritional Care in Hospitals: how to prevent under nutrition". The report makes a series of recommendations for improvement, which were subsequently put before a Committee of Ministers Deputies. The committee adopted these recommendations as Resolution ResAP (2003) 3 and called upon member states to draw up and implement national recommendations on food and nutritional care in hospitals.

Dietitians and hospital caterers across the UK have taken a lead role in moving the recommendations highlighted in the resolution forward. Together with the engagement of both UK governments and national professional bodies which make up the Council of Europe Alliance, dietitians are committed to improving the nutritional status of every person who is admitted to hospital.



## Case Study 1

### A whole service approach to hospital food

Sian Shepherd is Catering Liaison Dietitian at the Royal Marsden Hospital and plays a supportive and bridging role between dietitians and caterers resulting in a more cohesive and coordinated approach to food service across the trust. Through a number of initiatives Sian has not only focused on patient feeding, but visitors and staff as well.

Working in close conjunction with her colleague, Consultant Dietitian Dr Clare Shaw, Sian is able to keep food service high on the trust agenda.

This has ensured that nutritional issues are addressed at strategic level with engagement of the deputy chief executive, and through monthly multi disciplinary meetings attended by the Assistant Chief Nurse, Head of Facilities and the Trust catering manager. In addition more patient focused therapeutic feeding issues are addressed through meetings with the Assistant Chief Nurse. Recently the Trust Catering Service went out to tender. Working together Sian and other trust representatives, were able to secure an in-house catering service this means that there is more control of the quantity and quality of menu choices, and food offered in vending machines, in addition to more enhanced sustainable food pathways.

At ward level Sian has led the introduction of Protected Mealtimes, which has worked well with staff and visitors respecting the initiative and allowing the patient the time and assistance they require to enjoy their food.

The 'Call order' is one example of catering services at The Marsden which allows patients to access food from 7.30 am to 7.00 pm. Chefs prepare fresh food to order for patients who need to fit mealtimes around courses of treatment and more variable appetites, in order to ensure meals are not missed. Also all patients on the ward are able to choose from a cocktail menu many of which incorporate additional protein and energy.

In response to the 2004 Government white paper 'Choosing Health' Sian has also led the Weight Wise @ Work Campaign along with the Trust Occupational Health Department. Staff and visitors have been able to choose from a range of healthier food in the canteen, and staff offered blood pressure, weight, waist circumference and percentage body fat assessments through the Occupational Health and Dietetic Departments over a 3 month period. Pedometers were also issued to staff to encourage activity. A comprehensive and robust healthy eating policy has been developed to further support staff within the trust

Together with the commitment and support from Trust Executives and colleagues, Clare and Sian have been able to address the nutritional needs of the Trust as a whole. Through regular audits Sian continues to update and improve the service provided and surveys have found patients, visitors and staff have one of the highest degrees of customer satisfaction. Recent Peat patient catering evaluation results reflected an encouraging 80% satisfaction score for menu content, quality, quantity, presentation and service.



Since 2000 all health departments across the UK have highlighted through their individual framework documents their vision for the future.

- The NHS Plan A plan for investment A plan for reform (England) July 2000
- Our National Health. A plan for action. A plan for change.(Scotland) 2001
- Improving Health in Wales a plan for the NHS with it's partners (Wales) 2001
- A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland (2005-2025)

Each has focused on the need for role extension and "new ways of working" in order to provide patient centred care.

In the health service, extended practice is a potential solution to a number of management issues including waiting lists; manpower issues and the need to create a more flexible workforce in line with Government policy

Many dietitians still practice in the acute setting and each professional has adapted their role and honed their knowledge and skills to ensure every patient receives an effective quality individualised dietetic service in hospital, whatever their nutritional needs.

## *Case Study 2*

### **Reducing waiting times**

Following on from research presented at the British Association of Parenteral and Enteral Nutrition Annual Conference in 2006 Sue Merrick, in Wolverhampton, has been trained to remove Percutaneous and Endoscopic Gastrostomy tubes (PEGs) safely and effectively without the need for the patient to be referred to the endoscopy service.

Formerly patients waited up to three months for the removal of their PEG device via the local endoscopy department.

The waiting time for patients has been reduced to 4 weeks since the establishment of this dietetic led service. In addition there are now fewer referrals to endoscopists and the patient has a reduction in the number of professionals they need to see. The patient receives continuity of care through access to the same dietitian from insertion of the PEG tube, to its removal.

## Case Study 3

### Improving the patient experience

In Sheffield Gary Simpson aimed to provide dietetic and practical support to all patients discharged into the community with any type of enteral feeding tube. The service focuses on placing balloon retained gastrostomy feeding devices in the community both as an emergency and planned replacement.

Patients with a variety of clinical conditions including stroke, head and neck cancer, motor neurone disease, Parkinson's Disease, multiple sclerosis, and cerebral palsy have benefited from this service which has significantly reduced the number of PEG related admissions to the acute care setting.

Due to the success of the project, supported by evidence provided of the number of readmissions prevented, funding was provided for a new post. Sean White was employed in this new post to deal with the high volume of PEG related complications and resulting re-admissions.

The service has provided seamless transitional care for the patient between the acute and community settings. All patients discharged from the acute setting are reviewed within 5 working days and then at least at 3 monthly follow up. The team has developed strong links with community staff acting as a resource for staff eg district nurses, GP's, social workers and care agencies on PEG related problems, whilst maintaining a valuable support network with dietetic colleagues, consultants, specialist nurses and speech and language therapists in the acute setting.

In addition the team has redesigned its service over four day weeks, working longer each day (average 9 ½ hours). "We never take the same day off so the benefit to the patient is an increased length of time each week that they can contact us."

In 2005-06 96 balloon gastrostomy devices were placed. These were both planned and emergency placements, all of which would have prevented a hospital admission. Additionally 40-50 admissions were avoided in resolving other problems such as unblocking tubes, fixing damaged tubes and advising on treatments for stoma complications.

## Case Study 4

### Dietitian led clinics improving the quality of service

Claire Wylie leads a coeliac clinic in adults at the Royal Bournemouth Hospital.

Prior to establishing this service patients were not reviewed often enough to receive up to date information about the gluten free diet to avoid known coeliac associated complications. Review was in a Gastroenterology clinic without dietetic input. Dietetic review was undertaken by a non-specialist in a general out-patient clinic with a waiting time of up to four weeks. There was also no confidence in the level of consistency in the messages given to patients by the Dietitian and the Gastroenterologist. Evidence however showed that annual review of coeliac patients increases compliance with the gluten free diet and consequently reduce the risks of associated conditions such as osteoporosis, lymphoma and infertility.

The overall objective of the scheme was to improve and standardise healthcare for patients with coeliac disease within the trust, whilst reducing the clinic load of the gastroenterologist.

Benefits of the service have shown a higher standard of cost effective patient care, a reduction in Gastroenterologist waiting lists and clinic load, with improved patient satisfaction, knowledge and compliance with treatment.

## Case Study 5

### Improving access to the most appropriate professional

Mary McDermott shares her expertise as nutritional lead across two separate teams, (Adult and Child/Adolescent) treating patients in East Suffolk who are suffering from acute/chronic anorexia or bulimia nervosa.

The post was developed following years of pressure to form a multi-disciplinary, community-based eating disorders team for each of the adult and the children's mental health services. The remit from the Trust management was centred around cost savings - thus a principal aim to reduce acute hospital admissions for eating disorders across the Trust and reduce very expensive out-of-area admissions to Eating Disorder Units - and this has been very successful. This community-based treatment approach for eating disorders, has since become the recommended treatment by NICE, advocating the benefit of specialists working with patients whilst they remain in their own home/work/school environment.

Using her unique skills as a dietitian Mary has brought her specialist knowledge of the nutritional components of an eating disorder to both the teams. This enables the other multi-disciplinary team members (mostly therapists/psychologists) to address the patient's psychological needs without spending time inappropriately addressing their nutritional issues.

Mary has developed her role in the teams as both a specialist clinical practitioner and also as a trainer to other health professionals. In the past year, Mary has extended her role in the Adult Eating Disorder Service. She now works jointly with a Consultant Chemical Pathologist, running a regular nutrition clinic in which the physical effects of the individual's eating disorder is considered in depth and treated appropriately.



***"The current reforms of the NHS are fundamentally changing the delivery of health care and, in particular, prescribing and medicines management. The NHS is striving towards patient centred care; providing equitable access to high quality and cost effective medicine use; ensuring better use of health care professionals through extensions of responsibilities, such as prescribing....."***  
***(National Prescribing Centre)***

In May 2004 the The Medicines (Pharmacy and General Sale - Exemption) Amendment (No. 2) Order 2004 came into force which gave dietitians the legal framework to be able to supply and administer medicines under Patient Group Directions (PGDs). Since that time dietitians have engaged with the prescribing agenda as key members of multi professional teams. Often dietitians are the professionals who are best placed to manage patient's medication when diet and medication are fundamental to outcome of a patients treatment plan.



## Case Study 6

### Cost saving through non-medical prescribing

Linda Wilson provides a service to patients to paediatric and adult patients with cystic fibrosis (CF) requiring pancreatic enzyme replacement therapy (PERT) at the University Hospitals of Leicester. The aim of PERT is to achieve normal or near - normal fat and protein digestion. From this should naturally follow normal nutrition, growth, weight gain and development. Unfortunately, the increased potency of high strength pancreatic enzyme preparations has encouraged the use of greatly increased doses in some patients, and this has been linked to severe complications of cystic fibrosis and fibrosing colonopathy.

Linda has extended her role in the area of prescribing and now practices within a Trust approved protocol to adjust dose for PERT drugs. The benefit to the patient is that they now receive consistent, safe advice from the professional best placed to advise them on the fat content of the food and drink they ingest, in relation to the PERT dosage they require.

Audit studies carried out over the last couple of years have shown that all patients are now using enzymes within the doses recommended by the Committee on Safety of Medicines. In addition the latest figures from the CF Trust show that as a result of this dietitian led initiative, patients have the highest figures in the country for growth and weight gain.

Audit on enzyme usage in relation to fat intake have found that through dietetic intervention some adult CF patients have been able to reduce enzyme intake by up to 50% leading to a substantial cost saving in enzymes prescribed.

## Case Study 7

### Improved patient care and better outcomes through non-medical prescribing

George Hartley leads a team in Newcastle of two other specialist renal dietitians, treating patients with kidney disease. Part of their work involves caring for individuals who require dialysis treatment.

To improve patient care they have streamlined the process involved in managing patients' bone biochemistry. Treatment protocols and Patient Group Directions (PGDs) were developed to allow the dietitians to initiate and adjust phosphate binder medication independently of medical staff. They now work under PGDs to supply phosphate binders to their haemodialysis patients.

Delays involving medical staff changing prescriptions are now avoided and more timely adjustments to patients' medication are made. These changes have been associated with improvements in patient care resulting in significantly better bone biochemistry<sup>(1)</sup> and more timely initiation of new drug treatments<sup>(2)</sup>.

1. Abstract. British Renal Society Conference, Birmingham, 2007.
2. Abstract. British Dietetic Association Annual Conference, Belfast, 2007



# Community Setting/Public Health

Health plans across the UK have focused on providing care as close to the patients home as possible and practical. For many years before these health plans were published dietitians recognised the importance of maintaining nutritional health through healthy eating and where necessary, therapeutic interventions within the primary care setting.

Outcome benefits to individuals, groups and communities are clear - evidence based quality nutritional advice and information in the most appropriate setting for their needs, fewer readmissions to the acute setting and reduced waiting times for treatment.

## Case Study 8

### Multi-disciplinary working to reduce waiting times

The Community Nutrition and Dietetic Service for Mid-Staffordshire was first established in November 2003 as a result of the expressed needs of primary health care workers and their patients for improved access to dietetic expertise (e.g. geographically closer to their surgery/home, increased availability of consistent and high quality evidence-based patient dietary information leaflets etc). Over time, the services provided have been re-designed and re-structured while continuing to maintain (or where appropriate improve) access and ensure services are delivered in the most appropriate setting for the condition/need concerned.

One example of service modernisation is provision of dietetic services for patients newly diagnosed with type 2 diabetes. Traditionally patients were seen on an individual basis. However, demand for the service soon exceeded resources resulting in patients having an unsatisfactory long-wait for a first appointment with a community dietitian.

In response to NICE guidance on Patient Education Models for Diabetes, multi-disciplinary structured group education ('New to Diabetes') sessions were piloted and successfully introduced (initially the sessions were dietetic-led before being expanded to include all aspects of diabetes care). This resulted in improved patient care/outcome and a more clinical and cost effective service.

The programme has now been extended to offer multi-disciplinary group education to patients with more established type 2 diabetes. A dietetic assistant role has also been developed to support some aspects of the education programme. As a result of historic funding arrangements, some dietetic care for type 2 diabetes was provided in an acute setting but this has now transferred to the Community Nutrition and Dietetic Service resulting in a totally primary care led service.

The impact dietitians are making on public health cannot be underestimated. With one in four children classed as obese and adult obesity continuing to rise from 13% to 24% for men and 16% to 24% for women (Information Centre Survey), diet and lifestyle has never been more important to the future health of the UK population. A selection of the work of dietitians practicing in public health on obesity, school meals and developing nutritional standards to name but a few are highlighted in Dietitians: working to improve public health through nutrition" (The BDA March 2007)



# Leadership

Dietitians have skills and competencies developed over a number of years and their wealth of experience has been invaluable in driving both national targets and local services forward.

*Effective leadership is a key ingredient in modernising today's health service. Better leadership means better patient care and improved working practices for NHS staff (NHS Modernisation Agency)*

*Developing the leaders of today and tomorrow will be crucial in delivering the ambitious goals that have been set for the health service (Delivery through Leadership Scottish Executive June 2005)*

*The most important attribute which successful change will require is leadership (The review of health & social care in Wales. Derek Wanless. June 2003)*

## Case Study 9

### Improving care through service leadership

Sandra Church, Head of Nutrition and Dietetics in Peterborough, has taken on the strategic leadership for Adult Speech and Language Therapy for Peterborough PCT which is a combined Health and Social Care organisation.

As a result of restructuring within the PCT, in response to CPLNHS, and the need to move services forward in line with 'Our Health, Our Care , Our Say, many of the changes that Sandra has achieved within dietetics were recognised as being needed within speech and language therapy. Good working relationships already existed between the two departments and issues such as skill mix, service redesign, care pathways and review of service level agreements with other Trusts and PCTs, are being looked at across both services. The new role is also providing the opportunity for both services to work more closely with social care colleagues and to develop models of service delivery using social care staff to reduce the amount of duplication, improve job satisfaction for social care support staff and provide more care closer to home.

## Case Study 10

### Improving care through strategic clinical leadership

Leadership is a key role of the Consultant Dietitian. Dr Clare Shaw, Consultant Dietitian in Oncology at The Royal Marsden NHS Foundation Trust has a responsibility for ensuring nutrition is considered at a strategic level and plays a significant part in the development of nutrition policies and catering services within the Trust. The consultant role is instrumental in developing clinical practice including advanced practice roles that are not normally part of dietetic practice but have been identified to enhance patient care for those patients who require a significant amount of nutritional support.

For example, the placement and management of feeding tubes and referral for tube placement. The consultants role also extends outside the hospital to the cancer network and to influence national recommendations, for example through the consultation process for NICE often as a link via the BDA Oncology Group, which she currently chairs. One of the key roles is education and this is primarily through The Royal Marsden School of Cancer Nursing and Rehabilitation where courses are available for AHPs and nurses.

# Research

Research and audit are the cornerstones of good clinical practice and for dietitians these are core activities. Whether it is sorting the good from the bad evidence or undertaking original studies, dietitians have always striven to maintain the sound and safe evidence base within which they practice.

## Case Study 11

### Implementing evidence based practice

On March 14th 2007 a national action plan to tackle the issue of older people and nutrition was announced by Health Minister Ivan Lewis. He said, "In my view there is no excuse for vulnerable, older people not receiving the food they require and the necessary help to eat that food."

Lucy Wright works in medicine for the elderly and was frustrated by the difficulties in making sure her patients received their optimum nutrition at mealtimes. She undertook a small research study, funded by the local hospital Trustees, to investigate whether patients on the acute medicine for the elderly wards consumed more if they ate their meals in a supervised dining room. The research question asked whether patients would eat more energy and protein when eating in a social, pleasant environment with suitable assistance readily available, rather than at the bedside.

She found that when patients attended the dining room at lunchtime they had higher intakes of energy compared with the controls [489 kcal (95% CI: 438\*554) versus 360 kcal (95% CI: 289\*448),  $P = 0.013$ ]. There was no difference in protein intake between the groups [18.9 g (95% CI: 16.6\*21.2) versus 17.7 g (95% CI: 13.2\*22.2),  $P = 0.63$ ]. This has led to the continuation of the supervised dining room which is enjoyed by patients and helps nursing staff provide suitable assistance to patients. The dining room is run by the nursing staff but help and support from the Dietetic Assistants has facilitated the activity into routine practice.

This work has been published in the Journal of Human Nutrition and Dietetics: L. Wright, M. Hickson & G. Frost. (2006) Eating together is important: using a dining room in an acute elderly medical ward increases energy intake. *J Hum Nutr Dietet*, 19, pp. 23\*26.

## Dietetic Assistants

The introduction of dietetic support workers into the workforce is not new. Increasingly dietetic departments, healthcare providers and commissioners are recognising the valuable contribution they make to effective, timely and efficient service delivery

Commissioners have called upon registered professionals to broaden their skills and have encouraged extended scope practice to provide "one stop" services for patients and clients. This would not be possible without dietetic support workers to compliment the skills of the registered practitioners and undertake the tasks which do not necessarily require the knowledge and skills of a registered professional. They can provide consistency within care plan delivery, especially when current care models have greater emphasis on patient centered services and inter-professional team working.

Malnutrition is a common problem amongst hospitalized patients with an ever escalating cost to the Trust each year. The elderly population are especially at risk of malnutrition and it is estimated that as many as 60% of the 65 year plus age group are at risk of malnutrition on admission.



# Case Study 12

## Skill mixing

In Cardiff at the University Hospital Wales concerns had been growing for the nutritional care/provision to this high risk category of patients.

Having identified key areas for action, the directorate in conjunction with the lead Dietitian and representatives from the Catering and Housekeeping Department, a range of initiatives were introduced to try and resolve the issues at ward level and provide a baseline for service improvement across the remainder of the site and directorate.

In terms of addressing the practicalities of feeding, the directorate reconfigured its Nursing Auxiliary establishment to allow the appointment of Dietetic Assistants (1.9 WTE). These staff were employed to work seven days a week covering all meals Monday to Friday, and lunch and supper only at weekends. Key elements of their role include assisting nursing staff to nutritionally assess and regularly weigh patients, as well as actively encouraging and assisting patients to eat and drink to their optimum. They also assist nursing staff to ensure nutrition is a high priority and that meal times are protected, valued and enjoyed by patients. Consideration is also given the environment for eating in (use of dining areas).

Audit work undertaken between June 05 and April 06 has highlighted the Dietetic Assistants have specifically targeted 163 patients.

On average the nutritional risk score, pre DA intervention was 7 (WAASP Score) this being a High Nutritional Risk category. However on average, patients targeted by the DA's have reduced their WAASP score by 3 points (range 1-9) moving patients from high/moderate to moderate/low nutritional risk. This has been as a result of generally improved weights, improved oral intakes and appetites and improved wound healing. For some patients this has also been as a result of moving from dependency on staff for assistance with feeding, to development of self feeding skills.

The average patient weight prior to DA intervention was 48.3 Kg, however with specific and targeted Dietetic intervention the average weight increased by 3.4 Kg (range 0.5-16.8 Kg)

Using a dining area for patients to eat in has enabled the ward to make better use of staff resources at meal times, 10 -12 patients can be better prompted, encouraged supervised and assisted by 2 staff when all together, than when spread across the ward area.

Weight and oral intakes of patients that routinely attend the dining room for meals were audited, with a comparison to those that routinely stay at the bedside but on the same ward. On average the patients that eat in the dining area consumed 36% (180 Kcal) more energy per meal than those patients eating at the bedside. A trend for greater numbers of patients to gain weight has been seen in the group of patients who tend to eat in the dining room.

The role of the Dietetic assistant has shown improved clinical outcomes, progressed patient and carer satisfaction and enhanced the quality of life for our patients. The Dietetic assistant role has facilitated qualified nursing staff to be released for other duties, reduced readmission rates, and reduced hospital mortality.



# International

Not content with using their knowledge skills and expertise to address all aspects of nutrition and dietetics in the UK, dietitians have worked on projects around the world improving access to basic nutritional care.

## Case Study 13

### International networks

Throughout the world, there are estimated to be 2.8 million children younger than 15 years of age affected by HIV/AIDS. The region of highest prevalence is sub-Saharan Africa where infection rates are still unacceptably high. KwaZulu Natal province (KZN) is epicentre of the HIV epidemic with a seroprevalence rate estimated at about 40%

The Children's HIV Association of the UK and Ireland (CHIVA) is the umbrella organisation for healthcare professionals, including dietitians, working with HIV infected children, and is working closely with the South African Government on its antiretroviral therapy programme.

In a region where malnutrition is rife the need for nutritional expertise and in particular knowledge and experience of nutrition and paediatric HIV is all too apparent. Up to July 2006, 70 volunteers, including 13 dietitians had visited the region with a remit to provide training, support and mentorship to KZN health workers.

Through a BDA sub-group of DHIVA (Dietitians in HIV/AIDS) Julie Lanigan and Lisa Cooke have enabled the production of resources for use both in the UK and in KZN. A comprehensive training package has been compiled by the members of the sub-group and two successful training seminars have been held in Durban in collaboration with the KZN nutrition department.

A draft plan has been drawn up to redirect the focus of the training from the acute sector into the community clinics. This is in line with the KZN Government's plans for the ARV programme. If successful the dietetic model will be rolled out throughout the region.

Highlighted in this paper are only a few of the roles and services which use the skills of a dietitian. There is no shortage of drive and enthusiasm within the profession, and no doubt of their commitment to making nutrition matter for all their service users.

Food is fundamental to life and as such we are all stakeholders in the subject. However it takes an expert to take the wealth of information on food and diet, sort out the fact from the fiction and turn them into safe, practical messages. Whether you want to know about the new super food, or how nutritional intake will effect your patients care plan; whether you need to deliver local strategy or redesign whole services you can trust a dietitian to know about nutrition!





[www.bda.uk.com](http://www.bda.uk.com)

**'Trust a Dietitian' has been produced by Najia Qureshi, Professional Development Officer, on behalf of the Professional Development Committee of The British Dietetic Association. Thanks goes to all those members who contributed to the document with their case studies.**

**Any enquiries with regard to this document should in the first instance be made to the Professional Development Officer.**

The British Dietetic Association, 5th Floor Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT  
Tel. 0121 200 8080, Fax: 0121 200 8081 e-mail: [info@bda.uk.com](mailto:info@bda.uk.com)

© BDA December 2007