

# Hospital food policies

## — progress and improvements

By Richard C. Wilson, BSc, SRD

In 2001 the “Better hospital food” project was launched in England. Although progress has been made, recent reports suggest that there is still a long way to go. This article, the third in a special feature, describes English, UK and European initiatives to improve the standard of hospital food



**M**ost medicines can be considered to be poisonous foods with a mixture of beneficial and adverse physiological effects. We have less detailed information about the physiological effects of most of the food we eat, but the effects on our health and well-being are undoubtedly profound. The World Health Organization has estimated that, in the developed world, at least 40 per cent of the burden of ill-health is attributable to the fact that the adverse effects of food are outweighing the beneficial effects.<sup>1</sup> Metabolic syndrome with its sequelae of obesity, diabetes and dyslipidaemia, drives the pharmaceutical industry in its efforts to allow society to “have its cake and eat it”. However, the ambition of the western world to alter our metabolism pharmacologically to cope with our disordered diet and inactivity is hugely expensive and probably unsustainable.

### — A costly problem

Hospital inpatient populations are a subset of society as a whole, made up in great part by those over 60 years old. Up to 40 per cent of patients admitted to hospital show signs of

undernutrition,<sup>2,3</sup> defined as being underweight or having unintentionally lost significant amounts of weight in the previous three to six months. These parameters indicate macronutrient deficiencies — insufficient energy or nitrogen or both. There is also strong evidence of micronutrient deficiencies in this population, particularly of iron and B vitamins.<sup>4,5</sup> In addition, the prevalence of constipation, urinary tract infections and dehydration in hospitals is related to disordered eating and drinking.

Rather than fix these problems by focusing our efforts on improving the way patients eat and drink in hospital, we often attempt a pharmacological intervention — again at great cost. The NHS and most trusts within it spend around 10 times more on medicines than is spent on food and beverages. Despite the huge benefits of modern drugs, Derek Wanless,<sup>6</sup> the WHO and many others have stated clearly that if we can improve health and well-being by maximising the benefits and minimising the adverse effects of food and beverages then we must do so, to sustain our health economy.

### — “Better hospital food”

Better food was among the top five requests made by the public during the NHS Plan<sup>7</sup> public consultation carried out in England in 1998/99.

The focus on health outcome improvement was one of the two foundation stones for the Government’s “Better hospital food” project, launched in 2001. The other was the overwhelming desire of the taxpaying public to be well fed in clean hospitals should the need arise.

When the project was launched, hospital food services were at a low ebb. Decades of neglect meant that the NHS recipe book had not been revised since 1975 and morale in the NHS catering department was low. The panel, chaired by food critic and broadcaster Loyd Grossman, consisted of experts from the NHS, industry and patient representative groups. Mr Grossman and his team of chefs led a high profile renaissance. The first tasks were to improve the quality and availability of the food and beverages on offer in hospitals in England. NHS trust chief executives and boards were issued with a list of six action points that they were required to implement. These action points, listed Panel 1 (p366), are still in force and form part of the hospital inspection carried out by the Patient Environment Action Team (PEAT) which was set up by the project. Hospitals cannot achieve an “excellent” rating from the PEAT unless they are fully compliant with all six points.

The PEAT has been reviewing and reporting on the quality of the patient environment in the 570 hospitals in England

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since 2001. Food services have been included in its reports since 2002. Table 1 summarises the findings to date. Improvements to recipes, ingredient specifications and food availability are reflected in the improving the PEAT results. The National Patient Safety Agency now manages PEAT and the implementation of improvements to food and nutritional care in England's hospitals. The agency takes a patient safety and risk management approach — missed or inappropriate meals are just as likely to compromise patient safety as missed or wrong medicines.

## — A European approach

It must be remembered that health services in the UK are devolved and the NHS plan and "Better hospital food" were only implemented in England. In 2003, NHS Quality Improvement Scotland published clinical standards for "Food, fluid and nutritional care in hospitals"<sup>8</sup> and the Welsh Assembly Government published its "Nutrition and Catering framework" in 2002.<sup>9</sup> The Department for Health and Social Services in Northern Ireland has been shadowing activity in England since the suspension of government in Stormont.

In 2003, all four home countries became signatories to a resolution of the Council of Europe on food and nutritional care in hospitals. The resolution was adopted by the Committee of Ministers, and 19 member states undertook to implement the recommendations made in the report "Food and nutritional care in hospitals: how to prevent undernutrition", published by the Council in 2002.<sup>3</sup>

This report identified that undernutrition was a significant problem in hospitals across

### Panel 1: Improving hospital food

Hospitals are required to be compliant with the following six points:

- Implement a 24-hour food service consisting of "The ward kitchen service", "The NHS snack box" and "The light bite"
- Meet or exceed acceptable standards in the range of meals offered in the mealtimes service
- Adopt and use the design format for the new NHS menu
- Use the specially designed box for providing the "Snack box" offering in the 24-hour catering service
- Move the main meal of the day to the evening
- Use the range of dishes designed especially for the NHS by Loyd Grossman and the Leading Chef team

**Table 1: A summary of findings from the Patient Environment Action Team, assessing food service in 570 hospitals in England**

	Percentage of hospitals classed as stated for each year				
	2002	2003	2004*	2005	2006
Excellent	-	-	8	32.4	33.8
Good	17	43.2	50	51.5	57.8
Acceptable	81	56.8	35	14.8	8.3
Poor	2	0	6	1.3	0.08
Unacceptable	-	-	1	0	0

\*Assessment methodology changed after the 2003 survey

Europe and made over 100 recommendations for improvement. The "Better hospital food" panel took an active part in the development of this report.

The recommendations are divided into five broad categories:

**Nutritional assessment and treatment in hospitals** The report looks at the use of screening to identify those patients at risk of malnutrition, and the appropriate use of food and artificial nutritional support.

**Nutritional care providers** The responsibilities, knowledge, capabilities and education of hospital staff with regard to nutrition are described.

**Food service practices** How food services are delivered in hospitals is discussed.

**Hospital food** The menus, meal patterns, nutritional content of food and monitoring of food intake are assessed.

**Health economics** Food waste is investigated and the health economic arguments for improving food services and nutritional care are discussed.

The Council of Europe resolution means that the provision of good food and nutritional care is also a human rights issue.<sup>10</sup> Last December, the British Dietetic Association and the Hospital Caterers Association established a stakeholder group, including government and non-government bodies from across the UK, called the Council of Europe Alliance (UK). This is a task and finish pressure group working to ensure that the recommendations of the resolution are put into practice. The group is due to report on progress and action in March 2007.

Despite these action plans, recent reports by Age Concern<sup>11</sup> and the Commission for Patient and Public Involvement in Health<sup>12</sup> indicate that there is still a long way to go before we can be assured that everyone in hospital will have their nutritional needs adequately met. This is a challenge for us all.

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### Suggestions for future special features

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