



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Publicity stunts and hospital food

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

Boris Johnson recently announced that Prue Leith, the *Great British Bake-Off* judge and catering expert, would join the government's review of hospital food. Over an al fresco breakfast photo opportunity with Leith he claimed that better food would aid recovery and "fuel patients," extolling the virtues of "hot buttered toast." Leith added that millions of pounds were wasted each year on "unpalatable" hospital food.^{1,2}

In reality the health secretary, Matt Hancock, had already announced a "root and branch review" of hospital food back in June, before Johnson became prime minister.³ This review will be chaired by Philip Shelley, ex-head of the Hospital Caterers Association—a man with recent direct experience with the NHS. Leith is simply an adviser.

Hancock's original plan was in response to nine confirmed cases of listeria, which caused the death of six patients. The cases were traced back to pre-packed sandwiches and salads from one catering company, which supplied 43 English hospitals.

Crucially, Public Health England has followed up its original investigation into the outbreak with a more detailed one focusing specifically on foodborne infections.⁴ This is going on quietly in the background, separate from any grandstanding by Johnson or Hancock about the far wider issue of quality.

We've been here before: governments hiring celebrity caterers, chefs, and food critics to demonstrate their commitment and gain publicity. As far back as 2013 the BBC reported that such initiatives had wasted millions and had little impact.⁵ In 2018 the *i* newspaper described a long history of public concern over NHS hospital food and chronicled 21 initiatives to tackle it from 1992 to 2015.⁶

Previous campaigns

Nutrition and hydration feature heavily in calls to the Patients Association and were central to its CARE campaign.⁷ Sustain (the alliance for better food and farming) has long campaigned for better hospital food and produced a detailed survey of food in NHS hospitals in London.⁸ A major audit on hospital nutrition was developed and piloted in 2018,⁹ and Age UK's *Still Hungry to be Heard* report revealed significant care gaps in nutritional support for older people in hospital.¹⁰

Earlier government reports, such as *Essence of Care*¹¹ and *Putting Patients First*,¹² as well as the response to the Francis inquiry and the NHS Confederation's *Delivering Dignity*,¹³ recommended better nutritional assessment of patients and assistance with eating and drinking. As far back as 1994 the National Audit Office recommended mandatory national standards for hospital catering.¹⁴

Such initiatives look beyond the palatability and choice of hospital food and encompass help with feeding, nutritional assessment, and adequate priority in care. But the issue remains of intense interest to voters and the media. So, what might be a more meaningful approach than repeating a cycle of negative news stories, set piece announcements, and failed or forgotten initiatives?

Outsourcing

NHS catering has been outsourced at scale to the private sector. I can't see this function being brought back in house at more than a handful of organisations. Even if it is, trusts are increasingly putting these staff into subsidiary companies for tax purposes, potentially to the detriment of workers' terms and conditions.¹⁵ Many staff preparing and delivering food for wards are on low wages.

NHS Digital data from 2016-17 showed that, for 144 million meals requested each year by NHS inpatients, hospitals spent on average £11 (€12.30; \$13.60) per patient per day—but with wide variation. In several trusts it was less than £4.¹⁶

Fast forward to 2019, and the *Sunday Times* journalist Jenny McCartney quotes another former head of the Hospital Caterers Association who praised the merits of more centralised mass catering, with pre-cooked meals delivered to hospitals from giant factories for reheating.¹⁷

Whatever we think of this vision of mass food production, surely experienced professional caterers—who deliver thousands of meals each day to a tight budget in NHS hospitals and can draw on local advice from registered dietitians—have as much relevant expertise as food critics, high end restaurant chefs, or caterers for functions and occasions, who work with far higher budgets.

Perhaps we need to respect their skills rather than patronising them with advice from TV chefs. If we're serious about getting hospital food right we should fund, value, and regulate it better.

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