



Department
of Health

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Consultation on stricter criteria for *Listeria*

Views on FSA advice requiring that chilled RTE food supplied to hospitals, care homes and other healthcare settings should have a stricter *Listeria monocytogenes* level, i.e. stricter than the EU level of <100 cfu/g

Views from Interested Parties

- Option 1: **Do Nothing**
- Option 2: **Seek changes to legislation** to require a stricter *Lm* limit* in foods supplied to hospitals/care homes
- Option 3: **Issue FSA advice** to require a stricter *Lm* limit* in foods supplied to hospitals/care homes
- Option 4: National **agreement** between hospitals and suppliers for stricter *Lm* specifications* in food procurement contracts

*Limit: Absence or a low numerical level (e.g. <20 cfu/g or <10 cfu/g)

Consultation on stricter limit for *Listeria*

Provisional timetable

- Informal consultation May 2013
- Industry Questionnaire July 2013
- Develop Impact Assessment
- Consult stakeholder group on draft IA Feb 2014
- Wider consultation spring 2014
 - Publish advice summer 2014

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Hospital Food Standards Panel

Membership

Name	Organisation
Dianne Jeffrey CBE DL	Age UK
Joanna Lewis	Soil Association
Anne Donelan	British Dietetics Association
Paul Freeston	Apetito
Betty Smithson	Independent
Gill Buck	Dignity and care
Prof Terence Stephenson	Academy of Medical Royal Colleges
Lorna Hegenbarth	National Farmers Union
Liz Evans	Buckinghamshire Healthcare NHS Trust
Andy Jones	HCA (ISS – Catering Service Provider)
Marie Batey	NHS England
Maya de Souza	DEFRA
Tracy Paine	Belong, Royal College of Nursing
Shirley Cramer, CBE	Royal Society for Public Health
Dr Katherine Rake OBE	Healthwatch England
Karen Wilson	Care Quality Commission
Dame Gill Morgan DBE	Alzheimer's Society
Richard Cienciala	DH
David Wathey	DH
Dr Liz Jones	DH

Patients need better nutritional care

- Undernutrition contributes to poorer outcomes and longer hospital stays
- Good food, well presented, contributes to a positive patient experience

Assumptions

- Around 30% of inpatients are at risk of malnutrition
- Malnutrition is a serious problem, costs a lot of money and is clearly associated with long-term ill-health
- Malnutrition in patients is often a combination of cachexia (disease-related) and malnutrition (inadequate consumption of nutrients) rather than malnutrition alone
- The quality of the food is only one part of the solution

We should concentrate on making sure patients eat (even if the food is ‘unhealthy’) because:

- Undernutrition causes immediate ill health
- Most patients will have reduced appetite and may only be able to eat familiar, ‘unhealthy’ food
- 100 junk calories inside the patient does more good than 500 healthier ones left on the plate

We should concentrate on making sure patients eat healthier food, because:

- Greater numbers of people are affected by overweight and obesity than by malnutrition
- People who have recently experienced a diet-related health problem are more amenable to making changes to their diet
- The NHS should be setting a good example (as with smoking)

There is a real public health challenge

- More than half of all food served in hospitals goes to staff and visitors
- If we do not care for our staff, they cannot care for their patients
- We have a responsibility to act as role models for good nutritional care

Assumptions

- Rates of overweight and obesity in non-patient group similar to general population (42% men 32% women overweight; 26% all adults obese)
- Obesity is a serious problem, costs a lot of money and is clearly associated with long-term ill-health
- Obesity is often a combination of genetics, lifestyle choices and over-consumption of calories, rather than over-consumption alone
- The food offering in hospital is only one part of the solution

Only healthier choices should be offered to non-patients, because:

- We have a responsibility to look after our staff, and to improve the wider public health
- The NHS should be setting a good example (as with smoking)

People should be offered the food they want, even if it's unhealthy because:

- Adults should be free to make their own choices
- Healthcare (whether as a visitor or a member of staff) is stressful and people use treat food to reduce that stress

Sustainable procurement matters

- NHS spends over half-a-billion pounds on food and drink for inpatients each year
- NHS Trusts need flexibility to accommodate local needs
- Under public sector procurement rules the NHS cannot promote, nor appear to promote, a 'Buy British' policy

Assumptions

- 60% of food ingredients supplied to the NHS procured under contracts negotiated nationally by NHS Supply Chain
- 80% of food commodities purchased this year through Supply Chain are expected to be UK-produced
- Sustainable procurement is complex, wide-ranging and multifaceted
- The food offering in hospital is only one part of sustainable procurement

We should only buy sustainably produced (and where possible, locally-sourced) food, even if it is more expensive, because:

- We have a responsibility to act as a role model
- We should be supporting our farming industry

We should concentrate on food that is value for money, even if not sustainably sourced, because:

- There are no immediate health benefits from sustainable or locally-produced food
- We have a responsibility to focus funding on improving health

The challenge

- We must provide healthier eating for non-patients AND enhanced nutrition for vulnerable patients within the same system
- We must provide excellent value for money, whilst paying attention to principles of sustainability
- We must ensure that the food we provide is a strong link in the complex web of nutritional care, public health and sustainability

Tensions and contests

- Beware the easy decision
- Some decisions are hard – and deserve our attention
- Hard decisions often involve conflicting views, deeply held and supported by evidence
- Some decisions can rightly be made centrally, but many more are better left to local determination

HFSP Expert Reference Groups

Three expert reference groups relating to:

- Nutritional care (including help to eat)
- Healthy Eating
- Sustainability, food waste and animal welfare

Purpose is to make recommendations to the panel by:

- Seeking the advice of a wider range of experts
- Reviewing specific food standards
- Discussing and advise upon the broader hospital food agenda relative to the expertise of the reference group
- Sharing good practice

The outcome

- Identify all relevant standards
- Classify them as 'recommended'; 'good practice'; or 'local determination'
- Work with NHS England to ensure that panel's findings are included in the NHS Standard Contract
- Also working with Defra and DfE to ensure joined-up approach

What about these?

- Food outlets that are not managed by the hospital?
- Vending machines?
- Out-of-hours food provision?
- Food brought in by visitors?

Conclusions

- This is a big subject, and a complex one
- It is easy to turn an excellent service into a poor one
- Hospital food has to deliver on many fronts
- Think like a patient, act like a tax-payer
(with thanks to Simon Stevens)



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