



# Catering with care

Henry Norman speaks to Professor John Edwards of Bournemouth University about his controversial comparisons between hospital and prison foods

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It's fair to say that in the minds of the majority of the British public, hospital food has long enjoyed a reputation on a level similar to that of school dinners. Despite its already low standing, this was further tarnished last August when Professor John Edwards, director of the Foodservice and Applied Nutrition Research Group at Bournemouth University,

hit the headlines after a report his team published was jumped on as proof that hospital patients are now receiving worse meals than prisoners.

The report studied the catering provision in both hospitals and prisons separately, though the likes of Daily Mail were quick to make uninformed comparisons between the two sets of results under headlines such as

'Prisoners have a better diet than Health Service hospital patients'.

The Department of Health responded by saying: "Good quality food for patients improves their health and their overall experience of services. The majority of patients are satisfied with the food they receive in hospitals, and we are working to improve services."

Despite these protestations, such was

the furore that even the normally mild-mannered Liberal Democrats were happy to lazily perpetuate the stereotype, with then shadow health spokesman Norman Lamb commenting: "It's incredible that so many hospitals are failing to serve healthy meals. If prisons can serve good food then so can hospitals."

With this tabloid hysteria in mind, on meeting Edwards I was expecting him to be fiercely critical of the sector. The truth, however, is that he is far more considered than the reports implied, to the extent that in the very first sentence of our interview he was already attempting to distance himself from the storm his findings created...

#### **Are your findings a reflection of a failure on the part of hospitals or high standards on the part of prisons?**

You can argue both, though you've got to be careful to look beyond the tabloid headlines. In some respects they're similar but there's lots of other differences as well, so you're not always necessarily comparing like with like. In hospitals people are sick, so their appetites are jaded, they may not have ordered the food that they receive – if they've just

will reply, 'You realise you're risking lives'. If you say to the foodies, we need to cut your budget, there's no argument, it's done. The approaches are very different.

#### **What do you regard as being the major failings of the hospitals?**

The staff that work in hospitals are usually very good, in the kitchens and in the wards. But often it's used as a means of saving money. Often the kitchen staff, when the food leaves the kitchen, that's the end and it's handed over to porters, who then hand it to the ward, who then hand it to whoever's going to serve it. So it's sometimes difficult to identify who is actually responsible for the food.

But the raw ingredients of the food are usually pretty good. There's also this thing that we always come back to called institutional stereotyping. A guy called Armand Cardello showed that if I were to ask you what you think of hospital food, you'd automatically say it was bad, even if you haven't tried it. He did a lot of work to show that if you are asked to rank particular foods, if you are told they are from hospitals, you'd automatically rank them lower.

all they're required to do. It's up to the individuals themselves to have some sort of responsibility or outlook. The problem is, a doctor can say, 'If I give you these anti-biotics, in five days you'll be cured'. You can't definitely say, 'Spend x amount per day on patients' food and they will stay a day less in hospital'. If you could make this link, more would be spent on food.

#### **So should more funds be made available to pay for hospital catering?**

Absolutely. There should be more funding, more interest from politicians. It needs to be raised up the priority and have a much higher focus. If you have decent food in hospital, not only will you get better but your mindset, your psychological wellbeing will be improved.

There are lots and lots of other factors that are not associated with the food. It's about actually helping patients to feed. There are a lot of stories where the meal is provided and the patient is not physically able to eat it. That's disgraceful, absolutely disgraceful.

We've argued about this for ages. We've served different food in different scenarios, and identical

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arrived they may receive food that was ordered by a previous patient.

Prisoners, however, are reasonably healthy, their appetites are not jaded, they're invariably younger and more physically active. You need to be careful when you start to compare the two.

#### **How do prisons manage to achieve more with less money?**

In one of the prisons I investigated, one of the governors said to me, 'If a prisoner wants doughnuts, they may be unhealthy but I'll give them doughnuts. It's far cheaper than buying a new roof.'

In hospitals, foodservice is a way of saving money. If you tell a surgeon he can't have a million pound piece of kit, he

#### **So what can hospitals do to improve the food on offer?**

It must have a much higher priority. Food is, or is supposed to be, most people recognise, part of the treatment. It's far cheaper to give people food than treat them through a drip. If I dripfeed you it will cost over £150 a day. If I give you proper meals it's about £2.40 a day. It's far cheaper but it's not always appreciated that food is part of the treatment.

#### **Do you think that catering companies believe they have an ethical responsibility to try and improve patients' health?**

If they're a contractor they has a contract for x meals per day, that's

food in different scenarios, and we can show that it's the circumstances under which consumption takes place that is important. Hospitals have gotten onto this now with protected meal times.

#### **What is your reaction to the 2009 PEAT Assessment figures that say that 99.5% of hospital sites inspected came into the 'acceptable' or above category?**

The hospitals completed the surveys themselves. I know they claim that there were administrators, doctors, all sorts of characters on the panel, but it was an internally completed document. Are turkeys going to vote for Christmas?