Getting more sustainable food into London's hospitals

Can it be done? And is it worth it?

An interim report

The status of this report

This Hospital Food Project is scheduled to run from January 2004 until December 2005, with plans to produce a final report in the last month. The two independent evaluations of the project, examining its economic impact and the changes to people's knowledge and attitudes about food and health, were also planned to be completed according to this schedule.

However, the King's Fund very generously invited Sustain and the Soil Association to be partners in an important conference 'Healthy Hospitals: Implementing Sustainable Food Procurement organised for 10th November. Even though the project has not yet concluded, and the evaluation reports are not yet complete, the majority of the project's work is finished and the many lessons learned are already clear. It therefore seemed appropriate to provide this interim report for the King's Fund event so that we could more easily discuss the project's experiences with participants.

A final report, including the results of both the evaluations, will be also produced as planned at the end of 2005.

Harvest at Kingland Farm, Kent.

Getting more sustainable food into London's hospitals:

Can it be done? And is it worth it?

"We want to provide the best fresh foods that we can for patients - as they get the best in medicine, so too should they get the best in food. We want to show that hospital food can be good food."

Mike Duckett, Catering Manager, Royal Brompton Hospital.

Written by Emma Hockridge
and Jeanette Longfield

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Inclusion in the above lists does not imply any agreement with the contents of this report. Any errors or omissions are the responsibility of Sustain.

Daughter of a catering manager on a London Food Link trip to Helen Browning's organic farm, Wiltshire where the dairy cows graze clover pastures

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Foreword

By Darian McBain the head of policy at the NHS Purchasing and Supply Agency (PASA)*

In our hospitals the priority, understandably, lies in clinical treatment of patients. Food has been a functional requirement to be provided to visitors, patients and staff whilst they are at NHS facilities. Health professionals have always advocated the benefits of a good diet, which includes fresh fruit and vegetables but, until recently, catering provision was an area which did not have the profile to challenge the demands of hospital waiting lists or improved efficiency. Catering rarely found its way onto the boardroom agenda.

Initiatives such as 'Better Hospital Food' in the NHS and Jamie Oliver's efforts on behalf of school catering have increased the profile hugely, but catering managers still have to work within their budgets for food for patients or pupils. Some budgets have been increased to an extent but budgets are still tight. In hospitals, staff and visitor catering provides a profit opportunity and many NHS trusts expect staff and visitor restaurants to be a source of income.

Sustainable food involves considering a range of effects associated with what we eat. Bearing in mind the seasonality of what we eat, how the farmers grow food and how they can sell to the public services can have an influence on local, regional and global economies. The government is supporting the sustainable food agenda. A key point in the Chief Medical Officer's recent annual report covering food is 'The public sector should use its huge financial muscle as a purchaser and procurer to improve the nation's health and promote a more sustainable food chain.'

NHS PASA is committed to integrating sustainable development into our procurement practices. Our aim is to increase awareness of sustainable development within the NHS supply chain and to ensure that, wherever possible, NHS purchasing and supply activities support the achievement of sustainable development objectives and the improvement of the nation's health and wellbeing. Obviously food procurement is a key element in supporting this aim. By focussing our efforts on the quality of the food procured, the production standards, environmental effects and most importantly, the health and nutrition standards, we hope to move this agenda forward.

To this end, NHS PASA and NHS Estates (now the Department of Health Estates team) developed a Food Procurement Action Plan to meet the goals of the Public Sector Food Procurement Initiative. We also fully support the implementation of the Food and Health Action Plan, which developed from the Public Health White Paper, *Choosing Health*. Working with Sustain and London Food Link on the hospitals project has helped us make our supply chains more sustainable, while still achieving value for money and improving health and nutrition.

NHS PASA has actively embraced these policies, particularly on raw food. All framework agreements produced are

measured against the objectives of the Department of the Environment Food and Rural Affairs, as well as linking with the nutritional guidance from the Department of Health. These measures are also published to the NHS. The NHS is by its very nature set amongst the community and selecting regional suppliers who are compliant with these wider values, as well as providing value for money to trusts, leads to winning situations for all involved.

However, in a survey of NHS catering managers carried out in 2004, we found out that while most were keen to support sustainable food procurement, there was little understanding of what it is. Does it mean organic, healthy, seasonal or local? By setting a clear target to increase locally produced and organic produce, the London Hospital Food project has shown that hospitals can work towards more sustainable food procurement within tight budgets. The ability of this project to work with PASA and our supply chain through our Framework Agreements has also been a positive experience. PASA framework agreements are established to provide the goods and services that the NHS needs, whilst still achieving value for money through aggregated purchasing power and efficiency in the processes. By bringing local suppliers into the existing supply chain, the London Hospital Food Project is working within our efficiency agenda, as well as involving the community in which the NHS operates and improving the sustainability of our food procurement systems.

Through commitment to sustainable development, the UK Government aims to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life, without compromising the quality of life of future generations. The NHS has its part to play in this, through the improvement of the health and wellbeing of the nation. How the NHS procures is also vital to contributing to this target and the Hospital Food Project has provided ideas for NHS catering that can evolve to take on wider sustainability agendas.

This project has had many successes and it would be disappointing for lessons learnt during these first two years to be lost. There is scope for the project to be developed across London, linking in with the Mayor's Food Strategy for London and promoting health and wellbeing for all. As a good corporate citizen, the NHS hopes to work with partners such as Sustain to make sustainable development a reality in healthcare.

* The NHS Purchasing and Supply Agency (PASA) is an executive agency of the Department of Health, established on 1 April 2000. Formed as a result of recommendations contained in the Cabinet Office Review of NHS Procurement, the Agency, together with its sister organization, the NHS Logistics Authority, replace the special health authority NHS Supplies. The role of the agency is to act as a centre of expertise, knowledge and excellence in purchasing and supply matters for the health service, and advise on policy and the strategic direction of procurement in the NHS. The agency contracts on a national basis for products and services which are strategically critical to the NHS. It also acts in cases where aggregated purchasing power will yield greater economic savings than those achieved by contracting on a local or regional basis.

Organic Jersey cows and farm machinery, Sussex.

1. A policy everyone agrees on

Sustainable farming and food

Evidence has been accumulating for decades that our current industrialised and intensive farming and food system is damaging our environment. In his seminal work, Professor Jules Pretty estimated that cleaning up the environmental damage caused by food production and distribution in the UK would cost £2.3 billion.[1] These costs arise from pesticide contamination, nitrate pollution from artificial fertilisers, soil erosion, air pollution and carbon dioxide emissions, waste, and poor animal welfare leading to a range of diseases.

At the same time, there is overwhelming evidence that our unhealthy diet is causing a range of deadly and debilitating conditions, such as coronary heart disease, strokes, some cancers, diabetes, oral diseases and digestive disorders. Estimates vary as to how much this costs the country in terms of medical care and working days lost - from £6.6 to 7.4 billion per year[2] - but the cost in human misery is incalculable. And there may be worse to come, as rapidly rising rates of overweight and obesity amongst children threaten the health of the next generation.[3]

The food and farming industry is not faring well either. Even before the BSE and foot and mouth disease crises hit the farming industry, employment and profits were in long term decline. For example, the average UK farmer earned just £5,200 for the financial year to February 2001,[4] and in 2000 alone, an estimated eight percent of dairy farmers quit the industry to escape plummeting returns. And although the farming and food industry continue vigorous efforts to export their products, imports are rising faster, meaning our balance of payments deficit in food has risen from £7,708 million in 1996 to £11,063 million in 2003 (see table 1). Moreover, it is now acknowledged that the farming and food industries - like many others - are almost entirely dependent on oil.[5] At the time of writing, the price of oil was around $60 a barrel, with some experts predicting a rise to $70 and beyond,[6] a situation that will have dramatic economic repercussions.

Table 1: The UK Agricultural Economy 1996 -2004[7]

Economy	2004	2003	2002	2001	2000	1999	1998	1997	1996
Agriculture contribution to economy (£ millions)	7905.0	7924.0	7137.0	6852.0	6720.0	7299.0	7610.0	8435.0	10069.0
% GDP (present value) (%)	0.8	0.8	0.8	0.8	0.8	0.9	1.2	1.5	1.5
Imports (£ millions)		20944.0	19091.0	18267.0	16828.0	17214.0	17198.0	17170.0	17766.0
Exports (£ millions)		9881.0	8915.0	8506.0	8702.0	8880.0	9246.0	9924.0	10058.0
Balance of Trade (£ millions)		-11063.0	-10176.0	-9761.0	-8126.0	-8334.0	-7952.0	-7246.0	-7708.0
Self sufficiency all foods (%)	63.0	64.0	63.0	63.0	67.0	67.8	66.0	66.6	68.0
Self sufficiency indigenous foods (%)	74.0	77.0	76.0	75.0	80.0	82.0	80.9	80.5	81.9
Total Income from Farming (£ millions)	3014.0	3197.0	2418.0	1999.0	1696.0	2229.0	2212.0	3016.0	5033.0

In recognition of these environmental, health and economic problems, in 2001, the government convened a Commission on the Future of Farming and Food, chaired by Sir Don Curry. The report from this Commission, now known as the Curry Report,[8] emphasised the close inter-relationships between the environment, health and social issues, and the economy, calling for a profound shift in the food and farming system in which food producers reconnected with food consumers. The Curry Report was widely acclaimed and formed the basis of the government's Strategy for Sustainable Farming

and Food in England.[9] This Strategy has stimulated, and has links to, a wide range of government policy initiatives (some of which are covered below), all designed to reduced the damage caused by our farming and food system to the environment, health and the economy.

Public sector catering

In recent years concern has also been growing, though largely in a less dramatic way, about the quality of food served in a range of public sector outlets such as schools, hospitals, prisons, and care homes for people with special needs. Given that we, as tax-payers, spend around £2 billion[10] every year on these food services it is perhaps surprising that we have taken so long to notice the problems. One reason may be that, unlike the supermarkets and fast food chains with outlets in every town and constant advertising, public sector catering is almost invisible.

But no longer. Thanks to Jamie Oliver's TV series[11] the quality of school dinners is not only headline news, but also the focus of a raft of new policies from government.[12] Other forms of public sector catering will surely soon be in the spotlight.

Hospital food

In fact, hospital food has already had some celebrity chef treatment. Back in 2000 the National Health Service (NHS) plan[13] raised the profile of NHS catering, and aimed to ensure that quality and nutrition, as well as cost, was taken into account. The plan included the Better Hospital Food Initiative, a ten-year plan to improve the quality of both the food and the service in NHS hospitals which began in 2001. In its first four years the Better Hospital Food programme,[14] chaired by Lloyd Grossman, has recommended that hospitals introduce new menus (developed with involvement from celebrity chefs, such as Anton Edelman of the Savoy, and Mark Hix of Le Caprice and the Ivy).

More recently, attention has turned to the impact of hospital catering (and, indeed, hospital goods and services in general), on the local economy and on the environment, as well as on food quality and health. The King's Fund, for example, has produced a report: *Claiming the Health Dividend*[15] outlining how the NHS could, by changing its purchasing policies, not only improve people's health but also benefit the environment and generate local jobs. The Sustainable Development Commission has also worked with the NHS on a *Healthy Futures* programme, which aims to spread good practice on sustainable development in the NHS, and has developed a method of self-assessment for health trusts.[16]

This level of attention to hospital food is certainly warranted. The NHS spends around £500 million on food every year, with over 300 million meals served each year in approximately 1,200 hospitals.[17] This includes 108 million pints of milk, and 12.3 million loaves of bread.[18] Increasingly, hospitals rely on ready-made meals, with almost half of patients' meals coming from a 'cook chill' or 'cook freeze' system.[19] These large-scale, centralised production systems use a large amount of energy, particularly in transport and packaging.[20] Moreover, the food from such systems is often not very appetising for patients. For example, the patient environment and action team (PEAT), has found that only 1 in 6 hospitals' food is rated as 'good',[21] meaning a great deal of food is wasted (as much as £18 million per year according to the Audit Commission[22]), although admittedly it can be difficult for hospitals to predict how much food patients are likely to eat.

It could be argued, of course, that none of this matters much, as the average stay in hospital - even after an acute operation - is relatively short, at six days.[23] However, food in hospitals has an important symbolic and educational function, not least because many patients will be in hospital suffering from diet-related diseases. Delicious, healthy and sustainable food in hospitals could help change not only the diets of patients when they return home, but also the diet of their families, thereby helping to prevent some diet-related diseases in the future.

Hospital staff, of course, are on hospital premises for much longer than patients and often have their main meal of the day in the staff canteen. In London alone around 133,400 staff are employed in over 70 NHS hospitals, which is some 15% of the NHS workforce in England.[24] Some of these, including some nurses and perhaps the majority of ancillary staff, are on low pay. At national level, around 45% of NHS employees earn £15,000 or below and around 6% earn less than £11,000.[25] This means some NHS staff are likely, along with many others on low incomes, to have less healthy diets than average. This is due to - among other things - lack of money, and a lack of affordable and wholesome food in shops where they live.[26] As such, better hospital food could contribute to reducing health inequalities.

Policies that support sustainable public sector catering

Given the remarkable degree of agreement on the need for a more sustainable farming and food system, and on the need for better food in our public institutions, such as schools and hospitals, it is not surprising that there is a largely supportive policy framework at international, national and London level. The following is merely a selection of such policy documents.

Arguably the key global document came in 1987, when the Brundtland Commission published *Our Common Future*.[27] This established the concept of sustainable development, integrating economic, social and environmental policy, and produced the oft-quoted definition of sustainable development - "development that meets the needs of the present without compromising the ability of future generations to meet their own needs".[28]

Twelve years later, the World Health Organization, in its *Urban Food and Nutrition Action Plan*, applied these concepts to food and health and advocated the local production of food for local consumption as means of increasing the availability of fresh and nutritious food.[29]

The Prime Minister

On 7th March 2005 the Prime Minister launched the UK Sustainable Development Strategy *Securing the Future*, which includes, among many other initiatives, the establishment of a Sustainable Procurement Task Force: "The Government will appoint in Spring 2005 a business-led Sustainable Procurement Task Force to develop a national action plan for Sustainable Procurement across the public sector by April 2006."[30]

Tony Blair has also publicly stated his commitment to make the UK a leader, among Member States in the European Union (EU), in ensuring public sector purchasing contributes to sustainable development.[31] The Office of Government Commerce (OGC) has already developed guidelines on sustainable procurement,[32] as well as guidance on the complex EU rules which surround the issue (see also section 2).

Department of Environment, Food and Rural Affairs (Defra)

As noted above, a key theme for the government's Strategy for Sustainable Farming and Food in England,[33] led by Defra, is reconnecting food producers with consumers. This includes consumers in the public sector and in 2003 the Public Sector Food Procurement Initiative (PSFPI) was established. Speaking at the launch of the PSFPI, on 26 August 2003,[34] the then Food and Farming Minister, Lord Whitty, stated clearly:

> *"We must be sure that the food being served up in our hospitals, prisons, schools and canteens meets key Government objectives on, for example, nutrition and the environment. These are quality issues that, with price, must be considered by buyers when looking for value for money."*

In addition, Defra's Organic Action Plan aims to increase the proportion of organic food in public sector catering.[35] For example section 4.4 notes that "Government will take forward action to encourage sustainable procurement of food, including the role that procurement of organic food can play."

Department of Health (DH)

The *Choosing Health* White Paper suggests that the NHS can become a 'good corporate citizen' by using its purchasing power. Indeed, Sir Nigel Crisp, Chief Executive of the NHS, sees good corporate citizenship as one of the top five priorities for the NHS over the next ten years.[36]

More specifically, the DH document *Choosing a better diet: A food and health action plan*,[37] notes that "The public sector, including the NHS, has a Corporate Social Responsibility to offer healthy nutritious food in its institutions and to lead by example in improving the diets of its staff and patients." It also adds: "The NHS is also encouraged to look beyond initial price to consider the wider benefits to the organisation and the taxpayer as a whole. Providing more nutritious food to improve patient recovery times can achieve savings far in excess of those achievable from trying to cut the cost of food and catering services. Tastier food is also likely to result in less waste from leftovers and thus reduce disposal costs".

The Mayor of London's Draft Food Strategy

The Mayor of London's Draft Food Strategy,[38] published in September 2005, covers a wide range of proposals on sustainable farming and food, and specifically mentions not only sustainable public procurement of food, but also this Hospital Food Project. Its draft recommendation is that, if the project is successful, it should be expanded across London and lessons learned should be transferred to other public sectors, such as prisons.

2. So why is it not happening?

Given the range and variety of policies supporting more sustainable food in public sector catering, including hospitals, the obvious question is "why is it not happening already?"

A number of obstacles

Money

A common reason for lack of action, in any policy area, is lack of cash. Section 3 below will show that it is not always more expensive to buy more sustainable food for hospitals, but it is sometimes the case, and there is a widespread perception that it is inevitable that more sustainable food will cost more. At the same time, budgets for hospital food are very tight and are under pressure to get even tighter. This problem has been officially recognised and attempts have been made to address it:

In a December 2004 letter to Local Authorities, inviting delegates to regional training workshops, Lord Whitty made the following points:[39]

> *"I should also be grateful if you would arrange for the message on the Gershon Efficiency Review at Appendix B from Martin Sykes - OGC's Executive Director of the Supplier and Government Marketplace - to be disseminated among your authority's procurement officers. He states that efficiency does not signal a return to mindless aggregation and lowest price as the basis for decision-making, and that buyers need to harness public sector spending power to support delivery of sustainability objectives.*

He continues...

> *"Of particular concern is evidence that some public sector bodies are implementing the Review by cutting the cost of their procurement without properly weighing up the effect on other operations within their organisations from the public sector as a whole. For example, cutting budgets for the procurement of food and catering where this results in the provision of less healthy and nutritious food can result in more spending by the NHS on obesity and heart disease etc. That's not realising long-term benefits. "*

Unfortunately, the practices that concerned Lord Whitty continue and some of the reasons for this are outlined below.

Time

An associated problem, when budgets are tight, is lack of time. Once more sustainable food is integrated into hospital catering systems, additional time should not be needed. However, the process of introducing and then establishing that integration can indeed be time consuming. Time consuming tasks can include developing new menus, finding new suppliers, making sure suppliers reach appropriate standards, and ensuring new suppliers can be integrated into efficient distribution and invoicing systems, to name but a few.

Public procurement rules

Spending taxpayers' money to buy public goods and services - public procurement - is a very complex area, covered by international, European Union and national legislation and guidance. The stated aims of these rules are fairly simple, i.e. to make sure taxpayers get good value for money, and ensure there is no unfair competition, or even corruption, when contracts are awarded. However, the technicalities and application of the rules can be daunting, and this has led many people to believe that it is not possible - or in some cases is even illegal - to try to buy more sustainable food for public sector catering.

To address these concerns, in 2003 Sustain and East Anglia Food Link jointly published the manual *Good Food on the Public Plate*.[40] This publication set out in great detail why sustainable procurement was both important and already supported by a number of public policies. While it recommended, among other things, changes in public procurement rules to make sustainable procurement easier, it also explained how existing rules could be used in a sustainable public sector catering system.

In summary, public sector contracts cannot ask directly for local products. However, EU law does allow purchasers to:

- Ask for fresh, seasonal food, and food that is delivered from the place of harvest within a limited time period, and/or specify food that has had minimal storage.
- Specify sustainable food with a legal definition, for example free range and organic.
- Ask for food produced according to the standards of recognised assurance schemes. These can greatly simplify the task of ensuring environmental, quality and social considerations are met. Labels and assurance schemes cannot be specified themselves, but they can be used as proof of meeting the criteria.
- Specify produce with a clear cultural identity. This is legal as long as it is not part of an explicit local supply policy and that the proviso 'or equivalent' is included. The register of protected food names[41] can be used as evidence of cultural identity.
- Specify food for menus based on seasonality, local availability and regional identity.
- Specify food which has not been produced using genetic modification (GM) techniques.
- Specify additional services such as educational or recycling activities, staff training, menu development, and farm visits.
- Require the supplier to use reusable containers, provide a take back service and deliver in bulk units, and/or recyclable packaging.
- Ask for a wide range of products to be offered and then choose the fair trade option, although Fair-trade labelled products cannot be specified directly.

Similar guidance is also available, including from Defra[42] but it is clear that many in the sector either do not know about this guidance, and/or are prevented from implementing it by lack of time or money, or worries about feasibility.

The practicalities

Research carried out in 2003 by the Foundation for Local Food Initiative, for the Soil Association, assessed the feasibility of limited organic food procurement by St George's Hospital, Tooting.[43] The research found that the catering manager was willing to provide some organic or local food in the staff canteen, and a short list of possible suppliers was identified. However, it was simply not practical for the catering manager to undertake all the work that was necessary to turn this possibility into a

reality. The report concluded that a person should be employed specifically to do this work, and promote a similar approach to other London hospitals.

Background to this project

This Hospital Food Project was established precisely to try to tackle the problems outlined above. It is co-ordinated by Sustain: the alliance for better food and farming, under its London Food Link programme of work, in partnership with the Soil Association.

Over its two years of operation, January 2004 - December 2005, the Hospital Food Project has aimed to increase the amount of local, seasonal and organic food to 10% of routine catering in four London hospitals. By doing this the project also aimed to help promote healthy eating in participating hospitals, and support farm and food businesses in London and the South-East by increasing the proportion of food bought from these areas. In particular, we wanted to:

- Provide new markets for organic and/or local food;
- Provide more secure markets by encouraging medium-term supply contracts;
- Develop markets for products rejected for cosmetic reasons, for example, by supermarkets;
- Increase returns for producers where possible, while maintaining a good price to public sector buyers by shortening supply chains;
- Identify and help create viable distribution mechanisms;
- Secure high level support in NHS catering as a step towards integrating local and/or organic products into standard procedures;
- Promote the practical lessons learnt as widely as possible to the health, food and business sectors.

The definition of 'local food' for this project is taken to be the Defra South East region, which stretches over 10 counties, as shown in the map at Figure 1: Berkshire, Buckinghamshire, Oxfordshire, East and West Sussex, Surrey, Hampshire, the Isle of Wight, Kent and Greater London. This was based on the geographical ranges covered by the grant, rather than any restriction on food from other adjacent counties such as Hertfordshire or Essex.

Figure 1 : The dark area indicates "local" food, for the purposes of this project.[44]

Such a spread of counties offered a wide range of agricultural produce. However, given the aim of buying products from as close as possible to London, some flexibility in terms of boundaries was deemed acceptable by Defra. This was helpful as the organic milk, for example, (see below) was from Bedfordshire.

Organic vs local?

The environmental benefits of organic farming are well established and accepted by the government.[45] Evidence is also now growing about the health benefits of organic food. One review showed that organic food contains, on

A driver from Medina Food Services saving “Food Miles’ by linking deliveries to London hospitals into existing distribution networks.

average, higher levels of vitamin C and essential minerals such as calcium, magnesium, iron and chromium.[46] Another review, of 41 studies from around the world, demonstrated that organic crops have statistically significant higher levels of vitamin C, magnesium, iron and phosphorous. Organic spinach, lettuce, cabbage and potatoes showed particularly high levels of certain minerals.[47]

Organic meat has been found to contain less saturated fat, but more unsaturated fats (which are increasingly thought to be beneficial to health), and organic food has fewer additives than are allowed in conventionally produced food.[48] And, of course, organic farmers cannot routinely use pesticides, so organic produce will not contain pesticide residues.

Finally, organically reared meat and dairy produce comes from animals reared under high animal welfare standards which means, among other things, that organic animals are not routinely dosed with antibiotics. Antibiotic resistance is an increasingly serious medical problem and, although part of the problem is over-prescribing by doctors, and people's failure to complete the prescribed course of drugs, the routine use of antibiotics in animal farming has undoubtedly contributed to the problem.[49] It is a sensible precaution to make sure that the food given to hospital patients does not contain antibiotic residues.

Despite these environmental and health benefits, it was not considered appropriate to focus solely on increasing the proportion of organic food in the hospitals. For some products, there are not enough organic suppliers or producers in the region. Thus concentrating on organic food alone would have risked undermining one of our main aims, which is to support farmers and food suppliers in London and the South-East.

The "little white van" issue

Just as "local" was added to organic as a focus for the project, local also had to be qualified. The problems caused by "food miles" are now very familiar, and a recent report by Defra estimates that the social and environmental costs of food transport are around £9 billion every year, with more than half the costs due to road congestion.[50] It was therefore important that, in finding sustainable new suppliers for the hospitals, the project did not increase the amount of food transported, particularly in small and inefficient vehicles (e.g. "little white vans").

Moreover, the hospitals were keen not to have lots of extra deliveries for several reasons including:

- Issues of infection control due to extra deliveries;
- Having too many extra vehicles taking up valuable space in loading bays;
- The extra cost of raising individual invoices; a conservative figure of £7.50 per invoice was quoted.

It was therefore agreed before the project began that it would:

- Not focus entirely on organic food. Local food would also be given priority, as it would be counter-productive to replace UK non-organic food with imported organic food.
- Not generate more 'little white van' traffic. Extra road journeys as a result of increased deliveries for individual products would undermine one the project's aims, so should be avoided.
- Not generate more paperwork. Catering managers and their equivalents already have large workloads, so the work involved in setting up new supply chains must be minimal.
- Not merely displace domestic business between regions. The project aimed to replace products which had previously been transported long distances, with those which can be grown effectively in the South East of England.
- Meet any health and safety and traceability criteria required by the NHS.

Pack house and quality control manager, John Stevenson, shows Sarah Blackford from the Soil Association the organic apples at JL Baxter and Son, Kent.

3. What we did

The hospitals

A number of hospitals were approached to take part in the project, and the choices were shaped by a number of reasons, including the following:

- We were looking for a mixture of hospitals, across a range of criteria, so that any lessons learned could be broadly applied.
- Ideally the hospitals would include specialist, general and mental health hospitals, of different sizes and would be spread across London.
- The hospitals would have a range of different types of catering operations, with different budgets.
- We believed the personal commitment of key staff members would be helpful.
- And, of course, there needed to be a general willingness to take part in a two year experimental project, an invitation which some hospitals understandably declined.

Ealing General

Ealing General was encouraged to join the project by the local Director of Public Health. It is a district acute hospital in west London with the capacity for 444 patients. The hospital spends £2.92 per patient per day on food. Catering is contracted out entirely to Medirest, the hospital division of the Compass Group catering company. Medirest buy their food in bulk, cook-chill[51] form from Anglia Crown, and other supplies from Brake Brothers, and Express Dairy. The hospital had not considered sustainable development as part of their procurement, although it was thought that suppliers tried to buy from UK sources where possible. It was not thought feasible to change the patient meals during the timescale of the project, so the aim was to involve the staff restaurant areas.

Royal Bethlem, Beckenham, and Lambeth Hospitals

The South London and Maudsley (SLAM) Trust was already a member of the London Food Link network, so the project had some connections. The Royal Bethlem is part of the Trust group and is a mental illness unit, with 319 beds. The catering is contracted out to ISS Mediclean, with patient meals provided in cook-chill form by Anglia Crown, which are regenerated on site. The company prefers not to make meal cost per patient per day public, as this is considered to be commercially sensitive information. The hospital opted to involve both catering for patients and staff restaurants in the project. In the project's second year Lambeth hospital, which cooks meals from fresh ingredients, also joined the initiative.

Royal Brompton Hospital

This 250-bed, specialist heart and lung hospital in South Kensington, purchases a large proportion of unprocessed produce and meat from a wholesaler, Prescott-Thomas, and an independent catering butcher. Regeneration of cook-chill meals had been tried and abandoned. Food is a priority in this hospital, with high quality meals prepared on site, and budget allocations higher than in many other hospitals, with £3.50 being spent per patient per day. The catering team is very committed and passionate about the food they provide and wanted to involve both the restaurant areas and patient meals in the project. The catering team was also willing to work with smaller suppliers to increase the amount of local food, and believed organic food could add interest to menus.

St George's Hospital

St George's Hospital in Tooting was the subject of the original feasibility study undertaken by the Foundation for Local Food Initiatives (see above). It is a very large general and teaching hospital with approximately 1100 beds. The hospital spends £3.53 per patient per day on food. Patient meals are purchased frozen from Anglia Crown, Colchester, and regenerated in satellite kitchens on the hospital wards, with the fresh fruit and vegetables bought from Prescott-Thomas. A central kitchen prepares restaurant meals for staff and visitors, and caters for on-site functions, so it was decided to focus on this service for the project, rather than try to include patient meals as well, in such a large hospital. At the beginning of the project the hospital was trying to operate sustainably, but it did not have a policy on local or organic food.

The project's first task was to obtain information about the food bought by all the hospitals. This process was far from straightforward, and included analysing spreadsheets and invoices to produce a database listing suppliers used, prices paid and - possibly most crucially - volumes of products required. The database was regularly updated and used to develop new supply options. This early part of the project also explored with each hospital what type of advice and support would be most suitable for them.

Expertise available

Throughout the project we were able to draw on considerable expertise and advice, both from the project's advisory working party and the replication network that was established (see inside front cover for the complete list of members of both these groups). Regular meetings of both these groups throughout the project's life (see Diary of the Hospital Food Project) provided not only information and support for those involved at the sharp end of the project, but also useful lessons from the project which could then be passed on through the networks to the wider world.

The replication network, instigated by the Soil Association, aims to spread the knowledge gained from the project to other hospitals across the UK. Members of the network are either working in sustainable public procurement, or have other expertise. The network used a number of ways to spread information, for example, asking the project to organise an event, involving fifteen hospitals around the country, to encourage them to get first-hand experience of trying to incorporate sustainable development into hospital catering. The two day event included a study visit to the Royal Cornwall hospitals,[52] presentations and workshops, and visits to some of the producers supplying the Cornwall hospital project. This event was enthusiastically received, and many of those present expressed a desire to carry out similar work in their own hospitals.

The role of the Soil Association

As a project partner, and acknowledged expert in organic farming, the Soil Association provided a range of services throughout the project, including making links with potential new suppliers for the hospitals, and running a number of training events. This was not a simple task, as the hospitals' requirements varied substantially, both between the different hospitals and as each hospital's needs changed over time. As a result, events were specially tailored, and evolved during the project's life. They have included (see also Diary of the Hospital Food Project) the following:

- An event for hospital caterers in their own kitchens, with an organic certification expert, offered advice on how to meet organic catering standards. The stringent demands of full organic certification were initially off-putting, but the legal position has since been clarified. Catering establishments currently do not need full organic certification to serve some organic food, which is very helpful for the hospitals. A code of practice is currently being developed by the Soil Association.[53]
- Jeanette Orrey and Kay Knight, pioneers in improving the sustainability of school meals, were brought to meet participants in the Hospital Food Project. It was thought that their experience in making substantial changes in their schools catering systems to use more local, fresh and organic food, would be valuable for the hospitals. Participants did indeed see that progress is possible, and learnt some techniques, such as adapting contracts and menus, that they could use in their hospitals.
- Potential organic suppliers were brought together at an event at New Covent Garden market. One of the fruit and vegetable wholesalers, which holds contracts for the hospitals in the project, is based at New Covent Garden, where little organic produce is sold. The event examined the prospects for New Covent Garden as mechanism for getting more organic and local fruit and vegetables into London catering, including public sector catering. The event explored why organic and local producers are not more prominent there, and discussed whether local and organic producers could collectively operate their own New Covent Garden outlet. Further work on wholesaling local produce in London is planned, for example by Sustain.
- One event involved current suppliers to explore why they are not buying more local and organic ingredients, and what would induce them to do so. This meeting highlighted a number of the supply chain barriers. For example, many hospitals in the UK are served by the large ready meals provider Anglia Crown, which has only two factories. The factories produce identical meals for hospitals all over the country year round and have no facility for separating local ingredients.

Being a "dating agency"

The bulk of the project's work involved project officers at Sustain and the Soil Association working together as a "dating agency", matching up potential suppliers of local and/or organic food with each hospital's particular requirements. A number of methods were used to find suppliers, including:

- Using existing contacts, including London Food Link members;
- Undertaking internet searches;
- Visiting trade shows and other events; and
- Drawing on the Soil Association's extensive network of producers.

Once located, suitable suppliers were often visited so that issues such as health and safety systems (essential for the hospitals) could be addressed with appropriate support and advice.

A database of suppliers has been created as part of the project and this has been regularly updated throughout and made available to other public institutions. These have included schools interested in setting up similar schemes, and organisations in the Greater London Authority, 'family', including the Metropolitan Police. At the time of writing, the database lists over 100 producers and distributors, which have been hand-picked for their suitability to supply the public sector. A wide range of products are featured, but it currently focuses on fruit and vegetables, meat, and dairy products. All are based within the Defra South East region (see figure 1) and the database will be available to London Food Link members. The stories behind some of the local and/or organic products that are being used - now or in the near future - in some of the hospitals are outlined below.

Apples

The hospitals were keen to try local apples, instead of the current supply from New Zealand, so long as they could be supplied through their existing wholesaler. A small scale producer in Sussex - Jonathan Howard - was found, who was growing apples without chemicals, although he was not registered as organic. Following successful negotiations, the apples were supplied to two hospitals. As the apples were an unusual variety - Laxton - it was both noticed and appreciated by patients and staff.

As a result of this successful experience the wholesaler involved - Prescott Thomas - is also now supplying more locally grown fruit and vegetables to other customers, as well as the hospitals. This type of direct relationship with a supplier, rather than using large companies at markets, was a new way of working for the wholesaler, but the fact that the customers (the hospitals) were so keen, meant that it continued.

Another fruit grower, in Kent, has also been approached to discuss the possibility of supplying organic fruit to the hospitals. The grower - J Baxter - has built a large modern pack-house on his farm with a Defra grant and acts as a storage and marketing outlet for most of the organic top fruit in Kent. Unfortunately some of the fruit has suffered from hail damage late in the growing season, meaning it would not be suitable for supermarkets and would be destined to be juiced. However, these Gala and Spartan apples are perfectly edible and we are exploring how to get them to an approved supplier in London so they can be delivered to hospitals.

The same grower could supply organic apple juice as well, or instead, as he has recently set up a juicing plant on his farm. In fact, apple and pear juices have been successfully supplied into some hospital restaurant areas - the Royal Brompton, and South London and Maudsley Trust - and have displaced some of the sugary carbonated drinks which are widely available in some of the hospitals. (In two of the four hospitals in the project, over 5% of the total food spending is on Coca-Cola).

Bananas

The project is working with a company based in Kent - Mack Multiples - that packs a wide range of fruit and vegetables, and they have dedicated organic ripening and packing rooms for organic bananas. A number of pallets, usually a dozen or more, are rejected in the packing process or are surplus to requirements. At the moment, these are labelled as Class 2 and sent to wholesale markets as non-organic bananas. However, we are working on systems to send these organic bananas to an NHS-approved London wholesaler, so that the hospitals could have organic bananas at little or no extra cost.

Beef

A source of organic meat products for one of the hospitals is a company in Wiltshire - Pure Organics - which also currently supplies Hampshire schools. Because it supplies schools the company already has the necessary auditing systems, but it is not keen on splitting pallets, partly due to the increased costs of extra deliveries. Unfortunately the Royal Brompton only has very limited freezer space, and cannot store large deliveries.

However, successful negotiations with the Royal Brompton's existing meat wholesaler - Middlesex Meats - means that the pallets can now be split there, and a range of products -such as organic beef burgers,

frozen beef (and also additive free chicken breast chicken nuggets) - is now being supplied. Issues such as this could be more easily resolved if a larger number of hospitals in a similar geographical area were involved.

Eggs

To meet health and safety requirements, eggs supplied to patients must be pasteurised, bottled liquid egg, unless they have been boiled for ten minutes. Shell eggs can be used, though, in the restaurant areas of hospitals. The hospitals had initially requested that products should be delivered via existing suppliers, so negotiations began with the existing large-scale egg supplier. Unfortunately this supplier - DBC- was unable to adapt its procedures to include a local free-range supplier.

Subsequent negotiations with the hospitals resulted in willingness to use an alternative supplier, and a suitable free-range egg producer was found just twenty miles away from St George's Hospital. Unfortunately, this egg producer did not deliver directly into London and, due to the delicate nature of shell eggs, it did not prove possible to find a reasonably priced distribution mechanism.

The project then found a supplier in Kent. This company - Bank Farm Retail - already supplied a range of hotels and restaurants in London - including the Ritz! A visit to the farm was arranged for hospital staff from the Royal Brompton, and very positive comments have been made about the excellent flavour of not only the free-range shell eggs, but also the free-range pasteurised egg product. A bonus is that the company delivers products in vans using recycled bio-fuel. Used vegetable oil is collected from suppliers, and converted to fuel using the on-farm processing plant.

Milk

Recent research (see box) had highlighted the nutritional benefits of organic milk when compared to conventional milk, so the hospitals were keen to include this in their catering operations. A suitable supplier was found - Wealdon Organic Dairy, a new co-operative group, based in Sussex - which aimed to give producers and customers a good price, by cutting the number of stages in the supply chain. The suppliers began the process of undergoing the necessary audits, the hospital catering staff - from Ealing, St George's, the Royal Brompton and the South London and Maudsley - visited the producers, and prices were negotiated.

The nutritional advantages of organic milk

Recent research from the Danish Institute of Agricultural Sciences compared the levels of vitamins in conventional and organic milk. In nine out of ten tests, organic milk was shown to contain significantly more natural vitamin E than conventional milk. In addition, the level of carotenoids (another group of vitamins) is two to three times higher in organic milk. This not only improves the nutritional quality of the milk but also improves the taste, as the carotenoids contribute to the formation of a range of aromatic components in the milk. These difference in the milk quality are thought to be due to the fact that organic cows eat grass and leguminous plants such as clover, while conventional cows are given artificial feed based on corn silage.[54]

Unfortunately, the dairy group was then taken over by a large processing group, who subsequently shelved production at the unit. The project found a new supplier. - Medina Food Services - who was not only able to buy organic milk from Bedfordshire, but also was already accredited to supply hospitals, and could provide high quality bread too. Organic milk is now being supplied not only to two hospitals in the project - (the Royal Bethlem and Royal Brompton), but also to the entire South London and Maudsley Trust. These larger volumes mean that prices can be kept at a lower level.

Mushrooms

Mushrooms are being supplied to St George's, the Royal Bethlem, and Royal Brompton hospitals by Balraj Datta whose company, Agridutt, operates from beneath the North Circular road. The family company grows over 9000kg of mushrooms every week. Mr Datta stated: "It has made sense to me for quite some time that mushrooms grown in London, rather than Holland or even further afield, should be supplied to London hospitals. I hope this project will be the beginning of something really good for Agridutt, which provides flexible and part-time work to the multi-ethnic community in Newham".

Vegetables

The egg supplier (see above) also supplies products from over eighty Kentish vegetable producers. The Royal Brompton has saved money by buying local potatoes, and the savings have been invested in buying some slightly more expensive products. A range of seasonal vegetables have been supplied, even including asparagus at the height of the season, which was an extremely popular addition to the restaurant salad bar!

Selling the idea

It would have been possible to make all these changes to the food in hospitals behind the scenes, but an integral part of the project was to promote the importance of sustainable food to caterers, patients and hospital staff alike. We thought promotional efforts would not only improve the project's chances of success in the hospitals, but also help spread the message more widely, so a diverse range of marketing and promotional activities and events were undertaken (see Diary of the Hospital Food Project). This included holding a workshop about the project for hospital press departments.

An important first step was to analyse the hospital menus to assess which products could be substituted by local and/or organic alternatives. Predictably, menus which were more seasonal were much easier to adapt. The project worked with hospital dieticians to redevelop the menus and, at the Royal Brompton, promotional material was produced to accompany the menu changes, including information about the Hospital Food Project and the new suppliers being used.

Visits to suppliers were an important part of the project, with several being organised. London caterers are usually office bound and, like most of the UK's urban population, are unfamiliar with farming, despite extensive experience with food. Participants were noticeably more enthusiastic about organic food having seen, for example, the conditions that animals are kept in on an expert-guided visit to an organic farm.

The project also ran events for dieticians to discuss the links between nutrition and local and organic food, and for potential new suppliers to meet buyers, promote their products, and understand how the hospital catering system works. Participants also heard about similar activities in other countries, and about sources of help for what they were doing.

Towards the end of the project a photographer was commissioned to illustrate and celebrate the project from 'farm to plate'. The photographs have not only been used for this report, but have been developed into an exhibition. The *Harvest for Health* exhibition will be displayed at City Hall during November, will then tour the hospitals involved in the project, and will subsequently be available for hire to other interested venues.

Other promotional events have included;

- The *Brompton Breakfast* which provided a showcase for a number of the local and organic products being served in the hospital. This included tasting sessions, the chance to talk to the producers and suppliers, and lots of information for people to take away, particularly about the 'five a day' fruit and vegetable campaign.
- *Apple Day* celebrations which highlighted the range of English apples that are available in the autumn. The event included baking and tasting apple pies, and various varieties of English apples.
- Marking *British Food Fortnight* by featuring a number of suppliers which are working with the project, and providing a wide range of information for patients, staff and visitors about British food.
- An organic fruit and vegetable box scheme - 'Organic Dynamic' - which delivers to a set point in the hospitals each week. The scheme supplies fresh produce to patients, staff and visitors. This has been a popular and successful addition to the project, particularly in areas where it is more difficult to buy high quality fresh fruit and vegetables locally.

As a result of these efforts, catering staff - from the head chef to those serving food on the ward - have been fully involved in the changes occurring, and have been enthused about sustainable food. The staff are now able confidently to tell patients, other staff and visitors about the sustainable food being served in the hospitals, including its season and origin.

Economic evaluation

Although the project would have been evaluated in any case, as a simple matter of good practice, Defra - as a project funder - was particularly keen to assess the economic impact of the project on producers in the South East. From the project's initial investigations, the total cost of the catering arrangements for the Royal Bethlem, the Royal Brompton, and St George's hospitals (Ealing hospital was not involved in the project at this stage) is at least £1.5 million a year. Around 35% of this total is food costs, i.e. some £525,000. If the project was successful in increasing local and/or organic food to 10% of these food costs over two years, this would represent an additional value of £52,500 in each following year for local farming and food businesses. Extrapolating this figure across London, based on at least 69 hospital trusts with a combined budget of £43.75 million,[55] and therefore a food budget of around £15.5 million, reaching a possible 20% target by 2013 if the project is extended, would represent over £3 million at today's rate - significant sum in anyone's reckoning.

Although these figures give some indication of the possible economic impact, the situation is much more complex than these total figures suggest, and it was agreed that a tender would be issued to invite

more expert organisations to do this analysis for the project. The tender was won by the New Economics Foundation (nef), 'an independent 'think and do tank', and the aim of the evaluation was to:

- Evaluate and analyse the impact of the project on the local economies around each hospital and surrounding rural economies;
- Evaluate the wider economic implications for the supply chains involved;
- Identify how the issues identified can be practically incorporated into hospital policy and practice, particularly beyond the life of the project;
- Identify ways to maximise the positive effects of hospital food purchasing.

Method

The method used by nef to assess the economic impact of any initiative is based on the concept of the multiplier effect, developed by economist John Maynard Keynes in the early 20th century. In brief, in an economy where everyone spends 100 per cent of their incomes locally, the multiplier effect is high, as money is spent and re-spent several times in the same area. In an economy where everyone spends all of their incomes outside the local economy, the multiplier effect is low. The multiplier effect therefore shows how strong the linkages are between the people and businesses in a local economy.

Typical multiplier analysis depends on large economic models, and the results can be very confusing. Instead, over a number of years nef has developed a simplified yet robust version of the multiplier, later named Local Multiplier 3 or LM3, that can be used and understood at local level by people who are not economists. In the LM3 model, measuring stops after three 'rounds' of spending rather than continuing onwards. This is where the bulk of spending takes place, and it also becomes unfeasible to keep tracking beyond this point.

The first year

The evaluation began by studying the current economic impact of the hospitals' food purchasing on their respective and surrounding local economies, and exploring opportunities and barriers to improving the hospitals' economic impact. The methodology was to:

1. Determine the income available to the catering department to spend on food (Round 1). This was a quick exercise which asked the catering manager at each hospital to produce their overall budget.
2. Review how the hospitals spend their catering budgets, broken down by supplier (Round 2). The catering managers itemised their budgets by supplier. Using postcode analysis, nef was able to determine where in the UK that supplier was based: in the South East or elsewhere, in a deprived community or not.
3. Survey those suppliers on how they spend their incomes (Round 3). The catering managers sent letters or telephoned suppliers requesting their cooperation in the LM3 evaluation. Some catering managers then sent surveys directly to suppliers, while others asked nef to meet with the suppliers.

As the project is primarily concerned with the economic impact on the South East, that has been made explicit in all analyses. However, nef recommended considering the impact of spending elsewhere for two reasons. First, the South East is a relatively wealthy area of the UK, so promoting spending in the South East at the expense of spending in other parts of the UK might be economically damaging for

other communities. Second, the South East cannot supply all the food needs of the hospitals, so the hospitals would need to buy from other parts of the UK.

The evaluation broke down the suppliers into five groups: local, South East, deprived areas, South East deprived areas, and wealthy areas.

- Local meant the immediate neighbourhood but, as no hospitals bought food from businesses in the immediate local area, this was removed from further evaluation.
- The South East was defined using the formal regional development agency boundary. Greater London is its own region and separate from the South East, but while Greater London was not a primary focus of the evaluation, there are results for spending in this area.
- Deprived areas were defined as the bottom 20 per cent of the UK's Index of Multiple Deprivation (IMD). nef used postcode analysis of 'super output areas' (SOAs) to determine if a business was based in a deprived area.
- A separate category was created to determine if the hospitals spent money in deprived areas located in the South East, which is the area of principal concern for this evaluation.
- nef also kept track of spending in wealthy areas in the top 20 per cent of the IMD.

The resulting evaluation assesses the economic impact within the South East and the UK as a whole. However, obtaining a statistically significant sample of suppliers was very difficult. Some of the reasons for this are outlined below.

- Catering managers generally only know the sales representative of the supplier, so finding the right person at the supplier business to assist in the survey proved time-consuming and difficult.
- Many suppliers would not return calls or emails.
- Most of the suppliers who did respond felt they could not find the information needed.
- One hospital subcontracts all food spending to an independent company which felt uneasy about surveying suppliers at all, as it was considered some of the information might be commercially sensitive.

Some of the sample comments from suppliers below highlight some of the issues with which the project had to grapple:

> *"We do not manufacture ourselves; all our products are supplied by [X]. As such, we do not feel that our participation in your evaluation would have relevance...."*
>
> *"As I'm sure you can appreciate, [X] is a multinational company, thus the majority of products that we use/supply come from companies that can supply us as a whole company....Consequently meaning national/multinational companies."*
>
> *"...with regard to dry goods...we would have to go through product by product to source the supplier. As I'm sure you can imagine, with the range you currently purchase this would be quite a mammoth task which I envisage would not produce any local suppliers as most items are branded or [X] own label and sourced from national/multinational companies."*

In other words, many hospital suppliers are large, operating at national or multinational level, and have little information about where their products come from. These food supply chains to the hospitals are much longer than the three rounds of LM3, so the method could not produce enough helpful

information. Even for fruit and vegetables, which in theory could have much shorter supply chains, the three rounds did not reach a primary producer.

What was clear, though, during the course of the first year's economic evaluation, was that the catering managers could not secure more money to buy better quality but more expensive food. Any increased costs had to be offset by savings elsewhere. One possible area for such savings might be spending on nutritional supplements and nutrition-related medicines. Unfortunately this budget is separate from the catering budget, so it is not currently possible to take an integrated approach to patient nutrition that combines food, supplements and medicines. In theory, any patient that is able to eat should not need medicinal forms of food; however, the reality is that patients often do not eat the food provided because of their poor appetite and/or the poor taste of the meals. High quality, sustainable food should be more nutrient dense - as well as more delicious - so it should be possible to provide smaller, appetising but highly nutritious meals that patients will enjoy. Tackling this issue was, unfortunately, outside the scope of the project.

The second year

The second stage of the evaluation has concentrated on tracking the benefits of some of the new supply chains - for eggs, milk and meat - that have been set up as a result of the project. The research is examining the extent to which developing and adopting a sustainable catering system can be of greater overall benefit to the public purse in terms of food quality, income retention, service delivery, skills development and broadening competition and product range.

Health evaluation

The King's Fund, the other project funder, was particularly interested in the possible health benefits of the project to the patients, staff and visitors involved. As with the economic evaluation, a number of organisations were invited to tender and a partnership, comprising Diane McCrea, Laura Simons and Simon Michaels, was awarded the contract.

It was clear early on that it was not feasible to expect any physical health changes in a project of this type for a number of reasons:

- Assessing health and well-being is complex, and diet is only one factor among many.
- Changing up to 10% of the foods offered to patients or hospital workers was unlikely to have a significant or measurable impact on health. Much more dramatic dietary changes are needed to, for example, reduce blood pressure or cholesterol levels.
- Ascertaining any significant differences in the nutritional value of the local and/or organic foods would have been difficult and expensive, especially given the range of possible options for local and/or organic products, and the lack of available nutritional data about such products.

It was therefore agreed with the project team that the objective of the health evaluation was to assess the impact of the changes in food supplies on food choices, knowledge and attitudes towards healthier eating in the hospital food setting.

A series of structured interviews in the project's first year has provided an overview of current catering provision in each of the four hospitals. A case study of the impact of the new food supplies at the

Royal Brompton is now being developed, with in-depth interviews being carried out with a significant cross section of patients, staff and visitors in the hospital. The initial results of these interviews show that the good food now available in the hospital is having a notable positive impact on patients, as well as staff in the hospital.

How did the hospitals do?

Ealing General

As noted above, Ealing's catering is contracted out to a large national company. This means that changes to catering processes must be made on a national level, rather than at the level of an individual hospital. In such a system, if a single hospital wishes to change an aspect of the catering, it incurs a penalty cost, because the prices which are negotiated on a national level rely on large volumes of the same product being bought by all the hospitals. The project has worked closely with the catering company at national level, to discuss how it might adapt its policies to include more sustainable supplies. However, the company does not feel that it can commit to such purchasing in the foreseeable future. Ealing hospital has also suffered from some staffing difficulties which has meant that time to engage in the project has been very limited.

Royal Bethlem, Beckenham, Lambeth hospital (South London and Maudsley Trust - SLAM)

The project initially began working with the Lambeth hospital, which cooks patient meals from fresh ingredients, and therefore seemed an ideal hospital to work with. Staffing difficulties at the Lambeth meant that the Royal Bethlem hospital (also part of SLAM) became involved. The Royal Bethlem's catering is done by a large catering company, though the Trust's contract states that they may nominate a limited number of suppliers, so the project has been able to work with the company to supply organic milk to the entire Trust. The Trust and the Hospital Food Project have become involved with a transatlantic project 'Food for health, learning and Livelihoods' which aims to: "To create an independent mechanism for research, documentation, visits and pilot actions to help move public food systems towards greater sustainability".[56]

The Trust has also been involved in setting up a social enterprise company, working with previous patients of the mental health trusts, which supplies Afro-Carribbean meals to the hospitals involved in the project. The Royal Bethlem hospital has been successfully involved in the organic fruit and vegetable box scheme deliveries to staff, visitors and the wards, and the project has been working closely with the trust's fruit and vegetable supplier to encourage the provision of more local, seasonal vegetables to the trust.

Royal Brompton Hospital

The hospital has incorporated all parts of the project into its operation. All parts of the hospital, from the Chief Executive to the serving staff, support what the project is trying to achieve. This 'whole hospital' approach means that healthy eating is seen as important part of patient care. This focus on the quality of the diet may be due to the hospital being a specialist heart and lung unit, and workshops are organised for patients to give advice on healthy eating for when they return home.

Catering staff at Lambeth Hospital enjoying the display of local and organic produce available via Prescott Thomas.

Many changes have been made within the hospital, which now spends over 13% of its food budget on local and/or organic products (and had reached the 10% target six months ahead of schedule). The product case studies above include more details but products now used in the hospital include:

- Local potatoes
- Local seasonal fruit and vegetables including rhubarb, asparagus and apples
- Local organic milk
- Local organic beef, and additive-free chicken nuggets
- Local organic apple and pear juices
- Organic porridge oats

Mike Duckett, the catering manager, has worked enthusiastically and tirelessly to achieve the aims of the project, and initial results of the health evaluation have shown that patients, staff and visitors have greatly appreciated the changes made.

The Harefield Hospital is in the same trust as the Royal Brompton and their catering is contracted to a catering company. The Royal Brompton Hospital staff, who are responsible for this catering contract have included a clause in the new contract for the company to work with the Hospital Food Project. As a result organic milk will be supplied to Harefield hospital.

St George's Hospital

The catering department has suffered from budgetary cuts as a result of the hospital's severe financial difficulties, and has also had some staff changes. The project is working in the restaurant area of the hospital, where a number of products, such as ice-cream and dried fruit, are being supplied. The hospital will also be taking the organic fruit and vegetable box scheme for patients, staff and visitors.

Other organisations

The project has also worked with a number of other organisations, which have requested our help in making their procurement more sustainable. They have included the Houses of Parliament, the Metropolitan police (in conjunction with a Sustain and London Development Agency project), the Royal Homeopathic Hospital, Hampshire and Isle of Wight hospitals, and Great Ormond Street Hospital.

A note on changes during the project

The project's achievements outlined above are impressive enough, but are even more so in the context of an unusually large number of unforeseen staff changes at Sustain and the Soil Association - due to career changes, maternity leave, and illness - over the two years. These changes are listed on the report's inside front cover and it is a testament to the professionalism of all those involved that the project suffered minimal disruption.

Diary of the Hospital Food Project

Spring 2004

- The Royal Bethlem hospital replaces Lambeth hospital in the project.
- A successful tender process occurs for the distribution research, and economic evaluation and health evaluation, to allow these aspects of the project to begin.
- Hospital staff visit an organic horticulture enterprise and an organic dairy farm.
- The first Working Party meeting is held.
- Lord Whitty visits the Royal Brompton hospital.
- There are meetings with the Purchasing and Supply Agency and with suppliers.
- A workshop is run for producers interested in supplying the project.
- Hospitals identify the types of local/organic products they would like.
- The Hospital Food Project is launched.

Summer 2004

- Organic certification training is run for the hospitals, covering essential topics such as locating organic ingredients and record keeping.
- The first new product arrives at a hospital - local tomatoes for the Royal Bethlem.
- The first round of the economic evaluation begins.
- Hospital suppliers who attended the first seminar arranged to discuss the project were supportive, but commented that providing local/organic food for the hospitals would involve quite substantial changes to their business operations.
- The trial of organic strawberries begins at St George's and the Royal Brompton.
- Prince Charles visits St George's hospital.
- The replication network holds its first meeting.
- A report on distribution barriers is published on the Sustain website.
- The health evaluation team begins data collection.

Autumn 2004

- A tour of and seminar at the New Covent Garden Market is arranged for local and organic producers and others to discuss the potential to supply hospitals through the market.
- Experts in sustainable school meals, Jeanette Orrey and Kay Knight, give presentations at a seminar held at the King's Fund.
- Apple Day is celebrated in the Royal Brompton to promote the local apples being supplied.
- The Working Party meets for the second time.
- The second replication network meeting is held.

Winter 2004

- The third Working Party meeting takes place.
- A 'Healthy Organic Breakfast' event is held at the Royal Brompton, promoting organic porridge, low-salt baked beans (provided by a local family-run supplier), Kentish free range eggs and vegetables, fair trade tea and coffee and organic bacon and sausages.
- The supply of free range eggs begins from Bank Farm, Kent
- Another seminar is held at the King's Fund for existing suppliers to explore the opportunities for providing more local and organic produce.
- At the third meeting of the replication network there are discussions about the steps needed to transform hospital food to local and/or organic food.

Spring 2005

- Trials are run with organic fruit and vegetable boxes for hospital staff and visitors with positive results.
- Fruit is introduced into the aisles of some hospital shops, with limited success, though plans have been made to supply fruit baskets at the shop at the Royal Brompton.
- Organic beef from Hampshire is introduced via an existing hospital supplier.
- An artist is commissioned to take photos illustrating the hospital food from 'farm to plate', for an exhibition in autumn 2005.
- The project works with the Hospital Caterers Association in their 'Choice' event, held at the Royal Brompton.

Summer 2005

- The fourth meeting of the Working Party is held.
- The Royal Brompton exceeds the target of 10% local or organic food, six months ahead of schedule.
- Harefield Hospital (part of same Trust as the Royal Brompton) and all the major sites of the South London and Maudsley Trust begin working on the project.
- Links are made with the trans-Atlantic procurement project, 'Food for health, learning and livelihoods' and AlimenTerra.
- The replication network meets for the fourth time.

Autumn 2005

- A study visit is arranged to Helen Browning's organic farm in Wiltshire.
- Events are arranged for dietitians to discuss the links between nutrition and local and organic food, and for potential new suppliers to meet buyers, promote their products, and understand how the hospital catering system works.
- The project marks 'British Food Fortnight' at an event featuring a number of suppliers working with the project, and providing information for patients, staff and visitors about British food.
- The replication network has its two day study visit to the Cornwall NHS food project.

Winter 2005

- A joint conference is held with the King's Fund: 'Healthy Hospitals: Implementing sustainable food procurement'.
- The photographic exhibition 'Harvest for Health', by Sara Hannant, is launched at City Hall.
- The project participates in a Paris meeting of the 'Food, health and livelihoods' project, exchanging information with case studies from France and Italy.
- The project's successes are presented at the Westminster Diet and Health Forum.
- The final meetings of the Working Party and replication networks are held.
- The final project report, including the health and economic evaluations, is published.

Milk man entering cold storage, Medina Food Services, Berkshire

4. What we learned

The practical difficulties can (usually) be overcome

As predicted at the start of the project, it is very clear that practical difficulties are indeed inhibiting the implementation of the raft of policies that support the inclusion of more sustainable food in public sector catering, including in hospitals. It is equally clear that these difficulties can be solved, if practical help is available along the lines provided by this project.

Size matters

Some of the problems arise from the size of the companies involved, with some being too small to be able to cope with the hospitals' strict requirements. The media interest in the project, for example, led to a number of small producers and suppliers approaching the project officers in the hope of supplying the hospitals involved. Some simply did not have the necessary administrative systems, particularly health and safety audits and accreditation, but also relatively straightforward systems such as computerised ordering. Others had no way of making deliveries into London. Sometimes it was possible to solve these problems - and indeed some companies who brought themselves up to hospital supply standards were then able to supply other customers. On other occasions, other more suitable suppliers had to be - and were - found.

At the other end of the scale, some suppliers are simply too big. Some larger scale producers have a number of fixed markets and contracts, for example with supermarkets, which means that they cannot guarantee a regular supply of smaller volumes of produce to the hospitals. In general, it was easier to get smaller companies up to scratch than it was to get large companies to adapt, though the problem of organic strawberries from a small supplier proved unsolvable in the end (see box).

The optimum option, logically, is medium-sized producers and distributors who can act on behalf of several smaller producers, as they are often:

- already audited and have attained British Retail Consortium accreditation. These standards are higher than those required to be an NHS supplier.
- large enough to be handling bulk consignments of organic and local produce and so are able to be more competitive on price.
- able to employ quality control staff to ensure the quality of produce is suitable for the customer, and other staff who can spend some time looking at new potential markets.
- able to provide, at low cost, produce which is perfectly edible but simply does not meet some supermarkets' cosmetic specifications. Without another outlet, such as through hospitals, some organic produce is sold through wholesale markets without organic labelling, and some is even condemned to landfill sites.

Use existing systems whenever possible

Although it can bring many benefits to an unaccredited company to achieve the high standards necessary to supply hospitals, it is undoubtedly easier to work with producers and wholesalers who already have contracts with the NHS Purchasing and Supply Agency (PASA) and encourage them to buy more local and organic produce through their existing systems. This has worked relatively well, with many wholesalers being keen to supply the goods that their customers request, particularly when suitable suppliers have been found for them by this project.

Organic Strawberries

Before the project began, the hospitals' summer strawberries were not organic and were from Holland. The hospital catering managers said they would be interested in trying organic English strawberries in summer 2004, especially around the Wimbledon tennis tournament. This would also coincide with the visit of HRH Prince of Wales to St George's on July 1st, in his role as Patron of the King's Fund.

A number of potential suppliers were explored, including:

- a relatively large organic strawberry grower in Wokingham. The company only delivers large volumes to supermarket regional distributions centres through 'Berry World', a fruit packer/distributor. The small volumes need by the hospitals would need to be collected, which is not an efficient distribution mechanism. Despite the good quality of the produce, this option was not taken up.
- a Kentish fruit packer and distributor. This company also had large contracts with supermarkets and their organic strawberry grower is in Herefordshire. His strawberries would have to be delivered to Kent, and then to London, creating an inappropriately long food chain for this project, and so this option was not pursued.
- an organic home delivery company in London. Unfortunately the price for their organic strawberries was too high for the hospitals to consider.
- The Soil Association suggested a smallholder with 1.5 acres of glasshouses and outdoor production, growing seasonal fruits, salad and vegetables year round, selling to wholesalers in London and also to Waitrose. A desire to diversify his customers prompted the company's interest in the project, but his organic strawberry crop would not be ready until August, as the crop was developing more slowly than anticipated. Luckily the company suggested that a fellow grower with a 32 acre smallholding based in Essex could make up the volumes in the early part of the season.

The hospitals' fresh produce supplier, based at New Spitalfields, visited the grower's farm before supply started to assess his operation and work through issues such as quality and logistics. After agreeing a price, deliveries began at the end of June. The grower, who already drove past New Spitalfields in the course of his business, dropped off the punneted strawberries to the wholesaler who then delivered daily requirements to the hospitals with their usual daily fresh produce delivery. Hence no extra food miles were clocked up.

As some of the strawberries were being sold in the hospital canteen, the additional cost of the organic product was covered by customers. The growers took a fairly low margin to encourage both the hospitals and wholesaler to continue purchasing and perhaps expand into new products in the future.

The organic strawberries had a fantastic reception from canteen users at the hospitals, with many customers remarking on their superior flavour, compared to the previous non-organic and imported product.

Unfortunately after a few days of supply, the hospitals remarked that the quality of the product was slipping. The grower then failed to deliver to the wholesaler, who had to revert to standard non-organic strawberries. This obviously left the hospitals and wholesaler feeling let down by the grower, especially as no explanation was forthcoming. Plans to take a variety of additional products from the grower throughout the season and into the winter were shelved, because confidence had been lost that this grower would be able to deliver consistently.

In addition, to avoid many more journeys being made by smaller local producers, the project has tried to use suppliers who amalgamate their supplies into larger and more efficient deliveries. This type of collaboration can also help to solve the problem of smaller producers being unable to produce sufficient quantities for a reliable supply to the hospitals. Similarly, using wholesalers/producer groups which already deliver to London not only reduces the number of journeys needed from rural areas into the capital, but may also reduce distribution costs, thereby keeping down prices for the hospitals.

Policy conflicts still exist

Despite the widespread policy agreement summarised in section 1, the experience of the project has been that the policy approval for more sustainable food in public sector catering is in direct conflict with several other government policies, many of which appear to have higher priority.

The clearest clash is over money. The recent Gershon efficiency review,[57] aims to save £500 million[58] across the public sector. Hospital catering budgets are already tight, but the Gershon review means that they are under pressure to be cut back even more. A traditional way to achieve "efficiency" savings is to cut down the number of suppliers, and operate large scale national contracts. However, this project's experience is that sustainable food systems need more, not fewer suppliers, and local or regional scale contracts, not national ones.

This pressure on costs would be easier to resist if hospital food was a high profile policy issue, in the same way that school meals now are. Unfortunately, media coverage of hospitals focuses on issues such as waiting lists, superbugs, and the post-code lottery of treatment available in some parts of the country. This is not to say that these are unimportant issues; simply that the quality of food in a hospital could have a very positive impact on the long-term health and well-being of patients, staff and visitors and so deserves more attention than it gets. Such issues have partly contributed to the fact that some of the hospitals in the project have not been as successful at including more local and or organic food as we might have hoped.

Just as the policy message to hospital caterers is being drowned out by other, more powerful policy pressures, sustainable development - as an ideal - is not reaching many private companies either. Mike Duckett, the Royal Brompton's enthusiastic catering manager, reported that he:

> *"...was at a conference last night with a company which collects data for businesses interested in supplying retail food/goods for the retail sector. When I mentioned organic or sustainable food this did not go down too well! I discussed the idea with a range of leading companies, and was disappointed that not one of them was interested in sustainability".*

However, it is clear that companies' interest will increase if hospitals ask for more sustainable food, such as local and/or organic products. At the moment, too many hospitals are caught in a vicious circle, where the hospitals are waiting for the suppliers to offer more sustainable food, and the suppliers are waiting for the hospitals to ask for it. The project's promotional and marketing efforts have been a very important way of breaking out of this circle, and of trying to give hospital food a higher policy profile.

Flexibility is vital

Unfortunately, the flexibility that has allowed some of the hospitals in this project to make good progress is under threat, sometimes from surprising sources. The NHS Better Hospital Food (BHF) Initiative[59] may lead to further menu standardisation, for example. Each hospital must provide a number of 'lead dishes' which have been developed by the programme. Once introduced, it may it difficult and expensive for catering departments to change these menus in response to the seasonal availability of good quality, local ingredients. The BHF initiative might also increase hospitals' reliance on large production units, partly as a result of the difficulty that hospitals have in providing such a large variety of dishes themselves.

The Private Finance Initiative will also reduce flexibility, as many[60] of the hospitals being built under PFI are being constructed without kitchens, so will have to rely on meals produced elsewhere. We do not believe it is coincidental that the hospital that was able to exceed project target of 10% of routine catering comprising sustainable food was the hospital with its own kitchen; the Royal Brompton.

Without kitchens, hospital food spending has little impact on farmers and farm-related enterprises, as the amount that eventually 'trickles down' to farmers is substantially less than the original cost to the hospital. The only way to link hospitals with farmers more directly is to build capacity within the hospitals to take produce directly; this would require a reversal of the UK trend to shut down kitchens and close storage space. In the meantime, a good deal of work needs to be done not just with the hospitals, but with the suppliers who buy from the farmers.

For the very largest suppliers this is not going to be easy. One hospital ready-meals supplier, who attended a project event, was asked by hospitals to increase the amount of local food in the meals. As the company has only two factories, which supply the whole country, its response was:

> *"Well, one producer would have to supply both our North of England, and our East of England sites, then we would be willing to consider it".*

It is not clear how the company thought that one "local" supplier could simultaneously cover both the north and east of England.

It *is* worth it

Despite the difficulties encountered during the project, and even before the independent evaluations are completed, it is clear that the efforts have been worthwhile.

Although the cost to the hospitals of some food products has increased, these increased costs have been offset by savings elsewhere and/or by increasing prices in restaurants. Savings have come from seasonal gluts, from using produce rejected by supermarkets, and from using higher quality products which produce less waste or means smaller quantities can be used, for example:

- For the Royal Brompton Hospital and SLAM, using a higher quality bread (introduced as part of the organic milk contract) has meant that patients feel more satisfied, and therefore need only one slice, rather than two slices of the previous bread that was 'full of air';
- At the beginning of the project, powdered soup was used at the Royal Brompton which was justifiably rather unpopular! Since fresh vegetarian soup has been made on site, soup sales in the restaurant area have increased by 40%, and soup's popularity with patients has increased enormously.

- After carrying out trials in a hospital kitchen, higher quality meat is now bought routinely at St Georges and the Royal Brompton. It was found that there were much lower levels of fat and water when compared to lower quality meat. The hospital now has a higher quality product that costs less because they use less of it.
- Less fashionable cuts of meat from high quality sources are now sometimes used at the Royal Brompton. These may need longer cooking times, but the resulting meals taste good, and are very nutritious.
- Buying more seasonal fruit and vegetables - such as asparagus, apples and strawberries - means that the hospitals can get more for their money. Local organic fruit, which may have been discarded or used in juicing because it did not meet supermarket cosmetic standards, has provided some bargains.

The initial results of the health evaluation are highlighting the fact that patients, staff and visitors are appreciating the food which is now on offer at the Royal Brompton hospital. A full analysis of the results of the interviews carried out in the hospital will be available at the end of 2005. The following quote highlights the hospital's attitude to food provision:

> *"Our experience is that patients feel better by having good wholesome freshly cooked food on the plate, with the emphasis on healthier high quality ingredients. This comes across when we meet and talk to the customers".*

Voluntary approaches are unlikely to work

It helps enormously, of course, with any innovative project if there is an immensely energetic and committed individual to drive progress. Mike Duckett, the catering manager at the Royal Brompton, is one such individual. His efforts have been tireless, not only in his own hospital, but also in trying to spread the word to an industry that is not always receptive to such ideas.

However, just as it is obvious that having such a dynamic individual improves the success of any project, it is equally obvious that not every hospital (or school, or care home) will have such a person. Good practice will not spread if it relies on extraordinary people. The food supply chains we have begun to establish will have to become routine, if society as a whole is to reap the most benefit, and our recommendations are tailored to that end.

Farm workers in an onion field, JJ Barker Ltd, Kent.

5. Recommendations

Provide practical help

Both the hospitals and the suppliers need useful information, advice and contacts and, given the diverse nature of both the hospitals and the suppliers, this support has to be tailored to particular needs and circumstances. Although this seems an obvious point, it has only become so because the project deliberately chose a diverse range of hospitals. As a result, we know that, given the number of actors - catering managers, procurement managers, head chefs, dieticians, wholesalers and producers - negotiations can be protracted, but patience is usually rewarded.

This does not mean that extra assistance will be needed indefinitely. As we outlined above, once new suppliers are integrated into existing systems, no additional support should be needed. However, it does mean that existing sources of support for hospital catering - for example from the NHS purchasing and supply agency - will need to be augmented, particularly in the short to medium term.

The London Development Agency, as part of the process of implementing the new London Food Strategy (following the consultation period, which ends at the beginning of December 2005) may consider it appropriate to establish a team of sustainable public procurement officers. Such a team could not only help hospitals, but also the whole range of public sector catering in London, thereby facilitating some economies of scale that were not possible in a project with only four hospitals.

Another important task, as well as helping hospitals, will be encouraging collaboration among smaller scale suppliers. Suppliers could also be supported through the accreditation process, for example by complying with the STS audit,[61] a specialist audit company used by the NHS.

Stop giving conflicting policy signals

Although Lord Whitty's efforts (see section 2) to emphasise the importance of sustainable public procurement were very welcome, for this message to be given priority above other, competing policies will require strong signals, sustained over a considerable period of time. Without such policy signals, pressures to cut costs, and focus on other NHS targets will inevitably displace efforts to increase the proportion of sustainable food in hospitals.

Pending any such changes in government action, in the meantime, hospitals could develop their own sustainable procurement policy, to cover all goods and services, including food. One hospital - The Royal Brompton - has already included new clauses on sustainable development in its tender for a new catering company.

Encourage flexibility

Perhaps the most problematic and expensive recommendation is to retain kitchens (and associated trained staff, high quality equipment and storage space) in hospitals that already have these, and to reintroduce them to hospitals that either have closed them down or been built without them. Without such facilities, it is difficult to see how hospitals can obtain the flexibility they needed to increase, steadily, the proportion of sustainable food they include in their routine catering.

The experience of this project has shown that, even at the most basic level, it is difficult to find out where the food comes from that is used by large national or multinational companies that produce ready meals and cook-chill menus for hospitals. Without knowing the starting point of such companies, it is impossible to know if they are making any progress towards sustainable development. Moreover, the centralised nature of some of these companies makes it impossible for them to adapt their systems to include local or regional produce, seasonal gluts or organic produce.

The need for flexibility also extends to growers, as well as manufacturers and distributors. Decades of agricultural specialisation has meant that, in some parts of the country, an adequate and complete range of fruit and vegetables, cereals, meat and dairy produce simply no longer exists. Under these circumstances, long distance food transport becomes inevitable. We are not aware of any plans by Defra to encourage farming to diversify in a way that would increase the degree of regional self-reliance, but recommend that such options be urgently investigated.

Invest in infrastructure

Even if these trends were reversed, and farmers diversified sufficiently to provide a good range of produce in each area of the country, problems around logistics and infrastructure remain. Supplying food to London is a different proposition from other areas, not least due to the size of the city, traffic congestion and congestion charging, and delivery logistics.

Two reports have been produced, the foundations of which lie in the London Hospital Food Project, and which have had considerable bearing on our ideas for developing sustainable food supply chains in the capital. These are: the report on the distribution barriers to increasing local food supply by Westley Consulting,[62] and the sustainable food hub proposal by Eco-logica.[63]

The distribution report makes clear and methodical recommendations for developing the markets for, and organising supply of local food, and defining the integrity and quality of the food to be supplied. The report explicitly recommends carrying out a feasibility study for a local food centre. This centre, or food hub, in the Ecologica report, is envisaged as a 5,000 square metre food hub which supports a brokered supply of sustainable food from adjacent regions. It potentially contains storage, washing, packing, meat cutting, and closed organic facilities. Management of orders, partly through web-based systems, could reduce customer paperwork and manage traceability, quality control and health and safety imperatives. Four main customers are suggested for the hub, including public sector caterers such as hospitals. The food hub report attracted additional funding from the London Development Agency.

Engage in vigorous and imaginative marketing

Finally, a good deal of energetic and creative marketing is needed to change the culture of food in hospitals (and, indeed, in British society as a whole!) Many working in hospitals are keen to increase the amount of sustainable food they buy, but are unsure what "sustainable" means in practice. Others are not yet sympathetic to the aims of sustainable development and, as a result, much of the food served and available in hospitals - for example in vending machines - is still over-processed, of poor nutritional quality and produced in ways that damages the environment. "Junk" food, such as crisps and soft drinks,

are heavily promoted to catering managers, for example through their magazines and trade fairs. Many managers still feel that the profits made by selling such food in hospital restaurants helps to eke out their low budgets for patients' food, though this flies in the face of objectives outlined in the food and health action plan.[64]

To have a chance of changing this way of thinking and operating it is vital to gain support from across the spectrum of hospital staff, as well as from caterers. For example:

- Procurement managers can have a major influence over buying decisions.
- Dieticians often make critical decisions about which dishes do and do not appear on menus.
- Serving staff make regular contact with patients, and can not only find out the types of food they would most like to see on menus, but can also provide invaluable feedback on how any changes are received.
- High level support from, for example, medical staff and the chief executive of the trust can give catering managers the confidence to experiment with new products from sustainable sources.

In short, getting more sustainable food in London's hospitals is not going to be easy. But this project has not only shown that it can be done, but also that it is well worth the effort. The experience of this project, if spread across the UK, would boost the economy, enhance our environment, and contribute to what the National Health Service has long promised, but struggled to provide - better health and well-being.

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Can it be done? And is it worth it?

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Sustain: the alliance for better food and farming advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the working and living environment, enrich society and culture and promote equity. We represent over 100 national organisations working at international, national, regional and local level.

The Hospital Food Project was established as part of Sustain's London Food Link project. London Food Link began in 2002 and works to help producers, consumers and retailers make a positive choice for sustainable, local food in the capital city. This means better access to affordable, high quality and seasonal food, shorter supply chains and campaigning for policies which promote a thriving local food economy and culture. Activities include:

- Running a local food network for London
- Supporting new and existing food projects
- Advising local and regional authorities on supporting the growth of a local food sector in London
- Promoting a sustainable local food economy
- Celebrating London's food culture

The Soil Association is the UK's leading campaigning and certification organisation for organic food and farming, and is the membership charity at the heart of the UK organic movement. Since 1946 it has been working to raise awareness about the positive health and environmental benefits of organic food and farming and supporting farmers in producing natural food consumers can trust.

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Lifting carrots at 6am, Sunnyfields Organics, Hampshire.