

## Food & fluid myths in hospital

Promoting the **FOOD**  
FIRST Approach



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## Why the Myth buster approach?

- Tackle common misconceptions around food and drink amongst staff
- Promote the Food First Approach
- Improve awareness of the importance of food and drink in helping patients to recover from illness and leave hospital sooner



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The myth buster approach was developed in NHS Greater Glasgow and Clyde (NHSGGC) to improve the awareness of the importance of food and drink in hospital. The myth busters within this presentation tackle common misconceptions around certain foods; stress the importance of knowing what is available for your patients to eat; and how you can access suitable foods for patients who may be at risk of malnutrition.

The key messages in these myths encourage staff to think of different ways to promote the food first approach and improve the food and fluid intake of their patients. It also encourages staff to have the conversations with patients, giving them permission to ask for food and drink when they have a desire to eat and drink.

Nutrition is an important aspect of basic patient care and staff play a vital role in helping our patients recover quicker and leave hospital sooner.

Please take some time whilst reading through these myth busters to think about your attitude, behaviours and practices in relation to food and drink; it may be helpful for you to make a note of those things you do well and those practices that you might change as a result of this reading through this resource.

# Food & fluid myths in hospital

**Myth: Drinking fluid is NOT as important as eating food** FALSE

Water makes up **two thirds of our body** and we need to drink enough to maintain a healthy balance.



We should aim to drink **eight cups or mugs of fluid** regularly throughout the day (unless otherwise advised).

**Myth: Drinking fluids is not as important as eating food for hospital patients**

It is easy to forget that dehydration is a serious issue and making sure our patients consume enough fluid can easily be overlooked.

Water makes up two thirds of our body so it's important we all drink enough to maintain and promote good health. This applies to everyone; however, it can be especially important for our older patients. Dehydration in older or unwell people can trigger delirium. Dehydration can be a direct cause of delirium, or consequently lead to medication levels building up, which can have a toxic effect.

Having less fluid flowing through the bladder can lead to urinary tract infections, and less fluid through the gut to constipation – these are all common contributors to delirium.

Fluids can be taken by drinking a range of liquids including tea, coffee, water or squash. Unfortunately, not all of our patients are always able to recognise their own dehydration so it's important every one of us plays a role in ensuring they are encouraged to consume enough fluids during the day. It's really important to know what your patient enjoys drinking and that they are given permission or encouraged to drink regularly throughout the day.

## Food & fluid myths in hospital

**Myth: It's ok if overweight people don't eat in hospital, they've got weight to lose** FALSE

No matter what weight a person is, their body will use up their immediate energy stores within 24-72 hours of not eating.



Taking a 'food first' approach for all patients who can eat and drink is essential to aid recovery.

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**Myth: It's OK if overweight people don't eat in hospital, they've got weight to lose**

The truth is very different. No matter what weight a person is, their body will react the same way when food intake is limited. Within 24-72 hours of not eating, the body will have used up its readily available energy stores. The body will then start to break down fat and protein stores from muscles in the arms and legs and even internal organs to make sure it can continue to function. Patients who have not eaten will feel tired; have less muscle function to undertake normal activities putting them at increased risk of infection, skin damage and falls and ultimately increasing their recovery time. So taking a 'food first' approach for all patients who can eat and drink is essential to aid recovery.

# Food & fluid myths in hospital

## Myth: Only nursing staff can offer patients food and drink

FALSE

Any member of staff working with a patient can offer and encourage food and drink. Increasing the number of opportunities for a patient to eat and drink can improve their overall food and fluid intake during the day.

If you are unsure whether a patient needs a special diet or drink please check, options are available for all patients.

### We can ALL play our part

- Family
- Friend
- Catering assistant
- Physiotherapist
- Speech and language therapist
- Nurse
- Domestic
- Dietitian
- Doctor
- Occupational therapist



Reduce tiredness

Support rehabilitation and muscle function

Reduced recovery time

Everyone can play a role in supporting patients to access food and fluid.



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## Myth: Only nursing staff can offer patients food and drink

Often when patients are unwell and in hospital they can lose their appetite and struggle to eat and drink what is 'normal' for them. Asking patients, carers or relatives about food and drink preferences and what they like to eat at home can make all the difference and they can help tailor meals and snacks we provide whilst they are in hospital.

For patients who are able to eat and drink, increasing the number of opportunities for them to eat and drink may improve their overall food intake. We can all play our part to offer snacks that suit the needs of patients during the day. If your patient is struggling to eat the hospital food or to choose food and drink that they like then please remember you can contact your local catering team to discuss alternatives. Did you know, over any weekend there are 22 meals and snack opportunities and we ALL can make an impact each time. A 'little of what you fancy' can often be the best approach to improve the overall food and fluid intake, which in turn can reduce tiredness, support rehabilitation and reduce recovery time for our patients.

# Food & fluid myths in hospital

**Myth: Family members should be excluded during mealtimes** FALSE

Family, friends and carers can **all** play an important role in encouraging patients with small appetites to eat a little bit more.

Providing the right level of assistance is just as important as making sure a patient gets the right food. Families should be encouraged to discuss with staff how they can help with mealtimes on wards.

Patients may need assistance:



To eat and drink



To cut up food



To peel fruit or open packets



To keep mealtimes as normal as possible

Nursing staff will help patients who need assistance to eat.



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**Myth: Family members should be excluded during mealtimes**

Ward staff have a responsibility to ensure that all non- essential activity is stopped at mealtimes and staff are able to concentrate on supporting and helping patients to eat and drink.

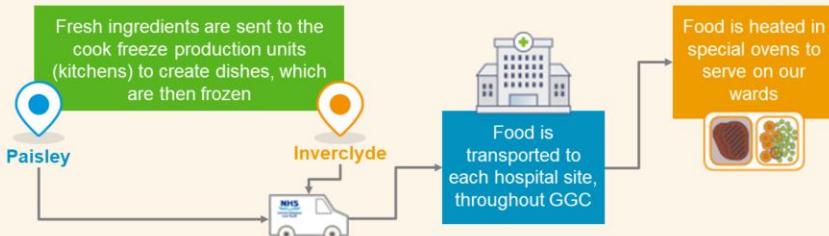
For many patients mealtimes can be the highlight of their day and most would choose, where possible, to chat with their family or friend whilst eating and drinking. It is recognised that the presence of a family member, friend or carer can play an important role in encouraging patients to eat a little bit more. Providing the right level of assistance is just as important as making sure a patient gets the right food. Families should be encouraged to discuss with staff how they can help with mealtimes on wards.

At present, during COVID 19 it may not be possible for family members to take part in mealtimes but they may wish to discuss how best they can support their relatives nutritional needs.

# Food & fluid myths in hospital

**Myth: The meals for our patients are ready meals that come from Wales** FALSE

Our meals contain fresh ingredients and are cooked here in NHS Greater Glasgow and Clyde by our own catering staff.



Some dishes such as **salads and cold desserts** are prepared at local hospitals. We use an external specialist supplier to prepare our texture modified and therapeutic meals.



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**Myth: The meals for our patients are ready meals that come from Wales or anywhere else**

The meals that we serve to our patients in NHS Greater Glasgow and Clyde do not come from Wales

We have two large Cook Freeze Production Units (CFPU's) where the majority of patient meals are prepared, cooked and then frozen. We employ our own NHS catering staff who work in these two units based at the Inverclyde Royal Hospital in Greenock and the Royal Alexandra Hospital in Paisley. Our chefs use fresh ingredients when preparing and cooking the meals. The CFPU's produce around 10,000 meals per day, that's over 3.6 million meals per year.

Once the menu dishes are cooked they are decanted into smaller portion packs and immediately blast frozen, using specialised freezing equipment. This ensures that the products are frozen down without adding additional moisture to dishes or destroying nutritional content.

The meals are then stored in the CFPU freezer holding area before being packed and dispatched to each hospital site.

Once meals are dispatched from the CFPU and received at hospital sites, they are stored locally prior to being transported to ward areas to be regenerated in special ovens and served to patients.

Some of our menu items are prepared within the local hospital kitchen such as salads and special dietary meals, all of which are offered at mealtimes.

# Food & fluid myths in hospital

## Myth: Hospital food is poor quality FALSE

We only use high quality ingredients and familiar household brands to produce meals for our patients.



### Nutrient standards

Offers guidelines for both 'nutritionally vulnerable' and 'nutritionally well' patients



### Food-based standards

Recognises the Scottish dietary targets, including the need to provide a minimum of 5 portions of fruit and vegetables a day



### Menu planning standards

Assists caterers and menu planning groups to develop menus that ensure the dietary and nutritional needs of patients are met

Within NHS Greater Glasgow and Clyde we serve around **9,900 meals every day**.



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## Myth: Hospital food is poor quality

Hospital food sometimes has a undeserved reputation for being of poor quality which is not the case.

The CFPUs buy in high quality ingredients and familiar household brands to produce the meals for the patients. We purchase food and drinks as part of an NHS Scotland National Procurement Framework of approved catering suppliers. Each supplier of food and drink must meet strict standards including nutritional guidelines and food safety. Every item purchased is fully traceable and protects our patients, staff and visitors. Where possible we ask for local food producers and suppliers to be approved by National Procurement – for example our fresh fish supplier is a local company based in Glasgow.

NHSGGC complies with the NHS Scotland Food in Hospitals National Catering and Nutrition Specification which sets out in detail what should be provided for patients. The specification provides guidance on how many calories, how much protein, fat and carbohydrate as well as essential vitamins and minerals are required. Our chef's follow tried and tested standard recipes to ensure that our dishes are prepared and produced exactly the same way each and every time. Within NHSGGC we serve around 9,900 meals every day.

# Food & fluid myths in hospital

**Myth: High calorie choices shouldn't be on our hospital menus as they're not healthy**

**FALSE**

Our menus must include higher calorie meals so we can cater for patients with small or poor appetites as well as those who wish to eat more healthily.

Our menus follow the NHS Scotland Food in Hospitals catering and nutrition specification and are coded to show which dishes are higher in calories and those which are healthier choices.



Contains more energy



Controlled fat and sugar



Suitable for vegetarians



Easy to eat/soft food option

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**Myth: High calories choices shouldn't be on our hospital menus as they are not healthy**

It has been noted that our patient menu contains some high calories choices which are not necessarily healthy for the general population however within a hospital setting we have to cater for a wide range of ages, from children to the very oldest of our population, and for people with conditions that require special diets.

All of our meals have been nutritionally analysed by a dietitian. On our main menu some of the meal options contain more energy (calories) and these choices are better for those patient with small appetites or those who need to gain weight. These choices are indicated by the star symbol on the patient menu.

Other dishes have an "heart" symbol indicating healthier choices. These dishes have controlled amounts of fat and sugar and are suitable for those wishing to eat healthily, those following a lower fat diet or trying to lose weight

The carrot indicates those dishes which are suitable for vegetarians and the E informs the patient of the softer options.

## Food & fluid myths in hospital

**Myth: Hospitals can't provide suitable food if you require a special diet**

**FALSE**

NHSGGC routinely caters for a variety of special diets including gluten free and food allergies. We also provide food for those following a vegan, vegetarian, Halal or Kosher diet.



Contact your catering department as soon as you know your patient has any special dietary requirements.

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**Myth: Hospitals can't provide suitable food if you require a special diet**

Unfortunately a common catering complaint arises when patients feel they are not able to access particular foods that they require to eat at home and one of the misconceptions amongst ward staff is that lack of knowledge around the catering provision for these special diets.

We routinely cater for a variety of special diets including gluten free and food allergies. We also provide food for those who follow a vegan, vegetarian, Halal or Kosher diet. You can contact the local catering department to supply patients with food allergies, alternatives to bread, milk and snacks such as gluten free bread, soya milk and yogurts, its important that you let the patients know this is available and you contact catering to organise this as soon as possible after admission.

NHSGGC complies with Food Information for Consumers Regulation (EU) No 1169/2011 where we can provide you with information about the allergen content of all of our meals. This information is stored in the ward kitchen/ pantry in the allergens folder.

## Food & fluid myths in hospital

**Myth: Snacks are not available between meals unless you are at risk of malnutrition**

**FALSE**

All wards have a supply of ward provisions as part of the national catering and nutrition specification, Food in Hospitals.

This includes:



Bread, butter/spread and jam



Biscuits and cereal



Tea, coffee, hot chocolate, milk and squash

These should be available in your **ward pantry** at all times for use by our patients.

For your local pantry contact details, visit: [www.nhsrrc.org.uk/pantrycontacts](http://www.nhsrrc.org.uk/pantrycontacts)



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**Myth: Snacks are not available between meals unless you are at risk of malnutrition**

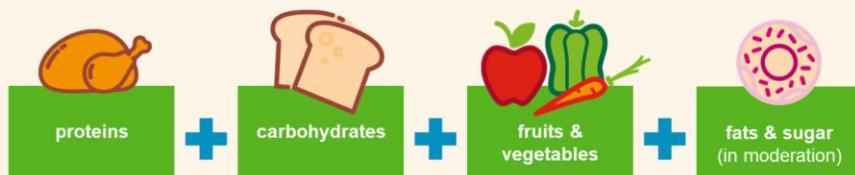
When people are unwell they often have a reduced appetite or 'go off their food'. This can affect everyone – whether you are at immediate risk of malnutrition or not. Often a 'little and often' approach can be helpful to support patients in returning to normal eating patterns. Offering snacks and drinks between meals can provide additional opportunities for patients to increase their food and fluid intake, support recovery and reduce the length of time they are required to be in hospital

# Food & fluid myths in hospital

**Myth: People with diabetes can't eat sugar or sugary foods**

**FALSE**

It's a common misconception that people with diabetes must have a sugar-free diet. A 'healthy eating' diet is more beneficial and should be encouraged.



## Special diabetic food is not necessary

People with diabetes do not have a special diabetic menu – they can choose their meal from the hospital menu and nothing is prohibited or forbidden.



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**Myth: People with diabetes can't eat sugar or sugary foods**

You may have heard people say they are, or know someone who has Diabetes and follows a 'Diabetic Diet'. Well, there is no such thing as a 'Diabetic Diet'. Individuals who have diabetes are encouraged to eat a healthy balanced diet, following the principles of the eat well plate, which includes all food groups including small amounts of fats and sugars. One of the common questions asked by staff is –'can a patient with diabetes have a pudding?' Yes they can, an individual can select all available options on the appropriate hospital menu.

If you are concerned about an individuals blood sugars and think this may be related to an individuals food and fluid intake, discuss with the medical staff in the first instance who may request a referral to diabetes team.

# Food & fluid myths in hospital

## Myth: Food shouldn't be brought into hospital

FALSE

Visitors are welcome to bring in extra high calorie snacks for patients who are not managing to eat well and would benefit from 'a little bit of what they fancy' in addition to hospital food.

Suitable snacks for patients who are able to eat and drink normally can include:



Pre-wrapped cakes, biscuits and teabread



Fresh (pre-washed) fruit or dried fruit



Pre-wrapped chocolates or sweets



Sealed packets of crisps and other savoury snacks



Drinks in a plastic container (no alcohol)

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## Myth: Food shouldn't be brought into hospital

Patients and their visitors often tell us they've heard that food shouldn't be brought into hospitals. For the majority of patients this isn't the case but it's always best for the visitor to check with you before bringing up food. The safest options are pre-wrapped snacks and drinks in plastic bottles. For patients with smaller appetites or those struggling to eat 'what's normal for them' we should encourage their family members and visitors to bring in higher calorie snacks.

As mentioned earlier, eating a little of what they fancy can often be the best approach to improve their overall food and drink intake and support them to get better quicker.

# Food & fluid myths in hospital

**Myth: Food isn't as good as a supplement drink**

**FALSE**

In the hospital ward, a combination of foods and drinks can provide similar amounts of energy, and be as beneficial to nutritional supplements:



A jam sandwich made with  
2 slices of bread with butter  
(288kcal, 8 grams/protein)



A glass of full cream milk with 2  
digestives with butter and jam  
(336kcal, 9 grams/protein)

Oral nutritional supplements can be prescribed for patients who are unable to eat enough food to help them recover from illness. However, **encouraging a 'food first' approach is preferable to maintain a 'normal' eating experience.**



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**Myth: Food isn't as good as a supplement drink**

Supplements can play an important role in ensuring patients get enough energy to recover, however supporting food as the first line is the best source of nutrition in order to maintain a normal eating experience.

It's really important we help patients improve their diet before using supplements. Nutrients are at their most potent when they come from food.

Nutritional supplements are specially formulated foods or drinks that are prescribed to patients as they contain energy, protein, vitamins and minerals.

Wards have a well-chosen selection of foods and snacks which can be as beneficial as a supplement drink. Combinations of foods and drinks, such as jam sandwiches or buttered digestives accompanied by a glass of whole milk, are available on wards and can provide similar amounts of energy to nutritional supplements.

In saying that, Supplements can be helpful for people who struggle with a loss of appetite, have difficulty chewing, have trouble preparing balanced meals or are recovering from surgery or an illness.

However, it's important to remember these drinks aren't magic bullets for nutrition and we should always encourage a Food First approach before referring to the dietitian if it is felt the patient may benefit from nutritional supplements

# Food & fluid myths in hospital

**Myth: Ordering meals for empty beds doesn't cost us anything**

**FALSE**

Over ordering or ordering meals in bulk without individual patient choice creates food waste on our wards.

One extra meal a day, ordered for an 'empty bed', costs NHSGGC £1100 a year. We have **reduced** our unserved meal waste by **2%** over the last year and can continue to reduce our food waste by:



Using our new menus to help patients choose their meals



Offering second helpings when available on the trolley



Not ordering meals for empty beds or for patients who are nil by mouth



Providing meal options through the Late and Missed Meals policy

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Myth: Ordering meals for empty beds doesn't cost us anything

The NHS is a business and as such requires to manage its costs and reduce its waste. Food waste is no different. Wasteful behaviour is costly to both the environment and the service.

Did you know that if we order just 1 extra meal a day for a whole year for an 'empty bed' it will cost in excess of £1,000. It is likely this food is wasted as the patient who arrives into that 'empty bed' may be fasting for a procedure or just not like what has been ordered. Contacting catering or using the late and missed meals policy can allow you to cater for the new patient likes and dislikes and reduce the amount of food waste.

At the end of the meal service if there is food left over, ask your patients if they would like seconds. Its much better if the patients eat it than the food being wasted. In the last year we have managed to reduce unserved food waste by 2% and we will strive to continue to reduce the amount of hospital food waste we throw away.



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Thankyou for taking the time to read through these myth busters, we hope we have tackled some common misconceptions and highlighted the importance of food and drink in hospital for all patients.

Now its your turn to think about your practice and what would you like to .....

Start Doing

Keep Doing

Stop Doing