

# HOSPITAL CATERER



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[www.hospitalcaterers.org](http://www.hospitalcaterers.org)

## GETTING IT RIGHT

Important  
considerations  
for preparing a  
diabetic menu



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Plus

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Roadmap to 2025:  
tackling plastic

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Easy meals with  
eMeals at UHMB

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Find your balance:  
get portion wise

# Providing the appropriate choices



Angela Tella, British Dietetic Association Spokesperson and Registered Dietitian at Illumina Lifestyle Consulting, and HCA Member, provides an overview of what hospital caterers should consider when designing menus for patients with diabetes.

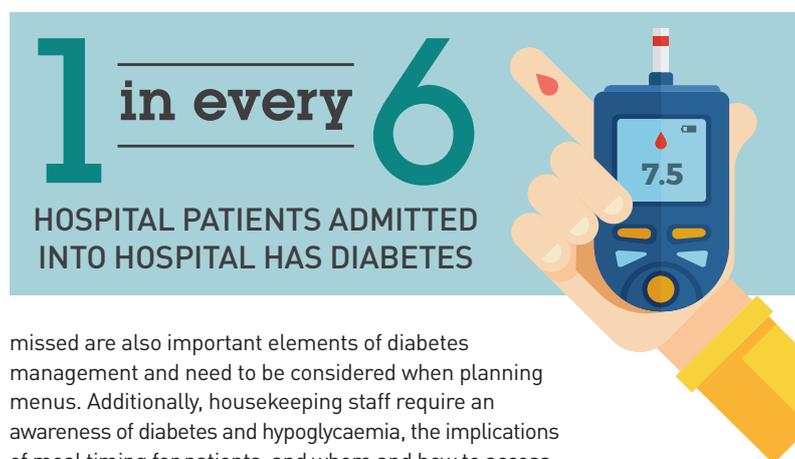
With one in every six hospital patients admitted into hospital having diabetes (according to Diabetes UK), it is imperative that hospital nutrition policies are able to cater for this patient group. Current diabetes treatment and management is tailored to the individual, focusing on patient empowerment for better self-management. As such, the catering service experienced by patients with diabetes should be consistent with this ethos, encouraging patients to take ownership of their diabetes even while in hospital.<sup>1</sup>

Current inpatient perception of meal choice, meal timing and staff awareness of diabetes has worsened since 2011.<sup>1</sup> Hospital caterers need to respond to this by providing menus that are nutritious and appetising, providing variety and choice to cater for religious, cultural or dietary needs as part of the care package provided for patients.

It is recommended that people with diabetes follow healthy eating guidelines for the general population, as reflected in the Eatwell Guide.<sup>2</sup> Patients with Type 2 Diabetes will need to lose weight and, therefore, require lower calorie, healthier eating menu options. Those with Type 1 Diabetes are usually a normal weight and need to balance their insulin with their carbohydrate intake. For these 'carbohydrate-aware' patients, the carbohydrate content of meals and menu items is important and needs to be readily available.

Healthy eating guidance, however, may not apply to all patients, particularly if there are other health complications. For instance, healthier eating options may not provide enough energy and protein for those who are underweight and nutritionally vulnerable; higher-energy, higher-protein options may be more appropriate for these patients. Dietitians can assess and provide specific advice for individual requirements in conjunction with the clinical team.

Best practice dictates that a qualified and experienced catering dietitian who understands the complexities of menu development is involved in menu design to ensure nutrition standards are met.<sup>3,4</sup> Adequate hydration, suitable snacks to prevent and treat hypoglycaemia (low blood sugar) and replacement meals if a meal is



missed are also important elements of diabetes management and need to be considered when planning menus. Additionally, housekeeping staff require an awareness of diabetes and hypoglycaemia, the implications of meal timing for patients, and where and how to access nutritional information of meals/menu items. The revised (Nutrition and Hydration) Digest<sup>5</sup> is an invaluable resource for caterers, providing guidance on menu planning and the criteria for healthy eating options and menu coding, amongst other things.

Finally, joint working and its benefits to patients cannot be over-emphasised, as highlighted by the HCA's 'Power of 3' campaign. Caterers and dietitians must work together with the local diabetes team to ensure that seamless continuity of care is provided to patients while they are in hospital.

<sup>1</sup> Diabetes UK (2017). Making Hospitals Safe for People with Diabetes Report. [www.diabetes.org.uk/resources-s3/2018-10/Making%20Hospitals%20safe%20for%20people%20with%20diabetes\\_FINAL.pdf](http://www.diabetes.org.uk/resources-s3/2018-10/Making%20Hospitals%20safe%20for%20people%20with%20diabetes_FINAL.pdf)

<sup>2</sup> PHE (2016) The Eatwell Guide. [www.gov.uk/government/publications/the-eatwell-guide](http://www.gov.uk/government/publications/the-eatwell-guide)

<sup>3</sup> DH (2017). Patient-Led Assessments of the Care Environment (PLACE) 2017. <http://content.digital.nhs.uk/media/23461/PLACE-2017-Organisational-Questions---Food/doc/>

<sup>4</sup> DH (2014). The Hospital Food Standards Panel's Report on Standards for Food and Drink in NHS Hospitals. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/523049/Hospital\\_Food\\_Panel\\_May\\_2016.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523049/Hospital_Food_Panel_May_2016.pdf)

<sup>5</sup> The British Dietetic Association (2017). The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services, 2nd Edition. [www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf](http://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf)

Angela was part of the team of experts who undertook review work for the second edition.

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