



Community Food Initiatives Retailing in Hospitals and Health Centres



About CFHS



**community
food and health**

(scotland)

Community Food and Health (Scotland) or CFHS aims to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy and acceptable diet for themselves, their families and their communities. We do this by supporting work with and within low-income communities that addresses health inequalities and barriers to healthy and affordable food.

Barriers being addressed by community-based initiatives are:

Availability – increasing access to fruit and vegetables of an acceptable quality and cost

Affordability – tackling not only the cost of shopping but also getting to the shops

Skills – improving confidence and skills in cooking and shopping

Culture – overcoming ingrained habits

Through our work we aim to support communities to:

- identify barriers to a healthy balanced diet
- develop local responses to addressing these barriers, and
- highlight where actions at other levels, or in other sectors, are required.

We value the experience, understanding, skills and knowledge within Scotland's community food initiatives and their unique contribution to developing and delivering policy and practice at all levels.

Acknowledgements

We would like to thank everyone who provided CFHS with information about their stalls in hospitals and health centres. Thanks also to the community food initiatives that provided some of the photographs included.

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Headline findings

The hospital stalls that are most successful would appear to be those that are supported by a wide range of hospital staff. Below are some factors that have enabled community food initiatives to operate stalls successfully within hospitals and health centres:

- hospital management staff recognising the wide-ranging benefits that providing access to fresh produce brings for staff, visitors and patients;
- hospital management staff being flexible, responsive and innovative;
- having an identified lead contact within health promotion/improvement teams in addition to any relationships created with management;
- using opportunities through hospital intranet sites, events, and partnership working to promote the stalls, the access to healthy produce they provide, and their affordability;
- stall opening hours that reflect visiting times and staff shift patterns;
- NHS funding to purchase equipment (eg. pergolas to enable stalls to operate outside, display stands, etc), and marketing materials, (eg. 'table-toppers' and pull-up banners); and
- rent-free space in which to operate the stall.

While all of the stalls in this report were established with the aim of becoming financially self-sustaining, few were generating a profit. Most of the stalls received short-term funding to enable them to cover their costs while they built up a customer base, but several stopped running when this funding ceased.

Some stalls might not attract sufficient customers to become financially viable; however, commitment of time and resources is more likely to ensure that this happens.

Additional factors that could further support community food initiatives to operate stalls successfully within hospitals and health centres are:

- funding to set up stalls and enable them to establish a customer base;
- provision of storage space to enable stalls to open for longer hours and potentially more frequently;
- recognition of the need to ensure a prime location for stalls to attract customers; and
- exploration of procurement models and potential collaboration between community food initiatives and catering facilities.



Setting the scene

Introduction

Across Scotland, many community food initiatives are involved in community retailing, ie. selling good quality, affordable food in community-based settings. Most focus on selling fruit and vegetables, often exclusively.

In the last few years, a small but increasing number of community food initiatives have become, or have set up, social enterprises¹ and expanded their retailing activities to include selling commercially to private sector customers, both corporate and individual. Retailing in this way allows community food initiatives to generate income that can then be used to support their food and health activities within low-income and disadvantaged communities.

Community Food and Health (Scotland) became aware that some community food initiatives had extended their retailing activities into hospitals and health centres. We wanted to find out more about this work; what they were doing and why, what support they had received and how they had overcome any difficulties they had faced.

This publication explores the factors that have influenced the success of these stalls, the policy drivers that have supported them and the 'win-win' that can be created through partnership working. It has been produced to highlight and share the good practice gathered from discussions with both community food initiatives involved in retailing in hospitals, and NHS staff. It highlights the factors that have contributed to the stalls' successes, and the challenges that both community food initiatives and NHS staff have overcome.

We hope that this publication will encourage other community food initiatives and NHS boards to consider what opportunities there may be to work together to establish similar services in their areas.

Background

In January 2010, CFHS held a round table discussion about retailing in hospitals. Representatives from three community food initiatives (from Edinburgh, Lanarkshire and Aberdeen), two NHS Boards (NHS Forth Valley and NHS Dumfries and Galloway) and a Council for Voluntary Service (Falkirk) took part. All of them had experience of setting up and running fruit and vegetable outlets in a hospital setting, or hoped to do so in the future. While the discussion highlighted that the outlets were all very different, it revealed a number of common features and identified some common issues that they faced.

A report of the round table discussion is available on the CFHS website.

Following the round table discussion, CFHS became aware of other community food initiatives that were involved in hospital retailing, including those in Inverclyde, Dundee and Tayside, Inverness, and Fife. Between March and July 2010 CFHS staff visited or contacted staff from community food initiatives and NHS boards to find out more about the stalls operating in these eight NHS board areas. They were asked the following:

- Why retailing in hospitals?
- What impact do the stalls have?
- What factors influence the success of the stalls or create challenges for their operation?

This publication condenses the key points from the discussions and conversations that took place. It also includes examples to highlight some of these key points.

¹ A social enterprise is a business that has been set up to address social or environmental needs. The profits made are reinvested in the business or in the community.

About the community food initiatives included

While this publication was being produced, some of the community food initiatives ceased operating or ceased their hospital retailing. However, their experience of hospital retailing remains valuable, and, therefore, examples of some of their work have been included.

The allotment was a fruit and vegetable shop in Dumfries, established by Nithsdale Council for Voluntary Service and **NHS Dumfries and Galloway** in autumn 2008. For six months in 2009 a staff member and volunteer ran a weekly fruit and vegetable stall in Dumfries and Galloway Royal Infirmary. This service ceased when the allotment closed in early 2010.

The Big Apple is the social enterprise arm¹ of Transform Community Development. The organisation runs fruit and vegetable stalls in four hospitals in the **NHS Tayside** and **NHS Fife** areas. A stall in Ninewells Hospital in Dundee operates once a week in the spring and summer. It also runs stalls weekly in Queen Margaret Hospital in Dunfermline, and the Victoria and Forth Park Hospitals in Kirkcaldy. The stalls are open for four to five hours each day.

The Big Apple ran stalls in three other hospitals in the NHS Tayside area, in Perth Royal Infirmary and Stracathro and Kings Cross Hospitals, but stopped doing so because of poor sales.

CFINE (Community Food Initiatives North East) operates fruit and vegetable outlets in three hospitals in the **NHS Grampian** area. All the outlets operate for three to four hours each day. In Aberdeen Royal Infirmary the outlet was originally open three days a week, but is now open twice a week. There is also an outlet open once a week in Cornhill Hospital. CFINE is piloting an additional stall in the children's hospital in Aberdeen. For a time it also provided a fruit and vegetable delivery service for staff working in Woodend Hospital and a stall in Dr Gray's Hospital in Elgin. Community Food Moray now runs the stall in Dr Gray's, and in Seafield Hospital in Buckie and Steven's Hospital and Health Centre, Dufftown.

CFINE also supports community food co-ops and outlets in West Lothian, including one operating in St John's Hospital. This outlet was previously supported by Welfehd, a community food initiative that ceased trading in 2009.

Edinburgh Community Food (ECF) runs a stall in four **NHS Lothian** premises. It operates a stall two days a week in the Western General Hospital, and once a week in the Royal Edinburgh Hospital, NHS premises in Lauriston Place, and Edinburgh Royal Infirmary. The stalls are open from 8 am to 2 pm or 3 pm. For some months it also ran a stall in the Astley Ainsley Hospital, but closed this because of low customer numbers. Staff are hoping to resume running stalls three times a week in the Western General Hospital, when a new building opens in 2012.

Lanarkshire Community Food and Health Partnership (LCFHP) was the first community food initiative to open a fruit and vegetable stall in hospital premises. Through Fruits and Roots, its social enterprise arm, it now runs stalls in three acute hospitals in the **NHS Lanarkshire** area. In Monklands General Hospital in Airdrie the stall is open four days a week, for four hours. In Wishaw General Hospital, where it runs twice a week, the stall is open for six hours per day. There is also a stall operating once a week in Hairmyres Hospital in East Kilbride for four hours. LCFHP also runs fruit and vegetable access points in the Corporate Services Building at Monklands General Hospital, Coatbridge Health Centre and Viewpark Health Centres. It ran stalls in other health centres across North and South Lanarkshire, but was unable to continue to do so without ongoing financial support.

REAL Food is a community food initiative based within Inverness High School. Until October 2010 it ran community retailing outlets across the city in addition to the market garden that is based at the school. One of the outlets was in Raigmore Hospital, **NHS Highland**. While its retailing activities have ceased, its market garden continues.

¹ Charities and charitable organisations that are registered companies can set up subsidiary companies to enable them to carry out non-charitable trading activities. These subsidiary companies can be called social enterprise arms, trading arms or trading subsidiaries. The subsidiary companies are wholly-owned by the charities or charitable companies that set them up. Any profits made by a trading subsidiary are gifted back to the charity or charitable company.

Stepwell Ltd runs Mobile Markets at Inverclyde Hospital and Greenock Health Centre in the **NHS Greater Glasgow and Clyde** area. The Markets sell pre-packed fruit bags and soup bags only. The cost of running these stalls and six others in the Greenock area are partially met with funding from the local Community Planning Partnership, the Inverclyde Alliance.

How do the stalls operate?

The purpose of the stalls is to encourage staff, visitors and patients to purchase, and eat, more fruit and vegetables. However, all of the stalls are being run to generate income for the community food initiatives.

The structures of the community food initiatives running the stalls differ. Some are charities, others are charitable companies. Some have established trading arms to run their commercial activities (including the hospital stalls). For all, their legal structures ensure that the income generated from the stalls is used to further their charitable aims.

While all of the community food initiatives sell the produce on the stalls for more than they buy it for, they aim to sell their produce at rates that are lower than or comparable with commercial retailers. The mark-up added by each initiative varies and is between 20% and 35% of the purchasing costs. If the cost of buying some staple products, eg. bananas, is very high, some initiatives may sell these at a loss to encourage custom.

In addition to improving access to fruit and vegetables, the stalls are providing employment and training opportunities. Both paid workers and volunteers staff the stalls, with some community food initiatives employing part-time staff solely to work on their stalls. One stall provided places for Future Jobs Fund trainees.

Between them, the community food initiatives included are currently running stalls in 19 hospitals and health centres. The number of hours that the stalls operate for varies from hospital to hospital, but most are open from the morning until afternoon visiting time. Some stalls are sited near the main entrance to the hospital while others are placed in different locations within the hospital building. In three hospitals the stalls run outside the main entrance. Most of the customers buying from the stalls are staff, but visitors and patients also buy from them.

Unlike other businesses operating in hospitals, none of the community food initiatives have to pay rent for their stalls. Some of the community food initiatives have service level agreements¹ with the relevant NHS Board, whilst others operate with a more informal relationship.

² A service level agreement is part of a service contract where the level of service is formally defined.



Why retailing in hospitals?

For all the partners, the timing and the policy environment were right.

Some community food initiatives had recognised the potential for generating income through expanding their community retailing into hospitals and health centres. Independently, some NHS staff had also been pursuing establishing fruit and vegetable stalls in health service premises. Working closely with their local community food initiatives, they knew that these had expertise in selling fruit and vegetables and encouraging people to buy, prepare and cook them.

As a result some initiatives and some hospital staff had been pursuing hospital stalls for some time; however, they had been unable to establish them. The developing policy environment has resulted in a range of policy initiatives that have provided impetus for retailing healthy produce in hospitals and health centres.

The Health Promoting Health Service

In March 2008, Chief Executive's Letter 14 (CEL 14) to NHS Boards advised that they are expected to make their hospitals health promoting through implementing the Health Promoting Health Service (HPHS) Framework. Action 10.4 in CEL 14 is one of the six specific actions that NHS Boards were expected to implement:

10.4 Food and Health: increase access to competitively priced fruit and vegetables through retail outlets in acute settings

In May 2010 the Scottish Government and NHS Scotland re-affirmed their commitment to pursuing the health improvement activities of the Health Promoting Health Service in the Healthcare Quality Strategy for NHS Scotland.



Other policy drivers

In addition to the HPHS framework, other policies have provided further opportunities to explore community retailing in hospitals.

In 2009 the **Obesity Route Map**¹ identified the need to create supportive environments to encourage people to eat healthily. In particular, the responsibility of organisations to improve the health and wellbeing of their employees has been identified.

In 2007, the Scottish Government launched '**Scotland Performs**', a national performance framework designed to capture change and progress against priority issues for Scotland. Fifteen national outcomes have been identified within this framework, three of which are most relevant to hospital stalls:

'We live longer, healthier lives.'

'We live in well-designed, sustainable places where we are able to access the amenities and services we need.'

'Our public services are high quality, continually improving, efficient and responsive to local people's needs.'

Healthy Working Lives is an award programme that supports employers to develop health promotion and safety within the workplace. The programme is tiered with bronze, silver and gold awards. There are local Healthy Working Lives teams within each Health Board across Scotland that provide a clear link to promoting healthy eating to hospital staff and those working in health centres. Some of the teams also support access to fresh produce through schemes like "Fruity Fridays", which source produce through the projects mentioned above.

Each NHS Board has a delivery agreement with the Scottish Government that is based on the key objectives, targets and measures that reflect Minister's priorities for health. Within this, NHS Performance Targets have been set for Scotland, otherwise known as **HEAT² targets**. Within the efficiency targets for 2011/12, all NHS Boards are required to 'reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.'

The convergence of all of these factors provided the opportunity for community food initiatives and hospitals to work together.

In 2009 staff on the colorectal ward in St John's Hospital in Livingston decided to put into practice the dietary advice that they were giving their patients. The ward became a 'sweet-free zone'. Patients, visitors and staff were asked not to bring sweets on to the ward. To support the changes, a surgeon donated a box of fruit for the staff to eat every week for 12 weeks. At the end of this period the staff stated that they felt healthier and some reported that they had lost weight.

Using this positive experience of staff from St John's Hospital, a health improvement officer in Aberdeen Royal Infirmary was keen to make it easier for hospital staff to buy fresh fruit and vegetables. She recognised that CEL 14 could be used as a lever to do this, and that increasing access to fresh produce would link well with the hospital's Healthy Working Lives programme.

CFINE had been keen for a number of years to establish fruit and vegetable stalls in hospitals. CFINE saw this as a natural extension of its work, which was supporting community food outlets across Aberdeen, Aberdeenshire and Moray, and CFINE staff had made tentative approaches to hospital staff in the past. When approached, they welcomed the opportunity to run a stall at the hospital for a three-month trial.

The stall, which opened in June 2009, is still running. CFINE now runs stalls in two other hospitals and is piloting another in a third. An evaluation of the stall highlighted that it is supporting staff to make positive, and measurable, changes to their lifestyles.

The success of the stall can be accredited to the commitment of everyone involved, including the buy-in from the hospital management. Because the experience has been so positive, the hospital is now targeting other health promotion issues.

1 Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight, Scottish Government 2009

2 H – Health Improvement; E – Efficiency; A – Access and T – Treatment

What impact do the stalls have?

In order to demonstrate their impact, four of the community food initiatives had carried out evaluations of their hospital retailing work in the previous three years – CFINE, LCFHP, the allotment in Dumfries and the Big Apple.

All four used questionnaires designed to capture the specific impact of the stalls for staff, patients and visitors. They were distributed to customers visiting the stalls, or to hospital staff electronically. The questionnaires included issues around perceptions of the stall, impact on consumption of fruit and vegetables and the knowledge and understanding of the recommended portions of fruit and vegetables to be eaten each day.

Three initiatives reported the number of questionnaires that were completed and on average there were 213 respondents. Most respondents were hospital staff, ranging from 51% to 86%.

When asked how frequently people shopped at the stalls, the evaluations found that customers were most likely to shop at the stalls weekly (av. 39%) or fortnightly (25%).

Three evaluations specifically explored what motivated customers to shop at the stalls. One found price (44%), quality (44%) and availability (43%) were the main factors that motivated customers. Another evaluation found that location/convenience was the main reason customers used the stall. Only 20% of customers reported that they shopped at the stall because of the competitive prices. The third evaluation found that quality, location and the sale of local produce were key reasons why people shopped at the stalls. Other evaluations further explored the issue of price and found that the prices on the stall were largely perceived to be cheap or fair.

The evaluations also found that customers were eating more fruit and vegetables, with the increase in consumption ranging from 13% to 51%. One evaluation also found that customers had increased the range of fruit and vegetables they were eating.

In relation to learning for the future, two evaluations specifically explored any suggestions for improving the stall. The list below is a sample of the suggestions.

- **Ensuring prices are competitive**
- **Increasing the choice of produce (including flowers and herbs)**
- **Locating to more obvious position**
- **Increase opening hours**
- **Increase local produce available**
- **Special offers**
- **Open all year**
- **Increase publicity**
- **Ensure good quality**
- **Fruit bags/ready-to-eat produce**
- **Recipe cards**

One evaluation specifically explored why people had not shopped at the stall before and found that some staff did not have enough time, some felt it was too expensive and others already brought fruit and vegetables from home. One evaluation also asked about the online ordering service it provided, finding that 28% of people knew about the service and, although very few had used it previously, 51% said they would use it in future.

Two stalls included profit and loss information within their evaluations. This highlighted that ongoing sustainability was a key issue. Both stalls received funding for the year in which the evaluation was carried out. However, they identified that their profit margins would not support a self-sustaining model of operation. Whilst some initiatives were making good profits, for example during summer months or at certain hospital sites, this was counteracted by other losses.

Factors that influence the success of the stalls

The following section highlights the main factors that have had an influence on the success of the fruit and vegetable stalls, and includes examples of how these have affected the work of the community food initiatives. The factors have had a different impact for each of the stalls; however, they are all significant. While these examples have been clustered, many of the examples illustrate more than one factor.

All of the stalls operate with the consent of the NHS Board and hospital management. However, the stalls that run most successfully have active **management support** of both. The most successful stalls are running in hospitals where the management recognises the wide-ranging benefits that providing access to fresh produce brings for staff, visitors and patients.

Where community food initiatives have been successful in setting up and sustaining stalls, support from management was found to be flexible in nature, responsive to the needs of both the community food initiative and its customers, and innovative in its approach.

The most significant support provided by the hospitals is the allocation of space for the stalls.

Since opening in 2009, the stall operated by ECF in the Royal Edinburgh Hospital has become very much part of the life of the hospital - “in with the bricks...part of the family”.

Setting up the stall had been very straightforward - “had been no health and safety issues – management had used common sense.”

The stall was established shortly after the appointment of a new hospital director who wanted to bring ‘communities into the hospital’. In addition to this support, the hospital also has a very active Health and Wellbeing Group for both staff and patients (evolved from a Healthy Working Lives group). The stall is seen as a key part of their activities.

This stall is thought to be the only one operating within a psychiatric hospital. Some of the other benefits that the stall brings to the hospital are explored later in this report.

However, some community food initiatives have had limited support from management, which has resulted in difficulties in setting up and establishing a stall.

Some hospitals are Public-Private Partnership (PPP) hospitals. Because several companies may be involved in the management of the buildings and facilities, it may be more difficult for community food initiatives to identify who they should be negotiating with, or take longer to reach agreement about where and how a stall may operate.



One community food initiative gained agreement in principle to establish a stall within a PPP hospital; however, it was difficult to develop relationships with the relevant staff to make this happen.

In another health board area, a health promotion officer struggled to gain agreement from some of the management to go ahead and establish a stall. These issues were largely due to arrangements with other retailers within the hospital sites and concerns around creating competition.

None of the stalls would have been established without strong and effective **partnership working**. Many of the examples included in this publication highlight this explicitly or implicitly. For all of the community food initiatives, the working links were forged initially with NHS health promotion or health improvement staff. Without these, it is unlikely that the stalls would have been established as quickly. All also work closely with other partners, some within the NHS, some from other organisations. The added value that this partnership working brings to the hospital retailing was highlighted by both community food initiatives and NHS staff.

LCFHP was able to provide six-month work opportunities for three unemployed local people funded through the Future Jobs Fund. The three trainees ran or worked on the hospital and health centre stalls run by LCFHP, for part, or all, of their placement. While the additional staffing capacity was welcome, managing the placements increased the workload for LCFHP's staff.

Working closely with ECF and staff from the Royal Edinburgh Hospital, Edinburgh Volunteer Exchange supports a small number of patients to volunteer with ECF's fruit and vegetable stall. The volunteers deliver fruit and vegetable bags to several wards in the hospital.

ECF is involved in activities run by staff and other organisations within the Royal Edinburgh Hospital. In addition to donating prizes for hospital-run raffles, it takes part in other events. In the past this has included distributing apples from the hospital's orchard.

CFINE's stall at Dr Gray's Hospital is sited outside the main entrance. NHS Grampian has provided it with funding to purchase a pergola to protect the staff from the worst of the weather and a pull up banner to promote the stall.

Following the establishment of CFINE's stall at the Aberdeen Royal Infirmary (ARI), the Health Improvement Officer working with CFINE was keen to promote its work further, and encourage more patients to use the stalls. She was in discussion with other NHS staff and CFINE about including vouchers for the stalls in the Bounty packs given to new mothers. She was also approached by the substance misuse midwife about promoting the stalls to the families using this service. This endorsement has helped embed the stall at ARI.

The Healthy Working Lives programme in ARI organises lunchtime walks for hospital staff. As an incentive for taking part, participants receive a voucher for a piece of fruit, redeemable at CFINE's stall. In return CFINE donates a percentage of its sales to the Healthy Working Lives endowment fund.

The allotment in Dumfries worked closely with NHS health promotion staff, who ran tasting and cookery sessions using produce available from the fruit and vegetable stall.

One particular issue that effective partnership working and management support has helped some community food initiatives to overcome has been around challenges associated with **infection control**. For some of the community food initiatives, particularly those running stalls in acute hospitals, this has affected:

- where the stalls are sited, eg. operating on hospital grounds outside or within the vicinity of running water;
- what produce they sell, eg. selling produce in sealed bags or not being able to sell 'dirty' produce; and/or
- how they sell their produce, eg. most stalls are not allowed to prepare (chop or peel) their produce on the stall.



NHS Grampian asked CFINE to set up and run a stall in ARI three times a week. While the hospital's senior management were very supportive, Corporate Communications were concerned about infection control. Initially, CFINE was not permitted to set up its stall within the hospital building and it was located outside the main entrance, where sales were good. From the outset it involved the fire, health and safety and security teams. With their support and, crucially, support from a health promotion officer and their manager, the management team was reassured that locating the stall in the building was not going to present infection control problems. CFINE has since moved the stall inside, albeit to a location that has fewer footfalls than its outdoor site. It now operates the stall indoor during the colder months, and outdoors during the warmer months.

Until September 2010 REAL Food was involved in retailing and ran a number of fruit and vegetable stalls and outlets in the Inverness area, including in Raigmore Hospital. It had been operating this stall very successfully for some time when it was asked to move it elsewhere in the hospital, because of concerns at NHS Board level about infection control. The

stall was then sited in an area with much less footfall, and, as a result, its income dropped significantly and its opening hours were reduced.

The Big Apple's stall in Ninewells Hospital operates from a marquee situated in the Fresh Air Garden beside the hospital. It has not been allowed to set the stall up within the hospital building, again because of infection control concerns. The stall does not operate during the colder weather, which adversely affects its ability to retain its customers.

Stepwell is only allowed to sell pre-bagged produce from its two stalls operating in NHS premises.

In addition to infection control, management have also identified other concerns such as **competition with other retailers**. Many community food initiatives are operating within hospitals where there are other retailers. One particular issue is that some community food initiatives market their produce as 'healthy gifts' for patients. One community food initiative is not allowed to sell pre-packed produce as this creates direct competition with other retailers who also sell gifts.

Both infection control and competition with other retailers strongly influence where the stalls are located. However, **location** itself is also a key issue that was highlighted by all the community food initiatives. Location has a direct affect on the amount of footfall passing a stall and as a higher footfall creates greater opportunities to sell produce, location also has a direct impact on the income that community food initiatives can generate.

ECF established a new stall in the Astley Ainslie hospital in summer 2010. This stall was originally set up within a side room, adjacent to the staff canteen. It was not successful because it was out of view of staff using the canteen. At the instigation of the catering manager, the stall was moved into the canteen. While this attracted more customers, and



positive feedback from the hospital staff- 'good comments, good vibes' – the number of customers did not increase sufficiently to make the stall financially sustainable. It was closed after several months.

While no stalls are required to pay rent for the space they use within the hospital sites, all but one are required to clear away their equipment when the stall is not open. This has implications for the use of chiller cabinets, how long the stalls can be open for, and transport arrangements to and from the hospital.

At Hairmyres and Wishaw hospitals, LCFHP has to set up and take down the stall daily, with the equipment and produce transported from and to LCFHP's premises. This incurs additional staffing and transport costs and reduces the hours that the stall can operate for.

At Monklands Hospital a unit was fabricated to allow the equipment to be stored and secured when the stall was not operating.

The community food initiatives are running these stalls with the aim of generating income for their organisations, and therefore **attracting and retaining customers** is essential. All of the community food initiatives described the importance of providing a wide range of high quality, fresh produce. They commented on the need to maintain the range and quality of their produce throughout their stalls' operating hours, while minimising waste. It was reflected that ensuring both could be challenging.

While some of the community food initiatives received NHS funding to support the setting up of the stalls, this funding was time-limited, and all the stalls were (or are) expected to become financially self-sustaining. However, in order to continue to meet their responsibilities around the Health Promoting Health Service framework, hospitals and NHS Boards also need to guarantee the continued supply of fruit and vegetables. Therefore, they also have an interest in ensuring that their staff know about and purchase from the stalls.

Some of the stalls are making it easier for staff to purchase their produce, through use of ordering or delivery schemes.

CFINE and LCFHP both operate ordering systems for staff working in the hospitals, through the hospitals' intranet. These allow staff to order their produce in advance and ensure that the community food initiatives can prepare fresh orders as required. Where this system is used staff feedback has been very positive; however, take-up remains generally quite low.

In addition to promoting the stalls to individual staff members, some hospitals actively promote the service to their wards and other departments, to ensure that staff and patients are able to buy more fruit and vegetables. In one hospital, the fruit and vegetable stall is significantly increasing access to fruit and vegetables for patients as well as staff.

ECF's ward delivery scheme in the Royal Edinburgh Hospital is making it easier for staff to purchase fruit and vegetables from the stall. The £1 '5-a-day' bags are very popular.

The delivery scheme also enables more patients to buy fresh produce, particularly those that need to be accompanied by a member of staff if they wish to leave their wards.

Some of the wards also purchase fruit and vegetables from the stall for their patients to eat, or to use in food preparation sessions.

Some NHS Boards include regular items about the stalls in their staff newsletters, sometimes including discount vouchers. Some hospitals have produced publicity materials about their fruit and vegetable stall.

As well as promoting CFINE's stall through the hospital's intranet, NHS Grampian has produced posters and 'table talkers' that will be used in the staff canteen at Aberdeen Royal Infirmary, and pull-up banners that are used at Dr Gray's Hospital to promote both organisations.

Gaining the support of medical staff has also resulted in more customers using the stalls managed by two community food initiatives.

ECF run a stall twice weekly in the oncology department of one hospital, to coincide with outpatient clinics. An oncology consultant actively encourages patients attending his clinics to buy fruit and vegetables from the stall.



Cardiology, oncology and diabetes consultants in three Lanarkshire hospitals offer £1 vouchers to some of their patients, which are redeemable at the stalls run by LCFHP. LCFHP receives a small amount of funding to reimburse them for the cost of the produce.

Health Improvement staff at NHS Lanarkshire have also been able to support occasional half-price weeks, which have proved very popular, and promote the stalls.

Every community food initiative reported a **fluctuation in sales** throughout the year, sometimes significant. Sales are influenced by a range of factors, some predictable, some not. Sales tend to be higher in the summer when a wider range of fruit is available, particularly strawberries and other berry fruits. Holidays, such as Christmas, Easter and the 'Fair Fortnights' tend to reduce the amount of sales. Bad weather also affects all of the stalls, but particularly those that operate outdoors. To counter the fluctuation in sales, the community food initiatives have adopted a range of approaches to promote and market their services.

In addition to fruit and vegetables, REAL also sold locally-produced meat, cheese and preserves. As well as selling the fruit and vegetables that it grew in its market garden at Inverness High School, it sold other fresh produce, sourcing as much as possible from local producers.

To retain customers when there is less variety of fresh produce available, some stalls sell complementary products.

Edinburgh Community Food sells dried fruits, and organic jams and preserves produced on a local farm during the winter months. Its dried cranberries are a particular favourite with customers near Christmas.

With one exception, the stalls were managed by paid members of staff. However, all of the community food initiatives rely on **volunteer staff**. Some of the community food initiatives highlighted difficulties in recruiting and retaining volunteers. They all acknowledged that relying on volunteers to staff their stalls could cause difficulties, particularly when they were unable to work as expected.

A range of methods were used to recruit volunteers.

ECF attracts a number of student volunteers, some of whom work on the hospital stalls. It advertises for volunteers through the City's universities and also uses the 'Gumtree' website.

The Big Apple prefers to recruit older volunteers as they tend to be more committed to the organisation. Some of its older volunteers have been with the organisation for many years.

All of the community food initiatives provide training for the volunteers, appropriate for their role. This includes handling cash, displaying produce, and customer care. One organisation also ensures that the volunteers at one of its stalls are comfortable working with customers who may display differing needs or behaviours.

For some volunteers, being involved in the work of a stall can make a significant difference to their lives.

Helping ECF with its delivery scheme provides the patient volunteers at the Royal Edinburgh Hospital with the opportunity to take part in an activity that benefits everyone. Hospital staff have commented on the importance of the delivery scheme to the volunteers, because it involves them in activities that are meaningful.

In addition, the stall plays an important part in the lives of some of the patients in the hospital. Being able to visit and buy from the stall helps to 'normalise' the hospital experience for some.

Conclusion

Community food initiatives and hospitals working together to establish fruit and vegetable stalls delivers a 'win-win' situation for everyone.

For NHS staff, the stalls are enabling them to meet national policy objectives, while supporting third sector organisations and, in some cases, providing an important service for their patients.

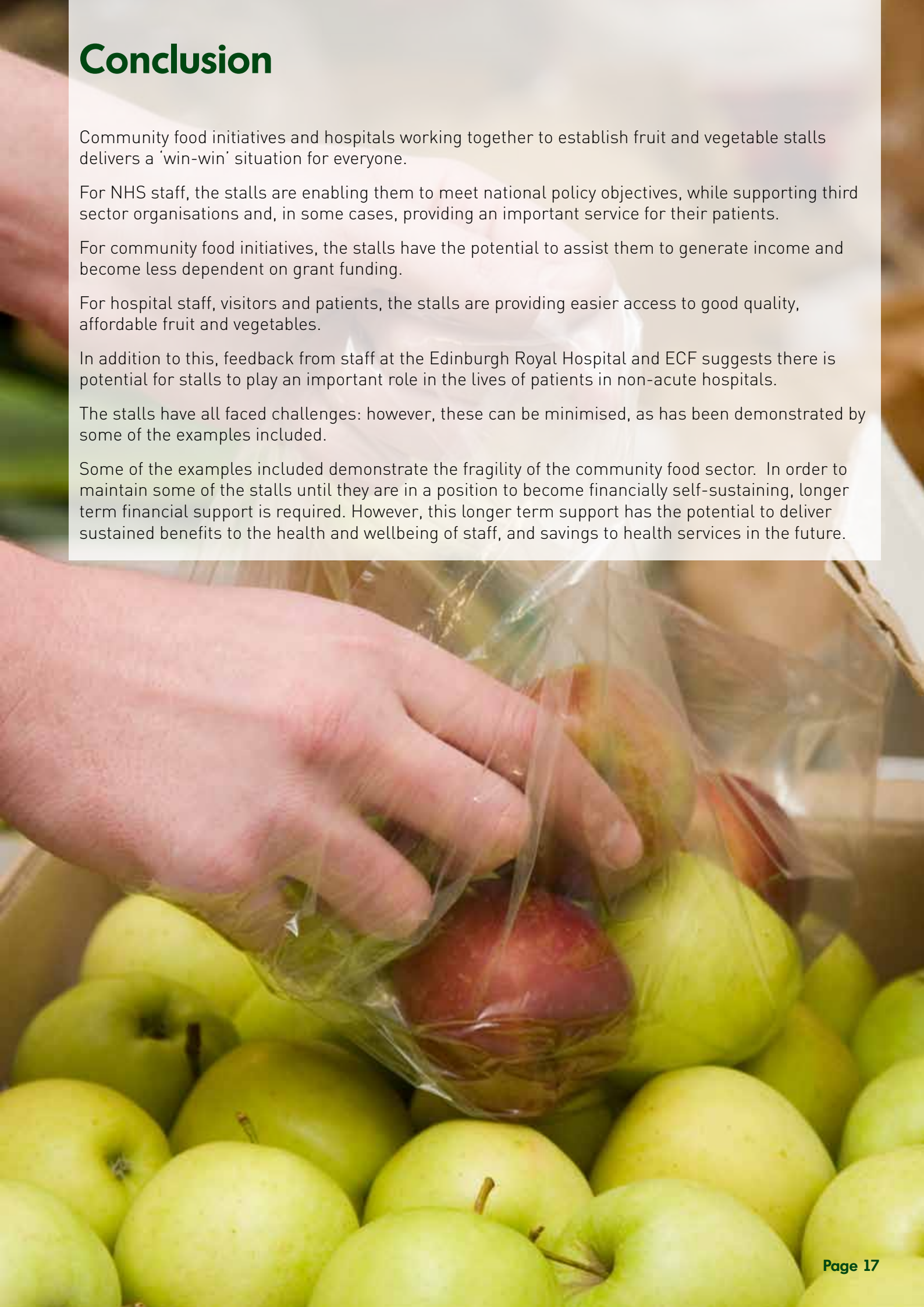
For community food initiatives, the stalls have the potential to assist them to generate income and become less dependent on grant funding.

For hospital staff, visitors and patients, the stalls are providing easier access to good quality, affordable fruit and vegetables.

In addition to this, feedback from staff at the Edinburgh Royal Hospital and ECF suggests there is potential for stalls to play an important role in the lives of patients in non-acute hospitals.

The stalls have all faced challenges: however, these can be minimised, as has been demonstrated by some of the examples included.

Some of the examples included demonstrate the fragility of the community food sector. In order to maintain some of the stalls until they are in a position to become financially self-sustaining, longer term financial support is required. However, this longer term support has the potential to deliver sustained benefits to the health and wellbeing of staff, and savings to health services in the future.



Contact details

The Big Apple

Alison Sellars
Transform Community Development
Unit K
Mid Wynd
Hawkhill Court
Dundee, DD
01382 200040
www.cyrenians.co.uk

CFINE (Community Food Initiatives North East)

Fiona Rae
4 Poynerook Road
Aberdeen, AB11 5RW
01224 596156
www.cfine.org

Edinburgh Community Food

Karen Miller
22 Tennant Street
Edinburgh, EH6 5ND
0131 467 7326
www.edinburghcommunityfood.org.uk

Community Food Moray

Jo Roberts
Unit 3
Mosstodloch Service Station
Mosstodloch, IV32 7JH
01343 820261
communityfoodmorayCFM@mail.com

Lanarkshire Community Food and Health Partnership

Ian Shankland
Unit 7 Strathclyde Business Park
391 Langmuir Road
Bargeddie,
0141 771 6095
ian.shankland@btopenworld.com

REAL Foods

Iain Clyne
Inverness High School
Montague Row
Inverness, IV3 5QZ
<http://real-ihs.blogspot.com>

Stepwell

Steven Watson
Suite 3, Clarence House
1 Haig Street, Greenock, PA15 1JG
01475 724038
www.stepwell.org.uk

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**community
food and health**
(scotland)

Community Food and Health (Scotland)
c/o Consumer Focus Scotland, Royal Exchange House
100 Queen Street, Glasgow G1 3DN

Tel: 0141 226 5261 Fax: 0141 221 9695
cfh@consumerfocus.org.uk
www.communityfoodandhealth.org.uk