



SofS51658

HRH The Prince of Wales
Clarence House
London
SW1A 1BA

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

Your Royal Highness,

I am writing to follow up from our productive meeting last month. It was helpful to have such a constructive and broad discussion. This letter informs you of the progress my officials have made on the issues we discussed.

We spoke in detail about hospital food. My officials will take forward with the Food Council your idea of a hub to improve food procurement in public sector organisations.

You asked for information on what happens to food waste in hospitals. In March 2005 my Department issued some guidance entitled 'Managing Food Waste in the NHS'. This provides best practice guidance for catering managers, nurses, ward housekeepers, doctors, dieticians and the ward-based teams in general. It identifies reasons why wastage occurs and provides guidance on reducing the volume of food that is supplied or cooked, but is not subsequently served. For your information I have included the latest figures (2005-06) on the level of food waste in the form of untouched meals:

	Total untouched/unserved patient meals	Average percentage untouched/unserved patient meals
2006-07	12,486,670	8.92%

Source: Estates Return Information Collection (ERIC)

I have also investigated whether NHS Choices could incorporate data about hospital food policy. There are two options which my officials will pursue to take this forward. One is to make an NHS Choices video to highlight good practice in local hospitals sourcing local food. NHS Choices now has an extensive set of videos which are widely used not just on the NHS Choices site but also syndicated to YouTube. This should be on the website by the end of January.

The second option involves NHS Choices provider profiles. This service allows NHS providers to set out the services they offer to patients. Officials have recommended that the "additional services for patients" field within the hospital profile could be used to provide information about whether there is organic and/or locally sourced food. This option should be available by Spring 2009.

I made enquiries about the possibility of having an award scheme for hospital caterers. I have been advised that there are already three award schemes running which would be applicable to hospital caterers. In light of this I have asked officials to raise awareness amongst NHS providers of these existing schemes and encourage their involvement, rather than set up a separate award scheme.

We discussed the possibility of taking forward a pilot in England, based on the Northern Ireland pilot of Complementary and Alternative Medicines. My officials have had an initial scoping meeting with _____ to discuss how the Department of Health might run such a pilot. The initial proposal is that it would cover a wider scope than the Northern Ireland pilot, evaluating the success of different therapies as well as their value for money. My officials will work closely with _____ and I have asked for an update on this work in the New Year.

My officials will liaise with the appropriate parties to pursue this point.

We discussed whether the MHRA could pursue a lighter touch process to ease the regulatory burden associated with the Traditional Herbal Medicinal Products Directive. My colleague, Ben Bradshaw, is already pursuing this subject with the MHRA and I have asked him to keep me informed.

Yours sincerely
Alan Johnson

ALAN JOHNSON

47180



BIRKHALL

19th September, 2007

Dear Secretary of State,

It was very good to have a chance to talk to you the other day and I only hope I didn't delay you getting to Hull!

As I said to you during our meeting, the only reason I persist in my efforts over integrated healthcare – despite waves of invective over the years from parts of the Medical and Scientific Establishments – is because I cannot bear people suffering unnecessarily when a complementary approach could make a real difference. I have been convinced for many years that we in the United Kingdom need to do more to encourage and facilitate good health, as well as to treat illness, and that there should be more of a “whole person” approach to the treatment of illness rather than a “reductionist” focus on the particular ailment. In addition, I am sure that more can be done to take advantage of complementary medicine, not as an alternative or competitor to conventional medicine, but as part of an integrated approach with the same doctor being able to provide or suggest conventional and/or complementary remedies and treatments as he and the patient see fit.

This is why, during our meeting, I raised the question of the N.H.S. Homeopathic Hospitals and the threats they appear to face to their existence. It is, I think, important to realize that the Royal London Homeopathic Hospital is, in fact, the largest and best integrated public sector provider of Complementary and Alternative Medicine in Europe, to which the number of referrals had been steadily increasing until what seems to amount to the recent, “anti-homeopathy campaign.” One of the reasons for this has been that research, information and education have begun to make doctors more aware of the benefits of C.A.M., particularly where there are “effectiveness gaps” in conventional treatments. The top five gaps are; musculoskeletal problems (reported by over ninety per cent of G.P.'s), depression, eczema, chronic pain and irritable bowel syndrome. You may be aware that some of this was tackled in a report

There is, in fact, growing evidence that C.A.M. provides safe and effective solutions to many of these problems. It is also worth noting that the R.L.H.H. established the N.H.S.'s first acupuncture service in 1977.

Despite the fact that these Homeopathic Hospitals deal with many patients with real health problems who otherwise would require treatment elsewhere, often at greater expense, and who have frequently tried, but failed to respond to, or suffered adverse effects from, conventional treatment, all three hospitals in England, I am told, face large and threatened cuts in funding from local healthcare commissioners. For instance, it seems very likely that West Kent Primary Care Trust will, in the near future, decide to close the Tunbridge Wells H.H., in spite of a favourable independent review of the evidence, commissioned by the P.C.T. itself, and strong local protest.

The point about all this, surely, is that the N.H.S. H.H.'s offer an holistic, patient-centred, low-risk, low-cost, low-tech approach that is cost-effective. They also avert multiple referrals, investigations and treatments with which many patients fail to comply, find ineffective or from which they suffer side-effects. Above all, the clinical staff of these hospitals represent an unique cadre of N.H.S. skill and experience which, in the current climate, could easily be dispersed, but which would be very difficult to reassemble. For all these reasons it must surely make abundant sense to safeguard the H.H.'s in the interests of the nation's health.

Finally, I mentioned the work that is underway in Northern Ireland and it would be splendid if you felt it might be possible to replicate this exploratory integrated project on the mainland, perhaps as a choice pilot?

Do let me know what you think of these various projects....

Yours most sincere |

Mandy



SofS47180

HRH The Prince of Wales
Clarence House
London
SW1A 1BA

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

22 OCT 2007

Your Royal Highness

Thank you for attending our meeting on 13 September, and for your letter dated 19 September, which further detailed your great interest in the role of complementary and alternative medicines (CAM) in the NHS. It is clear to me that your interest in this area is heartfelt and your contributions to the ongoing debate over complementary treatments are always welcome.

Both during our meeting and in your letter, you raised concerns over the future of services provided at the Royal London Homoeopathic Hospital (RLHH) and the Tunbridge Wells Homoeopathic Hospital. I requested my officials to look into the situation at these hospitals.

I am informed that in London, Brent Primary Care Trust (PCT) stopped funding for homoeopathy in December 2006, Barnet PCT is currently running a consultation on the future of homoeopathy, following an initial decision to stop funding referrals, and Camden and Islington PCTs are considering a consultation process on the future of homoeopathic services at present, following a clinical review. The PCTs have taken these steps on the basis that they have to take into account the clinical effectiveness of any treatments they commission.

However, I am assured by University College London NHS Foundation Trust, which is responsible for the RLHH, has no intention of closing the hospital at this time or restricting its services.

In Kent, I am informed by officials that West Kent PCT decided to end funding for homoeopathy from March 2008, at its board meeting on 27 September. I understand that current patients will be able to complete their courses of treatment.

I appreciate that the actions taken by PCTs in London and Kent will be disappointing to you. However, the Department of Health considers that decision making on what services or treatments to commission and fund is a local matter as the front line service providers are best placed to know their community's health needs.

As it is their responsibility to make these decisions, PCTs often have their own policies on the types of treatments they will commission and fund. When making a decision to refer a patient for a particular treatment, the service provider would have to satisfy themselves that the treatment was appropriate for the patient and their condition by taking into account evidence of safety, clinical and cost-effectiveness and the availability of suitably qualified and regulated practitioners.

Turning to the point you raised regarding the funding of research into CAM, the Department of Health recognises that we need more research on effectiveness and cost effectiveness. We are addressing this through a £3.4 million Complementary and Alternative Medicine Personal Award Scheme, which currently supports 18 CAM researchers at the doctoral and postdoctoral level who are working on a range of topics. These award holders are both developing a programme of research and nurturing the methodological skills of the more junior researchers in their teams; and their presence in the programme has allowed factors specific to CAM practice to be incorporated into approved research methodologies.

The Department has also funded research on the role of CAM in the care of cancer patients (three projects were commissioned, are complete and have been published), and on the use of complementary medicine in primary care.

More recently, we have agreed to fund a research project looking at the use of acupuncture and moxibustion to promote well being and improve quality of life in patients with secondary lymphoedema. This is one of seven awards made in September as part of a new National Institute for Health Research (NIHR) funding programme (Research for Innovation, Speculation and Creativity, or RISC). The NIHR will allocate up to £5 million per year for this programme to make awards of up to £100,000 each. The RISC programme provides an opportunity for researchers to test ideas in Health Services and Public Health research that would possibly not fare well in the traditional peer review system.

Although I am sure that the actions taken by PCTs in London and Kent are of great concern to you, I hope you will appreciate the support being given by the Department into research the effectiveness and cost effectiveness of CAM. I appreciate that more and more patients want the benefit of CAM, and I am hopeful that the research we are funding in this area will lead to a greater understanding of these treatments.

Finally, I was interested to hear about the pilot scheme in Northern Ireland, and I will consider your suggestion of an exploratory project in England.

Yours sincerely

Alan Johnson

ALAN JOHNSON



CLARENCE HOUSE
LONDON SW1A 1BA

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DEPT OF HEALTH
RECEIVED

08 NOV 2007

CORRESPONDENCE
PRIVATE OFFICE CC

From:

7th November, 2007

New Secretary of State

I am writing on behalf of The Prince of Wales to thank you most warmly for your letter of 22nd October, and for the responses to the issues that were discussed.

His Royal Highness has asked me to say how grateful he would be if you were to take forward the suggestion of an exploratory integrated health project in England, such as that currently operating in Northern Ireland.

I will continue to talk with _____ but, in the meantime, this comes with The Prince of Wales's warmest good wishes.

The Rt Hon Alan Johnson MP

From the Rt Hon Alan Johnson MP
Secretary of State for Health



Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

SofS47780

HRH The Prince of Wales
Clarence House
London
SW1A 1BA

21 JAN 2008

Your Royal Highness

Thank you for the letter from your Private Secretary, of 20
December. I was interested to read the enclosed letter from
letter and can understand the concerns raised. The issue of ragwort and the control of its
spread in the UK would be a subject covered by DEFRA and so I have passed this letter
on to colleagues there who will respond more fully.

However, I am aware that ragwort is classed as an injurious weed under the Weeds Act
1959 and as such many bodies have policies on its control. The Highways Agency, for
example, has a concerted programme to eradicate it from the M25 network.

I understand from the Medicines and Healthcare products Regulatory Agency (MHRA) that
the risks to human health from ragwort in herbal medicines are well recognised. *Senecio
jacobea* (ie ragwort) has long been subject to controls via the Medicines (Retail Sale or
Supply of Herbal Remedies) Order 1977. The MHRA also consulted in 2007 on a
proposal to prohibit all *Senecio* species in unlicensed medicines, other than for external
use, on account of the risk posed by pyrrolizidine alkaloids; an outcome to this consultation
is expected shortly. There are currently no licensed medicines, or medicines with a
traditional herbal registration, containing *Senecio* species; if any such application were to
be received the safety issues would receive detailed and careful scrutiny.

I hope this gives you some reassurance that this issue is taken very seriously and I am
sure colleagues in DEFRA will be able to provide you with further assurances about
controlling the spread of the plant.

Yours sincerely
Alan Johnson

ALAN JOHNSON



DEPT OF HEALTH
RECEIVED

01 JUL 2008

CLARENCE HOUSE
LONDON SW1A 1BA

CORRESPONDENCE
PRIVATE OFFICE CC1

From:

30th June 2008

In Secretary of State,

I enclose a copy of our fifth Annual Review, and hope you have a moment to look through it.

The Review is to summarise what The Prince of Wales does: how he is working to make a difference for the better and how his official activities are funded.

As we have said in previous years, His Royal Highness' official and charitable activities fall into three principal categories.

- (i) **Undertaking royal duties in support of The Queen.** Some examples are given in the Review.
- (ii) **Working as a charitable entrepreneur.** The Prince of Wales has been visionary in identifying charitable need and tireless in driving his charities forward to meet it and he raises, directly or indirectly, over £120 million a year for his 19 core charities alone.
- (iii) **Promoting and protecting national traditions, virtues and excellence.** This covers doing what he can to promote what is best about Britain, encouraging and supporting national values, and drawing attention to issues and concerns that might otherwise be overlooked.

Much of the content of the Review is similar to previous years, although this year there is considerable emphasis on what His Royal Highness is doing to reduce and offset his Household's greenhouse gas emissions, and for the first time we have published a "Sustainability Account" to summarise our performance in this area.

I hope that the Review is of some interest.

The Rt Hon Alan Johnson MP



HIGHGROVE HOUSE

28th July, 2008

Dear Secretary of State,

It made me wonder if you had heard about an initiative which links hospital catering to local farmers' hubs, bringing benefit to the patients (better quality food), the farmers (a reliable and local market) and the environment (lower food miles and less waste)?

The initiative is led by the Royal Brompton Hospital, although there is another equally impressive example involving five N.H.S. Trusts in Cornwall. The Royal Brompton happens to have a quite brilliant head of catering, called Mike Duckett. He has been working with

acts as the middle man selling fresh produce to retailers, restaurateurs and public procurement bodies, not least Mike Duckett and the Royal Brompton Hospital. In the last year or so I have visited both and The Royal Brompton Hospital and it is only too clear what an enormously positive impact this initiative is having on everyone involved. Mike says that buying seasonal, fresh (and, wherever possible, organic) food has ensured patients enjoy better quality and more flavourful food, which has retained its natural nutrients and so their health has, of course, benefitted. And because they enjoy eating it, waste has been minimized (which was enormous because so few people wanted the re-heated food brought in by catering contractors). At the same time, is giving farmers in Kent a secure and consistent market for their produce which, as you can imagine, makes all the difference.

When I visited the Royal Brompton earlier this year, I took with me a number of chief executives of N.H.S. Trusts from around the country to try and demonstrate to them this example of a beneficial "virtuous circle" and that there is, in fact, an alternative way of operating by which good food can be served to patients within the

budgets they have. The reason I wanted to draw this highly imaginative and innovative initiative to your attention (Mike Duckett has even re-opened the hospital kitchen!) is because it so clearly "ticks many of the appropriate boxes" as far as enhanced sustainability, local sourcing, lower food miles and better patient health are concerned. I therefore wanted to put it to you that if such an initiative could be organized – and I cannot see why it couldn't – the ideal would be to create local hubs, not just of hospitals, but of schools and other public sector bodies too which would buy local food from hubs of local farmers. This would massively reduce transport costs and food miles, while contributing greatly to local economies and to patient and pupil health, let alone reducing some of the criminal wastage of food which goes on at the moment. In other words, it would be possible to create a genuinely virtuous circle.

My office can certainly provide more information on this if it would help at all in your determined efforts to manage the complications of rising food and fuel costs, the growing threat from climate change and the need to improve the health of the nation. You might even find a visit to the Royal Brompton to be particularly illuminating!

with *7* kindest regards

Manu

From the Rt Hon Alan Johnson MP
Secretary of State for Health



SofS50253

HRH The Prince of Wales
Clarence House,
London
SW1A 1BA

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

01 AUG 2008

Sir,

Thank you for your letter of 28 July.

I was very interested to read about the initiatives that you outlined at the Royal Brompton and in Cornwall on hospital catering. As you say, they show imaginative and innovative ways to combine our dual aims of providing both sustainable and healthy food. I visited the Royal Brompton recently, but I will certainly look at these projects when I next visit the relevant areas.

I know you have also been in discussion and correspondence with my colleague Ben Bradshaw on the topic of hospital food. The Cornwall and Brompton projects indicate that sustainable food procurement can be very successful, although there are significant factors that need to be considered in terms of wider adoption, such as capital investment requirements, partnership working and the local situation. My Department will therefore be commissioning best practice guidance to encourage the NHS to adopt sustainable food procurement. The development of the guidance will identify the benefits of local procurement, different potential approaches, practical advice and best practice.

More broadly, one of the challenges we face is the way in which food impacts on both health and the environment. As you may know, the recent Cabinet Office report *Food Matters* addressed this issue and there are a couple of relevant areas to highlight from that report. First, Government advice to consumers about food, health and the environment is not currently held in the same place. We have therefore agreed that the Food Standards Agency will work with other Government departments to expand its advice from nutrition to also cover the sustainability of food production and consumption. The objective is to give consumers the best available information on what constitutes a healthy diet based on safe, 'low-impact' food. Secondly, the public sector in England needs to do more to lead by example in its own food provision. My Department will be developing and piloting a Healthy Food Mark for public sector canteens which will cover both nutrition and sustainability.

I would be very happy to discuss these issues and other matters with you in more detail.

Yours sincerely
Alan Johnson

ALAN JOHNSON



POC1_422187

HRH The Prince of Wales
Clarence House
London
SW1A 1BA

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

29 JUN 2009

Sir,

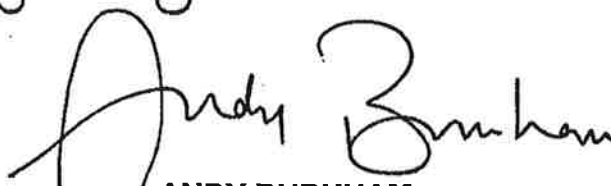
Thank you very much for your kind letter of 15 June congratulating me on my appointment as Secretary of State for Health.

I am delighted to be returning to the Department of Health after my time here as a Minister from 2006 to 2007. It is a privilege to be taking on this great responsibility, and I am very pleased indeed to have been given the opportunity by the Prime Minister to build on the tremendous work of my predecessor, Alan Johnson.

In particular, I know Alan has made great progress in furthering the debate on complementary medicines. The results of the Northern Ireland pilot were very interesting and I am in conversation with my officials about our plans to run a similar study in England. I hope to see very shortly and I look forward to hearing views on the subject.

I was also interested to read of the work underway at the Royal Brompton. I would be delighted to meet with you at Clarence House at your convenience to discuss this and other topics of interest to us both.

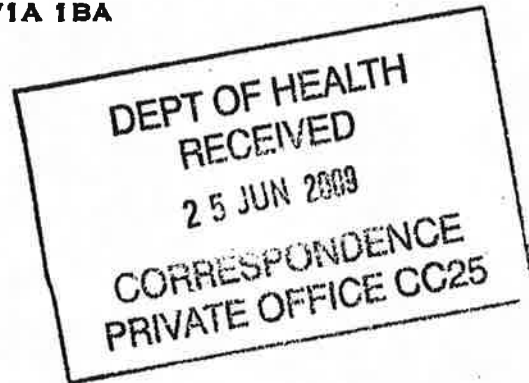
I have the honour to remain, Sir,
Your Royal Highness's most humble and obedient
servant.


ANDY BURNHAM



**CLARENCE HOUSE
LONDON SW1A 1BA**

From:



24th June 2009

Her Secretary of State,

I enclose a copy of our sixth Annual Review, in case you have a moment to glance through it.

The Review summarises what The Prince of Wales and The Duchess of Cornwall have done in the past year, with a particular emphasis on how Their Royal Highnesses are working to make a difference for the better and how their official activities are funded.

The format is much the same as before, although this year's Review includes sections on the Household of Prince William and Prince Harry and on The Prince's Rainforests Project, one of His Royal Highness's main focuses during the year.

The Rt Hon Andy Burnham MP