fish nation

A **key project** under **CONXEMAR**'s 2023-2026 Strategic Plan.

Areas of action:



Promote the sustainable management of our oceans

Through workshops, knowledge development and outreach.



Raise awareness of the nutritional benefits of seafood

By exploring their health benefits and nutritional properties.



Promote knowledge of marine-related activities

From fishing and aquaculture to consumption, including the various stages of seafood processing.



Develop awareness-raising programmes

Highlighting the importance of protecting marine ecosystems and harvesting resources responsibly to safeguard our wellbeing and that of future generations.

FISH CONSUMPTION IN INSTITUTIONAL CANTEENS

RESULTS REPORT
HOSPITALS AND NURSING HOMES

FISH NATION FOUNDATION

December 2025



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CONTENTS

01 CONTEXT AND APPROACH

02 AT A GLANCE

03 KEY RESULTS

04 KEY FINDINGS

CONTEXT AND APPROACH

01



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INTRODUCTION

This study stems from the Fish Nation Foundation's interest in understanding diets in school, hospital and nursing home canteens.

The main objective of the study is to understand how institutional canteens are following the parameters of the Royal Decree on canteens and what needs are identified with a view to regulating nutritional patterns in hospitals and nursing homes.

Dietary patterns and regulatory compliance in public institutions are key factors for public health and the effectiveness of food policies.

This research provides essential data on the degree of compliance with the current Royal Decree in institutional canteens, with particular attention to the presence of fish in institutional diets, seeking to improve compliance, promote healthy eating and reduce food waste.

This research is based on a mixed methodology including telephone surveys in school, hospital and nursing home canteens, complemented by in-depth interviews with catering companies. Data were collected on food practices in these centres, including preparation methods, seasonality and waste levels.



HOW DID WE DO IT?

QUANTITATIVE STUDY: HOSPITAL, NURSING HOME AND SCHOOL INTERVIEWS

METHODOLOGY

Combination of online and telephone quantitative methodology (CATI).

Fieldwork was carried out from 28/08/2025 to 12/09/2025.

TARGET POPULATION

People responsible for menu planning and/or food purchasing for hospital and nursing home canteens.

Both public and private centres nationwide.

SAMPLE

A total of 175 interviews were conducted.

75 interviews in Hospitals (margin of error ±10.8%)

100 interviews in Nursing Homes (margin of error ±9.7%)

QUESTIONNAIRE

Structured questionnaire with an average duration of 12 minutes.

QUALITATIVE STUDY: IN-DEPTH INTERVIEWS WITH CATERING COMPANIES

METHODOLOGY

Online in-depth interview.

Fieldwork was carried out from 17/10/2025 to 31/10/2025.

TARGET POPULATION

People responsible for planning and/or purchasing food for menu preparation.

SAMPLE

10 in-depth interviews with catering companies: 5 for each target (hospitals and nursing homes).

INTERVIEW GUIDE

Structured, open interview guide with an average duration of 45 minutes.

QUANTITATIVE SAMPLE PROFILE

ALL CENTRES

175 interviews

HOSPITALS

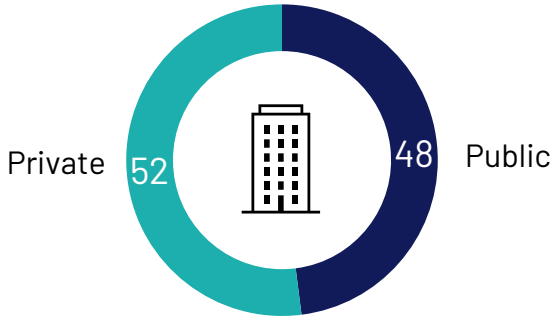
75 interviews

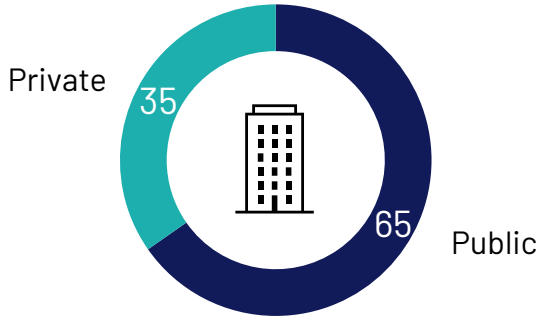
NURSING HOMES

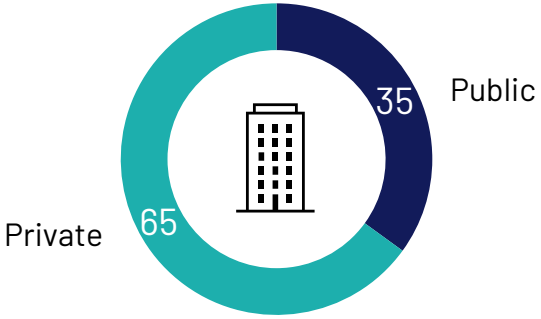
100 interviews

%

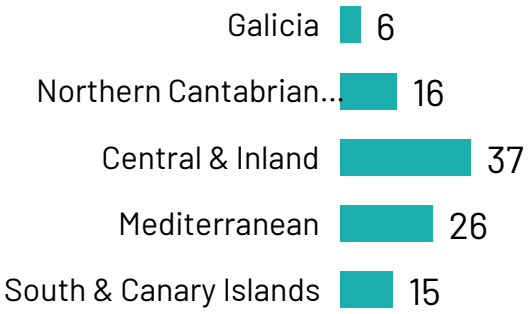
Type of ownership

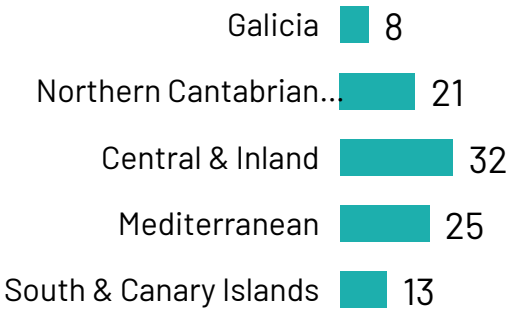


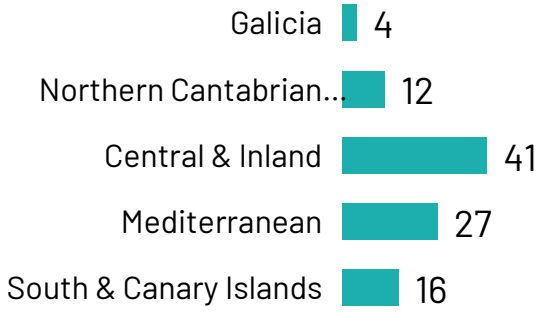




Region





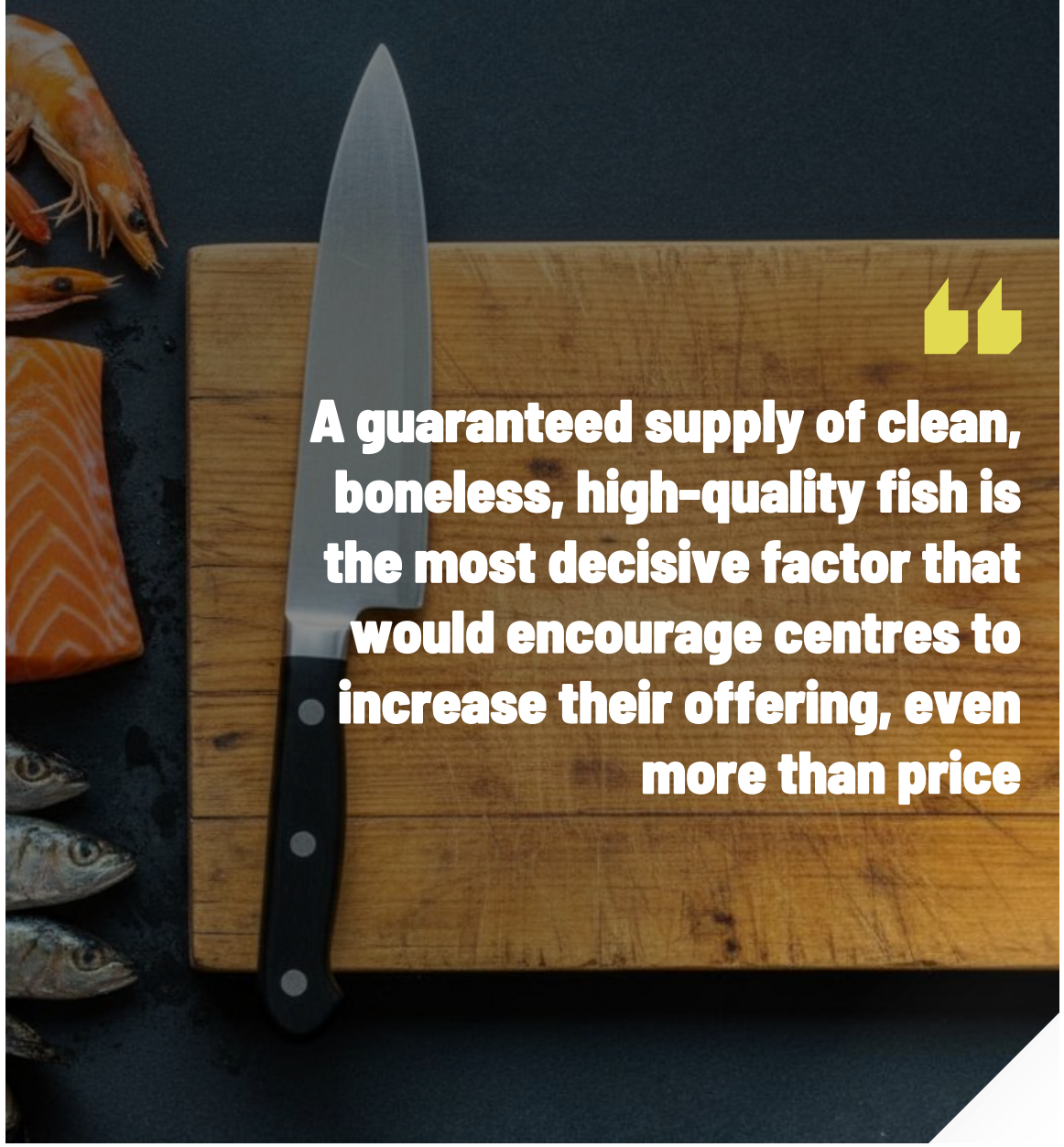


AT A GLANCE

02



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Food safety takes priority over price

Cost is a constant and significant barrier, but the main requirement for increasing fish consumption is a guaranteed boneless supply, especially in nursing homes.

There is a gap between hospitals and nursing homes

Older people in nursing homes consume fish less frequently than hospital patients.

Format and Preparation

There is a reliance on frozen fish (75%) and a preference for safe cooking methods such as oven cooking (57%).

KEY RESULTS

03



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PLANNING AND CONSUMPTION OF FISH/SEAFOOD

3.1



OPERATING MODEL IN INSTITUTIONAL CANTEENS

Centres have full control over their menus

92%

prepare the menu in their own kitchen

Key decision-makers

MANAGEMENT

NUTRITIONIST

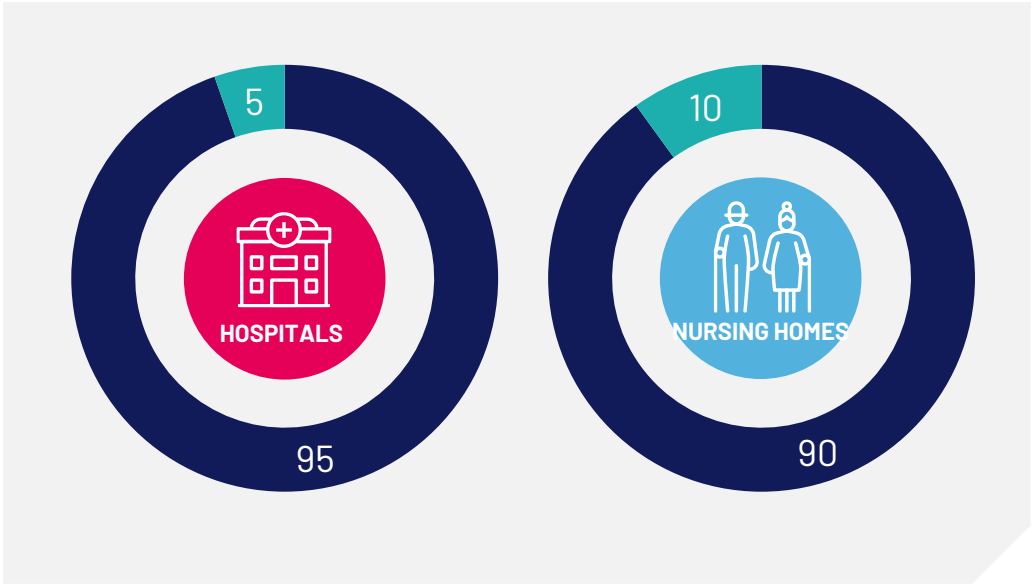
9 out of 10 centres prepare their menus in their own kitchen.

Limited role for catering companies.

FOOD PREPARATION



%



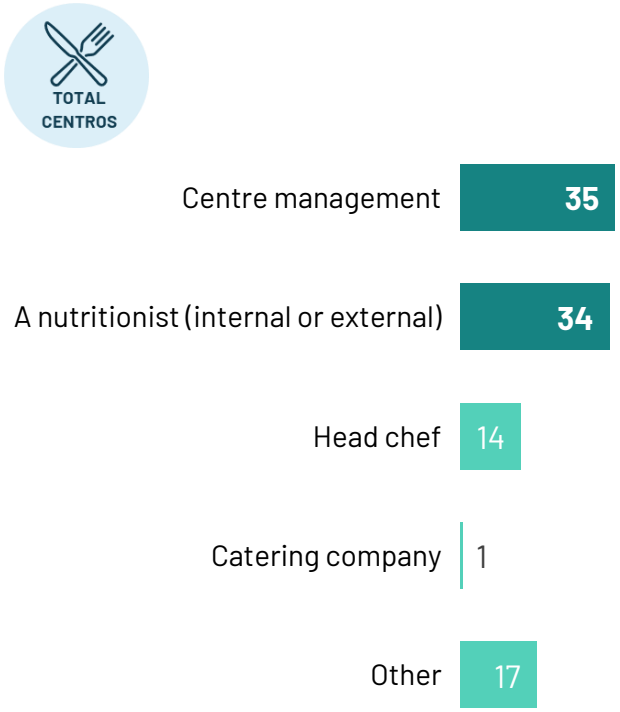
Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

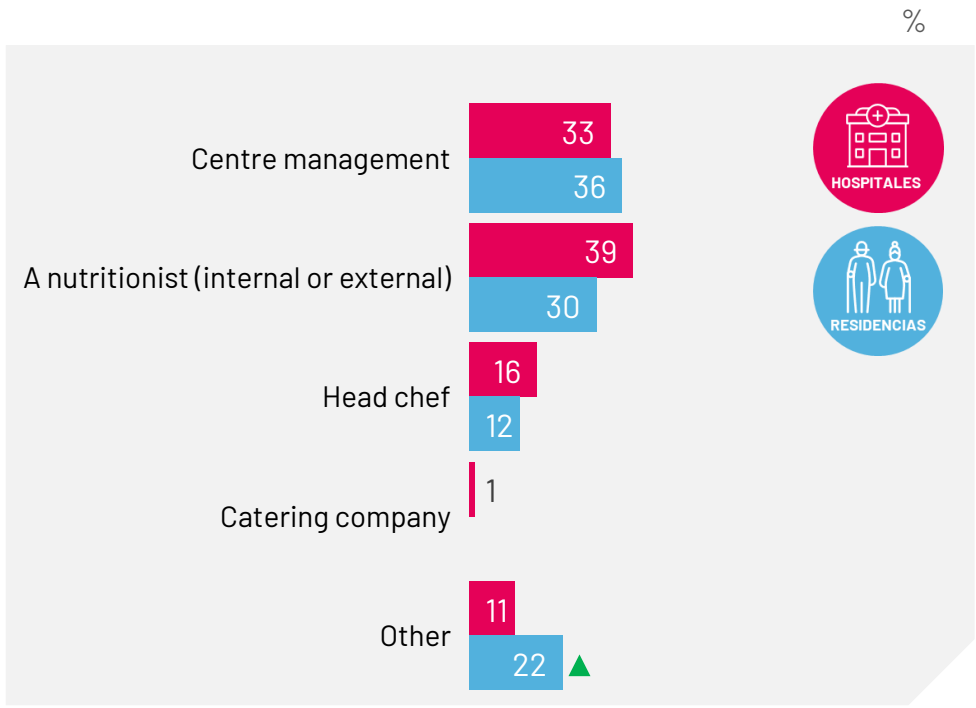
Q1. Is the food served each day prepared directly in the centre's kitchens or provided by an external catering company?

Significant differences between Hospitals and Nursing Homes

Menu decisions are essentially in the hands of centre management and nutritionists.

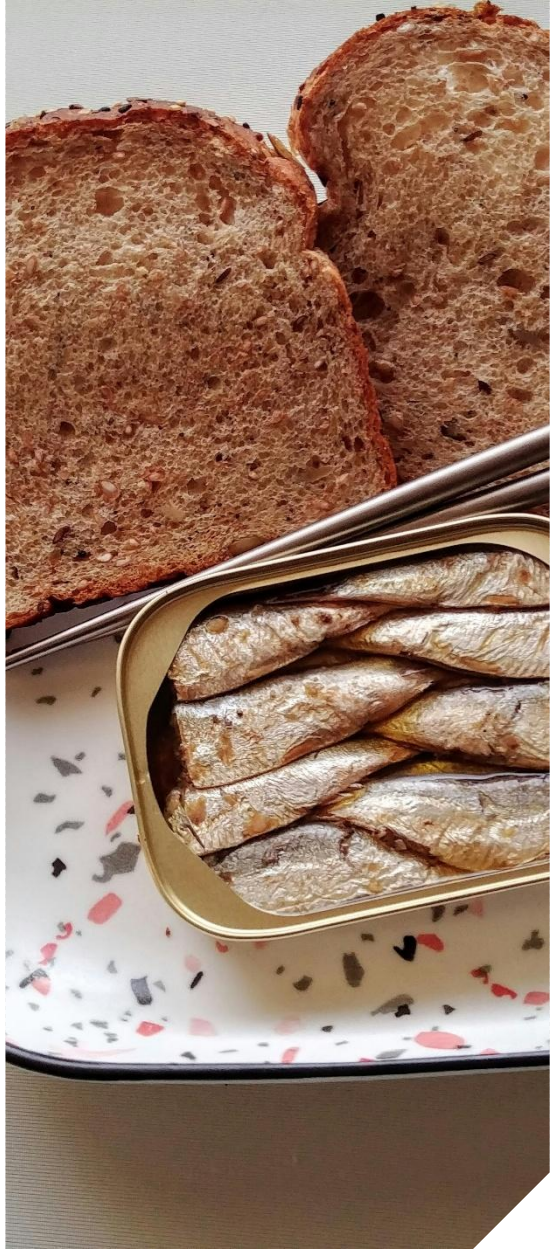
MENU DECISION-MAKER





Significant differences between Hospitals and Nursing Homes

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q2. Who is responsible for the final decision on the menus served at the centre?



Catering companies serving hospital and nursing home canteens prepare menus in their own or central kitchens

Menu decisions are a collaborative process in which nutritionists, dietitians and kitchen managers define the basis, always under the supervision of management.

In hospitals, the role of the nutritionist and dietetics team is central due to the high complexity and variety of diets for different conditions. In nursing homes, although the nutritionist also plays a key role, greater balance with traditional cooking is sought to create a feeling of 'home'.

"The menus are already prepared by a dietitian because it is mandatory, and day-to-day decisions are made there." IDI No. 8, Nursing Homes.

"Each caterer works differently. Most have a central kitchen where they prepare everything for distribution. Some use a cook-chill system: they cook days ahead and deliver the food chilled. Others use a cook-serve system: they cook overnight and deliver it in the morning."

IDI No. 12, Nursing Homes.

"I work with a dietitian who specifies which ingredients we can use to prepare the menu."

IDI No. 4, Nursing Homes.

"We have to plan menus around the patients we receive. There is a wide range of dietary requirements, including coeliac disease and salt-free diets. We have to be very meticulous about these things." IDI No. 7, Hospitals.

CURRENT MENUS IN INSTITUTIONAL CANTEENS

4/5

days per week fish is included on the menu

Lower fish consumption in nursing homes than in hospitals

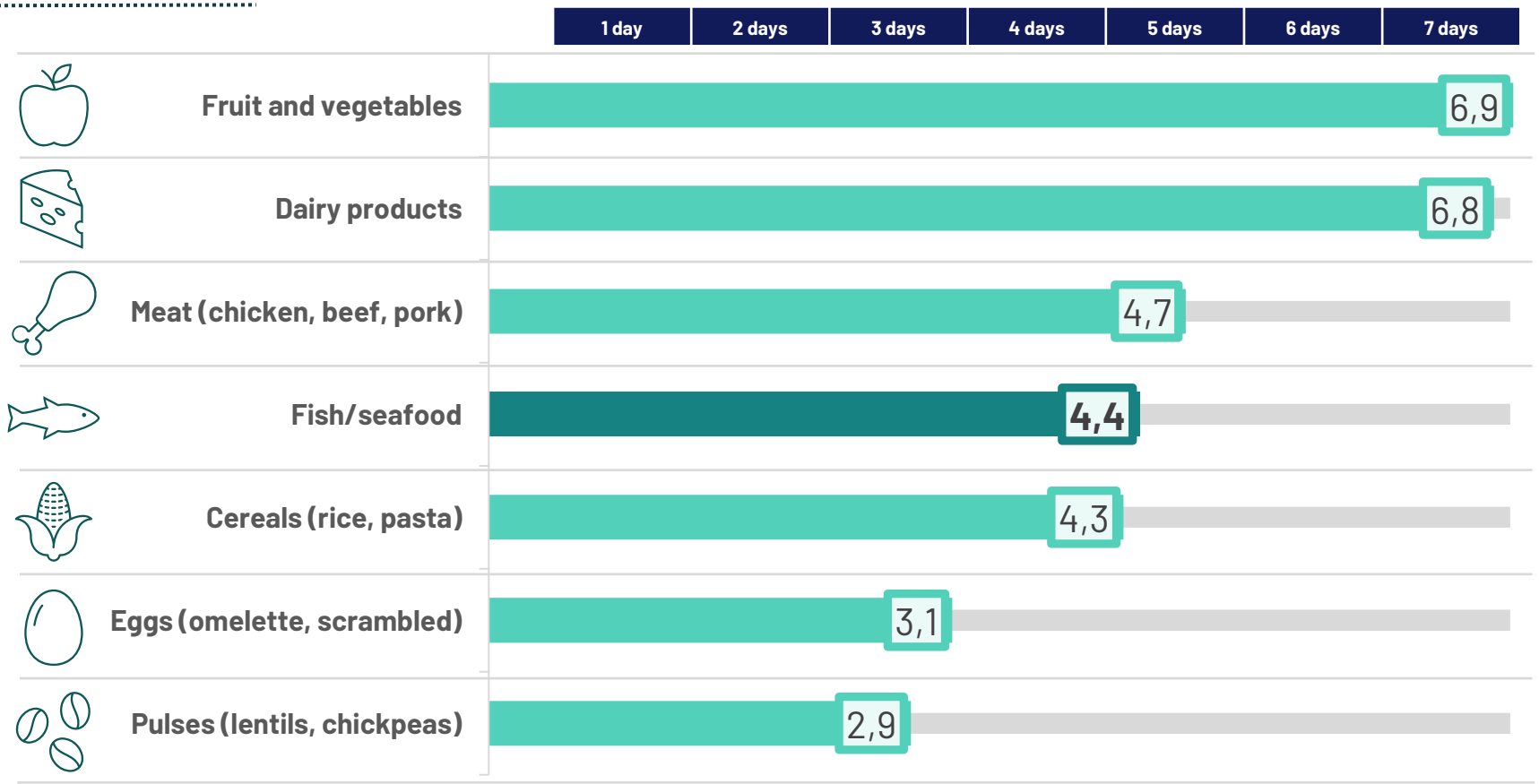
More balanced weekly consumption of fish and meat in hospitals



Fish is a regular part of menus, but it is served less frequently than meat.

FOOD CONSUMPTION FREQUENCY

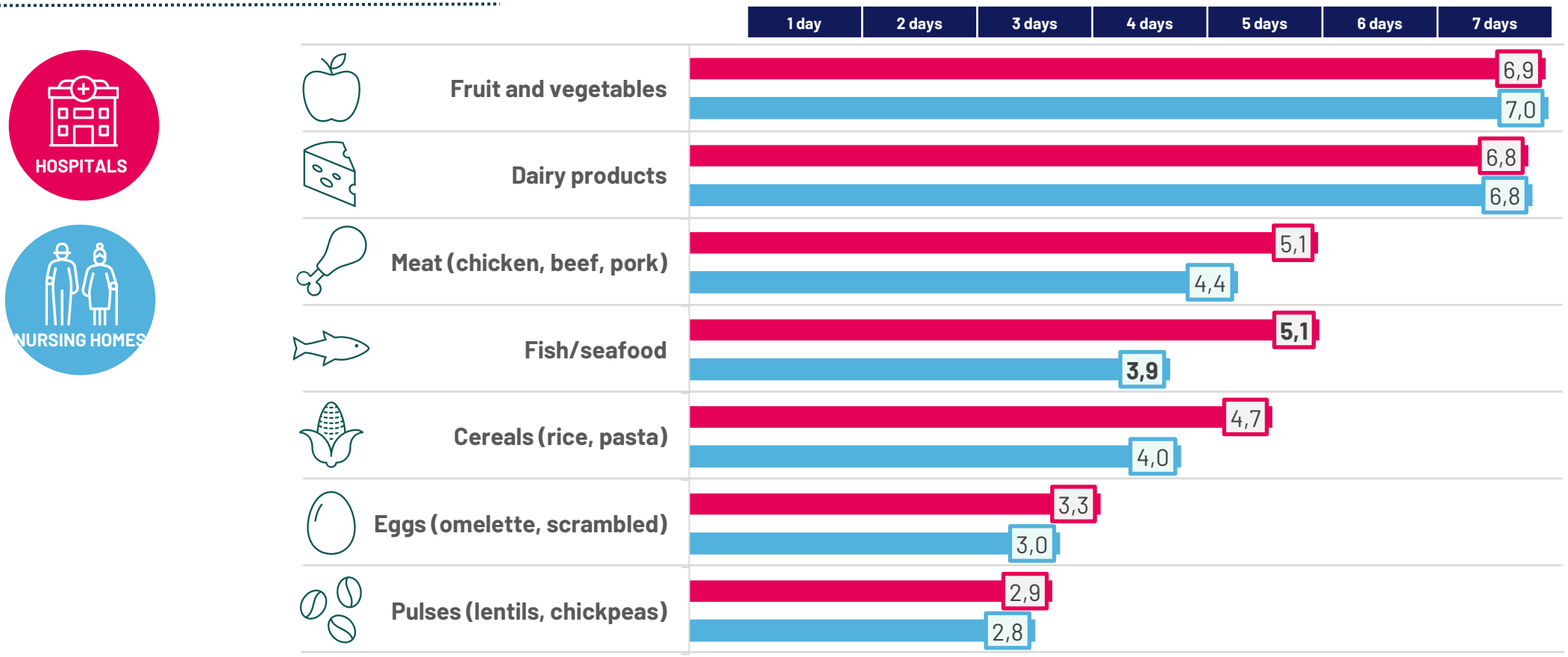
ALL CENTRES



Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q3. Thinking about a normal week, how many times is each of the following foods served as a main course?

There is a fish-consumption gap between hospitals and nursing homes (more than once a week). In hospitals, fish and meat consumption is more balanced.

FOOD CONSUMPTION FREQUENCY



Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q3. Thinking about a normal week, how many times is each of the following foods served as a main course?

Qualitatively, the fish-consumption gap between hospitals and nursing homes is more nuanced.

While hospitals show a high and structured consumption frequency, the data for nursing homes vary widely, with some respondents reporting frequencies even higher than those in hospitals

"We always try to include fish on the menu at least 2–3 times. We know people do not tend to eat much of it, but we include it to ensure balance and variety." IDI No. 6, Hospitals.

"Fish appears several times a week, so they may eat it 4 or 5 times, either at lunch or at dinner." IDI No. 8, Nursing Homes.

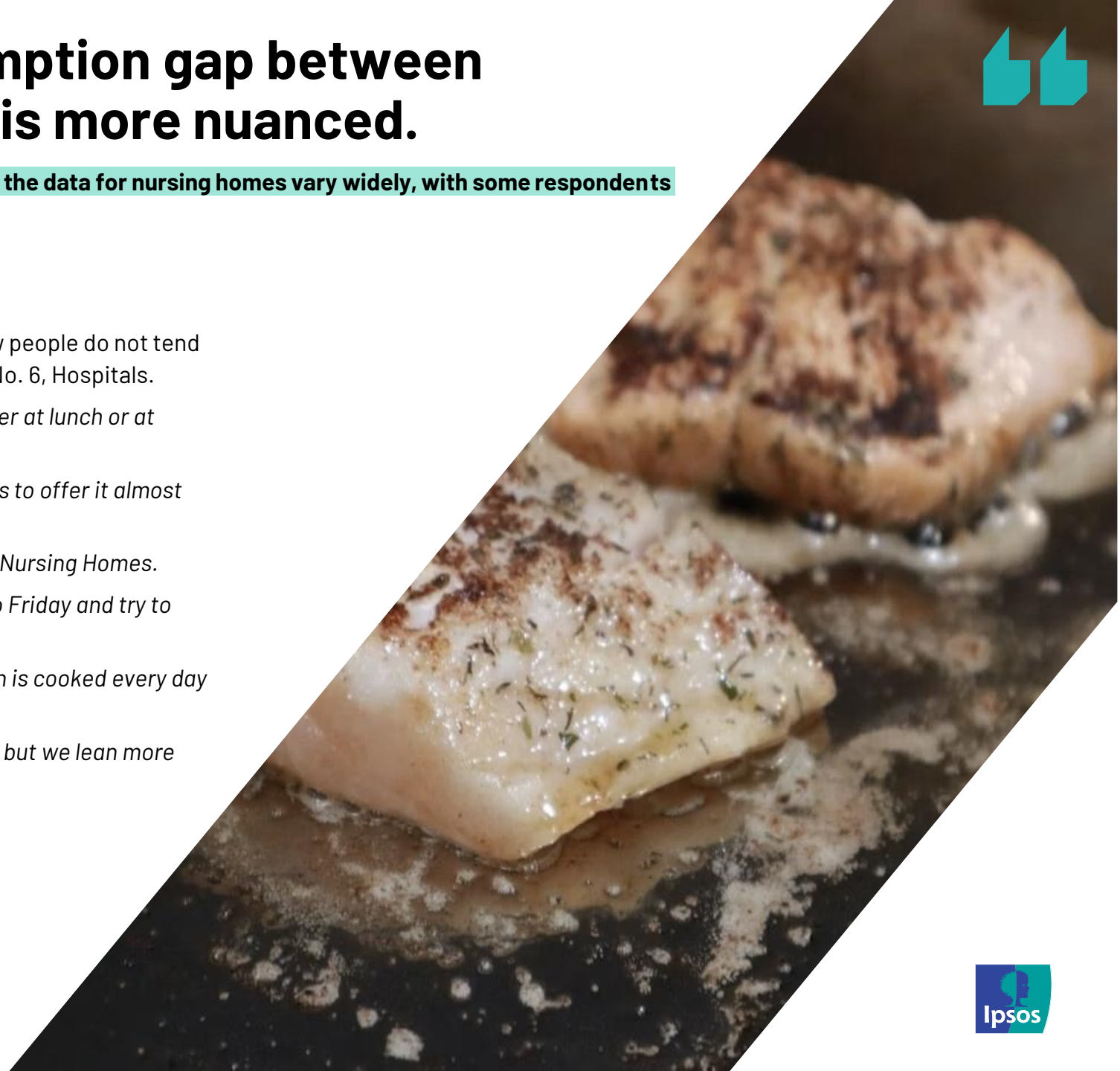
"A lot, because older people eat more fish than meat. So I need suppliers to offer it almost fully cleaned." IDI No. 1, Nursing Homes.

"We order less, and in general 99% is frozen. White fish, yes." IDI No. 15, Nursing Homes.

"I try to make it twice a week, because some centres operate Monday to Friday and try to serve it only once." IDI No. 12, Nursing Homes.

"Fish is actually eaten daily, as it is also prepared for staff meals (...) fish is cooked every day in a hospital." IDI No. 13, Hospitals.

"Our diet is rich in fish. We serve a bit of everything, both fish and meat, but we lean more towards fish." IDI No. 7, Hospitals.





ORIGIN, FORMAT AND PREPARATION OF FISH

Menus are based on farmed, frozen and oven-cooked fish

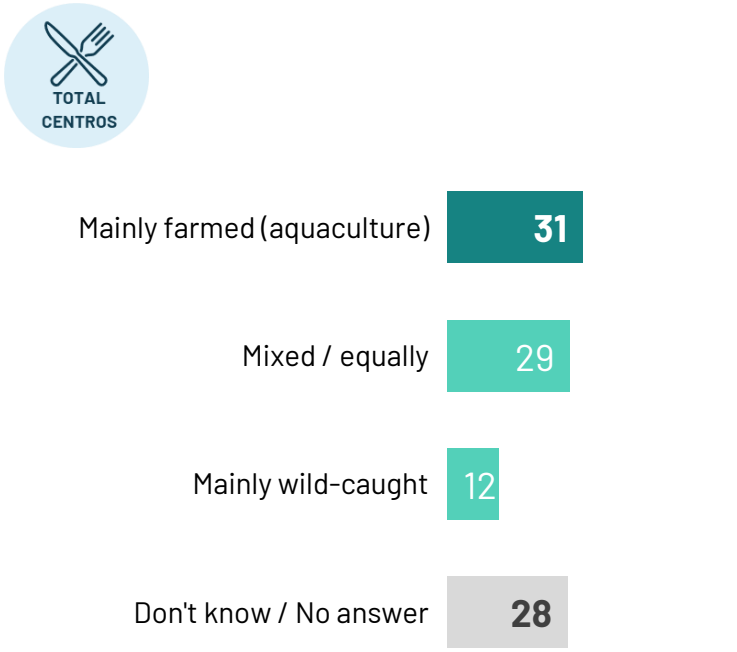
75%
of fish is frozen

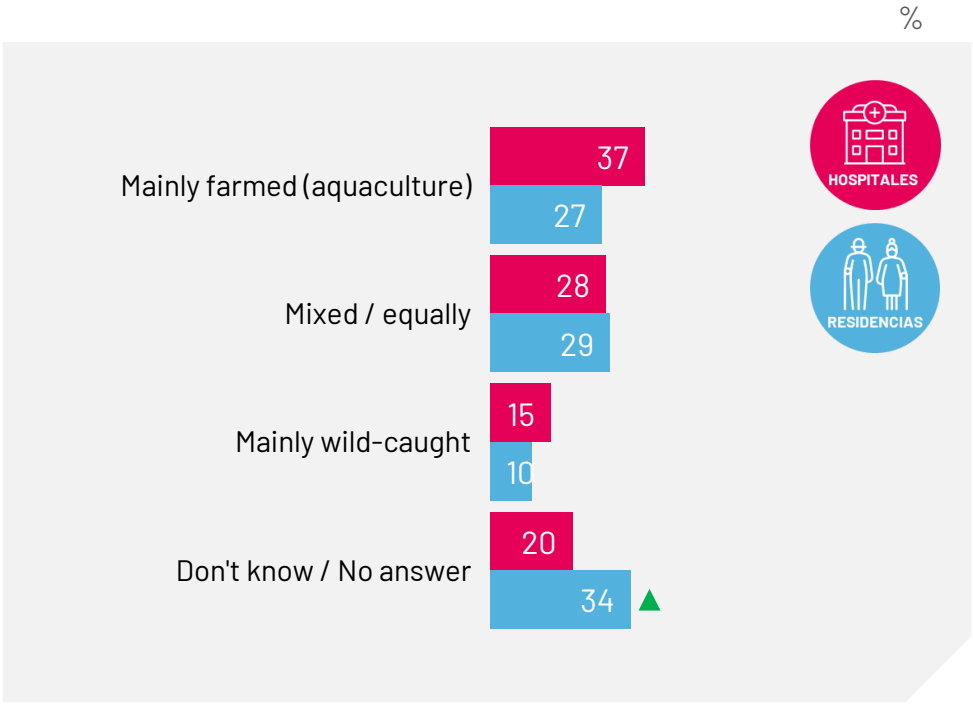
57%
usually prepare it in the oven

Aquaculture accounts for a significant share of fish supplied in both hospitals and nursing homes.

However, 3 out of 10 centres do not know the origin of the

ORIGIN OF FISH





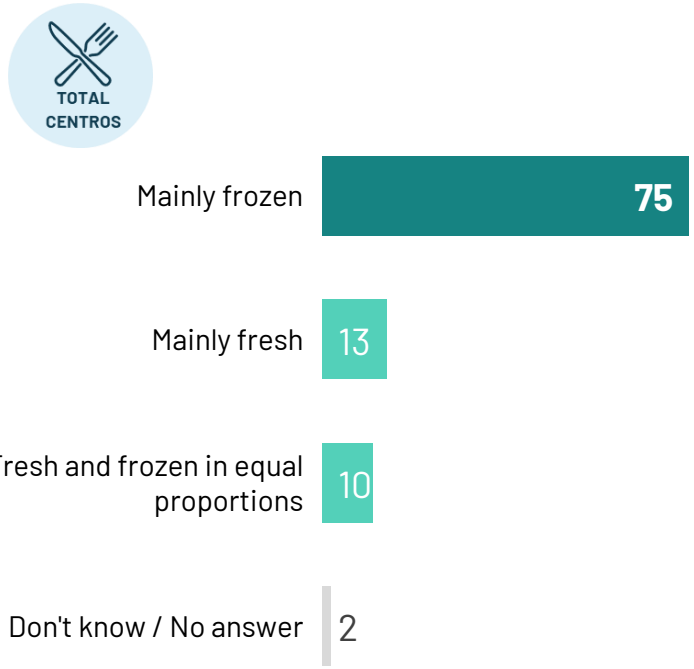
Significant differences between Hospitals and Nursing Homes

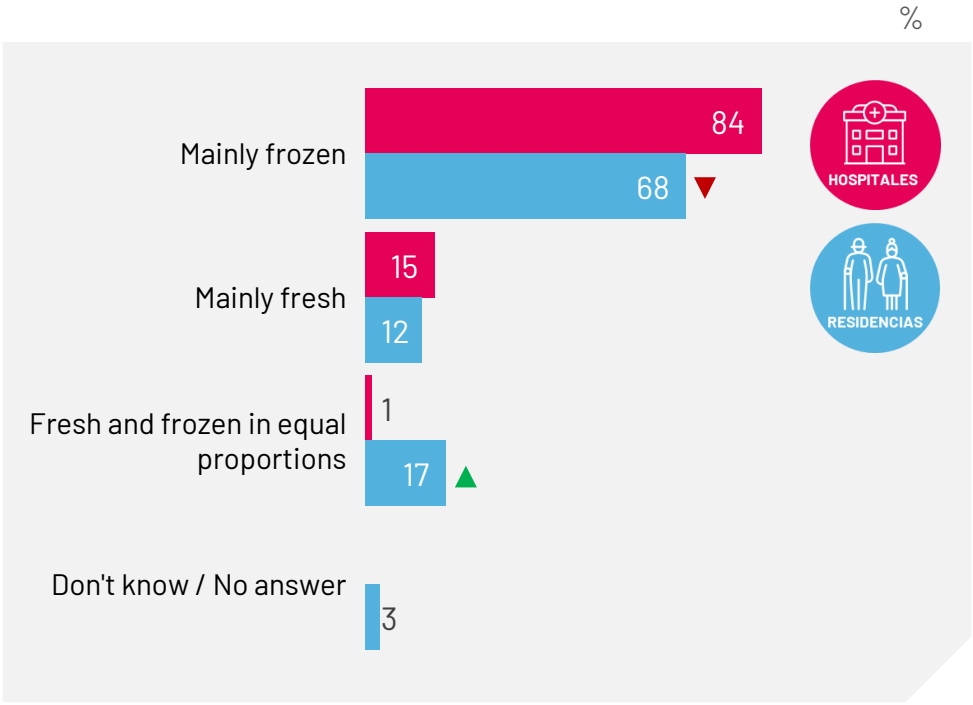
Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q5. Is the fish/seafood you use mainly wild-caught or farmed (aquaculture)?

Frozen fish dominates in institutional kitchens.

It is particularly common in hospitals.

FISH FORMAT



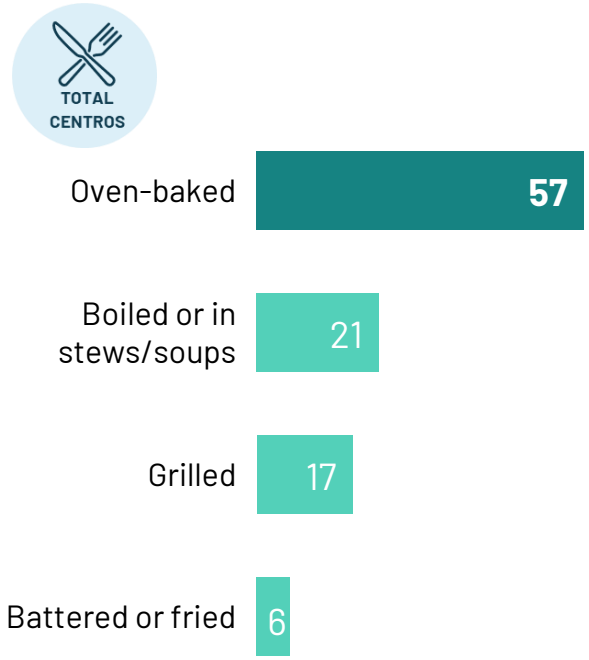


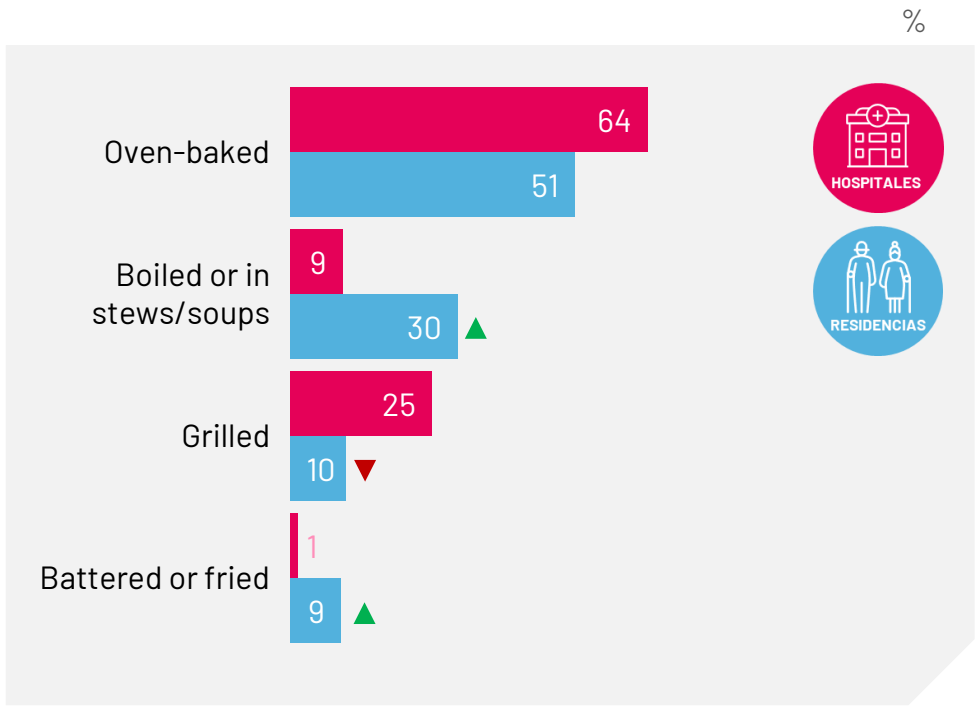
▲▼ Significant differences between Hospitals and Nursing Homes

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q6. Is the fish/seafood you use usually fresh or frozen?

Oven cooking is the most common option.

MOST COMMON FISH PREPARATION





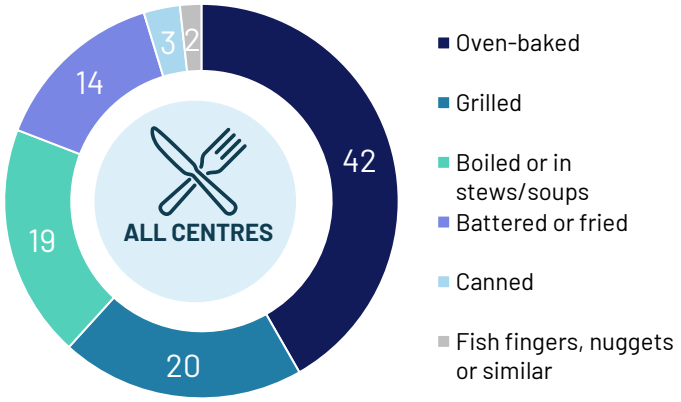
▲▼ Significant differences between Hospitals and Nursing Homes

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q7. What is the most common way of preparing fish at your centre?

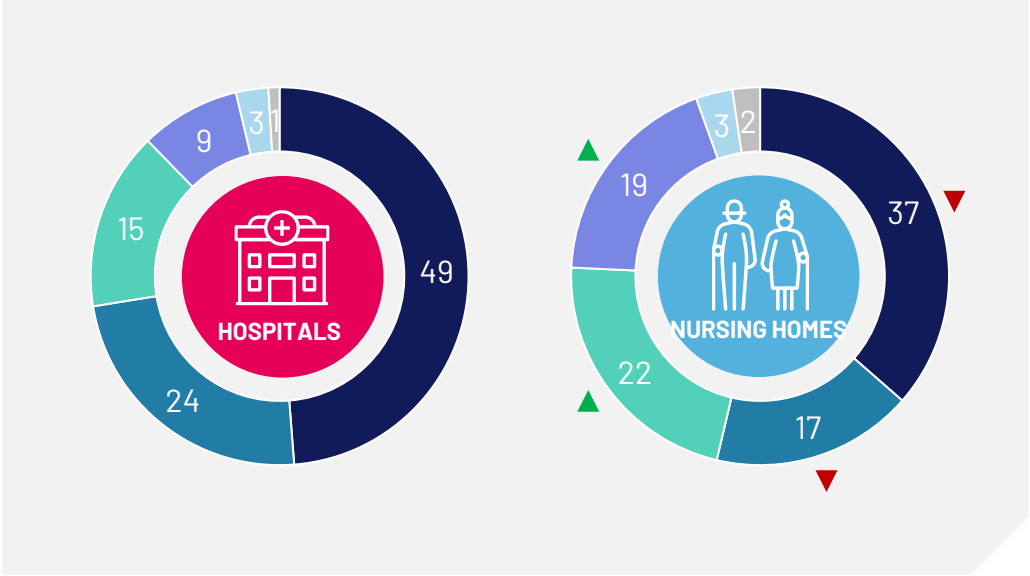
Simple and safe cooking methods are the most widely used in institutional kitchens.

Greater variety of preparation methods in nursing

SHARE OF EACH FISH PREPARATION METHOD



%



▲▼ Significant differences between Hospitals and Nursing Homes

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q8. Of all preparations, what percentage does each preparation method represent at your centre?



Catering companies mainly offer frozen, filleted fish served with sauce

The use of frozen fish is virtually universal and is a deliberate, fundamental decision for food-safety reasons. The preferred format is portioned, boneless loin or fillet, as it greatly facilitates handling in the kitchen and ensures diner safety.

"Always frozen, always. To avoid the problems associated with fresh fish and food safety, such as Anisakis." IDI No. 2, Hospitals.

"We look for fish that is not too thin, perhaps a fairly thick loin, that can be served with sauce or prepared in a way that makes it easy for them to eat." IDI No. 8, Nursing Homes.

"We always try to serve it with sauce or side dishes to mask the flavour a little, because fish is the least well accepted food in hospitals." IDI No. 2, Hospitals.

"We avoid frying as much as possible and try to bake or grill the fish." IDI No. 6, Hospitals.

"Catered food is not eaten straight away and usually needs reheating. Without a sauce, the fish would dry out. However well you manage the process, if it does not taste good, people will not eat it." IDI No. 12, Hospitals.

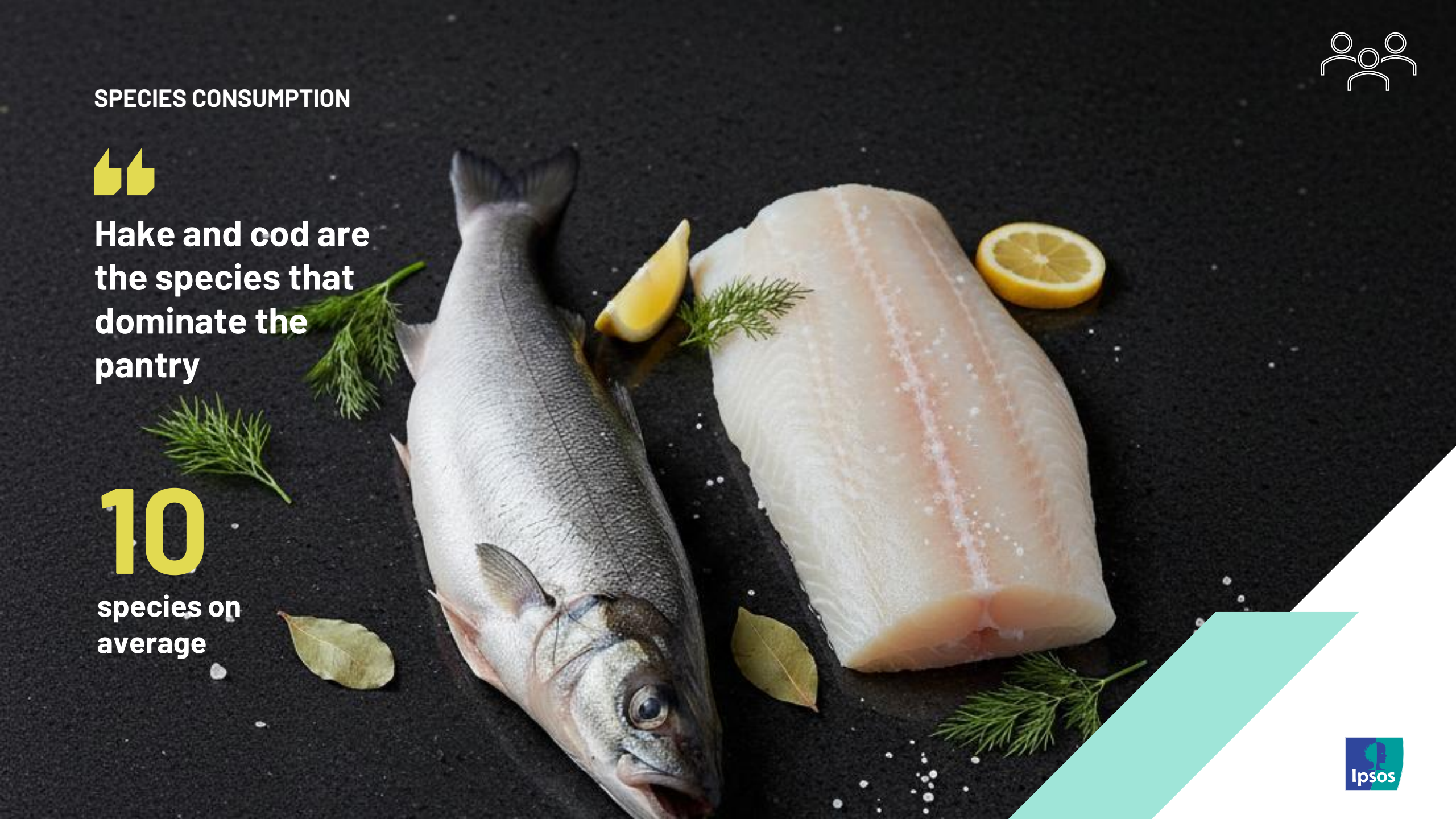
"It can be served with sauce or battered, which they also eat very well. Things that are easy for them to eat." IDI No. 8, Nursing Homes.

SPECIES CONSUMPTION

Hake and cod are the species that dominate the pantry

10

species on average



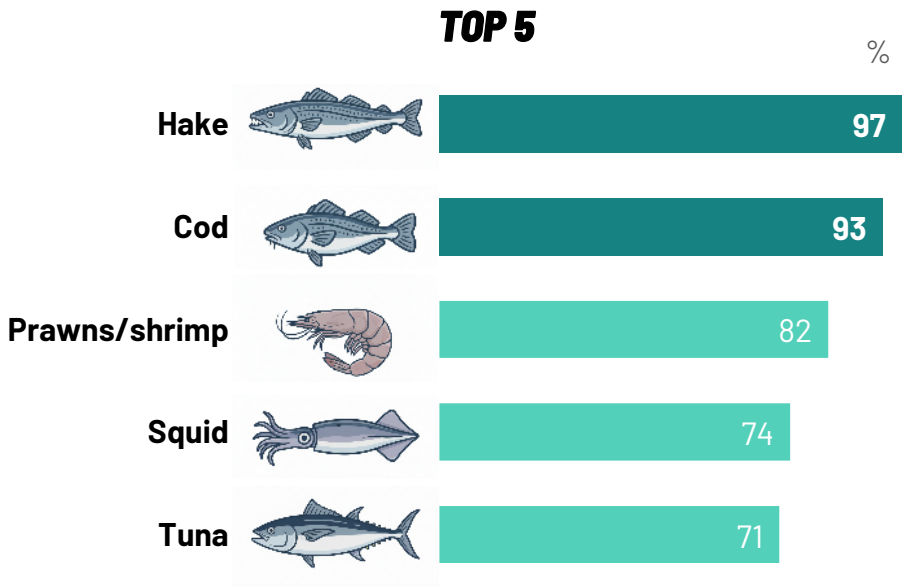
The offering is concentrated in a limited number of species, dominated by hake and cod.

SPECIES CONSUMED

ALL CENTRES

10

species on average



Other species mentioned

SPECIES	%
Salmon	69
Cuttlefish/Flying squid	63
Monkfish	51
Sardine	46
Anchovy	35
Young hake	33
Bonito tuna	31
Gilthead seabream	24
Sole	23
Sea bass	22
Swordfish	21
Pangasius	20
Mussels	13
Octopus	11
Tilapia	10
Saithe	10
Clams	10
Yellowfin sole	7
Pomfret	7
Pollock	6
Dogfish	6
Mackerel	5
Trout	4
Blue shark	3
Grouper	3
Redfish	3
Blue whiting	3
Scorpionfish	3
Halibut	3
Perch	3
Baby squid	2
Kingklip	2
Megrim	2
Ling	2
Horse mackerel	1
Frigate tuna	1
Crabs	1
Flounder	1
Other	8

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q4. Now focusing on the fish and seafood offered on your menu, which of the following species do you usually serve?

Hospitals and nursing homes use a similar average number and range of species.

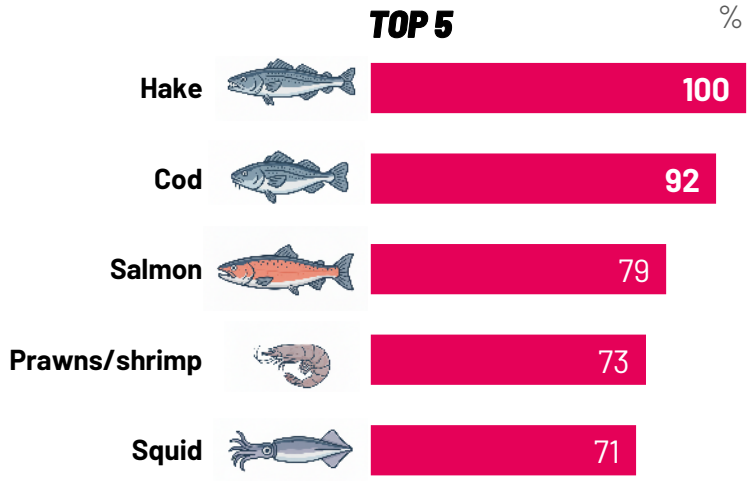
SPECIES CONSUMED

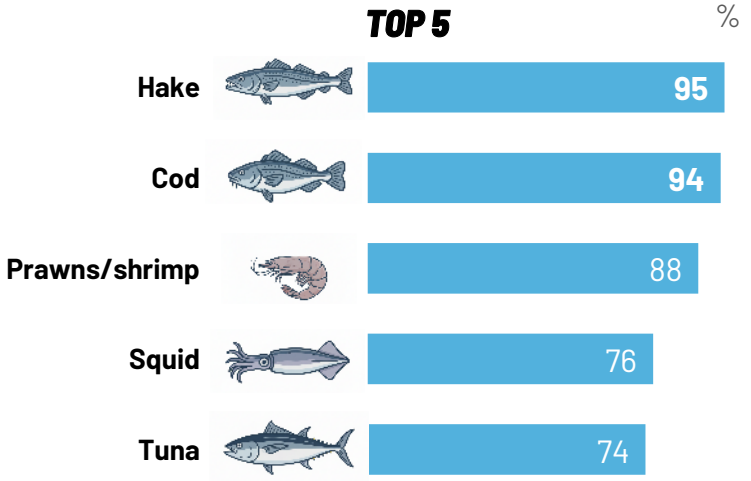
HOSPITALS

9 species on average

NURSING HOMES

10 species on average





Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q4. Now focusing on the fish and seafood offered on your menu, which of the following species do you usually serve?

Other species mentioned

HOSPITALES

SPECIES	%
Tuna	68
Cuttlefish/Flying squid	64
Monkfish	44
Bonito tuna	28
Swordfish	27
Sardine	25
Young hake	25
Gilthead seabream	23
Sea bass	16
Anchovy	15
Sole	15
Mussels	15
Saithe	13
Tilapia	12
Octopus	9
Dogfish	9
Trout	9
Clams	8
Yellowfin sole	8
Pomfret	8
Pollock	8
Pangasius	7
Blue shark	7
Perch	7
Scorpionfish	5
Mackerel	4
Grouper	4
Megrim	4
Ling	4
Blue whiting	3
Baby squid	3
Kingklip	3
Flounder	3
Halibut	1
Horse mackerel	1
Frigate tuna	1
Crabs	1
Variegated scallop	1
Other	9

RESIDENCIAS

SPECIES	%
Cuttlefish/Flying squid	63
Sardine	62
Salmon	61
Monkfish	56
Anchovy	51
Young hake	39
Bonito tuna	34
Sole	30
Pangasius	30
Sea bass	27
Gilthead seabream	25
Swordfish	16
Mussels	12
Octopus	12
Clams	11
Tilapia	9
Saithe	7
Yellowfin sole	7
Pomfret	6
Pollock	5
Mackerel	5
Redfish	5
Halibut	4
Dogfish	3
Blue whiting	3
Grouper	2
Baby squid	2
Kingklip	2
Blue shark	1
Scorpionfish	1
Megrim	1
Horse mackerel	1
Frigate tuna	1
Crabs	1
Surimi eel substitutes	1
Other	9

Species selection by catering companies is heavily constrained by cost.

This creates a clear hierarchy of fish, with hake the predominant choice because of its versatility and price. Hake is, without doubt, the species most frequently mentioned and used in institutional menus. It is valued for being economical, well accepted and versatile across different preparations.

"Caterers mostly offer hake and cod. We do not allow it, but they always try to supply pollock and yellowfin sole, in other words, lower-quality fish." IDI No. 12, Nursing Homes/General.

"Hake is what they usually like most. Also, you can prepare hake with many different sauces." IDI No. 8, Nursing Homes.

"Basically, we have hake. Hake alone, because cod is already too expensive, so yes, we have a problem in terms of variety." IDI No. 2, Hospitals.

Professionals demonstrate knowledge of a wide variety of species (sea bass, gilthead seabream, mackerel, anchovies, etc.), but acknowledge that limited budgets and difficulty finding suitable formats (boneless, portioned, etc.) restrict their regular inclusion on menus.

"Hake, megrim, sea bass, trout, anchovies and sardines. That is for fish (...) Then baby squid, prawns and clams." IDI No. 1, Nursing Homes.

"Fairly common, well-known fish, such as white fish, sea bass, gilthead seabream and hake, fish of that kind." IDI No. 6, Hospitals.



BARRIERS AND SHORTCOMINGS IN FISH/SEAFOOD CONSUMPTION

3.2

BARRIERS AND CONCERNS REGARDING CONSUMPTION

Fear of fish bones is the biggest barrier, especially in nursing homes

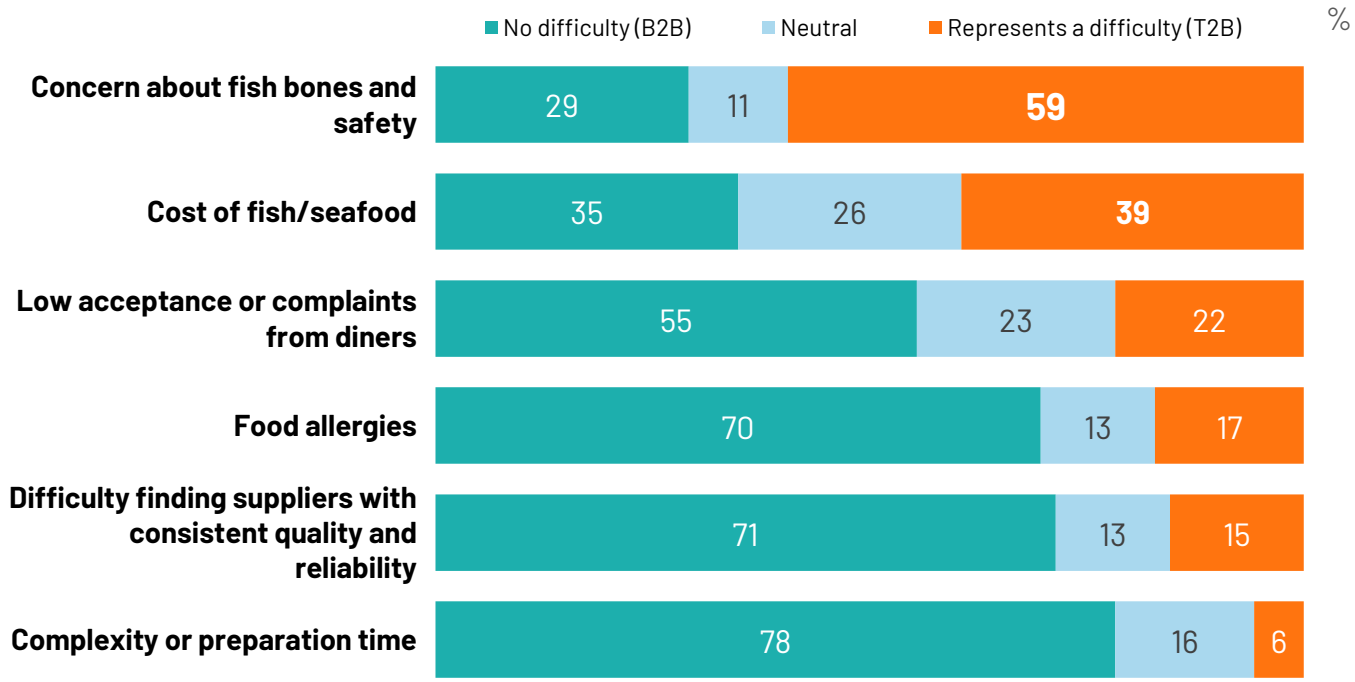
Although price always matters, for centres solving the safety issue (fish bones) is a higher priority than obtaining a lower price



Fish bones and safety are the main barrier faced by centres, followed by cost.

BARRIERS TO FISH CONSUMPTION

ALL CENTRES

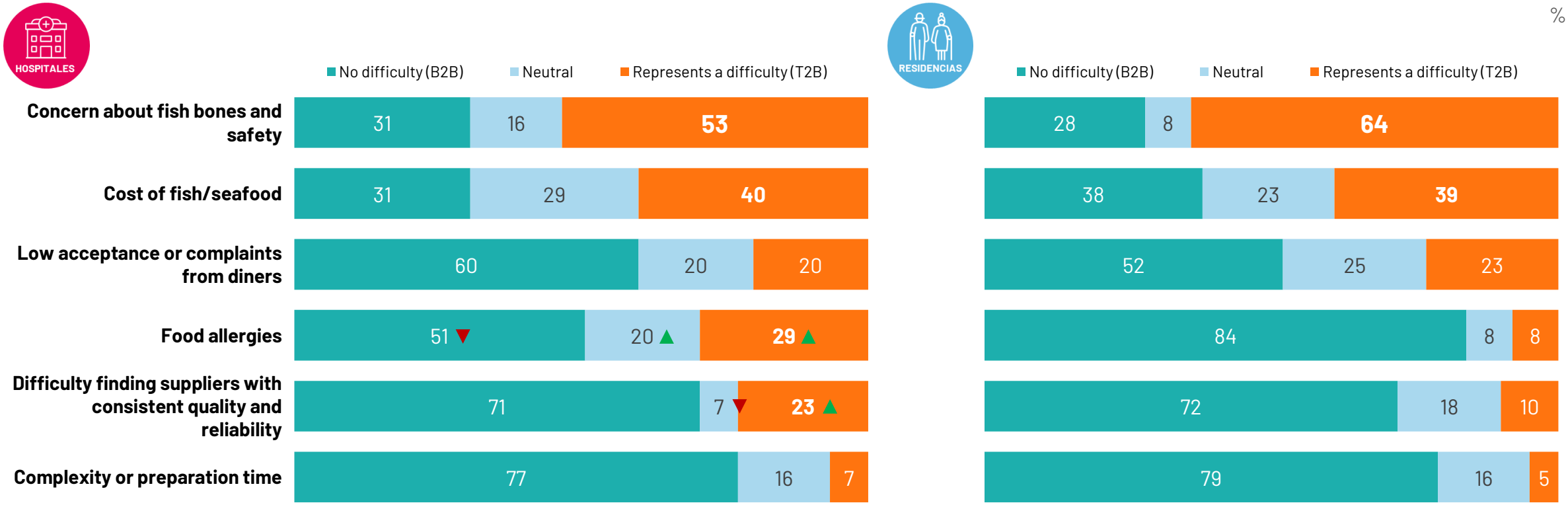


Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q9. To what extent do you think the following issues represent a difficulty or barrier to offering fish/seafood at your centre? Please use a scale from 1 to 5, where 1 means "No difficulty at all" and 5 means "A very great difficulty".

Hospitals show greater concern about food allergies and greater difficulty finding suppliers offering consistent quality and reliability.

BARRIERS TO FISH CONSUMPTION



Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q9. To what extent do you think the following issues represent a difficulty or barrier to offering fish/seafood at your centre? Please use a scale from 1 to 5, where 1 means "No difficulty at all" and 5 means "A very great difficulty".

▲▼ Significant differences between Hospitals and Nursing Homes

Fish bones: a non-negotiable safety barrier for caterers too

This is undoubtedly one of the most frequently repeated and critical concerns. It is not a preference but a real risk, especially when working with older people or people with swallowing difficulties.

"We look for boneless fish, preferably skinless too, especially for them, because bones are a problem for older people." IDI No. 8, Nursing Homes.

"We try to ensure there are no bones. This matters because we serve older people and sometimes children. Fish has bones, so it is difficult unless you use boneless portions, which cost more." IDI No. 2, Hospitals.

"The ideal fish is one of those 'low-end' fish, because they have no bones. When boneless fish is required, pangasius and tilapia really make life easier." IDI No. 2, Hospitals.

"Fish bones, for example. With proper preparation, there should not be any (...) finding a bone can create an additional problem." IDI No. 15, Nursing Homes.

"Boneless options are generally quite difficult for them to provide (...) If the fish can be served without bones, then it should be." IDI No. 6, Hospitals.

"A cleaned loin portion comes without bones. A fish steak, however, can cause problems, especially for older people and children, who could choke on a bone." IDI No. 4, Nursing Homes.





Cost constrains quality and variety, while allergies are an operational barrier

Price is the most widespread barrier and has the greatest impact on final product quality and on the variety of species catering companies can offer. Respondents make clear that tight institutional budgets force them to make decisions that often come at the expense of quality.

"I keep coming back to price. I think it is key (...) the main problem is price." IDI No. 15, Nursing Homes.

"The problem we face is cost. Hospital meals, whether standard or special diets, usually have very low budgets, and this is reflected in the quality of the menu." IDI No. 2, Hospitals.

Allergies: a general operational barrier (with nuances). Allergies are a critical and constant concern in the management of any institutional kitchen. However, in the interviews they are not presented as a specific barrier preventing fish from being included, but as a general risk factor that must be managed with extreme care for all foods.

"Some kitchens confuse lactose intolerance with cow's milk protein allergy. There have been cases of lactose-free yoghurt being given to a child with a milk allergy." IDI No. 2, Hospitals.

"Coeliac disease and allergies, including fairly common ones such as soya, crustaceans and molluscs." IDI No. 13, Hospitals.

"There are standard, puréed and low-sodium menus, as well as all the food allergies, although allergies are less common among older people in our country." IDI No. 11, Nursing Homes.

"We prepare many different diets and must be extremely strict. There is no room for error: people's lives are at stake." IDI No. 7, Hospitals.

WASTE LEVEL

Waste generated by fish is not a problem for hospitals and nursing homes

71%

say that the level of waste is equal to or lower than for other foods

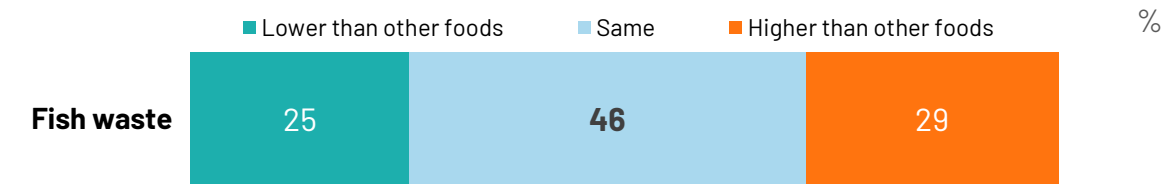


The level of waste generated by fish is in line with other foods.

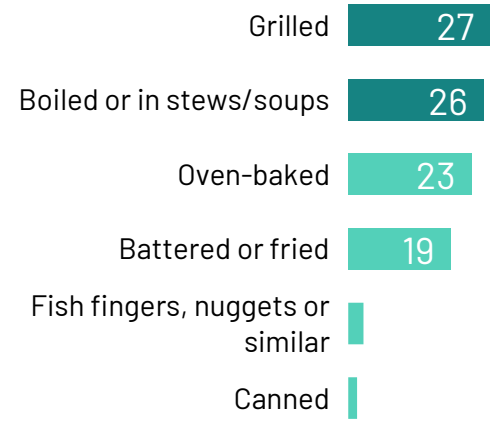
Oven cooking (the most common method) is not identified as generating the most waste.

FISH WASTE LEVEL

ALL CENTRES



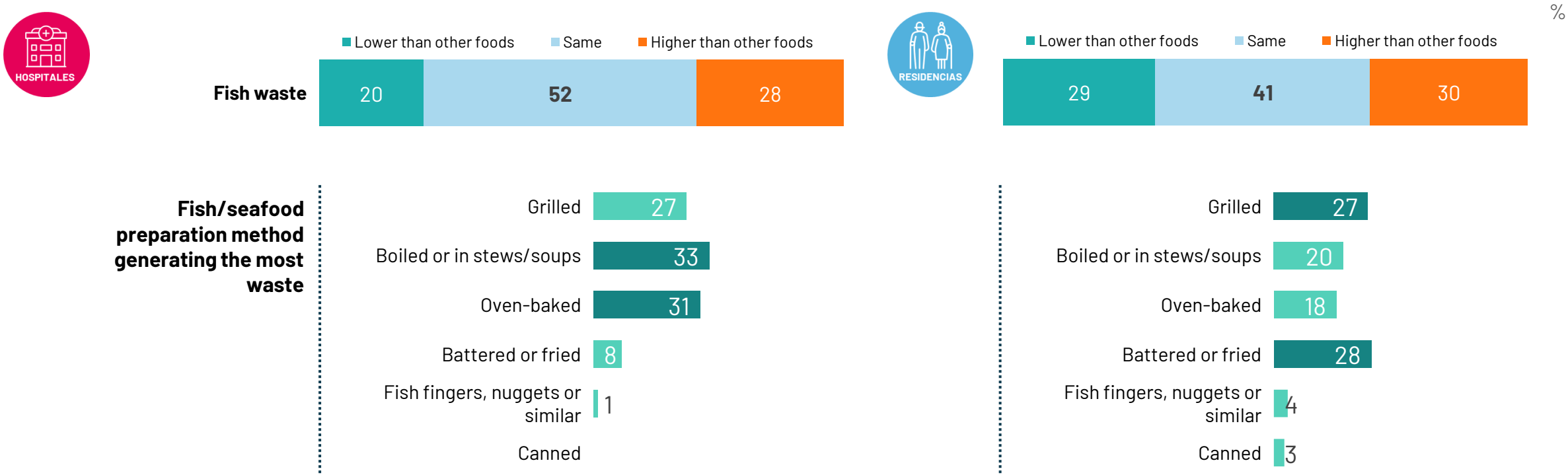
Fish/seafood preparation method generating the most waste



Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q10. When fish/seafood is served, how high would you say the level of waste is compared with other foods?
Q11. Which type of fish/seafood preparation generates the most waste?

In hospitals and nursing homes, fish waste is not a problem: 7 out of 10 consider that it generates the same or less waste than other foods.

FISH WASTE LEVEL



Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q10. When fish/seafood is served, how high would you say the level of waste is compared with other foods?
Q11. Which type of fish/seafood preparation generates the most waste?

ASSESSMENT OF FISH SUPPLIERS' SERVICE

Overall, they are satisfied with fish suppliers

4,2 out of 5

...although there is room for improvement on price, and variety is also lacking in hospitals

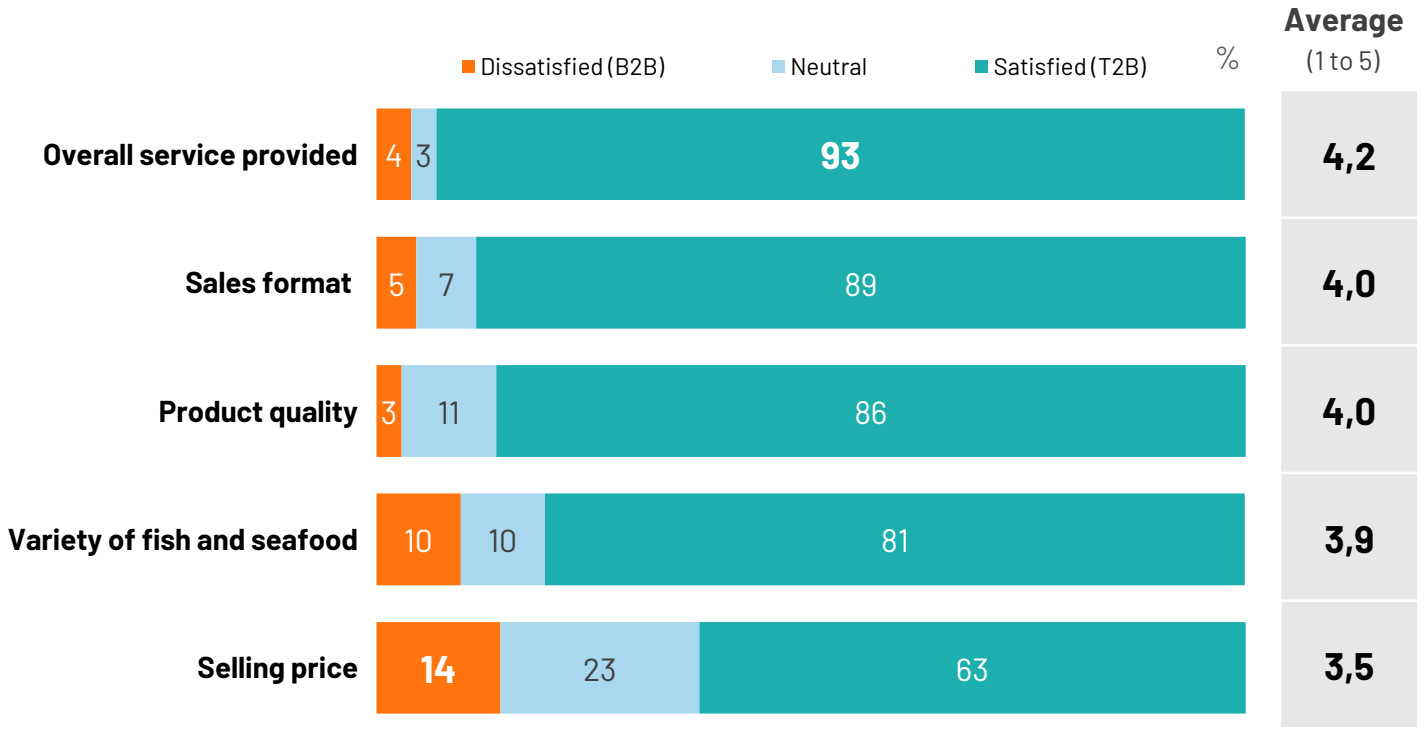
Shortcomings and improvement actions converge on demand for a safer product and more competitive prices



Price and variety offer the greatest room for improvement.

SATISFACTION WITH SUPPLIERS

ALL CENTRES

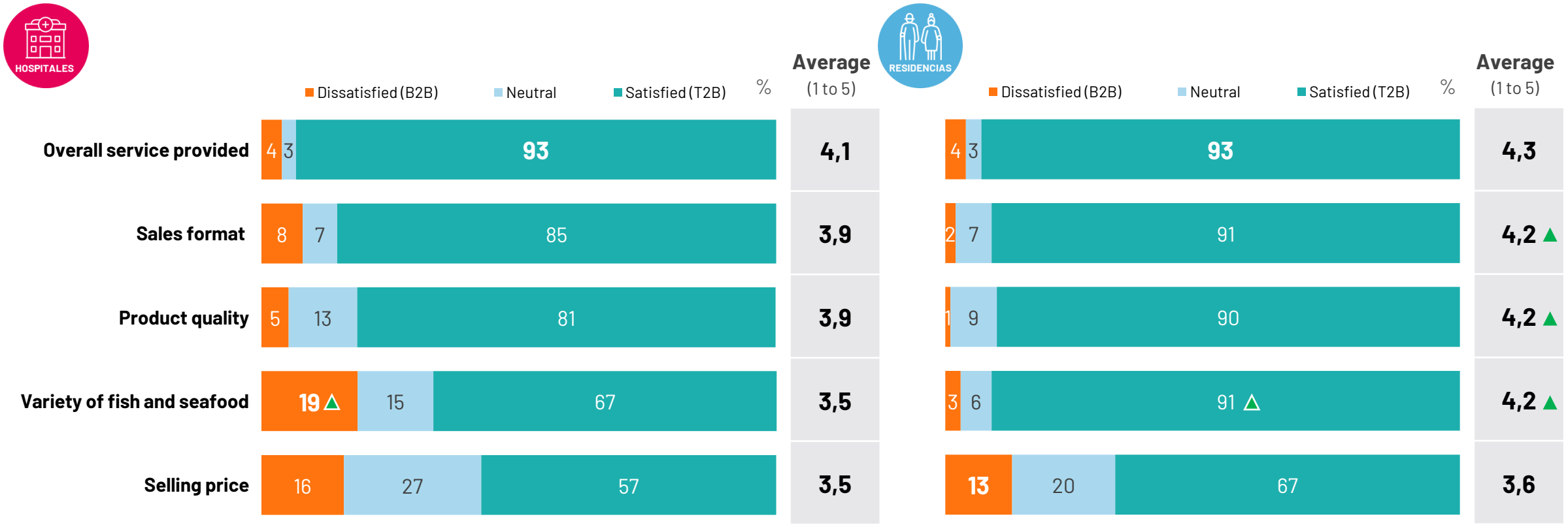


Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q12. Thinking about fish/seafood purchasing, how satisfied are you with your suppliers regarding the following aspects...?

Nursing homes are somewhat more satisfied than hospitals with fish suppliers. Hospitals are considerably more dissatisfied with variety.

SATISFACTION WITH SUPPLIERS

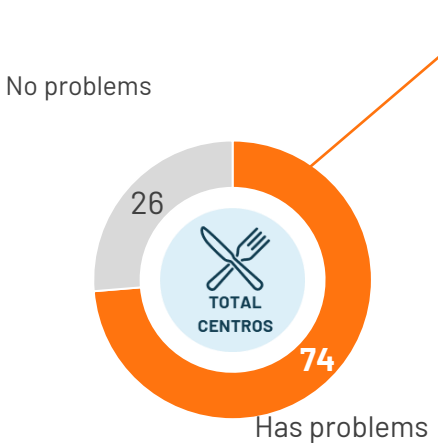


Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q12. Thinking about fish/seafood purchasing, how satisfied are you with your suppliers regarding the following aspects...?

▲▼ Significant differences between Hospitals and Nursing Homes

Prices and boneless-fish options are the main shortcomings identified among suppliers.

SHORTCOMINGS OR PROBLEMS WITH SUPPLIERS



3 Average number of problems

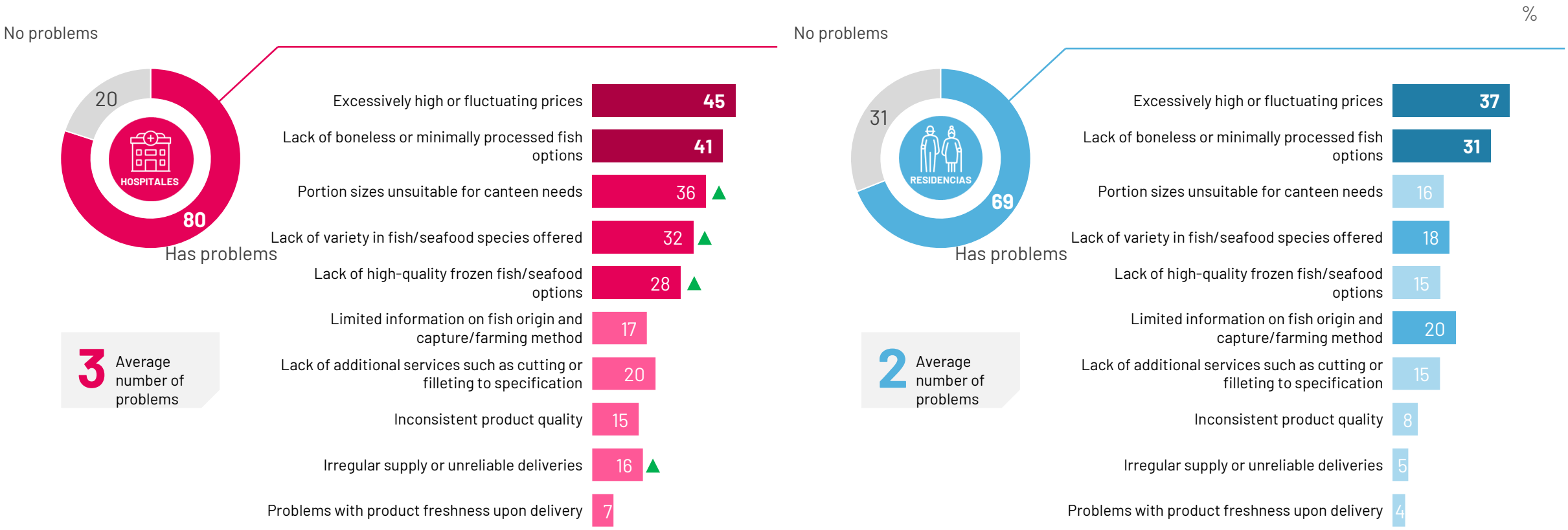


Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q13. In general, what shortcomings or problems do you mainly encounter with the service and product offered by your fish/seafood suppliers?

Hospitals report more problems with suppliers than nursing homes, but in both cases price and boneless fish are the issues most frequently mentioned.

SHORTCOMINGS OR PROBLEMS WITH SUPPLIERS



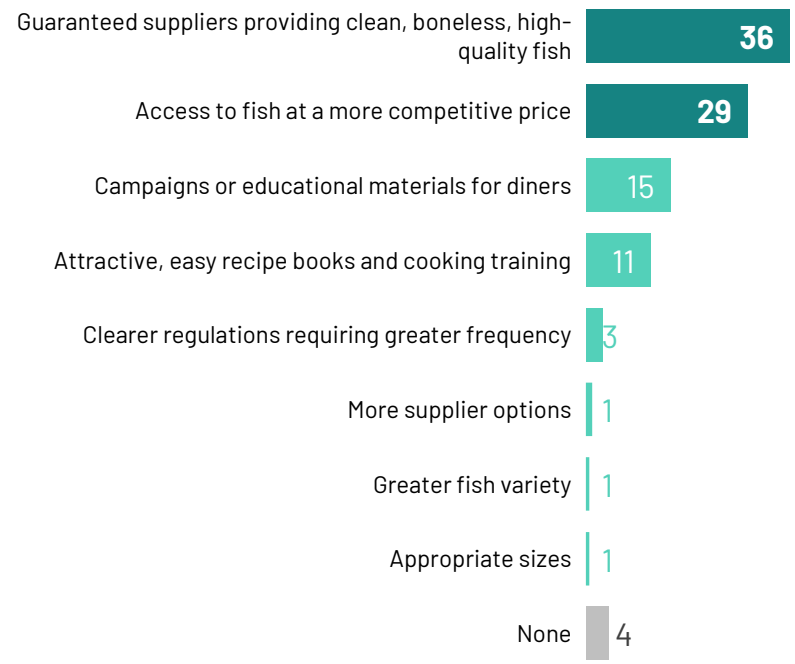
Base: all canteens 175 / Hospitals 75 / Nursing Homes 100
Q13. In general, what shortcomings or problems do you mainly encounter with the service and product offered by your fish/seafood suppliers?

Significant differences between Hospitals and Nursing Homes

As a result, centres demand more boneless fish and more competitive prices.

ACTIONS TO INCREASE THE SUPPLY AND CONSUMPTION OF FISH/SEAFOOD

ALL CENTRES

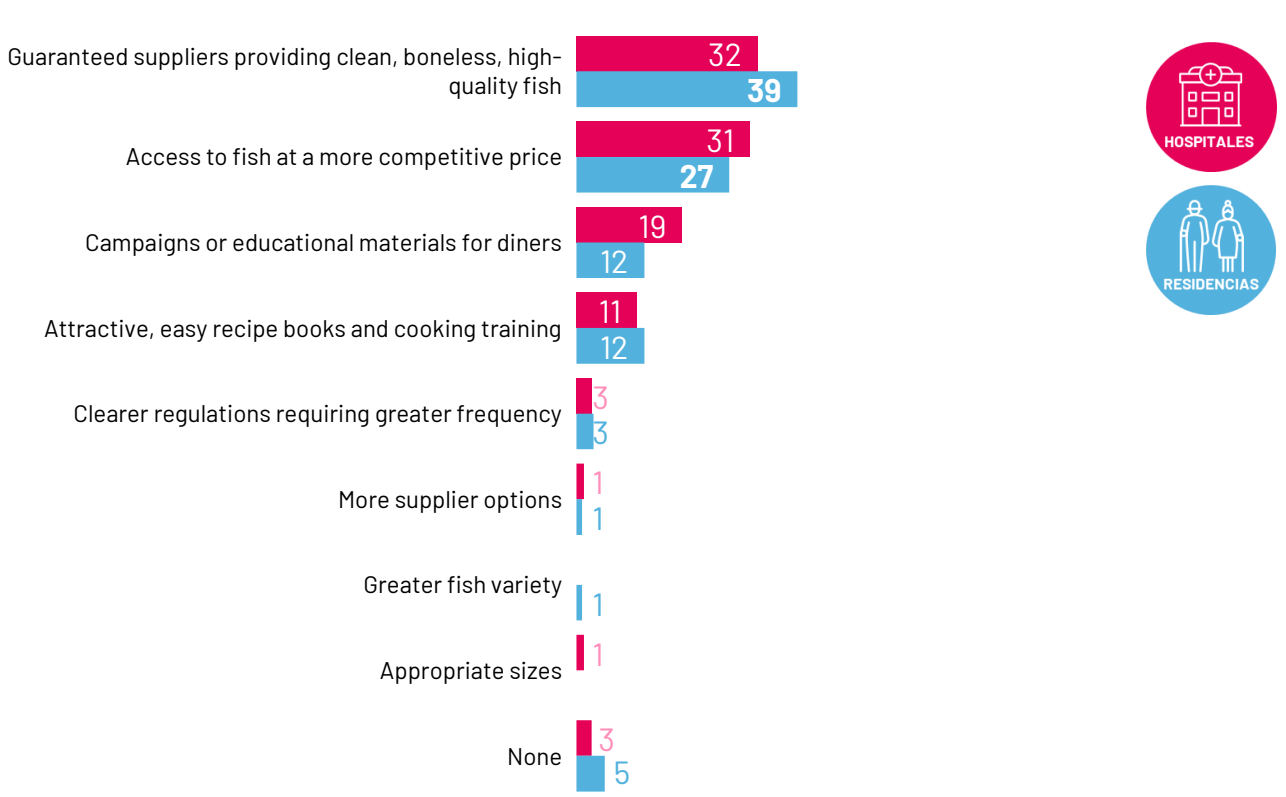


Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q14. Finally, which of the following elements do you think would be most effective in increasing the supply and consumption of fish/seafood at your centre?

Both hospitals and nursing homes place greater emphasis on boneless fish than on more competitive prices.

ACTIONS TO INCREASE THE SUPPLY AND CONSUMPTION OF FISH/SEAFOOD



Significant differences between Hospitals and Nursing Homes

Base: all canteens 175 / Hospitals 75 / Nursing Homes 100

Q14. Finally, which of the following elements do you think would be most effective in increasing the supply and consumption of fish/seafood at your centre?

Caterers' overall satisfaction with fish suppliers is functional but limited.

Caterers maintain long-term relationships out of necessity (competitive prices, guaranteed minimum service), but perceive a large gap between being a simple supplier and becoming a true strategic 'partner'. The relationship is mostly transactional and reactive, rather than proactive or collaborative.

"Once you become a long-standing customer, there is trust. For me, the hardest part is maintaining the standard (...) because they know they are not going to lose us..." IDI No. 13, Hospitals/Nursing Homes.

"There has been a lot of sharp practice, so to speak. They have tried to pass off a product under a different name, when it is not actually that product." IDI No. 4, Nursing Homes.

"Service, because logistics in Spain today are a disaster (...) They should be punctual and consistent. An order should not arrive at 8 a.m. one week and at 2 p.m. the next." IDI No. 11, Nursing Homes.

"I always check that orders arrive on time and as agreed, that the product is good quality and well packaged, and that the supplier responds if there is a problem." IDI No. 7, Hospitals.

Caterers provide a very clear roadmap for how a supplier can differentiate itself and move from being a simple seller to a strategic partner: innovate in formats and products, offer training and build a relationship based on transparency.

"For example, when a supplier offers to help train my staff in cleaning fish and gives them refresher training on how to do it properly." **IDI No. 1, Nursing Homes.**

"Offering a range of samples could encourage us to buy more. It may sound trivial, but being able to try the fish is what is missing from the market today." ***IDI No. 12, Nursing Homes.***

"We need to move beyond fillets and pieces of fish towards fish-protein products beyond the usual fish fingers or battered, fried options, such as burgers or other preparations like fish sausages." IDI No. ***11, Nursing Homes.***



KEY FINDINGS

04



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Consumption Frequency

Fish is served an average of 4.4 times per week. However, this figure hides a disparity: while the frequency in hospitals is 5.1 times, in nursing homes it falls to 3.9 times, lower than the frequency for meat (4.4 times).

Type of Fish

Menus include an average of 10 species, highlighting the opportunity to introduce greater species variety. Hake and cod are the most popular.

Format and Preparation

There is a reliance on frozen fish (75%), even higher in hospitals (84%), and a preference for safe cooking methods such as oven cooking (57%).

Perceived Barriers

The main concern reported is safety around fish bones (59%), a perception that is stronger in nursing homes (64%). Cost follows closely. Importantly, waste generated by fish is not considered a problem.

Relationship with Suppliers

Although overall satisfaction is high, 41% of centres complain about excessively high or fluctuating prices and 35% report a lack of boneless-fish options. Hospitals also report a lack of variety.

THANK YOU

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