

Government Buying Standards for Food and Catering Services - Updating the nutrition standards

BDA Consultation Response

Proposed Changes to the GBSF Nutrition Standards

Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for reducing salt intake?

Comment

Although we welcome these and other proposals which have the aim of ensuring healthier food and drink options are available across the public sector, we would expect **patients and those in care** to be out of scope as whilst eating for health is important for hospital or care home patients there are also a large proportion of patients who are nutritionally vulnerable and for whom following healthy eating guidance may not always be appropriate.

Even with patients out of scope, we need to be mindful that some products sold within retail outlets may also be used for patient menus and any reformulation may impact inadvertently on nutritionally vulnerable patients being able to meet their nutritional requirements. For example, the maximum energy value on cakes and puddings of 220kcal conflicts with the Higher Energy guidance for nutritionally vulnerable patients in the BDA Nutrition and Hydration Digest.

Do you agree or disagree with the outlined proposals for the mandatory standard for increasing fruit and vegetable consumption?

Yes – I agree with the proposals

Comment

We welcome the decision not to include fruit as a dessert options for the purposes of the calculation.

Do you agree or disagree with the outlined proposals for the mandatory standard for meal deals?

Comment

Although we agree with efforts to reduce the intake of HFSS from meal deals, and that public sector services should be leading the way and setting high standards, we want to ensure these policies are effective and equitable.

In a hospital context for example, we assume that inhouse or contract run restaurant operations fall in scope, would other retail units operating within NHS hospitals fall in or out of scope? For example, M&S, WHSmith, Costa or Starbucks

In addition, it is often tertiary landlords who are in place for these retailers and some of the profits inevitably go back to the Trusts. If the guidance is too stringent, sales will simply be driven out of the hospital and into the local high street.

It is therefore vital that these new standards are matched by wider efforts to reduce the availability of unhealthy options in commercial retail outlets, especially those near to public sector premises. We acknowledge that this is being taken forward as part of the wider Childhood Obesity Strategy.

Do you agree or disagree with the outlined proposals for the mandatory standard for reducing saturated fat?

Comment

Again, while we welcome the updated standards in line with recent evidence from SACN and others, we would highlight that for patients with malnutrition, a higher saturated fat diet (for example using more cheese) may be recommended. It is therefore important that these specialist diets, provided under advice from a dietitian, are not affected by this change.

Do you agree or disagree with the outlined proposals for the mandatory standard for reducing sugar intake?

Comment

Aligning this standard with the wider PHE sugar reduction programme is very welcome and a good example of the consistency that is required across this policy area.

Do you agree or disagree with the outlined proposals for the mandatory standard for fish?

Comment

Although we agree with this standard to ensure that the recommended two portions of fish, one of which should be oily, are available to consumers, we would encourage the inclusion of a requirement that such fish is sourced sustainably and from a range of sources. A high reliance on a narrow range of fish types is responsible for significant overfishing.

Do you agree or disagree with the outlined proposals for mandatory and / or voluntary standards for beverages?

Comment

Again, we agree with the broad principle, but it is important that provision to patients/care home residents is excepted, as there may be times when higher-calorie or high sugar beverages are a specific part of a treatment plan.

We would welcome the inclusion of a recommendation around standard fruit juice portion sizes in line with current Eatwell recommendations – i.e. one portion of 150ml per day.

Do you agree or disagree with the outlined proposals for voluntary standards for calorie and allergen labelling?

Not sure

Comment

The decision to remove this requirement is predicated on the implementation of other policy areas, such as on mandatory allergen labelling, that have not yet been brought in. We would want to ensure that these are in place before removing this voluntary requirement.

Implementation

Would 12 months be an appropriate amount of time for businesses to implement the updated GBSF nutrition standards?

Not sure

Comment

Given the scale of some of these changes, we are unsure whether 12 months is feasible. Reformulation targets are over a much longer period. It will be important to ensure that there is sufficient time to either source new products or reformulate existing ones.

Being able to achieve these proposed standards is largely dependent on manufacturers either reformulating their products or making changes to packaging sizes. If manufacturers do not produce these products, then the standards will not be able to be met as there won't be the products to sell.

In addition, many items purchased are products that are available to the private sector too. How likely is it that the food manufacturers will be able to comply with these stricter guidelines (e.g. salt) without implementing them across their product? *This further emphasises the importance of ensuring that these standards are matched by action elsewhere.*

Whilst Annex B of the consultation provides useful rationale for why each of the particular standards have been chosen, the ability to meet the standards for compliance are still very much dependent on enough suitable products being available on the market to buy-in/ sell on.

We will provide written technical guidance to help illustrate how the nutrition standards in GBSF will work in each food or drink category. Do you think businesses will need any additional support to comply with these?

Yes

Comment

Ensuring consistency with other standards or expectations is vital, and advice on how these will work together will be important.

There is a clear, positive goal to create a healthy food environment for the public who live and work within the public sector but various conflicting ways of trying to achieve this goal. Current standards NHS hospitals are currently expected to achieve include:

- (SSB) reduction scheme (run by NHS E)
- CQUIN
- GBSF

All of these use different standards and differing definitions. This makes it at best disheartening and at worst impossible for those operating catering services within the NHS to achieve the standards expected of them. One set of standards and definitions would be both easier to monitor but more realistic to implement.

In particular, if you compare the CQUIN standards with these proposed GBSF standards there are so many contradictions that it makes it nearly impossible to adhere to both standards at the same time. Just some examples of where definitions/standards differ include variation of portion sizes for confectionary products and the definition used for SSBs.

It is also noted that schools must follow the school food standards but may also choose to use the GBSF too – is this necessary? Within the school sector, would agreement to follow just one set of standards be more beneficial to all?

In addition to updating the standards if you have any suggestions for how enforcement, monitoring and compliance could be improved, please provide details.

We think it is very important that this is properly and consistently monitored, to ensure fairness to businesses, and ensure the effectiveness of the policy. Ensuring consistency with the enforcement of existing/other standards will be importance. For example, is it expected that they will still form part of the Hospital Food Standards?

We believe there are a number of key questions that will need to be addressed as part of the evaluation and monitoring of the policy:

Is there evidence that making healthy products more available and un-healthy products less so within public spaces will change behaviour (i.e. public will no longer buy those products at all) or will it simply just change people's shopping habits (i.e. will they just buy the product they want from a local newsagents/supermarket etc.)

Is there evidence from CQUIN that behaviour change is achieved more successfully if the food environment is made to be so that the public are nudged to making healthier choices but whilst still giving them the choice to purchase unhealthier products if they so wish? For example, having 'junk free' till points and no advertising or promotions on HFSS products.

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