



Draft response from the Royal College of Physicians and Surgeons of Glasgow to the Scottish Government's consultation on:

“A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight”

The Royal College of Physicians and Surgeons of Glasgow was founded to improve quality and practice of Medicine. It has 14,000 Fellows and Members through the United Kingdom and Internationally. It has five faculties, Medicine, Surgery, Dentistry, Travel Medicine and Podiatric Medicine. It is multidisciplinary. While its base is in Glasgow, it represents its membership throughout the four countries of the United Kingdom.

Question 1: Are there any other types of price promotion that should be considered in addition to those listed above?

Yes

The College agrees that positive action is required to change the food environment in order to address problems relating to diet and obesity. We note that a 2016 report by Food Standard Scotland has shown that nearly 40 percent of all calories, 40 percent of total sugar and 42 percent of fats and saturated fats were purchased as part of a price promotion in 2014/15¹.

With this in mind, we agree with the response to this consultation from Obesity Action Scotland that a “multi-stage approach could be used to introduce changes, with restricting multi-buy offers, including X for £Y offers, first” and other price and non-monetary promotions later, and that the Scottish Government should reflect on the practical implementation of legislation designed to combat alcohol abuse when designing specific measures in relation to food which is high in fat, sugar and salt to ensure that we avoid loopholes or unintended consequences in this area.

Fiscal Policy implementation is outside our remit. The College however believes these measures could produce the desired effect to reduce obesity and encourage a healthy diet if closely monitored.

Question 2: How do we most efficiently and effectively define the types of food and drink that we will target with these measures?

The College supports the continued use of the existing nutrient profiling model as developed by the Food Standards Agency.

The existing model has the advantage of being well recognised and is already used by the industry. It is important, however, that this model is kept under review in light of new research and scientific evidence.

The disadvantage of the development of any entirely new models and guidelines for food which is targeted by these proposals is that these models may take some time to be adopted, and so would potentially hamper work to implement positive changes in this area without a significant benefit. .

Question 3: To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

Agree

The College agrees with this proposal.

We would particularly welcome the development of positive partnerships between the Scottish and UK Governments in order to implement measures relating to restricting TV advertising aimed at children. We note that existing voluntary restrictions are already in place on the YouTube Kids app which prohibit the advertising of “products related to consumable food and drinks”, “regardless of nutrition content”.

We believe that this type of approach by media platforms provides a base from which we can build further progress in this area.

Question 4: Do you think any further or different action is required for the out of home sector?

Yes

The College agrees that action should be taken in the areas outlined in the consultation document.

We believe that, wherever possible, action taken on calorie labelling, portion size, promotions and procurement should be legally enforceable rather than simply voluntary arrangements to ensure a higher level of take up.

Question 5: Do you think current labelling arrangements could be strengthened?

Yes

Consumers require ready and easy access to understandable information relating to the nutritional value of all the food products they purchase. While current front of pack labelling is recognised and understood by consumers, the Scottish Government must take action to increase the take up of this currently voluntary measure within the food industry.

Front of package labelling should be clear, obvious and of appropriate size in relation to the total package. It should comply with standards such as the Plain English Campaign, “Crystal Clear” standard.

Question 6: What specific support do Scottish food and drink SMEs need most to reformulate and innovate to make their products healthier?

Not applicable.

Question 7: Do you think any further or different action is required to support a healthy weight from birth to adulthood?

Yes

The College supports the actions set out by in the consultation document. In addition to these proposals, we have the following comments on individual sections of the document:

2.10 Action to promote the maternal health of teenage mothers should be a specific priority in this area

2.11 While we understand that the main focus of this consultation is addressing issues relating to those who are obese or overweight, consideration must also be given to address issues relating to malnutrition and deficiency disorders in children who are underweight. It is also vital that the information we give to families is understood and acted upon in the best interests of children, and is monitored to ensure that any unintended consequences are acted upon and addressed.

2.12 Strategies to help young people develop healthier eating should include measures to prevent eating disorders including anorexia and bulimia.

2.13 We would welcome the development of training and resources to support front-line staff. The College would be keen to work in partnership with other medical bodies to ensure that the appropriate standards are set and that first class training and support is given to clinicians and other medical professionals.

2.14 The College agrees with the recommendations proposed by Obesity Action Scotland in their submission to this consultation in relation to food and drink provided within schools:

1. use unprocessed or minimally processed foods wherever possible
2. prioritise vegetables, soups and salads over puddings
3. the free sugar content of schools meals should move towards the updated Scottish Dietary Goals
4. create a positive physical and social environment for school meals.

In addition to this, consideration should be given to ensure that the food environment within all parts of the Scottish public sector, including schools and the NHS itself, reflects these high standards and the Scottish Dietary Goals. The Scottish NHS should take a lead on providing an attractive and healthy diet for patients and staff.

2.15 A move towards preventative work in this area is welcome, and should be supported by additional funding where this is required in the short to medium term.

Work to promote healthy weight should be evidence based, built on best practice and focused on improving outcomes for individuals rather than supporting specific processes or operational targets within the NHS. Targets for healthy weight should continue to be based on centiles, and should address issues of both underweight and overweight individuals.

In addition to these issues, consideration must be given to adopting appropriate strategies, tactics and action to address dietary and obesity issues in most disadvantaged communities and Scotland ethnic minority communities.

Question 8: How do you think a supported weight management service should be implemented for people with, or at risk of developing, type 2 diabetes - in particular the referral route to treatment?

Any intervention in this area should be properly monitored and evaluated, and flexible enough to be able to respond to new evidence and emerging best practice.

2.23 Consideration should be given to extending this scheme to establish weight management interventions for individuals and groups who are at risk in addition to those who have been diagnosed with type 2 diabetes

Question 9: Do you think any further or different action on healthy living interventions is required?

Yes

Additional ring fenced funding for projects which support healthy living interventions may be necessary given current pressures on local government and national lottery funding. Funds should be spread between developing innovative approaches to tackling this issue on a local level, and at projects which can demonstrate positive outcomes and which are able to be replicated on a regional or national scale.

Consideration should be given to health eating in older people where poor nutrition can lead to lower quality of life. Prevention of dietary deficiencies such as vitamin C and D need to be considered. Maintenance of bone health in relation to osteoporosis is also important.

Question 10: How can our work to encourage physical activity contribute most effectively to tackling obesity?

The College welcomes any action to incorporate increased physical activity into the daily living and routines of people in Scotland. Such an approach, requiring changes to the physical infrastructure including reallocation of road space should play an important part in increasing physical activity levels across the whole population by incorporating activity into individuals' daily lives.

2.32 We welcome any work to build on the 2014 Commonwealth Games Legacy programme. Such interventions must be built on an examination of best practice, and the effectiveness of individual projects in delivering better health outcomes for individuals, and should be supported by appropriate levels of continued funding.

We also support the NICE guideline on Physical Activity and the Environment 2017 which encourages exercise as part of normal day to day life.

Question 11: What do you think about the action we propose for making obesity a priority for everyone?

The College supports the specific proposals set out in the consultation document.

Question 12: How can we build a whole nation movement?

We welcome the actions proposed by the Scottish Government which aspire to lead by example.

This College is committed to working in partnership with the Scottish Government and others to build the necessary critical mass of leaders and organisations required to create the necessary environment for success.

Question 13: What further steps, if any, should be taken to monitor change?

As we have set out in this response, evaluation of the effectiveness of actions to tackle poor diet and obesity should be focussed on achieving improved health outcomes for individuals and groups.

Question 14: Do you have any other comments about any of the issues raised in this consultation?

The Royal College of Physicians and Surgeons of Glasgow welcomes this consultation and supports the Scottish Government in taking action to address poor diet and obesity in Scotland.

Through promoting a healthy diet and actions to promote good physical health, care must be taken to ensure that messages are well understood by the public and targeted groups, and that measures are put in place to ensure that any unintended consequences are addressed.

For example, our members have seen examples of malnutrition in patients who have misunderstood or misinterpreted guidance around healthy eating.

ⁱ McDonald A, Milne A, et al. Foods and drinks purchased into the home in Scotland using data from Kantar World Panel. 2016; FSS/1/2016