



**Consumer
Focus**
Campaigning for a fair deal

Consumer Focus response to the Food Standards Agency (FSA) consultation 'The FSA Foodborne Disease Strategy 2010-2015'

September 2010

About Consumer Focus

Consumer Focus is the statutory consumer champion for England, Wales, Scotland and (for postal consumers) Northern Ireland.

We operate across the whole of the economy, persuading businesses and public services to put consumers at the heart of what they do. Consumer Focus gives a strong voice to consumers on the issues that matter to them and works to secure a fair deal on their behalf. We work with consumers and a range of organisations to tackle the problems customers face and to achieve creative solutions that make a difference to people's lives.

We have a commitment to work on behalf of vulnerable consumers, particularly in the energy and post sectors, and a duty to work on issues of sustainable development.

We work in a devolved setting, with work priorities varying across different parts of the United Kingdom, but all working to our common strategic goals.

Consumer Focus Wales and Consumer Focus Scotland both work on a number of food related projects. Consumer Focus Scotland also hosts the healthyliving award and Community Food and Health Scotland.

This response from Consumer Focus was prepared by Consumer Focus Scotland and Consumer Focus Wales. It was written by Mary Lawton Senior Policy Advocate at Consumer Focus Scotland and Jennie Bibbings Senior Policy Advocate at Consumer Focus Wales.

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Our response

General comments

Consumer Focus welcomes the opportunity to comment on this consultation. Our responses to the specific questions raised are given below as a joint view across the devolved nations. A fuller response will be forwarded once we have the results of a survey we carried out with Consumer Focus Scotland's network of consumer volunteers, exploring some areas of the strategy in more detail.

Our overarching concern with the strategy that is not mentioned in the questions is that future shrinking budgets could mean there are cuts to local authorities and their environmental health departments. The Welsh Assembly Government has been urged to prioritise funding for public protection. Professor Hugh Pennington, who chaired a public inquiry into the South Wales Valleys' E.Coli O157 outbreak in 2005 has expressed concerns that Wales could be hit by another major E.Coli outbreak if budget cuts lead to reductions in food hygiene safeguards.

He has therefore asked for councils to be given enough money to spare experienced hygiene inspectors from cuts and for these inspectors to be given adequate resources to carry out thorough checks on food businesses.

We have concerns as to the impact of likely future cuts on implementation of this strategy, particularly at this level, and it is vital that this backdrop should be taken into account in taking the strategy forward.

Specific comments

Q1. Whether, in your view, the overall approach described (i.e. pathogen specific action, rather than commodity focussed) is the most appropriate to achieve the intended outcome? If not, please explain your reasoning?

Consumer Focus appreciates the need to rethink the commodity specific approach combined with a food hygiene campaign that was used to try and reduce foodborne disease rates. This approach had some success in 2000-2005 but levelled off in 2005-2010.

A more targeted, pathogen specific approach would seem appropriate, however this must not result in mixed food safety messages given to the public. It is imperative that simple, clear information is provided.

FSA research shows that consumers think that food poisoning is often related to food prepared outside the home and that messages are not directed at them¹. This perception must be overcome so consumers understand the need for care in preparing, storing and cooking food in the home and that information on food poisoning is personally relevant.

Attention also needs to be paid to the timing of food hygiene campaigns and to how the FSA might link in with other organisations in carrying these out.

¹ FSA research RRD8/BN1/A

The messages concerning listeria and the need to throw out food after its use-by date in 2009 were confused due to a campaign by the Waste and Resources Action Programme (WRAP) carried out at the same time which encouraged consumers to waste less food and use up leftovers. It is essential that the FSA joins up with other organisations so that a consistent message is sent out to consumers.

The UK Food Hygiene Rating Scheme, which provides consumers with information on hygiene standards in food premises, is another potential problem area. This scheme (as opposed to the Food Hygiene Information Scheme in Scotland) has a six tier rating where level 3 equates with satisfactory, 2 to improvement required, 1 to major improvement required and 0 to urgent improvement required. This gives the very confusing message to the consumer that there are degrees of failure when it comes to food hygiene.

Additionally the FSA's own research shows that the consumer would prefer to have a Pass/Fail scheme.² This work has similar findings to Consumer Focus Scotland research and adds weight to our support for the Food Hygiene Information Scheme in Scotland.

Q2. Whether we have prioritised for action the pathogens that, if the strategy is successful, will lead to the greatest reduction in the incidence and burden of UK foodborne disease? Do you agree these are the right priorities?

We agree that campylobacter and listeria need to be priority pathogens. However work on other pathogens must continue and there must be flexibility if an incidence arises. In particular, we are concerned to ensure that the recommendations in Consumer Focus Wales' recent report³ are put into action to reduce the likelihood of another major incidence of E.Coli 0157.

It would also be useful to have separate figures of cases and deaths for the separate pathogens at a country level to tease out any national differences. This would then allow for investigation into the reasons for any differences, and for appropriate action to be taken if necessary.

Q3. Whether in your view, it is likely that successful achievement of the objectives described in the Strategy will deliver a significant reduction in UK foodborne disease? If not, please briefly explain your reasoning?

One of the big challenges for this strategy is ensuring that there is consumer engagement in its development and implementation. This is recognised on page nine by the point that the FSA would expect to work closely with a range of partners which would include:

'Consumers, to ensure that approaches and implementation plans will not meet significant opposition from the majority of groups or individuals'.

We recognise and welcome the great strides forward that FSA have made in this area and in particular note their own document *How to put consumers first*. We have the following particular points:

² <http://bit.ly/9yEXgb>

³ Protecting Consumers from E.Coli O157: Progress on implementation of the Pennington Report in Wales March 2010

It is important that if an intervention is known or found to be effective then its use is not discounted simply because it is found 'not to be acceptable to the consumer'. The issue here is one of how to educate and communicate complex scientific messages to the consumer. The consumer perception of irradiation would be interesting to explore and we understand from FSA colleagues in Scotland that this has been a topic in their recent citizen forums.

This issue relating to consumer perceptions of interventions and the need to communicate effectively with them is borne out by Consumer Focus Wales' engagement with consumers affected by the 2005 E.Coli outbreak. The public's idea of appropriate enforcement often differs from actual practice – for example, many believe that if a food business is non-compliant with food law they should not be allowed to sell to the public. They question why a premises rated '0' should be allowed to remain open at all. The FSA's consumer engagement work should focus on tensions between the public's view of appropriate enforcement and the environmental health professionals' views and consider ways of resolving these.

There should also be a more targeted approach to consumer engagement. For example campylobacter only affects those people that eat poultry and more specifically those who prepare chicken or are likely to meet cross contamination from the raw meat in the kitchen. Thought needs to be given to segmentation. There could, for example, be particular issues for those with mobility difficulties that affect their hands (multiple sclerosis, Parkinson's disease for example), those with visual impairment who rely more on touch to compensate and those with learning difficulties who want to live independently.

There should then be a mapping of these groups and discussion with them. This should then help to shape the engagement strategy. Two of the Scottish Government funded projects based in the Consumer Focus Scotland offices; the Scottish Accessible Information Forum (<http://www.saifscotland.org.uk/>) and Community Food and Health (Scotland) (<http://www.communityfoodandhealth.org.uk/>) have many community level and disability sector contacts that would be useful. We would be happy to arrange for contact to be made with these projects in order to take this forward, if that would be helpful.

To this end it would be beneficial to also have involvement from the social science/consumer team on the Director-led strategic Steering Board so that consumer engagement is a priority. In particular this will be useful in refreshing the Food Hygiene Campaign. Behaviour change in consumers and how to influence and sustain this is a huge issue and there may be lessons to be learnt from those working in other fields such as obesity and climate change.

With particular reference to campylobacter, we think that every effort should be made to solve the problem at industry level. We note with interest recent work in this area in the USA⁴ and by the European Food Safety Authority (EFSA)⁵.

However, there still remains a responsibility for the consumer to handle the raw meat safely, cook thoroughly and use good kitchen hygienic practices to prevent or reduce the risks.

⁴ <http://bit.ly/dCOWiv>

⁵ <http://bit.ly/bUx7zb>

Consumer Focus Scotland has carried out a survey of its Consumer Network volunteers to assess their knowledge in this area and inform our response. This survey builds on work carried out by the Scottish Consumer Council which in particular looked at young people's knowledge of such issues as cross contamination, defrosting of food and handling of raw chicken.⁶

The Consumer Network is a group of over 350 volunteers from all parts of Scotland. It is not designed to be statistically representative but does include members from all 32 local authority areas and has a reasonable balance over demographic factors such as age and gender. As such, the findings of this survey should be viewed as indicative of wider consumer views rather than representative of the Scottish population. A full briefing note on the questionnaire and its findings are attached to this response.

The survey found that knowledge of cross contamination and thorough cooking of chicken was high. Volunteers were more aware of salmonella in relation to chicken even though there is a greater risk of campylobacter.

However although respondents were aware of cross contamination as an issue, knowledge of how to minimise this risk was patchy. Worryingly, 47 % would wash the chicken before cooking. Few mentioned the need for a separate chopping board for raw meat.

The unwrapping of packaging of chicken was another potential area for cross contamination, with few taking enough precaution. The leakage of fluid from raw chicken was mentioned and this came up again in relation to taking the chicken home in bags at supermarkets.

Contamination of packaging is an issue that should be taken further. CF understands that the West of Scotland Liaison Group has done some work swabbing retail chicken and found campylobacter on the outside of the package. This has implications on the retail shelving, conveyor belts and reusable bags as well as for the consumer's hands and home. One respondent suggested that bags should be placed next to the chicken, so that drips could be prevented.

Hygiene knowledge was lower – in particular with regard to hand washing. FSA advice on cleaning covers worktops, chopping boards, cloths, utensils and use of dishwashers to achieve a high temperature. This needs to be reinforced.

Volunteers looked at labels for information on preparing, handling and cooking chicken (43%). Many felt these could be clearer and put on the front, not underneath where they can be fiddly to remove leading to more possible cross contamination. Some felt they should be larger and others suggested symbols or diagrams for those who had trouble reading.

Although the majority would defrost chicken correctly (70%), a third would leave it on the work surface at room temperature which could lead to food poisoning.

⁶ Scottish Consumer Council Young People and Food Safety – Five Years On May 2007

Conclusion

Consumer Focus welcomes this new more targeted pathogenic approach to food borne disease. With regard to the consumer we would like to highlight the following:

- Messages to the consumer must be clear and they must feel they are relevant to them, this would be helped by a more targeted approach
- Care must be taken with the timing of campaigns with other organisations so that there is not a danger of mixed messages being sent out
- Effective interventions should not be discounted on the grounds of being 'unacceptable to the consumer' – ways should be found to communicate complex scientific messages clearly to the consumer
- Advice to consumers to not wash chicken before cooking does not seem to have been widely taken up
- Messages on food hygiene should be reinforced, in particular with respect to hand washing
- Contamination of the packaging of chicken should be explored further



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