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London

NHS England
Strategy Group
Skipton House
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Sent via email: england.healthyworkforce@nhs.net

11 January 2017

Dear Sir/Madam

**Action to reduce sales of sugar-sweetened drinks on NHS premises
Publication Gateway Ref 06248**

Please find detailed below the response from the Royal College of Nursing to NHS England's consultation on action to reduce sales of sugar-sweetened drinks on NHS premises.

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

General comments

In principle, we support Government action to reduce the sale of sugar-sweetened drinks to the general public and agree that the NHS should be an exemplar in this area. However, alongside health promoting initiatives set out in the Five Year Forward View to improve the health and wellbeing of NHS staff, we would like to see more fundamental issues addressed. These include ensuring that nursing staff are able to take at work breaks and have access to drinking water during busy shifts. In large acute sites our members often find it difficult to get enough time to access a canteen or retail outlet to purchase food and drinks. Furthermore, our members often report of an over reliance on sugary drinks and other fast acting high energy foods to "keep them going" through physically demanding long shifts.

There are additional challenges for those who work in the community, particularly those in rural areas with large caseloads and challenging road conditions who often rely on service stations and corner shops to access high caffeine and/or sugary drinks to keep them going. We welcome proposed action to promote access to healthy foods for night shift staff who are known to have poorer health outcomes than those who do not work shifts. Alongside these initiatives employers should ensure that shift patterns are well designed and workloads manageable to minimise the impact on the health, safety and wellbeing of NHS staff and ultimately patients.

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Q1- Do you agree that any new arrangements should apply solely to premises run by NHS organisations (NHS Trusts and Foundation Trusts) rather than to those run by providers from other sectors?

For the NHS to be an exemplar, the new arrangements should really be equitable across all health care settings, including private sector organisations providing NHS care. However, in practice it may be pragmatic to start implementation in larger acute sites.

Q2- Do you agree that the inclusion of new requirements in the NHS Standard Contract would be an appropriate and effective approach? If not, what would be a more appropriate vehicle?

Yes, in principle although a voluntary system might seem less dictatorial. There is also an element of using nudge tactics and offering healthy options that generate income. Engaging individual users and encouraging them to see the overall benefits through changing their behaviour might be more successful. There is also be a role for CQC to consider this alongside other health promotion activity.

Q3 - Which of these approaches would be most suitable if a fee on SSB vendors were to be introduced?

Our favoured option would be the introduction of a fee applied to any retailer of sugar-sweetened beverages on NHS premises. The simplest way of doing this would be using either option one or two i.e. a flat charge per unit or charging for a percentage of revenue. The key aim should be to encourage the vendors to offer sugar free healthy options. The vendors are providing a service so will consider their option of continuing to do so if penalties are too high.

Q4 - What do you think the likely approach from vendors would be?

This is difficult to predict and may depend on the size of the vendor, but potentially they may stop supplying products altogether, limit stocks or recoup the costs from buyers.

Q5 - Were an SSB fee introduced, what would be the right level at which to set it in order to achieve the policy aim?

A 20% tax would be best and would be consistent with other policy initiatives

Q6- Do you agree with the proposed reporting arrangements?

This approach is too multi-layered and complex.

Q7- What will be the one-off and on-going administrative costs associated with each of the proposed policies?

Again, this is difficult to predict but we would be concerned if excessive time was taken up by NHS staff in administrating such policies.

Q8- In your view should NHS organisations be required to reinvest the money generated into the health and wellbeing of their staff?

Yes, we strongly support the reinvestment of monies generated. However, this needs to ring fenced, monitored and evaluated. We would strongly support a drive to implement relevant NICE guidelines on workplace health, including those which relate to leadership, culture and mental health. Additionally, the money could be put towards initiatives such as the provision of accessible and comfortable rest areas for ward staff with facilities such as microwaves, fridges and hydration stations would be a welcome use of such money. This would go some way to promote morale amongst nursing staff.

Q9- Which of the two policy options proposed (the fee or ban) would best meet our decision-making criteria?

This appears to be multi-layered and over complicated so a complete ban is probably the most realistic option. However, banning personal choices like adding sugar syrups to e.g. coffee/milk is more likely to be met with barriers and/or ignored. On balance, it may be preferable to encourage vendors to stop stocking high sugar drinks. The better approach is already underway and involves encouraging manufacturers to reduce the sugar content in food and drink. There are also healthy options that vendors can stock and this should be encouraged

Q 10- Are there any alternative policies that NHS England could introduce that would meet the decision-making criteria equally well, or better, than those proposed?

This approach is already underway in the UK and in other countries and small pilots have been conducted. Why not continue this approach and await results before embarking on other explorations which will undoubtedly incur costs?

Q 11- Do you think that 5g/100ml is the right level for the total added sugar content in a sugar sweetened beverage?

Any approach taken within the NHS should be consistent with other policy initiatives and the industry levy.

Q 12- Do you think we should exclude drinks for treating medical conditions?

Yes. In particular those with type 1 diabetes who are reliant on 15grams of fast acting sugars when blood glucose levels fall below 4mmols. A sugary based drink is often the quickest way of treating hypoglycaemic episodes. Any policy proposal must have an equality impact assessment. It must be remembered that in addition to the public, staff members may also have pre-existing medical conditions.

Q13 - Do you think we should exclude the five allowable ingredients to ensure pure fruit products are kept outside the scope of the policy?

We have no opinion on this proposal.

Q14- Do you think we should include pre-packaged milk based drinks in the scope of the policy? And Q15- Which approach offers the best way of classifying pre-packaged milk based drinks?

Any approach taken within the NHS should be consistent with other policy initiatives and the industry levy.

Q16 - Do the definition of sugar syrups outlined above cover all likely sugar syrups used with hot drinks

We do not have extensive knowledge on sugar syrups so will not comment further on this question.

Q17- Do you think that any hot drink with added sugar syrup should be included in the policy?

If sugar syrups add 11 grams of sugar per 100ml, it would be consistent to include them within the scope of this policy.

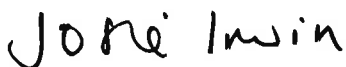
Q18 - Do you think that NHS England should set out a timescale over which NHS organisations must achieve full implementation of the policy?

Yes, but due to the issues that are highlighted in the consultation document about leases and concessions it may need to be phased.

Q19 - What should be the contractual consequences for trusts if they fail to achieve full compliance within the agreed timescale?

Rather than consequences, perhaps there could be further incentives for those who are early implementers, possibly linked with the CQUINs around staff health and wellbeing.

Yours faithfully



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