NHS England

Action to reduce sales of sugar-sweetened drinks on NHS premises: Consultation response and next steps

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Action to reduce sales of sugar-sweetened drinks on NHS premises: Consultation response and next steps

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1 The case for action

This document is the NHS England response to the consultation on action to reduce the sales of sugar-sweetened beverages on NHS premises.

Obesity is a significant and growing problem in England and already places a high cost on individuals and society. The prevalence of obesity among adults in England rose from 14.9% to 25.6% between 1993 and 2014[1]. Nearly a third of children aged 2-15 are overweight or obese[2]. We also know that obese children are approximately five times more likely to become obese adults[3], and obese adults are more likely to develop serious health conditions such as Type 2 diabetes, liver and cardiovascular disease[4].

We know that being overweight and obese is a significant risk factor for developing Type 2 diabetes. Furthermore, the risk of developing diabetes is seven times greater for people who are obese and three times greater for those who are overweight, compared to those who are a healthy weight[5]. Type 2 diabetes costs the NHS £8.8 billion annually[6]. Estimates put the cost of obesity to the wider economy at £27bn a year[7]. If no action is taken, nearly 60% of men, 50% of women and 25% of children will be obese in 2050[8]. The annual cost of obesity to the NHS could be as much as £12bn by 2030[9].

1.1 Why sugar-sweetened beverages

High sugar intake leads to excess calorie consumption, which in turn increases the risk of weight gain and obesity[10]. Public Health England's work on sugar also sets out the importance of reducing sugar intake and sets out a number of areas for action[11]. According to the World Health Organisation, drinks containing high levels of free sugars are a major source of unnecessary calories in people's diets, particularly in children and young adults[12].

Soft drinks (excluding fruit juice) are one of the largest sources of sugar intake in adults, and the largest single source of sugar for children aged 11 to 18 years, providing 29% of their daily sugar intake[13]. Sugar consumption is also one of the main causes of tooth decay in children, with tooth extractions now the leading reason for hospital admissions for children aged 5-9[14].

There is strong evidence for a link between sugar-sweetened beverage consumption and weight gain[15]. Being overweight or obese is, in turn, linked to the increased risk of hypertension, coronary heart disease, stroke and cancer[16]. People who consume sugary drinks regularly - 1 to 2 cans a day or more - have a 26% greater risk of developing Type 2 diabetes than people who rarely have such drinks[17].

No single policy will provide the solution to reducing sugar consumption. We recognise that a variety of population-level interventions are needed to improve healthy behaviours, reduce the burden of obesity and create a health-promoting society. Moreover, measures to reduce sugar-sweetened beverage sales have gained increasing international support. Sugar-sweetened beverages (as opposed to

foods) have little or no nutritional value, so they are a common target for such policies[18].

1.2 NHS England's commitment

The NHS employs 1.3 million staff, making it Europe's largest employer. The *Five Year Forward View*, which outlines the NHS's overall strategy, committed it to improving the health of its workforce[19]. A report estimated recently that nearly 700,000 NHS employees - more than half the staff - are overweight or obese[20]. Not only is this dangerous for individual employees, but the scale of the problem limits the ability of NHS staff to give credible advice to patients about weight loss[21].

The *Five Year Forward View* pledged the NHS to improving the health of the nation by setting a good example. NHS premises receive heavy footfall from their local communities: there are over 22 million A&E attendances, 16 million admissions and 89 million outpatient appointments each year[22]. The food and drink sold on NHS premises can send a strong message to the public about healthy food consumption.

1.3 International precedent

Governments and health systems around the world, including in Mexico, Hungary and Australia, have already implemented fiscal policies on sugar[23]. Some have gone further: hospitals in New Zealand[24] and dozens of organisations in the United States including Intermountain Healthcare, Cleveland Clinic, Mayo Clinic and University of California San Francisco have banned the sale of sugar-sweetened beverages on hospital and healthcare premises[25]. Additionally, the headquarters of the World Health Organisation have also banned the sale of sugar-sweetened beverages[26].

1.4 The consultation process

In light of the case for action, NHS England launched a consultation on action to reduce the sales of sugar-sweetened beverages on NHS premises, which ran from 9 November 2016 to 18 January 2017 and collected a total of 480 responses. It sought the views of individuals and organisations that may be affected by the proposed actions within the consultation or that have a particular interest in the scope of the consultation. Specifically, this included patients (and their representatives), NHS staff, NHS organisations, vendors of sugar-sweetened beverages on NHS premises, and organisations with relevant expertise in the improvement of employee/public health and wellbeing.

The consultation set out two different policy proposals, and also sought alternative proposals to reduce the sales of sugar-sweetened drinks on NHS premises.

The two proposed options were:

1. The introduction of a fee applied to any retailer of sugar-sweetened beverages on NHS premises;
2. The banning of sugar-sweetened beverages from sale on NHS premises.

In choosing a measure, our main criterion was the likely reduction in the volume of sales of sugar-sweetened beverages on NHS premises. However, we have also been influenced by the following criteria:

Decision-Making Criteria
How practicable the policy is to implement
Any wider impact on health and wellbeing of NHS staff, patients and visitors
A consistent national approach across NHS providers

The consultation invited responses to 19 questions. Each question will be covered within this document.

In addition to the online consultation, three events were held in London and Leeds to raise awareness about the agenda and to hear the views of individuals and organisations that may be directly affected.

2 Summary of what we heard

Option 1: The introduction of a fee applied to any retailer of sugar-sweetened beverages on NHS premises:

We heard from respondents two main reasons to support implementation of a fee:

- it may encourage consumers to switch to healthier, alternative beverages; and
- a fee maintains consumer choice and allows sugar-sweetened beverages to be purchased.

However, respondents also noted challenges and cited three main reasons against:

- there is a considerable amount of uncertainty as to how suppliers may respond to the introduction of a fee, which makes it difficult to determine whether a fee would be effective in reducing sales of sugar-sweetened beverages;
- the degree of administrative burden resulting from implementing and monitoring the fee is anticipated to be high; and
- implementing a fee on the sale of sugar-sweetened beverages and then using the income generated from this fee to improve NHS staff health and wellbeing initiatives may be seen as unethical or as a perverse incentive.

Option 2: The banning of sugar-sweetened beverages from sale on NHS premises:

Of the respondents who expressed a preference for one of the two options we consulted on, 80% supported the ban. They cited four main reasons:

- there is a clear and established case for action-as set out in the consultation;
- a total ban would demonstrate strong leadership by the NHS and send a clear public health message to staff, patients and visitors;
- it avoids the risk of vendors raising prices across other product ranges (ie non-sugar-sweetened beverages); and

- the alternative option-a fee-would be much more complex to apply and its impact on reducing sales of sugar-sweetened beverages would be less certain.

However, feedback from the consultation also highlights a number of key challenges in implementing a ban:

- this option may be seen as restricting consumer choice;
- this may result in customer dissatisfaction;
- this approach cannot be implemented without renegotiation of existing leases and contracts with retailers, caterers etc; the terms of those leases and contracts vary widely across the NHS and this will inhibit implementation through a consistent national approach.

Alternative proposal: voluntary scheme

In addition to the options consulted upon, in both formal responses and the engagement events we heard considerable interest from suppliers in pursuing an alternative third approach of a voluntary scheme. Advocates of this approach argued that:

- a voluntary scheme can achieve the same objective of reducing the sales of sugar-sweetened beverages;
- it may reduce the anticipated administrative burden;
- it avoids the uncertainty as to how suppliers may respond to the introduction of a fee;
- a voluntary measure may be implemented more quickly as we recognise that trusts cannot automatically change existing contracts held between suppliers and NHS organisations to include new requirements;
- expiration dates of existing contracts and leases with retailers and other suppliers vary widely, and as a result timescales for implementation become complex and inconsistent; and
- a number of suppliers of sugar-sweetened beverages have indicated that this is a workable and practicable approach and would enable them to implement their own approaches to reducing sales that best suit their needs.

3 Next steps

In light of what we heard in the consultation NHS England will now proceed with a twin track approach.

The first track is to launch a voluntary sales reduction scheme, asking suppliers on NHS premises to commit to:

Reduce the total volume of monthly sugar-sweetened beverage sales per retailer, per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts.

In agreeing to this goal, suppliers will commit to the definition of sugar-sweetened beverages as set out in Annex B and to provide NHS England with quarterly self-

reported data. This data should comprise total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-site basis; the first data return, which will encompass data from Quarter 2, should be submitted to NHS England by 31 Oct 2017. Data returns will continue on a quarterly basis thereafter.

We are launching this voluntary scheme today and invite all NHS suppliers, including trusts with in-house arrangements, charitable and voluntary sector suppliers to sign-up with formal confirmation of intent with NHS England by 31 July 2017. Suppliers can sign up by completing and returning the scheme schedule found in Annex C.

Secondly, given the need for decisive action, we will also take steps to implement a ban on sales of sugar-sweetened beverages from 1 July 2018. This ban will come into place should the voluntary scheme prove ineffective in achieving sufficient initial sign-up by 31 July 2017, or in significantly reducing the volume of sugar-sweetened beverages sold on NHS premises by 31 March 2018. The ban will apply to sales in and by NHS Trusts and NHS Foundation Trusts, and by other retailers and suppliers on NHS premises. It will take effect from 1 July 2018 or the later expiry, termination, extension or renewal of the lease, licence, concession agreement or other arrangement under which any existing retailer or supplier currently trades from NHS premises. We will do this by amending the terms of the NHS Standard Contract.

We will therefore consult on changes to the NHS Standard Contract later this year, to introduce the ban as the default if the voluntary scheme does not work. Should the voluntary scheme secure sufficient coverage of suppliers by 31 July 2017 and a subsequent reduction in sales of sugar-sweetened beverages by 31 March 2018, NHS England will, in Quarter 1 2018/19, implement a temporary suspension of the ban or remove the ban from the Standard Contract.

4 Thank you

NHS England is grateful to all who contributed their thoughts and suggestions during this consultation process.

For any further queries or comments please contact:
england.healthyworkforce@nhs.net

5 Annex A

Q01- Do you agree that any new arrangements should apply solely to premises run by NHS organisations rather than to those run by providers from other sectors?

The responses to this question covered two main themes:

1. Which type of outlet selling sugar-sweetened beverages the new policy arrangements will apply to; and
2. In what types of NHS organisation the new policy arrangements will apply.

On the type of outlet to which any new arrangements should apply, the majority of respondents stated that any new arrangements should be applied to all outlets operating in a given NHS organisation, including outlets run by private suppliers, voluntary or charitable suppliers such as ‘Friends of the Hospital’, in-house Trust provided catering, outsourced catering/retail and vending machines. Consultation feedback indicated that by including all types of suppliers within the scope of the new policy arrangements, it would ensure a consistent approach across all outlets.

On the types of NHS organisation that will be subject to any new arrangements, many respondents noted that it is sensible for consistency purposes to apply the new arrangements to all NHS healthcare premises. Some respondents felt that the new arrangements should apply to private providers of NHS services, as well as to NHS Trusts, NHS Foundation Trusts, GP practices, Clinical Commissioning Groups (CCGs), outpatient centres and pharmacies.

However, many respondents highlighted the complexity in introducing new arrangements to multiple providers. This is due to varying contractual obligations and expiry dates, estates management issues, shared building usage by multiple providers and who the landlord is in respect to a given retailer/concessionaire.

NHS England Response

Outlet Type

Having considered the responses to the consultation, the proposed action will be applied to all outlets operating within NHS Trusts and NHS Foundation Trusts. It will apply to outlets run by private suppliers, voluntary and charitable suppliers such as ‘Friends of the Hospital’, in-house Trust-provided catering and vending machines.

NHS Organisation

In terms of NHS organisations to which the policy will apply, the proposed action will be applied to NHS Trusts and NHS Foundation Trusts. Focusing on NHS Trusts and NHS Foundation Trusts seems sensible as these NHS organisations are more commonly commercial landlords with on-site concessionaires/suppliers of sugar-sweetened beverages. Additionally, these NHS organisations may deliver a larger impact than other NHS organisations as the numbers of staff, patients and visitors are much higher in Trusts and Foundation Trusts.

GP practices and Clinical Commissioning Groups (CCGs) do not typically have on-site concessionaires/suppliers of sugar-sweetened beverages and thus will be considered as outside the scope of the proposed policy; however, we do encourage all healthcare premises/providers to take steps to reduce the sale of sugar-sweetened beverages.

We do not intend to implement the policy for private hospitals that also offer some NHS services, but we do encourage these organisations to consider their own sugar-sweetened beverage policies.

Q02- 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?

The majority of respondents stated that the inclusion of new requirements in the NHS Standard Contract is a reasonable, well-established and accepted method for including new requirements. Some respondents noted that it is worth making any new requirements statutory in order to facilitate change.

Some respondents provided reasons why including new requirements in the NHS Standard Contract may not be an appropriate and effective approach. Reasons for this included that food and beverage suppliers are not themselves contracted under the NHS Standard Contract, that contract expiration dates may vary widely, and that monitoring of requirements in the NHS Standard Contract is reliant on Clinical Commissioning Groups.

Some respondents highlighted that behavioural changes in terms of consumption of sugar-sweetened beverages will not be achieved through new Standard Contract requirements alone and that a comprehensive awareness and education campaign may be needed to further encourage behavioural changes in terms of consumption.

A few respondents offered alternative suggestions such as including new requirements into CQC standards or through Memoranda of Understanding between NHS England and suppliers of sugar-sweetened beverages.

NHS England Response

The majority of respondents agreed that the NHS Standard Contract would be an appropriate and effective approach to including new requirements. There were a number of responses highlighting the difficulties surrounding food and beverage suppliers having indirect relationships and separate contracts with NHS organisations.

The NHS Standard Contract is an important conduit through which we ensure that national NHS policy is implemented in practice at a local level. Thus, the NHS Standard Contract is the best of the means readily available for policy change and so is considered viable and workable.

We have considered the reservations noted above around including new requirements in the NHS Standard Contract. As outlined in Section 3 above, we will be consulting on changes to the NHS Standard Contract later this year, which we will introduce into the NHS Standard Contract as the default if the voluntary scheme does not work.

The voluntary scheme will be introduced through Memoranda of Understanding between suppliers of sugar-sweetened beverages and NHS England (see Annex C).

Q03- Which of these approaches would be most suitable if a fee on vendors of sugar-sweetened beverages were to be introduced?

The proposed approaches for the fee were:

1. Placing a flat charge per unit of any sugar-sweetened beverage sold by the vendor.

2. Charging a percentage of revenue generated by sales of sugar-sweetened beverages by the vendor.

3. A tiered approach
    a. Charging a fee equivalent to 10% of revenue generated by sales of sugar-sweetened beverages where sales of sugar-sweetened beverages represent less than 10% of total revenue from sales of all drinks, and
    b. Charging a fee equivalent to 20% of revenue generated by sales of sugar-sweetened beverages where sales of sugar-sweetened beverages represent more than 10% of total revenue from sales of all drinks.

<u>A flat charge per unit</u>:
Respondents noted this option as the most appropriate approach due to ease and simplicity. It is likely to reduce tactical pricing strategies by vendors and it is the most transparent to consumers.

Respondents also stated that this may discourage retailers from stocking smaller portion sizes if the charge is the same regardless of portion size.

<u>A percentage (not specified) of revenue generated by sales of sugar-sweetened beverages:</u>
Respondents noted this as the second most preferred option, as it would possibly discourage vendors from selling sugar sweetened beverages.

Additionally, this approach was also seen as being less complicated than a tiered approach and therefore would be easier to implement and manage.

Respondents also stated that this approach may encourage suppliers of sugar-sweetened beverages to renegotiate their contracts.

A tiered approach:
Some respondents noted that a tiered approach would provide additional incentives for NHS organisations to work collaboratively with vendors of sugar-sweetened beverages. However, it was noted that further clarity on who is responsible for assessing and assuring this process would be needed.

Respondents also noted that if a tiered approach were to be chosen, there would need to be clarity provided for situations where sales of sugar-sweetened beverages represent exactly 10%.

Respondents also stated that there may be price advantages to larger premises with more floor space.

Other responses:
Additionally, some respondents (in particular suppliers of sugar-sweetened beverages) stated their opposition to any of the fee structures proposed. Others provided a variety of detailed alternative suggestions such as 'nudge pricing' or a wider public health campaign.

NHS England Response

NHS England has carefully considered the responses to questions 03, 04 and 05 and has determined that a fee on vendors of sugar-sweetened beverages in the NHS will not be implemented.

The points raised in responses to the consultation, particularly the complexity of implementing a fee, the anticipated additional administrative burden and the fact that we would be unable to determine whether a fee is likely to have an impact on reducing the sales of sugar-sweetened beverages because suppliers are likely to implement a fee differently, have led us to this conclusion.

Q04: What do you think the likely approach from vendors would be?

In the consultation document, we outlined the five realistic responses from vendors to the introduction of this policy:

Option	Response
1	The vendor would use behavioural mechanisms, such as changing product location, to reduce the volume of sales of sugar-sweetened beverages and thereby reduce the scale of the fee
2	The vendor would recoup the cost of the fee by raising prices on sugar-sweetened beverages
3	The vendor would halt the sale of sugar-sweetened beverages to avoid paying a fee to the NHS organisation
4	The vendor would absorb the cost of the fee and continue to sell sugar-sweetened beverages
5	The vendor would recoup the cost of the fee by raising prices across the product range

Option 2 and Option 5

The majority of respondents stated that the likely approaches from vendors would either be Option 2 or Option 5: vendors will recoup the cost of the fee by raising the prices of sugar-sweetened beverages or by increasing prices across all product lines, which may not have the desired impact of reducing sales of sugar-sweetened beverages.

Some respondents noted that in these scenarios, it may appear to staff, patients and visitors that the NHS organisation and not the vendor of the sugar-sweetened beverages is charging more for drinks. It was suggested that placing signs and educational materials within the NHS organisation may help explain to staff, patients and visitors why the price of sugar-sweetened beverages have increased.

Vendors of sugar-sweetened beverages did not support this approach, saying that this may result in consumer dissatisfaction.

Option 3

The next most likely approach noted by respondents was Option 3: The vendor would halt the sale of sugar-sweetened beverages to avoid the fee to the NHS organisation. Some respondents mentioned that this approach may result in customer disappointment as it may be viewed as restricting personal choice.

Some respondents noted that vendors may find alternative ways to sell sugar-sweetened beverages or that vendors may introduce a phased reduction of sugar-sweetened beverages.

Other respondents noted that suppliers may find alternative beverage options (such as water and coffee) to sell instead of sugar-sweetened beverages.

Option 1

Some respondents noted that vendors would choose Option 1: using behavioural mechanisms, such as changing product location, to reduce the volume of sales of sugar-sweetened beverages and thereby reduce the scale of the fee. However, it was noted that many vendors of sugar-sweetened beverages are already actively using this approach to encourage consumers to purchase healthier options. Some respondents also stated that this approach is included in the Health and Wellbeing CQUIN.

Some vendors stated that this approach would be preferable as it does not restrict consumer choice.

Option 4

A small number of respondents noted that vendors would opt for Option 4: the vendor would absorb the cost and continue to sell sugar-sweetened beverages.

Respondents noted that under this approach, suppliers may choose to increase the price of sugar-sweetened beverages, reduce the prominence of sugar-sweetened beverages and increase the sale of non-sugar-sweetened beverages.

However, at our engagement event with suppliers of sugar-sweetened beverages it was suggested that vendors would be likely to apply the fee differently, which means there is no guarantee of a reduction in sales of sugar-sweetened beverages.

Other Responses

Many survey respondents suggested that they were either unqualified to comment on the likely approach by vendors or noted that the response by vendors would be negative, variable and influenced by numerous factors.

Some respondents expressed significant concern about vendors withdrawing services entirely from NHS organisations as a result of any new requirements, passing the price increase on to consumers, the administrative burdens for both NHS organisations and vendors, and wider implications for contract renegotiations between NHS organisations and vendors.

NHS England Response

For the reasons outlined above in question 03, NHS England has determined that a fee on vendors of sugar-sweetened beverages in the NHS will not be implemented.

Q05: Were a sugar-sweetened beverage fee introduced, what would be the right level at which to set it in order to achieve the policy aim?

The majority of respondents responded that a fee should be set as a percentage of sales resulting from sugar-sweetened beverages. However, there was large variation in the suggested percentage level. Based on analysis of the responses, setting the fee at 20% of revenue generated by sales of sugar-sweetened beverages was seen as the most favourable level.

Other respondents suggested that a fixed fee or amount should be added to the price of sugar-sweetened beverages. However, there was also large variance in the suggested fee value to be added to the existing price of sugar sweetened beverages.

Some respondents noted that charging a fixed fee equivalent to a percentage of revenue generated by sales of sugar-sweetened beverages would be the best approach.

Additionally, some respondents responded that a fee should not be introduced at all.

NHS England Response

For the reasons outlined above in question 03, NHS England has determined that a fee on vendors of sugar-sweetened beverages in the NHS will not be implemented

Q06- Do you agree with the proposed reporting arrangements?

The consultation proposed that the period for reporting and subsequent payment of the fee would be one year, commencing on the 1st April and ending on 31st March.

The majority of respondents agreed with the proposed reporting arrangements and stated it was a sensible approach. Some respondents did not agree with the proposed reporting arrangements, did not answer the question or did not express a preference.

Some respondents did express concerns that the proposed reporting arrangements may be an administrative burden for both NHS organisations and suppliers and may be expensive.

Other respondents noted that careful consideration must be given to the complexity of monitoring and quality assuring the reporting arrangements.

Additionally, it was mentioned that vendors of sugar-sweetened beverages may not be able to comply with the proposed reporting arrangements due to data sensitivity and confidentiality.

A few alternative suggestions were raised including structuring reporting arrangements by product line or requiring payments to be made quarterly in arrears.

NHS England Response

No serious concerns were raised to lead us to believe that any burdens associated with reporting and payment of a fee would be excessive. While NHS England will not be implementing a fee, we acknowledge and take on board the points raised in relation to administrative burdens, expenses and complexity of monitoring arrangements. We discuss administrative issues in relation to our chosen measure further below, which takes on board these points.

Q07- What will be the one-off and on-going administrative costs associated with each of the proposed policies?

Many respondents expressed the view that they were not able to accurately predict the one-off and on-going administrative costs associated with each proposal.

A number of respondents stated that the one-off administrative costs associated with each of the proposed policies would include costs for communications materials, improving information technology systems and costs associated with staff time.

Respondents also said that on-going administrative costs would include monitoring and evaluation efforts as well as additional role responsibilities for NHS staff.

Several respondents noted that if a ban on the sale of sugar-sweetened beverages were to be chosen, the administrative costs are anticipated to be minor compared to a fee.

While this is not an administrative burden, some industry respondents suggested they might take account of any revenue impacts in negotiating their concession agreements with trusts.

Other respondents used this opportunity to express their opposition to the fee approach altogether.

NHS England Response

A number of responses noted the areas where costs may be incurred, such as communications and staff time, but the majority of respondents were not able to predict the one-off and on-going administrative costs associated with the proposals. Some responses indicated that a ban would lead to minor costs compared to a fee.

We acknowledge the points raised in relation to one-off and on-going administrative costs associated with each of the proposed policies specifically around implementation, measurement and monitoring requirements. However, in either circumstance, no serious concerns were raised to lead us to believe that any burdens created would be excessive.

We also acknowledge that implementation of any policy will only show measurable effects after some time. Thus, we are aware that any financial impacts on suppliers, and indirectly on trusts, may not become clear for some time. We will continue to monitor these effects prior to the ban commencing on 1 July 2018, and will continue to do so after this date.

Q08- In your view should NHS organisations be required to reinvest the money generated into the health and wellbeing of their staff?

The vast majority of respondents stated that NHS organisations should be required to reinvest any money generated into the health and wellbeing of their staff.

Respondents stated that reinvesting the money generated into the health and wellbeing of their staff may reduce time lost to staff sickness and absence. Some respondents also stated that reinvesting the money generated into the health and wellbeing of their staff would encourage NHS staff to be role models for patients and visitors.

Other respondents expressed a preference for the money being spent on wider public health initiatives. Some respondents noted that reinvesting the money generated into the health and wellbeing of staff may create a perverse incentive and encourage the sale of sugar-sweetened beverages.

Several detailed suggestions were put forward including NHS England guidelines on how the money can and cannot be spent, as well as using the money to improve

patient experience, subsidise healthier food products and gym memberships and increase the availability of drinking water in NHS organisations.

NHS England Response

We thank respondents for their detailed suggestions. As the proposal for a fee to be paid by vendors will not be implemented, there will be no money generated from the chosen policy and therefore no need for reinvestment.

Q09- Which of the two policy options proposed would best meet our decision-making criteria?

The decision making criteria outlined in the consultation were as follows:

- **How likely the policy is to reduce the volume of sales of sugar-sweetened drinks.**
- **How practicable the policy would be to implement.**
- **Any wider impact on the health and wellbeing of NHS staff, patients and visitors**
- **A consistent national approach across NHS providers.**

Ban

A large number of respondents noted that a ban would best meet our decision-making criteria. Reasons for this included that it would be simpler to implement and would send the correct and clear message to staff, patients, visitors and the wider public. It was also noted that a fee may be too difficult to apply consistently across all NHS premises and it may disproportionately burden staff, patients and visitors if the fee were to be passed on to the consumer.

Respondents also noted that a ban would avoid the risk of suppliers raising prices across product ranges or absorbing the cost of the fee in order to continue to sell sugar-sweetened beverages.

Other respondents noted that if a ban were to be the chosen policy option, then alternative beverages must be available for customers.

Fee

Some respondents suggested that a fee would best meet our decision-making criteria. Reasons for this included that this option maintains consumer choice and encourages consumers to choose healthier options. Respondents also noted that this option would not be seen as ‘nanny-state’ and would also maintain the availability of sugar-sweetened beverages for medical purposes.

Additionally, some respondents highlighted that diet/‘healthier’ alternatives may not be healthier and that implementing a policy such as this is only one step in tackling obesity.

NHS England Response

In light of the responses received (Question 09), NHS England considers that a ban would be the more effective of the two options proposed as it would remove sugar-sweetened beverages from sale, therefore meeting the principal decision-making criteria of the likely reduction in the volume of sales of sugar-sweetened beverages.

It also better meets the additional decision-making criteria of practicability, wider health impact on staff, patients and visitors, and consistency of approach.

However, as outlined in Section 3 above, in light of what we heard in the consultation NHS England will now proceed with a twin track approach. The first track is a voluntary sales reduction scheme, asking suppliers on NHS premises to commit to:

Reduce the total volume of monthly sugar-sweetened beverage sales per retailer, per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts.

In agreeing to this goal, suppliers will commit to the definition of sugar-sweetened beverages as set out in Annex B and to provide NHS England with quarterly self-reported data. This data should comprise total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-site basis; the first data return, which will encompass data from Quarter 2, should be submitted to NHS England by 31 Oct 2017. Data returns will continue on a quarterly basis thereafter.

Secondly, given the need for decisive action, we will also take steps to implement a ban on sales of sugar-sweetened beverages from 1 July 2018. This ban will come into place should the voluntary scheme prove ineffective in achieving sufficient initial sign up by 30 June 2017, or in significantly reducing the volume of sugar-sweetened beverages sold on NHS premises by 31 March 2018. The ban will apply to sales on and by NHS Trusts and NHS Foundation Trusts, and by other retailers and suppliers on NHS Trust/Foundation Trust premises. It will take effect from 1 July 2018 or the later expiry, termination, extension or renewal of the lease, licence, concession agreement or other arrangement under which any existing retailer or supplier currently trades from NHS premises. We will do this by amending the terms of the NHS Standard Contract.

We will therefore consult on changes to the NHS Standard Contract later this year, to introduce the ban as the default if the voluntary scheme does not work. Should the voluntary scheme secure sufficient coverage of suppliers by 30 June 2017 and a subsequent reduction in sales of sugar-sweetened beverages by 31 March 2017, NHS England will in Quarter 1 2018/19 implement a temporary suspension of the ban or remove the ban from the Standard Contract.

Q10- Are there any alternative policies that NHS England could introduce that would meet the decision-making criteria equally well, or better, than those proposed?

A large number of respondents stated that there are no alternative policies that NHS England could introduce that would meet the decision-making criteria equally well, or better, than those proposed. Other respondents either did not answer the question or were uncertain if there were any alternative policies.

However, some respondents did believe that alternative policies could be introduced to meet the decision-making criteria equally well or better.

Alternative suggestions included: extending the Health and Wellbeing CQUIN targets, “nudge” pricing, a long-term education campaign on healthy eating, improved product labelling or ‘traffic light’ labelling and introducing voluntary sales reduction targets to reduce the sales of sugar-sweetened beverages.

NHS England Response

As outlined in Section 3 above, in light of what we heard in the consultation NHS England will now proceed with a twin track approach that will see the introduction of both a voluntary sales reduction scheme, and a ban as the default if sufficient progress to reduce the sales of sugar-sweetened beverages isn’t made through the voluntary sales reduction scheme.

The voluntary sales reduction scheme asks suppliers on NHS premises to commit to:

Reduce the total volume of monthly sugar-sweetened beverage sales per retailer, per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts.

In agreeing to this goal, suppliers will commit to the definition of sugar-sweetened beverages as set out in Annex B and to provide NHS England with quarterly self-reported data. This data should comprise total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-site basis; the first data return, which will encompass data from Quarter 2, should be submitted to NHS England by 31 Oct 2017. Data returns will continue on a quarterly basis thereafter.

Q11- Do you think that 5g/100ml is the right level for the total added sugar content in a sugar-sweetened beverage?

This question concerned the level of sugar content that should be present for a drink to be categorised as a “sugar-sweetened beverage” for the purposes of the proposed measures.

Many respondents thought that 5g/100ml of total added sugar content in a sugar-sweetened beverage is the right level for the total added sugar content in a sugar-

sweetened beverage. Respondents cited reasons for this being that it is in line with other government initiatives focusing on sugar.

Some respondents believed the level was either too high or too low. Specifically, some respondents stated that it should be more than 5g/100ml for drinks used for treating certain medical conditions, or that larger drinks should have a lower level of total added sugar.

NHS England Response

Based on the consultation responses which stated that this was the right level and expert nutrition guidance from Public Health England, the policy will apply to sugar-sweetened beverages with a total sugar content of 5g/100ml and above. See Annex B for full definitions of sugar.

Q12- Do you think we should exclude drinks for treating medical conditions?

The majority of respondents stated that drinks should be excluded for treating medical conditions. In particular, it was noted that high-sugar drinks for diabetic patients should be excluded. Some respondents also noted that drinks should be excluded if they are used as a ‘comfort’ treatment to those who are unwell in hospital. Others suggested that these drinks should be excluded for those individuals who have disease-related malnutrition and dysphagia.

In relation to sugar-sweetened beverages being excluded from the policy for diabetics, several respondents responded that this approach is not appropriate as there are several alternative options for diabetic patients. In particular, it was noted that all NHS organisations are equipped with appropriate medical means to treat diabetic individuals, and sugar sweetened beverages are not necessary in these circumstances.

Others stated that drinks for treating medical conditions should not be excluded, or if that a sugar-sweetened beverage is being used to treat a medical condition it must be clinically licensed or prescribed.

NHS England Response

NHS England has carefully considered all of the responses that have raised concerns on whether any new policy should exclude sugar-sweetened beverages for treating medical conditions.

Following the consultation, we took further expert advice on this matter from NHS England’s Expert Reference Group on Diabetes Treatment and Care to assist with our assessment of the points raised in these responses.

NHS England acknowledges that beverages with high levels of sugar may be beneficial in raising blood glucose levels for individuals with diabetes where sugar intake is a medical necessity.

Respondents to the consultation noted that sugar-sweetened beverages may be a treatment of choice for some individuals with diabetes during a hypoglycaemic incident; however this was not an overwhelming sentiment in the consultation.

We are aware that this may be a sensitive issue in particular because a policy that reduces the sales of sugar-sweetened beverages may restrict choice for people who prefer to use these products to treat hypoglycaemia.

However, as advised by NHS England's Expert Reference Group on Diabetes Treatment and Care, on the issue of safety, we are reassured that suitable alternatives for the treatment of low blood sugar in people with diabetes, such as dextrose tablets, are universally available in NHS Trusts and NHS Foundation Trusts as other clinical treatments are. We are also unaware of any safety issues having arisen in environments around the world in which similar policies have been introduced. We therefore do not believe that there is a clinical safety issue by either reducing the sales of sugar-sweetened beverages or banning the sale of sugar-sweetened beverages.

On the issue of choice, we recognise that the reduction or potential removal of sugar-sweetened beverages may reduce the range of preferred treatment options available for purchase in NHS organisations. However, we believe that the overall benefit of achieving a significant reduction in the sales of sugar-sweetened beverages outweighs the possible narrowing of choice.

The possible narrowing of choice will also be mitigated by the wide availability of sugar-sweetened beverages outside of NHS organisations, whose consumption on site will not be affected by this policy.

Therefore we will not be excluding drinks for treating 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?

The five allowable ingredients are:

1. **Fruit juices and purees**
2. **Fruit juice from concentrate**
3. **Concentrated fruit juice**
4. **Water-extracted fruit juice**
5. **Dehydrated fruit juice and powdered fruit juice**

The majority of respondents outlined that the five allowable ingredients should be excluded. The main reasons noted for this were that pure fruit juices have nutritional benefits and contain 'no added sugar'.

Other respondents suggested that even pure fruit juices with no added sugar can have high levels of natural sugar, and careful consideration must be given to the balance between nutritional content and overall sugar content.

NHS England Response

For the purpose of the scope of the policy where the products outlined in the Fruit Juices and Fruit Nectars (England) Regulations 2013 (S.I. 2013/2775) (Annex B) are used to sweeten, the additive will not be considered added sugar for the purposes of the policy. We recognise the nutritional value of these products, as alluded to in the responses to the consultation, and we have decided that they will not be included in the policy.

Q14- Do you think we should include pre-packaged milk-based drinks in the scope of the policy?

The vast majority of respondents considered that pre-packaged milk-based drinks should be included in the scope of the policy.

Some respondents stated that pre-packaged milk-based products should be excluded from the scope of the policy. Reasons cited included that the dairy in these products provides nutritional benefits and that these products contain naturally occurring sugars. However, several respondents expressed concern over appropriately accounting for the naturally occurring sugars in milk-based products.

Some respondents also suggested that dairy alternatives, such as soy, should not be within the scope of the policy.

NHS England Response

Pre-packaged milk-based drinks include nutritionally beneficial ingredients, however, this point should be carefully considered alongside the fact that flavoured milk-based drinks and milkshakes are often extremely high in total sugar content and these high levels of sugar outweigh the nutritional benefits obtained from pre-packaged milk-based drinks.

As a result of the consultation responses and expert nutritional advice from Public Health England, pre-packaged milk-based drinks will be in scope of the policy if they have a total sugar content of 10g/100ml or more.

Q15- Which approach offers the best way of classifying pre-packaged milk-based drinks?

The consultation proposed two approaches. They were:

1. **Where a drink contains less than 75% milk and also contains added sugar, with a total a sugar content of 5g/100ml or more, then it will be subject to the policy.**
2. **Where a drink contains added sugar, with a total sugar content of 10g/100ml or more, then it will be subject to the policy.**

Most respondents responded that the best way to classify pre-packaged milk-based drinks was approach 2 (as above). Reasons for this included accounting for the naturally occurring, non-added sugars in the milk based drink.

This second most preferred option was approach 1 (as above).

Other respondents suggested that milk-based drinks should be classified as containing 75% milk or higher.

NHS England Response

Following the consultation, we took further advice on this matter from Public Health England. As stated in question 14, pre-packaged milk-based drinks will be included in the scope of the policy if they have a total sugar content of 10g/100ml or more.

This approach takes into account the contribution from naturally occurring sugars such as lactose to the total sugar content of milk-based drinks.

However, we are also minded that we must set a minimum milk content to define a milk-based drink. We will be using a minimum milk content of 50%.

This means that if a pre-packaged milk-based drink contains 0-49.99% milk, it will be in scope of the policy if it has a total sugar content of 5g/100ml or more. Products that contains 50-94.99% milk will be in scope of the policy if they have a total sugar content of 10g/100ml or more.

However, a milk-based product will be excluded from the policy if it contains 95% milk or more.

Milk Content	Total Sugar (grams/100ml)	Included in policy?
0-49.99%	5g/100ml or more	Yes
50-94.99%	10g/100ml or more	Yes
95-100%	-	No

Q16- Do the definitions of sugar syrups cover all likely sugar syrups used with hot drinks?

The definitions of sugar can be found in Annex B.

The majority of respondents suggested that the definitions of sugar syrups outlined in the consultation cover all likely sugar syrups used with hot drinks.

However, other respondents suggested that cold coffee drinks with sugar syrups should also be included in the scope of the policy.

Additionally, it is worth noting that many respondents expressed the view that they did not feel qualified to answer this question.

NHS England Response

The majority of respondents considered that these definitions were satisfactory. These definitions are also part of formal legislation/regulation and are thus the understood and accepted definitions of sugar syrups.

The policy will also apply to cold drinks with added sugar syrup.

Therefore, we will be using the definitions of sugar syrups outlined in The Specified Sugar Products Regulations 2003 (S.I. 1563). These definitions are the same definitions used in the consultation and can be found in Annex B.

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

The vast majority of respondents stated that any hot drink with added sugar syrup should be included in the policy. Respondents stated that this provided an overall consistency to the policy in an NHS context, but did highlight that this approach would not be consistent with HM Treasury's national sugar levy approach.

Respondents also noted that this approach will require careful consideration as to how it would be monitored.

Other respondents stated that any hot drink with added sugar syrup should be excluded from the policy as individuals do not tend to drink these types of beverages as frequently as other sugar sweetened-beverages, and they may have a 'calming effect' for patients, staff members or visitors in stressful NHS situations.

Some respondents also raised concerns around hot chocolate and chocolate powder and suggested these products also be included within the scope of the policy.

NHS England Response

We are mindful that this approach requires careful monitoring and take on board the responses regarding the effects on individuals.

In light of the responses received, it is our view that any hot drinks with added sugar syrups sold on NHS premises should be included in the policy as these drinks are widely available in coffee outlets on NHS premises and a single 'shot' of sugar syrup can contain several grams of sugar. For example, a typical latte drink with a shot of sugar syrup can contain 28 grams of sugar per serving (a can of Coca-Cola contains 10.6 grams of sugar per serving[27]).

As a result, hot drinks with added sugar syrups will be within the scope of the policy. Sugar-free syrups are available as alternatives.

We are also aware that some coffee outlets (and other outlets) also serve other hot and cold milk-based sugar-sweetened beverages, in particular beverages such as

hot chocolate, iced coffee or blended coffee drinks. Based on expert nutritional advice from Public Health England, we estimate that on average these products contain 44 grams of sugar per serving.

Therefore, products such as these will be within the scope of the policy in the same way as other milk-based drinks (as classified above).

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

The vast majority of respondents suggested that NHS England should set out a timescale over which NHS organisations must achieve full implementation of the policy.

Several respondents noted that this timescale should be a sensible period of time and account for the changes that will be required from both NHS organisations and vendors. However a wide range of views on suggested timescales were put forward by respondents ranging from three months to five years.

Many respondents also noted that timescales for implementation will be particularly influenced by existing contracts that NHS organisations have with vendors and that renegotiating contracts before their expiration may take a considerable amount of time. It was also suggested that these negotiations be done on a voluntary basis and not mandated by NHS England.

NHS England Response:

We acknowledge there is need for a sufficient and appropriate amount of time to implement any policy. With this in mind, we will implement a ban on the sale of sugar-sweetened beverages by NHS Trusts and NHS Foundation Trusts themselves with effect from 01 July 2018, and a ban on sales of sugar-sweetened beverages by other retailers and suppliers with effect from 01 July 2018 or the later expiry, termination, extension or renewal of the lease, licence, concession agreement or other arrangement under which any existing retailer or supplier currently trades from NHS premises.

Simultaneously, the timescale for the voluntary sales reduction scheme gives suppliers of sugar-sweetened beverages time to reduce the volume of sugar-sweetened beverage sales on NHS premises during 2017-2018. We are therefore proposing an interim measure with targets and timescales as follows:

Reduce the total volume of monthly sugar-sweetened beverage sales per retailer, per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts.

In agreeing to this goal, suppliers will commit to the definition of sugar-sweetened beverages as set out in Annex B and to provide NHS England with quarterly self-reported data. This data should comprise total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-

site basis; the first data return, which will encompass data from Quarter 2, should be submitted to NHS England by 31 Oct 2017. Data returns will continue on a quarterly basis thereafter.

We are launching this voluntary scheme today and invite all NHS suppliers, including trusts with in-house arrangements, charitable and voluntary sector suppliers to sign-up with formal confirmation of intent with NHS England by 30 June 2017. Suppliers can sign up by completing and returning the scheme schedule found in Annex C.

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

Many respondents stated there should be a contractual consequence if full compliance within the agreed timescales is not achieved.

However, there was considerable variation in respondent views as to who should be responsible for the contractual consequence. Some respondents stated that the trust should not be responsible for the contractual consequence and that the vendors should be responsible for the contractual consequence of non-compliance within the agreed timescale.

In terms of the contractual consequence, several respondents suggested it be a monetary fine for either trusts or vendors, or that vendors lose their right to operate in that NHS organisation. It was also noted that any contractual consequence must be significant enough to incentivise compliance by both NHS organisations and vendors.

NHS England Response

We have considered the responses regarding contractual consequences for failure to achieve full compliance within the agreed timescale and determined that there is no consistent view from the respondents on appropriate and effective consequences.

The Standard Contract already sets out a clear process (at General Condition 9) through which a commissioner may require a provider to remedy any breach of a contractual requirement-and this process includes the potential for commissioners to apply a proportionate, locally-determined financial sanction where the provider does not comply with an agreed programme to remedy the breach. We believe that commissioners will be able to use this existing process effectively in situations where a Trust fails to implement the ban properly.

We do not consider that it would be appropriate to try to set, through the Standard Contract, a single nationally-determined financial sanction which would apply to any NHS Trust or NHS Foundation Trust which failed to implement, in a timely fashion, the new requirements relating to the ban. The circumstances of each Trust will be different, particularly in terms of the number of different drinks suppliers they work with and the length of time which their contracts with those suppliers still have to run.

The Standard Contract is between the NHS commissioner and the Trust, and it is not, therefore, a vehicle through which financial sanctions can be imposed on a drinks supplier-the drinks supplier is not a party to the Standard Contract. We believe, however, that the arrangements we are proposing will create appropriate financial incentives for suppliers. Under the terms of the Standard Contract, a Trust will not be permitted to sign a new lease or contract, or extend or renew an existing lease or contract, with a drinks supplier, unless that lease or contract gives effect to the ban – so not selling sugar-sweetened beverages will simply become a non-negotiable part of doing business with the NHS for drinks suppliers.

6 Annex B: Technical Guidance

Definition of added sugar[28]

	Product Name	Definition
1	Semi- white sugar	Purified and crystallised sucrose of sound and fair marketable quality with the following characteristics: A. polarisation not less than 99.5 °Z B. invert sugar content not more than 0.1 % by weight C. loss on drying not more than 0.1 % by weight.
2	Sugar or white sugar	Purified and crystallised sucrose of sound and fair marketable quality with the following characteristics: A. polarisation not less than 99.7 °Z B. invert sugar content not more than 0.04 % by weight C. loss on drying not more than 0.06 % by weight D. type of colour not more than nine points determined in accordance with point (a) of Part B.
3	Extra-white sugar	The product having the characteristics referred to in point 2(a),(b) and (c) and in respect of which the total number of points determined according to the provisions of Part B does not exceed eight, and not more than: — four for the colour type, — six for the ash content, — three for the colour in solution.
4	Sugar solution	The aqueous solution of sucrose with the following characteristics: A. dry matter not less than 62 % by weight B. invert sugar content (ratio of fructose to dextrose: (1.0 ±0.2) not more than 3 % by weight of dry matter C. conductivity ash not more than 0.1 % by weight of dry matter, determined in accordance with point (b) of Part B D. colour in solution not more than 45 ICUMSA units.

5	Invert sugar solution	The aqueous solution of sucrose partially inverted by hydrolysis, in which the proportion of invert sugar does not predominate, with the following characteristics: A. dry matter not less than 62 % by weight B. invert sugar content ratio of fructose to dextrose (1.0 ±0.1) C. more than 3 % but not more than 50 % by weight of dry matter D. conductivity ash not more than 0.4 % by weight of dry matter, determined in accordance with point (b) of Part B.
6	Invert sugar syrup	The aqueous solution, which has possibly been crystallised, of sucrose that has been partly inverted via hydrolysis, in which the invert sugar content (fructose/dextrose quotient 1.0 ± 0.1),must exceed 50 % by weight of dry matter, but which must otherwise meet the requirements laid down in point 5(a) and (c).
7	Glucose syrup	The purified and concentrated aqueous solution of nutritive saccharides obtained from starch and/or inulin, with the following characteristics: A. dry matter not less than 70 % by weight B. dextrose equivalent not less than 20 % by weight of dry matter and C. expressed as D-glucose D. sulphated ash not more than 1 % by weight of dry matter.
8	Dried glucose syrup	Partially dried glucose syrup with at least 93 % by weight of dry matter, but which must otherwise meet the requirements laid down in point 7(b) and (c).
9	Dextrose or dextrose monohydrate	Purified and crystallised D-glucose containing one molecule of water of crystallisation, with the following characteristics: A. dextrose (D-glucose) not less than 99.5 % by weight of dry matter B. dry matter not less than 90 % by weight C. sulphated ash not more than 0.25

		% by weight of dry matter.
10	Dextrose or dextrose anhydrous	Purified and crystallised D-glucose not containing water of crystallisation, with at least 98 % by weight of dry matter, but which must otherwise meet the requirements laid down in point 9(a) and (c).
11	Fructose	Purified crystallised D-fructose with the following characteristics: • fructose content 98 % minimum • glucose content 0.5 % maximum • loss on drying not more than 0.5 % by weight • conductivity ash not more than 0.1 % by weight determined in accordance with point (b) of Part B

Definition of fruit juices- The Fruit Juices and Fruit Nectars Regulations 2013 (Schedules 2-7)[29]

Schedule	Product Name	Specification
2	Fruit Juice	1. Fruit juice is the fermentable but unfermented product obtained from the edible part of fruit which is sound, ripe and fresh or preserved by chilling or freezing of one or more kinds mixed together having the characteristic colour, flavour and taste typical of the juice of the fruit from which it comes. 2. As well as the product mentioned in paragraph 1, and without prejudice to entries numbers 4 and 7 of Schedule 11, the fruit juice may contain any of the following— (a) an authorised additional ingredient; (b) an authorised additional

		substance; (c) restored flavour, pulp and cells (or any one or more of them) obtained by suitable physical means from the same species of fruit; (d) in the case of grape juice, restored salts of tartaric acids; and (e) in the case of tomato juice, salt, spices and aromatic herbs. 3. In the case of citrus fruits, except for lime, the fruit juice must come from the endocarp. 4. In the case of lime juice, the fruit juice must come from the endocarp or the whole fruit. 5. Where a juice is processed from a fruit with pips, seeds and peel, parts or components of pips, seeds and peel must not be incorporated in the juice. 6. Paragraph 5 does not apply in a case where parts or components of pips, seeds and peel cannot be removed by good manufacturing practices. 7. Fruit juice may be mixed with fruit purée in the production of the fruit juice. 8. No treatment, except for an authorised treatment, may be used in the manufacture of a fruit juice. 9. The Brix level of the product must be the Brix level of the juice as extracted from the fruit and must not be modified, except by blending with the juice of the same species of fruit.
3	Fruit juice from concentrate	1. Fruit juice from concentrate is the product obtained by reconstituting concentrated fruit juice with potable water that meets the criteria set out in Council Directive 98/83/EC. 2. In a case where a fruit juice from concentrate is manufactured from a fruit specified in column 2 of

		Schedule 13, the soluble solids content of the finished product must have a Brix level of at least the level specified in the corresponding entry in column 3 of that Schedule, as read together with the Notes to that Schedule. 3. In a case where a fruit juice from concentrate is manufactured from a fruit that is not specified in column 2 of Schedule 13, the soluble solids content of the finished product must have a Brix level of the juice as extracted from the fruit used to make the concentrate. 4. The product must be prepared by suitable processes that maintain the essential physical, chemical, organoleptical and nutritional characteristics of an average type of juice of the fruit from which it comes. 5. In the production of the product, concentrated fruit juice, or both fruit juice and concentrated fruit juice, may be mixed with— (a) fruit purée; (b) concentrated fruit purée; or (c) both fruit purée and concentrated fruit purée. 6. As well as the ingredients mentioned in paragraphs 1 and 5, the product may contain any of the following— (d) an authorised additional ingredient; (e) an authorised additional substance; (f) restored flavour, pulp and cells (or any one or more of them) obtained by suitable physical means from the same species of fruit; and (d) in the case of tomato juice from concentrate, salt, spices and aromatic herbs.

		7. No treatment, except for an authorised treatment, may be used in the manufacture of a product. 8. Any reference to a Brix level in this Schedule is a reference to the Brix level of a juice exclusive of the soluble solids of any added optional ingredients and additives.
4	Concentrated fruit juice	1. Concentrated fruit juice is the product obtained from fruit juice of one or more fruit species by the physical removal of a specific proportion of its water content. 2. Where the product is intended for direct consumption, the proportion of water content removed must be at least 50%. 3. As well as the ingredients mentioned in paragraph 1, the product may contain any of the following— a. an authorised additional ingredient; b. an authorised additional substance; and c. restored flavour, pulp and cells (or any one or more of them) obtained by suitable physical means from the same species of fruit. 4. 4. No treatment, except for an authorised treatment, may be used in the manufacture of a product.
5	Water extracted fruit juice	1. Water extracted fruit juice is the product obtained by diffusion with water of— (a) pulpy whole fruit whose juice cannot be extracted by any physical means; or (b) dehydrated whole fruit. 2. As well as the ingredients mentioned in paragraph 1, the product may contain either, or both, of the following— (a) an authorised additional ingredient; and

		(b) an authorised additional substance. 3. No treatment, except for an authorised treatment, may be used in the manufacture of a product.
6	Dehydrated fruit juice and powdered fruit juice	1. Dehydrated fruit juice or powdered fruit juice is the product obtained from fruit juice of one or more fruit species by the physical removal of virtually all of its water content. 2. As well as the ingredients mentioned in paragraph 1, the product may contain either, or both, of the following— (a) an authorised additional ingredient; and (b) an authorised additional substance. 3. No treatment, except for an authorised treatment, may be used in the manufacture of a product.
7	Fruit nectars	1. Fruit nectar is the fermentable but unfermented product that is obtained by adding water to a juice listed in paragraph 2 either with or without one or both of the substances listed in paragraph 3. 2. The juices are— (a) fruit juice; (b) fruit juice from concentrate; (c) concentrated fruit juice; (d) water extracted fruit juice; (e) dehydrated fruit juice; (f) powdered fruit juice; (g) fruit purée; (h) concentrated fruit purée; or (i) any mixture of the products mentioned in subparagraphs (a) to (h).

		3. The substances are— (a) sugars, and (b) honey. 4. The amount of sugars or honey, or sugars and honey, added to the product in accordance with paragraph 1 must not exceed 20% of the total weight of the finished product. 5. The product must contain the minimum content of fruit juice, fruit purée, or a mixture of such juice and purée, specified in Part 2. 6. Where the product is manufactured without added sugar or with reduced energy value, sugars may be replaced wholly or partially by sweeteners in accordance with the requirements of Regulation 1333/2008. 7. As well as the ingredients mentioned in paragraphs 1, 2, 3, 5 and 6, the product may contain any of the following— (a) an authorised additional ingredient; (b) an authorised additional substance; (c) restored flavour, pulp and cells (or any one or more of them) obtained by suitable physical means from the same species of fruit; and (d) sweeteners (which may be added in addition to any sugar or honey added in accordance with paragraph 1 as read with paragraph 3). 8. No treatment, except for an authorised treatment, may be used in the manufacture of a product.

7 Annex C

SUGAR-SWEETENED BEVERAGE SALES REDUCTION SUPPLIER COMMITMENT

This document sets how _____________________________ (Supplier Name) will deliver a voluntary sales reduction scheme for sugar-sweetened beverages on NHS premises.

Please complete and return by 31 July 2017 to england.healthyworkforce@nhs.net

1. COMMITMENT

_______________________________ (Supplier Name) agrees to:

- Reduce the total volume of monthly sugar-sweetened beverage sales per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts;
- Commit to the definition of sugar-sweetened beverages as set out in Annex B;
- Provide NHS England with quarterly self-reported data, comprising total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-site basis; and
- Submit the first data return, which will encompass data from Quarter 2, to NHS England by 31 October 2017 and submit data returns on a quarterly basis thereafter.

DECLARATION

Signed on behalf of ‘Supplier X’	Signed on behalf of NHS England
Name:	
Position:	
Signature:	
Date:	

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