

With over 100 years of expertise the BHA represents 40,000 establishments across the UK. We focus on the needs of every part of the hospitality sector, big and small, restaurants, catering and attractions, hotels, serviced apartments and all visitor accommodation, corporate hospitality and events, clubs, food and service management and leisure establishments. It is on behalf of the industry that we respond to the FSS Foodborne Illness Strategy Consultation.

1. In your view, is the overall approach described (i.e. consideration of transmission pathways, rather than specific contaminant or commodity-focused approaches) the most appropriate to achieve the intended outcome?

This is much more appropriate.

2. At what part of the food chain do you think FSS intervention would be most effective in protecting consumers from food safety risks?

Primary production would be a key area to focus on, including continuation to reduce pathogens in raw foods such as chicken through vaccination programmes as they are developed. For example, the Salmonella in egg vaccination programme has been very useful. Whilst there are responsibilities throughout the food chain, the more that can be done to get safe raw ingredients, the better. Vegetables, salad items and soft fruits can be contaminated at source, or during picking and are not always considered a contamination risk further up the chain, for example, consumers eating soft fruit without washing, and not being aware that soil vegetables can harbour pathogens such as E.coli.

3. In your view, are the scope (i.e. the contaminant risks to be addressed) and framework for developing interventions and the underpinning evidence base proposed on pages 3 and 4 of the document appropriate and likely to make a positive impact on public health? YES or NO or PARTLY.

Yes, the scope covers the main hazard groups and we presume it includes fraudulent adulteration and contamination.

4. What foodborne illness risks (contaminants or particular food production chains) do you think should be the highest priority for FSS?

Campylobacter and chicken should be the highest priority because it is the biggest cause of bacterial IID. It is important to ensure that there is an awareness that infection can be caused not just from eating food, but through preparation and handling of raw chicken or meat, vegetables and packaging. E. coli and Listeria should also be a key priority.

5. In your view what are the key partnerships that FSS will need to develop or strengthen in order to have the greatest impact on public health?

FSS should work with BHA to develop strategies in Catering. Our new Hygiene Catering Industry Guide should help. Also, the FSS should work with key auditing companies such as those carrying out BRC audits, Red Tractor, etc. The International Scientific Forum on Home Hygiene (www.ifh-homehygiene.org), REHIS and of course the FSS are also useful links.

6. Are there any other partnerships not mentioned in this document that you think FSS will need to consider when taking the strategy forward?

See answer to Q5.

7. In your view, will the successful achievement of the objectives described in Figure 6 of the document enable FSS to deliver a significant reduction in foodborne illness?

Partly, it depends upon the extent of any programme. It is also important to consider food fraud and imported food risks and a strategy to protect consumers from this.

8. In your view, are the proposals described on page 10 for monitoring the impact of the strategy appropriate?

Yes, although measuring incidence of reported disease is difficult and you have acknowledged that it is inaccurate.

9. Based on the suggestions in Figure 7, could you suggest appropriate performance indicators that would allow FSS to measure its success in reducing the risks of foodborne illness?

Food Hygiene Ratings (England and Wales scheme gives a broader picture with a 0-5 scale) and Consumer attitude surveys.

10. Do you consider that there are important evidence gaps that will need to be addressed to enable FSS to deliver its aim to reduce the risks of foodborne illness in Scotland? YES or NO

FSS could potentially carry out research to determine consumer practices in the home, and gain a picture of incidence of disease caused by poor practices in the home.

11. Do you agree that the proposals outlined in this document are complementary to wider FSS strategy on food safety?

Yes.

12. Is your work relevant to the aims of this strategy and if so, do you feel you could contribute to the delivery of our key objectives for reducing the risks of foodborne illness?

Yes, the BHA would be pleased to be involved in any work relating to the hospitality industry to help to monitor and drive standards.