

Response to Department of Health and Social Care Consultation on restricting promotions of products high in fat, sugar and salt by location and by price (in support of the Obesity Health Alliance response. The RCoA is a member of the Obesity Health Alliance)

About the Royal College of Anaesthetists

- 16% of all hospital consultants are anaesthetists, making anaesthesia the single largest hospital specialty in the UK^{i,ii,iii}
- Anaesthetists play a critical role in the care of two-thirds of all hospital patients^{iv} and 99% of patients would recommend their hospital's anaesthesia service to family and friends^v
- With a combined membership of 22,000 fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, the Royal College of Anaesthetists (RCoA) is the third largest Medical Royal College by UK membership.

If you have any questions regarding our submission, please contact, Elena Fabbrani, Policy and Patient Information Manager, at efabbrani@rcoa.ac.uk

Introduction

The British Journal of Anaesthesia estimates that one-in-10 members of the UK population undergo a surgical procedure every year and the majority of these procedures will require a regional or general anaesthetic^{vi}.

Having an operation is a major event in a person's life and many will have had limited exposure to hospitals and limited understanding of the importance of preparing for surgery. There is strong evidence that patients who actively embrace active and healthy lifestyle choices, optimise their medical co-morbidities and play an active role in their recovery, experience fewer postoperative complications and recover quicker^{vii}. This can also lead to long-term behavioural change in relation to lifestyle and healthy living.

Anaesthetists are in a unique position to engage with patients to support changes to their lifestyle before surgery, known as 'prehabilitation', as well as supporting recovery after a surgical procedure – during rehabilitation. Taken together, the '*prehab to rehab*' model is at the heart of [perioperative medicine](#), providing a seamless journey for patients from the moment that surgery is contemplated, through to full recovery.

An analysis of the [PREPARE programme](#) – run by the Imperial College Healthcare NHS Trust – estimates a saving of £265,000 per year, based on a reduced rate and severity of complications and length of hospital stay when patients adapt their lifestyle and get fit ahead of surgery^{viii}.

General comments

Obese children are more likely to become obese adults, and obesity in adulthood increases an individual's risk of developing type 2 diabetes, heart disease, fatty liver disease and a number of cancers.

This leads to more complications and worse outcomes after surgery. As stated in the introduction, perioperative medicine wants to address this by getting adult patients fit for surgery through increasing exercise, improved diet, weight loss and optimising diabetes treatment.

But the adoption of healthy lifestyles must start in childhood in order to last through adulthood. The RCoA therefore supports any policy, such as these proposals for restricting the promotion of unhealthy food and drink, which works toward the reduction of childhood obesity.

We support the Obesity Health Alliance policy positions on the price promotions and location based promotions as outlined below.

Price promotions

We support proposals for restricting multi-buy promotions on food and drink high in fat, sugar and salt. Evidence shows that multi-buy promotions encourage people to make unplanned purchases and normalise buying more in the long-term.^{ix} This does not help families make healthy choices.

Location based promotions

We support proposals for restricting the promotion of food and drinks high in fat, sugar and salt from prominent locations such as shop entrances, aisle ends and checkouts. Evidence shows placing items in prominent locations increases sales.^{x,xix} Restricting location promotions of unhealthy food and drinks will help discourage impulse purchases and reduce pestering from children.

ⁱ NHS Digital. [NHS Hospital & Community Health Service \(HCHS\) monthly workforce statistics - Provisional Statistics](#). July 2017.

ⁱⁱ Stats Wales. [Medical and dental staff by specialty and year](#). March 2017.

ⁱⁱⁱ Information Services Division Scotland. [HSHS Medical and Dental Staff by Specialty](#). December 2016.

^{iv} Audit Commission. *Anaesthesia under examination: The efficiency and effectiveness of anaesthesia and pain relief services in England and Wales*, National report, 1998.

^v EMK Walker, M Bell, TM Cook, MPW Grocott, and SR Moonesinghe for the SNAP-1 investigators. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. [British Journal of Anaesthesia 2016](#)

^{vi} TEF Abbott et al. Frequency of surgical treatment and related hospital procedures in the UK: a national ecological study using hospital episode statistics. *BJA: British Journal of Anaesthesia*, Volume 119, Issue 2, 1 August 2017. Pages 249–257.

^{vii} Walker EMK et al. Patient reported outcome of adult perioperative anaesthesia in the United Kingdom: a cross-sectional observational study. *Br J Anaesth* 2016;117:758–766

^{viii} Royal College of Anaesthetists. Bulletin: September. PREPARE for surgery: a paradigm shift. P.30-31

^{ix} Hawkes C. Sales promotions and food consumption. *Nutrition Reviews* 2009. 67(6):333–342.

^x Public Health England. Sugar Reduction: The evidence for action. Annexe 4: An analysis of the role of price

^{xi} Wilson A, Buckley E, Buckley J and Bogomolva S. Nudging healthier food and beverage choices through salience and priming: Evidence from a systematic review. *Food Quality and Preference* 2016. 51:47–64.

^{xii} Cohen D and Lesser L. Obesity prevention at the point of purchase. *Obesity Reviews* 2016. 17:389–396