

# **FINAL REPORT**

## **Food Hypersensitivity Priority Setting**

### **Data Analysis Exercise**

**FS430465**

**July 2020**

**Ipsos MORI**

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## **Executive Summary**

### **Background**

In March 2020 the Food Standards Agency (FSA) commissioned Ipsos MORI to undertake a priority setting data analysis exercise as part of a wider review of its strategy on food hypersensitivity. The purpose of this strategic review is to ensure the FSA has access to the best available science and evidence and to support the delivery of appropriate and effective actions to ensure food safety and consumer choice.

As part of the FSA's science-led research programme the policy team developed a survey of five open-ended text questions to a convenience sample of stakeholders. This survey was launched on 20<sup>th</sup> February 2020 and continued until 2<sup>nd</sup> April 2020. A total of 295 respondents submitted answers to questions relating to five themes:

- eating out;
- buying prepacked food;
- handling and understanding food;
- changes in how we interact with food; and
- improving what we know about food allergy and food hypersensitivity.

For each of the five themes respondents were asked -

- What unanswered questions and/or issues should the FSA try to answer in order to help people with food hypersensitivity?

Ipsos MORI analysed the text responses from stakeholders using an adapted James Lind Alliance approach, which categorises data into themes and formulates summary questions within these themes.

The JLA approach consists of four stages:

1. cleaning, tagging and categorisation;
2. summarising, theming, in and out of scope;
3. review themes and re-categorise; and
4. draft indicative questions.

The main outputs of this data analysis were:

- The development of 70 sub-questions of interest or 'in scope' for the FSA;
- A re-categorisation of these sub-questions into 17 over-arching or indicative questions, for the policy team to review and refine; and
- A set of data that would form part of a two-day prioritisation workshop to identify ten topics that the FSA will prioritise. These topics become formal research questions that are intended to help the FSA prioritise and address food hypersensitivity in the future.

### **Main themes**

The 70 sub-questions or issues identified by the analysis exercise were summarised into ten broad themes:

1. Packing and labelling;
2. Allergy sufferers;
3. Information;
4. Cross-contamination;
5. Knowledge / education;
6. Allergens;
7. Safety;
8. Legislation / standardisation;
9. Eating out; and
10. Food.

## Indicative questions

The sub-questions and issues within these themes were analysed to create a list of 17 draft indicative questions for the FSA policy team to review, refine and develop.

1. What is the type and prevalence of food hypersensitivity?
2. How and why do people develop food hypersensitivity?
3. Is it necessary to review the regulatory allergen list?
4. What is the role of FODMAPS in triggering IBS?
5. What do the general public understand about food hypersensitivity?
6. What information do consumers with food hypersensitivity need, to make choices about food?
7. What is the most effective way of communicating information to consumers with food hypersensitivity?
8. What do businesses understand about food hypersensitivity?
9. How effective is monitoring and enforcement?
10. How effective are existing measures/guidelines on reducing cross contamination?
11. How effective is guidance on producing gluten free food?
12. What improvements are required to current labelling on prepacked food?
13. What improvements are required to current labelling of non-prepacked foods sold via food business operators?
14. What role can digital technology play in providing information to consumers and FBOs?
15. What regulation/guidance is needed for novel packaging?
16. What regulation/guidance is needed for package free and reusable packaging?
17. Is there an advantageous commercial value to food hypersensitivity?

## Main Findings

Overall, the 295 stakeholders that completed the survey generated a rich and diverse range of data across the five themes (eating out, buying prepacked food, handling and understanding food, changes in how we interact with food and improving what we know about food allergy and hypersensitivity).

### Stage One: Cleaning, tagging and categorising

In the first stage of data analysis, which was the cleaning, tagging and categorisation of a question response, either single or multiple tags could be assigned. The examples below show how responses were tagged.

#### Example 1

*'Better to have gluten free or contains gluten label on front. It can take a long time to shop when you have to read ingredients list of every item looking for words in bold and then check for any "may contain" message'* (respondent category: I have a food hypersensitivity, aged 45-54)

Tags applied: reading ingredient list, clear gluten labelling, clear ingredients list, other 'may' mentions, other labelling mentions

#### Example 2

*'What is the risk that food has been contaminated with allergens? What training have people working in catering premises received on allergies? Would mandatory training on allergies for all staff involved in the catering industry help save lives?'* (respondent category: healthcare professional, aged 45-54)

Tags: risk of contamination, clearer risk guidelines, training staff, mandatory enforcement, understanding allergens

## Stage Two: Interpreting categories, identifying themes and determining 'out of scope'

At Stage Two of the data analysis exercise, the tags were used to begin to categorise responses into possible themes or areas of interest, such as labelling, training or diagnosis.

The tagged responses were analysed in more detail to interpret meaning beyond that of the tag, to create more specific themes and sub-questions. The table below (Table 1) shows the themes identified, the number of mentions in each theme and some examples of the tags that were connected to the different themes. In total, ten broad themes were generated during Stage Two of the data analysis, with 70 sub-questions within these themes (Appendix 1: Response Data and Analysis)

**Table 1: Themes and tags**

<b>Themes</b>	<b>Mentions (n)</b>	<b>Examples of tags in each theme</b>
Packaging and labelling	658	Comprehensive, clear, disclaimers, packaging, allergens, gluten
Allergy sufferers	631	Reactions, hypersensitivity, number, frustrations, diagnosis, treatment, IBS, coeliac
Cross contamination	397	Manufacturing, processing, products on display, staff behaviour
Information	364	Ingredient lists, digital info, clarity, allergen list
Knowledge / education	306	Better training, guidance, understanding, take it serious, allergy vs. intolerance
Safety	325	Tolerance levels, levels of risk, trust
Allergens	311	EU 14, rapeseed, additives, egg, dairy, nuts
Food	258	Prepacked, more choice, novel food, vegan, vegetarian
Legislation / standardisation	239	Ratings, testing, reporting, FSA
Eating out	202	Food preparation, menus, staff knowledge



## **Differences between respondents**

The FSA survey included questions to establish the age profile of the respondents and how they would describe their interest in food hypersensitivity (Annex 2). Very broadly the questions and issues identified by stakeholders were similar, although specific types of respondents had slightly greater interest in certain issues.

- Healthcare professionals – contamination, labelling, clarity of information, knowledge and understanding, tolerance levels
- Food business operators (FBOs) – knowledge and understanding, allergen information
- Have a food hypersensitivity (or care for someone with an allergy/hypersensitivity) – diagnosis, treatment, food choices, allergens, eating out, contamination, information, labelling

## **Determining ‘in-scope’ and ‘out of scope’**

The FSA policy team reviewed the themes, sub-questions and tags generated during Stages One and Two. This process identified any tags that were missing in the first round of categorisation and any sub-questions or issues identified by respondents as being ‘out of scope’ for the prioritisation exercise (see Annex 4 and Appendix 1: Response Data and Analysis).

### Stages Three and Four: Developing indicative questions

Once the themes and issues or sub-questions were developed, Ipsos MORI delivered a final presentation to the FSA policy team. This presentation summarised a first draft of indicative questions for the FSA to review and refine ahead of the prioritisation workshop. Sub-questions that were in scope were categorised against indicative questions (see Annex 6, Appendix 1: Response Data and Analysis).

**Table 2: Indicative questions**

<b>Indicative questions</b>
1. What is the type and prevalence of food hypersensitivity?
2. How and why do people develop food hypersensitivity?
3. Is it necessary to review the regulatory allergen list?
4. What is the role of FODMAPS in triggering IBS?
5. What do the general public understand about food hypersensitivity?
6. What information do consumers with food hypersensitivity need to make choices about food?
7. What is the most effective way of communicating information to consumers with food hypersensitivity?
8. What do businesses understand about food hypersensitivity?
9. How effective is monitoring and enforcement?
10. How effective are existing measures/guidelines on reducing cross contamination?
11. How effective is guidance on producing gluten free food?
12. What improvements are required to current labelling on prepacked food?
13. What improvements are required to current labelling of non-prepacked foods sold via food business operators (FBOs)?
14. What role can digital technology play in providing information to consumers and FBOs?
15. What regulation/guidance is needed for novel packaging?
16. What regulation/guidance is needed for package free and reusable packaging?
17. Is there an advantageous commercial value to food hypersensitivity?

## **Annex 1: Project Background**

### **Project objectives**

The Food Standards Agency (FSA) commissioned Ipsos MORI to undertake a priority setting data analysis exercise as part of a wider review of its strategy on food hypersensitivity. This review is intended to ensure the FSA has access to the best available science and evidence and to support the delivery of appropriate and effective actions to ensure food safety and consumer choice

Specifically, the project was designed to give the FSA an idea of the research priorities that various stakeholders felt were the most important.

The data will feed into a two-day prioritisation workshop to identify which topics are the top 10.

These topics will be formed into formal research questions to help the FSA prioritise and address food hypersensitivity in the future.

### **Methodology**

#### Survey and data collection method

As part of the FSA's science-led research programme the policy team developed a survey of five open-ended text questions to a convenience sample of stakeholders. This survey was launched on 20<sup>th</sup> February 2020 and continued until 2<sup>nd</sup> April 2020. A total of 295 respondents submitted responses to the survey (Annex 3: Sample breakdown).

A Microsoft Teams form was created for English and Welsh responses. The data was automatically collected in an excel sheet for analysis and cleaned prior to analysis by Ipsos MORI.

Responses were anonymous but each respondent was assigned an ID and categorised by age, residence, and type of stakeholder. Five open-ended questions relating to five themes were asked (Annex 2: FSA survey).

The themes related to:

1. *Eating out* describes the consumption of food away from home, especially at a restaurant, café or take away establishment.
2. *Buying Prepacked Food* describes food that has been prepared in advance of sale e.g. ready meals, packaged sandwiches etc.
3. *Handling and Understanding Food* means being able to make informed choices about buying safe food, which involves: food preparation, labelling, food/ingredients supply, preventing cross-contamination, effective cleaning, testing and monitoring to ensure food safety.
4. *Changes in how we interact with food*, this relates to changes in how and where we obtain food today e.g. new foods and novel allergens, food banks, food business practices, new and reusable packaging, online purchasing through the internet etc.
5. *Improving what we know about food allergy and food hypersensitivity*, for example, your questions could be about the numbers of people in the UK affected by food hypersensitivity; or why some people develop food hypersensitivity but then outgrow their allergy or sensitivity.

### Data analysis

The FSA specified the use of the James Lind Alliance approach, as recommended by the Science Council. Ipsos MORI used an adapted JLA method, retaining the core principles and using additional software to aid analysis and interpretation of the data.

The JLA approach categorises data into themes which may or may not be 'in scope'. Unlike other standard thematic analysis, frequency does not play a role in determining the findings or the relative importance of themes, sub-questions and tags. The sub-questions and ultimately indicative questions may be based on responses from just one or two people, or dozens. In the JLA approach if one person suggests a topic, it has the same chance of being considered for prioritisation as a topic suggested by 100 people.

Ipsos MORI followed this approach, using an Information Specialist (Research Executive) to analyse and interpret the data and adapted the JLA approach to include the use of Text Analytics coding software.

Text Analytics coding software combined interpretative analysis and intelligent software. The data analysis process was systematic, structured and reduced variations produced by subjective interpretation. Coded data or tags were attached to the original responses and respondent, providing a clear audit trail. The data analysis exercise was iterative, including manual stages by the Executive team that quality checked outputs generated by the coding software and refined the tags and categorisation following reviews by the FSA team.

The data analysis exercise followed four stages:

Stage One - cleaning, tagging and categorisation

Stage Two - summarising, theming, in and out of scope

Stage Three - review themes and re-categorise to narrow the focus

Stage Four - draft indicative questions to help prioritise areas for further research

### Data analysis outputs

The FSA specified the outputs required from this data analysis exercise (Appendix 1: Response Data and Analysis).

- Clear records of submissions with the tags, sub-questions and type of respondent attached to responses;
- Number and content of out of scope responses;
- Number of responses by tag and sub-question; and
- 20/25 indicative questions the FSA should be focusing on in the food hypersensitivity space based on the data analysis exercise.

## **Annex 2: FSA Survey**

### **FSA Survey: Improving life for people with Food Hypersensitivity**

The FSA is an independent Government department working to protect public health and consumers' wider interests in food. We make sure that food is safe and what it says it is.

We want the UK to become the best place in the world for people living with food hypersensitivities.

Do you have big questions that we could answer through research, to make things better for people with food hypersensitivity? Tell us your thoughts and help us to make a difference.

### **Why is the Food Standards Agency (FSA) carrying out this survey?**

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Around 2% of adults and 8% of children in the UK have a food allergy. This includes:

- food allergies (which involve the immune system, and can cause severe allergic reactions (anaphylaxis))
- coeliac disease
- food intolerances (e.g. lactose intolerance) which do not involve the immune system).

We are carrying out this survey to get a better understanding about the key questions and issues the FSA needs to address through research, in order to better provide safe food for people with food hypersensitivities.

### **Who is the survey for?**

You can complete the survey if you are aged 18 years or over and you are:

- a member of the public with an interest in food hypersensitivity
- affected by food hypersensitivity yourself, or care for someone else with a food hypersensitivity
- a food business operator, representative or member of staff who has an interest in food hypersensitivity

- a charity representative or worker with an interest in food hypersensitivity
- a healthcare worker or researcher with an interest in food hypersensitivity
- a local authority or professional body with an interest in food hypersensitivity

This survey is funded by the Food Standards Agency. The survey is voluntary, and you are free to exit at any point - you don't need to answer all the questions.

### **What will the survey involve?**

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This survey asks about your experiences and how you think the FSA can help people affected by food hypersensitivity to make safe food choices. Note that the FSA is not responsible for the diagnosis or management of food hypersensitivity.

We will use your responses to help the FSA define and prioritise its research activities in the area of food hypersensitivity. It will take approximately 10 minutes to complete.

If you have any problems completing this survey, please email [fsadigital@food.gov.uk](mailto:fsadigital@food.gov.uk). We will not ask you for any personal data;

The only personal details that we will be collecting are: your age range; whether you live in the UK; and your general demographic *i.e.* consumer, business, charity etc. This is so we can ensure we hear from a broad range of people. You will not be identifiable from this information. **Please do not include any other personal details in your answers.**

For further information on how FSA handles the information you have shared with us, please see our privacy policy on our website <https://www.food.gov.uk/about-us/privacy-policy>

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## Questions

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### Theme: Eating Out

Eating out describes the consumption of food away from home, especially at a restaurant, café or take away establishment.

*Thinking about the experience of eating out, what unanswered questions and/or issues should the FSA try to answer in order to help people with food hypersensitivity?*

### Theme: Buying Prepacked Food

Prepacked food describes food that has been prepared in advance of sale e.g. ready meals, packaged sandwiches etc.

*Thinking about the experience of buying prepacked food from shops, what unanswered questions and/or issues should the FSA try to answer in order to help people with food hypersensitivity?*

### Theme: Handling and Understanding Food

Handling and understanding food means being able to make informed choices about buying safe food, which involves: food preparation, labelling, food/ingredients supply, preventing cross-contamination, effective cleaning, testing and monitoring to ensure food safety.

*Thinking about the experience of handling and understanding food, what unanswered questions and/or issues should the FSA try to answer in order to help people with food hypersensitivity?*



*Theme: Changes in how we interact with food*

This relates to changes in how and where we obtain food today e.g. new foods and novel allergens, food banks, food business practices, new and reusable packaging, online purchasing through the internet etc.

*Thinking about changes in the food we eat and where we get it from, what unanswered questions and/or issues should the FSA try to answer in order to help people with food hypersensitivity?*

*Theme: Improving what we know about food allergy and food hypersensitivity*

**What unanswered questions and/or issues about food hypersensitivity should the FSA try to answer, in order to help ensure that food is safe for people with food hypersensitivity?**

*For example, your questions could be about the numbers of people in the UK affected by food hypersensitivity; or why some people develop food hypersensitivity but then outgrow their allergy or sensitivity.*

## Demographic Questions

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### Do any of the following apply to you?

- I am a member of the general public with an interest in food hypersensitivity
- I have a food hypersensitivity myself
- I care for someone with a food hypersensitivity and /or I am completing this survey on behalf of someone else affected by food hypersensitivity e.g. my child
- I am a food business operator, representative or work for a food business
- I work or volunteer for a charity who helps provide for people with food hypersensitivities
- I work for a local authority or professional body with an interest in food hypersensitivity
- I am a healthcare professional (e.g. doctor, nurse, dietitian etc)
- I am a researcher with an interest in food hypersensitivity
- Other (free text)
- Prefer not to say

### Do you currently live in the UK?

Yes

No

### What age are you?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

### Annex 3: Sample breakdown

Do you currently live in the UK?	Respondents (n)	Respondents (%)
Yes	284	96%
No	9	3%
Prefer not to say	2	1%
<b>Total</b>	<b>295</b>	<b>100%</b>

What age are you?	Respondents (n)	Respondents (%)
18-24	20	7%
25-34	38	13%
35-44	82	28%
45-54	78	26%
55-64	45	15%
65-74	21	7%
75+	6	2%
Prefer not to say	5	2%
<b>Total</b>	<b>295</b>	<b>100%</b>

<b>Do any of the following apply to you?</b>	<b>Mentions (n)</b>	<b>Respondents (%)</b>
I am a member of the general public with an interest in food hypersensitivity	18	6%
I have a food hypersensitivity myself	133	45%
I care for someone with a food hypersensitivity and /or I am completing this survey on behalf of someone else affected by food hypersensitivity	67	23%
I am a food business operator, representative or work for a food business	17	6%
I work or volunteer for a charity who helps provide for people with food hypersensitivities	4	1%
I work for a local authority or professional body with an interest in food hypersensitivity	12	4%
I am a healthcare professional (e.g. doctor, nurse, dietitian etc)	17	6%
I am a researcher with an interest in food hypersensitivity	5	2%
Other	16	5%
Prefer not to say	6	2%
<b>Total mentions</b>	<b>311</b>	<b>100%</b>

<b>Other free text options</b>	<b>Mentions (n)</b>	<b>Respondents (%)</b>
Several of the above	3	1%
Student of nutritional sciences/food science student	3	1%
Food Technician/ also my husband is developing food hypersensitivity towards certain foods.	1	**0%
Healthcare professional who is a parent of a food allergic child!	1	**0%
I am both an Allergy Nurse and have 2 children with food allergy	1	**0%
I am a retired Food Technology Teacher	1	**0%
I am allergic AND I care for and breastfeed an allergy baby	1	**0%
I have food intolerance and a coeliac child	1	**0%
I train and offer consultancy in food allergy awareness as well as being GF and DF and having a son with the same	1	**0%
None of these	1	**0%

## Annex 4: Additional tags and issues identified by the FSA as of interest

Additional tags added following mid-point review by FSA team.

- Street food;
- Airborne allergies; and
- Small businesses.

The FSA team circulated the list of sub-questions / issues presented by Ipsos MORI at the mid-point presentation and added comments, topics and points of discussion. These are included here as part of the JLA audit trail and to highlight where these additional points have been included in the final analysis exercise.

**Table 3: Additional topics/discussions**

<b>Additional topics/discussions</b>	<b>Included within indicative questions</b>
Risk of ingredients derived from allergens	Review of allergen list
Declaration of non-ingredient allergen	How to improve labelling on prepacked and non-prepacked foods
How much detail to communicate/how?	Labelling and use of digital technology
Full ingredients on non-prepacked food	How to improve labelling on non-prepacked foods
Mixed packs, separate ingredients for each	How to improve labelling on prepacked foods
Icons rather than text	How to improve labelling on prepacked foods
Communicating changes to ingredients/processes	How to improve labelling on prepacked and non-prepacked foods
Communicating risk of x-contact How to communicate measure to prevent x-contact	How effective is FSA guidance on reducing cross-contamination

<b>Additional topics/discussions</b>	<b>Included within indicative questions</b>
Staff training	How effective is monitoring and enforcement
Uniformity in PAL – allergens in factories	How effective is monitoring and enforcement
How does food hygiene rating impact on allergen handling	How effective is monitoring and enforcement
What measures prevent cross contamination – consumers, FBO, self service	FSA guidance on reducing cross-contamination Understanding of food hypersensitivity and effective communication
Re-use of packaging	What regulation/guidance is needed on re-useable packaging
Monitoring is audit effective / enforcement work?	How effective is monitoring and enforcement
Novel /emerging foods	Is it necessary to review the allergen list
Novel outlets / supply routes	Effectiveness of monitoring and enforcement How to improve labelling on prepacked and non-prepacked foods
Gluten sensitivity	Type and prevalence, how and why food hypersensitivity develops
Capturing national statistics	Type and prevalence
Cost impact on healthcare systems	Type and prevalence, how and why food hypersensitivity develops
Socio-economic factors and impact on food choices	Type and prevalence, consumer commercial advantage
Non IgE food allergy	Type and prevalence
Knowledge/understanding of free-from	Public understanding
What does the public know about food allergy	Public understanding

## **Annex 5: Issues identified as 'out of scope'**

The following sub-questions/issues were categorised as 'out of scope' and are tagged in Appendix 1: Response Data and Analysis.

- How many hospital and/or doctor visits are generated by FH incidences?
- Need for a national register or database of allergic people
- Are allergies in adults treated with the same seriousness as in children?
- How long does it take to get a diagnosis?
- How easy is it to get a diagnosis?
- What age can you be to get a diagnosis?
- Is the testing of FH reliable?
- Is there / could there be a genetic test before you get symptoms or a reaction?
- When will a therapy be developed?
- Would people with FH benefit from treatments such as desensitisation?
- Why are so many allergens related to healthy options?
- What is the defined safe level of risk of lead in game birds?
- Are staff in food establishments trained in how to use an api pen?
- Need for a national register or database of allergic people
- Are allergies in adults treated with the same seriousness as in children?
- Is gluten free food better for you?



## Annex 6: Sub-questions and issues within indicative questions

**Table 4: Indicative questions and sub-questions**

<b>1. What is the type and prevalence of food hypersensitivity?</b>
How many people are affected by FH?
How many hospital and/or doctors visits are generated by FH incidences? (NHS data)
Is FH increasing?
What are the most common allergies/intolerances?
What is the difference between an allergy and intolerance? (risk communication to public)
Are people being treated for symptoms of an allergy and not the cause?
<b>2. How and why do people develop food hypersensitivity?</b>
Why do people develop FH?
Microbiome/microbiota and allergy development
Why do you get more allergies as you get older?
What factors make it more likely that you will get FH?
Can you grow out of FH? / does sensitivity/severity change with age?
Are allergies changing as our foods change?
Impact of behaviours on reaction severity
Impact of co-factors on reaction severity (in scope)
What is known about the link between development of FH and their environment? (a lot of research has been carried out on this topic)
Is there a link between eczema in childhood and developing an allergy? (research has been conducted/is this fully addressed?)
Is there a link people who have food poisoning and then getting allergies/FH? (interesting links to intolerance)

<b>3. Is it necessary to review the regulatory allergens list?</b>
What other allergenic ingredients exist?
Should the allergen list go beyond the EU 14?
What foods are cross reactive with other allergens/intolerance?
What is the risk of ingredients derived from allergens
Is it possible to legislate/regulate for unexpected ingredients e.g. pea protein
Does novel food processing techniques make foods more allergenic
Can products used during growing of foods cause FH? (only in scope if related to pesticides/residues left on food)
<b>4. What is the role of FODMAPS in triggering IBS?</b>
What is known about the role of FODMAPS in triggering IBS?
<b>5. What do the general public understand about FH</b>
What do the general public know about FH?
Should educate children so they understand FH
How can we increase understanding of FH in the general public
<b>6. What information do consumers with FH need to make choices about food?</b>
Do consumers feel safe to eat out?
How confident are consumers about traceability of food and integrity of supply chain?
Would more regulation satisfy consumers' concerns about eating out choices?
How do people with FH know if staff are properly trained in managing/responding to FH?
<b>7. What is the most effective way of communicating information?</b>
What would be the most effective way to communicate with consumers with FH?
How can people report a food allergen incident?
How can consumers report breaches?
<b>8. What do businesses understand about FH?</b>
Do food businesses understand FH?
How do businesses reduce cross contamination?
How do businesses manage traceability, how confident are they in the accuracy of that information?

<b>9. How effective is monitoring and enforcement?</b>
Is it possible to combine hygiene ratings with a standard rating for allergies?
Can competence be measured via food safety/HACCP?
What testing is done on establishments to monitor processes to avoid cross contamination?
What testing is done to measure levels of knowledge of FH amongst business operations?
Can there be a certification for businesses trained in FH?
How many novel/online takeaways/street vendors have allergy information, can there be better regulation of businesses?
What testing is done to ensure compliance with food regulations?
<b>10. How effective are existing measures/guidance on reducing cross contamination?</b>
What controls are needed to cook GF and gluten foods in the same oven without cross contamination?
What food preparation needs to be in place to reduce cross contamination and guarantee something is free from a FH ingredient?
Risk of cross contamination for coeliac disease e.g. fried food and how to mitigate
How can traceability be improved to monitor cross contamination? / How do businesses monitor traceability?
Could assessments be introduced so cross contamination is accurately assessed?
Risk posed by latex gloves
<b>11. How effective is guidance on producing gluten free food?</b>
Is there centralised guidance for manufacturers to ensure they are producing gluten free food? (work is being done on this)

<b>12. What improvements are required to current labelling of prepacked food?</b>
Is labelling clear enough?
Is listing of allergen traces in prepacked food helpful?
Could similar labelling be in place for FH as there are for allergens?
Can e:numbers be translated to allergens e.g.e322 soya? (possibly relates to lack of consumer understanding)
Can labels highlight when ingredients change?
How many people rely on information other than the food packaging label?
Labelling to highlight actual risk of cross contamination (ingredients/packaging)
What is the risk from trace levels?
<b>12. What improvements are required to current labelling of non-prepacked food?</b>
Full allergens should be listed on the menu
Menus include advice about whether food can be adapted to exclude allergens
Regulation forcing FBOs (inc. street vendors/takeaways) to label foods correctly
<b>14. What role can digital technology play in providing information to consumers/businesses in the future?</b>
Can digital technology be used as a better means of displaying allergen info?
How reliable are food apps for providing information?
<b>15. What regulations/guidance is needed for novel packaging?</b>
What testing is being done on novel packaging?
<b>16. What regulations/guidance is needed for package free shopping and reuseable packaging</b>
What impact will package free shopping have on those with FH? (relates to labelling and cross contamination)
<b>17. Is there an advantageous commercial value to FH products?</b>
Is there any evidence that businesses benefit economically when they cater for consumers with FH?
Could food producers be incentivised to exclude FH ingredients to increase consumer choice?
What impact does socio-economic factors have on consumers with FH? (e.g. availability of gf food/allergen free food in food banks)