

Press release: First measure of industry progress to cut sugar unveiled

Public Health England (PHE) has today (Tuesday 22 May 2018) published the first assessment of progress on the government's sugar reduction programme, measuring how far the food industry has gone towards reducing the sugar children consume through everyday foods.

As part of the government's plan to reduce childhood obesity, the food industry, including retailers, manufacturers, restaurants, cafés and pub chains, has been challenged to cut 20% of sugar from a range of products by 2020, with a 5% reduction in the first year.

Progress towards meeting the 5% ambition is the focus of this report and is assessed against a 2015 baseline.

The assessment shows an encouraging initial start from retailers and manufacturers, achieving a 2% reduction in both average sugar content and calories in products likely to be consumed in one go.

Whilst this doesn't meet the 5% ambition, PHE recognises there are more sugar reduction plans from the food industry in the pipeline – and some changes to products that are not yet captured in the data as they took effect after the first year cut-off point.

For the 8 food categories where progress has been measured, the assessment also shows:

- there have been reductions in sugar levels across 5 categories
- yoghurts and fromage frais, breakfast cereals, and sweet spreads and sauces have all met or exceeded the initial 5% sugar reduction ambition
- sugar levels are generally the same across all sectors, however for the eating out of home sector, portion sizes in products likely to be consumed in one go are substantially larger – on average more than double – those of retailers and manufacturers

Retailers and manufacturers have also reduced calories in products likely to be consumed in one go in 4 categories, for example by reducing the size of the product. Of these, ice cream, lollies and sorbets, and yoghurts and fromage frais have reduced average calories by more than 5%.

Due to limitations with the data, PHE is not yet able to report on the progress made in the cakes and morning goods categories for retailer and manufacturer's products. It is also not possible to report on progress for the eating out of home sector alone as part of this assessment. Progress in these areas will be reported on next year.

As part of the programme, businesses are encouraged to focus efforts on their

top selling products within 10 categories that contribute the most sugar to the diets of children up to 18 years of age. They have 3 options to help them do this – reduce sugar levels (reformulation), provide smaller portions, or encourage consumers to purchase lower or no sugar products.

Progress is also reported on the drinks covered by the government's Soft Drinks Industry Levy (SDIL). Sugar has been reduced by 11% and average calories per portion by 6% by retailers and manufacturers in response to the SDIL. Data also shows people are buying more drinks that have sugar levels below the SDIL cut-off of 5g per 100g.

With a third of children leaving primary school overweight or obese, PHE continues to call for increased action from all sectors of the food industry to achieve the 20% reduction ambition by 2020.

Steve Brine, Public Health Minister, said:

We lead the world in having the most stringent sugar reformulation targets and it is encouraging to see that some progress has been made in the first year.

However, we do not underestimate the scale of the challenge we face. We are monitoring progress closely and have not ruled out taking further action.

Duncan Selbie, Chief Executive at PHE, said:

We have seen some of the food industry make good progress, and they should be commended for this. We also know that further progress is in the pipeline.

However, tackling the obesity crisis needs the whole food industry to step up, in particular, those businesses that have as yet taken little or no action.

Dr Alison Tedstone, Chief Nutritionist at PHE, said:

This is about tackling the nation's obesity crisis. Too many children and adults suffer the effects of obesity, as does society, with our NHS under needless pressure. Obesity widens economic inequalities, affecting the poor the hardest.

PHE has also today published new guidelines for the drinks industry to reduce the amount of sugar children consume through juice and milk based drinks.

The drinks categories join the other 10 categories in PHE's sugar reduction programme. Juice and milk based drinks are currently excluded from the government's SDIL, but the exemption of milk based drinks will be reviewed by

Treasury in 2020.

By mid-2021, the drinks industry is encouraged to:

- reduce sugar in juice based drinks (excluding single juice) by 5%
- cap all juice based drinks (including blended juices, smoothies and single juices) likely to be consumed in one go to 150 calories
- reduce sugar in milk (and milk substitutes) based drinks by 20% and cap products likely to be consumed in one go to 300 calories

Fruit juice alone accounts for around 10% of the sugar consumed each day by 4 to 18 year olds. Current advice is that only one 150ml portion counts as 1 of our 5 a day.

The next progress report on the sugar reduction programme is due in spring 2019.

Background

1. The first year of the sugar reduction programme is August 2016 to August 2017.
2. Single juice (also known as mono juice) products include juice from a single fruit with nothing added to it, for example, 100% orange juice.
3. Blended juice products include juice from multiple juice sources.
4. [Public Health England](#) exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support. Follow us on Twitter: [@PHE_uk](#) and Facebook: www.facebook.com/PublicHealthEngland.

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[Press release: Devious duo sentenced for the import of potent meds](#)

Following an investigation by the Medicines and Healthcare products Regulatory Agency (MHRA), two million doses of potent drugs were seized, the Agency's largest ever seizure at the time.

Both Gaffar and Patel pleaded guilty to multiple counts of conspiracy to sell potent anxiety pills, cancer drugs and powerful painkillers such as tramadol. London-based Patel was assisted by Gaffar who made regular trips from Leicester to transport unlicensed medicines and help Patel with his illegal business.

During a 2015 operation, an undercover operative instructed by MHRA, met with Gaffar, who claimed he had 'a present from India' and as he passed over the parcel of unlicensed medicines, exclaimed "with me you get better stuff".

Gaffar and Patel received 21 months and 3 years immediate custody respectively.

Alastair Jeffrey, MHRA Head of Enforcement said:

Medicines purchased outside the regulated supply chain can be dangerous, and there is no assurance of quality and standards. There can be devastating consequences to your health.

We are cracking down on perpetrators to make sure this type of crime does not pay.

MHRA is currently running the #FakeMeds campaign to warn people against buying potentially dangerous or useless unlicensed medicines sold by illegal online suppliers.

Visit <http://www.gov.uk/fakemeds> for tips on buying medicines safely online and how to avoid unscrupulous sites.

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Office hours are Monday to Friday, 8:30am to 5pm. For real-time updates including the latest press releases and news statements, see our Twitter channel at <https://www.twitter.com/mhrapress>

[Press release: Diabetes test strips recalled in new alert](#)

People with diabetes are advised to stop using and return specific lots of Accu-Chek Aviva and Accu-Chek Performa test strips following a recent recall by the manufacturer.

Accu-Chek Inform II test strips have also been recalled but are supplied in the UK by Roche for professional use only.

The test strips, commonly used by diabetics for blood glucose testing, may give increased strip error messages prior to dosing with blood and in some cases may give falsely high or low readings which may be hard to detect.

The Medicines and Healthcare products Regulatory Agency (MHRA) are urging users to check the lot numbers of their test strips against the lot numbers listed in the table below. More information can be found in this [field safety notice](#). It is estimated that more than 260,000 packs have been affected.

If anyone finds they have test strips from the affected lots, they are advised to seek alternative testing methods and return affected lots to their pharmacy or shop where they will be offered a replacement.

It is also advised anyone with concerns about their blood glucose readings should discuss this with a healthcare professional.

Affected products

ACCU-CHEK AVIVA STRIPS (50s)

- 497392
- 497391
- 496915
- 496809
- 496802
- 496807

ACCU-CHEK AVIVA STRIPS (10s)

- 497344
- 497392

ACCU-CHEK PERFORMA STRIPS (10s)

- 476597
- 476646

Accu-Chek Inform II strips (professional use only)

- 476614

Accu-Chek Performa Nano mmol Kit

(Please note the FSN only applies to the pack of Performa 10 test strips contained within the kit)

- 10153116
- 10153114
- 10153115
- 10153112
- 10153111

John Wilkinson, MHRA's Director of Medical Devices said:

It is important people check their test strips and if necessary seek alternatives as soon as possible.

If people have any questions about their blood glucose readings when using these test strips and meters they should speak with their doctor or pharmacist.

We continue to encourage people to report any issues involving medical devices to MHRA via our [Yellow Card Scheme](#).

Dan Howarth, Head of Care at Diabetes UK said:

It is incredibly important that people living with diabetes are able to rely on the technology that is designed to help them manage their blood sugar, so we'd strongly recommend that anyone using

these test strips check their batch numbers and get replacement strips accordingly.

Inaccurate readings could mean you over- or under-dose with insulin, which in the short term can cause problems with hyper and hypoglycaemia. If you're worried about your readings, we'd recommend speaking to your GP or a pharmacist as soon as possible.

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[Press release: Ebola outbreak: UK Public Health Rapid Support Team deploys to DRC](#)

On 8 May 2018, the Democratic Republic of Congo (DRC) Government declared a new outbreak of Ebola Virus Disease (EVD), the country's ninth outbreak. The latest situation report can be found on the [WHO website](#).

The UK Public Health Rapid Support Team (UK-PHRST) has the capability to

rapidly deploy public health experts at 48 hours' notice in order to strengthen the in-country response, curtail the spread of disease, and ultimately save lives.

The deployment is in response to a call from the World Health Organisation's Global Outbreak Alert and Response Network (GOARN). The GOARN team, which the members of the UK-PHRST will be part of, is working closely with the government of the DRC to rapidly scale up its operations in response to the current outbreak.

The 3 UK-PHRST team members deploying include 2 experts in tracking outbreaks (epidemiologists) and a data scientist. The team is expected to remain in the DRC for around 6 weeks, during which time they will help track the spread of the outbreak, and will also support in establishing robust data systems that will help align crucial information gathering. The UK-PHRST also has expertise in various other key areas for Ebola response, such as laboratory diagnostics, that can be deployed should they be needed.

The public health risk to the UK regarding the current Ebola outbreak is very low.

As the UK-PHRST's deployment progresses, it will continue to provide support and share expertise with partners in DRC to strengthen the health system beyond the immediate response.

Professor Daniel Bausch, Director of the UK-PHRST said:

Unfortunately Ebola has again re-emerged in the DRC.

We are all aware of the potential devastation Ebola can cause, so it's essential that we respond rapidly to stop the outbreak in its tracks.

Fortunately, we are seeing a rapid response both in the DRC and from international partners, and the UK-PHRST is proud to be part of that, providing specialist support that can benefit the country, not only for this outbreak but for the long-term.

The UK-PHRST, funded by the UK Aid, is a partnership between Public Health England (PHE) and the London School of Hygiene & Tropical Medicine. The team also works with the University of Oxford and King's College London as academic partners. It continually monitors infectious diseases and other hazards globally, identifying situations where the deployment of specialist expertise could prevent these threats from turning into a global outbreak.

Public Health Minister Steve Brine MP, said:

The Ebola virus is absolutely devastating and it is critical to get it under control as quickly as possible to halt the spread.

Our expert UK Public Health Rapid Support Team will be on the ground to help the people and government in DRC to respond and recover and grow their ability to protect against disease into the future.

The UK was central to international efforts to bring this deadly virus under control in 2014, and it is only right that we continue to show global leadership.

Background

For information on the latest number of cases, please visit the [WHO website](#).

UK-PHRST

UK-PHRST consists of public health experts, scientists, academics and clinicians ready to respond to urgent requests from countries around the world within 48 hours to support them in preventing local disease outbreaks from becoming global epidemics.

Informed by surveillance data, the UK-PHRST deploys on behalf of UK government in response to requests from low- and middle-income countries, as well as with the WHO and the Global Outbreak Alert and Response Network (GOARN).

The UK-PHRST has previously deployed members to outbreaks in Ethiopia (acute watery diarrhoea), Nigeria (meningitis), Sierra Leone (water-borne disease/cholera risk), Madagascar (plague), Bangladesh (diphtheria) and Nigeria (Lassa fever).

The core team consists of:

- epidemiologists (experts in tracking and understanding disease transmission)
- microbiologists (diagnosing the cause of an outbreak)
- clinical researchers (developing the best patient management practices)
- social scientists (community engagement during outbreaks)
- data scientists (managing data and modelling outbreak trajectories)
- infection prevention and control experts (advising on preventing transmission)
- logisticians

The UK-PHRST consortium of research institutions includes the University of Oxford and King's College London as academic partners.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous

executive agency of the Department of Health. www.gov.uk/phe

About the London School of Hygiene & Tropical Medicine

The London School of Hygiene & Tropical Medicine (LSHTM) is a world-leading centre for research, postgraduate studies and continuing education in public and global health. LSHTM has a strong international presence with more than 1,300 staff and 4,000 students, and an annual research income of more than £124 million. LSHTM is one of the highest-rated research institutions in the UK, is partnered with two MRC University Units in The Gambia and Uganda and was named University of the Year in the Times Higher Education Awards 2016. Our mission is to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice. www.lshtm.ac.uk

About Oxford University's Medical Sciences Division

The Division is one of the largest biomedical research centres in Europe, with over 2,500 people involved in research and more than 2,800 students. The University is rated the best in the world for medicine, and it is home to the UK's top-ranked medical school. From the genetic and molecular basis of disease to the latest advances in neuroscience, Oxford is at the forefront of medical research. It has one of the largest clinical trial portfolios in the UK and great expertise in taking discoveries from the lab into the clinic. Partnerships with the local NHS Trusts enable patients to benefit from close links between medical research and healthcare delivery. A great strength of Oxford medicine is its long-standing network of clinical research units in Asia and Africa, enabling world-leading research on the most pressing global health challenges such as malaria, TB, HIV/AIDS and flu. Oxford is also renowned for its large-scale studies which examine the role of factors such as smoking, alcohol and diet on cancer, heart disease and other conditions. www.medsci.ox.ac.uk

About King's College London

King's College London is one of the top 25 universities in the world (2016/17 QS World University Rankings) and among the oldest in England. King's has more than 26,500 students (of whom nearly 10,400 are graduate students) from some 150 countries worldwide, and nearly 6,900 staff. The university is in the second phase of a £1 billion redevelopment programme which is transforming its estate.

King's has an outstanding reputation for world-class teaching and cutting-edge research. In the 2014 Research Excellence Framework (REF) King's was ranked 6th nationally in the 'power' ranking, which takes into account both the quality and quantity of research activity and 7th for quality according to Times Higher Education rankings. Eighty-four percent of research at King's was deemed 'world-leading' or 'internationally excellent' (3* and 4*). The university is in the top 7 UK universities for research earnings and has an overall annual income of more than £600 million. www.kcl.ac.uk

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[Press release: New funding for suicide prevention in England](#)

The investment, announced today by the Department for Health and Social Care, Public Health England (PHE) and NHS England marks the start of a 3-year programme worth £25 million that will reach the whole country by 2021.

It forms part of the government's commitment to reduce suicides in England by 10% by 2021 and will support the zero suicide ambition for mental health inpatients announced by Secretary of State Jeremy Hunt in January of this year.

Currently one person every 90 minutes dies by suicide in the UK and approximately two thirds of these are not in contact with mental health services.

The funding, which has been allocated to 8 sustainability and transformation partnerships (STPs) with a high level of need, will help to ensure people know high-quality confidential help is available within their community. It will include targeted prevention campaigns for men; psychological support for people with financial difficulties; better care after discharge; and improved self-harm services for all ages.

The funds are set to improve suicide prevention strategies, signposting and raising awareness through to improving quality for safer services and will help drive better surveillance and collection of data on suicide, attempted suicide and self-harm.

It builds upon major work from all local authorities to put multi-agency suicide plans in place, and work for a close join up between health services, public health teams and the voluntary sector.

Jackie Doyle-Price, Minister for Mental Health, said:

Every single suicide is a tragedy – which is why this funding is so vital. Working with the Samaritans and others in high risk areas, we will make sure people get the care they need as early as possible, because that is what saves lives. All local areas are developing suicide prevention plans and this work will support our ‘zero suicide’ ambition in mental health inpatient units.

Duncan Selbie, Chief Executive at Public Health England, said:

Suicide destroys lives and is devastating for the loved ones they leave behind. We need to do everything we can to offer more help to people in distress and this is a big step towards that.

Claire Murdoch, NHS England Director for Mental Health, said:

The NHS is committed to improving mental health services and increasing people’s access to help, when they need it the most. Working closely with families, councils, government and charities like the Samaritans, the additional funding and suicide prevention plans confirmed today will mean more people in crisis, in some of the most under-served parts of the country, will be able to get the crucial support they need.

Working closely with those who have been impacted by suicide and those with national expertise, including the Samaritans, the areas to receive funding this year have been identified due to their high level of need and will focus on particularly at-risk groups such as men and those who self-harm.

The areas set to receive funding are:

- Kent and Medway
- Lancashire and South Cumbria
- Norfolk and Waveney
- South Yorkshire and Bassetlaw
- Bristol, North Somerset and South Gloucestershire
- Cornwall and Isles of Scilly

- Coventry and Warwickshire
- Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby

Ruth Sutherland, Samaritans Chief Executive Officer, said:

Suicide is an urgent and complex issue with 3 times more people dying by suicide than in road accidents. We welcome these measures as an important first step, targeting those who are most at risk of taking their own life. We will continue to work with the government to help ensure its funding supports multi-agency working to achieve strong prevention measures in all local areas in order to reduce deaths by suicide.

The £25 million investment over 3 years is in addition to significant investment in mental health as part of the NHS Five Year Forward View for mental health to deliver accessible high-quality care. This includes expansion in crisis care for all ages, children and young people's services and services for pregnant women and new mothers which should also support a reduction in suicides.

Background

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2. Please remember if you are reporting on suicides to follow the [Samaritans media guidelines](#) to help prevent copycat suicides from occurring.
3. [Suicides in the UK: 2016 registrations](#) provides data on registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.
4. [Reported road casualties in Great Britain: 2016 annual report](#).

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