

Evaluation of the Healthcare Retail Standard Summary report

Deborah Shipton
November 2018

This resource may also be made available on request in the following formats:



 **0131 314 5300**

 **nhs.healthscotland-alternativeformats@nhs.net**

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

© NHS Health Scotland 2018

All rights reserved. Material contained in this publication may not be reproduced in whole or part without prior permission of NHS Health Scotland (or other copyright owners). While every effort is made to ensure that the information given here is accurate, no legal responsibility is accepted for any errors, omissions or misleading statements.

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Key messages

The Healthcare Retail Standard (HRS) aims to increase the amount of healthier food and drink available to staff, patients and visitors in the shops in hospitals and other NHS buildings in Scotland. All shops selling food and drink in NHS facilities in Scotland are required to comply with this standard.

NHS Health Scotland carried out an evaluation to see if shops and trolleys^a were adhering to the HRS and whether or not it worked to increase the amount of healthier food and drink available. We found that:

- Shops were able to comply with the HRS.
- After the HRS was introduced people bought more of the healthier products and bought fewer less healthy products.
- All shops initially found it difficult to find suppliers with enough of the healthier products. Over time, suppliers started to provide a healthier product range.
- Overall sales initially fell and managers said this was affecting their profits, but they have been trialling new products and sales have started to improve.
- The HRS did not cause the cost of food or drink to increase.

“We are committed to providing healthy food and drink choices to our customers and as a result, we embraced the Healthcare Retail Standard and were the first compliant hospital retailer in Scotland. While there were challenges at the implementation stage, these were all swiftly overcome. Our suppliers have worked with us to amend the product lines they provided to ensure they meet the required standard and these have been well received by our customers. All of our shops and trolleys are now HRS compliant and we are seeing a positive change in customer behaviour.”

Andrew Roberts, Head of Retail Operations for Royal Voluntary Service

The [full report](#) for the evaluation will be available online shortly.

^a Some outlets operated a trolley service, in which a trolley was filled with a selection of the food and drink sold in the outlets and wheeled around the wards by an outlet employee or volunteer.

What is the Healthcare Retail Standard?

The vision for NHS Scotland is to have a National **health-promoting** Health Service – this includes making the **healthier** choice the **easier** choice for those working in, staying in and visiting hospitals and other NHS buildings. Evidence suggests action to address the price, availability and marketing of food and drink that is high in fat or sugar is necessary if we are to reduce levels of overweight and obesity in Scotland. Developing a Healthcare Retail Standard is one way to do this.

There are over 70 hospital shops that sell food and drink to staff, visitors and patients. The Healthcare Retail Standard required that 50% of all food and 70% of all drink provided in these shops meet certain nutritional criteria. In addition, only a subset of products that meet this criteria can be promoted, including in meal deals. All shops selling food and drink in NHS buildings in Scotland had to comply with the Healthcare Retail Standard by April 2017.

Why does Scotland need to take action?

- ✗ Obesity is the second-biggest preventable cause of cancer.
- ✗ Too many people in Scotland are still overweight or obese.^b
- ✗ We continue to have a poor diet in Scotland.¹
- ✗ The high levels of overweight and obesity harm individuals and the economy.²

Where do we want to be?

- ✓ We want a Scotland where we are supported to eat well and have a healthy weight.³
- ✓ We want an environment in Scotland that makes the healthy choice the easy choice.
- ✓ We want to halve childhood obesity by 2030.

How can we make this happen?

There is no quick and easy solution⁴ but we know that action to address the price, availability and marketing of food and drink that is high in fat or sugar is one necessary step if we are to reduce overweight and obesity.

We need to create a country which supports us all to have a good diet and healthy weight.

^b One third (36%) of adults in Scotland are overweight and another third (29%) are obese [Scottish Health Survey; 2017](#).

Evaluating the Healthcare Retail Standard: did it work?

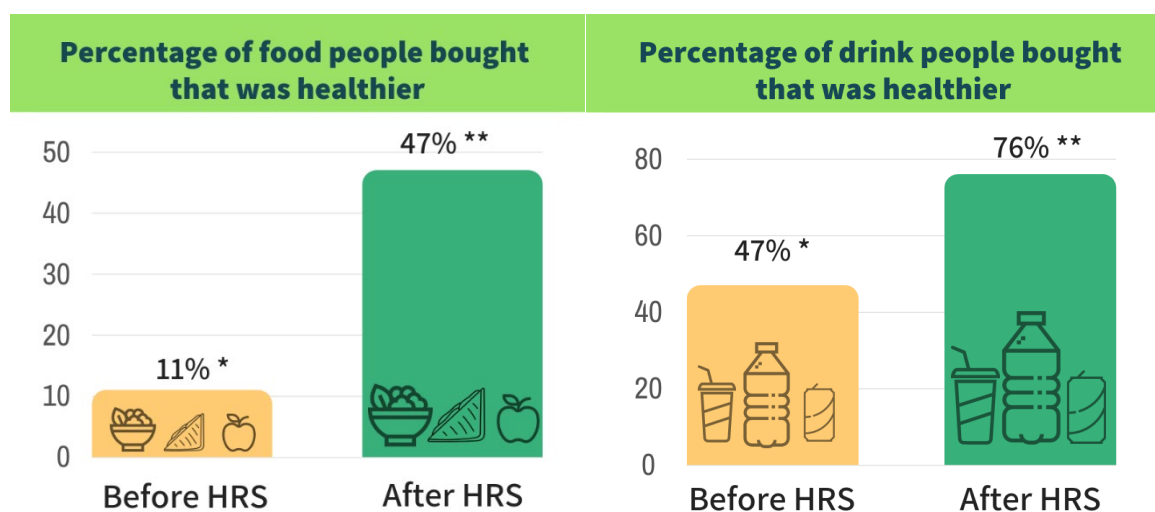
The evaluation had four components and was carried out by NHS Health Scotland, the Institute of Social Marketing (University of Stirling), ScotCen and the University of Dundee.

The evaluation involved:

- interviewing customers coming out of hospital shops
- interviewing managers running the hospital shops
- observations of the types of food and drink sold and promoted in the hospital shops
- analysing what customers bought
- interviewing those responsible for ensuring the HRS was implemented successfully.

We found the following:

- 97% of outlets had complied with the rules of the HRS soon after the deadline and all had complied by the end of 2017. Customers also noticed an increase in healthy options available.
- To comply with the requirement for 50% of all food provided to meet the nutritional criteria most shops reduced the number of the less healthy products available. Retailers did not provide a similar increase in the range of healthier products. This reduced the overall range of products available.
- The HRS did not result in an increase in the cost of food or drink.
- People bought more of the healthier products than before the HRS and they bought fewer less healthy products.



Images from www.flaticon.com

Images from www.flaticon.com

- Overall sales fell after shops introduced the HRS – sales of the less healthy products fell more than the sales of the healthier products increased. Some retailers thought the reduced product range may be one of the causes of the lower overall sales.
- Over time, sales have improved but have not yet reached pre-HRS levels.
- Despite this, retailers are still keen to operate in NHS buildings in Scotland, suggesting that these sites are still commercially attractive to retailers.

Small changes

The HRS rebalanced the food and drink that was available but only incremental changes in shopping patterns were seen. We have ingrained eating habits and change will be slow in the initial stages. Regulatory changes like the HRS should happen alongside changes to many other aspects of our lives.

The cost of food

One concern was that the HRS might increase the price of products available in the hospital shops, and that this could disadvantage customers on a lower income. Shops worked hard to not increase prices and there was no evidence that the cost of food or drink increased because of the HRS.

What could have been done better?

More could have been done to tell staff, visitors and patients using the shops about the HRS as it was being introduced – for example, why it was being brought in and what changes they would see. This would have helped build customer support for the HRS. It might also have encouraged the public to have more expectations that hospital retailers should make it easier for them to choose healthier food and drink.

What were the challenges?

Initially retailers found it difficult to find suppliers selling enough products that met the HRS criteria. Over time, suppliers made their products healthier (they 'reformulated' them) and now provide a healthier product range.

Small retailers found complying with the HRS challenging. However, with support to understand the criteria, to find suppliers with products that met the criteria, and to try out different business models, all small retailers were able to comply.

Is the HRS still working?

Some shops started to promote products not meeting the criteria several months after the HRS was brought in. Until the retailers become more familiar with the criteria, more support, checking and auditing needs to be done to help all shops continue to comply with the HRS and continue to provide a food environment that supports our health. Reflecting this, the audit schedule was changed and a new round of testing will take place towards the end of 2018.

Can similar action be taken in other settings?

The HRS provided useful learning for bringing in similar measures in other settings such as leisure centres, trains, train stations, workplaces and the high street.

Bold measures, like the HRS, can be successful

To comply with the HRS, retailers had to substantially change how they operate. They had to understand the nutritional criteria and how it related to products they were buying. Retailers managed all of this.

Time and support

Retailers, and those responsible for ensuring retailers comply with changes, need a **long lead-in time** to succeed. When implementing action in a new setting – be it transport, education or the high street – knowledge and understanding of the initiative will need to be built up and new relationships will need to be made. This will take time and support.

It will be important to find **allies** – retailers that support the initiative. They will be important to help shape the initiative and demonstrate to others what can be done. Independent retailers will need more support to make changes.

In addition, supporting local implementers – such as inspectors in local authorities – will be resource intensive but will be crucial to successful and smooth implementation.

Change takes time and action needs to be part of a bigger journey

Changing the population's diet will take time. The HRS rebalanced the food available in hospitals and changed customers' purchasing behaviour. We should not underestimate how important this is. To help more people reach a healthy weight, Scotland now needs to put in place similar initiatives in other places, such as our workplaces, colleges and universities, leisure centres and our high streets.

Scotland is at the very early stages of changing our food environment to be more health promoting – the HRS is one of the few interventions in Scotland aiming to rebalance the food available that retailers have to comply with. Because of this the HRS faced challenges that initiatives that come later will benefit from and can build on:

- Suppliers had to reformulate their products to be able to provide a sufficient range of products that met the HRS criteria.
- Retailers now have a better understanding of the nutritional content of their products. Before the HRS they were not routinely working with nutritional information, at least not to the level needed to work to the HRS.
- The sale of less healthy products to drive profits has dominated the way retail operates in our hospitals. Retailers had to experiment with different models to maintain sales.

The [full report](#) for the evaluation will be available online shortly.

References

1. Food Standard Scotland. *Situation report. The Scottish Diet: It needs to change. 2018 update.* https://www.foodstandards.gov.scot/downloads/Situation_report_-_the_Scottish_diet_-_it_needs_to_change_-_2018_update_FINAL.pdf
2. Castle A. *SPICe Briefing: Obesity in Scotland.*. Scottish Parliament: Edinburgh; 2015. www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf
3. Scottish Government. *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight.* Edinburgh; 2010. www.gov.scot/Publications/2010/02/17140721/0
4. Butland et al. *Foresight Tackling Obesities: Future Choices – Project Report (2nd Edition).* Government Office for Science: London; 2017. www.gov.uk/government/publications/reducing-obesity-future-choices

