## Impact assessment, by option



#### **Options 1-4**:

Creation of a new, FSA-owned, online reporting tool for people living with food allergies. These options assume 'live reporting'.

#### Options 5-8:

Obtaining data through other methods, including existing reporting routes. These options don't assume 'live' data collection.

Note - the options are not necessarily mutually exclusive i.e. FSA may decide to adopt two or more options to get the data it requires and provide a reporting tool for users.

#### **Option 1**

Creation of a new FSA-owned online reporting tool - data collection only

- There is no triaging or investigation following the submission of a report.
- The data is used solely for the FSA purposes.



**Option 1**: Creation of a new FSA-owned online reporting tool - data collection only



Allows users to inform FSA about their experience

Fails to deliver on user need that something will be done



Provides data to inform trends and patterns

Doesn't support individual, localisted enforcement



Would not be passed to LAs

May cause a serious issue with preventing investigation (due to people only reporting to the FSA not LAs, but believing something would be done)



#### Option 2

Creation of a new FSA-owned reporting tool that automatically sends data to LAs

- No triaging, but individual case data is forwarded to the relevant LA.
- The local authority will be responsible for investigating individual cases.



**Option 2**: Creation of a new FSA-owned reporting tool that automatically sends data to LAs



Allows users to report an incident and enables investigation to improve prevention and fulfil consumer expectations that 'something is being done'



Provides data to help with identifying trends and patterns plus potentially helps with prevention if acted upon



Provides all LAs with a standardised service for receiving reports from consumers via the FSA and supports investigation



#### **Option 3**

Creation of a new FSA-owned reporting tool that leverages IRU triaging to send data to LAs

- Incident and Resilience Unit (IRU) triages all individual reports.
- Where relevant, cases will be forwarded to the corresponding local authority to investigate.
- IRU maintains overall responsibility for managing/coordinating each case.
- The new reporting tool will need to operate (align) within the IRU's current incident process.



# **Option 3**: Creation of a new FSA-owned reporting tool that leverages IRU triaging to send data to LAs



Allows users to report an incident and and enables investigation to improve prevention and fulfil consumer expectations that 'something is being done'



Provides data to support FSA goals

Aligns with current IRU processes and procedures

Concerns relating to if and how this would work with the existing IRU resource / workloads



Provides all LAs with a standardised service for receiving reports from consumers via the FSA and supports investigation



#### **Option 4**

Creation of a new FSA-owned reporting tool with a dedicated, new triage team

Similar to Idea 3, but with the creation of a new 'team' within the FSA instead of the IRU taking responsibility.



**Option 4**: Creation of a new FSA-owned reporting tool with a dedicated new triage team



Allows users to report an incident

Enables investigation to improve prevention and fulfil consumer expectations that 'something is being done'



Provides data to support FSA goals

Could align with current IRU processes and procedures or these could be designed for the specific needs of this reporting service

Opportunity for including outcome feedback from LAs into data analysis



Provides all LAs with a standardised service for receiving reports from consumers via the FSA and supports investigation



#### **Option 5**

#### FBOs share incident data with the FSA

- FBOs share incident data relating to allergic reactions to food (reported to them by customers) with the FSA.
- No subsequent FSA triaging or investigation associated with this data.



#### **Option 5**: FBOs share incident data with the FSA



Unlikely, as it will be impossible to control quality and consistency of the user experience, particularly regarding outcomes. Likely to be variable at best



Potentially could help contribute to policy making but will be dependent on quality and consistency of data.

Potential for bias is quite high and would have FSA resource implications

Getting standardised data will be difficult and data will be submitted voluntarily



Does not support LA investigation requirements -data would not be consistent and the data source (FBO) is anonymous



#### **Option 6**

#### Local authorities share incident data with the FSA

- Local authorities share incident data relating to allergic reactions to food (reported to them by members of the public) with the FSA based on their current processes and capabilities.
- Responsibility for following up on individual cases will remain with the LA.
- No subsequent FSA triaging or investigation associated with this data.



#### **Option 6**: Local authorities share incident data with the FSA

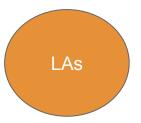


Will require wide spread campaigns to raise awareness about reporting as current volumes are low



Issues with receiving data in a consistent format to support analysis

Issues with low volumes



Helps provide some clarity and guidance on policy making

Limited due to previous point



#### **Option 7**

#### Develop a clinical reporting process with the NHS

- Develop a clinical reporting process with the NHS to share patient data relating to allergic reactions to food with the FSA.
- Any subsequent investigation and/or follow ups will need to be determined as the option is developed.

#### **Option 7**: Develop a clinical reporting process with the NHS



Likely to only support people who have suffered a serious allergic reaction



Range of data will be limited to clinical cases only and will not provide information on mild reactions and nearly avoided incidents



FSA would need to consider processes for enforcement / follow up action associated with NHS reporting and develop mechanism for sharing the data with LAs



#### **Option 8**

#### Conduct user surveys to provide allergic food reaction data

- Conduct regular, targeted user surveys to obtain information in support of FSA policy formation.
- Could be on a planned and/or adhoc basis frequency to be determined.
- Will be data gathering exercise only.



#### Option 8: Conduct user surveys to provide allergic food reaction data



Will not meet user need of wanting to be able to report an allergic reaction to food



Good way of capturing additional, supporting data

Likely to be resource intensive to create, share and analyse results

Could fatigue respondents with regular similar surveys



May help to shed light on areas that could affect future policy or advice

Won't result in any investigation



### Summary

Option	Description	Users	FSA	LAs
1	New tool data collection only			
2	New tool, no FSA triage data forwarded to LAs			
3	New tool, triaged by IRU, some cases forwarded to LAs			
4	New tool, triaged by new dedicated FSA team, some cases forwarded to LAs			
5	FBOs share their incident data with the FSA			
6	Develop a clinical reporting process with the NHS			
7	Local authorities share their incident data with the FSA			
8	Conduct user surveys to provide allergic reaction data			

NOTBINARY