



Food Allergy Reporting

Discovery

Phase 2 Presentation

NOTBINARY

Content

1. Introduction and context
2. Impact assessment
3. Recommendations
4. Design principles and concepts
5. Next steps

Why are we here?

The FSA commissioned Notbinary to explore a way to collect data from the general public through reporting food based allergic reactions (actual or narrowly avoided) in order to improve future prevention

Hypothesis

Allergic reactions to food are currently under reported

It is difficult to report allergic reactions

There is no uniform method of reporting allergic incidents - reporting methods vary widely


Current FSA pain points

Due to a lack of data, the FSA does not know the number of food-related allergic reactions that occur in England, Wales and Northern Ireland.

By not having this data, the FSA does not have sufficient clarity or insight into existing trends and patterns within the allergen space.

Ultimately, the FSA is unable to predict future behaviours, trends and patterns, which makes it hard to plan for future policy decisions.

Discovery foundations




Is there a **user need** for a reporting service?

Phase One



Are the **existing reporting 'services'** meeting the user need?



How can a reporting solution meet user needs and provide the FSA with the information they need?

Phase Two

What could a solution look like?

Formal reporting service/tool

FSA owned service/tool

GDS badged service

Dependent on good quality, high number
of users to be credible

Will need to be heavily promoted

Easily discoverable



Informal reporting

More 'light touch'
approach

Likely to be combination
of different approaches

Proactively utilises social
media

Key question

How much data does the FSA need?

What we've done in Phase 2

Week One

✗ First set of business requirements drafted (workshop)

Two

✗ Meet with Industry Exchange Group (bonus research)

Three

Four

Five

✗ Present to business sponsor

✗ Final show/tell

Establish data rules

Discoverability considerations

Draft service design principles, including usability

Relationship with existing FSA services - RAFP, IRU

Establish how solution would work with LAs

What would a potential solution look like, including consideration of original x4 options

Impact assess potential solutions

Further explore informal ideas

Draft final report, inc, alpha considerations

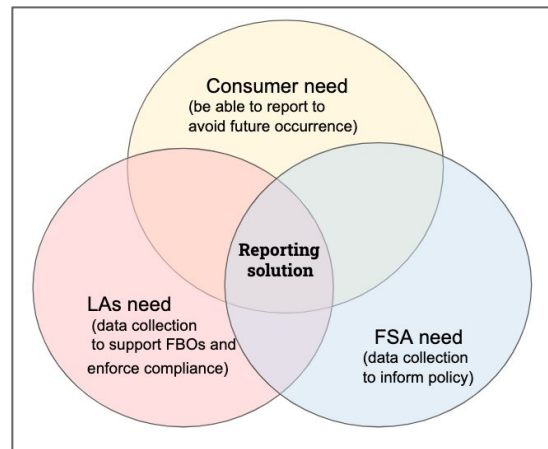
Impact assessment

Purpose

The impact assessment tool allows us to consider all the key contributing factors that need to be explored for each option.

Ultimately, it helps us to evaluate how well each option meets:

- User (consumer) needs
- FSA needs
- Local authority needs



What does the impact assessment consist of?

1. Design, build and maintenance
2. Data
3. Discoverability and awareness
4. End User Needs
5. Other considerations

What does the impact assessment consist of?

1. Design, build and maintenance

What is the complexity and effort required to set up and run each option?

What does the impact assessment consist of?

2. Data

- FSA access to data - who owns what?
- Data standardisation - opportunities and potential complexities?
- Data quality - consistency, trust worthiness, need to validate?
- Parsing data - does the data need to be shared between different government agencies?
- GDPR + data security - potential sensitivities and considerations?

What does the impact assessment consist of?

3. Discoverability and awareness

- How easy is it for users to find the service?
- How would the service need to be promoted?

What does the impact assessment consist of?

4. End User Needs

- Considerations for/impact on investigation
- Who is responsible for providing outcomes to end users?
- How likely will users be able to trust each option
- Will user anonymity be maintained?
- Will the option be able to support multi-channel opportunities?
- Accessibility considerations and digital inclusion?

What does the impact assessment consist of?

5. Other considerations

- Cost
- FSA metrics - will it provide data on patterns and trends?
- Existing report a food problem service - how will it be impacted? How could the option leverage some of the existing service?

A	B	C	D
Design/build/maintenance etc.	Upside	Potential downside/risks/concerns	Notes
Development	<ul style="list-style-type: none"> - FSA in control of backlog and updates - Build and data storage requirement unlikely to be complex 		FSA owned and managed
Maintenance	<ul style="list-style-type: none"> - FSA in control of backlog and updates - Likely to be low in frequency 		FSA owned and managed
Data			
FSA access to data	FSA owns the data consumer provides including storage, analytics etc	Excludes opportunity for including data from other sources	Access to consumer data provided by consumer
Data standardisation	<ul style="list-style-type: none"> - Data will be structured - FSA has control over how it will be captured 	<ul style="list-style-type: none"> - No way to get additional data on a case - Assumes no data rules or smart algorithm for investigation purposes - just a data dump (will require resource to process which could incur additional cost) 	
Data quality	Will receive consistent data	<ul style="list-style-type: none"> - FSA will need to accept the data without any assessment, validation or analysis as it comes in - Possibility for report to be incomplete 	
Parsing data	N/A	N/A	
GDPR + data security	No GDPR concerns because only age range collected	<ul style="list-style-type: none"> - Additional cost of data hosting - Commercial sensitivity needed for business data e.g. if the information gets into competitors hands - Constrained about who can access the commercially sensitive data 	<ul style="list-style-type: none"> - There is existing precedent within FSA for this i.e. through the IRU - Data storage length - TBC - how long can FSA keep the data?
Discoverability and awareness			
Discoverability	<ul style="list-style-type: none"> - FSA has control over how the service is actively promoted and how users discover it - Could be actively promoted through FSA social media, user groups and aggregators - Could leverage existing Report a food problem service, although would still benefit from a dedicated awareness campaign to improve awareness 	<ul style="list-style-type: none"> - Possible low incentive / disincentive to other organisations / LAs to promote - Could result in reputational damage to FSA - reporting service with no investigation element / sense that something will be done - Could create confusion with consumers due to multiplicity of similar services i.e FSA reporting, LA reporting - Lower likelihood of consumer to consumer sharing and organic growth 	User expectations will need to be clearly managed that the tool will not lead to any follow up or outcome.
Other			
	- If a data capture form only with a simple database,		Design, build and maintenance
+	Overview ▾	1 Consume only ▾	2 Push to LAs ▾
		3 IRU ▾	4 New Team ▾
		5 FBOs ▾	7 LAs ▾
		6 NHS ▾	8 Survey ▾

Impact assessment, by option

Options

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.

Options

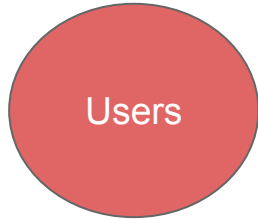
Option 1

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.

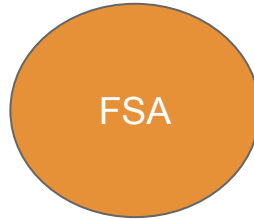
Impact assessment - results

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



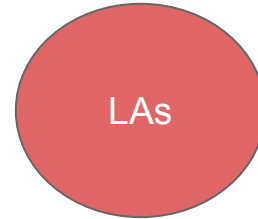
Allows users to inform FSA about their experience

Fails to deliver on user need that something will be done



Provides data to inform trends and patterns

Doesn't support individual, localised 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)

Options

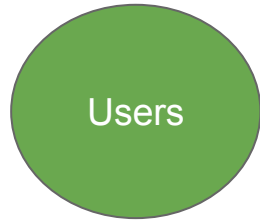
Option 2

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

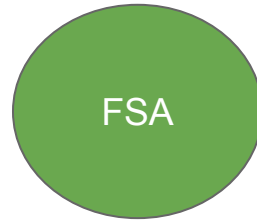
- No triaging, but individual case data is forwarded to the relevant LA.
- The local authority will be responsible for investigating individual cases.

Impact assessment - results

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

Options

Option 3

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

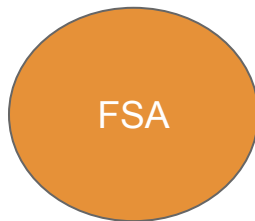
- Incident and Resilience Unit (IRU) triages all individual reports.
- Where relevant, cases will be forwarded to the corresponding local authority to investigate.
- IRU maintains overall responsibility for managing/coordinating each case.
- The new reporting tool will need to operate (align) within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

Impact assessment - results

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 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

Options

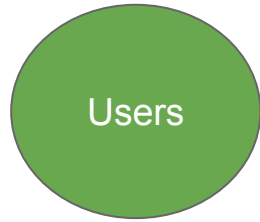
Option 4

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.

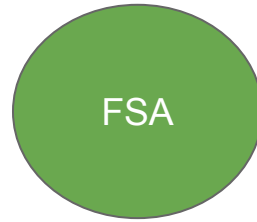
Impact assessment - results

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

Options

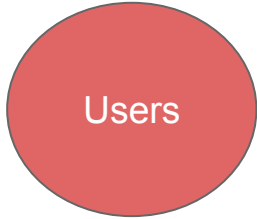
Option 5

FBOs share incident data with the FSA

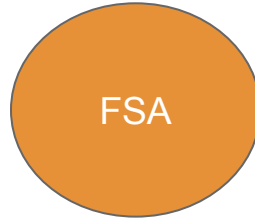
- FBOs share incident data relating to allergic reactions to food (reported to them by customers) with the FSA.
- No subsequent FSA triaging or investigation associated with this data.

Impact assessment - results

Option 5 : FBOs share incident data with the FSA



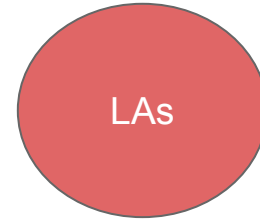
Unlikely, as it will be impossible to control quality and consistency of the user experience, particularly regarding outcomes. Likely to be variable at best



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

Options

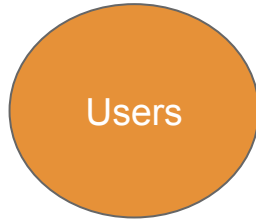
Option 6

Local authorities share incident data with the FSA

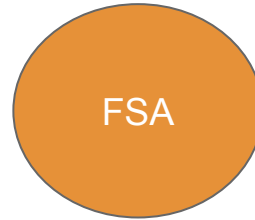
- Local authorities share incident data relating to allergic reactions to food (reported to them by members of the public) with the FSA based on their current processes and capabilities.
- Responsibility for following up on individual cases will remain with the LA.
- No subsequent FSA triaging or investigation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

Impact assessment - results

Option 6 : Local authorities share incident data with the FSA

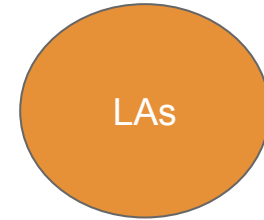


Will require wide spread campaigns to raise awareness about reporting as current volumes are low



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

Options

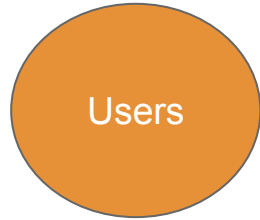
Option 7

Develop a clinical reporting process with the NHS

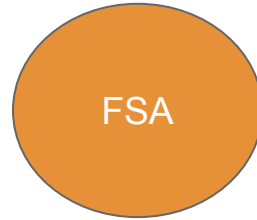
- Develop a clinical reporting process with the NHS to share patient data relating to allergic reactions to food with the FSA.
- Any subsequent investigation and/or follow ups will need to be determined as the option is developed.

Impact assessment - results

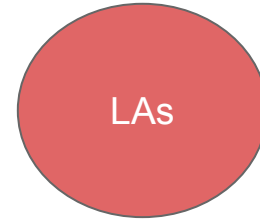
Option 7 : Develop a clinical reporting process with the NHS



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

Options

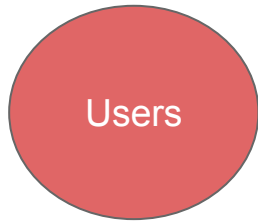
Option 8

Conduct user surveys to provide allergic food reaction data

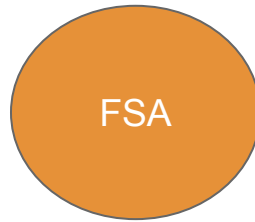
- Conduct regular, targeted user surveys to obtain information in support of FSA policy formation.
- Could be on a planned and/or adhoc basis - frequency to be determined.
- Will be data gathering exercise only.

Impact assessment - results

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



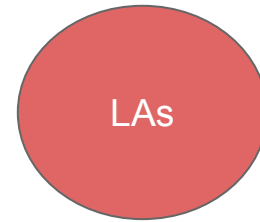
Will not meet user need of wanting to be able to report an allergic reaction to food



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			

Recommendations

Recommendations

Recommendation One

We recommend the creation of a new, FSA-owned, online reporting tool, which captures the end user data and shares the data with the relevant local authorities meets the end user needs, FSA needs and local authorities.

This is Option 2, as presented.

It will require some manual resources to oversee edge cases, manual interventions and resolving incidents where the tool goes down.

The solution will need to be developed in partnership with local authorities to determine their data requirements.

Recommendations

Recommendation Two

We recommend developing a new, FSA-owned, online reporting tool, which captures the end user data, shares this with the relevant local authority but the FSA maintain the overall responsibility for managing each case. This option will meet the end user needs, FSA needs and local authority needs.

This is option 4, as presented.

It would involve FSA triaging, processing of free text and maintaining a connection with the case via the relevant local authority.

The solution will need to be developed in partnership with local authorities to determine their data requirements.

Recommendations

Recommendation Three

The FSA should also seriously consider using clinical data to help inform policy relating to allergic reactions to food.

Clinical data represents the most serious allergic reactions to food and therefore must be included if the FSA wants a complete data set for determining policy. The FSA is unlikely to get data on serious reactions and fatalities without this data.

This should be used in addition to the recommended reporting tool.

Recommendations

Recommendation Four

The FSA should continue to engage with FBOs and encourage voluntary sharing of their incident data, where FBOs are happy to do so. This data could provide some additional, informal insights.

We recognise the importance of maintaining a healthy dialogue with the industry. However, due to the concerns and challenges of generating consistent, unbiased quality data from FBOs, any data shared by FBOs should be treated anecdotally.

This should be used in addition to the recommended reporting tool.

Recommendations

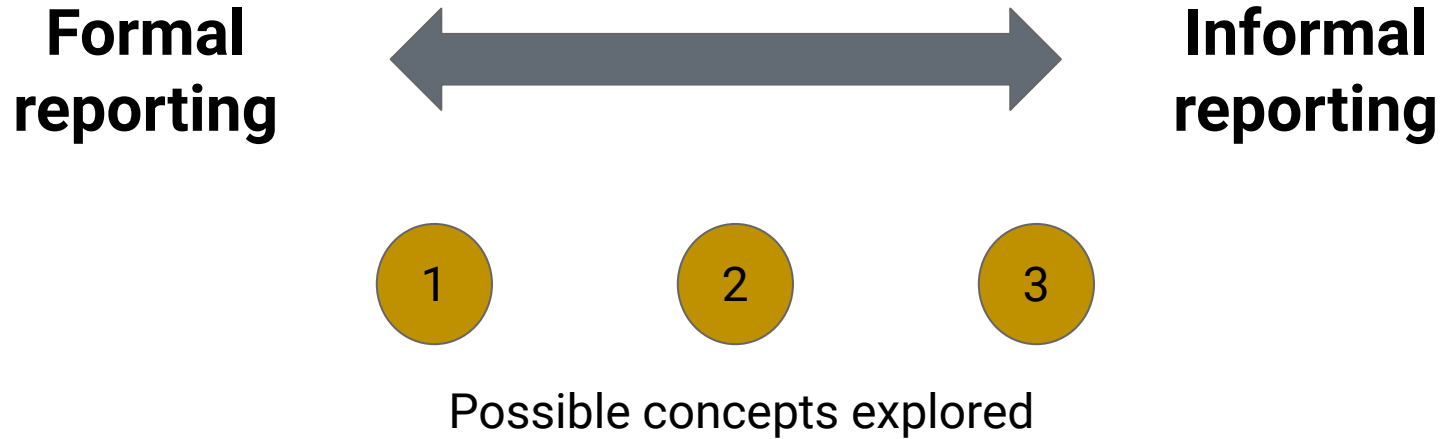
Recommendation Five

The FSA should also use surveys for augmenting data relating to allergic reactions to food.

This should be used in addition to the recommended reporting tool.

Design concepts

What could a solution look like?



Concept One

A government branded, form based service

Pros

- Most clearly communicated
- Controlled capture of information
- Optimised for automation / reducing manual processing
- Strong expectation setting
- Familiar
- Good legitimacy - govt branded
- Opportunities to tie in with gov.uk - improved awareness / discoverability

Cons

- Traditional form based and formal feel
- Least optimised for context - could result in a 'I'll do it later / can't be bothered' mentality
- Most onerous on user
- Least engaging (added value)

Tell us

Help and advice

News and updates

Value proposition

Tell us about a food allergy incident

Semantics
Inviting + non threatening

Why tell us



Help to protect others and ensure it doesn't happen again



Help councils to work with restaurants to improve food safety



Help the FSA spot trends and patterns and gather information that will shape future policy and guidance

Value proposition

What you can tell us about

- An allergic reaction you experienced to eating a food or a food item from a restaurant, marketstall, canteen, takeaway, supermarket or grocery shop or any packaged food
- An allergic reaction you managed to avoid but would have had if you had eaten a food or food item from any of the above places
- An issue with the label on a packaged food item

Expectation setting / know how

What to expect

- 1 The information you provide will be shared with the local council for the area where you ate the food
- 2 The council will investigate further and may decide to pay an announced or unannounced visit to the premises
 - In most cases the council will work with the food business to improve practices
 - If required, it may take any necessary further action
 - The council may get in touch with you if they need further information and if you have agreed to share your details
- 3 The council will continue to engage with the food business as part of their routine inspections or may schedule additional visits / engagement if necessary

← ● Outcomes / value proposition

- i** The council and the FSA don't deal with any claims for compensation or reimbursement. This should be pursued separately with the manufacturer or retailer.

← ● Mitigation against false reporting

What information we'll ask you for

- The name of the food business where you bought the food and the area or address
- Your age range. You can also choose to provide contact details for the council if you would like so that they can contact you if needed
- What you ate and when you ate it
- The onset of your symptoms (if you ate the food) and what symptoms you experienced
- Any treatment you had, if you sought treatment
- A brief description about what happened
- Any photos you may have of the food, packaging or anything else you want to tell us about

Tell us about a food allergy incident



Tell us by post

You can download a [Food Allergy Incident Form](#) and send it to us at

Building Number

Address

Post Code



Offline
accessibility

What was the issue with?

- ☐ A food item or meal
- ☐ A label on the package of a food item or packaged meal
- ☒ Ingredients on a restaurant menu
- ☐ Etc...

←  Decision trees

What was missing or incorrect with the ingredients?

- ☐ The allergen was not listed in the ingredients on the menu
- ☐ Etc..
- ☐ Etc..
- ☐ Other

What was missing or incorrect with the ingredients?

- ☒ The allergen was not listed in the ingredients on the menu

Select the missing ingredient ▼

- ☐ Etc..
- ☐ Etc..
- ☐ Other

UI smart logic ('automation')

An 'Other' category which would require manual processing could be avoided here because - if the user selects other from the dropdown list we can infer that the issue is not with one of the 14 allergens and can treat this information in a specific way or 'exit' the user out of the service. The same strategy could be used to identify intolerance reports from allergic reaction reports using symptom onset

What was missing or incorrect with the ingredients?



The allergen was not listed in the ingredients on the menu

Other 

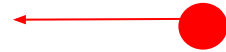


By law a food business is only required to show allergy ingredients on their menu for the 14 allergens listed in the options above.

The local authority for this food business will not be able to investigate further but the FSA would still like to hear about your symptoms to help us gather information about future areas of research that may influence future policy and guidance.

You can continue by completing the remainder of the form below or view our guidance on topics to help you with food allergy management. These will also be available at the end of the form.

[See our food allergy guidance and resources](#)



In-experience outcome and educating for informal prevention



Etc..



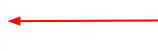
Etc..



Other

Thanks for sending us information about your food allergy incident.

We will use this information to analyse patterns and trends, learn more about occurrences of allergic incidents which will help with future prevention, policy and guidance.



‘Soft’ outcome
-acknowledgement
of receipt -- sense of
‘Something will be
done’

Food allergy guidance and resources

[Information on the 14 allergens](#)

[How to ask for allergy information at restaurants](#)

[Food labelling guidance - what to look for when buying packaged food](#)

[Staying safe while eating out - things to think about when eating out that you may not be aware of](#)

[Food ingredients translation cards - available in x languages to help you inform other when you are eating about your allergy requirements](#)

[Etc](#)



In-experience
educating for
informal
prevention

Concept Two

An online tool for quick reporting

Pros

- Easy and quick
- Controlled capture of information
- Optimised for automation / reducing manual processing
- Mobile optimised, good for contextual reporting
- Less onerous and more engaging
- Opportunity for value add
- Minimal typing

Cons

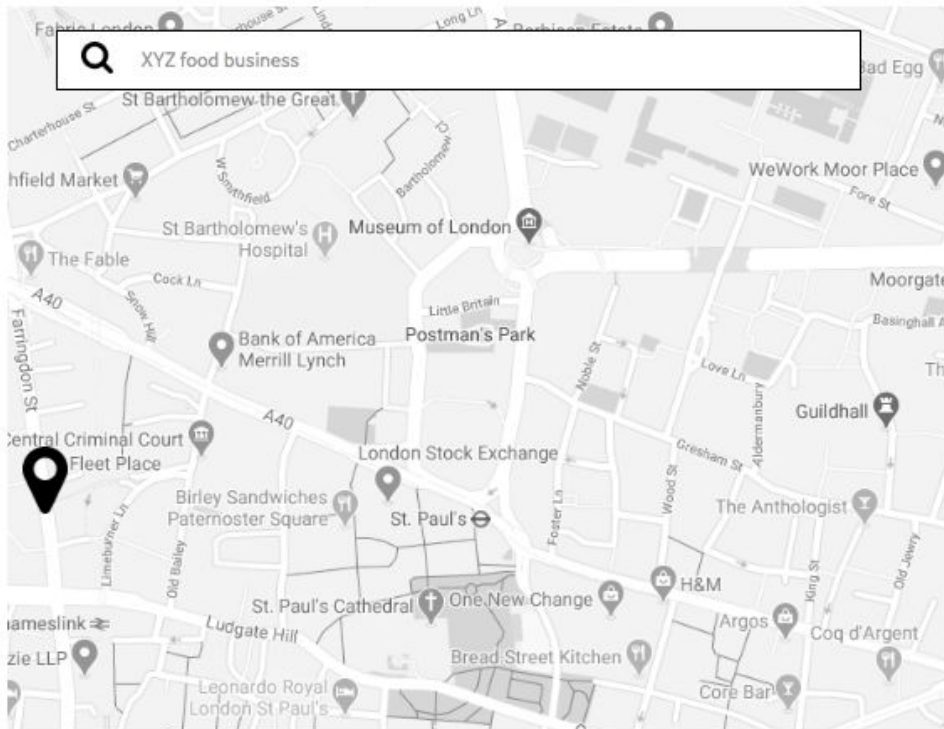
- Less traditional and formal
- Less opportunity for messaging and guidance
- Potentially less in depth
- More complex to build and change

What happened?

I had an allergic reaction

I avoided having an allergic reaction

Where did you eat or purchase the food item from? [Add address manually instead](#)



Experience is more informal and intuitive (less to read). Users jump right in without preamble

XYZ food business

100 Farringdon Rd EC1 2BC

Type of food business

Help me choose the right [category](#).

Restaurant

▼

I ate food containing

Help and guidance on the [14 allergens](#)

Peanuts	Celery	Cereals
Tree Nuts	Milk	Sulphur Dioxide + Sulphites
Sesame seed	Eggs	Mustard
Soybeans	Fish	Other
Lupin	Crustaceans	



Inputs optimised for mobile to reduce the need to type and encourage reporting as soon as possible

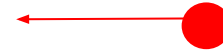
Name of the meal

Curry delight

What happened

Provide a brief description of how you came to eat or almost eat the food etc...

I ate the food assuming it has coconut milk but they used milk instead! Coconut milk was listed on the ingredients on the menu. When I confronted them they denied it.



To enable council investigation

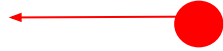
My symptoms started

Instantly

After a few hours

within 24hrs

after 24hrs



Can build in logic to support in-experience guidance and outcomes - for example, using criteria to determine if symptoms suggest allergy or intolerance

I experienced

Vomiting

Swelling

Skin rash

Nausea

Bloating

Dizziness

Difficulty breathing

Cramping

Itchiness

I'm

Younger than 18

18 - 24 years old

25 - 44 years old

45 - 60 years old

61 years or older

How were you treated?

Hospitalisation

GP or A & E outpatient

Home treatment

Did the restaurant

Ask you about your allergies before serving you?

☐

Yes

☒

No

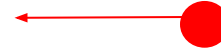
Have any signs about allergy information or may contain statements

☐

Yes

☒

No



Experience is consistent so users have already learnt how to fill in the form and it should be quick, accurate and capture consistent data

List the allergy on the menu ?

☐

Yes

☒

No

Did you

☒

Yes

☐

No

Any photos to share with us?

Upload / add photo

Allow the council to contact you?

In order to investigate fully the council may require more information from you

☐

Yes

☒

No

What to expect

1

The information you provide will be shared with the local council for the area where you ate the food



Decision trees and conditional logic are possible so that users only see what is relevant, but they are aware of the consequence of their choices

2

The council will investigate further and may decide to pay an announced or unannounced visit to the premises

- In most cases the council will work with the food business to improve practices
- If required, it may take any necessary further action
- The council may get in touch with you if they need further information and if you have agreed to share your details

3

The council will continue to engage with the food business as part of their routine inspections or may schedule additional visits / engagement if necessary



The council and the FSA don't deal with any claims for compensation or reimbursement. This should be pursued separately with the manufacturer or retailer.

Submit

← ● Outcomes /
value
proposition

← ● Mitigation
against false
reporting

Concept Three

Leveraging social media for reporting

Pros

- Very easy to do
- Quickest form of reporting
- Many people naturally turn to social media to complain
- Quick to set up
- Good additional channel and stream of information

Cons

- Less control
- Less reliable and usable information
- Less in depth
- Will exclude segments of people not using social media
- Likely to get a lot of noise

It starts with a strong awareness campaign

This would be beneficial and necessary for all 3 reporting approaches...



Create a reporting hashtag for people to use (spread through the campaign) and set up social listening



‘Reports’ can then be triaged and sent to councils etc... Mentions can be listened for as well

TWITTER ANALYTICS

Track all posts of twitter hashtag as well as any twitter account quickly. Take the assistance of our tool to measure metrics including twitter impressions, sentiments, viral content for any hashtag and twitter account.

[Details >](#)

INSTAGRAM ANALYTICS

Simplify your Instagram insights with our tracking tool. Track every information regarding any branded hashtag on a real-time basis. Our reports include metrics like contributors, posts, hashtags, links and more.

[Details >](#)

FACEBOOK ANALYTICS

Get In-depth Analysis of Any Facebook page. Identify key metrics of any Facebook page with our analytics tool. Grab details like top posts, hourly distribution, hashtags, urls and more with our real-time dashboard.

[Details >](#)

HISTORICAL REPORTS

In case you could not track your social media hashtag campaign in real time. Track every piece of information regarding twitter and Instagram hashtag campaigns with our historical hashtag reports with no time limitation.

[Details >](#)

Track hashtags
mentions, keywords & accounts

Achieve more with our hashtag tracking tool



Amplify your Brand Reach

With our keyword and hashtag tracking tool, track every keyword related to your brand. Identify the most influential and active users. Connect with them through our dashboard to promote your content and increase your brand's reach.



Be Data-driven








Track your Competition






Always be a few steps ahead of your competitors with our keyword and account monitoring. Track their keywords, Facebook pages and Twitter handles to unravel their strategy. Find their influencers, customers, viral content, and trending hashtags using our platform.








Top Influencers

Profile Pic	Name(Handle)	Retweets
	Dev (Dev95340487)	100 ↗
	Friend or Foe? (starknightz)	27 ↗
	Gladys Smith (GladysS52574855)	27 ↗
	gyan (gyanmillar1)	27 ↗
	Joy L. Whidden (joybird4u)	27 ↗

Top Active Users

Profile Pic	Name(Handle)	Tweets
	Lianne Mandelbaum (NoNutTraveler)	8 🐦
	FAACT (faactnews)	4 🐦
	Food Allergy Zone (FoodAllergyZone)	4 🐦
	Alexis Salerno (Alexis_GF_Adv)	3 🐦
	Allergic Living (AllergicLiving)	3 🐦

Recent Users

Profile Pic	Name(Handle)	Tweets
	Dudley EHO (myDudleyEHO)	3 🐦
	laurieGabby (laurieGABBY)	3 🐦
	GR (Gabriele_Rumi)	3 🐦
	Jane Munro (DrJaneMunro)	3 🐦
	Ranto (autiegethernow)	3 🐦

Help



Search Twitter



Follow

Alexis Salerno

@Alexis_GF_Adv

Gluten free blogger, celiac, Disney addict, mom of twins, Gov teacher

📍 Watsonville, CA 🌐 AlexisGFAdventures.com 📅 Joined July 2013

1,262 Following 1,812 Followers

Tweets

Tweets & replies

Media

Likes

↳ Alexis Salerno Retweeted



Sarah @gdf_wdw · Feb 16

We had lunch at The Wave at [#Disney's Contemporary Resort](#) to celebrate my birthday. Not only was my [#glutenfree](#) & [#dairyfree](#) lunch tasty, but my family surprised me w/an adorable Baby Yoda inspired cake from [@embakery!!](#)

Click link for full review --> glutenfreedairyfreedw.com/the-wave-lunch...

Top Mentions

1



Murdoch Children's (MCRI_for_kids)

7

Meet Dr @melanie_neeland a postdoctoral fellow at #MCRI who is working to better understand allergic responses to food. Melanie shares her ambition to prevent #foodallergy altogether, making it a non-existent problem for the future children of #Australia. <https://t.co/5Gyhjt7Fz3>



Allergic Living (AllergicLiving)

4

Talking with a Food-Allergic Teen: Tips to Greatly Improve Communication <https://t.co/HcsspPYP1m> #foodallergy <https://t.co/SrvjEm1c8e>



FAACT (faactnews)

3

FAACT's goal is to increase education about food allergies and anaphylaxis through technology, media, and person-to-person contacts. Please visit our Education Resource Center for more information: <https://t.co/Brq9FaX9yy> #FoodAllergy #FAACT #ShareTheFAACTs <https://t.co/7nMhERLXsX>



Alex Gazzola (HealthJourno)

3

"Nary Milk"? It better not end up on a supermarket #freefrom shelf with 'may contain' on it. To give fair dues, looks as though they're keeping nut allergies in mind. #vegan #foodallergy <https://t.co/BORQA4srUw>



Lianne Mandelbaum (NoNutTraveler)

3

My post on @linkedin about participation in @DBVTechnologies trial has surprised me by having thousands of views on it- #foodallergy is a multifactorial disease not one size fits all & IMHO we need multiple treatment options -part of the WHY we need below <https://t.co/SRI4ETeEhK>



Dr. Mariam Hanna, MD (PedsAllergyDoc)

2

A Canadian Allergist's Tale of Two Eras <https://t.co/sQoDHWrr7P> Check this out!! This was entirely inspired by a twitter post made earlier this year. So grateful for this amazing opportunity @AACMaven #allergy #medtwitter #foodallergy

? Help

Top URL

Domain	Count
http://www.inquisitr.com/3047697/vaccines-increase-food-allergen-millennials-reacting-to-adjunct-exposure/	15
https://www.allergidiving.com/2019/06/21/talk-to-your-teen/	5
https://asthmaallergieschildren.com/a-canadian-allergists-tale-of-two-eras/	3

Type



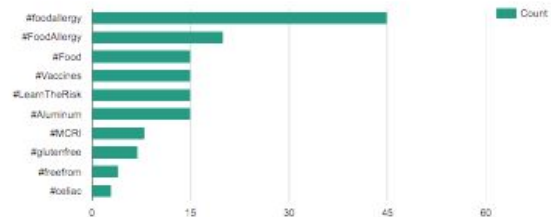
By Country



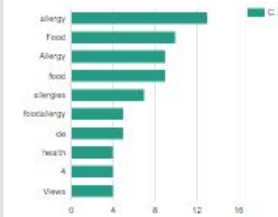
Top Keywords



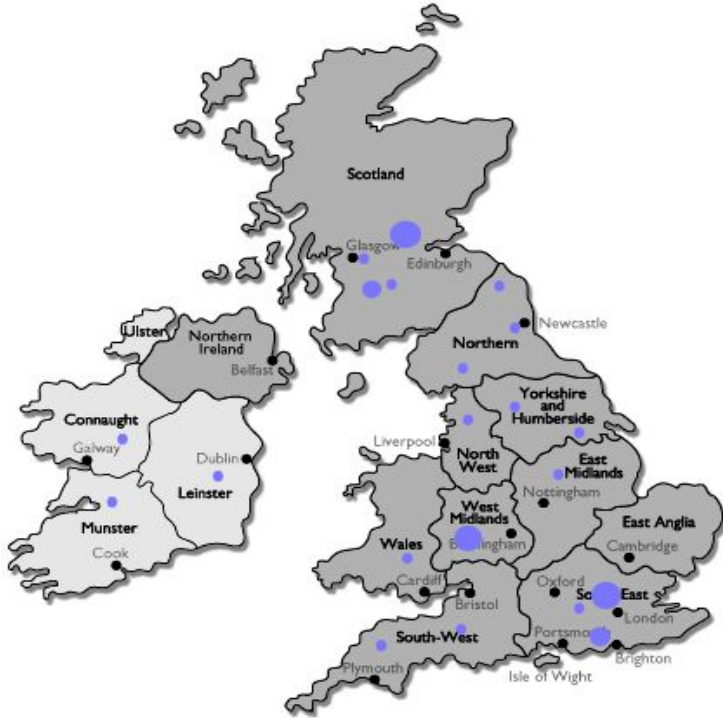
Top HashTags



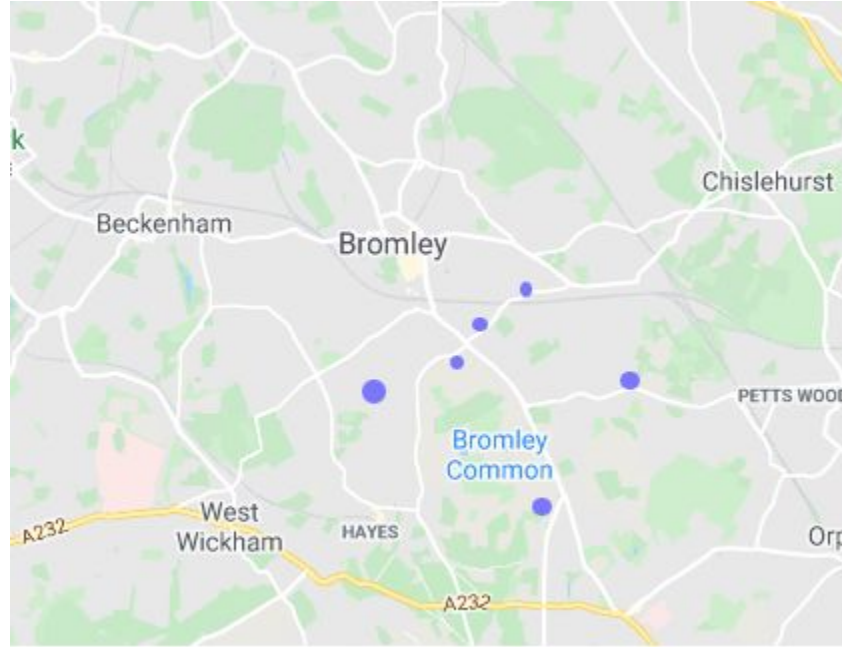
Top Profile Keywords



Analytics - LA and FSA dashboards



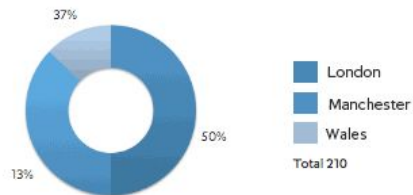
FSA view - high level nationwide



Council view - more granular but area specific

Peanuts v

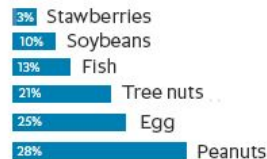
This month v



☐ [Select for printing](#)

Status breakdown

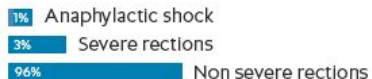
This month v



☐ [Select for printing](#)

Type breakdown

Nationwide v



☐ [Select for printing](#)

Geographic breakdown

UK v



Dashboards can be used to highlight information to help spot trends and hotspots and could be configured to a FSA and council view with ability to change certain parameters, drill down into more detail and generate reports

Next steps

Next steps

1. Complete Discovery [wiki](#) (project repository)
2. 'End of Discovery' retrospective - Wednesday 4th March
3. Circle back in with interviewees with an update on the Discovery work
4. Discuss and agree whether to proceed to Alpha

Alpha considerations

What is an Alpha?

Essentially, we **try out different solutions** to the problems we learnt about during the Discovery.

The means we will:

- Build prototypes
- Test different ideas
- Challenge the way things are done
- Explore new approaches.

Typically 6-8 weeks



Discovery

A short phase, in which you start researching the needs of your service's users, find out what you should be measuring, and explore technological or policy-related constraints.

[Learn about the discovery phase](#)



Alpha

A short phase in which you prototype solutions for your users needs. You'll be testing with a small group of users or stakeholders, and getting early feedback about the design of the service.

[Learn about the alpha phase](#)



Beta

You're developing against the demands of a live environment, understanding how to build and scale while meeting user needs. You'll also be releasing a version to test in public.

[Learn about the beta phase](#)



Live

The work doesn't stop once your service is live. You'll be iteratively improving your service, reacting to new needs and demands, and meeting targets set during its development.

[Learn about the live phase](#)

Potential Alpha things to explore

- How involved does the FSA want to be with individual cases?
- What sort of 'outcome' details do users want to hear about?
- The specifics of how the service would work alongside (or not) the Report a Food Problem tool
- How would users be affected if the online part of your service had technical problems
- Understand how the service will deal with any immovable constraints in legalisation, contracts or legacy technology
- How the FSA will open source the service code
- Identify the riskiest assumptions about the new service and testing them.
- How you'll identify, deal with and stay up to date with potential threats to the service
- Understanding how the online and offline parts of the service link together
- A detailed plan about how to support accessibility and digital inclusion
- What sort of programming tools you'd like to choose for a potential beta



Thank you