

Department for Environment, Food and Rural Affairs

Review into the Integrity and Assurance of Food Supply Networks

Note of meeting with Jim McLauchlin

Location: LGC

Date: 13 November 2013

Attendees:

Michael Walker (MW) – Subject Matter Expert - Review into the Integrity and Assurance of Food Supply Networks

Rebecca Kenner (RK) - Review into the Integrity and Assurance of Food Supply Networks

Jim McLauchlin (JM) - Lead Public Health Microbiologist, Food Water and Environmental Microbiology Services - Public Health England (PHE)

1. Introduction

MW gave a short overview of the Review; Chris Elliott was commissioned to undertake a review of the food supply chain, not just red meat, by the SoS for Defra and Department of Health. Chris has asked Michael to consider the food testing regime and lab capacity in England.

2. The process of re-configuring the PHE labs

JM gave an overview of the background of the Health Protection Agency and how PHE came into being; historically the Food, Water and Environmental (FWE) Microbiological Services laboratories had a mixed management system, including direct management but with the majority through service level agreements with NHS trusts.

Two separate reviews of the FWE both identified that this mixed system created difficulties when managing the entire service and implementing change across the board.

JM is the first national Director responsible for all the FWE laboratories, which through the process of re-configuration have reduced from 26 sites to 5 sites. These 5 sites undertake approximately 170,000 samples per year. JM believes that although they have reduced the number of sites, the FWE delivers the same or a level of service to Local Authorities (LAs) and other partners. For example, although sites may now be more remote for some LAs and other PHE customers, FWE have contracted out transport arrangements, so are now directly collecting samples from LA sites. The extra cost of these transport arrangements are included within the PHE budget, and even with these, the reconfiguration has resulted in savings of approximately 25% (in their grant and aid – explained further later in the note) through various efficiencies.

They have also conducted an Environmental Impact Assessment on the impact of the re-configuration on FWE's carbon footprint, and are almost carbon neutral in the whole

process due to the efficiencies associated with reducing sites offsetting the additional transport.

JM explained that he feels that the new structure, with 130 FTEs and 35 food examiners within that, has created a more robust infrastructure than when they were running a larger number of smaller laboratories. In his view, the bigger the laboratory the easier it is to have capacity and resilience. The FWE's smallest laboratory now has 18 FTEs and the largest 36 FTEs but, importantly they are all part of one nationally managed organisation within England.

The new structure has allowed the FWE to standardise their methods, the service they provide for LAs and the way in which they capture data. They are still on a journey to do that, but JM believes this has resulted in a more robust system, so is convinced that the re-configuration was the right thing to do.

3. How is the new PHE/FWE funded?

JM explained that FWEs total budget is £8.7m, of which £4.6m is grant/aid from the PHE core funded budget, which comes direct from Department for Health. The majority of the remainder comes from services to the NHS.

FWE gives LAs in England (and some other LA, that they historically undertaken testing for e.g. Powys) an allocation for testing, with the different types of tests having a different number of units within the allocation – this allocation hasn't changed since PHE came into being. Generally, LAs can work well within their allocation, but the work that FWE undertake for the Port Health Authorities has increased. JM explained that they are very flexible about the use of allocation, meeting with LAs on a regional basis, and allowing LAs to trade their allocations with each other within the region.

In JM's view, LAs like this system as administratively it's very simple; there is no need to send invoices, PHE deals with the transport, plus their testing regime fulfils Official Control Laboratory requirements, and there is no extra resource requirements as the tests are ultimately funded by the Department of Health. In turn this creates a national database of information and trend analysis that has resulted in public health benefits such as ability to respond to and track down the origin of incidents.

There are some restrictions on how the allocation is used for public health and food safety, and cannot be used for:

- Trading Standards samples;
- Swimming pools (except for public health purposes);
- Recreational waters outside bathing season;
- Private Water Supplies (except for public health purposes);
- Statutory sampling of shellfish;
- Food of animal origin at Border Inspection Posts (BIPs, except for *Salmonella* testing);
- Animal feed;

- Externally funded surveys; and
- NHS testing.

Testing as part of outbreak control is outside the allocation, LAs would not be charged for those kinds of tests and FWE absorbs the cost because of the need to respond quickly and efficiently to public health incidents and gather the information needed to control and prevent outbreaks.

JM also explained that during the process of re-configuration, FWE recognised that many of the new sites were further away from LAs, so created “outposted scientist” posts, to bridge the gap between LAs and labs. These posts interact directly with LAs, FSA regional teams, Health Protection teams and give LAs an additional resource with technical expertise e.g. for on-site support and liaison and providing updates and training to Local Authorities, particularly around sampling. Their expertise also been used by the HSE e.g. in investigating cooling towers for *Legionella* control.

LAs are under increasing financial pressure and ensuring that they have the appropriate expertise to go out and sample is getting more difficult, so having an expert microbiologist to advise and assist in taking samples is viewed as a very useful resource. Many of the ‘outposted scientists’ will have expertise in different areas e.g. dairy or on-farm pasteurisation units and are flexible enough to move around the country in response to various emergencies. JM feels this system has worked very well, but explained that in some ways this arrangement came about due to happenstance; it was partly a response to the reconfiguration of the laboratories.

LAs account for 50-55% of FWEs workload numerically and 60% of their workload time-wise. Most of their other work is for the NHS, particularly water testing, legionella control, reverse osmosis water, hydrotherapy pools etc. They also do work to check endoscopy equipment cleaning. There is also a limited amount of commercial food testing undertaken.

JM explained that FWEs workforce is much more highly qualified than it would be if it were a routine food microbiology commercial laboratory. Although this raises their cost base it is necessary to have specific areas of well developed expertise and their experts are regarded as world class. This supports problem solving and demonstrates the required national expertise in relation to official controls.

4. What is the role of PHE/FWE?

JM feels that their role is absolutely public health, although they do some activities that are less related to public health e.g. small amount of end-product testing of food, some bathing water etc. However, they do not use grant/aid funding for the activities.

PHE also give LAs an allocation to undertake private water supply testing, although there is actually quite a big chemical component for that, so LAs tend to go to water companies for that as they offer the chemical testing. However, if they get a failure microbiologically, they tend to come back to PHE and use their allocation for that, which is a system JM thinks works quite well.

FWE have a very close relationship with LAs; JM's view is that, with the large reduction of funding and resources, the more we can do to help LAs to fulfil their obligations the better for the UK nationally.

In terms of where Public Analysts (PAs) sit in relation to public health, in many ways they are less viewed as associated with health protection. In JM's view, there are public health aspects to their work (including authenticity), but it often does not have a primarily public health focus. However, within PHE, JM feels that don't have the chemical capability to look at some of the safety and health protection areas that do crossover e.g. histamine and melamine contamination of foods. In the future, JM feels that the bigger public health issues are going to be less focused on microbiology and in the future are more likely to be related to obesity, nutrition, smoking etc. Currently PHE has more limited laboratory capacity, in terms of suitable chemical expertise, to support this at the moment.

JM believes that PAs are the suitably trained scientists that would be able to deliver that chemical capability within the public sector. PHE already have an infrastructure for delivering a laboratory service, 8 clinical laboratories as well as the five FWE laboratories, but they don't really have a suitable chemical capability.

FWE already have the infrastructure to support what would be very similar to some of the other things for OCL, including having a close relationship with Local and Port Health Authorities. FWE have also invested in a full-time quality manager to develop their laboratories, and the standardised quality system delivers efficiencies and benefits.

In JM's view, there is a need within PHE for some of the things that PAs deliver, although would feel less sure about some of the things that he considers to be less related to public health. Technologically, things are not nearly as different as they once were e.g. PHE activity on running real-time PCR on pathogens which is very similar to providing real-time PCR for authenticity within an ISO 17025 quality setting.

MW added that many authenticity issues had a safety component, horsemeat ultimately didn't but there were initial concerns about phenylbutazone, that required chemical analysis, counterfeit alcohol, and allergens have the potential to cause illness and fatalities. In MW's view, a food authenticity issue should be treated as a public health issue until you know otherwise.

JM agreed, but still feels there are some things have a greater or lesser public health component, but then there are others that are more about trade.

JM explained that underpinning PHE is clinical microbiology, but there is also their work on surveillance, for example surveillance around chronic illnesses, which they are only just beginning to explore. In his view, they have a strong infrastructure for acute illnesses, but that is not the case for chronic illness e.g. obesity etc. so having capabilities to deal with those will be the priorities of the organisation for the future.

MW pointed out that it can be very difficult to manage organisational change including mergers between different organisations, in terms of governance, estates, assets, pensions etc.

JM described that there is a large body of experience with organisational change now within PHE. For example, when FWE reduced their number of sites from 26 to 5, there was sufficient support and experience within their corporate infrastructure for dealing with those sorts of issues. During the HPA/PHE transition, some staff have gone through

different pay and grading structures, resulting in live experience of the issues associated with pensions and transfer of staff, transfer of assets, (re)investment in staff, equipment and estates and optimisation of transport arrangements etc.

JM firmly believes that the re-configuration of the PHE (HPA) service was absolutely the right thing to do and having larger laboratories on fewer sites is the way forward, in terms of resilience, developing continuity and sustainability of the service, as well as improving the service delivery to partners in public health.

MW set out the next steps for the report.

5 February 2014