

Debate Pack
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Debate on e-petitions relating to food labelling and support for people with allergies

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Summary

On 15 May 2023 there will be a Westminster Hall debate on e-petitions [585304](#) and [589716](#), relating to food labelling and support for people with allergies. The debate will be opened by Nick Fletcher MP, on behalf of the Petitions Committee.

1 Food allergies

An allergy is when the body reacts to something that is normally harmless (allergens). For example, allergens include tree and grass pollen, foods such as peanuts, milk and eggs and insect stings.

Symptoms of allergies can be mild, such as a runny nose or sneezing. However, allergies can also cause more serious symptoms, such as hives (a raised rash), diarrhoea, feeling or being sick, and swollen eyes, lips, mouths or throat.

In some cases, allergies can cause anaphylaxis; this is a severe and potentially life-threatening reaction to a trigger, such as an allergy. Symptoms of anaphylaxis include breathing difficulties, a fast heartbeat and collapsing or losing consciousness.

The NHS has published [information on allergies](#).

Anaphylaxis is a medical emergency. The NHS advises that an ambulance is requested via 999, even if the affected person starts to feel better. The NHS provides further [information on anaphylaxis](#).

1.1 Which allergens should be labelled on food products

Labelling requirements are set out in [Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers](#), also known as the Food Information to Consumers (FIC) Regulations. This is retained EU law and so applies across the UK.

[Article 9 of the FIC Regulations](#) sets out that labelling must include “any ingredient or processing aid listed in Annex II or derived from a substance or product listed in Annex II causing allergies or intolerances used in the manufacture or preparation of a food and still present in the finished product, even if in an altered form”.

[Annex II sets out the 14 types of allergens](#) that must be labelled and how the presence of allergens should be communicated to consumers:

1. **Cereals** containing gluten, namely: wheat, rye, barley, oats, spelt, kamut or their hybridised strains, and products thereof, except: (a) wheat based glucose syrups including dextrose (1); (b) wheat based maltodextrins (1); (c) glucose syrups based on barley; (d) cereals used

for making alcoholic distillates including ethyl alcohol of agricultural origin;

2. **Crustaceans** and products thereof;
3. **Eggs** and products thereof;
4. **Fish** and products thereof, except: (a) fish gelatine used as carrier for vitamin or carotenoid preparations; (b) fish gelatine or Isinglass used as fining agent in beer and wine;
5. **Peanuts** and products thereof;
6. **Soybeans** and products thereof, except: (a) fully refined soybean oil and fat (1); (b) natural mixed tocopherols (E306), natural D-alpha tocopherol, natural D-alpha tocopherol acetate, and natural D-alpha tocopherol succinate from soybean sources; (c) vegetable oils derived phytosterols and phytosterol esters from soybean sources; (d) plant stanol ester produced from vegetable oil sterols from soybean sources;
7. **Milk** and products thereof (including lactose), except: (a) whey used for making alcoholic distillates including ethyl alcohol of agricultural origin; (b) lactitol;
8. **Nuts**, namely: almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia or Queensland nuts, and products thereof, except for nuts used for making alcoholic distillates including ethyl alcohol of agricultural origin;
9. **Celery** and products thereof;
10. **Mustard** and products thereof;
11. **Sesame seeds** and products thereof;
12. **Sulphur dioxide [SO₂] and sulphites** at concentrations of more than 10 mg/kg or 10 mg/litre in terms of the total SO₂ which are to be calculated for products as proposed ready for consumption or as reconstituted according to the instructions of the manufacturers;
13. **Lupin** and products thereof;
14. **Molluscs** and products thereof.

[Article 21](#) states that allergens must be listed in ingredients and that the name of the allergen should “be emphasised through a typeset that clearly distinguishes it from the rest of the list of ingredients, for example by means of the font, style or background colour”. A common way to achieve this is to list allergens in bold in ingredients lists.¹

¹ [Legislation.gov.uk, Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers](https://legislation.gov.uk/eur/2011/169/regulation), accessed 11 May 2023

The Food Standards Agency (FSA) is responsible for allergen labelling in England, Wales and Northern Ireland. Food Standards Scotland has responsibility in Scotland. The FSA provides [guidance on allergens and labelling](#). Food Standards Scotland provides equivalent [allergen labelling guidance](#) for Scotland. The same requirements apply across the UK (and the EU).

The FSA [guidance on allergens and labelling](#) explains that:

- [Manufacturers](#) producing pre-packed food (any food put into packaging before being placed on sale) must follow labelling requirements;
- [Food business operators](#) in the retail and catering sector must provide allergen information to the consumer for both prepacked and non-prepacked food and drink; and
- Institutional caterers (e.g., in schools, hospitals and care homes) must provide allergen information to the consumer for both prepacked and non-prepacked food and drink.²

The FSA has an open [consultation on updates to the Food Standards Agency's Technical Guidance on food allergen labelling and information requirements](#), which closes on 22 May 2023. The FSA is seeking feedback from stakeholders on two key guidance updates - standards for applying precautionary allergen labelling and best practice guidance that No Gluten Containing Ingredients (NGCI) statements should not be used.³

1.2 Restaurants providing allergen information

As explained above, [food business operators](#) in the retail and catering sector, including restaurants, must provide allergen information to the consumer for both prepacked and non-prepacked food and drink.

For pre-packed food and drink, the labelling requirements set out in the [FIC Regulations](#) apply.

There is some discretion for restaurants in how they provide information for non-prepacked food and drink to consumers. [FSA guidance](#) says that “you will need to choose the method which is best for your business and the type of food you serve”.⁴

² There are some additional requirements for institutional caterers to identify and/or record dietary needs, see FSA, [Allergen guidance for institutional caterers](#), December 2017

³ FSA, [Consultation on updates to the Food Standards Agency's Technical Guidance on food allergen labelling and information requirements](#), 29 March 2023

⁴ FSA, [Allergen guidance for food businesses](#), 14 June 2022

The FSA's 2020 [technical guidance on Food allergen labelling and information requirements](#) (PDF) explains that businesses can provide information upfront in writing (e.g. on menus) or signpost to where information may be found:

Allergen information for non-prepacked food can be communicated through a variety of means to suit the business format of the FBO [food business operator]. The requirement is to provide information about the use of allergenic ingredients in a food. The provision does not require a food business to provide a full ingredients list. Where food business chooses for this information to not be provided upfront in a written format (for example allergen information on the menu), the food business must use clear signposting to direct the customer to where this information can be found such as asking members of staff. In such situations there must be a statement that can be found on food menus, chalkboards, food order tickets, food labels (see Regulation 5(4) of the FIR).

In the drive-through (or drive-thru) scenario signage that indicates that oral information is available through a member of staff elsewhere on the premises is permitted.

All mandatory allergen information on menus or signpost statements to where it could be found must be easily accessible and visible, and clearly legible to the final consumer regardless of whether they have a food allergy or not.⁵

1.3

Owen's law petition (e-petition 585304)

The [Owen's Law campaign website](#) explains that Owen Carey was celebrating his 18th birthday in April 2017 when he suffered a deadly [anaphylactic reaction](#) to buttermilk in a chicken burger ordered from a Byron Burger restaurant, despite having explained his allergy to the server and been assured it was safe to eat.

Owen's family is now calling for a change in the law surrounding how allergy information is displayed and given in restaurants in the UK.

[E-petition 585304: Owen's Law' - Change the law around allergy labelling in UK restaurants](#) has attracted over 12,000 signatures and therefore passed the threshold for a Government response. The e-petition calls for:

1. Restaurants to put all information about allergens in their food on the face of the main menu so customers have full visibility on what they're ordering.

⁵ FSA, [Food allergen labelling and information requirements Technical Guidance](#) (PDF), June 2020, paras 71-73

2. Servers must initiate a discussion with customers about allergies on all occasions.
3. National register for anaphylaxis deaths.⁶

The [Owen's Law campaign website](#) explains that:

For the last two years Owen's family have been campaigning to get the law changed so that it becomes mandatory for restaurants to state the allergens in the food they offer in writing. This could be on a printed menu, a chalkboard menu, or on a mobile device/app, and could be in the form of words or symbols, but it must appear alongside the menu item. At the moment the law allows restaurant to deliver allergen information "by any means", including verbally, which is therefore open to risk of misinterpretation and misinformation, as happened in Owen's case in 2017, causing his untimely death two weeks after his 18th birthday.⁷

Comparison with Ireland

The campaign notes that requirements are different in the Republic of Ireland:

A form of Owen's Law already applies in the Republic of Ireland and, most recently, the Food Standards Agency (FSA) conducted some research there to assess its effectiveness.⁸

The Food Safety Authority of Ireland (FSAI) provides [allergen labelling guidance for Ireland](#). Food businesses must indicate allergens in writing for non-prepacked food at the point of presentation, sale or supply.

FSAI states that the information must:

- be easily located and accessible before the sale or supply of the food - customers must have the information before buying and must not have to ask for the information.
- relate directly to a food or beverage so there is no confusion about which food it relates to. It is not acceptable to say 'Our food contains...'. You must identify the exact food, e.g., 'spaghetti bolognese - contains milk, celery, wheat'.
- be in a legible handwritten or printed format.

The FSAI has published some [examples of allergen labelling](#) (PDF) for restaurants and takeaways.

⁶ Parliament.uk, [e-petition 585304: 'Owen's Law' - Change the law around allergy labelling in UK restaurants](#), closed 13 November 2021

⁷ Owen's Law website, [Draft letter for supporters to send to MPs](#), accessed 9 May 2023

⁸ Owen's Law website, [Draft letter for supporters to send to MPs](#), accessed 9 May 2023

In the UK, businesses may also provide information in this manner, but can alternatively direct customers to where to find allergen information, such as a website.

Government response to the e-petition

The Government response to the petition, provided by the Department for Environment, Food and Agriculture (Defra), stated that:

The FSA recently met with the Carey family to discuss their proposals for Owen's Law. The FSA has committed to working with government departments, including the Department of Health and Social Care (DHSC), to carefully consider evidence on how to improve the provision of information to people with food hypersensitivity.

FSA is considering what other evidence it could gather and assess in relation to the Owen's Law proposals as this is an essential part of the process for evaluating proposed legislative change.⁹

In January 2020, the FSA published its [response to the inquest into Owen's death](#) (PDF). Since the inquest the FSA has published a [further update](#):

- Updated our allergen management guidance and training for business;
- Launched two new campaigns targeted at young people to encourage them to ask about allergens when eating out;
- Trialled a reporting tool for people with FHS [food hypersensitivity] to report 'near miss' reactions directly to the FSA;
- Conducted further research into the information needs of people with FHS when eating out, and the most appropriate and effective methods for consumers and businesses to exchange information so that risks can be effectively identified and managed;
- Held three annual Food Hypersensitivity Symposia bringing together people with FHS, food businesses, academics, health service professionals, representative organisations and policy makers to exchange best practice, discuss solutions and hear about the latest research and evidence.¹⁰

The FSA explained that “a planned FSA campaign targeted at food businesses to raise awareness about business responsibilities for providing accurate allergen information did not go ahead due to the Covid pandemic” but that food businesses will be a key focus for the next phase of the programme. The FSA's June 2022 response to the Owen's law campaign also stated that:

⁹ Parliament.uk, [e-petition 585304: 'Owen's Law' - Change the law around allergy labelling in UK restaurants](#), closed 13 November 2021

¹⁰ FSA, [FSA 22-06-07 Annex G: Owen's Law campaign and the FSA response](#), 7 June 2022

The FSA agrees that greater standardisation of written information provided in restaurants and non-prepacked environments would be helpful for businesses and consumers. The FSA also agrees that verbal communication between customers and restaurant staff is vital for the exchange of information that helps customers and businesses understand and manage the risk. We support the campaign's call for better training for restaurant staff so they understand their responsibilities in relation to allergen management.¹¹

1.4

Allergy Tsar petition (e-petition 589716)

E-petition 589716 called on the Government to “appoint an Allergy Tsar as a champion for people living with allergies”. This, the petition suggests, would help to ensure that people with allergies receive appropriate support and joined-up healthcare, helping to prevent avoidable deaths and ill health.

The petition received 20,518 signatures in the six months prior to closing in January 2022.

Government response

The Government [responded to the petition in August 2021](#), noting that allergy services are commissioned locally, with some specialist allergy services being provided nationally (see section 1.5 of this briefing paper).

The Government referred to [national clinical directors and specialty advisers](#). These are practicing clinicians from across England who provide clinical expertise to NHS England. There is no specialty adviser for routine allergy services, although there is one for specialised immunology and allergy. The Government said that NHS England¹² keeps this position under review and new directors and advisers are appointed as necessary.

The Government’s response also highlighted [clinical guidance on a range of allergy conditions](#) published by the National Institute for Health and Care Excellence.

The response also noted a communications campaign from the Medicines and Healthcare products Regulatory Agency (MHRA), aiming to improve the safe and effective use of adrenaline autoinjectors (AAIs, also referred to as ‘pens’). The MHRA has since [published guidance on their use](#).¹³

¹¹ FSA, [FSA 22-06-07 Annex G: Owen's Law campaign and the FSA response](#), 7 June 2022

¹² NHS Improvement became part of NHS England in July 2022.

¹³ MHRA, [Adrenaline Auto-Injectors \(AAIs\)](#), 24 April 2023

Finally, the Government highlighted £2,371,773 of allocated funding for research into food allergy, over the previous five years, and allergy and immunology training for healthcare professionals.

1.5 NHS allergy services

Allergy services in England are generally commissioned on a local basis by [Integrated Care Systems](#), whereas NHS England commissions [specialised immunology and allergy services](#).

People with suspected allergies may be referred by a GP to an allergy clinic for tests and treatment.

[The NHS website explains](#) which tests may be carried out:

- a skin prick or patch test – where a small amount of the allergen is put on your skin to see if it reacts
- blood tests – to check for allergens that may be causing your symptoms
- a special diet where you avoid or eat less of a food you might be allergic to, to see if your symptoms get better.

The NHS website [also explains which treatments may be offered to people with allergies](#):

- trying to avoid the thing you're allergic to whenever possible
- medicines for mild allergic reactions like [antihistamines](#), [steroid tablets](#) and [steroid creams](#)
- emergency medicines called adrenaline auto-injectors, such as an EpiPen, for severe allergic reactions
- desensitisation (immunotherapy) for severe allergic reactions – this involves carefully exposing you to the thing you're allergic to over time, so your body gradually gets used to it and does not react so badly (this should only be done by a medical professional).

Available brands of adrenaline auto-injectors include EpiPen, Jext and Emerade.

In May 2023, the MHRA issued a [patient safety alert to recall all unexpired batches of Emerade 500 and 300 microgram adrenaline auto-injectors](#).¹⁴ This

¹⁴ MHRA, [Patients asked to return Emerade 300 and 500 microgram adrenaline pens for replacement](#), 9 May 2023

was due to a design fault where, following a fall from height, some auto-injectors failed to deliver the product or were activated prematurely.

Patients have been advised to obtain a prescription for a different brand of pen, before returning their Emerade pens to a pharmacy.

Support organisations

[Allergy UK provides support and information](#) on allergic conditions online and via a helpline. It also offers more complex advice from an expert clinical team and a dietitian service for babies and young children.

[Anaphylaxis UK](#) is a charity offering evidence-based information for people with allergies, their families, businesses and educational establishments.

1.6

Anaphylaxis Registry

The British Society for Allergy and Clinical Immunology (BSACI) hosts a [UK Anaphylaxis Registry](#), supported by the FSA and FSS. It was [launched in 2021](#) as a response to NHS data being “limited by incomplete data or incorrect coding” including “a lack of information as to which food allergen has triggered a particular reaction”.

The Registry is fully integrated into the [European Anaphylaxis Registry Network for Online Registration of Anaphylaxis](#) (NORA).

The Government response to the e-petition explained that the DHSC and FSA were considering how data on food-related anaphylaxis deaths might be used to prevent future incidents:

On the proposal to establish a national register for anaphylactic deaths, DHSC notes the campaign proposal for a fatalities register and concurs that it is essential we learn from recent tragedies. The FSA also recognises the need for improved access to any source of information about fatalities where a food-related allergy is suspected. DHSC wishes to underline its emphatic support of the FSA’s strategy on food hypersensitivity; and in conjunction with the FSA’s ongoing work to collect more information on allergic reactions, DHSC is working to support the FSA to increase information prevalence regarding such fatalities.

Furthermore, DHSC and FSA officials are together considering existing data available from across the medical estate on food-related anaphylaxis cases, and how this might be analysed and used to prevent future incidents and

deaths. The intention is to understand what more each Department could do in this area.¹⁵

1.7

Petitions committee survey

The [Petitions Committee ran a survey](#) to ask petitioners for their views on calls for changes to food labelling legislation and improvements to care for people with allergies. There were 1640 responses.¹⁶

¹⁵ Parliament.uk, [e-petition 585304: 'Owen's Law' - Change the law around allergy labelling in UK restaurants](#), closed 13 November 2021

¹⁶ Petitions Committee, [Summary of public engagement by the Petitions Committee, on food labelling and support for people with allergies](#), reported to the House on 10 May, HC 73

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PQs

Allergies: Health Services

Asked by: Olney, Sarah

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of each Integrated Care Service having a specialist (a) allergy service, (b) allergy nurse and (c) dietician.

Answering member: Helen Whately | Department: Department of Health and Social Care

No assessment has been made.

HC Deb 10 May 2023 | PQ 183525

Allergies

Asked by: Foy, Mary Kelly

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to (a) prevent, (b) improve treatment for and (c) promote awareness of allergies.

Answering member: Helen Whately | Department: Department of Health and Social Care

The majority of services for people living with allergies are commissioned locally through integrated care boards. However, to support and improve treatment for patients with more complex allergic conditions, NHS England commissions some specialised services, including specialist allergy clinics. There is an established Clinical Reference Group responsible for providing national clinical leadership for specialised immunology and allergy services.

To help promote awareness of allergies, the National Institute for Health and Care Excellence (NICE) has published guidance on a range of allergy conditions. NICE promotes its guidance via its website, newsletters and other media.

The Food Standards Agency also works to raise awareness of food hypersensitivity, and has carried out several campaigns aimed at supporting both people with food hypersensitivities and food businesses.

HC Deb 26 April 2023 | PQ 181322

[NHS: Public Appointments](#)

Asked by: Foy, Mary Kelly

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the potential merits of appointing a national allergy lead.

Answering member: Helen Whately | Department: Department of Health and Social Care

The Government has no plans to appoint a national allergy lead.

25 April 2023 | PQ 181321

[Catering: Allergies](#)

Asked by: West, Catherine

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of introducing allergen labelling for menus in restaurants and cafes in England.

Answering member: Neil O'Brien | Department: Department of Health and Social Care

All food businesses are under a legal obligation to provide information on the presence of the 14 major allergens in food, including in the non-prepacked sector, such as in restaurants and cafes, so that allergic consumers are able to make safe food choices. Current requirements state that for non-prepacked food items, allergen information must be clearly signposted and can be provided in writing or orally.

The Food Standards Agency (FSA), which has policy responsibility for food safety, is currently considering how to improve the provision of information for people with allergies, and is researching different approaches for the provision of written and oral information in the non-prepacked food sector. Any changes must be carefully considered to assess the impacts for both consumer safety and food businesses.

The FSA has been working on food hypersensitivity for many years and its current work programme is focused on policy, research and evidence, supporting enforcement and engaging with consumers and businesses.

HC Deb 21 April 2023 | PQ 180978

Allergies: Waiting Lists

Asked by: Hodgson, Mrs Sharon

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of referral waiting times for allergy tests.

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help reduce waiting times for patients who require allergy tests.

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) reduce the NHS backlog and (b) ensure that patients who need to be tested for allergies have timely access to allergy clinics.

To ask the Secretary of State for Health and Social Care, what steps he is taking to help reduce referral waiting times for patients with allergies who need to be tested by an allergy specialist.

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve waiting times for patients who require to be tested for allergies.

Answering member: Will Quince | Department: Department of Health and Social Care

Specialist allergy services are commissioned by NHS England Specialised Commissioning in line with the published service specification. While no specific assessment has been made of the adequacy of waiting times, the service specification sets out standard referral processes and equity of access to services, as well as highlighting the response time and prioritisation targets. There are regular review meetings between regional commissioning teams and providers to ensure compliance with service standards.

To reduce waiting times more generally for elective services, the 'Delivery plan for tackling the COVID-19 backlog of elective care' sets out how the National Health Service will recover and expand elective services over the next three years.

We have allocated more than £8 billion from 2022/23 to 2024/25, in addition to the £2 billion Elective Recovery Fund and £700 million Targeted Investment Fund already made available in 2021/2022 to increase elective activity. This funding aims to deliver the equivalent of approximately nine million additional checks and procedures and 30% further elective activity by 2024/25 than pre-pandemic levels. A proportion of this funding will be invested in workforce capacity and training and we have committed to invest £5.9 billion for new beds, equipment and technology.

HC Deb 14 February 2023 | PQ 140054; PQ 140056; PQ 140057; PQ 140058; PQ 140059

[Allergies: Health Services](#)

Asked by: Hodgson, Mrs Sharon

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help ensure that allergy clinics have the (a) resources and (b) capacity to carry out allergy tests on patients with suspected allergies within an appropriate timeframe.

Answering member: Helen Whately | Department: Department of Health and Social Care

Specialist allergy services for patients with rare and complex conditions, including allergy clinics, are commissioned by NHS England Specialised Commissioning in line with the published Service Specification. This sets out that providers should deliver a diagnostic package for the investigation of suspected allergic diseases, including initial consultation and follow-up in a dedicated allergy clinic and specialised allergy tests.

HC Deb 13 February 2023 | PQ 140055

[Allergies: Health Services](#)

Asked by: Davies, Geraint

To ask the Secretary of State for Health and Social Care, if he will take steps to publish guidance on fragrance free (a) health centres and (b) hospitals to help support people with (i) allergies and (ii) breathing difficulties.

Answering member: Will Quince | Department: Department of Health and Social Care

The Department has no current plans to publish guidance on fragrance free health centres and hospitals.

HC Deb 20 December 2022 | PQ 108069

[Restaurants: Allergies](#)

Asked by: Murray, Mrs Sheryll

To ask the Secretary of State for Health and Social Care, if he will take steps to ensure that standards on (a) food labelling and allergens and (b) staff training on allergens in restaurants are (i) maintained and (ii) enhanced.

Answering member: Neil O'Brien | Department: Department of Health and Social Care

Information provided to the consumer must not mislead and must enable the safe use of food. The United Kingdom maintains high standards on the information provided on food labelling to ensure consumer confidence. The Government food strategy sets out further action on consumer information and transparency.

The Food Standards Agency (FSA) aims to reduce harm to people with food hypersensitivity and ensure that related food safety standards are maintained. This includes improving the provision of information for people with allergies and working with food businesses to increase allergen training in the sector. The FSA's programme on food hypersensitivity is focused on policy, research and evidence to support enforcement and engaging with consumers and businesses.

HC Deb 06 December 2022 | PQ 97515

[Restaurants: Labelling](#)

Asked by: Thomas, Gareth

To ask the Secretary of State for Environment, Food and Rural Affairs, if he will make an assessment of the potential merits of requiring restaurants to provide a full list of ingredients contained in their dishes; and if he will make a statement.

Answering member: Mark Spencer | Department: Department for Environment, Food and Rural Affairs

The Government is committed to optimising the information that is available to consumers, and the Government Food Strategy sets out work that we will be taking forward on consumer information and transparency. In the UK we maintain high standards on the food information that is provided to consumers, but for practical reasons there are fewer mandatory labelling rules when food is sold loose, such as in a restaurant.

All food businesses are under a legal obligation to provide information on the presence of the 14 major allergens in food, including in the out of home environment, so that allergic consumers are able to make safe food choices. The FSA, who has policy responsibility for food safety, is currently considering how to improve the provision of information for people with allergies, and researching different approaches for the provision of written and oral information in the non-prepacked food sector.

HC Deb 29 November 2022 | PQ 92071

3

News and useful links

[Owen's Law campaign](#)

[Natasha Allergy Research Foundation](#)

Anaphylaxis UK

[Tsar Campaign](#)

Allergy UK

[A patient charter for people who live with allergic disease \[.pdf\]](#)

Food Standards Agency

[Allergen guidance for food businesses](#)

Allergen Checker

['Food-to-go' allergy labelling: what you need to know](#)

Guardian

13 March 2023

[Leading UK food businesses call for clearer rules on food labelling](#)

BBC News Online

27 January 2023

[Cost of living with food allergies becoming 'unbearable'](#)

Politics Home

31 October 2022

[We must take allergies seriously in Parliament if we are to protect those affected on the outside](#)

Food Safety Magazine

19 September 2022

[Ensuring Greater Safety and Health for People Living with Food Allergies](#)

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