



One of the aims of the PCDS in 2016 is to encourage discussion within the society and foster the voice of members. As a result, a series of clinical snapshot surveys has been launched. In this issue, the results of a questionnaire on the Government-proposed industry-targeted sugar levy are presented below – do PCDS members think the tax will achieve its goals?

n the 2016 Government budget (Her Majesty's Treasury, 2016), George Osborne announced that an industry-targeted sugar levy will be introduced in April 2018. The levy will be aimed at manufacturers of high-sugar drinks, particularly fizzy drinks, while fruit-based drinks and milk-based drinks will be exempt from taxation. The levy is designed to encourage companies to reformulate their products, to move consumers towards lower sugar alternatives and to reduce portion sizes. Health professionals hope that beverage manufacturers will pass on at least part of the tax to consumers in the form of raised prices so that the levy will have an impact on consumption. The sugar levy is estimated to raise £520 million a year. Although the tax will apply to the UK, the budget has only set out how the money will be spent in England. At the time of writing, it has not been decided how Scotland, Wales and Northern Ireland will use their share of the revenue.

We asked PCDS members for their thoughts on the industry-targeted sugar levy and, in particular, to what extent they believe the tax would achieve the goals set by Government. Over 120 healthcare professionals completed the survey in June 2016, declaring to what extent they agreed with the proposals in *Table 1*. Demographics of respondents reflected the multidisciplinary readership of the Journal, and more than three quarters of respondents lived and worked in England.

A total of 54% of respondents (*n*=70) agreed or strongly agreed that "The proposed industry-targeted sugar levy will reduce the consumption of sugar-sweetened drinks" as has been shown in other countries where sugar taxes have already been implemented. However, it seems likely that this will only be the case if the levy is passed on to the consumer. Respondents, however, were not confident that the generated income would reduce annual NHS spend on obesity. This was the proposal that respondents disagreed or strongly disagreed with most (46% of respondents).

Even though the potential revenue raised is due to be spent on initiatives to increase physical activity for children in schools, respondents were most unsure of whether the levy would actually achieve this goal (32%), and 31% more either disagreed or strongly disagreed that physical activity would increase. The survey suggests that, at present, PCDS members are least confident of the success of the industry-targeted sugar levy in reducing childhood obesity or the NHS spend on obesity.

As more details become available, including how the generated income will be used in Wales, Scotland and Northern Ireland, it will be clearer how public health measures such as this may impact on reducing childhood obesity across the UK.

Her Majesty's Treasury (2016) Budget 2016. Her Majesty's Stationery Office, London. Available at: http://bit.ly/1R2QgNv (accessed 29.04.16)

New survey: We need your views on social media

Scan the QR code above or go to www.diabetesandprimarycare.co.uk/surveys by 5 pm on Thursday 22nd September 2016.

Table 1. The extent to which PCDS mem	pers agreed or disagreed with	proposed goals of the indust	ry-targeted sugar levy.
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Proposed aims	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The proposed industry-targeted sugar levy will reduce the consumption of sugar-sweetened drinks.	11.63%	42.64%	19.38%	21.71%	4.65%
The proposed industry-targeted sugar levy and the revenue generated will reduce childhood obesity.	9.30%	28.68%	29.46%	25.58%	6.98%
The proposed industry-targeted sugar levy and the revenue generated will reduce annual NHS spend on obesity.	6.98%	20.16%	27.13%	35.66%	10.08%
The proposed industry-targeted sugar levy and the revenue generated will increase physical activity among children at school.	6.98%	30.23%	31.78%	22.48%	8.53%

