

**Public Consultation on  
GLUTEN-FREE PRESCRIBING  
2 March to 22 March 2016  
Frequently Asked Questions**

## **FREQUENTLY ASKED QUESTIONS**

### **Q1/ WHY ARE YOU REVIEWING GLUTEN-FREE PRESCRIPTIONS?**

Like many other financially challenged organisations across the NHS, we regularly review all the services we commission to ensure that we are using NHS funds appropriately and fairly. We are constantly looking for ways to save money without impacting on patient care and this means that we have to look at how we can do things differently. As part of our regular reviews of services we commission we have identified that we would like to review our policy on the prescribing of gluten-free foods. Castle Point and Rochford CCG and Southend CCG are proposing to stop prescribing gluten-free food.

### **Q2/ WHAT IS GLUTEN-FREE FOOD AND WHY DO PEOPLE NEED TO FOLLOW A GLUTEN-FREE DIET?**

Gluten is a type of protein that is found in three types of cereals: wheat, barley and rye. Gluten-free foods are recommended for people who have been formally diagnosed by the NHS with coeliac disease or dermatitis herpetiformis (a skin condition linked to coeliac disease) and who want to continue to eat similar foods to the ones that contain gluten. Coeliac disease is a long-term condition that affects approximately 1 in every 100 people in the UK and is a lifelong, serious autoimmune disease caused by the immune system reacting to gluten. This damages the surface of the small bowel (intestines) disrupting the body's ability to absorb nutrients from food. The only way to reverse this damage is to remove gluten from the diet.

### **Q3/ WHY DO PEOPLE HAVE GLUTEN-FREE FOOD PRESCRIBED BY THE NHS?**

There is no cure for coeliac disease and the only treatment for the condition is a strict gluten-free diet for life. The NHS has been prescribing gluten-free food for over 30 years. Back then gluten-free foods were not easily available to buy in shops and so the NHS has historically prescribed gluten-free foods to patients.

### **Q4/ WHY ARE YOU CHANGING THIS NOW?**

We think that this practice is now outdated. Over the past 30 years, changing diets and lifestyle choices mean there is a much wider range of food available and gluten-free alternatives are now readily available and prices have come down. It is also much more expensive for the NHS to supply gluten-free foods to patients than it is for people to buy them because this has to be done through the same prescription process that is used to deliver medicines.

#### **Q5/ WHAT ARE YOUR CURRENT GUIDELINES?**

- Patients can be prescribed gluten-free food if they have received a diagnosis of coeliac disease by a NHS professional.
- Access to gluten-free foods on prescription is managed through GPs and items are supplied by pharmacists.
- In England, prescriptions for gluten-free food are not free of charge unless you qualify for free prescriptions.
- We currently allow the prescription of a limited number of gluten-free items per month for patients who have received an NHS diagnosis of coeliac disease.
- These standard items include: bread loaves, bread rolls, bread/flour mix, plain savoury crackers, crisp breads, pasta, unsweetened breakfast cereal and pizza bases.
- Depending on age a patient can receive up to 18 items per month, with extra items allowed for breastfeeding women and women in the third trimester of pregnancy.

#### **Q6/ WHAT IS THE COST OF GLUTEN FREE PRODUCTS TO THE NHS?**

The NHS spends about £25 million a year on prescribing gluten-free food. Castle Point and Rochford CCG and Southend CCG could save more than £180,000 per year if they stopped prescribing gluten-free food, which could be used to fund other healthcare.

#### **Q7/ WHAT WILL THIS DO TO THE COST OF GLUTEN-FREE PRODUCTS?**

It is possible that because the NHS spends so much on prescribing, the price charged to the NHS by suppliers compared to supermarket prices may actually be holding prices artificially high. By removing this distorting factor the market for gluten-free foods should be more attractive for manufacturers to produce suitable products at competitive prices.

#### **Q8/ IS THIS COURSE OF ACTION SAFE AND FAIR?**

We have considered how we can use our prescribing budget in the most effective and equitable way to improve the health of our whole population. We have been reviewing treatments that are shown to be less clinically effective, provide insufficient health benefits and those that do not represent good value for money. We have reviewed gluten-free prescribing against these measures and have considered the following evidence:

- The NHS does not provide food on prescription for other groups of patients whose conditions are associated with, or affected by, the type of food they eat. For example we do not provide food for diabetics, people with hypertension or high cholesterol. These are also conditions which can be

managed by eating a diet naturally free from certain ingredients. We need to balance health and wellbeing of the affected patients with the need to share our resources equitably across our whole population

- There is no clinical evidence that patients who receive gluten-free food on prescription are more likely to comply with a gluten-free diet or have better health outcomes than those who do not
- There are a number of naturally gluten-free carbohydrates which are widely available that can be used instead of foods like bread and pasta. These include rice, potatoes and flour alternatives such as millet and corn flour.
- As a protein, gluten is not essential to diet and can be replaced by other foods.
- Many currently prescribed gluten-free foods are not essential components of a healthy, nutritious diet, for example pizza bases.
- There is lots of information available to patients via their GP, dietitian or online about how to eat a healthy gluten-free diet.
- Changes to the law mean food labelling has improved and it's easier to see which foods contain gluten.
- We have undertaken a quality impact assessment and we don't believe that this proposed change will impact the quality of healthcare that patients currently receive. An equality impact assessment indicates that a change in prescribing policy would not discriminate against any particular protected characteristics.
- We could invest the money we spend on gluten-free prescribing (over £180,000) on other services which would benefit more patients.

### **Q9/ WHAT CHANGES ARE WE PROPOSING TO GLUTEN-FREE PRESCRIPTIONS?**

As a result of this review, we are considering amending the prescribing policy for gluten-free foods and stopping prescriptions. While the CCGs recognise that this proposal may not be supported by patients who are currently receiving gluten-free foods on prescription, we believe that it won't impact the quality of clinical care patients receive.