

# AVAILABILITY OF GLUTEN-FREE PRODUCTS ON NHS PRESCRIPTION

## CONSULTATION RESPONSE FORM

### RESPONDENT DETAILS

Please provide your name: Heidi Wright

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Please specify if you are responding as an individual or on behalf of an organisation: Organisation

If it is the latter, please specify the organisation and your role: Royal Pharmaceutical Society, Practice and Policy Lead for England

### CONSULTATION QUESTIONS

1.

<b>Do you think GF foods should be available on prescription in primary care?</b>	<b>Yes /No</b>	<b>Please can you explain your answer to question 1.</b>
<p>The RPS believes that GF food should remain available on prescription.</p> <p>We are concerned that a blanket ban of products to treat life-long conditions such as coeliac disease could have unintended consequences on those who rely on these treatments to improve their quality of life. In the case of coeliac disease, untreated and undertreated cases can lead to illness, and have been associated with the development of other serious conditions. For those on low incomes ability to pay for products and medicines can be a significant barrier to accessing treatment so such items should be available on the NHS with no charge to the patient.</p> <p>Evidence shows that replacement of core staples such as breads and flours by gluten free equivalents enables better adherence to a gluten free diet<sup>1</sup>. This in turn avoids ill health and expensive treatment of complications. Access to gluten free core staple products on prescription helps to mitigate against the risk of inequality due to the higher pricing and limited availability in retail (particularly affecting those who use budget and convenience stores)<sup>2 3</sup>. Removal of access to gluten free core staples on prescription has a disproportionate impact on the most vulnerable and higher pricing makes them unaffordable for many groups on low or fixed incomes<sup>4</sup>. The current level of food price inflation is making the situation worse.</p>		

<sup>1</sup> Hall, N.J., G.P. Rubin, and A. Charnock, Intentional and inadvertent non-adherence in adult coeliac disease. A cross-sectional survey. *Appetite*, 2013. 68: p. 56-62.

<sup>2</sup> Singh, J. and K. Whelan, Limited availability and higher cost of gluten-free foods. *J Hum Nutr Diet*, 2011. 24(5): p. 479-86.

<sup>3</sup> Burden, M., et al., Cost and availability of gluten-free food in the UK: in store and online. *Postgraduate Medical Journal*, 2015: p. postgradmedj-2015-133395.

<sup>4</sup> NICE, Coeliac disease quality standard ; QS134. 2016.

However, we also realise that GF products are more readily available now than they were previously and we would support a person centred review by pharmacists of those taking these products so tackling the problem in its broadest sense for maximum benefit. The scheme currently run via pharmacies in Scotland (Gluten Free Food Service) could be built upon to offer an individual review to relevant people in England and Wales. This centralised NHS gluten free prescribing service ensures equitable access to gluten free staple foods across the country for all patients with coeliac disease. Gluten free foods are accessed by patients directly from community pharmacies which leads to a saving in GP time. Following an eighteen month trial period the GFFS was adopted as a permanent service within NHS Scotland in October 2015. The full report is available online: <http://www.gov.scot/Publications/2015/09/4234>.

There are examples of pharmacy-led gluten free prescribing schemes in England too, Corby CCG, Nene CCG and Cumbria CCG have existing pharmacy led supply schemes.

A recent study highlights the significance of local pharmacies in provision of gluten free staple foods like bread in areas of deprivation where local shops had very limited availability<sup>5</sup>.

We believe that a pharmacy led gluten free scheme reduces GP workload, improves access to the products, is cost effective and means professional value/ disease management is added to an area largely ignored thereby resulting in even more savings. NICE guidance recommends that people with coeliac disease should be offered an annual review with a healthcare professional who:

- Measures weight and height
- Reviews symptoms
- Considers the need for assessment of diet and adherence to the gluten-free diet
- Considers the need for specialist dietetic and nutritional advice.

We believe that pharmacists can undertake an annual pharmaceutical review and this type of review is part of the GFFS in Scotland.

To fully integrate the pharmacist's role in the supply of gluten free foods and an annual review, they should have access to the relevant information about the patient and also be able to share any interventions they make with other professionals caring for these patients.

2.

<b>Do you think GF prescribing should be restricted to certain foods? Yes or no.</b>	<b>Yes /No</b>	<b>If yes, which foods should remain on prescription and why</b>
		<p>We would recommend that gluten free cakes and biscuits are not prescribed due to national sugar consumption targets.</p> <p>The Scottish GFFS scheme does not currently restrict certain types of food but instead uses a local formulary. However, they are considering restricting the supply of gluten free cakes and biscuits via this scheme. The formularies realise financial savings by offering ranges which have a lower unit cost price thereby allowing more variety as opposed to restricting items to staple foods. Patients also adhere better to their GF diet when they have a wider choice in line with personal preferences. Each patient has a monthly unit allowance agreed by health professionals and in line with Coeliac UK guidelines. Having a pharmacy led scheme can</p>

<sup>5</sup> Miller K., C.M., Significance of different routes of access for gluten free bread and implications for people with coeliac disease – a pilot study assessing physical access using GIS mapping. Manuscript submitted, 2017.

support control of the number of units supplied to individuals. Total prescribing costs of gluten free foods in Scotland has reduced by 3% this year compared to 2015/16.

We would recommend that a similar scheme is developed in England and Wales with a national formulary.

We would recommend that staple products such as flour, bread and pasta always remain universally available.

3.

<b>Do you think the range of bread products available on NHS prescription should be limited? Yes or no.</b>	<b>Yes /No</b>	<b>If yes, please explain your answer.</b>
A reasonable range of bread products should remain available to help patients meet nutritional requirements and address practical aspects of managing the gluten free diet.		

### RETURNING THE FORM

Please send your completed form to either the Department of Health (DH) mailbox at [GFprescribing@dh.gsi.gov.uk](mailto:GFprescribing@dh.gsi.gov.uk) or post your reply to DH at:

Prescribing Policy and Legislation Team  
Department of Health  
Room 2E14  
Quarry House  
Quarry Hill  
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Thank you for taking the time to reply to this consultation.