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## **Gluten Free consultation: NNE CCG options for change**

## **The background**

The summary below provides an overview of the options available for managing the costs of prescribing gluten free (GF) products. Twenty or thirty years ago only a small range of GF foods were available and they were relatively expensive. To enable people to manage their disease, these foods were made available on prescription. However in recent years the range of GF foods has considerably expanded and become widely available via supermarkets at a more competitive price.

## **Key points and context**

### What is coeliac disease?

Coeliac disease is a common digestive condition, triggered by the protein gluten. If someone with coeliac disease is exposed to gluten (found in wheat, barley and rye), they may experience a range of symptoms and adverse effects. The symptoms may be mild or very severe and can include:

* Abdominal pain, diarrhoea, nausea, bloating, vomiting
* Weight loss in adults or failure to grow at the expected rate in children
* Malnutrition, iron, vitamin B12 and folic acid deficiencies
* Tiredness, headaches
* Skin rash, mouth ulcers, tooth enamel problems
* Osteoporosis

The disease affects approximately 1 in 100 people in the UK where women are two to three times more likely to develop coeliac disease than men. It can be diagnosed at any age.

Symptoms are controlled by excluding foods that contain gluten from the diet. There are no medicines available to treat the condition and it cannot be cured. People with confirmed coeliac disease must give up eating all sources of gluten for life.

GF foods should only be prescribed to patients with established gluten sensitive enteropathies including steatorrhoea due to gluten sensitivity, coeliac disease and dermatitis herpetiformis. GF foods should not prescribed for other conditions such as irritable bowel syndrome and/or wheat intolerance.

### Why are GF foods on prescription?

Twenty or thirty years ago only a small range of GF foods were available and they were relatively expensive. To enable people to manage their disease, these foods were made available on prescription. However in recent years the range of GF foods has considerably expanded and become widely available via supermarkets at a more competitive price. The GF foods available to buy are of the same quality as those prescribed (you can buy any of the foods prescribed without a prescription).

Gluten is not essential for a healthy diet and there are other foods that can provide carbohydrates e.g. potato and rice. The NHS does not provide food on prescription for other groups of patients whose disease are associated with, or affected by, the type of food they eat.

Patients are not entitled to exemption from prescription charges on the basis of gluten enteropathy (unless they are exempt for another accepted reason) so may have to consider a pre-payment certificate if they require more than 4 or more items in 3 months, or 14 or more items in 12 months.

### How much do we spend on GF foods across the Nottingham North & East CCGs?

In the year 2012-13 we prescribed approximately 8,000 items at a cost of over £132,000. Our current projected cost for 2013-14 financial year is a similar amount.

### What are the options for consideration?

Below are the options for consideration with some information about each:

**Option 1** – Limit the products available - Some areas have defined what they consider to be ‘staple foods’ namely bread, bread mix, flour, flour mix and pasta where only these foods can be prescribed. Some areas have limited the brands available to the most cost effective options. Cakes and biscuits are already restricted locally.

Pizza bases, cereals, crispbreads, crackers are not cost-effective for the NHS (compared with bread, rolls, flour and pasta) and they are competitively priced and readily available at local large supermarkets. Additionally, these foods are often high in sugar, saturated fat and salt.

**Option 2** – Limit the unit allowance - Coeliac UK have produced recommendations for the minimum amount of units acceptable and based on the amount that patients need depending on their age, level of physical activity and whether they are pregnant or breast feeding.

Units prescribed could be restricted to these levels or reduced further.

**Option 3** – Limit the unit allowance AND the products available – as above

**Option 4** – Stop ALL prescribing of GF foods - The NHS does not provide food on prescription for other groups of patients whose disease are associated with, or affected by, the type of food they eat.

**Option 5** – Use a different supply mechanism +/- option 1, 2 or 3 - This option would involve taking prescribing responsibility from the GP to an alternative service provider. Some areas have utilised dieticians and community pharmacies to supply patients with their GF food requirements.

For the pharmacy schemes, GPs or dieticians refer eligible patients to a community pharmacy who is then responsible for providing advice and support to patients on the range and quantities of GF foods available under the scheme and agreeing a standard monthly order.

This would require negotiation and extra funding with the other service providers and it is unclear if there would be overall savings.

*The above is adapted from The Shared Medicines Management Team’s ‘Options for the Prescribing and Supply of Gluten Free Products’*