

**Health Scrutiny Committee
12 March 2020**

Gluten Free Food Prescriptions

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To receive an update on the implications of stopping prescriptions for gluten free food.

2 Action required

- 2.1 To consider the update provided on the implications of stopping prescriptions for gluten free food, and decide whether any further scrutiny is required.

3 Background information

- 3.1 At the Health Scrutiny Committee on 18 October 2018, Cheryl Gresham and Beth Carney, both Associate Chief Pharmacists in Medicines Management, and Hazel Buchanan, Director of Strategy and Partnerships, all from Greater Nottingham Clinical Commissioning Partnership, were in attendance to discuss the future of gluten free food prescribing, and provided the following information:
- (a) with an estimated annual cost of £156,528 for prescribing gluten free foods, the Clinical Commissioning Partnership had undertaken consultation on several options for the future of gluten free food prescribing including continuing to prescribe, to stop prescribing, and to limit gluten free prescribing to bread and flour mixes;
 - (b) the overall result of the public consultation was 49% in favour of continuing prescribing at some level, and 47% in favour of stopping prescribing. 86% of responders with coeliac disease favoured some level of gluten free food being available on prescription;
 - (c) the Commissioning Partnership recommended that gluten free food prescribing was stopped for all for all patients within the Greater Nottingham Area. The Committee was asked to consider if the recommendation to stop prescribing gluten free foods was a substantial variation to services;
 - (d) although non prescribing of gluten free food would be advised to GPs across the whole Partnership area, a very limited number of gluten free food would remain on the prescribing list so GPs would still have the ability to prescribe bread and flour mixes to patients who they felt were particularly vulnerable;

- (e) the Partnership was not promoting prescribing on a social basis and was asking GPs to support its decision. The NHS was supporting patients to choose alternative healthier diets and foods. Dietary advice was readily available and referral to dieticians could be provided where necessary;
- (f) the impact of the prescribing change on pregnant women was included within the Equalities Impact Assessment;
- (g) GPs supporting patients with dietary advice was already an accepted element of the role so was not considered as an extra/additional element. GPs were comfortable with the decision and some were already having conversations with patients in advance of withdrawal;
- (h) there would be an evaluation of the impact of withdrawing prescribing of gluten free foods in twelve months'. However, the evaluation by other CCGs in the county which had withdrawn gluten free food prescribing, had not provided any clear evidence that there had been a negative impact on gluten free diets.

3.2 The Committee agreed that the recommendation to stop prescribing gluten free foods was a substantial variation to services, but that it could proceed.

3.3 The Committee resolved for the CCG to submit the findings of the twelve month review to the Committee.

3.4 A report on the twelve month review is attached, and representatives will be in attendance at the meeting to present the information and answer questions.

4 List of attached information

4.1 Report from the CCG.

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None.

6 Published documents referred to in compiling this report

6.1 Health Scrutiny Committee report and minutes dated 18 October 2018.

7 Wards affected

7.1 All.

8 Contact information

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