

NHS Clinical Commissioners response: Consultation on the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2018 - Gluten Free Food on NHS Prescription in England

1 October 2018

I. NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on relevant policy issues and support them to be the best they can to commission effectively for their local populations. This includes working with our members to identify areas where maximising the value of the NHS pound nationally will yield savings that can be redirected into high priority areas locally. This includes improving value for money in medicines spending.

We welcome the opportunity to provide a response to the Department of Health Consultation on the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) (Amendment) Regulations 2018 - Gluten Free Food on NHS Prescription in England. To develop this response we gathered views from the CCG medicines community, including clinical leads, chief pharmacists and heads of medicines management.

II. Comments on restriction of gluten free prescribing

Prescribing Gluten Free (GF) foods cost the NHS £16m in 2017.¹ Due to the increased availability of alternatives to gluten containing products and the need to prioritise spending, we continue to believe GF foods should not be available on prescription in primary care. We below restate and update several of our arguments that we made in response to the initial consultation on the availability of GF food on prescription in primary care in June 2017.

Availability

GF products were first made available on the NHS in the late 1960s, when the availability of foodstuffs within supermarkets and local shops was limited. GF food was prescribed to promote dietary adherence, and thus to prevent long term health complications and comorbidities.

However, there is now a wide range and variety of products available, so in the majority of cases those with coeliac disease are able to access appropriate food with relative ease. Furthermore, the vast majority of foods are naturally GF such as meat, fish, fruit and vegetables, rice, potatoes and lentils.² Unlike other foodstuffs, gluten containing products are not necessary for a healthy diet. There are a wide number of alternatives available, for example bread could be replaced by potatoes, rice, rice noodles etc. Patients with gluten sensitivity can safely exclude it from their diet and still eat healthily based on food purchased from any supermarket or shop.

¹ [Prescription Cost Analysis 2017](#), NHS Digital. This will continue to increase as more people with coeliac disease are diagnosed, with Coeliac UK estimating that only 24% of people with coeliac disease currently have a diagnosis.

² Coeliac UK, The gluten-free diet, <https://www.coeliac.org.uk/gluten-free-diet-and-lifestyle/gf-diet/>



Prioritisation of spend

One of the key functions our members perform is to ensure the maximum value is delivered for every NHS £ spent in England for their local populations. This involves making difficult decisions about the prioritisation of treatment in a local area based on a clinical assessment of the needs of that population. They carefully balance the local requirements and seek to ensure the best outcomes for the local population. Inherent in this process will be variation between CCGs as to what services are available in their local area, as with a finite budget, the needs of the population in Blackpool will be different to those in Berkshire, and therefore availability of services will be different. However, it is vital that this variation is justified based upon a balance between the needs of the local population and finite resources. We know that our members across the country have taken steps to restrict gluten free prescribing, to free up this funding for use on areas that are considered to be of higher priority like cancer services and mental health.

Current Spend

An analysis of spend by type is included below for all items dispensed in the community in 2016³ and 2017.⁴

Gluten free item type	Net Ingredient Cost (NIC) 2016	Net Ingredient Cost (NIC) 2017	Items dispensed 2016	Items dispensed 2017
Biscuits	£259,321	£150,549	35,817	19,756
Bread	£13,035,459	£9,421,877	622,401	451,883
Grains/Flours	£62,502	£47,773	11,901	8,975
Mixes (flour/bread)	£3,398,913	£2,475,306	161,505	118,653
Pasta	£151,133	£98,736	13,684	8,651
Gluten Free that are also Low Protein Foods	£284,289	£328,966	22,584	27,598
Gluten Free that are also Wheat Free Foods	£5,510,045	£3,532,789	631,193	395,581
Gluten Free that are also Wheat Free and Low Protein Foods	£8,757	£6,352	1,099	880
TOTALS	£22,710,419	£16,062,348	1,500,184	1,031,977

This shows the considerable work that has been undertaken by our members to reduce gluten free prescribing between 2016 and 2017, resulting in savings of over £4m which can be reinvested in other high priority areas like cancer services and mental health.

The above figures do not include other Out of Pocket Expenses (including delivery charges etc) particularly for fresh products that pharmacists incur locally. We have estimated that the total cost across the country for out of pocket expenses over 12 months would be just under £400,000.⁵ Further

³ [Prescribing Cost Analysis 2016](#), NHS Digital

⁴ [Prescription Cost Analysis 2017](#), NHS Digital

⁵ Solihull CCG analysis shows that the national spend for the period October 2016 – March 2017 was £194,604.34 across all CCGs.

costs are incurred for GP consultations, pharmacist time spent dispensing the items prescribed and the £1.25 dispensing fee. There is a considerable additional annual cost to the NHS beyond the cost of the GF foods themselves.

An increasing concern is the rise in both the cost and number of prescriptions for Gluten Free products that are also Low Protein Foods (highlighted above). Under the proposed regulations these would fall outside the scope of the national restrictions. Further work should be undertaken by the DHSC and NHS England to understand and explain this increase.

Products – pricing and type

The NHS is charged a premium for several products that can be purchased in a supermarket for a considerably reduced cost. This is not efficacious use of NHS funds and more must be done by the DHSC and others to ensure an equilibrium between the price the NHS pays and the price that the public pays. This imbalance is not in the best interest of patients, the public and taxpayers, and increases the profits of the manufacturing company at the expense of the NHS. An example is shown below:

Product	Price to NHS	Cost of product in Tesco
Warburtons GF white Bread	£2.75	£1.75

Supermarket prices accurate September 2018

NHS Prices Source: [Prescription cost analysis 2017](#)

Supermarkets price sources: [Tesco online website](#)

Furthermore, the NHS is charged a premium for GF products as prescriptions only allow for the purchase of branded products whilst supermarket own-brand products often cost significantly less. It is not a cost-effective use of NHS funds when the same foodstuffs can be purchased for a lower cost over-the-counter.

Product	Price to NHS	Supermarket own brand price
Bread Rolls	£3.30	£1.85 - Tesco
	Juvela GF Bread Roll White	

NHS Prices Source: [Prescription cost analysis 2017](#)

Supermarkets price sources: [Tesco online website](#), accessed September 2018

The public view

Our members' experience when they have consulted the public or held engagement events has shown that there is a clear percentage of the population who are in favour of ceasing prescribing GF products or at least in introducing restriction on availability. Furthermore, the distinction between those in favour and those who are against is not directly divided between people who have or do not have coeliac disease, the population's opinion is generally far more nuanced.

Members' experience has shown that there is wide public and clinician backing for restriction of GF prescribing. In a consultation undertaken by East Riding of Yorkshire CCG 72% of respondents agreed with the CCGs decision to ask people to buy their own items when they are available at a lower cost in pharmacies and supermarkets. In Bedfordshire over half of respondents agreed with the local CCGs

proposal to stop GF food prescribing in its entirety, with increased positive response rates from healthcare professionals, clinicians and pharmacists. In Blackpool CCG, when proposals were initially put to patients to restrict availability of GF foods, concerns expressed about availability were allayed when the full range and variety of products available in supermarkets was provided. There was acceptance of the CCGs reasoning for restricting availability on the basis of cost-saving, especially when confronted with the fact that other patients with dietary needs did not receive foodstuffs on prescription. In South Devon and Torbay CCG, GPs have reacted positively to restrictions on certain items, freeing up time to address acute patient need.

Health inequalities

The NHS does not prescribe foodstuffs for diabetics and those suffering from other allergies, such as nut, egg or dairy, or even those who are gluten intolerant. It would therefore seem inequitable to provide foods for those patients with coeliac disease. Whilst coeliac disease does not result from a lifestyle choice, neither does Type 1 Diabetes or other food allergies.

A specific concern that is often raised is that proposals would have a disproportionate impact on the least well off. Analysis undertaken by West Kent CCG, included at Appendix A, has shown that the greatest volume and cost of prescriptions for GF products is consumed by the 10% least deprived members of their population (and vice versa). This would therefore suggest that the majority of impact would accrue to the more affluent part of the population who would be better able to absorb any cost increases. Coeliac disease is not considered a disability under the Equality Act 2010 and the impact of the proposal is generally equal across all protected characteristic groups. We do recognise, however, that there may be some people who are eligible for free prescriptions who would now have to pay for GF foods, as diabetics and those suffering from other allergies already do.

Pressure on Primary Care and Pharmacists

Our members are acutely aware of the pressures that exist on primary care, especially in the decreasing availability of GP time as demand rises and workforce shortages increase. To currently prescribe GF food clinician time is spent scrolling through the list of GF items, identifying the most appropriate, calculating the unit allowance per month and writing a prescription to that effect. In pharmacies a significant amount of time is spent on meeting the prescription and the maintenance and ordering of fresh GF products. It would seem inappropriate to ask trained clinicians and professionals to effectively act as grocers for the general population. We continue to believe that the time that GPs and pharmacists spend prescribing gluten free food would be better spent on meeting the immediate clinical needs of local populations.

We responded to the Department of Health (as it was then) consultation on gluten free food in June 2017 highlighting the issues outlined above. We were disappointed that the Ministerial decision was taken to restrict prescribing for certain products and that a number would remain available on the NHS. However, we have been engaged in the development of the proposals to ensure that these can be effectively implemented across local areas and support the development of a clear national position.

III. Comments on the proposals

The consultation outlines three questions for response.

1. Definitions/Descriptions

Several of our members were involved in the development of the definitions and descriptions, working in partnership with the DHSC teams and other members of the working group. We agree that the definitions and descriptions are clear and implementable, however, we have further comments on these definitions and what should be included.

Firstly, general purpose and bread mixes are far more expensive than regular flour and also contain milk powder and sugar. Whilst these products may be more convenient, basic GF flour can be used to make bread as well as other items and is therefore healthier and offers better value. We would suggest an amendment to the definitions to exclude GF, GF&WF Mixes and retain GF, GF&WF Grains/Flours.

Secondly, a number of the bread products could be considered premium including part-baked bread rolls, seeded loaves, bloomers and gnocchi, with associated premium costs. It would not be best use of limited NHS resources to fund these products and therefore they should be removed from any future authorised list.

Thirdly, it is generally accepted that pizzas are not part of a healthy diet, therefore it would seem to contradict national public health messages if these foods were provided on the NHS. Those items that remain on Part XV of the Drug Tariff must support a healthy lifestyle, and should not include pizza bases, or mixes that could be used to make foodstuffs considered to be unhealthy.

2. Achieve desired change

Our view is that the outlined proposals will deliver the change that the Department of Health and Social Care are seeking to achieve. They will end the prescribing of all GF foods other than GF breads and GF mix items in England.

3. Unintended consequences

We are concerned that where CCGs have gone further to implement additional restrictions on GF prescribing, this guidance may be restrictive of local approaches that have been developed. Local CCGs must continue to be given the freedom to make decisions based on their local population needs. We would therefore request that clarification of this position is included in the final guidance and a restatement of the position outlined in the report of responses following the public consultation on gluten free prescribing:

It is for CCGs to decide how they commission local services to best meet the needs of their populations. Some CCGs have made changes that go beyond restricting to a staple range of products, and many have done so following patient engagement and/or consultation. They may wish to undertake a review of their position taking into account patient feedback and the impact of their change. As a consequence they may or may not wish to adapt their position.

It will be important to continue to monitor impact to ensure that the proposals are having the desired effect. This should include seeking assurance from CCGs of any issues encountered in local implementation and ongoing review of the definitions to ensure they remain accurate. If any unexpected increases are identified or if reductions are not proceeding at the expected rate, then DHSC and NHS England should investigate and take action where appropriate. We envisage several potential scenarios, including companies reformulating products to avoid the regulations, an increase in low protein and gluten free prescribing because of pressure brought by the manufacturing industry and/or huge increases in prescribing for those products that remain available due to the increased focus and attention brought by the development of a national approach.

Conclusion

We support efforts to achieve clarity on gluten free prescribing at a national level. We call upon the Department of Health and Social Care and NHS England to undertake the following next steps:

- Provide clarity in the guidance that local CCGs will retain the ability to go further in restricting prescribing of gluten free products based upon assessment of local population needs.
- Amend the regulations to exclude GF, GF&WF Mixes and retain GF, GF&WF Grains/Flours, based on value and public health.
- Review the increase in cost and number of prescriptions for gluten free and low protein products to better understand why this increase has occurred.
- Ensure that premium bread products are not available on the NHS as this is not best use of limited NHS resources
- Engage with manufacturers to ensure that the NHS receives the best possible price for individual products supplied. It is unreasonable for manufactures to profit at the expense of the NHS.
- Support public health by removing pizza bases from the authorised list of GF, GF&WF Bread.
- Monitor all gluten free prescribing, including both cost and number to ensure that restrictions achieve their overall aim of reducing costs to the NHS, and where appropriate take action to address issues as they arise.

For more information

If you would like any further detail on our response please do not hesitate to contact our Head of Policy and Delivery, Sara Bainbridge s.bainbridge@nhsc.org or Member Network and Policy Manager, Thomas Marsh at t.marsh@nhsc.org.

Appendix A

