

**Department of Health**  
**Prescribing Policy and Legislation Team**  
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21 June 2017

**Dear Sir/Madam**

**The availability of gluten free foods on prescription in primary care**

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

The Association welcomes the opportunity to respond to the Department of Health consultation on the availability of gluten free foods on prescription in primary care.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely



**Raj Jethwa**  
Director of Policy

Enclosure: Full BMA submission

**Chief Executive:** Keith Ward

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Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

**Department of Health Consultation – The Availability of Gluten Free Foods on Prescription in Primary Care**  
**BMA Full submission**  
**21 June 2017**

**Question 1: Do you think GF foods should be available on prescription in primary care?**

No, conditional on there being alternative routes to NHS provision.

This question assumes that the only method of NHS supply would be through NHS prescriptions. We would favour the continuation of NHS supply for the basics required to maintain a gluten free diet for those individuals demonstrated to have a coeliac disease or dermatitis herpetiformis whose health will be at risk by failing to adhere to that diet.

We recognise that the use of prescription forms and the provision of foodstuffs through pharmacies (as illustrated in the consultation document) is the most expensive way of provision, but the cost of gluten free foodstuffs in supermarkets remains significantly higher than regular items. For a significant group of affected patients this higher cost would be unaffordable and might lead to decreased compliance and associated complications, risking other NHS costs for treatment.

We would therefore propose the introduction of a voucher based scheme to enable the gluten free staple foods to be obtained through retail supermarkets, rather than prescriptions through pharmacies. The guideline quantities are well documented and therefore predictable for any chosen period. The administration costs would be far lower than prescriptions, as would the ingredient costs. This would also be more accessible for most patients and remove the requirement for repeated visits to pharmacies to order and collect items not kept in stock.

**Question 2: Do you think GF prescribing should be restricted to certain foods? Yes or no?**

Yes (subject to the comments regarding prescriptions in section one).

It is generally accepted that prescribing under the current arrangements should focus on the staple food items, rather than “luxury” or “optional” items. Therefore, the restriction of supply at NHS expense to bread, flour and pasta products, would be supported. The exclusion of sweet biscuits, cakes, cake mixes and similar items should not cause issues for most individuals.

This reflects the compromise situation currently adopted by most Clinical Commissioning Groups and Medicines Management Teams. Most patients already accept this degree of restriction when the reasons are explained to them.

**Question 3: Do you think the range of bread products available on NHS prescription should be limited? Yes or no?**

No (subject to the comments on prescriptions in section one)

The range of bread products is already limited and persons requiring a gluten free diet should have some choice to reflect their personal taste and preferences, however, the present 80 listed choices seems unnecessarily high.

Adoption of a voucher based scheme allowing NHS supply to be made through normal retail supply chains would encourage market forces to apply, leading to rationalisation of the available choices without the hazards of legislative restrictions.