

# Gluten Free Prescribing in South Yorkshire and Bassetlaw Engagement analysis

An independent report from The Campaign Company for  
South Yorkshire and Bassetlaw ICS

The Campaign Company

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# 1 Background

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South Yorkshire and Bassetlaw Integrated Care System (ICS) is a partnership of 23 organisations – from the NHS and local authorities to the voluntary sector and independent partners – responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. Working together, the ICS’s ambition is to ensure local health and care services are the best they can possibly be and give patients the seamless care they have said they want.

As part of this partnership approach, the Joint Committee of Clinical Commissioning Groups (JCCCG) is considering making changes to the way in which gluten free (GF) products are prescribed across South Yorkshire and Bassetlaw (SYB).

The JCCCG has agreed to look at gluten free prescribing because currently it is different depending upon where you live in South Yorkshire and Bassetlaw and many people feel that there should be equity in the way gluten free products are prescribed.

Across England, gluten free bread and flour mixes are available on prescription. Currently, the level of gluten free prescribing in South Yorkshire and Bassetlaw varies as follows:

- Bassetlaw and Doncaster recommend to their clinicians that they prescribe the level of gluten free bread and mixes recommended by the Coeliac Society<sup>1</sup>.
- Rotherham recommend to their clinicians that they prescribe that they prescribe two units less than the level of gluten free bread and mixes recommended by the Coeliac Society.
- Barnsley recommend to their clinicians that they prescribe eight units of gluten free bread and mixes.
- Sheffield recommend to their clinicians that they do not prescribe gluten free bread and mixes to adults (over the age of 18). Prescribers can apply discretion in exceptional circumstances where there is genuine risk that a vulnerable adult is, or will become, undernourished if they do not prescribe gluten free products.

Gluten free foods have been available on prescription since the late 1960s when the availability of gluten free foods was limited. Gluten free foods are now more readily available and accessible in supermarkets along with a wider range of naturally gluten free foods.

Gluten free foods in the supermarket are typically more expensive than gluten containing foods. For example, a gluten free sliced loaf of bread typically costs £1.80 whereas a gluten containing sliced loaf of bread typically costs £1.

Coeliac UK believes that despite gluten free staple foods being more widely available today than ever before, they are still not readily accessible across the country and that in many budget or convenience stores gluten free staples are virtually absent. They believe that

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<sup>1</sup> <https://www.coeliac.org.uk/information-and-support/coeliac-disease/once-diagnosed/prescriptions/national-prescribing-guidelines/>

when prescribing is restricted solely to those on a limited income, the elderly or those living in remote rural areas can be left struggling to maintain a gluten free diet.

Approximately 1% of the population have coeliac disease and 10% of them use prescriptions for gluten free products. There are currently 1,400 adults in South Yorkshire and Bassetlaw who request prescriptions for gluten free bread and flour mixes.

The prescribing of gluten free foods costs the NHS £15.7 million nationally. In Sheffield since they recommended that gluten free products are not prescribed to adults, £250,000 has been saved to be reinvested in other areas of healthcare. If Barnsley, Bassetlaw, Doncaster and Rotherham recommended the same approach as Sheffield in 2018/19 more than £100,000 would be have been available to be reinvested in other areas of healthcare.

To help inform the decision-making process, the JCCCG has been seeking the views of a range of stakeholder groups to better understand the range views on this issue.

This report is an independent analysis of the responses gathered from the groups identified throughout February and early March.

## 2 Approach to engagement and analysis

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### 2.1 Engagement

Following a stakeholder mapping exercise, a range of groups were identified and engaged throughout February and early March across Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. These included:

- Low income groups
- Mother and baby groups
- Mental health patients
- Young people
- Older people
- People with long term conditions
- Coeliac and gluten free patients
- Groups with other dietary needs

In total 89 people have taken part in the engagement through focus groups, attendance at existing groups and meetings and in-depth interviews—either face-to-face or over the telephone. A breakdown of the engagement by place can be found below:

- Barnsley: Fareshare (foodbank users, staff and volunteers) and Patient Participation Group (PPG) members (13 participants)
- Doncaster: Safe Space (people with mental health and learning disabilities) and Young Advisors (9 participants)
- Rotherham: PPG network and parent carer forum (including families with children with disabilities) (38 participants)
- Sheffield: Chinese community centre members, Darnall Wellbeing staff and Refugee Council (10 participants)
- South Yorkshire and Bassetlaw: people with coeliac disease from Doncaster and Bassetlaw (9 participants) and people with other dietary needs and coeliac disease from Barnsley (10 participants)

Participants were asked to complete an equalities form to help South Yorkshire and Bassetlaw ICS understand who had taken part in the engagement. 48 people completed these and a breakdown of the equalities profile can be found in Appendix 1.

Before taking part, participants were given the opportunity to read a briefing paper and a gluten free facts sheet, which can be found in Appendix 2.

The core questions asked throughout the engagement were:

- Do you think the availability of health and care services and medication prescribing in SYB should all be the same? Why?
- Do you think the NHS should be funding supermarket available foods?
- Would you be happy for more GF prescribing to be provided in your area meaning disinvestment in other health services?

- Would you be happy for less GF prescribing to be provided in your area?
- What do you think are the main things we should think about?

## **2.2 Analysis**

The Campaign Company (TCC) was commissioned to provide an independent analysis of the feedback from the engagement. Responses have been collated by South Yorkshire and Bassetlaw ICS. All data has remained anonymous and was shared with TCC for the purpose of this analysis.

The data has been analysed using a qualitative data analysis approach, identifying common themes among responses and highlighting any differences by demography or geography.

The aim of this qualitative analysis is to accurately capture and assess the range of points put forward rather than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. If a specific issue was raised by a relatively large number of participants, the report uses the phrase 'many participants'; the phrases 'several', 'some', or 'a few' participants are used to reflect smaller numbers.

## 3 Findings

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### 3.1 Introduction

This section reports on the analysis of the feedback received through the engagement exercise. The feedback is reported as received to each of the questions discussed and where there are differences by geography or stakeholder group these are referenced within the analysis.

### 3.2 Do you think the availability of health and care services and medication prescribing in SYB should all be the same? Why?

The vast majority of participants felt that access to health and care services and medication prescribing should be the same regardless of location, not only within South Yorkshire and Bassetlaw but also nationally. Many felt that this universality was part of a deep sense of fairness and equality at the point of treatment that should run through the NHS, and the need to avoid a 'postcode lottery' was also referred to by many participants.

*"Yes. It should be fair to all as we pay the same level of tax." (Chinese Community Centre, Sheffield)*

*"What the NHS was built on was a foundation of providing everyone with a standard of care which was fair to all and that is how it should still be." – (Doncaster Safe Space group)*

*"It can't be a postcode lottery. I know some places they've completely stopped." (Elderly Coeliac)*

*'It's a postcode lottery and it just feeds into why some areas have longer life spans than others. It should be equal across the country.'* (Other dietary needs)

Concern was also expressed for the most vulnerable people in society by some participants, in particular in relation to the cost of following a gluten free diet – with examples described of elderly people who have struggled to eat enough due to the cost of gluten free products and also those who struggle due to low income, reliance on foodbanks and in-work poverty.

Some also noted that a diagnosis is required before gluten free prescriptions can be accessed and that there may need to be better pathways for diagnosis, particularly for those with multiple allergies, or complex, or additional needs.

Other themes emerged from some specific stakeholder groups, including:

- Older groups in Rotherham suggested taking the best practices from each area
- For some universal access is not an issue as gluten free products are affordable and accessible
- Surprise that it isn't unified already following national consultation

### 3.3 Do you think the NHS should be funding supermarket available foods?

Overall, the vast majority of participants felt that the NHS should not be funding products that are readily available in supermarkets and that funding for clinical decisions should be the priority. The additional cost of following a gluten free diet was noted – and the price difference quoted in the briefing materials was contested - by many participants, in particular those managing a gluten free diet themselves.

*'On balance, I think it's manageable but we both work. You can survive not having it but my concern would be children in vulnerable families.'*

*'I'll be going to university and I'll need to budget carefully. The bread I eat is at least £2, not the 60p for a loaf.'*

*'Bread usually costs at least £2.50 for a small loaf. I only eat 2 or 3 slices but a younger adult would manage at least double that...basic food costs do add up.'*

#### **Affordability**

Linked to this, one of the key themes emerging from this question was affordability. Affordability was commonly mentioned as a reason for the NHS to support people who would otherwise struggle to access readily available gluten free products. Some felt that the introduction of means testing – looking at vulnerability, age, complex needs - would be worthwhile.

*'I see people living out of food banks and gluten free products won't be donated. It really needs to be thought through who needs these prescriptions when that is the only way some people will access those products.'* (Other dietary needs)

*'On a low budget everything is three times more expensive and it's not fair.'* (Coeliac patient)

*'I will struggle to feed my children without it. When you have to rifle through the reduced section to feed your family, it feels like a tax on being ill.'* (Mother of son with Coeliac disease)

#### **Review of the prescribing system**

Further to this, some people felt that the system for gluten free prescribing should be reviewed to allow better choice and flexibility for individuals. While a few did prefer the products available on prescription, many had stopped requesting prescriptions due to the limited items available following previous changes in their area and also being given a whole month of bread and flour at one time, which proved wasteful.

*'I get the flour on prescription and I used to get the bread but the trouble was they would send you eight loaves! I've nowhere to put it. You should have been able to get what you wanted. We get the flour and make the bread now.'*

*'We used to get cereal, pizza bases, crackers and it changed two years ago. I don't like bread when it's been in the freezer so I don't order anything now.'*

*'When they stopped doing pasta, that was a big deal. It was one of the meals I could offer the whole family, with a rich vegetable-based sauce.'*

The possibility of introducing a voucher system, rather than prescriptions, so that individuals could select the brands and products that suited them and that they would use was also discussed by some participants.

### **Accessibility**

Many participants who follow a gluten free diet, or care for someone who does, also mentioned that while availability had improved, this had not necessarily improved the diet of those with coeliac disease. This is because many of the newer products were snacks rather than staple foods allowing you to make balanced gluten free meals.

*'When I was diagnosed there was nothing – you had fruit, vegetables, salads, fresh meat. It was a brilliant diet. Now I find it more difficult because so many products are full of fat, sugar, you name it. As coeliacs we have to be a lot more careful now than we did 30 years ago.'*

It was also noted by others that more affordable supermarkets, for example Aldi and Lidl, tend to have a much more limited choice and that those with limited mobility may have to make do with corner shop produce where options may be limited or non-existent.

### **Funding other types of support**

Many participants commented that, alongside being aware of gluten free produce, education and resources could help to further guide people to exclude gluten from their diet and that this could be something that the NHS might provide more support for moving forwards.

However, parents of children with coeliac disease raised the point that gluten free equivalents of every day food – pizza bases, pasta and cake for example - were important in helping young people being able to feel like they belong and could be socially the same as their peers.

*'Naturally gluten free food is not always inclusive. It's important that children can be socially the same as their friends. They need to experience life as a child.'*

Further views from specific stakeholder groups included:

- Those with other dietary requirements felt that there were not enough options available, particularly for lactose intolerance in children.

- Young Advisors were all opposed to NHS-provided food, anticipating the additional pressure to provide food for people with different conditions. Most allergies are not provided for by the NHS, for example.
- For some, particularly people with coeliac disease and other dietary needs, they not only felt that gluten free products should not be routinely offered by the NHS but also everyday health related items such as paracetamol and antihistamines where the cost to the NHS providing these things was felt to be disproportionate.
- Several people argued that supermarkets and restaurants should take up their social corporate responsibilities, raising awareness, having offers and not charging more for gluten free options. Young Advisors felt the supermarkets should be pressured by the government to provide gluten free food at a cheaper price.

### 3.4 **Would you be happy for more gluten free prescribing to be provided in your area if it meant disinvestment in other health services?**

Overall, the vast majority of participants felt that an increase in gluten free prescribing was not needed, especially not at the expense of other NHS services.

For those who can afford to buy the gluten free products themselves, many felt that prescriptions could be removed. However, most also felt that those who needed the support should receive prescriptions – or some equivalent assistance - and support should be prioritised taking into account multiple conditions that affect diet as well as vulnerability.

Some also questioned how much money would be saved and where that money would go, suggesting that the money should stay within the system to support those with autoimmune conditions – through research and early diagnosis - and others felt the money could be targeted to better support those who need it, eliminating waste from the current system and providing better education.

*‘I’ve gone onto half pay now and I’m struggling to buy. I applied for bread on 24<sup>th</sup> January and I’m still waiting (6 weeks later). I’m buying things that I don’t always like at the moment.’*

*‘I don’t think prescription is the answer. There needs to be more education. We’ve all had to become cooks and changed the way we eat as a family...’*

*‘If you can afford it, you shouldn’t be getting the prescriptions but that money should be ringfenced for research, community and family support for people with autoimmune or allergy conditions.’*

*‘Families who are struggling should get the gluten free pasta, rice and other items available to support a gluten free diet.’*

Other views from specific stakeholder groups included:

- The Young Advisors expressed a preference for money to be invested in prescribing medications which you cannot buy.
- The Rotherham PPG group felt that the current Sheffield model should be adopted across South Yorkshire.

### 3.5 Would you be happy for less gluten free prescribing to be provided in your area?

Almost all participants stated that they would be happy with a reduced level of gluten free prescribing in their area as long as those in need of support were protected and that it should be looked at on an affordability basis.

Many also suggested that the money saved should be reinvested as part of a wider package of support for the same group of patients, whether that be through: better access to appointments to help early diagnosis; education, advice and follow-up support; community dietitians; or mental health support following a diagnosis.

*'Both my children have allergies and autoimmune conditions and I spent a long time feeling guilt ridden with their late diagnosis. I have allergies and I think families should be looked at holistically. More money should be available for early diagnosis.'*

*'How do people with less understanding cope following a diagnosis? The money needs to be redirected to training and providing any cooking equipment.'*

*'If it's decided that there are no prescriptions available, there has to be something else in its place. They can't just take it away.'*

Participants from almost all areas of South Yorkshire commented on the support of dietitians and that it had been essential following their or a family member's diagnosis.

Many participants with coeliac disease also expressed the following points:

- They often felt that being gluten free was treated as a lifestyle choice, by restaurants, schools, wider social networks and even by the NHS, rather than a lifelong condition which needed support.

*'We did not become coeliac because of a lifestyle choice and should be treated more sympathetically.'*

*'A lot of money is put into smoking and obesity, so why not gluten free? It's self-inflicted versus ongoing health needs.'*

*'I often feel belittled. I want to shout from the rooftops that they should walk a mile in my shoes.'*

- They also felt that there was a lack of equity in the idea of providing less for gluten free patients when other groups of patients already received far more in terms of free prescriptions (for example, thyroid patients).

*'People who have thyroid get everything free on prescription and I think that is wrong. Get your thyroid free, yep, but you should pay for others. My daughter*

*has to pay for her inhalers, how is that right? The whole of the prescribing system – that’s where it goes wrong. We’re talking about a tiny proportion of the NHS budget here – think about all those people receiving all their prescriptions free, for life. Millions. It needs to be looked at to make it fair.’*

*‘I feel we’re at the bottom of the pile. If I hadn’t been diagnosed, I wouldn’t even know about it. It isn’t very well discussed. It feels a little bit discriminatory. We’re not a priority.’*

- They also referred to the consequences of not following a gluten free diet and the health and cost impact to the NHS; the availability of certain products outside of accessing them on prescription; and the cost of following a gluten free diet without prescriptions.

*‘Diet is so important to coeliacs, otherwise you’ll end up in a hospital bed seriously ill and that will cost far more money.’*

*‘It would affect my diet quite a bit if I didn’t have the prescription. I get the part-baked rolls and eat them every day. I’m quite a fussy eater and eat sandwiches every day at school.’*

*‘The NHS is shooting itself in the foot here, increasing the health risks for people at a later date.’*

*‘I can’t afford a gluten free diet, I’ll be eating egg and beans every day.’*

### **3.6 What do you think are the main things that we should think about in relation to taking this work forwards and any future decision making?**

Overall, it was felt that whatever happens next with regards to gluten free prescribing the changes made should make the system fairer for all and reduce waste within the NHS. The most common themes emerging from participants were that there needs to be support to access gluten free foods in place for those most in need and a wider package of support for recently diagnosed people.

#### ***Support for those most in need***

Many participants considered that changes could be made to reduce gluten free prescribing overall as long as those most in need were still provided for in some way by the NHS - for example, those on low incomes or benefits; multiple health conditions; mobility issues; children and elderly people – and that some work would need to be undertaken to identify these vulnerable groups to ensure consistency of access.

Participants from Barnsley Foodbank added that some people do not readily identify they are in need and Safe Space in Doncaster, which hosts a foodbank, has had to turn people away as they had no gluten free products. These participants, and some others, felt if gluten

free prescribing is stopped there needs to be more of an effort on local authorities/job centres to collect dietary requirements before signposting to a foodbank.

### ***Support for those recently diagnosed***

Many participants also felt that a better package of support should be in place for people who are recently diagnosed and require a gluten free diet, including: support to manage their diet with education about labels and cross-contamination; planning and cooking meals; mental health support; budgeting; access to peer support; and, where appropriate, support for the whole family not just the individual.

Some also felt that better access to ongoing support from dietitians and GPs was important, especially for those unable to access the prescriptions or those struggling to know what to eat and cook either for themselves or their family.

A range of other points to consider were raised by stakeholder groups including:

- Those with other dietary needs felt that there should be more understanding about access to and availability of gluten free products in different areas of South Yorkshire and Bassetlaw
- Coeliac patients and those with other dietary needs also raised the issue of equity within prescribing for different conditions and suggested that this should be looked at more broadly. For example, people have to pay for epi-pens and inhalers but those with a thyroid condition receive all their prescriptions free, regardless of the link to the condition and their ability to pay
- The concept of a voucher system to allow more individual choice was raised by participants at Barnsley Foodbank
- Young Advisors suggested that developing an app, similar to the NHS Fitness for Life App, could help manage the condition

## Appendix 1: Equalities Profile

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### Introduction

As part of the survey, participants were asked a number of equalities questions to see whether the views of all relevant groups of opinion, including those with protected characteristics, had been captured as part of the research.

While not every respondent answered every question, in total 48 participants answered at least one of the equalities questions.

### Dietary needs

Whilst not a protected characteristic, due to the nature of the research it was important to hear from those who either suffered from a medical condition affecting their diet, or cared for someone who affected their diet. In this case, two-thirds of respondents had such a condition. This is unsurprising given the topic.

Do you or someone who you care for have a medical condition that affects your diet?	No.	%
Yes	30	67%
No	16	36%
Total	46	102%

Despite two-thirds of respondents having a medical condition affecting their diet or that of someone that they care for, less than a sixth of respondents use prescriptions for food to manage that condition.

Do you or someone you care for currently use prescriptions for food to manage your condition?	No.	%
No	40	89%
Yes	6	13%
Total	46	102%

### Gender identity

Women made up the majority of respondents to the survey, potentially reflecting the greater likelihood of women to have caring roles or to suffer from coeliac disease.

What is your sex / gender?	No.	%
Female	31	69%
Male	14	31%
Total	45	100%

One participant indicated that they had gone through part of a process to bring their physical sex appearance and/or gender role more into line with their gender identity.

Have you gone through any part of a process, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?	No.	%
No	42	95%
Yes	1	2%
Prefer not to say	1	2%
Total	44	100%

### Sexual orientation

93% of those responding to the survey identified as heterosexual or straight.

Which of the following options best describes your sexual orientation?	No.	%
Heterosexual / Straight	42	93%
Bisexual	1	2%
Gay	1	2%
Lesbian	1	2%
Total	45	100%

### Ethnic identity

45 out of 48 respondents selected 'White British' as their ethnic identity.

What is your ethnic group?	No.	%
White British	45	94%
Other White	1	2%
Mixed White and Asian	1	2%
Other Asian / Asian British	1	2%
Total	48	100%

Despite 94% of respondents selecting 'White British' as their ethnic identity, only 23% would select 'British' as their national identity with almost three quarters of respondents indicating that they were 'English'.

How would you describe your national identity?	No.	%
English	35	74%
British	11	23%
Scottish	1	2%
Total	47	100%

Only one participant indicated that they preferred not to say whether they were a UK citizen.

Are you a UK citizen?	No.	%
Yes	47	98%
Prefer not to say	1	2%
Total	48	100%

Following this question participants were asked 'If you are a national of another country are you?' and give the opportunity to provide a free text response. Two respondents clarified their response, with one stating 'Prefer not to say' and a second stating that they were 'An EU national.'

### Religious identity

Over half of respondents either identified as 'Christian' or 'Roman Catholic', with over a third stating they were of 'No religion' and the remaining participant indicating that they were 'Muslim.'

Do you have a religion?	No.	%
Christian	25	53%
No religion	18	38%
Roman Catholic	3	6%
Muslim	1	2%
Total	47	100%

### Age

58% of respondents were aged over 55, indicating that respondents in general tended to be older than the general public.

What age are you?	No.	%
0-15	1	2%
16-24	4	8%
25-34	4	8%
35-44	6	13%
45-54	5	10%
55-64	10	21%
65-74	8	17%
75-84	9	19%
85+	1	2%
Total	48	100%

### Employment Status

When asked about their employment status, 40% of respondents indicated that they were 'Not currently employed.' Given that average age of those participating in the survey it is likely that the vast majority of those giving this answer are in fact retired. This question had the lowest response rate of the equalities questions applicable to every respondent, potentially due to individuals failing to identify with the categories.

<b>Are you currently in employment</b>	<b>No.</b>	<b>%</b>
Not currently employed	19	40%
Yes - either self-employed, part-time or full employment	15	32%
Prefer not to say	3	6%
Student	2	4%
Total	39	83%

While no respondent indicated that they were a serving member of the military, two participants did state that they were military veterans.

<b>Are you serving military personnel or a military veteran?</b>	<b>No.</b>	<b>%</b>
No	38	95%
Yes – veteran	2	5%
Total	40	100%

### **Domestic arrangements**

Over two-thirds of respondents were either married or co-habiting, with just under a third indicating that they were either single, divorced/separated, or widowed.

<b>What is your marital status?</b>	<b>No.</b>	<b>%</b>
Married	20	47%
Co-habiting	9	21%
Single	7	16%
Divorced / separated	4	9%
Widowed	2	5%
Prefer not to say	1	2%
Total	43	100%

No respondents indicated that they were either currently pregnant or expecting a baby. This is perhaps unsurprising given the average age of participants.

<b>Are you currently pregnant, or expecting a baby?</b>	<b>No.</b>	<b>%</b>
No	41	98%
Prefer not to say	1	2%
Total	42	100%

Participants were given the opportunity to give multiple responses to the question as to the ages of their children and the percentages and total figures given represents the total number of responses given as opposed to the total number of participants answering the question. In total, 35 individuals answered this question, with 33 out of 38 participants indicating that they had children. The majority of respondents indicated that they had children aged over 21, with the next most common answer age that they had children aged at, or less than, three years old.

<b>Please specify the number of children that you have, in the following age ranges</b>	<b>No.</b>	<b>%</b>
0-3	8	23%
4-10	4	11%
11-16	2	6%
17-21	2	6%
Over 21	20	57%
Prefer not to say	2	6%
Total	38	100%

20% of respondents indicated that they had caring responsibilities.

<b>Do you have caring responsibilities? Do you provide paid or unpaid care for a family member who is ill, elderly or frail?</b>	<b>No.</b>	<b>%</b>
No	33	73%
Yes	9	20%
Total	42	93%

### **Domestic arrangements**

Almost half of survey-takers indicated that they considered themselves to have a disability.

<b>Do you consider yourself to have a disability</b>	<b>No.</b>	<b>%</b>
No	23	51%
Yes	21	47%
Prefer not to say	1	2%
Total	45	100%

As with the question on the age of participants' children, this question enabled respondents to select multiple answers with the total figures and percentages relating to the numbers of responses given rather than the number of participants answering the question. Almost two-thirds of respondents indicated that they had a long standing health condition which was not covered on the list. The most frequently selected option specified on the list was that they had a 'Long standing psychological or mental health condition' with over a third of participants selecting that answer. The most common physical disability selected was a 'Condition which severely limits physical activity for example climbing the stairs, walking.'

<b>Please can you tell us the nature of your disability</b>	<b>No.</b>	<b>%</b>
Blindness or severe visual impairment	0	0%
Condition which severely limits physical activity for example climbing the stairs, walking	6	26%
Deafness or severe hearing impairment	4	17%
Learning disability	2	9%
Long standing psychological or mental health condition	9	39%
Other long standing health condition	15	65%
Total	23	100%

Those respondents who had indicated that they considered themselves to have a disability were they asked 'does your disability affect your ability to access services? If so, please tell us briefly how,' with the survey then enabling a free text response to the question. Different answers from respondents indicated that participants with disabilities struggled to move effectively, that they needed transport, that they suffered from deafness, that their autism impacted upon the time needed to process information and created sensory overload, that they felt anxiety in accessing services—particularly from form-filling, and that it did not impact upon their access to services significantly.

## Appendix 2: Briefing for participants

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### Gluten Free Prescribing in South Yorkshire and Bassetlaw Issues Paper

#### **Broad overview of the issues that are prompting this work to take place:**

- Gluten free prescribing in South Yorkshire and Bassetlaw is different depending on whether you live in Barnsley, Bassetlaw, Doncaster, Rotherham or Sheffield. Many feel that this should not be the case and that there should be equity across the sub-region.
- Gluten free prescribing started in the 1960s when the availability of gluten free foods was limited. Gluten free foods are now more readily available in supermarkets and a wider range of naturally gluten free foods are now available.
- The NHS has a limited budget and there is some thinking that spending money on products that are available in supermarkets is not a good use of NHS budgets.
- Coeliac disease is a lifelong autoimmune disease caused by a reaction to gluten. Coeliac disease is treated by following a gluten free diet for life. Coeliac UK feel strongly that the prescribing of gluten free foods is an essential NHS service that should be available to all people diagnosed with coeliac disease.

#### **This paper:**

The Joint Committee of Clinical Commissioning Groups has agreed to look at gluten free prescribing and gather some initial views from people in South Yorkshire and Bassetlaw to help inform next steps.

This paper has been put together for discussion with focus groups who have been identified by stakeholder mapping to ensure a cross section of view points.

This paper, and an accompanying infographic, set out the facts about gluten free prescribing and some of the challenges we face in trying to decide whether to take this work forwards or not.

The discussions with focus groups will help inform the JCCCG who will use them to decide:

- If we want to change the prescribing of gluten free bread and mixes in some parts of South Yorkshire and Bassetlaw so that it's all the same or not

- If we do decide to change it your answers will help us decide which options we should consider in more detail

**Detail to help inform your thinking:**

Coeliac disease is a lifelong autoimmune disease caused by a reaction to gluten. When someone has coeliac disease their small intestine becomes inflamed if they eat food containing gluten. Symptoms include diarrhoea, constipation, vomiting, stomach cramps, mouth ulcers, fatigue and anemia. In diagnosed, untreated coeliac disease there is a greater risk of complications including anemia, osteoporosis, neurological conditions such as gluten ataxia and neuropathy. Coeliac disease is treated by following a gluten free diet for life. A gluten free diet can be achieved without the need for specific manufactured products as many foods are gluten free. Meat, fish, fruit, vegetables, rice and potatoes are all gluten free.

Across the UK it is possible to receive gluten free bread and mixes on prescription. No other gluten free products are available on prescription. The amount of gluten free bread and mixes that patients can receive on prescription varies depending where you live. In South Yorkshire and Bassetlaw:

- Bassetlaw and Doncaster recommend to their clinicians that they prescribe the level of gluten free bread and mixes that is recommended by the Coeliac Society
- Rotherham recommend to their clinicians that they prescribe two units less than the level of gluten free bread and mixes that is recommended by the Coeliac Society
- Barnsley recommend to their clinicians that they prescribe eight units of gluten free bread and mixes
- Sheffield recommend to their clinicians that they do not prescribe gluten free bread and mixes to adults (over the age of 18). Prescribers can apply discretion in exceptional circumstances where there is genuine risk that a vulnerable adult is, or will become, undernourished if they do not prescribe gluten free products.

Gluten free foods have been available on prescription in the UK since the late 1960s when the availability of gluten free foods was limited. Gluten free foods are now readily available in supermarkets and a wider range of naturally gluten free food types are now available.

Gluten free foods in the supermarket are typically more expensive than gluten containing foods. A gluten free sliced loaf of bread typically costs £1.80, where a gluten containing sliced loaf of bread typically costs £1.

Coeliac UK believes that despite gluten free staple foods being more widely available today than ever before, they are still not readily accessible across the country and that in many budget or convenience stores gluten free staples are virtually absent. They believe that when prescribing is restricted those on a limited income, the elderly or those living in remote rural areas can be left struggling to maintain a gluten free diet.

There are currently 1400 adults in South Yorkshire and Bassetlaw who request prescriptions for gluten free bread and mixes.

Approx 1% of the population have coeliac disease, only 10% of them use prescriptions for gluten free products.

The prescribing of gluten free foods costs the NHS £15.7million nationally. In Sheffield since they recommended that gluten free products are not prescribed to adults £250,000 has been saved to be reinvested in other areas of healthcare. If Barnsley, Bassetlaw, Doncaster and Rotherham recommended the same as Sheffield in 2018/19 over £100,000 would have been available to be reinvested in other areas of healthcare.

#### **The challenges we face in tackling these issues:**

- Should health and care services and prescribing in South Yorkshire and Bassetlaw be the same whether you live in Barnsley, Bassetlaw, Doncaster, Rotherham or Sheffield, or is it okay for them all to be different?
- The NHS has a limited budget. Should we spend some of that budget on prescribing gluten free bread and mixes given all we know about availability/ cost?
- Would it significantly disadvantage coeliac patients if the future recommendation was to reduce the amount of gluten free bread and mixes available on prescription?
- How would people in Sheffield feel about £250,000 per year being disinvested in other services to be re-invested back into larger amounts of gluten free prescribing if the future recommendation was a higher level than the current Sheffield recommendation?

#### **The timeframe**

The JCCCG on February 26<sup>th</sup> will decide, utilising the feedback gathered from these focus groups to help inform their thinking, whether or not to take forward work to make gluten free prescribing in South Yorkshire and Bassetlaw equitable across the patch.

**Please give us your views.**

# GLUTEN FREE FACTS



We are considering if we should change the way we prescribe gluten free products in South Yorkshire and Bassetlaw. Here are some facts about gluten free.

## 1 COELIAC DISEASE

Coeliac disease is a lifelong autoimmune disease caused by a reaction to gluten. When someone has coeliac disease their small intestine becomes inflamed if they eat food containing gluten. Symptoms include diarrhoea, constipation, vomiting, stomach cramps, mouth ulcers, fatigue and anemia. In diagnosed, untreated coeliac disease there is a greater risk of complications including anemia, osteoporosis, neurological conditions such as gluten ataxia and neuropathy. Coeliac disease is treated by following a gluten free diet for life

## 2 A GLUTEN FREE DIET

A gluten free diet can be achieved without the need for specific manufactured products as many food items are naturally gluten free. Meat, fish, fruit, vegetables, rice and potatoes are all gluten free.



## 3 THE COST OF GLUTEN FREE

From the supermarket gluten free sliced bread loaves cost: approx £1.80.  
From the supermarket gluten containing sliced bread loaves cost approx £1  
It costs the NHS £15.7 million nationally to prescribe gluten free food



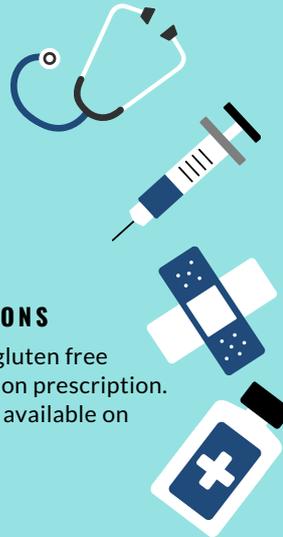
## 4 AVAILABILITY OF GLUTEN FREE FOODS

Gluten free foods have been available on prescription since the late 1960s when the availability of GF foods was limited. GF foods are now readily available in supermarkets and a wider range of naturally GF food types are now available.

For some patients, e.g vulnerable or less mobile patients there may be some issue with access if they are living in an area where there is no supermarket and they are unable to use online shopping.



# GLUTEN FREE FACTS



5

## GLUTEN FREE PRESCRIPTIONS

In the UK it is possible to receive gluten free products such as bread and mixes on prescription. No other gluten free products are available on prescription.

6

## SHEFFIELD PRESCRIBING

Prescribing of Gluten Free foods to adults (over the age of 18) is not recommended in Sheffield. Prescribers can apply discretion in exceptional circumstances where there is genuine risk that a vulnerable individual is, or will become undernourished if they do not prescribe gluten free products. This has allowed over £250,000 to be re-invested in other areas of healthcare.

7

## BARNSELY, BASSETLAW AND DONCASTER PRESCRIBING

Barnsley has restricted prescribing of bread and mixes to a volume of 8 units per month per individual. Bassetlaw and Doncaster have similar recommendations to clinicians regarding prescribing of gluten free products and prescribe bread and mixes to the Coeliac Society recommendations.



8

## ROTHERHAM PRESCRIBING

Rotherham is slightly different to Bassetlaw and Doncaster in that the quantity recommended to prescribe is 2 units less than the Coeliac Society recommendations.



9

## GLUTEN FREE IN SOUTH YORKSHIRE AND BASSETLAW

There are approx 1,400 adults who request prescriptions for gluten free mixes in South Yorkshire and Bassetlaw. This is approx 0.11% of the populations, this figure has reduced significantly in recent years. Approx 1% of the population have coeliac disease, around 90% who suffer from the disease don't use prescriptions.

Across South Yorkshire and Bassetlaw in 2018/19 over £400,000 was spent on prescribing gluten free food. If every region prescribed similar to Sheffield over £100,000 would have been available to be re-invested in other areas of healthcare.



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