Putting nutrition at the heart of patient care



An Update on Specialist Nutrition

Specialist nutrition helps people to be healthy, survive and thrive at every stage of their lives. It supports positive health outcomes and reduces costs to the NHS.

The innovation and regulation of formula milks

Formula milks are amongst the most strictly regulated of all foodstuffs (Regulation EU No 2016/127;¹ EU Directive 2006/141/EC).² Legislation incorporates the principles and aims of the World Health Organisation (WHO) Code on Breastmilk Substitutes,³ and is strictly enforced.

Yet, over the past year, there has been an increasing focus on the regulatory environment of formula milks. In May 2016, a resolution was proposed at the World Health Assembly (WHA) which called for the banning of advertising of all formulae for the first three years of life. Shortly afterwards, the Royal College of Paediatrics and Child Health (RCPCH) consulted its members on whether the College should receive any funding from formula milk companies. In late 2016, Alison Thewliss MP introduced a Bill to the House of Commons on Feeding Products for Babies and Children (Advertising and Promotion).

Although the recent WHA Resolution was "welcomed with appreciation" by member states, it was not 'endorsed'. Following extensive debate, member states concluded that it went too far in its proposals to prohibit contact between healthcare professionals and industry, to further restrict funding and to consider foods given to a child up to 36 months as breastmilk substitutes. Even so, some anti-industry groups have falsely claimed that the WHA69.6 was effectively 'endorsed'.

The RCPCH decided to continue to accept funding from formula milk companies, within strict pre-specified conditions.⁴ This decision reflected the belief of RCPCH members that, although any promotion of formula over breastfeeding would be unacceptable, there is a need for an open exchange of information between manufacturers and healthcare professionals relating to clinical research and product innovation, including formulae designed for special medical purposes.

The Bill put forward by Alison Thewliss MP was based on a number of serious factual errors and assumptions. In particular, in the mistaken belief that the formula milk industry is either self-regulated or not regulated at all, it aimed to establish an agency (the 'Infant and Young Child Nutrition Agency') to set, monitor and evaluate compositional, safety and quality

standards, labelling, and nutritional claims in formula milks for babies and young children. In fact, such an agency would duplicate those functions already available to existing official organisations under the existing law.

Department of Health consultation on reviewing gluten-free foods on prescription

On 31st March 2017, the Department of Health launched a consultation on the possible changes to gluten-free foods on prescription. The consultation, which runs until 22nd June 2017, is proposing three options: 1. Make no change; 2. End the prescribing of gluten-free foods; and 3. Only allow the prescribing of certain gluten-free foods. Gluten-free foods on prescription are only available for those who have been clinically diagnosed with coeliac disease.

Coeliac disease is a life-long autoimmune condition which patients are only able to manage by adhering to a lifelong gluten-free diet. The provision of staple gluten-free products on prescription has been shown to help maintain a gluten-free diet, reduce inequality and support patients. The perception that gluten-free foods are readily accessible is not entirely accurate as gluten-free foods are more expensive than normal foods and are usually only available from larger retailers. Therefore, those who are particularly vulnerable, i.e. those on low incomes or with limited mobility, may need to rely on access to gluten-free food on prescription.

Any restrictions of gluten-free foods are likely to impact patients' long-term health outcomes. The health implications of non-adherence to a gluten-free diet include depression, infertility, anaemia, osteoporosis, osteopenia and some cancers, all of which have a financial impact to the NHS.

Removing a prescription, in reality, removes the treatment for a patient with coeliac disease. BSNA welcomes the opportunity to respond to this consultation and dismiss some of the myths around gluten-free prescribing. We are calling for a national framework that stops the current postcode lottery and provides consistency across the country ensuring all coeliac patients are adequately supported in managing their life-long condition.

References: 1. Commission Delegated Regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding (Text with EEA relevance). Available online: http://eur-lex.europa.eu/legal-content/EN/TXT/7/uri-urisery/63AOJ.L_2016.
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4. Modi N (2016). The RCPCH and funding-from infant formula companies. BMJ Opinion. Available online: http://blogs.bmj.com/bmj/2016/10/31/neena-modi-the-ropch-and-funding-from-infant-formula-companies/ (Mar 2017).

About the British Specialist Nutrition Association

BSNA is the trade association representing the manufacturers of products designed to meet the particular nutritional needs of individuals; these include specialist products for infants and young children (including infant formula, follow-on formula, young child formula and complementary weaning foods), medical nutrition products for diagnosed disorders and medical conditions, parenteral nutrition and gluten-free foods on prescription. www.bsna.co.uk