Putting nutrition at the heart of patient care



How Gluten-free Prescribing in England has Changed

Coeliac disease is a lifelong condition where the body's immune system attacks its own tissues when gluten is eaten. The only treatment for coeliac disease is strict adherence to a lifelong gluten-free diet.

Poor or non-adherence to a gluten-free diet can result in serious, long-term health complications, including osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism, and deficiencies in vitamin D and iron.¹ For children, non-adherence can also result in complications such as faltering growth and delayed puberty.² Recent research has shown that a gluten-free prescription supports adherence to the diet.³

In practice, patients usually rely on a combination of naturally gluten-free foods and specially formulated gluten-free products, both on prescription and purchased in supermarkets, to replace key staple items in the diet and help increase dietary variety and nutritional adequacy.

Why has the prescribing of gluten-free foods changed?

Gluten-free foods were originally prescribed to patients with coeliac disease to help support adherence to treatment when the availability of formulated gluten-free products was limited.

However, in recent years, Clinical Commissioning Groups (CCGs) have increasingly sought to restrict and remove gluten-free foods on prescription, primarily driven by the need for cost savings. This has resulted in a significant postcode lottery for patients, prompting the Department of Health and Social Care (DHSC) to undertake a national consultation in England.^{4,5}

The national consultation was conducted in 2017 to look at the availability of gluten-free foods on prescription in primary care and to assess whether to make changes to the prescribing legislation for gluten-free foods. A number of options were proposed, including: to make no changes to provision; to end the prescribing of gluten-free foods; or to only allow the prescribing of staple gluten-free foods, for example bread and flour.

The consultation received almost 8,000 responses from patients, healthcare professionals, national associations, patient associations, NHS organisations and manufacturers of gluten-free foods. The DHSC conducted an evidence base review and impact assessment. The report of responses was published in January 2018, alongside an updated impact assessment, indicating that the health minister's preferred option was to restrict prescribing to gluten-free bread and mixes.

Amendment to the Prescribing Regulations

In August 2018, the DHSC launched a consultation seeking views on the legislative changes to the availability of gluten-free foods which can be prescribed in England, based on the continued prescribing of bread and mixes.

The amendment to the Prescribing Regulations came into force on 4th December 2018.⁶ From this date, GP surgeries in England are only permitted to issue prescriptions for gluten-free bread products and mixes only. The Amended Regulation includes a blacklist of all other gluten-free foods no longer available on prescription in England.

NHS England has published guidance to CCGs advising of the amendments to the prescribing regulations, highlighting that CCGs should align and take the guidance into account when formulating local policies. The objective of this guidance is to support CCGs in their decision-making, with the wider objective being to address the unwarranted variation across England and to provide clear national guidance to make local prescribing practices more effective.

Definitions and clarifications

Gluten-free bread: includes not only loaves but other types of bread products, including, but not restricted to, rolls, baguettes and ethnic breads. Bread products can be fresh, ambient or part-baked. Pizza bases are no longer available on prescription in England.

Gluten-free mixes: mixes are defined as a 'food mix' and include multipurpose/all-purpose mixes and bread mixes. Simple flours will no longer be available on prescription. Mixes are intended to enable patients to make different foods to help increase dietary variety and support adherence.*

Prescribing in Scotland, Wales and Northern Ireland

The recent changes to the prescribing of gluten-free foods in primary care only applies in England. In Scotland, Wales and Northern Ireland the national policy on the prescribing of gluten-free foods remains unchanged, and as such the devolved nations have sought to understand the implications of the change in policy in England. As part of this, Scotland, Wales and Northern Ireland have been working with the DHSC to ensure continued access to a full list of previously approved ACBS products in these countries going forward.

*Some low-protein products also bear the claim 'gluten-free'. These products are not within the scope of these changes as they are prescribed for a different clinical indication.

References: 1. NICE (2015). Coeliac disease: recognition, assessment and management. NICE guideline [NG20]. Available at: www.nice.org.uk/guidance/ng20 (Jan 2019).; 2. Murch S et al. (2013). Joint BSPGHAN and Coeliac UK guidelines for the diagnosis and management of coeliac disease in children. Arch Dis Child.; 98(10): 806-811.; 3. Muhammad H, et al. (2017). Adherence to a Gluten Free Diet Is Associated with Receiving Gluten Free Foods on Prescription and Understanding Food Labelling. Nutrients; 9: 705.; 4. Walker AJ, Curtis HJ, Bacon S, et al Trends, geographical variation and factors associated with prescribing of gluten-free foods in English primary care: a cross-sectional study. BMJ Open. 2018; 8: 3.; 5. Department of Health and Social Care (2018). Available at: www.gov.uk/government/...; 6. Department of Health and Social Care (2018). Gluten-free foods on NHS prescription. Available at: www.gov.uk/government/...; 7. NHS England (2018). Prescribing Gluten-Free Foods in Primary Care: Guidance for CCGs. Available at: www.england.nhs.uk/pub...

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, including parenteral nutrition, and gluten-free foods on prescription. www.bsna.co.uk