

Putting nutrition at the heart of patient care

NHS Prescribing: Changes to free prescriptions

The British Specialist Nutrition Association (BSNA) is the trade association representing manufacturers of products designed to meet specialist nutritional needs. Our members include manufacturers of formulas for infants and young children, including those designed to help manage special medical conditions. We also represent manufacturers of staple gluten-free foods which are made available on prescription to patients medically diagnosed with coeliac disease.

Gluten-free prescriptions at risk

More and more Clinical Commissioning Groups (CCGs) are considering, and also implementing, restrictions of gluten-free foods for patients with coeliac disease within their prescribing policies. This serious and unique condition requires life-long adherence to a gluten-free diet – the only known treatment.

For so many patients, gluten-free prescriptions promote adherence and support a nutritionally balanced diet. Non-adherence is associated with an increased risk of long-term complications, including nutritional deficiencies, osteoporosis and intestinal malignancy. Coeliac patients are threatened with having their provision of gluten-free food – a key element of support provided by the NHS – removed. However, restriction is likely to result in longer-term costs to the NHS, which will be far greater than those savings achieved in the short-term.

The reality is that the cost of gluten-free foods continues to remain significantly more expensive than their gluten-containing counterparts, a point made in a recent briefing by Coeliac UK on NHS support for patients with coeliac disease and in written evidence provided in September 2016 to the House of Lords.^{1,2} Such prescriptions are also of increasing importance to vulnerable populations, i.e. people on low incomes or with limited mobility.

We appreciate that there are barriers to overcome, but would urge that CCGs defer any decisions to restrict prescriptions, in order to explore options which ensure that coeliac patients continue to receive a foundation of support to facilitate them in self-managing their life-long chronic condition. We would also encourage communications between GPs and patients, to ensure appropriate prescribing practices.

A survey of coeliac patients commissioned by BSNA in 2013 found that any restriction in the availability of gluten-free prescription

foods had a substantial, negative, impact on patients' ability to manage their disease.³ In particular, the survey found that:

- Over eight in ten (86%) respondents agreed that accessing gluten-free foods on prescription was important in aiding adherence to a gluten-free diet. Those from more deprived backgrounds relied more heavily on their prescriptions to manage their condition, and appeared to have fewer options available to them.
- Around two-thirds (65%) of those who had had their prescriptions restricted reported a negative impact on their ability to manage their condition.
- One third (33%) said that restrictions to prescriptions had made gluten-free food harder to find and respondents also reported having to travel farther from home to find suitable foods costing them more money and impacting on their overall wellbeing.

Infant formulas also at risk

Within certain CCGs, prescriptions of infant formulas are at risk too. For example, proposals have included restrictions to soya-based infant formula, thickened infant formula, formulas for lactose intolerance, and for cows' milk protein allergy (CMPA). CMPA affects 1.9 to 4.9% of children and it is important that children with CMPA are diagnosed and managed appropriately with a prescribed amino-acid based formula (AAF) or extensively hydrolysed formula (eHF), as stated by NICE and the MAP Guideline.^{4,5} Conditions such as gastro-oesophageal reflux, lactose intolerance and CMPA can be significantly distressing to the parents of children who suffer from them, and to ensure best patient care we believe it is important that all infant foods for special medical purposes (iFSMPs), no matter what the severity of the condition, are available on prescription and are used under the supervision of a healthcare professional. Short-term financial savings may negatively impact patient outcomes and cost the NHS more money in the long run.

References: 1. Coeliac UK Briefing Document: NHS support for patients with coeliac disease. Available at: www.coeliac.org.uk/document-library/2444-briefing-nhs-support-for-patients-with-coeliac-disease. 2. Coeliac UK's written evidence to the House of Lords. Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/nhs-sustainability-committee/longterm-sustainability-of-the-nhs/written/38880.html>. 3. The full findings of the survey can be found on BSNA's website: www.bsna.co.uk/documents/Report%20on%20Impact%20of%20Restrictions%20to%20Gluten-Free%20Prescription%20Foods.pdf. 4. NICE (2015). Cow's Milk Protein Allergy in Children. Available at: <https://cks.nice.org.uk/cows-milk-protein-allergy-in-children#scenario:1>. 5. The MAP Guideline. Available at: <http://cowsmilkallergyguidelines.co.uk>.