

Prescribing of Gluten Free foods for adults in Sheffield

Item 19a

Consultation Report

October 2017

Introduction

NHS Sheffield Clinical Commissioning Group (CCG) launched a consultation on 8 September 2017 which ran for six weeks until 20 October 2017. People across Sheffield were encouraged to have their say, whether they lived with coeliac disease or not.

An online survey was produced. Paper copies of the survey were also available on request.

The consultation was promoted through a number of different channels including:

- NHS Sheffield CCG's website
- NHS Sheffield CCG's Involve Me network
- Patient Participation Groups across Sheffield
- Sheffield Patient Participation Group Network
- Local media, including coverage in the Sheffield Star and the Sheffield Telegraph
- NHS Sheffield CCG's social media including Twitter and Facebook
- Sheffield City Council's Citizen space
- Coeliac UK website
- NHS Sheffield CCG's GP and Practice Nurse Bulletins
- NHS Sheffield CCG's Staff bulletin

Feedback to the consultation

Three hundred and seventy six (376) responses were received through this survey.

To ensure that a wide collection of feedback was considered, the consultation also took into account feedback received from:

- Social media
- Correspondence with local and national organisations
- Complaint letters
- Member of Parliament enquiries
- Freedom of Information requests
- Media coverage
- NHS Sheffield CCG's Annual Public Meeting

All response data, including the thematic analysis, can be found as a separate appendix.

All qualitative responses from the above mechanisms were thematically analysed. The following themes describe the main topics that were fed back for each question.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?

- Dietary advice and information including recipes
- Regular reviews and monitoring
- Consideration of a voucher scheme or alternative arrangements of providing Gluten Free products outside of prescriptions
- Access to a dietician
- Shopping guide with a list of naturally gluten free products and Gluten Free manufactured products including details of where they are available and their cost.
- Monitor availability of Gluten Free products in shops. Concern that availability is associated with fad diets and will decrease if demand drops.
- Support groups and cookery classes
- Consistent care for everybody with Coeliac disease

NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.

- There was a mixed response to the proposals. The majority of respondents believed that Gluten Free foods should continue to be prescribed, although this should possibly be limited to a certain amount of units of only bread and flour per month. A significant amount of respondents were in favour of the proposals as they felt that food should not be prescribed by the NHS or that funds would be better used elsewhere.

“I feel that the prescription for bread and flour is necessary. I accept that other gluten free foods could be purchased by myself.”

- There has been an increased availability in Gluten Free products in shops, although these can still be limited in local shops and rural areas and can be inconsistently in stock.

“Whilst it is true that gluten free food is much more available in supermarkets than ever before, another concern is that there will be some people who do not live near a supermarket, only a small shop, and maybe cannot travel to a large enough supermarket to get guaranteed gluten free food when they need it.”

- Gluten Free products in shops are much more expensive than gluten containing alternatives.

“The gluten free foods are very expensive to buy so anything to help alleviate the cost of such foods would be a help.”

- People are significantly concerned about the effect these proposals may have on people with lower incomes, who are less likely to be able to adapt to a restricted diet due to limited finances, time and working conditions. They believe that these changes will lead to either a lack of adherence to a gluten free diet or malnutrition in these individuals. It was also

highlighted that there is an increasing use of food banks and that gluten free products cannot be guaranteed from this support.

“Those of lower financial and educational means are at high risk of non-compliance with gluten free diet.”

“Having food on prescription helps me to keep my costs down. I struggle each month with the cost of living alone, and have currently this month, whilst my diagnosis was being confirmed, spent nearly £100 on food to help live with this condition.”

- There are serious potential health consequences for a person with Coeliac disease who does not adhere to a gluten free diet. These include malnutrition, anaemia, vitamin D and iron deficiency, stomach and bowel cancers, osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism and neurological gluten ataxia.

“The future consequences of this are potentially damaging in terms of ongoing health problems.”

- The future cost to the NHS outweighs the limited savings that these proposals will make.

“You may think you're saving money in the short term by cutting gf prescribing, but the long term costs will end up being much higher!”

- Coeliac disease is a serious, lifelong, autoimmune condition that is not a result of lifestyle choices.

“Coeliac disease is an illness not a lifestyle choice.”

- A gluten free diet is the only treatment available to someone with Coeliac disease. The NHS does not spend anything on medication for people with Coeliac disease.

“If there was a medicine to treat the condition, I assume this would be available on prescription. Gluten free food is the only way to treat the condition so this in effect is the medicine.”

- A gluten free diet does not require Gluten Free products and there are many alternative, naturally gluten free foods. Some people believe there is an over reliance on Gluten Free products when there are better, healthier alternatives.

“I have not received prescription gluten free food for over a decade, because of this, my diet is healthier (choosing healthier natural nutritionally high gluten free foods), my cholesterol and glucose levels are now very healthy an added bonus.”

- People believe that these changes are unfair and discriminatory. Many have highlighted that other long term conditions, including those as result of lifestyle choices, still receive medication through prescription. Other responses highlighted that other dietary related conditions did not receive prescribed foods.

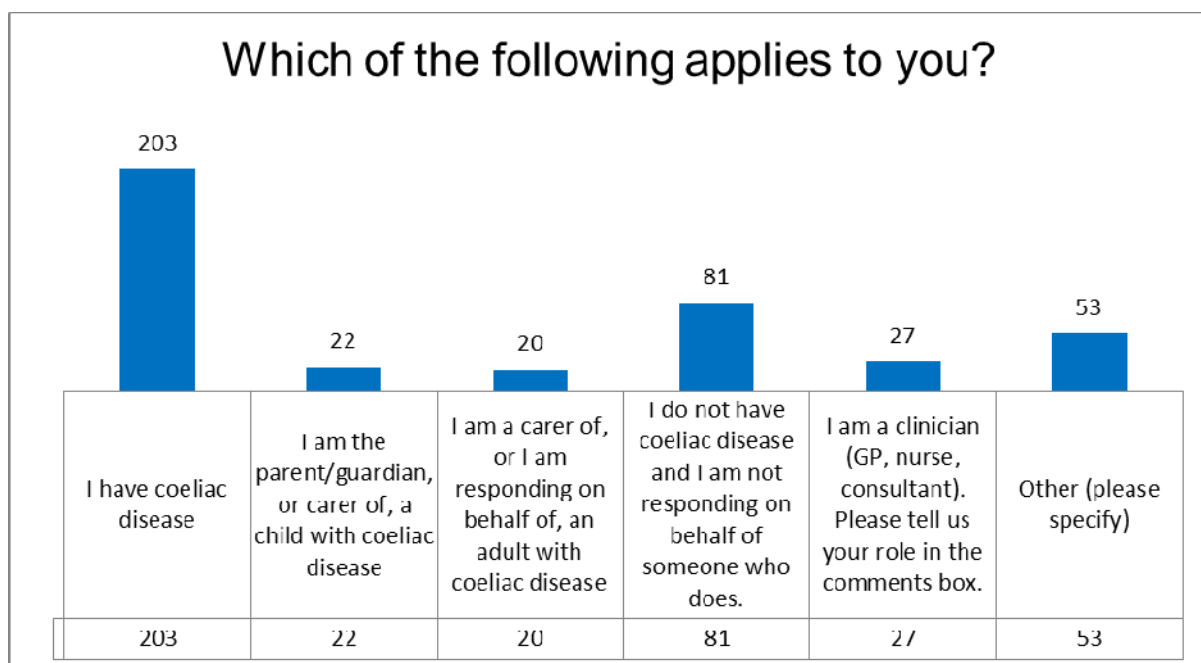
“How much money does the CCG spend on type diabetics, many of whom may have become ill due to unwise lifestyle choices.”

“People with life threatening allergies do not get prescription food. Focus on improving lifestyles, patient empowerment, patient centred care. Gluten free staples are available for those who wish to purchase them from the supermarket.”

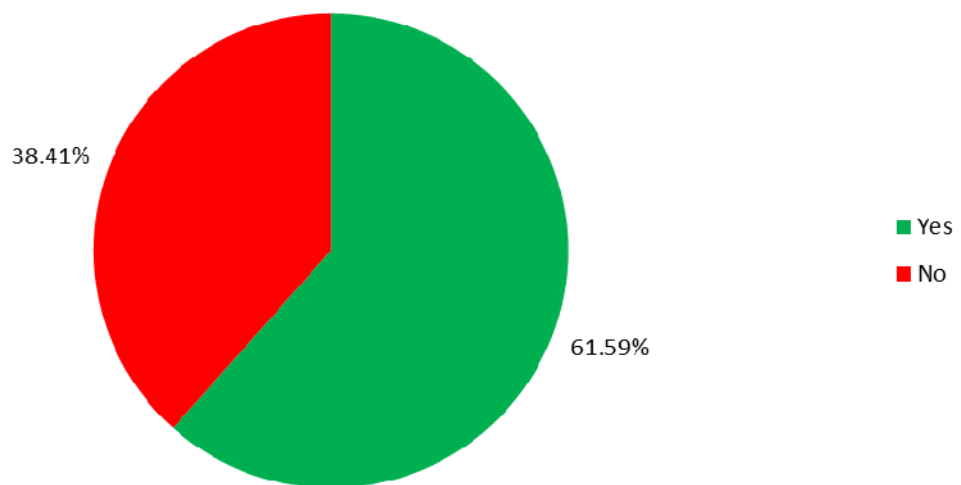
- Why has a local consultation been launched when a national consultation was conducted earlier this year, with the response expected soon?

“There is a lack of joined up thinking between different parts of the NHS and the patient is made to suffer for this. An example of this is the ongoing review being undertaken by NHS England of gluten free prescribing as a whole. Any decision as a result of the Sheffield CCG consultation could be in conflict with the outcome of the NHS England decision.”

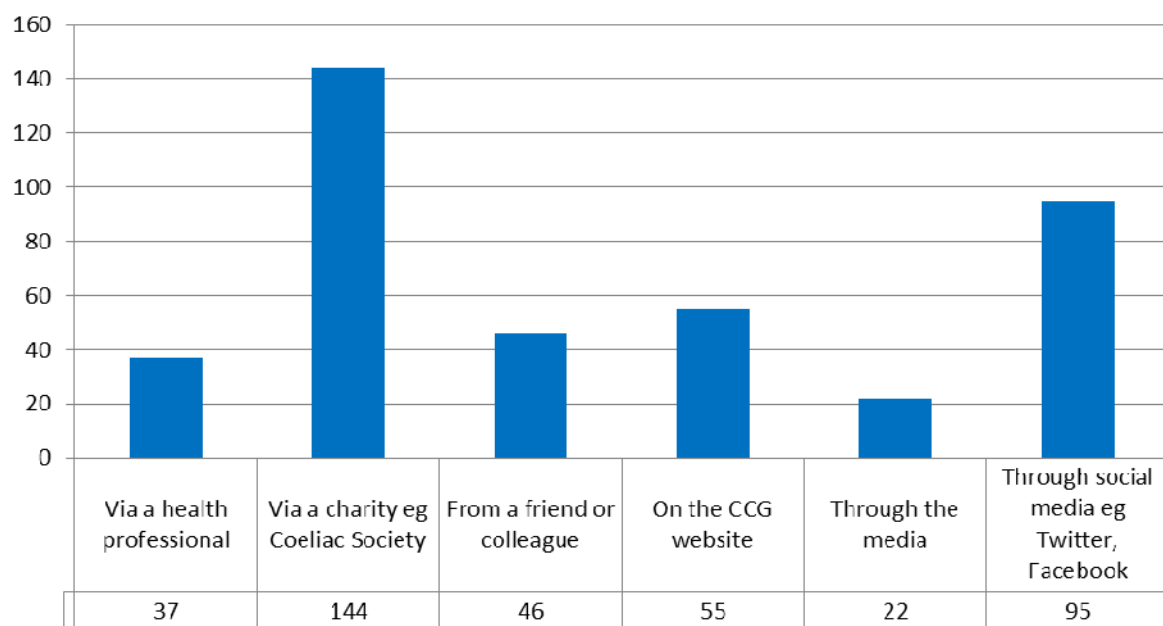
The following questions were also asked to every person completing the online or paper survey to help us understand who was responding to the consultation. We were unable to ask these questions from individuals who responded through other sources.



If applicable, do you (or the person you care for) receive gluten-free foods on prescription?

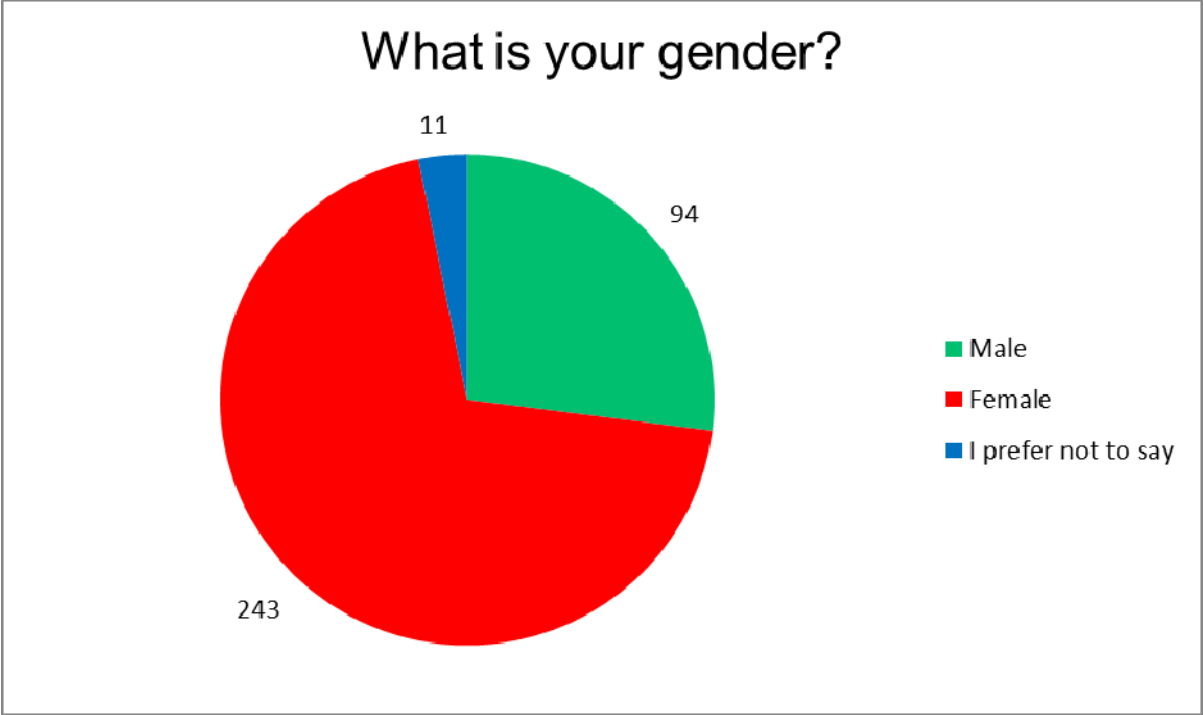
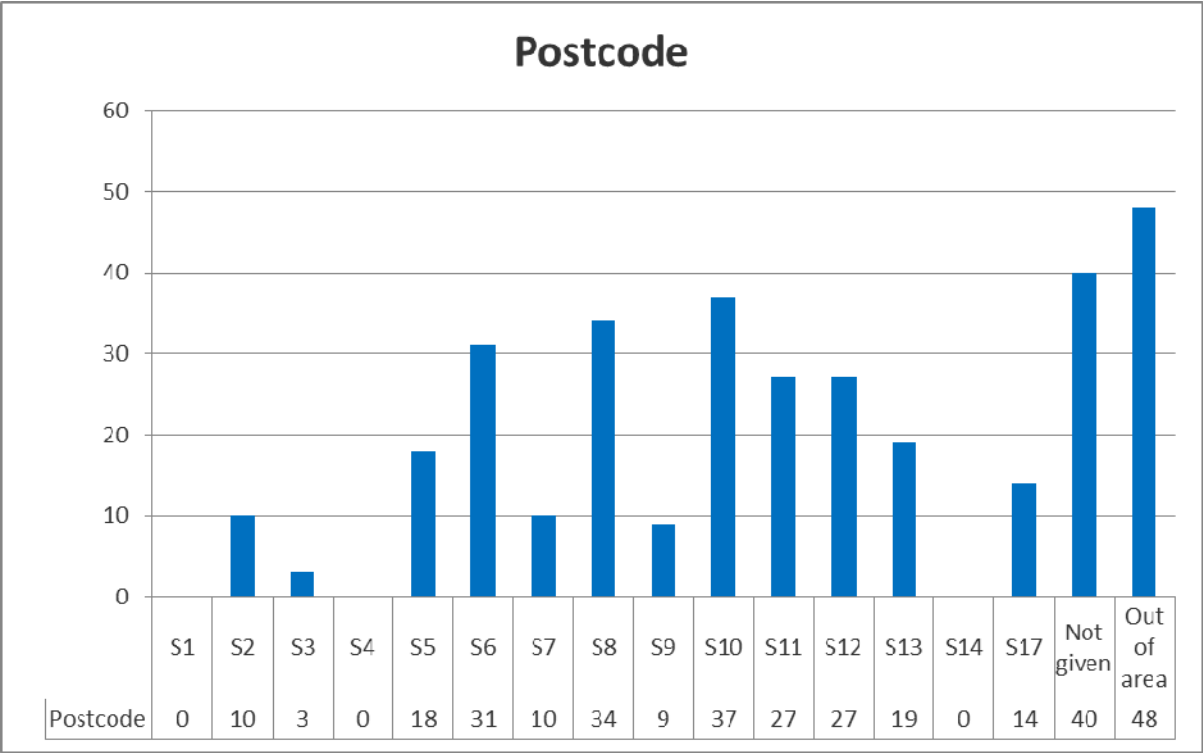


How did you hear about this consultation?

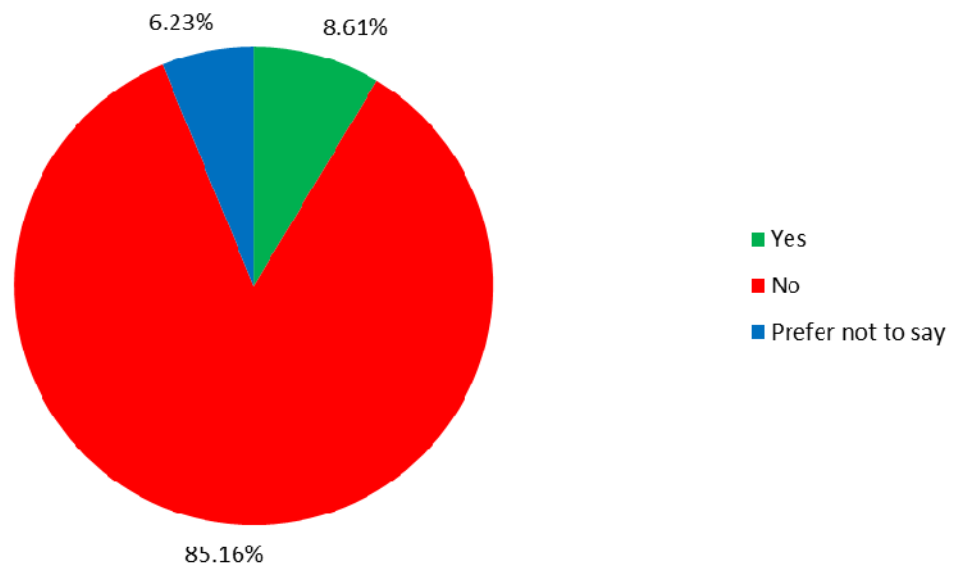


Equality monitoring

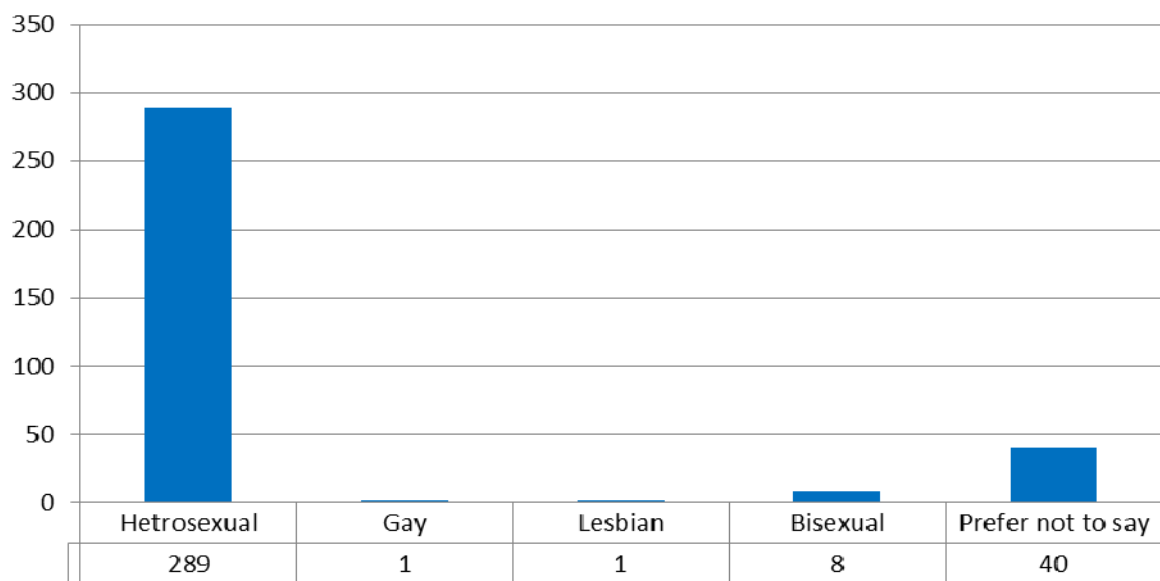
The following equality monitoring questions were asked to every person completing the online or paper survey. The questions were optional. We were unable to monitor equality data from other sources of feedback.



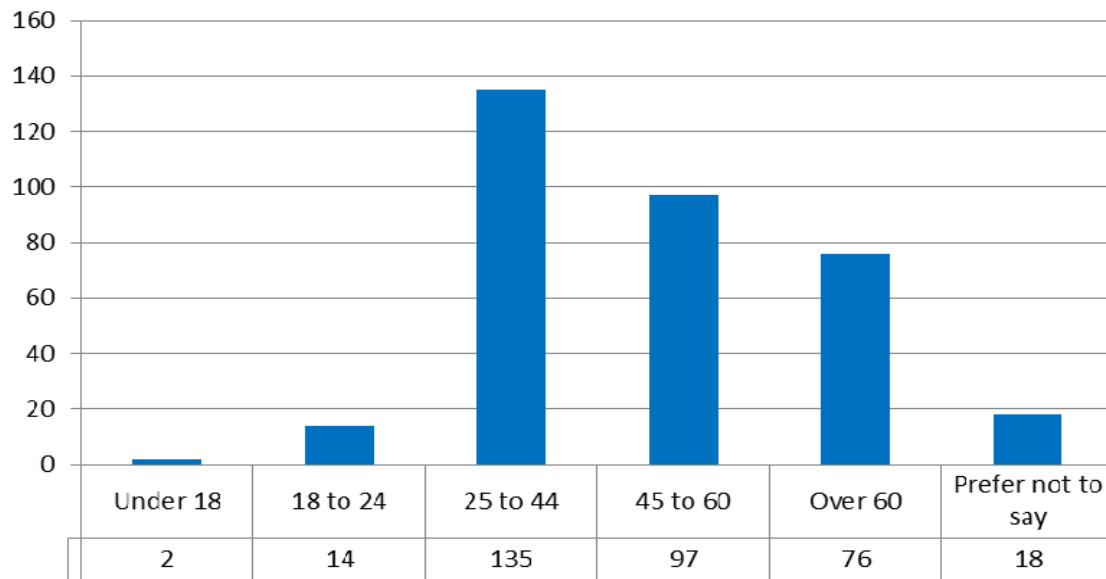
Is your gender identity different to the sex you were assumed to be at birth?



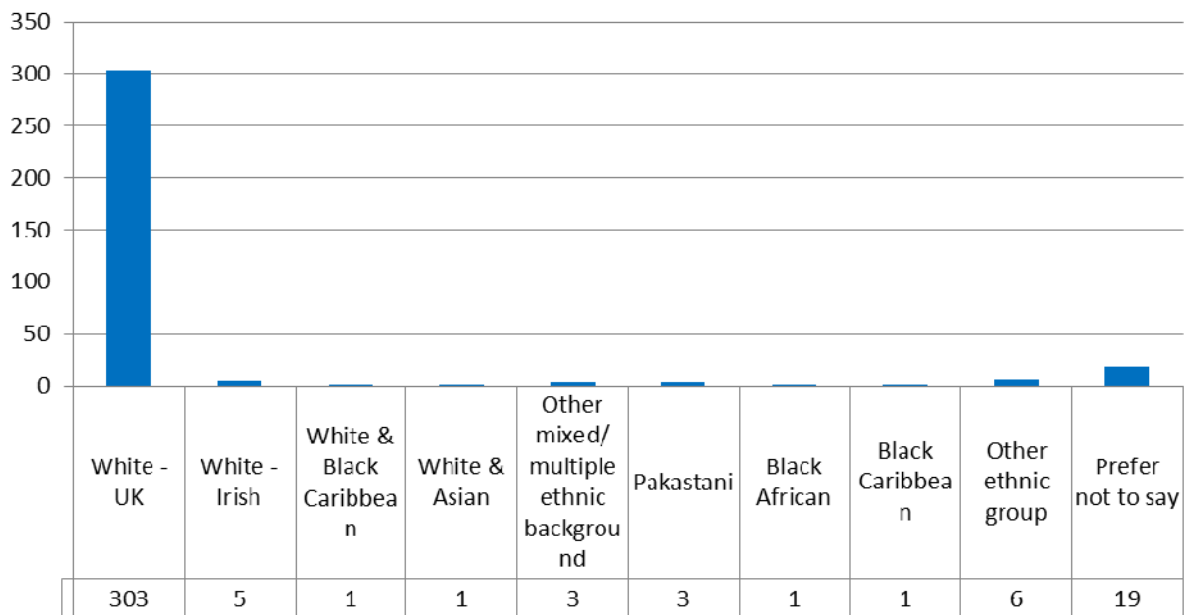
What is your sexual orientation?



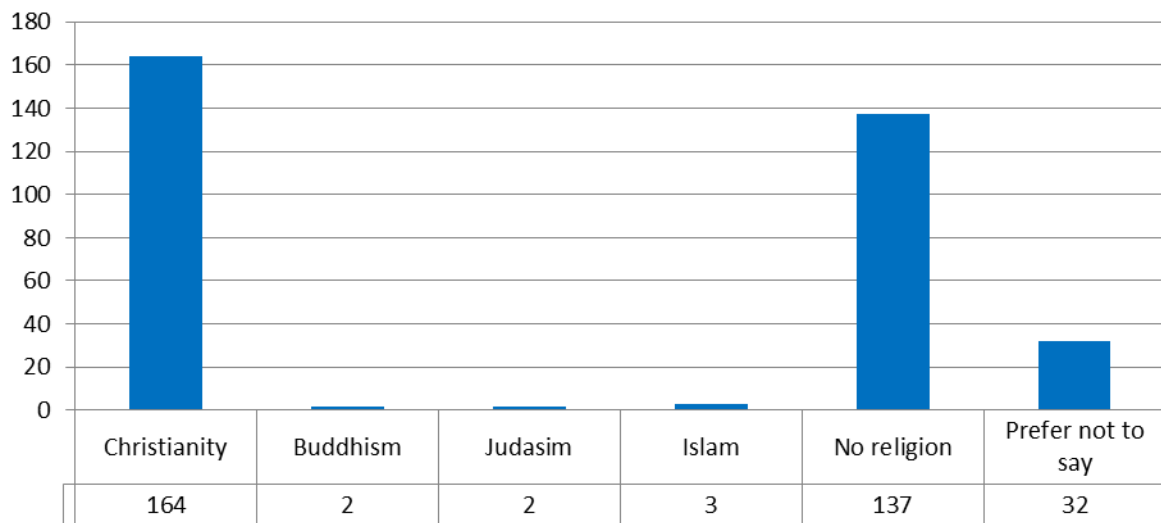
What is your age?



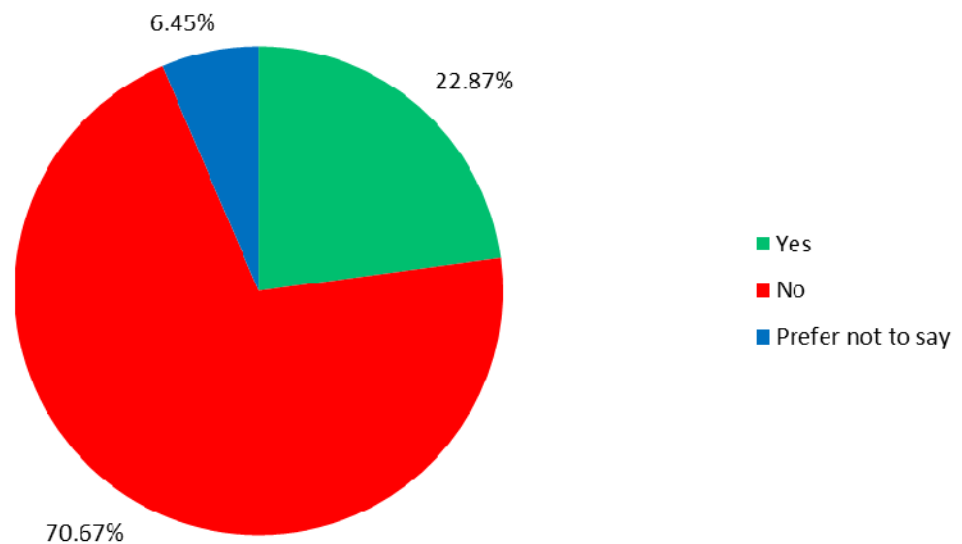
What is your race?



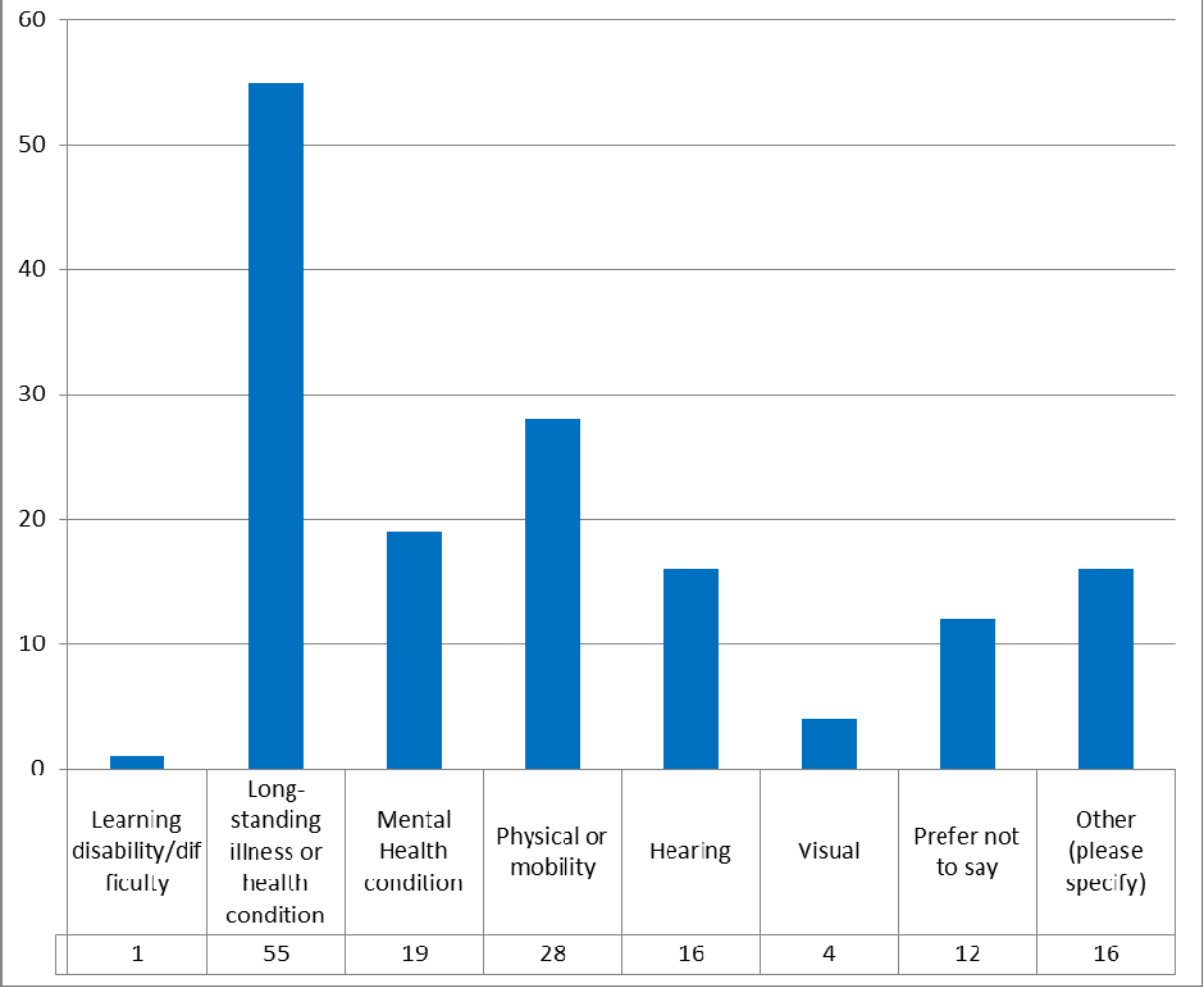
Do you consider yourself to belong to any religion?



Do you consider yourself to have a disability?



If yes above, what type of disability do you have? (Tick all that apply)



Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
Campaign for a more efficient way of helping family like ours manage the financial strain of coping with this disease.	Efficient solution. Affect on low income.	<p>Outrageous, short sighted, unfair and discriminatory. If it was any other disease that needed medicine help would be at hand. The savings will not even come near the costs of treating people who will find it impossible , due to costs, to follow a gluten free diet and thus become victims of chronic conditions. How will people on limited incomes or who are out of work manage ? The poorest , disadvantaged and vulnerable will be hit the hardest. Yes, a limited budget does have to be managed however, without doubt,in the long term a decision to cut these prescriptions will cost far more than it saves. Please evidence the savings against the costs of the treatment of the chronic conditions than can be caused by this disease.</p> <p>Gluten free foods now cheaper to buy so support this</p>	Short sighted. Discriminates. Medicine wouldn't be stopped. Limited savings. Future costs. High prices. Low adherence. Health consequences. Evidence. Agree. Costs reduced.
I feel that you could encourage supermarkets to lower the cost of their Gluten Free ranges which are far too expensive even for very basic items such as bread, cereal and pasta.	Lower prices. High prices.	<p>I am on a low income but do still purchase a 12 monthly pre-paid prescription in order to help me with the very high cost of Gluten Free food ranges offered in supermarkets. I also feel that Gluten Free food on prescription is less likely to be contaminated with Gluten than supermarket versions. Due to having Coeliac Disease if I wish to stay as healthy as possible I must avoid Gluten - surely it would cost theNHS far more, in the long run, if I cannot afford to follow this restricted diet'</p> <p>Whilst there is a much greater choice of GF foods in supermarkets these are all much more expensive than the non GF equivalent. This is of concern for those with a limited budget</p>	Pay prescription. High prices. Prescribed GF better quality. Future costs
Easy access to dietician	Dietician access.		Increased availability. High prices. Affect on low income.
Understand the complexities of the condition and what helps keep people with coeliac disease well and not needing hospital tests and interventions. I think if you understood this you wouldn't be removing gluten free food from prescriptions. If you do remove it from prescriptions you are making it much harder for people to manage their condition.	Understand condition. Manage condition.	<p>Coeliac disease is a life long auto immune disease, like diabetes for example. You wouldn't remove insulin from diabetics as it is their medication to keep them well. Likewise with coeliac disease, strictly adhering to a gluten free diet is the only treatment. To support people with coeliac disease you need to continue to provide their medication (i.e. Gluten free food), on prescription. If people don't adhere to the diet as the food is too expensive for them to buy, the NHS will find themselves paying out much more because people with coeliac disease will become ill and have complications, like bowel cancer, which I believe would cost the NHS a lot more money than continuing gluten free medication (food) on prescription.</p>	Coeliac serious condition. Other conditions receive treatment. Only treatment. Continue prescription. Low adherence. High prices. Future costs. Health consequences.
Instead of proposing to suspend the already greatly reduced provision of gluten free food on prescription to adult suffers of coeliac disease you should consider supporting the coeliac community by following the National Prescribing Guidelines. Research has shown that access to food on prescription supports adherence to the gluten free diet which is essential to the wellbeing of your coeliac patients. You say that it gluten free food costs less in supermarkets that it does to the NHS. Surely you could therefore reduce costs by providing coeliac patients with vouchers to purchase gluten free staple foods from supermarkets given that the patient has access to this type of store. I would consider staple foods to be: pasta, bread, flour and bread mixes.	Follow guidance. Adherence. Voucher scheme for staples.	<p>I am very disappointed by the proposals and the way that your argument is presented. To make the spurious claim about gluten free food that " ..prices have fallen to make them more comparable to products containing gluten" is either misinformed or deliberately misleading. According to recent data (May 2017), gluten free bread is on average 5.1 times more expensive gram for gram than gluten containing bread. In 2011 it was 4.8 times more expensive so prices have not come down compared to gluten containing bread. For patients on a low or fixed income who would be buying own brand supermarket bread a gluten free loaf is on average 6 times more expensive gram for gram. You point out that rice and potatoes are gluten free. In the UK bread is an important source of energy, dietary fibre, vitamins and minerals. It provides more than 10% of our intake of protein, B vitamins and iron and 1/5 of our dietary fibre and calcium. Including gluten free bread in the diet helps in meeting a patient's dietary requirements. The annual cost of prescribing gluten free products to a coeliac patient has been calculated a Â£195 per patient per year. The potential cost of non adherence to the diet resulting in future complications such as a hip fracture caused by osteoporosis would be significantly higher. A hip fracture would cost the NHS an average of Â£27,000 the equivalent of 138 years of prescriptions for one person It seems that no consideration has been given to the fact that the staple foods previously available on prescription form only part of a coeliac diet. Many foods are indeed naturally gluten free but overall some foods that would be part of a normal diet are much more expensive than their gluten containing equivalents. Thus people who for medical reasons need to eat gluten free face much higher food bills. You make no mention in your proposals about exploring alternative models of providing support to your coeliac patients and only consider a total suspension of prescribing gluten free food. The assertion that other CCGs have stopped prescribing gluten free foods is not a good reason why Sheffield should follow the same course of action. You also fail to put the number of CCGs that have stopped prescribing into context, it is in fact less than 25%. It seems a curious decision to review local prescribing guidance while a national consultation is underway. In summary your proposals are unfair and discriminate against a group of patients who suffer from a serious autoimmune disease where the only medical treatment is strict lifelong adherence to a gluten free diet.</p>	High prices. Affect on low income. Nutrients of bread. Health consequences. Future costs. Alternative models. National consultation. Discriminates. Coeliac serious condition. Only treatment.
Are you lot serious, are you taking the piss with this question, Keep prescriptions free and people with coeliac disease will be able to bette manage their condition better as they will not have to worry about having to eat foods with gluten in as people like myself on a poor income cannot afford to buy gluten free food. You shower of shits don't give a toss about the poor anyway.	Unhappy with question. Continue prescription. Manage condition. Adherence. Affect on low income.	<p>I will then be eating normal bread as i cannot afford gluten free bread on my income</p>	Adherence. Affect on low income.
		<p>We are troubled by the CCG's proposals severely to restrict the prescription of gluten free staples to adults. This is a finance-led proposal, not one based on patient need. Gluten-free foods are to combat a disease from which consumption of gluten can cause permanent damage. We agree that the NHS should support only staples such as bread and flour and not sweetened products. We do not however accept that the gluten-free foods sold by commercial retailers are as available, affordable or nutritious as their prescribed equivalents and as the CCG suggests. For instance we understand that many off the shelf breads contain added sugar.</p> <p>We also think that enabling GPs to prescribe only if damage to health is likely places an unfair burden on GPs and may in fact cause greater expense for the NHS because if fewer people use prescribed gluten free foods, the price to the NHS will rise. We think other steps should be considered if the NHS wants to control gluten-free prescription costs. It is not clear from the report which went to CCG Governing Body in September whether these have been considered. 1) GPs, in conjunction with local pharmacists, should be requested to review all gluten-free food prescriptions and take up to ensure that they are being given and used appropriately. This would include a discussion with affected patients to determine which products they really need on prescription. 2) Consideration should be given to a pharmacy-led service such as we understand operates in Scotland and some parts of England where the NHS pays a fee to pharmacists to dispense gluten-free foods without GP prescription. This would lessen pressure on GPs and play up the role of community pharmacists. 3) The NHS nationally should campaign for suppliers of gluten free foods to lower prices. Alternatively the NHS should consider a subsidy scheme for gluten-free staples bought off the shelf. All long term conditions impose their own expenses but this proposal to withdraw support given by the NHS for an unavoidable condition seems to us to be telling patients that some are more worthy than others. Who will be next? Because we believe that the proposal as it stands unfairly singles out a patient group and could put health at risk, we are opposed to the proposed restrictions on the prescribing of gluten-free foods.</p>	Finance led decision. Health consequences. Continue prescription for GF staples. Not luxury. Limited availability. Prescribed GF better quality. GP burden. Future costs. GP and pharmacist review. Pharmacist prescribing. Lower prices. Voucher scheme. Coeliac not a choice. Discriminates.
Improve access to dietitians.	Dietician access	<p>The CCG's proposal is based on the assumptions that: gluten-free food is widely available; it is reasonably priced in comparison to non gluten-free equivalents; that the preceding assumptions will continue to be true. I would draw their attention to the following peer-reviewed article which reports results on gluten-free food costs and availability in the Sheffield region. If they are basing their assumptions on evidence rather than selecting a condition that has little public sympathy, then it must be considered. Burden M et al 2015. Cost and availability of gluten-free food in the UK: in store and online. Postgrad Med. Journal. 91 (1081) 622-626 The article shows that gluten-free food remains significantly more highly priced, and is not equally available. Small local and budget shops often have a restricted range with higher prices meaning that those who are unable to travel and/or in lower socioeconomic groups would be discriminated against. The assumption that the current pricing and availability will continue into the future is uncertain as they are driven by a popular trend for non-coeliacs to buy gluten-free foodstuffs. Will the CCG monitor the position in the future and, if so, will formal studies be conducted? I would suggest that proper monitoring would significantly reduce the small cost savings being imagined. On a higher level, the CCG seem to be working on a principle that if a treatment is available at a lower cost if the patient pays, then they should. Will this principle be equally applied, to all treatments? Perhaps negotiating better prices with suppliers would be preferable. In summary, the CCG seem, to me, to have a selected an easy target i.e. a condition that is regarded by many as a fad and therefore not worthy of support. It is not clear that they have properly evaluated the evidence and do not seem to have validated their assumptions. I would request that they withdraw their proposals</p>	Evidence based. High price. Availability. Restricted range. Affect on low income. Assumption that price and availability won't change. Monitoring of change. Principles equally applied to other treatments. Negotiate prices. Continye prescription.
Better education but not free prescribing of common foodstuffs	Education. Don't prescribe.	<p>I agree gluten free diet is more accessible now than before and I think people should be encouraged to shop like the rest of us but sometimes premium prices still apply. Some patients meat struggle with extra cost however, I do think it's unsustainable to pay for this on the NHS also. GPs are there to treat those in need not assess if they can afford to do shopping, what will the guidance be if they own a house or have a job they cannot have a prescription? People who work can in some cases be less well off due to personal financial circumstances. Think this will be difficult to establish in a 10 minute consultation. Maybe this needs to be led at a higher level to provide products at equal prices to average household costs for similar items, or in some way subsidise costs? I agree that limited funds need to be used effectively and funding common food sources is not an effective use of scarce resources. Availability has increased and costs reduced so they are more readily available. Plus people can have a healthy diet without gluten free products I appreciate that budgets are finite and the challenges it poses against a backdrop of ageing population and increasing health needs With this in mind tough decisions around redetermining what can be covered by budgets has to be made and I feel that ceasing this provision wouldnt have an adverse on peoples health and therefore has minimal negative affects compared to the benefitts required for challenging budgets.</p>	GF more accessible. High prices. Unsustainable for NHS. GP can't assess finance. Equal prices. Subsidise costs. Limited funds. Not effective to prescribe food. Increased availability. Costs now lower. Healthy diet without GF.
		<p>I think this is appropriate. Many of us have to be selective with food e.g. garlic intolerance, allergies, IBS and that is just life</p>	Non coeliacs have to be selective over diet. Appropria11e.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
More advice around which foods are gluten free. People don't have to eat bread to get a healthy balanced diet	Dietary advice. Alternatives to GF	I'd rather see NHS money spent on life saving drugs for people who have no choice, than on foods for people who could easily choose other options.	NHS should spend on life saving drugs. Alternatives available.
Take the time to realise that not all pensioners are rich those on basic pension before April 20017 receive £126 pow £604 per month continued snipping away at free prescription put a op at risk by time electric gas and water are paid that doesn't leave a lot be careful if it comes to choice of keeping warm eating it could leade to people being admitted to hospital because nessersery drugs have not been taken due to cost the cost of only 30 -40 hospital intakes would wipe out any saving. Not every one is on a index gold plated pension	Health consequences. Affect on low income pensioners. Future costs.	They available G F food is not as available as your making out in many cases the food is on a like for like basis is 300-400% more costly,on a basic pension that is not equating to a pension pocket if people are receiving garented pension credit then they are below the poverty line I belive it would be a worth while saving as there is no so much availability within supermarkets, but it may be necessary to support vulnerable elderly people who might need more help in raising their awareness of what's out there for them, accompanied shopping trips.	Availability. High prices. Affect on low income.
Provide menu support both online, and possibly with classes to help patients see how they can use alternatives to gluten products	Recipes. Education classes.	To be honest it would be detrimental to their health. The benefits in the 1980's was bad and now it's even worse. They already live on a basic diet. This would just cause more poverty and for people on low incomes. To buy a packet of 9 gluten free biscuits cost around 1.50. I work and a large part of my budget goes on a gluten free diet. Plus your forgetting something here. A person who does not stick to this diet is more prone to stomach cancer and bowel cancer. If i was on benefits or low pay and couldn't afford the gluten free diet because I had to pay for the prescription. I not going to go hungry. I going to buy normal food with the gluten in. This is then going to cost the nhs more money because people will then end up very poorly as you will already know this. They have been enough cut backs. It needs to stop. People want to live a healthy lifestyle and you are supposed to promote health and wellbeing. How can stopping nhs prescription for gluten free people promote health and well-being. People have to live Food is readily available in supermarkets. Reduce the amount on prescription further. Need to be aware of patients on low income Don't want to make it a means tested service. Questionable whether the anticipated savings will be achieved and what the negative effects of ceasing provision will be - supermarket products tend to be laden with sugar and other additives. The breads available on prescription are not available 'off the shelf' in retail outlets. Best decision in ages Long overdue in my opinion You can purchase gf foods in most supermarkets I don't get gf food on prescription because it was too much trouble and money is not a problem for me. But for anyone on a limetic income the price of gf bread could be prohibitive so I absolutely oppose the change. I think it disadvantages people with coeliac disease unfairly. It's discriminatory. Gluten free bread is more expensive than ordinary bread plus it's not easy to find at times. There are definite repercussions if coeliacs or gluten intolerent individuals eat bread with gluten in it which affects individual's health for the worst. It's not fair to pick on these individuals who have a genuine health condition, where will NHS sheffield CCG stop and draw a line with their discriminatory practice. It's just a gradual erosion of the Health Service working to prevent poor health. Shame on the CCG Problem first you remove vitamins now I buy next g t foods and then you want pankitlers. I-for a lot of people my age private pensions where not available for the normal work force we paid in to national insurance plus serps. So now a lot of pensions need a garentee pension creadit becouse we are deemed below poverty line , the exta expense of vitamins and g f would mean have to find £30-40 per month do we then go cold. What your proposal dos t take that in to account nor is the g f food as widely available as you seem to think. A 1kg of oats £1.50 gf 500grm £2.45 on a like for like basis that's £4.90 that's over 300% more flour is similar and in some stores not available. What is the cost of providing morning after pill repeatedly to same people free at central clinic or condoms that are wildly available even in slot machines &every pharmacist,people get their love lubes excetera from supermarkets so why not condoms and morning after pill. A patient requiring inpatient treatment will be costly,and the people deciding are not the people treating it might in the long run be more costly if patients are admitted to hospital because they can't afford to buy at shop prices. Although I appreciate that the prescriptions are funded by Sheffield CCG I do think that sweet foods like biscuits are not essential bu bread is. GF food should be available to people with CONFIRMED coeliac disease. It is the treatment of a disease. Patients who think they may have gluten intolerance do not fall into this category. This is a very short sighted proposal. The cost to the NHS of coeliac patients not adhering to a gluten free diet will be considerably more than that saved by cancelling gf prescriptions. Yes gf foods are more readily available than they have ever been in large supermarkets but they are not available to those reliant on local convenience stores. Also the cost is not comparable to standard products. I can buy a standard loaf of bread for less than 50p. A gf loaf, less than half the size, costs more than five times as much. Both access and cost will be a factor in many coeliac patients being unable to maintain a gf diet. This is the ONLY treatment for Coeliac disease and by cancelling gf prescriptions some people will be effectively denied treatment. That will inevitably result in poorer health and therefore costs to the NHS. False economy. Of all the gf prescription foods bread is probably the most widely and frequently used, the hardest for smaller shops to stock (due to short shelf life) and most expensive to purchase. At the very least bread should be maintained on prescription. I am in favour, maybe all stakeholders will take the condition more seriously, people with life threatening allergies do not ge prescription food. Focus on improving lifestyles, patient empowerment, patient centred care. Gluten free staples are available for those who wish to purchase them from the supermarket, I have not received prescription gluten free food for over a decade, because of this, my diet is healthier (choosing healthier natural nutritionally high gluten free foods), my cholesterol and glucose levels are now very healthy an added bonus. Completely support this with the caveat that GPs can prescribe where nutritionally necessary. I think this is an excelltent proposal and a good way of saving the NHS some badly needed fund: Mixed feelings, whilst I believe some people use this system wisely and don't order excessively others will order just because they can whether or not the food is needed. Education is the key I believe.	Worthwhile saving. Increased availability. Support vulnerable. Shopping guide.
Yes do not stop the free prescription for people who are on low incomes under 20.000 or people with low pensions or people on benefits	Continue prescription for low income		Health consequences. Affect on low income. High prices. Future costs. Cutting prescription does not promote health and wellbeing
Maybe have a website dedicated to pt's and advertise the lowest prices of gf foods in the local supermarkets:	Shopping guide		Increased availability. Need to consider low income. Don't means test Savings won't be achieved. Health consequences. Prescription GF not available in shops. Agree. Increased availability.
Yes, continue prescribing the basic gluten free products	Continue prescription		Affect of low income. High price.
Yes continue prescribing	Continue prescription		Discriminates. High prices. Availability. Health consequences. Genuine health condition. Erosion of NHS.
If it happens that gluten free foods are stopped on prescription then try and make them a lot cheaper to buy especially breac	Lower prices		Vitamin D previously removed. Affect on low income. Heat or eat. High prices. Availability. Sexual health spend. Future costs.
			Bread is essential.
			Only treatment. Should be available for diagnosed
Maintain gf prescriptions.	Continue prescription		Future costs. Increased availability. Not available in smaller shops. High proces. Only treatment. Health consequences. Bread should be maintained
Improved diagnosis, management, reviews, emphasise/encourage importance of strict natural gluten free diet, available information e.g. healthy eating choices websites on NHS for gluten free, seriousness of the systemic condition (damage to nervous system, bones, etc.), good nutrition. (majority of the processed, and staples that are gluten free are low in nutrition) Fully educate about natural alternatives to gluten containing foods. They will need training in preparing and cooking alternatives No	Better diagnosis. Regular reviews. Dietary advice and information. Educate on alternatives. No		Agree. Life threatening allergies don't get prescription food. Focus on health education and care. Increased avaiability. Healthier alternatives to GF Agree. GP discretion important. Agree. NHS needs to save money.
Diet advice at the same time or soon after diagnosis.	Dietary advice soon after diagnosis.		Some abuse system. Education.
Earlier diagnosis of the condition would help individuals with coeliac disease. This would save the NHS money wasted in futile doctors' appointments and inappropriate treatments before diagnosis and heavy expenditure coping with the damaging effects and long term illnesses which the coeliac condition can cause if not recognised and treated early enough. Excellent support from all GPs and NHS for people immediately after their diagnosis for Coeliac Disease is invaluable, followed by ongoing support/reviews for patients as appropriate.	Better diagnosis. Consistant care. Regular reviews.		NHS needs to review. Agree. Increased availability. Don't end all prescriptions. 3 year transition after diagnosis. Support after diagnosis. Need to monitor availability.
1/ Spread the extremely high costs of gluten free items such as bread and cereals over those that are non gluten free, so that there is less of a difference in the prices to encourage those with coeliac disease to buy gluten free food and to stop them from being tempted to purchase the much cheaper none gluten free foods. 2/ Ensure that all supermarkets, even local ones are well stocked with all gluten free foodstuffs, to help those who have to rely on public transport to travel miles to the larger supermarkets usually in quite remote places. 3/ Ensure that gluten free items similar to those on prescription, such as bread, corn flakes, savoury biscuits and crackers rather than the 'Junk type' foods, such as cake bars and cereal bars. are available to buy from all supermarkets. 3/ Allow those on state pension in receipt of guaranteed pension credits to stay in receipt of their 14 units of gluten free foods, so they do not have to make the choice in winter time to either 'heat or eat'.	Normalise prices with non GF food. Supermarket availability. Prescribe to state pension receivers.		High prices. Other conditions receive treatment. Health consequences.
Staple foods should not be withdrawn. If that is the case, all people wanting to quit smoking should receive no help, the obese no help. This is an autoimmune condition and whilst GF food is available in supermarkets it is still so cost prohibitive that we cannot afford to be paying £2.50 for a small loaf of bread	Continue prescription. Lifestyle choices don't have to pay. High prices.		Limited savings. Increased availability. High prices. Monitor availability. Discriminate.
			Continue prescription. Lifestyle choices receive treatment. Increased availability. High prices.
Yes, help provide food on prescriptions and give them some variety.	Continue prescription		Discriminates. Coeliac not a choice. As serious as cancer. High prices. Health consequences. Restricted diet.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
		I agree with these proposals. With limited funds they need priorities. There are options of many foods which are naturally gluten free and gluten free options readily available to buy, so these foods on prescription are not essential. With health care costs expected to rise due to aging population and other factors, limits will be needed to non life saving treatments	Agree. Limited funds. Alternatives available. Increased availability. Rise in health costs.
continue to prescribe staple GF foods especially those at reasonable cost (not supplied by Juvela).	Continue prescription with reasonable cost manufacturers.	The proposal is to continue supplying children some of whom come from rich families with the ability to pay and many adults, and especially many pensioners are too poor to pay the much higher costs of GF food in supermarkets. Either means test all or none	Children should be same as adults. Means test.
my condition has been managed very well by my practice.I can make suggestions where you can save much more than the 100,000. ie if an error (quantity) is made on the prescription and sent to the chemist and this pointed out to the chemist .The chemist will only give out the quantity on the prescription,resulting in a second prescription being required and a second charge on the nhs.If you changed this i.e. make it so that chemist cannot charge for a genuine error I can guarantee that more the amount your proposal will save will be more than covered. I feel like there is a much larger selection of Gluten Free products now, supplied by different companies in the supermarkets and can often not be that much more than normal food. I work for a UK wide frozen meals delivery service and we have a gluten free range of meals and desserts available that can be delivered to a home for free and there is no minimum order so this would help someone with coeliac disease as they wouldn't even have to leave the house.	Condition managed well with GP. Save more money from reducing prescription errors.	SEE ABOVE	Condition managed well with GP. Save more money from reducing prescription errors.
	Larger selection of GF products. GF frozen meal delivery services available.	I didn't know gluten free foods were available on prescription, I don't think this is a necessary use of the NHS' budget as mentioned previously, there are several options available.	Agree. Alternatives available.
Education via schools and libraries etc on healthy cooking techniques	Education on healthy cooking	Fully support the proposal. GF food is now widely available in every supermarket, and is no longer a specialist product. Appalling! I can afford to buy products, many can't! Coeliac is a genetic condition so can hit some families on multiple levels. GPs don't know enough about individuals circumstances to be sure who to prescribe for; some will be hovering around the cut off point. This is a disease which can cost the NHS severely in the future if a strict diet isn't followed in terms of damage to the body/health. This is becoming a two tier system. Diabetes type 2 is being favoured and indulged and we are being treated with contempt. I exercise, eat well, drink moderately, don't smoke. I benefit in no way from this approach, but if I didn't look after myself I could get much of what I pay for on the NHS. The percentage spent on Coeliac population is a drop in the ocean. Spend to save on the potential effects of not adhering to the diet There are so many more options for people with this disease nowadays in terms of products I do feel that only people on very low incomes should receive gluten free foods on prescription.	Agree. Increased availability.
Better access to dietitian advice. Support from Nurse Team at GP surgery if requested. Voucher system to use in supermarkets not prescribed products as poor quality and repetitive. Free membership of organisations like Coeliac UK for those on lower incomes. Regular monitoring of bloods for Coeliac Indicator levels. Signposting to reputable sources of support eg via social media, websites of charities, good nutritional advice, recipes which use non gluten substitutes	Dietary advice. Nurse team support at GP Practice. Voucher scheme. Membership of Coeliac UK for low incomes. Regular monitoring.		Genetic - can affect families. High prices. GPs can't assess finance. Future costs. Health consequences. Other conditions supported. Unhealthy get support while healthy don't. Limited spend relatively. Increased availability. Alternatives available. Support low income with prescription.
	Signpost to support and recipes		
No the NHS have enough info on this, people need to take responsibility for themselves and look into it themselves.	No. People should do it themselves.	it is outrageous that the NHS funded this in the first place, people who require GF foods should pay for these themselves at the supermarket. An enormous amount of food is gluten free, you can even get a takeaway pizza's that are gluten free. People can bake themselves gluten free baked goods such as bread and muffins. it shouldn't be allowed for under 18's either I agree that the foods should not routinely be prescribed. I appreciate that they may cost more to buy but there are lots of other groups within the population who are in a similar situation but don't get free prescriptions. My daughter has a cow's milk allergy but she was not offered any alternatives on prescription. A litre of soya milk costs about £1.40, which is almost double the cost of a litre of milk.	Shouldn't fund GF in first place. Alternatives available. Don't prescribe for children.
			Agree. High prices. Other conditions don't get prescribed food.
Dietary advice on recipes and alternatives to bread etc	Recipes. Alternatives suggestions.	Prescribing food to those who can achieve the same result by modifying their diet is surely not best use of scarce NHS resources. Fair enough but more information should be given to help cut costs. For example I had been buying my son sausages and cereals labelled as gluten dairy and wheat free at a high cost until a helpful shop staff member highlighted main store brand cereal and sausages which are gluten wheat etc free anyway and less than half the cost.	Alternatives available. Not best use of resources.
Help with meal/recipe /food knowledge or ideas	Recipes.		Agree. Shopping guide. Alternatives available.
Access to dietetic advice . Practical educational resources eg cooking , sourcing of GF foods. Patient support materials / groups	Dietary advice. Recipes. Shopping guide. Support groups. Information.	Vulnerable adults, predictably those of lower financial and educational means are at high risk of non compliance with gluten free diet the NHS should provide a restricted number of staple items to those of limited means who have confirmed gluten sensitivity You should continue to support prescribing of gluten free staples such as bread and pasta to all with celiac disease. Gluten free basic foods are prohibitively expensive to buy. Your proposal is an easy target for cost cutting, the gluten free diet is the only treatment available to celiacs if there were drugs available which were being prescribed would you be withdrawing them? I think not! After 30 years of the NHS failing to diagnose my celiac disease causing many related illnesses and needless time off work,the least you can do is continue to provide the small amount of gluten free food on prescription that is currently available. Prescriptions which I pay for.	Vulnerable groups at risk. Provide restricted GF staples to low income.
		I think, because of the high cost of GF bread and flour, these 2 items should be available on prescription The cost of gluten free food has reduced significantly in recent years due to increased market demand, therefore the cost is not too dissimilar to non gluten free alternatives. As such the initial rationale for prescribing is no longer valid. Agree - cost too high, the more people are becoming intolerant to gluten they need to be able to live with this lifestyle change. would suggest under 16's / students to still qualify ! Not the low income though	Continue prescription. High prices. Only treatment for Coeliac. Medication wouldn't be withdrawn. Failure to diagnose. Pay for prescriptions High prices. GF bread and flour should be available.
website recipes and sign posting to support groups / help handy tips Signpost appropriate retailers who stock available competitively priced products. If more people bought them, more would be available. Suggestions for GF meal options that don't rely on the speciality foods being purchased, suggested substitutes for GF alternatives that can be easily incorporated into diet.	Recipes. Support groups		Cost reduced due to market demand. Prescribing no longer needed
Gluten free foods are the "medication" for this condition and as such need to be available on prescription. The larger more expensive supermarkets have a good but expensive range of GF foods but many people cannot afford them. GF foods are vital for preventing complications from untreated coeliac.	Shopping guide. More people buy, more available. Dietary advice without GF products or substitutes.	Should only be prescribed to patients facing financial or social hardships. GF food now widely available at better prices. Plenty of other GF options without having to rely on speciality foods I support this as gluten free food is now widely available and should not be subsidised by the NHS	Agree. Increasing costs to NHS. Keep children's prescriptions.
	GF food is medication. Continue prescription. Higher prices. Affordability. Health consequences.	As above! This is removing the treatment for this difficult condition and will result in long term complications. These will be more expensive to treat than providing the proper treatment in the first place	Only prescribe to low income. Increased availability. Cost reduced. Alternatives available. Agree. Increased availability. NHS shouldn't subsidise.
			Only treatment. Health consequences. Future costs.
		I agree with you - it should be stopped, but it must be made clear that in certain circumstances, it could still be prescribed You correctly state that supermarkets stock more GF foods than in the past. However, what you FAIL to highlight in the consultation is the far greater cost of these foods than non-GF equivalents - by a factor of 2 or 3 or even more. Removing the ability of GPs to prescribe basic GF foods for adults will undoubtedly compromise the health of the many people in Sheffield with coeliac disease who currently struggle financially. This would be a cruel hit for such people who already have to manage with a problematic life long condition suffered due to no fault of their own. Many of those with coeliac who can afford to buy GF foods may not avail themselves of their full free prescription entitlement anyway. You must not remove the option of basic GF food on prescription for those who need it. Where is compassion in the "new" NHS? I think it is a good idea, whilst gluten free products are readily available in supermarkets but should the fad of gluten free dwindle then it might be more difficult/expensive to source products Cost will be greater to treat if people stray off diet due to extra cost Although I don't suffer from a gluten intolerance I have noticed supermarkets now offer a wide range of gf products for a similar price to the gluten variants I disagree. Bread, flour, pasta should be provided on prescription. The GF versions are much more expensive than "normal" items in the shops and some people will struggle to afford them. Some of the prescription GF items are more nutritious than the shop ones, which is very important for coeliacs to get the right nutrients. Even in towns there is often no GF item in the local shops or the supermarkets have run out. This must be very tricky in rural areas. Why take away adult prescriptions when the coeliac diet is life-long to avoid ill-health. This is discriminatory against people with coeliac disease (just because the treatment is not a "medicine", but a diet) - where does this kind of logic end? NHS CCG is failing patients and carers and should be ashamed to call themselves a professional body if considering withdrawing staple foods i.e. Bread and Flour off prescription That's all well and good but when you consider that a large loaf of normal bread costs around £1.20 and a small loaf of Gluten free bread costs around £3.00 and that's just one item. Is it right that we people with an incurable disease should be penalised? Why not bring the cost of our food inline with normal food and then there wouldn't be a need for food on prescription. That way the NHS could save its money and we would be treated fairly. As shop bought gluten free products can be expensive compared to standard items it can be difficult for those on low income. Maybe means testing prescriptions so those on most need still receive assistance I think it shouldn't happen. Some people may not be able to afford gluten free food so taking away that right may mean putting them in harm. I am a 66 year old newly diagnosed only within the last 12 months, so I have to change my whole diet to improve my health. At my age it is difficult to get my head around what I can and can't eat and now you want me to pay an excess just for some routine food that's cheap for everybody else! Such a small amount of money from the NHS budget helps those with a lifelong autoimmune disease who in everyday life find themselves excluded and different, helps to eat normally. I think this is unfair on people with coeliac disease as there is NO CHOICE but to buy the vastly expensive gluten free labelled foods to avoid internal damage. This is not an intolerance of sensitivity, it's a serious autoimmune disease. We could not afford to buy all our sons gluten free foods if it wasn't for the prescription providing the basics. But removing the prescription it's essentially a tax on those who cannot help bring sick. What's next? Asking diabetics to pay for their insulin rather than getting it in prescription? I agree. But perhaps support groups would be helpful to newly dishonoured adults as they seem to struggle the most with changing their diet and the challenges of eating gluten free Bad .. Gluten free bread , flour , pasta is 3 x expensive and I believe people will not follow a gf diet if no support given	Agree. GP discretion important.
I have seen the challenges and results of living with coeliac disease both professionally and personally at family level. It is a difficult condition to live with and even more so if the family budget is tight. Please do NOT reduce the provision of gluten free foods on prescription	Difficult to live with. Cost pressure. Continue prescription.		Increased availability. High prices. Health consequences. Affect on low income. Coeliac not a choice. Continue prescription. Lack of compassion
robust annual reviews	Annual review.		Agree. Increased availability. Monitor availability Future costs.
Information on how a varied healthy diet can be achieved without specialty manufactured gf foods	Dietary advice		Increased availability. Costs reduced.
Annual review of blood tests, dietary advice, calcium intake and bone scans where necessary	Annual review. Dietary advice.		Continue prescription. High price. Prescription GF more nutritious. Limited availability especially in rural areas. Discriminates.
Help and support not add to their anxiety	Support. Don't add to anxiety.		CCG failing patients.
Lobby supermarkets to reduce the cost of our foods	Lower prices in shops		High prices. Lower price.
No	No		High prices. Affect on low income. Means test.
Give a guide on what foods we can buy from what shops.	Shopping guide		Continue prescription. Affect on low income. Health consequences
As it is a condition that can be controlled by diet then no drug company is interested, but if there was a tablet would we be having this review	If a tablet, would it be taken away		Newly diagnosed. Difficult to know what to eat. High prices
Education to food / catering providers and tighter regulation to those who advertise gluten free but are doing it as a fad - when actually it's been cross contaminated	Information to food establishments. Tighter regulation on establishments.		Limited saving. Coeliacs feel excluded. Coeliac not a choice. High prices. Serious condition. Tax on sick. Other conditions receive prescription.
			Agree. Support groups for newly diagnosed. Dietary advice Disagree. High prices. Lead to low adherence.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
educate them not feed them	Education	Excellent these foods are now readily available to buy in most major stores and are not excessively expensive. I also think people with Hypothyroid condition should not receive free prescriptions for everything as once treated with Thyroxine they are completely healthy .	Agree. Increased availability. Cost reduced. Stop free prescriptions for Hypothyroid.
Continue to prescribe gluten free staples!	Continue prescription	Gluten free foods are now widely available in supermarkets, but the price increase is hugely significant! If gluten free prescribing is stopped I will not be able to afford to buy gluten free all of the time - this means my health is going to be affected in future! You may think you're saving money in the short term by cutting gf prescribing, but the long term costs will end up being much higher!!! This is just a drop in the ocean that you are trying to save in the bigger scheme. I work for one of the NHS homes in sheffield anc have been asking the CCG CHC to review a client that doesn't need full CHC funding (they are getting enhanced nursing funding when they only need residential care). For 10 months I have been asking for this to be reviewed and for 10 months the CCG has been paying £1200 a week when it doesn't need to at all! You could look at other aspects like this before cutting a valuable service like this!	Increased availability. High prices. Low adherence. Health consequences. Future costs. Limited savings. Significant savings can be made elsewhere.
Dietician referrals, personal health trainers with specific training on managing coeliac disease, without the clinical expertise I wouldn't want to suggest any other treatment.	Dietician support. Coeliac Health Trainers.	Although it is beyond the remit of this particular question, the Government needs to look at fairness of the FP92A regulations. It is crazy that such eligible individuals get exemption from ALL their scrip charges. It should be for the specified condition only (a list would need to be drawn up for drugs with multi-uses), or not at all. Quite how asthmatics, for instance should pay for their treatment whereas diabetics, hypothyroid etc don't, is unjustifiable. Any possibility of feedback to NHS England on this one would be welcomed... If this was then reviewed and made fairer, then perhaps coeliacs would feel less hard done-by I do not think luxurious foods like biscuits etc. should be available on prescription, but GF bread should especially for people on a low income because GF bread in supermarkets is much more expensive than normal bread. The companies that supply GF bread on prescription charge the NHS more than the loaf would cost in a supermarket, so this is an issue that wants taking up with these suppliers and that could save the NHS pounds. I worry that those with coeliac disease that cannot afford to eat properly to begin with would be worst affected by any changes which seems to perpetuate the inverse care law.	Review FP92A - Conditions receive free prescription for non related items. Fair to look at this. Luxury items should be excluded from prescription. Continue GF bread on prescription. High prices. Suppliers charge NHS more. Lower prices to NHS. Affect on low income. Inverse care law.
Provide more support and education for people with coeliac disease regarding gluten free foods, the best place to buy them and manufacturers that have a high quality. Also produce more information for other organisations that may serve food	Education. Where to buy. Information to food establishments	I think this could be a good idea as long as GPs take extra measures to ensure that their patients will not come to harm from the reduction. With the cuts to benefits, social care and in work poverty along with people possibly not being able to see their GP either because they can't get to the practice or get an appointment there is potential for people to go under the radar! It's fine for us as we can afford to buy gluten free food at the supermarket however, that's not true for everyone. I worry about the poorly educated and people who don't know how to buy cheap gluten free products It is true there is now a much greater availability of gluten free food, which is to be welcomed. However it is more expensive. A win win for both the NHS and the patient would be to provide vouchers to cover the difference in cost. Bread is the only essential and the vouchers could be limited to various types of bread. This would cut the costs to the NHS significantly and at the same time ensure that patients are not forced to revert to non gluten free food, with long term impacts on their health and possibly increased costs to the NHS looking after them in the future. As a student the cost of gluten free food would be limiting. I understand that prescriptions are an expensive way of providing what is essential but perhaps a voucher system would have the advantage of being cheaper to run but still enables the patient to obtain essential basics at the same cost as normal bread for example.	Agree. GP discretion important. Affect on low income. Vulnerable go under radar. Affect on vulnerable - don't know how to buy cheap GF foods
Better training and information for people in food service regarding cross contamination issues.	Cross contamination training in food production		Increased availability. High prices. Voucher scheme for GF bread. Health consequences. Future costs.
I do not have any form of regular review of my condition, there should be an annual review with a hospital clinician and a specialist dietician, this will be even more important if food is no longer available on prescription	Regular review with dietician and specialist		High prices. Prescribing a high cost. Voucher system.
Routine reviews and appointments with dietitians Make the cost of prescribing these reduces cheaper to the NHS. If seen as one body, as the public do, the NHS is a massive organisation and should have amazing bargaining power. Make a deal with the major retailers where tokens can be exchanged for products in store or online. Tokens can be issued by GP in a similar way to milk vouchers/healthy start vouchers. The products should be available to these patients but at market value not super inflated prescription prices. Supermarkets will want to engage with the NHS and be able to market this and attract customers in to collect their products. Voucher scheme to submit at Supermarkets to purchase these goods to a limited value	Regular reviews and appointments Lower prices to NHS. Voucher scheme. High prices. Voucher scheme	See comments above. The NHS needs to start thinking differently and less traditionally, think of new ways of working and support patients in a more cost effective way. There are alternatives to simply stopping these foods and penalising those least able to afford gluten free products. Excellent idea we all have preferences in our diets For people on very limited income the costs of gluten free foods is prohibitive. Their diet would therefore suffer, causing more health problems If you have a medical condition you are provided with the medicines to support you. With Coeliac it is different, the cost of foodstuffs is higher than normal food. The availability is difficult as some shops state they have products which they don't actually stock and it is difficult enough to live with the disease and know what and what not to eat. Support through prescriptions in the few ways to humanely support people with the condition	New ways of supporting patients. Voucher scheme. Lower prices to NHS. Agree. Individuals have unique diets. High prices. Affect on low income. Low adherence. Health consequences
Inform us where to find GF foods and possibly arrange a specific supplier or suppliers to avoid having to shop in multiple supermarkets. Also some foodstuffs are very difficult to find.	Buy direct from suppliers. Some products not available in shops		Other conditions supported. High prices. Limited availability. Difficult to live with Coeliac. Continue prescription.
Stop penalising them by removing prescription foods from them. Coeliac disease is an autoimmune disease not a lifestyle choice. People with diabetes do not have to buy insulin and people who have damaged their health by alcohol/tobacco/illicit drugs or other lifestyle choices are not expected to pay for their own medical treatment. Foodstuffs do not need to be prescribed but there could be a cheaper system put in place that supplies staple foods such as bread and pasta to people with coeliac disease. People with coeliac disease need to be supported to eat the right foods and there is a significant extra cost to buying gluten free foods and people with coeliac disease are being targeted unfairly. The main support people with coeliac disease need is financial to help them afford the gluten free foods they need.	Coeliac not a choice. Diabetics don't pay for insulin. Lifestyle choices not expected to pay for treatment. Alternative arrangement. Extra cost. Financial support.	I think this is a very short sighted proposal. Gluten free foods are more widely available but are much more expensive and there are already many limitations on the lives of people with coeliac disease. This will further limit their lives and people on low incomes may not follow their diet strictly which would lead to health complications and further cost to the NHS.	Short sighted. Increased availability. High prices. Living with coeliac limiting. Affect on low incomes. Low adherence. Health consequences. Future costs.
NA Continue to provide access to gluten free prescriptions - it is the only preventative treatment for a disease, it is not a cosmetic life style choice entered into as a diet of choice.	No Continue prescriptions. Coeliac not a choice.	A cost saving that will have more costs for the NHS and time for people who are not able to afford to purchase gluten free products Disgraceful failure to provide the only known treatment for a disease. It will cost more in the medium term in terms of treating symptoms than the amount saved in the short term. I think this is a good idea as people with coeliac disease should buy their food alike others however I believe this will cause problems within practices when advising patients with the disease they are no longer allowed the food on px.	Limited savings. Future costs. High prices. Only treatment. Failure to provide treatment. Future costs. Limited savings. Agree. Food not prescribed. Concern for practices over patient anger
Put pressure on food manufacturers to label properly and lower the cost of basic staples	Better labelling. Lower prices.	Being able to obtain basic staples on prescription are significantly important to adhere to the diet. Availability in high street stores and prohibitive cost of gluten free foods would mean people would fail in maintaining a gluten free diet which would cause other health implications and costs. I think it will hit a lot of families hard and shouldn't be a one size fits all. Possibly look at means testing somehow. Not all people will have the funds to buy their own which will result in deterioration in health which will result in an acute admission Coeliac disease is a medical condition and should not be singled out from other such conditions. Prescriptions for gluten free products should continue to be provided by the NHS Whilst there is now a much bigger and better range of available products in supermarkets, the extra cost is still a huge factor, enough to deter those on low incomes. Would it not be possible to limit the number of items prescribed per month per patient? The results of the national survey should inform your decision. The cost of gluten free food is significantly higher than of equivalent foods containing gluten. Being able to access the staples via prescription is really helpful. If the cost of buying gluten free food means some people are unable to afford it then the health consequences of this would be serious and perhaps more expensive in the long term in order to treat them	Important to adherence. Limited availability. High price. Low adherence. Health consequences. Future costs. Affects whole families. Means test. High prices. Health consequences. Discriminates. Continue prescription. Increased availability. High prices. Affect on low incomes. Limit items per month. National consultation should inform local decision
have a list readily available of what they can buy where and the price	List of regular GF products.		High prices. Prescription helpful. Health consequences. Future costs.
Good medical and health care Advice on diet. Going without gluten seems a simple enough answer to enable a return to full health, however Gluten creeps into so many foodstuffs, especially ready meals, sausages, soups, sauces etc etc and the alternatives are limited and expensive. It can be disheartening and isolating.	Good care Dietary advice. Limited alternatives.		
Lobby the food industry to lower the price of gluten free food. The price of flour and bread - staple foods are extortionate, it's criminal really Most people think coeliac disease is an allergy and are unaware of the problems it causes, particularly if undiagnosed for a long time. My husband was classed as anorexic before diagnosis, even though he had been tested by GP! Some people could not afford these inflated prices, to stay healthy and prevent further gastric problems. Affordable food is essential	Lower the price. High price for staple foods. Low incomes. Health consequences.	People on low incomes should continue to receive prescription GF staple foods, dietary advice and recipes. After diagnosis it's hard to make the change from a normal diet. Not being able to have gluten free foods on prescription will make purchasing staple foods 3-4 times more expensive	Continue prescription for low income. Dietary advice and recipes should be available. Transition after diagnosis difficult. High prices.
Raise awareness of the disease so that more people who have symptoms and have suffered for years can be properly diagnosed - particularly amongst GPs. More funding put into research of the disease - it seems that Coeliac UK fills a massive gap that is not being met by the NHS patients should learn to eat natural gluten free food, be more imaginative with their food, education in healthy diets, naturally gluten free, low in sugar, and fat. Too much emphasis to people with coeliac disease, that they must, and can only get food on prescription, or down the free from shelves, fridges, freezers. Naturally gluten free food is out there, better education is required, we are a nation of unhealthy people due to lifestyles.	Raise awareness. Educate health professionals. Fund research. Dietary advice and information. Naturally gluten free food available.	There is no cure or treatment for Coeliac sufferers so the NHS currently spends nothing on medication for Coeliac patients. A gluten free diet is the only way to manage the condition. Given that a GF loaf is up to 3 times the cost of a standard loaf, if this is no longer prescribable, many sufferers who are struggling financially may find it difficult to stick to a GF diet; they should not be made to suffer as a result eg. stomach cramps, constipation, diarrhoea, anaemia, headaches, malnutrition, cancer - surely these potential health consequences will impact financially on the NHS in the long term?	NHS spends nothing on Coeliac medication. Only treatment. High prices. Affect on low income. Low adherence. Health consequences. Future costs
Better advice on nutrition, substituting foods and ingredients, maybe cooking on a budget advice and how to budget as gluten free foods can be expensive.	Dietary advice. Cooking on a budget advice	I am very happy, maybe people can focus on not being so reliant on overpriced low nutrition that the gluten free food industry seems to be about. We should focus on healthy eating, education on healthy alternatives, not convenience I think this is a correct decision albeit if a person is on a low income or OAP then it should be funded	Agree. Reliance on GF products. Healthy eating education. Alternatives available. Agree. Continue prescription for low income.
I manage very well, while ever I can get my bread and porridge oats, on free prescription. That will suit me	Continue prescription	It is ok if people can afford to buy gluten free foods. If they are on benefits they may find it difficult and too expensive to stick to a proper diet. I feel this is wrong, I am eighty years old, and I have worked all my life, and paid all my dues, taxes etc. and I feel I deserve not to have to pay for these items, out of my pension.	Agree. Affect on low income. Low adherence. Disagree. Paid taxes, should get free.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
		<p>I think it is completely unfair. Yes we can buy a wider range of gluten free foods now but they cost two to three times the amount of normal foods. Yes We could just eat less gluten containing foods but in a bread based culture like ours it is unfair and discriminatory to do this. if we lived in India or rice based culture it might be Ok but we don't. For people with Coeliac disease a gluten free diet is the only way to stay healthy and not to develop life shortening and expensive health problems. it is our medicine and therefore should not be taken away form us in this complete total way. I could support some limits on prescriptions foods but this blanket ban is unfair and discriminatory. I believe that Coeliacs on lower incomes might be at higher risk of not sticking to their gluten free diet if this ban goes ahead. they could therefore become unwell and cost the CCG a whole lot more for more serious health conditions. You don't deny diabetics insulin how can it be fair to deny ceoliacs any gluten free foods. Coeliac disease is a life long health condition. It's not a lifestyle choice it s a medical condition! Something we suffer form through no fault of our own. How much money does the CCG spend on type diabetics many of whom may have become ill due to unwise lifestyle choices. finally I'd like to say as I cant in the next question that I was not aware of this proposal and was only made aware by my MP who wrote to me about it because I had previously corresponded with her over Gluten free prescription issues. i do not feel that you have published this consultation very widely and were may be hoping that we wouldn't notice!It feels like we're an easy target. Most people don't understand coeliac disease and probably think its a lifestyle choice. Well it bloody well isn't! Living in a wheat based culture is very difficult. Research has shown that people with Coeliac disease often have worse mental health problems because of the difficulty integrating with the rest of society around food and eating.it actually has greater impact on our well being than someone following a diabetic diet. if this ban goes ahead you're making it even harder for us.I realise I'm ranting now so i'll stop but I'm very angry. On average it could cost me up to £500 a year more to stick to my gluten free diet if this decision goes ahead. I'm all for saving money and would be open to some changes but a blanket ban is totally unfair and discriminatory</p>	<p>Discriminates. Increased availability. High prices. Alternatives available. Bread based culture. Only treatment. Health consequences. Limit items on prescription. Affect on low incomes. Low adherence. Future costs. Other conditions receive treatment. Life long condition. Coeliac not a choice. Lifestyle choices treated. Not aware of consultation. Lack of understanding about Coeliac. Affect on mental health.</p>
develop a voucher system whereby coeliacs could get a discount on buying Gluten free foods form shops. This would still save the CCG some money but would at least still be fair to coeliacs who have no choice other than to follow a gluten free diet	Voucher scheme. Didn't choose coeliac		
Education and information	Education. Information	<p>Gluten free products are more widely available these days: there is a wider choice of goods at cheaper prices than those which are prescribed: If individuals are always prescribed gluten free products, they never learn to look after their own health I agree it shouldnt be on prescription. Many supermarkets now sell these products at reasonable prices. We do not offer these prescriptions for other allergies/ conditions and sufferers would not expect this either. People with coeliac will still eat out at restuarants and will not live only on the prescription foods. Its an unnessecxary cost to the NHS</p>	<p>Increased availability. Costs reduced. Prescribed costs high. Reliance on prescribed GF products.</p>
Dietry books and information on where to buy items at best price	Dietary advice and information. Shopping tips		<p>Agree. Increased availability. Costs reduced. Other conditions not prescribed food. Alternatives available. Unnecessary cost to NHS.</p>
		<p>I fully support this proposal. Gluten free foods are now widely available and I can see no justification for continuing to prescribe them</p>	<p>Agree. Increased availability. No justification to prescribe</p>
		<p>I completely agree with proposals. Gluten free foods are widely available from supermarkets nowadays. I work in the pharmacy and know how time consuming prescribing of gluten free food is. The whole process from ordering till dispensing is a nightmare (certain items can only be ordered as a minimum quantity e.g. Fresh bread/baguettes etc which means sending scripts back for amendment to the doctor and wasting their time, some items incur out of pocket charge of £20 which is ridiculous as product itself is generally a lot less than that-extra cost to NHS, if something is out of stock then again script needs to go back to dr for alternative -wasting more of their time). I just think it will save a lot of valuable doctors and pharmacists time. I also think if people who are lactose intolerant or have nut allergy are able to control their diet and buy suitable foods from the shops then why is it different for people with coeliac disease? But I do agree that vulnerable people should still able to have gluten free foods on prescription i agree I agree with the proposal</p>	<p>Agree. Increased availability. Prescribing GF costly and time consuming. Extra cost to NHS. Other conditions manage their diets. Continue prescription for vulnerable people. Agree Agree</p>
As the Member of Parliament for Sheffield Heeley, I often hear from individuals struggling to make ends meet. The additional pressures to mental health of finding monies for expensive food products – e.g. £3 per half-loaf of gluten-free bread – would surely have an adverse effect on individuals, in turn potentially increasing pressure on the health service. GPs should continue to be encouraged by the CCG to make decisions relating to the number of gluten-free products prescribed per patients (currently recommended as 8 by the CCG) on actual patient need and clinical evidence – rather than the sole consideration of budget. Further, the CCG could consider tackling this problem imaginatively – perhaps trialling a scheme similar to that undertaken by the Vale of York CCG	Affect on mental health. High price. Health consequences. Future costs. Continue prescription based on need. Voucher scheme.	<p>I echo the concerns put forward by Coeliac UK - it is highly disappointing that the service provided is being based on budgets rather than patient need or clinical evidence. As above, , the CCG could consider tackling this problem imaginatively – perhaps trialling a scheme similar to that undertaken by the Vale of York CCG – to save costs, rather than simply cutting the service for all adults. I also feel that it is disappointing that the CCG are hosting their own consultation, when the national consultation is expected at any time. Finally, I represent communities which do not have easy access to large supermarkets and in which car ownership is low. It is incorrect to suggest that gluten-free products are widely available in all shops and communities - and they remain significantly more expensive than their equivalent gluten products.</p>	<p>Financial decision. Not evidence based. Voucher scheme. National consultation. Limited availability. Affect on low income. High prices</p>
No	No	<p>Disgusting that they should be even thinking cutting prescription for gluten free foods , it will cost more in future as many people can not afford the items because of expensive of gluten free food , special for people on low income and pensions . Very reasonable, many others with digestive issues don't get prescribed food. Disgusting.Diabolical .Unthinkable. You will be are making it very hard for people especially those on low incomes to afford Gluter free food . 'Normal ' food is so much cheaper than Gluten Free versions and people requiring to follow a Gluten Free diet wont because of the costs involved and buy 'normal' food instead therefore damaging their health and costing the NHS in the long run because of the health problem eating gluten will cause I think it is appropriate to suspend prescribing GF food I more available than it used to be and a lot more affordabl €</p>	<p>Future costs. High prices. Affect on low incomes. Agree. Other conditions not prescribed food.</p>
subsidize gluten free foods that are not available on prescription Sign post for self care	Subsidise GF food Dietary advice and information		<p>Affect on low income. High prices. Low adherence. Health consequences. Future costs. Agree. Increased availability. Costs reduced.</p>
Yes do not make this change! People don't have enough money to buy the bread, crackers, biscuits etc as they are so expensive in the supermarkets. Why should coeliacs be denied the basics of bread which if they eat will make them ill and off work.	Continue prescription High price. Denying basics.	<p>While you are allowing an element of GP discretion the risk involved for a lady such as my Aunt who is on a very low income is that her health would deteriorate if she stops receiving her prescriptions. Gluten free products cost over and above others and her prescriptions ensure she can maintain a balanced diet. Your proposal is perverse in terms of system savings and in terms of disease prevention and management. People with the disease who do not follow a healthy diet will cost the system more! People with Thyroid problems get all their prescriptions free. Why. Just give them thyroxine free and let them pay for other medication. This will save so much money. Coeliacs should then be able to get bread free on prescription.</p>	<p>Affect on low income. High prices. Allow balanced diet. Limited savings. Future costs. Thyroid conditions get all prescriptions free. Continue bread on prescription</p>
More regular follow ups to check to illnesses assosiated with coeliac disease.	Regular follow ups	<p>If you are going to stop the prescription of gluten free food you need to ensure food companies decrease prices of these foods I do not think that it should be funded by the NHS. There are many ways to eat without gluten which do not have to cost more. Mos' of the GF foods on the shelves are luxury sweet, & not necessary in any diet. The cost of pasta has halved in price in the last year. I get disability money, so I believe that the government are already paying for me to have the diet I need. The NHS should not carry this burden as well. Dreadful. This is a disease and these foods a more expensive than others. Nasty penny pinching when GPs makes £1000s a year in profit on top of salaries This proposal will impact very severely on families with low incomes. The availability of gluten free food is very limited in rural areas where supermarkets are not accessible . Many elderly people will also be affected by this proposal, particularly those with fixed income annuities. It should be remembered that coeliac disease is an illness that can only be treated by a gluten free diet and those affected by the condition should be supported. The same as above. The supermarkets need to bring G/F foods to the same price as none G/F foods as it's double the price and people can not afford the price difference and will go without due to this. Patients don't choose to be born with coeliac and it's not right they have to pay more for food because of this. It's the same for all food allergies it's not right. I believe prescriptions for GF foods should be available to those who qualify for free prescriptions as they are less likely to be able to afford GF food in the shops. For the minimal saving, I'd say it was worth continuing with prescribed glue free items. Maybe concentrate on staple foods, bread for instance It's inappropriate and does not save a great deal of money. It just provides some staple basic which should be guaranteed for everyone with the disease Yes you should stop prescribing you don't prescribe inhalers to asthmatics that could die from not having them and they cannot buy them over the counter yet there are more gluten free products at reasonable prices in all supermarkets it should stop along with any anything that can be bought cheaply over the counter Unfortunately I jave to agree it is probably not appropriate to be prescribing these in the current financial climate</p>	<p>Lower prices. Agree. Alternatives available. Most GF products luxury. Costs reduced. NHS shouldn't prescribe food. High prices. Limited savings. GPs salaries high. Affect on low income. Limited availability in rural areas. Only treatment. Support Coeliac. Lower prices. High prices. Low adherence. Coeliac not a choice. Shouldn't have to pay more for food. Continue prescriptions for prescription charge exemptions. Limited saving. Continue prescription. Limit to staples. Limited savings. Prescription offers staples. Agree. Increased availability. Costs reduced. Other conditions not routinely prescribed for. Stop anything that can be bought cheaply over the counter Agree. NHS shouldn't prescribe food. Financial challenge</p>
Encourage supermarkets to being down their prices. Some already are and it is fantastic	Bring down prices. Some supermarkets already lowering prices. Better diagnosis. Educate health professionals. More appointments		
More clinics and earlier diagnosis. Better GP training			
At the very least the present situation should be maintained To buy G/F products is double the price in the supermarket it needs to be made the same price of none G/F foods in the supermarket. As some people can not afford to pay the price difference and will go with out food due to something they can not control. Patients didn't choose to have coeliac.	Continue prescription High price. Should be same price as non GF. Affect on low incomes. Didn't choose coeliac		
More consistent post diagnosis care across the country, irrespective of which GP surgery the patient attends. I think there are thousands with intolerance that have no clue,and though awareness is better, it's still no where near the level it should be considering the numbers involved. More education needed	Consistent care Awareness and education		
Clear dietary advice early on	Dietary advice		
		<p>Whilst we are in work and can probably afford to pay for our allocation, there are many who are not. The cost of a loaf is about £2 alone, all the other random bits of food are all more expensive too. Whilst g/f food is more readily available in shops it is not always in financial reach, i think bread/ crispbread should remain available on prescription (needs tested if applicable) the rest is manageable with everyday foods Agree. Guidelines only allow GPs to make exceptions for people who may be using food banks</p>	<p>High prices. Increased availability. Continue bread on prescription. Means test. Alternatives available. Agree. GP discretion for food bank use only.</p>
People in financial difficulties often put other necessary things ahead of their health. If it comes to a choice of paying a bill or buying correct bread they may have little choice but to pay the bill and hope their body doesn't cause too much issue with eating the wrong thing. Means test it but keep the prescription of at least bread Lists of foods available at supermarkets with prices Provide a list of gluten free mainstream products. Joining Coeliac UK just to get their manual is annoying. Less people would probably require food on prescription if they had a broader understanding of what 'normal' food is GF	Affect on low incomes. Means test prescription. List of regular GF products. List of regular GF products. Coeliac UK cost for this information.	<p>As long as proposals to allow this for poor/vulnerable adults is kept I don't think food on prescription is necessary. In my opinion, only those who can not afford the (highly priced) more palatable alternatives available in the shops would use the NHS products anyway, so to withdraw these products is counter intuitive to keeping people well. Poor people will eat what they can afford to eat, rather than what is good for them</p>	<p>Agree. Support for vulnerable. NHS shouldn't prescribe food.</p>
Getting diagnosed sooner would save people a lot of pain and would save on the GP budget as friends who have eventually been diagnosed as coeliac have used up a lot of doctors time and had many different prescriptions before testing has been considered	Better diagnosis would save money		<p>High prices. Affect on low income. Low adherence.</p>

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes	
No	No	Gf foods are more expensive than usual foods. Could vouchers as a contribution towards the difference be better used?	High prices. Voucher scheme.	
I feel the support is very limited the best option is to continue providing very basic items on prescripitor	Continue prescription. Current support limited	I just cant believe what I am reading to be totally honest so short sighted in my opinion. items are currently more widely available than they were even when I was diagnosed 2 years ago but they are 3 Or 4 times more expensive and only driven by the current number of gluten free 'lifestylers' NHS has no control over supermarkets and they can stop the availability of these products as quickly as they introduced them should demand decrease. Especially when a national consultation is currently underwa I think it is unfair that the foods are our 'medication' but can have it I only ask for Gluten Free Bread on prescription. Nothing else. Gluten Free Bread is a staple of my diet, and is very expensive tc buy.I fee lthat to deny older people who have paid into the system all their working lives , is most unfair, and would ask that fumdng be continued. There is evidence that providing gluten free food on prescription increases people's likelihood of sticking to a gluten free diet. I fee this change may penalise the most vulnerable as gluten free food isn't available in cheaper shops and can be very expensive. Has the CCG considered voucher schemes as an alternative? I think its very unfair to stop prescriptions for us, the CCG says the cost of the basic gluten free food as come down in price but as the cost of a large gluten loaf at the most is £1.30p, the cost of our bread is twice that. I was at the meeting last year when CCG had sent some one out to buy the basics they came back with the cheapest bread which after one day is like concrete. The CCG do not realise the serious of this auto immune disease if the gluten diet is not followed it can have serious consequents to our health and may cost the NHS a lot more money	Short sighted. Increased availability. High prices. Monitor availability. National consultation. Only treatment	
NO	No		GF bread a staple. High prices. Paid taxes. Continue prescription	
More information and better diagnostics Continue prescribing gluten free foods which are very expensive	Information. Better diagnosis Continue prescription	If this is going to happen then shops need to lower their prices to bring them in line with "normal" products of the same type	Affect adherence. Limited availability in local shops. High prices. Voucher scheme.	
		I don't think we should prescribe as so much more widely available and more information about gluten free eating than previously	Discriminates. High prices. Health consequences. Future costs.	
Yes, crack down on the companies selling the products as it's food and shouldnt be more expensive to buy! In a family with non-coeliacs you still have to buy 'normal' food too so the extra expense is just because it's GF is outrageous!	Negotiate with suppliers. Prices shouldn't be more expensive		Lower prices.	
No 1 check with researchers at Sheffield Medical School for new initiatives 2 Extend dietician support 3 Negotiate tougher deals with suppliers 4 CONTINUE PRESCRIPTIONS FOR STAPLES	No Research. Dietician support. Negotiate with suppliers. Continue prescription	A retrograde step, discriminatory and potentially socially divisive	Agree. Increased availability. More information available	
Listen more. Every time a coeliac sufferer goes to the doctor, everything gets dismissed as coealic. Thus other issues are missed	Listen. Holistic approach to care.	I understand this point in order to save money to the NHS, a lot of gf foods are now available when they weren't years ago. However most gf foods are still highly priced and not available everywhere. It's not acceptable to charge £3 for a loaf of bread	Continue prescription to low income. GF products unhealthy. Coeliac difficult to live with. Convenience. Affect on low income. Low adherence. Malnutrition. Education is essential. Continue prescription for low income. Stop prescription for those that can afford.	
The way to "manage" coeliac is to not eat gluten. This question seems to be blaming coeliacs for their need to consume alternative foods	Don't eat gluten	Naturally gluten-free foods and gluten-free substitutes are considerably more expensive than other foods. Celiac disease (and non-celiac wheat sensitivity) is an added expense to the sufferer that would leave low income individuals at risk of malnutrition, especially as these foods are less available from emergency food banks. I think that the prescription should continue. If it's too expensive, limit the prescription to those who receive free prescriptions, or are in receipt of certain benefits I can understand why but GF foods are more expensive so poorer coeliacs would have less. I suggest those on benefits or low income should still get free GF foods.	Discriminates. Socially divisive.	
Earlier diagnosis, better GP awareness, though I know it has improved since my day	Better diagnosis. Educate health professionals		Increased availability. High prices. Limited availability.	
Encourage better/clearer food labelling and location of gluten free foods in shops/supermarket: Teach them how to cook gluten free meals.	Better food labelling Dietary cooking advice	I do not think it necessary any longer, as there is plenty of gluten-free product now available. I am fine with it as the money could be much better spent elsewhere. Seems fair enough. Maybe new coeliacs could have prescriptions for a year after diagnosis and then stop them. To give people chance to find a range of products they like and then buy themselves.	High prices. Affect on low income. GF less available at food banks. Continue prescription for prescription charge exempt.	
Post-diagnosis support appears to differ. For example, I usually see a dietician yearly, whereas my grandma (who has been diagnosed for 39 years!) isn't offered a dietician. Considering some of the implications of having coeliacs disease (e.g. Vitamin deficiencies) I think it would be useful to have regular contact with a dietician and a GP who can check your blood work and provide advice on how to remain healthy, via diet or supplements. I find my vitamin D levels are frequently lower than recommended for a coeliac and I am not sure what I can do to improve this	Dietician appointments. Consistent approach to care.	I personally disagree with this entirely. I have no control over being diagnosed a coeliac and there is no cure. I believe that making adults have to pay for gluten free food in supermarkets (which are incredibly expensive) means we are being taxed for having an autoimmune disease and forced to pay ridiculous prices as we are a captive audience. As this is not a lifestyle choice I believe this is incredibly unfair. I do not believe this would occur for other autoimmune disease e.g. Diabetes. I agree as supermarkets now have sufficient gluten free products. People who can afford to pay for them shouldn't get them free or the nhs Only the very needy would eat the rubbish given on prescription, I am happy for my tax's to be spent on this Damm straight I agree.	High prices. Affect on low income. Continue prescription for low income	
Education Yes, keep this support going	Education Continue prescription		Agree. Not necessary anymore. Increased availability. Agree. Spend money elsewhere.	
1) Prescriptions - but for those who need it. I personally don't use prescriptions anymore however I was diagnosed 9 years ago and my parents were in debt, it helped them save money. I think people who are struggling financially with the shop prices should be allowed the prescription as under 18s will be. I would like to feel that if I was ever made redundant (I earn the most in my household) that I could rely on a prescription until my situation eased. I currently don't use the prescription service because I can afford the store prices, no matter how harsh I feel they are but others are not so lucky nor do they live near a store that stocks it. 2) training for doctors and nurses. I was told at diagnosis that I should have yearly blood tests to check for antibodies, I have asked my doctors multiple times who has denied that such a test exists. I hear of people going for bone scans yet I have never had one. My friend is currently being test and was not once told to carry on eating gluten to get accurate results. She was shocked as she had already stopped eating gluten but luckily started eating it again straight away as to not affect her biopsy result if she needs it.	Prescriptions for those most in need. High price. Availability. Educate health professionals.		Agree. Prescriptions for 1 year after diagnosis.	
Iform dr hospitals that the condition is fatal. Gluten free dosent mean jacket potatoe and salad which consist of cucumber and tomatoes with plate full of leaves. There are other foods to eat use imagination. Follow a programme for variety.	Educate health professionals. Varied diet programme.		Disagree. Coeliac not a choice. High prices. Tax on sick. Other conditions receive treatment. Agree. Increased availability. NHS shouldn't prescribe food to people who can afford it. Prescription GF poor quality. Continue prescription for low income Agree.	
Have food vouchers to spend in the supermarket	Voucher scheme	It doesn't make me happy however I fully recognise that there needs to be some control on the spending. I would feel better knowing that under 18s (as I was when diagnosed) and those who need the financial support are able to receive prescriptions. I'd even like to feel that if I was in a vulnerable position with money that I would be able to receive this until I was able to afford shop bought goods. I also agree that this service should be limited to staple food only When on a strict diet like this usally other allergies are invole. So a dietian can be a major support. Paying and finding any gluten free foods are like looming for needle in a hay stack. Eating out is impossible. So when purchasing gluten free foods you get a 3rd of a normal product. Pay 3 times as much. So on benifits or low incomes its hard to buy gluten free. Vouchers toward expense of these items would help tremendously. We cant help being life time ill. I agree with the proposal. People with Coelic disease do not need to eat foods with gluten to survive and they have many choices of alternative foods ie don't eat bread, pasta etc. Or they can choose to purchase gluten free alternatives from all major supermarkets if they wish. Managing their condition does not require food stuffs to be prescribed	Need to control spending. Continue for under 18s and low income. Prescribe only staples.	
no	No		Associated allergies. Dietician support. High prices. Eating out difficult. Affect on low income. Voucher scheme. Coeliac not a choice.	
STH dietitians are very good at giving advice and signposting to suppor Advice on cooking for parents	Good current dietician support Dietary cooking advice		Agree. Alternatives available. Does not require prescribed food to manage condition.	
Test all children for it, most are still undiagnosed & ill without knowing why	National testing for children.			
No PRESCRIPTIONS FORTNIGHTLY BUT FOR SMALLER AMOUNTS	No Fortnightly prescriptions. Reduce allowance		Restricted diet. High prices. Affect on low income. Discriminates. Continue to prescribe staple foods. Don't prescribe luxury. Agree. NHS shouldn't prescribe food. Not a medication.	
We are very fortunate in Sheffield to have one of the world's leading experts in Coeliac Disease working at the Hallamshire Hospital. It would be good if you listened to his advice. Also if you shopped as a coeliac and realised the full cost and difficulty of maintaing a completely gluten free diet.	Listen to local leading expert. High price. Availability		GP's are contractually obliged to provide GF products if requested by a patient if on list of prescribable products. How will you address this issue for prescribers and handle consequences of complaints? On the whole this is a inflammatory change, largely futile in the overall financial situation and will increase GP workload and anger patients, ill thought out and pointless Makes absolute sense Agree Ridiculous. Gluten free food is a medical requirement for coeliacs. It's still too hard to find suitable food in shops & it's far toc expensive. This will cost the NHS more in the long term health problems caused by coeliacs having a poor diet I agree with this. Gluten free foods are widely available in supermarkets. My daughter has a milk allergy and as such we have to buy 'free from' foods or cook cakes etc from scratch to use dairy free ingredients. I particularly disagree with foods such as pizza bases and biscuits being provided on prescription UNFAIR FOR PEOPLE ON LOW INCOME AS GLUTEN FREE PRODUCTS ARE EXTREMELY EXPENSIVE	GP's contractually obliged to provide GF products. Limited savings. Increase GP workload. Anger patients. Agree Agree Only treatment. Limited availability. High prices. Future costs. Health consequences.
		This will have a considerable impact on family budgets, especially those on a low or limited income. For example a loaf of gluten bread retails at £3 - ordinary bread is 75p. Some coeliacs will no longer be able to afford to buy gluten free bread if your proposals are agreed. Non adherence to a gluten free diet for coeliacs will lead to other medical problems which will have an impact on other NHS services across the board.Gluten free food is NOT always available at local convenience stores and some people will have to incur additional travel costs in order to shop at larger stores who carry gluten free food I feel that this is a difficult decision but the right one	Agree. Increased availability. Allergies not prescribed for. Disagree with luxury being prescribed. Discriminates. Affect on low income. High prices.	
			Affect on low income. High prices. Low adherence. Health consequences. Future costs. Limited availability in local shops. Agree. Difficult decision	

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Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
No to discriminate diabetics get free drugs also people on thyroxine it is food but the price is high people on low incomes will not be able to ea correctly	No. High price. Effect on low income patients	As above	No. High price. Effect on low income patients
		I think this is a great way to save money as all the items can be purchased cheaper than on prescription in shops and health store:	Agree. Increased availability. Costs reduced. Cost of prescribing.
		I think this is the right thing to do, there are a lot of gluten free products available at a reasonable price pretty much everywhere. The NHS should be providing medication and medical advice. People are responsible for buying there own food regardless of any medical condition coeliacs should be no different. As far as I am aware you don't get low cholesterol foods on prescription	Agree. Increased availability. Costs reduced. NHS money spent on medication and advice. Other conditions don't prescribe food.
Support groups, cooking clubs set up by the community? Free recipie advice. Talk to local eateries encourage them to be more aware and make people more aware of their appropriate foods.	Support groups. Dietary advice. Eating out guide.	I have been so pleasantly surprised at the variety and cost effective foods around recently that are gf. It's good to remember fruit veg fish and meat are all naturally gf but come on with the best will in the world if you could never enjoy a pasta dish ever again, a pizza or a gorgeous cream cake you would feel a little miffed (actually I do a bit as I can't eat dairy either but I'm another story!) but it is great that there is more out there for people with dietary issues. Most people I know with coeliac understand it and manage it well so I agree in most circumstances people don't need the funded foods any more however those new to the disease or struggling should be allowed help at the gps discretion as you are staying will happen, the only problem I can see is if in the future the 'fad' dieters who go gf for no reason go off the idea and the supermarkets stop stocking appropriate food stuffs	Increased availability. Alternatives available. Restricted diet. GP discretion important for newly diagnosed and low income. Monitor availability.
		I am in the fortunate position of being able to buy GF products, though I do have occasional prescriptions for a bread mix I am unable to source privately. I think that it would be very helpful for some patients to have prescriptions for basic items such as bread but there is a big range of items available on prescription eg biscuits which I think people should buy if required	Unable to source certain GF products. Increased availability. Shouldn't prescribe luxuries.
Once a person has reached 18 and working they should provide for themselves	Provide for themselves	I myself suffer from certain food intolerance but i would not expect to be prescribed alternate food: I think this would be very beneficial to the rest of the sheffield community in terms of funding for other more important NHS services, such as mental health. As a life long asthma sufferer I don't see why I should pay for my inhalers every month but a coeliac suffer can get free bread! Although gluten free foods are starting to become more readily available in supermarkets there is still not a reasonable range oi choice and what is available tends to have hiked prices. Therefore until there is better availability and at more realistic prices, the NHS should continue to provide the essential foods on prescription	Other conditions don't prescribe food.
Access to online or pronted materials on where best to access appropriate food and recipes on preparing food	Dietary support. Shopping guidance		Agree. Spend money elsewhere. Other conditions don't get free prescriptions.
continue to provide essential basic gluten free foods on prescription such as bread, pasta, biscuits/crackers etc	Continue prescription		Increased availability. Limited availability. High prices. Continue prescription
		The NHS has no national system for collecting payment from foreign visitors needing health care in this Country. In most other countries a foreign patient has to confirm the ability to pay before receiving treatment To cover this and other costs it does not seem to care that the people who have paid all their working life are being denied what is an essential part of their treatment I already have to fight with my GP to issue Gluden free prescriptions and this would cause my condition to get worse as it has already because I am unable to afford the high priced shop Gluten free goods. Even the hospitals intervention has not helped in dealing with my GP. I think provisions should be made to supply staple items.e.g. Bread and flour,but cut back on non essential items	Foreign visitors healthcare costs. Paid taxes. Only treatment.
more information to health professionals about the condition and its links to other issues would save time and money due to incorrect referrals and prescriptions. Better information.	Information Information		GP reluctant to prescribe GF. Health consequences. High prices. Continue to prescribe staples. Don't prescribe luxuries.
Gluten free food is expensive to buy in supermarkers anyway to stop us getting it on the nhs.why don't you have us vouchers to help us.	Voucher scheme.	That's discussing how are we suppose to keep to s gluten free diet if not we can be very I'll I think it is fine but do not like the sound of the phrase "exceptional circumstances" This sounds like it's just passing the buck to GPs and we'll be left dealing with all the requests and complaints from unhappy patients.	Adherence. Health consequences.
no			Agree. Passing buck to GPs. Patient anger.
Ensure that coeliac patients can access the basic foods that support the managements of their condition	Ensure access	For many people the cost of buying gluten free products from supermarkets would inhibiting and could result reduced dietary care	High prices. Low adherence.
advice doctors to prescribe flour instead of bread in my case I baked my own bread but have been told I can not receive flour only breai	Continue prescription. Prescribe flour	thousands of pounds are wasted in the NHS I think prescribing 8 units is reasonable It is important to continue to fund prescriptions beyond childhood as the cost of eating well can be prohibitive. It will cost less to func prescriptions than the cost of individuals eating gluten and the related illnessess It would appear that the CCG are downgrading the severity of coeliac desease what a paracetamol would cure . Gluten free staples are our medical treatment of a chronic desease and most definitely be kept on prescription	Wastage elsewhere in NHS. Current units reasonable.
More regular contact with a dietitian.	Regular dietician support		Continue prescriptions. High prices. Future costs. Health consequences.
Please keep basic gluten free staple foods on prescription bread flour etc.,	Continue prescription		Downgrading Coeliac severity. Only treatment. Continue prescription
		The proposals are short sighted. Coelicas need to conform to a gluten free diet to ensure they reduce their chances of developing further illnesses such as osteoporosis. Such illnesses cost far more to treat than the provision of Gluten free food on prescription. Gluten free bread is not consistently available in supermarkets. Smaller Express/Metro and corner shops never have a supply. Also supermarket prices are high. In some cases supermarket products lack the nutritional benefits of the prescribed products. The cost of Prescription GF food to the NHS is inflated by the lack of satisfactory contracts with suppliers and distributors to the NHS. People with coeliac disease should not be penalised by one sector of the NHS failing to negotiate satisfactory contracts and other parts being unable to talk to each other. There is a lack of joined up thinking between different parts of the NHS and the patient is made to suffer for this. An example of this is the ongoing review being undertaken by NHS England of gluten free prescribing as a whole. Any decision as a result of the Sheffield CCG consultation could be in conflict with the outcome of the NHS England decision. I do not agree with the proposal to stop routinely funding the prescriptions. I think this will have a huge negative impact on the health of coeliacs in Sheffield. i dont mind cuts on gluten free prescriptions. but would like to think i could at least get juvela flour allowance	Short sighted. Health consequences. Future costs. Limited availability. High prices. Low nutrition of GF in shops. Cost to NHS. Lack of satisfactory contracts. National consultation.
1. Continue to prescribe gluten free bread and flour on prescription. Allow an annual check up with a dietician	Continue prescription. Annual check with dietician		Disagree. Health consequences. Agree. Continue prescription for flour.
		If cost for Gluten Free stable foods were same as ones with Gluten then i would agree with the proposal but the costs for Gluten Free are considerably more expensive. The additional cost would stop some people buying the Gluten Free foods I feel very angry about the proposal. Bread and cereal products are an essential part of a diet and these should certainly continue to be prescribed. I pay for a prescription prepayment certificate so my gluten free food is not exactly free! Supermarket prices for a loaf of bread are exceptionally high at £3 per loaf. I cannot afford this. If the vulnerable must be targeted only stop prescribing biscuits and pasta.	High prices. Lower prices.
Continue to prescribe gluten free bread and the limited amount of cereal that is available on prescription. This has already seen a reduction in monthly allowance over the last few years. It is a unjustified to penalise people with coeliac disease who often have other health issues	Continue prescription		Disagree. Continue prescription of GF staples. Still pay for prescriptions. High prices.
Keep allowing us to have the eight units of gluten free food on prescription. I do not expect to be able to get biscuits or non essential things but bread, flour, pasta and oats are basics necessities. This is our treatment for an illness which if we cant follow the diet because of cost can cause very serious consequences.	Continue prescription. Health consequences.	It is very wrong of them. We have a right to medication from the national health service and our food is our medication. By withdrawing our right to get basic food stuff on prescription you are condemning some individuals to being hungry at least but at worst eating cheaper food containing gluten and being very ill indeed and costing the health service more in the long run There is certainly a need to save money and as Gluten Free Food has become more available in routine shops the price is now significantly cheaper than it was. I believe that there is still a case to provide limited support to Coeliac's perhaps by way of a voucher to cover the difference in price between Gluten free bread and normal bread. This would make a significant cost reduction by removing most of the prescribing costs. The voucher woul dneed to cover bread. Pensioners should not lose this facility I have looked on line for the bread rolls I receive on prescription. They are very expensive. I receive a state pension and pension savings credit of £6.49 weekly. How can you stop the prescription of gluten free foods and still support drug users, obesity, asthmatics, diabetics, high cholestral etc. Coeliacs do not ask to be coeliac. Our medication happens to be the food we eat rather than a tablet. Which is more expensive? I am concerned that many coeliacs will not be able to keep to a strict diet because of the cost. I worked and paid Nat. Ins. for most of my adult life. I have paid into the system and the gluten free items I receive on prescription are not a handout. Please think again When you are on a limited income buying gluten free goods is difficult so being able to get them free is very helpful.	Disagree. Only treatment. Withdrawing right to treatment. Malnutrition. Health consequences. Future costs.
Regularar checks. I have not had a routine assessment of my condition for several years. Perhaps also more support from dietians	Regular check ups. Dietician support.		Increased availability. Costs reduced. Voucher scheme. Continue prescription to pensioners.
Yes, leave the prescriptions for gluten free items alone or at least make products available still for those on low income or income support	Continue prescription. Low income support.		High prices. Lifestyle choices still treated. Coeliac not a choice. Only treatment. Low adherence. Paid taxes. Prescription not a handout Affect on low income. Prescription helpful.
Allow them to continue to have essential items on prescripior	Continue prescription.	Gluten free food is quite a lot more expensive, especially bread. There are a lot of people on low income, and a small loaf can cost around £2.50. I think the voucher system would work the best, giving patients the opportunity to have at least some gluten free items. Coeliac disease is not a fad and the CCG should still prescribe a limited amount of essental items It isn't acceptable. I personally rely on these prescriptions to access basic food products that are not available in my local supermarkets or shops. I think that people with coeliac disease are being discriminated against by SCCG. The only treatment for coeliac disease is lifelong adherence to the gf diet. Gluten free staples cost a third to a half more than non gf alternatives, so I am being directly discriminated against because of my medical condition, compared both to people who have no medical conditions and compared to people with other lifelong medical conditions. No other medical condition has had its prescribed medication removed by SCCG, so...discrimination. People with diabetes, asthma or epilepsy are not being asked to fund the cost of their medications, so why are coeliacs? It seems to me that coeliacs are an easy target.	High prices. Affect on low income. Voucher scheme. Coeliac not a choice. Continue prescription of limited staples.
Continue to offer gluten free prescriptions and further encourage local shops to offer more products	Continue prescription. Increase availability in shops		Prescription GF not available in shops.
Contine to provide gf staples on prescription. This is the single, most important thing you could do. Initially upon diagnosis	Continue prescription Support at diagnosis		Discriminates. Only treatment. High prices. Other conditions still prescribed.
Keep a certain amount of gf food on prescription	Continue prescription	As a coeliac adult I feel that they should keep gf food on prescription I have worked and paid my taxes all my life, and feel this is what I have paid for	Continue prescription. Paid taxes. Deserve prescription.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
<p>Increase the allowances back to where they were before A small amount of money each week to purchase gluten free bread etc. I am aged 70 on pension and could not afford to follow my diet if I had to purchase all gf food. I only order bread and pasta on prescription. The cost to the NHS is ridiculous. Both the postage and price of the food is far higher than the charge in supermarkets, when delivered to pharmacy. Also comes in large amounts which can often go out of date. I am sure a trial of a cash token monthly would save millions. Could you tell me the cost of deliveries to pharmacies also the cost of products ordered this way. Has anyone ever done a price comparison. Morrisons are doing some cheaper items now and I am sure the cost could be further reduced. There is no reason why gluten free should be more expensive than normal items. Surely this overpricing could be stopped. My tel no is if you would like to discuss this. No Early diagnosis</p>	<p>Continue prescription. Increase allowance.</p> <p>Voucher scheme. Lower cost.</p> <p>Diagnosis</p>	<p>I think this would be unfair. It is the only treatment for my condition. I could end up in a wheelchair if I do not stick to a gluten free diet I need them on prescription as I cannot easily get to a supermarket where it is very expensive anyway, and my local shops do not do gluten free.</p> <p>Many people especially retired and unemployed will end up on a normal diet due to the expense. They will become ill, lead to bowel cancer and will cost the NHS far more. People need the prescriptions. It's ridiculous to take them away, we should be moving forward not backwards. This would be a reasonable place to cut funding</p> <p>I am strongly apose to the idea as I think it would be hugely detrimental to the health care of adults with coeliac disease. Until the cost of buying gluten free products (particularly bread) comes down somewhat, people are more likely to not eat glutenfree and therefore affect their health. I think there are ways that the costs could be reduced for the NHS- for example providing people with 'tokens' that they can use in main supermarkets to buy the gluten free products they need. This would avoid the premium that the NHS is charged currently by gluten free product suppliers but still enable people to have products available to them. Hardship caused to lower paid workers. Worry caused. It is not the State's prerogative to cause these feelings and hardships but to help people in need. These people pay the prescription charge, for a condition they have. Diabetics are exempted from prescription charge. Why polarise one condition compared to another? Accept logic of proposal as long as GPs not pressurised by targets to achieve achieve financial savings. If proposals implemented safeguards should be put in to protect vulnerable and at risk. Don't know what 8 units equates to but do know in shops price of gf basic foods varies enormously, NHS procurement costs VFM factor? The cost charged to the NHS for gluten free foods is disgusting and way above the cost charged in the shops, and this needs to be tackled. Ease the burden of additional costs on the coeliac in the supermarket by providing vouchers for bread, pasta, flour etc. Issuing a voucher would be cheaper than a prescription, the cost of the product and the time spent by health care professionals and pharmacists.</p> <p>If the products weren't so expensive in the first place it would be easier and cheaper to find prescriptions. Maybe a voucher scheme could work better.</p> <p>I shop at my local store. The availability of staple GF food here is limited to loaves of bread, pure oats, pasta swirls and naked bars. These items are significantly more expensive than their equivalent non-GF counterparts. E.g. It's £2.75 for a small GF loaf but it's £1.10 for a large non-GF loaf. So that's more than double the price for about half as much (4x the price!)</p> <p>I think it is appalling that something that will save so little money yet will affect so many people is even being considered. This is our medication and the price of gluten free foods is too expensive for some people to afford, why risk our health for so little savings. Why can we not move over to the system where we can get vouchers to use at the supermarkets which will work out cheaper I severely oppose this thought. It is this diet that is our form of treatment and medication. You wouldn't stop giving medication to other long term chronic diseases, yet that is what you want to do for people with coeliac disease I think it's a really bad idea to stop prescriptions for gluten free foods as an illness and should be helped you wouldn't stop other medication if it wasn't so expensive then maybe people who need gluten free foods don't choose this kind of diet for fun if I didn't stay on a gluten free diet I would be very ill as my symptoms are severe if I get contaminated It's important for the NHS to try and save money but the costs of gluten free foods in supermarkets is extremely high. I'm a student with low income and I struggle to pay for gluten free food. Perhaps the NHS could save money by stopping prescribing paracetamol and ibuprofen which can be bought for 20p in most shops. I have only ever been prescribed bread as I wasn't informed of other gluten free foods available on prescription so maybe it would be a good compromise to limit prescriptions to just bread or just pasta rather than stopping it completely.</p> <p>Hope most vulnerable will not be affected Could prescriptions still be given to those on low incomes?</p> <p>I think it's very unfair and wrong. People with this disease don't choose to just not eat wheat/gluten. It makes them very ill to eat those foods, so it's very wrong to leave them in a position where they have very little choice but to eat the wrong food Seems very unfair.</p> <p>Agree. I am not sure now why we prescribe food to this group of otherwise well patients given GF foods are now readily available</p> <p>The consultation document states that as gluten free food is now widely available there is less need for prescription food. Although this is true the real issue is that gluten free foods are between 3 and 7 times more expensive than gluten containing versions. While the price difference remains so large it is important to support adults who have to buy this food. Imagination and compromise should be used to address this issue. A reasonable alternative to stopping prescriptions would be to support patients with vouchers that could be redeemed against gluten free food to reduce the difference in price. Partnerships with supermarkets or larger manufacturers of GF food could be set up to subsidise this type of scheme.</p> <p>I feel like this is an unnecessary proposal because as someone who regularly orders bread on prescription it greatly reduces the cost of buying food for me. I can buy bread in bulk and freeze it which is very helpful as it costs £8.60 for 8 loaves. I wouldn't be able to buy this quantity in store for this price and so I would not be able to buy the bread, especially with being a student living in accommodation. This is false economy. The poorest people would no longer be able to afford gluten free food. Non compliance can lead to bowel cancer. Treatment of complications due to noncompliance will be greater than that of gluten free prescriptions.</p> <p>My Aunt has not accepted her prescribed foods for a while as she feels NHS funding is not for this use.</p> <p>I THINK IT'S UNFAIR ON THE PATIENTS WHO HAVE THIS DISEASE BECAUSE IT'S NOT THEIR FAULT THEY HAVE IT AND IF THEY DON'T HAVE MUCH MONEY TO BUY THE GLUTEN FREE FOODS THEY WILL FEEL POORLY AND HORRIBLE.</p> <p>I feel that the prescription for bread and flour is necessary. I accept that other gluten free foods could be purchased by myself</p> <p>Completely agree. Stop funding gluten free foods. It is easily possible to have a healthy gluten free diet without buying processed foods. However.... lots of people don't know how to cook and this proportionately affects people on a tight budget who cannot afford to experiment or make mistakes with food. This must be taken into account and resources offered, like cooking classes. Where appropriate offer a stepped approach... gradually reduce prescribed gluten free foods so that person has chance to experiment with other foods rather than a sudden change. GPs should exercise discretion and look at the whole situation, e.g. an elderly man whose wife did all the cooking and now his wife is in hospital.... or a stressed carer for whom this would be "the straw that breaks the camel's back".... these are circumstances in which gluten free food should still be prescribed. It should be exceptional. You have already cut what you prescribed to half that of NICE guidelines one one hand you say no nice say it's not available but then you don't follow guidelines. You can't have it both ways I cannot afford Gluten free products , they cost far more than normal food products , i work , but i am on a zero hour contract on the minimum wage. I would like to challenge all of the Sheffield CCG group to see if they could manage trying to live on the pay i get for rent , bills , cloths and food instead of your pay. Maybe reduce allowances first rather than stop prescribing altogether Doesn't impact me. I stopped getting prescriptions because the range of products was appalling and always had trouble getting hold of them</p> <p>Great idea as said gluten free foods are widely available and not much more expensive (some are cheaper) .</p> <p>Most gluten free foods are so expensive and we have limited choice even though a few years ago there were less gluten-free foods on sale. I would love to eat any food's and not have to find and look at every ingredient on labels, coeliac is a medical condition and I haven't chosen to eat this diet. If they decide not to fund this I am not sure how people will be able to afford gluten free food</p>	<p>Discriminates. Only treatment. Health consequences. Limited availability. High prices.</p> <p>Affect on low income. Low adherence. Health consequences. Future costs People need GF prescriptions. Agree</p> <p>Disagree. Health consequences. High prices. Low adherence. Voucher scheme. Cost of prescribing.</p> <p>Affect on low income. Anxiety. State should help. Pay for prescriptions. Other conditions receive free prescriptions.</p> <p>Agree. GP not pressured into financial savings. Protect vulnerable. Price variations. NHS procurement.</p> <p>Cost to NHS. Voucher scheme. Prescribing costs.</p> <p>Lower prices. Voucher scheme.</p> <p>Limited availability. High prices.</p> <p>Limited savings. Only treatment. High prices. Voucher scheme.</p> <p>Disagree. Only treatment. Other conditions still prescribed.</p> <p>Disagree. Other conditions still prescribe. Coeliac not a choice. Health consequences.</p> <p>Financial challenge. High prices. Affect on low income. Stop prescribing OTC medication. Continue prescription of GF staples.</p> <p>Protect most vulnerable. Continue prescription to low income.</p> <p>Discriminates. Coeliac not a choice. Low adherence. Discriminates</p> <p>Agree. NHS shouldn't prescribe food. Increased availability</p> <p>Increased availability. High prices. Support patients. Voucher scheme.</p> <p>High prices.</p> <p>Affect on low income. Low adherence. Health consequences. Future costs</p> <p>Don't accept prescription. NHS shouldn't prescribe food.</p> <p>Discriminates. Coeliac not a choice. Affect on low income. Health consequences.</p> <p>Continue prescription for GF staples. Don't prescribe luxuries.</p> <p>Agree. Alternatives available. Cooking classes. Gradually reduce. GP discretion important.</p> <p>Previous restriction. Not following guidelines.</p> <p>High prices. Affect on low income. Reduce allowance. Don't accept prescription. Prescribed GF products poor quality. Prescribed GF products not always available.</p> <p>Agree. Increased availability. Cost reduced.</p> <p>High prices. Limited choice. Increased availability. Coeliac serious condition. Coeliac not a choice.</p>
Continuing to provide people with 'staple' gluten free foods on prescription would enable people to manage their condition effectively	Continue prescription		
Carry on giving prescription food	Continue prescription		
Provide adequate effective nutritional information and support at primary care level	Information - dietary		
Provide vouchers to cover the additional cost of gluten free foods for coeliacs.	Voucher scheme		
Lower the price of gf food in supermarkets	Lower cost		
Don't stop the availability of GF food on prescription altogether. Consideration of the voucher scheme used in York would be a great alternative	Continue prescription. Voucher scheme.		
Do not decrease allowance of prescription foods. Make it easier for people to get access to the proper food that they need. If they take away this access of prescriptions more people are likely to stop adhering to the diet causing themselves more harm and in turn more strain on the NHS in the long run Everyone's condition has different symptoms and different levels of severity so going out with friends or going to parties is a nightmare as you have to take own food or are at risk of contaminating yourself as not all people are aware of how easy it is to make you I'll I would like people to have more awareness of people with coeliac disease	<p>Continue prescription</p> <p>Health consequences. Future cost. Easier access.</p> <p>Awareness.</p>		
More information	Information		
Keep allowing them to have coeliac foods on prescription! Continue to provide gluten free products on prescription	<p>Continue prescription</p> <p>Continue prescription</p>		
Provide guidance on where to buy GF food and ways in which the patient can prepare GF foods in general	Information - dietary, where to buy.		
Prompt diagnosis and education post diagnosis. Coeliac UK currently does all the support and education- CCG does very little	Better diagnosis. Education. Coeliac UK support good.		
Give more allowances for food. The points system is very limiting and very heavily dictates what you can and can't have.	Continue prescription. Increase availability.		
Continue to prescribe basic items such as bread.	Continue prescription.		
She feels supported enough and does not accept her prescription. She buys her own foods from suppliers on line or comparative sellers.	Current support good. Buy direct from suppliers.		
IF THEY CAN'T GET IT ON PRESCRIPTION THEN MAYBE MAKE THE FOODS MUCH CHEAPER SO IT'S AFFORDABLE FOR THEM TO CONTINUE EATING THE RIGHT FOODS SO THEY DON'T BECOME ILL. IT WOULD BE FANTASTIC IF IT WAS STILL GIVEN ON PRESCRIPTION ESPECIALLY WHEN YOU HAVE LIMITED FUNDS.	Lower cost. Continue prescription.		
Access to dieticians/nutrition advice (if this not already done). Signpost to / link to non NAH resources. E.g. bbcgoodfood website has hundreds of gluten free recipes. If prescriptions are being cut why not invite the patient in for a one off session with someone who can show them how to explore the website. Perhaps even a couple of free cooking classes. There may well be volunteers who would run this... could get one of the local colleges that run catering courses involved... could be a project for their students.	Information - dietary. Signpost to resources.		
Don't stop prescribing you will not save it will cost more people will end up back in hospital	Continue prescription. Future costs.		
Keep Gluten free prescriptions free.	Continue prescription		
Better products	Better quality GF products		
To keep gluten free foods on prescription and to be given more choice	Continue prescription. Increase choice.		

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
		I think it's a good idea as you can now buy a good selection of gluten free food products in all supermarkets	Agree. Increased availability.
It sounds like you offer the correct services - is it clear that people with the condition actually feel like the right level of support and advice is actually provided?	Curretn support good	I agree with your conclusion that most of the staple products are now much more readily available in supermarkets and are much more affordable. There could however be some people who don't have easy access to large supermarkets (no vehicle, limited local stores, limited mobility) who might struggle so GP discretion is useful - except it may well be the people who don't have these barriers who are pushy - changing the public and GP's behaviour isn't always straightforward	Agree. Increased availability. Costs reduced. Limited availability. Affect on low income. GP discretion important. Behaviour change not easy.
Give information about gluten free foods/ recipes for gluten free meals Advice on eating out on a gluten free die	Information - dietary, eating out	I agree that this should stop, the service costs a vast amount of money that could be spent on more needy areas of the NHS There are plenty of gluten free foods available with out having to use the free from ranges people just need better educating It is a good idea to save money as you say plenty of foods do not contain gluten I think that this is the right thing to do. The money is needed elsewhere. Everyone else has to buy food products and as a mother o a 20 year old who is currently at university with a part time job so does not get help with prescription costs we have to buy the items or make them ourselves with no help. I suffer from GERD and would not expect to be prescribed foods which does not exacerbate the disease. Likewise, my view is the same in respect of coeliacs. Where does it stop - most people could be prescribed food or drink which would improve their health or prevent it from deteriorating.	Agree. Cost to NHS. Spend elsewhere. Increased availability. Alternatives available. Education. Agree. Alternatives available.
More advice on foods available	Information		Agree. Spend elsewhere. Everyone has to buy food.
Better education about gluten free foods	Education	I agree - special gluten free processed foods are not necessary	Other conditions don't prescribe food. Agree. Alternatives available.
The cost of gluten free food is just so expensive. Vouchers from nhs to help pay for food to me would be more helpful.	Voucher scheme. Cost	Some of the foods I get are only available on prescription, they don't sell them in the supermarket I'm worried I won't be able to ge these once prescriptions stop. Why? Nhs fund medication for drug addicts... self inflicted. Ceoliac is an illness and the food is so expensive and prescription food is our medicine. Due to the overwhelmingly high prices of decent free from foods life will be made exceedingly difficult for us to maintain a gluten free household if the prescription option is no longer available. provide gluten free foods for coeliac people and educate the public that being coeliac- an auto immune pathology and gluter "intolerance" are not the same thing	Some GF products only available prescribed. Lifestyle choices receive treatment. High prices. Only treatment.
Offer a greater selection or perhaps an automatically renewing subscription box.	More variety in shops. GF subscription box.	I think its appalling .when its an autoimmune disease I understand the budget constraints the NHS is under, however coeliac sufferers still need to maintain a balanced diet in order to live as healthily as we can given our unfortunate circumstances. While there are more and more gluten free options available in supermarkets, they are extremely expensive compared to the gluten alternatives. I believe that there should be a voucher scheme in place for those who need it, in the two months since I have been diagnosed my grocery bill has sky rocketed and I'm really struggling to maintain a balanced diet whilst trying my hardest to stay healthy. Stopping the prescription service will severely detriment the coeliac community when we already suffer enough. I completely agree that 'luxury' items such as biscuits etc shouldn't be available on prescription. However, staple foods are a necessity in order for me to continue eating gluten free. If I do not comply with a gluten free diet; it will cost the NHS much more in the long run! Many people can not afford GF food in the supermarket as it is very expensive	High prices. Low adherence.
Advertise on TV to make people aware of the symptoms,so it is sorted earlier	Awareness.	Utterly ridiculous to be honest. I suffer from type 1 diabetes too another auto immune disease so have a double auto immunity. This means we are excluded from prescribing for something we have no control over what so ever. Have the CCG thought about the impact it would have on the NHS for people that cannot afford gluten free food and the impact it would have for extra OP appointments, A&E visits, GP visits, the patients time off being sick because they can't afford GF food??? I am very pro active in providing GF food for myself including bread and pasta and I try not to obtain a prescription for these but that it not always possible	Continue prescription. Education. Coeliac serious condition Disagree. Coeliac serious condition.
If gluten free foods are not available on prescription then there needs to be some way of reducing the cost of gluten free foods. It's extortionately priced in comparison to 'normal' foods. Eating gluten free isn't a lifestyle choice, it's a health matter. Vouchers for GF staples	Lower cost Voucher scheme		Financial challenge. Increased availability. High prices. Voucher scheme. Balanced diet.
If gluten free prescribing is to be diminished then vouchers of reasonable discount should be provided	Voucher scheme		Not luxury. Continue prescription for GF staples. Low adherence. Future costs. Affect on low income. High prices.
Not really, unless you are able to put pressure on the manufacturers of gluten free food to reduce the costs or produce more variety of items	Lower cost. More variety	I can see their point. However, as I said above, the price of gluten free foods are prohibitive and need to be brought down somehow. Most families are on a limited income and cannot afford to buy the bread/pasta/flour etc. There are also people who are disabled or unable to go shopping, or shops don't carry a supply of gluten free items, which makes it hard to not have it available on prescripion	Coeliac not a choice. Affect on low income. Future costs. Don't always accept prescription.
Closer monitoring. I was diagnosed 8 years ago. The initial post diagnosis monitoring was good, medical & dietician but the was left to my own devices.	More monitoring.	Gluten free staples are now more widely available but at a price. Coeliac disease affects people from all sections of society. Those with meagre resources (students, the unemployed, those on low wages, pensioners) and those who find planning their lives difficult, and there are many, are likely to resort to cheaper, non gluten free products. The future consequences of this are potentially damaging in terms of ongoing health problems, fatigue at work and long term increased costs to the NHS. I would not be opposed to some level of means testing if this could be cost effectively achieved. I think the savings from this proposal are miniscule having very little real impact on health provision in Sheffield. In contrast, they will have a real impact on families and people who require GF foods to remain healthy. My husband is healthier, happier and has had less time off work since coeliac disease was diagnosed. He has stopped anti-depressants and PPI treatment - both of which I am certain cost as much as GF food. Eating GF food is not a choice for him but a necessity. Whilst we could afford to manage to continue his GF diet, many people are not in that situation. It would also require shopping in more than one supermarket (Aldi has very little in terms of GF options). Gluten free foods are now widely available, with increasing choices, but they are just so expensive and still three times the cost of regular products. And it's not just bread that has to be bought gluten free - it's pasta, flour, oats, breakfast cereal, soy sauce, as well as treats like pizza, biscuits, cakes and snack bars. It's a long list that makes our shopping bills cost a fortune. And for many people, it's unaffordable. They are readily available at acceptable prices. I do expect people to pay for my food so why should i pay for thiers. I have othe issues where by i am intolerant of certain food groups - why should i fund their diet when mine is not funded. Where will it end. Should the nhs for lactose intolerance? Pay for sugar free items because of people with diabetes. Pay for hypoallergenic pillows for asthmatics? While I don't receive gluten-free foods on prescription, I think this is a vital level of support for coeliac patients of limited financia means. Many people live in food insecurity and coeliac disease imposes additional financial costs. While availability of gluten-free foods is certainly increasing, their cost is still substantially higher than low cost gluten-containing versions of the same products. If people are living with food insecurity, they will not be able to afford these additional costs. Poor dietary management is highly likely to lead to higher costs in the long term for the individual, society and the NHS through increased rates of malnutrition and gastrointestinal cancers etc. Should not be stopped. Widely available to buy A disaster effectively creating a 2 tier NHS.	Increased availability. High prices. Affect on low income. Low adherence. Health consequences. Future costs. Means test.
Continue the availability of GF foods on prescription.	Continue prescription		Limited savings. Other medications cost more than GF. Coeliac not a choice. Affect on low income. Limited availability.
I'm not sure that prescribing is the answer. I'd much rather see a voucher scheme, as as been trialled in York. Even if it was means-tested and I didn't get any vouchers, there are plenty of people who really rely on the financial support for gluten free food and would benefit hugely. It's much more than bread that we have to pay extra for and it can be financially crippling	Voucher scheme.		Increased availability. High prices.
Inform them of recipes and self help.	Infromation - dietary.		Increased availability. Costs reduced. Everyone has to buy food. Other conditions don't prescribe food.
			Don't accept prescription. Affect on low income. Increased availability. High prices. Low adherence. Future costs. Health consequences. Continue prescription. Increased availability. Two tier NHS.
Continue prescribing gluten free food	Continue prescribing	I think this is a backward step especially for families on a low income. At the moment, the NHS pays a lot of money for items on prescription. Wouldn't a more feasible option be to give food vouchers so that people could buy their own gluten free items from their local supermarket. It would give patients greater choice and cost the NHS less money whilst still helping families on a low income.	Affect on low income. Cost to NHS. Voucher scheme.
		Shops often have trouble with quantity control when it comes to gluten free food so if this proposal goes through people will struggle to find what they need as more people will be using supermarkets for their staples such as bread. Gluten free food is also very expensive compared to other food therefore those on a low income will suffer greatly from a cut to prescriptions	Linited availability. High prices. Affect on low income.
Better communication between patients, GPs, gastroenterology and dietetics. At the point of diagnosis I was told that both gastroenterology and dietetics would both try to see patients every 12-18 months, with new patients taking priority. Two years on I haven't had a follow up with eithe	Dietician appointment	Ridiculous. The most obvious reason that this is poorly thought out by Sheffield CCG is that we are currently awaiting the results of a national consultation on gluten free prescribing. Gluten free prescribing is not just about costs (both the costs to the NHS and saving to patients), but equally about availability. Prescriptions allow patients to manage their staple foods and plan ahead. In the short term, staple GF products like bread or cereal may be out of stock when a coeliac patient carries out their grocery shopping. In the long term, availability in supermarkets could change very quickly based on consumer demand. I would like to see the research the CCG has undertaken into current and future availability of GF products in supermarkets. Finally, the proposed cost saving is incredibly short-sighted. The leading experts on coeliac disease will tell you that the possible negative health implications of coeliac patients being unable to maintain their gluten free diet could be far more expensive to the NHS than the meagre savings proposed by removing gluten free prescribing, but more importantly consider the patients and their quality of life if unable to maintain their diet. I trust you will hear strong opposition to your proposals from Coeliac UK	National consultation. Cost to NHS. High prices. Products out of stock. Long term availability. Research into availability. Short sighted. Health consequences. Future costs. Liited savings.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
Better support and understanding	Awareness.	I think that it is fundamentally wrong as the foods are not yet available in a great amount of shops and as such access to them for many would be very difficult and the cost well exceeds what normal similar food costs. In addition the foods when available are limited to a very small choice generally 1 or 2 variants which are very rarely the ones you want, if you have ever tasted gluten free bread it is no way near the taste of 'normal' bread and very few of the available types suit individual tastes. I have never seen the ones I order in any shops todate so would have to choose another less suitable one which is even further away from the taste of normal bread. I would suggest those who make these decisions try some of the available types to see how they taste and they differ. It should not fund gf foods at all. Products are widely available at low costs For a relatively small saving (£100,000), the Commissioning Group will deprive less well-off patients of essential nutrients. An ordinary costs, say, 80p: the cheapest minimum price (Tesco) for an equivalent GF loaf is £2.00. For a family with one or more Coeliacs, adult and children, this could easily add up to £6.00. Is this fair? Not only does it continue a post code lottery, it victimises the POOR yet again!!!!!!!!!!!! The savings are minute compared with overall expenditure of the NHS but the impact is considerable: the GF bread I get on prescription is a better quality than that available in shops.	Limited availability. High prices. Poor quality of GF products. Some GF products only available on prescription. Try GF products. NHS shouldn't prescribe food. Increased availability.
Adequate information is available from Coeliac UK and local groups but I am aware of people who did know who to approach - particularly if they did not use the internet. GP's and hospitals should be asked, as a matter of routine, to provide their patients with this informatior	Coeliac UK support good. Better signposting to them needed from health professionals.	If you can get the big supermarket chains, who now spend a fortune on advertising their gluten free food range, to actually reduce their prices for bread etc so they don't cost 4 or 5 times (at least) as much as the gluten containing equivalent there would be a lot less complaints about removing the foods from prescription. Removing the availability of these foods is likely to make people purchase the gluten contatining much cheaper version, exacerbate their sysmptoms and result in increased visits to the doctor	Limited savings. Affect on low income. Lack of nutrients. High prices. Discriminates. Postcode lottery. Affect on low income.
Find a way of getting better quality GF bread available into shops	Better quality GF foods in shops.	The very basic food items such as bread is double the price of normal bread. I think that is a valid enough reason . If it was a diet frenzy that ppl choose to take part in than it would be fare enough but it's a desease which is being ignored and neglected by the NHS. Low income families rely on staple foods to survive, it's all well and good them being in store but when costs are twice/three times the cost of the Gluten equivalent then it should continue. I'm pretty sure long term health through not sticking to the unaffordable GF diet will cost the NHS more in the long run!!!	Limited savings. Prescribed GF better quality.
Improve methods of diagnosing the disease. For some people it has taken years and dozens of visits to the doctors before diagnosis. Surely this would reduce NHS costs. A lot of things are being said about what not to eat but not much about what should be eaten to make sure you don't develop other illness o conditions due to the lack of vitamins etc missing from your diet due to lack of gluten. I have developed low calcium and vitamin d which effected my well being and low b12 effecting my energy level. I've been GF for a year and I still don't feel confident in what I eat and whether it's nutritious enough, and I lost 10kg without trying to. I think more needs to be said about how to eat well as a celiac. There is not enough information and discussion about the side effects of gluten free diet which I find to be irresponsible	Better screening and diagnosis.	Gluten free foods are so expensive in supermarkets a lot of people would struggle without prescriptions. I do not get prescriptions on a monthly basis as I do not want to waste food so perhaps reducing the number of units would be an option? I do not think it is realistic to expect people who have to be gluten free for medical reasons to pay so much extra for food at supermarket	Lower prices. Low adherence. Health consequences.
Yes target the companies charging extortionate prices	Information - dietary. Inclusion diet, rather than exclusion	The early stages of being diagnosed with this condition is very confusing and distressing. It is crucial for newly diagnosed people o all ages to receive 'safe' foods and to be in dialogue with a health professional to educate them about this. Removing this provision will expose vulnerable people to non compliance and potentially to severe ill heat	High prices. Coeliac not a choice.
Maintain prescribing gluten free staple items on prescripitor	Lower cost	Gluten free foods are so expensive in supermarkets a lot of people would struggle without prescriptions. I do not get prescriptions on a monthly basis as I do not want to waste food so perhaps reducing the number of units would be an option? I do not think it is realistic to expect people who have to be gluten free for medical reasons to pay so much extra for food at supermarket	Affect on low income. Increased availability. High prices. Health consequences. Low adherence. Future costs.
I get good support from GP and dieticians	Continue prescription	This would be a good move, and would be even better if extended to include children too	Diagnosis distressing. Continue prescription after diagnosis. Education. Low adherence. Health consequences.
Supply better dietary advice to people with coeliac disease. Simply avoid all foods containing gluten as far as possible. Encouraging coeliacs to "load-up" with junk carbohydrates is NOT the answer! See Andreas Eenfeldt MD's website www.dietdoctor.com	Current support good.	The proposals allow for prescriptions to continue to people under 18 years old, but I believe that they should also be available to people over retirement age, and with serious financial limitations. Perhaps it should be for all people who have free prescriptions	High prices. Don't always accept prescription. Reduce allowance.
Educate GPs to be more aware of the symptoms of the condition, and be more amenable to blood tests for potential sufferers to achieve a more rapid diagnosis.	Information - dietary. Alternative to carbohydrate heavy GF diet	It would be very difficult to have a guaranteed supply of staple gluten free products. I have to take the car/bus to my nearest supermarket and there is no guarantee that they will have gluten free bread/rolls in stock. I think we are being penalised for something we have no control over. No doubt smokers, people with alcohol and drug problems, obese people and those who choose to have a risky lifestyle will still be treated Without the prescription availability I would be unable to eat carbohydrates on a regular basis as I couldn't afford to buy them. I have a prepayment certificate so I don't pay for all prescriptions to make it easier to manage. Many mixes eg JuveLa White Mix are only available via prescription so this would also limit my choice. Not eating carbs is not a healthy diet as we are told by our dieticians and that would be the outcome for many people. Disgusted Prescription are provided to individuals that suffer from illness that treated with over the counter medicine why should gluten free suffers be penalised They are not thinking about people that cannot afford gluten free foods as some are expensive Initially after my diagnosis we actually tried not asking for the prescriptions because we knew the NHS is under stress. But the supermarket gluten free foods are SO SO expensive compared to normal food, we asked the GP to prescribe. I pay for my prescriptions. I do manual work and I need to eat properly There are wide discrepancies nationwide on prescribing gluten free foods and I understood that the national consultation would draw some fair conclusions and provide some help to coeliacs nationwide. Why is the Sheffield CCG not waiting for the conclusion before deciding to stop prescribing to adults? I think this is wrong. There are gluten free foods available in supermarkets and shops but they are a minimum of 50% more expensive than gluten I think this is wrong. There are gluten free foods available in supermarkets but they are at least 50% more expensive, and often considerably higher than that. I have little on prescription at the moment but paid £104 per year for 12 years from diagnosis until June when I was 60.I will need more when I retire and will be on a reduced income. It's a false economy if people with coeliac disease don't follow a gluten free diet,for financial reasons. develop illnesses and conditions which are then treated on the NHS. Another idea that will affect elderly and low income families to live day to day I would not be able to eat a gluten free products on my benefits, which fills me with drea	Agree. Stop for children too.
Keep supplying them with gf foods. Not everyone has the recourses to buy	GP awareness. Screening	I strongly object to this proposal. Many people will be tempted to relax their gf diets. GF commercial products are still very expensive compared to their gluten- equivalents. It is unfair to take away food on prescription as it is a medical conditor It's an autoimmune disease not some health fad. At least let us have the basics.	Continue prescription for those with prescription charge exemption
No - dietician visits available Reduce the price of g-free products	Continue prescription	As a person who has recently diagnosed with Coeliac disease, having food on prescription helps me to keep my costs down. I struggle each month with the cost of living alone, and have currently this month, whilst my diagnosis was being confirmed has spent nearly £100 on food to help live with this condition. I have tried to stock up on frozen goods as they are the most expensive, but generally all the food is so expensive. I am lucky with the fact that I currently have a pre-paid prescription certificate, to help with the costs of this food, but I would struggle even more without these prescriptions. I also suffer with depression, and currently taking medication for that as well. I feel like my mental heath, physical health would suffer even more if this proposal was to happen I believe that the g-f retailers are charging ridiculous amounts for their products to the NHS. A cheaper solution would be to allocate monthly vouchers to those with Coeliac Disease, so they can purchase g-f foods in with their normal shopping. Retailers will then not be able to monopolise the provision and will have to provide within more affordable prices I think many adults can afford to purchase GF food and there is plenty available now in supermarkets. Children and people or benefits should still be able to get GF products on prescription Now I'm retired it would place another financial strain on my limited income. Because of this my thoughts are that I will be punished by you removing funding instead of rectifying the mismanagement of budgets It is our only way to keep healthy. If it was able to be put into tablet form then it wouldn't be under debate. Also at the moment the shops do have GF food but what happens when the fad goes and supermarket no longer stocks it. Without a gluten free diet i will be seriously ill potentially costing the nhs a lot of money.	Incosistent availability
Provide basic staples on prescription do suffers	Current support good. Lower cost		Coeliac not a choice. Lifestyle choices receive treatment.
I have been diagnosed at the age of 54. It is such a massive change to make to my lifestyle. Visiting relatives and friends or going out anywhere is so much more difficult to manage. I need all the help I can get from the NHS to manage my condition	Difficult to manage.		Balanced diet. High prices. Some GF products only available on prescription Disagree
Continue to provide some assistance with at least bread and flour, even if in another form such as vouchers that can be exchanged n a supermarket. If there was a drug to aid coeliacs, no doubt the NHS would have to fund it. We seem an easy target, but it is an expensive die!	Support those who cannot afford. Support those who cannot afford. Future costs.		Prescription for OTC medicines. Affect on low income. High prices.
People with low incomes need the GF food stuffs on prescription as it expensive in the shops Support people on benefits who would not be able to buy the expensive foods and it would cost NHS on admissions	Education. Screening Continue prescription. Lower cost. Improve GF products.		Tried not having prescription. High prices. Pay for prescriptions.
Improve knowledge of the disease and encourage screening Provide staple food on prescription Let us buy cheaper and healthier gluten free products.	Continue prescription. Lower costs. Support.		National differences. National consultation.
Keep the prescriptions, help with costs and more help with the condition	Infromation		Disagree. Increased availability. High prices. Pay prescription. Affect on low income. Low adherence. Health consequences. Affect on low income. Affect on low income. Worried.
Provide a verification certificate and explanation for when eating out and travelling	Continue prescription		Disagree. Low adherence. High prices. Discriminates. Coeliac serious condition. Coeliac serious condion. Continue prescription for GF staples.
As there is currently no alternative other than adhering to a gluten free diet the continued availability of basic products on prescription is tc myself invaluable.	Continue prescription Lower cost		Affect on low income. High prices. Affect on mental health. Health consequences.
Keep GF food on prescription Encourage shops to reduce the price of gf staple foods. Ie a loaf of bread costs 3x as much as non gf bread there needs to be acknowledgement that though there are gluten free foods available in supermarkets the prices are greater so the removal o funding for prescriptions will cause new financial hardship to some of those who have coeliac disease (at the same time as easing the CCGs financial hardship. (also to acknowledge that the current situation may mean that the baseline can be cheaper for these patients than for others with the same earnings) No	Affordability.		Manufacturers overcharging NHS. Voucher scheme.
			Costs reduced. Increased availability. Continue for children and low income.
			Affect on low income. Mismanagement of budgets. Only treatment. Medication wouldn't be stopped. Increased availability. Long term availability. Health consequences. Future costs.
			Increased availability. High prices. Affect on low income.
			High prices. Coeliac not a choice. Coeliac serious condion.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
Provide more variety of gluten free foods on prescription	More variety on prescription	It is a lifelong condition the same as those who have diabetes or epilepsy etc so why should gluten free foods be removed from prescription when it is essential for those having to follow a specific diet especially considering how expensive these items are from a supermarket	Coeliac serious conditon. Only treatment. High prices.
Encourage producers if gluten free staple foods such as bread and pasta to lower their prices.	Lower prices	Coeliac disease is a life long issue. Coeliacs become ill if they eat gluten. Unfortunately basic nutritional needs, i.e. gluten free staples such as bread, pasta and flour are not always readily available in grocery shops and supermarkets and are more much expensive than gluten containing foods. The cost can therefore be quite prohibitive for coeliacs on a low fixed income. Ridiculous. Totally accept that providing luxury items are probably a step too far but a basic amount of staples - bread , pasta , flour etc should be provided due to increased cost of GF items compared to normal products	Coeliac serious conditon. Health consequences. Limited availability. High prices. Affect on low income.
More regular GP check ups	Regular GP check ups		Not luxury. Continue prescription for GF staples. High prices.
GF food on prescription needs to be preserved its a illness and there is no support anywhere else for some one who is on benefits and tax credits to be able to afford to feed his self properly without the recourse of prescription, this new change is basically saying if you have coeliac then its tuff and you are on your own which is unfair and i presume it would go against Human Rights to a certain degre	Continue prescription. Affordability.	SHEFFIELD CCG should not be able to do this and if their is anything we can do to challenge this please let me know as this needs stopping this is unfair. Doe the sufferers of Coeliac purposely want to be in this state Treat us first to ensure we no longer have coeliac if you cannot then do not take our our prescripitor	Challenge. Discriminates. Coeliac not a choice. Continue prescription.
Possibly provide information about local eateries etc that cater for people with the disease Make the products more widely available and cheaper to access Keep gluten-free products on prescription	Information Lower cost. Availability Continue prescription	Although the gluten free food selection in most supermarkets has vastly improved, the cost of many items is still ridiculous compared to the equivalent non gluten free products. Also, when first diagnosed with the disease it can be very confusing on how to start changing a diet with all the basics first. How can people who will be affected be able to afford the food? I think its wrong and should be maintainece These cuts proposed is one of the most ridiculous things I have ever read in my life! By suspending the prescriptions of over 18, you will be putting their lives into risk. They are allergic of gluten!! Don't you understand what does it mean? This proposal is an offence and whoever proposed it should be ashamed. I don't know how you can sleep during the night.	Increased availability. High prices. Diagnosis confusing. High prices. Continue prescription.
Give them the prescription so they can have safe food!	Continue prescription.		Health consequences.
It would be very helpful to lower the cost of gluten free food then ther would probably no need for it free on prescription I can't understand why it is so expensive	Lower cost	I am a 71 year old female with coeliac diagnosed last year and a full time career for my husband I currently get bread ,oats and mix on prescription which has been very beneficial to me as our funds are limited so it's been a big help cost wise to receive these How do we obtain Glutafin Breadrolls they are only available on prescription. Supermarkets do not stock sufficient amounts of GF bread and GF breadrolls as it is and it it costs 3-4 times as much as standard bread. My daughter is a student and on a limited income.	Affect on low income.
force more choice and awareness in shops and food outlets	More choice in shops	the gluten free food in shops are too expensive and much smaller in actual size	Some GF products only available prescribed. Limited availability. High prices. Affect on low income. High prices.
Clearer information on how to access prescriptions, no one seemed to know.	Information	us suffer like that? How cruel are you?? The cost of gf food on prescription is negligible compared to the good it does and the money it saves going forward. Bad idea, do not carry out.	Coeliac not a choice. High prices. Treatments more expensive. Research. Limited savings. Future costs.
Yes, stop stressing already sick people by constantly threatening to withdraw staple foods which are exorbitantly expensive in the shops where they are available (usually in the more expensive supermarket chains and specialist shops). Firstly, I take exception to the patronising phrasing of your question, "support people with Coeliac Disease to better manage their condition", suggests that people with Coeliac Disease are infantile and either too stupid to manage their condition, or purposely do not do so. You are threatening to take away (and I know that you WILL take it away - despite this "consultation") the only method by which you are presently supporting Coeliacs. So why, perversely, ask what you can do? Providing GF basics stops many people becoming a drain on the Health Service, by becoming ill and developing other illnesses such as Pernicious Anaemia. I have a realistic understanding of the Health Service's financial position - I work for the Health Service and I wrote to Zak McMurray about this issue when you first started to chip away at this service, as I knew it was the "thin end of the wedge" and you would eventually get rid of the service altogether - as happened in Norfolk Gluten Free food too expensive & not always available. Some stores take ages to re-stock once they have run out of things. Main store is M&S Fargate, Sheffield.	Cost. Availability. No support. Health consequences. Future costs. Cost. Availability.	Firstly - a question - why are you conducting a separate consultation when the result of the national consultation has yet to be announced? Some of your arguments are specious, in that you list the concerns raised during your previous "engagement" then go on to repeat that there are more GF foods available than in the 1960s, when GF prescribing began - yes there are, but not READILY available everywhere and at a reasonable price. You mention the dietary advice available from GPs - is this edible? Most Coeliacs do not need advice - when you put your plan into action to cease GF prescribing they will need reasonably priced, readily available GF basics, not someone telling them what they should eat. You are being disingenuous when you state that this is guidance only (thus passing the responsibility for your decisions to GPs) and that you will review the outcomes after a year. What would then be the criteria for reinstating GF prescribing? How many Coeliacs have to suffer from malnutrition leading to permanent nerve damage and other irreversible consequences? I feel completely let down by the Health Service. I have Coeliac Disease through no fault of my own and Pernicious Anaemia (PA) because I was not diagnosed before I became very seriously malnourished. I get no support for my PA and have to pay for my B12 injections, even though without them I would eventually become seriously ill and die, yet my friend who has Diabetes, gets her injections free. Now, the only support I get from the NHS, my GF basics, is being taken away from me.	National consultation. Increased availability. Limited availability. High prices. Pass responsibility to GPs. Criteria for reinstating. Health consequences. Let down by NHS. Coeliac not a choice. Other conditions receive treatment
Offer more support to those struggling to manage their diet.	Dietary support.	I have not been gluten free for very long and am going to enquirer if my Doctors will prescribe me my food Gluten free food is often more expensive than the gluten containing products which can be expensive for each individual, especially students and those with a low income.	Ask my GP for prescription. High prices. Affect on low income.
		My concern with the proposal is the cost to the patients. Coeliac disease is a lifelong condition and the cost to the individual to buy gluten free foods, which are significantly more expensive than non gluten-free foods, over a lifetime is huge. Whilst it is true that gluten free food is much more available in supermarkets than ever before, another concern is that there will be some people who do not live near a supermarket, only a small shop, and maybe cannot travel to a large enough supermarket to get guaranteed gluten free food when they need it. Small shops are also getting increasingly better at stocking gluten free food, but there is often very limited choice - I recently went to one such shop and the only gluten free bread available was sweet brioche. I also believe that variety of diet is important as enjoyment of food is key to having a healthy relationship with food and therefore a healthy weight. In addition, I think that there will be some people who find it difficult to stick to a gluten free diet, particularly newly diagnosed coeliacs or those diagnosed later in life who are used to a eating in a certain way, and having gluten free food prescribed to them increases the likelihood of them sticking to the diet as a prescription is seen as a more significant and important thing to stick to strictly, rather than just telling someone to buy some gluten free bread from the supermarket. The consequences of not following a gluten free diet can be severe, e.g. cancer. I do not think that prescribing gluten free food is the most efficient solution, for example I think if there were a way to issue vouchers to patients so that they can buy food directly from supermarkets this may be more cost effective, but in the absence of such a solution I think that continuing to prescribe gluten free food is hugely important Coeliac is a disease, if there was a medicine to treat the condition, I assume this would be available on prescription. Gluten free food is the only way to treat the condition so this in effect is the medicine. Until the gluten free foods are available at a cost in line with similar 'gluten' foods it is unfair to remove the the funding	Coeliac serious condition. High prices. Increased availability, Limited availability. Choice. Varied diet. Low adherence. Medicalising diet. Health consequences. Prescribing not efficient. Voucher scheme. Continue prescription if not.
Lobby the food industry so that the difference in price between gluten-free and gluten-containing food is not as grea	Get manufacturers to lower orices.	Our daughter was diagnosed as coeliac at the age of 7 and since then we have used a prescription-only flour mix to make bread, cakes, desserts etc for her. The gluten-free flour available in supermarkets etc is not as good and extra products need to be used to allow the flour to rise. We have also requested pasta on prescription but have never ever used our full quota of prescribable units. We have accepted as a family that our food bill is going to be higher to allow Molly to have a decent diet. She is about to go to University and as a student she will be on a limited budget, this will be made worse if she can no longer access some foods on prescription. Whilst we accept coeliac disease is not life limiting it is definitely not easy to live with the condition. We also accept that the NHS does not have a limitless budget we feel quite strongly that many other illnesses or health problems which are treated on the NHS, and are not under threat (at the moment), are self-inflicted by the lifestyle choices of the patient, coeliac disease definitely does not come under this umbrella as it is an auto-immune disorder with a genetic linkage. It seems somewhat unfair that a disorder that can be controlled by diet should not really be considered a health problem - a message you are sending by removing gluten-free food from prescriptionable lists. Our daughter is extremely sensitive to gluten and therefore will never knowingly eat food containing gluten, there are others however who can tolerate small amounts of gluten in their diet but in doing so (to save money on their food bill) they risk developing other associated disorders such as osteoporosis, colon cancer. The money saved by the NHS could then be seen as a false economy as these patients will need more expensive treatments for their associated diseases. It is very easy to say coeliacs should just buy their own food, it isn't really an illness, it isn't treated by pharmacological drugs but this is really sending the wrong message out to sufferers and for those on limited budgets it could have severe consequences	GF products in shops not as good. Don't use full quota. Affect on low income. Not easy to live with. Financial challenge. Lifestyle choices receive treatment. Coeliac not a choice. Coeliac serious condition. Low adherence. Health consequences. Future costs.
Increase the limit of 8 units per month for those most in need or with limited ability to buy or access GF foods.	Continue prescription. Increase current limits.	The ability of individuals to cope successfully with coeliac disease and maintain a varied and nutritious diet is related to their access GF foods. Barriers such as cost and availability/access disproportionately affect lower socio-economic groups. The proposed blanket cessation of GF prescribing should be re-thought and a more sophisticated / nuanced approach be proposed that recognises people's need, ability to pay and access to GF foods. What evidence are the CCG group using to inform this decision on? What evidence is there that the £100k suggested saving represents good value for money compared to other possible savings? The consultation document online doesn't present any evidence. Have the CCG group considered the impact on Ceoliac's dietary behaviour and long term / secondary health implications of restricting the availability of GF on prescription? I think this is an outrageous and discriminatory proposal. My friend is very poor and gets no benefits and is unable to work because of her health condition. She has to eat gluten free and the are REALLY EXPENSIVE. She has no choice but to buy them. How is that equitable?	Affect on low income. Means test. Evidence. Other savings. Health consequences.
Provide bread and / or flour on prescription	Continue prescription.	This is a post code lottery and you should wait for NICE proposals which are due soon Since moving here in November 2016 I have not been offered any gf food on prescription	Discriminates. Affect on low income. High prices. Coeliac not a choice. Postcode lottery. National consultation. Not offered GF on prescription.

Is there anything you think we could do to support people with coeliac disease to better manage their condition?	Themes	NHS Sheffield CCG is proposing that it no longer routinely funds prescriptions for gluten free foods for adults for the reasons given in the consultation document. Please tell us your thoughts about these proposals.	Themes
Continue providing free prescriptions. Provide group work or classes on diet Keep gluten free items on prescription	Continue prescription. Support group. Continue prescription.	I feel this would be unfair as the price of all food has risen considerably and more people are using food banks already. Taking away prescriptions would limit some people's access to gluten free foods as it would be cost prohibitive. This would potentially put people at risk putting a longer term extra burden on an already under funded NHS. It may be that no longer funding prescriptions would save £100,000 in the short term but the eventual cost is inestimable. Not restricting people with type 2 diabetes what can be corrected coliacs disease can not be correcter	Discriminates. High prices. Affect on low income. Future costs. Other conditions receive treatment.
I have been a coeliac for 40 plus years I still stick to the diet but only have bread on prescription as there is no comparable available in the shop	Quality available in shops.	As above Due to ill health, I am no longer able to work. Not only do I have coeliac disease but I went on to develop other significant food allergies. This means that I have a restricted diet anyway. Additionally, meeting the cost of buying gluten free foods, dairy free foods and other specialist foods has become increasingly difficult. I only manage to eat this diet as a result of my partner funding me. Otherwise, I would be at serious risk of developing malnutrition. I see a specialist dietitian at the hospital and have liquid drinks prescribed by the hospital. If the CCG withdraw funding in Sheffield, I would find it very difficult to continue this diet. My hospital consultant has explained that it is imperative that I adhere to a strict GF diet as the gluten has damaged my brain by way of gluten ataxia. It is still very expensive to fund a gluten free diet which will mean some people are unable to afford it. The price of gluten free food for a patient is much less than treatments for other autoimmune conditions I think there should be restrictions on what you can get, e.g. staples like bread, flour. But not 'non-essentials' like biscuits and pizza bases. Also the charge made by the suppliers to the NHS is unnecessarily expensive I think there needs to be a better way to manage it to be more cost effective and something like vouchers that could be sent to coeliacs or picked up from the pharmacy to spend in the supermarket. It seems the NHS is paying way over the cost of goods and a voucher scheme would save a lot of cost This could leave vulnerable Coeliacs at risk ie those who find buying GF basics too expensive for their limited means People on a limited income may not be able to afford to buy gluten free foods which tend to be more expensive than regular versions of the same product.	Quality available in shops.
Maybe a group, to share ideas, and updates on what can be eaten. Like you have quit groups for alcohol and nicotine	Support group	Ridiculous the cost of gluten free food is outrageous either keep prescribing or make the products the same cost as gluten products. Gluten free products are expensive and people with coeliac disease are at serious risk if they consume products containing gluten. The products that are prescribed are a big part of the treatment for people with this condition, and therefore it should be treated the same way medications are. Reduce the range of foods to staple for all and means test extras. Also reduce the number of items available eg 8 loafs per month max 4 pizza base and 1 pasta. Disgusting - your statement that it is more readily available cannot be disputed however most people cannot AFFORD it! I certainly can't yet I'm not eligible for financial support from the government and health authority. Stopping GF prescribing is tantamount to a death sentence for some people ie can't afford it, go back to gluten, get gut cancer, drain the NHS of money trying to fix it, die a premature death all to save you £100,000.... this is an embarrassment - billions of pounds wasted on unnecessary things £100,000 is a drop in the ocean . The trouble with not prescribing any GF foods on prescription is that although GF food is now available in supermarkets, it is extremely pricey when compared to equivalent non GF food and not everybody can afford the extortionate prices for a small loaf that does not last as long as normal bread once the packaging is open I think this is a dangerous idea. For coeliacs, gluten free food is the only medicine, and living fully gluten free will prevent a host of problems, from immediate gastric distress, to malnutrition, osteoporosis and increased risk of cancer. To save money on gluten free prescriptions is a very shortsighted measure. At this time when many people are forced to utilise food banks, many people cannot afford the ridiculous costs of gluten free food. Prescriptions make living as a coeliac actually affordable. Coeliacs, or those with coeliac dependants, who cannot afford to shop gluten free without prescriptions will be forced to eat foods that are slowly killing them. Some have said that coeliacs should eat more potatoes, rice etc, but a child cannot take a potato to school for a lunch. Coeliac-appropriate food is our medicine- it is immoral to reduce our ability to access it affordably, and thus price us out of our only medicine. I appreciate the NHS needs to save money and masks cuts, however I don't see the 'big chiefs' at the NHS reducing their bonuses or salaries, quite the opposite. There were also other services that could be cut. If I remember right, GF food was one of the more used services It is a medical condition that can have long term health implications if not managed and the cost of Gluten free products in shops is extortionate. If you were able to treat with a medicine would this be withheld???	Associated allergies. Restricted diet. Health consequences. Low adherence. Health consequences. High prices. Affect on low income. Other conditions receive treatment. Continue to prescribe staple foods. Don't prescribe luxury. Manufacturers overcharge NHS.
I receive all support from the coeliac society Provide basic GF food such as bread to those in need	Support from Coeliac Society. Continue prescription.		Better way to manage than prescriptions. Voucher scheme.Manufacturers overcharging NHS Affect on low income.
			Affect on low income. High prices.
Provide more information on nutrition	Information		High prices. Continue prescription. Lower prices.
Better understanding of what is available on prescription. I feel it's down the advertisements from manufacturers to 'sell their wares	Information		High prices. Health consequences. Only treatment.
Keep prescriptions ongoing - what a disgrace to this wonderful nation to even purpose stopping it all for money's sake not for the good of the coeliac population	Continue prescription.		Continue prescription for GF staples. Reduce allowance.
			Increased availability. High prices. Health consequences. Future costs. Limited savings. Money wasted elsewhere.
			Increased availability. High prices. Affect on low income.
Make visits to dieticians more available- I have been diagnosed for 18 months and still not had an appointment.	Dietician appointment		Only treatment. Health consequences. Short sighted. Affect on low income. Low adherence. Convenience. Immoral.
Yes, don't cancel the ability to gain GF staple foods on prescription Yes get them an appt with a dietitian I have been diagnosed 12 months and my consultant has put in 3 requests for a dietitian appt and still have not got one	Continue prescription. Dietician appointment		Financial challenge. NHS bosses reduce salaries. Other services could be cut. Coeliac serious condition. Health consequences. High prices. Medicine wouldn't be stopped.
From my point of view there is a lot of support available for people with coeliac disease Continue to support need for accessible and affordable GF food so that people may continue with a GF diet and avoid the medical complications which occur without adhering to a strict diet.	Already a lot of support. Accessible and affordable GF food.	The gluten free foods are very expensive to buy so anything to help alleviate the cost of such foods would be a help. A coeliac person has an illness through no fault of their own and as such should not be denied any help. Would you stop prescribing insulin to a diabetic who probably has incurred the disease themselves? I am retired but feel my pension is sufficient to cover my gluten free food if I had to buy everything. My concern is for parents with dependent children, people out of work or on low incomes and retired people on basic state pension I understand the extreme cost which GF food costs the NHS. However, I see this as a problem between the supplier and the NHS, which the public is being penalised for. I think providing supermarket vouchers would be cheaper so we can buy what bread/flour we need and stop the NHS paying high prices for gluten free food from glutafin/juvela etc I feel that although gluten free food is more readily available in supermarkets it is at a much higher price than normal food. Adults who are on a low wage will struggle even more, why penalise people who have genuine autoimmune diseases	High prices. Coeliac not a choice. Other conditions receive treatment. Lifestyle choices treated.
Provide staple gluten free food on prescription to help me maintain healthy lifestyle	Continue prescription.		Affect on low income.
			Cost to NHS. Manufacturers overcharging NHS. Patients penalised.
			Voucher scheme. Cost to NHS. Manufacturers overcharging NHS Increased availability. High prices. Affect on low income. Coeliac serious condition.
Provide them with gluten free staple on prescription. You should educate your staff about coeliac diseases	Continue prescription. Education.	Coeliac disease is an illness not a lifestyle choice. If I have lung cancer (caused by smoking) the NHS looks after me and pays for my treatment. If I have liver disease brought on by drinking the NHS looks after me and pays for my treatment. If I am massively overweight because I eat too much the NHS looks after me and pays for my treatment. If I have coeliac disease (through no fault of my own) the NHS says pay for your own treatment and be grateful. Get over yourself its not a real disease! Clearly you do not suffer from it or live through it with someone who does. As with so many of these consultations I think this is a sham and some bean counter has already made the decision. If you would like to convince me otherwise then please contact me	Coeliac serious condition. Coeliac not a choice. Lifestyle choices treated. Decision already made.
create a database of all coeliac in Sheffield and with help of third party supplier organise/help organise regular educational and informative events. this would include support groups, recipe guides, information about the how to order from suppliers.	Education. Information. Support groups. Order direct from suppliers.	As with all cuts, it will hurt the poor and vulnerable hardest. Whilst gluten free is widely available, it is more expensive. (Tesco's cheapest white loaf is 40p for 800g grams, cheapest gluten free white loaf is £2.10 for 55g) Has a voucher scheme been considered that could be given to low income patients to bridge this gap? I'm sure a substantial cost saving could still be achieved, whilst continuing to look after vulnerable patients. seems a harsh step forward however its rational for adults. Create a formulary of products on prescription for children for clarity to patient and prescribers. The proposal appears to be a sensible cost-saving idea that will allow scarce resources to be allocated to other priorities without harming patients. It would have been helpful to have been told something about those who would be affected, e.g. their number and demographic profile.	Affect on low income. Increased availability. High prices. Voucher scheme.
Provide advice about naturally gluten-free foodstuffs and how to use these for a healthy diet promote self-care My daughter is 16 and at the moment and she sees the GP for her prescription review and bloods yearly.If prescriptions are no longer available then I believe she probably will not see a GP at all.It depends on how serious Health Professionals believe this would be a risk and how much of a risk they see Coeliac Disease to someone's long term health.Since being diagnosed the support has been a farce anyway and has been more or less a find it all out yourself, luckily myself and my daughter are sensible enough to have dealt with the disease ,the only way to be well is to eat a Gluten Free diet.It is an individual's choice whether they want to eat this diet or not but it is a costly disease to have and Gluten Free food is not cheap.	Information Self care		Rational. Continue prescription for children. Formulary for clarity
Information should be given maybe via leaflets - websites - generals	Information	I believe bread and flour should still be on prescription for adults.These prescription items are of much better quality than what is on offer at supermarkets.Supermarket products are mainly Free From which caters for a number of allergies/intolerances the prescription brands focus on products for Coeliacs.A small loaf of Gluten Free bread is 2-3 times more in price than a normal large loaf no one would pay these prices for something that tastes awful.I do not know what my daughter would use if she did not get her prescription flour at great expense we have tried them all. I agree that we shouldn't be prescribing gluten free products. Gluten free is much more readily available and the price is not much more than non gluten free products. NHS funding should be used for health treatments not food. People who can eat non gluten free products are not prescribed foods so neither should people who cannot eat gluten. I think as a country we need to seriously look at what the NHS provides. We need self care more and make our NHS sustainable. The NHS is not a right - it's a privilege!!!! I think this is a good idea considering that gluten free food is widely available at local supermarkets and competitively priced. What needs to be taken into consideration is the cost of living for people who do not require gluten free food as a health condition, as the NHS do not provide prescriptions for people with obesity or other specific dietary needs. The original strategy was created due to the availability and cost of gluten free food, and this is no longer the case	Agree. Money spent elsewhere. Information on population affected
			Continue prescription of GF staples. Prescribed GF products better quality. High prices.
			Agree. Increased availability. Costs reduced. NHS shouldn't prescribe food. Other conditions not prescribed food. Self care. Sustainable NHS
			Agree. Increased availability. Costs reduced. Other conditions not prescribed food. Original rationale changed.

Comments	Themes
Coeliacs disease can lead to other neurological problems like chronic ataxia. If proven coeliacs and not faddy intolerance then should be given current prescriptions	Health consequences. Continue prescription.
I live with coeliac disease and do find the prescription bread very helpful but then I only have it about three times a year will it be the same for other people with other allergies will they have to pay for everything	Prescription helpful. Limited prescription use. Other conditions don't prescribe food.
Instead of prescriptions how about such items being partly funded through IPC.?	Alternative arrangement. Integrated Personal Commissioning
What a disgrace, £100,000 so so much more savings could be made within a week elsewhere due to wastage and inappropriate use of resources! Sheffield will fight this proposal right to the end , there ARE alternatives. My MP supports the campaign that Coeliac UK Sheffield group are running to stop this proposal. This will adversely affect hundreds of Sheffield citizens who are on low incomes or who are disabled and unable to access their treatment. For anyone who would like to make assumptions, in brief, coeliac disease is a serious Autoimmune disease which if untreated can cause gut cancer, associated AI disease, vomiting, diarrhoea, anaemia, severe weight loss, ataxia and a plentiful range of other vile symptoms. The only treatment is a lifelong gluten free diet. That is the TREATMENT - this isn't a fad diet, it isn't an allergy or intolerance. People need to see in reality the £££££ spent within the Health service and we're talking about £100,000 per YEAR they are looking to save here. Reductions in access for low income, elderly patients etc essentially could mean gluten consumption on the basis one can't afford £3 per loaf bread as eg, thus putting extra pressure and huge strain on the already stretched NHS. Essentially premature death could occur should someone continue eating gluten who has Coeliac disease. So if the powers that be feel this is a GOOD proposal without looking at alternatives then I am sorry and ashamed at what the Trust stands for!	Savings elsewhere. Alternative arrangements. Affect on low income and vulnerable. Coeliac serious condition. Health consequences. Only treatment. Coeliac not a choice. Limited savings. Low adherence. High prices. Future costs.
Last December I found out that a group of staff within sccg were having fikas-social meetings -twice a week with the blessing of the accountable officer and the chief executive of their department .Two of these fikas involved Xmas cake testing -I don't know if you remember but the frontline nhs staff were under immense pressure at that time -I was one of those frontline staff -and for me to read what these staff were up to was disheartening and disgusting	Frontline NHS staff under pressure. Unhappy with Fikas.
Inappropriate use of resources methinks	Innapropriate use of resources.
no they didn't -if it was in their break I wouldn't have had a problem -I have proof it was in work time as I have all the post as a screenshot -the person who posted it took it down after our heated discussion re inappropriate use of taxpayers money !!!!! Shall I publish the conversation on here ???	Unhappy with Fikas.
the Xmas cake testing probably paraded as GF tasting lol they told us this at a consultation event couple of years back - well they said they'd been testing all the breads etc and shopping to see how accessible it was. CCG - NO ONE is/ would dispute the fact gf food is more readily available these days what you refuse to comment on is how you expect the Everyman, you know nurses, teachers, or cleaners and shop staff etc all on average/low wages to pay for all this food once you stop prescriptions. I absolutely 100% disagree that a coeliac should be forced to live off fruit, potatoes and meat. If you eat fruit for breakfast, a potato for lunch and meat and salad for tea everyday I'd consider it a lie I'm afraid. Forget your cup a soups, sausage rolls and other rubbish that makes this nation obese and straining the NHS because of it... we're fighting just to get pasta and bread as staple products on prescription!!! These people at CCG know exactly how much stuff costs and know people's food bills per week stand to go up by £25 per week because of it. Perhaps some top heavy management structures could be considered as a way of saving £100,000 a year? Or are they a necessity opposed to making hundreds of Sheffield citizens Disadvantaged and potentially very ill? I know what I thinks most important who's with me?!	GF product tasting. Previous engagement. Increased availability. Affect on low income. Varied diet. Lifestyle choices treated. NHS management salaries. Health consequences.

Send it to The Star fao George Torr they'd prob be interested - I am already due to speak to journalist soon about a follow up article that was published some weeks ago... I had a meeting with Louise Haigh MP who fully backs our campaign - the CCG never bothered to respond to her last letter so she's contacting the minister for health, I am sending outcome communication to The Star when I receive it from Louise

they were testing stollen cake n chocolate log from supermarkets -doubt they were gluten free -they had two coffee mornings with cake testing in one week -they have these fikas twice a week -good for morale so the post said -must be nice to be able to do that as I know frontline nurses weren't/aren't able to fit that in #getuniformsonandhelpout

why would you report a member of the public to Human Resources at stht re these comments

Why what's happened? Surely a public debate about a consultation that is in the public domain is just that? X
Done, and hope my comments will be seriously considered. There has to be an alternative to this which allows for cost saving but doesn't penalise those least able to afford these more expensive products.

There's alternatives, whether the trust is willing to consider or not may be a different matter. I fear the proposal may be lip service and come 1st November all prescriptions are removed ☺

That's fair ! On the basis nobody else get's food on prescription for health reasons !
Does your bread cost you £3 a loaf?? No it doesn't, this isn't a fad diet, it's a disease which cannot be helped and so should be subsidised on the nhs. If a coeliac had a normal diet it would cost the NHS a lot more.
The CCG ought to do What other CCGs have done and issue vouchers.
That's like saying not everyone gets methadone on prescriptions so people with addictions should have access removed!

I myself do not have the condition ! However a friend does and your RIGHT £3 a loaf is a lot money. He's told me himself that ! He can however afford to smoke packs of 20 cigs a time which is around £5 to £6+ a time. Now we know smoking causes things like Cancer which can kill. So is it fair the NHS pays for his Gluten products when he his putting his health at serious risk anyway ? No I don't think it's right either. In fact your RIGHT again Coeliac is a serious health problem and many others with the condition smoke too. So being a serious health condition should people with Coeliac take their health seriously also then ? and take every option and means of support to stop putting their health at serious risk from smoking ? Yes maybe they should !

Totally agree with tony on this one those that also put there health at risk ie smoking whilst with such a serious disease .of theubcan afford 10 pound a pack fags then that's 3 loafs for the week freeze one for the follow week
A gluten free diet is the medication of those with coeliac disease. It can't be cured only treated this way to ensure no flare ups or worsening of long term health.
However, bread isn't a necessary food source and nor is pasta. There are a lot of naturally gf options out there.

I think maybe a means testing version of allowing prescriptions might be something to consider

What is a unit of bread - loaf or slice?
So is that 8 portions a month between those items, or 8 of each?
8 in total
Ah, was thinking it was 8 of each from the post, and thinking it could just reduce as that seemed quite a bit!
so 4 loaves of bread and 4 boxes of pasta which accounts for 1 x a week
We end up having to buy a lot of foods anyway as the prescription isn't enough to cover everything in his diet.
yes but 250g of pasta as more than 1 portion. Anyway, will butt out.

MP contact. Media contact.

Unhappy with Fikas. Frontline NHS staff under pressure.

HR issue.

Public debate.

Hope comments considered. Alternative arrangement. Affect on low income. High prices.

Alternative arrangements. Decision already made.
Agree. Other conditions don't prescribe food.

High prices. Coeliac not a choice. Coeliac serious condition. NHS shoukd subsidised. Future costs.
Voucher scheme.

Other conditions receive treatment.

High prices. Afford other lifestyle choices which harm health. Coeliac serious condition. Manage health better.

Afford other lifestyle choices which harm health.

Only treatment. Coeliac not curable. Health consequences.

Alternatives available.

Means test.
Unit allocation.
Unit allocation
Unit allocation.

Reduce allowance.
Unit allowance.

Prescription only part of diet.
Unit allocation.

of course, 1 x 250g pasta lasts a week. So 1 loaf a week and 1 box of pasta a week.
Hardly excessive really.
It's reduced for kids as it's based on dietary needs

no - not excessive, but would have been at 8 portions of each a week, as I had originally thought?

Shameful!
Why make these comments to ostracise coeliacs? Is you're saying mental health is more important than a coeliac having access to gf food? Did you know a high percentage of coeliacs also have mental health problems including depression because of the condition? Not everyone can afford £3 loaves of bread, could you as a student?

why not spend money on mental health services? People who require a gluten free diet can achieve a healthy gluten free diet they just need to be up for learning and helping themselves. People with mental illness can't be their own psychiatrist/psychotherapist where as people who have need a gluten free diet can read and watch programs about gluten free meals. I study BSc(Hons) Food and Nutrition at Sheffield Hallam. People are literally dying because mental health services are underfunded!

Have you seen how much gf foods are to buy in the shop? If so how would anyone on even an average income afford these on a regular basis let alone someone who is on low income. If a coeliac doesn't have a gluten free diet, not only does it adverse effect them physically, but also affects their mental state. This is very short cited on the CCG as in the long run will cost more than the amount they are trying to save.
I'm sorry but this shouldn't be about funding one thing over another.

Im sorry but i think sorting out things like having psychiatrists saying "we are too busy sectioning people" in a&e than helping coeliacs with expanding their diet *is more important

Eat well for less <http://www.bbc.co.uk/food/programmes/b0520lz9>

whether you have coeliac disease or not?!? - why else would you prescribe gluten free foods?!?

Coeliac disease is a serious auto immune condition that can 'literally' kill you if you don't adhere - hugely increased risk of gut cancers, anaemia, osteoporosis, depression/ anxiety , peripheral neuropathy to name but a few.
you are giving away gluten free food to non-coeliacs?!?
No they don't
The post sounds like that's what they do
There are so many gluten free options out there now I wouldn't think prescribing would be such an issue. I do feel though that to shift responsibility for making decisions on who to prescribe for (in exceptional circumstances) is going to be difficult/ uncomfortable for front line practitioners. A robust policy and or guidance with clear assurances of support when the queries and complaints come rolling in is a 'must'.

We shouldn't have to rely on food banks. This is exactly what we love us to do. The government should provide the basic essentials for vulnerable people. The more food banks we have the more cut backs the government will do. Please don't get me started on politics. I am not saying it's a bad thing to have food banks but the government need to look after their people and it isn't when charities are doing the work for them. We pay our taxes for benefit s and hospital and community care.

You keep sharing this whilst previous comments have been removed..... interesting
Maybe raising awareness for food bank donations.

Unit allocation.
Not excessive.
Unit allocation.

Not excessive.
Unhappy.

Just as important as other conditions. Affect on mental health. High prices. Affect on low income.

Spend money elsewhere. Alternatives available. Self care. Other conditions can't treat themselves. Other services underfunded.

High prices. Affect on low income. Health consequences. Affect on mental health. Short sighted. Future costs. Limited savings. Divisive.

Spend money elsewhere.
Alternatives available.

Clarify proposals.

Coeliac serious condition. Health consequences.
Clarify proposals.
Clarify proposals.
Clarify proposals.

Increased availability. GP burden. Clear guidance.

Food banks. Government should support vulnerable people. Pay taxes.
Sharing multiple posts.
Food banks.

I have a very strong view on this. I celiac and i work so i can afford to buy gluten free food and still find this very expensive and a large part of my food budget goes on this but people on low pensions and benefits will struggle. These people probably already only have a basic diet and to add the extra cost will give them more hard ship. I've been unemployed so I know this. It was bad on benefits in the 1980's and the benefit system is even worse now. If anything it would be detrimental to their health. If i was on benefits now and didn't have the prescribed gluten free. I would end up buying normal food. People forget. If we don't stick to this diet we are more likely to end up with stomach cancer or bowel cancer because gluten wipes are stomach lining out. This then costs the nhs financially. People on benefits cannot afford the gluten free products. The supermarkets rip u off. For 9 biscuits to buy is around £1.50 . Let's give these people some life. They struggle enough on benefits.

Final Q to @NHSSheffieldCCG annual mtg on #glutenfree - member of public notes that #glutenfree bread can be twice as expensive #NxtGenShef
Plans to suspend gluten free prescriptions for adults continue to be debated in #Sheffield - read more: #gluten <http://7hills.jusweb.co.uk/2017/10/04/plans-to-suspend-gluten-free-prescriptions-for-adults-over-18-continue-to-be-debated-in-sheffield/>
[Charity hits out at Sheffield NHS bosses on plans to axe gluten-free food prescriptions](http://www.thestar.co.uk/news/charity-hits-out-at-sheffield-nhs-bosses-on-plans-to-axe-gluten-free-food-prescriptions-1-8752217)
<http://www.thestar.co.uk/news/charity-hits-out-at-sheffield-nhs-bosses-on-plans-to-axe-gluten-free-food-prescriptions-1-8752217>
[Plans to stop prescribing #glutenfree foods for adults in #Sheffield. Please respond to consultation.](http://www.sheffieldccg.nhs.uk/get-involved/consultation-on-prescribing-gluten-free-foods-for-adults.htm)
<http://www.sheffieldccg.nhs.uk/get-involved/consultation-on-prescribing-gluten-free-foods-for-adults.htm>
[Sheffield CCG survey about stopping gluten free prescribing. Local people, please complete. Link on my blog](https://steeliac.com/2017/09/13/gluten-free-prescribing-in-sheffield/) <https://steeliac.com/2017/09/13/gluten-free-prescribing-in-sheffield/> #gfsheff
[Consultation on gluten free prescribing by NHS Sheffield CCG](http://www.allergodome.de/news/consultation-on-gluten-free-prescribing-by-nhs-sheffield-ccg/)
<http://www.allergodome.de/news/consultation-on-gluten-free-prescribing-by-nhs-sheffield-ccg/>

High prices. Affect on low income. Health consequences. Low adherence. Future costs.

High prices.

Consultation awareness.

Media coverage.

Consultation awareness.

Consultation awareness.

Consultation awareness.

Appendix B – Prescribing of Gluten Free foods for adults in Sheffield consultation feedback correspondence and coverage



Dr Tim Moorhead
NHS Sheffield CCG
722 Prince of Wales Road
Sheffield
S9 4EU

14 September 2017

Dear Dr Moorhead,

Re: NHS Sheffield CCG consultation on gluten free food on prescription

Further to the launch of the consultation on gluten free prescribing by NHS Sheffield clinical commissioning group (CCG), we would like to submit this letter as a formal response to the consultation.

We would like to highlight our concerns regarding the proposed removal of access to gluten free food on prescription for adults. This service provides essential NHS support to help people manage a lifelong autoimmune disease. We are particularly concerned that if approved, this policy would result in health inequality and would have a disproportionate impact on the most vulnerable. Our concerns are shared by the British Society of Gastroenterology and are reflected in the recently published National Institute of Health and Care Excellence (NICE) quality standard for coeliac disease.

National consultation on gluten free prescribing

We note the reference on your website to the Department of Health review of gluten free foods on prescription. The consultation period has now ended but a decision has not been made. We are concerned that holding a local consultation is not a good use of public money when the results of a national consultation are due to be published in the autumn. Please could you explain the rationale behind holding this consultation at this time?

Please could you also confirm how the results of the national consultation will be taken into account?

Previous engagement work

Your website states that previous engagement on this topic highlights concerns around the cost and availability of gluten free foods and the creation of greater health inequalities. We share these concerns and would like to share evidence supporting continued access to gluten free food on prescription.

The significance of the gluten free diet

Coeliac disease is an autoimmune disease caused by a reaction to gluten, found in wheat, barley and rye. Adherence to the gluten free diet remains the complete medical treatment and having coeliac disease therefore requires significant dietary modification. Rates for adherence to the gluten free diet can vary between 42-91% [1] and access to gluten free staples on prescription can be related to adherence [2].

Non adherence to the gluten free diet is associated with an increased risk of long term complications, including osteoporosis, ulcerative jejunitis, intestinal malignancy,



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Coeliac UK is a charity registered in England and Wales (1048167) and in Scotland (SC039804) and a company limited by guarantee in England and Wales (3068044). Registered office: 3rd Floor, Apollo Centre, Deaborough Road, High Wycombe, Buckinghamshire, HP11 2QW

functional hyposplenism, vitamin D deficiency and iron deficiency [3]. These long term complications will impact upon quality of life for the patient and treating these complications will result in financial implications for the NHS.

Cost and availability of gluten free staple foods

Gluten free staple foods are significantly more expensive than gluten containing equivalents. Research shows that gluten free staple foods are 3-4 times more expensive than gluten containing equivalents [4, 5]. An example of the increased cost of gluten free staple foods is gluten free bread, recent data shows gluten free white bread is still on average 5 times the cost of gluten containing by volume. In May 2017 the cheapest gluten free loaf cost 36.4p per 100g yet the price for gluten containing is 4.4p per 100g [6]. Those shopping for the cheapest loaf will be paying more than 8 times the price. Gluten free staple foods on prescription therefore help to address the financial burden for patients and are essential for people on fixed or low incomes.

We understand that there is a need to control costs within the NHS but are concerned that this proposal will have an impact on long term health outcomes. This raises the issue of false economy, where small savings in prescription costs could lead to higher treatment costs associated with poor health outcomes and increased health complications. It costs approximately £195 a year per patient to support gluten free food on prescription [7]. The average cost to the NHS of an osteoporotic hip fracture is £27,000 [8] – the equivalent of 138 years of gluten free prescribing. This is significant given that osteopenia and osteoporosis are found in 40% of adult patients at diagnosis of coeliac disease [9].

Factors affecting adherence to the gluten free diet

We would also like to draw your attention to a paper which has been published recently. The research explores the factors associated with adherence to the gluten free diet and differences between Caucasians and South Asians [10]. A number of factors were identified as having a role in adherence to the gluten free diet, including understanding food labels, membership of Coeliac UK and access to gluten free food on prescription.

Not understanding food labels was significantly associated with poorer adherence to the diet, of those who said that they did not understand food labels, 73% were not adherent to the diet. Not understanding food labels was found to be more common in South Asians (53%) compared to Caucasians (4%).

This research also supports continued access to gluten free food on prescription as respondents who were not receiving gluten free food on prescription had lower dietary adherence scores compared to those accessing prescriptions.

The role of gluten free substitute foods in the diet

Your website states that gluten free substitute foods are not necessary for a healthy diet. This seriously underestimates the complexity of maintaining a balanced gluten free diet. Cereals and cereal products contribute significant amounts of iron and calcium to the diet. Data from the National Diet and Nutrition Survey shows that cereals and cereal products contribute 44% of total iron intake and 30% total calcium intake to the diet [11]. The complete removal of cereals therefore has a significant impact on the diet.

For example, replacing 72g [12] gluten free bread with a portion of rice containing the same amount of calories would reduce the iron content by 96% and the calcium content by 90%. Similarly, replacing gluten free bread with a portion of peeled, boiled potatoes containing the same amount of calories would reduce the iron content by 71% and the calcium content by 93%.

Calcium recommendations for people with coeliac disease are higher (1000mg) than the general population (700mg) [13] therefore including good sources of calcium in the diet is particularly important for people with coeliac disease.

Monitoring

Sheffield CCG introduced restrictions to gluten free prescribing at the end of 2015. How has the impact of this policy change been monitored, and what outcomes have been measured?

We would like to understand how you plan to monitor the impact on health of removal of gluten free food on prescription for patients with coeliac disease. Will all patients be offered an annual review as part of the proposed policy change? The National Institute for Health and Care Excellence (NICE) (NG20) recommend that all patients with coeliac disease are offered an annual review.

There is a specifically developed coeliac disease assessment questionnaire, a patient-reported outcome measure which has been developed by Researchers in Oxford, to investigate the health-related quality of life of people living with coeliac disease, further information is available on the University of Oxford website

<http://innovation.ox.ac.uk/outcome-measures/coeliac-disease-assessment-questionnaire-cdaq>

Prescribing for individual needs

We are reassured that the CCG has stated that if approved, the policy would be a recommendation only and that GPs would be able to use their clinical discretion to prescribe in cases of individual need.

We look forward to hearing from you and would welcome the opportunity to discuss this further.

Kind Regards



Sarah Sleet,

Chief Executive, Coeliac UK

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- [13] Ludvigsson JF, Bai JC, Blagi F et al (2014) Diagnosis and management of adult coeliac disease: guidelines from the British Society of Gastroenterology *Gut* 2014;63:1210-1228 doi:10.1136/gutjnl-2013-306578



British Society of Gastroenterology statement on the proposed removal of prescriptions for GFD

The proposed removal by CCGs of prescriptions for Gluten Free Diets (GFD) is an important issue for the British Society of Gastroenterology (BSG) as it poses a direct impact on the care of patients with coeliac disease, as well as wider cost implications for the health economy.

The BSG's membership includes most of the consultants and specialists in gastroenterology in the UK that treat patients with coeliac disease and we would like to put on record our support for Coeliac UK on this issue. Adherence to the gluten-free diet remains the complete medical treatment and having coeliac disease therefore requires significant dietary modification. The use of gluten-free substitute staple foods facilitates the necessary dietary adaptation. Rates for adherence to the gluten-free diet can vary between 42-91% [1] and gluten-free staples on prescription have been related to adherence [2].

Non adherence to the gluten-free diet is associated with an increased risk of long term complications, including osteoporosis, vitamin D deficiency and iron deficiency [3]. These long-term complications will impact upon quality of life for the patient and treating these complications are likely to result in financial implications for the NHS through other treatment costs or bed days.

In addition to facilitating dietary adaption, gluten-free staple foods contribute important nutrients to the diet. In the UK bread is an important source of energy, dietary fibre, vitamins and minerals. It provides more than 10% of our intake of protein, B vitamins and iron, and one fifth of our dietary fibre and calcium. Removing important staples from the diet may therefore have a significant effect on the nutrient content of the diet [4].

The National Institute of Health and Care Excellence (NICE) quality standard on coeliac disease is currently under development and highlights that access to gluten-free food may be more difficult for people on low incomes and that these people may need more support. As part of your review the BSG would urge that due regard is paid to the impact of any withdrawal of GFD prescriptions on patients and wider healthcare costs. Certainly the published evidence is that high street purchase of GFD products are three to four times the cost of equivalent gluten containing food [5,6]. Furthermore access to GFD remains in large supermarkets and not corner shops which will clearly make purchase difficult for the old and infirm. [5,6].

We are concerned that the consultation document lacks direct reference to coeliac disease but instead states that gluten-free foods are prescribed for people with 'particular dietary requirements'. We do not feel that this provides enough detail for people completing the survey who do not have coeliac disease themselves. Gluten-free foods on prescription are only approved by the Advisory Committee on Borderline Substances (ACBS) for patients with a medical diagnosis of coeliac disease. This misperception of the GFD is leading to an inequity in health care for patients with coeliac disease. Unlike other autoimmune diseases (such as Type 1 Diabetes or Autoimmune Thyroid Disease) where prescriptions are free, the selection of GFD prescriptions as an option for budgetary savings will have a significant impact on patients health and this in turn will generate long-term costs to the NHS which will be greater than the short term savings.

We would urge CCGs to consider these facts in their decision making process and we would recommend a formal consultation process which will allow necessary access to GFD products for patients that require them and examine alternative potentially cost-effective models such as pharmacy led services to be considered.

722 Prince of Wales Road

Darnall

Sheffield

S9 4EU

Email: shecog.sheffieldccgchair@nhs.net

Telephone: 0114 305 1013

17 October 2017

Ms S Sleet
Chief Executive
Coeliac UK
3rd Floor
Apollo Centre
Desborough Road
High Wycombe
Bucks HP11 2QW

Dear Sarah

Many thanks for your letter dated 14 September 2017 about the NHS Sheffield CCG consultation on prescribing guidelines for gluten free food. Your comments and the evidence you have shared will of course be included as part of the formal consultation process.

In your letter you highlight your particular concerns about the impact of changing the guidelines on the most vulnerable.

GPs prescribe according to their clinical judgement so this would be a recommendation only. Prescribing GPs will be able to apply discretion in exceptional circumstances where they are sufficiently convinced that there is a genuine risk that a vulnerable individual is, or will become, under nourished if they do not prescribe gluten free products for that individual.

You also reference the national consultation on gluten free food prescribing which was launched on March 31 this year and closed on 22 June, 2017.

We took the decision to launch the NHS Sheffield CCG consultation to suspend prescribing of Gluten Free products for adults ahead of the outcome of the national consultation as part of urgent additional actions required to manage our financial position.

We constantly review how we allocate the limited resources we have available for the people of Sheffield and it is important we gain the views of our local community on these local proposals.

We understand the strength of feeling about these proposals. It was raised by one of your local members at our recent Annual Public Meeting and as we said on that day,

Chair: Dr Tim Moorhead

Accountable Officer: Maddy Ruff



there is a great a deal of discussion internally and any decision will be a difficult one to make.

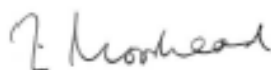
If the Governing Body does take the decision to suspend gluten free food prescriptions for adults, the CCG would monitor the impact and report to Governing Body in twelve months together with recommendations for future actions.

The evaluation and assessment would take the following form:

1. Patient and clinician experience survey – survey a sample of patients and clinicians to identify the perceived impact and experience of the change on individuals
2. Financial analysis – track the financial impact of the suspension in prescribing costs and seek to identify any additional costs (increase GP appointments) using a sample of practices
3. Patient compliance and health impact – As you reference, NICE guidance recommends annual medical appointments to review the patient's health, adherence and access to a GF diet and many coeliac patients who do not access GF food on prescription still attend a health review with their GP or dietitian. Using a sample of practices it would be possible to track any change in compliance and outcomes for existing coeliac patients following the implantation of new guidance.

I hope that you find this information useful but please do not hesitate to get in touch if you have any further comments or queries.

Yours sincerely



Dr Tim Moorhead
Chair
NHS Sheffield CCG
GMC No. 3271322

rec'd
20/9



Sheffield
Local Group

Dr Tim Moorhead
NHS Sheffield CCG
722 Prince of Wales Road
Sheffield
S9 4EU



17 September 2017

Dear Dr Moorhead

I am surprised to find that you are having, at this point in time, a consultation on the availability of gluten free food on prescription to people diagnosed with coeliac disease.

As you will know there has been a national consultation, the results of which are expected very soon. Would it not have been better to wait for the results and recommendations so that all clinical commissioning groups introduce the same recommendation? At the moment we have a post code lottery.

At the beginning of 2016 Sheffield CCG introduced restrictions without any consultation which angered many people. A follow up meeting was promised for later in 2016 but never transpired.

There are other ways of reducing costs such as the award winning scheme in Rotherham. I understand that they have made considerable cost savings, stopped improper use and provide a good service to those that need support. They had an information day at Rotherham Hospital earlier this year which attracted interested people from around the country. Not sure if anyone from Sheffield CCG attended, but if they did I would be interested to hear what they thought.

I would urge you to delay making a decision until you know the recommendations of the national consultation.

Yours faithfully

M. Davidson

Mike Davidson
Sheffield Group Organiser
Coeliac UK

17 October 2017

Mr M Davidson
Coeliac UK Sheffield Local group
Coeliac UK



722 Prince of Wales Road

Damall

Sheffield

S9 4EU

Email: shecgcg.sheffieldccgchair@nhs.net

Telephone: 0114 305 1013

Dear Mr Davidson,

Many thanks for your letter about the consultation on changes to prescribing guidelines for adults for gluten free food. Your comments will be included as part of the formal consultation process.

In your letter you reference the national consultation on gluten free food prescribing which was launched on March 31 this year and closed on 22 June, 2017.

We took the decision to launch the NHS Sheffield CCG consultation to suspend prescribing of gluten free products for adults ahead of the outcome of the national consultation as part of urgent additional actions required to manage our financial position.

We constantly review how we allocate the limited resources we have available for the people of Sheffield and it is important we gain the views of our local community on these local proposals.

You also reference a meeting that should have been arranged following changes made in 2016 to prescribing guidelines and of course we apologise that this meeting did not take place.

I would also like to thank you for the information about Rotherham Hospital, which I have passed on to colleagues in the CCG to ensure they are aware of the scheme. Finally, I would like to assure you that we appreciate the strength of feeling about these proposals. The issue was raised by one of your local members at our recent Annual Public Meeting and as we said on that day, there is a great deal of discussion internally and any decision will be a difficult one to make.

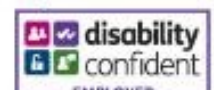
If you would like to speak to someone in more detail about our current consultation please do not hesitate to get in touch.

Yours sincerely

Dr Tim Moorhead
Chair
NHS Sheffield CCG
GMC No. 3271322

Chair: Dr Tim Moorhead

Accountable Officer: Maddy Ruff



Jared O'Mara MP.

House of Commons,
London.

Dear Mr O'Mara,

Withdrawal of gluten-free foods on prescription for patients with coeliac disease

I am writing to you because I am extremely concerned about a recent proposal being considered by the Sheffield NHS Clinical Commissioning Group (CCG), to end my access to gluten-free staple foods on prescription. As strict adherence to a gluten-free diet is the only treatment for coeliac disease, this change in policy means that I no longer have access to NHS treatment or support for my life long health condition.

I am very troubled by the fact that the reasons for this proposal seem to have been taken exclusively for financial reasons, particularly as the Government has promised to protect NHS health budgets in real terms. Coeliac disease is a long term health condition, which if left untreated, can lead to serious health complications, such as osteoporosis, fertility problems and in rare cases, small bowel cancer. So, while small savings may be made now by cutting services for patients, there are likely to be long term financial implications resulting from this decision by the CCG. It is effectively a false economy.

Gluten free food is generally far more expensive than gluten containing alternatives. For example a loaf of gluten free bread costs £3 from a supermarket as opposed to 75p for a "normal" loaf of the same size. Gluten free food is not always available at local convenience stores – often a trip to a large supermarket is needed. This adds considerable to the food of a family and can be a real problem for those on a low or fixed income.

The decision does not modernise the service, improve health outcomes for patients or reduce health inequalities. Indeed, the opposite is likely to be true, as no monitoring of patient outcomes or processes to assess the impact of this policy change have been put in place. Such monitoring could include ongoing dietetic advice and support to ensure adherence to the gluten-free diet, or an annual GP review for the assessment of outcomes and comorbidities.

I am also disappointed in the limited involvement of professionals and patients in this decision making process.. As a patient with the condition, I would have expected an opportunity to engage in a wider, personal, process with the CCG.

I would like to hear your views about the proposal being made by the Sheffield CCG and am seeking your support in challenging this proposed change in policy.

Yours sincerely,

722 Prince of Wales Road

Darnall

Sheffield

S9 4EU

Email: shecog.sheffieldccgchair@nhs.net

Telephone: 0114 305 1013

20 October 2017

BY EMAIL

Office of Jared O'Mara MP

(Lucy Turner senior caseworker)

Dear Lucy,

Many thanks for contacting us about the letter you have received concerning our current consultation on changing prescribing guidelines to GPs in relation to gluten free food for adults.

Firstly, we will of course include Mrs Bailey's comments and feedback as part of the formal consultation process. All the feedback we have received will be analysed before a report goes to our Governing Body in November.

We took the decision to launch the NHS Sheffield CCG consultation to suspend prescribing of gluten free products for adults as part of urgent additional actions required to manage our financial position.

We constantly review how we allocate the limited resources we have available for the people of Sheffield and it is important we gain the views of our local community on these local proposals.

We of course understand the strength of feeling about these proposals and there is a great a deal of discussion internally. Any decision will be a difficult one to make.

I would also like to emphasise that GPs prescribe according to their clinical judgement so this would be a recommendation only.

Prescribing GPs will be able to apply discretion in exceptional circumstances where they are sufficiently convinced that there is a genuine risk that a vulnerable individual is, or will become, under nourished if they do not prescribe gluten free products for that individual.

If the Governing Body does take the decision to suspend gluten free food prescriptions for adults, the CCG would monitor the impact and report to Governing Body in twelve months together with recommendations for future actions.

Chair: Dr Tim Moorhead

Accountable Officer: Maddy Ruff



The evaluation and assessment would take the following form:

1. Patient and clinician experience survey – survey a sample of patients and clinicians to identify the perceived impact and experience of the change on individuals
2. Financial analysis – track the financial impact of the suspension in prescribing costs and seek to identify any additional costs (increase GP appointments) using a sample of practices
3. Patient compliance and health impact –NICE guidance recommends annual medical appointments to review the patient's health, adherence and access to a GF diet and many coeliac patients who do not access GF food on prescription still attend a health review with their GP or dietitian. Using a sample of practices it would be possible to track any change in compliance and outcomes for existing coeliac patients following the implementation of new guidance.

I hope that you find this information useful but please do not hesitate to get in touch if you have any further queries.

Yours sincerely



Dr Tim Moorhead
Chair
NHS Sheffield CCG
GMC No. 3271322

Feedback from Annual Public meeting

- Concern about availability
 - Local shops not stock gluten free (eg Sainsburys Local, Townend, Onestop)
 - Aldi – might have for a couple of weeks but then stops
- How to bring down the price of supermarket products? (Price comparison info photos)
- How to get prescription brands to sell to public? (Glutefin, Javela). Much nicer and less sugar. Lots of the GF bread has lots of sugar in.
- What about the token scheme in York – why can't we do something similar?
- When went to 8 units, had to think much more about what I ate
- £15 increase a week in shopping since restrictions, think about half due to GF
- Some cereals have barley malt in, which can have an effect if eaten regularly
- Issue regarding lunch – if can't cook at work, not being able to have bread for sandwiches makes it very difficult to find something to eat

From: XXXXX

Sent: September 2017

To: FOI (NHS SHEFFIELD CCG)

Subject: Gluten free foods

I make a request under the freedom of information act.

I would like to know how the consultation about supply of gluten free foods is costing the CCG.

Further how as this being put in to public domain, and at what venue is open to the public and what dates.

Further to this I request to know how much is the CCG spending on the morning after pill and the condoms handed out in large numbers.

Whilst I can see some of your planes, What about pensioners on basic pension that is below the poverty line and has to be made up in order to live, Not everyone has a private pension.

Has that being considered .

Working with you to make Sheffield

HEALTHIER

NHS

Sheffield

Clinical Commissioning Group

722 Prince of Wales Road

Darnall

Sheffield

S9 4EU

FOI Contact: Freedom of Information Lead

Contact Email: sheccg.foi@nhs.net

Contact Telephone: (0114) 3051000

FOI Ref: xxx

17 October 2017

Dear

Freedom of Information Act 2000 – Request for Information

We are pleased to respond to your request for information and our response is set out below:

Request/ Response

I make a request under the freedom of information act

I would like to know how the consultation about supply of gluten free foods is costing the CCG.

Further how as this being put in to public domain, and at what venue is open to the public and what dates.

The CCG has a legal duty to consult on any proposed changes to services and is committed to involving people in Sheffield in our commissioning. The consultation on suspending gluten free prescribing for adults is primarily being run online and supported by a number of initiatives to make people aware of it and encourage responses. These include working with the media, using social media and publicising the consultation and how to take part in GP practices. We are also contacting the Coeliac Society to ask if they would like us to meet with them and their members to discuss the proposal. As such, the principle 'cost' is staff time, although there will be a cost for printing the posters for GP practices to publicise the consultation. This is being done internally and we would estimate the cost as being less than £10.

Please see link below for further details on the consultation:

<http://www.sheffieldccg.nhs.uk/get-involved/consultation-on-prescribing-gluten-free-foods-for-adults.htm>

Further to this I request to know how much is the CCG spending on the morning after pill and the condoms handed out in large numbers.



Chair: Dr Tim Moorhead



40

Accountable Officer: Naddy Ruff

We sought clarification from you on 20th September 2017 by email on whether the information on spending for the morning after pill and condoms was for a specific period. Given that we received no response, we are providing data for the period August 2016 to July 2017. If this is not what was wanted please do come back to us and we can provide the right information.

For the period August 2016 to July 2017, £23,250.90 was spent on the prescription of post-coital hormonal contraception (morning after pill). Please note that this figure is representative of GP prescriptions only, as this is the only element that the CCG funds. The CCG does not fund the supply of condoms.

**Whilst I can see some of your plans, what about pensioners on basic pension that is below the poverty line and has to be made up in order to live, not everyone has a private pension.
Has that being considered.**

As part of the development of these proposals an Equality Impact Assessment was conducted.

This assessment identified the following issue:

"For people currently receiving gluten free products on prescription, there will be the cost of buying gluten-free food which could negatively impact on those with low incomes / on benefits, therefore create greater inequalities"

The following actions have been identified in response:

- 1) Prescribing GPs will be able to apply discretion in exceptional circumstances where they are sufficiently convinced that there is a genuine risk that a vulnerable individual is, or will become, under nourished if they do not prescribe gluten free products for that individual. GPs prescribe according to their clinical judgement and so the proposed changes to prescribing of gluten-free foods would be a recommendation only.
- 2) The proposals include evaluation and monitoring to identify whether the changes have any harmful impact on people's health.

Additional information about the monitoring and evaluation plans and a full copy of the Equality Impact Assessment are available in a paper called 'Additional Actions to Manage the Financial Position' which was considered by our Governing Body on 7 September 2017.

This paper is available online at:
<http://www.sheffieldccg.nhs.uk/Downloads/About%20US/CCG%20Governing%20Body%20Papers/2017/7%20September%2017/PAPER%20D%20Additional%20Actions%20to%20Manage%20the%20Financial%20Position.pdf>.

Please let us know if you would like us to send you a copy.

We trust this provides you with the information you require.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request an internal review of our decision you should write to the Freedom of Information Lead, NHS Sheffield Clinical Commissioning Group, 722 Prince of Wales Road, Damall, Sheffield S9 4EU, quoting the reference number above.

If you are not content with the outcome of the internal review, with regards to this Freedom of Information request, you have the right to appeal to the Information Commissioner under Section 50 of the Freedom of Information Act. The Information Commissioner will not investigate your case unless you have exhausted our complaints procedure. The Information Commissioner can be contacted at: The Information Commissioners Office, Wydliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Re-Use of Public Sector Information

If you wish to re-use the information you have requested, in whole or in part, please write to the Freedom of Information Lead, NHS Sheffield Clinical Commissioning Group, 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU, quoting the reference number above, stating the purpose(s) you wish to re-use the information for. You will receive a response within 20 working days of receiving your request with any conditions and charges that relate to the re-use of the information. These will be determined in line with the Re-use of Public Sector Information Regulations 2005 (SI 2005 No. 1515).

Yours sincerely



Chevaughn Woodhouse
Freedom of Information (FOI) Lead
NHS Sheffield CCG

17th September 2017

Mr Brian Hughes
Sheffield CCG
722 Prince of Wales Road
Sheffield
S9 4EU

Dear Mr Hughes

I am writing to you regarding a recent letter that I have received from Coeliac UK with regards to your proposal of putting a stop to the prescribing of gluten free foods for adults over 18 years of age.

I would like to express my concerns and disgust around this suggestion and would like to hear your response and rationale around this proposal.

I was diagnosed with Coeliac Disease 15 years ago which was quite traumatic and resulted in a drastic change in my lifestyle. The benefit of having products on prescription helps greatly, for example the Juvela bread is enjoyable but is not available to purchase in shops or supermarkets and the supermarket products are not up to the same standard as prescription products.

I am a 71 year old pensioner who has worked all my life up until I was 66 years old and I no longer pay for prescriptions so I am able to purchase basic items such as bread free of charge. If I was forced to pay for gluten free bread etc I would not be able to afford this on my pension as the price of a very small loaf is over £3 a loaf. All other products such as pasta and cereal etc are also inflated in price compared to other non gluten free products.

My objection and disgust is that Coeliac Disease is a lifelong condition and if not treated and a strict diet adhered to can lead to future serious health conditions and cancer. Surely if patients are unable to follow this diet due to their financial situation and they regularly use such as foodbanks or cheaper supermarkets such as Aldi who do not supply gluten free products, this will in turn cost the NHS more money than a prescription in their attendance at Gastro out patients, their GP's, Accident & Emergency or even hospital admission.

I understand that the following conditions are exempt from paying for prescriptions.

- ❖ Diabetes
- ❖ Hypoparathyroidism
- ❖ Myasthenia Gravis
- ❖ Myxoedema (under active thyroid)
- ❖ Epilepsy
- ❖ Permanent Disability where you can't leave your home

Please could you explain what determines the above exemption list? As if it is around life saving medications etc why are there a long list of other conditions such as people on lifelong antibiotics who have to pay for their prescriptions each month. Without these medications and gluten free products for Coeliac suffers they too could die without them

If the NHS CCG is looking at ways to save money (which is the reasons why you are penalising people with Coeliac Disease) why is it patients who have a condition on the above list not only get their life saving drugs free but also get anything else they require free such as Paracetamols, E45 Cream, Sun Cream. All these can be purchased at the Pound Shop so why are they not just given the drugs they need to live on free on prescription. Surely this could save the NHS more than prescribing Gluten Free products?

In addition, patients who have addictions with drug and alcohol (which could be a life style choice) get can get their alternatives on prescription such as Methadone and Subutex. These are very expensive drugs, which are not always successful as patients often make the choice to return to taking alcohol and drugs. In addition some patients get additional benefits to fund their habits and can also receive Disability benefits for damage that their addiction has caused to their physical health.

It feels very unfair that you are penalising Coeliac suffers, who through no fault of their own are suffering from this debilitating condition and will now have to encounter this large financial impact put upon them.

Please could you respond to me in writing at the above address with a copy sent to my MP - xxxxx

Yours sincerely

14th October 2017.

Dear XXXX

Withdrawal of gluten-free foods on prescription for patients with coeliac disease

I am writing to you because I am extremely concerned about a recent proposal being considered by the Sheffield NHS Clinical Commissioning Group (CCG), to end my access to gluten-free staple foods on prescription. As strict adherence to a gluten-free diet is the only treatment for coeliac disease, this change in policy means that I no longer have access to NHS treatment or support for my life long health condition.

I am very troubled by the fact that the reasons for this proposal seem to have been taken exclusively for financial reasons, particularly as the Government has promised to protect NHS health budgets in real terms. Coeliac disease is a long term health condition, which if left untreated, can lead to serious health complications, such as osteoporosis, fertility problems and in rare cases, small bowel cancer. So, while small savings may be made now by cutting services for patients, there are likely to be long term financial implications resulting from this decision by the CCG. It is effectively a false economy.

Gluten free food is generally far more expensive than gluten containing alternatives. For example a loaf of gluten free bread costs £3 from a supermarket as opposed to 75p for a "normal" loaf of the same size. Gluten free food is not always available at local convenience stores – often a trip to a large supermarket is needed. This adds considerable to the food of a family and can be a real problem for those on a low or fixed income.

The decision does not modernise the service, improve health outcomes for patients or reduce health inequalities. Indeed, the opposite is likely to be true, as no monitoring of patient outcomes or processes to assess the impact of this policy change have been put in place. Such monitoring could include ongoing dietetic advice and support to ensure adherence to the gluten-free diet, or an annual GP review for the assessment of outcomes and comorbidities.

I am also disappointed in the limited involvement of professionals and patients in this decision making process.. As a patient with the condition, I would have expected an opportunity to engage in a wider, personal, process with the CCG.

I would like to hear your views about the proposal being made by the Sheffield CCG and am seeking your support in challenging this proposed change in policy.

Yours sincerely,

Ref: 04/9/17



HOUSE OF COMMONS

LONDON SW1A 0AA

Louise Haigh
63 Chesterfield Road
Sheffield
South Yorkshire
S8 0RL

Tele: 0114 250 8113

Email: louise@louisehaigh.org.uk

CONFIDENTIAL

Mr Tim Moorhead
Chair
Sheffield Clinical Commissioning Group
722 Prince of Wales Road
Sheffield
S9 4EU

Our ref: [REDACTED]
18 September 2017

Dear Mr Moorhead

Re: [REDACTED]

I have been contacted by the above named constituent in relation to the ongoing issue of the CCG's policy regarding Gluten Free (GF) prescriptions and in particular the recently announced consultation.

[REDACTED] as I understand a member of the Sheffield Coeliac UK group, and has raised concerns about the lack of publication of the consultation. I am advised that the group have not received any notification of the consultation – nor disappointingly have I as a Sheffield Member of Parliament, despite raising this issue with you in the past. With this in mind, I would ask what consultation has been communicated to stakeholders and how the CCG has publicised the consultation to the wider public?

Further, I am aware that Coeliac UK has questioned whether it is good use of public money for Sheffield CCG to hold a consultation at this time, when the matter is at review at a national level, with a conclusion expected shortly. I would echo these concerns – particularly as one of the options the Government are considering is to end the prescription of gluten-free products in primary care. In light of this, could you please confirm why Sheffield CCG have felt it necessary to hold the consultation at this time?

Finally, I would be grateful if you could confirm what consideration, if any, has been given to replicating the trial held by York CCG of a voucher scheme – which I understand could produce a significant saving for the CCG and continue to allow patients easy access to staple products. While I accept that GF products are generally more widely available, this is not the case in all Sheffield communities.

Data Protection Information:

I will treat as confidential all personal information you have given to me or to my staff. I may need to pass on this information to others so they can help you. I undertake to handle the information you gave to me in line with the requirements of the Data Protection Act 1998.

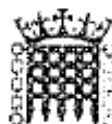
many of which are a drive away from the larger supermarkets which stock GF products, and the cost of such staple products remains considerably more than their gluten-equivalent.

I would be most grateful for your urgent consideration of these issues and I look forward to receiving a response that I can share with my constituent.

Yours sincerely



Louise Haigh MP



ANGELA SMITH MP
Penistone and Stocksbridge Constituency
The MP's Office, Marra House
3 Fox Valley Way
Stocksbridge S36 2AA



28 September 2017

Ms Maddy Ruff
Chief Executive
NHS Sheffield CCG
722 Prince of Wales Road

Re: 4/10

Sheffield S9 4EU

Our Ref: ~~XXXXXXXXXX~~

Dear Ms Ruff

I am writing to you on behalf of one of my constituents who has expressed her concern with regard to the recent decision to withdraw gluten-free foods from prescription in Sheffield.

I understand that my constituent becomes very ill if she ingests even a trace of gluten, and that therefore it is vitally important that she maintains a gluten-free diet. I further understand that although gluten-free products are quite readily available in many supermarkets, they are significantly more expensive than their non-gluten-free counterparts.

My constituent would therefore ask that the decision to cease the prescription of gluten-free foods is reviewed as a matter of urgency. I look forward to hearing from you.

Yours sincerely

Richard Carter

Angela Smith MP
Penistone and Stocksbridge

Dods Constituency MP of the Year 2011-12
LACS Parliamentarian of the Year 2013-14

From: XXXXX
Sent: 20 October 2017 16:41
To: EngagementActivity (NHS SHEFFIELD CCG)
Subject: Consultation on withdrawing adult prescriptions for gluten-free foods - SSONHS response

Sheffield Save Our NHS campaigns against cuts to NHS budgets and services. Our range of supporters includes members of the public many of whom have long standing conditions including coeliac disease plus current and former NHS staff including clinicians.

We are troubled by the CCG's proposals severely to restrict the prescription of gluten free staples to adults. This is a finance-led proposal, not one based on patient need. Gluten-free foods are to combat a disease from which consumption of gluten can cause permanent damage. We agree that the NHS should support only staples such as bread and flour and not sweetened products. We do not however accept that the gluten-free foods sold by commercial retailers are as available, affordable or nutritious as their prescribed equivalents and as the CCG suggests. For instance we understand that many off the shelf gluten-free breads contain added sugar.

We also think that enabling GPs to prescribe only if damage to health is likely places an unfair burden on GPs and may in fact cause greater expense for the NHS because if fewer people use prescribed gluten-free foods, the price to the NHS will rise.

We think other steps should be considered if the NHS wants to control gluten-free prescription costs. It is not clear from the report which went to CCG Governing Body in September whether these have been evaluated.

1) GPs, in conjunction with local pharmacists, should be requested to review all gluten-free food prescriptions and take up to ensure that they are being given and used appropriately. This would include a discussion with affected patients to determine which products they really need on prescription but not in a way which threatens their right to receive food staples if they wish.

2) Consideration should be given to a pharmacy-led service such as we understand operates in Scotland and some parts of England where the NHS pays a fee to pharmacists to dispense gluten-free foods without GP prescription. This might cut costs, would lessen pressure on GPs and play up the role of community pharmacists.

3) The NHS nationally should campaign for suppliers of gluten free foods to lower prices. Alternatively the NHS should consider a subsidy scheme for gluten-free staples bought off the shelf.

All long term conditions impose their own expenses but this proposal to withdraw support given by the NHS for an unavoidable condition seems to us to be telling patients that some are more worthy than others. Who will be next?

Because we believe that the proposal as it stands unfairly singles out a patient group and could put health at risk, we are opposed to the proposed restrictions on the prescribing of gluten-free foods.

Thank you for the opportunity to express our views

XXXXXX
on behalf of Sheffield Save Our NHS

<https://steeliac.com/2017/09/13/gluten-free-prescribing-in-sheffield/>

Gluten free prescribing in Sheffield

Posted on [September 13, 2017](#) by [steeliac](#) [Leave a comment](#)

I wanted to share the link to a survey I received this week from [Coeliac UK](#), which you'll have received if you are a member. But it's an important one, so I'm passing it on as well. The clinical commissioning group (CCG) in Sheffield are proposing to stop prescriptions for gluten free food for people over 18 years of age, and they are asking local people for their views.

Coeliac UK are campaigning against such restrictions, but there are many other CCGs who have already taken this action and I suspect it's a foregone conclusion. However, the consultation is an opportunity for the public to have a say.

The link to the survey is [here](#) and it's open until 20th October.

You can read about the CCG's proposals [here](#).

Of course, gluten free foods are now widely available, with increasing choices, but they are just so expensive and still three times the cost of regular products. And it's not just bread that has to be bought gluten free – it's pasta, flour, oats, breakfast cereal, soy sauce, as well as treats like pizza, biscuits, cakes and snack bars. It's a long list that makes our shopping bills cost a fortune. And for many people, it's unaffordable.

I'm not sure that prescribing is the answer though. I'd much rather see a voucher scheme, as as been trialled in York. Even if it was means-tested and I didn't get any vouchers, there are plenty of people who really rely on the financial support for gluten free food and would benefit hugely.

We also need to see the prices of gluten free staple foods driven down to a more affordable level. I understand that gluten free products are harder to produce, but the prices of many GF staples are obscene. £2 to £3 for a 500g gluten free loaf, instead of 40 to 50p for a regular 800g loaf.

An unusually political post for me, but I feel strongly that something needs to be done, so please take your opportunity to feed into the survey. It only takes a couple of minutes and you don't need to be coeliac to fill it in.

Thank you.

September 13, 2017

<http://www.thestar.co.uk/news/charity-hits-out-at-sheffield-nhs-bosses-on-plans-to-axe-gluten-free-food-prescriptions-1-8752217>

Plans to stop giving out gluten-free food to coeliac sufferers in Sheffield have been criticised by a charity.

NHS Sheffield Clinical Commissioning Group - the body who decides where money should be spent in the city - said it wasn't the 'best use of NHS resources'.

Sheffield CCG is consulting on plans to axe gluten-free food prescriptions. Pic: PA

Bosses say the changes could save the NHS in the city around £100,000 every year.

But charity Coeliac UK said the plans could cost Sheffield CCG 'more in the long run' and criticised bosses for spending money on a consultation.

Coeliac disease is a serious illness where the body's immune system reacts to gluten found in food, making the body attack itself.

Services are under increasing cost restraints and bosses say there is a 'limited budget with an increasing demand for services'.

The plans include GPs being asked to suspend prescribing gluten-free foods to adults aged over 18 with coeliac disease but they would still be able to prescribe where they feel there is a genuine risk to someone's nutritional status.

The changes to not apply to people under the age of 18.

People with a clinical diagnosis of coeliac disease, can currently be prescribed gluten free foods. This started in the 1960s, when the availability of manufactured gluten-free foods was limited.

Sarah Sleet, chief executive of Coeliac UK said: "The national consultation has now ended but the announcement on the result has not yet been made. Surely the decision by Sheffield CCG to consult on gluten free prescribing locally, is not a good use of public money when this is currently under review at a national level - with their results due to be published shortly.

"However, we are pleased the Sheffield CCG has, to some extent, taken our concerns into account about impact on the most vulnerable by planning to continue gluten free prescriptions for those aged 18 years and under and enabling GPs to still prescribe if they feel there is a genuine risk to an individual.

"But at the end of the day, any reduction in the gluten free prescription services for people with coeliac disease is being based on budgets rather than patient need or clinical evidence, and this could create harmful long term consequences to all patients with coeliac disease."

Equality Impact Assessment

Title of policy or service:	Gluten Free Prescribing - Adults	
Name and role of officer/s completing the assessment:	Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning	
Date of assessment:	30/08/17	
Type of EIA completed:	Initial EIA 'Screening' <input type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
Give a brief summary of your policy or service <ul style="list-style-type: none"> Aims Objectives Links to other policies, including partners, national or regional 	<p>Suspend prescribing for gluten free products for adults in Sheffield.</p>

Identifying impact:

- Positive Impact:** will actively promote or improve equality of opportunity;
- Neutral Impact:** where there are no notable consequences for any group;
- Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children are excluded from this policy. Where GPs have concerns about vulnerable adults they may be excluded from this policy	
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Where GPs have concerns about vulnerable adults they may be excluded from this policy	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For people currently receiving gluten free products on prescription, there will be the cost of buying gluten-free food which could negatively impact on those with low incomes / on benefits, therefore create greater inequalities Action GPs able to make discretionary decisions about whether to continue to prescribe based on individual circumstances	Will allow discretionary decisions to help mitigate against creating greater health inequalities

Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	None anticipated	

IMPORTANT NOTE: If any of the above results in ‘**negative**’ impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
For people currently receiving gluten free products on prescription, there will be the cost of buying gluten-free food which could negatively impact	GPs able to make discretionary decisions about whether to continue to prescribe based on individual circumstances	Evaluation and monitoring are built into the proposal to identify any adverse impact on health outcomes.	12 months	Abigail Tebbs

on those with low incomes / on benefits, therefore create greater inequalities				

4. Monitoring, Review and Publication

When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	
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Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off: elaine.barnes3@nhs.net.

Elaine Barnes signature:

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