

Survey regarding NHS prescriptions for gluten free foods and minor medication

NHS Heywood Middleton and Rochdale Clinical Commissioning Group's (HMRCCG) Clinical Commissioning Committee, in line with other CCGs, agreed at its meeting in November 2015 to explore phasing out the prescribing of gluten free food items and some medication which can be purchased for treatment of self-limiting conditions such as Hayfever, aches and pains or dry skin conditions.

Currently in HMR gluten free staple foods are available on NHS prescription up to a set allowance. Last year, NHS HMR CCG spent £120,000 on gluten free foods (for both adults and children), and £750,000 on prescribing minor medication such as antihistamines and dry skin preparations. Any savings made as a result of no longer prescribing for these items for adults would be reinvested to improve health and care services in HMR.

In relation to discussions around the most appropriate use of the CCG's prescribing budget, and to ensure equity, the Clinical Commissioning Committee recognised that the NHS does not provide foods on prescription for patients living with other conditions associated with or affected by the type of food they eat, for example, Diabetes.

Many gluten free food alternatives are now widely available in supermarkets, health food shops and pharmacies as are medications for self-limiting illnesses proposed to be discontinued on prescription.

About this survey

NHS HMR CCG is committed to engaging with patients, clinicians, and stakeholders alike to talk about the appropriateness of NHS prescriptions for gluten free foods and minor medication for adults in the future. Minor medication refers to medicines for a short term condition which can be easily treated with medication available without prescription from your pharmacy

The CCG understands that it is important to consider the views of specific patients, clinicians and wider patients and public as it examines the likely effects and impact of the proposals, before making a decision.

We would be very grateful if you could take a few minutes to complete this survey, so that we can fully understand and take into account a wide range of views before any decision is made.

The survey will remain available until 31st March 2016.

With thanks.

NHS Heywood Middleton and Rochdale Clinical Commissioning Group

1. Thinking about Gluten intolerance, which of the following applies to you?

- I have a diagnosed coeliac disease and am registered with a Heywood, Middleton or Rochdale GP
- I have suspected/undiagnosed gluten intolerance and am registered with a Heywood Middleton and Rochdale GP
- I am the parent/guardian of a child with coeliac disease who is registered with Heywood Middleton and Rochdale GP
- I am a carer of an adult with coeliac disease who is registered with a Heywood Middleton and Rochdale GP
- I am a HMR patient but do not have (or care for someone) with coeliac disease (please go to question 5)

Other (please could you tell us more, and then go to question ...)

2. Do you (or someone you care for) receive gluten free foods on NHS prescription?

- Yes
- No

3. If you answered yes to question 2, please can you tell us why you choose to receive these products on prescription? (After responding go to question 5)

- It should be the right of a patient living with a Gluten intolerance
- To ensure regular check-ups with my GP practice
- Prescribed foods are better for you
- In receipt of free prescriptions
- Supermarket alternatives are expensive
- The choice of gluten free foods is limited where I live
- I do not have access to transport to shop around

Other (please specify)

4. If you answered no to question 2, please can you tell us why (please tick all that apply)?

- I didn't know you could get gluten free foods on prescription
- Not had a formal diagnosis yet
- My GP won't prescribe gluten free foods
- Do not agree that food should be available on prescription
- The choice on prescription is limited
- Prefer the choice in shops

Other (please specify)

5. Do you (or someone you care for) have another health condition/s where food management is important?

- Yes
- No (please go to question 7)

6. If you answered 'yes' to question 5, please can you tell us which condition/s (please tick all that apply).

- Diabetes
- Chrohn's disease
- Irritable bowel syndrome (IBS)
- Colitis
- Lactose intolerance
- Pancreatitis
- Stroke
- Dysphagia (swallowing difficulty)
- High cholesterol
- Cancer
- Heart disease

Other (please could you tell us more)

7. Please tell us whether or not you agree with the following statements

	Strongly agree	Agree	I am not sure	Disagree	Strongly disagree
The CCG should stop the prescribing of gluten free foods for adults	<input type="radio"/>				
Not prescribing gluten free foods will make it harder for adults to follow a gluten free diet	<input type="radio"/>				
Not prescribing gluten free foods may increase the risk of complications associated with exposure to gluten	<input type="radio"/>				
Supermarket gluten free foods are affordable	<input type="radio"/>				
Supermarket gluten free foods are readily available	<input type="radio"/>				
Prescribed foods are better quality	<input type="radio"/>				
Food should not be provided on the NHS	<input type="radio"/>				

Gluten free foods and medicines for self-limiting illness

Prescribing medicines for self-limiting illness.

8. Do you think doctors should prescribe minor medications or cosmetic items such as, paracetamol or moisturising creams easily available in shops/pharmacies?

- Yes
- No
- I am not sure

Prescribing minor medication or cosmetic items costs the NHS several million pounds each year when often the same items are easily available at little cost from a shop or pharmacy. For example prescribing Paracetamol costs the NHS over £50 per occasion when you take into account the cost of the GP consultation, prescription, and administration and dispensing costs, the same items can be bought at a shop or pharmacy for about 30 pence.

9. Please look at the list of statement below and in each case tick the box that matches your level of agreement with the statement. Please tick one box in each row,

	Strongly agree	Agree to some extent	Neither agree or disagree	Disagree to some extent	Strongly disagree
I would be happy if my doctor refused to prescribe minor medications easily and cheaply available elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be happy if my doctor refused to prescribe cosmetic items which are easily and cheaply available elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor should only prescribe cosmetic items where there is a clear additional psychological or physical need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am entitled to expect my doctor to prescribe minor medications or cosmetic products regardless of whether they are easily and cheaply available elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When prescribing medication my doctor should consider if it represents value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gluten free foods and medicines for self-limiting illness

About You

These questions help us to analyse responses from different groups to assess if certain characteristics such as gender and age affect responses and enable us to ensure we treat all groups equitably. Responses cannot be used to identify individuals. Please answer the questions you feel comfortable with.

10. Which gender do you identify yourself with?

- Male
- Female
- I am not sure
- I would rather not say

11. Is your gender the same as identified at birth?

- Yes
- No
- I would rather not say

12. What do you consider to be your sexuality?

- Heterosexual/Straight
- Homosexual/Gay man
- Lesbian/Gay woman
- Bi sexual
- I would rather not say

13. Please tick the button against the age band you fit into.

- 16 to 20 years
- 21 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- 61 to 70
- Over 70 years old

14. Please use the box below to tell us what you consider to be your ethnic background, for example Pakistani, Polish, White British, Asian British etc..

15. Do you have a long term medical condition that affects your daily life?

- Yes
- No
- I would rather not say.

16. Do you consider yourself to be disabled?

Yes

No

I would rather not say