NHS
Birmingham and Solihull
Clinical Commissioning Group

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Gluten Free Products Prescribing

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Gluten Free Prescribing		
EA Author	Sumeet Matharu/Alishah Lakha	**Team**	Birmingham Solihull CCG
Date Started	02/05/19	**Date Completed**	30/07/19
EA Version	Version 0.3	**Reviewed by E&D**	30/07/19

What are the intended outcomes of this work? Include outline of objectives and function aims

The availability of gluten free products available on prescription was restricted by NHS England in December 2018 to bread and flour mixes. This decision was made following a public consultation in order to reduce the annual spend on these items (approximately £15.7 million), as many of these products are readily available in supermarkets and other food outlets. Following this, recent guidance regarding the quantities of gluten free (GF) bread or flour mixes that should be prescribed for patients (based on their age and sex) has been published by the Coeliac Society.

This work will aim to reduce the spend on GF products by ensuring that quantities of staple GF foods on prescription are in line with national recommendations. Patients that require different quantities based on clinical need (such as limited financial resources and/or limited access to GF products) assessed by the GP or dietician will be taken into account and no changes made to their prescriptions will be made.

This equality analysis focuses on the impact on our local population of the implementation of restrictions set by NHS England, the guidance on prescribing published by the Coeliac Society and the local SOP that will be made available to GP practices within BSol.

There have been two equality analyses undertaken at a national level on this issue which found that in relation to the Public Sector Equality Duties the following:

"Policy officials have considered the implications for each of the three equality objectives (PSED aims) in relation to the changes on Gluten Free prescribing. Overall the view is that whilst there may be impacts, these are largely mitigated by the easier access to both formulated and naturally GF foods which are now more widely available in supermarkets and online. Patients can also manage their condition by choosing naturally GF foods. The judgement is that on balance, the benefits of the proposals outweigh the identified impacts.

The changes aim to reduce national variation in access, which will help to eliminate potential discrimination and advance equality of opportunity."

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Staff (i.e. NHS primary care prescribers and dieticians) – Due to the changes in prescribing i.e. ensuring that quantities on prescription are lin line with current

guidance, this may lead to an increase in patient queries. The Dietetic Service may see an increase in referrals.

Service Users (i.e. patients) – Who receive prescriptions for GF breads and mixes where quantities may be reduced according to their age and sex.

Others – Pharmacists who dispense prescriptions and manufacturers who supply GF products to the NHS for prescribing.

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
National Prescribing Guidelines – Coeliac UK	Coeliac Society	Local Dietetic Advice
Prescribing Guidance Gluten Free foods in Primary Care – NHS England	The British Specialist Nutritional Association	
Policy Statement – Gluten Free Products on Prescriptions by the Association of UK Dieticians	The Association of UK Dieticians	
The impact of policy changes to gluten free products on prescription – National Institute for Health Research		
Coeliac Disease – Clinical Knowledge Summaries		
NICE – CG20 Coeliac Disease		
PrescQipp – Bulletin 69 Guidance on the prescribing of gluten-free foods		
NHS England: Equalities and Health Inequalities Full Analysis Form – Prescribing Gluten-Free Foods in Primary Care: Guidance for CCGs		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

This equality group could face discrimination in this area of work as prescription charge exemptions are age-related. This would include prescriptions for GF food. Those aged under 16 years of age, those aged 16, 17 and 18 in full time education, and those aged 60 or over are eligible for prescription exemptions. However, GF breads and GF mixes will remain available and coeliac patients of all ages can continue to access these GF foods on prescription in primary care. The age related exemptions are for all prescription items and are not unique to GF prescribing.

Older patients with limited mobility may have trouble accessing a wider variety and extra quantities of GF products especially if they live in rural areas away from the larger supermarkets. However, they will still be able to access staple products (GF breads and mixes) on prescription.

Birmingham is an urban area; over 90% of Solihull residents live in an urban area, with a further 6% in a town or fringe location, compared with 84% and 6% respectively in the West Midlands. Proportionally fewer people in Solihull live in smaller village or hamlet settlements (3.6%) than the regional average (9.8%). In part this reflects the high proportion of Solihull's rural area which is designated as Green Belt where development is restricted.

GPs can use their discretion to supplement the patient with extra quantities or obtain advice from a dietetic referral if they feel that there is a clinical need. In addition to these staple foods, they should be encouraged to eat balanced meals that include a variety of fruits, vegetables, lean protein and dairy products.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

There is no routinely collected data on prescribing and disability so we cannot definitively assess fully at a national or local level. Coeliac disease is not defined as a disability, although it is a long term condition, and some patients may have more than one autoimmune disease. People with certain conditions, including type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome, have an increased risk of coeliac disease.[1]

Additionally, patients with physical disabilities, mental health conditions, cognitive disabilities or learning disabilities may find it hard to organise extra quantities of GF bread and mixes should they need it. Extra support may be needed from carers and support workers to ensure that patient's needs are being met.

[1] https://www.nhs.uk/Conditions/Coeliac-disease/Pages/Introduction.aspx#Whos-afffected

3. Impact and Evidence:

Some patients with an existing medical condition are exempt from prescription charges. This means that patients who are supplied with GF and GF/wheat-free (WF) food on prescription who are eligible for prescription exemptions due to having a "qualifying" medical condition, and who hold a valid "medical exemption certificate" will not have to pay prescription charges.[2] This accounts for 9% of all GF and GF/WF prescription items. A substantially higher proportion of individuals who live in families with disabled members live in poverty, compared to individuals who live in families where no one is disabled.[3]

GPs can use their discretion in prescribing extra quantities should they feel it is clinically appropriate.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No impact identified in relation to the protected characteristic of gender reassignment and the changes to gluten free prescribing.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified in relation to the protected characteristic of marriage and civil partnership and the changes to gluten free prescribing.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

Pregnant and breastfeeding women typically have extra nutritional requirements and will continue to be prescribed staple amounts of GF breads and mixes. In addition to these staple foods, they should be encouraged to eat balanced meals that include a variety of fruits, vegetables, lean protein and dairy products. It is therefore highly unlikely that women who are pregnant or breastfeeding will suffer any adverse impact from the changes in prescribing of quantities of GF breads and GF mixes

Race: Describe race related impact and evidence**.** This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

Patients from all racial groups can be affected by coeliac disease. No evidence has been found that patients from specific racial groups have higher rates of diagnosis of coeliac disease, meaning that the policy of restricting prescribing of GF foods to GF breads and GF mixes only will not discriminate against people from different racial backgrounds. Any changes will apply to all patients regardless of their race. It is possible that some racial groups rely more heavily on bread as part of their staple diet,

[2] NHS (Charges for Drugs and appliances) Regulations 2015
3 https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures

3. Impact and Evidence:

whilst other groups have a preference for other staple foods which are naturally GF, for example, rice. Patients from ethnic origins are more likely to be in lower income brackets[4], This equality group will not face discrimination in this area of work as the prescribing changes will impact on all coeliac patients who can continue to access these GF foods on prescription in primary care.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

No impact identified in relation to the protected characteristic of religion or belief and the changes to gluten free prescribing.

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

Coeliac disease can affect both men and women, but NHS Choices states that reported cases of coeliac disease are two to three times higher in women than men.[5] This would mean that women could potentially be more impacted than men. Any indirect discrimination that may result from the changes will largely be mitigated by the greater availability of GF foods in supermarkets, and to a limited extent, in food banks for women on low incomes.

Women will continue to have access to GF breads and food mixes to help them adhere to their GF diet. To the extent that the changes are likely to impact more on women than men, it is considered that any potential indirect discrimination is proportionate to the legitimate aim being pursued which is to assist the NHS make effective use of the drugs bill in primary care. Life expectancy for males and females differs.

Life expectancy for males is 79.2 years, and for females is 82.9 years[6]. This difference would impact the length of time GF prescriptions are required for patients of different genders, meaning the impact would, in the longer term, be greater on women than on men.

Currently, males and females have different calorie requirements, however the difference in quantities to be supplied on prescription reflects this.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

No impact identified in relation to the protected characteristic of sexual orientation and the changes to gluten free prescribing.

[4] http://www.poverty.org.uk/summary/uk.htm
[5] https://www.nhs.uk/Conditions/Coeliac-disease/Pages/Introduction.aspx#Whos-affected
[6] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2014to2016

3. Impact and Evidence:

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

There is no data available on the number of carers (of adults or children) who are currently prescribed GF food. People who care for adults or children could be impacted by the changes as they are often responsible for food choices and meal preparation for the patient. Carers will be able to access GF bread and GF mixes via the patient's prescription but will have to purchase any additional GF formulated food, or naturally GF food for the patient.

Communicating the changes to gluten free prescribing to Carer's will assist them to support those they care for and understand the changes.

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

Deprivation

Birmingham

With a population of 1,073,045 Birmingham is the second largest city in the UK with the largest Local Authority in both the UK and Europe. Ranked the ninth most deprived Local Authority in England out of 354 with around six in ten of the Birmingham population living in the 20% most deprived neighbourhoods in England.

Birmingham's life expectancy is lower than England as a whole for both men and women. There is a nine -year difference in the life expectancy of people who live in deprived communities and those from more affluent areas.

People in this decile are 3x more likely to be in contact with mental health services, be admitted for ambulatory sensitive conditions, or die from conditions amenable to healthcare.

Solihull

With an estimated population of 210,445 Solihull is a broadly affluent borough in the both the regional and national context. Levels and extent of deprivation are limited with only 22 of the borough's 134 Lower Super Output Areas (LSOAs) in the most 20% deprived areas in the country and just eight in the bottom 5%.

The Wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood are most notably impacted by deprivation. Deprivation issues include fuel poverty and access to transport.

There is a life expectancy gap of eleven years between the most and least affluent. 21% of 0-4 were recorded as living in poverty in 2013, compared to 13% of 11-15 year olds and 10% of 16-19 year olds, residing in the north regeneration wards.

Patients who are from low income households may find it difficult to afford any additional items (that are no longer prescribable) above and beyond those staple GF products prescribed. Children who require GF products may require extra breads and flours if they are fussy eaters or for school lunches. GF breads are typically costlier and come in a smaller pack-size - hence there may be a financial impact on these households.

3. Impact and Evidence:

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	These proposals should improve health inequality as it would ensure quantities would be standardised and patients do not receive excess quantities
Is there any impact for groups or communities living in particular geographical areas?	Yes	Patients with limited mobility living in rural areas may find it difficult to purchase extra quantities should they require it
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	Yes	Patients from low income households that need to purchase a variety of GF products. Additional products not considered staples are not prescribable. If there is a clinical need to prescribe greater quantities than those outlined on the policy, this will be agreed by the GP and/or dietician.
How will you ensure the proposals reduce health inequalities? We will monitor prescribing through ePACT reports and compare locality prescribing to ensure that quantities are not being prescribed in excess.		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The implementation of this policy will reduce variation in access, which will help eliminate potential discrimination and advance equality of opportunity. GPs can use their discretion in prescribing extra quantities should they feel it is clinically appropriate.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	
	How will this affect a person's right to freedom of thought, conscience and religion?	No Impact
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	No Impact

Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Practices inform patients in line with guidance on accessible communications formats on an as required basis, utilising a variety of methods including face to face consultations, phone calls or letters to patients.
Right to **Life**	Will or could it affect someone's right to life? How?	No Impact
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	No Impact

6. Social Value

Consider how you might use the opportunity to improve health and reduce health inequalities and so achieve wider public benefits, through action on the social determinants of health.

Marmot Policy Objective	**What actions are you able to build into the procurement activity and/or contract to achieve wider public benefits?**
Enable all people to have control over their lives and maximise their capabilities	NA
Create fair employment and good work for all	NA
Create and develop health and sustainable places and communities	NA
Strengthen the role and impact of ill-health prevention	NA

7. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
National consultation (Department of Health and Social Care)	Organisations, charities, CCGs, prescribers, patients and professional associations	2017

For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us …. So we will …..):

The CCG participated in the national consultation (Department of Health and Social Care during 2017) regarding the changes to gluten free products that are available on prescription. Three options were explored: to make no changes, to end the prescribing of all GF food on NHS prescription, or to restrict prescribing. Following the consultation responses were analysed and the Minister for Health and Social Care preferred the option of restricting GF prescribing to bread and mixes. Bread is a staple part of the diet and remains significantly more expensive than its counterpart. Respondents to the consultation stated that GF mixes were more useable and flexible products than GF flours alone.

The CCG is implementing the guidance issued by Coeliac UK in terms of the recommended units for prescription, based on the decision made above.

No local engagement has been undertaken as this is a national directive; however, implementation of the national guidance will be undertaken using a Standard Operating Protocol/ resource pack which will then involve engagement with local GP practices and patients.

8. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

Coeliac disease is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients, triggered by the protein gluten. Symptoms are controlled by excluding foods that contain gluten from the diet. People with confirmed coeliac disease must give up eating all sources of gluten for life. Gluten is not necessary for a healthy diet and patients can safely exclude it from their diet and still eat healthily without purchasing special foods. Patients can safely eat meat, fish, vegetables, fruit, rice and dairy products as these do not contain gluten.

The DHSC which published a report on the responses from their consultation, recognised that some prescription products are fortified to provide additional nutrients. The Coeliac UK's recommended units and quantities ensure that patients receive a staple amount of GF mixes and GF breads to avoid malnutrition or any nutritional deficiencies. The CCG's endorsement of the Coeliac UK's recommended units and quantities also helps those patients who would otherwise struggle to afford and access GF Foods.

This work will ensure that regular monitoring through prescribing and dispensing data is carried out to ensure GF breads and mixes are not being prescribed in excess quantities. Patient needs can be assessed through patient reviews and the team will refer to GP where it is clinically appropriate. This will avoid any increase in health inequalities.

Benefits –The implementation of this policy will reduce variation in access, which will help eliminate potential discrimination and advance equality of opportunity. It will also provide an opportunity to promote eating of balanced meals that include a variety of fruits, vegetables, lean protein and dairy products.

Potential Areas of Impact –
Age: patients with limited mobility may find it difficult to access shops that stock a variety of GF breads and mixes should they require a higher quantity.

Disability: patients with certain conditions, including type 1 diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome, have an increased risk of coeliac disease. Patients with physical disabilities, mental health conditions, cognitive or learning disabilities may find it hard to organise extra quantities of GF bread and mixes should they need it.
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Carers: People who care for adults or children could be impacted by the changes as they are often responsible for food choices and meal preparation for the patient. Carers will be able to access GF bread and GF mixes via the patient's prescription but will have to purchase any additional GF formulated food, or naturally GF food for the patient.
Communicating the changes to gluten free prescribing to Carer's will assist them to support those they care for and understand the changes.

Other disadvantaged groups: patients from low income households may struggle to afford further supplies especially if children want higher quantities of breads.

Deprivation: Birmingham is ranked the ninth most deprived Local Authority in England out of 354 with around six in ten of the Birmingham population living in the 20% most deprived neighbourhoods in England.

Solihull is a broadly affluent borough in the both the regional and national context. Levels and extent of deprivation are limited with only 22 of the borough's 134 Lower Super Output Areas (LSOAs) in the most 20% deprived areas in the country and just eight in the bottom 5%. The Wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood are most notably impacted by deprivation. Deprivation issues include fuel poverty and access to transport

In summary, any change to the prescribing of GF food on NHS prescription would have an impact on some patients who share certain protected characteristics.

GPs can use their discretion in prescribing extra quantities should they feel it is clinically appropriate.

9. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Policy officials have considered the implications for each of the three aims of the Equality Act 2010 (Public Sector Equality Duties) in relation to the changes on GF prescribing. Overall the view is that whilst there may be impacts, these are largely mitigated by the easier access to both formulated and naturally GF foods which are now more widely available in supermarkets and online. Patients can also manage their condition by choosing naturally GF foods. The judgement is that on balance, the benefits of the proposals outweigh the identified impacts. The changes aim to reduce national variation in access, which will help to eliminate potential discrimination and advance equality of opportunity.

No changes recommended to the Standard Operating Protocol or implementation plan.

10. Contract Monitoring and Key Performance Indicators

Detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract (refer to NHS Standard Contract SC12 and 13):

Not applicable

11. Procurement

Detail the key equality, health inequalities, human rights, and social value criteria that will be included as part of the procurement activity (to evaluate the providers ability to deliver the service in line with these areas):
Not applicable

12. Publication

How will you share the findings of the Equality Analysis? This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.
Presented to the Medicines Management Optimisation Group with Standard Operating Protocol for approval and implementation. Equality Analysis will be published on CCG webpages following approval.
Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

13. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	**Date**
Quality Assured By:	M K Dunne	30/07/19
Which Committee will be considering the findings and signing off the EA?	Medicines Management Optimisation Board	August 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net