

## **Gluten Free Foods Policy**

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Document Control	
Document Owner:	Director of Primary Care
Document Author(s):	Associate Director and Head of Medicines Optimisation
Directorate:	Primary Care
Approved By:	Operational Group
Date of Approval:	06-07-2022
Date of Next Review:	06-07-2024
Effective Date:	06-07-2022

	Version Control		
Version	Date	Reviewer(s)	Revision Description
Final v0.1	06-07-2022		

#### Implementation Plan

Development and Consultation:	The following individuals were consulted and involved in the development of this document:  Associate Director and Head of Medicines optimisation – Fiona Garnett  Commissioning Pharmacist lead – Rafal Ali  Luton Placed Based Lead – Mojisola Adebajo  Gluten Free Scheme lead – Samantha Scholes  MKUHT and BHT dietetic teams  Local Pharmaceutical Committee (LPC)  BLMK Practice managers  BLMK PCN Clinical Directors
Dissemination:	Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.  This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.
Training:	The following training will be provided to make sure compliance with this document is understood:  Community Pharmacy Staff training for scheme implementation
Monitoring:	Monitoring and compliance of this document will be carried out via:  E-pact data analysis
Review:	The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.
Equality, Diversity and Privacy:	Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment
Associated Documents:	The following documents must be read in conjunction with this document:  Bedfordshire Gluten free foods scheme documents
References:	The following articles were accessed and used to inform the development of this document:  Coeliac society guidance

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#### 1.0 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 This policy covers the position statement on the funding of gluten free foods to residents of BLMK ICB with a confirmed diagnosis of a gluten sensitive enteropathy following the decision of the Governing Body.
- 1.5 All appendices apply to the policy and process.

#### 2.0 Scope

2.1 This policy applies to all clinicians prescribing to residents in BLMK ICB with a confirmed diagnosis of a gluten sensitive enteropathy. This policy does not cover residents with a diagnosis of Phenylketonuria (commonly known as PKU).

#### 3.0 Definitions

3.1 This section provides staff members with an explanation of terms used within this policy.

Gluten sensitive enteropathy – this includes Coeliac disease and Dermatitis Herpetiformis.

#### 4.0 Policy Statement

4.1 Gluten-free bread and flour will not be routinely prescribed for residents in BLMK ICB with a diagnosis on a gluten sensitive enteropathy. Due increases in the cost of living and the pressures on households there is provision in the policy to allow residents who are at risk of dietary neglect to access gluten-free foods off prescription, where required. For patients on no income or low income this will be via a direct access scheme through community Pharmacy. For any other residents this will be via the dietetic teams and an approval process.

#### 5.0 Roles and Responsibilities

5.1 The following have specific responsibilities in relation to this policy.

BLMK ICB Prescribing Committee – approval of the commissioned scheme

#### 6.0 Processes and Procedures

- **6.1** Flow chart on eligibility and summary of the scheme Please see appendix 3
- **6.2** Gluten Free Foods Service specification Please see appendix 4
- **6.3** Gluten Free Foods order form Please see appendix 5
- 6.4 Invoice template
  Please see appendix 6



#### **Appendix 1 - Equality Impact Assessment Initial Screening**

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: <a href="mailto:agcsu.equalities@nhs.net">agcsu.equalities@nhs.net</a>

Name of Policy:	Gluten Free Foods Policy	
Date of assessment:	03.05.2022	
Screening undertaken by:	Fiona Garnett	

Protected characteristic and inclusion health groups.  Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: <a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a>	Could the policy create a disadvantage for some groups in application or access?	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?  If not, please detail additional actions that could help.  If this is not possible, please explain why
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No – patients of all ages would access the scheme in the same way.  Patients aged under 16 years of age are automatically eligible, those 16-18 and in full time education are automatically eligible others are as per the prescription exemption on low income as per the NHSBSA website	
Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Yes - The eligible patient or their representative would need to be able to access a community pharmacy or their dispensing doctor as per the situation for all medication.	Most pharmacies deliver to patients with a disability that would make it challenging to access a pharmacy
Gender reassignment The process of transitioning from one gender to another.	No	
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No	

	<b>,</b> ,	1	
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the nonwork context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	No		
Race	No		
Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	It should be noted that Community Pharmacies can access translation services for any patient where English is not their first language and require an alternate language		
Religion or belief	No		
Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.			
Sex	No		
A man or a woman.			
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	No		
Carers	No		
Individuals within the ICB which may have carer responsibilities.			
•	Please summarise the improvements which this policy offers compared to the previous version		
or position.	when fine feed for a think with	in some of the day 40 conservation	
The policy includes provision of gluten free foods for patients with no income (Under 16 years of age			

The policy includes provision of gluten free foods for patients with no income (Under 16 years of age or 16-18 and in full time education) or low income – defined by the NHSBSA.

Has potential disadvantage for some groups been identified which require mitigation?

No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)

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#### Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via <a href="mailto:blmkicb.ig@nhs.net">blmkicb.ig@nhs.net</a>

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy: Gluten Free Foods Policy		
Date of assessment:	: 03.05.2022	
Screening undertaken by:	en by: Fiona Garnett Associate Director and Head of Medicines	
	optimisation	

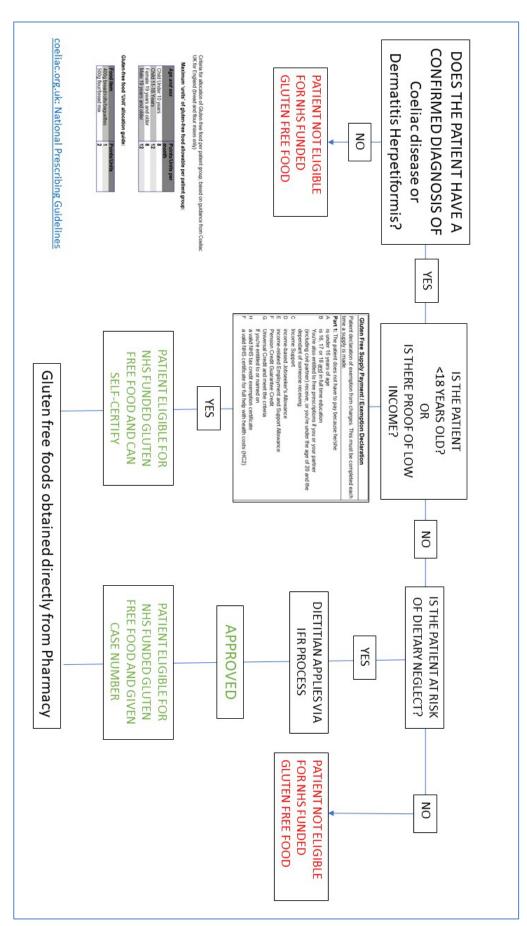
#### Stage 1 – DPIA form

please answer 'Yes' or 'No'

1.	Will the policy result in the processing of personal identifiable information / data?	Yes
	This includes information about living or deceased individuals, including their name,	
	address postcode, email address, telephone number, payroll number etc.	
2.	Will the policy result in the processing of sensitive information / data?	No
	This includes for living or deceased individuals, including their physical health, mental	
	health, sexuality, sexual orientation, religious belief, National Insurance No., political	
	interest etc.	
3.	Will the policy involve the sharing of identifiers which are unique to an individual	No
	or household?	
	e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	
4.	Will the policy result in the processing of pseudonymised information by	Yes
	organisations who have the key / ability to reidentify the information?	
	Pseudonymised data - where all identifiers have been removed and replaced with	
	alternative identifiers that do not identify any individual. Re-identification can only be	
	achieved with knowledge of the re-identification key. <b>Anonymised data -</b> data where	
	all identifiers have been removed and data left does not identify any patients. Re-	
	identification is remotely possible, but very unlikely.	
5.	Will the policy result in organisations or people having access to information	Yes
	they do not currently have access to?	
6.	Will the policy result in an organisation using information it already holds or has	No
	access to, but for a different purpose?	
7.	Does the policy result in the use of technology which might be perceived as	No
	being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording	
	etc.	
8.	Will the policy result in decisions being made or action being taken against	No
	individuals in ways which could have a significant impact on them?	
	Including profiling and automated decision making. (This is automated processing of	
	personal data to evaluate certain things about an individual i.e., diagnosis and then	
	making a decision solely by automated means - without any human involvement)	
9.	Will the policy result in the collection of additional information about individuals	Yes
9.		Yes
	Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?  Will the policy require individuals to be contacted in ways which they may not be	Yes
	Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	

<insert (v1.0)="" and="" number="" title="" version=""></insert>	
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Appendix 3 - Flow Chart on Eligibility and Summary of the Scheme





## Bedfordshire, Luton and Milton Keynes ICS Gluten-free Food Supply Service

#### **Service Specification**

#### 1. Service description

This local service will fund pharmacies and GP dispensing practices to supply gluten free foods to eligible patients with a confirmed diagnosis of gluten enteropathy - Coeliac Disease and Dermatitis Herpetiformis. Providers will be required to:

- a) Provide gluten-free foods under this service only to those patients registered with a GP practice in BLMK ICS and who have a confirmed diagnosis of Coeliac disease or Dermatitis Herpetiformis in their summary care record and meet the exemption criteria or have a IFR reference number
- b) Provide advice and support on the range and quantities of gluten-free foods available under this scheme.
- c) Agreeing a monthly order with each customer according to maximum 'units' of gluten-free food allowable per patient group below.
- d) Inform the surgery that the patient is being provided with gluten free foods from the pharmacy
- e) Complete an initial Patient Monthly Order Form with the customer and supply further order forms with each monthly supply.
- f) Provide supplies monthly to each requesting patient ensuring that quantity supplied does not exceed the agreed monthly allowance; in exceptional circumstances, a supply greater than 1 month can be made to cover holiday periods as judged appropriate by the supplying pharmacy. There is a maximum of 12 claims per annum per patient.
- g) Ensure the self-declaration is completed on the reverse of the form and document if evidence of eligibility seen
- h) Make monthly returns to BLMK CCG by the 15th of the month to claim reimbursement payments for products supplied in the previous month.
- i) Retain records of supplies to each patient for audit purposes.
- j) Make patient ordering records available to their GP or responsible dietitian on request to support annual patient reviews.
- k) Refer any patient concerns, which cannot easily be dealt with by the pharmacist / dispenser, to the GP.
- I) Provide BMLK ICS with such information as may be required to monitor the uptake and costs of the service.

#### 1.1 Criteria for the supply of gluten free foods are defined below:

- a) Gluten-free foods listed in the Drug Tariff will be allowed under the scheme.
- b) The maximum monthly quantity of food allowed will be determined by the pharmacist / dispenser following in line with guidance provided in this document.
- c) Items selected must be obtainable by the pharmacy or dispensary with no additional out of pocket expenses (charges for postage and handling).

#### Maximum 'units' of gluten-free food allowable per patient group:

Age and sex	Points/Units per month
Child Under 10 years	8
Child 11-18 Years	12
Female 19 years and older	8
Male 19 years and older	12

#### Gluten-free food 'Unit' allocation guide:

Food item	Points/Units
400g bread/rolls/baguettes	1
500g flour/bread mix	2

#### 2. Aims and intended service outcomes

- 2.1 To improve the access and efficiency of supply of gluten-free products to eligible patients
- 2.2 To offer support and advice to patients and their carers on their disease and the gluten-free products available.
- 2.3 To help patients and their carers access additional treatment and advice by offering referral to the GP / Dietitian where appropriate.

#### 3. Service outline

- 3.1 The contractor has a duty to ensure that pharmacists and dispensary staff involved in the provision of the service have relevant knowledge and are trained in the operation of the service.
- 3.2 The contractor has a duty to ensure that pharmacists and dispensary staff involved in the provision of the service are aware of the Coeliac UK guidance and act in accordance with local protocols and NICE guidance.
- 3.3 Access routes to this service are GP / Dietitian referral for existing patients or new patients with a confirmed diagnosis of coeliac disease or dermatitis herpetiformis.
- 3.4 Patient Registration includes:
  - o establishing that the person is eligible to access the scheme
  - o explaining the scheme details and benefits
  - completing the monthly order of gluten-free products up to the recommended number of units and providing the patient with a form for the next monthly order.
  - Making a note of registration for this service on the patient's medication records in the pharmacy / dispensary.
  - Notifying the patients registered GP of the supply (initial supply only)
- 3.5 Completion of paperwork:
  - a) Patients GP should be notified by e-mail that patient is being supplied Gluten free foods.

Payment claim – Patient's monthly order forms should be completed including exception or IFR reference number and submitted by e-mail to BLMKCCG with an invoice (template supplied).

- 3.6 The pharmacy / dispensary must maintain appropriate records of the supply of gluten-free food and interventions by way of health promotional advice and sign-posting to ensure effective ongoing service delivery and audit.
- 3.7 BLMK ICS will provide details of relevant referral points which pharmacy / dispensary staff can use to signpost service users who require further assistance.

#### 4. Payment details

- 4.1.1 BLMK ICS will pay the contractor £10 per month for each eligible patient registered with the pharmacy/dispensary for the service and the ordering of gluten-free food in that month.
- 4.1.2 The cost of the products supplied will be reimbursed at C&D trade price. Gluten-free products have a 'Zero' rating for VAT.
- 4.1.3 The contractor must only supply items listed in the Drug Tariff which can be obtained from wholesalers or directly from the manufacturer without incurring additional 'out of pocket' expenses.
- 4.1.4 Payment claims should be submitted by the 15th of each month. Payment will be made by BLMKCCG within 4 weeks provided claim forms are received by the deadline given.

#### 5. Documentation

- 5.1 Any pharmacy or dispensing doctor participating in this scheme must notify the CCG by email to blmkccq.bedsmeds@nhs.net.
- 5.2 The GP practice where the patient is registered must be notified of the supply arrangement
- 5.3 Details on Patient Order Forms must be completed at each supply including the exemption declaration on Page 2. Page 1 of the order forms should be sent to the Medicines Optimisation Team at the end of each month with an invoice and a copy stored securely in the pharmacy/dispensary for 2 years with Page 2.
- 5.4 A record must be kept of health advice given to patients as part of this service for audit purposes.
- 5.5 Any gluten-free product supplied must be recorded on the pharmacy/ dispensary Patient Medication Record (PMR) system.

#### 6. Termination of Contract

- 6.1 Both the contractor and BLMK ICS may terminate this agreement by giving not less than 3 months' notice in writing to the other party to allow for timely transition of patients. However, if for any reason BLMK ICS has cause for concern over the following:
  - Non-compliance with requirements of this service
  - Competency of staff
  - Complaints from the public
  - Complaints from other NHS service providers

the contractor will be asked to provide suitable explanations in response to questions posed. In the event of a continued concern over contractor ability to meet the conditions of this service, BLMK ICS reserves the right to terminate the agreement with immediate effect.

#### 7. Review Date

7.1 The Service Specification and remuneration will be reviewed by July 2024

#### **Contact details**

For service queries:

Medicines Optimisation Team blmkccg.bedsmeds@nhs.net

For Clinical queries to the Dietetic Services: food.first@nhs.net

#### **Glossary of Terms**

Contractor – Community Pharmacy Contractor or Dispensing Doctor

Dispensary – Refers to the dispensary at Dispensing Practices

Dispenser – Dispensary staff at Dispensing Practices

Pharmacy – Community pharmacy

BLMK ICS - Bedfordshire Luton and Milton Keynes Integrated Care System

Staff – Pharmacy or Dispensary staff

#### Appendices – circulated electronically

- 1. Patient order form Pages 1 and 2
- 2. Template invoice
- 3. Standard Operating Procedure

## GLUTEN-FREE FOOD SUPPLY PATIENT'S MONTHLY ORDER FORM

Patient Initials ONLY:			
Patient Exemption Y or IFR reference number			
Evidence seen: Y/N			
Date Review due: Max Units Allowed			
To be completed by Patient			
Item Product Description			
1			
2			
3			
4			
5			
6			
Please sign for receipt of your order:			
Signature: Date:			
Please remember to collect your order form for next month.			
NHS Bedfordshire Luton and Milton Keynes ICS			
,			

#### PHARMACY / DISPENSARY USE ONLY

Pharmacy / Dispensary Stamp		
This Claim is for the month of	Invoice no:	

	To be completed by dispensary staff				
	100	T	disperisary stair	Total Cost /	
Quantity	# Units	List Price	Oty v List Price		
Quantity	# Units	LIST FILCE	Qty x List Price	itein	
		+			
	Total				
	Total		Total cost of items		
			Administration Fee		
			Administration rec		
			Total cost Claimed	(	

Please ensure forms are completed in full for each patient.

The pharmacy is responsible for ensuring the completion of the patient declaration on page 2.

A copy of this order form must be submitted with a copy of your invoice to the BLMK CCG Medicines Optimisation Team

FAO GLUTEN FREE blmkccg.bedsmeds@nhs.net

The exemption declaration on page 2 must **not be submitted** to the Medicines Optimisation Team.

# GLUTEN-FREE FOOD SUPPLY PATIENT'S MONTHLY ORDER FORM page 2

#### **Gluten Free Supply Payment / Exemption Declaration**

Patient declaration of exemption from charges. This must be completed each time a supply is made.

The patient does not have to pay because he/she:

- A is under 16 years of age
- B is 16, 17 or 18 <u>and</u> in full time education
  You're also entitled to free prescriptions if you or your partner
  (including civil partner) receive, or you're under the age of 20 and the dependant of someone receiving:
- C Income Support
- D income-based Jobseeker's Allowance
- E income-related Employment and Support Allowance
- F Pension Credit Guarantee Credit
- G Universal Credit and meet the criteria If you're entitled to or named on
- H a valid NHS tax credit exemption certificate
- F a valid NHS certificate for full help with health costs (HC2)

**Declaration:** I declare that the information I have given on this form is correct and complete. I understand that if not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter fraud and security Management service, The Department for Work and Pensions and Local Authorities.

Name:	
Address:	
Sign	Date/
am the Patient ☐ the Patient's represe	entative



Pharmacy name Pharmacy Address INVOICE No DATE: 31 May 2022

Billing Address:
NHS Bedfordshire Luton and Milton Keynes CCG
Y03 Payables M765
Phoenix House
Topcliffe Lane
Wakefield
West Yorkshire
WF3 1WE

#### **XXSSCHOLES**

DESCRIPTION		AMOUN	IT
For the attention of Samantha Scholes			
Gluten Free Service Claim			
Gluten Free Product Cost claim for the month of			
(please ensure this value is the total product cost for a prescription charges collected)	all patients less any		
Service administration fee forpatients at £10 per patient per month			
Form completed by	(insert name)		
	SUBTOTAL		£
Bank Details: Sort Code	DISCOUNT AMO	DUNT	N/A
Account Number	SHIPPING/HANI	DLING	N/A
Account Name	VAT		N/A
Remittance Address			
	TOTAL DUE		