

Gluten Free Foods Policy

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Final v1.0	06-07-2022		
Amendments made to V1.0: Job titles updated, section 6, Processes and Procedures updated to include weblink to resources as latest versions are available online, appendix 1 and 2 reviewed, e-mail address' updated.			
Final V2.0	11-07-2024	Approved by BLMK ICB Prescribing Committee	Reviewed and recommended to Operational Group for Approval
Final V2.0	05-08-2024	Operational Group	Reviewed and approved by the Operational Group

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 Commissioning Pharmacist lead Luton Placed Based Lead Gluten Free Scheme lead 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

The resources are available on the Medicines Optimisation website.

https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/resources-for-health-professionals/gluten-free/



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: agcsu.equality@nhs.net

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Date of assessment:	08.05.2024	
Screening undertaken by:	Fiona Garnett Associate Director: Pharmacy and Medicines	
	Optimisation	

Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics	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).	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	

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Pregnancy and maternity	No	
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 non-		
work context, protection against maternity discrimination is for 26		
weeks after giving birth, and this		
includes treating a woman		
unfavourably because she is		
breastfeeding.		
Race	No	
Refers to the protected		
characteristic of race. It refers to	It should be noted that	
a group of people defined by their	Community Pharmacies can	
race, colour and nationality	access translation services for	
(including citizenship) ethnic or	any patient where English is not	
national origins.	their first language and require an alternate language	
Policies or bolief	No	
Religion or belief		
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	No	
Whether a person's sexual		
attraction is towards their own		
sex, the opposite sex, to both		
sexes or none.		
Carers	No	
Individuals within the ICB which		
may have carer responsibilities.		
Please summarise the improver	nents which this policy offers co	mpared to the previous version
or position.	• •	•
	uten free foods for patients with no	income (Linder 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 blmkicb.ig@nhs.net

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.

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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. Anonymised data - 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
	in addition to what is already collected / held?	
10.	Will the policy require individuals to be contacted in ways which they may not be	No
	aware of and may find intrusive? e.g., personal email, text message etc.	

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