Equality and Health Inequalities – Full Analysis Form – Prescribing Gluten-Free Foods in Primary Care: Guidance for CCGs

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PART A: General Information
1. Title of project, programme or work: Prescribing Gluten-Free (GF) Foods in Primary Care: Guidance for CCGs
2. What are the intended outcomes? To reduce spend on GF food on NHS prescription in primary care, whilst maintaining a basic supply of staple GF food to patients to avoid additional ill health and treatment due to coeliac disease.
3. Who will be affected by this project, programme or work? Please summarise in a few sentences which of the groups below are very likely to be affected by this work. Staff – NHS primary care prescribers who prescribe GF food to patients with established gluten sensitive enteropathy. Patients – Who receive prescriptions for GF foods that will no longer be available following the changes to restrict GF food prescriptions to GF bread and GF mixes. Partner organisations - Clinical Commissioning Groups (CCGs) who commission NHS services on behalf of their local populations. Others - Pharmacists who dispense prescriptions, and manufacturers who supply GF food to the NHS for prescribing.
4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work? The Department of Health and Social Care (DHSC) published an Equality Impact Assessment (EqIA)[1] alongside the Report of Responses. This assessment covered all groups protected by the Equality Act 2010. GF food is prescribed to patients with established gluten sensitive enteropathy, including coeliac disease and dermatitis herpetiformis. Patients who receive GF prescriptions could therefore have any of the protected characteristics covered by the Equality Act 2010. The profile of people who are currently being prescribed GF food can only be identified accurately for age and sex as national prescribing data is only available for those two characteristics. We are therefore only able to demonstrate an accurate profile for GF food prescribing for these two characteristics. Overall the prescribing data for 2016 indicates that 13% of GF prescription items were for those under 16 years of age, and 44% of GF prescriptions were for those aged 60

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678183/Equality_impact_assessment_-_GF_food.pdf

and over. Information from NHS Choices states that reported cases of Coeliac Disease are two to three times higher in women.

The legislative responsibility for prescribing and agreeing policy sits with the Department of Health and Social Care, and GF food is classed for prescribing purposes as a borderline substance. Part XV of the Drug Tariff lists all borderline substances that have been recommended by the Advisory Committee for Borderline Substances (ACBS) for primary care prescribing. Prescribers refer to this list when making decisions on prescribing GF food for patients with established gluten sensitive enteropathies. The list includes foods in the categories of cereals, biscuits, flour, cooking aids, mixes, pasta, bread and flour. In 2016 the total Net Ingredient Cost on GF food was £22.4m, which were 1.5m items.

The Department of Health and Social Care undertook a three month public consultation in 2017 which received 7941 responses from a range of interested parties, including; charities, clinical commission groups, prescribers, patients and professional associations. Three options were proposed; 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 Department of Health and Social Care's response, impact assessment and equality impact assessment were published on 1 February 2018. Policy officials have revised regulations and developed an implementation plan to facilitate laying amendment regulations to amend the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) 2004 Regulations. These changes will end all prescribing of GF foods by GPs apart from GF breads and GF mixes. A reduced list will be replicated in Part XV of the Drug Tariff which will be updated in November 2018, prior to the amendment regulations coming into force in December 2018.

PART B: Equalities Groups and Health Inequalities Groups

5. Impact of this work for the equality groups listed below.

Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:

a) Does the equality group face discrimination in this work area?
b) Could the work tackle this discrimination and/or advance equality or good relations?
c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
e) If you cannot answer these questions what action will be taken and when?

5.1. Age

a) Does the equality group face discrimination in this work area?

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.

b) Could the work tackle this discrimination and/or advance equality or good relations?

Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF breads and GF mixes only will apply to all protected groups. The age related exemptions are for all prescription items and are not unique to GF prescribing.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?

Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of age.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?

No additional action needs to be taken.

5.2. Disability

a) **Does the equality group face discrimination in this work area?**

There is no routinely collected data on prescribing and disability so we cannot definitively assess fully at a national 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.[2]

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.[3] 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.[4]

b) Could the work tackle this discrimination and/or advance equality or good relations?

[2] https://www.nhs.uk/Conditions/Coeliac-disease/Pages/Introduction.aspx#Whos-affected
[3] NHS (Charges for Drugs and Appliances) Regulations 2015
[4] https://www.gov.uk/government/publications/disability-facts-and-figures/disability-facts-and-figures

Unsure as we cannot accurately assess the impact in the national population. The changes to the prescribing of GF foods to restrict them to GF breads and GF mixes only will apply to all protected groups. Patients with a medical exemption certificate for prescription charges will be able to continue to use this exemption for all their prescription requirements, including GF foods.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of disability.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.3. Gender reassignment

a) **Does the equality group face discrimination in this work area?**
There is no routinely collected data on prescribing and gender reassignment so we cannot definitively assess fully at a national level. It is unlikely that this equality group will face discrimination in this area of work as the changes to GF prescribing will impact on all coeliac patients who can continue to access the restricted range of GF foods that will continue to be available on prescription in primary care.

b) Could the work tackle this discrimination and/or advance equality or good relations?
Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF bread and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of gender reassignment.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.4. Marriage and civil partnership

a) **Does the equality group face discrimination in this work area?**
This equality group will not face discrimination in this area of work as the changes to GF prescribing will impact on all coeliac patients who can continue to access the restricted range of GF foods on prescription in primary care.

b) Could the work tackle this discrimination and/or advance equality or good relations?

Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF bread and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of marital status.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.5. Pregnancy and maternity

a) **Does the equality group face discrimination in this work area?**

Patients who are pregnant or new mothers who are breast feeding require additional calorie intake. They may need to obtain guidance on maintaining a healthy (GF) balanced diet to ensure they receive adequate nutrition but the clinical evidence obtained during the DHSC consultation exercise was that GF foods are not required in order to eat healthily. Patients in this group may also be affected by low incomes either before, during or after pregnancy. As a reduced list of staple GF products will remain on prescription then all patients would have equal access to these. This means that patients who currently receive prescriptions for GF food would be able to get prescriptions for GF bread and GF mixes to support their continued adherence to a GF diet. Patients diagnosed in the future would also be able to access bread and mixes on prescription. 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.

b) Could the work tackle this discrimination and/or advance equality or good relations?
Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF breads and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of the patient being pregnant or a nursing mother.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.6. Race

a) **Does the equality group face discrimination in this work area?**

Patients from all racial groups can be affected by coeliac disease. Estimates of patients reflecting the general population of England indicate that 87% are of "white ethnic origin". 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, 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[5], 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.

b) Could the work tackle this discrimination and/or advance equality or good relations?

Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF breads and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?

Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of the patient's racial group.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?

No additional action needs to be taken.

5.7. Religion or belief

a) **Does the equality group face discrimination in this work area?**

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.

b) Could the work tackle this discrimination and/or advance equality or good relations?

Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF breads and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?

[5] http://www.poverty.org.uk/summary/uk.htm

Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of the patient's religion or beliefs.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.8. Sex or gender

a) **Does the equality group face discrimination in this work area?**

This equality group could face discrimination in this area of work. There are different recommended calorie intake values for men and women. However the changes to restrict prescribing of GF foods to GF bread and mixes only will impact on all coeliac patients who can continue to access these GF foods on prescription in primary care. Coeliac disease affects approximately one in every 100 people, although it is thought that only 24% of these will have a clinical diagnosis[6]. 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.[7] 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[8] . 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.

b) Could the work tackle this discrimination and/or advance equality or good relations?
Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF bread and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. GF prescriptions will be available for all patients regardless of the patient's gender.

[6] Coeliac UK. https://www.coeliac.org.uk/coeliac-disease/about-coeliac-disease-and-dermatitis-herpetiformis/
[7] https://www.nhs.uk/Conditions/Coeliac-disease/Pages/Introduction.aspx#Whos-affected
[8] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2014to2016

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

5.9. Sexual orientation

a) **Does the equality group face discrimination in this work area?**
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 GF breads and mixes on prescription in primary care.

b) Could the work tackle this discrimination and/or advance equality or good relations?
Unsure as we cannot accurately assess the impact in the national population. The changes to restrict prescribing of GF foods to GF breads and GF mixes only will apply to all protected groups.

c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
Unsure as we cannot accurately assess impact in the national population. The restricted range of GF foods will continue to be available for all patients regardless of the patient's gender.

d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
No additional action needs to be taken.

6. Implications of our work for the health inclusion groups listed below.

Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below (Sections 6.1. To 6.12), and any others relevant to your work[9], please answer the following questions:

f) Does the health inclusion group experience inequalities in access to healthcare?
g) Does the health inclusion group experience inequalities in health outcomes?
h) Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?
i) Could the work assist or undermine compliance with the duties to reduce health inequalities?
j) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
k) As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 5.1 to 5.9. That is fine; please just say below if that is what you have done.
l) If you cannot answer these questions what action will be taken and when?

[9] Our guidance document explains the meaning of these terms if you are not familiar with the language.

6.1. Alcohol and / or drug misusers

GF food is not used in the treatment of addition. There is no data available on the number of alcohol or drug users who are currently prescribed GF food.

6.2. Asylum seekers and /or refugees

There is no data available on the number of asylum seekers and/or refugees who are currently prescribed GF food.

6.3. Carers

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.

6.4. Ex-service personnel / veterans

There is no data available on the number of ex-service personnel or veterans who are currently prescribed GF food.

6.5. Those who have experienced Female Genital Mutilation (FGM)

There is no data available on the number of those who have experienced FGM who are currently prescribed GF food.

6.6. Gypsies, Roma and travellers

There is no data available on the number of gypsies, Roma or travellers who are currently prescribed GF food.

6.7. Homeless people and rough sleepers

There is no data available on the number of homeless people or rough sleepers who are currently prescribed GF food.

6.8. Those who have experienced human trafficking or modern slavery

There is no data available on the number of people who have experienced human trafficking or modern slavery who are currently prescribed GF food.

6.9. Those living with mental health issues

There is no data available on the number of people living with mental health issues who are currently prescribed GF food.

6.10.Sex workers

There is no data available on the number of sex workers who are currently prescribed GF food.

6.11.Trans people or other members of the non-binary community

There is no data available on the number of trans people or other members of the non-binary community who are currently prescribed GF food.

6.12.The overlapping impact on different groups who face health inequalities

There is no data available on the different groups who face health inequalities who are currently prescribed GF food.

7. Other groups that face health inequalities that we have identified.

Have you have identified other groups that face inequalities in access to healthcare? Yes see below.

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes?

Access to healthcare**.**

Yes		

8. Other groups that face health inequalities that we have identified.

- Households with multiple coeliac patients
- People living in rural areas
- Those experiencing socio-economic disadvantages

Please see the Equality Impact Assessment made by the DHSC[10]

10 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678183/Equality_impact_assessment_-_GF_food.pdf

PART C: Promoting integrated services and working with partners
Short explanatory notes: Integrated services and reducing health inequalities. Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below.
9. Opportunities to reduce health inequalities through integrated services. Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.
No Go to section 11
10. How can this work increase integrated services and reduce health inequalities? Please explain below, in a few short sentences, how the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.
PART D: Engagement and involvement
11. Engagement and involvement activities already undertaken. How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs? The Department of Health and Social Care published a public consultation on the proposals on whether to make any changes to GF prescribing in primary care[11] in March 2017. Full engagement was undertaken with key stakeholders in gathering evidence as part of the consultation exercise. In addition the following activities were undertaken: • Conducted searches on GF policies for English CCGs. This included telephone discussions with 18 different CCG representatives to source opinions on changes and challenges faced, and the reviewing of evaluation reports on changes made and patient impact by CCGs where available from outcomes of local consultations. • Discussions with representative from the Pharmaceutical Advisory Group (PAG).

11 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/604842/Gluten_free_foods_cons.pdf

- Policy officials undertook a visit to the dietetics team in Rotherham hospital to meet dieticians who assessed patients on an individual basis. Demonstration of how the voucher scheme for foods operated and the importance placed on patient annual review.
- Web based research on coeliac disease and its management. Websites included: Coeliac UK, British Dietetic Association (BDA), British Specialist Nutrition Association (BSNA), National Institute of Health and Care Excellence (NICE), NHS Business Services Authority (NHS BSA), NHS Digital and NHS Choices.
- Sought and reviewed impact data on changes that have been made (where available).
- Issued an e-mail to alert key stakeholders of the launch of the consultation (25 organisations, including GF manufacturers/suppliers).
- Updated list of stakeholders following consultation responses.
- Search on available literature including; journal articles, press releases, reports, CCG website reviews on proposed changes to GF prescribing.
- Face to face meetings with Coeliac UK and then BSNA (along with representatives from 2 manufacturers (Juvela and Glutafin)).
- A review of references provided by consultation respondents, including journal reports, press articles, websites and guidance.

A working group was established to agree definitions and the process for which GF foods in the categories of bread and mixes would be selected. A specially convened meeting of the Advisory Committee on Borderline Substances (ACBS) was held to review product submissions and this formed an up to date list for inclusion in Part XV of the Drug Tariff.

A consultation was also undertaken on the draft proposed National Health Service (General Medical Services Contracts) (Prescribing of Drugs etc) (Amendment) Regulations 2018 to ensure that the amendments were understood and would be useful to prescribers, and to consider unintended consequences that may result from the changes.

12. Which stakeholders and equalities and health inclusion groups were involved?

NHS Clinical Commissioners, British Dietetic Association (BDA), British Specialist Nutrition Association (BSNA), Coeliac UK, ACBS, Pharmaceutical Advisory Group (PAG), Royal College of General Practitioners (RCGP), patient, members of the public, and the British Society of Gastroenterology Hepatology and Nutrition (BSPGHAN).

13. Key information from the engagement and involvement activities undertaken.

Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

The DHSC published a "Report of Responses" which detailed the issues raised.[12] Stakeholders were broadly supportive of change to GF prescribing. The majority of consultation respondents, including patients and health professionals, were in favour of restricting prescribing of GF foods as opposed to an outright ban, with the exception of NHS Clinical Commissioners.

The main concerns raised were about the affordability and availability of GF food in retail outlets, for example the expense when compared to regular bread, and the inconsistency in supermarkets. The report of responses covered the main themes and the key issues raised and was published on Gov.UK on 1 February 2018.[13]

14. Stakeholders were not broadly supportive but we need to go ahead.

If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?

15. Further engagement and involvement activities planned.

Are further engagement and involvement activities planned? If so what is planned, when and why?

This CCG guidance on the prescribing regulations and the implementation of the changes to GF prescribing in primary care will have a supporting communications plan to ensure effective communication to the system.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work.

12 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678181/report_of_responses_-_gluten_free_food_prescribing_consultation.pdf

13 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678181/report_of_responses_-_gluten_free_food_prescribing_consultation.pdf

Evaluation has been undertaken on GF prescription volume for patients by age and prescription exemption category. Monitoring can be undertaken on future GF prescribing by age and sex only as data for patients in the other protected groups is not available.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

Prescription Costs Analysis Report (England) 2016[14]. National population statistics[15].

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

	Yes

There is currently no data available on 7 of the 9 characteristics and additional health improvement groups for GF prescriptions.

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

The individual CCGs may have more insight on these when looking at their local population data and will be encouraged to consider this as part of their local patient and public involvement activities and impact assessment.

[14] https://digital.nhs.uk/data-and-information/publications/statistical/prescription-cost-analysis/prescription-cost-analysis-england-2016

[15] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates

PART F: Summary analysis and recommended action		
20. Contributing to the first PSED equality aim. Can this work contribute to eliminating discrimination, harassment or victimisation?		
Yes		
If yes please explain how, in a few short sentences The DHSC published full details in their Equality Impact Assessment.[16] Policy officials have considered the implications for each of the three equality objectives 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.		
21. Contributing to the second PSED equality aim. Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.		
Yes		
If yes please explain how, in a few short sentences Policy officials have considered the implications for each of the three equality objectives 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.		

16 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678183/Equality_impact_assessment_-_GF_food.pdf

22. Contributing to the third PSED equality aim.

Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.

Yes		

If yes please explain how, in a few short sentences

Policy officials have considered the implications for each of the three equality objectives 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.

23. Contributing to reducing inequalities in access to health services.

Can this policy or piece of work contribute to reducing inequalities in access to health services?

Yes		

If yes which groups should benefit and how and/or might any group lose out?

CCGs will need to consider the changes to the arrangements for prescribing of GF foods and the impact on their local population.

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

24. Contributing to reducing inequalities in health outcomes.

Can this work contribute to reducing inequalities in health outcomes?

Yes		

If yes which groups should benefit and how and/or might any group lose out?

CCGs will need to consider the changes to national prescribing regulations and the impact on their local population.

25. Contributing to the PSED and reducing health inequalities.

How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.

The DHSC published full details in its Equality Impact Assessment.[17]

26. Agreed or recommended actions.

What actions are proposed to address any key concerns identified in this Equality and Health Inequalities Analysis (EHIA) and / or to ensure that the work contributes to the reducing unlawful discrimination / acts, advancing equality of opportunity, fostering good relations and / or reducing health inequalities? Is there a need to review the EHI analysis at a later stage?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Ensure that CCGs are aware of the need to consider their equality and inequality duties as part of any local implementation decisions of the revised prescribing policy and associated legislation. This should include appropriate consideration of their local demographic and prescribing data.	Yes	Yes	Post-regulation changes coming into force December 2018	CCGs NHSE
Continue to work with key stakeholders to ensure that prescribing of GF foods is appropriate.	Yes	Yes	Ongoing	DHSC
Monitor trends in GF prescribing data			Post-regulation changes coming into force December 2018	DHSC

17 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678183/Equality_impact_assessment_-_GF_food.pdf