QUALITY IMPACT ASSESSMENT (QIA)

NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group

Name of Scheme	Gluten Free Prescribing Scheme
Scheme Lead (and author of this QIA if different to scheme lead)	Fiona Garnett (author of QIA - Dona Wingfield)
Organisation	NHS Bedfordshire, Luton and Milton Keynes CCG
Date & Version	25/8/2021 Version 1.0
Brief Description of Scheme	Value Based Elective Commissioning: Gluten-Free breads and mixes via NHS prescriptions, to be available through a prior approval process and via clinical triage to cohorts under specific circumstances: patients diagnosed by their doctor as suffering from established gluten-sensitive enteropathies, including dermatitis herpetiformas and coeliac disease and are at risk of dietary neglect - low income (in recipt of unviersal credit/ means tested benefits) and/or a dependent, in line with current positions in Central Bedfordshire, Bedford Borough and Milton Keynes Place based on national policy https://www.england.nhs.uk/medicines-2/medicines-optimisation/prescribing-gluten-free-foods-in-primary-care-guidance-for-ccgs-faqs/

Self-Assessment Criteria

Negative	**This development will have a negative impact**
Neutral	**There is no anticipated change in the impact of this development**
Positive	**This development will have a positive impact**
N/A	**This question is not relevant at this time**

OVERALL ASSURANCE

	No. Questions	Negative	Neutral	Positive	N/A
SAFETY	5		3	1	0
CLINICAL EFFECTIVENESS	2	0	1	1	0
PATIENT EXPERIENCE AND INVOLVEMENT	6	0	2	4	0

NAME OF MEMBER OF QUALITY TEAM SUPPORTING	

SCREENING SECTION

Is a full QIA required for this Scheme? Please colour "Yes" or "No" accordingly	**Yes**	**Proceed to the full QIA below**
	No	**Explain why further analysis is not required, or who you have spoken to in the Quality Team in the box to the right**

FULL QIA-EQIA

	ID	What is the potential impact of the service development on patient safety	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
	1a	What are the known patient safety issues within the current service? (as identified by national/local audits, SIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)	Has the current safety of the service been evaluated and known patient safety risks identified? Prompts to consider: Specific safety issues within this pathway or service. Analysis of available data/information to identify themes and trends. The way in which the planned changes will address the identified patient safety issues. Impact on preventable harm. **Covid specific** - back log position, current patient wait in service Has service prioritisation been considered	In terms of safety, non-adherence to GF diets for people with coeliac disease (CD) can cause health problems. According to NICE, those who are not following a strict GF diet are at a higher risk of long term complications, including osteoporosis, ulcerative jejunitis, intestinal malignancy, functional hyposplenism, vitamin D deficiency and iron deficiency. Other guidance, that of the British Society of Gastroenterology, identifies CD patients as being at increased risk of osteoporosis and bone fracture.GF foods are available on NHS prescription to patients diagnosed with gluten sensitivity enteropathies, including CD. The aim of prescribing GF foods was to encourage patients to adhere to a GF diet, when availability of formulated GF foods was limited. This helped prevent more complex health problems from developing. GF food availability has increased in accessibility and the cost has dropped significantly since 2018, with an increase in availbility in convenience stores as well as online and via the supermarkets, some now producing their own lines. It is worth noting that three out of the four places within BLMK have historically decommissioned GF and therefore alligning the policy in Luton would have a positive impact on this larger cohort. There is a process in place for the places who have already decomissioned that could be adopted system wide to further standardise policy. Patients with CD at risk of dietary neglect and/or dependent and who are of lower socioeconomic background are still able to access GF via NHS through a prior approval process involving clinical triage by the medicine optimisation team. Gluten free products on prescription cost more than gluten free products in the supermarket, in some cases more than double the supermarket price of	**Neutral**
	1b	Have staffing, skill mix and workload issues been considered within the plans?	What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely? Prompts to consider: skill mix, recruitment activity, vacancy, training etc. **Covid specific** – what is impact on staff availability to work, numbers of staff shielding, vulnerable, having to work differently. How will required MDT working be addressed in order to offer service provision for patients who are shielding	The cohort affected equates to 100 patients, it is anticipated that the Bedfordshire place policy rolled out across the ICS, prior approval process completed by the dietician/ GP (if continuation), clinical triage by the high cost drug commissioning pharmacist team, there may be a proportion of the cohort whom fit the national guidance who may still require access via NHS as determined by the prior approval process.	**Neutral**

SAFETY	**1c**	Do the plans include changes to treatment involving medications, (including prescribing, administration or security)	What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated? Prompts to consider: Patient safety. Competency in medicines administration. Systems in place to ensure appropriate monitoring of patient outcomes/safety. Have you sought support/advice from the Meds Management Team? **Covid specific** – treatment of patients including virtual assessments – OPD assessments for clinical presentations. What safety consideration are in place in using technology for assessment? What are positives for patient safety using technology?	NHS England has published national CCG guidance on Prescribing Gluten-Free Foods in Primary Care. This guidance has been reviewed and endorsed by the Low Priority Prescribing clinical working group. The guidance provides recommendations that encourage CCGs to align their local policies with national arrangement **Supporting documents:** GFF 1. Prescribing Gluten-Free Foods in Primary Care - Guidance for CCGs	**Positive**
	1d	Explain any impact on the organisation's duty to protect children, young people and adults?	Protocols to consider include: The NHS Constitution, Partnership working, Safeguarding children or adults Have you sought support/advice from the Safeguarding Team? **Covid specific** – How will safeguarding be considered in virtual assessment settings? Digital technology – has robustness and safety of service been assessed to prevent against any safeguarding concerns.	Process considers vulnerability (take dependency into account) and low income - prior approval form and policy for Bedfordshire included **Supporting docs:** GFF 2 - Prior approval form BCCG GFF 3 - BCCG policy provision of GFF	**Positive**
	1e	Explain how the planned changes will be ratified through a governance process?	In the event of a legal challenge, how thorough is the ratification process? Where is clinical leadership and decision making? Prompts to consider Current statutes / professional standards E.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's' Act, No Secrets, GMC, NMC etc. Involvement of the appropriate specialist Responsible committees within each organisation and across the pathway (Please note these may be outlined within the NICE Guidance) Overview and Scrutiny Committee; who and how will the changes/KPI's be monitored; what early warning flags will be monitored/reviewed and by whom? **Covid specific** Where is governance agreement across BLMK commissioning and provision? Has clinical leadership and involvement been sought? Has there been any feedback through incident management cell regarding service provision? Infection prevention and Control response requires cautious consistent consideration and adherence to specific Public health England guidance. How has this been considered?	Alignment of the policy would be in line with national guidance and the cohort of patients (estimated at 100) of risk of dietary neglect would have access via a prior approval triage system. The proposed policy would be initially discussed amongst the senior medicines optimisation team who currently manage the gluten free financial aspects - Bedfordshire places and Milton Keynes operate a similar case-by-case system - for Bedfordshire this is via a prior approval - triaged by the commissioning pharmacist team and for Milton Keynes cases goes through the exceptional cases panel. The updated policy will undergo the appropriate CCG consultation route with engagement of key clinical stakeholers across care sectors. The EQIA has been discussed with the Equality and Diversity lead and one of the Quality leads. All current BLMK ICS medicines optimisation committees (decision making) report into the Quality and Performance Committee. A corporate public consultation is being conducted on this allignment lead by BLMK CCG communications team to ensure optimal public engagement.	**Neutral**

	ID	What is the potential impact of the service development on clinical effectiveness?	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
CLINICAL EFFECTIVENESS	**2a**	How are the planned changes or service re-design	Has a baseline assessment against	In March 2017, the department of health and social care (DHSC) published	**Positive**
	2b	What are the Health Outcomes for patients?	What are the expected health outcomes for patients? How will the success against your expected health outcomes be measured? How do these compare with other available treatment or care pathway alternatives? **Covid Specific** If this is a service delivery change or service change, due to Covid impact, how will this service and how can the same outcomes for patients be achieved? Will outcomes be improved? Will this affect access to services? Could this have impact on health outcome is access is different	We ensivage no significant impact on health outcomes, there may be a risk of health deterioration if people are unable to access via NHS, this health inequality (particularly for those on low incomes) will still be able to access if they qualify through the policy criteria (see attached proforma and policy from Bedfordshire for reference)	**Neutral**

	ID	What is the potential impact of the service development on patent experience and involvement?	Use these prompts to help you comprehensively evaluate the plans	Information to inform Self-Assessment	Self-Assessment
PATIENT EXPERIENCE AND INVOLVEMENT	**3a**	What do patients and carers say about the current service?	Use positive and negative feedback from: PALS and complaints, patient opinion, surveys Real time feedback, focus groups, LINk/Healthwatch **Covid Specific** What feedback has been received from service users since commencement of business contingency and incident management for Covid in health services	Due for public consultation - this will be explored - since the decommissioning at Bedfordshire places and Milton Keynes - whilst initially there was patient feedback in reaction to the change, the decommissioning position has stabilised and there has been gradual reduction in requests. Upon case approval, there is anecdotal data to suggest there are a proprtion of patients approved through the policy who do not access the NHS funded GF and/or mixes. There are also now an increase in GF foods available in a range of supermarkets and cater for variety of cuisines, nationally and internationally.	**Neutral**
	3b	How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?	At what point in the decision-making process will patients and public have a chance to influence the service development? What methods will be used to involve patients, public and stakeholders? Has advice been sought from the Strategic Public Involvement Group as to how best to manage this. **Covid specific** How have you engaged for co-production with service users /patients on Covid specific service change	Due for public consultation - this will be explored as part of these discussions - our communication teams have approached Coeliac UK	**Positive**
	3c	How will the service development improve the patient experience?	How will this be captured?	The decommissioning of GF breads and mixes may impact the group of patients currently accessing via NHS in Luton, however allignment of policy with three of the four places would ensure fair equitable approach to access. Patient experience will be captured through a public consultation programme led by communications.	**Positive**
	3d	How will the patient experience of the new service be monitored?	How will feedback be collected? Who will be analysing it and when? **Covid specific** If covid specific service change how have you continued to engage with patient group	This will be actioned in conjunction with the communications team - consultation is open until December - then through governance in January for commencement 1st April 2022. Monitoring to be confirmed following feedback from consultation.	**Positive**
	3e	How will patient choice be affected?	Will choice be reduced, increased or stay the same?	It is recognised that the patients in Luton with CD whom are of risk of	**Neutral**
	3f	What level of public support for this service development is anticipated?	Do you expect people to be supportive, be a little concerned or contact their MP or the press as a result of their objections ? **Covid specific** Has there been any Covid specific feedback nationally/locally regarding service access?	Public corporate consultation is in progress and will end in December 2021 - Coeliac UK have been approached to take part in the consultation - alongside Healthwatch and the LPC	**Positive**

Quality Team Commentary, Recommendations & Sign-Off

To be completed by a member of the Quality team.

SAFETY	CLINICAL EFFECTIVENESS	PATIENT EXPERIENCE AND INVOLVEMENT
Commentary	**Commentary**	**Commentary**
Recommendation	**Recommendation**	**Recommendation**

	Final Sign-Off	
	Name	**Date**
Signature of Senior Responsible Owner (SRO)		
Signature of Quality Team Member		

EQUALITY ANALYSIS (EA) FORM

Name of Scheme	Gluten Free Prescribing Scheme
Scheme Lead	Fiona Garnett
Organisation	NHS Bedfordshire, Luton and Milton Keynes CCG
Date & Version	25/08/2021
Name of member of Arden & Gem E&D Team or HR Team supporting	David King
What is the aim of the scheme?	Bedfordshire places and Milton Keynes decommissioned GF products in line with the department of health and social care (DHSC) consultation 2017, proposing changes to the availability of GF foods on NHS prescription. The national consultation received over 900 responses from a range of stakeholders including patients and carers of patients, members of the public, dietitians, pharmacists and NHS Clinical Commissioning Groups (CCGs). The rationale for change was the increased availability of these products in supermarkets and other food outlets at a time when the annual cost to the NHS of prescribing such items was £15.7 million. The local consultation in Bedfordshire involved the decommissioning of GF products (as per national policy) to 500 patients. The NHSE policy 2018 amended regulations were intended to reduce the variation in the provision of GF foods on prescription and endorse no gluten free products to be prescribed at NHS expense, other than gluten-free bread and/or gluten-free mixes and those in receipt of NHS prescriptions for gluten-free bread and/or mixes should be those diagnosed by their doctor as suffering from established gluten-sensitive enteropathies, including dermatitis herpetiformas and coeliac disease. All GF food, other than bread and mixes, will be included in Schedule 1 of the "National Health Services (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004. This meant that all GF foods with the exception of GF bread and mixes will be 'blacklisted' and not available for prescribing at NHS expense. Through the NHSE policy, CCGs were encouraged to align their local policies with the amended regulations. Under the new legislation, CCGs could restrict further by selecting bread only, mixes only or can choose to end prescribing of all GF foods if they feel this is appropriate for their population, whilst taking account of their legal duties to advance equality and have regard to reducing health inequalities. Bedfordshire and Milton Keynes both decommissioned GF foods and have a process for exceptions: established gluten-sensitive enteropathies, including dermatitis herpetiformas and coeliac disease patients at risk of dietary neglect e.g. those at socioeconomic disadvantage - those on universal credit/ those in receipt of means tested benefits (i.e. those most at risk from the loss of GF prescribing) and dependents. These cohorts can still access GF breads and mixes via NHS would not be impacted if GF was no longer prescribed at Luton place. Studies show that when the CCGs conducted a full decommissioing policy, NHS prescribing was reduced by 80% indicating there were a proportion of the cohorts previously mentioned still requiring access via NHS. Here is the NHSE policy **Supporting documents:** GFF 4 - Prescribing Gluten-Free Foods in Primary Care Guidance for CCGs
Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.	Currently, Gluten free breads and mixes prescribing via NHS is routinely available for patients living within in the former Luton CCG place based area. Prescribing is available to any patient diagnosed with Coeliac disease and currently covers approx. Recent figures show that 100 patients in Luton are receving GF breads and mixes via NHS prescriptions, this accounts for 0.04% for the total population of Luton (population size, 246, 071 - via NHS Digital GP registrations, October 2020) and 0.01% for the total population of BLMK.

SCREENING SECTION

Is a full EA required for this Scheme? Please colour "Yes" or "No" accordingly	**Yes**	**Proceed to the full EA below**	**No**	**Explain why further analysis is not required in the box to the right**	*If no, explain why further equality analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)*

FULL EQUALITY ANALYSIS (EA) FORM

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated

1	**Evidence used** What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses
Studies suggest that the expenditure on GF products was reduced by an average of approximately 80% within the 3 months after 24 CCGs introduced a 'complete ban' or 'complete ban with age-related exceptions' on GF prescriptions after the NHSE policy in 2018. Gluten-Free breads and mixes via NHS prescriptions, to be available through a prior approval process and via clinical triage to cohorts under specific circumstances: patients diagnosed by their doctor as suffering from established gluten-sensitive enteropathies, including dermatitis herpetiformas and coeliac disease and are at risk of dietary neglect - low income (in recipt of unviersal credit/ means tested benefits) and/or a dependent, in line with current positions in Central Bedfordshire, Bedford Borough and Milton Keynes Place based on national policy https://www.england.nhs.uk/medicines-2/medicines-optimisation/prescribing-gluten-free-foods-in-primary-care-guidance-for-ccgs-faqs/ Enclosed is the previous EQIA from Bedfordshire and the national EQIA (NHSE) Supporting documents: GFF 5 - Previous BCCG EQIA GFF 6 - Equality and Health Inequalities - Prescribing GFF in PC	
2	**Impact of decision** In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work
2.1	**Age** Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues

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. This equality group could face discrimination in this area of work as prescription charge exemptions are age-related. This would include prescriptions for GF breads and mixes. 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. At service level, we do not collect data on the age breakdown for those with coeliac disease in Bedfordshire or any other places within the ICS. In the previous consultation, nearly all age groups showed more agreeing the proposal than not. The age groups where more disagreed with the proposal were (<18 (n=3) and 75-84 (n=73). The prevalence of coeliac disease has been shown to increase with increasing age (West 2014), which may mean that those receiving prescriptions are more likely to be in the older age groups and who will now have to pay for these foods. This could impact an individual's or income and/or their adherence to a gluten-free diet, with associated health complications. From a study conducted in 2019 (al-Toma 2019), CD affects all age groups, including the elderly, with more than 70% of new cases diagnosed in people over 20 years of age (NICE CKS).

2.2	**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

At service line we do not have detailed background information on disability to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). This was consistent with previous processes via BCCG, from the previous EQIA - they did not collect data on disability and therefore did not identified adverse impacts or inequalities as a result of this policy. 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. It is appreciated that those at socioeconomic disadvantage may be impacted however there is a prior approval process to enable access.

2.3	**Gender reassignment (including transgender)** Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment

At service line we do not have detailed background information on gender reassignment to comment on impact and this would not be within the principles of the decision making process (it would

2.4	**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

At service line we do not have detailed background information on marriage and civil partnership to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). This was consistent with previous processes via BCCG, from the previous EQIA - they did not collect data on marriage/civil partnership and therefore did not identified adverse impacts or inequalities as a result of this policy. This equality group will not face discrimination in this area of work as the changes to GF prescribing impacts on all coeliac patients who can continue to access the restricted range of GF foods on prescription in primary care.

2.5	**Pregnancy and maternity** Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities

At service line we do not have detailed background information on pregnancy and maternity to comment on impact and this would not be within the principles of the decision making process (it

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

At service line we do not have detailed background information on race to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). There have been no evidence raised as far as we are aware that would impact on race specifially on the decommissioning of GF foods - from the previous consultation (Beds) no data of this nature was collected and therefore those individuals where the cultural diet includes gluten containing staples such as bread may be more likely to receive prescriptions for gluten-free foods and now have to pay for these foods. This could impact an individual's income and/or their adherence to a gluten-free diet, with associated health complications, however there is now an increase in types of foods (including international cuisines) which are GF.

2.7	**Religion or belief** Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues

At service line we do not have detailed background information on religion to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). There have been no evidence raised as far as we are aware that would impact on religion or belief specifially on the decommissioning of GF foods - from the previous consultation (Beds) no data of this nature was collected on the religion/beliefs of those with coeliac disease in Bedfordshire and therefore was not identified as having an adverse impact or inequalities as a result of the policy. The landscape has changed with an increase in variety of gluten free prodcust to cater for dietary choice as a result of religous belief.

2.8	**Sex** Describe any impact and evidence in relation to men and women. This could include access to services and employment

At service line we do not have detailed background information on carers to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). There have been no evidence raised as far as we are aware that would impact on gender specifically on the decommissioning of GF foods - from the previous consultation (Beds) no data of this nature was collected on gender breakdown for those with coeliac disease in Bedfordshire. From the previous consultation in Bedfordshire, there was no difference in responses to the consultation between men and women. It was also stated that women are twice as likely than men to be diagnosed with coeliac disease, which may relate to healthcare utilisation and ascertainment (West 2014). Therefore it may be that more women are receiving gluten-free prescriptions than men and who will now have to pay for these foods. This could impact an individual's and/or income or their adherence to a gluten-free diet, with associated health complications. A meta-analysis of 50 studies found [King, 2020]:The global pooled female incidence was 17.4 per 100,000 person-years, compared with 7.8 in males, suggesting that there may still be an impact however we do not hold the data to comment.

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

At service line we do not have detailed background information on sexual orientation to comment on impact and this would not be within the principles of the decision making process (it would be based on clinica need, risk of dietary neglect). There have been no evidence brought raised as far as we are aware that would impact on sexual orientation specifially on the decommissioning of GF foods The previous consultation in Beds stated no data was currently held on the sexual orientation of those with coeliac disease and therefore had not identified adverse impacts or inequalities as a result of this policy.

2.10	**Carers** Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)

At service line we do not have detailed background information on carers to comment on impact and this would not be within the principles of the decision making process (it would be based on clinical need, risk of dietary neglect). There have been no evidence brought raised as far as we are aware that would impact on carers specifially on the decommissioning of GF foods - from the previous consultation (Beds) it was stated that Carers may find their caring role more stressful as a result of having to find gluten free products for their cared for which would have been provided for them under the existing policy.

2.11	**Other disadvantaged groups** Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities

At service line we do not have detailed background information on record on the socioeconomic level of those with coeliac disease in Bedfordshire. Those in the least socially deprived groups are more likely to have a diagnosis of coeliac disease (West 2014, Zingone 2015), and therefore receive a prescription for gluten free food. This is most likely due to health seeking behaviours rather than underlying differences in incidence (West 2014, Zingone 2015) Higher education level is associated with adherence to a gluten-free diet (Villafuerte-Galvez). Therefore there are currently health inequalities as those living in the least deprived areas and best educated are most likely to be diagnosed and treated, as well as being most likely to adhere to a gluten-free diet. Luton is one of the 20% most deprived districts/unitary authorities in England and about 19% (9,960) children live in low-income families. In Milton Keynes about 15.1 per cent (8,680) children live in low income families .In its Local Authority Health Profile 2019, Public Health England gives a picture of people's health in Bedford: about 14.9% (4,960) children live in low income families .In its Local Authority Health Profile 2019, Public Health England gives a picture of people's health in Central Bedfordshire. About 11.3% (5,765) children live in low income families. Life expectancy for both men and women is higher than the England average. Whilst there is a higher percentage of dependents with low income families in Luton, Milton Keynes and Bedford both have similar proportions and approxinately 4% less than Luton. Central bedfordshire has the lowest proportion. Iron deficiency is present in 7–80% of people with coeliac disease at diagnosis. Coeliac disease is present in 2–5% of people with iron deficiency anaemia and vitamin B12 deficiency is present in 5–41% of untreated cases of coeliac disease [Al-Toma, 2019].

3	**Human rights** The principles are Fairness, Respect, Equality, Dignity and Autonomy		
Will the proposal impact on human rights? *Please colour "Yes" or "No" accordingly*		**Yes**	**No**
Are any actions required to ensure patients' or staff human rights are protected? *Please colour "Yes" or "No" accordingly*		**Yes**	**No**
If so what actions are needed? Please explain below.			

4	**Health Inequalities.** e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality

It is recognised that the patients in Luton with CD whom are of risk of dietary neglect/ dependant and are at a socioeconomic disadvanatge would be negatively impacted - however there is a prior approval process to enable those who may be at risk of poverty to still access the supply via NHS. The decommissioning of gluten free foods as per NHSE policy came into effect in Bedfordshire places and Milton Keynes in 2017/2018. There was already a restriction in the range of products people with CD at risk of dietary neglect could access via NHS. It is not anticipated that decommissioning of breads and mixes would negatively impact as in three out of the four places, there has been no access to these products via NHS - so whilst there is an anticipated reduction in access (to those whom are not dependent ad can afford to buy) there would be alignment of the CCG position which from an equity perspective is favourable. Whilst Luton has been identified with a high proprtion of people at socioeconmoic disadvantage, there are pockets of deprivation within the other three places, bedford borough, central beds and Milton Keynes

5	**Engagement/consultation** What engagement is planned or has already been done to support this project?

Engagement activity	**With whom?** e.g. protected characteristic/group/community	**Date**
Consultation	Healthwatch (lead by BLMK CCG communications team)	
Consultation	LPC (TBC) (lead by BLMK CCG communications team)	
Consultation	Coeliac UK (TBC) (lead by BLMK CCG communications team)	
Notification of termination of contract		

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)

To be confirmed following public consultation

6	**Mitigations and changes** If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue

To be confirmed following public consultation

7	**Is further work required to complete this EA?** Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work Needed	**Section**	**When**	**Date Completed**
Public consultation and analyse of outcomes			

8	**Development of the Equality Analysis** If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
version 1.0	EQIA for Gluten Free Food on Prescription - BLMK Policy Alignment	30-Aug-21

9	**Final Sign off** Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all Eas

Version Approved:		
	Name	**Date**
Signature of Senior Responsible Owner (SRO)		
Signature of HR Team Member		