

Equality Analysis

<p>Title: Ipswich & East Suffolk CCG (IESCCG) - Gluten Free Food Guidelines (January 2016) West Suffolk CCG (WSCCG) – Gluten Free Food Policy 2016</p>
<p>Description: The strategic objective for both CCGs is to reinvest the savings in other medicines or services to improve patient care. Stopping prescribing of gluten free (GF) food on NHS prescription for adults aged 19 years and older diagnosed with coeliac disease and/or dermatitis herpetiformis; and reducing the maximum units to eight per month on NHS prescription for children aged 18 years and younger diagnosed with coeliac disease and/or dermatitis herpetiformis. These foods are available to purchase at supermarkets, health food shops, online or via mail/telephone ordering, whereas many other medicines cannot be accessed in this way. GF foods are often more expensive to the NHS when prescribed than prices in the shops and online. The current expenditure on GF foods in Ipswich and East Suffolk is approximately £178,000 per annum and in West Suffolk approximately £116,000 per annum.</p> <p>The main aims and intended outcomes of the policy are</p> <ol style="list-style-type: none"> 1. To provide equity since food items are generally not available on prescription for other conditions. 2. To make savings from the GP prescribing budgets. By implementing these guidelines, an estimated saving of £108,000 - £163,000 per annum could be achieved by I&ESCCG and £70,000 - £105,000 per annum by WSCCG.

Part 1: Assessment of impact

<p>How will the policy meet the needs of different communities and groups?</p>
<p>Age: The policy will meet the needs of adults aged 19 and older since they will be signposted to purchase GF foods (including foods that are naturally GF) from supermarkets, health food shops, community pharmacies and online. This is the same as purchasing requirements for individuals with other special dietary requirements such as lactose intolerance, dairy allergy/intolerance or nut allergies. It will meet the needs of children and adolescents aged 18 and younger since they will continue to receive some staple GF foods on prescription in recognition of the fact that they are still growing and generally reliant on adults to provide their food.</p>

<p>Disability: Coeliac disease is not defined as a disability under the Equality Act 2010 although it is a long-term condition. The policy will meet the needs of patients with disabilities as appropriate exemptions may be made for individuals unable to safely purchase food independently e.g. an individual with learning disabilities. Consideration will be taken to provide good quality information that is accessible.</p>
<p>Gender reassignment: The policy will meet the needs of individuals with gender reassignment as all adults will be signposted to purchase their GF foods.</p>
<p>Marriage and civil partnership: The policy will meet the needs of individuals who are married or in a civil partnership as all adults will be signposted to purchase their GF foods.</p>
<p>Pregnancy and maternity: The policy will meet the needs of individuals who are pregnant or have a child as all adults will be signposted to purchase their GF foods.</p>
<p>Race: The policy will meet the needs of all ethnicities as all adults will be signposted to purchase their GF foods.</p>
<p>Religion or belief: The policy will meet the needs of all individuals with different religions and beliefs as all adults will be signposted to purchase their GF foods.</p>
<p>Sex: The policy will meet the needs of all sexes as all adults will be signposted to purchase their GF foods.</p>
<p>Sexual orientation: The policy will meet the needs of all individuals with all sexual orientations as all adults will be signposted to purchase their GF foods.</p>
<p>Socio-economic disadvantage: Some people may not be able to easily afford GF food substitutes, which can be more expensive than gluten containing equivalent products. However, individuals who have a socio-economic disadvantage will be given clear information about the many naturally GF foods that are available to buy at a reasonable cost, e.g. fruits, vegetables, meat, fish, poultry, eggs, cream, milk, rice, potatoes, pulses and beans. It is planned to provide some examples of GF substitute foods with their prices, updated on a quarterly basis. Patients are also signposted to the Coeliac UK website where further resources are available.</p>

People living in rural areas (rurality):

Some people may not have immediate access to GF food substitutes from smaller shops in rural areas. However, the policy will meet the needs of people living in rural areas since their local shops stock naturally GF foods such as rice and potatoes while a wider range are available from supermarkets through home delivery. Community pharmacies, including those located in rural areas are able to sell GF foods which were available on prescription and are not in supermarkets, with some community pharmacies offering delivery services. Some GF foods can be ordered via the internet (e.g. Goodnessdirect, Glutenfree-foods, Simply-Free, Wellfoods), or mail/telephone ordering (e.g. Wellfoods).

Other:

The policy will meet the needs of other individuals as all adults will be signposted to purchase their GF foods. GF food is available to purchase via a wide range of outlets. Naturally GF staple foods such as rice and potatoes can be purchased at low cost. Patients with special dietary requirements, including patients with a diagnosis of coeliac disease or dermatitis herpetiformis requiring GF foods, do have their needs met in care homes, hospitals, prisons etc. We plan to liaise with supermarkets to highlight the need for GF foods in food banks.

Positive impact: Reducing inequalities

How is the policy likely to have a **significant positive impact** on equality by reducing inequalities that already exist? Will the policy improve equality of opportunity for different groups? Will the policy encourage good relations between different groups?

Explain how it will meet our duty to:

1. Promote equal opportunities:

All adults have to purchase food. Adults with a diagnosis of coeliac disease or dermatitis herpetiformis will have to purchase their GF foods which are widely available; thus the policy has had a positive impact on promoting equal opportunities. No other specialist foods are provided on prescription with the exception of specialist low protein products for people with phenylketonuria, oral nutritional supplements for individuals at risk of or diagnosed with malnutrition (which cannot be purchased other the counter), and some specialised infant formulae for babies. Information on what foods do and do not contain gluten is provided in a patient leaflet which is being sent to all patients receiving GF food on prescription.

2. Get rid of discrimination:

All adults have to purchase food. Adults with a diagnosis of coeliac disease or dermatitis herpetiformis will have to purchase their GF food; thus the policy has had a positive impact on reducing discrimination. Children are allowed some GF food on prescription due to generally being reliant on adults to purchase their food and to provide some contribution to their staple food requirements as they are growing and developing. No other disease state allows general food groups to be prescribed.

<p>3. Get rid of harassment:</p> <p>Not applicable</p>
<p>4. Get rid of victimisation:</p> <p>Not applicable</p>
<p>5. Promote good community relations:</p> <p>The policy has had a positive impact on promoting good community relations as detailed below.</p> <p>Plans will include discussion and development of written materials with Ipswich Coeliac UK support group and representatives from the national Coeliac UK charity; GPs, dietitians and a gastroenterologist will be engaged. Healthwatch Suffolk will be engaged, and advice will be taken from the Community Engagement Partnership and Community Engagement Group. A press release will be issued; a briefing will be provided on the CCG websites. A leaflet containing advice was developed and will be updated and sent to all patients. .</p>
<p>6. Promote positive attitudes towards, encourage participation by, and enable more favourable treatment of, people with different protected characteristics:</p> <p>Positive attitudes are promoted towards patients with a diagnosis of coeliac disease or dermatitis herpetiformis by providing them with comprehensive information about how to how to manage their condition, including dietary advice and signposting them to the Coeliac UK website for a wide range of relevant information. Patients are encouraged to attend annual review appointments when they are offered for their condition to be monitored. The Coeliac UK website encourages participation in local support group activities.</p>
<p>7. Promote and protect human rights</p> <p>The policy does not impact on human rights as patients are not denied the foods that they need, it is only the amount funded by the NHS that is being altered. Patients with a diagnosis of coeliac disease or dermatitis herpetiformis continue to be advised of the importance of adhering to a GF diet and information on how to do that is provided.</p>

<p>Negative impact: Potential discrimination</p>
<p>Could the policy have a significant negative impact on equality in relation to each of the following groups or characteristics?</p>

<p>Age: The policy is unlikely to have a significant negative impact on equality in relation to age since all adults aged 19 years and over with a diagnosis of coeliac disease or dermatitis herpetiformis will have to purchase their own foods (either GF substitutes or naturally GF foods), as do adults who do not have this diagnosis. Children aged 18 years and younger will be allowed a maximum number of monthly units as they are still growing and are generally reliant on adults to provide their food.</p>
<p>Disability: The policy is unlikely to have a significant negative impact on equality in relation to disability since coeliac disease is not defined as a disability. It may be appropriate for exemptions to be made e.g. for an individual with learning difficulties, which means that prescribing some staple GF foods may be appropriate if there is a risk to safe purchasing.</p>
<p>Gender reassignment: The policy is unlikely to have a significant negative impact on equality in relation to gender reassignment since it does not differentiate between genders or gender reassignment.</p>
<p>Marriage and civil partnership: The policy is unlikely to have a significant negative impact on equality in relation to marriage or civil partnership since it does not differentiate between marital or partnership status.</p>
<p>Pregnancy and maternity: The policy is unlikely to have a significant negative impact on equality in relation to pregnancy or maternity since it applies to all adults aged 19 and older. Women who are pregnant or breast feeding may require additional nutrition, but this is not altered by a diagnosis of coeliac disease or dermatitis herpetiformis.</p>
<p>Race: The policy is unlikely to have a significant negative impact on equality in relation to race since it does not differentiate between different BME groups.</p>
<p>Religion or belief: The policy is unlikely to have a significant negative impact on equality in relation to religion or belief since no religion or belief is being treated less favourably.</p>
<p>Sex: The policy is unlikely to have a significant negative impact on equality in relation to sex since no genders are being treated less favourably.</p>
<p>Sexual orientation: The policy is unlikely to have a significant negative impact on equality in relation to sexual orientation since no sexual orientation is being treated less favourably.</p>

<p>Socio-economic disadvantage: Some people on low incomes may find it difficult to buy GF substitute foods. However, the policy is unlikely to have a significant negative impact on equality in relation to individuals who are socio-economically disadvantaged since alternative items which are naturally GF and available at reasonable costs are being identified and promoted. In addition, there are plans to liaise with supermarkets regarding the provision of GF foods via food banks. In exceptional circumstances, GPs can use their discretion to prescribe.</p>
<p>People living in rural areas (rurality): Some shops in rural areas may not stock GF substitute foods. However, the policy is unlikely to have a significant negative impact on equality in relation to rurality because GF foods can be purchased online or via mail/telephone ordering, e.g. Gluten Free Foods Ltd, Goodness Direct, Wellfoods Limited. Most supermarkets and some community pharmacies offer a delivery service.</p>
<p>Other: The policy is unlikely to have a significant negative impact on equality in relation to other groups such as family carers, asylum seekers/refugees, prisoners, ex-offenders, people who are homeless, prisoners or sex workers. This is because special dietary requirements are met as necessary by care homes, prisons and refugee centres. Those on limited incomes such as the homeless may be able to get GF foods (particularly naturally gluten free foods such as meat, fruit, vegetables and rice) from food banks. In exceptional circumstances, GPs can use their discretion to prescribe.</p>

Part 2: Evidence

<p>Evidence</p>
<p>What is the evidence for your answers above? List the main sources of evidence on each group – both quantitative and qualitative</p>
<p>Age, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic disadvantage, people living in rural areas (rurality) and other (includes other groups who may find it difficult to access or use services such as: family carers; asylum seekers/refugees; prisoners; ex-offenders; people who are homeless; prisoners; sex workers):</p> <p>NICE guidelines NG20 Coeliac disease: recognition, assessment and management (Sept 2015) Coeliac UK Local guidance as gathered from GPs, pharmacists, dietitians and gastroenterologist Local opinions and decisions made by CCG Prescribing Workstream and Executive members</p>
<p>Disability: Coeliac disease is not defined as a disability under the Equality Act 2010 although it is a long term condition.</p>

Part 3: Conclusion

Conclusion of equality analysis

D: A negative impact is unlikely. The policy has the potential to reduce barriers and inequalities that currently exist. However, there is not enough evidence to make this assessment with as much confidence as we would like.

A negative impact is unlikely as patients who need to adhere to a gluten free diet will still be able to do so, and are urged to do so.

The policy has the potential to reduce barriers and inequalities since special foods are generally not available on the NHS for patients diagnosed with other conditions. Also barriers are reduced by proactively reminding patients of the wide range of foods that are appropriate for them and signposting them to the excellent support provided by Coeliac UK. It is not possible to quantify the benefits and hence statement D has been selected.

Part 4: Next steps

Action Plan

Good communications are important.

Patients will be identified through their practices as the CCGs cannot have access to patient identifiable information.

The following materials are being produced:

- Briefing for member GPs
- Patient letter
- Patient leaflet
- Website information
- Review in one year on impact
- Provision of information in different formats, in line with our translation policy

A balance of views from different partners are taken into account when developing materials.

Part 5: For the record

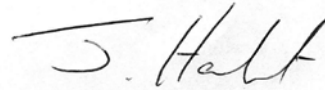
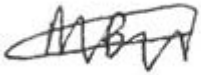
Name and title of people who carried out the equality analysis:

Susan Clarke, Dietetic Advisor, IESCCG and WSCCG
Linda Lord, Chief Pharmacist WSCCG

Date equality analysis completed:

January 2016

Signature to sign-off equality analysis:



Equality analysis signed-off by (please print):

Maddie Baker-Woods, Chief Operating Officer Ipswich & East Suffolk CCG
Ed Garratt, Chief Operating Officer West Suffolk CCG
Julian Herbert Chief Officer Ipswich & East Suffolk CCG and West Suffolk CCG

Date equality analysis was signed:

17 February 2016

Appendix 1: Action plan template

Category	Actions	Target date	Person responsible
Practical changes required to reduce adverse impact	Produce patient information leaflets which: <ul style="list-style-type: none"> • Stresses the importance of adhering to a GF diet for patients who have a diagnosis of coeliac disease or dermatitis herpetiformis • Explains the details of the policy, including the reason why it has been developed • Lists foods that do and do not contain gluten to enable patients to make an informed choice on what foods to eat / exclude from their diet. • Signposts patients to the Coeliac UK website for more information and support. • Advises patients who to contact if they have queries • Advises patients where to obtain specialist advice from and urges them to attend annual review appointments when offered. 	Completed January 2016	Susan Clarke, Dietetic Advisor I&ESCCG and WSCCG; Catherine Butler, Head of GP Prescribing I&ESCCG, Linda Lord, Chief Pharmacist WSCCG

<p>Measures to improve access to / take up of services and understanding of the policy</p>	<p>Send a letter and the policy document/patient information leaflet to:</p> <ul style="list-style-type: none"> • All practices, for attention of GPs, dispensary staff, practice nurses, reception staff etc. • All patients who have GF food on their repeat prescription • All community pharmacies <p>Issue a press release Issue briefings for the CCG websites, PALS and Healthwatch Suffolk. Radio interview with I&ESCCG Chief Operating Officer</p>	<p>Completed January - February 2016 (Occasional patients may not have received the leaflet yet, but all practices have full information).</p>	<p>Susan Clarke, Dietetic Advisor I&ESCCG and WSCCG; Catherine Butler, Head of GP Prescribing I&ESCCG, Linda Lord, Chief Pharmacist WSCCG</p>
<p>Dissemination of information on the equality analysis</p>	<p>Publish on CCG websites</p>	<p>January 2016</p>	<p>Catherine Butler, Head of GP Prescribing I&ESCCG, Linda Lord, Chief Pharmacist WSCCG</p>
<p>Involvement and consultation</p>	<p>Develop a communications and engagement plan.</p> <p>Involve:</p> <ul style="list-style-type: none"> • Coeliac UK (national and local representatives) • Community Engagement Partnership • Healthwatch Suffolk • Gastroenterologist • Prescribing Workstreams (I&ESCCG and WSCCG) • Executive (I&ESCCG and WSCCG) 	<p>Completed December 2015</p>	<p>Isabel Cockayne, Head of Communications I&ESCCG and WSCCG, Susan Clarke, Dietetic Advisor I&ESCCG and WSCCG; Catherine Butler, Head of GP Prescribing I&ESCCG, Linda Lord, Chief Pharmacist WSCCG</p>

