

Review of the Gluten-Free Food Additional Pharmaceutical Service

Scottish Government Response to the Recommendations

September 2015

REVIEW OF THE GLUTEN-FREE FOOD SERVICE

SCOTTISH GOVERNMENT RESPONSE TO THE RECOMMENDATIONS

Background

In April 2014, the new Gluten Free Food Service (GFFS) was introduced to the community pharmacy contract arrangements as an Additional Pharmaceutical Service on a trial basis for a period of 12 months. The trial period was subsequently extended for a further 6 months and is due to end on 30 September 2015. A review of the trial service was conducted to assess how successful the trial service has been.

Scottish Government response

The Scottish Government welcomes the review report on the trial Gluten-free Food Service that has been operating in NHS community pharmacies since 2014, and is grateful to all those who have provided feedback on their experiences of the service.

Scottish Ministers support the long standing general principle established by the UK Advisory Committee of Borderline Substances (ACBS) for the inclusion of staple gluten-free foods in the list of items which may be prescribed, but want to ensure that the arrangements for provision of these items to eligible patients in Scotland is as efficient and user friendly as possible and making best use of healthcare professionals' time.

Recommendations

The recommendations resulting from the Review were:-

1 The GFFS should be continued and embedded into NHS services

Agreed. The Scottish Government notes the favourable responses to the trial GFFS service from patients and stakeholder groups. It will be a permanent service within the NHS Scotland community pharmacy contract arrangements from 1 October 2015.

2 Improved alignment of Health Board gluten-free food formulary choices, while still accounting for variations in local population need

Agreed. The Scottish Government notes the variation present in the 14 Health Board GFF formularies and expects Boards to work together in future towards more consistency in formulary development, taking account of local needs.

3 Establish regular updates to the National Gluten-free Food NHS Prescribable List which include sufficient information to support Health Boards in local formulary development minimising resource duplication

Agreed. It is important that the National Gluten-free Food NHS Prescribable List is kept up-to-date with current products because Health Boards use this list to determine their local GFF formularies. There are a relatively small number of new products and discontinued lines each year, therefore, it is considered that an annual update will be sufficient.

The Scottish Government will establish a robust process for updates to the Prescribable List, including a central point of contact, and will give consideration to the suggestions from stakeholders about nutritional and other information that might usefully be added to the Prescribable List.

4 Completion of the development and rollout of electronic prescribing forms for community pharmacy to undertake the service

Agreed. Through the ePharmacy Programme a generic electronic prescribing form is being developed for a range of community pharmacy services. This will include the GFFS to remove the requirement for pharmacists to handwrite CPUS forms. Rollout of the generic form is anticipated during 2016-17.

This electronic solution will reduce errors and increase the levels of CHI capture enabling a fuller understanding of GFF prescribing rates and trends.

5 Rollout of a Pre-printed GFF Order Forms with standardised data set and Gluten-free Online Service for patients

Options to be evaluated. It is acknowledged that improvements could be made to the order forms to make the ordering process easier for both patients and community pharmacies, reducing the time spent writing down details of each product. Some Boards have already implemented improved order forms locally which have received positive feedback. The Scottish Government will share good practice in this area and ask all Boards to refresh the order forms for their areas.

The Scottish Government will consider the results of a pilot of an Online Service for gluten-free prescribing in NHS Tayside to help inform a Scotland-wide standardised approach for patients to order their GFF items online.

6 Monitoring and further evaluation of the annual pharmacy coeliac health check

Agreed. The Scottish Government notes the issues raised. It accepts that there would be merit in reviewing this aspect of the GFFS as a priority within the next 12 months to monitor how many patients are receiving the annual pharmacy coeliac health check and to assess the benefits of it.

7 Annual re-registration for the service should be discontinued as coeliac disease is life long

Agreed. As coeliac disease and dermatitis herpetiformis are life-long conditions, no annual re-registration via GPs will be necessary to assess need for continued inclusion in the service. GPs will continue to be notified of new diagnosis or changes and provided with a record of the annual pharmacy coeliac health check.

A process to enable users to transfer their registration for GFFS to another community pharmacy without having to go back to their GP for referral will be introduced as soon as possible.

8 Consider inclusion of patients resident in care homes within the GFFS

Further consideration will be given to this issue as part of wider consideration of pharmaceutical care in care homes.

9 Further develop the pharmacy and dietetic processes and communication links to optimise use of professional skills including their prescribing roles

Agreed. Stakeholders provided a variety of comments on how the service might be developed and improved. The Scottish Government supports improved communication pathways between healthcare professionals involved in delivering the GFFS. We will develop a clear process for transferring patient registration for GFFS to another community pharmacy and address the operational issues with the Pharmacy Care Record (PCR) that were raised by community pharmacy owners and their pharmacists.

10 Consideration of other potential areas of prescribing where a similar service could improve patient access, improve skill utilisation, reduce GP workload and improve cost effectiveness.

Agreed. It is acknowledged that this service delivery model may be effective for other areas of non-drug prescribing such as other food types for special diets. The Scottish Government is of the view that the issues raised in relation to the GFFS, such as the recommendation to review the annual pharmacy coeliac health check, should be addressed first and the GFFS fully embedded before we look to incorporate other areas of prescribing.



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