

**Appendix 6:**

**HWK Choosing Wisely Update**

**Changes to Gluten Free, Vitamin D and common conditions prescriptions in Kingston**

From 19 September 2017 Kingston Clinical Commissioning Group (CCG) has made a decision to stop prescribing gluten-free foods, Vitamin D supplements and over the counter medications for minor illnesses.

This news has caused some local residents a lot of worry.

Claire from New Malden said:

***‘The only Gluten-Free products I trust are products from my prescription.***

***I am worried I will starve’***

Roy from Surbiton told us:

***‘Supermarkets charge too much for Gluten Free foods. I can’t afford it.’***

Below are the answers to some questions you might have about these changes and how they will affect you.

**What do I do if I used to get my Gluten-Free foods on prescription?**

The advice for those previously receiving Gluten Free foods on prescription is to head to your supermarkets ‘free from’ sections, where products are now available at a lower cost, with clearer gluten-free labelling and with a wider product range than can be provided by the NHS. Remember that Gluten free foods also include low cost foods such as rice and potatoes. Patients can also find products online or existing prescribed items can still be ordered from local pharmacies, though this would come at the patient’s own cost.

**Will any groups be exempt from the stop to Gluten-Free food prescriptions?**

No, this decision applies to all groups of people receiving gluten-free foods on prescription in Kingston

**Where can I get support and dietary advice on a Gluten Free diet?**

The [Coeliac UK website](https://www.coeliac.org.uk/home/) contains lots of useful information on how to follow a gluten free diet, including advice on shopping and reading food labels, cooking and baking, eating out, travelling and specific advice for children and for those eating on a budget.

**What is Vitamin D and where can I get it from?**

Vitamin D is important for bone health. 90% of our intake comes from exposure of the skin to direct ultra violet B (UVB) rays from sunlight during spring, summer and autumn. During the winter months It is now recommended that everyone should take a daily supplement containing 10mcg (400 units) of vitamin D which are available from health food stores, pharmacies and supermarkets. Find out more at [NHS choices](http://www.nhs.uk/conditions/vitamins-minerals/pages/vitamin-D.aspx).

**What will happen if I am low in Vitamin D?**

If you have low levels of vitamin D you may have no symptoms at all, or you might feel some aches and tiredness. A prolonged lack of vitamin D can lead to bone deformities, bone pain and tenderness.

**What do I do if I used to get my Vitamin D supplements on prescription?**

Vitamin D supplements are now widely available at reasonable cost in all major supermarkets, pharmacies and other retailers.

**Will anyone be exempt from the end to Vitamin D prescriptions?**

Kingston CCG will continue to fund vitamin D treatment courses where patients are deficient, rather than just having low levels. Maintenance therapy may also be continued in those patients who have had two or more treatment courses in the past and are known to be at specific risk of further vitamin D deficiency (such as multiple pregnancies).

**What if I am pregnant?**

Pregnant women on a low income may be able to get free Healthy Start vitamin tablets that contain 10mcg (400 units) of vitamin D from some baby clinics and children’s centres. Visit [Healthystart](https://www.healthystart.nhs.uk/) for more information.

**What is seen as a common condition?**

Conditions include hay fever, coughs and colds, fungal nail infections and headaches a full list can be found on [NHS choices](http://www.nhs.uk/livewell/pharmacy/pages/commonconditions.aspx).

**What will I do if I need medication for a common condition?**

Visit your local pharmacy or supermarket for items available over the counter such as common painkillers, cough medicines, lozenges and antihistamines.

**Why was this decision made?**

An engagement exercise was run by Kingston CCG prior to this decision, where the majority of health workers and patients agreed this was the best way forwards to alleviate the financial pressures the NHS is currently under.

**Where can I read more about the engagement group?**

You can read about the discussions with local people and the feedback received on the [CCG’s website](http://www.kingstonccg.nhs.uk)).

**Where do I go if I want to complain?**

You can visit the Kingston CCG’s complaints section on their [website](http://www.kingstonccg.nhs.uk/have-your-say/advice-and-complaints.htm).

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**Healthwatch England have just posted a new survey about which products should be available via prescription (see link below):**

<http://www.healthwatch.co.uk/news/which-products-should-be-available-prescription-complete-our-survey?mc_cid=2d3d6f1719&mc_eid=744337836a>

We’ve been having a bit of a local discussion about this in regard to the Kingston Choosing Wisely work and announcement above.

As Liz has said, this is separate to the questionnaire from Choosing Wisely that develops in more detail the removal of prescriptions for OTCs. She had a look at the first two pages and Liz is concerned that we haven’t been alerted to this next stage of the consultation, and very concerned about what equality impact assessment has been done. It looks that it will produce skewed data.

The first page has a long list of conditions which can be treated with OTCs. The one she thinks should not have been included is eye infections, in which the risks of misdiagnosis or late diagnosis seem much greater than for the other conditions.

The second page has a long list of possible OTC remedies with their prices, and asks whether having to pay for such remedies would affect your family financially, and whether, if you were buying them from a shop, you would be confident of value for money. It is complex and the print is quite small.

Liz thinks it is unlikely that people without high levels of literacy in English and reasonable computer literacy would persist with the questionnaire. Also, some groups such as single parent families with several small children are probably more likely to need a variety of OTC medications but she couldn’t see any discussion of this issue. (It may of course come after p2 – in order to progress with the survey, it needs to be filled in). So as it stands, Liz feels this consultation is unlikely to capture data from the disadvantaged population groups who could be most affected by these changes.

I’ve since, forwarded to Hannah Keates, Engagement & Equalities Lead for Kingston and Richmond CCGs for their views.

**DECISION REQUIRED:**

Do we include this new survey as part of our website posting?