**PRIOR APPROVAL**

**Funding Application for GLUTEN FREE FOODS for patients at risk of dietary neglect (excluding low income).**

**To be completed by a dietician for patients who are not eligible for NHS funded Gluten free food (see table below for eligibility)**

**For further information** [**https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/categories/gp-resources/gluten-free-foods/**](https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/categories/gp-resources/gluten-free-foods/)

**Who is eligible who NHS funded Gluten Free food on ground of low income?**

Residents must have a confirmed diagnosis of either Coeliac Disease or Dermatitis Herpetiformis in their SCR to be eligible.

The following residents are eligible for NHS funded Gluten free food. They will be able to access gluten free foods (breads and flour mixes) directly from their pharmacies with no GP involvement.

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| **A** | Under 16 years of age |
| **B** | Aged 16, 17 or 18 and in full time education |
|  | You're also entitled to free prescriptions if you or your partner (including civil partner) receive, or you're under the age of 20 and the dependent of someone receiving: |
| **C** | Income Support |
| **D** | Income-based Jobseeker's Allowance |
| **E** | Income-related Employment and Support Allowance |
| **F** | Pension Credit Guarantee Credit |
| **G** | Universal Credit and meet the criteria |
|  | If you're entitled to or named on |
| **H** | A valid NHS tax credit exemption certificate |
| **I** | A valid NHS certificate for full help with health costs (HC2) |

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| --- | --- | --- | --- | --- | --- | --- |
| **Patient NHS No.** |  | **Trust:** |  | | **GP Name:** |  |
| **Patient Hospital No.** |  | **Name of Dietitian making Request:** |  | | **GP code / Practice code:** |  |
| **Patient initials & DoB:** |  | **Dietitian Contact Details:** |  | | **GP Post code:** |  |
| 1. Please indicate which of the following confirmed diagnoses is recorded in the patient’s summary care record (SCR)   Coeliac Disease  Dermatitis Herpetiformis | | | | | **Only fully completed forms will be accepted for consideration by the ICB.**  **Please submit completed forms to** [**blmkicb.ifrhcd@nhs.net**](mailto:blmkicb.ifrhcd@nhs.net) **for consideration by the ICB.**  **If the answer to any of these questions is NO, then a full Individual Funding Request form will need to be completed.  For information on individual funding requests, and to obtain an IFR form, please visit our website:** [**https://medicines.blmkICB.nhs.uk/categories/high-cost-drugs-and-ifr/**](https://medicines.blmkccg.nhs.uk/categories/high-cost-drugs-and-ifr/) | |
| 1. Please explain why this patient could be at risk of dietary neglect. (NB – **this information must exclude financial reasons**. If the patient meets the NHS criteria for low income {as per FP10 prescription – outlined above} please follow the low income process). | | | | |
| 1. Please provide the patient’s maximum units of gluten-free food allowable within BLMK ICB guidelines (based on Coeliac UK guidance). <https://www.coeliac.org.uk/information-and-support/coeliac-disease/once-diagnosed/prescriptions/national-prescribing-guidelines/> | | |  | |
| 1. Please confirm that the:  * Patient will have an annual dietitian review and as part of that review an assessment will be made on whether there has been a change in circumstances which mean that the patient is no longer a dependent at risk of dietary neglect. * ICB will be informed if the patient is no longer considered at risk of dietary neglect and so no longer requires gluten-free food at NHS expense. | | | Yes | No |
| Dietitians contact e-mail in case of ICB query (nhs.net address if available): | | |  | | | |
| Dietitian signature (electronic signature acceptable): | | |  | | | |
| Date of application: | | |  | | | |