Enclosure No:	4/AWMSG/1226
Agenda item No:	8 – All Wales Guide to Prescribing Gluten-Free Products (2026 update)
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1.0 Action for AWMSG

AWMSG members are asked to consider the *All Wales Guide to Prescribing Gluten-Free Products (2026 update)* for endorsement. Consultation responses received in Summer 2026 and resulting actions are summarised at the end of the document. equality and health impact assessment form is also enclosed.

For comparison, the current version of the document can be found on the AWTTC website.

2.0 Purpose

Gluten-free products are an essential part of the treatment of coeliac disease or dermatitis herpetiformis.

Gluten-free foods are made available by the NHS to patients diagnosed with coeliac disease or dermatitis herpetiformis to encourage patients to adhere to a gluten-free diet and to help prevent more complex health problems from developing.

Originally published in 2013 and last updated in 2018, this latest update to the document is intended to review the content and layout of the document to make sure it is still appropriate for use, and also to incorporate reference to the new card-based Gluten-Free Food Scheme (GFFS) that is now being rolled out across Wales.

This guide aims to support prescribers and healthcare professionals by providing guidance on:

- calculating monthly gluten-free food unit requirements for patients.
- the prescribing of ACBS-approved gluten-free foods, including guidance on the recommended gluten-free food types, quantities and units that can be prescribed.

The resource is pertinent to the following ambitions set in the AWMSG Strategy for Wales: 2024–2029:

- Advice, resources and guidance reflect the priorities and needs of people and health and social care professionals in Wales.
- People in Wales take their medicines in a way that maximises their health outcomes.

2.1 Process

- March 2026: Draft document considered by AWPAG
- April–May 2026: Draft shared with Welsh Dietetics Leaders Advisory Group and Inflammatory Bowel Disease Network
- June 2025: Feedback considered by AWPAG
- July–August 2026: Draft document out for consultation

- September 2026: Consultation comments and responses considered by AWPAG for sign-off
- *October 2026: Updated draft shared with AWPAG members by email for consideration to proceed to AWMSG*
- *December 2026: Document presented to AWMSG for endorsement*

2.2 Consultees

Consultees include, but are not limited to:

- Directors of Pharmacy
- Medical Directors
- Assistant Medical Directors
- Health Board Chief Executives
- Directors of Nursing
- Local Medical Committees
- Directors of Public Health
- General Practitioners Committee Wales
- Royal College of General Practitioners
- British Medical Association Cymru
- Llais Cymru
- Community Pharmacy Wales
- Public Health Wales
- Welsh Government
- NHS Wales Joint Commissioning Committee
- National Institute for Health and Care Excellence
- AWMSG members and deputies
- AWPAG members and deputies
- Wales Dietetic Leaders Advisory Group
- National Strategic Clinical Network for Inflammatory Bowel Disease

Contents

1.0 Background 2
2.0 Aims 2
3.0 Supply of gluten-free foods 2
3.1 Indications 2
3.2 Access to gluten-free foods in Wales 2
4.0 Dietary education 2
5.0 Food units and monthly requirements 3
5.1 Units of gluten-free foods 3
5.2 Monthly gluten-free food unit requirements 4
6.0 Prescribing of gluten-free foods 5
6.1 Who can gluten-free foods be prescribed for? 5
6.2 What gluten-free foods can be prescribed? 5
6.3 Classification of gluten-free foods 5
6.4 Quantities of gluten-free food products to prescribe 6
7.0 Useful resources 8
References 8
Appendix 1. ACBS-approved gluten-free products considered suitable for prescribing in Wales 9

1.0 Background

A gluten-free diet is an essential part of the life-long treatment of coeliac disease or dermatitis herpetiformis[1].

Gluten-free foods are made available by the NHS to patients diagnosed with coeliac disease or dermatitis herpetiformis to encourage patients to adhere to a gluten-free diet and help prevent more complex health problems from developing.

2.0 Aims

This guide aims to support prescribers and healthcare professionals by providing guidance on:

- calculating monthly gluten-free food unit requirements for patients.
- the prescribing of ACBS-approved gluten-free foods, including the recommended gluten-free food types, quantities and units that can be prescribed.

3.0 Supply of gluten-free foods

3.1 Indications

Patients with a confirmed diagnosis of coeliac disease or dermatitis herpetiformis are eligible for the NHS supply of gluten-free foods. Please see National Institute for Health and Care Excellence (NICE) Guideline 20 on coeliac disease for further information[2].

3.2 Access to gluten-free foods in Wales

Within Wales, patients who are eligible for the NHS supply of gluten free foods can obtain these foods through either:

- the Gluten-Free Food Scheme (GFFS)* **or**
- NHS prescribing of Advisory Committee on Borderline Substances (ACBS)-approved gluten-free foods.

4.0 Dietary education

All patients newly diagnosed with coeliac disease or dermatitis herpetiformis should be referred to a dietitian[1].

During the consultation, the dietitian will inform patients of the range of foods available in the retail sector, and advise them to subscribe to Coeliac UK to obtain the 'Food and Drink Guide' and 'Live Well Gluten Free' app. These resources list a wide range of foods that are suitable for a gluten-free diet. The dietitian will also

* The GFFS is an alternative to gluten-free prescribing and provides eligible patients with a pre-paid debit card which enables them to purchase gluten-free foods from shops and online retailers, offsetting the additional purchase cost of gluten-free staple foods. Further information on the scheme including its availability and operational arrangements is available from the NHS Wales Shared Services Partnership website.

provide education, where appropriate, on food preparation at home and healthy food choices.

The dietitian will discuss the two options available to the patient to obtain gluten-free foods (GFFS or NHS prescribing) and decisions about the most appropriate route of supply should be made through shared decision making with the patient, considering the individual's needs. The dietitian will inform the GP of the patient's choice.

The dietitian will provide the specific requirements for the prescription of gluten-free foods if NHS prescribing is the chosen option.

Local nutrition and dietetic service guidelines should be checked for guidance on referring patients with existing coeliac disease for a nutrition review with a dietitian, as some localities may not have capacity to offer this.

5.0 Food units and monthly requirements

Patients receiving gluten-free food require calculation of their individual monthly requirement in 'units'.

5.1 Units of gluten-free foods

National Prescribing Guidelines for gluten-free food produced by Coeliac UK, and endorsed by Primary Care Society for Gastroenterology and the British Dietetic Association calculate units of gluten-free foods according to established average energy requirements for age and sex and draw on consumption data from the National Diet and Nutrition Surveys[3]. It assumes that individuals will be getting additional carbohydrates from rice and potatoes alongside staple foods. Unit values for gluten-free food groups can be found in Table 1.

Table 1. Unit values for gluten-free food groups[3]

Food item	Weight	Units
Bread, rolls or baguettes	400 g	1
Bread mix/flour mix	500 g	2
Savoury biscuits or crackers	200 g	1
Pasta	250 g	1
Pizza bases	300 g	1
Breakfast cereals	300 g	1.5
Oats	500 g	1.5

5.2 Monthly gluten-free food unit requirements

Approximate monthly requirements for various patient groups can be found in Table 2[3].

Table 2. Approximate monthly gluten-free unit requirements by age and sex[3]

Age and sex	Units per month
Child 1–3 years	10
Child 4–6 years	11
Child 7–10 years	13
Child 11–14 years	15
Child 15–18 years	18
Male 19–59 years	18
Male 60–74 years	16
Male 75+ years	14
Female 19–74 years	14
Female 75+ years	12
Breastfeeding	Add 4
Third trimester pregnancy	Add 1

The number of units and quantity of gluten-free food per month recommended by a dietitian may vary from the approximate monthly requirement as determined by age and sex alone. It may be fewer, or greater, depending upon the clinical need, and the individual's energy requirements. Some flexibility in prescribing is necessary to reflect patients' variable therapeutic and nutritional needs, taste preferences, lifestyle, activity and seasonal changes in eating habits. Dietary education will focus on self-management to enable the patient to identify suitable gluten-free alternatives and replace the excluded gluten-containing foods.

Dietitian recommendations may also include:

- addition of, or substitution with, new or alternative foods, within recommended unit norms.
- reductions or increases in quantities of each food product, within recommended unit norms.

For some fresh foods, the pharmacy may only be able to order a larger quantity than is required (for example, only being able to order a set of eight loaves when only six are required). This can make the cost of supplying small quantities of the food disproportionally large. In addition to this, fresh products will have a relatively short shelf life.

Prescribers and pharmacists should work together, in partnership with the patient, to agree on the most appropriate configuration of products that meets the needs of the individual, takes their circumstances into account (e.g. do they have the space to freeze a number of products) and minimises any wastage.

While some foods can be frozen for future use, patients should be made aware that opting for fresh products comes with reduced expiry dates and the need to collect them promptly from the pharmacy.

6.0 Prescribing of gluten-free foods

6.1 Who can gluten-free foods be prescribed for?

Gluten-free foods can be prescribed to patients diagnosed with coeliac disease or dermatitis herpetiformis where this is the most appropriate option for obtaining gluten-free foods. This may include individuals for whom the GFFS is inappropriate or who live in an area where GFFS is not currently available*.

6.2 What gluten-free foods can be prescribed?

In conditions where foods have characteristics of medicines, the Advisory Committee on Borderline Substances (ACBS) advises as to the circumstances in which such substances may be regarded as drugs and provides a list of the food products recommended in accordance with the Committee's advice. ACBS state that doctors should satisfy themselves that the products can be safely prescribed, that patients are adequately monitored and that, where necessary, expert hospital supervision is available.

Prescriptions for products recommended by the Committee should be endorsed with 'ACBS'[4].

All ACBS-approved food products that are gluten-free or gluten- and wheat-free are recommended for prescribing. The most up-to-date list of ACBS-approved gluten-free food products for prescribers in Wales is available in the Drug Tariff (Part XV – Borderline Substances – List A). Appendix 1 presents the list of products listed in the April 2026 Drug Tariff and includes additional information on weight/presentation and unit values for each food product adapted from information made available to Coeliac UK by product manufacturers. Table 3 provides additional guidance on the circumstances suitable for prescribing different types of gluten-free products.

As nutritional content and ingredients vary, a sufficient range of products is required to accommodate the therapeutic needs of patients, for example increased calcium requirements, multiple intolerances or constipation. Variety and acceptability of the diet can also improve adherence, which can improve outcomes. Therefore, it is not recommended to have a narrow formulary of gluten-free food products.

6.3 Classification of gluten-free foods

This guide provides a categorisation of gluten-free food products approved by ACBS according to whether they are recommended as a staple food (green) or not recommended in most circumstances for prescribing (red).

Table 3 outlines the food product types in each category and states the circumstances in which they may be prescribed for patients in Wales.

* At the time of writing, the GFFS is currently being rolled out across Wales and availability may vary by health board. Further information on the scheme including its availability and operational arrangements is available from the NHS Wales Shared Services Partnership website.

Table 3. Categories of ACBS-approved gluten-free food products and circumstances in which they may be prescribed.

Recommendation category*	Type of gluten-free food product	Circumstances suitable to prescribe the gluten-free food products
Staple	All types of bread, rolls or baguettes; all flour-type mixes; fibre-containing breakfast cereals; pasta; crackers; crispbreads; oats; pizza bases listed in Appendix 1	Diagnosis of coeliac disease or dermatitis herpetiformis
Not recommended for prescribing	Biscuits; non-fibre-containing breakfast cereals listed in Appendix 1.	In exceptional circumstances (for example, children with type 1 diabetes needing a carbohydrate snack) biscuits may be requested by the dietitian. The dietitian should state the rationale for prescribing, and any relevant review dates and stopping criteria.
* This advice does not remove the clinical discretion of the prescriber in accordance with their professional duties.		

6.4 Quantities of gluten-free food products to prescribe

The recommended unit requirements of gluten-free food for each group can be used to calculate examples of the quantity of different gluten-free food products that would fulfil this unit requirement in a monthly prescription. Table 4 provides examples to aid prescribing decisions and Appendix 1 lists the unit values for individual products.

Table 4. Examples of the quantity and type of gluten-free food products to prescribe monthly based on recommended unit calculations per age group

Age group	Recommended units per month[3]	Example of Gluten-free products to prescribe*
Child 1–3 years	10	6 x 400 g loaves of bread (or 3 x 500 g mix suitable for making bread) 2 x 300 g breakfast cereal 1 x 250 g pasta
Child 4–6 years	11	6 x 400 g loaves of bread (or 3 x 500 g mix suitable for making bread) 2 x 500 g pasta 1 x 300 g pizza bases
Child 7–10 years	13	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 1 x 500 g pasta 1 x 300 g breakfast cereal 2 x 175 g mini crackers 1 x 300 g pizza bases

Age group	Recommended units per month[3]	Example of Gluten-free products to prescribe*
Child 11–14 years	15	6 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 2 x 300 g breakfast cereal 2 x 500 g pasta 2 x 300 g pizza bases
Child 15–18 years	18	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 4 x 500 g pasta 2 x 300 g pizza bases
Male 19–59 years	18	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 3 x 500 g pasta 1 x 500 g gluten-free oats 1 x 300 g pizza bases 1 x 200 g crackers/crispbread
Male 60–74 years	16	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 1 x 300 g breakfast cereal 2 x 500 g pasta 2 x 200 g crackers/crispbread
Male 75+ years	14	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 1 x 500 g pasta 1 x 300 g fibre flakes 2 x 200 g crackers/crispbread
Female 19–74 years	14	8 x 400 g loaves of bread (or 4 x 500 g mix suitable for making bread) 2 x 500 g pasta 2 x 200 g crackers/crispbread
Female 75+ years	12	6 x 400 g loaves of bread (or 3 x 500 g mix suitable for making bread) 1 x 500 g gluten-free oats 1 x 500 g pasta 2 x 200 g crackers/crispbread
Breastfeeding	Add 4 units	1 x 500 g pasta 1 x 200 g crackers/crispbread 1 x 400 g loaf of bread
Third trimester pregnancy	Add 1 unit	1 x 200 g crackers/crispbread
* Items can be interchanged, e.g. bread mixes can be interchanged with rolls or loaves.		

7.0 Useful resources

1. British Society of Gastroenterology (BSG) – The 2026 BSG guidelines on the diagnosis and management of adult coeliac disease
2. Coeliac UK – Supporting your patients
3. Coeliac UK – Information about free healthcare professional membership to Coeliac UK's professional network

References

1. Penny HA, Shiha MG, Raju SA et al. The 2026 British Society of Gastroenterology guidelines on the diagnosis and management of adult coeliac disease. *Gut.* 2026(0):1–28. Available at: https://www.bsg.org.uk/clinical-resource/bsg-guidelines-adult-coeliac-disease. Accessed Sep 2026.
2. National Institute for Health and Care Excellence. NICE guideline 20. Coeliac disease: recognition, assessment and management (NG20). 2015. Available at: https://www.nice.org.uk/guidance/ng20. Accessed Mar 2026.
3. Coeliac UK. The National Prescribing Guidelines. 2026. Available at: https://www.coeliac.org.uk/living-with-coeliac-disease/health-and-wellbeing/prescriptions/how-much-should-be-prescribed/. Accessed Jan 2026.
4. NHS Business Services Authority. NHS Electronic Drug Tariff - Part XV Borderline Substances - List A. 2026. Available at: https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff. Accessed Sep 2026.

Appendix 1. ACBS-approved gluten-free products considered suitable for prescribing in Wales

(This table is based on the NHS Business Services Authority 'Drug Tariff' [September 2026] and 'dictionary of medicines and devices [dm+d]' [September 2026], and the Coeliac UK 'Prescribable products list' [February 2026] and was accurate at the time of publication – The most recent Drug Tariff should always be consulted before prescribing)

Patient name:_____ D.O.B:_____ Address:_____

No. of units prescribable per month (maximum):_____ Pharmacy: _____

(X) = product carries Coeliac UK cross grain symbol.

(▲) = product contains gluten-free (Codex) wheat starch. Suitable for people with coeliac disease. Patients with wheat allergy (different from coeliac disease) should not take this medicine.

Note: If a patient requires **vegan products**, ingredients will need to be confirmed on the manufacturer's website.

Product	Quantity required	Pack size	Unit value
Bread (400g = 1 unit)			
Genius			
Multi seeded farmhouse loaf(X)		6 x 550g	**1 unit per 550g**
Soft white Sandwich Loaf (X)		6 x 550g	**1 unit per 550g**
Soft brown Farmhouse Loaf (X)		6 x 550g	**1 unit per 550g**
Glutafin Gluten-Free			
Fibre Sliced Loaf		300g	**1**
White Sliced Loaf		300g	**1**
High Fibre Loaf sliced		350g	**1**
Glutafin Gluten-Free Select			
Fresh Brown Loaf Sliced		8 x 400g	**1 unit per 400g**
Fresh White Loaf Sliced		8 x 400g	**1 unit per 400g**
Seeded Loaf (sliced)		400g	**1**
Fresh Seeded Loaf Sliced		8 x 400g	**1 unit per 400g**
Fibre Loaf Sliced		400g	**1**
White Loaf Sliced		400g	**1**
Juvela			
Fibre Loaf Sliced (X) (▲)		400g	**1**
Fibre Loaf Unsliced (X) (▲)		400g	**1**
Fresh Fibre Loaf Sliced (X) (▲)		8 x 400g	**1 unit per 400g**
Fresh White Loaf Sliced (X) (▲)		8 x 400g	**1 unit per 400g**
White Loaf Sliced (X) (▲)		400g	**1**
White Loaf Unsliced (X) (▲)		400g	**1**
Fibre Part Baked Loaf (X) (▲)		400g	**1**
White Part Baked Loaf (X) (▲)		400g	**1**

Product	Quantity required	Pack size	Unit value
Warburtons Gluten Free (Pharmacy)			
Sliced Brown Loaf (X)		4 x 400g	**1 unit per 400g**
Sliced White Loaf (X)		4 x 400g	**1 unit per 400g**
Baguettes, buns, rolls and speciality breads (400 g = 1 unit)			
Glutafin			
4 White Rolls		200g	**0.5**
2 Part Baked Baguettes		350g	**1**
Fresh White Rolls		260g	**0.5**
2 Part Baked Long White Rolls		150g	**0.5**
4 Part Baked Fibre Rolls		200g	**0.5**
4 Part Baked White Rolls		200g	**0.5**
Juvela			
Fresh Fibre Rolls (X) (▲)		5 x 85g	**1**
Fresh White Rolls (X) (▲)		5 x 85g	**1**
Fibre Part Baked Rolls (▲)		5 x 75g	**1**
White Part Baked Rolls (▲)		5 x 75g	**1**
Warburtons Gluten Free (Pharmacy) (Wheat, Gluten & Dairy Free)			
Brown Rolls (X)		4 x 232g	**0.5 unit per 232g**
White Rolls (X)		4 x 232g	**0.5 unit per 232g**
Breakfast cereals (300g = 1.5 units)			
Glutafin			
Cornflakes		375g	**1.5**
Juvela			
Corn Flakes (X) (▲)		375g	**1.5**
Crispy Rice (X) (▲)		375g	**1.5**
Fibre Flakes (X) (▲)		300g	**1.5**
Flakes (X) (▲)		300g	**1.5**
Pure Oats (X) (▲)		500g	**1.5**
Crackers, crispbreads & breadsticks (150–200g = 1 unit)			
Glutafin			
Crisp Bread		150g	**1**
Crackers		210g	**1**
Mini Crackers		175g	**1**
Juvela			
Crispbread (X)		200g	**1**
Pizza bases (220–360g = 1 unit)			
Glutafin 2 Pizza Bases		300g	**1**
Baking aids (1 tub = 1 unit)			
Innovative Solutions Pure Xanthan Gum		100g	**1**

Product	Quantity required	Pack size	Unit value
Flour mixes (500g = 2 units)			
Finax			
Flour Mix (▲)		3 x 900g	**4 units per 900g**
Coarse Flour Mix (▲)		3 x 900g	**4 units per 900g**
Fibre Bread Mix (▲)		3 x 1kg	**4 units per 1kg**
Glutafin Gluten-Free			
Bread Mix		500g	**2**
Multipurpose White Mix		500g	**2**
Fibre Mix		500g	**2**
Glutafin Gluten-Free Select			
Select Bread Mix (▲)		500g	**2**
Select Fibre Bread Mix (▲)		500g	**2**
Select Multipurpose Fibre Mix (▲)		500g	**2**
Select Multipurpose White Mix (▲)		500g	**2**
Innovative Solutions (Pure)			
Bakery Blend		1kg	**4**
Brown Rice Flour		500g	**2**
Potato Starch		500g	**2**
Tapioca Starch		500g	**2**
Brown Teff Flour		1kg	**4**
White Teff Flour		1kg	**4**
White Rice Flour		500g	**2**
Juvela			
Fibre Mix (X) (▲)		500g	**2**
Harvest White Mix (X)		500g	**2**
White Mix (X) (▲)		500g	**2**
Pasta (250g = 1 unit)			
Glutafin			
Spaghetti		500g	**2**
Penne		500g	**2**
Spirals		500g	**2**
Juvela			
Fibre Penne (X)		500g	**2**
Lasagne Sheets (X)		250g	**1**
Fusilli (X)		500g	**2**
Macaroni (X)		500g	**2**
Spaghetti (X)		500g	**2**
Tagliatelle (X)		250g	**1**

Product	Quantity required	Pack size	Unit value
Biscuits (150–200g = 0.5 unit)			
Glutafin			
Digestive biscuits		150g	**0.5**
Shortbread biscuit		100g	**0.5**

AWTTC
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan
All Wales Therapeutics & Toxicology Centre

Equality and Health Impact Assessment

All Wales Guide to Prescribing Gluten-Free Foods

AWTTC will fill in an Equality and Health Impact Assessment in parallel with each development stage of our projects. This will help us to follow the five ways of working for public bodies, and work to achieving the wellbeing goals, outlined in the Well-Being of Future Generations (Wales) Act 2015.

Date: 20/11/2026

1.	AWTTC contact details	Tel: 02921 826900 Email: awttc@wales.nhs.uk
2.	State the objectives of the project.	Gluten-free products are an essential part of the treatment of coeliac disease or dermatitis herpetiformis. Gluten-free foods are made available by the NHS to patients diagnosed with coeliac disease or dermatitis herpetiformis in order to encourage patients to adhere to a gluten-free diet and to help prevent more complex health problems from developing. Originally published in 2013 and last updated in 2018, this latest update to the document is intended to review the content and layout of the document to make sure it is still appropriate for use, and also to incorporate reference to the new card-based Gluten-Free Food Scheme (GFFS) that is now being rolled out across Wales. This guide aims to support prescribers and healthcare professionals by providing guidance on the prescribing of ACBS-approved gluten-free foods, including guidance on the recommended gluten-free food types, quantities and units that can be prescribed.

3.	Evidence and background information considered. For example: • population data • staff and service users' data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory.	This is an update to an existing resource (originally published in 2013 and last updated in 2018). With the roll out of the GFFS across Wales it was felt to be an appropriate time to bring this document up to date, and refresh the list of products available to prescribe (based on the Drug Tariff, Coeliac UK and dm+d information) to ensure its continued usefulness to prescribers of gluten-free products. Prior to consultation, the document update has been considered by the Welsh Dietetics Leaders Advisory Group, and representatives from the Welsh Government involved in the roll out of the GFFS to ensure the document is fit for purpose.
4.	Who will this project affect?	People with coeliac disease or dermatitis herpetiformis, local clinicians and pharmacy may be affected by this project.

5. EQIA - How will the project impact on people?

Questions in this section relate to the impact on people based on the 'protected characteristics' of the Equality Act 2010, and other factors.

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
5.1 Age For most purposes, the main categories are people aged: • under 18 years; • between 18 and 65 years; • over 65 years.	We do not expect a potential negative, or unequal, impact on people based on their age.	N/A	N/A
5.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.	We do not expect a potential negative, or unequal, impact on people with a disability.	N/A	N/A
5.3 People of different genders: Consider men, women, people undergoing gender reassignment. **N.B.** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without	We do not expect a potential negative, or unequal, impact on people based on their gender, or on people undergoing gender reassignment.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
going through any medical procedures. Sometimes referred to as Trans or Transgender.			
5.4 People who are married or who have a civil partner.	We do not expect a potential negative, or unequal, impact on people based on their marital status or being in a civil partnership.	N/A	N/A
5.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	We do not expect a potential negative, or unequal, impact on women who are expecting a baby, are breastfeeding, or are on a break from work after having a baby.	N/A	N/A
5.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies and travellers, migrant workers. The Runnymede Trust	We do not expect a potential negative, or unequal, impact on people of a different race, nationality, colour, culture or ethnic origin.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
5.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief. Implications of religious beliefs on selection of medicines (BMJ) In practice: guidance on religion, personal values and beliefs (General Pharmaceutical Council)	We do not expect a potential negative, or unequal, impact on people who have a religion or belief, or people with no religion of belief.	N/A	N/A
5.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual). Stonewall	We do not expect a potential negative, or unequal, impact on people based on who they are attracted to.	N/A	N/A
5.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design.	We do not expect a potential negative, or unequal, impact on people who communicate using the Welsh language. Any patient-facing materials will be produced in Welsh and English, in line with the Welsh	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
	language standards, including easy read booklets.		
5.10 People according to their income related group.	We do not expect a potential negative, or unequal, impact on people based on their income-related group. In Wales, all prescription medicines are free-of-charge for patients; positive recommendations through this project will not affect people depending on their income-related group.	N/A	N/A
5.11 People according to where they live.	We do not expect a potential negative, or unequal, impact on people based on where they live.	N/A	N/A
5.12 Consider others who face health inequalities, such as: • Looked after and accommodated children and young people • Carers: paid/unpaid, family members	We do not expect a potential negative, or unequal, impact on people who face health inequalities.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Actions taken (and who by).
• People who are homeless or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs • People involved in the criminal justice system: offenders in prison or on probation, ex-offenders • People with addictions and substance misuse problems • People who have poor literacy • People living in remote, rural and island locations			
5.13 Consider any other groups and risk factors relevant to this project.	N/A	N/A	N/A

6. HIA - How will the project impact on the health and wellbeing of people in Wales and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people, and the impact on the population in Wales.

How will the project impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by) *Refer to where the mitigation is included in the document, as appropriate.*
6.1 People being able to access the service offered.	We do not expect a potential negative, or unequal, impact on people's ability to access the service offered.	N/A	N/A
6.2 People being able to improve or maintain healthy lifestyles.	We do not expect a potential negative, or unequal, impact on people's ability to improve or maintain healthy lifestyles.	N/A	N/A
6.3 People in terms of their income and employment status.	We do not expect a potential negative, or unequal, impact on people in terms of their income and employment status.	N/A	N/A
6.4 People in terms of their use of the physical environment.	We do not expect a potential negative, or unequal, impact on people's use of the physical environment.	N/A	N/A
6.5 People in terms of social and community influences on their health.	We do not expect a potential negative, or unequal, impact on people in terms of social and community influences on their health.	N/A	N/A

How will the project impact on, or affect:	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Actions taken (and who by) *Refer to where the mitigation is included in the document, as appropriate.*
6.6 People in terms of macro-economic, environmental and sustainability factors.	We do not expect a potential negative, or unequal, impact on people in terms of macroeconomic, environmental and sustainability factors.	N/A	N/A

7. **Please fill in section 7.1 after completing the EqHIA, and fill in the action plan.**

7.1 Please summarize the potential positive and/or negative impacts of the project.	There are currently no impacts on equality anticipated for this document update.

Action plan for mitigation or improvement and implementation

	Action	**Lead(s)**	**Timescale**	**Actions taken** *(state who by)*
7.2 What are the key actions identified as a result of completing the EqHIA?	N/A			
7.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment needed?	N/A			
7.4 What are the next steps?	Document to continue unchanged **Next steps** Consideration by AWPAG Consultation	 AWTTC AWTTC	 June 2026 July-August 2026	

	Action	**Lead(s)**	**Timescale**	**Actions taken** *(state who by)*
	Consideration by AWPAG (post-consultation) Consideration by AWMSG	AWTTC AWTTC	September 2026 (meeting) December 2026	
7.5 Review of project and EqHIA		AWTTC	[TBC]	

AWTTC's EqHIA template is adapted from the Cardiff & Vale University Health Board EHIA template.

AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

DRAFT

All Wales guide to prescribing gluten-free foods
Consultation Responses

Respondent (title, department and health board) and DOI (chase if not provided)	Page/section	Comment	Response and action taken
Respondent 1 Nelson Surgery	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	It is to my understanding that gluten free products are only available free of charge on prescription to those persons meeting the guidelines/criteria within Wales as opposed to the rest of the UK. Whereby I agree that gluten free prescribing can be beneficial to the likes of children and residents of care homes/supported accommodations, to the general public of whom meet the current criteria for its prescribing I believe this to be an outdated measure that is costly to the NHS. A wide range of gluten free products are now readily available in all supermarkets at very fair prices. Whereby in the past these products were very few and far between at more costly prices, times have changed. I believe that only young children under the age of 16 and residents of nursing/residential homes should remain eligible for the same guides that are in place now. I believe that any persons over the age of 16 should not be freely prescribed these products and should be advised to purchase their own as they would if they did not have a gluten intolerance.	Thank you for your comments. Reviewing who is eligible to receive prescribed gluten-free products is outside the remit of this guide.
Sebastian Moss Malpas Brook Health Centre	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	Explanation of why continuing the NHS prescribing of gluten-free ACBS may be chosen through shared decision-making when the GFFS is more time-efficient for the health service. Currently the contents of the document suggest is it now obsolete where the GFFS is available	The Gluten Free Food Scheme (GFFS) pre-paid card model will not be the most appropriate option for every individual. Patients should be offered information on both the card scheme and prescription supply, with the choice of supply mechanism determined through shared decision-making, taking account of the patient's clinical needs, ability to access gluten-free foods, personal circumstances and preferences. Examples of patients for whom prescriptions are more appropriate: • Patients under the age of 18 who do not live with a parent or legal guardian as they cannot hold a card in their own name.

			• Adults and children living in residential or care homes. Other patient groups may include • Patients with limited access to suitable retailers (either physical or online), particularly in some rural areas where there may be fewer supermarkets or outlets stocking a wide range of gluten-free products, where people do not use online shopping. • Patients who rely on specialist products available on prescription but not readily available in retail settings. • Patients or carers who prefer the prescription model because of the certainty of regular supply and reduced need to make purchasing decisions. • Patients who may struggle to manage a prepaid card or undertake their own shopping, for example where there are cognitive, practical or support needs that make independent purchasing difficult. • Patients for whom nutritional oversight is a particular concern. • Patients for whom prescriptions are a more appropriate option; for example patients or their carers who may value the routine of prescription supply and visiting their local pharmacy The All-Wales GFFS prepaid card model is intended as an alternative to prescriptions rather than a mandatory replacement. Patients should be informed about both options and a decision made through shared decision-making based on individual circumstances. The above examples of people less appropriate for GFFS will be clearly communicated in documentation accompanying the rollout of the scheme across the health boards. A link to the NHS Wales Shared Services Partnership webpage hosting information on the All Wales rollout of the GFFS has been added to the document.

	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	End commissioning of NHS prescribing of gluten-free ACBS as it appears to be obsolete.	Thank you for your comments. Please see above.
	Section 6.1	Why would GFFS be inappropriate? What is GFFS not available everywhere? Should patients have the option of choosing NHS ACBS prescriptions if the GFFS is available?	Thank you for your comments. Please see above.
Kate Morgan Pontprennau Medical Centre	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	No	Thank you for your comment.
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	Yes – the brands of GF products that aren't listed on EMIS/available in pharmacies.	We have confirmed that, at the time of publication, all the products we are currently listing in the Appendix are available on EMIS. If products are not available in individual pharmacies (for example, due to supply issues), this is a local issue requiring communication between the pharmacy and prescriber to overcome and/or source alternative products.
		The booklet lists many brands e.g. Barkat, Nairns, Innovative that aren't listed on the EMIS prescribing system and also pharmacies are unable to order these. Juvela and Glutafin seem to be the only two listed and available. It's frustrating for the patients to list all of the other brands in the booklet so that when they make their selections of GF products, we have to advise them to re-choose Juvela or Glutafin.	As above, it has been confirmed that, at the time of publication, all the products we are currently listing in the Appendix are available on EMIS. Products from Barkat or Nairns are not listed in the consultation draft of the document.
Kate Howarth BCUHB – Nutrition & Dietetics dept.	Is there anything you would like to see added to the All Wales guide to prescribing gluten-	Please emphasise that local guidelines should be checked regarding referral to dietitians for nutritional review – as not all localities have capacity to offer this.	We can review the final sentence in Section 4.0 to explicitly state "Local nutrition and dietetic service guidelines should be checked for guidance on referring patients with existing coeliac disease for a nutrition review *with a dietitian, as some localities may not have capacity to offer this*."

	free foods document?		
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	Throughout the document there are inconsistencies with the spelling of dietitian – some instances of dietician are noted – please could this be altered to correct the spelling so that it is consistent throughout.	Thank you for your comment. This has been corrected. It is now 'dietitian' throughout.
Respondent 2 Morgannwg Local Medical Committee	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	General Practitioners (GPs) are not well placed to issue these prescriptions. GPs rely upon the dietician's expert guidance, they do not calculate amounts per month, nor keep abreast of relevant gluten-free information, The prescribing of these foods should therefore be moved to being a dietician provision, in the same sort of way that compression hosiery has moved to being arranged by lymphoedema clinics. The LMC feel that it is inefficient for a GP to continue to undertake this work and believe that it should come directly from dieticians. We advocate that this would be advantageous to the patient whilst also having significant benefits to the wider healthcare system.	Thank you for your comments. Moving the prescribing of Gluten-free foods from GPs to dietitians (and vice versa) is outside the remit of this guide. It is now stated within the guidance that availability of dietitian services across Wales can vary, and local service guidelines should be followed.
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	We would like to see the reliance upon a GP to prescribe these food items removed and reserved for high-risk cases identified by the dietician.	Thank you for your comments. Repositioning the prescribing of Gluten-free foods between GPs and/or dietitians is outside the remit of this guide.
Alwyn Fortune Royal College of Pharmacy	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	Things to consider which may be useful for the document, is the restriction on community pharmacies when ordering certain items in terms of a minimum quantity that they must order. For example, gluten free fresh bread, that is prepared to order, will often have a minimum order quantity, for example, 6 loaves. So, if a prescriber orders 1 unit, the community pharmacy will be forced to order 6 units and need to get the prescription changed to reflect the 6 units for appropriate reimbursement. Prescribers should be aware of this and consider this when adding gluten free items to	Thank you for your comments. Wording at the end of section 5.2 has been amended and now reads: *For some fresh foods, the pharmacy may only be able to order a larger quantity than is required (for example, only being able to order a set of eight loaves when only six are*

		a patients repeat prescription list, this will likely benefit from a collaborative approach from the pharmacy and prescriber to identify such items. The guide could also consider referencing the potential for waste generated by prescribing of gluten free products. Gluten free foods will naturally have a shorter expiry date, but of particular importance is the naturally very short expiry dates of freshly baked products, for example fresh bread. Patients may sometimes not be aware that fresh bread has arrived in the pharmacy ready for them to collect, and may collect post the expiry date, thus generating waste. In addition, the decision to choose and prescribe a freshly baked product should be clearly discussed with the patient first, so they are aware of the shorter expiry dates and they may decide that a product which is not freshly baked may be more suitable for them. We welcome the reference to the new card-based Gluten-Free Food Scheme (GFFS) and acknowledge the operation of this sits with health boards. We note the findings of the Health and Care Research Wales study and the potential for significant benefits to patents, such as reduced financial burden, increased choice and convenience. It is important patients retain the choice of how they access gluten free foods, wider adoption of the scheme and the de-medicalising of gluten free products has the potential to reduce dispensing activity in this area for community pharmacies, to release capacity aligning with a shift to deliver more clinical patient facing services through this setting. Is there a plan to link in with manufacturers so that they can update the information they reflect to patients on their websites to match the updated guidance? For example, this guidance suggests pasta is one unit, whereas the Juvela website infers it is two. Gluten free food on prescription in Wales | Juvela With a proposed shift in the prescribing interval of prescription items from 28 days to longer intervals, e.g. 56, to note the guidance may consider adding something that if GF products continue to be supplied on prescription, these items are unlikely to be suitable for extended prescribing intervals. This is due to the practicalities of the bulky nature of them for storage for both the patient and community pharmacy, together with the expiry dates of these items.	*required). This can make the cost of supplying small quantities of the food disproportionally large. In addition to this, fresh products will have a relatively short shelf life.* *Prescribers and pharmacists should work together, in partnership with the patient, to agree on the most appropriate configuration of products that meets the needs of the individual, takes their circumstances into account (e.g. do they have the space to freeze a number of products) and minimises any wastage.* *While some foods can be frozen for future use, patients should be made aware that opting for fresh products comes with reduced expiry dates and the need to collect them promptly from the pharmacy.* Thank you for your comments on the GFFS. Thank you for highlighting this. This was an error on the Juvela website where it should have been 1 (500g) pack of pasta is equal to 2 units, while 1 (250g) pack of pasta is equal to 1 unit. Unit values attributed to individual products on the rest of their website are aligned to the unit values listed in the document. We contacted Juvela to make them aware of this error and it has now been corrected. Work is currently ongoing through AWTTC and AWMSG to further support the implementation of longer prescribing intervals. Additional guidance on examples of prescribing that are less appropriate for longer intervals is likely to form a part of that.
	Line 70-72/section	There is an inference that two options will be available to the patient to	Thank you for your comment.

	4/page 3/	obtain gluten-free foods (GFFS or NHS prescribing). There is the possibility that two options may not be available, different health boards may implement the GFFS at different times, so this may benefit from acknowledging here. The document does reference this later in the document (line 130, section 6.1 – Who can gluten free foods be prescribed for?) where this acknowledgement that patients may live in an area where GFFS is not currently available.	A link to the NHS Wales Shared Services Partnership webpage hosting information on the All Wales rollout of the GFFS has been added to the document.
	Line 122-125/section 5/page 4	To note, as referenced earlier, some fresh foods have a minimum order pack size, irrespective of the number of units prescribed, for example, fresh bread may only be available as a minimum order of 6 loaves, so must be ordered in this quantity, even if 1 unit is prescribed. It is essential prescribers and their systems are aware of this, to ensure fair reimbursement for community pharmacy contractors.	Thank you for your comment. Please see response to this point above.
	Line 174/table 3/ page 5	*''In exceptional circumstances biscuits may be requested by the dietitian''* Consideration to add a stipulation that the exceptional circumstance will be clearly stated by the dietitian and then if appropriate a review date to be added or a when to stop, for example, patient reaches a certain BMI.	Thank you for your comment. The wording within Table 3 has been amended. *In exceptional circumstances (for example, children with type 1 diabetes needing a carbohydrate snack) biscuits may be requested by the dietitian. The dietitian should state the rationale for prescribing, and any relevant review dates and stopping criteria.'*
Russell Goodway Community Pharmacy Wales *(DOI - CPW is a body, recognised in statute, as representing the community pharmacy contractor network in Wales on contractual matters)*	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	No, We feel the guide is clear and well written	Thank you for your comment.
	122	This section makes reference to the fact that some lines are available in outers. It is important to mention in this section that if, for example six loaves of bread are prescribed from an outer of 8, then, with broken bulk arrangements, the NHS will be charged with 8 loaves. The guidance in table 4 on page 6 for example will recommends 6 loaves each month for a child of 11-14 years while page 9 confirms that the outer	Thank you for your comments. Wording at the end of section 5.2 has been amended and now reads: *For some fresh foods, the pharmacy may only be able to*

		size is 8. If a prescriber follows the table two loaves will be entirely wasted which is of no use to the patient or the NHS.	*order a larger quantity than is required (for example, only being able to order a set of eight loaves when only six are required). This can make the cost of supplying small quantities of the food disproportionally large. In addition to this, fresh products will have a relatively short shelf life.* *Prescribers and pharmacists should work together, in partnership with the patient, to agree on the most appropriate configuration of products that meets the needs of the individual, takes their circumstances into account (e.g. do they have the space to freeze a number of products) and minimises any wastage.* *While some foods can be frozen for future use, patients should be made aware that opting for fresh products comes with reduced expiry dates and the need to collect them promptly from the pharmacy.*
Alison Jones Hywel Dda University Health Board	Is there anything you would like to see **removed** from the ***All Wales guide to prescribing gluten-free foods*** document?	Page 5, Table 3. cakes and cake mixes are not available on the drug tariff so why refer to them in the table? Page 5,Section 6.2, line 149, 'cake mixes – not available on the drug tariff, and 'luxury items' what are these? As they are not in the drug tariff why even mention them?	Thank you for your comment. This has been corrected.
	Page 2, Section 3.2, lines 53&54	ACBS only regulates products that are available in England (bread and flour mixes). While there do not appear to be any 'new' products (post 2018) in Appendix A that would have not had ACBS approval how do we ensure that any change in formulation on any products that are not bread and flour mixes or any new products are regulated. The Drug Tariff still shows a number of products that are no longer available to prescribe. If this is the case who will 'vet' and changes to the tariff moving forward? This needs to be considered also for page 5, section 6.2 lines 145-146.	Thank you for your comment. The Drug Tariff list (set out in Part XV) is reviewed periodically by the NHS Business Services and the Welsh Government and discontinued products are removed.
	Page 4, section 5.2, lines 100-114.	**This comment also needs to be considered for what is written on page 3, unit 5.1, lines 87-92 & all of page 6 and 7.** The national prescribing guidelines and reference 2 associated on page 3 of the consultation (lines 88-92) date back to 2004 and were illustrative guidelines. Many recommendations for energy requirements have been	Thank you for your comment. Following discussion with representatives of the Welsh Dietetics Leadership Advisory Group (WDLAG) and Coeliac UK (and acknowledging that UK nations with comparable

		produced since then and I feel that the unit allocation providing 15% of energy from GF carbohydrate needs to be reconsidered in light of these more up to date recommendations. The age categories and associated energy requirements/units from carbohydrate in this consultation are very different to the PHE Government guidelines Main heading (which are also based on the Scientific Advisory Committee on Nutrition (SACN) Dietary Reference Values for energy (2011) which are referenced in the consultation). In times of value-based healthcare, should we not be considering the more up to date recommendations for energy requirements and calculating unit allocation based on this (please see an example calculation below).	gluten-free product prescribing arrangement as Wales [i.e. Scotland and Northern Ireland] continue to refer to the Coeliac UK 'National Prescribing Guidelines' with regards to unit requirements) it is not felt that there is currently sufficient evidence for reviewing the unit requirements recommended in this resource.
	Page 4, Section 5.2, lines 122-125.	Handling charges. I would argue that it is not handling charges that are applied, more that companies selling some fresh foods are not prepared to split packs and therefore will not provide anything other than 8 loaves of 1 type of bread at a time. I feel this sentence should reflect that prescribers and pharmacy should be aware that some products can only be prescribed in set quantities and this should be taken into account when ordering.	Thank you for your comments. Wording at the end of section 5.2 has been amended and now reads: *For some fresh foods, the pharmacy may only be able to order a larger quantity than is required (for example, only being able to order a set of eight loaves when only six are required). This can make the cost of supplying small quantities of the food disproportionally large. In addition to this, fresh products will have a relatively short shelf life.* *Prescribers and pharmacists should work together, in partnership with the patient, to agree on the most appropriate configuration of products that meets the needs of the individual, takes their circumstances into account (e.g. do they have the space to freeze a number of products) and minimises any wastage.* *While some foods can be frozen for future use, patients should be made aware that opting for fresh products comes with reduced expiry dates and the need to collect them promptly from the pharmacy.*
	Page 5, section 6.2, line142	Why just hospital supervision. There is plenty of expert supervision provided in community. Should the word hospital be removed?	Thank you for your comment. It currently states that hospital supervision is available 'where necessary' (i.e. more complex cases where it may be required). This is a direct quote of the Drug Tariff.

Age (years)	Energy req. (PHE 2016) Main heading	15% EAR (kcal) per DAY **based on upper age requirements in range**	Kcal from GF food per MONTH (15% EAR X 28 DAYS)	**Current All Wales GF method (number of units)**
1 to 3	717- 1088	163	4564	10
4 to 6	1378- 1482	222	6216	11
7 to 10	1703 - 1817	272	7,616	13
11 to 14	2000 - 2500	375	10,500	15
Child (15 – 18)	2000 - 2500	375	10,500	18
Adult (19 – 64)	2000-2500	375	10,500	14 - 18
Adult (65 – 74)	1912 - 2342	351	9,828	14-16

Thank you for your comment.

Following discussion with representatives of the Welsh Dietetics Leadership Advisory Group (WDLAG) and Coeliac UK (and acknowledging that UK nations with comparable gluten-free product prescribing arrangement as Wales [i.e. Scotland and Northern Ireland] continue to refer to the Coeliac UK 'National Prescribing Guidelines' with regards to unit requirements) it is not felt that there is currently sufficient evidence for reviewing the unit requirements recommended in this resource.

		Adult (+75)	1840 - 2294	344	9,632	12-14	9632/1032= 9.33 (round up to 10)	**10**

Energy requirement in Kcals taken from Government recommendations for energy and nutrients for males and females aged 1-18 years and 19+ years accessed from Main heading`

- Coeliac UK advised us that 15% of energy should come from gluten free foods.
- SACN equations Scientific Advisory Committee on Nutrition Dietary Reference Values for Energy 2011 and also Government Dietary Recommendations Government recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years. Main heading for daily energy requirements and calculated 15%, then multiplied it by 28 days (usual prescription monthly cycle). That gave us how many kcal per 28 day/month should come from gluten free foods.
- It is currently accepted that Gluten free bread 400g = 1 unit. 1 unit of gluten free bread (400g) is 1032kcal (average of 8 Juvela loaves & 9 Glutafin Loaves) added together and divided by 2) - using this as an example as bread is the most commonly prescribed gluten free product
- Divide the number of kcal from gluten free needed per 28 days with 1032kcal/400g loaf / 1 unit gives you the number of loaves/units per month needed
- This gives you the number of loaves/units per month needed to provide 15% energy from GF food from according to more up to date dietary recommendations.

Medicines Management Team	Is there anything you would like to	To include and reference: 'The 2026 British Society of Gastroenterology guidelines on the diagnosis and management of adult coeliac disease'	Thank you for your comment.

and Dietetics Department Powys Teaching Health Board	see added to the All Wales guide to prescribing gluten-free foods document?		We have added reference to the 2026 BSG guidelines within the background stating that 'Gluten-free foods are an essential part of the treatment of coeliac disease or dermatitis herpetiformis', and on the statement stating 'All patients newly diagnosed with coeliac disease or dermatitis herpetiformis should be referred to a dietitian.' We have also included the guidance in the newly added 'useful resources' section.
	2/1/25	Consider: 'life-long treatment'	Thank you for your comment. This has been added to the opening line of the 'Background'
	2/3/45	Consider sentence rewrite as 'Patients with a confirmed diagnosis of gluten sensitivity enteropathy including steatorrhoea due to gluten sensitivity, coeliac disease and dermatitis herpetiformis are eligible for the NHS supply of gluten-free foods'.	Thank you for your comment. This guide aligns with the drug tariff, where it is defined that prescribing of gluten-free products is only available to patients with diagnosed with coeliac disease or dermatitis herpetiformis.
	3/4/73	spell correction 'Dietitian'	Thank you this has been corrected.
	4/5.2/116	spell correction 'Dietitian'	Thank you this has been corrected.
	5/6.3/174	Reconsider inclusion of: 'All patients with a confirmed diagnosis of gluten sensitivity enteropathy including steatorrhoea due to gluten sensitivity, coeliac disease and dermatitis herpetiformis' Consider expanding and providing a rationale for this statement, as it may create ambiguity regarding the extent to which the guidance should influence prescribing decisions: 'This advice does not affect the clinical freedom of the prescriber.'	Thank you for these comments. Table 3 – Circumstances suitable to prescribe the GF products - This guide aligns with the drug tariff, where it is defined that prescribing of gluten-free products is only available to patients with diagnosed with coeliac disease or dermatitis herpetiformis. Table 3 – Footnote– this wording has been amended to align with similar wording used in recent AWMSG-endorsed guidance.
William Batten, on behalf of ABUHB Medicines & Therapeutics Committee (MTC)	Is there anything you would like to see added to the All Wales guide to prescribing gluten-	1.) Yes – advice for LHBs on cross border patients i.e. affect Powys, Aneurin Bevan and Betsi patients. For example, what happens to these people I presume the cards will not work in England or will they? Health board might do scheme but you shop in England for example.	Thank you for your comments. 1) Operational specifics for the GFFS are outside the of scope of this guidance. Operational information is available on the NWSSP website. Cards can be used online or in

Aneurin Bevan University Health Board (ABUHB)	free foods document?	2.) Exceptional circumstances when you are allowed biscuits cakes etc. it gives the example of type 1 diabetic child, but we have mainly seen this for elderly underweight people. Does there need to be a stipulation that the exceptional circumstance will be clearly stated by the dietitian and then if appropriate a review date to be added or a when to stop. Eg pt reaches a certain BMI. 3.) Does there need to be a bit that if continuing to prescribe on prescription it is an item that is not really suitable for extended prescribing as bulky for both patient and pharmacy and expiry dates?	retailers which accepts pre-paid mastercards. This is not restricted to Welsh retailers. 2) The wording within Table 3 has been amended. *In exceptional circumstances* *(for example, children with type 1 diabetes needing a carbohydrate snack) biscuits may be requested by the dietitian. The dietitian should state the rationale for prescribing, and any relevant review dates and stopping criteria.'* 3) Work is currently ongoing through AWTTC and AWMSG to further support the implementation of longer prescribing intervals. Additional guidance on examples of prescribing that are less appropriate for longer intervals is likely to form a part of that.
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	No	
	70/71	There may not be two options available, different health boards may implement at different times (or not at all?) later in the document (section 6.1, line 130) it does discuss this should mention here or cross reference?	Thank you for your comment. A link to the NHS Wales Shared Services Partnership webpage hosting information on the All Wales rollout of the GFFS has been added to the document.
	122	Some fresh foods are not able to be ordered in single items they come only in larger pack sizes.	Wording at the end of section 5.2 has been amended and now reads: *For some fresh foods, the pharmacy may only be able to order a larger quantity than is required (for example, only being able to order a set of eight loaves when only six are required). This can make the cost of supplying small quantities of the food disproportionally large. In addition to this, fresh products will have a relatively short shelf life.*

			Prescribers and pharmacists should work together, in partnership with the patient, to agree on the most appropriate configuration of products that meets the needs of the individual, takes their circumstances into account (e.g. do they have the space to freeze a number of products) and minimises any wastage. *While some foods can be frozen for future use, patients should be made aware that opting for fresh products comes with reduced expiry dates and the need to collect them promptly from the pharmacy.*
	General	We assume the list of gluten free products has been checked that it is all still available as that was the problem with the old list.	The Appendix has been checked to confirm that the products listed are both listed in the Drug Tariff, and are listed within dm+d as available at the time of publication.
	General	Gluten free food on prescription in Wales | Juvela Are AWMSG going to link in with the suppliers so that they update the information to reflect the new guidance, noting that Juvela has different units per item than this All Wales guidance. E.g. Pasta = 2 according to Juvela but is 1 unit in this guide.	Thank you for highlighting this. This was an error on the Juvela website where it should have been 1 (500g) pack of pasta is equal to 2 units, while 1 (250g) pack of pasta is equal to 1 unit. Unit values attributed to individual products on the rest of their website are aligned to the unit values listed in the document. We contacted Juvela to make them aware of this error and it has now been corrected.
Jonathan Boyd Powys Teaching Health Board	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	Yes. The guide should make clear that, once the Gluten-Free Food Scheme (GFFS) is available, it is the default NHS-funded route for eligible patients. It should define a proportionate exception pathway for patients for whom the GFFS is clinically or practically inappropriate; retain clear pathways for diagnosis, dietetic education, nutritional monitoring and review; and include monitoring of equality, rural access, patient experience, clinical outcomes, workload and total system cost. A clear transition process is also needed to prevent duplicate provision through both the GFFS and NHS prescriptions.	Thank you for your comments. Operational specifics for the GFFS are outside the of scope of this guidance. Operational management of the scheme is overseen by the National GF delivery board. Further scheme details are available on the NWSSP website.
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	Yes. The wording that allows NHS prescribing simply because a patient 'does not wish to use the GFFS' should be removed. Patient preference should inform care, but should not in itself determine use of a more administratively intensive NHS supply route. Once the GFFS is fully established, consideration should also be given to removing the detailed routine prescribing unit tables and long product appendix from the core guidance; if a prescribing route is retained for exceptional cases, these could sit in a concise exception appendix or maintained digital resource.	Thank you for your comments. Please see response above.

	Purpose / lines 18-25	The document remains framed primarily as a prescribing guide despite the national move to the GFFS. Consider reframing it as an All Wales guide to NHS support/provision of gluten-free foods, with the GFFS as the standard route and prescribing limited to clearly defined exceptions.	Thank you for your comments. Please see response above.
	Section 3.2 / lines 50-55	The draft presents GFFS and NHS prescribing as equivalent routes. PTHB recommends that the GFFS becomes the default NHS-funded mechanism once available locally, rather than maintaining two parallel routine systems.	Thank you for your comments. Please see response above.
	Dietary education / lines 70-76	Shared decision-making is important, but should focus on the patient's clinical and practical needs rather than creating an open-ended choice between two NHS supply mechanisms. Where the GFFS is appropriate, this should be the routine route; the GP should only be asked to prescribe where defined exception criteria are met.	Thank you for your comments. Please see response above.
	Section 6.1 / lines 130-133	Strongly recommend removing 'who do not wish to use the GFFS' as a routine indication for NHS prescribing. A preference not to use the national scheme is not, by itself, a clinical reason to retain GP prescribing. Prescribing should be reserved, if retained at all, for defined circumstances where the GFFS is unavailable or demonstrably unsuitable.	Thank you for your comments. This wording has been revised: "*Gluten-free foods can be prescribed to patients diagnosed with coeliac disease or dermatitis herpetiformis where this is the most appropriate option for obtaining gluten-free foods. This may include individuals for whom the GFFS is inappropriate or who live in an area where GFFS is not currently available*."
	Section 6.2-6.3 / lines 148-162	The proposed Welsh prescribing range is substantially broader than the English national approach. NHS England's 2018 guidance restricted NHS prescribing to gluten-free bread and/or mixes and explicitly allowed local commissioners to restrict further or cease gluten-free prescribing, subject to equality and health-inequality duties. The clinical, economic and policy rationale for Wales continuing to recommend pasta, cereals, oats, crackers/crispbreads and pizza bases should therefore be explicitly reconsidered, particularly now that Wales has a national alternative supply mechanism.	Thank you for your comments. Please see response above.
	Section 5.2 / lines 122-125	The acknowledgement that handling charges can make supply of small quantities disproportionately expensive illustrates a wider concern with using the medicines prescribing and dispensing infrastructure for routine food supply. This supports making the GFFS the default route.	Thank you for your comments.
	Appendix 1 / pages 9-12	Maintaining a long product-by-product prescribing appendix creates ongoing administrative and formulary maintenance. If prescribing becomes an exception rather than a routine option, consider replacing this with a short link to a current authoritative digital list or a separate exception	Thank you for your comments.

		resource.	
	General - comparison with England	There is established English precedent for reducing or ending routine gluten-free prescribing. NHS England guidance permits complete cessation locally, and former CCGs such as Castle Point and Rochford implemented staged restriction, monitored impact and subsequently withdrew routine prescribing. Mid Essex also documented the higher NHS cost of some prescribed gluten-free products compared with retail supply. These examples support the feasibility of de-medicalising food supply while preserving appropriate clinical care.	Thank you for your comments.
	General - implementation and evaluation	PTHB supports continued NHS clinical and financial support for people with coeliac disease and dermatitis herpetiformis, but does not believe routine GP prescribing of food is the most efficient or appropriate mechanism once the GFFS is established. Wales should monitor uptake, rural access, equality impacts, patient experience, dietetic/clinical review, exception requests, primary care and pharmacy workload, and total system cost following implementation.	Thank you for your comments.
	General - key policy question	Given that England has restricted NHS prescribing nationally to bread and mixes since 2018 and has permitted local commissioners to cease gluten-free prescribing entirely, what is the clinical, economic or policy rationale for Wales continuing to recommend NHS prescribing of a substantially broader range of gluten-free foods while simultaneously implementing a national alternative supply mechanism?	Thank you for your comments. Please see response above.
Respondent 3 BCUHB	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	Guidance on what steps to take when chemist do not stock the items requested despite these items being on the list of prescribable produces Guidance on the use of the new card system that we are awaiting	Thank you for your comments. If products are not available in individual pharmacies (for example, due to supply issues), this is a local issue requiring communication between the pharmacy and prescriber to overcome and/or source alternative products. A link to the NHS Wales Shared Services Partnership webpage hosting information on the All Wales rollout of the GFFS has been added to the document. This page will link to appropriate guidance for the new card system, as it becomes available.
Alison Davies HEIW	Is there anything you would like to see added to the All Wales guide to prescribing gluten-	Could more information be added regarding wheat starch. My understanding is that products containing it are ok if just Coeliac Disease but not ok if patient also has a Wheat allergy (in addition to Coeliac Disease). It is a confusing area and maybe Coeliac UK could help adding in more information around this.	Thank you for your comment. To duplicate what is included in the Coeliac UK website, and should be stated in the patient leaflet accompanying any food containing Codex Wheat Starch, the following has been

	free foods document?		added to Appendix 1: "*Suitable for people with coeliac disease. Patients with wheat allergy (different from coeliac disease) should not take this medicine*"
Tristan Humphreys Coeliac UK	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	**We welcome the update of this guidance and would be happy to discuss any of the amendments raised further.** It is our view that further clarification is needed regarding the list of available items on prescription. As noted below, reference is made to the ACBS list, however following revised regulations in England in 2018, only bread and mixes are now assessed via the ACBS. Our understanding is that the products listed in the Part XV of the drug tariff under 'For Wales' (page 1094) have not therefore been updated since the regulation changes in 2018. We understand that Coeliac UK's prescribable products list has been used as a proxy in the interim however it should be noted that this list is simply reflective of information provided to the charity by manufacturers and is not the result of any assessment, regulation or examination of these products by Coeliac UK.	Thank you for your comment. The Drug Tariff list (set out in Part XV) is reviewed periodically by the NHS Business Services and the Welsh Government and discontinued products are removed.
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	We would recommend removal of reference to 'fibre-containing' in relation to breakfast cereal. This is an unnecessary distinction which is not used for other non-cereal products and risks limiting choice.	Thank you for your comment. Feedback received from the Welsh Dietetics Leadership Advisory Group informed this revision to table that was included previously, with non-fibre-containing breakfast cereals being maintained in the category of 'Not recommended, unless exceptional circumstances'.
	P2/3.2/53	When is the guidance likely to go live? There may be need for clarification that the scheme is being rolled out and therefore may not be available in all areas yet.	A link to the NHS Wales Shared Services Partnership webpage hosting information on the All Wales rollout of the GFFS has been added to the document.
	P2/3.2/54	ACBS approval only covers bread and flour and staple products approved prior to 2018 reg changes in England	Thank you for your comment. The Drug Tariff list (set out in Part XV) is reviewed periodically by the NHS Business Services and the Welsh Government and discontinued products are removed.
	P1/3.1/46	New guidance has been published by the BSG to support diagnosis and management of coeliac disease. We recommended signposting to this - https://www.bsg.org.uk/clinical-resource/bsg-guidelines-adult-coeliac-disease	We have added reference to the 2026 BSG guidelines within the background stating that 'Gluten-free foods are an essential part of the treatment of coeliac disease or dermatitis herpetiformis', and on the statement stating 'All

			patients newly diagnosed with coeliac disease or dermatitis herpetiformis should be referred to a dietitian.' We have also included the guidance in the newly added 'useful resources' section.
	P5/6.2/145	As above, clarification required re: non-bread and mix	Thank you for your comment. The Drug Tariff list (set out in Part XV) is reviewed periodically by the NHS Business Services and the Welsh Government and discontinued products are removed. Prescriptions should continue to be endorsed with 'ACBS'.
	P5/6.3/174 (table 3)	We welcome the inclusion of oats under staples. We advise removal of the words 'fibre-containing' in relation to cereals.	Thank you for your comment. Please see above.
	P8/References/185	Coeliac UK offers a number of resources for HCPs to help support patients that can be found here - https://www.coeliac.org.uk/healthcare-professionals/patient-support/ HCPs can also access free membership - https://www.coeliac.org.uk/hcp-membership/	Thank you for your comment. We have included these in a newly added 'useful resources' section.
Katrina Phillips and Kate Crandon-Lewis CTMUHB	Is there anything you would like to see added to the All Wales guide to prescribing gluten-free foods document?	Overall, CTM UHB welcomes the revised guideline. The document is clearer than the previous version, provides a more straightforward framework for prescribers and patients, and should support greater consistency in decision making across Wales. CTM UHB would welcome an explicit statement confirming whether the guide represents a change in policy regarding entitlement levels or simply a clarification of existing prescribing principles. Such clarification would support Health Boards in assessing the financial implications of implementing the subsidy card model, and whether these are the unit numbers that have been used to financially model the subsidy card scheme to date. Consideration should be given to the implications of any transition to a gluten-free subsidy card scheme. Whilst the guide clearly defines those products considered appropriate for NHS support and those that should not routinely be supplied, a subsidy card model eliminates the ability to restrict access to only the appropriate staple foods outlined in this guide. This	Thank you for your comment. These considerations are outside the scope of this document. Operational management of the scheme is overseen by the National GF delivery board. Further scheme details are available on the NWSSP website. This guide aligns with the drug tariff, where it is defined that prescribing of gluten-free products is only available to patients with diagnosed with coeliac disease or dermatitis herpetiformis.

		could result in public funds being used to purchase products that would not ordinarily meet the criteria set out within the prescribing guidance. This guidance is only applicable where products are being prescribed. Patients have free choice when utilising the subsidy card and without effective patient counselling around healthy dietary choices there will be selection of products that are not recommended for prescribing.	
	Is there anything you would like to see removed from the All Wales guide to prescribing gluten-free foods document?	Table 4 may not be necessary, as the information appears to be largely replicated within Tables 1 and 2. Consideration could be given to removing Table 4 to avoid duplication and improve overall readability.	Thank you for your comments. In light of other feedback received (outside of this consultation) finding these tables useful, these will be retained.
	2 / 1 / 25	Gluten-free DIET is essential in the treatment…	Thank you for your comment. The opening background statement has been revised in light of this and other comments received.
	2 / *	Pre-paid CREDIT (not debit) card	Thank you for your comment. We have confirmed that ‘pre-paid debit card’ is the correct term to use for the GFFS card.
	3 / table 1	Please specify HIGH FIBRE breakfast cereal	Thank you for your comment. It was not felt a change was required here to encapsulate all breakfast cereal options available to prescribe.