

Funding Application for GLUTEN FREE FOODS



Milton Keynes Clinical Commissioning Group

Milton Keynes Clinical Commissioning Group's Governing Body has decided to stop providing gluten-free foods on the NHS unless there are specific circumstances whereby a **patient could be at risk of dietary neglect**. If you think that your patient's specific circumstances mean that they could be at risk of dietary neglect then you can request that their case is considered by MKCCG. You will need to complete this proforma and include as much information as possible so that the case can be fully reviewed by the team.

Patient NHS No.		Trust:		GP Name:	
Patient Hospital No.		Name of Dietitian /GP Making Request:		GP Practice:	
Patient initials & DoB:		Dietitian / GP Contact Details:			
<p>1. Please confirm diagnosis and explain why this patient could be at risk of dietary neglect. It is important to provide as much information as possible to inform the decision. The application will be strengthened by including a testimony from the patient / carer setting out how the change in policy has impacted on them. This may be written in any format that the patient choses and scanned / emailed along with this form. Alternatively you may wish to give the patient part 2 of this form to fill in and return to you.</p>					
<p>2. Please provide the patient's maximum units of gluten-free food allowable within MKCCG guidelines (based on Coeliac UK guidance). Please note that if approval is given it will only be for GF bread and flour mixes as specified in the drug Tariff.</p>					
<p>3. Please confirm that the (please tick):</p> <ul style="list-style-type: none"> • The patient's GP has been consulted and supports the application (if application being made by another healthcare professional) • Patient will have an annual GP 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 at risk of dietary neglect. • CCG 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. 					
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietitian / GP / Consultant contact e-mail in case of CCG query (secure nhs.net address):					
Dietitian / GP / Consultant signature (electronic signature acceptable):					
Date of application:					

Only fully completed forms will be accepted for consideration by the CCG. Please send to mkccgpharmacy@nhs.net
Statement from the Patient or their Carer

I would like the CCG to consider my case because

Please tick:

- This application is for gluten free foods on prescription for myself

- This application is submitted for (insert patient's name if not the person filling in the form) and I have their permission to act on their behalf.

Signed

Print name

Date