**AVAILABILITY OF GLUTEN-FREE PRODUCTS ON NHS PRESCRIPTION**

**CONSULTATION RESPONSE FORM**

**RESPONDENT DETAILS**

Please provide your name:

Please provide a contact email address:

Please specify if you are responding as an individual or on behalf of an organisation:

If it is the latter, please specify the organisation and your role:

**CONSULTATION QUESTIONS**

**1.**

|  |  |  |
| --- | --- | --- |
| Do you think GF foods should be available on prescription in primary care? | **Yes/No** | **Please can you explain your answer to question 1.** |
|  |  |  |

**2.**

|  |  |  |
| --- | --- | --- |
| Do you think GF prescribing should be restricted to certain foods? Yes or no. | **Yes/No** | If yes, which foods should remain on prescription and why |
|  |  |  |

**3.**

|  |  |  |
| --- | --- | --- |
| Do you think the range of bread products available on NHS prescription should be limited? Yes or no. | **Yes/No** | **If yes, please explain your answer.** |
|  |  |  |

**RETURNING THE FORM**

Please send your completed form to either the Department of Health (DH) mailbox at GFprescribing@dh.gsi.gov.uk or post your reply to DH at:

Prescribing Policy and Legislation Team

Department of Health

Room 2E14

Quarry House

Quarry Hill

Leeds

LS2 7UE

Thank you for taking the time to reply to this consultation.