



December 2014

PSNC Briefing 033/14: Increasing use of vitamin D supplements for at-risk groups

This PSNC Briefing provides background information on vitamin D and why it is important for at-risk groups to take supplements. The Briefing summarises the recently published NICE Public Health Guidance 56 '[Vitamin D: increasing supplement use among at-risk groups](#)' highlighting elements of the document that are of most relevance to community pharmacy. It also provides details on the UK-wide Healthy Start initiative and an example from an LPC where pharmacies are involved in successfully distributing Healthy Start vitamins as well as suggested actions for LPCs. In addition, the briefing touches on the limited availability of licensed vitamin D medicines and where to obtain further information on vitamin D and the Healthy Start scheme.

Vitamin D

Vitamin D is an essential vitamin that the body needs for skeletal growth and bone health. The main natural source of vitamin D is from skin synthesis following exposure to sunlight. However, in the UK there is no ambient ultraviolet sunlight of the appropriate wavelength from mid-October to the beginning of April so the population has to rely on both body stores from exposure in the summer and dietary sources. Dietary sources are limited, oily fish such as salmon, sardines and mackerel is the only significant source. Small amounts of vitamin D can also be obtained from egg yolks, red meat, fortified fat spreads (margarines), some fortified breakfast cereals and formula milks.

The main population groups that are at risk of developing vitamin D deficiency are:

- infants and children aged under 5 years;
- pregnant and breast-feeding women, particularly teenagers and young mums;
- people aged over 65 years;
- people who have low or no exposure to sunlight, for example, those who are housebound or confined indoors for long periods of time, or those who cover their skin for cultural reasons; and
- people with darker skin, for example, people of African, African-Caribbean or South Asian family origin, as their skin is less efficient at synthesising vitamin D.

Severe vitamin D deficiency can result in rickets in children and osteomalacia in children and adults. Rickets causes a child's bones to become soft and weak, which may lead to bone deformities. Osteomalacia also causes soft bones, which leads to severe bone pain and muscle weakness. Severe vitamin D deficiency can also result in hypocalcaemia in children.

National surveys suggest that around 20% of adults and 8-24% of children may have low vitamin D status. There is also a large variation in vitamin D status across England, with people living in more southerly regions tending to have a better vitamin D status. However, London is an exception to this, as the [Health Survey for England](#) (NHS Information Centre for Health and Social Care 2010) found that 35% of adults in London had low status compared to the national average of 24%. This may be due to the higher number of people from the minority ethnic groups at risk of vitamin D deficiency residing in London, compared to other parts of England.

All UK Health Departments recommend that the below groups should take a daily supplement of vitamin D. However, please note that the Scientific Advisory Committee on Nutrition (SACN) is currently reviewing the Dietary Reference Values (DRV) for vitamin D.

At-risk groups who are recommended to take vitamin D supplements

| People at risk | Daily supplement dose of vitamin D (DRN) |
|---|---|
| Pregnant and breastfeeding women | 10mcg daily |
| Infants and young children (6 months to 5 years*) | 7-8.5mcg daily in the form of vitamin drops |
| People aged 65 years and over | 10mcg daily |
| People not exposed to much sunlight | 10mcg daily |

* Infants who are fed infant formula will not need vitamin drops until they are receiving less than 500ml of infant formula a day, as these products are fortified with vitamin D. Breastfed infants may need to receive drops containing vitamin D from one month of age if their mother has not taken vitamin D supplements throughout pregnancy.

Women and children may be eligible to free vitamin D supplements under the Government’s Healthy Start initiative (this is discussed later in the Briefing). For those who do not qualify for the Healthy Start scheme, vitamin D supplements can be purchased or are available on prescription. However, there are limited licensed vitamin D medicines, and over-the-counter dietary supplements have been shown to contain 9-146% of the colecalciferol content of the stated dose. This variation issue is highlighted in the recently published National Institute for Health and Care Excellence (NICE) Public Health Guidance 56 ‘Vitamin D: increasing supplement use among at-risk groups’, which makes recommendations for how the Department of Health (DH) should address this matter.

NICE Public Health guidance 56 ‘Vitamin D: increasing supplement use among at-risk groups’

NICE published Public Health guidance 56 ‘Vitamin D: increasing supplement use among at-risk groups’ in November 2014. This document aims to improve supplement use to prevent vitamin D deficiency in at-risk groups by making 11 recommendations:

- 1 • Increase access to vitamin D supplements
- 2 • Clarify existing guidance
- 3 • Develop national activities to increase awareness about vitamin D
- 4 • Ensure a consistent multiagency approach
- 5 • Increase local availability of vitamin D supplements for at-risk groups
- 6 • Improve access to Healthy Start supplements
- 7 • Only test vitamin D status if someone has symptoms of deficiency or is at very high risk
- 8 • Ensure health professionals recommend vitamin D supplements
- 9 • Raise awareness among health, social care and other relevant practitioners of the importance of vitamin D
- 10 • Raise awareness of the importance of vitamin D supplements among the local population
- 11 • Monitor and evaluate the provision and uptake of vitamin D supplements

Pharmacy is referred to on a number of occasions in the guidance, which shows that NICE think community pharmacists and their teams could be a key player in increasing vitamin D supplement use in at-risk groups. The main recommendations that relate to pharmacy are listed below.

Recommendation 1 states that the DH should amend existing legislation to allow Healthy Start vitamins to be more widely distributed and sold. This includes encouraging manufacturers to sell them direct to pharmacies.

Recommendation 5 highlights ways in which to increase local availability of vitamin D supplements for at-risk groups and it suggests using pharmacy to promote and distribute them. It also recommends encouraging pharmacies and other outlets selling food supplements (such as supermarkets) to stock the lowest cost vitamin D supplements and promote them to at-risk groups.

Recommendation 6 suggests local authorities (LAs) should consider how accessibility, availability and uptake could be improved and gives the example of encouraging a range of outlets where pregnant and breastfeeding women and families and carers of under-5s may go to stock and promote Healthy Start supplements. This includes high street and supermarket pharmacies, children's centres, schools and clinics with a range of opening times. It also recommends encouraging pharmacies to sell the Healthy Start supplement to:

- pregnant and breastfeeding women and children under 4 years not eligible for the benefit;
- parents or carers of children aged 4 to 5 years and older children in 1 of the other at-risk groups; and
- women planning a pregnancy and women of child bearing age.

Recommendation 8 highlights that LAs, primary care and clinical commissioning groups (CCGs) should ensure health professionals recommend and record vitamin D supplement use among at-risk groups whenever possible. The guidance suggests this could take place during medicines use reviews, but it could occur whenever an opportunity arises when an at-risk patient enters the pharmacy to collect or purchase medicines or other items.

Recommendation 9 advises that Health Education England, Public Health England, CCGs, Health and Wellbeing Boards and LAs should:

- ensure health and social care practitioners (including pharmacy professionals) receive information on the following as part of their registration and post-registration training and continuing professional development:
 - the importance of vitamin D for good health;
 - sources of vitamin D in the UK (from safe sun exposure, supplements and limited dietary sources);
 - groups at risk of low vitamin D status;
 - supplement recommendations for different groups (this should address any confusion about, for example, age groups or the type of supplement to recommend);
 - how to encourage people to start and continue taking supplements;
- ensure health, social care and other relevant practitioners in contact with at-risk groups are made aware of the following:
 - local policies and procedures in relation to vitamin D;
 - local sources of vitamin D supplements (including Healthy Start); and
 - eligibility for Healthy Start vitamin supplements.

Recommendation 10 advises that health and social care practitioners (including pharmacy professionals) should:

- increase people's awareness of:
 - the importance of vitamin D for good health;
 - sources of vitamin D in the UK (from safe sun exposure, supplements and limited dietary sources);

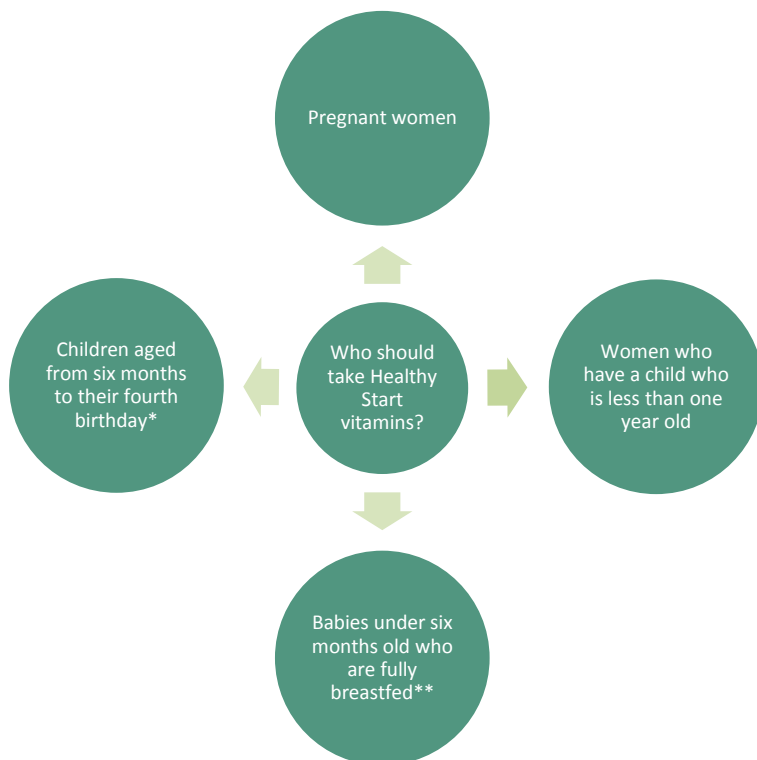
- at-risk groups and the importance of a daily vitamin D supplement for those groups and local sources of vitamin D supplements (including Healthy Start);
 - eligibility for Healthy Start vitamin supplements; and
 - sources of further information
- Adapt any national resources for local use to minimise the risk of inconsistent advice
 - Ensure awareness-raising activities meet the needs of all at-risk groups. This includes:
 - addressing any misconceptions specific groups may have about their risk; and
 - working with local practitioners, role models and peers to tailor national messages for local communities to ensure information about vitamin D is culturally appropriate.

What is Healthy Start?

Healthy Start is a UK-wide Government scheme that has the purpose of improving the health of low-income pregnant women and families with young children on benefits and tax credits. There are two main elements to the scheme; the first is the provision of vouchers to spend on cow’s milk, fresh or frozen fruit and vegetables, and infant formula milk. The second is the provision of vouchers that entitle certain patient groups to free Healthy Start vitamins. The Healthy Start vitamin vouchers are sent out with the Healthy Start vouchers every eight weeks.

The Healthy Start vitamin drops for children contain vitamins A, C and D, and the women’s vitamin tablets contain Vitamin C, D and folic acid. Both vitamin products can help reduce the risk of certain health problems, for example, spina bifida and rickets.

Which patient groups should take Healthy Start vitamins?



*If the child is having 500ml or more of infant formula a day, they should not be given Healthy Start vitamins as infant formula is fortified with vitamins

**If the baby’s mother did not take a supplement containing vitamin D throughout pregnancy then a breastfed baby may benefit from taking Healthy Start vitamins

Depending on the scheme being run in the LA, it may be that only patients who qualify under Healthy Start will be able to get the vitamins free of charge. However, some areas do have universal schemes where all of the above patient groups can get them free of charge. Patients who don’t qualify will be able to purchase them in early 2015. The [Healthy Start Vitamins Charging \(England\) Regulations 2014](#) are being laid before Parliament to come into

effect on 5 January 2015. This means that NHS organisations will be able to sell Healthy Start vitamins and make a charge which:

- must comprise or include the cost price (i.e. £1.38 for children’s drops and 83p for women’s tablets);
- may include an additional handling charge of up to 50%; and
- may be rounded up to the nearest 5p.

Community pharmacies should also be able to source the children’s vitamin drops and vitamin tablets for women in early 2015 as NHS Supply Chain is going to supply both products to pharmaceutical wholesalers for onward sale to community pharmacies. The DH is not able to recommend a retail price for community pharmacies to sell the products at as this is not covered by regulation; this will be at the discretion of the pharmacy contractor.

General information about Healthy Start vitamins

| | Children’s vitamin drops | Vitamin tablets for women |
|------------------------|----------------------------|------------------------------|
| Contains: | | |
| Vitamin A | 233mcg | Nil |
| Vitamin C | 20mg | 70mg |
| Vitamin D (D3) | 7.5mcg | 10mcg |
| Folic acid | Nil | 400mcg |
| Classification: | General Sale List (GSL) | Multivitamin food supplement |
| Pack size: | 10ml (8 weeks supply) | 56 tablets (8 weeks supply) |
| Daily dose: | 5 drops daily | 1 tablet daily |
| Shelf life: | 10 months from manufacture | 2 years from manufacture |

Both products are suitable for vegetarian and halal diets (being approved by the Vegetarian Society and Halal Monitoring Committee UK respectively). They are both also free from milk, egg, gluten, soya and peanut residues.

Lots of shops and supermarkets accept Healthy Start vouchers. The [Healthy Start](#) website has a search function so people can type in their postcode to find retailers near them who accept the vouchers. A similar function is available on the [NHS Choices](#) website for people who live in England who want to find out where they can use the vouchers to obtain their vitamins. Vitamins tend to be available from children’s centres, health visitors, GP surgeries and some pharmacies.

Healthy Start vitamins in Scotland

In Scotland, Healthy Start vitamins have been distributed for a number of years via most community pharmacy and dispensing contractors, as well as some midwives and health visitors. Pharmacy contractors receive a one-off payment of £200 after submitting the Healthy Start vitamins opt-in form and then obtain supplies through AAH Pharmaceuticals, Alliance Healthcare or Phoenix Medical Supplies.

On receipt of the voucher the pharmacy contractor supplies the patient with eight weeks supply and labels the product.

To claim reimbursement of the vitamins or drops, pharmacy contractor have to complete a CPUS form and submit both the form and vouchers (marked with the patient’s name, date of dispensing and contractor code) to the Prescription Services Division (PSD).

LPC Case Study

Lambeth, Southwark & Lewisham LPC is currently piloting a universal Healthy Start vitamin distribution service. The service was initially due to be piloted for six months but due to the success it has been extended for a further 12 months. The service was also runner up in the Chemist & Druggist Public Health Initiative of the Year 2014.

The LPC was initially approached to provide the service in the Lewisham borough as the uptake of Healthy Start vitamins was extremely low. The LPC was asked if pharmacy contractors would supply the vitamins free of charge but after negotiations an agreement was reached on pharmacy contractors being paid to provide the service. A six month pilot in Lewisham was agreed, which was then extended across the Southwark and Lambeth boroughs.

All pregnant and breastfeeding women, mothers with children under 1 year and all children until their 4th birthday are entitled to Healthy Start vitamins under this service (eligibility to this service is not income-based).

People can register for the service at any of the participating pharmacies, and once complete they are issued with a Free D Card (similar size to a credit card), which stores the eligible person's details. Pharmacy contractors also need to register the person's details on a simple web based platform, which records how many vitamins the person is entitled to and how many have been given out. The Free D Card can then be presented at any of the participating pharmacies when a person wants to obtain a supply of vitamins and placed in a bar code reader to check eligibility. The pharmacy contractor can then supply the vitamins, which are not required to be labelled, recording on the online database the product and quantity supplied.

Pharmacy contractors get paid an initial payment to support setting up the service. They then receive another payment on a six months basis, which is dependent on the number of Healthy Start vitamins supplied (the more supplied, the higher the payment). Exact payment details can be obtained from the [Services Database](#) on the PSNC website (please note this information is only available to LPC members who have logged in to the LPC members section of the website. Non-LPC members who require more information on this service should [contact their LPC](#)).

The service was initially going to be pharmacist-run, but the LA agreed for Health Champions from Healthy Living Pharmacies to supply the vitamins, freeing up time for pharmacists to provide other services. Health Champions have to attend a half day training session, which then authorises them to make supplies under the pilot.

Jayesh Patel, Chief Exec of Lambeth, Southwark & Lewisham LPC feels that giving ownership of the service to Health Champions has empowered them to deliver the service. He also believes that while the LPC had reservations about the payment structure for the provision of the service, it has led to increased footfall for the pharmacy contractors involved and he believes the service has been fundamental in getting the alcohol brief intervention service commissioned in Lambeth, again a service provided by Health Champions. *"The Healthy Start service has shown the local authority what our Health Champions can do and it has given them more confidence in commissioning public health services through pharmacy"* he said.

Suggested actions for LPCs

- Find out how Healthy Start vitamins are being distributed in your LA area(s)
- Speak to the LA to see if they are open to discussing pharmacy's involvement in the service
- Use examples of LPCs, such as Lambeth, Southwark & Lewisham LPC, who are showing that having pharmacy involved makes a difference

Resources available on vitamin D and the Healthy Start initiative

- There is a section on the [Healthy Start](#) website for health professionals.
- The PSNC [Services Database](#) contains details of LPCs involved in Healthy Start vitamin distribution schemes (please note this is currently being updated so please continue to check for updates)
- [Public Health England](#) has produced a downloadable patient information leaflet and a downloadable leaflet for healthcare professionals on vitamin D.

If you have any queries on this PSNC Briefing or you require more information, please contact [Rosie Taylor, Pharmacy and NHS Policy Officer](#).