Response

OHID – Vitamin D: Call for Evidence

May 2022

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Questions:

Do you have any suggestions or case studies for what national and local health and care services can do to support the promotion of vitamin D?

As this call for evidence has identified, the populations most at risk from vitamin D deficiencies and its related complications are those in underserved groups. Black and ethnic minority communities and those experiencing socio-economic deprivation are more likely to have low vitamin D status. Health and care services could increase uptake of vitamin D amongst these typically underserved groups by promoting community pharmacy as a key provider.

High street pharmacies offer highly accessible healthcare right at the heart of their communities. As Healthy Living Pharmacies (HLPs), pharmacy teams promote healthy, preventative life-style interventions and self-care. Equipped with an intimate knowledge of their local community's health needs, they are on the frontline of public health management by advising and supporting patients on healthier choices.

There are at present good examples of locally commissioned pharmaceutical services designed to increase uptake of vitamin D. For example, in Scotland, all breastfeeding woman and children under the age of 3 who live in the Greater Glasgow and Clyde NHS area are eligible for a free vitamin D supplement that can be obtained from their local pharmacy.

Another key example is the Vitamin D Health Start Service commissioned in the Lambeth area of South London. Uptake of supplements for mothers and young children increased in pharmacies since the launch of the service, with thousands benefitting from easier and universal access to the Healthy Start supplements.

Both these case studies demonstrate community pharmacy is best placed, as a preferred provider, to promote vitamin D uptake. Crucially, these examples offer universal provision that also targets at-risk groups. However, moving towards a national delivery model offering universal coverage would be more beneficial both for patients and providers.

For patients, a standardised service would ensure no one is left behind and that access to vitamin D is consistent across the country. From the perspective of distributors and providers – national provision addresses some of the unwanted regional variation in logistics and supply. Distribution via community pharmacy also ensures patients receive appropriate advice on both the supplements and lifestyle management related to vitamin D uptake. This will in turn increase patient safety and greater promotion of vitamin D supplementation.

Do you think action can be taken to address these issues concerns, inequalities and barriers?

Community pharmacy is more accessible to deprived communities than other healthcare providers. Since at-risk groups are also associated with lived experiences of deprivation and

poorer health outcomes, action to address disparities in vitamin D uptake must tackle the joint issues of access, availability and education.

Indeed, as noted earlier, relying on locally commissioned initiatives alone will not even out inequalities in access and uptake of vitamin D since this is a nationwide issue. Distribution through a national community pharmacy-led scheme would not only ensure greater access to vitamin D supplements, but would also be accompanied by effective advice and support from pharmacy teams.

For instance, free supplies of vitamin D were distributed to some of the most clinically vulnerable groups over the pandemic, but not through community pharmacy contractors. This is an example of a missed opportunity in which patients presenting with complex medical issues and histories would have benefitted from the key advice and support provided by pharmacy teams. Colleagues in the sector would be able to monitor and encourage patients in their use of vitamin D supplements on a consistent and personal basis.

Do you have any suggestions of ways or case studies to increase awareness of the Healthy Start vitamins programme?

NICE guidelines published in 2014 recommends that existing legislation should be amended that would see Healthy Vitamins more widely distributed and sold, including direct sales from manufacturers to pharmacies. The guidelines also state that local authorities should ensure that Healthy Living supplements are as available and accessible as possible by increasing the range of outlets that can stock and promote them.

Further, location and distance of health or children's centres can pose a barrier for those wishing to exchange their Healthy Start vitamin vouchers; meanwhile community pharmacies, over 90% of which are within a 20-minute walk in deprived areas, operate on longer or more flexible opening hours. This offers a convenient and more accessible option for a wider range of population cohorts.

Whilst the Department has previously indicated that pharmacy contractors are able to express interest in the distribution of Health Start vitamins by contacting their local authority, this does not act as a sufficient incentive, nor does it take into account the local contractual specificities surrounding distribution and licensing. There is an increased administrative and financial burden for contractors against the varied distribution arrangements by locality.

Commissioners must therefore review and expand the Healthy Start scheme via community pharmacy to ensure consistency and standardisation. Moreover, data collected at registration and distribution should be analysed to direct planning and commissioning by gaining more detailed snapshots of population behaviours to further drive uptake.