



# Vitamin D Policy and Campaign 2006-11

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**MY LITTLE RAY  
OF SUNSHINE**



# Case for universal supplementation

- 2001-3: 65 cases of vitamin D deficiency in under 5s presented at Birmingham hospitals
- HoB population is 75% non-white (2001 census), so majority of population is high risk for deficiency
- COMA (1991) recommends supplementation for children up to age 5
- NICE PH 11, and NICE CG for Antenatal Care recommend supplementation during pregnancy

# What is the HoB policy?

Approved by PEC and Board in 2006, the policy makes free vitamin D supplements available to:

- All women from the start of pregnancy until their child is 12 months old
- All children under five years old

**If registered with a HoB tPCT GP**

# Aim and objectives

- To eliminate vitamin D deficiency in the target population by ensuring:
  - awareness of the scheme among families of children under five, and pregnant women
  - that knowledge of the scheme among NHS staff is high, and promotion to the public is consistent



- that access to the supplements is easy and consistent for all pregnant women and mothers of children under five years
- understanding by the public is sufficient to maintain uptake of supplements.



# Early stages

- HoB scheme launched in July 2006, before National Healthy Start scheme
- Health Visitors issued Abidec for children, and GPs were asked to prescribe calcium and ergocalciferol to women
- Gradual increase in issuing, and HS children's vitamins became available in November 2006, followed by women's in April 2007

# National Healthy Start Scheme

- Launched in 2006, to replace Welfare Food Scheme (milk tokens)
- Women should be enrolled by midwife as soon as pregnancy is confirmed
- Provides families on low income (below £16,190) with food vouchers, valued at £3.10 each, and vitamins
- One voucher per week for pregnant women and children aged 1-4, and 2 per week for babies under 1 yr
- [http://www.healthystart.nhs.uk/en/fe/about\\_healthy\\_start.html](http://www.healthystart.nhs.uk/en/fe/about_healthy_start.html)

# National Healthy Start Scheme

- Vouchers can be used for milk, formula milk, fresh fruit and vegetables and, from 1<sup>st</sup> April 2011, for plain, frozen fruit and vegetables
- Aim is
  - to encourage early contact with a health professional (form must be signed by registered nurse)
  - To promote healthy eating in pregnancy and during weaning

# Healthy Start vitamins

- Every 8 weeks, beneficiaries receive a vitamin voucher
- Healthy Start Vitamins for Women contain:
  - 70 mg of vitamin C
  - 10 µg of vitamin D3
  - 400 µg of folic acid
- Healthy Start Children's Vitamin Drops contain:
  - 233 µg vitamin A
  - 20 mg vitamin C
  - 7.5 µg vitamin D

# How does it work?

- Any retailer stocking milk, formula or fruit and vegetables can register, and redeem vouchers, reclaiming from DH
- PCTs are responsible for getting vitamins to families, and can reclaim cost from DH
- No “one stop shop” for beneficiaries
- GPs cannot prescribe vitamins, and pharmacists cannot order !

# How does the HoB scheme work?

- Women should be advised to collect Healthy Start Vitamins by GP, midwife or practice nurse, once pregnancy is confirmed, and given a “post card” to record issues
- Health Visitors are giving children’s drops at the primary visit, usually when baby is around 2 weeks old
- Parents should then request further supplements for their child or themselves from reception of their local health centre, or at a Children’s Centre or pharmacy

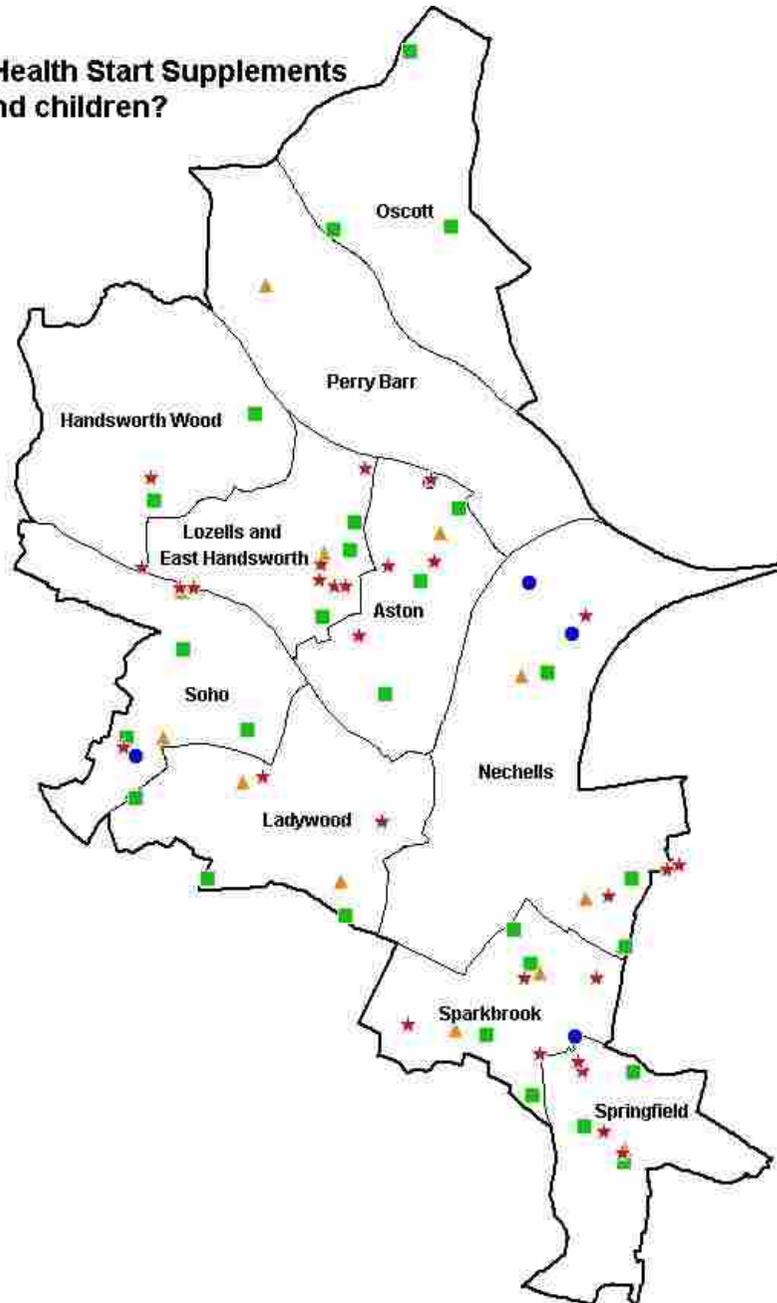
# Access

- Supplements can be obtained at
  - 14 Health Centres and 5 GP practices
  - All 29 Children's Centres
  - 29 pharmacies which also offer free pregnancy testing



## Where can I get my FREE Health Start Supplements for women and children?

- Children's Centres
- ★ Pharmacies
- ▲ Health Centres
- General Practitioners



# Availability

- Health Centres tend to only issue vitamins when baby clinics are running
- Children's Centres provide vitamins all hours they are open
- Pharmacies provide out of hours access, and may be important for working and/or first time mothers
- GPs aware of vitamin D deficiency, so some have chosen to issue at practices

# Awareness

- Several qualitative studies carried out by students over life of campaign show public awareness gradually increasing
- Logo developed with public involvement, used for leaflets and posters
- Media coverage, and bus adverts, as well as campaign by shopkeepers
- Professional awareness high, especially among health visitors

# Leaflets available

- Available in community languages (Urdu, Bengali, Punjabi, Somali, Arabic, Cantonese, Polish and French), and as a simple multi-language leaflet which just says who is eligible and where to get the vitamins



# Problems and barriers

- Reception staff act as “gatekeepers”, and try to ration
- Clinical staff, particularly midwives, have large caseloads and other priorities
- Vitamins not always where antenatal clinics are held
- DH supplies can be erratic
- The public don't **feel** vitamin D deficient

## Potential risk?

- Starting children's drops at 2-4 weeks carries potential risk of exceeding maximum recommended intake of vitamin A in formula fed infants
- However cases of hypocalcemic fits in Birmingham children on formula have been recorded, suggesting they are born deficient
- Many infants nationally are on vitamins plus formula and no known cases of vitamin A toxicity
- In recent years there have been 3 infant deaths from cardiomyopathy secondary to vitamin D deficiency

# Measuring uptake

- Collect number of bottles ordered per base, numbers reported as issued by each outlet, and spend on vitamins
- Year to March 2009, 11% of eligible women in HoB tPCT area receiving HS vitamins for women, and 13% of eligible children receiving HS vitamin drops
- Uptake of women's increased to around 15% in 2009-10, and uptake of children's at least maintained
- 2010-11: reaching at least 17% of women, and at least 12% of children

# Improving uptake?

- Spend on Healthy Start vitamin supplements has increased:
- £1,900 per month on average during 2008-9
- £3,800 per month 2009-10
- £4,768 per month for 2010-11
- i.e increase by factor of 2.55 in last 2 years, and cost has only increased by 4-50%



# Reducing cases of deficiency?

- Case finding exercise carried out during 2005 at Birmingham hospitals revealed 29 cases of vitamin D deficiency in children under 5 in HoB tPCT area
- Repeated for cases during year to March 2010, and found just 12 cases in the area
- 21 children in total with Birmingham post codes

# Incidence

- In HoB tPCT area, incidence of Vitamin D deficiency disease has decreased from 120/100,000 in 2006 to 49/100,000 in 2010

# Roll out of campaign

- Case finding exercise, and increase in vitamin uptake in high risk groups, used to justify roll out to whole of Birmingham
- Change to eligibility for children, just to age 4, as children aged 4-5 hard to reach, and this may reduce cost
- Launched February 2011, so too early to measure impact
- After March 2012, may not be affordable

# What does it cost?

- Budget of £113,000 per annum, which would not be adequate with 100% take up
- Paying for deliveries to Children's Centres, Health Centres and pharmacies
- We pay pharmacists to distribute, 90p per issue, payable after 50 given out
- So far affordable, but may become a cost pressure
- Need to improve claim back from DH



# Cost of not treating

- Treating rickets has been estimated to cost £2,500-5,000 per child, plus hidden “social” costs
- Women’s supplements during pregnancy and for one year post-natally cost £9.13
- Children’s drops for one year cost £10.47, so to supplement until aged 4 costs £41,86
- Not all un-supplemented children would develop rickets, but there is growing evidence on other risks of suboptimal vitamin D levels
- AND some of cost can be re-claimed from DH

# Any questions?

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