



NHS Health Check content review form

1. Please tick the categories that apply to your proposal.	
<input type="checkbox"/>	It involves amending the eligible population.
<input type="checkbox"/>	It involves amending an existing component of the risk assessment.
X	It involves introducing a new component to the risk assessment.
2. Please provide a short summary describing your proposed change [max 200 words]	
<p><i>[Please be sure to clearly state what your change or addition is e.g. to introduce a lung function test]</i></p> <p>To raise awareness of the importance of vitamin D supplements in certain population groups that are at risk of vitamin D deficiency, it is proposed to include questions that can help identify an at risk individual. This will then provide an opportunity for the frontline professional conducting the NHS Health Check to provide the patient with information on vitamin D and where applicable recommend vitamin D supplements. The at risk groups that will be captured in the NHS Health Checks population are older adults >65 years, people who have darker skin e.g. people of African, African-Caribbean and South Asian origin and people who have low or no exposure to the sun e.g. those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods.</p> <p>For older adults >65 years a question regarding vitamin D supplement use can be asked. For the other at risk groups the frontline professional will need to ask questions to determine if they have limited exposure to sunlight.</p>	
3. Please state which strategic health priority in the NHS outcome framework or the public health outcome framework the proposed change supports [max 200 words]	
<p><i>[Please identify up to three priorities]</i></p> <p>This supports the priority Health Improvement in the Public Health Outcome Framework (People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities). The importance of diet as a major contributor to chronic disease and premature death is also recognised in the white paper 'Healthy People, Healthy Lives'. Raising awareness of the importance of vitamin D supplements in at risk groups has been raised as a priority by the CMO and NICE (details below).</p>	

Vitamin D deficiency impairs absorption of dietary calcium and can cause bone pain and tenderness as a result of osteomalacia in adults.

The CMO wrote a letter to health professionals in 2012 raising awareness of the importance of vitamin D supplements in at risk population groups to prevent vitamin D deficiency. The at risk groups captured in the NHS Health Checks population are older people >65 years, people who have low or no exposure to the sun and people who have darker skin <https://www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups>.

In November 2014, NICE published guidance '*Vitamin D: Increasing supplement use among at-risk groups*' with the aim to increase vitamin D supplement use to prevent vitamin D deficiency among at risk groups identified in the CMO letter.

4. Please identify which of the programmes objectives the proposed change supports [please tick]

- To promote and improve the early identification and management of the individual behavioural and physiological risk factors for vascular disease and the other conditions associated with those risk factors.
- To support individuals to effectively manage and reduce behavioural risks and associated conditions through information, behavioural and evidence based clinical interventions.
- To help reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities.
- To promote and support appropriate operational research and evaluation to optimise programme delivery and impact, nationally and locally.

5. How will the proposed change support the(se) objective(s)?

Vitamin D deficiency impairs absorption of dietary calcium and can cause bone pain and tenderness as a result of osteomalacia in adults. The National Diet and Nutrition Survey reports that 1 in 4 adults are deficient in vitamin D (NDNS 2008-09, 2011-12), as measured by plasma 25(OH)D levels, which reflects the availability of vitamin D in the body from dietary sources and sunlight.

Older adults >65 years and people with darker skin are at a higher risk of vitamin D deficiency as the skin is less effective at synthesising vitamin D. People of African, African-Caribbean and South Asian decent and those that cover up when outside are at particular risk. Data from the Health Survey for England 2010 and data from UK based studies have reported lower levels of 25(OH)D in people from Asian and African origin.

Including a question to determine skin exposure to sunlight and vitamin D supplement use will provide the frontline professional delivering the NHS Health Check an opportunity to emphasise the importance of vitamin D supplements for good health. They will be able to explain that there are limited food sources and vitamin D can only

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be synthesised on the skin from sunlight in April-October in the UK. Therefore it is important that at risk groups are recommended a vitamin D supplement to meet their needs.

Detailed information on the importance of vitamin D is available in two leaflets (one for health professionals and one for patients) published by PHE in 2014

<https://www.gov.uk/government/publications/vitamin-d-for-healthcare-professionals-and-the-public>

6. What is the evidence for the clinical effectiveness of the proposed change?

Vitamin D supplements are known to increase vitamin D status.

7. What is the evidence of cost effectiveness of the proposed change?

There is not much data available on the cost effectiveness of interventions to reduce vitamin D deficiency. There is some information in the NICE guidance stating testing for vitamin D insufficiency has increased 2 to 6 fold in the recent years and at an approximate cost of £20 a test, it is likely to be a considerable cost to the NHS (Sattar et al., 2012). The NICE guidance also describes that primary care spending on treatments for vitamin D deficiency rose from £28 million in 2004 to £76 million in 2011 (Treating vitamin D deficiency GP <http://www.gponline.com/treating-vitamin-d-deficiency-cost-100m-year-2013/nutrition/article/1116651>), 13 February 2012; Prescription cost analysis England 2011 Health and Social Care Information Centre <https://catalogue.ic.nhs.uk/publications/prescribing/primary/pres-cost-anal-eng-2011/pres-cost-anal-eng-2011-rep.pdf>).

Raising awareness of the importance of vitamin D supplements in certain at risk population groups will reduce vitamin D deficiency.

8. Please provide an outline of how this would change current practice i.e. what would frontline professionals delivering the NHS Health Check need to do that isn't already a part of the programme?

The NICE guidance recommends that national activities to increase awareness about vitamin D should be developed and that awareness among health, social care and other relevant practices of the importance of vitamin D should be increased. These recommendations could be met through the NHS Health Checks.

The frontline professional will need to determine skin exposure to sunlight and vitamin D supplement use, by asking the following questions. We are not aware of any validated questions however, validated questions may not be needed since it will be obvious if someone is wearing concealing clothing.

- How much time do you spend outdoors?
- When outside do you wear clothing fully covering your arms and legs?

The frontline professional delivering the NHS Health Check would need to offer advice on the importance of vitamin D and recommend vitamin D supplements to a patient that falls in an at-risk category. All this information is available in two recently

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published leaflets for health professionals (Vitamin D – information for healthcare professionals) and the public (Vitamin D – all you need to know).

<https://www.gov.uk/government/publications/vitamin-d-for-healthcare-professionals-and-the-public>

The standard blood test is for 25hydroxyvitamin D. However, the outcome of this intervention would be advice on taking supplements. A blood test or tests would only be needed if clinically indicated.

9. If you are proposing a new component to the programme, please describe the effective treatment and management systems that are exist and are available.

Vitamin D supplements or supplements containing vitamin D are available on prescription or for sale from pharmacies and shops. They can be sold in large doses, therefore it is important to note that the recommended amount is 10µg/d.

Vitamin D supplements are not provided by LAs to at risk population groups, except as part of the Healthy Start programme. Some women and families with young children on a low income are eligible to participate in the Healthy Start programme and can get free supplements containing vitamin D.

10. Please state whether you feel the change will have a negative, neutral or positive impact on health inequalities and on the nine protected characteristic groups and why.

[please tick, *max 200 words*]

Negative Neutral Positive

[Why...]

Information from the National Diet and Nutrition Survey rolling programme (years 1-4) shows that 1 in 4 adults is deficient in vitamin D. The Health Survey for England 2010 looked at 25(OH)D levels in different ethnic groups and found that it was lower in black and Asian participants compared to the white subjects. This finding is similar to that reported in a UK study (D-Fines). If questions about going outside are included in the Health Checks and resulted in increasing awareness of the importance of vitamin D in these at risk groups, this could help reduce health inequalities in the long term.

11. Please name a local authority that has already adopted this proposed change to their delivery of the NHS Health Check programme.

None

12. Please list any relevant references

National institute for Health and Care Excellence 2014. Vitamin D: increasing supplement use among at risk groups <https://www.nice.org.uk/guidance/ph56>

Bates B, Lennox A, Prentice A, Bates CJ & Swan G (2012) National Diet and Nutrition Survey: Headline Results from Years 1, 2 and 3 (combined) of the Rolling Programme 2008/09 – 2010/11. <https://www.gov.uk/government/publications/national-diet-and-nutrition-survey-headline-results-from-years-1-2-and-3-combined-of-the-rolling-programme-200809-201011>.

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Sattar N, Welsh P, Panarelli M et al. (2012) Increasing requests for vitamin D measurement: costly, confusing, and without credibility The Lancet 379 (9811): 95–6

For completion by the ESCAP secretariat

13. Proposal to be shared with ESCAP

Yes.

14. ESCAP feedback

ESCAP considered that this proposal went beyond the scope of the NHS Health Check programme. It was also considered that there was absence of evidence on the effectiveness and cost-effectiveness of introducing vitamin D status as part of an NHS Health Check. Therefore, ESCAP recommended that this proposal will not progress to stage 2.

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Section 2

15. Please detail the clinical effectiveness of the proposed change.
16. Please detail the evidence of cost effectiveness of the proposed change.
17. Please provide a summary of your full health equality impact assessment. [please tick, <i>max 500 words</i>]
The proposal will have a <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Positive impact on health inequality and the nine protected characteristic groups. [Why...]
18. Please list any additional relevant references

For completion by the ESCAP secretariat

19. Date considered by ESCAP
20. ESCAP agreed to progress to stage 3?
<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Rational for outcome

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Section 3

22. Please provide a brief summary of how you conducted the feasibility study.
23. Please provide a summary of the operating requirements of the proposed change.
24. Please detail the benefits and costs associated with implementing the proposed change
25. Please provide a summary of the risks and mitigations of implementing the proposed change.
26. Options
27. Recommendations

For completion by the ESCAP secretariat

28. Date considered by ESCAP
29. ESCAP agreed to recommend the change for implementation?
<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Rational for outcome

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