

Guidance to support adoption of existing recommendations on Vitamin D supplementation for eligible people living in adult care homes

Business and Regulatory Impact Assessment

March 2024

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1. Title of Proposal

Guidance to support adoption of existing recommendations on Vitamin D supplementation for eligible people living in adult care homes.

2. Purpose and intended effect

To provide guidance materials which support care homes to:

- adopt existing recommendations around vitamin D supplementation for people living in adult care home as per 2016 Scientific Advisory Committee on Nutrition (SACN) advice¹ and Scottish Government vitamin D policy²
- hold person-centred conversations with residents and their families about vitamin D supplementation.

2.1 Background

Vitamin D plays a crucial role in regulating calcium and phosphate levels which are crucial for bone and muscle health. According to the SACN there is considerable evidence on the benefits of vitamin D on musculoskeletal health outcomes such as decreased risk of osteomalacia, improvement of muscle strength and function and reduction in fall risk for those over 50 years old. (SACN, 2016). Vitamin D is obtained from dietary sources such as food and supplements or produced in the skin following ultraviolet B (UVB) radiation (Holick, 1994)³.

The exposure to UVB depends on factors such as latitude, season, time of the day. In Scotland, the levels of vitamin D are affected by the limitation of sunlight due to lack of exposure from October to the end of March (SACN, 2016). Concentrations below 25 nmol/L of vitamin D (25(OH)D, which is a biomarker of vitamin D status, this level is correlated with an increased risk of poor musculoskeletal health (SACN, 2016). Such concentration is difficult to achieve by certain groups in the population due to lack of exposure to sunshine. Among those are frail and institutionalised people, including those living in care homes (SACN, 2016). Therefore SACN has, since 2016, recommended an intake of 10 µg (400 IU) throughout the year in order to cover those groups at risk of having vitamin D below the recommended concentration levels (SACN, 2016). During the Covid-19 pandemic individuals who were shielding in Scotland, including those living in care homes, were offered vitamin

¹ [SACN Vitamin D and Health report.pdf \(publishing.service.gov.uk\)](#)

² [Vitamin D | Food Standards Scotland](#)

³ [Holick, M., 1994. McCollum Award Lecture, 1994: vitamin D - new horizons for 21st century. American Journal of Clinical Nutrition, 60\(4\) pp. 619-630](#)

⁴ Campbell, P., 2022. Pilot of vitamin D supplements in care homes in NHS Ayrshire & Arran. NHS Ayrshire and Arran

[SACN Vitamin D and Health report.pdf \(publishing.service.gov.uk\)](#)

D supplementation for a period of 4 months from December 2020. However, only an average of 35% of individuals over 65 years old took the vitamin D supplementation (Campbell, 2022; NHS Education for Scotland, 2021) ⁴.

Following the SCAN recommendation in 2016, the previous Chief Medical Officer (CMO) wrote to health professionals and other agencies in 2017 to highlight the recommendations including for older people less able to go outside. This recommendation is referred to in Care Inspectorate's [Eating and Drinking Well in Care: Good Practice Guidance for Older People | Care Inspectorate Hub](#).

In January 2021, the CMO wrote to care homes recommending that the provision of vitamin D supplementation should be considered for all care home residents taking account of their needs and preferences. In response to feedback from the sector around the need for guidance on implementation, CMO and the Chief Pharmaceutical Officer (CPO) asked officials to establish a SLWG to make recommendations based on current evidence on whether care home residents should be offered and given access to vitamin D supplementation and, if so, how this would be achieved consistently.

The SLWG group, chaired by a CMO Professional Adviser for Ageing and Health, and Head of Effective Prescribing and Therapeutics, comprised a range of stakeholders, including care home representatives, Care Inspectorate, pharmacists, consultant dietitian, senior nurse and clinical lecturer in geriatric medicine. includes SG policy officials, NHS colleagues, and representatives of Care Home Providers.

SLWG made the following recommendations:

- That we adhere to the recommendations made by SACN and that all residents should have an opportunity to receive vitamin D supplementation.
- Supplementation of vitamin D is considered in a person-centred way, where decisions are made on an individual basis, taking into account the residents' personal choice, needs and circumstances.
- We should try to achieve this without over-medicalising something that is a nutritional supplement rather than a medicine or drug.
- Ahead of a national rollout, there is a pilot to test SLWG developed vitamin D resource materials, access, uptake and recording.

NHS Ayrshire and Arran (NHS A&A) agreed to run the pilot which began in October 2022, initially involving four homes with funding from SG for the supplements. A further two homes participated following an extension of the pilot in January 2023. Scottish Government funded NHS A&A to purchase vitamin D supplements for the care homes. The findings are summarised in Annex B but essentially the evaluation demonstrated:

- a positive overall experience of offering vitamin D to eligible residents, with 47% of residents in the pilot care homes accessing the supplements.

- main reasons for not participating: residents already taking a prescribed dose of vitamin D (29.7%), other medical conditions preventing this (16.6%), residents decided not to take part (6.2%) and residents taking a non-prescribed dose of vitamin D (0.6%).
- that it was possible for care home staff to administer the vitamin D supplements in a 'non-medical' way through the use of checklist and supporting guidance.
- the need for minor changes to the guidance materials to improve clarity.
- a willingness of participating care homes to continue to provide vitamin D supplementation for residents.
- the need for care homes, GPs and local pharmacies to be fully informed about the process to support implementation.

Based on the evaluation findings, the SLWG recommended that we implement their recommendations and that updated guidance materials are issued to care homes to enable eligible care home residents are offered vitamin D supplementation. The SLWG noted however the burden on care homes in terms of the time to identify which residents were eligible for the supplements and to offer them in a person-centred way, and the time to administer and record when the supplements were taken.

2.2 Rationale for Government intervention

This is not a new policy. Scottish Government policy on vitamin D supplementation including for people in care homes has, for some years reflected 2016 SCAN recommendations which has been communicated by previous CMOs and reflected in Care Inspectorate eating well guidance. However during our engagement with stakeholders, it became clear that to support wider adoption of such a recommendation, further guidance should be developed for care homes. Many care home residents are already prescribed vitamin D for deficiency (around 30%) which is a much higher dose than that contained within a supplement.

The purpose of the work therefore has been to work with stakeholders to develop appropriate guidance for care homes and those that support care homes to enable adoption of existing Scottish Government / SACN recommendations/ policy.

Taken together the government intervention will be to:

- issue guidance for the sector about adopting existing advice that eligible people living in adult care home should be offered the opportunity to receive vitamin D supplementation, taking into account their personal choice, needs and circumstances.
- provide guidance materials for care homes and those that work with the sector to support person-centred conversations with residents and their families.

National Outcomes

This contributes to national performance framework outcome that:

- people are healthy and active.

2.3 Sectors and groups affected

The proposal to issue guidance on vitamin D for the care home sector is intended to apply to adult care homes registered with the Care Inspectorate. The care home census shows that as at 31 March there were 1,051 care homes for adults and 33,352 residents aged 18 years and over in care homes in Scotland⁵. The vast majority of people living in care homes are older people (Residents in care homes for older people account for 92% of residents in all care homes) many of whom will have disabilities such as dementia (approximately 64%). Many will be unable to generate vitamin D from going outside either because they can't leave the home or they will not be outside for long enough. This is also likely to apply to people living in care homes who are under 65 years. Females account for approximately 70% of long stay residents in care homes for older people and predominate especially in the older age groups.

Most care homes for adults are delivered by the private sector (around (64%) but the voluntary and not-for-profit sector (23%) and local authorities (13%) also play an important role.

In summary the following people are likely to be affected by the proposals:

- Adults living in care homes and their representatives
- Care home staff
- Organisations and professions that support care homes eg pharmacists, GPs community nurses, Care Inspectorate.

3. Consultation

3.1 Public consultation

We have consulted a number of external stakeholders via the SLWG and outwith. This included

- Scottish Care – representing care homes
- Care home providers –
- Geriatrician/ academic
- Scotland Excel/ COSLA
- Care Inspectorate
- Healthcare Improvement Scotland
- NHS boards – Ayrshire and Arran who supported the pilot
- Six care homes that participated in the pilot in A&A – provided views via an evaluation

⁵ [Care home census for adults in Scotland - Statistics for 2012 – 2022 - Care home census for adults in Scotland - Publications - Public Health Scotland](#)

3.2 Within Government

We have consulted the following stakeholders within Government and other national agencies through one to one engagement and through the SLWG:

- Scottish Government policy leads for vitamin D in the Diet and Healthy Weight Team Population Health Strategy & Improvement Division
- SG Clinical and Pharmacy professional advisers from the CMO and Chief Pharmaceutical (CPO) teams and CMO, CPO
- SG Pharmacy Policy
- SG adult social care charging team
- Food Standards Scotland

3.3 Business

We have consulted a number of care home providers and those representing care home providers

- Six care homes participated in the pilot in Ayrshire and Arran and fed their views via an evaluation
- Two care homes representatives were members of the SLWG
- Scottish Care who represent the care home sector were members of the SLWG and we had several meetings with Scottish Care CEO and with their nursing workforce lead to discuss the work and the impact on care home providers.
- We organised one follow-up workshop with care providers to discuss the outcome from the pilot, next steps and the impact on business. Only one provider could attend in the end. We therefore met one other provider who provided views. We plan will collate and share the views expressed by providers to Scottish Care.

4. Options

This section contains a summary of the possible approaches and a brief look at the specific mitigation measures available.

4.1 The options

1. Do nothing

This option would mean that Scottish Government would not issue guidance for care homes on adopting existing SACN advice and Scottish Government recommendations on vitamin D supplementation for people living in adult care homes. The advice is already contained in Care Inspectorate's eating and drinking well guidance for older people. However, awareness and adoption of this advice is low, so this option would result in many care home residents who might benefit from taking supplements, not being given the opportunity to choose to do so.

Benefits

Little/no additional work required by care home staff in offering vitamin D to care home residents

Costs

No direct financial costs. However not offering vitamin D will mean that care home residents may not benefit from the supplement which has been shown to support good bone and muscle health. A lack of vitamin D can lead to deficiency and an impact on bone and muscle health resulting in greater risk of falls/ fractures. Costs may therefore be incurred through subsequent health care/ interventions.

2. Issue a letter and point to existing advice

This option would mean that Scottish Government would simply issue a letter and recommend that care homes adopt the existing recommendations. However Scottish Government did this in 2021, and the sector called for guidance on how best to implement the existing policy in a person-centred, non-medical way. By not issuing specific advice for care homes, fewer people are likely to be given the choice of taking vitamin D supplements resulting in less people benefit from it.

Benefits

Little burden on Scottish Government as only issuing letter without guidance and promotion of existing policy.

Costs

Care homes may or may not offer vitamin D. Those that do offer it will pay around £8 per year per resident for tablets and a little bit more for liquid. The pilot showed that around 46% took up the offer, the remainder were on vitamin D for deficiency (30%), could not take it for medical reasons (17%) or chose not (6%)

3. Issue letter with guidance to support adoption and promote through workshops and other means

This option would mean that Scottish Government would issue guidance materials that have been specially developed for the sector and updated based on the pilot feedback. This was called for by the sector previously. These materials provide care home staff with the tools to hold person-centred conversations with residents and families to support decisions on whether to take vitamin D supplementation, taking account of resident circumstances and existing medicines without the need to contact GPs or pharmacists in the majority of cases. Issuing guidance with follow-up engagement and promotion with the sector would mean care homes are more likely to adopt existing recommendations around vitamin D supplementation resulting in more eligible people being given the choice around taking it.

Benefits

More care home residents likely to benefit and have greater bone and muscle health, resulting in lower risk of fractures/ falls.

Costs

As noted above there will be costs associated with the supplementation (approx. £8 per person/ year for tablets and a little bit more for liquid) and the time taken to assess offer it to residents. There are approximately 33,000 residents in adult care homes. For an average bedded home (50 beds) the time take to assess all residents and discuss further with eligible residents would equate to:

Time taken for 50 bedded care home to assess and discuss with resident and family	Hours
Assessment 30mins per resident – 50 residents (both those with capacity and those without involving families and Power of Attorney PoA as appropriate). Discussion at next family/PoA visit.	25 hours
follow-up discussion with those taking or their PoA (50%) - 20mins x 25 residents. Both those with capacity and those without.	7.5 hours
Total per care home	32.5 hours

Table - assumptions based on experience of pilot

As outlined below suggestions for managing this from providers include sequencing the assessments and discuss this guidance with families/PoA on their next visit to the care home.

4.2 Discussion

During the discussions with the SLWG and with others including care home providers, stakeholders supported the principle of offering vitamin D supplementation to care home residents as per existing advice and issuing appropriate guidance for the sector. It was felt that the policy will be widely accepted as being beneficial and staff would want to offer this. However some noted the burden on care homes in terms of the time to identify which residents were eligible for the supplements and to offer them in a person-centred way, and the time to administer and record when the supplements were taken. It has been suggested by a provider that to reduce this burden, identification can be sequenced by building it in to the process of admission for new residents and care plan reviews for existing residents. In addition, staff can schedule any discussions with families at their next visit. We will reflect this in guidance.

Care home providers are likely to be impacted by the cost of supplying the supplement although costs are minimal at £8/yr for tablets and a little but more for liquid. As noted above, the pilot showed that around 46% took up the offer, the remainder were on vitamin D for deficiency (30%), could not take it for medical reasons (17%) or chose not (6%).

There is agreement from Scottish Care and Scotland Excel that the cost for the supplement is already covered by the National Care Home Contract (NCHC) food and nutrition line, however the overall costs for this line are being reviewed as providers feel it does not reflect rising food and nutrition costs generally. This may mean providers are unwilling to fund the supplement at this time, resulting in unequitable access for some.

4.3 Summary of options

Although a review of the NCHC is still ongoing, vitamin D supplementation for those living in care homes has been advised and reflected in Scottish Government policy and Care Inspectorate guidance for some time. The clear message from care homes and stakeholders when the last CMO letter was issued in January 2021 was the need for guidance for the sector to implement. Guidance materials were developed and tested through a pilot with six homes and were found to be helpful in supporting homes. The SLWG has recommended that we issue the guidance but work to promote it through engagement with the sector e.g. through workshops and through development of an app on an existing digital platform used by care homes. This approach has been approved by the CMO and CPO and therefore we recommend option 3 - Issue letter with guidance to support adoption and promote through workshops and other means. To reduce the burden on providers to identify eligible residents, it is recommended that the communications suggest that care homes consider building it in to the process of admission for new residents and care plan reviews for existing residents.

5. Scottish firms impact test

No impacts were noted.

6. Competition assessment

No impacts were noted.

7. Consumer assessment

No impacts were noted.

8. Test run of business forms

No impacts were noted.

9. Digital impact test

No digital impact test is required. The issuing of guidance for care homes does not give rise to any immediate or direct impact on technology or technological advances.

10. Legal aid impact test

No impacts noted.

11. Enforcement, sanctions and monitoring

The voluntary nature of this policy requires no enforcement and sanctions are not relevant. To support adoption, steps will be taken by stakeholders to promote the guidance. Uptake of vitamin D supplementation in care homes will be monitored, principally through adding an appropriate question to the annual care home census.

12. Implementation and delivery plan

The guidance will be issued to care homes with support from stakeholders and a communications plan. Workshops will be held with care homes and an existing digital App will be utilised to support decision making by care home staff.

12.1 Post-implementation review

The Scottish Government will monitor the adoption of the guidance in a number of ways including the addition of a question in the care home census.

13. Summary and recommendation

There is a clear desire amongst all stakeholders for appropriate guidance for care homes staff to offer vitamin D in a person-centred non-medical way. Such materials have been developed and tested so that staff have the necessary tools to enable residents to benefit from vitamin D.

14. Declaration and Publication

“I have read the Business and Regulatory Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs. I am satisfied that business impact has been assessed with the support of businesses in Scotland.”

Signed:

Date: 1 December 2023

Minister's name: Maree Todd

Minister's title: Minister for Social Care, Mental Wellbeing & Sport

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