

Review of The Distribution of Healthy Start Vitamins Through Community Pharmacies

REVIEW OF THE DISTRIBUTION OF HEALTHY START VITAMINS THROUGH COMMUNITY PHARMACIES

Review Key Findings

- Although community pharmacies have increased distribution of Healthy Start Vitamins since the start of the national trial scheme, uptake in Scotland continues to be low.
- Both NHS health professionals and community pharmacies identified barriers with the distribution of Healthy Start Vitamins including challenges with existing systems and structures for distribution, stock availability and systems for reclaiming cost.
- Wider influence of women's awareness, understanding and use of Healthy Start vitamin coupons contributes to low uptake.
- To increase uptake of vitamins and drops a number of barriers need to be overcome, though community pharmacies may be part of the solution.

1. Introduction

The Healthy Start Scheme is a UK initiative available to pregnant women and families who are receiving benefits or tax credits or for pregnant women aged 18 or under. Once accepted onto the scheme, Healthy Start coupons for vitamins and drops are sent to women at regular intervals of 8 weeks between pregnancy and for children from birth until their child turns 4 years old.

In April 2013 community pharmacies in Scotland were invited to take part in a national trial scheme to distribute Healthy Start Vitamins to improve uptake. Families who are eligible for the scheme could take their coupons into participating community pharmacies and exchange them for either Healthy Start vitamins for themselves and/or drops for their child.

The national trial operated in community pharmacies within many NHS Health Boards. In some NHS Boards distribution happened solely through community pharmacies, in others distribution could be through community pharmacies and existing NHS services. The trial scheme ran for two years and was due to complete in May 2015.

A review of the distribution of Healthy Start vitamins was undertaken by the Scottish Government between December 2014 and March 2015 and will inform further plans for distribution.

2. Background

2.1 Healthy Start Vitamins

Healthy Start is a UK-wide scheme run by the Department of Health. Eligible families must already be in receipt of the appropriate benefits (confirmed by HMRC Tax

Credits or the Department of Work and Pensions). Eligible families must apply to the Healthy Start scheme to receive the vitamins. Once accepted onto the scheme families receive vouchers for fresh and frozen milk, fruit and vegetables and, infant formula milk every 4 weeks and coupons for vitamins every eight weeks. The review was concerned only with the distribution of vitamins and drops.

Women's vitamin (tablets) contain:

- Folic acid: reducing the chance of the baby having spina bifida
- Vitamin C: helping to maintain healthy tissue in the body
- Vitamin D: helping to absorb calcium to support bone development

Children's vitamins (drops) contain:

- Vitamin A: for growth, vision on dim light and healthy skin
- Vitamin C: helping to maintain healthy tissue in the body
- Vitamin D: for strong bones and teeth

2.2 National Trial Scheme Aim

Prior to the national trial of distributing vitamins through community pharmacies a number of issues had been identified as barriers to the existing distribution system via NHS Scotland. There were difficulties for families and health professionals in accessing vitamins; problems with wholesale supply of vitamins; and lack of effective distribution systems which could, combined with a limited shelf life, mean that wholesalers would be left with out of date stock. Distribution methods were complex and several mark up costs were incurred.

Scottish Government therefore initiated a trial scheme consisting of a national remuneration and reimbursement framework for community pharmacies to enable them to distribute Healthy Start Vitamins to improve uptake in Scotland. The national trial scheme commenced in May 2013, initially for one year. This was extended for a further year until May 2015. Community pharmacies were invited on voluntary basis to participate in the scheme in 2013-14 and then reapply to take part in 2014-15.

2.3 National Trial Scheme Overview

Each participating community pharmacy received a £200 remuneration fee for each year they were involved in the pilot. Participation in the scheme was conducted in line with specification and terms and conditions set down in the letters issued by Scottish Government for both years, and to help ensure all community pharmacy staff were aware of and understood the procedures for reimbursement. In addition, community pharmacies were reimbursed the cost price for the vitamins which they dispensed through the Healthy Start scheme. The reimbursement system operated as follows:

1. Community pharmacies would receive the Healthy Start Scheme coupon from the beneficiary.

2. The pharmacist would then endorse the coupon with their details and hand writes a separate prescription (CPUS form) detailing the type of vitamins provided¹.
3. The pharmacist would then send the coupon together with the CPUS form to NHS National Services Scotland, Practitioner Services Division (PSD) for reimbursement.
4. PSD recharge these costs out to NHS Boards quarterly basis.

Community pharmacies ordered supplies of vitamin tablets and drops from three main wholesalers operating in Scotland as part of the pilot. Community pharmacies were allowed to sell Healthy Start vitamins to non-beneficiaries at a pre-agreed price. Community pharmacies could return any out of date stock to wholesalers for reimbursement.

During the trial scheme NHS Boards could continue to supply Healthy Start vitamins directly to eligible pregnant and breastfeeding women and children aged under 4. Some NHS Boards submitted reimbursement claims from distribution through the NHS directly to the Scottish Government. Other NHS Boards never made any claims but met the cost of providing Healthy Start vitamins and drops through their own budgets. This cost was in some cases covered by Scottish Government as part of Maternal and Infant Nutrition Framework monies.

The data on reimbursement to community pharmacies was collected centrally by NHS NSS Practitioner Services Division and provided to Scottish Government on a 3 month retrospective basis. Scottish Government also collect data on reimbursement claims direct from some NHS Boards on a monthly basis for the arrangement of a quarterly payment. Data on NHS Boards who met the cost from their own budgets (not claiming re-imbursement via Scottish Government) was only captured by the NHS Board and has not been shared.

3 Healthy Start Vitamins Review

3.1 Review Aims

The review aimed to assess whether distribution through community pharmacies has improved up-take of Healthy Start vitamins and to identify factors which have influenced up-take. The review will inform recommendations for the future distribution of Healthy Start Vitamins.

The review explored the following questions:

- To what extent had community pharmacies engaged with the pilot?
- Did up-take increase? How well did the pilot operate? This included Wholesale distribution, availability, access, promotion and engagement with families participating in the scheme.
- What were the barriers/enablers to improve the uptake of healthy start vitamins - for community pharmacies and NHS Health Boards?
- Suggestions for improving future distribution of healthy start tablets and drops.

¹ With the exception of requiring the voucher, this is the same process of completing a CPUS form for other medicines supplies such as, urgent supply of medicines, smoking cessation products and Emergency Hormonal Contraception.

3.2 Review Method

The review of the trial scheme for the distribution of Healthy Start vitamins through community pharmacies was undertaken between December 2014 and March 2015. The review consisted of the following aspects:

1. Review of the management data collected through the Healthy Start Scheme. Data on the distribution of women's tablets and children's drops was analysed both at NHS Health Board level and at Scotland level (see Appendix 1).
2. Survey of community pharmacies in Scotland. An electronic survey was sent to all community pharmacies in Scotland via the community pharmacy network. The survey was sent to all 1250 community pharmacies in Scotland and took place between Jan-Feb 2015 and 182 responses were received (see Appendix 2).
3. Workshops with Healthy Start Leads (representatives from NHS Boards) pre/post review and in-depth interviews with 4 Healthy Start Leads (exploring barriers/enablers to improving uptake in urban and rural settings).

This methodology enabled the Scottish Government to give an indication of the impact community pharmacy distribution has had on the uptake of Healthy Start Vitamins however limitations should be noted; The response rate to the survey was very low (14.6%). This means the review was only able to gather a partial understanding of the views of community pharmacy contractors and their experience of the national trial scheme. Results from the survey therefore do not represent the views of the wider community pharmacy group in Scotland. The review was also based on secondary data sources collected from NHS Boards and a small number of interviews with NHS Healthy Start Leads. Data provided by National Service Scotland reporting was limited to existing analysis of Healthy Start management information, which is provided by Department of Health and HMRC.

The review did not include views from Healthy Start recipients. The findings from the review are therefore based on views from a limited number of community pharmacies and NHS professionals.

4. Community Pharmacy Engagement in the National Trial

In the first year of the trial scheme, there was a full participation of community pharmacies across Scotland. Of these, 61% were actively dispensing Health Start Vitamins.

In the second year of the trial, participation of community pharmacies reduced to 70%. Of these, 75% were actively dispensing Healthy Start Vitamins.

The tables below summarise community pharmacies engagement in the trial scheme over its two-year lifespan.

Year 1 – May 2013 – April 2014

Health Board	Number of Contractors	Number Opt in	% Opt in	Number Active	% Active
NHS Ayrshire & Arran	97	97	100%	39	40%
NHS Borders	27	27	100%	18	67%
NHS Dumfries & Galloway	35	35	100%	32	91%
NHS Fife	84	84	100%	26	31%
NHS Forth Valley	75	75	100%	38	51%
NHS Grampian	131	131	100%	65	50%
NHS Greater Glasgow & Clyde	289	289	100%	243	84%
NHS Highland	80	80	100%	42	53%
NHS Lanarkshire	142	142	100%	81	57%
NHS Lothian	182	182	100%	110	60%
NHS Orkney	4	4	100%	4	100%
NHS Shetland	5	5	100%	5	100%
NHS Tayside	91	91	100%	60	66%
NHS Western Isles	3	3	100%	0	0%
	1245	1245	100%	763	61%

Year 2 – May 2014 – December 2014 (Latest data available)

Health Board	Number of Contractors	Number Opt in	% Opt in	Number Active	% Active
NHS Ayrshire & Arran	97	83	86%	26	31%
NHS Borders	28	22	79%	14	64%
NHS Dumfries & Galloway	36	21	58%	26*	100%
NHS Fife	85	53	62%	17	32%
NHS Forth Valley	76	63	83%	38	60%
NHS Grampian	132	79	60%	44	56%
NHS Greater Glasgow & Clyde	291	194	67%	199	100%
NHS Highland	80	58	73%	38	66%
NHS Lanarkshire	145	91	63%	83	91%
NHS Lothian	183	133	73%	104	78%
NHS Orkney	4	4	100%	4	100%
NHS Shetland	5	5	100%	3	60%
NHS Tayside	92	71	77%	60	85%
NHS Western Isles	3	1	33%	0	0%
	1257	878	70%	656	75%

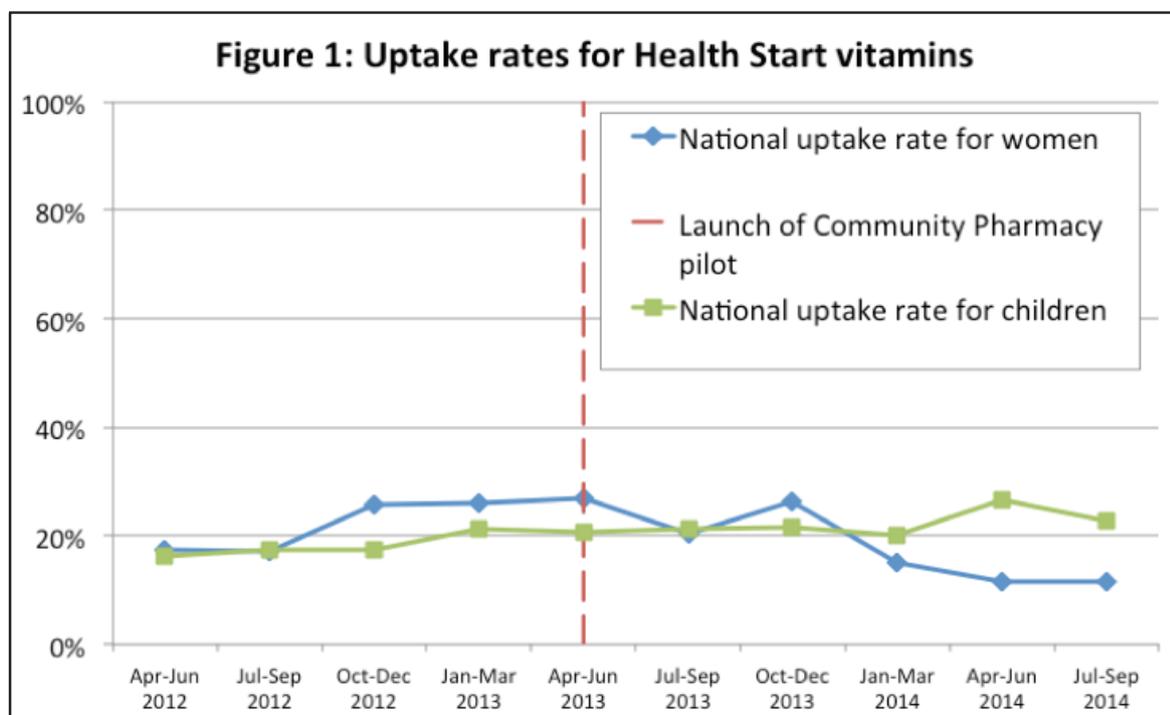
* Some Community Pharmacies missed the opt-in deadline but continued to distribute Healthy Start vitamins and drops, without receiving a participation fee.

5. Uptake of Healthy Start vitamin tablets and drops in Scotland

At present the overall uptake by beneficiaries of the Healthy Start scheme as a whole (receiving vouchers for food and milk and coupons for vitamin tablets and drops) is 74% in Scotland. Uptake of the scheme is measured by the number of families who have successfully applied for the scheme by those who are eligible to apply (based on those families who are already in receipt of the relevant benefits or tax credits).

Uptake of Healthy Start vitamin tablets and drops was measured by the number of vitamins claimed (by NHS and community pharmacists) for reimbursements that would have been supplied to those families who receive healthy start coupons for vitamins. Data provided on uptake is problematic as this is only recorded when NHS and community pharmacies claim back the cost of the vitamin tablets and drops.

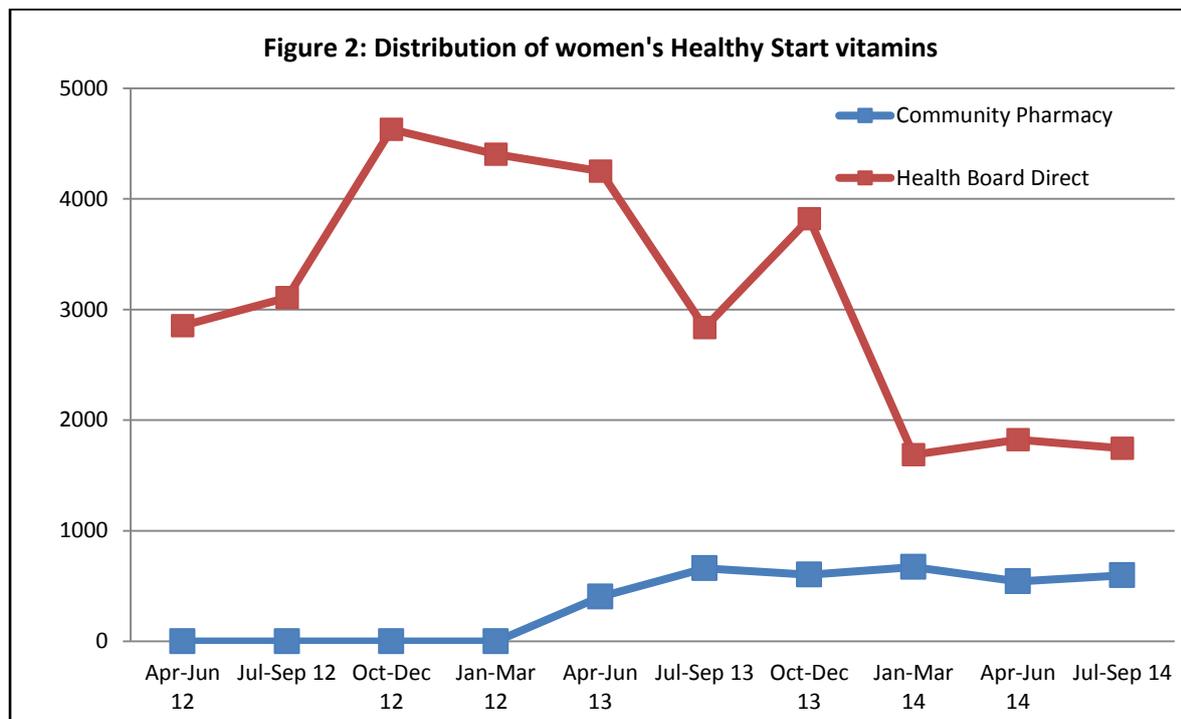
Figure 1 below shows the uptake of Healthy Start vitamin tablets for women and drops for children. The number of vitamins distributed includes distribution through both the NHS and community pharmacies. The Figure shows the % uptake of women's vitamin tablets in Scotland is very low both prior to the start of the pilot and since the pilot began, in particular the uptake of women's vitamins has been in decline.



6. Distribution of Healthy Start Vitamin Tablets and Drops

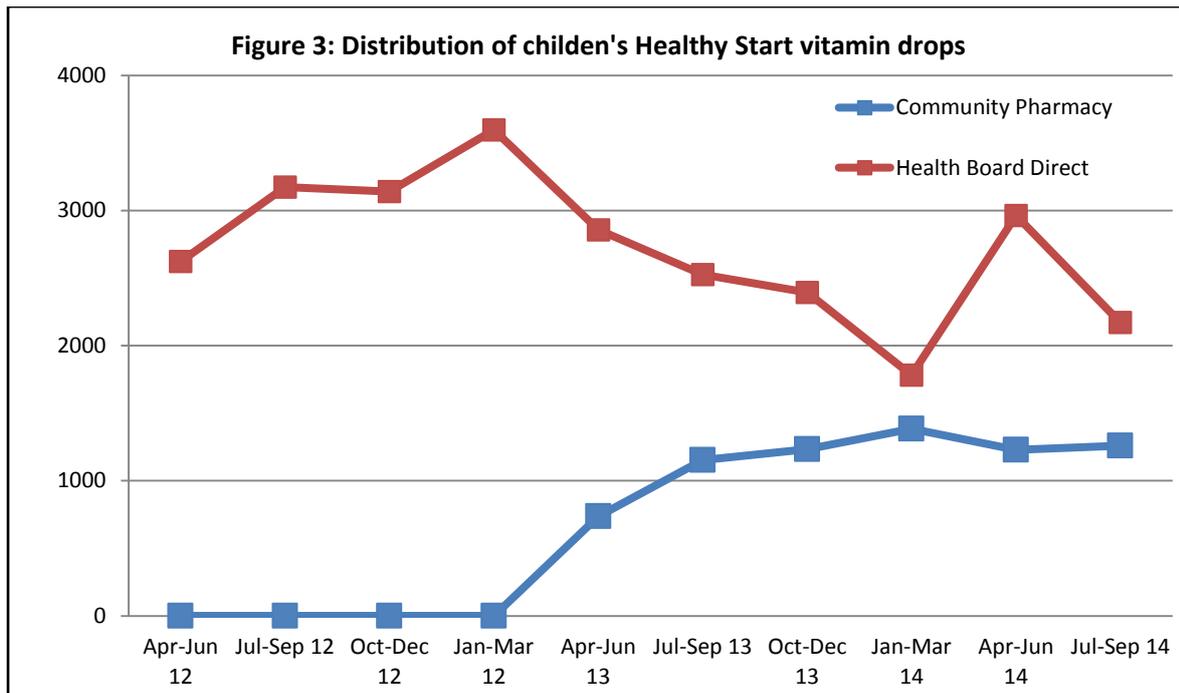
Data on distribution of Healthy Start vitamins through NHS and community pharmacies show the extent to which community pharmacies are contributing to uptake. It should be noted that data is based on the number of claims made by NHS and community pharmacy contractors for healthy start coupon repayment. Claims may be submitted irregularly or in batches which may not reflect when the vitamins are distributed (therefore where figures show spikes this may reflect when NHS and community pharmacies submitted bulk claims). Data on uptake does not take into account NHS Board funded distribution (as data is only based on reimbursement claims).

Figure 2 below shows that the distribution of women's healthy start vitamins through NHS Health Boards has declined since the introduction of the national trial scheme in March 2013, while community pharmacies have increased distribution. The figure shows NHS Boards distribute more vitamins and drops in comparison to community pharmacies. While overall uptake in women's vitamins is in decline, distribution through community pharmacies alone has not increased uptake².



Distribution of Healthy Start children's drops in Figure 3 below shows a similar trend with a decline in distribution through NHS and an increase in distribution through community pharmacies (although NHS Board continue to distribute more). A greater increase in community pharmacy distribution contributing to the increase in overall uptake is shown in Figure 1.

² It should be noted that some NHS Boards were instructed to stop issuing vitamins so that the community pharmacy pilot was given the best chance of success. This would have had a major effect on the women's vitamins distributed in these health board areas.



6.1 Distribution through NHS Boards

When the data is analysed at NHS Board level, we see some variation across NHS Boards in the extent to which community pharmacies actively distribute Healthy Start vitamins (see Appendix 1). NHS Boards where community pharmacies were more actively involved in distribution tended to be in areas with large population (Glasgow) or wide geographical areas which included rural areas (Borders, Dumfries and Galloway, Grampian, Orkney, and Shetland). In some NHS Boards, although community pharmacies were increasingly active, distribution was higher through NHS Services (Ayrshire and Arran, Tayside, Lanarkshire, Forth Valley).

In addition to distributing vitamin tablets and drops to eligible families, at least one NHS Health Board (Fife) had made the decision to fund distribution of vitamins to ALL pregnant women (not just those who are eligible for the Healthy Start scheme). Vitamins distribution was through existing NHS Board services and community pharmacy distribution in this Health Board was therefore negligible.

6.2 Distribution through Community Pharmacies

The survey indicates that, where community pharmacies were distributing Healthy Start vitamin tablets and drops, this tended to be infrequent with around a quarter of most respondents indicating they dispensed Healthy Start vitamins on a monthly or 6 monthly basis, with over a third dispensing Healthy Start vitamins on an annual basis (see Appendix 2). Amounts distributed were very low with the majority of respondents indicating 1-2 packets dispensed in any one time period.

Community pharmacies were also able to sell Healthy Start and other brand vitamin tablets and drops to customers who were not in receipt of the Healthy Start Coupons. The survey showed just under a third of respondents sold Healthy Start vitamins on a monthly or annual basis. Amounts sold of both Healthy Start and other

branded vitamins were very low with most respondents indicating 1-2 packets in any one time period.

It is not clear why women tend to buy vitamin tablets and drops. It should be noted that women who buy Health Start Vitamins may not be eligible for the Healthy Start Scheme however chose to purchase Healthy Start as opposed to other brands.

7. Barriers and enablers to increasing up-take of Healthy Start Vitamin Tablets and Drops

Despite engaging community pharmacies in the distribution of Healthy Start vitamins, take up has not been high. During the process of conducting the review many issues were raised about wider challenges with the Healthy Start Scheme as a whole (see Appendix 3). This review found a number of factors regarding the distribution of Healthy Start vitamins which contributed to this low uptake. The following sections sets out these factors and includes; distribution systems in place, stock availability, reimbursement system requirements, awareness and understanding about Healthy Start Scheme and the importance of vitamins from intended recipients.

7.1 Existing NHS Health Boards systems and structures

Healthy Start leads indicated that some NHS Boards provide the first tub of vitamin tablets to all pregnant women at booking³ along with information on where to get Healthy Start vitamins and drops in the future and how to apply for the Healthy Start Scheme. This enables midwives to have a conversation with pregnant women about what the vitamins are for and how the vitamins can benefit them and their babies. Information is then provided on how women can continue to access the vitamins (for example, via community pharmacy distribution).

Distribution through NHS services enables greater access to vitamin tablets and drops for women and children who are already engaged in health services. This is because NHS services and clinics provide a key contact point for women and children to receive the vitamins in the context of other healthcare provision. However, as the child gets older there are fewer opportunities to distribute the vitamins as the opportunity for contact with NHS services decreases.

While some NHS Boards can relatively easily set up systems for supply and distribution of vitamins through their existing NHS services, other NHS Boards find this more difficult to establish and maintain due to the size and geographic spread of their populations (see NHS Greater Glasgow and Clyde box below).

Example: Distributing vitamin tablets and drops in NHS Greater Glasgow and Clyde

Prior to the distribution of vitamins through community pharmacies in 2013, NHS GGC had challenges with distribution through NHS services alone due to its size and challenges with implementing a single system across a large number of CHPs and its relative workforce size. The cost of implementing a system within the NHS was seen to outweigh the cost of implementing through Community Pharmacies. NHS tested distribution through community pharmacies resulting in an overall increase of uptake of vitamin tablets and

³ The first appointment pregnant women have with maternity services

7.2 Stock availability

Many community pharmacies responding to the survey indicated continuing difficulties with ensuring they had supplies of vitamin tablets and drops in stock. Problems were identified with wholesalers not having vitamins in stock which was compounded by the short shelf life of the products and the infrequency of requests (with drops having a considerably shorter shelf life than tablets making stock management even more challenging).

“The demand from patients has been sporadic and as a result, we have had some stock go out of date. This resulted in us keeping a low stock, which occasionally meant we ran out when patients required them.”

Availability of stock in store is critical for uptake. If community pharmacies do not have stock in store the pharmacy can order more reasonably quickly however this requires women to make a second visit, which may be another barrier to uptake.

Example: Distribution through community pharmacies in NHS Tayside

NHS Tayside worked with community pharmacies along with NHS Fife prior to the pilot to provide support for the distribution of vitamin tablets and drops (providing local step-by-step guides on how the scheme works). However, since the pilot NHS Tayside notes persisting challenges. The first challenge is with health professionals and women knowing where to go to reclaim their vitamins. The second challenge is with community pharmacies understanding how the scheme works and the third challenge is having supplies in stock. Having stock available in pharmacies is a particular issue for NHS Tayside due to its geography (with a mix of rural and urban settings which make distribution through existing NHS Services more challenging). Traveling distances are made more difficult if women may have to travel to more than one community pharmacy to receive the vitamins should they not be available. Although there is a high number of community pharmacies taking part in the pilot, not all community pharmacies have stock in place all the time (particularly where they may not be actively distributing the vitamins on a regular basis). The fact that vitamins have a limited shelf life may not encourage pharmacies to have stock always available (even though money can be reclaimed for out date stock).

7.3 Reimbursement system requirement

Many community pharmacy survey respondents thought the current coupon system for reimbursement is time consuming with the requirement to include the coupon along with a separate prescription [CPUS form].

“The scheme is time consuming for pharmacists to administer - when a coupon is presented then a prescription [CPUS form] has to be handwritten. It would be much better if the coupons could be sent for payment without the need for a prescription to be written.”

Many respondents cited problems with women not having the coupons when requesting vitamins and drops.

7.4 Recalling procedures for reimbursement

The reimbursement system for community pharmacies was made more difficult because of the infrequency of requests for the vitamins community pharmacists had to recall what the system for reimbursement was.

“I work in the most socially deprived area of [NHS Health Board], yet the uptake of Healthy Start vitamins had been minimal. To the point that when a request is made, staff always ask ‘what do we do here, again?’”

7.5 Awareness about Healthy Start Vitamins scheme

Healthy start leads and community pharmacies noted intended recipients may not be aware of the Healthy Start scheme for vitamins. Healthy Start leads commented the amount of information provided at the booking appointment can overwhelm women and information on Healthy Start Scheme can be easily lost. Maternity services are asked to provide a huge range of information as part of the first point of contact and non-clinical issues like Healthy Start seems to get squeezed if there is time pressure.

“The Pharmacy was told we would get a coupon from the patient and then we would write a CPUS for the product(s) required... This has happened few and far between....patients tend to buy them if they want to and patients who would have been eligible seem to not access the service at all”

Although most community pharmacy survey respondents said they provided information to pregnant women on how to take the Healthy Start vitamin tablets and drops (69%) and who is entitled to the Healthy Start Scheme (67%), limited promotion material was available in community pharmacies. Many survey respondents reported keeping vitamins and drops behind the counter. Some Healthy Start leads highlighted this as a potential barrier, requiring women to ask for Healthy Start Vitamins rather than selecting them from the shelf.

7.6 Awareness and understanding about the benefits of Healthy Start vitamins

Healthy Start Leads noted women may not be aware of or understand who should take vitamins, and why taking vitamin tablets and drops are important. Healthy Start Leads report women may have the view that vitamin supplements are not required if women and children are eating a healthy diet. Women and children most at risk of poor health (which vitamins could prevent) are new immigrant populations who are adopting western diets. This is a particular issue for women from ethnic minorities who may not be aware they and their babies have an increased risk of vitamin D deficiency.

Example: Awareness and uptake in NHS Tayside

NHS Tayside has conducted two annual reviews with community pharmacies to explore their experience of the scheme and identify distribution issues with a view to improving up-take. Their review reported high public awareness of the healthy start scheme (74.5% of the 907 respondents knew about the scheme) however a lower response to whether they gave their family vitamin supplements (of the 899 who took part 42.6% did) NHS Tayside noted that uptake of vitamins has not been influenced by the requirement to apply for a means tested benefit or the need to exchange coupons for vitamin tablets and drops. On the contrary, women appear to be comfortable with exchanging coupons for vitamins tablets or drops. However, they noted that uptake may be affected by women's awareness and understanding about whether to take vitamins. Particular challenges have been met where health professionals such as GPs and community pharmacists are not convinced by the evidence that vitamins should be taken as part of a healthy diet (especially with regard to inclusion of Vitamin D).

These women may not be aware of the need to take vitamins or may not be eligible to receive Healthy Start. Uptake may also be influenced by the current evidence underpinning the use of Vitamins such as Vitamin D⁴ (as identified in the NHS Tayside example above).

Healthy Start leads have also expressed concerns that, even where women and children have received Healthy Start vitamin tablets and drops, they may not be taking them.

7.7 Understanding and use of Healthy Start Vitamin Tablets and Drops coupons

Both Community Pharmacies and Healthy Start Leads identified problems in uptake of Healthy Start vitamins due to a lack of awareness and understanding of intended recipients about how to use their coupons.

“Patients don't realise they need a coupon to receive them free of charge.”

Coupons are sent by post and then families need to remember to take the coupons into the community pharmacy. The coupons for vitamins are sent out every 8 weeks (whilst food and milk vouchers are sent every 4 weeks). This requires families to detach the vitamins coupon from the food and milk vouchers and take them separately to a community pharmacy as these cannot be redeemed with the same retailers as other healthy start food and milk vouchers (i.e. pharmacies in supermarkets⁵). These additional steps may mean women are more likely to lose the coupons or give them away with the other vouchers, not realising they are for a separate purpose.

⁴ Research published in 2013 found no relevant association between maternal vitamin D status in pregnancy and offspring bone marrow content in late childhood

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)62203-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)62203-X/fulltext)

⁵ Some pharmacies are registered as Healthy Start retailers

The requirement to present the Healthy Start scheme vitamin coupons at a community pharmacy necessitates women to prioritise vitamins which may be more challenging if they are not aware or understand why they are important and if they are dealing with many other issues in their lives.

8. Improving up-take of Health Start Vitamin tablets and drops

Although many of the factors affecting distribution identified by the review were identified by both Health Start Leads and Community Pharmacies, there were no clear solutions to many of the factors identified. However, a number of suggestions were made about how some aspects of distribution might be improved;

- NHS Boards are looking at a variety of alternative distribution and associated funding models to achieve higher uptake (for example redirecting local funds to ensure all eligible women receive vitamins or funding all pregnant women to receive them).
- Consider alternatives to making vitamins to be easily accessible; targeting areas of deprivation, working with wide range of services for distribution (see example box below).
- Make vitamins and drops available to all pregnant women and children under 4. Universal provision removes the requirement for a complex system of application, receipt and exchanging of coupons for eligible families and also removes many other barriers to access. This would need careful planning and monitoring to avoid waste and associated costs.

Early Years Collaborative tests of change on Healthy Start includes improvements to the distribution of vitamins (see Appendix 4 for the Early Years Collaborative Driver Diagram which identifies actions for improving uptake of Health Start scheme), these include;

- Distributing vitamins to all women as part of their first booking appointment
- Distributing vitamin tablets and drops to eligible women and families through a range of associated children and families health and wider services.

Example: Distribution of children's drops through Early Learning and Child Care settings in NHS Fife

NHS Fife are currently testing the distribution of Healthy Start children's drops through local authority Early Learning and Child Care settings in areas of deprivation to parents of children aged from 2-yrs. The test started in Oct 2013 with one centre and due to its success is now being testing across 13 centres. NHS Fife agreed additional funding from Fife Local Authority for a dedicated post to work with

A number of suggestions were raised by community pharmacies and Healthy Start Leads to improve awareness and understanding of health start vitamin tablets and drops. These included;

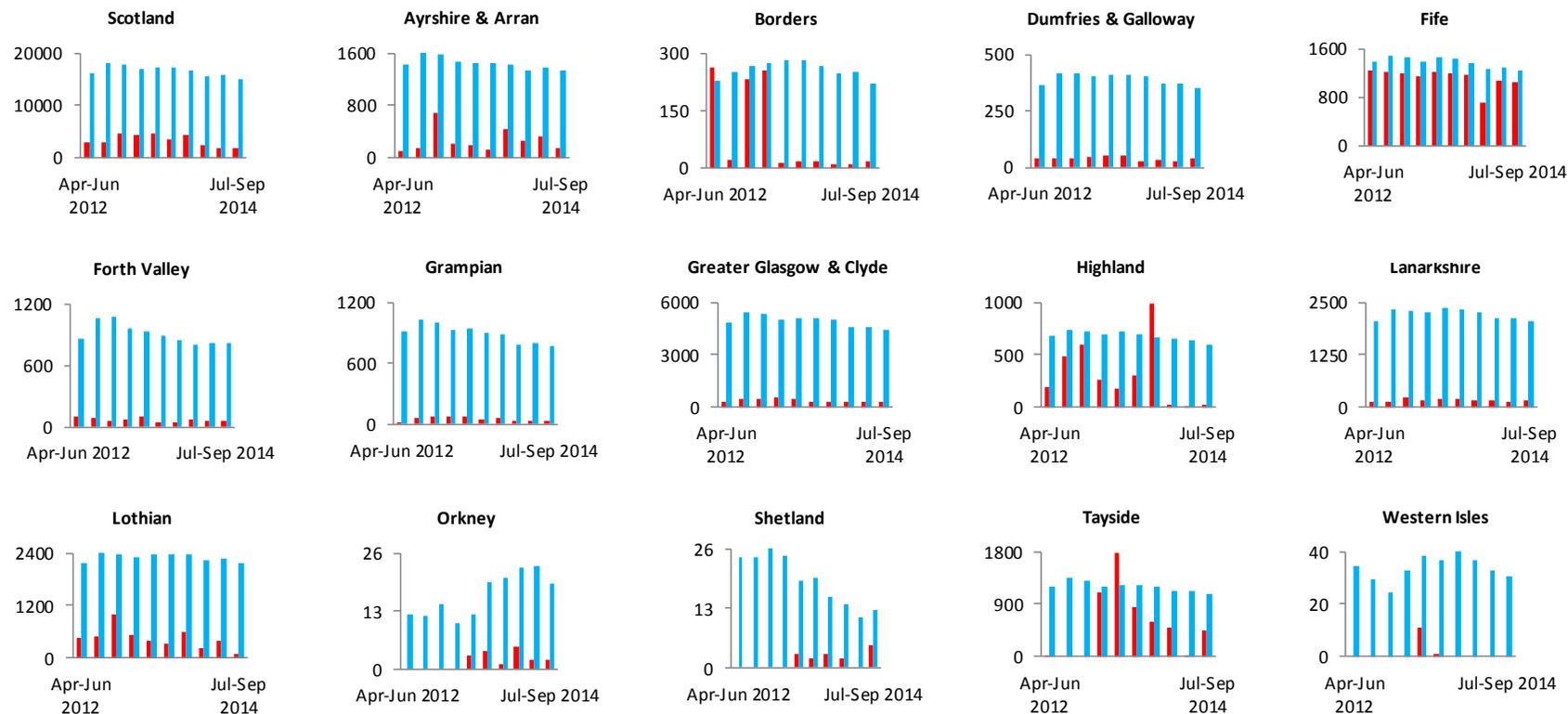
- Promotion and awareness raising of the importance of vitamin tablets and drops.
- Wider/early access to information, especially for women who are thinking about becoming pregnant.
- Engaging a wider range of services in communicating consistent messages about healthy diets and nutritional supplements, including vitamins.
- Engaging vulnerable groups and their support networks about healthy diets and vitamins and how distribution might be improved

9. Conclusion

Although there has been an overall decline in the uptake of Healthy Start vitamin tablets and drops across Scotland in recent years, this is not due to the role of community pharmacies. Indeed, their role has increased during this period despite the overall decline in uptake. To increase uptake of Healthy Start vitamins other barriers need to be overcome. Including community pharmacies in addressing these barriers may be an important part of the solution.

Appendix 1 Healthy Start Vitamins and Drops Management Data

Womens vitamins distributed vs. number sent vouchers by quarter, Apr-Jun 2012 - Jul-Sep 2014

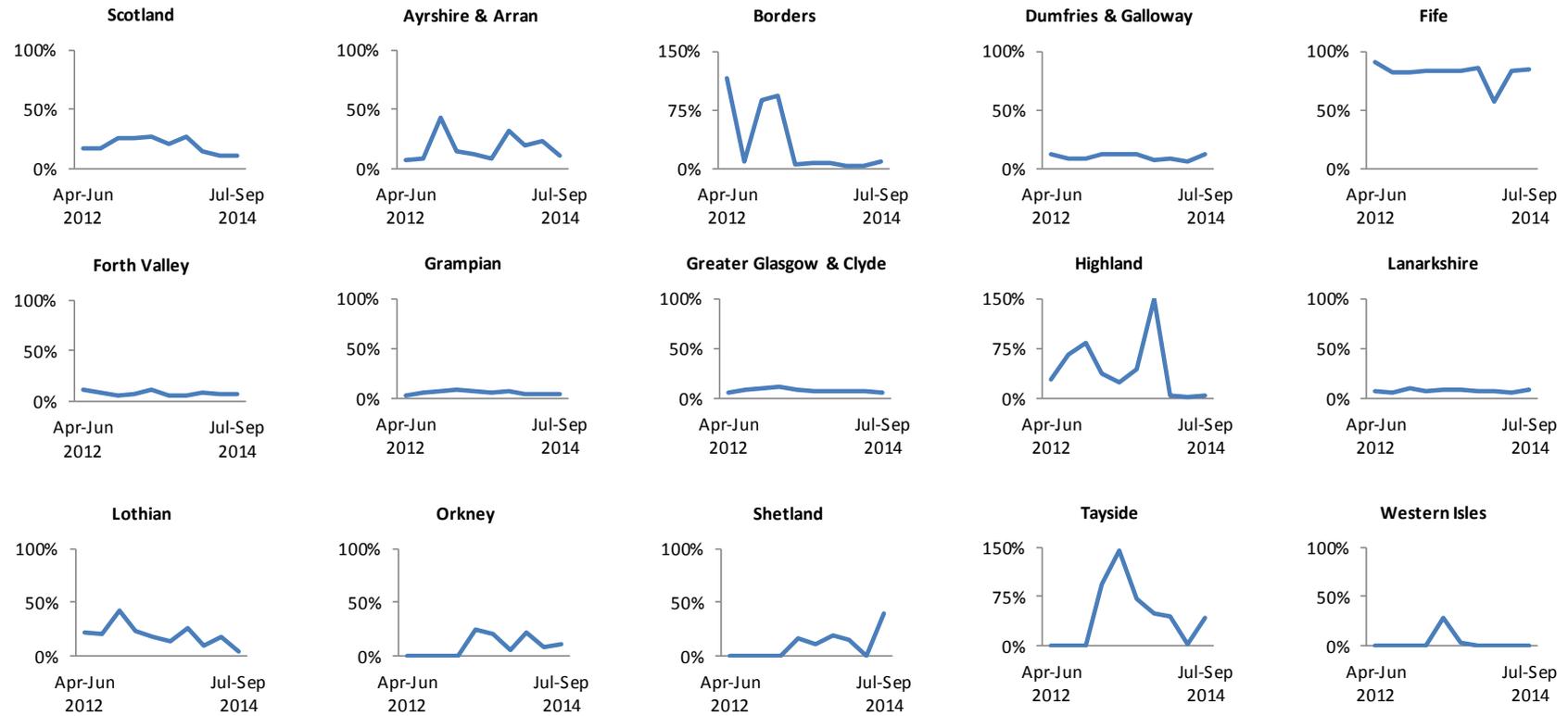


■ Approx. number of vitamin vouchers sent to women who are pregnant or have a child <1
■ Number of vitamins distributed

Notes

- 1 This includes vitamins claimed via community pharmacies, and those distributed directly via health boards
- 2 This only takes into account people who are registered on the healthy start scheme, so does not include those who are eligible but have not yet applied

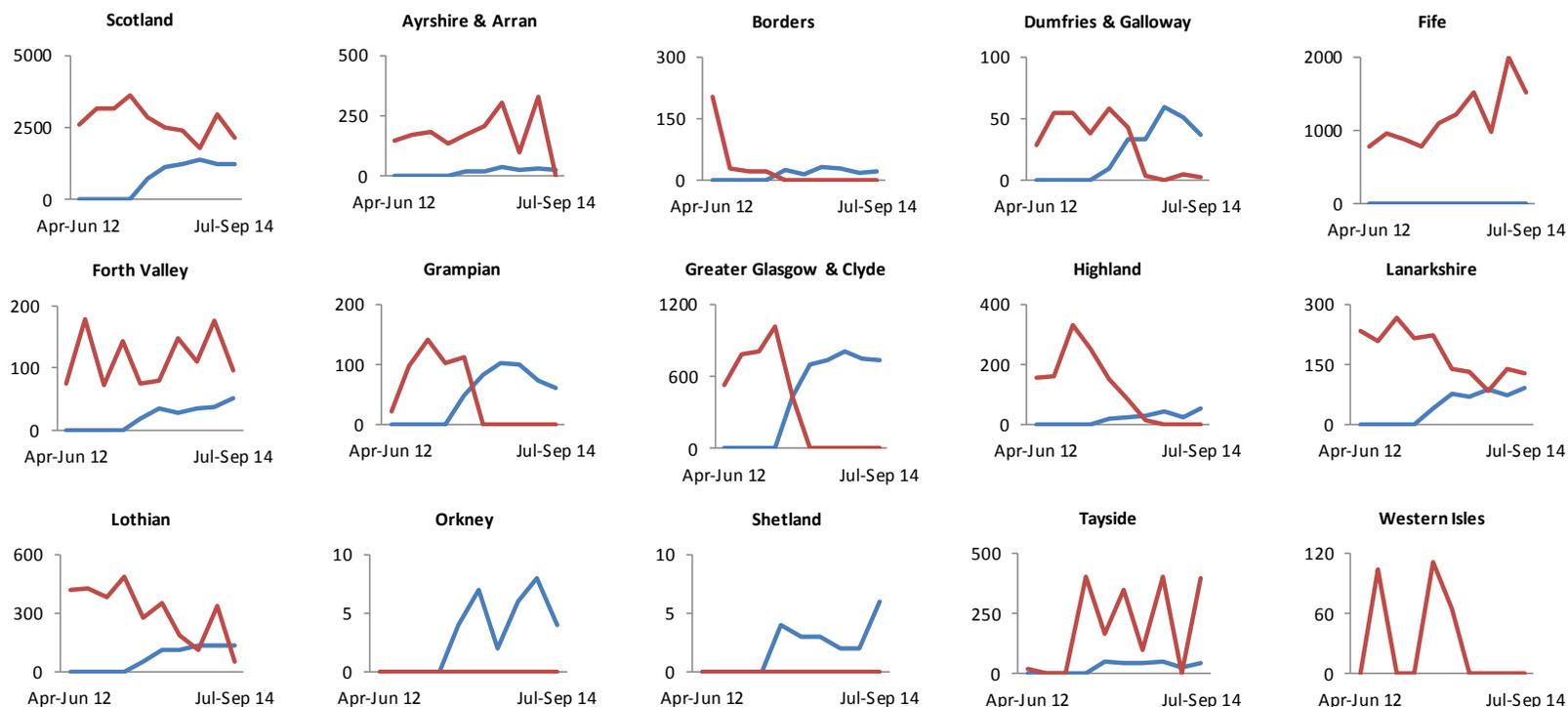
Approximate percentage uptake of womens healthy start vitamins



Notes

- 1 The numerator includes vitamins claimed via community pharmacies, and those distributed directly via health boards
- 2 The denominator only takes into account people who are registered on the healthy start scheme, so does not include those who are eligible but have not yet applied
- 3 The percentage is approximate as the numerator is reported on a monthly basis whereas the denominator is reported on a 4-weekly basis so a slight adjustment is made to the data to account for this

Health Board direct vs. community pharmacy distribution of childrens healthy start vitamins Apr-Jun 2012 - Jul-Sep 2014



Information is shown by quarter for the period April-June 2012 to July-September 2014

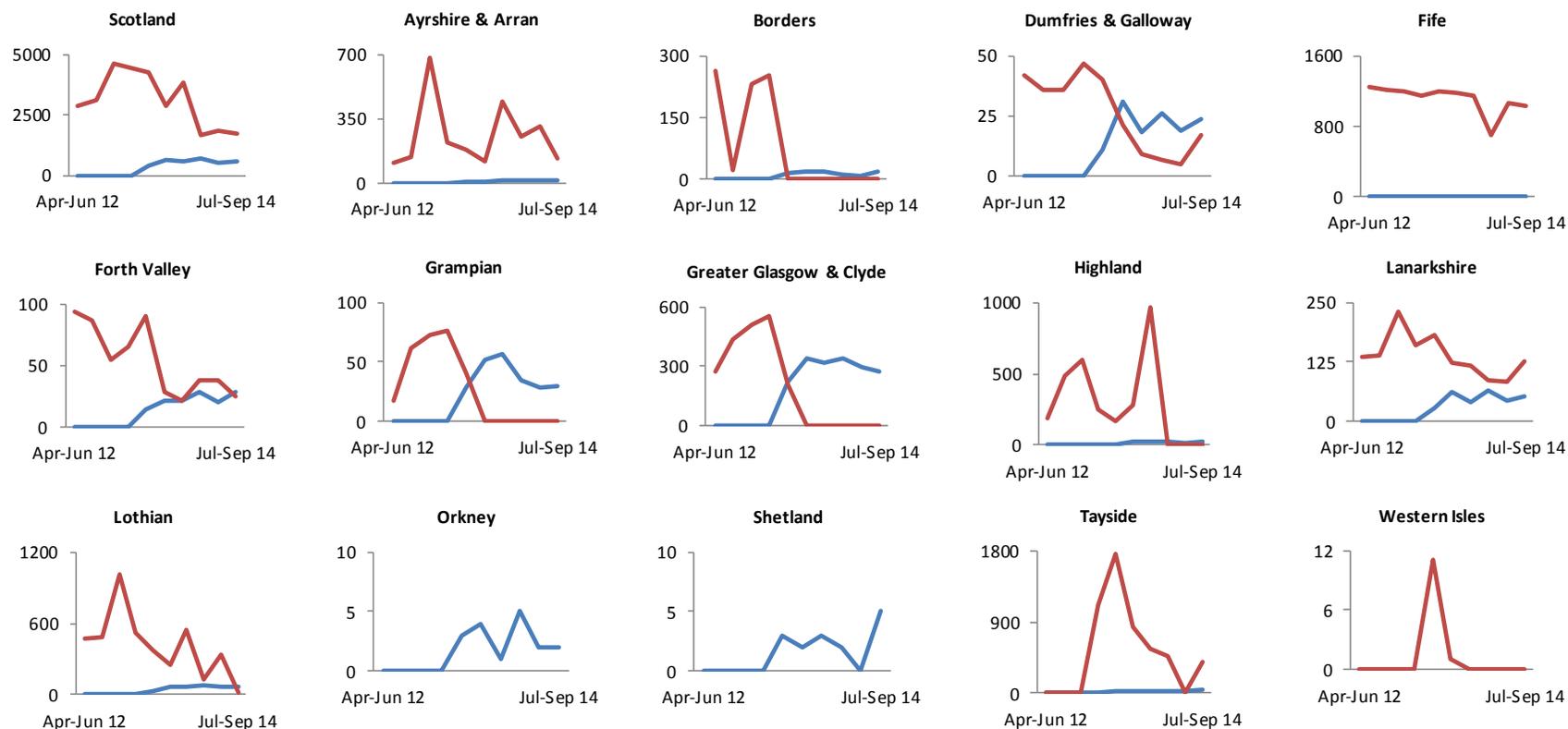
■ Health Board Direct Reimbursement
■ Community Pharmacy Distribution

Note: This includes vitamins prescribed on CPUS forms, and those distributed directly via health boards

Please note information on health board direct reimbursement for February 2014 is missing, so figures for Jan-Mar 2014 will appear lower than they should

Data Sources:
 Scottish Government Returns and Prescribing Information System

Health Board direct vs. community pharmacy distribution of womens healthy start vitamins Apr-Jun 2012 - Jul-Sep 2014



Information is shown by quarter for the period April-June 2012 to July-September 2014

■ Health Board Direct Reimbursement
■ Community Pharmacy Distribution

Note: This includes vitamins prescribed on CPUS forms, and those distributed directly via health boards

Please note information on health board direct reimbursement for February 2014 is missing, so figures for Jan-Mar 2014 will appear lower than they should

Data Sources:
 Scottish Government Returns and Prescribing Information System

Appendix 2 Community Pharmacy Survey on the distribution of Health Start Vitamins and Drops – Survey Results

Outline of the survey

A survey of community pharmacies in Scotland was conducted between Jan-Feb 2015. The survey aimed to capture their experiences of distributing Healthy Start vitamins and any barriers/challenges they may have faced. The survey was produced by the Scottish Government and the invitation was sent to all community pharmacies by Community Pharmacy Scotland (trade organisation representing the commercial interests of community pharmacies). Respondents were requested to complete a short online survey. Results from the survey are summarised in this section of the report.

Caution should be exercised in interpreting the survey outputs as the response rate to the survey was very low (14.6%)

Response to the survey

182 community pharmacies responded to the survey

Breakdown of response by NHS Health Board

NHS Health Board	Number of respondents
Ayrshire and Arran	14
Borders	3
Dumfries and Galloway	5
Fife	16
Forth Valley	13
Grampian	18
Greater Glasgow and Clyde	40
Highland	23
Lanarkshire	11
Lothian	25
Orkney	1
Tayside	13
Total response	182

Most (77%) respondents were part of a community pharmacy chain, either large (42%) or small (35%). Just under a quarter (23%) were small independent community pharmacies. There were no responses from GP dispensing practices.

Almost all (92%) of the respondents took part in the distribution of health start vitamins and drops. The majority (70%) of respondents took part in the national trial scheme in both 2013/14 and 2014/15. Just under a quarter (23%) of respondents only took part in 2013/14.

Supplying Healthy Start Vitamin Tablets and Drops

Most (56%) respondents kept the Healthy Start vitamin tablets and drops behind the counter at their community pharmacy and just over a quarter (27%) had them on display. One in seven respondents (14%) ordered Healthy Start vitamin tablets and drops only when needed.

The majority of respondents (66%) stated they had experienced problems with the receipt and/or supply of Healthy Start Vitamin Tablets and Drops. Key difficulties identified by respondents were

- Supply was not in stock from the wholesaler, sometimes for several weeks or months at a time
- Systems for ordering supply doesn't include the vitamin tablets and drops
- Supply was not readily available due to the short shelf life of the products (especially children's drops)

“Suppliers are always out of stock and if you can get stock and order extra they go out of date”

Once the vitamins and drops were supplied by the wholesaler, most (55%) respondents stated they did not experience any problems with keeping the vitamins and drops in the pharmacy. Those respondents who had identified difficulties (43%) said this was due to the stock going out of date. This may contribute to community pharmacies decisions not to have the vitamins and drops always in store where they do not have many requests for them

“The demand from patients has been sporadic and as a result, we have had some stock go out of date. This resulted in us keeping a low stock, which occasionally meant we ran out when patients required them.”

Demand for Healthy Start vitamins and drops

Response to the survey indicates Healthy Start vitamins and drops are not regularly dispensed through community pharmacies. The tables below show health start vitamins and drops as not dispensed frequently and are more likely to be sold rather than dispensed through the healthy start scheme.

Dispense free (%)

	Number of community pharmacies				
	daily	weekly	monthly	6 monthly	12 monthly
Healthy Start Vitamins	3	10	28	24	35
Healthy Start Drops	2	11	25	27	35

Health start vitamins and drops tend to be distributed infrequently with around a quarter of most respondents indicating they dispense healthy start vitamins and drops on a monthly or 6 monthly basis and over a third dispensing health start vitamins and drops on an annual basis.

Amounts distributed are very low with majority of respondents indicating 1-2 packets dispensed in any one time period.

Sell vitamins and drops (%)

	Number of community pharmacies				
	daily	weekly	monthly	6 monthly	12 monthly
Healthy Start	4	14	32	18	32
Branded	7	21	27	19	26

Just under a third of respondents indicated they sold healthy start vitamins and drops on a monthly or annual basis.

Although respondents indicated they sold branded vitamins and drops, this was less frequently than healthy start vitamins and drops with just over a quarter of respondents selling branded vitamins and drops on either a monthly or annual basis.

As with distributing free healthy start vitamins and drops, amounts sold of both healthy start and branded vitamins and drops were very low with most respondents indicating 1-2 packets in any one time period.

Promoting up-take of health start vitamins and drops

Promotional material on healthy start was limited in community pharmacies. Just under a third of respondents (31%) reported displaying posters in their community pharmacy and just over a third (37%) displayed leaflets. A large minority (43%) of respondents stated they do not have any information available and on display on Healthy Start in their pharmacy.

Most respondents provided verbal information to pregnant women on how to take the Healthy Start vitamins and drops (69%) and who is entitled to Healthy Start (67%). Respondents also provided information on why the vitamins and drops are important (58%). A smaller number of respondents provided information on how to apply for Healthy Start (46%).

Half (50%) of respondents stated that customers did not experience any problems with redeeming the Healthy Start Vitamins and Drops coupons (although 36% of respondents stated they did not know if their customers had any problems). Of the respondents who said customer had experienced problems (14%), the majority of problems concerned

- confusion over whether they were entitled to get the vitamins and drops for free
- stock being unavailable
- customers requesting the healthy start vitamins and drops without the coupon

“Patients don’t realise they need a coupon to receive them free of charge.”

“ Very few people seem to have received coupons for healthy start although we are in impoverished area of [NHS Health Board] with many mothers and toddlers , hence the lack of supply also I locum in several branches of this multiple and the staff and pharmacists seem unaware of how to redeem the coupons.”

Support for implementing the pilot

Just over half (55%) of respondents stated they had not experienced any problems with reimbursement for distributing healthy start vitamins and drops (although 43% did not know if there had been a problem or not). It may be that either respondents were not responsible for this side of the business or that the amounts were so small they did not recall whether they were reimbursed or not.

Some respondents noted difficulties in completing the reimbursement process as patient did not always provide the coupon:

“Pharmacy told we would get a coupon from the patient and then we would write a CPUS for the product(s) required...this has happened few and far between....patients tend to buy if they want to and patients who would have been eligible seem to not access the service at all”

Less than half of respondents (45%) had received support from their local NHS Health Board about the Healthy Start scheme. Respondents identified the following forms of support:

- information, posters, leaflets, particularly at the start of the scheme
- Information and communication up-dates
- Visits and phone contact from their local NHS Health Board

Suggestions to improve the distribution of vitamins and drops

The survey received many suggestions from respondents on how the distribution of Healthy Start vitamins and drops could be improved. Key improvements are identified below:

1. Simplify dispensing system: Respondents thought the current coupon system for reimbursing the coupons is overly complicated, time consuming and not streamlined with existing administrative systems. Many respondents sighted problems with women not having the coupons when requiring vitamins and drops, having to write out a separate prescription and returning the script and the coupon. Many respondents thought the scheme needs to be included as part of the electronic minor injuries scheme⁶.

⁶ It should be noted the Minor Ailment Service is not an appropriate service for the supply of HS Vitamins as this service is designed to reduce the need for GP prescribing. Not all Healthy Start Vitamins and drops are eligible for prescription through GPs and not all GP patients are eligible for Healthy start (but eligible for the Minor Ailment Service or vice versa).

“The scheme is time consuming for pharmacists to administer - when a coupon is presented then a prescription [CPUS form] has to be handwritten. It would be much better if the coupons could be send for payment without the need for a prescription to be written. Alternatively being able to write and label a prescription electronically (as the Minor Ailment Service operates) would save a lot of time.”

The system was made more difficult as due to infrequency of requests for the vitamins and drops with community pharmacies having to recall what the system was for reimbursement.

“Don't make it such a complicated process with tokens / having to write prescriptions [CPUS form] etc. Trust pharmacists that they can just give supplies to those that qualify and allow us to supply it through the minor ailments (needs to be re-named) service. This allows you to capture all sorts of details about the patients receiving it (eg postcode areas, age etc). I work in the most socially deprived area of [NHS Health Board], yet the uptake of Healthy Start vitamins had been minimal. To the point that when a request is made, staff always ask 'what do we do here, again?' Because requests are so few and far between. We supply children's paracetamol by the 'bucket load' through the minor ailments scheme which is well used in our area. So it makes complete sense to supply the Healthy Start vits via this route.”

2. Improved supply of vitamins and drops: Many respondents commented on difficulties with ensuring they had supplies of vitamins and drops in stock. Problems were identified with wholesalers having vitamins and drops in stock which was compounded by the short shelf life of the products and the infrequency of requests.

“Get them into full and regular supply - we can't successfully promote something we can't freely get - it's really that simple”

3. Improve understanding and awareness of the scheme: Respondents also thought the process for claiming Healthy Start vitamins and drops was confusing and overly complicated for women; requiring them to understand whether they are entitled to free vitamins and drops, how to apply for coupons, remembering to take the coupons into the community pharmacy.

“Could we provide them free of charge with no coupon as people end up buying them as they do not want to apply for the coupon or they are not entitled to the coupon?”

Appendix 3 Wider Healthy Start Scheme Challenges

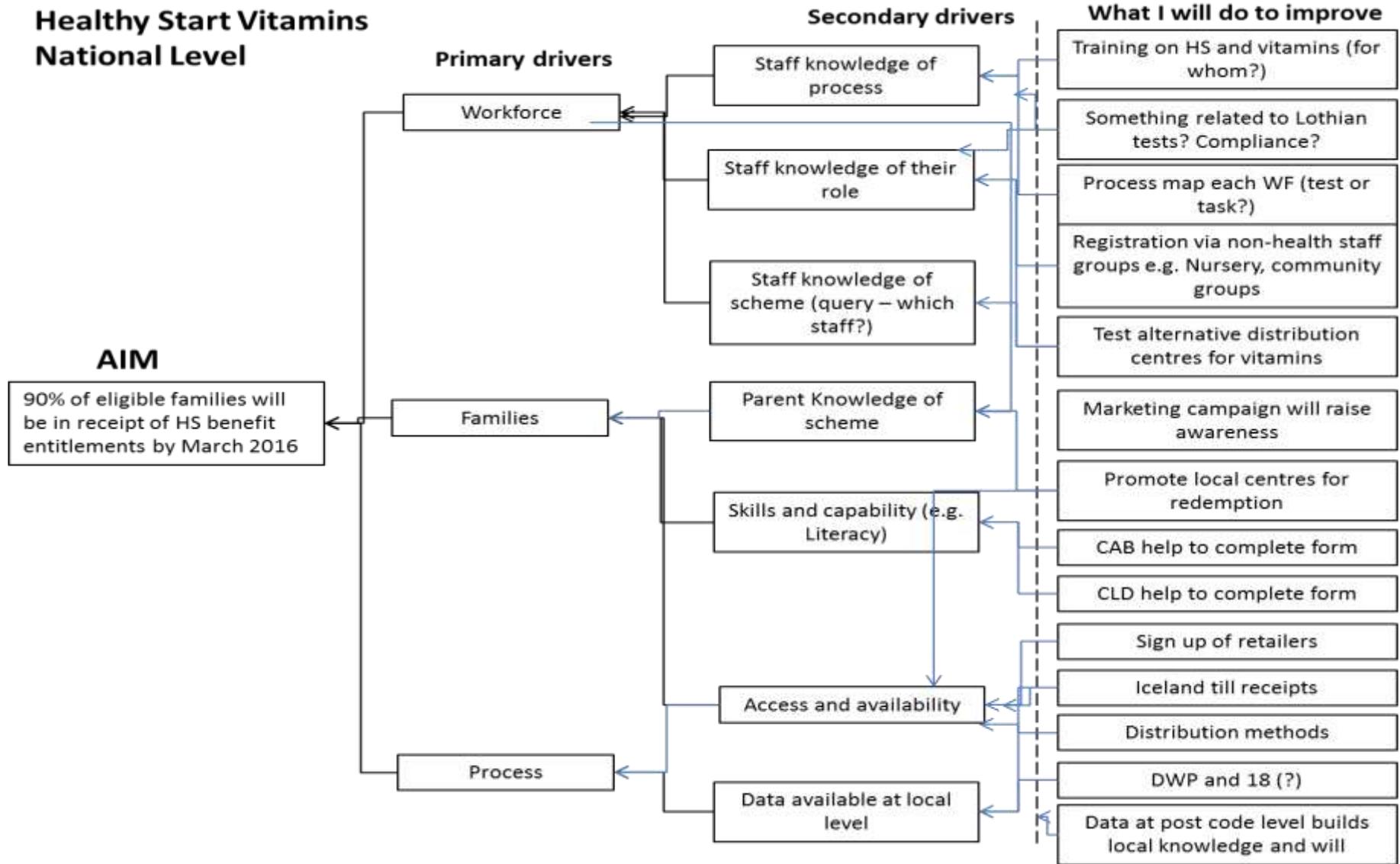
During the review of the distribution of vitamins and drops, both community pharmacies and Health Start Leads raised issues concerning the Health start scheme as a whole. These included:

- Entitlement to the Healthy Start Scheme depends on whether women are receiving benefits or tax credits. Women and children who are asylum seekers may not be eligible for benefits and therefore will not be eligible to apply for health start. Also, women who have had their benefits sanctioned will not be able to receive the coupons.
- Women who may not be eligible for benefits when they become pregnant may not be aware of the need to take vitamins and may not be aware they are eligible to receive the coupons once their circumstances change. Eligibility may also change post birth, due to entitlement to certain Tax Credits or due to the family income leading to entitlement to benefits.
- A health visitor or midwife is not essential for accessing the scheme (the application can be signed by any health professional) however women may not know to ask about the scheme and would not necessarily have the opportunity for prompts that would be afforded by regular contact with a health visitor.
- As the Healthy Start scheme is linked to benefits and low income there may be stigma attached healthy start which may influence whether women are comfortable applying and using the coupons.
- Applying for coupons requires women to complete an application form correctly and include information for the health professional both of which may not have the required information readily available (national insurance numbers, expected date of delivery). The application process may take time to complete (particularly if women are not aware of the scheme or require additional information or support to complete the application) and therefore they may not receive the coupon earlier enough in their pregnancy to be most effective. New mothers may also not be aware they are required to contact the scheme to confirm the birth of their child in order to continue to receive the coupons and may leave it too late so that they will need to reapply.
- Due to the time taken to process a Healthy Start application, the women may not have received her first coupons for vitamins until after the time at which some of the vitamins are most effective (especially for folic acid).

Recent research of a wider implementation of the Healthy Start scheme in London Yorkshire and the Humber raised issues about the constraints of a targeted approach in addressing vitamin deficiencies in certain geographical areas and also identified key areas of concerns with regard to the current scheme⁷.

⁷ Research published in 2015 reported Health Practitioners experienced Healthy Start vitamin distribution as logistically complex, requiring the time, resources and creative thinking of a range of local and regional practitioners from senior strategists to administrative support workers. <http://bmjopen.bmj.com/content/5/1/e006917.full>

Appendix 4 Healthy Start Vitamins Driver Diagram





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