

**Service Level Agreement
Influenza Pilot, Pharmacies 2013/14**

SLA between:

Service Provider:	Commissioners:
	NHS England Devon Cornwall & Isles of Scilly Area Team Building 6b Derriford Business Park Brest Road Derriford Plymouth PL6 5QZ

Developed	September 2013	Endorsements	LPC Devon/Cornwall	Medical Director NHS England DCIOS Area Team
Review Date	March 2014			Director of Nursing NHS England DCIOS Area Team
Valid from	1st October 2013	Valid to	31st March 2014	

Background (with evidence of need):

The purpose of involving community pharmacies in the influenza vaccination programme is to support further progress towards achieving the World Health Organisation’s recommendation of achieving 90% uptake for all those in at-risk groups and to help reduce winter pressures. Uptake rates, for the 2013-14 seasons, demonstrate that there remains a significant proportion of the eligible population who do not receive a vaccination. There is therefore significant potential for additional providers, in this case community pharmacies, to make a positive contribution to increasing the uptake rate.

In addition the provision of this service is expected to reduce the serious morbidity and mortality from influenza infections by immunising those most likely to have a serious or complicated illness should they develop influenza infection. This can avert the need for the patient to be hospitalised.

It is envisaged that GPs will continue to be the main provider with community pharmacists supporting their work to deliver better uptake and assist in targeting hard to reach groups.

Description of task:

The aims of this service are to:

- increase access to the seasonal influenza vaccine for those aged between the ages of 18 -65 who are in a clinical at risk group

increase the uptake of seasonal influenza across Devon & Cornwall

Patients specifically EXCLUDED from this enhanced service agreement:

Patient Group	Recommended Advice
Patient already vaccinated in current vaccination period (September 2013 – March 2014)	Reassure the patient that they are already protected
Patients who already have an appointment booked with their registered GP	Explain that this service is only available to those who do not routinely receive their annual injection from their usual GP
Patients who normally have their injection with their registered GP	If the patient indicates that they were intending to have the injection, but will not be bothering to, due to problems/ inconvenience of getting a doctor's appointment, clash of schedules etc. then the pharmacist can, in these circumstances, offer the service
Patient is under 18 years of age or over the age of 65 (after March 2014)	The Pharmacy service is not available, please advise patient to attend registered GP practice
Patient who is currently suffering a febrile illness or acute infection	Advise them to return when fully recovered
Patient with a history of severe local or general reaction to the vaccine	Refer to GP
Patient with reported hyper-sensitivity to egg or foods containing egg, chicken protein or other constituents of the vaccine	Refer to GP
Patients uncertain if they have been vaccinated in the current vaccination period (September 2013 – March 2013)	Refer to GP

Treatment Pathway:

The pharmacist must establish that the patient is eligible by taking them through the flowchart in **Appendix 1**, and the inclusion criteria in **Appendix 2**.

Eligible patients should be identified by pharmacy staff through prescriptions that are/have been dispensed, (age or medications), that match the clinical criteria. Once satisfied that the patient is eligible, the pharmacist must establish whether the influenza vaccination from the participating pharmacy is the most suitable option by following the exclusion criteria in **Appendix 3**.

Further information:

The following documents and websites provide background information on the seasonal influenza programme 2013-14.

<https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

NHS England DCIOS Area Team Patient Group Direction

Accreditation:

Eligibility of the Service Provider:

- Influenza vaccination is provided only by a registered pharmacist who has received appropriate training, been assessed as being competent to deliver the service and who has their name included in the DCIOS list of pharmacists accredited to provide the service (see training requirements below).
- Ensure that pharmacists involved in the operation of the service are appropriately trained to deliver a client-centred sensitive service and have the appropriate communication skills.
- A consultation area, which must be a clearly designated area for confidential discussion and is distinct from the general public areas of the pharmacy, which allows both the patient receiving the service and the registered pharmacist to sit down together and talk at normal speaking volumes without being overheard by other visitors to the pharmacy or by any other person, including pharmacy staff
- Must have suitable facilities to ensure adequate hand hygiene can be maintained (WHO Hand Hygiene Standards 2013)
- The pharmacy contractor ensures that the service is provided by registered pharmacists who had the opportunity to risk assess their requirement to be vaccinated against Hepatitis B.
- The pharmacy ensures that the service is provided only by registered pharmacists who meet the requirements of the National Competence and Training Framework
- All pharmacy support staff have been fully informed and suitably trained in relation to their involvement in the service
- The pharmacy has awareness of, and ensures that, the service is provided in accordance with any relevant nationally agreed standards, this will specifically include, but not be limited to, having in place procedures for dealing with needle stick injuries, syncope and anaphylaxis (See Green Book for details, <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>)
- The pharmacy has arrangements in place for the safe collection and disposal of sharps and clinical waste. (DCIOS will ensure waste collection arrangements are extended to participating pharmacies)
- Maintain appropriate records to ensure effective ongoing service delivery and audit. Records are confidential and should be stored securely.
- Inform the registered General Practitioner that the influenza vaccination has been given by fax or personal delivery within 5 days of vaccination following consent obtained via a patient declaration form. **Appendix 4**

Training:

It is expected that all pharmacists undertaking seasonal influenza immunisations in this service level agreement will be appropriately trained.

- Training may have been provided by the Immunisation Coordinator, NHS England or an appropriately trained and approved individual, in the administration of immunisations in accordance with the Health Protection Agency Core Curriculum (2005) to include vaccine preventable disease, cold chain requirements, intramuscular immunisation technique, use of Patient Group Directions and specifically flu vaccine administration.
- Training must include management of anaphylaxis
- Previously trained pharmacists will need to provide evidence of training to the Immunisation Coordinator, NHS England and that they have met the required standards, including annual anaphylaxis training.
- All staff should be advised by the accredited Pharmacist of the workings of the scheme. Staff should understand the scheme, specifically which patients are in at-risk categories and the purpose of flu vaccinations.

Premises:

- The service can only be provided in a pharmacy with an accredited consultation area. It should be clear of any items placed there for storage and if it does not have impermeable flooring for health and safety reasons, then a robust Bloodspill policy must be in place, (which should include destroying any flooring or seating - please see below), which cannot be fully disinfected with a chlorine-containing solution where a spill occurs)
- The pharmacy must have a dedicated medicine storage refrigerator and the temperature must be recorded on each working day. The records must be kept for audit purposes.
- This area must have a chair for patients to sit in and this must also have impermeable seating which is able to tolerate a chlorine releasing agent for disinfection purposes, or otherwise a robust Bloodspill policy must be in place (see above).
- The Pharmacy must also have facilities for patients to be able to lie down in the event of a simple faint or an anaphylactic reaction
- There will need to be dedicated hand washing facilities on the premises with liquid soap and disposable paper towels in a wall mounted paper towel dispenser, and foot operated pedal bin. Ideally this should be in the consultation room. Where it is not infection control procedures must be followed rigorously.
- The pharmacy will need to have disposable vomit bowls available in the vaccination area. The pharmacy will also need to have a sharps bin (yellow bin + yellow lid) and a sharps collection procedure in place.
- The pharmacy will allow Area Team officers, or persons nominated by the Area Team, to visit the pharmacy to assess adherence with the quality standards set out in this SLA.
- A check will be made to make sure all policies are in place.

Standard Operating Procedures (SOP)/ Policies

The pharmacy will have a Standard Operating Procedure/Policy in place for this service.

The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service are aware of and operate within national and locally agreed protocols. The following SOPs/ Policies should be in place

- Infection control
- Sharps disposal

- Flu vaccination procedures
- Cold chain policy
- CPR policy
- Anaphylaxis
- Bloodspill Policy
-

Specific Service Criteria:

- The Pharmacist must ensure that the patient has consented for the details of the vaccination to be transferred to the patient's registered general practice. If the patient will not sign the declaration form to allow the transfer of this information, the service is to be refused.
- The Pharmacist must explain any potential side effects to the patient and what to do should they develop any.
- Service providers must keep records of who has been vaccinated, ideally via the computer system. Client records must be kept by the accredited pharmacist for 8 years. This will include name of client, vaccine batch number, date of expiry, site and date of vaccination
- Following administration of the vaccination patients will be required to complete the patient satisfaction questionnaire **(Appendix 5)**. The Pharmacist will collect completed questionnaires and send to the Area Team on a monthly basis.
- Each Pharmacy will be allocated a named member of the Pharmacy Area Team who will act as first point of contact for the Pharmacy in case of queries or problems.
- Following administration of the vaccination, the Pharmacist will ensure that the patient's registered practice is made aware that the vaccination has been given to the patient within 5 days of the vaccination. This can be done via fax or in person. **(Appendix 4)**

Quality Monitoring:

Any significant variation or deviation in the quality of the service provided as specified in the service specification must be notified in writing to NHS England as identified, with proposed actions to rectify the performance. A number of mechanisms are currently in place for assessing the quality of service provided by Community Pharmacy.

- Pharmacies providing the service in Devon & Cornwall will comply with the national clinical governance requirements as described in the National Health Service Pharmacy Regulations 2013.
- The Pharmacist and staff within the pharmacy should be trained to deal with anaphylaxis and will be required to have appropriate means of giving adrenaline as required.
- In the event of an adverse incident or near miss, the pharmacist will complete an incident reporting form and forward a copy to the Area Team. **(Appendix 6)**
- All patients who wish to have a flu vaccination in a pharmacy must be informed of their right to have a chaperone. The patient has the right to bring a third party with them for the vaccination.
- Pharmacists should ensure full patient confidentiality and compliance with data protection requirements.

- Analysis of data received will be carried out in order to determine the effectiveness of the service and the pharmacy may be contacted by the Area Team to discuss.
- Adherence to this SLA will be monitored via a process agreed with the LPC, as part of the NHS England's ongoing quality assurance process.

Area Team Undertakes to:

Provide or approve the relevant training to those pharmacists wishing to participate in this enhanced service agreement. The training will be provided in a timely manner.

- Provide the relevant information, fax numbers of general practices; appropriate forms etc, to those pharmacists participating in this enhanced service agreement.

Payment Available:

£7.63 per administered vaccine.

Submission of Claims Information:

Payments will be processed via PharmOutcomes; pharmacies will need to ensure that all activity is collected via this system. Failure to record activity via this system could result in non-payment. (Guidance which provides details on how to use this system can be accessed via www.pharmoutcomes.org) Any queries please contact Janet Newport 01752 434934

31st October 2013 (vaccinations administered to 30th October 2013)

30th November 2013 (vaccinations administered from 31st October – 29th November 2013)

31st December 2013 (vaccinations administered from 30th November – 30th December 2013)

31st January 2014 (vaccinations administered from 31st December – 30th January 2014)

28th February 2014 (vaccinations administered from 31st January – 27th February 2014)

1st April 2014 (vaccinations administered from 28th February 2014 – 31st March 2014)

Method of Payment:

Payment will be made via the Local Payment system of the PPD at the end of the month on receipt at NHS England of claim form(s) using Local Payment scheme

Introducing Seasonal Flu Jabs in the Pharmacy

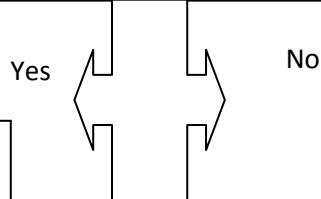


Identify patient who will be eligible for a free NHS seasonal flu jab, by;

- Checking the Patient Medication Record
- Identifying age/at risk group on presentation of a prescription
- Production of GP's invitation letter

Introduce the seasonal flu vaccination service, by;

- Hi xxxx, how are you today? I can see from your records/prescription that you are entitled to a free flu vaccination to help protect you against flu this winter.
- Do you usually get a flu jab each year with your GP?



Have you booked your flu jab with your GP yet?

- Explain the importance and benefits of getting the flu vaccination as early as possible
- Address any concerns that the patient may have about getting vaccinated

Explain the benefits of getting vaccinated;

- That flu is a common infection, and most flu outbreaks happen in late Autumn or winter and therefore it is important to get vaccinated early on
- The importance of having a flu vaccination if in an at risk group
- Reduce risk of hospital admissions this winter

- If the patient would like, offer to vaccinate at the pharmacy, whilst they wait for a Rx/other service.
- Check patients eligibility by reviewing Inclusion & Exclusion criteria
- If eligible ensure the patient signs consent form, and explain that their information will be shared with their GP, so that the GP can update their clinical record
- If the patient doesn't have time/ is not able to be vaccinated that day, remind them to make an appointment with their GP surgery, or book an appointment at the pharmacy at their convenience as soon as possible.

Appendix 2

Please note that this list is based on CMO recommendations and has been modified for use of this community pharmacy pilot.

At risk group	Based on clinical knowledge of patient or able to produce invitation letter from their GP practice (if in any doubt then please contact the patients registered doctor)
Aged between 18-65	18-65 is defined as those aged 18 as of the 01/04/2013 and 65 before 31 st March 2014
Chronic Respiratory Disease and Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission	Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis; cystic fibrosis; interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD)
Chronic heart disease	Congenital heart disease; hypertension with cardiac complications; chronic heart failure; individuals requiring regular medication and/or follow up for ischaemic heart disease
Chronic renal disease	Chronic renal failure; nephrotic syndrome; renal transplantation
Chronic liver disease	Cirrhosis; biliary atresia; chronic hepatitis
Chronic neurological disease	Stroke; transient ischaemic attack (TIA); clinicians should consider on an individual basis the clinical needs of their patients including individuals with multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the central nervous system
Diabetes	Type 1 diabetes; Type 2 diabetes requiring insulin or oral hypoglycaemic drugs; Diet controlled diabetes
Immunosuppression	Immunosuppression due to disease or treatment; patients undergoing chemotherapy leading to immunosuppression; asplenia or splenic dysfunction; HIV infection; individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone 20mg or more per day. Some immunocompromised patients may have a suboptimal immunological response to the vaccine (i.e. the vaccine may be less effective)

Appendix 3

Patients specifically EXCLUDED from this enhanced service agreement

Patient Group	Recommended advice
Patient already vaccinated in current vaccination period (September 2013 – March 2014)	Reassure the patient that they are already protected
Patient is under 18 years of age	The Pharmacy flu pilot service is not available to under 18s this year. If presented with a baby or young person at risk of influenza, please refer them to their registered GP
Patient tells you that they normally have vaccination from GP	Remind them to make their appointment and the importance of getting vaccine done as soon as possible
Patient refuses to sign consent form	Refer them to their own GP practice
Patient who is currently suffering a febrile illness or acute infection	Advise them to return when recovered
Patient with history of severe local or general reaction to the vaccine	Refer to GP
Patient with reported hypersensitivity to egg or egg containing foods, chicken protein or other constituents of the vaccine	Refer to GP
Patients uncertain if they have been vaccinated in the current vaccination period (September 2013 – March 2014)	Refer to GP

Appendix 4:

Letter with consent to inform GP contractor of flu vaccination

This pharmacy is participating in NHS England’s Area Team for Devon, Cornwall & Isles of Scilly Flu Pilot and will use the details on this **form in the strictest confidence**, to let your GP know that you have been vaccinated so your records can be updated.

Please confirm that you consent to your details being given to your GP by ticking the appropriate box and then completing the details below:

Pharmacy Stamp

I consent to my details being shared with my GP

Signature:-----

Please note: refusal to consent to GP being notified of the vaccination will result in the pharmacy being unable to undertake the vaccination.

Pharmacists - please note that Patient Medication Record label including appropriate information can be affixed below.

Name	
Date of Birth	
NHS Number (if known)	
Address	
GP Name	
GP Address	

Dear Practice Manager,

This is to inform you that the patient as detailed above received an influenza vaccination from this pharmacy. Please record this information in their patient record, and record on your clinical system READ code **65E20** (seasonal influenza vaccination given by other health professional) then scan this page into the patient’s record).

Yours sincerely

Pharmacist

To be completed by pharmacist:

Date of Administration:	Expiry date:	Brand and batch number:	Site of vaccination e.g. Left arm	Clinical Risk Group	Signature



NHS Flu Pilot - Patient Questionnaire

Thank you for coming to the Pharmacy today and for having your flu vaccination. Would you mind answering a few questions please? It is important for us to know what you think of our service

1. How did you hear about the flu vaccination service?		<i>Please tick the relevant box / boxes</i>	
a) Pharmacist directly b) Advertisement in pharmacy c) Advertisement in GP surgery d) Word of mouth e) Other		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		
Is this the first time you have had the flu injection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the pharmacy could not provide a flu injection today where would you have had the vaccination? a) Private b) GP surgery c) Would not have been vaccinated		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Were the Pharmacy staff professional and courteous?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did the Pharmacy staff answer all of your questions to your satisfaction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Were you satisfied with the overall time it took to receive your vaccination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Were the consent forms easy to complete and understand?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Was the overall experience of participating in the Pharmacy flu vaccination clinic positive?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Why did you choose to have the flu vaccination in the Pharmacy today? (please give reason, for example: No waiting, convenience, no appointment needed, access, etc)			
8. Any other comments?			

**Devon Cornwall and Isles of Scilly
Primary Care Serious Incident 48 Hour Notification Form
(this form may also be used to report SEAs)**

The purpose of this form is to comply with national guidance and enable timely information sharing and facilitate learning from serious incidents requiring investigation in primary care. Please complete this form with as much detail as possible. Further detail on completion definitions and guidance can be found in the 'How to' guide.

Please email your form to england.devcorn-incident@nhs.net , or for non nhs email accounts fax to: Safe Haven Fax - 01752 841589. (DO NOT INCLUDE PATIENT IDENTIFIABLE INFORMATION OR THAT OF INDIVIDUALS OTHER THAN THOSE OF THE REPORTER FOR COMMUNICATION PURPOSES)

After reading the 'How to' guide, in your opinion is this incident a Significant Incident Requiring Investigation (SIRI) or a Significant Event Audit (SEA)?

SIRI

SEA

When, Where and Your Details

Type of Incident: <i>(Please see appendix for list of Incident types)</i> If Other, please specify:	Reporting Organisation:
Date of Incident:	Reporter Name:
Time of Incident:	Reporter Job title/Role:
Location of Incident:	Reporter Tel No:
Date Incident Identified:	Reporter Email:
Name of other Organisations Involved (where relevant): <i>eg: Hospital, Ambulance Service, OoH, Care Homes, Mental Health Services, Police, NRLS etc.</i>	
Care Sector: <i>eg: General Practice, Dentistry, Pharmacy, Optometrists, Other. If Other please specify.</i>	

Patient Details *This information should only be supplied if this form is transmitted via a secure transmission – NHS.Net email account or a safe haven fax – please do not include patient name or other patient identifier.*

Patient Date of Birth:	Patient Gender:
Patient registered GP Practice:	Patient Ethnic Group:

What Happened?

Description of What Happened:
Immediate Action Taken:
Any Further Information:
Details of any Police, Media Involvement/Interest:
Any other organisations notified? (eg MHRA, CQC, CCG etc)
Details of contact with or planned contact with patient/family or carers:

What impact or potential impact did the event have on the patient?

Apparent Outcome of Incident:				
<i>Please describe:</i>				
<i>Please categorise significance/potential significance (tick A for actual harm and P for potential harm) Definitions of harm can be found in the National Framework</i>				
None	Low Harm	Moderate Harm	Severe Harm	Death
P A	P A	P A	P A	P A
Likelihood of Reoccurrence:				
<i>Before reviewing this event – Please attempt to assess the likelihood of a similar event happening again.</i>				
Almost certain	Likely	Don't know	Unlikely	Rare

This form should be completed and sent to us within 48 hours of first identification of the incident.

Email your form to england.devcorn-incidents@nhs.net , or for non nhs email accounts fax to: Safe Haven Fax - 01752 841589.

Type of Incident List

- Access, admission, transfer, discharge
- Adverse media coverage or public concern about the organization or the wider NHS
- Bogus health workers
- Clinical assessment (including diagnosis, scans, tests, assessments)
- Consent, communication, confidentiality
- Death on GP premises
- Delayed Diagnosis
- Disruptive, aggressive behavior
- Documentation (including records, identification)
- Environment and Infrastructure
- Infection control incident
- Medical device/equipment
- Medication
- Patient abuse (by staff/third party)
- Patient accident
- Pressure Ulcer Grade 3 or 4
- Safeguarding issues (including Child Abuse, Child Death & Safeguarding Vulnerable Adult)
- Self-harming behavior (including Suicides)
- Surgical Error (including Wrong site surgery)
- Treatment, procedure
- Unexpected Death
- Other