NHS Seasonal Influenza Vaccination Service

Engagement Evening
Outcomes of the Evening

- Why has the service been commissioned?
- What the service may look like in Gloucestershire
- How to maximise uptake of the service.
  - Staff Engagement
  - How to target the correct patients.
- How to run the service
- PharmOutcomes
Flu Vaccine Uptake Levels
The National Picture - ‘Flu vaccine uptake rates 2012/13 - 2014/15

<table>
<thead>
<tr>
<th>Target Group</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 65</td>
<td>73.4</td>
<td>73.2</td>
<td>72.8</td>
</tr>
<tr>
<td>Under 65 ‘at risk’</td>
<td>51.3</td>
<td>52.3</td>
<td>50.3</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>40.3</td>
<td>39.8</td>
<td>44.1</td>
</tr>
<tr>
<td>Carers</td>
<td>46.3</td>
<td>44.8</td>
<td>45.1</td>
</tr>
</tbody>
</table>

Data source: ImmForm website: Registered patient GP practice data
Influenza Immunisation Vaccine Uptake Monitoring Programme
Public Health England (PHE)
# The Local Picture

<table>
<thead>
<tr>
<th>Target Group</th>
<th>National Uptake (%)</th>
<th>Gloucestershire Uptake (%) from 82 practices</th>
<th>Number of vaccinations needed to achieve 75%</th>
<th>Number of vaccinations needed to achieve 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 and Over</td>
<td>72.8</td>
<td>74%</td>
<td>4,766</td>
<td>36,572</td>
</tr>
<tr>
<td>Under 65 ‘at risk’</td>
<td>50.3</td>
<td>49.5%</td>
<td>17,596</td>
<td>34,843</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>44.1</td>
<td>42.6%</td>
<td>1,785</td>
<td>3163</td>
</tr>
<tr>
<td>Carers</td>
<td>44.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL TO VACCINATE</strong></td>
<td><strong>24,147</strong></td>
<td></td>
<td></td>
<td><strong>74,578</strong></td>
</tr>
</tbody>
</table>

Data source: ImmForm website: Registered patient GP practice data
Influenza Immunisation Vaccine Uptake Monitoring Programme
Public Health England (PHE)
2014/15 Pharmacy Pilot Somerset

- 1114 vaccinations delivered
- Across 59 pharmacies
- Average of 19 vaccinations per pharmacy
- Two thirds were done in October

People chose pharmacy as it was more convenient, people couldn’t attend their GP due to work and people preferred pharmacy
2014/15 Pharmacy Pilot Somerset

38.4% of people were not vaccinated the year before (2013/14)

18.7% had never had a NHS flu jab before.

This proved pharmacy was targeting the right patients
The majority of the patients fell into the respiratory disease category.

Diabetic patients were the next largest cohort.
Why a National Advanced Flu Service?
Why Provide a Community Pharmacy NHS Flu Service?

- Vaccinating people against ‘flu can prevent ill-health and possible death from ‘flu over the winter and reduce hospital admissions.
- This is true for the whole population, but especially important for the clinical at-risk groups.
- Primary care is not achieving high enough vaccination rates for clinical at-risk groups.
How can a Pharmacy Service Make a Difference?

- Increases the overall vaccination rates, especially in harder to reach groups through:
  - Better accessibility
  - Many convenient locations
  - Long opening hours - open when the patient needs us.
- Great patient satisfaction
- Increased patient choice
Inclusion Criteria for the Service

- The service commenced on 17th September and terminates on 29th February
- Future years service will run 1st September - end of Feb
- Must be aged over 18 years of age
- Must have consented to vaccination
- The patient must be from one of the following clinical risk groups:
  - Those aged 65 years and over
  - Those aged 18-65 in clinical risk groups
  - Pregnant women
  - Those in long stay residential care homes
  - Carers
  - Household contacts of immunocompromised patients
Respiratory Disease

- 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
- bronchopulmonary dysplasia (BPD)
What to look out for:

- Anyone with a steroid inhaler,
- Anticholiergics (tiotropium, ipratropium...)
- long acting B$_2$ agonist
- Montelukast
- Theophylline
- Nebules
- Steroids (for breathing)
- For cystic fibrosis... Creon capsules, ursodeoxycholic acid, antibiotic nebulisers?
- Not just Ventolin!!!
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.
What to look out for:

- **Congenital Heart disease** - Patients with stents, replaced valves, ‘hole in the heart’ - not generally medically treated.

- **Chronic heart failure** -
  - Symptoms include dyspnoea, especially during and after exertion (but even at rest if severe), wheeze, cold extremities to name but a few.
  - Treated with combinations of loop diuretics, ACE-inhibitors, β-blocker, spironolactone, digoxin.

- **Ischaemic heart disease** -
  - AKA coronary heart disease, coronary artery disease
  - Angina medication ie regular GTN, nitrates, β-blockers, calcium channel blockers etc.

- **Complications of hypertension** - retinopathy, haemorrhage, kidney problems
Chronic Kidney Disease

- Chronic kidney disease at stage 3, 4 or 5
- Chronic kidney failure
- Nephrotic syndrome
- Kidney transplantation
What to look out for:

- Drugs including:
  - Vitamin D analogues including alfacalcidol
  - Phosphate binders (e.g. Calcium, lanthanum, sevelamer, aluminium hydroxide)
  - High doses of loop diuretics
  - Immunosuppressants (e.g. ciclosporin, tacrolimus, azathioprine, mycophentolate)
  - ACE-inhibitors or angiotensin II receptor antagonists are used in nephrotic syndrome to address proteinuria as well as furosemide/spironolactone
Chronic Liver Disease

- Cirrhosis
- Biliary atresia
- Chronic hepatitis
What to Look Out For:

- Drugs including:
  - Colestyramine,
  - High dose ursodeoxycholic acid,
  - Penacillamine,
  - Spironolactone,
  - Loop diuretics,
  - Vitamins i.e. vitamin B, pyridoxine, fat soluble vitamins (A,D,E,K),
  - Disulfram, acamprose, chlordiazepoxide?
- Substance misuse patients?
Chronic Neurological Disease

- Stroke
- Transient ischaemic attack (TIA)
- Parkinsons Disease
- Motor Neurone Disease
- Learning Disability
What to Look out For:

- Stroke/TIA - Antiplatelets: aspirin, clopidogrel, dipyridamole
- Parkinsons - Pramipexole (careful it isn’t being used for restless legs), ropinirole, rotigotine, co-beneldopa, co-careldopa, rasagiline, selegeline, entacapone, tolcapone, amantadine
- MND - Riluzole
Diabetes

- Type 1 diabetes
- Type 2 diabetes requiring insulin or oral hypoglycaemic drugs
- Diet controlled diabetes
Immunosuppression

- Anyone suffering from an immunosuppressive disorder e.g.:
  - HIV
  - Patients undergoing chemotherapy
  - Bone marrow transplant
  - Myeloma
  - Disorders affecting the immune system e.g. IRAK-4, NEMO
- Anyone taking the following medication:
  - Azathioprine, mycophenolate, ciclosporin, cyclophosphamide, tacrolimus, methotrexate, high dose steroids (equivalent to 20mg prednisolone) for more than a month
Asplenia or Dysfunction of the Spleen

- People with no spleen
- Any dysfunction of the spleen
- Coeliacs - Having coeliac disease can cause the spleen to work less effectively.
- Homozygous sickle cell disease - the spleen can become enlarged due to misshapen red blood cells.
Pregnant Ladies

- Any stage of pregnancy (1\textsuperscript{st}, 2\textsuperscript{nd} or 3\textsuperscript{rd} trimester)
- Check for exemption status ‘D’ on the back of prescriptions
- Pregnant ladies coming to the pharmacy for healthcare advice
- Likely to be unsure of whether to have vaccine -
  - Is it safe?
  - How is my baby affected?
  - What are the benefits?
Informal (Unpaid) Carers

- Must be the main carer of an elderly or disabled person.
- Must not be paid for this work, however may be in receipt of carer’s allowance.
- If they were to fall ill the welfare of the person they care for may be at risk.
- Could prevent ‘flu from passing to the vulnerable.
- Hard to know whether they are a carer or not.
Residential/care home patients

- Must notify GP before hand
- Must submit form to NHS England area team before hand
- Must have SOP, Cold chain maintenance, suitable room to vaccinate etc

Household contacts of immunocompromised patients
Exclusion Criteria

- People who don’t fall into the above categories
- Professional (ie paid) health and social care workers with no clinical risk conditions
- Have had a flu vaccination since September 2015, or are unsure of vaccination status
- Suffering a febrile illness or acute infection
- Known hypersensitivity to egg or egg products
- Multiple sclerosis and related conditions
- Cerebral palsy or severe neurological disability
- Hereditary and degenerative conditions of the central nervous system or muscles
- Refused consent
Top Tips From Last Year’s Top Performers
Engaging the Pharmacy Team

- Explain how important this service is for the pharmacy.
- Explain how it will benefit your patients and the business
- Ensure all staff know the processes involved
- Ensure all staff know the differences between the NHS and private service
- “All team members got involved with promoting the service.”
- Show the team how to log onto PharmOutcomes and complete the first bit of the online form. The Pharmacist can then check the details and give the jab. Particularly important for busy pharmacies with a lack of functioning ACT.
Prepare the Pharmacy

- Put out posters both inside and outside the premises to highlight to patients about getting their flu jab in the pharmacy.
- Do you have facilities for the disposal of sharps?
- Do you have space in your fridge for the vaccines?
- Does your consultation room look clean and clinical, or like a dumping ground?
- Do you have a diary or other form of appointment booking system ready to make appointments at convenient times for the pharmacy?
- Have you got all of the equipment you need?
Mark ALL eligible Rx's at the time of dispensing

- Do a PMR search for patients on ‘at risk’ drugs then create flash notes to pop-up during the next dispense.
- Keep a list of ‘at risk’ drugs near the computer terminal so staff can refer to them whilst labelling scripts.
- Find a way to notify the staff member handing out the prescription that the patient is eligible for a flu jab. E.g. stickers on the bottoms of patient bags, slips of paper...
- On a weekly basis go through the shelves of uncollected prescriptions/retrieval systems and check all relevant scripts are marked to ensure none have slipped through the net.
Engaging the Patient

- Have great conversations on Rx hand-out, asking ALL eligible patients if they know they are eligible and if they have booked an appointment yet with their surgery.

- As much as possible offer a jab there and then - this worked the best in the top-performers.

- If this is not possible let the patient choose a vaccine appointment - be aware some patients won’t turn up to a pre-booked appointment. Take a phone number and contact them to re-arrange in the event of a no-show.

- There is one issue that may put patients off this year...
Antigenic Shift

▲ Last year’s vaccine provided low effectiveness (around 3%)
▲ Usual vaccine effectiveness ~50% and has been for 9 out of the last 10 years.
▲ Caused by a drifted strain of flu A(H3N2) that emerged after the A(H3N2) vaccine strain had been selected.
▲ Flu vaccination remains the best way to protect people from flu.
▲ The risks of not having the vaccination and contracting flu are far higher than that of an effective vaccine preventing at risk people from getting flu.
Break Out Session
Things to Think About:

▶ Is your pharmacy ready NOW to launch the service?
▶ If not, what else needs to be done?
▶ What can your team do NOW to maximise the service in your pharmacy?
▶ How will this be followed through until the end of the service?
Key items from SLA

- Need to declare through NHS BSA online intention to deliver flu service
- Claim to be made by separate form submission to NHS BSA at end of month (declare number of each brand of vaccine). Last claim 5th March!
- Must report vaccinations to GP using specific wording on form
- Written consent necessary
- Flu SOP necessary
- Consultation room requirements (same as MUR)
- 2 year face to face training requirement (NOT 3 year)
Declaration of Competence

- Need to be familiar with the PGD and Service Specification
- Need to meet or be actively working towards the consultation skills competencies
- Need to have attended appropriate practical training in flu vaccination
- CPPE Recommended learning and Supporting Assessments
  - Valuable for this service and others
  - You may have already done them
  - Worthwhile doing the assessments as soon as possible
Flu Vaccines for Front Line County Council Staff
Aims

- To increase the uptake of the influenza vaccination for County Council staff who work with vulnerable/ at risk service users.
- To reduce the morbidity and mortality of influenza by immunising those who care for individuals who are most likely to have a serious or complicated illness should they develop influenza.
- The scheme supports the National Seasonal Influenza Immunisation Programme by fulfilling the responsibility of employers to ensure all frontline health and social care workers are offered a free influenza vaccination.
How the Scheme will Work

Eligibility
- CC employees will be issued with a voucher enabling them to attend a community pharmacy for a flu vaccination.

Consultation
- The Pharmacist conducts a PRIVATE flu vaccination consultation using their private service PGD and paperwork.
- If the patient is eligible for a free NHS vaccination, this must be offered instead.

Claiming
- Details of the vaccination will be recorded on PharmOutcomes so CC can track uptake of the scheme and for the pharmacies to gain payment.
- The CC employee is NOT charged for the private vaccination, instead the fee of £10 will be claimed via PharmOutcomes
What will the vouchers look like?
Any Questions or Further information required?

- Training - NPA and Alliance both still advertising training
- Advertising - national Flu service posters
- Differences between Private and NHS services