

Pilot for the Administration of Nasal Flu Vaccine by Community Pharmacy Evaluation Report

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Summary

In 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the routine annual flu vaccination programme is extended to children aged two years to under 17 years of age.

Locally, LPT are commissioned to offer and provide vaccination to children between year 1 and year 6 in the school setting. There are occasions where children, for whom we have a positive consent form, cannot be vaccinated in school as they are unwell/off sick. In the past we have utilised community clinics to offer children a second opportunity to be vaccinated. These community clinics have proved cumbersome to set up and staff and have had poor uptake.

Community pharmacy provides a professional and accessible service to the community. Furthermore, many pharmacies are already providing injectable flu vaccinations and therefore competent in this area.

In 2015-16, a pilot was set up whereby parents were offered a second opportunity to have their child vaccinated in a community pharmacy if they did not receive it in school. Aim of the pilot was to explore feasibility of using community pharmacy to provide a second offer of vaccination.

14 pharmacies were selected to take part in this pilot following a transparent selection process.

A total of 1050 letters were sent out to parents offering them a second opportunity to have their child vaccinated. 344 parents responded giving a 33% response rate to the letters sent out. Out of those that responded, 70% (n=240) then went on to have the vaccine administered. From all the patients who were sent a letter, 23% (n=240) had a vaccine administered. Parents preferred Tuesday, Wednesday and Thursday closely followed by Saturday. Between 3-6pm was the most popular time when the children were vaccinated. This was expected as the parents took their children after school. Christmas holidays was also a very popular period as 39% of all vaccinations (N=93) were delivered in those 11 days.

The pilot relied on the administration team and in the future, we need to look at ways to streamline the process to ease this burden (e.g. have this as an option on the certificate that is sent home to parents rather than sending a separate letter afterwards).

All pharmacists interviewed had a positive experience and would like to continue providing the service. There were some problems encountered with the faxing process. There were occasions when parents rang their nominated pharmacy for an appointment when the pharmacy had not yet received the faxed information. This was due to parents ringing earlier than instructed.

All parents stated that they found it easy to have their child vaccinated in the community pharmacy, rated the experience as extremely good and would definitely use the service again if the opportunity was available.

1. Background

In 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the routine annual flu vaccination programme is extended to children aged two years to under 17 years of age. Vaccinating children each year protects them but also aims to reduce transmission across all age groups, protecting those who are at increased risk of becoming seriously ill from the virus, lessening levels of flu overall and reducing the burden across the population.

Due to the scale of the extension of the programme to children, a phased approach to implementation began in 2013-14, with 2-3 year olds being offered the vaccination in general practice and 4-11 year old children in seven areas being offered vaccination through pilot programmes, mainly in primary schools (phase 1). Leicester, Leicestershire and Rutland (LLR) were one of these primary school age pilot sites.

In 2014-15 all two-, three- and four-year-olds were offered vaccination, the primary school age pilots continued and 16 areas, including LLR, also tested delivery to years 7 and 8 in secondary schools.

In 2015-16, phase 2 of the extension began with immunisation extending nationally to children of school years 1 and 2 and for LLR the offer to years 1 to 6 continued. During this year, Leicestershire Partnership NHS Trust's Community Immunisation team offered the vaccine to 75,683 children in years 1 to 6 visiting 362 schools in the process. A total of 45,000 children were vaccinated. Unfortunately, 1,474 children for whom we had a positive consent were not able to receive their vaccine in school as they were either ill on the day or absent.

In the past we have used community clinics to provide a second opportunity. These clinics have been in limited locations and did not provide much flexibility in terms of timing (e.g. after school and weekends). Attendance was variable and this meant that some clinics were wasteful as it required staff and stock to be present. Overall, these community clinics had little impact.

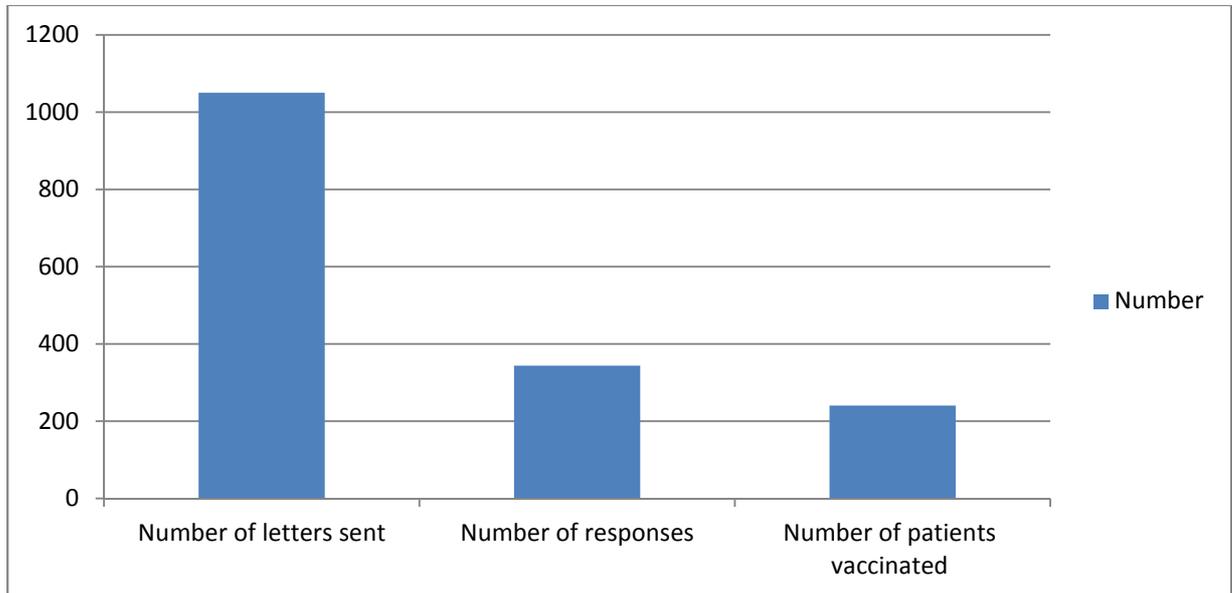
Community pharmacy provides a professional and accessible service to the community. Furthermore, many pharmacies are already providing injectable flu vaccinations and therefore familiar with immunisation and the governance arrangements that go with it. In 2015-16, a community pharmacy model was piloted in order to improve convenience, access and ultimately uptake for those patients that failed to have their vaccine in school.

2. Aims and Objectives

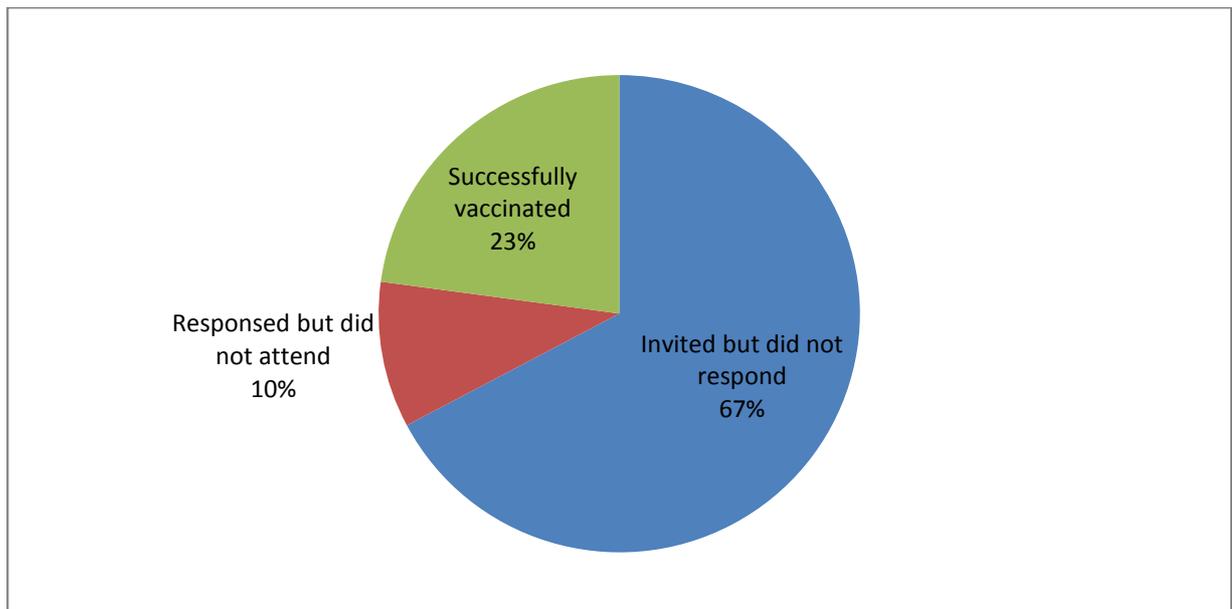
- Explore feasibility of using community pharmacy to offer Fluenz vaccine to children who were not able to receive it in school;
- Examine the operational challenges of this option;
- Evaluate feedback from LPT staff, parents and pharmacists;
- Analyse uptake, including preferred days, times and use of holiday period;
- Suggest improvements and changes for future;

3. Results

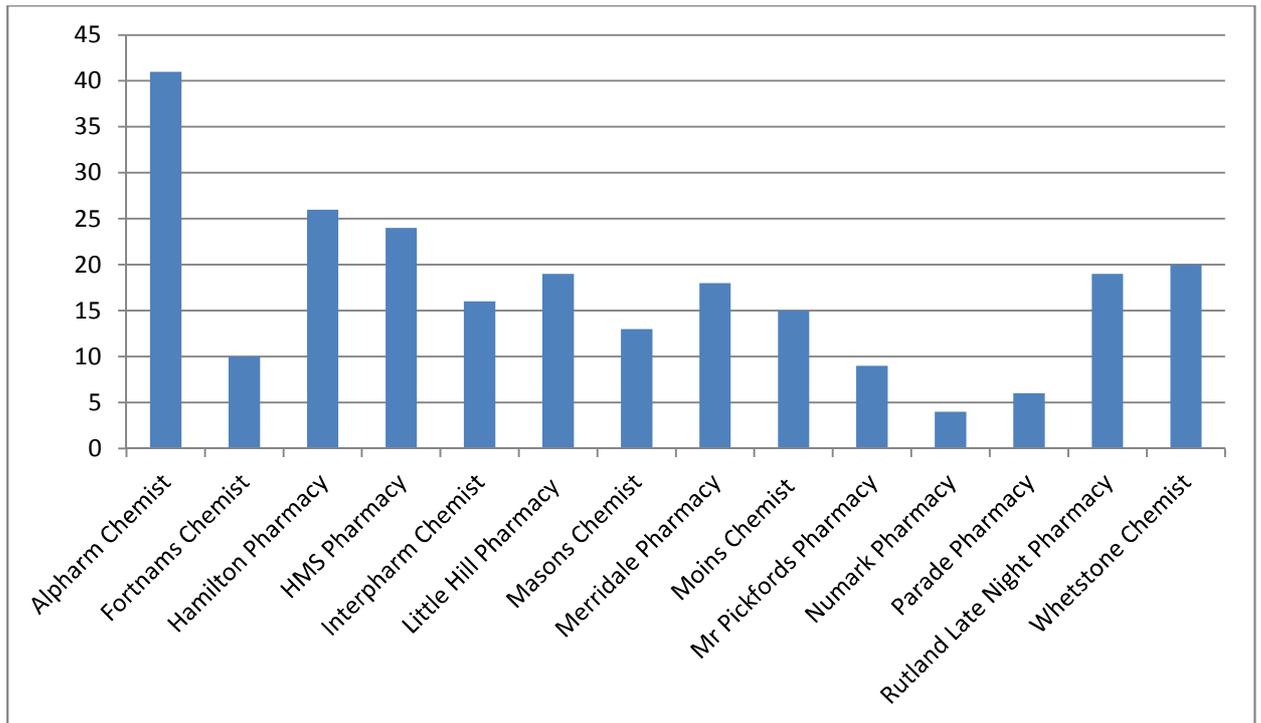
Graph 1: Number of letters sent, response and uptake



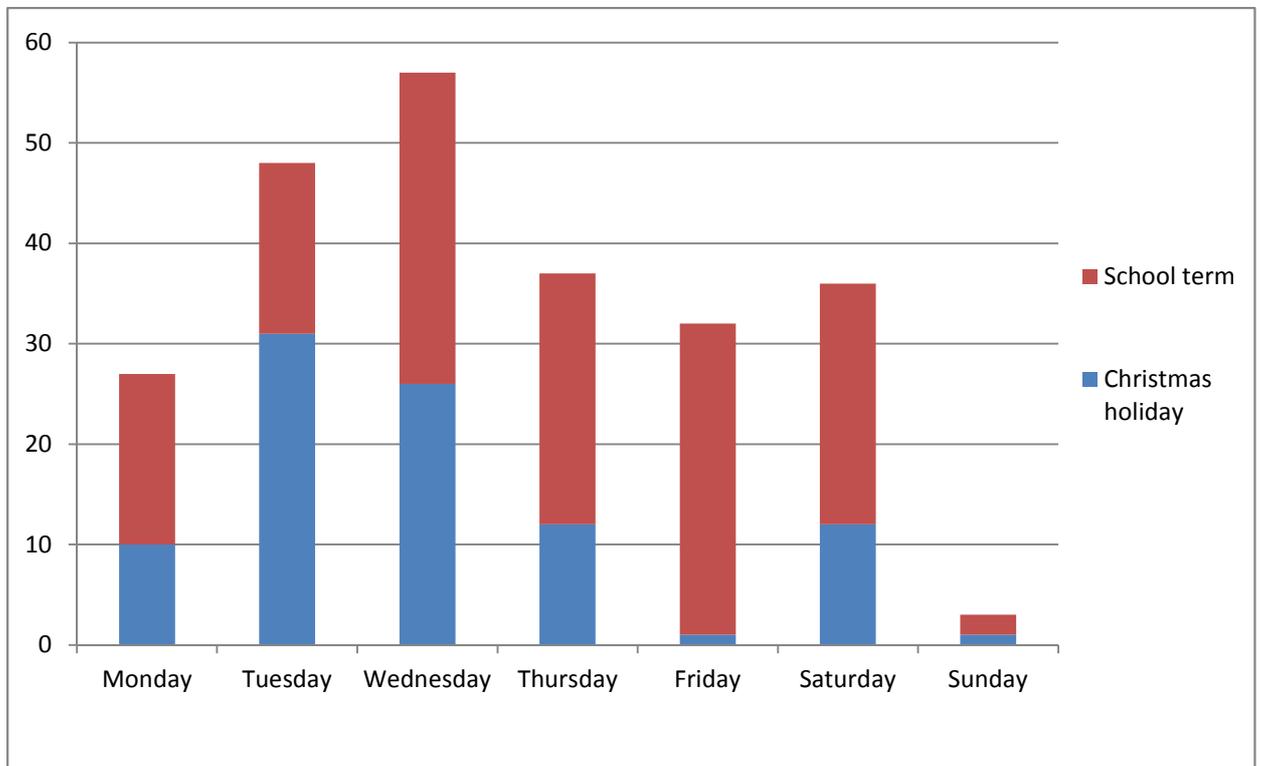
Pie Chart 1: Number of patients offered, response and uptake



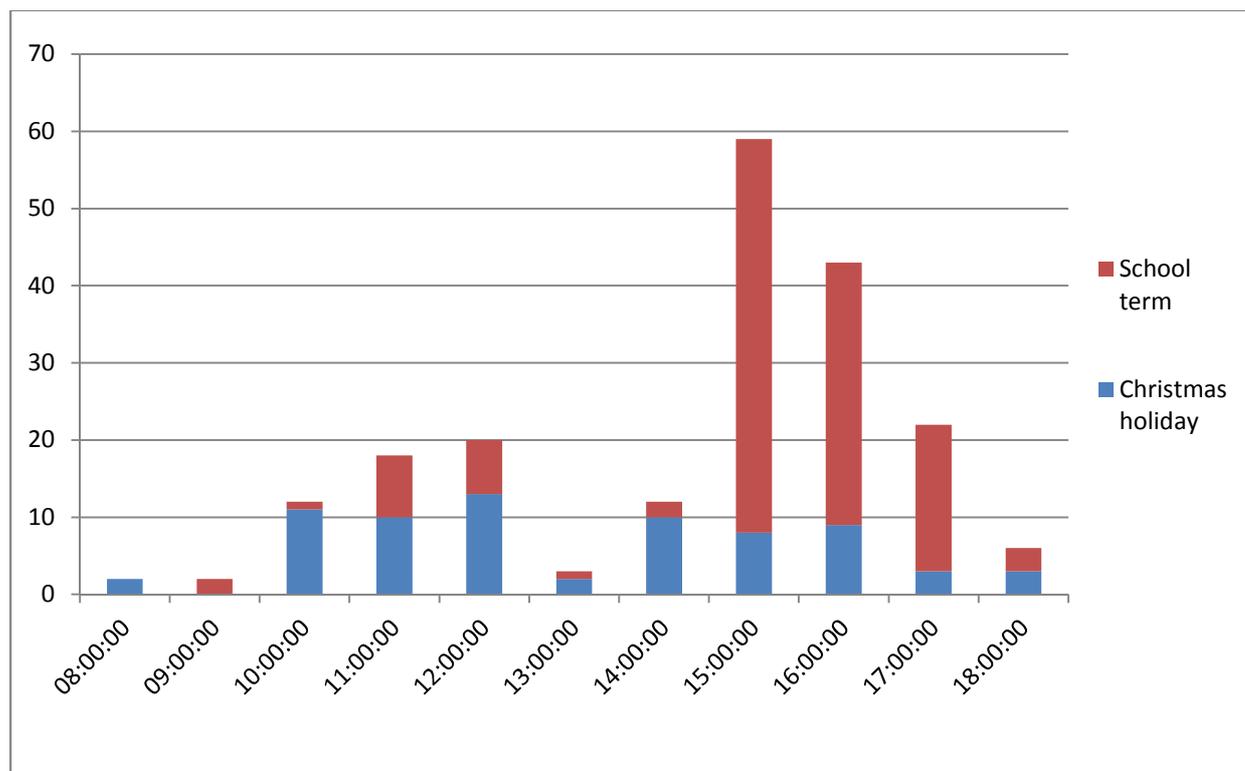
Graph 2: Number of vaccines administered by pharmacy



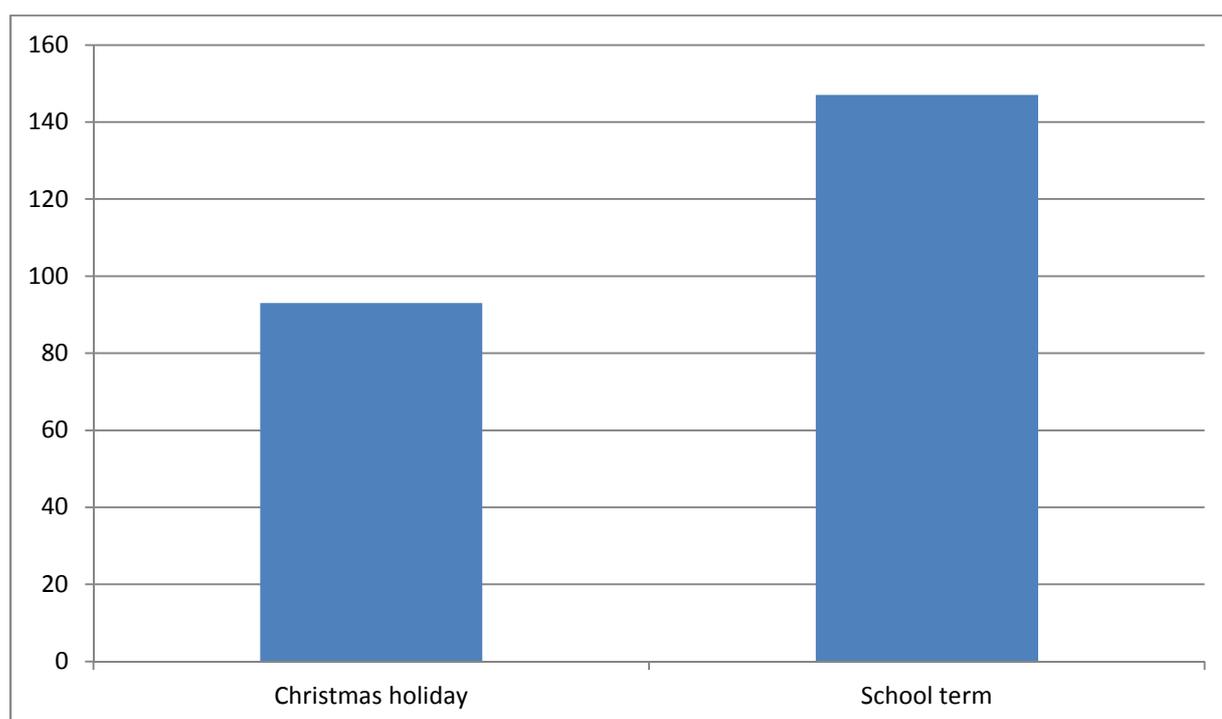
Graph 3: Number of vaccine administration by day of week during school term and Christmas holiday



Graph 4: Number of vaccines administered by time of day during school term and Christmas holiday



Graph 5: Total number of vaccines administered during school term and Christmas holiday



4. Discussion

4.1. Establishing Pilot and Pharmacy Selection

A meeting was set up between the lead pharmacist and the Local Pharmaceutical Committee (LPC) representative to explain the Fluenz programme and role of community pharmacy within this. A draft patient pathway was drawn up and costings were discussed. With these elements provisionally agreed, the LPC representative took the proposal to the wider LPC committee who gave their approval. A cover letter was devised along with key prerequisites required. An email was sent out by the LPC to all community pharmacies in Leicestershire asking for expression of interest. Those that were interested were asked to complete the questions and return to the lead pharmacist within 2 weeks.

It was initially unclear as to how many pharmacies should be included in the pilot as there was uncertainty around how many would be interested and where they would be located. It was hoped that there would be sufficient pharmacies to cover the hard-to-reach areas in the county. A total of 36 pharmacies expressed interest in the pilot which was an excellent response. Unfortunately, there were two areas in the county (southwest and northeast) which were not sufficiently covered. As this was a pilot and time was short, further attempts to engage pharmacies in this area were not made.

Responses from pharmacists to the prerequisite questions were transcribed onto an excel spreadsheet for ease of viewing and analysing. A meeting was set up with several managers to assess each pharmacy's suitability for inclusion. Inclusion criteria consisted of the following:

1. Accredited and delivering the national 'flu pilot (thus also anaphylaxis trained);
2. Completed Fluenz training (or could complete before start of pilot);
3. Total number of weekday and weekend hours where a pharmacist would be available to deliver this service;
4. Completed declaration of competence on Centre for Pharmacy Postgraduate Education;
5. Access to a fax machine;
6. Up-to-date Disclosure and Barring (desirable criteria).

Questions about up-to-date SOPs and working refrigerators were not asked as it was assumed this would be in order as part of their core services.

Standards were very high across the board and we were able to select those offering the very best opportunities. A total of 14 pharmacies were chosen in a manner that gave a wide geographical coverage. A Service Level Agreement was drafted and sent to successful pharmacies for completion and return.

Once the signed service level agreements were returned, arrangements were made to send each pharmacy a stock of vaccine. It was agreed that we needed to balance any potential

wastage from unused vaccines with the cost and time of transporting the vaccine in the first place. As we were not sure how many vaccines would be needed, we delivered 20 vaccines to pharmacies that were far away or out of the way from any of our usual routes and 10 vaccines to the pharmacies that were in the city or easily accessible. Vaccines were delivered under cold chain using the equipment and validated methodology as per the Standard Operating Procedure. The service was fully operational by around the first to second week of November 2015 which was later than expected yet an impressive turnaround of around 6 weeks from the initial conversation with the LPC representative.

4.2. Patient Pathway and Referral Process

A patient pathway was agreed within the service as follows:

1. Patients whose parents consented for the vaccine but did not receive it in school were sent a letter to their home offering them a second opportunity. The letter detailed all the pharmacies that were part of the pilot so that the parents could choose the most convenient one for them. They were asked to call or email the service to inform us of their desire to take up this offer and their preferred pharmacy. An identical letter was also sent to all the home educated children;
2. Once the parents contacted us and nominated their pharmacy, a fax was sent to that pharmacy consisting of the patient's original consent form which also contained all the pertinent medical questions and a patient specific direction (PSD). This PSD would authorise the pharmacist to administer the vaccines without the need for a PGD. A pharmacist was still allowed to exercise their clinical judgement by looking at the information in the consent form and ensuring the patient was well on the day;
3. Once the vaccine was given, a simple form was complete by the pharmacist detailing patient information, batch number, expiry date, date and time of the administration and faxed back to Immunisation Team. This was also treated as a claim for that administration.

4.3. Administration Process

The pilot relied heavily on the administration staff. They were integral in ensuring that letters were sent, emails/phone calls were answered and the patient's details were faxed to the appropriate pharmacy.

An excel spreadsheet was kept which tracked each patient whose parents had expressed an interest in this. Information included, patient's details, name of nominated pharmacy, date fax sent to community pharmacy, confirmation of completed administration form received from community pharmacy and date and time on which vaccine was given.

Another spread sheet was devised which tracked stock levels of vaccine in each pharmacy. Administration staff kept a close eye on this to ensure that each pharmacy had enough

vaccines for the up-coming demand. If needed, staff contacted the individual pharmacy to arrange further delivery.

4.4. Interpretation of Results

This service ran for a total of around 15 weeks and unfortunately missed the crucial October half term school holiday.

A total of 1050 letters were sent out to parents offering them a second opportunity to have their child vaccinated. 344 parents responded giving a 33% response rate to the letters sent out. Out of those that responded, 70% (n=240) then went on to have the vaccine administered. From all the patients who were sent a letter, 23% (n=240) had a vaccine administered. On average, around 16 vaccinations were given per week or 2 vaccinations per day. The uptake last year when parents were offered community clinics was 37 vaccinations from a total of 377 letters. Therefore, 10% of patients offered vaccination via a community clinic took up the offer compared to 23% who were offered vaccination via community pharmacy. It is speculated that the response rate to the letters inviting them to a community pharmacy could have been better if they were sent out soon after the school visit. In the future, it would be desirable to include this option as part of the patient journey when we immunise in school. One way to do this could be to tick this option on the certificate that is returned to the parents. Those that are home-schooled could be sent a letter at the beginning of the programme inviting them to a pharmacy of their choice.

There was a good uptake by all the pharmacies, though some managed to vaccinate far more than others. Part of the success of some pharmacies would have depended on how many patients in the area failed to have the vaccine in school. Therefore, this information may not be a reliable marker when looking at location of pharmacies in the future.

Parents utilised all days of the week to have their child vaccinated, both during the school term and Christmas holidays. The poor uptake during Sunday may have been because only a few pharmacies were open. Tuesday, Wednesday and Thursday were the most popular closely followed by Saturday. During the Christmas holidays, Tuesday and Wednesday proved the most popular days. This pattern was unexpected. It was envisaged that Saturday would have been the most popular day given that the children would be off school, parents may also be off and many pharmacies were open and offering the service.

In terms of times of vaccination, between 3 to 6pm was the most popular which was to be expected. This time period was particularly popular during school term as parents took their children to the pharmacy straight after school.

Parents took advantage of the access to pharmacy during the Christmas holiday as 39% (n=93) of all vaccinations were given during those 11 days (excluding the bank holidays).

This averaged around 8 vaccinations per day and was far more intense than any other period.

4.5. Patient/parent Experience

In order to capture patient/parent experience of this service a questionnaire was devised which would take around 10 minutes to complete over the telephone. Consenting parents were called and a member of staff administered the questionnaire documenting the response.

A total of 12 parents were called and responses were received from 8 sets of parents. All but one of the parents accompanied their child to the pharmacy. The one parent that didn't accompany their child was still able to provide a good insight into the experience and so was included in the feedback.

All parents found it extremely easy to make arrangements for the appointment at the pharmacy following the information that was posted out to them from LPT Community Immunisation Team. One parent stated that although they received no letter they were able to gain information from their GP and they still found it extremely easy to make arrangements.

All parents stated that they were happy with the length of time they waited to gain an appointment at their pharmacy. 2 parents stated that they were able to attend an appointment on the same day of ringing.

7 parents said that they once they were introduced to the pharmacist, the actual process of administering the vaccine took less than 5 minutes.

All parents felt that the pharmacist fully explained what to expect, both to them and their child. All vaccinations were offered in a private consultation room.

Overall, all parents stated that they found it easy to have their child vaccinated in the community pharmacy, rated the experience as extremely good and would definitely use the service again if the opportunity was available.

4.6. View-point of Pharmacists

In order to capture the view point of the pharmacists that took part, three pharmacists were called. The conversation was open with no specific questions, however, participants were asked to focus their feedback on the following areas [1] how they found the patient pathway and process [2] the clinical element. For each they were asked what went well and what did not go so well. Where an issue was identified, specific prompts were provided to ascertain if this was a systemic issue or limited to one pharmacy/area. The pharmacists selected were those who had administered the most vaccines. The LPC representative received feedback from other pharmacists who took part in the pilot but were not specifically called. This was also included.

Overall, the pharmacists had a positive experience and would like to continue providing the service.

4.6.1. Patient Pathway and Process

For this element, the following themes were identified and discussed:

1. Use of faxes – two out of the three pharmacies contacted had no issues with the faxing process and said the quality of the faxes were acceptable. These two pharmacies also said that the authorisation was available when the parents made contact with them. However, one pharmacy had a lot of difficulty with the fax process in that pages were missing or it was of poor quality. On numerous occasions, this pharmacy found that parents contacted them to arrange an appointment when the pharmacy had not received the fax. This meant that they had to waste time making phone calls to arrange for the consent form to be faxed to them. Following feedback from various pharmacists, the reason for this is parents not reading the letter carefully and contacting the pharmacy ahead of time. Feedback from other contractors sent directly to the LPC representative echoed some of these difficulties. It was suggested that the patient's details need to be on all sheets faxed to make sure that they can be reconciled accurately afterwards. One pharmacy also asked if it would be possible to complete this process by means other than fax;
2. Following up patients who had not been brought in - all pharmacies to some extent chased patients for whom they had a consent form but had not called to arrange an appointment. On the whole, most parents responded. One pharmacy found that parents did not appreciate being called and so decided to stop doing this. One pharmacist kindly called outstanding parents to let them know that he was going on holiday;
3. Two pharmacies stated that the paperwork was straightforward and one even said that he could complete it during the appointment. One pharmacy however stated that the paperwork was lengthy and wondered if it could be made electronic?
4. Delivery from LPT was efficient. The temperatures of the vaccines were shown to pharmacist. Delivery of 1 box at a time meant that more refrigerator space was available for their other stock;
5. All pharmacists found having a PSD useful. One pharmacist stated that having the consent form was useful as he could double-check it with the parent.

4.6.2. The clinical element

1. All pharmacists said that the clinical element was easy and they enjoyed the interaction with the children;
2. Two out of the three commented on the fact that this service allowed them to do something that was different and acquire new custom;

3. All pharmacists contacted stated that the majority of the vaccination took under 5 minutes. Some patients took much longer (in some cases up to 35 minutes) as they were nervous and needed persuasion. It was suggested that where we are aware that the patient is nervous (e.g. failed attempt in school), it would be useful to pass this information on to the pharmacist.

4.7. Feedback from Administrative Staff

Staff fed back that they found the process of sending letters and dealing with subsequent telephone calls time consuming. If this service is to be provided in future years, consideration needs to be given to including this option in the certificate that is sent home to parents. In cases where the child cannot be vaccinated in school, this option could be ticked along with direction for parents to ring or email the immunisation team. This could reduce the need for subsequent letters. A link to a website with the pharmacy details may be useful for parents to look at before contacting the immunisation team.

Transporting vaccines to the various pharmacies was time consuming, particularly the county pharmacies. As a result, a pragmatic decision was made to supply some of the county pharmacies with 20 vaccines and the closer or easier to access pharmacies with 10 vaccines. Where possible, staff were utilised such that the delivery coincided with their journey home. In the future, it would be more efficient to try to time delivery of the vaccine to the pharmacy with the scheduled nearby school visit.

Administration staff found it helpful to keep a log of vaccines for each pharmacy. This not only helped with stock check at the end of the pilot but also identified pharmacies that were close to running out so that further supply could be arranged as soon as possible.

4.8. Feedback from Clinical Staff

There was positive feedback from clinical staff. Clinical staff can feel under pressure to vaccinate as many as possible in school as this can be their only opportunity. In some instances, the patient may be on the cusp of being able to have the vaccine on the day (e.g. may look unwell, blocked nose or impaired breathing) but do not fall in the contra-indication criteria. Following the introduction of the pilot, staff felt more confident in withholding the vaccine on the day in the knowledge that there was a second opportunity available.

5. Conclusion

Leicestershire Partnership NHS Trust's Community Immunisation Team offer Fluenz to children in school. Unfortunately, some children are not able to have the vaccine on the scheduled school visit. In the past, the team has struggled to set up community clinics to provide a second opportunity for such patients. Where clinics have been set up, their locations and times have been restrictive and uptake has been limited. Community

pharmacy provides a professional, easily accessible and local service. The purpose of this pilot was to ascertain the feasibility of working with community pharmacy to provide patients with a second opportunity to be vaccinated.

240 patients (23% of those offered and 70% of those that responded) used community pharmacy as their second opportunity to have the Fluenz. This represents an excellent uptake compared to previous community clinics which attracted only 10% response rate. Further analysis of the data shows that parents took full advantage of the easy access and preferential opening hours. Popular days were Tuesday, Wednesday and Thursday and popular times were between 3-6pm, particularly during school time. 39% (n=93) of all vaccinations were given during the Christmas holidays (excluding bank holidays). The above number may have been even higher if the pilot period had included the October half term school holiday.

Overall, all parents stated that they found it easy to have their child vaccinated in the community pharmacy, rated the experience as extremely good and would definitely use the service again if the opportunity was available.

Pharmacists were overall happy with the pilot and would take part again if given the opportunity. They welcomed the change this service provided and the opportunity to acquire new custom.

Some areas for further consideration have been identified including level of LPT administration time needed to implement this service, efficient ways of delivering vaccines, faxing of consent form and parents making contact with pharmacy before the pharmacy had received the form. These need to be discussed within the project planning meetings to try and improve the service should it be continued in future years.