

August 2015

PSNC Briefing 042/15: Flu Vaccination: Responsive Lines for LPCs

PSNC has heard from a number of LPCs who are experiencing negativity from local doctors and LMCs about the launch of the community pharmacy flu vaccination Advanced Service. This document provides suggested information for LPCs to use to address common queries and concerns.

The document can be used in addition to [PSNC Briefing 041/15 \(Flu vaccination: The benefits of a community pharmacy service\)](#). If LPCs are not able to address concerns using this information please contact [Alastair Buxton, Director of NHS Services](#).

GP Preparedness

Concern: GPs say they should have had notice of the service as they may have altered their vaccination purchasing and vaccination planning. They are also concerned that pharmacy services will disrupt their call and recall processes.

Response: In many areas this can be challenged on the basis that a pharmacy vaccination service was already locally commissioned in the area (all bar 2 of the ATs across the country commissioned pharmacy last year). So although this is a new Advanced Service and in many areas broadens the scope for pharmacy, it is not in reality a huge change in commissioning activity. Community pharmacies administered just under 250,000 vaccinations last year, compared to c. 10 million provided by general practice, so is unlikely to have a big disruptive impact this year.

Vaccination shortages

Concern: The pharmacy service will lead to vaccine shortages.

Response: GP practices would have ordered their vaccine directly from manufacturers earlier in the year, so there should be no supply issues related to the commissioning of the pharmacy service (particularly bearing in mind the short notice for commissioning provided to pharmacy contractors – they are at a disadvantage in terms of getting access to vaccine).

Record keeping

Concern: GPs will not be able to keep track of patients being vaccinated and patients may be missed or receive two doses of the vaccine.

Response: As with previously commissioned local flu vaccination services, pharmacy contractors will have to send a notification to the GP practice of patients that have been vaccinated in the pharmacy. This notification will be sent on the same day as vaccination or on the following working day. The risk of 'double vaccinations' is therefore low. In the unlikely event that this occurs, we are not aware of evidence that patients have previously suffered any adverse events as a result of being vaccinated twice.

Training

Concern: Pharmacists are not qualified to vaccinate patients.

Response: All pharmacists providing the service will have recently undertaken training which covers the national Core Curriculum for Immunisation Training. Refresher training is undertaken on an annual basis (which is likely to be much more frequently than the training GPs or practice nurses undertake). Pharmacies will have an anaphylaxis kit available as per the recommendations in the Green Book and pharmacists will undertake basic life support

refresher training on an annual basis. Once again this can be challenged on the grounds that many pharmacies have already been providing local commission flu vaccination services for a number of years safely and effectively.

CQC Registration

Concern: Pharmacists should be registered with the Care Quality Commission in order to provide the service.

Response: The CQC does not regulate community pharmacies in relation to the provision of pharmaceutical services; that is the role of the General Pharmaceutical Council (GPhC). The GPhC regularly inspects community pharmacies to ensure compliance with their standards. Pharmacies have been inspected by the professional regulator on a regular basis for over a century; the other healthcare regulators are only just starting to adopt an inspection approach.

Payment

Concern: Pharmacies are being paid more than GP practices to vaccinate patients.

Response: That is incorrect. Both pharmacy contractors and GP practices are being paid a fee of the same value for vaccinating a patient (£7.64). An additional fee of £1.50 will also be paid per vaccination to pharmacy contractors. This is in recognition of costs incurred relating to the provision of the service including training, revalidation and disposal of clinical waste; such costs are not reimbursed elsewhere in the CCPF. GP practices have their clinical waste disposal paid for by NHS England. GP practices are paid a dispensing fee for each vaccine (also referred to as the Personally Administered fee) the value of which is dependent on the volume of items administered (range 226.6p to 201.7p) (see the [General Medical Services Statement of Financial Entitlements](#) for details).

Cherry picking

Concern: Pharmacies will only vaccinate patients who are easy to reach, leaving GPs to tackle the harder to reach groups.

Response: There is no evidence to suggest that this will be the case; in fact pharmacies have more regular contact with many vulnerable people and their carers than any other healthcare professionals do. A 2014 study by researchers at Durham University showed that access to pharmacies is greater in areas of higher deprivation (see: <http://bmjopen.bmj.com/content/4/8/e005764.full>), so it is likely that pharmacies will help to reach patients who would not otherwise be vaccinated. In an analysis of 32 flu vaccination services commissioned in 2014/15, 16% of vaccinations were administered to those who had not previously received an NHS 'flu vaccination and 15.4% of patients vaccinated would have potentially gone unvaccinated if not for pharmacy, where the GP was unable to provide the service or patient was unable to attend GP.

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Director of NHS Services](#).