

August 2017

PSNC Briefing 063/17: Flu Vaccination: Responsive Lines for LPCs

PSNC has heard from a few LPCs who are experiencing negativity from local doctors or Local Medical Committees (LMCs) about the recommissioning 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 064/17: Flu vaccination: The benefits of a community pharmacy service](#). If LPCs are not able to address concerns using this information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

Common queries and concerns from GP practices

GP preparedness

Concern: GPs say they should have had more notice of the service being recommissioned 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 this is the third year that the community pharmacy Flu Vaccination Service has been nationally commissioned so it is not in reality a huge change in commissioning activity. Community pharmacies administered just over 950,000 vaccinations last year, compared to c. 10 million provided by general practice, so is unlikely to have a big disruptive impact again 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 recommissioning of the pharmacy Flu Vaccination Service.

GP costs

Concern: GPs say they have already purchased vaccinations and so it will cost them money if patients are vaccinated in pharmacies.

Response: In many areas this can also be challenged on the basis that a pharmacy Flu Vaccination Service has been nationally commissioned for the last two years and widely commissioned locally in previous years, meaning this is not a significant change in commissioning activity.

The NHS is committed to increasing access to services and preserving patient choice; the community pharmacy Flu Vaccination Service helps the NHS to meet both of these key principles which would be restricted if patients were only able to access vaccinations from one provider.

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: Community pharmacy contractors 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.

GP burden

Concern: GPs say that pharmacies giving vaccinations makes the process more complicated for practices because they have to enter the patient information from the pharmacy into their records.

Response: In many areas, this can also be challenged on the basis that a pharmacy Flu Vaccination Service was already nationally commissioned for the last two years and widely commissioned locally in previous years, meaning this is not a significant change in commissioning activity. Pharmacies must notify GPs of any vaccinations given using a standardised national GP Practice Notification Form, so practices should be able to put in place systems to process these. There are also administrative and data capture requirements for patients vaccinated within GP practices.

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Training

Concern: Pharmacists are not qualified to vaccinate patients.

Response: All pharmacists providing the service will have undertaken training which covers the national Core Curriculum for Immunisation Training. Face-to-face training on injection technique and basic life support is undertaken every two years (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.

Once again this can be challenged on the grounds that many pharmacies have provided the national Flu Vaccination Service for the last two years and were previously providing locally commissioned flu vaccination services for a number of years, safely and effectively.

CQC registration

Concern: Pharmacists should be registered with the Care Quality Commission (CQC) 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. In 2015/16 both contractors and GP practices were paid a fee of the same value for vaccinating a patient (£7.64) whereas last year GP practices received a higher fee which they will receive again this year.

Community pharmacies receive £7.64 for vaccinating a patient, plus an additional fee of £1.50 is paid per vaccination to contractors (total £9.14). 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 Community Pharmacy Contractual Framework.

GPs get paid £9.80 for vaccinating a patient as well as being 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 230.8p to 204.4p for dispensing doctors or 240.5p to 214p for non-dispensing doctors) (see [The General Medical](#)

[Services Statement of Financial Entitlements \(Amendment No. 3\) Directions 2016](#) for details). GP practices also have their clinical waste disposal paid for by NHS England.

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. Data from the 2015/16 or 2016/17 national service has not yet been analysed by NHS England.

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Advice on how to deal with negative resources about the pharmacy Flu Vaccination Advanced Service

PSNC has heard from a few LPCs and contractors who have seen inappropriate text messages and posters displayed in GP practices about the pharmacy Flu Vaccination Service. If this occurs in your LPC area, PSNC's advice is to deal with this locally via a conversation with the practice and LMC. The local NHS England team should also be informed and they should be asked to intervene if the initial approach to the practice doesn't work.

If that fails or the local NHS England team doesn't take appropriate action, please contact [Zainab Al-Kharsan, Service Development Pharmacist](#) who will escalate the issue to the national team. Please also let Zainab know of any local incidents prior to the need for national escalation, as we are keeping the national team informed of local incidents so they have a handle on the scale of the issue.

Social media

There is a tendency for the examples of bad practice by GPs to get circulated around community pharmacy via social media and other routes, which creates a bigger issue out of one incident than may be warranted and it also potentially inspires other practices to copy the approach. PSNC recommends that LPCs advise pharmacy teams to avoid sharing such matters via social media, as it will not help long term community pharmacy/GP relationships and it also provides fodder for the GP press; incidents should be dealt with locally wherever possible.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).