

Community Pharmacy: at the heart of public health

Immunisation

Immunisation is one of the most effective preventative measures to protect individuals and the community from serious diseases and has been a very successful public health intervention to reduce and eradicate disease. However the success with many vaccine-preventable diseases has, to some extent, lulled the public into complacency.

Protection via a vaccination programme depends on a high level of uptake. Community pharmacy can be involved in vaccination programmes through NHS commissioned services and has shown that, where services are in place, it can contribute to increased vaccination uptake by the public through involvement in seasonal and emergency programmes, for example:

- influenza;
- catch up programmes, e.g. HPV; and
- harm prevention strategies, e.g. Hepatitis B.

Pharmacists interact with the general public in relation to immunisation, for example by promoting the seasonal flu campaign or giving advice related to foreign travel or childhood vaccinations and take the opportunity to emphasise the importance of immunisation and the risks associated with non-vaccination compared with those of the possible side effects of the vaccines used.

Many pharmacists in England have now been trained to administer vaccinations and pharmacy patient medication records (PMRs) can be used to find 'at risk' individuals to be invited for immunisation, which can increase the percentage of the target group immunised. Community pharmacies provide an easily accessible alternative site which is available for longer hours than most other healthcare professionals, and this is appreciated by the public.

Vaccines are particularly susceptible to changes in temperature and maintenance of the cold chain is important. Community

pharmacy already has procedures in place to ensure that the stock supply chain requiring cold storage is properly maintained and complies with the NPSA rapid response report issued in January 2010 (1).

Influenza programmes

Seasonal Flu

Flu vaccines are highly effective in preventing illness and reducing complications and hospital admissions among the elderly and the defined 'at-risk' groups. Increasing the uptake of flu vaccine among these groups also contributes to easing winter pressure on primary care services (2).

In 2010/11 the Isle of Wight completed nearly 3000 seasonal flu vaccinations and has produced a patient survey report from the 1600 responses received.

The main results are:

- Total vaccinated: 2903 (approx. 10% of total vaccinated through all services);
- Under-65s with co-morbidities: 36.3% of cohort (Other providers: 17.1%);
- Percentage Rating Service OK or Excellent: 99.6% (90.9% Excellent);
- Percentage receiving flu vaccination for first time: 8.2%;
- Percentage for whom vaccination unlikely without pharmacy access: 6.2%;
- Percentage indicating they would use community pharmacy again: 98.4%;
- Percentage indicating they found the service more accessible: 92.8%.

Pandemic Flu

The part community pharmacy played in the 2009/10 pandemic flu vaccination programme was recognised in the Hine report (3) where it was noted that a variety of mechanisms to deliver the vaccine would be appropriate, including GPs, community pharmacies and occupational health services. It was also recommended that putting a sleeping



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contract in place with GPs or other willing providers such as community pharmacists would be helpful.

In many areas, community pharmacy, through the Local Pharmaceutical Committees, participated in the strategic planning of the managed introduction of the Swine flu immunisation programme.

The Isle of Wight PCT also pioneered the use of community pharmacists to vaccinate the under 5 years at risk group.

Catch up programmes

Human Papilloma Virus (HPV) (2009-10)

It is estimated that at least half of all sexually active women will be infected by genital HPV in their lifetimes. Infection is most likely to occur in the teenage years and early twenties.

The national vaccination programme to protect against cervical cancer began in 2008 with all 12-13 year-old girls being offered the vaccine. A catch-up programme to offer the vaccine to all remaining girls aged 12-18 was undertaken in 2009-10 and all females eligible for the national programme were encouraged to participate and complete the course of three injections over six months (4).

References

- 1) Rapid Response Alert - Vaccine cold storage. NPSA/2010/RRR008 (2010)
- 2) The influenza immunisation programme 2010/11. Letter from the Department of Health, Gateway Ref No: 14171 (2010)

Westminster PCT commissioned community pharmacists who had already provided other NHS commissioned vaccination services and who provide NHS sexual health services to provide an Enhanced service for HPV immunisation for girls aged 16 to 18 years as part of the specific catch up programme. A target of 92% vaccination rate in the population group by August 2010 was set. By commissioning pharmacies the PCT was able to increase capacity and client choice and it was estimated that approximately 2500 clients were eligible for this service within NHS Westminster. Each pharmacy was expected to vaccinate a minimum of 50 clients by August 2010.

The programme identified and vaccinated young women aged 16-18 years of age with the complete course (3 doses) of the HPV vaccination, and community pharmacy data was included for evaluation purposes. Reporting to GPs as patients were vaccinated was undertaken by NHSmail and clients were contacted about follow up vaccinations by text messaging. Pharmacists involved actively promoted the service, and the service was also promoted through the main schools based vaccination programme. GP practices also participated in the programme (5).

- 3) An independent review of the UK response to swine flu by Dame Deirdre Hine. The Cabinet Office (2010)
- 4) Acceleration of the HPV vaccination catch-up campaign. Letter from the Department of Health, Gateway Ref No: 11185 (2009)
- 5) Information from the PSNC Community Pharmacy Services database www.psn.org.uk

