



Making the Flu Vaccination service work in your pharmacy

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Supporting Community Pharmacy across Avon



Outcomes of the Evening

- Why has the service been commissioned?
- Outcomes from 2013
- What the service looks like across BNSSG
- How to run the service
- PharmOutcomes
- How to maximise uptake of the service.
 - Staff Engagement
 - How to target the correct patients.
- Your commitment





Why Provide a Community Pharmacy NHS Influenza ('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:





The National Picture – ‘Flu vaccine uptake rates 2011/12 – 2013/14



Target Group	2013/14	2012/13	2011/12
Over 65	73.2	73.4	74.0
Under 65 ‘at risk’	52.3	51.3	51.6
Pregnant Women	39.8	40.3	27.7
Carers	44.8	46.3	45.2

Source: Public Health England: ImmForm reporting website: Data submitted by NHS trusts and area teams.



Target Group	National Figure	BNSSSG Figure	Bristol Figure	North Somerset Figure	South Glos Figure	BANES Figure
Under 65 'at risk'	52.3	54.05	51.1	54.2	59.6	48.0
Pregnant Women	39.8	42.65	41.3	48.2	46.0	39.7
Carers	44.8	-	47.2	53.4	56.8	?

- ▶ Last year over ~80,000 people remained unvaccinated amongst the groups that are to be included in the pharmacy scheme this year (across BNSSSG).
- ▶ That roughly equates to around 500 per pharmacy for us to vaccinate this year! (150 pharmacies signed up for service across BNSSSG)





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
- We are already vaccinating people who are eligible for a free NHS flu Jab (via the private service).
- ‘At-risk’ groups could attend a pharmacy up to five times within the ‘flu season for a prescription presenting opportunities for vaccination.



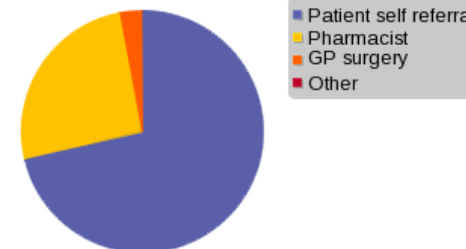
Service outcomes in 2013

- 95 people were vaccinated
- 70% were from pharmacy self referral
- Hardly any came from referral from the GP surgery

Referral information

Analysis of Referral method

Referral	Total
Patient self referral	67 (70.5%)
Pharmacist	24 (25.3%)
GP surgery	3 (3.2%)
Other	0 (0%)



Analysis of Pharmacy because

ReasonForChoosingPharmacy	Total
Unable to attend GP - work commitment	7 (7.4%)
Unable to attend GP - transport problems	0 (0%)
Unable to attend GP - other commitments	2 (2.1%)
Unable to attend GP - previous experience	0 (0%)
Unable to attend Occupational Health	1 (1.1%)
Prefer Pharmacy	15 (15.8%)
More convenient	52 (54.7%)
GP unable to provide service	3 (3.2%)
Unwilling to say	0 (0%)
No GP Clinic dates available	4 (4.2%)
Other	11 (11.6%)



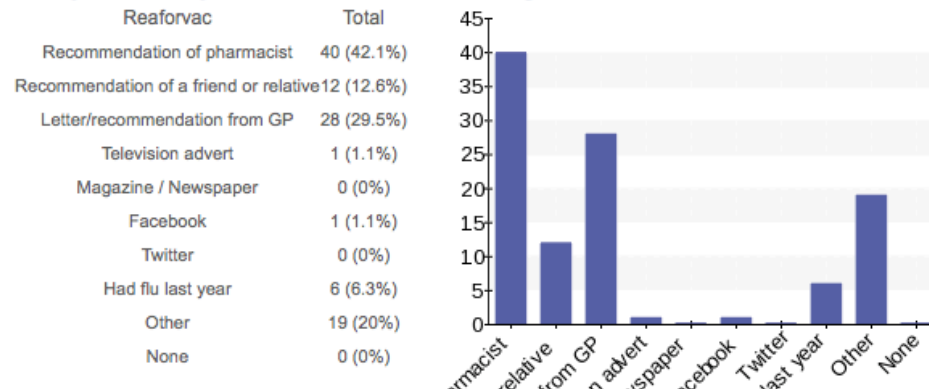
- People choose pharmacy because it was more convenient and because they preferred pharmacy (54% more convenient & 15% prefer)



Service outcomes in 2013

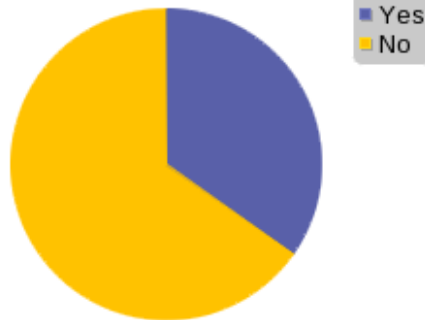
- 42% had the vaccine due to the recommendation of a pharmacist
- 30% had one because of their letter from a GP

Analysis of Why has the client chosen to get a vaccination



Analysis of Since Sept 2012

Vacc2011	Total
Yes	33 (34.7%)
No	62 (65.3%)



- Two thirds of people were not vaccinated the year before.
- Therefore pharmacy is not targeting the GPs patients, but patients who don't access the service elsewhere

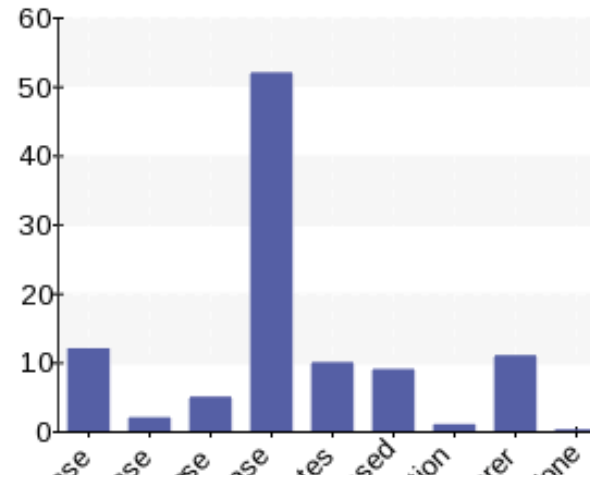


Service outcomes in 2013

- The majority of the patients fell into the respiratory disease category.
- To help this year we have more information on the other categories.
- Main carer is an important group and one that can be used by GPs to identify carers

Analysis of Risk Groups

Risk	Total
Chronic Heart Disease	12 (12.6%)
Chronic Liver Disease	2 (2.1%)
Chronic Renal Disease	5 (5.3%)
Chronic Respiratory Disease	52 (54.7%)
Diabetes	10 (10.5%)
Immunosuppressed	9 (9.5%)
Neurological condition	1 (1.1%)
Main Carer	11 (11.6%)
None	0 (0%)



What has been Commissioned?

- Inclusion criteria for the service
 - The patient must be registered with a Bristol, North Somerset, Somerset or South Gloucestershire GP;
 - Must be aged between 18 and 64 years of age;
 - Must have consented to vaccination;
 - The service will commence on 1st October and terminate on 31st March 2015.
 - The patient must be from one of the following clinical risk groups:



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,
- Anticholinergics (tiotropium, ipratropium...)
- long acting B₂ 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 (eg. Calcium, lanthanum, sevelamer, aluminium hydroxide)
 - High doses of loop diuretics
 - Immunosuppressants (e.g. ciclosporin, tacrolimus, azathioprine, mycophenolste)
 - 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, acamproste, chlordiazepoxide?
- Substance misuse patients?





Chronic Neurological Disease



- Stroke
- Transient ischaemic attack (TIA).



What to Look out For:

- Aspirin
- Clopidogrel
- Dipyridamole
- NOT warfarin!!!



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 eg 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



- 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 (1st, 2nd or 3rd 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.



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 2014, or are unsure of vaccination;
- Suffering a febrile illness or acute infection;
- Known hypersensitivity to egg or egg products;
- Bleeding disorder or taking anticoagulant medication;
- Multiple sclerosis and related conditions;
- Cerebral palsy or severe neurological disability;
- Hereditary and degenerative conditions of the central nervous system or muscles;
- Refused consent.



Delivering the service

- Walk through of the service from the perspective of a pharmacist currently delivering flu vaccinations





PharmOutcomes



- Where the service is
- How to run through and complete the service
- How to print off the GP feedback form





How to Maximise Uptake



- Enthusiasm
- Preparation
- Teamwork



Workshop

- In your groups think about how each of you is preparing for the go live of the service
- Time 5 minutes per section then feedback one idea per table
 - LPC will co-ordinate across the two meetings and send out to all
- Areas to consider
 - Enthusiasm
 - Preparation
 - Teamwork



Enthusiasm

- Does everyone working in the pharmacy know about the service?
- Are you talking to your customers?
- Are you creating interest in your customers about the service?
- Have you spoken to your local GP practice?
- Work out now who will be your first patient?
 - Possibly a colleague?



Preparation

- Be active, not reactive to demand – create demand!
- Advertise the service alongside your private service
- Take bookings early
- Make bookings for times of the day in which it won't affect your prescription business.
- Mark suitable patient's prescriptions like you would for MUR/ NMS patients
- Have SOP's been read by the team?
- 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?
- Has the training record and signed PGD been returned to the Area Team for each participating Pharmacist?

Teamwork

- Engage the WHOLE team, including counter staff to maximise conversations about the service with patients.
- Ensure the WHOLE team know the difference between the two parallel services to avoid confusion.
- Dispensers should know which drugs could indicate a suitable patient to flag for the service.
- Designate a member of staff to led the team on this – it shouldn't just be up to the Pharmacist.



Your commitment

- Spend 5 - 10 minutes taking all the best practice from this evening and commit to the actions you will carry out from tonight onwards
- When will you inject your first patient?





And finally, don't forget



We've been given the opportunity to demonstrate we can provide this service.

LET'S GET OUT THERE AND SHOW THEM WE CAN!!!





Thank you and safe journey



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