



Consultation response

A review of the procurement of seasonal flu vaccine

17th August 2011

The seasonal influenza immunisation programme: a review of the procurement of seasonal flu vaccine

Overview

The pharmacy bodies Pharmaceutical Services Negotiating Committee (PSNC), Pharmacy Voice (PV) and Royal Pharmaceutical Society (RPS) have produced a joint response¹, representing pharmacy in England.

We welcome the opportunity to respond to the *Review of the procurement of seasonal flu vaccine*

Key Messages

The pharmacy bodies welcome the recognition of the role of community pharmacists as providers of seasonal flu vaccinations.

We support the government's desire to make the vaccine supply chain even more robust, to improve vaccine uptake and to improve value for money but we are not convinced at this stage of the case for central procurement. The ImmForm system is not available to any provider other than GPs and if the NHS and the public are to benefit from plurality of providers, then either ImmForm must be made available to all providers or alternative systems must be accepted.

The priority must be for a clinical professional providing flu vaccination to be able to access stock at all times, ideally at the most convenient location for a patient to maximise uptake. It is then about managing this process in the most efficient manner not vice versa.

Role of community pharmacy

Community pharmacies have a recognised role in improving vaccination uptake especially in the under 65 at risk groups and among frontline workers. Service evaluation has shown that where community pharmacies provide the flu vaccination service, the total number vaccinated increases, and therefore the effect is not a transfer of vaccinations provided by GPs to provision by pharmacies.

The major advantage of the community pharmacy service is accessibility by virtue of their locations close to where people live and work and their convenient opening hours. This makes community pharmacies especially attractive to the under 65 at risk groups who are likely to be in work and rarely visit their GP, and to frontline workers who otherwise would have to attend an occupational health centre. Some pharmacists also provide workplace vaccination services.

Many community pharmacies offer a private flu vaccination service to those not eligible for NHS treatment, but also find that they get requests for the service from people in the at risk groups who prefer to have the vaccine at a time and place to suit them rather than go to their GP, and who are willing to pay for this convenience of access.

Vaccines for these essentially private services are procured by pharmacies in sufficient quantities to meet expected or forecast demand. Central procurement may not take into account those patients

¹ Organisational profiles are available at the end of the response

who do not fall within the NHS criteria, but private procurement should, in any event, continue alongside to enable pharmacies, and other providers, to meet expected demand from consumers keen to take responsibility for their own health and the health of their families.

Pharmacists who train to provide the private service are able, on production of their certificates of competence, to be commissioned to provide an NHS flu vaccination service. Last year when people were unable to obtain their vaccinations from GP surgeries some pharmacists, who were already providing a private service, and had surplus flu vaccines were commissioned by PCTs to provide an NHS service. Pharmacists trained to provide either the NHS or private service are also able to support vaccination services in an emergency, such as during a flu pandemic. When an outbreak of Hepatitis A occurred in NHS City & Hackney and there was insufficient capacity amongst GP practices, pharmacies undertook mass vaccinations providing significant number of patients with this much needed service, and no doubt reducing the likelihood of escalation of the outbreak.

² **Isle of Wight Seasonal flu vaccination 2009-10 and 2010-2011**

In 2009 the Isle of Wight PCT commissioned community pharmacists to provide H1N1 vaccine to at risk groups and children and seasonal flu vaccine to the under-65 at-risk groups. The PCT achieved its target for the at-risk groups for the first time.

Following on from this, in 2010 the PCT commissioned 17 community pharmacists to provide seasonal flu vaccinations. Evaluation of the service revealed the following data:

- Total vaccinated: 2903 (approx. 10% of total vaccinated through all services)
- Under-65s with co-morbidities: 36.3% of cohort vaccinated (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%

Role of hospital pharmacy

Hospital pharmacies will procure vaccinations separately to those procured in primary care. Hospital pharmacists work with their occupational health colleagues and infection control teams to procure vaccinations for staff. Some at risk patients may also receive their vaccination via the hospital service especially where the hospital has continuing care responsibilities.

Role of primary care pharmacy

Primary care pharmacists are involved in re-distribution of vaccinations when there are areas which have fewer vaccines than required.

Primary care pharmacists, with colleagues in contracting, are responsible for commissioning community pharmacists as providers of flu vaccination as a local enhanced service using Patient

² *Isle of Wight Community Pharmacy Seasonal 'Flu Vaccination; An End of Service Evaluation Report for the NHS Service including Cohort Analysis and Patient Reported Outcomes: Pinnacle Health Partnership LLP 2010*

Group Directions. In addition some PCTs commission the provision of workplace vaccinations for frontline healthcare workers.

Response to specific questions

Question 1

Do you agree that central procurement of seasonal vaccine would help improve the robustness of vaccine supply?

We understand that the government wishes to avoid a repetition of Winter 2010-2011 when many patients were unable to be vaccinated. We believe that the problems largely occurred because lower than expected numbers of at risk patients had taken up the initial invitation to attend for vaccinations, and that some GPs had returned unused stocks to their supplier. When the second wave of interest arose (caused by publicity surrounding the increasing rates of infection) this led to shortages.

We are unsure how central procurement would improve the situation, especially as there seems to be no evidence GPs under-ordered in 2010. Currently GPs estimate the amount of vaccine they need based on the previous year's figures and their patient list and allow for an increase in the percentage of patients they vaccinate. The Government would either have to estimate the quantity of vaccine required based on the previous year's ImmForm returns or request the information from the GPs. There would still be potential for patients not to respond to invitations, and to seek treatment later in the year, or for public demand to spike as it did in 2010/11. We would expect private providers to be able to procure vaccines to meet the expected demand from the public who do not qualify for NHS vaccination alongside any central procurement exercise.

We are unclear as to whether there will be a charge to GPs for the vaccine or if it will be supplied free of charge (FOC). If it is supplied FOC over ordering could result, then the forecast risk shifts entirely to the centre, and over ordering could represent an unnecessary drain on resources. We note that, in the private sector, where excess vaccines left at the end of a campaign represent a business loss given the likely change in strain year on year, few vaccines were available to meet public demand when it spiked at the turn of the year precisely because it was towards the end of the expected vaccination period.

Proposals for patients to be registered with more than one GP practice would increase complexity of estimating requirements, as would allowing GPs to order more than their initial estimate to meet patient demand. This could lead to a shortage for other providers. While we support the commissioning of community pharmacies to provide NHS vaccination services, we would however question how the vaccine requirements for other providers such as pharmacists be estimated.

Central procurement could provide benefits if vaccines could be transferred and / or relocated if necessary, however as flu vaccines are subject to cold chain storage requirements under current supply regulations, stock could not easily be returned from one provider who has excess stocks to another provider with shortages to be reused. A way would need to be found whereby the end user of relocated vaccine could be guaranteed the integrity of the supply chain so they could be assured of the efficacy of the vaccine. Pharmacists are experts in medicines procurement and whilst fastidious in their maintenance of the cold chain, even they are currently unable to return 'fridge lines' within their usual normal supply chain.

Central procurement could improve distribution of vaccines if the supplies were made fortnightly as currently happens with childhood vaccines. This would mean GPs would only need to order two weeks vaccine at a time reducing the need for large stock holding and put less pressure on practices cold storage as set out in the recent NPSA alert³ and improving continuity and flexibility of supply. This would need to be balanced by the impact on the logistics of delivering large and variable quantities of vaccine over a period of about three months. Significant costs are likely to be incurred both in set up and running and these would need to be evaluated.

Question 2

What benefits or disadvantages would central procurement of vaccine have for efforts to improve vaccine uptake?

We fail to see how central procurement alone would improve flu vaccination uptake. The factors which improve uptake include:

- National campaigns
- Local campaigns
- GP messaging
- Incentive payments for providers
- Media coverage as a result of an increase in flu cases / deaths
- A greater use of opportunistic flu vaccination e.g. community pharmacists offering the vaccine to the under 65 at-risk groups when they collect prescriptions
- Development of a Directed Enhanced Service (DES) for all providers of flu vaccination including a national tariff. This would encourage and enable commissioners to widen the network of providers, especially community pharmacy, to improve access.
- Specific activities to improve vaccine uptake within a DES

We do not believe that central procurement would influence any of these factors in and of itself.

Question 3

3a

Are there any considerations in relation to the value for money of the seasonal flu vaccination programme other than those set out in the Impact Assessment that should be taken into account?

We are concerned that the costs of a central procurement scheme have not been properly considered or costed, and therefore decisions to pursue central procurement may be made on incorrect assumptions.

Seasonal flu vaccine is, by its nature, a product that will need to be distributed in several bulk deliveries over a few months. Like all vaccines, it is subject to strict cold chain requirements both for transit and storage. The document states that methods of distribution will be considered at a later date. We would be interested to know if the government has had a conversation with manufacturers and wholesalers with regard to this to obtain accurate costings. The other option is for the government to take over the distribution and this is likely to require changes to the current distribution chain or new distribution chains to be set up just for the few months during which the vaccines are being distributed. Supplies will need to be made in several batches as GP practices will not have the necessary cold storage for a complete season's vaccinations (see note above).

³ *Vaccine cold Storage* NPSA 2010 www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=66111

We are unsure of the robustness of the costings within the impact assessment. For example, the Impact Assessment suggests a saving of 40% can be made on the cost of the vaccine. We would be surprised if margins of that magnitude exist in practice, and we would suggest that evidence is examined of actual costs, to ensure that this estimate is realistic. We believe that Government should investigate the prices currently being paid by GPs and hospitals. We note that, during the 2010/11 flu season, Scottish pharmacists were reimbursed an average of £4.52 per vaccine with a default price of £3.00 or £3.50 for incorrect endorsements for procuring flu vaccines for GPs. These figures confirm our belief that the government will not achieve the savings it envisages.

When creating incentives to improve vaccination uptake, the government should look to systems in other areas of Europe where vaccine targets meet or nearly meet the WHO targets.

3b

Would central procurement have an additional impact on GP finances in relation to any profits arising from directly procuring vaccine at a lower price than the NHS reimbursement?

Margins on procurement incentivise cost effective procurement practices. These margins ought to be taken into account when the remuneration of the practitioner is being determined. If this is so (which is certainly the case for margins achieved by community pharmacy), then the NHS can benefit from procurement incentives, whilst not jeopardising the overall funding of the practitioner.

Question 4

Are there any other points the government should consider?

We are concerned that there may well be unintended consequences of the use of ImmForm to order vaccinations. This works well for childhood immunisation where GPs are the preferred provider; however for the seasonal flu vaccination there are other providers including community pharmacy who currently cannot access ImmForm. In addition we would like to understand how the government proposes to identify the quantity of vaccine pharmacists and other providers will need. Currently the vaccine for pharmacies providing the NHS flu service is either ordered by the PCT or the pharmacies order the vaccine and are reimbursed. Hospitals will order vaccine to cover their own needs for both patients and frontline workers.

UK generic drug prices are some of the lowest in Europe and the world as a result of efficient purchasing by community pharmacies. In Scotland, community pharmacies purchase all the seasonal flu vaccine required by GP providers. They control the complete process, gathering GP requirements at the beginning of the year, ordering the vaccine, taking delivery of and distributing the vaccine whilst maintaining the cold chain. This system has worked extremely well for a number of years and continues to be the main vaccine supply route for GPs in 2011-2012⁴.

For the flu season 2010-11 Scottish pharmacists were reimbursed an average of £4.52 per vaccine. The default price for GP10As not endorsed correctly was either £3.00 or £3.50. Pharmacists were incentivised to purchase vaccine at competitive price.

The transfer in due course of the commissioning of immunisation programmes to the NHS Commissioning board (NHSCB) will provide an ideal opportunity for a national designated enhanced service for flu vaccination for all providers. A national tariff should also be set for all providers.

⁴ *Dear Colleague letter, Seasonal Influenza vaccination Programme 2011-12* www.scotland.gov.uk

A READ code for pharmacist vaccinators would mean that the number of patients vaccinated by pharmacy could be easily estimated. An electronic system of enabling pharmacists to transfer vaccination data to GPs also needs to be developed.

The NHSCB should consider proactively engaging with community pharmacists to provide an NHS flu vaccination service. This will increase the possibility for reaching the target vaccination rates especially for the under 65 at risk groups and frontline workers (community pharmacy is often the provider of choice for these groups due to their accessibility). In addition this will increase the capacity of vaccination services in an emergency such as outbreaks of pandemic flu or Hepatitis A.

When commissioning NHS flu vaccinations all aspects of service provision must be considered. Currently, some pharmacy staff have problems accessing vaccinations, such as Hepatitis B which are necessary for them to be vaccinators, via primary care providers, even when they are prepared to pay for it.

The central procurement of the vaccine must not impact on the amount of vaccine available for private service providers. In addition to the choice that private providers offer to the public, increasing the number of people vaccinated outside of the at risk groups increases 'herd immunity' and therefore benefits both the population at large and the exchequer.

We would like to see any savings made reinvested in public health.

Organisational profiles:

Pharmacy Voice (PV) represents community pharmacy owners in the UK. Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). The principal aim of Pharmacy Voice is to enable community pharmacy to fulfil its potential and play an expanded role as a healthcare provider of choice in the new NHS, offering unrivalled accessibility, value and quality for patients and driving forward the medicines optimisation, public health and long term conditions agendas.

The Pharmaceutical Services Negotiating Committee (PSNC) promotes and supports the interests of all NHS community pharmacies in England. PSNC are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors and work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.

PSNC's goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.



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