

Vaccine uptake in the general population

Consultation on draft scope – deadline for comments by 5pm on 5th August 2019

email: VaccineUptake@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>In addition to your comments below, we would like to hear your views on this question:</p> <ol style="list-style-type: none">1. Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? <p>Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal Pharmaceutical Society</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	
<p>Name of person completing form:</p>	<p>Heidi Wright</p>
<p>Type</p>	<p>[for office use only]</p>

Comment No.	Page number or ' general ' for comments on the whole document	Line number or ' general ' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.
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1	5	13	<p>Settings should also consider access via community pharmacies. Community pharmacies are highly accessible and often are accessed by gypsy, roma and travellers as well as refugees and asylum seekers who may not access other healthcare settings.</p> <p>Evidence from the national flu vaccination programme which demonstrates the impact on vaccine uptake when access is possible via community pharmacy settings should be considered.</p> <p>The following papers demonstrate the role pharmacists can play in vaccination. Although flu vaccination is not part of this consultation we have included some papers on this as for many countries, evidence is still limited in relation to vaccinations since pharmacists haven't been able to deliver or have just started delivering services due to restrictions in legislation.</p> <ul style="list-style-type: none"> • Isenor J,2, O'Reilly B, Bowles S. <i>Evaluation of the impact of immunization policies, including the addition of pharmacists as immunizers, on influenza vaccination coverage in Nova Scotia, Canada: 2006 to 2016</i>. BMC Public Health. 2018;18(1):787. DOI: 10.1186/s12889-018-5697-x. • Isenor J, Wagg A, Bowles S. <i>Patient experiences with influenza immunizations administered by pharmacists</i>. Human Vaccines and Immunotherapeutics. 2018;14(3):706-711. Epub 2018 Jan 30. DOI: 10.1080/21645515.2018.1423930. • Kirkdale C, Nebout G, Megerlin F, Thornley T. <i>Benefits of pharmacist-led flu vaccination services in community pharmacy</i>. Annales Pharmaceutiques Françaises. 2017;75(1):3-8. Epub 2016 Oct 4. DOI: 10.1016/j.pharma.2016.08.005. • Baroy J, Chung D, Frisch R, Apgar D, Slack M. <i>The impact of pharmacist immunization programs on adult immunization rates: A systematic review and meta-analysis</i>. Journal of the American Pharmacists Association. 2016;56(4):418-26. DOI: 10.1016/j.japh.2016.03.006. • Burson R, Bittenheim A, Armstrong A, Feemster K. <i>Community pharmacies as sites of adult vaccination: A systematic review</i>. Human Vaccines and Immunotherapeutics. 2016;12(12):3146-3159. Epub 2016 Aug 15. DOI: 10.1080/21645515.2016.1215393. • Isenor J, Alia T, Killen J, Billard B, Halperin B, Slayter K, McNeil S, MacDougall D, Bowles S. <i>Impact of pharmacists as immunizers on influenza vaccination coverage in Nova Scotia, Canada</i>. Human Vaccines and Immunotherapeutics. 2016;12(5):1225-8. Epub 2016 Feb 10. DOI: 10.1080/21645515.2015.1127490. • Isenor J, Killen J, Billard B, McNeil S, MacDougall D, Halperin B, Slayter K, Bowles S. <i>Impact of pharmacists as immunizers on influenza vaccination coverage in the</i>
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			<p><i>community-setting in Nova Scotia, Canada: 2013-2015</i>. Journal of Pharmaceutical Policy and Practice. 2016;9:32. eCollection 2016. DOI: 10.1186/s40545-016-0084-4.</p> <ul style="list-style-type: none"> • Bach A, Goad J. <i>The role of community pharmacy-based vaccination in the USA: current practice and future directions</i>. Integrated Pharmacy Research and Practice. 2015;4:67-77. eCollection 2015. DOI: 10.2147/IPRP.S63822. • Eid D, Meagher R, Lengel A. <i>The impact of pharmacist interventions on Herpes Zoster vaccination rates</i>. American Society of Consultant Pharmacists. 2015;30(8):459-62. DOI: 10.4140/TCP.n.2015.459. • Anderson C, Thornley T. <i>"It's easier in pharmacy": why some patients prefer to pay for flu jabs rather than use the National Health Service</i>. BMC Health Services Research. 2014 Jan 24;14:35. DOI: 10.1186/1472-6963-14-35. • Anderson C, Thornley T. Who uses pharmacy for flu vaccinations? Population profiling through a UK pharmacy chain. Int J Clin Pharm. 2016; 38(2):218-22. DOI: 10.1007/s11096-016-0255-z. • Taitel M, Fensterheim L, Cannon A, Cohen E. <i>Improving pneumococcal and herpes zoster vaccination uptake: expanding pharmacist privileges</i>. The American Journal of Managed Care. 2013;19(9):e309-13. Online • Warner J, Portlock J, Smith J, Rutter P. <i>Increasing seasonal influenza vaccination uptake using community pharmacies: experience from the Isle of Wight, England</i>. International Journal of Pharmacy Practice. 2013;21(6):362-7. Epub 2013 Apr 15. DOI: 10.1111/ijpp.12037. • Taitel M, Cohen E, Duncan I, Pegus C. <i>Pharmacists as providers: targeting pneumococcal vaccinations to high risk populations</i>. Vaccine. 2011;29(45):8073-6. Epub 2011 Aug 22. DOI: 10.1016/j.vaccine.2011.08.051. • Wang J, Ford L, Wingate L, Uroza S, Jaber N, Smith C, Randolph R, Lane S, Foster S. <i>Effect of pharmacist intervention on herpes zoster vaccination in community pharmacies</i>. Journal of the American Pharmacists Association. 2013;53(1):46-53. DOI: 10.1331/JAPhA.2013.12019.
2	8	General	A further question that should be considered is whether or not vaccination uptake has improved in countries where children are excluded from educational facilities if they are not vaccinated, an example being France.

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Checklist for submitting comments

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- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Mark any confidential information or other material that you do not wish to be made public. Also, ensure that you state in your email to NICE that you have confidential comments included in your submission.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.
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Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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