NHS Community Pharmacy Contractual Framework Enhanced Service – Seasonal Influenza vaccination service

Background

Influenza is an acute viral infection characterised by the sudden onset of fever, chills, headache, muscle pains, severe prostration and usually cough, with or without a sore throat or other respiratory symptoms. The acute symptoms last for about a week, although full recovery may take longer.

In most years, influenza occurs predominantly during a six to eight week period during the winter. For most people, this 'seasonal' influenza is an unpleasant but self-limiting and not life endangering illness, but in some people it may be more severe, or complicated by secondary bacterial infections such as bronchitis and pneumonia. The very young, older people and those with underlying diseases such as cardiovascular disease and pulmonary disorders are particularly at risk of serious illness from influenza.

Without interventions such as annual influenza immunisation, older people and those of all ages in disease-based risk groups suffer significant morbidity and mortality even in a non-epidemic year. An estimated 12,000, mainly older people, die each year from seasonal influenza in England and Wales¹.

1. Service description

- 1.1 During the seasonal influenza vaccination campaign period, pharmacy staff will identify people who fall within the nationally agreed target groups, who are a priority for influenza vaccination and will encourage them to be vaccinated, making that offer during the period from 1^{st} August to 31^{st} March.
- 1.2 The immunisation programme will be focussed between 1st September and 31st January.
- 1.3 Eligible patients who do not have any contra-indications to vaccination will be offered vaccination by a pharmacist. The vaccination will be administered under the authority of a locally agreed Patient Group Direction² which will include the locally agreed eligibility criteria.

2. Aims and intended service outcomes

- 2.1 To reduce the serious morbidity and mortality from influenza by immunising people in the target groups, who are most likely to have a serious or complicated illness should they develop influenza. This can avert the need for the patient to be hospitalised.
- 2.2 To improve choice and access to seasonal influenza vaccination services in primary care.
- 2.3 To increase the provision of seasonal influenza vaccination to all target groups, particularly hard to reach groups.

3. Service outline

- 3.1 Pharmacy staff will identify people who fall within a target group for seasonal influenza vaccination (based on current DH/Joint Committee on Vaccination and Immunisation guidance). This may be proactively carried out during the year using pharmacy records and other methods.
- 3.2 These people will be offered the opportunity of receiving an influenza vaccination at the pharmacy, administered by an accredited pharmacist under the authority of a Patient Group Direction (PGD).
- 3.3 Inclusion and exclusion criteria, detailed in the PGD, will be applied during provision of the service. Where contraindications, which are stated within the PGD, preclude the administration of the vaccination, the patient should be referred to their GP for further advice. The Summary of Product Characteristics for the individual vaccines should be consulted when service documentation is being developed (www.medicines.org.uk).

¹ Review of the arrangements for the Seasonal Influenza Programme in England - Report of an independent panel. Department of Health, March 2007.

² Example PGDs are available on the National Electronic Library for Medicines PGD portal: www.nelm.nhs.uk.

- 3.4 The part of the pharmacy used for the provision of the service provides a sufficient level of privacy (ideally at the level required for the provision of the Medicines Use Review service³) and safety and meets all other nationally and locally agreed criteria. Appropriate measures to ensure hand hygiene must be available.
- 3.5 Pharmacists administering the vaccinations must have completed PCT agreed training and will have completed an assessment of competence which leads to local accreditation for an agreed period of time. The training will provide details of the administration of intramuscular injections, including:
 - Needle length and needle bevel;
 - Body mass and choice of needle length;
 - Intramuscular sites and the rationale for this choice;
 - How to administer an intramuscular injection, including patient assessment, side effects and contraindications to influenza administration; and
 - Anaphylaxis recognition and treatment.

The training will comply with the Health Protection Agency's National Minimum Standards for Immunisation Training which are available at:

www.hpa.org.uk/infections/topics_az/vaccination/training_menu.htm.

Pharmacists providing this service must have received up to date training in emergency life support procedures and the pharmacy must have available the equipment and medicines necessary for the management of anaphylaxis.

- 3.6 Pharmacists involved in the delivery of this service should be offered immunisation for Hepatitis B.
- 3.7 The pharmacy contractor will have a standard operating procedure in place for this service, which includes procedures to ensure cold chain integrity, such as storing vaccines in accordance with the manufacturer's instructions and the use of maximum/minimum thermometers for the monitoring of refrigerator performance.
- 3.8 The pharmacy will allocate a safe place to store equipment required for the provision of the service and the resultant clinical waste. The storage containers provided by the PCT-commissioned clinical waste disposal service will be used to store returned used equipment.
- 3.9 The pharmacy contractor must ensure that staff are made aware of the risk associated with the handling of clinical waste and the correct procedures used to minimise those risks. A needle stick injury procedure must be in place.
- 3.10 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, must be readily available close to the site used to store and administer the vaccine.
- 3.11 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. This may be facilitated by the provision of local training by the PCT.
- 3.12 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.13 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and audit. Pharmacy records should include the batch number, expiry date and name of the vaccine; records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 3.14 The pharmacy will inform the patient's GP of the vaccination, using any applicable national Read/SNOMED CT codes to ensure the GP's records are up to date with regard to their patient's immunisation status. Details provided to GPs should include:
 - any refusal of an offer of vaccination;
 - where an offer of vaccination was accepted:
 - a) details of the consent to the vaccination (where a person has consented on an at-risk patient's behalf, that person's relationship to the at-risk patient must also be recorded);

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³ The requirements for consultation areas are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended (www.dh.gov.uk/mpi)

- b) the date of administration of the vaccine; and
- c) any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction.
- 3.15 Local agreement will be reached on the minimum period during the week when an accredited pharmacist will be available at the pharmacy to offer the service.
- 3.16 The PCT will provide a clinical waste disposal service for pharmacies providing this enhanced service.
- 3.17 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence. The pharmacy contractor will work collaboratively with the PCT, particularly the influenza coordinator or other named PCT contact.
- 3.18 The PCT will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment. A pro-forma to communicate with GP practices will also be provided.
- 3.19 The PCT will coordinate the promotion of the service locally, including the development of publicity materials and the use of national campaign materials. Pharmacies should use these materials to promote the service to the public and should ensure they coordinate their promotional activities with those of the PCT. Pharmacies will also be free to develop their own promotional materials.
- 3.20 The PCT will coordinate the management of annual vaccination uptake data returns for the purposes of national monitoring.

4. Quality Indicators

- 4.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis and whenever changes to the PGD are implemented.
- 4.2 The pharmacy participates in an annual PCT organised audit of service provision, including cold chain integrity.
- 4.3 The pharmacy co-operates with any locally agreed PCT-led assessment of service user experience.
- 4.4 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.5 Pharmacists and appropriate support staff attend a PCT organised update meeting each year.

Background information – not part of the service specification

Consideration could be given to using a pharmacy service to provide convenient immunisation of key NHS staff and key independent contractor staff as part of local occupational health arrangements.

The local commissioning of this service will help to build workforce capacity to deliver vaccination in pandemic or other emergency situations.

The target groups for seasonal influenza vaccination are detailed each year in guidance issued by the Chief Medical Officer. The guidance for 2007/08 is available in PL CMO (2007)3: Influenza Immunisation Programme 2007/2008

(http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chief medicalofficerletters/DH_073581)

Background guidance on immunisation can be found in the Department of Health publication *Immunisation against infectious disease* (The Green Book). The latest version of this text can be accessed at: www.dh.gov.uk/greenbook