



PSNC response to NHS England's market engagement on the future of vaccination services

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Introduction

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

Our 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.

We welcome the opportunity to be able to provide our response to NHS England's market engagement on the future of vaccination services.

Consultation questions

1. Do you agree with the proposed vision for a future vaccination offer to the public? If not, why not?

Yes, we agree with the proposed vision and note that many elements of the offer NHS England has identified, reflect the approach that vaccination services commissioned from community pharmacies by the NHS or provided under private arrangements take.

For example, pharmacies pride themselves on providing convenient vaccination services, in terms of time and location, such as the walk-in offer that most provide for the NHS flu vaccination service. Many pharmacies also offer extensive private vaccination services, with a particular focus on travel vaccination. These services have to compete with alternative options available to patients on the basis of convenience and quality of service.

There is very high patient satisfaction with pharmacist vaccination services, as well as high levels of trust in community pharmacists. In a survey conducted in pharmacies in England during January and February 2020, 99.4% of patients stated that they would recommend the flu vaccination service to their friends and family, with 98.7% happy for their pharmacist to give them other types of vaccinations in the future¹.

A systematic review of studies on the effectiveness of vaccinations administered by pharmacists indicated that the vaccination coverage rates in these models are higher than in traditional systems of vaccinations^{2,3}. Additionally, a pandemic simulation model study conducted in the USA in 2017 concluded that the use of community pharmacy capacity would reduce the timeframe for reaching a national immunisation coverage rate of 80% by a full seven weeks⁴. The report stated that "these results support efforts to ensure pharmacist vaccinators are integrated into pandemic vaccine response planning".

¹ <https://pharmaceutical-journal.com/article/research/community-pharmacist-led-influenza-vaccination-a-service-evaluation>

² Isenor, J.; Edwards, N.; Alia, T.; Slayter, K.; MacDougall, D.; McNeil, S.; Bowles, S. Impact of pharmacists as immunizers on vaccination rates: A systematic review and meta-analysis. *Vaccine* 2016, 34, 5708–5723, <https://pubmed.ncbi.nlm.nih.gov/27765379/>

³ Edward M. Drozd, Laura Miller, Michael Johnsrud, Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States, *Clinical Therapeutics*, Volume 39, Issue 8, 2017, Pages 1563-1580.e17, ISSN 0149-2918, <https://doi.org/10.1016/j.clinthera.2017.07.004>

⁴ Schwerzmann J, Graitcer SB, Jester B, et al. Evaluating the Impact of Pharmacies on Pandemic Influenza Vaccine Administration. *Disaster Med Public Health Prep.* 2017;11(5):587-593. <https://pubmed.ncbi.nlm.nih.gov/28219461/>

Community pharmacies take a responsive approach to the needs of local communities, by providing access to services across opening hours that are generally longer than those in other parts of primary care. Many pharmacies providing flu and C-19 vaccinations during the last two years have also used contractual flexibilities to allow them to provide these vaccinations off the pharmacy premises, undertaking outreach work in places of worship, community venues and other settings to help increase vaccination coverage in less well-served groups of the population. In undertaking this work, pharmacies will often use the skills of their staff, that are generally drawn from and reflective of the local population, to maximise engagement with different parts of the local community, seeking to maximise vaccination levels and reduce health inequalities.

Community pharmacy teams providing flu and C-19 vaccinations over the last two years have all had to adopt a highly flexible approach to delivery of these vaccination programmes, partly to reflect the seemingly regular changes in operational policy within the programmes and also to cope with providing a close-contact clinical service during a global pandemic of a highly infectious respiratory virus. All pharmacy teams coped exceptionally well with the challenges thrown at them by the pandemic, remaining open to the public, when most other health services were choosing to operate behind closed doors, whilst also significantly increasing the number of flu vaccinations administered year on year over the last two seasons. This required the adoption of different approaches to provision of vaccination services, to protect patients and staff alike from the risk of nosocomial infections and the use of new technology to support this, such as online pre-consultation questionnaires for patients to complete, to reduce their time spent in the healthcare environment.

All pharmacies providing the flu vaccination service over the last two seasons have coped with the increased demand, but the sub-set of pharmacies that have been picked to take part in the C-19 vaccination programme have demonstrated, very clearly, the ability of the sector to step up in times of need and to provide surge capacity in the provision of clinical services.

The community pharmacy network across England provides a distributed network of healthcare locations, which we believe provides an opportunity for future delivery of vaccination surge capacity across the circa 10,000 sites that are already providing flu or C-19 vaccinations.

All community pharmacies in England are Healthy Living Pharmacies and as such they were some of the earliest adopters of the making every contact count (MECC) approach. The MECC approach is therefore part of their way of working with patients and wider engagement with communities. In many cases, pharmacies are able to refer patients receiving a vaccination to relevant services provided by the pharmacy, for example, locally commissioned stop smoking services, the NHS Blood Pressure Check Service, and in other cases, referring on to other providers (e.g. the NHS Digital Weight Management Programme). We fully support all vaccination providers taking a MECC approach, however we would also note that such additional interventions or services have to be adequately resourced by the NHS and secondly, they should not interfere with the operational efficiency of providing the vaccination service and maximising the public's uptake of the vaccination offer, which should be the prime focus of NHS vaccination programmes.

2. What national, regional, or local barriers currently exist to achieving this vision?

As a result of the positive attributes of community pharmacy vaccination services, described in our response to question 1, we believe the commissioning of a wider range of NHS vaccinations from pharmacies could support the achievement of increased vaccination levels. However, one of the main barriers to achieving this through national or local commissioning is the apparent inflexibility of the current ImmForm vaccine distribution system for the centrally procured vaccines used in the majority of NHS vaccination programmes. We understand that it

is not currently possible to significantly increase the number of delivery points through this system, meaning community pharmacies cannot currently be included within the system.

It may, in time, be possible for the contracting of this system to be reviewed, but alternatively, we suggest that UKHSA, DHSC and NHS England consider discussing the opportunities for distributing centrally procured vaccines to pharmacies through contracts with a pharmaceutical wholesaler. Such companies have already supported the distribution of C-19 vaccine and a similar approach is also being considered for the distribution of centrally procured C-19 antivirals.

3. What national, regional, or local enablers would support this vision?

The commissioning of a wider range of NHS vaccinations from pharmacies could support the achievement of increased vaccination levels across the population. To support this, we would hope to see the increasing use of interoperable IT systems to support the management of appointments and electronic communications with patients (including the use of pre-consultation questionnaires, where appropriate), the creation of clinical records, supply chain management and payment claims.

In the C-19 vaccination programme, pharmacies providing vaccination sites have had to use a range of IT systems to manage the different elements of the service. Over time, these systems have been enhanced and interoperability has also developed, but further improvements in interoperability between systems and a decreased need to use multiple systems would be welcomed as a way to improve operational efficiency.

We recognise the value these various IT systems brought to NHS England, as in many cases, they were able to access live data on the progress of the programme, without which it would not have been possible to effectively manage the programme. This was clearly a key part of the success of the programme, but in the case of community pharmacy IT systems for nationally commissioned clinical services, the pharmacy contractor will generally procure and directly fund the IT system themselves. As a consequence of this, NHS England does not have access to live data on the provision of the clinical service. While there are potential benefits to pharmacy contractors in having a choice of clinical systems to use, there are clearly benefits to the NHS if they are able to access real-time data from an IT system that they have procured for contractors and we believe that is a matter which is worthy of further consideration by NHS England.

Similarly, the provision of nationally commissioned IT infrastructure to support the engagement of patients in booking appointments for a range of vaccination programmes, building on the National Booking Service being used for the C-19 vaccination programme, would be worthy of consideration. In relation to the booking systems used for the C-19 vaccination programme, in most cases the use of the National Booking System seems to have worked well, however the use of alternative local systems, which had no interoperability with the national system resulted in confusion for some patients and inefficiencies for providers, where multiple vaccination appointments have been booked across different systems for the same patient. We are aware of the pilot to use the National Booking System to book appointments for flu vaccinations in community pharmacies in the north west and we look forward to hearing how that pilot progresses. If there is a future plan for the wider rollout of such an approach, we would ask NHS England to consider how booking platforms could be developed to support interoperability with other booking systems used by community pharmacies and other providers. This could involve the use of application programming interfaces and the adoption of NHS Digital's Booking and Referral Standards.

4. Across all immunisation programmes, what is currently working well at national, regional or local level (e.g. commissioning frameworks, workforce models, supply routes etc) that you would not want to be lost? What is working less well?

We believe the national commissioning of the community pharmacy seasonal flu vaccination Advanced service works to the advantage of patients, the NHS and pharmacy contractors, reducing the duplication of effort at a local level, which previously happened with local commissioning of flu vaccination services.

The use of national protocols to authorise the administration of vaccine, using a team-based approach which maximises the provider's use of skill mix, has also been a positive development during the period of the C-19 pandemic.

Similarly, the move to use a National Enhanced Service for the commissioning of pharmacies providing the C-19 vaccination service this autumn is a positive development, which supports some national standardisation, where it is helpful and appropriate, while allowing local decisions on the best placed pharmacies to meet the needs of the local population.

We believe a similar approach could be adopted to commission a wider range of vaccinations from pharmacies, helping the NHS to tackle low uptake levels in some of its vaccination programmes and in specific areas, allowing the standardisation of commissioning at a national level (as happens via current GP contracting arrangements), but with the application of local precision to determine where the services are required to meet population need.

5. Based on your experience and knowledge, what delivery approaches drive the best uptake and coverage in all immunisation programmes, particularly amongst under-served communities? How could these approaches be scaled up, adapted or applied to a wider set of immunisations?

We believe having a range of vaccinations available from a well distributed network of NHS providers will help to drive improved uptake. Additionally, using the relationships with patients developed by healthcare professionals that have often provided services to local communities for many years and hence occupy a position of trust in the minds of local people, can significantly support efforts to address vaccine hesitancy and to improve overall uptake.

Community pharmacies could provide such a network for vaccinations beyond flu and C-19. The significant growth in the number of NHS flu vaccinations administered by pharmacies over the last few years demonstrates the public's acceptance of the sector's accessibility as a place to be vaccinated and the quality of the service being provided. Community pharmacies are located where people live, work and shop, providing easy access to most of the population. Overall 89.2% of the population is estimated to have access to a community pharmacy within a 20 minute walk, including an estimated 99.8% of people from the most deprived areas.

Pharmacy's location at the heart of local communities means they are in a strong position to reach out to the less well-served members of the public living in their area. We have seen several innovative examples of how the position of the community pharmacist within their local geography has been used to engage with vaccine hesitant individuals and less well-served groups of the population to positive effect on vaccination rates. We have described some of this work in our response to question 6.

Taking the convenience of the community pharmacy vaccination offer, aligned with the ability to also engage with less well served groups in the population, we believe pharmacies are well placed to become a prime location for the provision of a wide range of NHS vaccination programmes. This could be achieved locally through

commissioning by Integrated Care Boards using National Enhanced Services and national patient group directions*, which are developed centrally to cover the key NHS vaccination programmes.

Such an approach would allow local flexibility and innovation, whilst also reducing the hurdles that need to be overcome to commission a service from scratch at a local level. In some local areas, the NHS has already started to build upon the platform that the community pharmacy C-19 vaccination sites provide for delivery of a wider set of vaccinations, by using some of them to administer Polio vaccine, as part of the focused vaccination programme in London.

Another local example of how a community pharmacy service can be rapidly expanded to support unpredicted need for vaccination is a locally commissioned pilot service in Essex, providing access to HPV vaccine for men who have sex with men, which has been temporarily amended to allow the pharmacy contractor to also offer monkey pox vaccination to augment the constrained capacity of local sexual health clinics to administer this vaccine.

With national commissioning of flu vaccination providing a foundation on which to develop the community pharmacy vaccination portfolio at a local level, there are over 10,000 locations across England which integrated care systems could be using to tackle their local vaccination uptake challenges.

* Where a community pharmacy has an independent prescriber onsite, patient specific directions could be used as an alternative to patient group directions.

6. What innovations are you aware of in the delivery of covid or other vaccinations, either through piloting or full implementation, that you would want to keep or see applied more widely? Have any of these innovations been delivered in spite of barriers and, if so, could those barriers be removed to help the innovation to continue?

In Tower Hamlets, London, high levels of vaccine hesitancy, particularly among people from BAME backgrounds are being tackled by the commissioning of a local service from community pharmacies. Local commissioners have stated that evidence indicates that patients value talking directly to a trusted health professional when considering whether or not to have a C-19 vaccine. The service involves community pharmacists having one-to-one conversations with targeted population groups (those who are more likely to be vaccine hesitant), when they visit the pharmacy. A consultation will be offered in the consultation room or alternatively can be provided by phone or video consultation.

Well Pharmacy has used two mobile health clinics to provide flu and C-19 vaccinations in less well served communities in Wales, working collaboratively with the Local Health Boards.

Pharmacies in London providing the C-19 vaccination service have reported that community pharmacy vaccination sites became a 'surrogate 119 service' for those patients who either couldn't get through to this service or were digitally excluded. The fact that every community pharmacy has a direct phone line meant that patients who couldn't use the National Booking Service could call the pharmacy directly to book an appointment and get answers to any questions or concerns they had. This approach to communication with patients was either not available at other types of vaccination sites or there would frequently be significant barriers to accessing staff by phone.

During the C-19 booster campaign, in particular where the older cohorts were invited for vaccination first, some pharmacies managed a separate booking diary for those that couldn't book online, offering 10-25% of their

appointments to patients daily in this way, to minimise the risk that poor access to technology increased health inequalities.

Pharmacies also reported they used their local contacts within the clinical commissioning group and borough council to better engage with under-served people like the traveller community, refugees and asylum-seekers. In one example, the borough lead for patient engagement had spent many months engaging with leaders of these communities and asked if a pharmacy could keep appointments reserved for their use once a week so that the lead could bring some of these people to the pharmacy. Without this flexibility and support, some of the patients stated they wouldn't have come forward for a first dose of vaccine. Other pharmacies offered vaccination to shift workers at large employment sites, supporting access to groups of people who otherwise may have struggled to access vaccination due to their working hours.

Pharmacies were able to use their multi-lingual workforce, generally drawn from the local community, to speak with patients who were not registered with a GP and who had no NHS number, to allay any fears they had about receiving the vaccine.

Some pharmacies also worked with the voluntary sector to ensure young carers were vaccinated, because of the limitations of the age cohorts in the booking system, people couldn't self-identify as carers and book online and one pharmacy worked with the CEO of the local carers' centre to block out appointment slots that the centre then offered directly to young carers.

One pharmacy reported GPs booking in some of their patients with mental health needs or learning disabilities for vaccination at the pharmacy, as it was a smaller, quieter site compared to the local mass vaccination sites. The pharmacy offered appointments at the beginning or end of the day, so that patients wouldn't have to queue or wait with others if this made them feel less anxious. Generally, pharmacy sites reported having shorter queues or no queues compared to the mass sites, which provided a better experience for all patients, but particularly favoured those with disabilities or an inability to stand or walk for long periods of time.

Many pharmacies also carried out vaccination in care homes, building on years of experience of providing flu vaccination in care homes. Pharmacies reported using long-standing relationships with care home staff to encourage many of them to come forward for vaccination, helping to address vaccine hesitancy in this important group of keyworkers.

The ability of community pharmacies to flex their vaccination offer to suit the needs of all within their community and act in an agile manner was key to their ability to offer better access to less well-served groups.

Looking internationally, in all 50 states of the USA pharmacists can now provide childhood immunisations⁵. The decision to allow this was partly precipitated by a need to ensure that childhood immunisation rates did not fall as a result of the C-19 pandemic.

- 7. Are you aware of any improvements that are being considered or planned for existing immunisation programmes that you are involved in or otherwise? What benefit are these expected to have? What national actions would support these improvements?**

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⁵ <https://eu.usatoday.com/story/news/health/2020/08/19/pharmacists-all-50-states-allowed-give-childhood-vaccinations/3400458001/>

8. What would be the critical elements of a future delivery model in your region/system/organisation, and what commissioning and contracting approach is best suited to the delivery of this model?

As we have noted in our responses to earlier questions, we believe commissioning a wider range of vaccinations from pharmacies would help the NHS to tackle low uptake levels in some of its vaccination programmes and in specific areas, allowing the standardisation of commissioning at a national level by the use of National Enhanced Services, but with the application of local precision to determine where the services are required to meet population need.

9. What are the additional activities/interventions that are currently, or could be, offered as part of or alongside a vaccination episode?

Identification of gaps in a patient's vaccination history would be an important intervention to make, but this would require easy access to relevant patient records and ideally, the patient should also be able to access this information from their general practice record or the NHS app, potentially allowing them to make bookings for co-administration of vaccines, where clinically appropriate. Once gaps in a patient's vaccination history are identified, the benefits of accessing relevant vaccinations could be discussed with the patient, with onward referral, where necessary so they can access vaccinations. Ideally, community pharmacies would be able to provide a wider range of NHS-commissioned vaccinations, so a one-stop approach could be provided to patients. Where onward referral is necessary, it would be helpful for all NHS providers to be able to use IT systems that adopt NHS Digital's Booking and Referrals Standards, which is expected to support interoperability between different health and care IT systems, including when making bookings and referrals to other healthcare providers

In many cases, pharmacies have been able to refer patients receiving a vaccination to relevant services provided by the pharmacy, e.g. locally commissioned stop smoking services, the NHS Blood Pressure Check Service, and in other cases, referring on to other providers, such as the NHS Digital Weight Management Programme.

Other services which could potentially be offered or referred to during a vaccination appointment include, the offer of an NHS Health Check, screening for atrial fibrillation (supporting the cardiovascular disease elements of the Primary Care Network Directed Enhanced Service) and COPD case-finding (for smokers, using micro-spirometry).

We fully support all vaccination providers taking a making every contact count approach, however we would also note that such additional interventions or services have to be adequately resourced by the NHS and secondly, they should not interfere with the operational efficiency of providing the vaccination service and maximising the public's uptake of the vaccination offer, which should be the prime focus of NHS vaccination programmes.

10. What high level outcomes should we seek to achieve across immunisation programmes? For example: levels of uptake and coverage within the population; avoidable morbidity and mortality; improvements in coverage for relevant under-served populations within that geography; reductions in avoidable outbreaks; etc.

The primary outcomes should be overall population coverage and vaccination levels within specific priority groups of the population, where previous vaccination uptake has been lower than desired.

11. Please highlight any other important issues which you believe we should be aware of when designing the delivery arrangements for future vaccination services, setting out: (a) why you think these need to be taken into consideration; and (b) any views you have of how these should be managed through appropriate commercial mechanisms.

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