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
Executive Summary
NHS Isle of Wight was awarded the Chief Medical Officers Silver Medal in 2010 for the work commissioned through community pharmacies improving the uptake of hepatitis B immunisation in patient groups considered “hard to reach”. This success in community pharmacy-led vaccination services has led to more immunisation services being developed locally to improve patient choice, uptake, and outcomes. The PCT has developed the breadth of vaccination to include seasonal ‘flu, which considerably increased capacity; fortuitous given the increase in public demand created by media awareness over the Christmas period. This service provided the opportunity to carry out what we believe to be the largest, single service patient evaluation of a community pharmacy service, inviting feedback from over 2000 patients regarding their experience. Top-line results indicate significant success:

- 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%

It is unlikely that one route of public health service delivery will meet the needs of a diverse population and so plurality of providers at different times and locations will maximise outcomes and benefits for patients. Certain patient groups will always want to access immunisation services at GP practice, but for others there are many reasons why this is not the case. The patient survey of reported outcomes (PROMs) at the end of the ‘flu season indicated transport issues, mobility issues either due to age or handicap that make either uphill or long journeys on foot impractical, work commitments, previous experience or non-registration at GP practices when recently moved to the Island. Most often, it is simply that local access is more convenient than attending the GP practice. Whatever the reasons, the collaborative approach to service delivery cast a wider net and increased choice for patients; the result of this is increased uptake in high risk groups.

Community pharmacists have an important role to play in the delivery of many services commissioned by public health whether these are health promotion services to raise awareness, services offering health prevention or services offering protection. The two strands to the seasonal influenza campaign have seen the delivery of a health promotion type service, using the services provided as part of the national pharmacy contractual framework, together with a locally commissioned protection type service. The health promotion aspects involved raising awareness of patient groups considered high risk and where immunisation services can be accessed and signposting individuals appropriately. The protection aspects of the service offered immunisation to high risk patients who chose community pharmacists as their provider.

Many patients have provided favourable feedback regarding the convenience of a pharmacy-based ‘flu vaccination service, and as need can be identified alongside the dispensing process this allows vaccination to take place there and then. This for many patients is more convenient and preferable.

This service sits well within the Healthy Living Pharmacy framework that is being introduced on the Isle of Wight during 2011, and highlights QIPP aspirations delivering quality services in an innovative way that is cost-effective, productive and preventative in a difficult economic climate.
Background

Prior to 2009, the seasonal influenza vaccination programme was delivered on the Isle of Wight to patients through GP practices under the Directed Enhanced Service (DES) issued by the Department of Health.

Figure 1 – Isle of Wight Uptake of ‘Flu Vaccination 2002-10

Although the pandemic vaccination programme in 2009/10 season particularly affected uptake, the years since 2005/06 had shown a decline in uptake in the over 65s on the Island (Figure 1) to the extent that in 2008/09 the set target of 70% of target cohort was not reached locally.

In their annual report for the 2009/10 season, the Health Protection Agency (HPA) reported that the proportion of people in England aged over 65 who had received vaccination for seasonal ‘flu was 72.4% (70.6% on the Island) and for those under 65 in the at risk groups 51.6% (48.1% on the Island).

In 2009, the Isle of Wight NHS PCT commissioned a seasonal ‘flu vaccination service through both the traditional GP DES route and a new community pharmacy Local Enhanced Service (LES) to leverage the investment already made in developing the vaccination skills of pharmacists working in community pharmacy as part of the Silver Medal CMO Award winning service for those at risk of hepatitis-B infection.

A total of 740 eligible patients were vaccinated by community pharmacy as part of the NHS vaccination programme in 2009/10. This small additional group of patients was sufficient to reach the 70% eligible cohort target which had not been reached in the previous year. Indeed, without those patients the Island would once more have fallen short of their target. However, the World Health Organisation target of 75% was still not being achieved.

Introduction and service aims

For the 2010 ‘flu season, the PCT envisaged an integrated service which aimed to maximise uptake of seasonal influenza vaccination in groups of patients designated as high risk groups by the Department of Health. These patients were more at risk of complications if they catch seasonal influenza and include those with:

- chronic (long-term) lung disease;
- chronic heart disease;
- chronic kidney disease;

chronic liver disease;
chronic neurological disease;
diabetes mellitus; and
immunosuppression (whether caused by disease or treatment).

Also deemed at risk were:

- patients who have had drug treatment for asthma in the past three years
- pregnant women (introduced for the first time in the 2010 campaign); and
- people aged 65 and over.

A particularly poor uptake of immunisation in those under 65 with co-morbidities was evident with less than half of those individuals at this increased risk eligible being vaccinated in 2009.

Following on from the success of their involvement in the immunisation campaign of 2009/2010 and the anecdotal positive feedback from patients, the design of the service for the 2010/11 campaign aimed for the integration of community pharmacists as service providers working in collaboration with GP colleagues and Occupational Health.

The aims of the community pharmacy service were:

- to improve the awareness of individuals within the at-risk groups regarding when and where vaccination services were available;
- to target specifically those patients under 65 in the at-risk groups since pharmacists have interactions with these individuals more frequently than any other healthcare professional; and
- to improve access to immunisation and choice for the patient with the planned effect of improving total uptake.
Service Details

The pharmacists offering this vaccination service had been trained to meet the national standards for immunisation, and had also received training in basic life support and anaphylaxis. The former was provided by an external company, the latter sourced from the District General Hospital on the Island.

Some pharmacists working in designated pharmacy-based specialist centres could also offer a paediatric service, but only where appropriate training had been completed in both paediatric vaccination technique and paediatric basic life support and anaphylaxis. However, this was not utilised in the initial planned phase of the service.

The effects of an increased demand for vaccination much later in the season required adaptation and variation in the service towards the end of 2010 during a reactive phase which further developed and built upon the principles of the initial planned phase.

Initial Planned Phase

There were two strands to the initial phase of the pharmacy service. The first consisted of a public health awareness campaign. In September 2010, all thirty community pharmacies on the Isle of Wight began distributing 10,000 awareness leaflets both opportunistically and alongside the dispensing process. The leaflet aimed to increase awareness of high risk groups (Figure 2) and also provide details of when and where immunisation services could be accessed at GP practices and community pharmacies (Figure 3).

Community pharmacies were ideally situated to increase awareness targeting high risk patients through the distribution of relevant information alongside the dispensing process, as prescription records can easily identify those in high risk groups and those that qualify on the grounds of age. These patients received awareness leaflets attached to prescription bags as these were presented and dispensed. Pharmacy frontline staff also distributed leaflets opportunistically.

The second strand was the delivery of the immunisation service to those in the appropriate cohorts and a total of seventeen pharmacies (57%) undertook this activity. All participating pharmacies had private consultation rooms meeting or exceeding the requirements set out in the current contractual framework needed to offer
Advanced Services. The use of community pharmacies allowed patients in high risk groups to access seasonal ‘flu vaccination at a time of their choosing as part of their daily activities.

Figure 3 - Awareness Leaflet - Clinic Times

Secondary Reactive Phase

Following service implementation, a further service expansion took place in December 2010 to accommodate the revised needs of paediatric patients and the immunocompromised. A vaccination schedule detailing these changes for the 2010/11 campaign was sent to all Primary Care Trusts by the Chief Medical Officer, The Chief Nursing officer and the Chief Pharmaceutical Officer. This letter was sent on the 23rd June 2010 (Gateway Reference 14171).

During the pandemic of 2009, when national negotiations failed, six of the seventeen pharmacy centres were involved with the delivery of H1N1 vaccination to patients identified as at risk under the age of 5 years. When the Chief Medical Officer made the amendments to Chapter 19 of the Green Book this year it became apparent that certain patient groups would require an H1N1 vaccination in addition to a seasonal influenza vaccination, and in some instances two seasonal influenza vaccinations were recommended depending on vaccination status.

To minimise wastage the monovalent H1N1 vaccine should have ideally be used in a clinic-style setting because, once reconstituted, the vaccine was only stable for 24 hours and was only available in vials for up to twenty patients.

Despite the acquisition of both Celvapan™ and Pandemrix™ by the PCT, the immunisation of patients with egg allergy and for those requiring the more complex vaccination schedules was poor via GP practice, with only 2 vials being used by the end of December 2010. The reasons for this poor uptake was not clear, however, media attention at the beginning of January provided an unexpected increase in demand.
To ensure that this could be managed appropriately, the same successful approach was taken as the previous year by designating a small number of pharmacy-based specialist centres where the skill-sets for paediatric immunisation still existed.

**Appointments were taken at a central telephone call line** manned by PCT staff who answered queries from patients and patient’s carers. They populated pharmacy clinics bookings and provided the patient lists to the pharmacy based specialist centres the day before a clinic took place. This allowed for the most efficient use of vaccine supplies and ensured the necessary paraphernalia was supplied to the pharmacy. This service amendment took place within a two day period at the end of December, demonstrating how responsive the pharmacy service could be.

Although the 12 patients passing through this service was a relatively modest number, it demonstrated that with an appropriate awareness campaign community pharmacists could effectively support a more complex immunisation programme as had previously been seen during the pandemic when 403 patients under the age of 5 years were vaccinated against H1N1 at community pharmacies across the Island. This uptake at the time helped the Island to achieve the highest uptake in the SHA.

**Contractual Arrangements**

Pinnacle Health Partnership provided the procurement component of the service, delivering twice a week to pharmacies as required to ensure consistent provision. This also created a level playing field for pharmacies wanting to deliver the service as some have more buying power than others and without this model there would be much disparity between levels of discount obtained between providers that might have proved a barrier to engagement. Adoption of this model provided equity of funding, regardless of the volume provided.

Learning from the previous year’s engagement, the pharmacies were provided with a banded remuneration system that rewarded activity and incentivised providers to reach the next band. Whilst this might, on the surface appear counter-intuitive, the typical remuneration rates for community pharmacy activities are usually very modest. By grouping the rewards under a “headline figure”, the impetus was created for better engagement, as can be seen in Figure 4.
Service Activity

During the pandemic flu activity of 2009, Pinnacle Health Partnership developed a flexible data capture system called ESMAQ (Enhanced Services Monitoring and Quality). The further development of this system has allowed a provider to enter service delivery details whilst undertaking a service. This information was saved at the end of a consultation and this action of saving automatically populates a service audit, preventing further work for either clerical staff or commissioners.

This electronic “fix” has transformed pharmacy service delivery, data capture and audit. As the audit data was live this enabled those commissioning services to monitor progress as service delivery at individual sites and overall service delivery was visible. As far as seasonal influenza was concerned there were several key issues that were both significant and important:

- the real-time reports generated show a breakdown of patients vaccinated, and detail the risk group that vaccinated patients fall into;
- the level of engagement by each individual pharmacy was visible on a daily basis. This was vital as it enabled performance management, peer review and directed support to help resolve any issues preventing engagement by service providers as they arise. Since the data was live, the PCT was not waiting for paper returns at the end of the month or quarter; and
- it clearly shows information on both the days of the week preferred for attendance and the rise or decline in demand, allowing for service capacity to be flexed almost immediately.

This live audit data was key to the success of the service as it enabled directed support to improve engagement, efficient movement of stock to meet local needs and demands, and as all providers have access to the report, it has also developed relationships between providers stimulating healthy competition.

Vaccines used for the pharmacy service were held centrally and service providers ordered twice weekly again using ESMAQ. Vaccine orders entered on this system were delivered on Mondays and Thursdays, but there was a degree of flexibility applied that enabled urgent requests to be processed. Stocks of vaccine at each site could be easily monitored and efficiently moved around to meet any local need. This was facilitated by the central stock acquisition mechanism that eliminated all issues around stock ownership at

---

Figure 5 - Vaccination Uptake in Community Pharmacies
pharmacy sites. This enabled collaborative working between community pharmacies and ensured that patient care remained the focal point of service delivery.

Throughout the campaign, pharmacies were also able to offer stocks of vaccine to GP practices where their own deliveries had failed. Contrary to media highlighted comments from the Royal College of General Practitioners, community pharmacy and the Partnership helped a number of GP surgeries by procuring, on their behalf at short notice, over 1000 vaccines for no financial gain.

Despite the planned staged stock delivery, there were a number of occasions when stock was not available for pharmacy use as the initial demand was seven times higher than the previous year. However, management of stock between pharmacies allowed the service to continue uninterrupted for the most part.

The ESMAQ system automatically populates and prints a pharmacy record (Appendix 1 – Pharmacy Record) and a read coded GP communication form (Appendix 2 – GP Notification Letter) used to notify the patient’s GP that their patient had been vaccinated; this was either faxed or posted within a 24 hour window following immunisation. The IT infrastructure therefore minimised the workload for the provider pharmacist and allowed clear data entry for the GP practice.

Evidenced Outcomes

*The 2010/2011 seasonal influenza vaccination campaign has seen nearly 3000 patients* immunised at community pharmacies on the Isle of Wight (Figure 5).

Over the Christmas period, media activity provoked a second wave of vaccination activity that can be seen clearly. This represents a 400% increase in the number of patients choosing to access immunisation services for seasonal ‘flu through community pharmacies this year in comparison to the previous year, see Figure 7.

Of significant importance is the fact that more than 36% of patients vaccinated via community pharmacy centres fall into the under 65 years age group with associated risk factors, as shown in Figure 8. This was more than double the proportion that have historically attended for vaccination at stand-alone GP led services. However, the actual percentage of the total eligible was not calculable currently as the GP reporting was incomplete at the time this report was written.

The day of the week on which the patient attended the pharmacies for vaccination indicates, in Figure 6, that their availability at the weekend does not seem to be the significant factor since Thursday and Friday
were the particular days of attendance. The relatively low numbers on Sunday was a reflection that this was only provided by two pharmacies open on that day.

*Figure 8 - Patient Cohort through Community Pharmacy*

To clarify if there was a differential uptake by the under-65 at-risk group and the over-65s, further analysis has been undertaken and illustrated in Figure 9. There does not seem to be any particular day favoured by one cohort over another. It was perhaps worthy of note that 45% of attendees on Sunday were in the under-65 at-risk group but the numbers were too small to be a significant indicator of a trend.

*Figure 9 - Comparative Attendance by Risk Category*

The results of the PROM, discussed in the next section, provide strong indications as to the reasons why community pharmacy was chosen for vaccination and these further indicate that opening times themselves were not, in fact, a strong deciding factor.
Patient Reported Outcomes

An extensive Patient Reported Outcomes report (PROM) has been compiled that sought to obtain feedback from patients vaccinated at community pharmacy sites to assure commissioners of patient reaction to the service. This was done in collaboration with the PCT with the design being agreed between them, the Partnership, the Local Pharmaceutical Committee and Patient Services at St Mary’s Hospital on the Isle of Wight. The cost of management, return postage, data collation and analysis were borne by the Partnership.

Towards the end of December, Pinnacle Health Partnership employed two clerical staff with appropriate skills and confidentiality training to visit every participating pharmacy and mail a PROMs card and letter that had been written by the PCT Pharmacy Lead, to every patient that had been vaccinated at pharmacy centres at that stage (Appendix 3 – Patient Reported Outcomes Introduction Letter).

The card itself, seen in Figure 10, asked several questions that related to service delivery on one side and bore a freepost address on the reverse, making its completion and return very straightforward.

The questions related to a variety of considerations:

- Do you feel you were provided with enough information by your pharmacist? (Yes/No)
- Were you asked to remain for a few minutes and provided with an information leaflet to take away? (Yes/No)
- Would you use your community pharmacy for a flu jab again? (Yes/No)
- How would you rate the service provided? (Poor/OK/Excellent)

The ESMAQ system was adapted to manage this data and we extend our most grateful thanks to PSNC for providing their help during the data-entry phase of the survey.

Summary of Findings

2207 letters and cards were mailed out and 1597 (72.3%) were returned by the middle of
February, which represented over half the total population that received a vaccination in community pharmacy through the whole season, allowing confidence in the views expressed. A total of 1474 (92.3%) took the opportunity to express a written opinion of the service. It is the Partnership’s intention to publish these results in an appropriate journal in due course, once additional analysis has been undertaken.

Findings of Fact
8.2% of patients received a flu jab for the first time with 0.2% of patients not responding (Figure 11).

Of the patients for whom this was the first time, 36% were prompted by staff. When all the patients were asked whether they would have sought vaccination if not provided at the pharmacy, 19.5% indicated that it was potentially unlikely they would have done so with 6.8% stating that they would not have been vaccinated without the pharmacy service (Figure 14).

Scaling the population response indicates that around 220 patients vaccinated this year were vaccinated in pharmacy last year. This represents only 30% of the total number vaccinated previously. Whilst a number may have moved away or may not have sought vaccination this year, it seems more likely that those patients have simply used other providers which, on the Island, would almost certainly be their GP.
There was clear evidence that the reason was not any particular dissatisfaction with the GP service. Whilst 98% indicated that they would be happy to use the pharmacy service again (Figure 15), only 30% of those vaccinated in pharmacy in the previous year have chosen pharmacy this year. This may be explained by the opinion and accessibility analysis which indicate that patients simply access the service most convenient to them personally at the time.

Finally, when asked to rate the service, 99.6% of patients rated the service as OK or excellent with 90.9% indicating that they considered it excellent (Figure 16).

Findings of Opinion
The very high proportion of patients that took the opportunity to express their opinion provides the possibility of further analysis to understand the choice of community pharmacy.

The accessibility of the service was the primary indicator of the opinion with 92.8% of patients indicating this to be a primary factor. However, only 8.4% used a comparator to the GP service, such as easier, more convenient or waiting less.

A number of patients indicated that they did not wish to become infected whilst waiting in a queue at their doctor’s surgery and others felt that the pharmacy service was a good idea as it helped share the workload with the GP surgery.

When examining how this service fitted into people’s lifestyles and their daily lives, a significant number indicated that this “saved a trip to the doctors”. Analysis of the other reasons given, such as saving time, whilst shopping and when collecting their prescription provide a potential reason for the success of the service. Most patients consider visiting the GP surgery to be special trip. The relocation of surgeries to provide better facilities has, in some cases, made them more difficult to access by moving them away from town centres. However, the use of a pharmacy for the vast majority of people is
part of the fabric of daily life, whether seeking treatment for self-limiting conditions, advice or preventative healthcare together with those patients with long-term conditions who access them monthly to collect their prescriptions.

Figure 18 - Opinion of Speed of Service

The remaining factor highlighted in the opinions expressed, which was related to the convenience of the service, was the speed with which the patient was greeted and vaccinated. 5.8% of patients felt this was slow or slower than the GP service compared to 16.6% who felt it was faster. Of those expressing an opinion, 94.2% believe that the service was quick, very quick or quicker (Figure 18).

Patient Commentary
As noted previously, over 90% of patients took the opportunity to make commentary and express their opinion. A selection of both positive and negative comments is noted below to illustrate the analysis above.

"As my husband and I are not in good health saved us having to queue for jab"

"As my late husband was very ill it was good to be able to have a time to suit me when I was shopping/bank etc. Very convenient"

"Convenient, better than busy surgery"

"Convenient. No waiting for Drs appt. Friendly medical attention"

"Excellent. I don't go to doctors from one year to the next, but am often in town and in pharmacy - absolutely ideal"

"Efficient + easy to do. Would encourage more people to have jab"

"Efficient prompt and frees up doctors and nurses to deal with more urgent matters"

"Excellent - no long queues sometimes in the cold and carried out in privacy"

"Excellent infinitely preferable to waiting in Dr’s surgery in the company of sick patients spreading germs for 15 minutes or more"

"Excellent saved me having to make an appointment at the surgery which someone else could use"

"Excellent service- the most painless flu jab i have ever been given and such a friendly atmosphere."

"Excellent service will go again next year, but is this survey a good use of PCT money? People could have complained if not entirely satisfied."

"Excellent service, saved me travelling to the medical centre"

"Excellent way to be able to use our local chemist"

"Excellent. No wait, with people waiting outside around the block at the surgery.... Keep the chemist!!"

"Excellent. Was on antibiotics at time of routine jab and this would have meant sharing waiting room with those who already had flu!!"

"Excellent I only went there because I thought I'd missed the surgery slots"

"Good at 91 there is no standing or queuing"
“Great, I would not have bothered having one if it wasn’t available at the pharmacy as GP sessions don’t fit in with my working week”

“Helpful and one less visit to the health centre”

“I did not have to wait long. Although in the surgery service was good, but had to wait with many others”

“I didn’t expect to have it done- I only went in for prescription! Felt great to have it done early.”

“I have bad legs, couldn’t walk to [...] surgery, so I went to [...] chemist”

“I was a bit worried but the chemist were fantastic”

“I was told by surgery in December that they had no more vaccine and [pharmacy] attached to surgery said they did not have any but arranged for me to have it”

“It would have had a long wait without the pharmacy”

“It is more convenient because the pharmacy is on a regular bus route and my doctors surgery is not”

“It was excellent. I saw it advertised and made enquiries. I had it that day with the time arranged at my convenience with the pharmacist”

“It was more convenient than a special visit to the doctors”

“It was more convenient because of no set times + dates. Also it was on hand in the High St.”

“It was on the level for a wheelchair”

“It was right on your doorstep. Not having to walk right up to the medical centre”

“It was very convenient having it in the town centre”

“It was very convenient would have not known it was available if they had not had a poster up.”

“Missed last year. Easier than going to the doctor’s surgery because of longer hours over a longer period”

“More convenient as available at any time, combined with shopping & collecting prescriptions, did not have to wait in long queue, walking distance from home”

“Much better than queuing on the car park at GP’s surgery!”

“Much easier at doctor’s surgery and no paperwork”

“Much easier - far less cramped, just as professional as Dr or nurse.”

“Much easier than queuing at clinic, as I am disabled + unable to stand for long waiting”

“Much easier. I can walk to the pharmacy bit I have to use the bus to the health centre”

“Much more convenient for me, as I cannot walk far.”

“Much more convenient than going to the health centre, but I only knew it was available at pharmacy from a poster they had put up.”

“My GP had run out of vaccine, so I went to the pharmacy which was easily done”

“No need for appointment - was in shop anyway but pharmacy has to complete form for health centre records whereas [nurse at surgery] updates records immediately and is prepared to jab a queue quickly and efficiently with minimum formality”
“Not having to wait in the doctor’s surgery whilst undergoing chemotherapy was a huge relief”

“Probably less hassle than using the health centre. Almost immediately seen to by [the pharmacist]”

“Saved me a trip to clinic as i had it while out doing my shopping”

“Saved me a trip to the surgery”

“Saving of bus journey and choose time of jab”

“Saw advertisement in pharmacy window, no notification from gp”

“She happened to be an exception: very, very gently. Excellent. Probably be a different person next year + be not so good”

“Since I walk with difficulty this was comfortable environment I am very grateful for the facility”

“So much nicer than having to sit in a crowded doctor’s surgery”

“ Took longer but did not have to queue”

“Unusual but very good personal service”

“V good. They were able to do it when I was available no times since first asking in September at doctors were available”

“Vaccination completed in relaxed manner by well-trained medical staff”

“Very convenient and efficient - should have been introduced years ago”

“Very convenient as my Drs surgery is quite awkward for me to get to”

“Very convenient- saved travelling to doctors”

“Very convenient, it saved making an appointment at the doctors”

“Very easy service, due to working nights able to just walk in when convenient time”

“Very good - took more time - treated like a person insisted i sit for five minutes after in and out at doctors like production line”

“Very good as did not have an appt or wait with sick people in a crowded surgery”

“Very good as GP surgery could not respond v quickly so i mentioned this to […] who called during evening as mother is in day care”

“Visit pharmacy more often than gp surgery”

“We were going away- and our pharmacist did it immediately- otherwise we would have missed the surgery slot.”

“Wonderful! No queues! Not like a factory conveyor belt!”

A full redacted opinion list and subsequent analysis is available upon request from the Partnership.
Barriers to Collaboration

At the start of this year’s campaign there was a degree of negative feedback by some GPs, practice managers and surgery staff including a response to the Pharmaceutical Needs Assessment indicating that, in their opinion, pharmacists should not be vaccinating patients. There was significant concern that the pharmacy service would impact on uptake via GP practice and that surgeries might be left with stocks of vaccine at the end of the campaign. There was also some suggestion that pharmacies were not set up to deliver immunisation services and that the environment was not suitable for the delivery of such services.

It was apparent after the 2009 campaign that the pharmacy service had not impacted on uptake via GP practice in any way as numbers had not decreased and a small increase was apparent in uptake of immunisation at GPs. This has again been the case in the 2010 campaign and many practices that expressed concern ran out of vaccine very early in the campaign. In contrast to comments made in the national press, the local pharmacy service adopted a collaborative approach to resolving stock shortages and facilitated supplies of vaccine to GP practices that required stock in order to maximise patient access with over a thousand vaccines procured during the season at GP request for their own use by both the Partnership and community pharmacies.

The second concern raised, that community pharmacies do not offer a suitable site for vaccination services, was not in line with previously published policy documents that have strongly advocated collaboration between Health Care Professionals to improve patient care, in this case the involvement of community pharmacies in the delivery of immunisation services. Further, the highlighting of vaccination services not just on the Island but across the country as exemplars of good practice indicate that this concern was out of step with current practice.

Releasing capacity at GP practice to allow them to cope with increased consultation rates during seasonal influenza outbreaks were highlighted in the patient reported outcomes very strongly; the public’s key concern was their perceived increase in infection risk, whereas the pharmacy based provision also minimises contact between the well and unwell in GP practices when queuing.

Vaccination services take place at pharmacies in a private consultation room. All participating pharmacists have been fully trained and all were aware of infection control and hand hygiene requirements. To participate in this service delivery, pharmacies had to have a compliant consultation room ensuring that the environment for service delivery was completely appropriate.

The Isle of Wight pharmacies have a proven track record regarding the delivery of public health services including previous vaccination campaigns that aimed to improve uptake of hepatitis B vaccination in at-risk groups that were hard to reach using existing service delivery models. The value of these services has been recognised nationally in 2010, when in May the Isle of Wight PCT was awarded the CMO Silver Medal for the work carried out to improve vaccination uptake in hard to reach groups as detailed in their entry “Pharmacy Fix”.

:: 17 ::
Conclusion
Regarding the delivery of any public health service there will never be one route of service delivery that will meet the needs of a diverse population. A variety of service providers providing access and advice at different times and locations will maximise outcomes and benefits for patients.

Certain patient groups will always want to access immunisation services at GP practice, but for others there were many reasons why this was not the case as can be seen by our PROMs report. Reasons given for preferred attendance at pharmacy based immunisation centres include transport issues, mobility issues either due to age or handicap that make either uphill or long journeys on foot impractical, work commitments, previous experience, non-registration at GP practice when recently move to the Island, or simply that local access was more convenient. Whatever the reasons, a collaborative approach to service delivery will cast a wider net and increase choice for patients, the result of this will be an increased uptake in high risk groups.

Community pharmacists have an important role to play in the delivery of many services commissioned by public health whether these are health promotion services raising awareness, health and wellbeing services offering prevention or services offering protection. The two strands to the seasonal influenza campaign have seen the delivery of a health promotion type service, and a protection type service. The health promotion aspects involved raising awareness of patient groups considered high risk and where immunisation services can be accessed. The protection part of the service offered immunisation to high risk patients who choose community pharmacists as their provider.

Many patients have provided favourable feedback regarding the convenience of a pharmacy based service, and as need can be identified alongside the dispensing process this allows vaccination to take place there and then. This for many patients was more convenient and preferable.

On the Isle of Wight the majority of GP’s operate a 28 day prescription cycle which further facilitates this type of linked service delivery as all at risk patients will generally be accessing prescription services at a community pharmacy at some point in time between September and December, the typical immunisation season.

This service sits well within both the Healthy Living Pharmacy framework that is being introduced on the Isle of Wight in 2011, and highlights QIPP aspirations delivering quality services in an innovative way that was cost-effective, productive and preventative in a difficult economic climate.

Recommendations for the Future
In our compiling of this report and thoughtful consideration of the service as to how it might be improved, a number of recommendations might be made.

Communications
An effective joined-up communications campaign is essential if uptake of vaccination is to be maximised. Where certain patient groups are identified pre-campaign as having specific requirements or as being particularly at risk, a clear communications strategy needs to be developed to ensure those groups are effectively targeted. Community Pharmacy is well placed to work in
collaboration with other providers to target these groups.

During the 2010 campaign pregnant ladies were highlighted as high risk following the pandemic of 2009 were the H1N1 virus seemed to particularly effect patients in the younger otherwise healthy age bracket.

Future communication campaigns should clearly provide advice on where vaccination services are available and create no distinction between service providers sending a clear message that wherever patients access services these will be delivered to the high standard expected by this PCT.

Despite the provision of clear signposting documents, some patients were directed by some Health Care Professionals to pharmacies that were not part of the NHS service. This created confusion for patients as many pharmacies offer a private influenza vaccination service and patient charges are levied for this service delivery irrespective of NHS eligibility.

This inappropriate signposting has resulted in small numbers of patients being charged inappropriately for vaccination.

For future campaigns a signposting leaflet should be printed so that patients receive such information in writing as well as verbally to avoid this confusion.

Providers of seasonal influenza vaccination services in certain areas require education regarding the aims and objectives of vaccination campaigns. The sole objective of such campaigns should be collaborative working to maximise uptake of vaccine through improvement of access and choice. In some instances the integration of pharmacists to this campaign has been seen as a competitive addition and not as intended, an additional provider to improve access and choice. There is tremendous scope for all providers to work together to improve uptake of vaccine and outcomes for patients, but this will only happen when the focus of such service delivery is the patient, and not financial gain.

**Legal Framework**

As the pharmacy PGD was developed in 2009, at the start of this year’s campaign pregnant women were not included as a high risk group. Amendment of the PGD eventually allowed this patient group to be vaccinated at pharmacies, but because of timetabling issues, this took time and a number of opportunities to vaccinate patients had been missed. Overall uptake has been fairly poor in this patient group but over the final seven weeks of the service when this was available, 24% of patients where in this at-risk group indicating that the communication about the availability of the service from community pharmacies had worked.

**Availability of the Service**

Engagement was excellent through the season form the participating pharmacies. However, the indications were that there may be a cohort of patients who wish to access the service on Sundays, as highlighted in Figure 9 previously. As noted, of the cohort that accessed the service this year on a Sunday, over 45% were in the under-65 at-risk groups. The aim should be to engage with those pharmacies that operate in the large shopping towns that are active as retail areas on Sundays to engage and undertake to deliver the service, especially over the weekend period.

**Vaccine Supplies**

Community pharmacies currently receive two orders a day from their wholesaler providers. This has created a culture of expectation of immediate response within the pharmacies. Very frequently through the campaign,
pharmacies would contact the Partnership requesting “emergency” supplies of vaccine because they had missed the order deadline. The accommodation of these requests was always provided but the change in ordering paradigm was clearly not a good fit to a number of pharmacy processes and this should be reflected in future delivery, possibly be returning to a telephone order-line.

During the initial phase, vaccine supply had to be very stringently managed as uptake of the service was greater than expected. The Partnership has the capacity for significant vaccine storage on the Island so this should be utilised by shifting the distribution schedule to maximise the initial delivery volume to the central storage unit.

The ability to move vaccines between pharmacies was well utilised. GP practices do not enjoy this freedom as they are restricted through legislation but the Department of Health granted a moratorium in order to help manage the situation during a period of shortage. We were not aware that any GP practice was able to take advantage of this and a number have returned vaccines at the end of the season to their original supplier.

Complete failure to deliver vaccine orders was reported amongst other providers on the Island, as noted in the previous commentary on collaborative working, and consideration might be given to splitting orders between two suppliers in order to provide resilience against catastrophic failure. However, the GP practices and the Partnership used different individual suppliers and this, in itself, created a significant degree of that needed resilience which may provide assurance to commissioners when seeking to ensure maximum availability to patients.

Front Cover Illustration

The front cover illustration is a Word Cloud based upon the intermediate analysis output from the patient opinion responses. The size of the word represents how often that aspect was referenced.
Appendix 1 – Pharmacy Record

Pharmacy File Copy - Seasonal Influenza Vaccination Record

Patient Details

<table>
<thead>
<tr>
<th>Patient Unique ID</th>
<th>GXYNX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td>PO38 3AY</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>GP Surgery</td>
<td>Ventnor Medical Centre 3 Albert Street Ventnor Isle of Wight PO38 1EZ</td>
</tr>
</tbody>
</table>

Patient Clinical Details for PGD

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>They have chronic respiratory disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusion Criteria</td>
<td>None</td>
</tr>
<tr>
<td>Pharmacy Choice</td>
<td>Other</td>
</tr>
</tbody>
</table>

Vaccination Details

<table>
<thead>
<tr>
<th>Vaccination Date</th>
<th>28th November 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinator Name</td>
<td>Francisco Alvarez</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Imuvac BN: V29A Exp: 06/11</td>
</tr>
<tr>
<td>Notes</td>
<td>LD</td>
</tr>
</tbody>
</table>

Declarations

Patient Declaration: I have provided the pharmacist with information that is correct to the best of my knowledge. I have been fully informed on the importance of the influenza vaccination and the potential side-effects of this vaccine. My signature below acknowledges my consent both for administration of this vaccine and for the details to be passed to my GP.

Client Signature: ___________________________ Date: ________________

Pharmacist Signature: ________________________ Date: ________________

Checklist

- [ ] Patient signed the form to record consent granted
- [ ] GP notification letter printed, signed and sent to surgery to arrive within 24 hours of vaccination
- [ ] Audit completed and submitted

This patient record should be stored securely in the pharmacy for the recommended period (currently 8 years)
Appendix 2 – GP Notification Letter

Regent Pharmacy
59 Regent Street
Shanklin
Isle of Wight
01983863677

16th February 2011

Dear Doctor

Re: Seasonal Flu Vaccination Notification - Our Ref GXYNX

<table>
<thead>
<tr>
<th>Patient Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode PO38 3AY</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

The above patient has presented at this pharmacy for seasonal influenza vaccination. The vaccine was administered in line with the current pharmacy patient group direction on 26th November 2010 as they were classified as being at risk because they have chronic respiratory disease and therefore entitled to free seasonal influenza vaccine at NHS expense.

To ensure that your records are complete, you may find it useful to record this as Read Code #65E2 - Seasonal Influenza Vaccination administered by another Healthcare Professional.

Yours sincerely

Francisco Alvarez
Appendix 3 – Patient Reported Outcomes Introduction Letter

Dear Sir/Madam

Patient Satisfaction – ‘Flu Jabs in Pharmacy

We are writing to you following your recent seasonal ‘flu vaccination at one of our Island community pharmacies. This year, for the second time, we have aimed to improve access to seasonal influenza vaccination for at risk patients by offering a service through community pharmacies. This service complements the GP service and aims to improve patient choice and uptake of vaccination.

We would really value your feedback on the standard of service you received at your chosen pharmacy to help me complete our end of service review and also help the PCT to decide what part pharmacists will play in future service provision.

Please find enclosed with this letter a reply card that has been created to measure the standard of service you have received, and the value you place on it.

I would be extremely grateful if you could answer the questions on the enclosed card and return this by post. There is no need use an envelope or attach a stamp as the postage is pre-paid and the card can simply be placed in any post-box. There are no patient or pharmacy identifiable details on the card.

Please note that your confidential details have not been passed to the PCT, as this letter has been supplied to the individual pharmacy concerned and they have then forwarded to you directly. Once again, to reassure you, the information you are returning is anonymous.

Thank you in anticipation of your help with this matter.

Yours sincerely

[Signature]

Kevin Noble MRPharmS
Community Pharmacy Lead