

Proposal to fund a free influenza vaccine to people 65 years and over and pregnant women in community pharmacies from 1 April 2017

Submission to PHARMAC

Date: 23 February 2017

Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on PHARMAC's proposal to fund a free influenza vaccine to people 65 years and over and pregnant women in community pharmacies from 1 April 2017.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular professional nurse advisers and members of the College of Primary Health Care Nurses, and Infection Prevention and Control College, for whom vaccination is "core business."
3. NZNO members provided overwhelming feedback to this consultation and expressed significant concerns with the practical implementation and unintended consequences of this proposal. In particular, NZNO is disappointed that vaccination has not been considered in the wider context of primary health care provision and the promotion of wellness, and has excluded opportunities for health practitioners in other community settings.

4. While this proposal has the potential to increase uptake of flu vaccination, it also interferes with other opportunistic and established health care interventions that occur when vaccination takes place in a general practice setting. For those hard to reach people who do not attend a general practice regularly, an opportunity to prevent illness and promote health will be lost. NZNO supports vaccination as a key public health measure to reduce the incidence of influenza, a view endorsed by the World Health Global Action Plan on Antimicrobial Resistance (2015)¹, in particular those groups (people 65 years and over and pregnant women) that have an increased risk of complications from influenza.
5. NZNO supports initiatives that improve access and equity for those groups who have the greatest risk by providing a range of setting options. Examples of increased access through pharmacy delivered vaccination can be seen in several Australian states. Since 2015 pharmacies across Australia have administered approved vaccines, including influenza, and pilot projects demonstrate this has resulted in improved vaccination rates.
6. NZNO **supports** the proposal but is disappointed that the implications of pharmacy-based vaccination for primary health care in Aotearoa New Zealand have not been fully considered in this narrowly focused proposal. We recommend that you consider
 - other settings where funded vaccines to at risk groups could be beneficial e.g. occupational health nurses as essential trained vaccinators have been missed from this proposal;
 - concerns about health consumer safety;

¹ World Health Organisation (2015) Global Action Plan on Antimicrobial Resistance. Retrieved on 13/2/17 from http://www.wpro.who.int/entity/drug_resistance/resources/global_action_plan_eng.pdf

- missed opportunities for broader health assessments;
- concerns about the reliability of National Immunisation Register (NIR) checks, electronic notification (between pharmacy and general practice) and update of recall system;
- costs to general practice; and
- concerns about community pharmacies ability to claim an administration fee.

DISCUSSION

Improved vaccination rates through improved access

7. NZNO supports vaccination as the main defence against preventable infectious diseases such as influenza, a view underpinned by the World Health Global Action Plan on Antimicrobial Resistance (2015). Two of the plan's five strategic objectives call for reduction of the incidence of infection through infection prevention measures and an increase in investment in vaccines (see objectives 3 and 5)².
8. NZNO is also supportive of providing improved access to at risk groups (people 65 years and over and pregnant women), as these groups are known to have increased medical conditions that place them at increased risk of complications from influenza.
9. NZNO supports the opportunity for at risk groups to be able to choose to get their funded vaccine either from their general practice or community pharmacy. NZNO believes this increased access would give consumers more choice of venue, and may therefore increase

² Downloaded on 13.02.17 from
http://www.wpro.who.int/entity/drug_resistance/resources/global_action_plan_eng.pdf

uptake of vaccination, thus reducing the incidence of influenza in Aotearoa New Zealand.

10. NZNO observes that since 2016 pharmacies in several Australian states have administered vaccines, including influenza, with pilot projects demonstrating that community –pharmacy is well-placed to improve vaccination rates. The Queensland Pharmacist Immunisation Pilot (QPIP) Phase 1 operated from 1 April 2014 to 30 September 2014 in 80 pharmacies and saw 10,889 vaccines delivered. Almost one in five people vaccinated in the QPIP Phase 1 trial had indicated that they would not otherwise have been vaccinated and one in seven said it was the first time they had been vaccinated for influenza.³

Funding for Occupational Health Nurses

11. NZNO are distressed that an unintended consequence of this proposal has been to miss the extremely important and vital work of the occupational health nurses. Our members strongly recommend that this proposal should be extended to include occupational health nurses who are authorised vaccinators and provide work place influenza vaccinations. This approach would provide pregnant women and those over 65 years a third option of a venue to access a funded vaccine, thereby potentially increasing coverage of these patient populations. Occupational health nurses could claim an administration fee similar to that of pharmacies.

Concerns about health consumer safety

12. Vaccines can only be administered by trained vaccinators who follow correct procedures, for example training in infection control standards, sharps disposal and privacy. Pharmacy-based vaccinators also need to be aware of any relevant medical history and would need to be able to

³ The Pharmacy Guild of Australia, Vaccination Services Retrieved on 16/2/17 from <http://guild.org.au/services-programs/vaccination-services>

monitor for any side-effects. Members note that in practice it is clear that this is not always happening. For example, sometimes people forget that they have already been vaccinated and may turn up twice.

13. Pharmacies need to provide adequate waiting areas to ensure that health consumers could be supervised (for 20 minutes) for possible allergic reaction or fainting and to be in a position to provide treatment if necessary. Emergency equipment and training to use it would be required, for example, the ability to cannulate and intubate in case of anaphylaxis. Many nurses noted that these were challenging issues for pharmacies and were not confident that they have been safely resolved; the risk to safety would be increased with a greater volume of consumers.

Missed opportunities for broader health assessments

14. Members have stated that the flu vaccine is not “*just about the jab*”. The vaccine is a chance to provide other broader prevention and promotion checks such as blood pressure checks, update other vaccinations, delayed or missed screening, annual respiratory reviews and assessments, diabetes monitoring and other long-term conditions support.
15. This opportunity is especially important for those hard to reach people or those that do not go to their general practice on a regular basis. Members strongly argue that this new approach “fragments” health care and disrupts continuity of care for patients.
16. Improving access to funded vaccines must be managed within an integrated primary health care and health promotion strategy, rather than separately to avoid unintended consequences and to fully utilise the opportunities and health workforce to improve population health and equity.

Concerns regarding NIR checks, electronic notification (between pharmacy and general practice) and update of recall system

17. NZNO notes that the NIR checks that will need to be undertaken by pharmacies prior to vaccinating to ascertain whether someone has already or previously vaccinated. This is often a time-consuming process, and consequently may adversely affect vaccination rates.
18. Currently in rural practice the query practice can take over an hour. General practices are able to expediently review their records to check a vaccine has not already been administered because they hold the entire patient record. This allows practices to undertake opportunistic vaccinations and quickly check vaccination history to minimise waiting times and delay of service.
19. NZNO urges that PHARMAC considers the impact from this delay in access to NIR, and increased complexity in coordination between multiple potential providers of the services.
20. NZNO also expresses concern about the reliability and timeliness of communications systems between pharmacies and general practice. Electronic notification that a vaccine has been given would need to be sent from the pharmacy to the person's general practice in an efficient and effective manner that ensures a person's privacy, and then updated on the NIR. Prompt notification must be received from pharmacies to enable general practice to update their records. This prevents practice nurses spending unnecessary time recalling patients who have already received the vaccine or as indicated earlier consumers, especially older people, getting more than one influenza vaccination in a season.

Costs to general practice

21. NZNO is concerned that this proposal to broaden the service has occurred without consultation and yet financial implications exist for general practices around this service.

22. NZNO members outlined a number of additional costs to general practice that will be incurred under this proposal, which general practice should not be expected to bear. There is no funding identified in the proposal that will compensate general practices for managing any additional administrative or clinical work related to pharmacy delivered vaccine.
23. Firstly, administrative costs to general practice will be incurred as the pharmacy will send electronic notification that the vaccine has been administered and require additional time to update general practice records.
24. In addition, with general practice being charged for every electronic communication both when they receive it and when they send one, this proposed increase in electronic notifications regarding flu vaccinations would burden the general practice with increased costs without commensurate funding.
25. NIR query requests from pharmacies and recall processes related to the influenza vaccination programme will also increase the administrative workload (and therefore cost) for general practice. Members note that this was the case with the previous limited pharmacy influenza vaccine provision, but by extending the eligibility, the workload would increase dramatically.
26. NZNO notes that there are already unreimbursed costs incurred for general practitioners related to services provided in pharmacies. General practices are ultimately responsible for managing issues related to the pharmacy based INR and warfarin management service. This occurs for example when INR results fall out of range or there are side effects that require review and management. The pharmacy is funded for the warfarin service but the general practice is not funded for any of their work related to the service. It is not acceptable that there is no funding identified in the proposal that will compensate

practices for managing any clinical issues related to the pharmacy delivered influenza vaccine.

27. NZNO notes that general practice will incur financial costs under this proposal if the current system of performance payments for achieving an annual flu vaccine target is not changed. Currently, there are financial penalties if a practice fails to achieve the target. Members argue that the performance criteria should be removed to reflect the responsibility of achieving this target no longer falls solely on general practice. General practice performance payments should also not be linked to achievement of the annual flu vaccine target.
28. NZNO also notes a potential reduction in workload and income in general practice may occur. Staffing and income models are based on an environment where they provide many hundreds (and thousands in bigger practices) of vaccines annually. Given this proposal is expected to be implemented in April 2017, general practices are faced with an inadequate amount of time to adapt. Financial commitments around this year's vaccination programmes in terms of staff, facilities, equipment etc. have already been made. Again this is unacceptable.

Concerns about administration fee

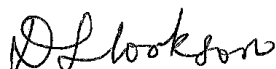
29. Members highlighted concerns about community pharmacies ability to claim an administration fee for the vaccination when Primary Care providers cannot. Administration costs of vaccination must be covered by general practice. This is viewed as particularly important for services that are providing care for vulnerable high needs populations, where these administration costs are not able to be passed to the patient. There is also potential for pharmacies to use this as a money-generating exercise, with no benefit to consumers.

CONCLUSION

In conclusion NZNO strongly recommends that you:

- **agree to** fund a free influenza vaccine to at risk groups (people 65 years and over and pregnant women);
- **agree to** amend the proposal and extend free funding to include occupational health nurses;
- **agree that** all vaccinators have vaccination training to ensure health consumers safety in the event of a reaction in pharmacy settings;
- **note** nurses will miss opportunities to carry out broader health assessments with vaccinations available outside of general practice setting;
- **note** our concerns regarding NIR checks, electronic notification (between pharmacy and general practice) and update of recall system;
- **note** an increase in costs to general practice; and
- **note** our concerns about pharmacies receiving an administration fee when general practice covers its own costs.

Nāku noa, na



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REFERENCES

The Pharmacy Guild of Australia, Vaccination Services Retrieved on 16/2/17 from <http://guild.org.au/services-programs/vaccination-services>

World Health Organisation (2015) Global Action Plan on Antimicrobial Resistance. Retrieved on 13/2/17 from http://www.wpro.who.int/entity/drug_resistance/resources/global_action_plan_eng.pdf