Influenza affects people of all ages and the prevalence of infection increases over a six-to-eight-week period over the winter. For most people, the illness is unpleasant but self-limiting. However, for a number of “at risk” groups, such as people with asthma and the elderly, it may be serious and can kill. It can also put pressure on health and other services. Influenza immunisation is an effective way to prevent or ameliorate flu, and it reduces complications. It also reduces hospital admissions as a result of flu by as much as 60 per cent and morbidity by 40 per cent.

Recent NHS policies have targeted those groups who are most likely to suffer such complications or to die from the infection. Significantly, the likelihood of a flu pandemic is becoming increasingly probable although the timing, extent and severity remain uncertain. However, enough is known from previous pandemics to indicate the likely range of impact.

A future pandemic is likely to spread rapidly to all parts of the globe and cause sudden and sharp increases in illness over a matter of weeks. A pandemic has the potential to overwhelm health and other services rapidly. Contingency plans are being made in which a tiered approach to immunisation is proposed, immunising sections of the population in stages according to the availability of vaccine. One of the challenges in responding to a pandemic will be to develop a safe, immunogenic vaccine that protects against the pandemic strain of virus and then immunising large numbers of individuals who may be key workers or in “at-risk” groups. Within this context additional opportunities for providing immunisation will be essential.

The NHS Grampian scheme

In this article we provide an update on the development of the NHS Grampian pharmacy influenza immunisation scheme, which was started in October/November 2002. The scheme was introduced in order to increase patient choice, to increase uptake of immunisation in those at-risk groups aged under 65 years and to develop a new role for community pharmacy. In the first year of influenza immunisation in Grampian, 56 patients were vaccinated. The scheme offered choice and a degree of flexibility for patients not available from some general practices. Patients were positive about the scheme and most GPs were supportive. In this first year of the scheme immunisation was provided to NHS eligible patients only. However, it became clear that there was a demand for vaccination by those patients not eligible on the NHS. Accessibility to private influenza immunisation services was limited in Grampian and patients’ GPs were not allowed to provide this service. Negotiations were undertaken locally with the GPs in order to develop the service further. Patients eligible for immunisation under the NHS were to be encouraged to visit their GP to receive the vaccine as a first option, because payments became available to GPs in 2003 to immunise their under-65 at-risk patients. This raised issues concerning the potential for double payments for influenza immunisation to community pharmacies and GP practices.

The project

Aims Following a successful pilot, the aims in years 2 and 3 were to:

- Expand the number of pharmacies that could provide the service, thereby increasing patient choice and accessibility
- Create increased capacity in the system for provision of influenza vaccination
- Develop immunisation services for fee-paying (private) patients to meet public demand
- Increase the uptake of flu immunisation encompassing patients under 65 years in at-risk groups and those over 65 entitled to immunisation under the NHS
- Develop further the role for pharmacists

Setting The project was carried out in the Grampian region in North East Scotland. Grampian has a population of half-a-million people spread over 3,000 square miles of urban and rural communities. The city of Aberdeen constitutes the main urban area.

Pharmacy selection All 123 community pharmacies in Grampian were mailed by the PCT chief pharmacist, inviting expressions of interest in administering influenza vaccine. Those pharmacies expressing an interest (10) were visited to determine their suitability, eg, provision of private areas, wash hand basin, couch and recovery area.

Provision within the community pharmacy for treatment of anaphylaxis also needed to be available, albeit statistics indicate this is unlikely to occur. All of these premises satisfied the requirements.

The pharmacies were situated in a mixture of urban and rural settings within Grampian.

Patient group direction In order to comply with the Medicines Act 1968, patient group directions (PGDs) were prepared for the administration of influenza vaccine and for the use of adrenaline by community pharmacists should anaphylaxis occur. A PGD allows designated health care professionals to supply or administer prescription-only medicines to predefined groups of patients. Recent changes to the legislation now allow for provision of non-NHS services under PGDs.
Training Pharmacists from the participating pharmacies received a full-day’s training on the principles and practicalities of vaccination technique using rubber “arms” for practice. Training was also given on treatment in the event of anaphylaxis and basic life-saving cardiopulmonary resuscitation techniques. The importance of record-keeping and documentation was also imparted. NHS Grampian training department provided the training both in injecting technique and management of anaphylaxis. Following the training sessions the pharmacists were expected to give at least six supervised immunisations before being deemed competent to practise unassisted.

In taking this forward in the second year (2003), a joint nurse/pharmacist approach was adopted. The nurses were employed by Grampian Primary Care NHS Trust and were present to support the pharmacist-led clinics, to provide pharmacists with advice and to verify their supervised immunisations in the pharmacy during their initial vaccination clinic. The injections, however, were administered by the pharmacist and subsequent clinics were entirely pharmacist-run. In the third year of the project support for those pharmacists new to the scheme was provided by the pharmacists who had participated previously.

Patients Patients were recruited either by self-referral as a consequence of the publicity and promotional material or by active targeting of at-risk patients by the pharmacist identified from the patient’s current prescription. In addition, in year 3, NHS eligible patients were encouraged to attend their GP surgery for immunisation as a first option. Pharmacies provided an NHS immunisation service where patients were unable to attend their GP but were eligible under the NHS for free influenza immunisation. They also provided immunisation on a private fee basis to those patients not eligible for influenza vaccine under NHS criteria. Patients were given appointment times for the pre-arranged clinic in order to receive their vaccine. Before the vaccine was administered, pharmacists were required to determine whether they fell into one of the NHS “at-risk” categories or were over 65 (see Figure 1).

Patients were given an information leaflet explaining the scheme. They were required to complete a consent form and provide details of their risk group (if applicable) and current medication. Following vaccination patients remained on the premises for at least 10 minutes. Advice was given on what to expect and what action to take for major and minor reactions. The patient information leaflet from the packaging was given to each patient.

Immunisation clinics Clinics were run over several weeks from late September to early December. Immunisation sessions were carried out at various times, including lunchtimes, Saturdays and early evenings. Each individual pharmacy set its own clinic times. Not all the pharmacies that were new to the scheme in the third year managed to establish clinics. This was due to the problems with the vaccine supply that occurred in 2004 and the late availability of vaccines.

Following the vaccination, details of patients who were immunised through the influenza scheme were sent to their GPs to allow updating of medical records.

Figure 1: Questions pharmacists need to ask patients before booking appointment to receive influenza vaccine

Patient questionnaires Every patient vaccinated under the scheme in year 2 was asked to complete a patient acceptability questionnaire during his or her 10-minute wait following vaccination. Patients were asked about the facilities within the pharmacy and the quality of the service, as well as the reasons they had for choosing to be immunised by a pharmacist. The questionnaire was developed by the influenza project steering group and was the one used in the first year of the project previously described. In year 3, post-immunisation questionnaires were issued to patients as part of the procedure to ensure that he or she remained on the premises for at least 10 minutes. Continued routine evaluation of these questionnaires was not considered to be required in the longer term because positive feedback on the facilities and services was continuing.

Participating pharmacies In year 2 of the scheme, six pharmacies participated and 11 pharmacists were trained. In year 3, a total of 10 pharmacies participated and 19 pharmacists received training (including those from year 2), although only seven pharmacies subsequently ran clinics because of the flu vaccine shortage. Yearly anaphylaxis training is an ongoing requirement for all those participating in the influenza vaccine programme. Of those pharmacies participating in year 2,
Patients were also asked for any other comments they may have had. There were numerous positive comments. No one added a negative comment.

T he whole procedure was first class — never felt a thing

F fully support the initiative and happy to pay for the service.

I am a very nervous person when it comes to injec-
tions the pharmacist put my mind at rest from the moment I walked in. He was very nice and polite and highly professional.

Discussion

Most patients who availed themselves of the pharmacy influenza vaccination service thought this a positive experience. In years 2 and 3 some patients (795) thought that the facilities in the pharmacy were appropriate for immunisation. Thirty-seven per cent (335) said they would not have had an influenza vaccine if it had not been offered by the pharmacy.

Patients were asked how they found out about the service: 34 per cent (301 patients) had found out about the service by word of mouth, 19 per cent (170) had been informed by their GP or nurse, 18 per cent (162) had seen a poster in the pharmacy, 18 per cent (158) had read about the service in a newspaper, 7 per cent (67) had been informed by the pharmacist and 1 per cent (nine) had seen a poster in the GP surgery. Three per cent (31 patients) heard about the service by other means.

 table was made for both over 65s and the under 65 at-
time, rescheduling appointments and patient de-
mand. It was noted that in some cases GPs were refer-
ing NHS-eligible patients to community pharmacies to have their immunisation. The vaccine supply issue also resulted in fewer patients being immunised in the pharmacy scheme than in the previous year. Some pharmacies with trained staff decided not to hold any clinics in year 3 as a consequence.

The original project, year 1, was set up in order not to come into conflict with GPs for over loss of income and was targeted at the under 65 at-risk group. At this time this group of patients did not generate a fee within general practice. However, since the original pilot the reimbursement for GP practices had changed and payments are now made for both over 65s and the under 65 at-risk group. It is hoped that encouraging patients to visit their GPs for influenza vaccine and only immunising those who could not that would minimise the impact of payments yet still increase the uptake of immunisation.

The service to private patients was de-
mand-led by the general population and proved to be highly successful. GPs are often asked to provide influenza vaccine to non-NHS exempt patients and are unable to do so under the terms of their contract. The pharmacy service provided a venue for referral by the GP of these patients for private immunisation.

When pharmacies were inspected for premises suitability for flu immunisation before the pilot study in year 1 few had the appropriate facilities. In years 2 and 3 all pharmacies applying had suitable premises. This reflects recent NHS investment into community pharmacy premises to provide suitable facilities to undertake more clinical activities.

Under the terms of the protocol community pharmacists are only allowed to immunise adults. However, there has been a demand, if small, to provide immunisation to children. This was more noticeable in year 2 when adverse publicity concerning child deaths from influenza appeared early in the season. This will be reviewed. There are different issues facing small pharmacies, including the number of pharmacists who are trained to provide this. This will increase the availability of venues that could be available to the NHS in the event of pandemic flu requiring mass immunisation.

This scheme is an example of joint working and integration of primary care services achieving enhanced patient provision. The scheme continues to offer patient choice and a degree of flexibility not available from some general practices. The issue of conflicting remuneration still needs to be addressed.

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