ROYAL PHARMACEUTICAL SOCIETY

NHS England market engagement process to support future design of vaccination services

Royal Pharmaceutical Society response

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

   We agree with the vision where providers within a system work collaboratively to provide the best vaccination service possible within their locality.

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

   The national contracts for general practice and community pharmacy in terms of influenza vaccination encourage competition rather than collaboration. To enable community pharmacists to deliver school age or wider vaccinations they must have visibility of the health record. Covid-19 vaccinations have shown that access and writing to the record via Pinnacle is possible to determine where the patient is in their vaccine schedule. This barrier needs to be overcome to enable more seamless vaccination services in community pharmacies.

   Ideally any qualified healthcare professional should be able to offer the appropriate vaccines regardless of the initial patient request. This sense of professional permission is important to increase access and comes from both the systems in place (contractual and otherwise) but also a common understanding of the joint responsibility to increasing vaccination uptake.

   Sometimes the requirements of vaccination delivery make it difficult to deliver from smaller premises that are easily accessible in the community.

   Regional variation in expression of interest processes increases bureaucracy and workload for no value. There is little, if any, need for variation in vaccine programmes. Streamlined national contracts are welcome when providing advice and guidance at scale

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

   - It would be useful to develop a system wide contract that encourages primary care providers to work together to deliver local vaccination programmes
   - A nationally commissioned enhanced service for community pharmacy to deliver covid-19 vaccinations
   - Community pharmacy commissioned to deliver other vaccinations such as school age vaccinations, MMR, other adult vaccinations
   - Pharmacists in primary care (GP practice, community, care homes) better utilised to identify and deliver vaccinations in the general population
   - Vaccine records should be shared electronically and easily accessible to anyone providing care to that person

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?**

Working well:

- Supply of vaccines to sites along with consumables required for vaccinations
- Enabling vaccinators to vaccinate under a national protocol as this increases the workforce who are able to provide vaccinations
- Verbal only consent
- Community pharmacies helping to reach 'harder to reach' people
- Mutual aid, although this could be better streamlined to enable easier transfer of vaccinations across local sites
- Technical Services Pharmacist have been instrumental in the rollout of the vaccination programme for example the guidance published by NHS SPS.
- Pharmacists have a key role in ensuring secure supply chain of vaccine.
- Pharmacists have been critical in the safe storage and handling of vaccines
- Utilsing pharmacist knowledge of medicines including drug interactions, contraindications and addressing patients concerns about the vaccination has been key in safely delivering vaccines to patients.

Working less well:

- National booking system should be used by all providers as currently the local PCN booking systems do not correlate with the national system leading to a number of 'did not attend'. Any NBS system needs to be more user friendly and enable flexibility in the system
- Workforce needs to be better supported in terms of their mental health and wellbeing
- Commissioning in terms of the national contract. This should be made available to community pharmacies as a national enhanced service so that all community pharmacies have the opportunity to provide a vaccination service, provided they meet the required criteria. Designation is labour intensive
- Multi-dose vaccines: Injections intended for multiple use contain antibacterial preservatives. Antibacterial preservatives are not effective against viruses, protozoa or other organisms such as those causing malaria. There is a risk of particulate contamination with multidose vials caused by coring. RPS recommend the use of Pre-filled Syringes to reduce risk of particulate, chemical or microbial contamination. Where multi use vaccines are utilized a risk assessment should be mandated and consider the patient, environmental and organizational risks
- Current 'push' model of vaccination supply. It would be better if a 'pull' model were implemented to enable providers to plan and manage workload and reduce administration
- Enabling community pharmacists to provide vaccinations in peoples' homes, domiciliary care
- Notification of which cohorts of the population will be eligible for vaccination at what time. These announcements need to be made sooner to enable better planning by providers
- Ability to be flexible around contractual requirements if pharmacists and their staff are needed to deliver vaccinations at scale

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?**

   Community pharmacies are in the heart of communities and can support people in underserved communities to take up vaccinations. They offer the benefit of being a normal / routine site that people are comfortable with rather than temporary clinics. Some providers also went out into their communities to deliver vaccination clinics with the support of, for example, religious leaders. This has helped to reach the PLUS populations of the CORE20PLUS5.

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?**

   Directly updating the NIMS system was a major positive

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?**

   N/A

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?**

   Vaccines are medicines and pharmacists as medicines experts are central to the planning, logistics and delivery of immunisation models

   We believe that a national advanced service for the delivery of covid vaccinations would support the national delivery of the vaccination, particularly if this is to become an annual vaccination similar to flu vaccination.
   In addition, we believe that community pharmacies should be better integrated into the delivery of other vaccinations, such as those for school age children etc, to support the public health agenda.

   Access and use of data is a critical element both in terms of identifying people, and booking / notifying NHS. Pharmacists need read and write access to patient records. Unnecessary work is created for other healthcare professionals by pharmacists not being able to directly update records,

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

   It would be useful to be able to deliver both the flu and covid vaccination at the same time to ensure an efficient and effective service.

   If other services, such as NHS Healthchecks, are to be offered alongside the vaccination service this needs to be communicated to members of the public so they expect it and also so they put time aside for this. However, it should be noted that adding in additional elements reduces overall efficiency and throughput and this should be a consideration for commissioners. Any additional services need to 'short and snappy' and either appropriately funded as part of the vaccination service or separately funded but slot in easily.

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 high level outcomes are for appropriate levels of uptake / coverage in the population which should result in avoidable morbidity, mortality and outbreaks. What would be more helpful for providers is appropriate feedback or intelligence where there is inadequate vaccination of underserved populations so there canbe attempts to address this.

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.**

    You should consider the extensive and mature private vaccination market (i.e., there are learnings, but also benefits that should not be damaged)

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Royal Pharmaceutical Society