immunisation services in community pharmacies

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine’s programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

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Historically, the nursing and medical professions have provided immunisation services, but there is increasing evidence that community pharmacies can play an important role in disease prevention by advocating and administering immunisations.

Immunisation services initially started in the United States of America, where pharmacists are given authority to administer vaccines under individual state laws and regulations – pharmacists are now authorised to administer the influenza vaccine in all 50 states.

Within the UK, pharmacy immunisation services are less well developed, although they are growing rapidly. Pharmacy services are highly rated by patients and nearly all patients say they would use the pharmacy service again.

One example is NHS Wales, which developed a national Community Pharmacy Seasonal Influenza Vaccination Service to provide an NHS influenza vaccination enhanced service for patients aged 65 years and over, and those under 65 years in other at-risk groups. In the 2012/13 influenza season, 81 pharmacies in Wales provided the service between 1 October 2012 and 31 January 2013, representing 11 per cent of pharmacies in Wales.

And in December 2013, NHS England published *Community pharmacy – helping with winter pressures*, which detailed proposals for three services, including influenza vaccination. This report has been influential in supporting commissioning of pharmacy influenza immunisation services. In the 2013/14 influenza season, Pharmacy London (a forum of 12 of the London local pharmaceutical committees that represent the interests of pharmacist contractors across the capital) worked with commissioners at NHS England London region to develop a pan-London community pharmacy influenza vaccination service. Approximately 1,100 community pharmacies across London vaccinated 70,000 people in 2013-14.

**Influenza infection**

There are two main types of influenza that cause infection: influenza A and influenza B. Influenza A usually causes a more severe illness than influenza B. Influenza occurs most often in winter and usually peaks between December and March. The influenza virus is unstable and new strains and variants are constantly emerging. For most people, an influenza infection is just a nasty experience, but for some it can lead to more serious illnesses. The most common complications of influenza are bronchitis and secondary bacterial pneumonia. These illnesses may require treatment in hospital and can be life threatening, especially in the elderly, people with asthma and those in poor health. Even in winters when the incidence is low, 3,000-4,000 deaths have been attributed to influenza.

NHS service and business continuity plans are being updated and revised to cope with future influenza pandemics.

**Influenza vaccine**

The currently available influenza vaccines give 70-80 per cent...
protection against infection with influenza virus strains well matched with those in the vaccine. Protection lasts for about one year. After immunisation, antibody levels may take up to 10-14 days to reach protective levels. While influenza activity is not usually significant before the middle of November, the influenza season can start early and therefore the ideal time for immunisation is between September and early November.

Within the UK, influenza immunisation is targeted at those individuals who are most at risk from the secondary complications of influenza infection. They include:

* All those aged 65 years and over
* All those aged six months and over in the specified at-risk groups
* All pregnant women, irrespective of their stage of pregnancy
* Those living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality
* Those in receipt of a carer’s allowance
* Those directly involved in the care of their patients or clients. In 2013-2014, the universal childhood influenza vaccine programme with live attenuated influenza intra-nasal vaccine commenced across the UK, targeting children aged two to three years and varying pilot groups across the country. For the 2014/15 programme, all pre-school children aged two to five years and all primary schoolchildren are eligible for immunisation.

Influenza vaccine uptake in 2013-2014 in England was similar to recent seasons in the elderly (73.2 per cent), in under 65-year-olds in a pre-defined clinical risk group (52.3 per cent) and in pregnant women (39.8 per cent), while an increase was seen in healthcare workers (54.8 per cent) compared to 2012-2013 (45.6 per cent).

In England, an uptake of 42.6 per cent in 2013-2014 and 39.6 per cent was achieved in two and three-year-olds respectively and an overall uptake of 52.5 per cent in the primary school age pilots targeting four to 11-year-olds. There is considerable scope to improve these levels through pharmacy services.

**Pharmacy premises criteria**

Fundamental to the provision of a community pharmacy immunisation service is the necessity for a private clinical room. The minimum requirements are:

* A plumbed wash hand basin
* Washable floors (not carpet)
* Washable walls
* A clinical workbench sufficient to prepare vaccine and layout ancillaries
* A vaccine refrigerator
* Chair(s)
* A couch (preferable)
* Wheelchair access
* Sufficient space to be able to access the patient from either side and to be able to lay the patient on the floor in the event of fainting
* A seated waiting area available prior to and post-immunisation
* A filing cabinet for relevant documentation.

**Training**

Although authority to administer vaccines may be granted by the preparation and signing of a patient group direction (PGD), pharmacists must achieve competency in all aspects of vaccine administration prior to delivering a service. Ideally, immunisation training should take place at a local level and be led by local trainers. Involving local experts in delivering training enables immunisers to raise local issues for further discussion.

It is important to include the following when devising training for pharmacists to administer vaccines:

* Principles of immunisations
* Understanding of the disease(s) and national target groups for immunisation
* Current legal requirements for consent
* Data protection
* Documentation required
* Professional accountability
* Use of the PGDs
* Knowledge of cold chain requirements
* Assessment of fitness for vaccination
* Identification of true contraindications to vaccination
* Practical vaccination skills, including route, needle size and injection site for administration
* Dosage and presentation of vaccine
* Preparation and disposal of vaccination equipment

**Physiology of anaphylaxis and allergic reactions**

* Potential causes of anaphylaxis and ways of decreasing the risks
* Signs and symptoms of anaphylaxis and fainting
* Treatment of anaphylaxis, equipment required, adrenaline dosages and sites for its administration

**Recording of adverse events to vaccinations and use of the Yellow Card reporting system.**

Usually this will require a full day’s training. Following on from a formal training session, it is necessary to undertake a number of supervised administrations – the number required depending on the individual. Pharmacists need to be confident in their own ability and the needs be satisfied of their competency.

**Setting up an immunisation clinic**

Getting processes in place and good organisation involving all members of staff is required in order to run a successful service. For example:

* Developing standard operating procedures (SOPs) and appropriate documentation will assist in the smooth running of any immunisation service
* Utilising the pharmacy team to help patients complete some elements of the documentation prior to seeing the pharmacist can streamline appointments
* While the occasional walk-in immunisation can be accommodated during quiet periods, it is good practice to schedule specific appointment times. This will allow pharmacies to ensure that there is a second pharmacist on duty in order to cover the routine dispensary duties and other aspects of pharmaceutical care
* Providing clinic appointments at times that are convenient for the patient (e.g. evenings and weekends) has been one of the strengths of community pharmacy immunisation clinics

**Having combined record forms that include the key information required and space for written patient consent can simplify the paperwork**

**Patients will be required to stay for at least 10-15 minutes after their immunisation in order to be observed for any immediate adverse effects. Patients should therefore be seated in an area where they can be observed by a member of staff at all times**

**Developing appropriate patient information leaflets, not only to inform patients about the scheme, but also to provide specific information about the immunisation in order for the patient to give informed consent**

**Support from other healthcare professionals experienced in running immunisation clinics is also essential in the early stages of development**

**Evaluation of new and innovative services is important for improvement and development of future services. It is therefore valuable to build in an element of audit/evaluation into the service design.**

**Conclusion**

Immunisation services from community pharmacies are growing steadily in the UK and there is potential for involvement both in identifying patients requiring immunisation and administering the vaccine. Pharmacist-led influenza immunisation services across various parts of the UK have shown this to be both successful and feasible. The accessibility of pharmacy has proved popular with patients wishing to use these services.

**Record your learning**

Once you have read this article, use the following CPD questions to help you reflect on what you have learned and how it might affect your everyday work. Remember to record your learning on the GPhC website if you are registered (www.uptodate.org.uk). Otherwise, it is good practice to record it in your ongoing learning and development folder.

* What did I learn that was new? (Evaluate)
* How have I put this into practice? (Provide examples of how learning has been applied.) (Evaluate)
* Do I need to learn anything else in this area? (Reflect)

**Next month:** we focus on pain management in palliative care.

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**How might you use the information contained in your pharmacy’s Patient Medication Record to identify patients who may be in the NHS target groups to receive influenza immunisation? What medications might these patients be receiving?**

It is unlikely that one route of public health service delivery will meet the needs of a diverse population, so a variety of providers at different times and locations will maximise outcomes and benefits for patients. A collaborative approach to service delivery gives greater options and increased choice for patients, which is likely to increase uptake.

Community pharmacies have an important role to play in the delivery of public health services, whether these are health promotion services to raise awareness or services offering immunisations.