

BUSINESS AND PEOPLE BUILDERS

Vaccination services: an expanding role for pharmacists

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CPD CREDIT

Why should pharmacies provide vaccination services? Influenza has a widespread impact on Australia every winter. This group of viruses is highly contagious and potentially life threatening¹. There has already been a reported increase in cases of influenza so far in 2014, with the South Australian Government stating that there has been a 40 per cent rise in reported cases when compared to the same time last year².



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From a public health perspective, immunisation is the most effective means of reducing the incidence and severity of influenza. However, in Australia, immunisation rates for influenza are lower than desired. While some groups of patients have access to free vaccination through the National Immunisation Program (NIP), the majority of the population do not. For those not covered under this program, receiving influenza vaccinations in a pharmacy is safe, convenient and relatively inexpensive.

Groups covered by the National Immunisation Program:

- All Australians aged 65 and over.
- Aboriginal and Torres Strait Islander people over 15 years of age.
- Pregnant women.
- Individuals aged six months and over with medical conditions that can lead to severe influenza.

Internationally, immunisation through pharmacies is already widespread and well accepted. The overwhelming evidence from the experience in these countries is that making immunisation available through pharmacies significantly increases the rate of immunisation in the population as a whole.

Patients surveyed were highly satisfied with the service, which is convenient, time saving and cost-effective³. Pharmacists are well placed to raise awareness of the importance of immunisation among the wider community, as people patronise pharmacies not only when they are sick but also when they are well. Contrary to any belief that pharmacy immunisation clinics might reduce the number of people seeking immunisation through their GP, the international evidence shows that, in fact, this does not occur. Rather, the overall number of people receiving immunisations increases, including

Learning objectives:

After completing this CPD activity, pharmacists should be able to:

- List the benefits of pharmacist influenza immunisation clinics.
- Identify the patient group targeted by the Queensland Pharmacist Immunisation Pilot.
- Discuss the business considerations for implementing an immunisation clinic in pharmacy.

Pharmacist competencies addressed: 1.3, 1.4, 2.3, 2.4, 2.6, 3.1, 3.2, 3.3, 3.4, 6.1, 6.2, 6.3, 7.3.

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through GPs. This is due not only to increased awareness of the availability and benefits of immunisation, but also because the pharmacy program captures those patients who would never have visited a GP for this service. Protocols for pharmacy immunisation specify that patients eligible to receive the vaccine under the NIP are referred to their GP⁴.

Pharmacists' expanding role

In Queensland, a pilot program for influenza vaccinations in pharmacies is currently underway. Queensland Health Minister Lawrence Springborg has reinforced that the Queensland Government supports this program because of the predicted gains in overall immunisation rates and public health benefits⁵.

As the Pharmaceutical Society of Australia (PSA) and the Pharmacy Guild launched the trial in Queensland, Pharmacy Guild Queensland President Tim Logan said that through their collaboration with the universities (QUT and James Cook), the study participants will be able to collect the essential evidence to evaluate the role of pharmacist immunisation services. "In the early stages, pharmacists seeking involvement are advised to begin planning to engage once government has considered the trial and made any necessary regulatory amendments needed to introduce the full program⁶," Mr Logan said.

Beyond the current Queensland trial, pharmacists in Australia are not yet

routinely administering vaccines (The Northern Territory Government has made provisions for pharmacists to administer some vaccines). However, many pharmacies already run immunisation clinics by engaging approved immunisers, primarily nurses, to administer the immunisations. PSA has protocols in place for delivery of vaccination services within pharmacies⁷. These protocols cover the use of contracted approved immunisers and also anticipate the future option for pharmacists administering vaccines, if the appropriate legislation is introduced. The current Queensland trial will evaluate the benefits and risks of such programs in that state and, if successful, it is likely other states will follow.

Is an immunisation service right for your pharmacy?

Conducting an immunisation service comes with a specified set of obligations. The cost of meeting these obligations, including the cost of staff time and other resources, need to be considered in evaluating whether an immunisation service is right for your pharmacy.

Costs to consider include:

- Provision of suitable private space for administration of the vaccinations, refurbishment may be required to meet protocol specifications.
- Provision of a waiting area for patients to sit for 15 minutes after the vaccine is administered.
- Additional controlled fridge space for storage of vaccines.
- Staff training, not only for pharmacists, but for all staff on the protocols required.
- Signage, patient information and other promotional materials.
- Documentation and record keeping.
- Consumables.
- Staff time.
- If using a contracted provider, the cost of this service.
- Costs of a dedicated pharmacist, or opportunity cost of staff pharmacists.

Benefits to evaluate:

- Improving the health of your community through increased overall vaccination rates.
- Raising the profile of your pharmacy as a healthcare destination.
- Greater customer loyalty.
- Increased traffic through your store.

- Enhanced engagement with the healthcare team.
- An opportunity to develop the skills of your staff.
- Additional revenue stream.

As more pharmacies offer vaccination services, there will undoubtedly be increased price competition, which will drive down margins and mean that a relatively high volume of vaccinations will need to be delivered to justify the set-up and administration costs. Many pharmacies providing these services have found that they are fully booked across the flu season. This means that it is probably unrealistic to expect that the pharmacist in charge can fit the administration of vaccines into the normal dispensary workflow. In most cases, a dedicated staff resource will be needed to provide this service. If hiring an outside provider, you will want to ensure that their time is fully utilised so that costs can be recovered. If using your own staff, the cost of their time needs to be considered. It may, in fact, be more cost-effective to use a dedicated contractor than to take up the time of your own pharmacists. This will depend on your particular circumstances and needs to be considered as part of your evaluation.

Pharmacies conducting influenza vaccination clinics should primarily target those members of the community who are not covered by the NIP. However, raising awareness of the importance of vaccination for everyone is important and the presence of the clinic in the pharmacy can help to do this. Those covered by the NIP should not be ignored, as they may not be aware that they are eligible for a free vaccination through their GP. Pharmacists can refer these patients on to ensure that those most susceptible to the complications of influenza receive maximum protection, and to further improve the overall vaccination rate.

There is also an opportunity to target a wider audience, especially people who are otherwise well, including those



who may never have had the influenza vaccination before. Many large organisations provide vaccination programs for their employees, as the cost benefit for them in reduced absenteeism and improved productivity is obvious. Smaller businesses may not have considered this option, or may not be able to justify the cost of a dedicated external provider for a small number of staff. Pharmacies can offer this service to those businesses in a convenient and cost-effective manner. Highlighting the benefits of the immunisation program to businesses in your local area, as well as those you deal with on a regular basis, is another way to expand the reach of this service.

In setting up your service, it is essential to communicate with other health professionals in your area. Both medical and nursing bodies have raised objections to pharmacists providing vaccinations and it would be prudent to communicate with these providers, take time to understand their concerns and, as far as possible, to address these up-front, to avoid any negative repercussions at a later stage. The Queensland trial will address many of the issues raised and more widespread implementation of pharmacist vaccination programs will only go ahead if the key concerns have been satisfied.

Conclusion


Overseas experience has demonstrated a clear benefit to the community from the implementation of pharmacy vaccination programs through the

increased uptake of vaccination in the population as a whole. The trials currently underway may demonstrate a similar benefit for Australia. Pharmacists are well placed to provide these services in a safe, convenient and cost-effective manner. The business decision to establish an immunisation service will depend on the relative costs and benefits under the particular circumstances of the individual pharmacy. ^{RP}

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PHARMACY AT THE COALFACE

Preventing winter colds – is it time to reach for the supplements?

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This activity has been accredited for 0.5 hr of Group One CPD (0.5 CPD Credit) that may be converted to 1 Group Two CPD Credit upon successful completion of the below assessment for inclusion on an individual pharmacist's CPD Record.

Mr FM (48 years) enters the pharmacy and heads directly to the supplements aisle. When you ask him whether he would like any help, he tells you that he needs something to stop him from catching a cold. A number of his work colleagues have been sick and he can't afford to get sick as well (the company is about to head into its busiest period of activity). Mr FM tells you that he's tried taking vitamin C tablets in the past, but didn't think it did anything (he still caught a cold while taking these). He's confused by all the options and isn't sure what will work best. How do you respond?

- Which of the following are typical symptoms of the common cold?
 - A) Sore throat, cough, runny nose.
 - B) Runny nose, body aches, fever.
 - C) Blocked nose, ear pain, headache.
 - D) Rash, runny nose, sore throat.
- The common cold virus can be spread to others by:
 - A) Direct contact when virus particles are sneezed or coughed into the air and breathed in by others.
 - B) Indirect contact when virus particles contaminate surfaces that are subsequently touched by others.
 - C) Indirect contact through sharing virus-contaminated items such as utensils, towels, pens.
 - D) All of the above.
- How long does a person infected with the common cold remain contagious?
 - A) For two or three days after the onset of symptoms.
 - B) For two or three days before symptoms have appeared.
 - C) Until all symptoms have resolved.
 - D) All of the above is TRUE.
- Which of the following strategies have been shown to prevent the common cold?
 - A) High dose vitamin C (>1g per day).
 - B) Zinc supplements when taken early in the onset of infection.
 - C) Echinacea, specifically the echinacea purpurea extract formulated as an oral supplement.
 - D) Appropriate hand hygiene.
- Zinc supplements may reduce the severity and duration of common cold symptoms when taken early in the onset of infection.
 - A) TRUE.
 - B) FALSE.

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- Additional resources for healthcare professionals:
- <http://lungfoundation.com.au/>
 - <http://www.nationalasthma.org.au/understanding-asthma/asthma-copd>
 - <http://www.nps.org.au/health-professionals/resources-and-tools/medicine-information-resources/factsheets/factsheets/vaccines>
 - <http://www.tga.gov.au/safety/media-2014-seasonal-flu-140311.htm#U3RS4bx--P8>
 - <http://www.tga.gov.au/industry/otc-notices-cough-cold-review-outcomes.htm#U3RUHLx--P8>
 - <http://www.nps.org.au/media-centre/media-releases/repository/Be-MedicineWise-with-cough-and-cold-medicines-in-young-children>
 - <http://www.cdc.gov/flu/protect/habits.htm>
 - <http://www.racgp.org.au/your-practice/guidelines/national-guide/respiratory-health/influenza-prevention/>

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- The primary community benefit of a vaccination service provided through pharmacies is:
 - A) Improved profits for the pharmacist.
 - B) Greater awareness of the dangers of influenza.
 - C) A higher overall rate of vaccination in the population.
 - D) Fewer GP visits.
- Where are pharmacists currently authorised to administer vaccines in the Pharmacist Immunisation Pilot?
 - A) In all states of Australia.
 - B) In GP clinics.
 - C) At the front counter.
 - D) Only in Queensland.
- The costs of introducing a vaccination service in your pharmacy may include:
 - A) Refurbishment of premises to required standards.
 - B) Training of staff.
 - C) Additional staff time on administration.
 - D) All of the above.
- Pharmacy immunisation programs should primarily target
 - A) Those not covered by the National Immunisation Program (NIP).
 - B) Those already covered by NIP.
 - C) The elderly.
 - D) Pregnant women.
- The Queensland Pharmacist Immunisation Pilot:
 - A) Will automatically lead to all pharmacists being authorised to administer vaccines.
 - B) Will be evaluated to determine whether there is a community benefit.
 - C) Is not subject to established standards and protocols.
 - D) Is not supported by the Queensland Government.

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