

29 October 2015

Vivien Bevan
Chief Pharmacist
Health Protection Service
Email: hps@act.gov.au

Dear Ms Bevan,

RE: Invitation to comment: ACT Pharmacist Vaccination Program

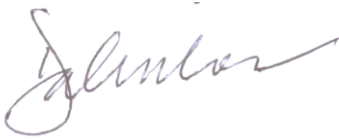
Thank you for providing opportunity for consumer comment on the discussion paper, *ACT Pharmacist Vaccination Program*.

The Health Care Consumers' Association (HCCA) of the ACT is a health promotion organisation that provides a voice for consumers on local health issues and provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

In preparation for this feedback we circulated these documents to our members with an interest in this area, including individual and organisational members. The feedback provided is based on their input.

We are pleased to provide input to the discussion on the proposed *ACT Pharmacist Vaccination Program*. This is a matter of great interest to consumers.. If any aspect of this response requires clarification please contact Eleanor Kerdo by email eleanorkerdo@hcca.org.au or by phoning the HCCA office on 6230 7800.

Yours sincerely,



Darlene Cox
Executive Director

29 October 2015



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Background

HCCA welcomes the opportunity to provide comment on the *Discussion Paper: ACT Pharmacist Vaccination Program*. The complex issues surrounding pharmacy lead vaccination programs are of great interest to our members. HCCA recognises increasing promotion and improving accessibility of vaccinations through community pharmacy could improve public health outcomes through the prevention of preventable infection and associated morbidity. These proposed changes directly impact the essential rights of a health care consumer as addressed in the Australian Charter of Healthcare Rights, particularly the charter rights of access, safety, privacy and respect.

General Comments

A considerable number of our members provided comment on this discussion paper. There was overall support for the proposed pharmacist vaccination program in the ACT. That said, many members raised serious concerns regarding possible risks involved and had questions regarding, quality and safety, privacy and respect and out-of-pocket cost to consumers. Whilst we advocate for greater access to health care, including preventative medicine such as vaccination, it is crucial that consumers are assured of high quality care, including protecting our privacy. This issue of privacy may be a considerable problem when looking at the delivery of vaccinations in community pharmacies.

Specific Comments

Do you support the introduction of a pharmacist vaccination program in the ACT?

Our members largely supported the proposal of having pharmacist vaccination programs in the ACT in some form. Many raised concerns and caveats for the program and three individuals directly opposed the proposal in full.

'I think this is a good proposal on the whole. It ought to increase public awareness of vaccination and may increase overall uptake of vaccination, both of which are desirable in public health terms. I think it would be a good idea to limit the program to influenza vaccination initially (as is suggested in the proposal), with expansion to other vaccines being dependent on a satisfactory evaluation of the influenza vaccination program (I suggest based on 2 years data).' – HCCA Member

'I think any measure to spread the penetration of vaccination through the population is good as long as the administerer of the vaccine is sufficiently trained, good records kept and all other safeguards applied.' – HCCA Member

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I received your email below and would like to respond to the proposal. In my view, the proposal to allow pharmacists to administer a vaccination without a prescription is an excellent idea as it will draw on the skills of our very capable and skilled pharmacists and will reduce the time costs to consumers and GPs. –HCCA Member

Reasons for not supporting the program focused on three major areas; pharmacy infrastructure and privacy, scope of practice of pharmacists and out-of pocket costs to consumers.

‘The discussion does not give a reason for the proposal. Is it a need or a want? If it is a need, what costs are involved and how many pharmacists would be required? The discussion paper mentions pharmacy premises requirements. When this matter was raised a few years ago, it may have been rejected because most community pharmacies are space-limited. It is not clear would be the lead professional for the project, the GP or the pharmacist? I can’t support something without this much needed detail.’ – HCCA Member

We do have concerns about what *pharmacy premises requirements*. It is not clear if vaccinations will be required to occur in a private consult room. This may be needed for children, those who are needle phobic, those who may need to undress (if clothing is restrictive to site) We are also aware there is a requirement for people to wait for 15 minutes post-vaccination to ensure there has been no major adverse reaction. We would like to know how this space issue will be addressed in busy pharmacies and what regulation will guarantee that consumers are provided adequate space to wait and recover? It would also be important to allow space for people who may need to lie down after receiving their immunisation. This spatial requirement is central to making sure that consumers have the Australian Charter of Healthcare Rights, rights of privacy and respectful care.

‘In many places, people already have the convenience of being able to receive the flu vaccine from a pharmacy because the pharmacy has entered into an arrangement with trained nurses. In fact, for the past several years, I have chosen to receive my flu shots at local pharmacies. In each case, the immunisation was administered by a trained nurse. In the case of one pharmacy, there were adequate places to sit, both before and after receiving the injection, and I was confident about the attention of trained staff who could deal with an adverse reaction. In the case of the second pharmacy, the ‘waiting area’ consisted of a few seats in a cramped store-room, there was no appropriate area for waiting after the injection, and no place to lie down if someone felt unwell, with many customers having to remain standing before and after receiving their injection. It is my view that pharmacists should stick with their important professional role and not venture into areas of practice which are the responsibility of, and best left to, doctors and nurses.’ – HCCA Member

It may also be of value to assess this proposal against the ACT Health strategic document to improve responsiveness to cultural and linguistic diversity across the organisation; *Towards Culturally Appropriate and Inclusive Services: a Co-ordinating Framework for ACT Health*,

2014–2018¹. There are several aims and key action areas that directly focus on increasing the rates of immunisation for culturally and linguistically diverse people and focus on providing culturally appropriate care. It would be useful to demonstrate how this newly proposed program contributes to this high level framework. Those actions most relevant are;

- 6.4.3 Staff have information readily available on CALD issues to assist with culturally appropriate service delivery;
- 6.4.4 An accurate medication history when a [LEP] patient presents or as early as possible in the episode of care, which is then available at the point of care (4.6). Provide current medicines information to [LEP] patients in a format that meets their needs whenever new medicines are prescribed or dispensed;
- 6.4.5 Reporting and investigation of clinical incidents identifies and responds to factors to which inadequate communication with LEP patients may have contributed;
- 6.4.6 Increased CALD participation in immunisation and screening programs: Support efforts under the ACT Immunisation Strategy to increase vaccination rates in CALD communities, particularly in relation to hepatitis B;
- 6.4.8 Organisational health promotion and preventative health initiatives are inclusive of and accessible to CALD communities and ,
- 6.4.9 Public health services are delivered in culturally appropriate ways. - ACT Health, (June 2014)²

Whilst we note that the professional scope of pharmacists is changing both nationally and internationally³ we did have comments regarding pharmacists role in delivering vaccinations.

'I do not support the proposal for pharmacists to administer vaccines. Basically, I do not believe that there is a compelling need for this and that it would be outside of the professional scope of pharmacy. I am definitely in favour of arrangements which make vaccines more accessible, especially to people who might not otherwise receive a vaccine by visiting a GP, through a work-based program, or otherwise. However the arguments in favour of accessibility do not necessarily translate into vaccines being administered by pharmacists – they mean only that community pharmacies may be convenient settings for the provision of vaccines. It should be noted, however, that not all pharmacies have the appropriate environment for immunisations, including customer privacy, a place to wait comfortably after receiving the vaccine, and a place to lie down if someone feels unwell. am also concerned that, while pharmacists may know how to stick a needle into someone, they may be a lot less confident about dealing with adverse reactions.' – HCCA Member

¹ ACT Health, (June 2014) *Towards Culturally Appropriate and Inclusive Services: a Co-ordinating Framework for ACT Health, 2014–2018* Accessed on 22/10/2015:
http://health.act.gov.au/sites/default/files/Policy_and_Plan/Multicultural%20Co-ordinating%20Framework%20-%20Towards%20Culturally%20Appropriate%20and%20Inclusive%20Services%202014-2018.pdf

² Ibid ACT health (June 2014) pages 21-27

³ Nissen L, Campbell C. (September 2015) *Vaccination Status of Australian Pharmacy*, Australian Pharmacist, 96, pp.15

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Others had concerns that costs of program and of individual vaccinations will be shifted to consumers. Many were supportive as long implementation did not impact consumer access to community nursing vaccination programs, work vaccination programs and government subsidised vaccination programs for at-risk populations that occur in General Practice settings.

I'm relieved the proposal indicates there is no intention to replace or displace other existing avenues for vaccination eg in workplaces, in GP practices. Access needs to be made easier, not decreased. – HCCA Member

A couple of members also asked if Registered Nurses such as those who work in the Walk-in Centres (WiCs) were included in the proposed changes to the regulations as they felt WiCs were better set up than pharmacy to deliver this program.

'Depending on the reason for the pharmacy proposal and the number of trained pharmacists required, has the Walk in Centre (WiC) Clinical Advisory Group been asked to comment. I raise this point only because if there is an urgent need for vaccinations in the ACT to be given, medical staff at our two WiCs may be able to respond more quickly than pharmacists.' - HCCA Member

Why can't immunisation nurses be included in these amendments – as they are proposing to amend the Medicines, Poisons and Therapeutic Goods Regulation (2008) for pharmacists to administer vaccinations (influenza). – HCCA Member

Accessibility and cost was also seen to be a key consideration.

'I think its a good idea - so long as the cost is less than the GP route. That's not clear to me (ie what are the relative costs of each option), but it is certainly easier to get to see a pharmacist, usually compared to a GP. My main philosophical reason for this is that I think its important that the least cost administrator to both patient and the health system is the way to go. If the costs are the same, the issue of access would sway me to the pharmacist option BUT the record keeping has to work.' –HCCA Member

Do you believe a pharmacist vaccination program should be limited to the influenza vaccine?

There were varying views in our membership on this issue, however most felt that as in the proposal the initial program should be limited to the influenza vaccination for a period of two years and then after a rigorous evaluation of patient outcome, and experience along with cost effectiveness and model of care this could be expanded to regular booster shots. This excludes the initial early childhood vaccination schedule.

'I agree that community pharmacists should be authorized to give flu injections once they have had the requisite training and the premises has been approved as suitable. They should have the right safety gear and a current CPR certificate.' –HCCA Member

'I think it would be a good idea to limit the program to influenza vaccination initially (as is suggested in the proposal), with expansion to other vaccines being dependent on a

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satisfactory evaluation of the influenza vaccination program (I suggest based on 2 years data).’ – HCCA Member

‘Initially yes. Then I think it should be evaluated after a year or two and if successful, expanded to other vaccines.’ –HCCA Member

‘No program shouldn’t just be limited to influenza vaccination. Could be extended to booster shots for measles, chicken pox, mumps, but not the initial vaccination schedule for children, maybe tetanus (?) if no other underlying problems, maybe injections for people travelling overseas once they have seen the travel doctor if they need more than one injection’ –HCCA Member

We are supportive of a model that is exclusive to the influenza vaccination initially until the program can be evaluated.

Do you believe that a pharmacist vaccination program should be limited to community pharmacies?

The differences and definition of a community pharmacy was very confusing to almost all who commented. As such many did not feel confident to respond to this question. HCCA believes the changes in regulation could also incorporate appropriately trained registered nurses and include a trial in the Walk-in Centres.

For some the convenience of getting a vaccination at a hospital pharmacy for example when visiting an immune-compromised relative regularly may indicate that hospital pharmacies inclusion in this program is of value, especially given that many vaccination clinics at hospitals have eligibility criteria meaning many cannot access this service when in hospital. However cost and duplication of service provision is also a key factor.

One member also raised concerns about large discount pharmacies providing the vaccination program.

‘Not sure exactly what is defined as a community pharmacy. Is it all pharmacies outside a hospital setting? So this would include the retail chains i.e. Discount Warehouse and Priceline. If so, then No to Discount Warehouse and Priceline. If it includes your local chemist you visit say regularly for your medication that’s ok. Can’t fully answer this as not sure what’s included/excluded as a community pharmacist.’ – HCCA Member

What age limits (if any) do you believe should be included under a pharmacist vaccination program?

Many members had concerns about having a program that included those under the age of 18 years old. This was due to possible distress of younger people receiving vaccinations, possible serious adverse reactions and the differing symptoms in children, and the importance of up to date vaccination schedule records in children. One member did raise however that it would be of use to have boosters available to children who have missed these routine follow up injections. This could include HPV vaccine for young people in high school.

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‘Age limits included in the pharmacist vaccination program, I think should be over 5 and under 65, but not people with chronic conditions and chronic diseases.’ – HCCA Member

‘I would be apprehensive about extending the program to include infant vaccinations under the National Immunisation Schedule, and possibly even vaccinations for children. I believe any potential risks to infants and children can be managed more effectively if the vaccinations take place in a GP practice. It might be a good idea to limit the community pharmacy vaccination program to adults (over 18).’ – HCCA Member

‘As long as the training is thorough I don’t think there is a need for age limits.’ – HCCA Member

‘There should be no age restriction, although I suspect children under 7 may be a problem with crying, etc.’ – HCCA Member

What do you see as the key benefits, risks and implementation issues of an ACT vaccination program?

HCCA recognises that a pharmacy vaccination program may improve public awareness and access to vaccination, however we do have some concerns regarding the evaluation, vaccination data, and health records.

Evaluation, Data Collection and eHealth

We would like to know how the *ACT Health Learning and Development Framework Objectives*⁴ for learning and development, particularly those around policy evaluation and development, are being used to track and evaluate this proposed vaccination program? It would be useful to indicate who will be analysing the data collected in this service and what outcome measures will be used to indicate success. We would like to see the outcomes of this evaluation publicly reported to ensure the right of participation to the community. One member thought that this could be included in the Performance Report tabled quarterly.

We strongly support the suggestion on page three of the discussion paper for the inclusion of a requirement that all participating pharmacies report vaccination data to the ACT Chief Health Officer. We also believe that adverse vaccine reactions should be reported to the Therapeutic Goods Administration. We would like to know how medical history (including allergies and adverse reactions) will be recorded, and with whom vaccination records will be shared? This is particularly important as around 20% of people in the ACT do not have a regular General Practitioner, so how will this proposed program ensure that accurate records are kept and are available to those providing care to individuals accessing this service? Will this data be available on the ACT Health Clinical Portal or Consumer Portal? We are also

⁴ ACT Health, (2013) *ACT Health Learning and Development Framework 2013-2016; creating a learning organisation to support our business, our consumers and our people* Accessed 21/9/2015 :

[http://www.health.act.gov.au/sites/default/files/Learning%20and%20Development%20Framework%20\(2013%20-%202016\).pdf](http://www.health.act.gov.au/sites/default/files/Learning%20and%20Development%20Framework%20(2013%20-%202016).pdf)

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interested in what records will be uploaded through the MyHealth PCEHR? Or will hard copy records be maintained and copies provided to consumers at the time of service?

'How do we make sure that the person is recorded as having had the immunisation - ie that they don't end up with two doses, one from the doctor and one from the pharmacist. Ideally it could be recorded on the person's E-health record or sent to their GP, though given how many people don't have a GP like the older models of care, this may be difficult.' – HCCA Member

'This record keeping is important, particularly for other immunisations in the future, as if people can't demonstrate that their child is immunised they can have trouble getting into school/child care.' –HCCA Member

Cross Jurisdictional Issues

How can we be assured that medical records and data from our walk-in vaccination in a pharmacy in Canberra is available to a treating team interstate? This could impact on recording of adverse reactions and ongoing treatment needs should someone have a reaction after returning to their home state or territory. We are aware that cross-jurisdictional issues continue to present significant challenges to consumers accessing health care in the ACT. It is essential that the discussion paper clearly outlines how the ACT Health and other state and territory health departments intend to coordinate care and support these consumers and their families as they move between local and interstate services.

Other Risks and Benefits

Several members highlighted further risks benefits and implementation issues. They are listed below.

Benefits

- Potential Rise level of immunisations as not paying cost GP visits (if less out-of-pocket cost than GP visit).
- Free up appointments at GP's/ Nurse Practitioners
- Ease of access and convenience
- No GP consultation fee to pay
- Hopefully quicker than waiting around at your GP

Risks

- Quality of training and the way in which the program is administered e.g. Quality in Pharmacy (QIP) Program.
- Reputation of ACT Government and Community Pharmacies:
- Long waiting times / inconvenience at peak periods where the demographic demands e.g. ageing population with heavy prescription and over counter servicing.
- Need to pay a Pharmacist's fee.
- In middle of flu season and/or just prior will pharmacists have time to do the immunisations i.e. may have 20, 30 requests for immunisation, lots of dispensing to

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do, questions from customers and staff and there may only be one pharmacist on duty (especially private pharmacies and I assume in the country). What takes priority? This is also an implementation/management issue.

- People with chronic conditions fronting up to the pharmacist to get their vaccination or people who have had a previous reaction to the vaccine not telling the pharmacist (who may not be their regular pharmacist) and then having a reaction to the vaccine in the pharmacy. How is the pharmacist/staff going to cope?

Implementation issues

- How much will receiving the vaccine at the pharmacy cost people? (We assume less than the cost of a GP visit)
- As above if only one pharmacist in that pharmacy how will that be managed?
- Will the pharmacist provide details back to the person's GP that they have received the vaccination? This will mean more time is required for reporting. Also will there need to be an electronic system vs phoning/writing to the GP.
- Will people actually go to the pharmacist for their vaccination?
- If not all pharmacists are participating how will this new initiative be promoted/advertised, people be informed:
 - about the program
 - which pharmacies are participating
 - the cost involved
 - when they can go (scheduling drop-in or appointment). If an appointment system and similar cost to a GP visit then same people may still go to their GP to get their scripts renewed at the same time.
- Transition – publicity and communication to consumers. Mainstream media, social media, signage in shopping centres, aged care establishments etc.
- Clarity on exactly what vaccinations are available e.g. if only influenza vaccinations time spent explaining the program by pharmacists and staff and inconvenience to consumers who have to still visit GPs for e.g. children's vaccinations.
- Drain on pharmacy resources unless adequately compensated.
- Consider other vaccinations and an incentive payment such as offered to GPs for vaccinating children.

'Currently people over 65 qualify for a free influenza vaccination annually - I believe this is under a Commonwealth-funded arrangement. So one question is whether it is intended to include the free influenza vaccinations for people over 65 as part of the community pharmacy initiative - or would people over 65 need to continue to go to their GP practice for this?' – HCCA Member

'Who would be the lead professional for the project, the GP or the pharmacist?' – HCCA Member

'This appears to be similar to the workplace vaccination program where prescriptions aren't issued but people/ employees fill in forms re previous reactions and medical conditions they have. When you see the immunisation nurses for your vaccination if

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you have certain medical conditions or have had previous reactions to the vaccination they will not administer the vaccination and you are advised to visit your GP.’ – HCCA Member

Concluding comments.

Thank you for the opportunity to provide a comment on the discussion paper: *ACT Pharmacist Vaccination Program*. We are supportive of the proposal if there is clear evidence provided on how the discussed implementation issues can be addressed and risks can be mitigated. We recognise that increase in access to immunisations in the ACT community has the potential to improve the health of the community and prevent the spread of disease. We believe that any changes to service delivery must be accompanied with education for health professionals including GPs, pharmacists, and the community. We would like to see an in-depth evaluation and review of the program after a two year period. We suggest including a consumer representative on any steering committee for this program and would be happy to support you to recruit an appropriate representative.

We are keen to hear how issues such as physical space, privacy, informed consent and records and data management will be addressed to ensure the delivery of a safe, high quality vaccination program.

References

- ACT Health, (2013) ACT Health Learning and Development Framework 2013-2016; creating a learning organisation to support our business, our consumers and our people Accessed 21/9/2015 :
[http://www.health.act.gov.au/sites/default/files/Learning%20and%20Development%20Framework%20\(2013%20-%202016\).pdf](http://www.health.act.gov.au/sites/default/files/Learning%20and%20Development%20Framework%20(2013%20-%202016).pdf)
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http://health.act.gov.au/sites/default/files/Policy_and_Plan/Multicultural%20Co-ordinating%20Framework%20-%20Towards%20Culturally%20Appropriate%20and%20Inclusive%20Services%202014-2018.pdf
- Nissen L, Campbell C. (September 2015) *Vaccination Status of Australian Pharmacy*, Australian Pharmacist, 96, pp.15