24 February 2017 Our Ref: MT17-214

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Email: vaccines@pharmac.govt.nz

Dear Sir/Madam,

Influenza vaccine in pharmacies

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the consultation on Influenza vaccine in pharmacies.

Introduction to general practice and the College

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

Submission

The College has significant reservations regarding the proposal that PHARMAC fund the cost of the influenza vaccines administered by specially trained pharmacists to those who are pregnant or aged 65 years and over. We understand that in some DHBs, notably Waikato DHB, influenza vaccine is already available free from pharmacies for these groups of people and is funded by the DHB itself. We do not consider that PHARMAC should take on the role of funding such vaccinations for the reasons that we outline below. We will consider the 65 and over population and the pregnant population separately.

Population aged 65 or over

Effect on uptake of the influenza vaccine.

The consultation document states that one of the two aims of the proposed funding change is to improve uptake for eligible people.

Uptake of influenza vaccine among those 65 or older is currently estimated by the MOH to be 58% when estimated on Primary Health Organisation data and 56% when estimated on National Immunisation Register (NIR) data.[1] The true figure will be higher as people vaccinated in rest homes and the small number of over 65s receiving workplace vaccinations may not be included in this count. This level of coverage has been obtained largely though the considerable resource put in to contacting, encouraging and recalling patients aged 65 and over to offer them flu vaccine.

The maximum achievable coverage is limited by the proportion that decline vaccination when offered it and this is relatively high with around 25% of those aged 65years or over being long term decliners of influenza vaccination[2].

The patients that elect to have their vaccine at a pharmacy will tend to be those who are already highly motivated and need little encouragement to be vaccinated. General practice will be left to vaccinate the harder to reach who require more resource.

Whilst practices will be informed that those who are already on the NIR have been vaccinated, the software release that will enable practices to be notified via the NIR of patients that the pharmacist enrols for the first time, is not going to be available for the 2017 influenza season[3]. Many over 65s are not on the NIR and it is unlikely that the age cohort who have turned 65 in the last 12 months will be. We are aware that pharmacists are supposed to inform general practices both via the NIR *and* directly, however we have received feedback that this is not always happening. Practices will not be able to be certain that they are not trying to recall people who have already been vaccinated elsewhere.

It appears likely that practices will be unwilling to commit so much resource to recalling patients for influenza vaccine when it is likely that they have been vaccinated elsewhere. Should practices decide to divert resources away from recall, the net effect would be a decline in coverage rates.

Decreased contact with the general practice.

Not all over 65s are on regular medications. For those who are not, in some years the visit for an influenza vaccine may be the only contact that they have with their general practice. Data from the LiLACS NZ study reveals that 8% of the very old were not on medication[4], Data from Australia suggests that among study participants aged 65 or over, 11% were not on any medication[5], however non prescribed medication was included in the count, and the proportion not on prescribed medication would be higher. In New Zealand the proportion of those aged 65 and over not on prescribed medication is unknown but could be around 20%.

Removing the contact for administering the influenza vaccine limits the opportunities for;

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[1] Email Lorretta Roberts Immunisation Advisory Centre national manager to F Townsend RNZCGP 21/2/17.

[2] Personal communication Dr Richard Medlicott, past member of the National Surveillance Influenza Immunisation Group (NSIIG)

[3] Email from Chris Millar MOH to F Townsend RNZCGP 8/2/2017

[4] https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/lilacs/research/docs/Medication%20use%20in%20advanced%20age.pdf accessed 23/2/17

[5] Medication use amongst older Australians: Analysis of the Australian ... accessed 23/2/17

- Opportunistic care e.g. the practice nurse asking about known previous health problems or noting that they do not look well and/or discussion revealing health needs that should be addressed.
- Opportunistic screening e.g. weight, BP, elder abuse, dementia, depression
- Developing a relationship with the practice staff. By visiting the practice when they are well staff get to know older patients and their normal level of functioning. Patients are able to become familiar with the staff and develop a trusting relationship. This forms the basis of a therapeutic relationship, which in turn facilitates patient centred, effective and efficient health care.

One member made this observation regarding the wider value of immunisation visits in the context of general practice:

> "As a doctor my nurse will often give me useful feedback about the patients (more muddled, thinner, need clarification about meds, concerning symptoms etc) which I can follow up on. This visit also builds the relationship with the nurse and practice.
>
> The immunisations require a 20 min wait afterwards and this is a fantastic opportunity for education on all sorts of matters. Our clerical staff find it a useful time to update demographic data and no doubt this year we will be checking all data and validating NHIs for the government".

Continuity of care is a cornerstone of high-quality health care in New Zealand and there are clear risks to patients where continuity of care does not exist. A fundamental requirement of good medical practice is to adequately assess the patient's condition, taking account of the patient's history[6].

There is also an emerging body of research revealing that more comprehensive primary care is associated with lower costs and fewer hospitalisations[7], and also improved health outcomes[8]. "More comprehensive" in this context refers to the breadth of services that are delivered. Much of this benefit can be attributed to opportunistic interventions.

Effect on patient enrolments

Patients not seen for three years lose their enrolment and will therefore have to pay the higher casual rate at their next visit. Alternatively practice staff will need to contact these patients and arrange to have them renew their enrolment, a process that takes practice staff away from other tasks and is inconvenient for patients.

[6] *Good Medical Practice*. Medical Council of New Zealand, 2012. Principle 2.

[7] *More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations*. Bazemore A, Petterson S, Peterson LE et al. Ann Fam Med. May/June 2015; 13(3):206-13.

[8] *Living in a country with a strong primary care system is beneficial to people with chronic conditions.* J Hansen, P Groenewegen et al. Health Affairs, September 2015; Vol 34, Issue 9

Effect on the relationship between pharmacists and general practitioners

The consultation document suggests that this move would increase collaboration between community pharmacy and general practice. Feedback from members however suggested instead that this would put general practices and pharmacies in direct competition. Statements from members included:

> "The local pharmacy will once again be in competition with us for services rather than promoting collaboration".
>
> "Our excellent working relationship with our pharmacist next door would be seriously compromised as we would now be in direct competition…"

Financial sustainability of practice nursing services in general practices

GPs are concerned about the effect that a decline in the number of flu vaccinations given in general practice will have on the financial sustainability of nursing services. The employment of nurses is a fixed cost for practices and income from influenza vaccinations makes a significant contribution to offsetting this cost. As a result of uncertainty about how many vaccinations will need to be delivered, practices will be hesitant to commit to recruiting practice nurses at a level that maintains current staffing levels.

Financial sustainability of vaccination services reliant of economies of scale

There are considerable costs for general practices providing immunisation services over and above nursing time. Maintaining the cold chain for example requires the training and accreditation of staff, the purchase of a specialised pharmaceutical refrigerator and its ongoing regular servicing, and ongoing cold chain management. General practices rely on economies of scale to break even regarding vaccinations, and influenza vaccinations for patients 65 and over contribute significantly to the volume of vaccinations given in practices each year.

An increase in the immunisation subsidy will be required to offset the continuing fixed costs of recall, maintaining cold chain and nursing employment costs in the face of declining volumes of influenza vaccinations. If this proposal goes ahead then it is essential that the decline in the volume of influenza vaccinations given in general practice is monitored and the immunisation subsidy is increased to reflect the continuing fixed costs of recall, maintaining the cold chain and other necessary processes facilities and training, and the cost of nurse employment.

Pregnant women

There is already a significant problem with integration between primary maternity care and primary health care which has a negative effect on the ongoing medical care of pregnant women and families with young children. It is important that this move avoids exacerbating this situation. Providing influenza vaccine to pregnant women gives practices the opportunity to engage with pregnant women and to discuss and provide educational material on pregnancy, and in particular on pertussis vaccination and childhood vaccinations.

If this proposal is adopted, the College's view is that pharmacists must be required to ensure that the woman is receiving maternity care and also is enrolled with a general practice. This is in addition to the requirement to inform the GP (and possibly the midwife) of the vaccination.

Ongoing monitoring

If this proposal is adopted we would encourage the monitoring of the number of over 65 year olds vaccinated at pharmacies who were eligible but not vaccinated in general practices the previous year. For PHARMAC to be justified in expending public funds on this change there needs to be the realistic expectation of an overall increase in influenza vaccination, rather than simply a switch to pharmacy provision.

Consultation process

A three week consultation is unusually short and the date of commencement of funding has been set only five weeks after the close of consultations.

The College asks PHARMAC to reconsider the need to implement this change before the start of the 2017 influenza vaccination campaign. A delay would both enable full consideration of the implications of this change and, should there be a decision to proceed, it will enable time for the software release that will enable the NIR to notify general practices of those patients newly enrolled on the register.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely,

Michael Thorn
Manager Strategic Policy