



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Vaccine Administration C – In-pharmacy Health Services and Programs
1. Program/Service Description	
a) Background	<p><i>Importance of Immunisation</i> The World Health Organisation (WHO) considers vaccination/immunisation to be an integral part of communicable disease control, worldwide. Immunisation against a specific disease reduces both the incidence of that disease in individuals and, by preventing disease transmission, the social and economic impact of that disease on communities.</p> <p><i>Immunisation in Australia</i> The Immunise Australia Program, a Commonwealth and State/Territory Government initiative, aims to increase national immunisation rates for vaccine preventable diseases. The Immunise Australia Program implements and funds the National Immunisation Program (NIP) schedule, which currently includes vaccines against a total of 16 diseases.¹ Under this program, vaccines are available free of charge to particular demographic groups, from General Practitioners and government immunisation clinics.</p> <p><i>Community Pharmacy and Immunisation</i> Community pharmacy has traditionally been involved with the distribution of vaccines. With the recent transfer of several vaccines from the PBS to the NIP, and the establishment of travel vaccination centres that supply travel vaccines, community pharmacy's role in the ordering, supply and administration of vaccines has been substantially reduced, although they have been encouraged to take on a greater advocacy role as part of their professional responsibility.</p> <p>Community pharmacy is well placed to participate in vaccine administration and community immunisation programs in a number of ways. These include:</p> <ul style="list-style-type: none">• distribution of vaccines• advocacy and information provision• in-pharmacy vaccination by a registered nurse immuniser; and• in-pharmacy vaccination administered by a suitably trained and credentialed pharmacist. <p>As an example of the third point above, the Priceline Pharmacy group launched an influenza vaccination service for the 2011 'flu season across its 120 Australian pharmacies, where customers access the influenza vaccine which was administered by trained nurses, in-pharmacy. Terry White Chemists also launched an influenza vaccination service for the 2011 'flu season'.</p> <p><i>Immunisation in Community Pharmacy overseas</i> Internationally, the provision of immunisation services involving pharmacists trained and certified to administer vaccines, utilising agreed protocols and collaborative arrangements, is now well accepted in countries such as the USA, UK, Ireland and Portugal. The range of vaccines that can be administered varies from country to country, but includes influenza, pneumococcal, hepatitis A and B, meningococcal, measles, mumps and rubella (MMR) and tetanus.</p>

¹ See <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/about-the-program> for more information

	In particular, United States pharmacists are now authorised to administer vaccinations in all 50 States and, as with the UK, are now providing a significant and growing proportion of all vaccinations. Portugal, likewise, has in recent years widened the scope of practice to allow pharmacist-administered vaccinations, and has achieved significant uptake via a Pharmacy-Based Influenza Immunisation Campaign. New Zealand introduced a pharmacist-administered influenza vaccination service in late 2011 within a limited number of pharmacies, with anticipation of expansion from 2012.
b) Brief Description	An in-pharmacy vaccination service for influenza and pneumococcal vaccines, administered by a registered nurse, with a view to developing the service to include additional vaccines and pharmacist-administered vaccination in the future.
c) Alignment with Government Policy	This program is aligned with the government's health reform agenda through its Preventative Health and Primary Health Care Strategies, most notably in regards to the efficient and appropriate use of all primary health care providers. It also supports the government's National Immunisation Program and immunisation strategy.
d) Expected Outcomes for Government and Community Pharmacy	<p>From a government perspective, increasing promotion and improving accessibility of seasonal influenza vaccinations through community pharmacy will improve public health outcomes through the prevention of influenza infection and associated morbidity.</p> <p>From the community pharmacy perspective, provision of in-pharmacy vaccination services would further emphasise the community pharmacist's integral and expanding role as part of the primary health care team. In general terms, this increasing of service provision, as an adjunct to product supply, will also effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	By becoming involved in the NIP, community pharmacy would contribute to increasing public vaccination rates. The 2004 Influenza Vaccination Survey estimated that 79 per cent of Australians aged 65 years and over were vaccinated against influenza, however, only 42 per cent of Australian adults younger than 65 with high risk conditions were being vaccinated against influenza. If coverage in this group could be increased to a level comparable to the over 65 group, there would be a significant reduction in hospitalisations and deaths due to influenza infection and related complications ² .
f) Who Performs the Service	<ul style="list-style-type: none"> • Credentialed Pharmacists • Pharmacy assistants (administrative support) • Other health professionals, such as registered nurses
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i></p> <p>Yes.</p> <p>Collaborative arrangements with GPs and registered nurses would need to be established and will be enhanced by the introduction of shared health records. Liaison with Medicare Locals will also be important to assist in regional population health planning.</p>
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i></p> <ul style="list-style-type: none"> • Consumer organisations • Pharmacy organisations • GP organisations • Trainers • Government bodies • Funders

	<ul style="list-style-type: none"> • Medicare Locals • Product sponsors • Pharmacy Board of Australia • Pharmacy software vendors • Professional insurers • Other allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Pharmacy software should record service consultation and this should be transferable to the patient's personally controlled e-health record. (PCEHR) It is essential that systems are streamlined for ease of use and to optimise pharmacy workflow. Claiming software needs to be available for programs that support any subsidised services.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Yes. Infrastructure requirements, in addition to any existing private consultation area, would need to include allowance for equipment, medical trolley and disposal of sharps.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> No.</p> <p><i>Is an additional pharmacist likely to be needed?</i> To be confirmed on a case by case basis. The need for an additional pharmacist would depend on the community pharmacy's operational model.</p>
d) Training	<p><i>What additional formal training is likely?</i></p> <ul style="list-style-type: none"> • Pharmacy students • Registered pharmacists • Pharmacy assistants <p>Offsite training, supplemented with the development of a hard copy resource workbook and accompanying audio-visual presentation as well as re-working of the content into a format suitable for e-learning and interactive CDROM (which both include a computer generated assessment function) would supplement face-to-face training.</p> <p><i>Does any suitable training exist?</i> Yes – Charles Sturt University (Wagga Wagga) introduced a training program in 2010 where pharmacy graduates complete vaccination training equivalent to USA standards. Fourth year pharmacy students are educated on how to vaccinate and how to handle adverse events as well as administrative processes such as securing consent, checking medical histories, and records maintenance.³</p> <p>A pharmacist post-graduate Vaccine Accreditation Workshop has also been developed, the first workshop being conducted at the Guild Pharmacy Academy NSW Convention in February 2011.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> Yes.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes.</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure</i></p>

	<p><i>consistency with best practice?</i></p> <p>Groups such as the Communicable Diseases Network Australia⁴ produce policies, practice guidelines and other materials which may have relevance to a pharmacy vaccination service.</p> <p>The Australian Immunisation Handbook⁵ contains recommendations developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National Health and Medical Research Council (NHMRC). Included are templates, resources and references such as details for preparing an anaphylaxis response kit, informed patient consent and pre-vaccination checklists with recommended actions.</p>
f) Legislation/Regulation Implications	<p>There will need to be an amendment in legislation regarding the scheduling of vaccines and/or a dispensation for the administration of a vaccine to a patient by a credentialed pharmacist. Changes will involve:</p> <ul style="list-style-type: none"> • Commonwealth Legislation • State and Territory Legislation
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement • Alternative Commonwealth Program • Jurisdictional program funded by State/Territory government • Regional program funded by Medicare Local • Private health insurers • User pays <p><i>Has any funding for this program been secured?</i> No.</p>
4. Timelines	
Timelines	<p><input type="checkbox"/> Established community pharmacy practice</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>

⁴ <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-cdna.htm>

⁵ <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>