



11<sup>th</sup> August 2011

Flu Consultation,  
Immunisation Branch,  
Department of Health,  
Room 504 Wellington House,  
133-155 Waterloo Road,  
London SE1 8UG

## **Consultation on The Review of the Procurement of Seasonal Flu Vaccine 2011**

### **Response from the Guild of Healthcare Pharmacists**

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite.

The Procurement and Distribution Interest Group and Guild Council have considered the consultation questions and our overall conclusion is that we think there could be considerable improvement in the management of Flu vaccine if undertaken centrally as well as providing cost savings for the NHS. However, considerable consideration should be given as to how best to manage any national arrangement at a local level. Full engagement with all local stakeholders, particularly medicines management healthcare professionals who could add value to the supply chain, will be required to ensure long term success of the proposal.

Our responses to the individual consultation questions are as follows:

#### **(1) Do you agree that central procurement of seasonal flu vaccines would help improve the robustness of vaccine supply?**

Yes

Comments:

We think that there would be greater transparency with stock holding and perhaps increased stock availability. It is worth noting that the current success of the childhood vaccine programme is not just due to centralised procurement by the Department of Health.

Much of any potential increased robustness would, or perhaps could, be obtained by the utilisation of Pharmacists/Technicians at PCT or community hospital level who currently are involved in managing the childhood vaccine supply chain process at local level. Any transfer to this similar method of distribution

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would require the support of this group who may be currently undergoing significant changes to their role.

Some hospitals Trusts such as Mental Health have a high number of 'essential' staff i.e. those with high security clearance, and patients who don't go to their GP. Provisions would need to ensure that central procurement takes account of the numbers of doses required in each setting.

**(2) What benefits or disadvantages would central procurement of vaccine have for efforts to improve vaccine uptake.**

Previous instances where there has been an increase of uptake of Flu vaccine within a very short period of time such as a flu pandemic has caused concern. Often new distribution has been rapidly developed involving healthcare staff unfamiliar with the product, storage arrangements and supply chain management requirements. Patients and healthcare professionals are often given advice, through unfamiliar communication networks and at short notice as to availability of supplies.

If specific arrangements for these types of critical demand instances can be formulated as part of the programme then there will be significant merit in the centralised medicines procurement programme. Again, it is worth noting that the procurement aspects of this exercise are only a small part of what is required. Local engagement with appropriate medicines management stakeholders will be essential as they monitor usage and prevent unnecessary waste as well as the direct supplier.

**(3a) Are there any considerations in relation to the value for money of the seasonal Flu vaccination programme other than those set out in the impact assessment that should be taken into account?**

It would be helpful if some of the funding from the improved service could be given to those local medicines managers who will inevitably assist GP's or health centres to implement the process. Failure to provide these additional resources may limit the success of this new approach, as further control systems will need to be put in place.

**(3b) Would central procurement have an additional impact on GP finances in relation to any profits arising from directly procuring vaccine at a lower price than the NHS reimbursement?**

We are not familiar with GP reimbursement practices to comment.

**(4) Are there any other points the government should consider?**

We wish to highlight the following additional points:

- The hospital sector currently has central contract for Flu vaccine, which are administered by the CMU on our behalf. Despite the central management of Flu vaccine the Hospital sector is often in short supply particularly if additional demand is required during a heavy flu season. It is not clear from the consultation paper how the central hospital contract will dovetail with the new arrangements or whether there will be a single NHS contract. See p11 section 28 of the consultation paper where only GP's have been highlighted. Also, it is not clear if there will be bulk deliveries or if the intention is to combine distribution to the existing childhood vaccines. Most hospital pharmacists are members or have access to their local Flu Groups in hospital Trusts. They purchase, store and distribute Flu vaccine usually in co-ordination with Occupational Health Departments to ensure vaccination of staff. In some Trusts, it is the Infection Control Team that takes the lead, with Pharmacy having a prominent role within the process. Some at risk patients may also receive their vaccine via the hospital service especially where the hospital has continuing care responsibilities or where they have a responsibility for some groups of specialist patients

within their care - supply of vaccine for these patients is co-ordinated between Pharmacy and the directorates concerned. Where supplies of Flu vaccine have been problematic, then priority staff groups for vaccination have been designated.

The priority must be for a clinical profession to achieve access to stock at all times ideally at the most convenient location for a patient in order to maximise uptake and then it is about managing this process in the most efficient manner not vice versa. The economic costs of not vaccinating a patient in an at-risk group far outweigh any small amount of wasted vaccine.

- Centralised procurement would aid distribution as supplies would be delivered weekly/fortnightly and therefore GP practices (as happens with childhood vaccines) would only need to order for the appointments due in the next two or three weeks, obviating the need to order and store large quantities in advance in bulk, and increasing the safety for patients. There would be a similar advantage for hospitals, as it would reduce stock holding and risk of damage to the cold chain by purchasing in bulk, in advance.
- It might be helpful if there was a review of both the demand management and supply side prior to any national central procurement arrangements to establish whether the preferred contract would be a framework or limited supplier.
- Modelling occurrence of over-ordering and under-ordering by those managing the GP allocation might be a useful part of the operational process. Further clarity of what action would be taken would be helpful. See p11 para 32 where limited information has been provided.
- We are not familiar with the existing frequency of purchasing by GP's of Flu vaccines. Investigation of the frequency may be important if the new delivery arrangements are less frequent than current practice. The latter would perhaps put pressure on fridge storage space with the GP practice.
- Plans for surges in demand should form an important basis for any new contract or system.
- Consideration should be given in terms of how each brand is awarded e.g. price, type of syringe. What would happen if there were GP preferences due to a Pharma Company differentiating their Flu vaccine products more clearly and successfully? Are Flu vaccines true generic products?

We hope these comments are of assistance. Our reply may be made freely available.

Yours faithfully

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on behalf of the GHP

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