A PDA POLICY PROPOSAL

A THOUSAND LITTLE SHIPS

The role of community pharmacists in administering Covid-19 vaccinations in England

January 2021

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pda the pharmacists' defence association

A THOUSAND LITTLE SHIPS

How local community pharmacies can play a big part in the Covid-19 vaccination programme

In just nine days between May 26th and June 4th, 1940 more than 330,000 allied troops were rescued from the beaches of Dunkirk by nearly 1000 ships, most of which were privately owned little ships which supported the larger Royal Navy Carriers. The rescue operation was a huge success and served to raise the morale of wartime Britain.

The decision to delay the second dose of the Covid-19 vaccination to twelve weeks so that the current efforts can concentrate on giving as many people as possible a first dose of the vaccine has already resulted in more than 10 million first vaccinations being successfully delivered in England in one of the designated vaccinating hospitals, primary care hubs or in one of the large regional centres.

However, this means that in just over two months' time, a large and ever-increasing cohort of the population will be due to receive its second vaccination and this will create logistical challenges to the current vaccination programme which risks slowing down the rollout of the critical first doses.

The PDA is urging the NHS to develop its strategy for the delivery of the second vaccination in good time and to give the role of the second vaccination of the Astra Zeneca vaccine to the national community pharmacy network as part of a collaborative and integrated NHS process.

Whilst the national Covid-19 vaccination service has initially been predicated on large volume centres and primary care hubs, the PDA believes that just as with the 1000 little ships, the time has come to consider the benefit of additionally involving all community pharmacies in the vaccination programme going forward.

We estimate that collectively, as part of an integrated and embedded part of the vaccination programme, community pharmacies in England could deliver nearly 2 million second doses of the Astra Zeneca vaccinations per week. This would go some considerable way in protecting the NHS by maintaining the capacity of the established high-volume hubs and enabling them to maintain the momentum of the successful first vaccination programme, as well as enabling them to deliver the more operationally complex second Pfizer Biontech vaccines.

EXECUTIVE SUMMARY

1.1. The Government target to vaccinate around 15 million vulnerable people with their first dose of the Covid-19 vaccine by mid-February 2021 has been understandably ambitious, but largely successful. However, this leaves the numerically bigger challenge of the remaining 30+ million people still to be vaccinated. The overall success of the programme will be based on how the system achieves this and whether it continues to build capacity and develops a broader outreach approach.

1.2. The clock is now ticking on the second vaccination being needed for the large and increasing number of people that have already received their first vaccinations, which will soon place increased demand for more capacity in the current system, as both elements will need to be delivered simultaneously.

1.3. There is an imperative to get ahead of the curve and think proactively about the practical and logistical challenges ahead and put forward pragmatic solutions built on what already exists in plain sight before the demand increases significantly.

1.4. Community pharmacists and their teams have undoubtedly demonstrated their value during the pandemic, maintaining vital medicines supply to help keep people out of hospital, providing face to face advice when other parts of the NHS system were not easily accessible and delivering an opportunistic flu vaccination service to record numbers of people following a government call for people to get a jab. The Covid-19 vaccination programme however is accompanied with logistical challenges that are different in nature to the flu vaccine initiative, but which, with planning are entirely surmountable.

1.5. The PDA believes that using the community pharmacy network and the pharmacist workforce, which is already highly trained, trusted and located in the heart of local communities to deliver the second dose of the Astra Zeneca vaccine, would, with some planning, make a significant and important contribution to maintaining the momentum of the national vaccination effort. This proposal describes how this can be achieved without compromising the important existing community pharmacy service.

1.6. By taking an integrated and collaborative approach, community pharmacy can play an important role in protecting the NHS by enabling the established larger hubs to remain focussed on the continued administration of first doses, as well as delivering the more complex Pfizer Biontech vaccine second doses, whilst simultaneously improving the overall patient journey.

2. The strategic context

2.1. The current demands on the NHS are widely understood and the challenges are set to continue, the Covid-19 pandemic is not a short-term problem that can be easily resolved in a matter of months. The population is vulnerable to future mutations and strains of the virus, and like the flu, it is likely that there will be a need to undertake large scale Covid-19 vaccinations for years to come. There will be many who have been infected that will continue to suffer long term effects on their health, the full scale of which is yet unknown. Additionally, the impact of a significantly reduced 'normal' NHS service is also yet to be seen in terms of undiagnosed disease and progression of existing conditions.

2.2. A strategic and systematic approach on how the NHS can operate on a long term and sustainable footing must now be considered. A system that can build capacity and use it to best effect is required, one that seeks further integration and one that acknowledges that whilst many in healthcare are working hard, sometimes they have not been able to work smart.

2.3. The current pandemic crisis must be used as an opportunity to rectify these structural issues for the longer-term benefit of the population. A super-hub approach to the national Covid-19 vaccination programme will not be feasible in the future so a way forward must be found which enables primary care to deliver a far greater number of vaccinations to the population in the years ahead. This proposal seeks to assist with this possibility.

3. Vaccinating the nation

3.1. The largest global vaccination programme ever seen will require at least 45 million people vaccinated in England. Against the background of preventing the NHS from being overwhelmed and when considered against the economic impact of the lockdown it is vital that this vaccination exercise is both comprehensive and completed urgently.

3.2. Alongside supply, a rate determining step on whether this can be achieved is whether the NHS can successfully build system capacity for vaccinations by developing a broader outreach approach.

3.3. While nearly 9 million people have already received a first dose, the initial roll out of the Covid-19 vaccination will not be complete until the last person receives their second dose.

3.4. The NHS needs to avoid a scenario where the second doses or worse still the first dose vaccinations are missed or further delayed due to bottlenecks and overwhelming demand when, effectively, because of the need for second vaccinations, there will be a need to vaccinate at least double the number of people that are being vaccinated currently.

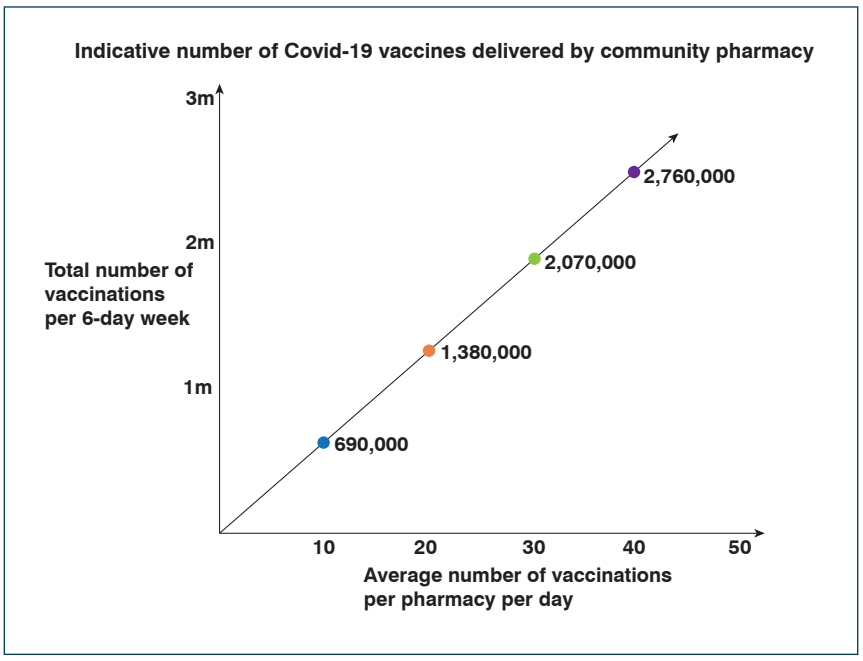
3.5. There is therefore a need to move proactively with pace to anticipate the situation of congestion and backlogs in the system in less than three months-time. At all costs, a potentially dramatic diminution of the currently successful first vaccination programme and a resulting reduction in public confidence must be avoided. This proposal specifically seeks to address this.

4. Protecting the NHS by maintaining the capacity of the high-volume hubs

4.1. The Astra Zeneca vaccine for several, mainly preparation and storage requirement reasons is far more suitable for administration from a community pharmacy setting. Pharmacists working in more than 11,500 community pharmacies across England could protect the capacity of the NHS programme by providing the second dose of the Astra Zeneca vaccine, enabling the existing capacity to continue to the focus on first vaccinations and the second doses of the Pfizer vaccinations, which are not a practical consideration for a community pharmacy service.

4.2. Using the community pharmacy network and the pharmacist workforce, which is already highly trained, trusted and located in the heart of local communities to deliver the second dose of the Astra Zeneca vaccine would make a significant and important contribution to maintaining the current momentum of the national vaccination effort.

4.3. While community pharmacy can only provide the smaller volumes in comparison to the larger vaccination centres and hubs – we believe that, with all of community pharmacy playing a part, the cumulative effect will be significant. For example, an average of 25 vaccinations delivered by each pharmacy in England over 6 days a week would equal almost 1,725,000. Operating the service over 7 days increases the potential number of vaccines administered to more than 2million.



4.4. Presently there are a limited number of pharmacies participating in the national vaccination programme because they have been required to commit to being able to offer large numbers of vaccinations each day; these are in effect like primary care hubs. Whilst others, the vast majority, are not yet involved and these are mainly smaller pharmacies. We believe that a smaller contribution to the national effort is no less meaningful and using our thousand little ships analogy, if all eligible community pharmacies in England participated, the impact would be significant.

4.5. Ultimately however, the system needs to be dynamic and the number of vaccinations delivered will depend on demand and location, for example some pharmacies in highly populated areas may be able to deliver more than 80 a day, while others may only be able to deliver 8 vaccinations on two afternoons a week.

4.6. It is fully recognised that the Astra Zeneca vaccine is currently scarce, but it is also operationally different from the 'one-shot' flu vaccinations commonly seen in primary care. Once one vial is put into use, it must be fully utilised within six hours. This mitigates against the opportunistic approach used in the traditional flu vaccination service.

4.7. There is a need for the system to ensure that the minimum number of Covid-19 vaccinations in a session corresponds at the very least to the maximum number that one vial can produce (which is between 8 and 11 doses depending on which Astra Zeneca vial is used) and which can be delivered within the six-hour time-period available once the vial has been used for the first time to avoid waste.

5. Dealing with resistance to vaccinations and countering the anti-vaccinations narrative

5.1. Whilst the inherent resistance to vaccinations in the wider population is much smaller in the UK that it is on the continent, nevertheless, this is an issue that the NHS must contemplate and counter.

5.2. The Scientific Advisory Group for Emergencies (SAGE) has recently warned that the low uptake of the Covid-19 vaccine among minority groups poses a 'significant risk' to Britain's vaccine drive. A paper prepared by the ethnicity sub-group of SAGE (Factors influencing COVID-19 vaccine uptake among minority ethnic groups) has highlighted that ***"community engagement is essential as health messages and vaccine distribution strategies must be sensitive to local communities. Community forums should include engagement with trusted sources such as healthcare workers, in particular GPs, and scientists from within the target community to respond to concerns about vaccine safety and efficacy"***.

5.3. Community pharmacists are both healthcare professionals and scientists within the community and have a unique opportunity to advocate for vaccination uptake in the communities in which they live and work, and where there may be latent resistance to participation.

5.4. In discussion forums with pharmacists and other healthcare professionals working in a variety of community settings, levels of trust and being part of a local community come out strongly as important reasons as to why community pharmacy should be part of the vaccination programme. These factors should be exploited in the effort to reach all of the nation's population.

6. Important considerations on how the community pharmacy can be part of the national vaccination programme

6.1. Our suggestions assume that community pharmacy is introduced as an integral component and that it is managed by the existing systematic NHS Covid-19 vaccination programme.

6.2. Following the first dose of the Astra-Zeneca vaccine, which would be delivered in one of the current primary care hubs, hospitals or regional vaccination centres, patients would be given a choice of second dose venue options, one of which would be their local community pharmacy.

6.3. Because there is an imperative that every dose is used, and waste is mitigated against, the service cannot be opportunistic and must be pre-planned. A pharmacy should vaccinate a pre-booked number of people equal to the doses that they are allocated in a session/clinic and that such a clinic is not confirmed with patients until or unless the required numbers have been achieved. One pharmacy may not need to offer the service every day and could schedule planned clinics appropriately, whilst another – driven by local needs could offer a more comprehensive vaccination service.

6.4. The NHS would continue to be in control of the vials as is currently the case. The Central NHS vaccine distribution system would continue to be the main distribution mechanism, the local NHS hubs would allocate the requisite number of vials to participating pharmacies in their area based on the number of appointments and on the specific days that have been booked by them via the NHS booking system. This would operate much in the way that it currently does with the local NHS hubs providing the oversight of the vaccinations being delivered in care homes and residential homes in their area.

6.5. The Community Pharmacy Consultation Service works on the principle of NHS111 referring patients to their local pharmacy through an existing Directory of Services, this principle / existing framework could possibly be utilised to support the integration.

6.6. Well established processes are in place which send information and data back to GP systems, community pharmacy is connected and familiar with Pharm Outcomes (Pinnacle) (and Sonar in London) and therefore the bookings and the recording of the second doses as well as any pre-clinical assessments and consents would not require significant IT development or investment; the NHS can move quickly.

7. Workforce issues

7.1. The current GP vaccination hubs are successful because they rely on dedicated vaccinators. This means that the existing GP practice patients continue to enjoy access to their wider GP service.

7.2. In our proposal, just as in the GP practice setting, the public would expect the wider community pharmacy service to continue and be delivered safely with full time access to the community pharmacist to discuss their wider healthcare issues on an opportunistic basis.

7.3. For this reason and because the movement of the vials requires the vaccination service to be carefully structured and managed the vaccinations would have to be delivered in planned clinic sessions by a second dedicated pharmacist who comes in specifically to support the vaccination programme.

7.4. In community pharmacy, there is a highly mobile and adaptable locum population, able to cover whole days or sessional work either by delivering vaccinations, or by covering the work of the regular pharmacist who then delivers the vaccinations. A recent survey of several hundred locums indicated that 96% would be prepared to support the vaccination programme in this way. Furthermore, due to travel and other restrictions, there is considerable capacity, since very few employee pharmacists have been taking holiday breaks. Locum support could be for whole days in busier locations or on a sessional basis with an individual covering several shorter pre-booked clinics in several pharmacies depending on volumes.

7.5. The PDA has also developed a Covid-19 Taskforce which is a register of locum pharmacists ready to support the NHS with Covid-19 related assignments which could be mobilised to support initiatives such as this.

7.6. Whilst we believe that community pharmacy is ready and able to join the national effort, a few weeks would be needed to allow both the supply and the local distribution and governance processes to be established to ensure a smooth roll out into the wider community pharmacy network.

7.7. If an early decision could be made to take this forward, and with a focussed and collaborative approach with Government, the NHS and the community pharmacy sector working together, we believe that the sector would be able to mobilise in the next 6- 8 weeks ready for when the second Astra Zeneca doses become due.

7.8. A public communications campaign would also be needed to support this development to manage expectations around this initiative being part of the organised national programme and not one available opportunistically, as was the flu vaccination service. This would help to avoid pharmacy teams being inundated with calls and visits to the pharmacy by people trying to get their vaccination without being booked in.

8. Offering choice and convenience to the public

8.1. People would be offered a choice of where to receive their second dose of the Astra Zeneca vaccine which would include the option to attend a defined and pre-agreed clinic session at their local participating community pharmacy.

8.2. People will be more familiar with the process and more likely to want to have the opportunity to have their second dose delivered more conveniently closer to home.

8.3. Future cohorts will be of working age, potentially with caring responsibilities and therefore convenience and location will be an important consideration for them in attending for their vaccination.

9. Why are community pharmacies suitable for this role?

9.1. An experienced network of highly trained pharmacists already proficient in collectively delivering high-volume vaccination programmes on behalf of the NHS.

9.2. Available in 11,500 convenient community pharmacy locations based in the heart of communities, circa 90% of people live within a 20-minute walk of a community pharmacy; making it much easier for all patient groups to access a vaccination service.

9.3. More than 6million people visit their community pharmacy every week – more than all the other primary care services put together.

9.4. A profession which has a very high proportion of mobile, adaptable, and available locum pharmacists working in the community pharmacy sector. (more than 10,000).

9.5. Regulated pharmacy premises, each with a consultation room on site.

9.6. Health Living Pharmacy approach supporting lifestyle interventions and public health messaging.

9.7. Trusted by the local communities and often speaking their own language often in otherwise hard to get to parts of society.

10. A summary of operational aspects of the proposal

10.1. Community pharmacists would deliver second doses of Astra Zeneca vaccinations as part of an integrated NHS service, and provide them in a systematic rather than opportunistic way.

10.2. To protect the integrity and safety of the existing community pharmacy operation, a dedicated second pharmacist is essential to provide the Covid-19 vaccination service.

10.3. In a well-managed system, the locum pharmacy workforce can be deployed to meet the requirements of our proposals.

10.4. Supply of the vaccine would be managed locally by the NHS/CCG/PCN vaccination leads, with vials delivered to or collected by the pharmacy team for their clinics.

10.5. There would be one NHS appointment system in England. The capacity for community pharmacies would be set to the optimal number of vaccines safely achievable in a day in any pharmacy and appointments could be determined by the set number of doses contained within a vaccine vial (multiples of 8 or 11) to support local stock management and reduce the likelihood of wasted doses.

10.6. Upon completion of the community pharmacy clinic, information would be uploaded onto the Pinnacle (or Sonar) system which is already integrated with GP systems to confirm that the second dose has been given.

11. Conclusion

11.1. The PDA believe that there are significant benefits to the NHS and to patients for community pharmacies and the pharmacist workforce to be deployed in a controlled and systematic way to support the national effort to get the population of England vaccinated against Covid-19. Protecting the NHS and increasing the capacity of the higher volume hubs could be achieved by allowing the second Astra Zeneca vaccination to be delivered in one of the more than 11,500 convenient and easily accessible community pharmacies.

11.2. We would welcome an opportunity to discuss our ideas on how our proposals could be implemented

About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for profit defence association and trade union for pharmacists. It is the only organisation that exclusively looks after the interests of employee and locum pharmacists across all sectors of pharmacy, currently with a membership of more than 32,000 across the UK and with a thousand in Wales, the PDA is the largest representative membership body for pharmacists in the UK and this membership continues to grow.

Delivering more than 5,000 episodes of support provided to members who have found themselves in a critical incident situation in the last year alone, provides the PDA with a rich vein of up-to-date experiences which have informed policies and future strategy.

This experience has recently been informed by the very considerable number of Covid-19 related issues being faced by members. The practical experience gained in supporting member issues from the coal face is further enhanced by regular member surveys and focus group interactions. The information in this document is largely built upon the experience of our many members.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practise and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practise and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practises, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

Making Contact

email: Alison.jones@the-pda.org
Alison Jones, Director of Stakeholder Engagement