

# Can pharmacists influence the uptake rate for influenza vaccination?

*The Government expects primary care trusts to "make every effort" to maximise uptake of influenza vaccination among target groups. Blackpool PCT has set up a scheme in which pharmacists contribute to this effort. Harriet Adcock finds out how*

NEXT month, community pharmacists will be called upon to take part in the Government's annual influenza vaccination campaign. Traditionally this has meant displaying posters and leaflets reminding people to seek vaccination. However, the contribution that pharmacists can make in promoting influenza vaccination can be much more than this, as a scheme set up by Blackpool Primary Care Trust shows.

Each year PCTs are allocated an amount of money to increase vaccination uptake. The budget is used to fund initiatives, such as mailings to the local target population and to local media, purchasing strategic vaccine stock (held in reserve in case GP practices run out of stock) and running surveillance programmes to track the incidence of influenza in the local community.

All these initiatives cost money. However, late last year, Blackpool PCT found that after it had funded all of its planned initiatives it had money left over. Magnus Hird, prescribing adviser to the PCT, saw an opportunity to fund a scheme involving community pharmacists that might increase uptake of the influenza vaccine.

After putting a proposal together in three days and getting approval from the PCT board, Mr Hird wrote to all pharmacies in the Blackpool and Wyre areas asking if they would be prepared to take part in the proposed scheme. Nineteen pharmacies agreed.

In short, pharmacy staff asked patients whom they thought to be either over the age of 65 years or in one of the other at-risk groups whether they had had a 'flu jab this year. If they said "no", brief counselling was given (ideally by the pharmacist) about the vaccination and patients were asked if they were going to have one, if they still intended to abstain or if they were not sure.

Their responses were recorded on weekly audit sheets along with the name of their GP. A payment of £150 per pharmacy was made for performing this function for

six weeks. The scheme ran from mid-November 2001 to the start of January 2002 after the normal vaccination campaign publicity had happened and after the vaccination clinics had, on the whole, finished. Staff working at the pharmacies spoke to just under 5,500 people over the six weeks.

"Staff were asked to target people they felt might be in the at-risk groups. So if a person came in with a prescription for insulin or if they came in with a cold and they revealed that they had heart disease then staff could follow on from that," says Mr Hird.

The proportion of patients saying they had not been vaccinated differed between pharmacies, which was probably a reflection on how good local surgeries were at promoting influenza vaccination.

Some pharmacies seemed to be more effective in persuading people to get vaccinated than others but on average, of the people who had not been vaccinated, 38 per cent said they would go for vaccination.

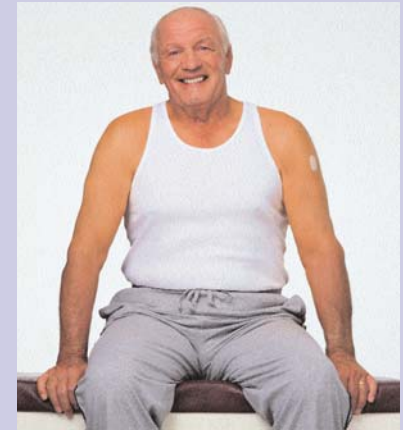
"The pharmacies were left with a pool of unvaccinated patients who, overall, would be more resistant to the idea. That they still managed to attain an average 38 per cent success rate is a significant achievement," says Mr Hird.

Umesh Dholakia, pharmacy manager of Co-op Healthcare at Bispham, Blackpool, took part in the scheme. He said that most patients who were asked, said they had already been vaccinated. "However, a minority were apprehensive about vaccination because they thought they might get 'flu. We were able to reassure them about this," he said.

The total cost of the scheme was £2,850 and an extra 437 people were estimated to have gone on to receive vaccination after being counselled by pharmacy staff.

"We worked out that if every patient who said they would go on to have a vaccination subsequently did so, the cost per extra patient vaccinated was £4.96," says Mr

## National campaign



The Department of Health has sent samples of campaign posters, which feature Henry Cooper (above), and leaflets to all community pharmacies. Included is an order form for two free posters and a supply of leaflets. In a separate initiative, the Department has funded advertising that will appear on 2.8 million pharmacy bags to remind people of the importance of vaccination. These bags will be distributed to selected pharmacies in areas where there is a high target population (those aged over 65 years and those in at risk groups).

Hird. If half the "maybes" also did, the cost falls to £4.06 per patient.

"These costs may seem relatively expensive but it must be borne in mind that by the time the scheme was run, all the traditional methods of getting patients in for vaccination had been used."

In addition, these figures do not account for any reinforcement of the public health message provided nor any knock-on benefits linked to questions that arise from the patient contact, such as appropriate use of NHS services over the winter period.

Blackpool PCT is likely to run the scheme again this year. This time Mr Hird hopes to be able to track the people targeted to see if they do go on to have the vaccine.

Mr Hird estimates that if all the pharmacies in Blackpool and Wyre take part in the scheme and see the average number of patients and have the average conversion rate then there would be a 3 or 4 per cent increase in the vaccination uptake rate in the over 65s.

This could be significant. The Government has set a target of 70 per cent for influenza vaccine uptake among those over 65 years. So PCTs hitting 65 or 66 per cent would do well to consider how pharmacy can help them reach that target.

As Mr Hird says: "A 4 per cent increase gets you there, for very little extra money."

## Why pharmacists can help influence uptake

Mr Hird believes that pharmacists can help increase the uptake rate for influenza vaccination because they see people different from those who go to GP surgeries. "They see a lot of people who are otherwise healthy — who are just collecting their repeat prescriptions and who do not go for GP appointments and who would benefit from vaccination. They see a lot of well over-65-year-olds who do not take medicines but are still at risk."

Mr Hird says there is a significant number of elderly and other at-risk people who either ignore the call to get vaccinated against influenza or who do not think it is worth their while. He believes that if these people were counselled by another health care professional they would be more inclined to seek vaccination. If that health care professional was one whom they saw regularly and whom they trusted, the likelihood of them reconsidering vaccination might be increased.