

Pandemic influenza: pharmacy's role

The Government is expected to publish its revised UK Influenza Pandemic Contingency Plan shortly. In the meantime, Dawn Connelly looks at City and Hackney Teaching Primary Care Trust's plan to see how it will make use of pharmacies during a flu pandemic

Pharmacists are involved at several levels in City and Hackney Teaching Primary Care Trust's influenza pandemic contingency plan. "Pharmacies will be expected to act as a significant resource in support of GP practices throughout the pandemic," the plan states. It goes on to say that a high proportion of symptomatic patients or the worried well will visit local pharmacies searching for symptomatic treatment, antiviral medication or local advice, increasing demands on pharmacists' services. "During the peak fortnight small pharmacies are expected to see nearly 400 contacts with flu symptoms and medium pharmacies approximately 600 contacts," it says.

The Government published its latest revision of the UK Influenza Pandemic Contingency Plan in October 2005 and a further revision is due shortly. Since then, each PCT has developed and maintained its own plan, covering its part of the response, consistent with both the UK plan and its own plans for other relevant emergencies. City and Hackney's plan is flexible and will be updated as soon as any new evidence or guidance becomes available.

As part of the plan, the PCT has been working to ensure that all practices implement repeat prescribing services. It believes that this will be a key element of business continuity during a pandemic. "In the event of an impending flu pandemic we will issue a direction to pharmacists to ensure that patients receive enough repeat medication to cover the expected duration of the pandemic," says Jonathan Mason, flu co-ordinator and head of prescribing and pharmacy at the PCT. This will result in fewer visits to both GP practices and community pharmacies. The PCT made it compulsory last year for all practices to implement repeat prescribing in order to receive their quality and outcome framework points.

In principle, GPs have agreed to close small practices and move into fewer, larger practices. "We have identified 12 health centres across the PCT to which all these practices will be relocated," explains Mr Mason.

An increased role for pharmacists in treating minor ailments is envisaged should a pandemic occur. "Community pharmacies will become more like NHS walk-in centres in order to increase capacity. The principle is that those pharmacies that are near to the GP centres will be provided with extra resources to make sure their businesses are maintained." Resources will be in the form of both funding and extra staff, such as those from the prescribing support team at the PCT. "We would also consider expanding the range of minor ailments that pharmacists can deal with," explains Mr Mason. He says that



Once available, pandemic flu vaccine could be administered by pharmacists

the PCT is still working on whether it would be possible, in negotiation with the local pharmaceutical committee, to consolidate pharmacies in the same way as is planned for GP practices. "Obviously this is more difficult given that they are independent businesses. But we are looking at how we can move pharmacists into those centres to make sure that their businesses continue," says Mr Mason. It is expected that the health centres will be open 24 hours a day but it has not yet been decided whether pharmacies need to be open for this length of time, or if it is feasible.

Community pharmacies near to the GP centres will act as oseltamivir supply centres: patients will be triaged via telephone, at the primary care centres or by pharmacist assessment, and oseltamivir will be supplied under a patient group direction. "Pharmacists will require additional training, which will depend on the guidance we get from the World Health Organization and the Department of

Health as to who will receive oseltamivir," Mr Mason explains.

When a pandemic hits, there will not be enough oseltamivir to treat family members of infected individuals and demand for antivirals will be high. Mr Mason explains that one of the reasons that the PCT has focused on using a small number of pharmacies as distribution centres for oseltamivir is that the police have said that it will be easier for them to guarantee security for a small number of sites. In City and Hackney there is a borough-wide pandemic planning group, which has representatives from the fire brigade, police force, London ambulance service, and the London Borough of Hackney. "We would also be clear, as part of our communication strategy, that not every pharmacy will stock oseltamivir," says Mr Mason.

The DoH has a stockpile of oseltamivir and will supply PCTs direct based on the population they serve. PCTs will then organise onward delivery. "The PCT has been asked by the DoH to identify where its supplies of oseltamivir will go," says Mr Mason. "A couple of the health centres have sufficient and secure storage. The oseltamivir will then be distributed to flu pharmacies," he explains.

Something else the PCT is considering is stockpiling antibiotics for the treatment of pneumonia. Mr Mason explains: "The cause of death and complications in previous pandemics is not pneumococcal pneumonia but *Staphylococcus aureus* pneumonia. If you have a problem with methicillin-resistant *S aureus*, which City and Hackney does, you need to think about stockpiling vancomycin and teicoplanin."

Community pharmacists will also be involved in administering influenza vaccinations when a vaccine becomes available. Pharmacists will need training about the specifics of who is eligible for the vaccine, says Mr Mason. "Certainly, the indications we have had from the Health Protection Agency is that the first priority will be given to front-line health care staff who have not had a flu-like illness during the pandemic. Prioritising is difficult to do in advance since we cannot predict which groups will be affected."

The seasonal flu campaign is a key component of the pandemic plan. If the pandemic happens in the winter months it will add to the overall burden of illness. "If you can get as many people as possible vaccinated against seasonal flu then you are taking away one extra cause of illness," says Mr Mason. It also makes diagnosis easier. "If you know someone has had seasonal flu vaccination and they then present with flu-like symptoms during the pandemic, it is likely to be pandemic flu. But if you have low uptake of seasonal flu it could be either."

Pandemic influenza facts

- A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine
- The disease spreads easily from person to person, causes serious illness and can spread rapidly within and between countries
- A pandemic could happen through a bird flu virus (such as H5N1) mutating into a different strain with greater affinity for people
- Intervals between previous pandemics have varied from 11 to 42 years — the last pandemic happened in 1968–69 (Hong Kong flu)