## NHS Borders Logo.jpg

2020/2021

Service Level Agreement (SLA)

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| Community Pharmacy  Seasonal Influenza Vaccination Service |

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# Key Information on Pharmacy Vaccination Service 20/21

* The NHS Vaccination service for all providers will run in 3 phases:
  + Phase 1 01/10/20 – 23/11/20
  + Phase 2 24/11/20 – 24/12/20
  + Phase 3 05/01/21 – 27/02/21 (To be confirmed)
* During Phase 1 Community pharmacies are asked to focus on :
  + Social care workers (commonly referred to as paid carers) working in NHS Borders and employed by any care provider who provides direct personal care in the following settings; adult care homes, children’s residential or secure care or care at home including Personal Assistants.
  + Pharmacy Staff working within an NHS Borders Pharmacy providing direct pharmaceutical care e.g. working within the dispensary, healthcare counter or deliveries.
* Community pharmacies will be updated on the cohorts they will be asked to focus on during Phases 2 and 3 dependent on vaccination uptake in Phase 1.
* The following will not included in any phase of the community pharmacy service:
  + Pregnant women – Will be vaccinated by midwives
  + Children under 18 – Will be vaccinated by GPs or School Vaccination service
  + Residents in long-stay residential care or homes – Will be vaccinated by NHS Borders
  + NHS employed workers – Will be vaccinated by Occupational health services
  + SBC staff (except social care workers) – May be eligible for a private vaccination service funded by SBC
* Full details regarding eligibility for vaccination can be found in the CMO Letter dated 7th August 2020 and subsequent updates. <https://www.sehd.scot.nhs.uk/cmo/CMO(2020)19.pdf>

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| 1. Key Steps for Contractors | | |
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|  | 1.1 | Ensure you are fully conversant with the content of this SLA to assist you in adhering to the agreed procedures. We have provided a checklist at Appendix A of this document. You might wish to complete this to support your delivery of the service. |
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|  | 1.2 | Ensure that a standard operating procedure (SOP) is in place that accurately describes your service model. |
|  | | |
|  | 1.3 | Ensure training of all Pharmacists providing vaccinations on behalf of the pharmacy is up to date and that support staff are aware of the service and of the eligible cohorts. See Appendix B for more details |
|  | | |
|  | 1.4 | Ensure that all Pharmacists providing vaccinations on behalf of the pharmacy have submitted signed copies of each of the NHS Borders Patient Group Directions (PGD’s) to the Community Pharmacy Team. |
|  | | |
|  | 1.5 | Be fully aware of the supply and storage requirements for vaccines to ensure these and the principles of maintaining cold chain supply are adhered to**.** |
|  | | |
|  | 1.6 | Maintain adequate quantities of consent forms and any other relevant paperwork that is not being completed electronically and that all records are stored securely on completion. |
|  | | |
| 2. Service Description and Background | | |
|  | | |
|  | 2.1 | For most healthy people, influenza (flu) is an unpleasant but usually self-limiting disease. However, older people, pregnant women and those with an underlying medical condition are at particular risk of becoming more adversely affected should they succumb to the illness. |
|  | | |
|  | 2.2 | Flu is a key factor in NHS resilience. It impacts on those who become ill, the resultant NHS services that provide direct care as a consequence, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on the Emergency Departments. It is therefore a critical element of a system-wide approach in maintaining the resilience of the healthcare services during the critical winter period. |
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|  | 2.3 | This NHS Borders Community Pharmacy Seasonal Influenza Vaccination Service is part of the alternative options for vaccination in NHS Borders |

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|  | 2.4 | This service will be offered by Community Pharmacies who wish to participate as per PCA(P)(2020)17 allowing accredited personnel to administer influenza vaccine to eligible patients in the agreed cohorts as a free NHS service. |
|  | | |
|  | 2.5 | The pharmacy phase of the Community Pharmacy Seasonal Flu Immunisation Service will run from around **1st October 2020 to 31st March 2021** complementing the GP practice and other NHS facilities which also commence around **1st October 2020**. |
|  | | |
|  | 2.6 | The vaccination is to be administered to eligible patients meeting the criteria specified in the NHS Borders PGD and who do not have any valid contraindications to vaccination. The PGD is available on the Community Pharmacy website at: <http://www.nhsborders.scot.nhs.uk/media/750752/PH26-2020-08-20-inactivated-flu-vaccine-v1-1-2020-21-season.pdf> |
|  | | |
| 3. Aims and Intended Service Outcomes | | |
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| The aims of this service are: | | |
|  | | |
|  | a) | To sustain and maximise uptake of flu vaccine in specified eligible groups by building the capacity of Community Pharmacies as an alternative option complementary to other seasonal influenza immunisation options in the Health Board area. |
|  | | |
|  | b) | To utilise the ease of access to extended opening hours that Community Pharmacies present in providing more opportunities and greater convenience for eligible patients to access free NHS flu vaccinations. |
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| 4. Service Specification | | | |
|  | | | |
|  | 4.1 | The Pharmacy Contractor is required to offer eligible patients the opportunity to receive a flu vaccination at the pharmacy. The Contractor will receive a payment per eligible vaccination from NHS Borders. The vaccine is to be administered by an appropriately trained Pharmacist under the authority of the NHS Borders PGD. | |
|  | | | |
|  | 4.2 | The pharmacy based service is to be operational from around **1st October 2020 to 31st March 2021**, with a focus on opportunistically vaccinating eligible patients during this period. Eligible patients should be vaccinated as soon as the vaccine is available. | |
|  | | | |
|  | 4.3 | The seasonal flu vaccines to be administered under this service are those indicated by the Scottish Government Seasonal Influenza Vaccination Programme 2020-21. | |
|  | | | |
|  | 4.4 | Pharmacy Contractors must ensure that vaccinations offered under this service are provided in line with Immunisation Against Infectious Disease (The Green Book), which outlines all relevant details on the background, dosage, timings and administration of the vaccination including disposal of clinical waste.  <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19> | |
|  | | | |
|  | 4.5 | The Pharmacy Contractor must have a SOP in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer’s instructions and all refrigerators in which vaccines are stored are required to have a calibrated maximum/minimum thermometer capable of recording temperatures to one decimal place.  **Readings are to be taken and recorded from the thermometer on all working days**. The HPS Scotland Vaccine Ordering, Storage and Handling Guideline should be followed. This recommends twice daily monitoring of temperature and an annual servicing of the fridge.  <https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-vaccine-storage-and-handling/> | |
|  | | | |
|  | 4.6 | | Each patient being administered a vaccine should be offered a copy of the manufacturer’s Patient Information Leaflet (PIL) about the vaccine. | |
|  | | | | |
|  | 4.7 | | Patients who are eligible for pneumococcal vaccine should be referred to the NHS Borders Flu call centre on 01896 827171 to discuss how they will get vaccinated. | |
|  | | | | |
|  | 4.8 | | Each patient will be required to provide evidence of eligibility before being administered the vaccine. Pharmacy Contractors must use the check list set out at **Appendix C**. The check list covers the administration of the vaccine and sharing the patient’s details with the GP Practice and NHS Borders. The form notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient’s GP practice record and for the purpose of post-payment verification by NHS Borders. | |
|  | | | | |
|  | 4.9 | | Consent forms should be retained for an appropriate period of time, but for the purposes of post-payment verification, the forms should be kept for a minimum of two years after the vaccination takes place. As Pharmacy Contractors are the data controller, it is for each Contractor to determine what the appropriate length of time is, beyond two years. Decisions on this matter must be documented and should be in line with ‘**Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1.**  <https://www.gov.scot/publications/scottish-government-records-management-nhs-code-practice-scotland-version-2-1-january-2012/> | |
|  | | | | |
|  | 4.10 | | Where consent forms are scanned into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original. | |
|  | | | | |
|  | 4.11 | | The information contained in the Flu Vaccination Consent Form may be shared on request with NHS Borders for the purpose of post-payment verification. | |
|  | | | | |
|  | 4.12 | | The Pharmacy Contractor must maintain appropriate records to ensure effective ongoing service delivery and post-payment verification. **Section 6** details the required records that must be kept as part of provision of the service. | |

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|  | 4.13 | The Pharmacy Contractor will ensure that a notification of the vaccination **(Appendix E)** is sent to the patient’s GP practice as soon as reasonably possible but not more than 48 working hours from the day of vaccination. This can be undertaken via post, hand delivery or secure email. If an electronic method to transfer data to the relevant GP practice is used the pharmacy contractor should ensure a hard copy of the paperwork marked as ‘notified electronically’ is also provided to the GP practice. |
|  | | |
|  | 4.14 | Where a patient presents with an adverse drug reaction following the initial vaccination and the Pharmacist believes this is of clinical significance, such that the patient’s GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form **(Appendix E)** or if that has already been sent to the GP practice, by an alternative method of communication. Suspected adverse reactions should be reported to the MHRA via the Yellow Card Scheme on  <https://yellowcard.mhra.gov.uk> |
|  | | |
|  | 4.15 | The Pharmacy Contractor is required to record any vaccine incidents on the specified form (see appendix I) and report any patient safety incidents to **NHS Borders Health Protection Team on 01896 825565** |
|  | | |
|  | 4.16 | The Pharmacy Contractor is required to comply with arrangements in place for the removal and safe disposal of any clinical waste related to the provision of this service. |
|  | | |
| 5. Training and Premises Requirements | | |
|  | | |
|  | 5.1 | * Under this service vaccinations will be administered in an appropriate clinical environment * The consultation area must be in a location where both the person receiving services and the Pharmacist providing those services are able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a Carer or chaperone); it must not be accessible to the general public whilst in use. * Wherever possible the area should meet the standards of a consultation room set by the General Pharmaceutical Council (GPhC) Standards for Registered Premises –   <https://www.pharmacyregulation.org/standards/standards-registered-pharmacies> |
|  | | |
|  | 5.2 | The HPS [Vaccine Ordering, Storage and Handling Guideline](https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-vaccine-storage-and-handling/) must be followed.  If a vaccine or cold chain incident occurs the Health Protection Scotland Vaccine Incident Guidance should be followed [vaccine-incident-guidance-actions-to-take-in-response-to-vaccine-errors](https://www.hps.scot.nhs.uk/web-resources-container/vaccine-incident-guidance-actions-to-take-in-response-to-vaccine-errors/).  <https://www.hps.scot.nhs.uk/web-resources-container/vaccine-incident-guidance-actions-to-take-in-response-to-vaccine-errors/>  Any clinical vaccine incident should be reported to NHS Borders Public Health Team using the form in Appendix I. Any cold chain incident should be reported to the Pharmacy Vaccine Team on [Pharmacy.VaccineOrders@borders.scot.nhs.uk](mailto:Pharmacy.VaccineOrders@borders.scot.nhs.uk) |
|  | 5.3 | The Pharmacy Contractor must ensure that Pharmacists providing the service are aware of the National Minimum Standards in relation to vaccination training, and are compliant with the training requirements within those Standards that apply to Pharmacists providing the service. Pharmacists providing the service should undertake face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis) for the frequency specified in the PGD. |
|  | | |
|  | 5.4 | The Pharmacy Contractor should ensure that they have reviewed **Section 4 relating to the Service Specification** and associated documents. |
|  | | |
|  | 5.5 | The Pharmacy Contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A sharps injury procedure must be in place. |
|  | | |
|  | 5.6 | The Pharmacy Contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated. The responsibility for providing access to Hepatitis B immunisation remains with the Contractor or employer. |
|  | | |
|  | 5.7 | The Pharmacy Contractor must ensure that their professional indemnity insurance is sufficient to cover this service. |
|  | | |
|  | 5.8 | Vaccine waste should be consigned to the dedicated containers provided and set aside for collection by the appointed waste contractor. |
|  | | |
|  | 5.9 | The pharmacy contractor must follow HPS guidance in relation to the wearing of PPE and precautions to prevent the transmission of infection. Pharmacies will be expected to order PPE through the existing supply routes. |
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|  | 5.10 | A checklist is available at **Appendix A.** |

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| 6. Service Availability | | | |
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|  | 6.1 | Only NHS Borders publicity initiatives and information materials prepared and/or approved by NHS Borders will be used to raise public awareness of the service. | |
|  | | | |
|  | 6.2 | The facility will be available by arrangement at agreed times convenient for the patient when the accredited Pharmacist is available on site to provide this service. | |
|  | | | |
|  | 6.3 | The Pharmacy Contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status. |
|  | | |
| 7. Data Collection and Reporting Requirements | | |
|  | | |
|  | 7.1 | The Contractor must maintain appropriate records to ensure effective ongoing service delivery. |
|  | | |
|  | 7.2 | Where record forms are scanned into either a patient’s notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original. |
|  | | |
|  | 7.3 | **Appendix D** is a patient questionnaire which patients should be asked to complete following administration of the vaccine. All competed questionnaires must be stored securely in the pharmacy and then submitted to Community Pharmacy Flu Team (details on the form) on a monthly basis so that these responses can be collated and analysed. The information from these completed patient questionnaires will be used by NHS Borders to evaluate the service. |
|  | | |
|  | 7.4 | **Appendix C** is the Patient Consent Form. All forms must be retained irrespective of whether immunisation was subsequently provided. The information from these forms will be used by NHS Borders to evaluate the service. All patient identifiable data should be held securely. |
|  | | |
|  | 7.5 | Each participating pharmacy must complete an evaluation form **(Appendix F)** at the conclusion of the annual service. All Pharmacists providing the service should be invited to contribute to this form which will be used by NHS Borders to evaluate this service and modify any subsequent service. |

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| 8. Payment Arrangements | | |
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|  | 8.1 | Prior to provision of the service, the Pharmacy Contractor must ensure that both their premises and all Pharmacists administering NHS flu vaccinations meet the requirements outlined in this service specification. |
|  | | |
|  | 8.2 | Claims for payments for this programme will be submitted using the paperwork provided and submitted to [cp.flu@borders.scot.nhs.uk](mailto:cp.flu@borders.scot.nhs.uk) on a monthly basis by the 5th day of the month of vaccination. All payments for the service must be received by 10th April 2021, any payment submitted after this date will not be paid. |
|  | | |
|  | 8.3 | Payment will be £8.27 per administered dose of vaccine to cover the costs associated with provision of the service. The vaccines to be used will be from contractors privately produced stock or NHS Borders from the NHS Borders procured stock. Reimbursement for privately procured stock will be through Scottish Drug Tariff reimbursement arrangements.  On receipt of a completed sign-up form (see Appendix H) the contractor will be paid a participation fee of £250. |
|  | | |
|  | 8.4 | Under this service, the Pharmacy Contractor will not be reimbursed or remunerated for vaccines administered to patients outside of the eligibility criteria set out in **Appendix B**. |
|  | | |
|  | 8.5 | Unused vaccines sourced from NHS Borders will be returned to NHS Borders for destruction at the end of the campaign. NHS Borders receive credit for unused vaccines. Any vaccines not returned or administered will be charged to the contractor. |

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| 9. Ordering Arrangements | | |
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|  | 9.1 | Stock can be ordered from the Vaccine Holding Centre at BGH by emailing [Pharmacy.VaccineOrders@borders.scot.nhs.uk](mailto:Pharmacy.VaccineOrders@borders.scot.nhs.uk)  As per PCA(P) (2020) 17 stock may be obtained via wholesalers and further details around reimbursement of this are awaited.  <https://www.sehd.scot.nhs.uk/pca/PCA2020(P)17.pdf> |

# Appendix A: Community Pharmacy Checklist

* **Pharmacy Checklist**
* Pharmacist competent to deliver immunisation
* has read and signed the PGD(s)
* has completed immunisation training
* has had required training in CPR and anaphylaxis
* has appropriate occupational immunisations
* is competent with current PHS guidelines to prevent the transmission of infection
* has read the SPC for the product
* **Product**
* Product is fit for use
* Recommended flu vaccines available
  + For adults = or >65y aTIV adjuvanted trivalent
  + For adults at risk <65y QIVe quadrivalent
* **Resources**
* Copies of the PGD(s) are available
* Copies of standard reference texts are available
* A telephone is available
* PPE is available
* Vaccine supplies and sharps bins are available
* Standard operating procedures for cold chain/ fridge monitoring and vaccine incident management.
* Adrenaline / Epinephrine is available
* **Premises**
* A private clinical area is available
* A pharmaceutical grade refrigerator is used to store vaccine
* Hand cleaning facilities are available
* The cleanliness of the clinical area is maintained
* Appropriate PPE is available.

# Appendix B: Cohorts for the 20/21 Programme

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| --- | --- |
| **Eligible groups** | **Further detail** |
| **Pre-school children aged 2-5 years; and**  **All primary school children in P1-7** | The childhood flu CMO letter for the 20/21 programme has further details. |
| **All patients aged 65 years and over** | “Sixty-five and over” is defined as those aged 65 years and over by 31 March 2021. |
| **Chronic respiratory disease** aged six months or older | Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.  Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).  Children who have previously been admitted to hospital for lower respiratory tract disease. |
| **Chronic heart disease** aged six months or older | Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. |
| **Chronic kidney disease** aged six months or older | Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephritic syndrome, kidney transplantation. |
| **Chronic liver disease** aged six months or older | Cirrhosis, biliary atresia, chronic hepatitis from any cause such as Hepatitis B and C infections and other non-infective causes |
| **Chronic neurological disease** aged six months or older | Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised, due to neurological disease (e.g. polio syndrome sufferers).  Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability. |
| **Diabetes** aged six months or older | Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes. |
| **Immunosuppression** aged six months or older | Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant. HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day.  It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patient’s clinician. |

|  |  |
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|  | Some immunocompromised patients may have a suboptimal immunological response to the vaccine. Consideration should also be given to the vaccination of household contacts of immunocompromised individuals, i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below). |
| **Asplenia or dysfunction of the spleen** | This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction. |
| **Pregnant women** | Pregnant women at any stage of pregnancy (first, second or third trimesters). |
| **People in long-stay residential care or homes** | Vaccination is recommended for people in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow the introduction of infection, and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence etc. |
| **Unpaid Carers and young carers** | Someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is a child or young person under the age of 18 carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult. Vaccination can also be given on an individual basis at the GP’s discretion following a risk assessment after discussion with the carer. |
| **Health care workers** | Health care workers who are in direct contact with patients/service users should be vaccinated. |
| **Morbid obesity (class III obesity)\*** | Adults with a Body Mass Index ≥ 40 kg/m² |
| **Social care workers** | Social care workers who provide direct personal care in the following settings; adult care homes, children’s residential or secure care or care at home including Personal Assistants. This is targeted at those delivering direct personal care in these settings no matter of whether they are employed by Local Authorities, private or third sector employers. |
| **Households of those shielding** | Those who live in the same home as individuals falling within the Covid-19 shielding group. |
| **All patients aged 55 to 64 years old** | This is defined as those who will be aged 55 to 64 years old by 31 March 2021. The older age group are covered as an existing group above. Those within this group who are not otherwise eligible (i.e those with qualifying health conditions etc) should be vaccinated in a second phase.. |

# Appendix C: Patient Consent / Check List

*Pharmacy Stamp*

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Date of Birth |  |

**FOR COMPLETION BY PHARMACY STAFF**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Is the patient registered with an NHS Borders GP or a Social Care worker delivering direct personal care within NHS Borders. | | |
| Yes | | No(not eligible for NHS Borders service, retain this document) | |
|  | Is the patient pregnant? | | |
| Yes\*(patient should be advised to contact their midwife) | | No | |
| Does the patient fit into one of the categories below? (see appendix B for more information)  * Individuals aged over 18 years to under 65 years in the At Risk categories as listed in Appendix B and included in the CMO letter. | | | |
| * Individuals aged 65 and over * Individuals aged 55 to 64 (2nd phase only) * Individuals aged 50 to 54 (3rd phase only) | | * Carers of individuals in at risk categories * Household members of shielded patients * Social Care workers delivering direct personal care | |
| Yes | | No(not eligible for NHS service, please retain this document) | |
|  | Have you had your flu vaccine since September this year or do you have an appointment with your GP for one? | | |
| Yes(not eligible for NHS service, please retain this document) | | No | |
|  | If answered ‘No’, then say we can offer you a flu vaccine at the Pharmacy. Do you want to have one? | | |
| Yes | | No(advise without agreement we cannot vaccinate) | |
|  | If ‘Yes’ ask;Have you ever been admitted to a hospital for severe allergy after eating egg or egg products e.g. cakes? | | |
| Yes\*(discuss with public health team to decide best course of action) | | | No |
|  | Have you ever had an allergic reaction to Latex? | | |
| Yes\*(refer to Appendix 1 of the PGD for latex free vaccines) | | | No |
|  | Do you have any blood clotting disorders or are you taking any medication to thin your blood such as warfain? | | |
| Yes\*(refer to mass vaccination clinic) | | | No |
|  | Do you feel well today? | | |
| Yes | | | No\*(advise they may be able to receive the vaccine when they feel better) |
|  | Patient is aware of the potential risks of vaccination and gives consent to be vaccinated and for information to be shared with GP Practice and NHS Borders for the purposes of ensuring the best patient care and accurate payments. | | |
| Yes | | | No\*(advise without consent to share information they cannot be vaccinated) |

I confirm the information above is accurate

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacist Signature |  | Date |  |
| Print Name: |  | | |

# Appendix D: Patient Questionnaire

*Pharmacy Stamp*

Contractor Code:

Please complete the short questionnaire below, after you have been vaccinated and return it to a member of the Pharmacy team. All responses are anonymous. Your feedback is helpful and appreciated in helping your pharmacy and NHS Borders to evaluate this service and plan for the future.

|  |  |  |
| --- | --- | --- |
| 1 | Did you have a flu vaccination last winter? | Yes  No |
|  |  |  |
|  | If yes, where were you vaccinated? | GP Practice  Pharmacy  Other location |
|  |  |  |
| 2 | How did you hear about this pharmacy flu vaccination service? (choose all that apply) | From the pharmacy staff  Poster in the pharmacy  From my GP/nurse  By word of mouth |
|  |  |  |
| 3 | What were your reasons for choosing to have your vaccination at this pharmacy today? (choose all that apply) | Convenience  Recommended to me  Easier for me to get to pharmacy  (i.e. location)  Other, please specify ……………………………………….. |
|  |  |  |
| 4 | When did you receive your vaccine? | Weekdays working hrs (9am - 6pm)  Weekdays evening (after 6pm)  Weekends (Saturday or Sunday) |
|  |  |  |
| 5 | Overall, how satisfied were you with the flu vaccination service you received? | Very satisfied  Fairly satisfied  Not very satisfied  Not at all satisfied |
|  |  |  |
| 6 | How likely would you be to use this service in the future? | Very likely  Fairly likely  Not very likely  Not at all likely |
|  |  |  |
| 7 | If your flu vaccination **hadn’t** been provided as an NHS Service in the pharmacy this year, would you still have been vaccinated? | Yes, by GP  Yes, Private Flu Service  No  Not sure |

**Thank you for your participation in this survey**

*Please retain all completed responses securely in the Pharmacy for return on a monthly basis to:*

*Community Pharmacy Flu Vaccination Team*

*c/o Planning and Performance*

*Education Centre*

*Borders General Hospital*

*TD6 9BS*

# Appendix E: Notification to Patient’s GP Practice

**CONFIDENTIAL WHEN COMPLETED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| To GP |  | | | | | | |
| *Details can be completed by patient requesting influenza vaccine or by pharmacy staff* | | | | | | | |
| **Patient name** | |  | | | | | |
| **Address** | |  | | | | | |
| **Patient DOB** | | \_ \_ /\_ \_ / \_ \_ | | **CHI number** | |  | |
| Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible) | | * Aged 65 and over | | | | | |
| Age 18 to 64 years with: | | | | | |
| * Chronic respiratory disease | | | | | * Chronic heart disease |
| * Chronic kidney disease | | | | | * Chronic liver disease |
| * Chronic neurological disease | | | | | * Diabetes |
| * Immunosuppression including household contacts | | | | | * Asplenia / splenic dysfunction |
| * Morbid obesity | | | | |  |
| * Carer of a patient in an at risk group | | | | | |
| * Social Care workers delivering direct personal care . | | | | | |
| * Household member of a shielded patient | | | | | |
| * Individuals aged 55 to 64 (2nd phase only) | | | | | |
| * Individuals aged 50 to 54 (3rd phase only) | | | | | |
| Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction) | | | | | | | |
| **For Official use only** | | | | | | | |
| This patient was administered a seasonal influenza vaccination on: / /  Route/ Site (please circle) IM Deltoid Left Right | | | | | Vaccine:  BN:  Expiry date | | |
| To ensure that your records are complete, you may find it useful to record this as: Seasonal influenza vaccination given by Pharmacist:  **\*65ED0** | | | | | | | |
| Pharmacy Name | | | Pharmacy Stamp | | | | |
| Address | | |
| Telephone | | |

# Appendix F: Community Pharmacy Evaluation

Thank you for participating in the NHS Borders project delivering annual flu vaccination through Community Pharmacies for the flu season 2020-2021. We are keen to hear about your experiences and hope you will complete this short evaluation to help inform service development and explore its sustainability. Please return completed form to: *Community Pharmacy Flu Vaccination Team, c/o Planning and Performance,*

*Education Centre, Borders General Hospital, TD6 9BS*

.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-Season** | | | |
| **1.** | **Communication and Support**  *Were you provided with sufficient information and support?* | | Yes  No |
| **During Season** | | | |
| **2.** | **Capacity to Deliver Service**  *Did you have sufficient time to deliver the service?* | | Yes  No |
| **3.** | **Patient Demand for Service**  *Did you ever have to turn patients away?*  *Estimate frequency and provide details.*  …………………………………………………………...................................... | | Yes  No |
|  | *Did you receive any enquiries for patients not covered under the PGD? Estimate and provide details.*  …………………………………………………………...................................... | | Yes  No |
| **4.** | **Data Collection and Reporting**  *Were you satisfied with documentation, screening form, consent, patient questionnaires etc. Please provide details ……………………………………………………………………………………* | | Yes  No |
| **5.** | **Ordering and Supply of Vaccine**  *Did you have sufficient stock to deal with patient demand? If not, what date did the supply run out? ……………………………………………………………………………………* | | Yes  No |
| **6.** | **Storage and Handling of Vaccine**  *Was storage space in fridge sufficient for NHS stock?* | | Yes  No |
|  | *Was any NHS stock subject to a cold chain incident?* | | Yes  No |
| **Post Season** | | | |
| **7.** | | **Waste Disposal**  *Were arrangements for waste disposal satisfactory?* | Yes  No |
| **8.** | | **Vaccine Return**  *Did you have much NHS stock left at the end of the season?*  *How much?…………………………………………………………* | Yes  No |
| **9.** | | **Willingness to Participate in Future**  *Would you wish to be involved in this service next year?* | Yes  No |
| **Other** | | | |
| **10** | | **Unintended Consequences**  *Was there any impact on any other pharmacy services?*  *Please provide details? .......................................................................................................* | Yes  No |

Any other comments or suggestions for improvement?

**………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

# Appendix G: Claim Form

**NHS BORDERS COMMUNITY PHARMACY CLAIM FORM**

**INFLUENZA IMMUNISATION SERVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractor Code** |  | | Pharmacy Stamp | |
| **Claim Month and Year** |  | |
|  | | | | |
| **Number of claims submitted for:** | | | | |
| Individuals aged 65 and over | | | |  |
| Individuals aged over 18 years to under 65 years in the At Risk categories | | | |  |
| Carer of a patient in an at risk category | | | |  |
| Household members of shielded patients | | | |  |
| Pharmacy workers delivering direct personal care | | | |  |
| Social Care workers delivering direct personal care | | | |  |
| Individuals aged 55 to 64 (2nd Phase only) | | | |  |
| Individuals aged 50 to 54 (3rd Phase only) | | | |  |
| **Total Number of claims submitted** | | | |  |
| **Payment @ £8.27 per vaccination** | | | |  |
| Completed client consent forms may be requested for the purpose of payment verification. | | | | |
|  | | | | |
| **I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records, and that payment will be made to my Pharmacy, which will be subject to Payment Verification. Where NHS Borders is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.** | | | | |
| Form completed by | |  | | |
| Date | |  | | |

**All claims should be submitted on a monthly basis by the 5th of the following month.**

**All claims must be submitted by 10th April 2021**

**Claims must be submitted to:**

[**cp.flu@borders.scot.nhs.uk**](mailto:cp.flu@borders.scot.nhs.uk)

# Appendix H: Service Level Agreement

**Pharmaceutical services**

**Additional services**

**Community Pharmacy Seasonal Influenza Vaccination Service**

|  |  |  |
| --- | --- | --- |
| NHS Borders Representative | Signature | Name (block capitals)  Adrian Mackenzie |
| Contractor representative | Signature | Name (block capitals) |
| Trading name of pharmacy |  | |
| Contractor Code |  | |
| Date |  | |
| Review Date (new financial year) | April 2021 | |

**Form must be submitted to:**

[cp.flu@borders.scot.nhs.uk](mailto:cp.flu@borders.scot.nhs.uk)

# Appendix I: Vaccine Incident Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Time |  | Location |  |
| Tel: |  | Completed by: |  | Designation |  |
| Date of event |  | Vaccine  involved |  | | |
| Patient group | Under 65 **□** Over 65 **□** | | Staff group(s) involved in incident | Pharmacist **□**  Other **□** | |
| **Category (tick)**  **□** Wrong vaccine given  **□** Unnecessary vaccine given  **□** Wrong dosage given  **□** Schedule timing not followed  **□** Out of date vaccine used  **□** Contraindications overlooked  **□** Reconstituted incorrectly  **□** Site/route administration incorrect  **□** Storage failure  **□** Documentation incorrect  **□** Patient clinical reaction (describe)  **□** Sharps injury (describe)   * **□** Issues with PPE provision (describe) * **□** Issues with social distancing by patients * **□** Infection control issues (describe)   **□** Other (describe) | | | **Detailed description**  (Please do not identify staff or patient names) | | |
| **Details of action taken**  Tick where appropriate  **□** Line manager reported **□** GP reported **□** Public Health advice sought  **□** Patient informed | | | | | |

*Many thanks for completing this. It really helps us to identify common error themes and areas that may need to be addressed with training, further resources etc*

Please return form to Chris Faldon, Public Health Dept, Education Centre, BGH, TD6 9BD

[chris.faldon@borders.scot.nhs.uk](mailto:chris.faldon@borders.scot.nhs.uk)

|  |  |
| --- | --- |
| **Version** |  |
| **Approving Committee:** | Flu SLWG |
| **Date ratified:** |  |
| **Reference Number:** |  |
| **Name/Department of**  **Originator/author:** | Adrian Mackenzie, Lead Pharmacist, NHS Borders |
| **Name/Title of responsible**  **Committee/individual:** | NHS Borders Flu SLWG |
| **Date issued:** | 12/10/20 |
| **Review date:** | April 2021 |
| **Target audience:** | NHS Borders Community Pharmacy |

|  |  |  |
| --- | --- | --- |
| **Version** | **Date** | **Control Reason** |
| 1.0 | 13/07/20 | Amendment of the document produced by NHS A&A for use in Borders. |
| 1.1 | 16/07/20 | Amendments following discussions with Community Pharmacy Borders and Public Health |
| 1.2 | 17/07/20 | Amendments following feedback from Community Pharmacy Borders |
| 1.3 | 20/07/20 | Amendment following SLWG meeting |
| 1.4 | 10/08/20 | Changes following publication of CMO letter for 20/21 |
| 1.5 | 14/08/20 | Further changes due to CMO letter for 20/21 |
| 1.6 | 24/08/20 | Further changes due to PCA(P)(2020)17 |
| 1.7 | 01/09/20 | Amendments following comments with Public Health |
| 1.8 | 18/09/20 | Clarification of outstanding queries |
| 1.9 | 12/10/20 | Addition of Pharmacy Staff as a cohort in Phase 1 |