

15 March 2017

## Decision to fund the provision of influenza vaccine in pharmacies

PHARMAC has decided to approve changes to the Pharmaceutical Schedule to enable funded influenza vaccine (flu vaccine) to be given to people 65 years and older, and pregnant women in community pharmacies. This was the subject of a consultation letter dated 3 February 2017 that can be found on [PHARMAC's website](#).

In summary:

- From 1 April 2017, people 65 years and over and pregnant women have the option of getting a funded flu vaccine from their general practice or their community pharmacy.
- While there are other people who are eligible to receive funded flu vaccine such as people with chronic conditions like asthma, heart disease or diabetes, they will still need to go to their general practitioner to get their flu vaccine.
- There will be no change to vaccines given by general practice.
- The changes provide DHBs with the option of enabling pharmacies to claim funded vaccines where they have appropriate integrated care arrangements. These pharmacies will be able to claim an administration fee and funded vaccine for eligible people (people 65 years and over and pregnant women).

### Details of the decision

#### **Section A changes**

The following definition of vaccinator to Part I Interpretations and Definitions of Section A of the Pharmaceutical Schedule from 1 April 2017 will be added as follows:

“Vaccinator”, means either:

- a) a Pharmacist who has successfully completed a vaccinator training course approved by the Ministry of Health and who is complying with the immunisation standards of the Ministry of Health; or
- b) any other person who is authorised by the Director-General of Health or a Medical Officer of Health to administer vaccines in accordance with this Section 44A of the Medicines Regulations 1984• “Vaccinator” would be included in the definition of “Practitioner”

The Practitioner definition in Part I Interpretations and Definitions of Section A of the Pharmaceutical Schedule from 1 April 2017 will be amended as follows (changes in bold):

“Practitioner”, means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Practitioner, a Registered Nurse Prescriber, an Optometrist, a Quitcard Provider, ~~or~~ a Pharmacist Prescriber, **or a Vaccinator** as those terms are defined in the Pharmaceutical Schedule.

A new rule 3.7 will be added for Vaccinators Prescriptions to Part III Period and Quantity of Supply of Section A of the Pharmaceutical Schedule from 1 April 2017 as follows:

3.7 Vaccinators' Prescriptions

Prescriptions written by Vaccinators will only be valid for subsidy in accordance with an agreement between the Contractor and the DHB, and only for direct administration of a vaccine to a patient.

**Section I changes for influenza vaccine**

- The “Xpharm” restriction will be removed from the listing of influenza vaccine, and an “only on a prescription” restriction will be added.
- A “no patient co-payment payable” flag will be added to the listing of influenza vaccine.
- Paragraph B of the restriction for influenza vaccine will be replaced with the following:  
Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- A new paragraph will be added to the listing restriction for influenza vaccine as follows:  
Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

**Feedback received**

We appreciate all the feedback that we received and acknowledge the time people took to respond. We received many responses that acknowledged the benefits of widening access, including: convenience for patients, increasing vaccine uptake, and aligning with national health goals of providing services closer to home. We note that the Ministry of Health is responsible for implementing the Immunisation Schedule in New Zealand and we have shared the issues raised with them. The following issues were raised in relation to specific aspects of the proposal:

Theme	Comment
Some respondents were concerned about the requirement of pharmacists to notify GPs regarding immunisation of their patients.	Pharmacist vaccinators will be using the National Immunisation Register (NIR) web application ImmuniseNow to electronically send all influenza vaccination messages to the NIR. Pharmacists will be required (as they do currently) to notify GPs within two days when they have administered an influenza vaccine to their patients so their records can be updated, for example via fax or other agreed process with the general practice. We understand the Ministry of Health plans for this process to be fully automated in the future.

Theme	Comment
Some respondents were concerned that influenza immunisations would not be recorded on the NIR.	Pharmacist vaccinators will be using the NIR web application ImmuniseNow to send all influenza vaccine messages to the NIR.
Some respondents were concerned that this proposal would lead to reduction in a funding stream for general practice.	This decision supports a Ministry of Health objective to improve access to funded influenza vaccine. The aim is not to remove or redirect funding from GPs, but to provide an alternative access point for eligible people and improve uptake to the selected populations. We have provided all consultation responses from this proposal to the Ministry team for its consideration.
Some respondents noted that there may be a missed opportunity for nurses and GPs to discuss other health concerns with patients while they visit to receive an influenza vaccine.	We note this concern and have shared it with the Ministry of Health team responsible for immunisation implementation. We consider that the overall health impact of the proposal would be a positive one through increasing the number of people who receive the annual influenza vaccination.
Some respondents questioned the qualifications of pharmacist vaccinators and the availability of a safe immunisation setting.	Pharmacist vaccinators must meet the same immunisation and quality standards of the Ministry of Health as other vaccinators to deliver this service. Refer to <a href="#">Appendices 3 and 4</a> of the Immunisation Handbook 2014 for more information.
Some respondents were concerned about the administrative cost to GPs for updating patient records.	This issue relates to the wider funding of primary care and sits within the scope of the Ministry of Health. We have provided all consultation responses from this proposal to the Ministry team for its consideration.
Some respondents noted that the administrative fee paid to pharmacists should be the same as paid to GPs.	The administration fee has been set by DHBs in Part P of the Community Pharmacy Service Agreement.

Theme	Comment
Some respondents noted that the proposal will not promote integration of health care services.	<p>We note that the decision aligns with the following Ministry of Health initiatives:</p> <ul style="list-style-type: none"> <li>• Focus Area 1 of the Ministry’s Pharmacy Action Plan 2016 to 2020, Population and Personal Health. This describes how pharmacists, as part of the wider health care team, will increasingly provide an extended range of accessible public health services such as immunisation to support people to manage their health and wellbeing.</li> <li>• New Zealand Health Strategy: Future Direction (the Health Strategy) and supports the target of 75% of those aged 65 years and over immunised against influenza annually.</li> </ul>

**More information**

If you have any questions about this decision, you can email us at [enquiry@pharmac.govt.nz](mailto:enquiry@pharmac.govt.nz) or call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.