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| Victorian Pharmacist-Administered Vaccination Program expansion |
| Consultation response template – November 2019 |

# Consultation response template

Please provide your feedback on the proposals for expansion of the Victorian Pharmacist-Administered Vaccination Program through the following questions.

Please return the completed response template to [alliedhealthworkforce@dhhs.vic.gov.au](mailto:alliedhealthworkforce@dhhs.vic.gov.au) by **Monday 9 December 2019**.

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| 1. Do you support pharmacist immunisers in Victoria being able to administer the influenza vaccine to people aged 10-15 **(Proposal 1 - announced by Minister Mikakos on 10 October 2019**)? |
| *Yes. High immunisation rates deliver significant public health benefits for the whole community. The easier it is for members of the public to access vaccination opportunities, the better this outcome can be maintained and improved.*  *Increasing the scope of deliverers of vaccines to young people will have an impact on the school-age immunisation programs currently delivered by Victoria’s 79 councils. If this proposal is to proceed, a review of funding to local government in ensuring a universal immunisation service is available across the state will be required. Currently councils’ school-age immunisation programs are under-pinned by funding provided from the Department of Health and Human services which is based on a small per-vaccine-administered contribution.* |

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| 1. Are there any unintended consequences of allowing pharmacist immunisers in Victoria to administer the influenza vaccine to people aged 10-15 (**Proposal 1 - announced by Minister Mikakos on 10 October 2019**)? |
| *Yes. Council school-aged immunisation programs will be impacted where adolescents currently vaccinated by councils choose to receive the vaccinations funded through the National Immunisation Program via their local pharmacies. As the current funding model for local government vaccination programs is based on the number of vaccinations delivered, any reduction in the numbers of students vaccinated by councils will reduce funding for councils. This in turn, depending on the numbers of students vaccinated through the pharmacy program, will impact the staffing resources for council immunisation programs more broadly.*  *There will also be greater fragmentation in reporting. Extra effort will be required by government agencies to follow-up the hard-to-reach people who are not vaccinated.* |

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| 1. Do you support pharmacist immunisers in Victoria being able to administer the meningococcal ACWY vaccine to persons aged 15 years and older (**Proposal 2**)? |
| *Yes, in principle, noting MAV’s comments about unintended consequences which will need to be adequately managed – see answer to Question 4.* |

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| 1. Are there any unintended consequences of allowing pharmacist immunisers in Victoria to administer the meningococcal ACWY vaccine to persons aged 15 years and older (**Proposal 2**)? |
| *Increased fragmentation of immunisation delivery will place more reliance on government database systems to connect records so that all deliverers have accurate records of who has, and has not, been immunised. Councils devote considerable time and effort to following up records and liaising with the Department of Health and Human Services to follow-up hard-to-reach cohorts and sorting out who has and has not previously been immunised. They often fill in administrative gaps where records have not been uploaded by vaccinations provided by GPs, for example. Expanding the program to pharmacists has real potential to exacerbate this workload for councils.*  *We note that the Victorian Pharmacist-Administered Vaccination Program Final evaluation report commissioned by the Department of Health and Human Services in 2018 recommended that increasing the scope of the vaccinations which could be provided by pharmacists not be proceeded with until the following issues could be addressed:*   * *“there are problems associated with vaccination data capture by pharmacies (incomplete, inconsistent data that is double- or triple-entered into systems)* * *there remain Australian Immunisation Register reporting challenges (large gaps in data)* * *there has been a low uptake of government-funded vaccines in comparison with other providers that administer government-funded vaccination services* * *expansion of clinical programs, including vaccination, has not been matched by developments in facilities or infrastructure that would more appropriately accommodate a broader range of clinical services. For example, the majority of pharmacies do not have comparable waiting areas or designated consultation rooms with appropriate patient monitoring facilities, or computers with integrated software programs that enable the pharmacist to collect the required client-level information and then generate essential reports and make financial claims. This results in workforce efficiency and satisfaction issues as well as potential problems with the security of paper-based client information.”*   *(Reference - p9, HealthConsult Pty Ltd report, 2018 -* <http://www.healthconsult.com.au/wp-content/uploads/pharmacist-administered-vaccination-program-evaluation.pdf>)  *These issues need to be adequately addressed prior to the introduction of an expanded program. Particularly in relation to reporting, pharmacists will need to provide timely reports to enable councils’ school-age programs to have up-to-date vaccination histories, as these are likely to be occurring with the same age-group at similar times.* |

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| 1. Do you support pharmacist immunisers in Victoria being able to administer the measles-mumps-rubella and pertussis-containing (whooping cough) vaccines to persons aged 15 years and older (**Proposal 3**)? |
| Yes, in principle, noting our comments about unintended consequences which will need to be managed. |

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| 1. Are there any unintended consequences of allowing pharmacist immunisers in Victoria to administer the measles-mumps-rubella and pertussis-containing (whooping cough) vaccines to persons aged 15 years and older (**Proposal 3**)? |
| As per Question 4 (above). *Increased fragmentation of immunisation delivery will place more reliance on government database systems to connect records so that all deliverers have accurate records of who has, and has not, been immunised. Councils devote considerable time and effort to following up records and liaising with the Department of Health and Human Services to follow-up hard-to-reach cohorts and sorting out who has and has not previously been immunised. They often fill in administrative gaps where records have not been uploaded by vaccinations provided by GPs, for example. Expanding the program to pharmacists has real potential to exacerbate this workload for councils.*  *We note that the Victorian Pharmacist-Administered Vaccination Program Final evaluation report commissioned by the Department of Health and Human Services in 2018 recommended that increasing the scope of the vaccinations which could be provided by pharmacists not be proceed with until the following issues could be addressed:*   * *“there are problems associated with vaccination data capture by pharmacies (incomplete, inconsistent data that is double- or triple-entered into systems)* * *there remain Australian Immunisation Register reporting challenges (large gaps in data)* * *there has been a low uptake of government-funded vaccines in comparison with other providers that administer government-funded vaccination services* * *expansion of clinical programs, including vaccination, has not been matched by developments in facilities or infrastructure that would more appropriately accommodate a broader range of clinical services. For example, the majority of pharmacies do not have comparable waiting areas or designated consultation rooms with appropriate patient monitoring facilities, or computers with integrated software programs that enable the pharmacist to collect the required client-level information and then generate essential reports and make financial claims. This results in workforce efficiency and satisfaction issues as well as potential problems with the security of paper-based client information.”*   *(Reference - p9, HealthConsult Pty Ltd report, 2018 -* [*http://www.healthconsult.com.au/wp-content/uploads/pharmacist-administered-vaccination-program-evaluation.pdf*](http://www.healthconsult.com.au/wp-content/uploads/pharmacist-administered-vaccination-program-evaluation.pdf)*)*  *These issues need to be adequately addressed prior to the introduction of an expanded program. Particularly in relation to reporting, pharmacists will need to provide timely reports to enable councils’ school-age programs to have up-to-date vaccination histories, as these are likely to be occurring with the same age-group at similar times.* |

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| 1. Do you support a variation to the restrictions on where pharmacists can administer vaccinations in Victoria (**Proposal 4**)? |
| *MAV supports the need for vaccinations to be easily available to enable the public health benefits for the community that come from wide vaccination coverage. Before this proposal to expand pharmacists becoming an immunisation provider for young people over 15 years old is proceeded with, however, a full review is required of the funding models for immunisation services for school-age young people. As presented, there is a real risk the proposal will have unintended consequences of reducing the viability of council immunisation programs. This in turn reduces the provision of a universal service necessary to have in place in times of crisis (such as pandemics) and the community education programs councils undertake to promote take-up of vaccines.* |

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| 1. Do you have any comments in response to the questions and considerations identified in section 3.4.1 of the consultation paper? |
| *MAV notes that the short time available for consultation has limited councils from across the state being able to provide comment about the potential impact on their immunisation delivery and the additional administrative complexity that will arise from more fragmented agency delivery.* |

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| 1. Are there any settings/circumstances which should be excluded from this amendment? |
| *No comment, the MAV has not had the opportunity to explore this question with councils in the limited time available for comment.* |

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| 1. Do you have any other comments about the expansion of the Victorian Pharmacist-Administered Vaccination Program |
| *Councils are committed to strong immunisation coverage in their communities. If immunisation delivery is to be progressively fragmented by a greater number of providers, then the following needs to be in place to minimise unintended consequences. These include:*   * *Reviewing the outdated funding model councils need to provide a viable universal immunisation delivery service across the state for school-age young people* * *Investment in database and record management systems used by pharmacists to mitigate confusion and confirm adequate parental/guardian consents* * *Ensuring capacity building and monitoring programs for pharmacists are in place to ensure safe delivery of vaccines and their role supporting the state’s immunisation program.* |

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