

## **Appendix 1**

### **Engaging Community Pharmacy in the response to H1N1 influenza.**

#### **Purpose**

The purpose of this paper is to set out the scheme to engage Community Pharmacy in a proportionate response to the emerging H1N1 influenza infection.

#### **Background**

One of the key planning assumptions for the response to a pandemic influenza was and continues to be to protect routine primary care services provision from any additional impact over and above business as usual, to avoid those services being overwhelmed by severe infection and deaths leading to staff shortages and increased workload. This assumption drew the focus of the plan away from the potential for Community pharmacy involvement in the distribution of antiviral medication in a pandemic at any point during the pandemic.

The emergence of the H1N1 influenza infection has demonstrated only moderate symptoms in the majority of cases, with fewer serious complications and deaths than would be expected from normal seasonal influenza. The clinical attack rate (CAR) of this H1N1 infection is around 20%, which is also significantly lower than the 50% CAR anticipated. Therefore original planning assumptions have been revisited and a more measured and proportionate response to the current pandemic developed. That is, engaging primary care services for an interim period in Wales whilst we continue to have a very low incidence of infection. The detail of the proposal below has been discussed with Community Pharmacy Wales, Welsh Directorate of RPSGB and the National Public Health Service. All three organisations are fully supportive of the flexible approach outlined below for the current situation.

#### **Community Pharmacy engagement Scheme**

Access to antiviral treatment for symptomatic individuals be made available through Community Pharmacy on prescription on a WP (10) prescription from the stockpile of antiviral medication held in Wales. The key public messages for patients to remain at home and telephone their GP in order to obtain a prescription for collection by a "Flu friend" will be emphasised to avoid ill people turning up at Pharmacies.

A fixed quantity of twenty courses of medication will be pre-distributed to each Community Pharmacy in Wales during week commencing 13<sup>th</sup> July 2009

The modest fixed amount is intended to provide assurance to the pharmacists that they will not be inundated with an excessive workload and it will provide a defined trigger point to review the supply of antiviral treatment in each locality.

The prescriptions for this treatment will be processed in the normal way through the prescription pricing system such that a normal dispensing fee will be payable. No reimbursement for the medication dispensed will be payable as the medicine is provided free of charge to the contractor. There is a requirement for contractors to be accountable for the stock supplied, to record the issue of the stock and to report usage to the Local Health Board Coordinator. In recognition of this additional workload and accountability there will be a fee payable of £4.00 per item of this stock dispensed.

This scheme is designed to be simple to administer and as near to normal business as possible. Amendments to the National Health Service (General Medical Services Contracts) (Prescription of Drugs Etc) (Wales) Regulations 2004 have been made in the National Health Service (General Medical Services Contracts) (Prescription of Drugs Etc) (Wales) (Amendments) Regulations 2009. The 2009 Regulations were made on 9 July 2009 and come into force on 10 July 2009. Confirmation of the payment will be appearing in the Drug Tariff, in the September issue.

The approach also enables the process to be reviewed as the pandemic progresses. The spread of infection is unlikely to occur evenly across the country but in pockets of activity, as has occurred elsewhere in the UK. In each locality the pharmacy will report the dispensing activity to the LHB stock coordinator. When the allocation has reached 15 courses dispensed, the decision to continue or extend this phase of the response to the pandemic will then be for local determination. The flexibility to continue or to withdraw from the scheme will be open to each contractor according to their choice.

If activity is significant in any particular area then an individual LHB may move to the next phase of the response which will involve moving to a collection centre model which may include designated community pharmacies.

Pharmacists may be concerned that they are at an increased risk of exposure to the H1N1 infection and feel that they should be provided with personal protective equipment (PPE) to participate. The advice of public health is that this is not the case. Signage and public communications messages will emphasise to symptomatic patients to stay at home and send a flu friend to collect their medication. The risk to staff is therefore no more than normal seasonal influenza. PPE is only required for healthcare workers engaged in aerosol generating procedures.

The question of access to antiviral medication in the event should any member of staff become symptomatic has also been raised. Participating in the delivery of this scheme is a key role in the response to the pandemic and as such they will be put forward as one of the priority groups for vaccination when a vaccine is available. Access to antiviral medication for health care

workers who become ill at work is an important element of local plans and they must include Community Pharmacy staff.

Wider issues such as security of premises and staff will also be considerations. Public messages surrounding the moderate nature of this infection and the significant stockpile of antiviral medication which is sufficient to treat all those that require treatment will reduce this risk.

Department of Health are leading negotiations on contractual issues that may arise during a pandemic, we are monitoring that work and will ensure that contractors in Wales are taken into consideration in any changes implemented.

Jeremy Savage FRPharmS DMS  
Acting Chief Pharmaceutical Adviser  
July 2009