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Department of Health consultation: The seasonal influenza immunisation programme: a review of the procurement of seasonal flu vaccine

1. I write with regard to the review of the procurement of the seasonal flu vaccine

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952; it has over 42,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

Question 1: Do you agree that central procurement of seasonal flu vaccine would help improve the robustness of vaccine supply?

3. This will depend on the robustness, flexibility and responsiveness of the central procurement system. In theory, central procurement could help maintain robust supply, providing that extra supplies can be ordered in a timely way in response to local demand. In practice this will be very difficult to achieve and needs further and careful consideration before being carried out.

4. GP practices know best what they need and can plan according to their needs. A central supply of flu vaccines may not be as flexible as the system currently used by GPs. For example, when a GP Practice is expecting 600 patients through its doors on a Saturday, it needs 700 doses available for that morning. Previous experience of Department of Health was disappointing. Any new system will need to ensure that it can respond to local needs. Delivery of a service like this unfortunately takes time
and expertise to be built, any transition to a central system could cause problems in the transitional phase.

5. The reduction of incentives for GP practices could have the effect of reducing immunisation levels. Further, the identified costs savings could, as discussed in the answer to Question 3, be transferred as costs to GP practice destabilising service provision to patients.

6. We therefore advise that a central procurement system is not taken forward at this time.

**Question 2. What benefits or disadvantages would central procurement of vaccine have for efforts to improve vaccine uptake?**

**Benefits**

7. There could be benefits if immediate access to vaccines is available as this could allow for more opportunistic use of the vaccine, rather than this being done through planned clinics. In practice this requires robust distribution systems or excess supply.

**Risks**

8. Recent experiences of the central supply of Pandemrix have show than central procurement was ineffective at providing influenza immunisation. The Department of Health found it difficult to assess and respond to the needs of local GP practices. For example, in order to ensure that every practice got some vaccine, practice list sizes were not accounted for in the numbers of vaccines being supplied.

9. The proposed changes reduce incentives for GP practices. This may be followed by a reduction in the uptake and rate of flu vaccination. High immunisation rates rely on the enthusiasm of the team and removing incentives could have negative effects on this. This is further discussed below.

**Question 3a. Are there any considerations in relation to the value for money of the seasonal flu vaccination programme other than those set out in the Impact Assessment that should be taken into account?**

10. The Impact assessment as it stands makes the assumption that GP surgeries factor in the, time, administration costs and running of the flu vaccine clinics within the normal working day, and therefore assumes that the estimated £20 million made by General Practice nationally as part of the flu programme is surplus for GP practices. It does not take into account that during this time GP surgeries still operate a full
service for what is recognised as one of the busiest times of the year - particularly for acute exacerbations of other chronic disease. There is no recognition of the fact that the administration of the flu vaccine therefore is work over and above that which is done in surgeries. It would be more prudent to see it as money paid for more work done and with this interpretation as there are other impacts not considered:

i. If GPs are expected to run the vaccine clinics as part of the 'normal working day' then it will be at the expense of regular appointments and follow up clinics for patients, reducing access during those times. There is a potential impact therefore of increased hospital attendance, or Out of Hours attendance by patients who can't be seen in normal working hours.

ii. The assumption that central procurement will not generate a surplus and hence financial loss for the Government needs further consideration. GPs, as the document points out, base their own procurement on predicted uptake of the vaccine based on their own closed lists of patients. If the surplus problem is difficult to overcome at a local level, buying national stocks could further increase the problem. Additionally, using the data from the previous 2 years with which to predict uptake numbers, when the negative press and problems of panic the year before may well have skewed the figures may make them unreliable for the purposes of planning. This is another financial risk not taken into consideration.

iii. **Transport costs of the vaccine** - at present the transport costs of the vaccine procurement - with cold transport are figured into the costs of ordering the vaccine. The assumption is based on this model for a central depot of the vaccine to be made available. The paper is unclear on where the cost of delivering the vaccine from the central storage and where the 'small surplus generated' would be stored is met. There needs to be a consideration of whether savings on transportation (estimated at £35 million) will be spent to meet additional demand, bearing in mind if GP practices underestimates uptake there will be additional costs of transport for further deliveries. The assumption of surplus needs to take account of unused uptake. Further, the negotiations that Government intends to have with the suppliers of vaccine should account for arrangements of the transport of small pockets of unused vaccine surplus and how these are returned to a pool big enough to make it financially viable for their return.
**Question 3b. Would central procurement have an additional impact on GP finances in relation to any profits arising from directly procuring vaccine at a lower price than the NHS reimbursement? (See paragraph 59 of the Impact Assessment).**

11. Yes - in order to run the flu vaccine clinics alongside normal working time, staff hours need to be paid for. If the vaccine programme is expected to roll out and GPs have to find the extra staff hours within the practice, then to run as effectively as previous years there will be the following considerations

- loss of revenue per vaccine

- a negative cost for paying staff to provide the extra clinic time to do the vaccine to provide an uninterrupted service to patients.

- the net result might be that the administration of vaccines would be much less of a priority for the already financially squeezed surgeries.

12. GPs need to finance extra clinics such as weekend and evening clinics and the removal of incentives could have an effect on the survival of these out-of-hours clinics and the immunisation rate could drop.

**Question 4. Are there any other points the government should consider?**

We have no additional points to make.

Yours sincerely

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