



29 January 2023

PHARMAC and Te Whatu Ora

By email: vaccines@pharmac.govt.nz, pharmacy@health.govt.nz

Tēnā koe

Proposal to enable many childhood vaccinations to be given in pharmacies

Thank you for the opportunity to provide a submission on the joint proposal from Pharmac and Te Whatu Ora to enable many childhood vaccinations to be given in pharmacies.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 6,233 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Rural Division of Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our kāupapa is to set and maintain education and quality standards for general practice¹, and to support our members to provide competent and equitable patient care.

Specialist GPs provide medical care in community settings as part of a GP team in over 1,000 general practice teams across New Zealand, including rural hospitals. They provide continuity of care to diverse patient populations at the heart of their communities and extend access to comprehensive care by working across hospital, health, and community interface.

The consultation process

We note that the proposal, jointly made by Pharmac and Te Whatu Ora, is narrowly focused on the removal of the Xpharm restriction. While submitters are invited to provide feedback to Te Whatu Ora on "all other aspects of implementation", this must be done without any detail on how the proposal would be put into effect. The College feels that it is unhelpful to seek comment on a legal change in the absence of a model setting out how that change would be implemented.

Our submission

At first glance, the delivery of childhood immunisations might appear to be a straightforward medical transaction; as simple as a vaccinator at one end of a needle and a patient at the other.

However, look a little closer at how this care is provided within general practice and you see that it embodies the value of primary care:

- it is delivered to the whanau as a unit;
- it strengthens the relationship with the parent and brings the child into a safe and welcoming medical environment;
- it is preventative, both in terms of the vaccine and the opportunity to check in with parent and child and offer help where it is needed.

The current rates of childhood immunisations must be viewed in the context of years of underinvestment in the sector, uneven and inadequate funding for general practice vaccinators, and the workforce crisis.

¹ The Quality Programme accredits general practices against the Foundation Standard.

<https://www.rnzcgp.org.nz/resources/practice-resources/>

Babies at six week – a critical handover phase

For the first six weeks of baby's life a midwife is generally responsible for providing care to baby and mother. From six weeks, the care transitions from midwifery to general practice and the six-week immunisation acts as a catalyst for the whanau to reconnect with their GP.

The immunisation is the "thing" which the baby needs to receive, but the breadth and depth of care provided during that six-week consultation far exceeds a simple vaccination. Just a sampling of activities that are often undertaken include:

- complete physical and developmental check
- checking for conditions such as:
 - squints and cataracts
 - hearing loss
 - heart murmurs
 - hip dysplasia
- catching up siblings on immunisations at the same time
- looking for signs of abuse or neglect
- answering parenting questions and providing support and reassurance
- screening for postnatal depression and mental health issues
- offering cessation support for smokers
- discussion and follow up of pelvic floor health and contraception options

These checks are often made within the context of a long-standing relationship between the general practice and the whanau. Continuity of care means that trust and openness is developed overtime and this is even more important for parents with young children. A GP or practice nurse who knows the parent, understands their history, and is aware of the whanau context, has a strong foundation from which to ask questions and offer support.

The College believes that properly trained pharmacists, working in an appropriate environment, can safely provide child immunisations. However, they are not equipped to undertake the wider checks that general practice routinely does at the six-week and subsequent immunisation visits.

We are concerned that parents and whanau will view the immunisation as being the box that needs to be ticked and, if this is delivered in a pharmacy setting, they and their children will miss out on all the care that should be provided to them.

Unintended consequences on the recall and monitoring system

Recall and monitoring are essential to reaching whanau individually and immunisation targets nationally. The College believes that rates across the motu can be best lifted by focussing both on engagement with child immunisations amongst New Zealanders that are enrolled in general practice, and on enrolling those who are not. Broadening access so that immunisations can be done in pharmacies will only improve rates in areas where there are pharmacists available and willing to take this work on.

Under the current settings general practice undertakes the majority of the work relating to checking that children have received their immunisations and contacting parents and whanau when they have not. This work is not funded but general practice does this due to our ongoing connection with the whanau and the value we see in immunisations. However, the costs are somewhat offset if/when the child is brought into the practice for their immunisation.

If the proposal goes ahead then this expectation of future payment is significantly undermined as parents may choose to have their children immunised at a pharmacy, which will then be able to claim the associated funding. Out of simple financial necessity, practices will have to consider whether they can continue to perform immunisation monitoring and recall if the already inadequate funding for this work becomes more uncertain.

Fairer funding, better funding

General practice could work harder and more successfully to deliver childhood immunisations if their nurses were paid fairly. This would support recruitment and retention of the essential staff that play a critical role in immunising children.

The current rate and model of funding, \$41.46 for a childhood immunisation, is both insufficient for what is often an hour's work, and overlooks the investment general practice makes in recall and monitoring.

Unmet need, equity and access

Childhood immunisations are vital to the long-term health of the child now and the adult in the future. Improving lifting immunisation rates in children is essential and the College welcomes the focus the Government has shown in this area.

While it is unclear to us whether the proposal will make a material change to immunisation rates, there is a segment of the population who either cannot or does not engage with general practice for a multitude of different reasons. It is reasonable to expect that many of people within that group will be among some of the most vulnerable and at risk. Notwithstanding everything discussed above, the College believes that providing another avenue of access for whanau wanting to immunise their children is worth developing.

Pharmacists are trained to provide immunisations and the Covid pandemic has shown that, when properly trained and supported, they can do this well.

Support for the proposal is conditional

As noted at the start of this submission, the proposal is narrowly focused on the removal of the Xpharm and should have been accompanied by a fully formed implementation plan.

In the absence of such a plan, the College is prepared to offer qualified support, conditional on the following requirements:

1. Collaboration on an implementation plan must be undertaken with representatives from both pharmacy and general practice
2. Pharmacists providing child immunisations should be given clear pathways to bridge those families, whether they are enrolled or not, back to general practice to ensure the whanau is not missing out on the benefits of comprehensive child checks
3. Funding of recall and monitoring activities needs to be considered as a priority otherwise the viability of general practice led efforts in this area are at risk

In addition, the College urges Government to address the funding disparities that undermine immunisation efforts. Providing an additional avenue for childhood immunisations will be of little benefit if general practice, which cares for 96% of the population, is not supported.

Nāku noa, nā



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