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GPs express dismay at 'extraordinarily disappointing' decision to allow 6-week baby vax in pharmacies



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Pharmacy vaccinators are to receive free training to upskill to deliver vaccinations to babies from six weeks onwards in community pharmacies in a controversial move to increase vaccination rates
[Image: CDC On Unsplash]

“If we get the same fee for putting a jab in an arm as everyone else gets, why do we have more responsibility than anyone else?”

GP leaders are frustrated and “extraordinarily” disappointed at today’s decision to ignore advice that only general practices should deliver six-week infant vaccinations.

Te Whatu Ora and Pharmac announced **today that from 1 April community pharmacies will be able to deliver all infant vaccines from six weeks onwards**. Additionally, the Immunisation Advisory Centre will provide free online training and support to upskill pharmacist vaccinators to vaccinate children under three.

The decision follows consultation in January about the agencies’ proposal to boost childhood immunisation rates by removing restrictions currently stopping community pharmacies from delivering infant vaccines.

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RNZCGP president Samantha Murton says the universal feedback from GPs across the country was that the “six-week vaccination must stay in general practice” as it was a catalyst for reconnecting families with their GPs and provided essential health screening of babies and whānau.

“The fact that that [feedback] was not listened to is extraordinarily disappointing,” the specialist GP says.

General Practice Owners Association chair Angus Chambers echoed Dr Murton’s concerns about the impact on continuity of care, calling the decision “very frustrating”. He says the decision to invest more in pharmacy vaccination, not general practice, is an “undermining of general practice”. “I don’t think they value us, and I don’t think it will make much difference to immunisation rates at all.”

Change of mind

In January, in a joint email response to *New Zealand Doctor Rata Aotearoa* queries, National Public Health Service national director Nick Chamberlain and Ministry of Health chief medical officer Joe Bourne said **Te Whatu Ora and the ministry were working towards pharmacies being able to offer childhood immunisations from 12 weeks, not six weeks.**

But in today's announcement, Dr Chamberlain, a specialist GP, instead says the service expects vaccinating pharmacies to "work closely" with general practices and Māori providers to ensure babies get their six-week check and other important health screening through general practices.

He says last year's National Immunisation Taskforce Report had highlighted access to vaccinators as one of the biggest barriers to improving the current low immunisation rates.

“Strengthening our utilisation of community pharmacies across the motu creates another option for whānau to get vaccinated in their communities, particularly for those who can't access or aren't enrolled with a general practice.” Over time, the move will also support an increase in the vaccinator workforce, he says.

Immunisation accountability and funding

Today Pharmac and Te Whatu Ora decision confirms that “accountability for childhood immunisations, including ensuring children are up to date and receiving on-time vaccinations, remains with general practice”.

Dr Murton says accountability is “fine” but there needed to be funding recognition for the responsibility for immunisation recalls and monitoring still lying with general practices.

“If we get the same fee for putting a jab in an arm as everyone else gets, why do we have more responsibility than anyone else?”

“That needs to be recognised that that is extra work, and to get the last 20 per cent [of unvaccinated whānau] across the line requires relationships, time and effort. And at the moment, there is no resource to do things differently.”

In an email response to queries last week, Dr Chamberlain says he shared a “proposed approach” to providing funding support for “best practice immunisation precall/recall processes” to “gauge feedback” at last week's General Practice Leaders Forum.

Dr Murton, the forum chair, said there was a “general discussion” about recall and monitoring funding, but no details were discussed. Dr Chambers says Dr Chamberlain told them he was “trying to rustle up money” for precalls/recalls, but it did not sound enough.

Telehealth recalls raised

Te Whatu Ora, in its consultation feedback released today, said it was “assessing options to improve [general practice] enrolment at birth for every child born in New Zealand, including support for a national telehealth precall and recall service”.

Dr Murton says if there were further moves to fragment services by investing in telehealth recalls, then the country would not get that “extra 20 per cent” needed to meet its targeted immunisation goal.

“We absolutely know that people respond to people they have a relationship with...no one is going to respond to a random person ringing them up and saying go and get your vaccination. None of us do – it’s just human nature”.

The agencies’ consultation feedback also noted general practice concerns over not being funded for follow-ups and recalls, saying Te Whatu Ora “will work with general practice on options to resolve ongoing concerns around funding”.

Immunisation targets and incentives

Having 95 per cent of 24-month-olds fully immunised was one of the **renewed health targets announced last week** by health minister Shane Reti. The rate was about 81 per cent in the latest available statistics from September 2023.

There is yet to be an announcement on National's other immunisation pre-election policy, for a \$10-per-patient immunisation incentive payment for GP clinics, which **received a lukewarm response at the time** from the sector.

Dr Reti, a specialist GP, in a text response last week to queries about the incentive policy, said: "We are currently working through all the things we can do to incentivise immunisation now we have identified it as a target, and with an impending measles epidemic threat."

Additional reporting by Martin Johnston

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