

Royal College of Nursing response to Department of Health and Social Care consultation on the 2016 report into the cost effectiveness methodology for immunisation programmes and procurement (CEMIPP).

We welcome the opportunity to respond to this consultation. Vaccination programmes in the UK are typically nurse-led in contrast to many other countries. There are many benefits of vaccination programmes, and one of the most important parts of public health provision. Vaccinations can be seen as the most effective means by reducing the burden of infectious disease of any other public health strategy, therefore, any changes to the programmes offered by the NHS should be approached with caution. Thorough take-up of vaccinations can also have wider benefits for reducing treatment costs across the NHS, in particular reducing the usage of antibiotics. Likewise, vaccinations offer opportunities to eradicate diseases, save lives and reduce the overall burden of infectious disease on both the health service and the public.

We have a number of comments related to the methodology which has been used by the CEMIPP group and about the recommendations they have made.

Despite the wealth of evidence which supports vaccination programmes, there are global challenges which continue to limit their effectiveness. One of these challenges is weak industry incentives for innovation, research and development to improve existing or introduce new vaccinesⁱ. Squeezing the prices which UK Government will pay for vaccines will exacerbate this problem. We are concerned that reducing the price cap will not only affect the patients of today, but will have implications for the health of future generations.

This proposal is likely to have a significant impact on more expensive vaccines targeted at rarer diseases, and the CEMIPP report has highlighted several vaccination programmes which may be at risk if a lower price cannot be negotiated from the manufacturer. We have some concerns about the vaccinations programmes which are on that list. For example, although rotavirus infection is rarely fatal or a serious infection for children in the UK, the impact on health services with GP and hospital consultations and attendances is significantⁱⁱ. The introduction of the vaccine has dramatically reduced the incidence of this infection, not just in those vaccinated but across the population, thereby saving valuable NHS resourcesⁱⁱⁱ. Human Papillomavirus (HPV) vaccine has the potential for changing the way screening services for cervical cancer are planned and commissioned.

There are risks to vaccination programmes currently in development, and it is less likely that manufacturers would be able to provide a lower price, given the high research and development costs during early stages. There are also risks for vaccines not yet in scope; a universal flu vaccines or a vaccine against *Clostridium difficile*. Restrictions on spending could have significant implications for opportunities to protect the public.

Similarly reducing access to other vaccines would have a wider impact on increasing the pressure on health services. One concern in particular is the potential impact on increasing antibiotic usage, further limiting their effectiveness.

Health organisations across the world, including the NHS, are attempting to reduce the use of antibiotics due to current over usage and increasing resistance^{iv}. Antimicrobial resistance poses a real, and significant threat to the health of the global population.

Health and care services across the UK are undergoing a period of change, with more emphasis being placed on preventative, community-based services. We are concerned that the proposals made by this committee undermine this shift. Numbers of Practice Nurses (who typically deliver these vaccinations) are falling^v. Vacancies across the profession will also reduce the ability of the nursing workforce to deliver safe and effective care when faced with the challenge of treating conditions which previously were vaccinated against.

Further, we would like to know what plans or provision have been made for alternative prevention strategies in a situation where a lower price cannot be negotiated and a vaccination programme is stopped. In the last few years, we have seen a number of instances of outbreaks, and during these times frontline staff, including nurses, are required to work quickly to mitigate the impact of infectious conditions.

Removing a vaccination programme will have an associated requirement for upskilling frontline staff. At this time, in England, the Health Education England (HEE) budget for 'workforce development', which is largely used for CPD for nurses, has been cut by 60 per cent over the past two years, from £205m in 2015/16 to £83.49m in 2017/18, remaining at this level for the current financial year. This means that any replacement strategy which requires the upskilling of nursing staff will require additional training budget and protected time to ensure compliance.

Other strategies may include additional investment in public health, awareness raising materials, targeting education messaging for vulnerable or at risk population groups. In any situation, strategies must be based on local population need and devised in collaboration with the nursing workforce. The nursing workforce will also be on the front line in managing queries and concerns from a worried population where vaccine programmes become unavailable, we see this with chicken pox vaccine which is not routinely given in the UK but is in some countries.

Recommendations

We recommend that the CEMIPP group looks again at the methodology used, with particular focus to comparing the cost of prevention versus the cost of treating the conditions listed as 'at risk' if a lower price cannot be secured. This estimate should be based on projected prevalence rates of these conditions if the vaccination programme were to be ceased. This methodology should also take into account the cost of developing new vaccination programmes and the benefits this offers for the health of the population.

Following this, the Government should undertake and publish a full impact assessment and consultation for each vaccine programme which may be stopped if a lower vaccination cost cannot be negotiated. These assessments must include projected prevalence rates and highlight which population groups are at highest

risk. The Royal College of Nursing believes that front-line nursing staff who deliver vaccines have a unique insight, particularly related to unintended consequences, and efforts should be made to specifically engage this group.

In addition, in such case as a vaccination programme is ceased, provision must be made to provide alternative preventative strategies as appropriate. Strategies should be devised alongside patients and healthcare professionals. These strategies must be fully costed, with budget allocated.

About the Royal College of Nursing

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

For further information, please contact:

Helen Donovan, Professional Lead for Public Health Nursing (Helen.Donovan@rcn.org.uk, 0207 647 3763)

Charli Hadden, Policy Adviser (Charli.Hadden@rcn.org.uk, 0207 647 3933)

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ⁱ Bloom et al, *The broad socioeconomic benefits of vaccination*, Science Translational Medicine, 2018.

ⁱⁱ <https://www.gov.uk/government/publications/rotavirus-statistics> [Accessed on 14th June 2018]

ⁱⁱⁱ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714412/Norovirus_update_2018_weeks_18_to_21.pdf [Accessed on 14th June 2018]

^{iv} <https://www.nhs.uk/conditions/antibiotics/> [Accessed on 14th June 2018]

^v <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/as-at-31-december-2017-provisional-experimental-statistics> [Accessed on 14th June 2018]