

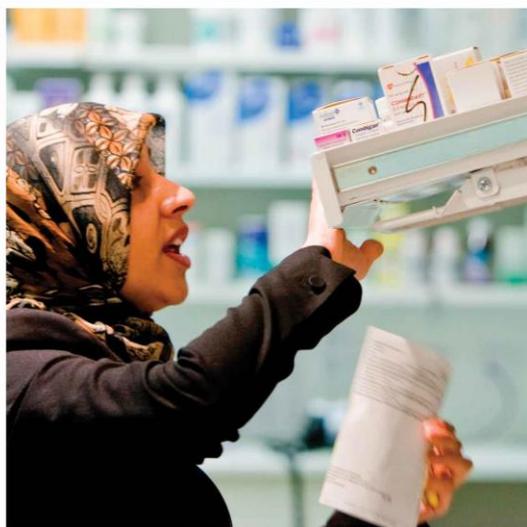


Service specification

Community pharmacy seasonal influenza vaccination advanced service

August 2016

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Contents

1. Service description and background	4
2. Aims and intended service outcomes	4
3. Service specification	5
4. Training and premises requirements	7
5. Service availability	8
6. Data collection and reporting requirements	9
7. Payment arrangements	9
Annex A: Groups included in this advanced service	11
Annex B: NHS Community Pharmacy Seasonal Influenza Vaccination Service – Notification of administration of flu vaccine to Patient’s GP Practice	13
Annex C: Responding to a request to vaccinate people living in long-stay residential care homes or other long-stay care facilities	14
Annex D: NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service – Record and consent form	18
Annex E: NHS Flu Vaccination Service – Patient Questionnaire	20

1. Service description and background

- 1.1 For most healthy people, influenza (flu) is an unpleasant but usually self-limiting disease. However, older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they catch it.
- 1.2 Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E. It is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter. In order to improve access to NHS flu vaccination for eligible patients, NHS England has commissioned an advanced service for community pharmacies to provide flu vaccinations.
- 1.3 During the seasonal flu vaccination campaign period, pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are specified in Annex A of this document, which is informed by the NHS England, Public Health England and Department of Health annual flu plan¹.
- 1.4 The community pharmacy seasonal flu immunisation service was implemented from 1 September 2015. The service will run from 1 September to 31 March each year. Focus should be given to vaccinating eligible patients between 1 September and 31 January in order to maximise the impact.
- 1.5 The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction (PGD) which will be published on the NHS England website².
- 1.6 This service will operate as an advanced service.

2. Aims and intended service outcomes

- 2.1 The aims of this service are:
 - a. to sustain and maximise uptake of flu vaccine in at risk groups³ by building the capacity of community pharmacies as an alternative to general practice
 - b. to provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - c. to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

¹ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

² NHS England. <https://www.england.nhs.uk/>

³ The at risk groups and PHE target vaccination levels are set out in the annual flu plan. <https://www.gov.uk/government/collections/annual-flu-programme>

3. Service specification

- 3.1 The pharmacy contractor is required to offer eligible patients the opportunity of receiving a flu vaccination at the pharmacy. The cost will be met by the NHS. The vaccine is to be administered by an appropriately trained pharmacist under the authority of the NHS England PGD².
- 3.2 The service is effective from 1 September and runs to 31 March, but focus should be given to vaccinating eligible patients between 1 September and 31 January each year. Eligible patients should be vaccinated as soon as the vaccine is available. Widespread immunisation may continue until December in order to achieve maximum impact, but where possible, should be completed before flu starts to circulate in the community. However flu can circulate considerably later than this and pharmacists should apply clinical judgement to assess the needs of individual patients who are eligible for vaccination under this service to receive immunisation beyond 31 January. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop⁴.
- 3.3 The patient groups eligible for seasonal flu vaccination under this service, unless contraindicated, are listed in Annex A. Contraindications to the vaccine are listed in the PGD and in the Summary of Product Characteristics (SPC) for each vaccine.
- 3.4 The seasonal flu vaccination to be administered under this service is one of the inactivated flu vaccines listed in the NHS England, Public Health England and Department of Health annual flu plan¹.
- 3.5 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with Immunisation against infectious disease, (The Green Book)⁵, which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste⁶.
- 3.6 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain. The vaccines should not be used after the expiry date shown on the product.

⁴ <https://www.gov.uk/government/statistics/weekly-national-flu-reports>

⁵ <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁶ While the Green Book references eligible patient groups for vaccination, community pharmacy staff are to refer to Annex A of this service specification for the groups eligible for this service. The list of eligible patients for this service does not include all those patients outlined in the annual flu plan¹ or the Green Book⁵.

- 3.7 Each patient being administered a vaccine should be given a copy of the manufacturer’s patient information leaflet about the vaccine.
- 3.8 Patients who are eligible for other vaccinations should be referred to their GP practice for these vaccinations (or they can be administered by the pharmacy if they are contracted to do so under the terms of a Local Enhanced Service, for example, pneumococcal vaccine).
- 3.9 Each patient will be required to complete a consent form (see annex D⁷) before being administered the vaccine. The consent covers the administration of the vaccine and the information flows necessary for the appropriate recording in the patient’s GP practice record. It also covers the sharing of information with NHS England for the purpose of administration and evaluation of the care provided.
- 3.10 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 6 details the required records that must be kept as part of provision of the service.
- 3.11 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient’s GP practice on the same day the vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used (see Annex B⁸). The information sent to the GP practice should include the following details as a minimum:
- a. the patient’s name, address, date of birth and NHS number (where known)
 - b. the date of the administration of the vaccine
 - c. the applicable Read V2, CTV3 or SNOMED CT codes – see Table 1 below
 - d. any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction
 - e. reason for patient being identified as eligible for vaccination (e.g. aged 65 or over, has diabetes, etc).

All relevant paperwork must be managed in line with ‘Records Management Code of Practice for Health and Social Care’⁹.

Table 1: Applicable Read V2, CTV3 and SNOMED CT codes for notification to the GP practice

Code Type	Code	Description
Read V2	65ED0	Seasonal influenza vaccination given by

⁷ A standalone version of the consent form is available on both the PSNC and NHS Employers websites

⁸ A standalone version of the GP Practice Notification Form is available on both the PSNC and NHS Employers websites.

⁹ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

Code Type	Code	Description
		pharmacist
CTV3	XaZfY	Seasonal influenza vaccination given by pharmacist
SNOMED CT	849211000000109	Seasonal influenza vaccination given by pharmacist

- 3.12 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.
- 3.13 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.14 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service.

4. Training and premises requirements

- 4.1 In order to provide the service, pharmacies must have a consultation room. The consultation room, which will be used to undertake vaccinations, must comply with the minimum requirements set out below:
- the consultation room must be clearly designated as an area for confidential consultations
 - it must be distinct from the general public areas of the pharmacy premises
 - it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
- 4.2 The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises¹⁰.
- 4.3 Prior to provision of the service, the pharmacy contractor must have signed up to service delivery through the NHS BSA website¹¹. This must be done each year prior to provision of the service.

¹⁰ <http://www.pharmacyregulation.org/standards/standards-registered-pharmacies>

¹¹ <http://www.nhsbsa.nhs.uk/>

- 4.4 Vaccinations under this advanced service will usually be carried out on the pharmacy premises in the consultation room. However, where the pharmacy receives a request from a long-stay care home or long-stay residential facility to vaccinate a resident/patient away from the pharmacy premises and the pharmacy contractor agrees to vaccinate those patients, the pharmacy contractor must follow the protocols set out in Annex C including seeking approval from NHS England to provide vaccinations at a specific location other than the pharmacy premises. The pharmacy contractor should use the request form included in Annex C. The pharmacy must follow appropriate cold-chain storage measures and ensure that the setting used to administer the vaccinations is appropriate.
- 4.5 The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the community pharmacy seasonal flu vaccination advanced service Declaration of Competence (DoC)¹². Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue. The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by pharmacists that they employ/engage to deliver the service.
- 4.6 The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.
- 4.7 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5. Service availability

- 5.1 The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's contracted opening hours¹³.
- 5.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

¹² The Declaration of Competence is available on the CPPE website: <https://www.cppe.ac.uk/doc>

¹³ The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, so as to ensure continuity of service provision across the opening hours of the pharmacy.

6. Data collection and reporting requirements

- 6.1 A national Flu Vaccination Record and Consent Form¹⁴ is set out in Annex D. Pharmacy contractors should use this Flu Vaccination Record and Consent Form to collect the information required for this advanced service.
- 6.2 Consent forms should be retained for an appropriate period of time. As pharmacy contractors are the data controller it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with 'Records Management Code of Practice for Health and Social Care'⁹.
- 6.3 Where consent forms are scanned into either a patient's notes or into a third party data transfer software solution care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.
- 6.4 The information contained in the Flu Vaccination Record and Consent Form may be shared on request with NHS England for the purpose of post payment verification.
- 6.5 Annex E is a patient questionnaire which patients should be asked to complete following administration of the vaccine¹⁵. An IT platform will be made available to enable patient questionnaires to be completed electronically either by the patient themselves or with help from the pharmacy team. Where patients complete a paper version of the patient questionnaire pharmacy contractors should utilise the functionality available on the IT platform to submit the patient's responses to the questionnaire so that these responses can be collated and analysed along with those submitted electronically. Guidance on how this process will occur will be made available in due course. Information from these completed patient questionnaires will be used by NHS England to evaluate the service.

7. Payment arrangements

- 7.1 Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists administering NHS flu vaccinations meet the requirements outlined in this service specification. They must also notify NHS England that they intend to provide the service via a form on the NHS BSA website¹¹. This must be done each year prior to provision of the service. If the notification to the NHS BSA is not received prior to payment claims being

¹⁴ A standalone version of the Flu Vaccination Record and Consent Form is available on both the PSNC and NHS Employers websites.

¹⁵ A standalone version of the patient questionnaire is available on both the PSNC and NHS Employers websites.

submitted they will not be processed or paid as the requirement to notify the NHS BSA, set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions, will have been breached.

- 7.2 If the pharmacy contractor ceases to provide this advanced service they must notify NHS England that they are no longer providing the service via the NHS BSA as soon as possible and within one week of ceasing service provision. The service cessation form is available via the NHS BSA website¹⁶.
- 7.3 The pharmacy contractor must complete the community pharmacy seasonal influenza vaccination advanced service claim form and submit this to the NHS BSA with their FP34C each month to claim payment for this service. The service claim form is available via the NHS BSA website¹⁶.
- 7.4 Payment claims for those vaccinations administered during March must be submitted to the NHS BSA by the 5th of April in line with the FP34C process. Late claims will not be processed.
- 7.5 Payment will be £7.64¹⁷ per administered dose of vaccine plus an additional fee of £1.50 per vaccination (therefore a total payment of £9.14 per dose of vaccine administered). The payment of £1.50 per vaccination is made in recognition of expenses incurred by community pharmacies in providing this service. These include training, and disposal of clinical waste. Such costs are not reimbursed elsewhere within the Community Pharmacy Contractual Framework.
- 7.6 The pharmacy contractor will also be reimbursed for the cost of the vaccine¹⁸. An allowance at the applicable VAT rate will also be paid.
- 7.7 The pharmacy contractor will not be reimbursed or remunerated, under this advanced service, for vaccines administered to patients outside of the eligibility criteria set out in Annex A.

¹⁶ <http://www.nhsbsa.nhs.uk/>

¹⁷ Funding for this service will be in addition to and outside of the core CPCF funding.

¹⁸ Any purchase margin by pharmacies relating to the seasonal flu vaccine would be included in the calculation of allowed purchase margin that forms a part of agreed NHS pharmacy funding.

Annex A: Groups included in this advanced service

This service covers those patients most at risk from influenza **aged 18 years and older**, as listed below.

The selection of these eligible groups has been informed by the target list from the annual flu plan¹ and Immunisation against infectious disease: The Green Book⁵.

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2017.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic (long term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease, such as heart failure	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease at stage three, four or five	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disability, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
A weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting

treatment)	<p>the immune system (e.g. IRAK-4, NEMO, complement deficiency).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p>
Splenic dysfunction	<p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>
All pregnant women (including those women who become pregnant during the flu season)	<p>Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).</p>
People living in long-stay residential care homes or other long-stay care facilities	<p>Vaccination is recommended for people aged 18 or over living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence. For the pharmacy service this only applies to those aged 18 or over.</p>
Carers	<p>People aged 18 or over who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.</p>
Household contacts of immunocompromised individuals	<p>People who are household contacts, aged 18 and over, of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.</p>

Annex B: NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name)	
-----------------------	--

Patient name	
Address	

Patient DOB		NHS number (where known)	
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This patient was administered a seasonal influenza vaccination at this pharmacy on:

/ /

To ensure that your records are complete, you may find it useful to record this as:

Seasonal influenza vaccination given by pharmacist

Read V2: 65ED0

CTV3: XaZfY

SNOMED CT: 849211000000109

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 65 or over	<input type="checkbox"/> Chronic respiratory disease
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression
	<input type="checkbox"/> Splenic dysfunction	<input type="checkbox"/> Pregnant woman
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Carer
	<input type="checkbox"/> Household contact of immunocompromised individual	

Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)

Pharmacy name	
Address	
Telephone	

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Annex C: Responding to a request to vaccinate people living in long-stay residential care homes or other long-stay care facilities

Request from care home/ long-stay residential setting for vaccinating resident(s) is received by pharmacy providing advanced service for community pharmacy seasonal flu vaccination advanced service.

The pharmacy contractor arranges date/time with the care home/ long-stay residential setting, and prepares all consumables, paperwork etc for the vaccinations. Please see below, for notes on preparation and set up.

For each care home/ long-stay residential setting the pharmacy contractor should complete a "Request to provide NHS flu vaccination to care home/long stay residential home patients form" (See page 17 for the form¹⁹) and email this to the relevant NHS England office (see PSNC or NHS Employers website for contact details) for approval before the vaccination(s) are administered.

Details required include:

- Pharmacy name, address, telephone number, ODS code, name and signature of person completing the form & date request is being made.
- Name & address of the setting where the vaccination will be administered.
- Reason for request to vaccinate offsite (for example, if the resident/patient is bed bound or lacks mental capacity). Clinicians will be aware of their responsibilities around judgements on mental capacity.
- Confirmation for each patient/resident that their GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/ long-stay residential setting. It is up to the pharmacy contractor as to how this is achieved but confirmation that it has been done must be recorded.
- Confirmation that the pharmacy contractor's professional indemnity insurance covers offsite flu vaccination.
- Confirmation that the pharmacist(s) has a valid DBS check.
- Confirmation that appropriate arrangements for waste management for the vaccinations is in place.
- Confirmation that the pharmacy contractor has ensured the setting for vaccination is suitable (for example, that it meets all the requirements for confidentiality).
- Confirmation that there is appropriate infection control in the settings for vaccination.
- Confirmation that the pharmacy contractor has suitable cold chain arrangements for the transport of vaccines.

No additional funding will be provided under this advanced service where vaccinations are provided to people living in long-stay residential care homes or other long-stay care facilities.

NHS England gives the pharmacy contractor approval to vaccinate offsite within five working days of receiving the request (if for clinical reasons approval is needed more quickly that must be arranged locally).

Once the pharmacist has completed all vaccinations, data from the completed patient proforma must be sent to the patients' GP practice in a manner set out in section 3.11.

¹⁹ A standalone version of the Request Form is available on both the PSNC and NHS Employers websites.

Preparation and set up for vaccinating people living in long-stay residential care homes or other long-stay care facilities

Please follow the principles in the service specification and NHS PGD.

A. Preparation and set up

- A.1 Pharmacists/pharmacy contractors must notify their professional indemnity insurance provider that offsite vaccinations will be provided to ensure that risks of providing vaccinations away from the pharmacy premises are indemnified.
- A.2 Prior to the visit, pharmacists or support personnel should contact the patient/care home to organise a convenient time for the administration of the vaccine. At the same time, re-check eligibility and any reason for exclusion from administration of the vaccine (as defined by the PGD or SPC) for each patient to whom a vaccination will be administered during the visit.
- A.3 Pharmacists should consider being accompanied by a trained pharmacy support staff member during visits. The primary role of the support staff member is to assist in the event of an emergency. They could also be responsible for general administrative tasks such as completing consent forms, a review of the vaccination suitability, completion of documents and overseeing the waiting area, as well as being available as a chaperone if required.
- A.4 Ensure that you have ordered and take sufficient consumables, as well as anaphylaxis kits, to the setting.

B. Cold chain

- B.1 Pharmacists must ensure that the cold chain storage of the vaccines must be maintained at all times. This includes:
- Trained pharmacists must check the packaging for any tampering or damage and confirm the vaccines have been appropriately stored and the cold chain has been maintained at +2°C to +8°C.
 - Required vaccines should be collected and removed from the drug fridge on the day of administration, just before use and transferred to an appropriate validated cool box (as supplied by a medical company) for transportation.
 - The vaccines should not be used after the expiry date shown on the product.
 - Vaccines should be transported to the administration location in a validated cool box with the appropriate insulation to keep the temperature between +2°C to +8°C.
 - The vaccines should be kept in their packaging and insulated (for example, using bubble wrap) from the cooling system to avoid the risk of freezing.
 - Any unused vaccines should be returned to the pharmacy fridge within 8 hours of first removal.
 - It is the pharmacist's responsibility to keep the vaccines stored between +2°C to +8°C at all times.

C. Waste arrangements

C.1 Pharmacy contractors must ensure that they meet the requirements of The Waste (England and Wales) (Amendment) Regulations 2012 in terms of transferring pharmaceutical waste from the site of vaccination back to the pharmacy premises for subsequent safe disposal.

D. Documentation

D.1 Consideration should be given to the documentation which should be taken to the offsite premises, for example;

- Sufficient patient consent documents
- Sufficient patient information leaflets

D.2 The GP practice notification form found at Annex B must be completed for each vaccination and then be sent to the patient's GP as set out in section 3.11.

D.3 If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice.

D.4 All relevant paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care 2016'²⁰.

D.5 Report any patient safety incidents in line with the requirements of sections 3.11, 3.12 and the Clinical Governance Approved Particulars for pharmacies.

²⁰ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

Request to provide NHS flu vaccination to care home/long-stay residential home patients

Please complete the form below in full and submit your request to the local NHS England team
(see contact details on the NHS Employers and PSNC websites)

Name of pharmacy making request		
Pharmacy address		
Town/City		
Postcode		
Contact telephone		
ODS code	F	
Signed		
Print Name		
Date [DDMMYYYY]		
Details of where the vaccination will be administered		
Name of facility		
Address		
Postcode		
Reason for request to vaccinate at this location? (e.g. resident/patient is bed bound, lacks mental capacity)		
Pharmacy declaration for meeting minimum requirements:		
Each patient's GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/long-stay residential facility	<input type="checkbox"/> Yes	
The pharmacy's professional indemnity insurance covers offsite flu vaccination	<input type="checkbox"/> Yes	
The pharmacist(s) has a valid DBS check	<input type="checkbox"/> Yes	
Appropriate arrangements for waste management for the provision of vaccinations in the facility are in place	<input type="checkbox"/> Yes	
The setting for provision of vaccinations is suitable (e.g. will meet all the requirements for confidentiality)	<input type="checkbox"/> Yes	
Appropriate infection control is available in the setting for provision of vaccinations	<input type="checkbox"/> Yes	
Suitable cold chain arrangements for the transport of vaccines are in place	<input type="checkbox"/> Yes	

Annex D: NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service - Record & Consent Form

* indicates sections that must be completed

Patient's details																			
First name*																			
Surname*																			
Address																			
Postcode																			
Telephone																			
Date of birth*																			
GP practice*																			
Patient's emergency contact																			
Name																			
Telephone																			
Relationship to patient																			
Patient consent																			
<p>1. I agree to be given a flu vaccination by a trained pharmacist.</p> <p>2. I confirm I have not already received a flu vaccination for this flu season.</p> <p>3. I declare that the information I have given on this form is correct and complete.</p> <p>4. I consent to the disclosure of relevant information, where appropriate, from this form to:</p> <ul style="list-style-type: none"> ▪ my GP practice to help them provide care to me; and ▪ NHS England (the national NHS body that manages pharmacy and other health services) and the NHS BSA for the purposes of checking payments to the pharmacy and to allow them to make sure the service is being provided properly. 																			
Signature																			
Date																			

To be completed by pharmacy staff

Any allergies					
Eligible patient group*	<input type="checkbox"/> 65 years or over	<input type="checkbox"/> Chronic respiratory disease			
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease			
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease			
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression			
	<input type="checkbox"/> Splenic dysfunction	<input type="checkbox"/> Pregnant woman			
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Carer			
	<input type="checkbox"/> Household contact of immunocompromised individual				

Vaccination details

Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*				Pharmacy stamp
Batch Number*		Injection site*	<input type="checkbox"/> Left upper arm <input type="checkbox"/> Right upper arm			
Expiry Date*		Route of administration*	<input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous			
Any adverse effects*						
Advice given and any other notes						
Administered by* <small>(pharmacist name)</small>		Signature*		GPhC number*		

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Annex E: NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	If yes, where were you vaccinated?	<input type="checkbox"/> GP practice <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other location		
3	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	<input type="checkbox"/> From the pharmacy staff <input type="checkbox"/> Poster in the pharmacy <input type="checkbox"/> From my GP/nurse <input type="checkbox"/> By word of mouth <input type="checkbox"/> I used the service last year <input type="checkbox"/> Poster in the GP practice <input type="checkbox"/> An NHS advert (newspaper, TV or radio)		
4	How satisfied were you with the service you received in the pharmacy?			
	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
5	Would you be willing to have a vaccination at a pharmacy in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
6	Would you recommend this service to your friends and family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
Some questions about you				
8	What is your sex?			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

9	What is your ethnicity?
	<p>A - White</p> <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background
	<p>B - Mixed</p> <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background
	<p>C - Asian or Asian British</p> <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background
	<p>D - Black or Black British</p> <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background
	<p>E - Chinese or other ethnic group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group
10	How old are you?
	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+

Thank you for taking the time to complete this questionnaire.

To be completed by the pharmacy staff			
Date of vaccination			
Eligible patient group	<input type="checkbox"/> Aged over 65	<input type="checkbox"/> Chronic respiratory disease	
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease	
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression	
	<input type="checkbox"/> Splenic dysfunction	<input type="checkbox"/> Pregnant woman	
	<input type="checkbox"/> Person in long-stay residential or home	<input type="checkbox"/> Carer	
	<input type="checkbox"/> Household contact of immunocompromised individual		

**Pharmaceutical Services
Negotiating Committee**
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