London Pharmacy Inactivated Influenza Vaccine (IIV) Enhanced Service Patient Group Direction (PGD)

This PGD is for the administration of inactivated influenza vaccine to individuals in accordance with NHS England London Pharmacy Seasonal Influenza Vaccination Enhanced Service.

This PGD is for the administration of inactivated influenza vaccine by registered healthcare practitioners identified in section 3, subject to any limitations to authorisation detailed in section 2.

Reference no:	London Pharmacy Inactivated Influenza Vaccine Enhanced Service PGD
Version no:	v1.0
Valid from:	27 October 2025
Expiry date:	1 April 2026

NHS England – London has developed this PGD to facilitate the delivery of publicly funded immunisation in London in line with local recommendations.

Those using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)[1]. **The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2.**

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 8 years after the PGD expires if the PGD relates to adults only.

Individual practitioners must be authorised by name, under the current version of this PGD before working according to it by signing section 7.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date.

Any concerns regarding the content of this PGD and enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to: england.londonimms@nhs.net

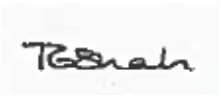
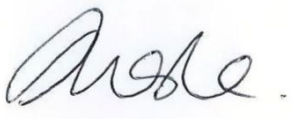
[1] This includes any relevant amendments to legislation

Change history

Version number	Change details	Date
V1.0	New template. Newly developed PGD, to support delivery of vaccination services to the cohorts specified in the London Pharmacy Seasonal Influenza Vaccination Enhanced Service Specification 2025/26.	27/10/2025

1. PGD development

This PGD has been developed by the following health professionals on behalf of NHS England - London

Developed by:	Name	Signature	Date
Pharmacist (Lead author)	Tushar Shah Lead Pharmacy Adviser NHS England – London		24/10/2025
Doctor	Agatha Nortley-Meshe Regional Medical Director for Primary Care NHS England – London		24/10/2025
Registered Nurse	Gwen Kennedy Director of Nursing NHS England – London		24/10/2025

This PGD has been peer reviewed in accordance with the NHS England London Region PGD Policy.

In addition to the signatories above, the Working Group included:

Name	Designation
Dawn Hollis	Head of Public Health Commissioning, NHS England - London

Expert Panel

Name	Designation
Helen Beynon	Clinical Advisor, Immunisation Clinical Advice Response Service (CARS), NHS England - London
Susan Elden	Consultant in Public Health, NHS England - London
Naveen Dosanjh	Senior Clinical Advisor – Vaccinations, NHS England – National
Jon Hayhurst	Regional Chief Pharmacist, NHS England - London

2. Organisational authorisations

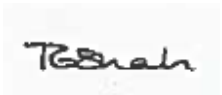
The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

NHS England – London authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisations and/or services
This PGD must only be used by specified registered healthcare professionals working for providers that are directly commissioned by NHS England - London to provide the London Pharmacy Seasonal Influenza Vaccination Enhanced Service.
Limitations to authorisation
This PGD specifically excludes vaccinations administered under any other service specification, including those as part of the national influenza vaccination programme. This PGD is specific for the cohorts identified in the London Pharmacy Seasonal Influenza Vaccination Enhanced Service Specification 2025/26.

Organisational approval (legal requirement)			
Role	Name	Sign	Date
Chief Nurse, NHS England - London	Karen Bonner		24/10/2025

Additional signatories according to locally agreed policy			
Role	Name	Sign	Date
Director of Nursing, NHS England – London	Gwen Kennedy		24/10/2025
Lead Pharmacy Adviser, NHS England – London	Tushar Shah		24/10/2025

Local enquiries regarding the use of this PGD may be directed to england.londonimms@nhs.net

Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

3. Characteristics of staff

Qualifications and professional registration	**All practitioners should only administer vaccinations where it is within their scope of clinical practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below.** Practitioners working to this PGD must also be one of the following registered professionals who can legally supply and administer under a PGD: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists and pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to privately provided community pharmacy services) • chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) • dental hygienists and dental therapists registered with the General Dental Council • optometrists registered with the General Optical Council Check section 2 (Limitations to authorisation) to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply and administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (the Green Book), and national and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training for registered healthcare practitioners. For further information, see flu immunisation training recommendations • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines and management of the cold chain • must be competent in the recognition and management of anaphylaxis • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy **The individual practitioner must be authorised by name, under the current version of this PGD before working according to it.**
Continued training requirements	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners should be constantly alert to any subsequent recommendations from UKHSA, NHS England and other sources of medicines information.

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Inactivated influenza vaccine is indicated for the active immunisation of individuals for the prevention of influenza infection, in accordance with the London Pharmacy Seasonal Influenza Vaccination Enhanced Service Specification 2025/26. **Note: This PGD does not cover the provision of occupational health schemes or peer-to-peer influenza immunisation (see NHS Specialist Pharmacy Service Influenza vaccine written instruction templates for adoption). See inclusion criteria below for specified frontline staff without employer-led occupational health schemes.**
Criteria for inclusion	**Providers are reminded to ensure vaccination is in line with the contractual arrangements and limitations of service provision agreed with the service commissioner, as well as the criteria for inclusion. Providers are also accountable for ensuring vaccinators listed under section 7 are trained and clinically competent to deliver such services and are assured that the training requirements in section 3 are complete prior to commencing vaccination.** For the 2025 to 2026 influenza season, influenza vaccines should be offered in accordance with the London Pharmacy Seasonal Influenza Vaccination Enhanced Service Specification 2025/26. **From 27 October 2025 Individuals aged 18 years and over:** • experiencing homelessness. • who identify as being from Gypsy, Roma and Traveler communities. • who identify themselves as Sex Workers. • with learning disabilities. • who identify themselves as having a mental health condition. • within detained estates or in contact with justice systems. • who identify themselves as vulnerable migrants • who identify themselves as asylum seekers. • who identify themselves as victims of modern slavery. • who are experiencing drug and alcohol dependencies. • who are frontline healthcare staff (including pharmacy staff, optometrist staff and dentistry staff) whose employer does not provide an occupational health vaccination scheme and who are not otherwise able to seek vaccination through the national influenza vaccination programme and are directly involved with the care of vulnerable individuals who are at increased risk from exposure to influenza.
Criteria for exclusion[2] (continued over page)	Individuals for whom no valid consent has been received (or for whom a best-interests decision in accordance with the Mental Capacity Act 2005, has not been obtained). For further information on consent, see Chapter 2 of the Green Book. Several resources are available to inform consent (see written information to be given to individual, parent or carer section). Individuals who: • are less than 18 years of age

[2] Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required.

Criteria for exclusion (continued)	• individuals that fall into cohorts which are included in the national influenza vaccination programme, who can be vaccinated under alternative legal mechanisms • all pregnant women, who can be vaccinated under alternative legal mechanisms • have had a confirmed anaphylactic reaction to a previous dose of the vaccine • have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process[3] (other than ovalbumin – see cautions) • have received a complete dose of the recommended influenza vaccine for the current season • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)
Cautions including any relevant action to be taken	Facilities for management of anaphylaxis should be available at all vaccination premises (see Chapter 8 of the Green Book and advice issued by the Resuscitation Council UK). Individuals with a bleeding disorder may develop a haematoma at the injection site (see route and method of administration). Individuals with a severe anaphylaxis to egg which has previously required intensive care can be immunised in any setting using a suitable egg-free vaccine, for instance IIVc. Individuals with a less severe egg allergy can be immunised in any setting using a suitable egg-free vaccine, or an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms per 0.5 ml dose). For details of the influenza vaccines available for the current season and their ovalbumin content, follow this link. Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.
Action to be taken if the individual is excluded	In case of postponement due to acute illness, advise when the individual can be vaccinated and ensure another appointment is arranged. Document the reason for exclusion and any action taken in the individual's clinical records. Seek appropriate advice from the local Screening and Immunisation Team, local Health Protection Team or the individual's clinician as required.
Action to be taken if the individual or carer declines treatment	Informed consent, from the individual or a person legally able to act on the person's behalf, must be obtained for each administration and recorded appropriately. Where a person lacks the capacity, in accordance with the Mental Capacity Act 2005, a decision to vaccinate may be made in the individual's best interests. Further information on consent can be found in Chapter 2 of the Green Book. Advise the individual or carer about the protective effects of the vaccine, the risks of infection and potential complications if not immunised. Document advice given and the decision reached.

[3] Residues from the manufacturing process may include beta-propiolactone, cetyltrimethylammonium bromide (CTAB), formaldehyde, gentamicin, hydrocortisone, kanamycin, neomycin, octoxinol-9, octylphenol ethoxylate, polysorbate 80, sodium deoxycholate. Check the vaccine's SPC for details.

Arrangements for referral for medical advice	As per local policy. Usually this will be the individual's GP practice.

5. Description of treatment

Name, strength and formulation of drug

Inactivated influenza vaccine suspension in a pre-filled syringe, including:

- adjuvanted inactivated influenza vaccine (aIIV) ▼
- cell-cultured inactivated influenza vaccine (IIVc)▼
- egg-cultured inactivated influenza vaccine (IIVe)
- recombinant inactivated influenza vaccine (IIVr)▼
- high-dose inactivated influenza vaccine (IIV-HD)▼

Some influenza vaccines are restricted for use in particular age groups. Refer to the vaccine's SPC, guidance for Influenza vaccines marketed in the UK and the off-label use section for further information.

Summary table of which inactivated influenza vaccines to offer (by age)

Age	Influenza vaccine to offer eligible individuals		Notes
	First line	**Second line**	
18 years to 64 years	IIVc or IIVr	IIVe	aIIV and IIV-HD may be offered to those turning 50 and 60 years of age respectively by 31 March 2026
	From 50 years of age aIIV		
	From 60 years of age IIV-HD		
65 years and over	Offer aIIV, IIV-HD or IIVr.	IIVc	**Note: IIVe is not recommended for those 65 years and over**

First line vaccines should be ordered ahead of second line vaccine choices.

The enhanced service references the annual flu letter that clearly outlines actions to be taken by providers when a first line vaccine is not in stock.

Legal category	Prescription only medicine (POM).

Black triangle▼	IIVc, IIVr, IIV-HD and aIIV products are designated as black triangle medicines. Being newer vaccines, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for these products. All suspected adverse drug reactions should be reported using the MHRA Yellow Card Scheme. This information was accurate at the time of writing. See product SPCs for indication of current black triangle status.

Off-label use	Where a vaccine is recommended off-label, as part of the consent process, consider informing the individual or carer that the vaccine is being offered outside of product licence but in accordance with national guidance. Vaccines should be stored according to the conditions detailed in the storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, refer to Vaccine Incident Guidance. Where vaccines are assessed in accordance with these guidelines as appropriate for continued use, this would constitute off-label administration under this PGD.
Route and method of administration	**Vaccinators must ensure they are trained and competent to administer the vaccine via the preferred route, to the cohort(s) they have been commissioned to vaccinate.** Administer by intramuscular injection, preferably into the deltoid muscle of the upper arm. When co-administering with other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably into different limbs. If given into the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records. If aIIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a clinician familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy. The individual or carer should be informed about the risk of haematoma from the injection. Influenza vaccines licensed for both intramuscular and subcutaneous administration may alternatively be administered by the subcutaneous route. **Note: IIVc, IIVr and aIIV are not licensed for subcutaneous administration so should only be administered intramuscularly under this PGD**. The site at which each vaccine was given should be noted in the individual's records. Shake vaccine suspensions gently before administration. Visually inspect the vaccine prior to administration for any foreign particulate matter, discolouration or other variation of expected appearance from that described in the vaccine's SPC. Discard the vaccine in accordance with local procedures, should any of these occur. Check product name, batch number and expiry date before administration. The SPCs provide further guidance on administration.
Dose and frequency of administration (continued over page)	**IIVc, IIVe, IIVr, aIIV** and **IIV-HD**

Dose and frequency of administration (continued)	Single 0.5ml dose to be administered for the current annual flu season (27 October 2025 to 31 March 2026).
Duration of treatment	As outlined in dose and frequency of administration above.
Quantity to be supplied and administered	**IIVc, IIVe, IIVr, aIIV** and **IIV-HD**: Single dose of 0.5ml per administration.
Supplies	Supplies for administration to adults should be ordered from the influenza vaccine manufacturers or their wholesalers as in previous years. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the Green Book Chapter 3).
Storage	Store at +2°C to +8°C. Do not freeze. Store in original packaging in order to protect from light. In the event of an inadvertent or unavoidable deviation of these conditions, vaccines that have been stored outside the conditions stated above should be quarantined and risk assessed on a case-by-case basis for suitability of continued off-label use or appropriate disposal. Refer to Vaccine Incident Guidance. The manufacturer of Vaxigrip® (IIVe) advise that the vaccine remains stable for 72 hours up to 25ºC ± 2ºC. This information is a guide for healthcare professionals in case of temporary temperature excursions. Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion.
Disposal	Follow local clinical waste policy and NHS standard operating procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to local waste disposal arrangements and NHS England guidance in (HTM 07-01): safe and sustainable management of healthcare waste.
Drug interactions	Influenza vaccines can be co-administered with other vaccines including COVID-19 and RSV vaccines Where aIIV is given with other vaccines, including other adjuvanted vaccines, the adverse effects of both vaccines may be additive and should be considered when informing the recipient. Individuals should also be informed about the likely timing of potential adverse events relating to each vaccine. If the vaccines are not given together, they can be administered at any interval. A detailed list of drug interactions is available in the SPC for each vaccine.
Identification and management of adverse reactions (Continued over page)	Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within one to 2 days without treatment. Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur.

Identification and management of adverse reactions (continued)	A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines. The frequency of injection-site pain and systemic reactions may be higher in individuals vaccinated concomitantly with inactivated influenza vaccine and pneumococcal polysaccharide vaccine (PPV23) compared to vaccination with influenza vaccine alone and similar to that observed with PPV23 vaccination alone. Influenza vaccine and PPV23 may be administered at the same visit or at any interval from each other. A detailed list of adverse reactions is available in the SPC for each vaccine.
Reporting procedure of adverse reactions	Healthcare professionals and individuals and carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed as appropriate.
Written information to be given to individual or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Where applicable, inform the individual or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the product SPC.
Advice and follow-up treatment	Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season. Inform the individual or carer of possible side effects and their management. The individual or carer should be advised when to seek medical advice in the event of an adverse reaction and encouraged to report this via the Yellow Card reporting scheme. In case of postponement due to acute illness, advise when the individual can be vaccinated and how future vaccination may be accessed. When applicable, advise the individual or carer when to return for vaccination or when a subsequent vaccine dose is due. Where an individual is eligible and due to receive another NHS vaccine (such as shingles or COVID-19) and it is not available from the provider, the individual should be signposted to their GP practice or an alternative appropriate NHS provider.
Special considerations and additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. Individuals not registered with a GP practice may be vaccinated. They should be encouraged to register with a GP as appropriate to their circumstances or be referred to appropriate alternative medical services as required.

Records	The practitioner must ensure the following is recorded: • that valid informed consent was given (or a decision to vaccinate was made in the individual's best interests, in accordance with the Mental Capacity Act 2005) • name of individual, address, date of birth and GP with whom the individual is registered (or record where an individual is not registered with a GP and that appropriate advice has been given) • eligibility for immunisation • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if the individual is excluded or immunisation was declined • details of any adverse drug reactions and actions taken • supplied via PGD Records should be signed and dated (or password controlled on e-records). All records should be clear, legible and contemporaneous and in line with requirements as outlined in the London Pharmacy Enhanced Service Specification. As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and anatomical site at which each vaccine is given is accurately recorded in the individual's records. Systems should be in place to ensure a record of vaccination is returned to the individual's general practice to support complete health records. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local and national policy and post-payment verification.

6. Key references

Key references	**Inactivated influenza vaccination** • Acknowledgement – Content adapted from the UKHSA Inactivated Influenza Vaccine PGD template v14.0 • Immunisation Against Infectious Disease: The Green Book, Chapter 19, updated 29 May 2025 https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • Summary of Product Characteristics: - TIVc (IIVc), Seqirus UK, last updated 12 August 2024 - TIVr (IIVr), (Supemtek®), Sanofi, last updated 3 April 2025 - TIVe (IIVe), (Vaxigrip®), Sanofi, last updated 8 April 2025 - TIVe (IIVe), (Influvac® -influenza vaccine TIV MYL), Mylan, last updated 21 January 2025 - TIV-HD (IIV-HD),(Efluelda®), Sanofi, last updated 28 March 2025 - aTIV (aIIV), Seqirus UK, last updated 10 January 2025 • Collection: Annual Flu Programme. https://www.gov.uk/government/collections/annual-flu-programme • The national flu immunisation programme 2025 to 2026 letter, published 13 February 2025 https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2025-to-2026/national-flu-immunisation-programme-2025-to-2026-letter • All influenza vaccines marketed in the UK, updated 13 February 2025 https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk • Influenza vaccine written instruction templates for adoption. NHS Specialist Pharmacy Service https://www.sps.nhs.uk/articles/influenza-vaccine-written-instruction-templates-for-adoption/ • JCVI statement on influenza vaccines for 2025 to 2026, updated 3 December 2024 https://www.gov.uk/government/publications/flu-vaccines-2025-to-2026-jcvi-advice/jcvi-statement-on-influenza-vaccines-for-2025-to-2026#at-risk-adults-18-to-64-years-of-age-including-pregnant-women • Flu vaccinations: supporting people with learning disabilities, updated 25 September 2018 https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities • Competency assessment tools for vaccination services https://www.cppe.ac.uk/services/declaration-of-competence **General** • NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023 https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/ • Immunisation Against Infectious Disease: The Green Book, Chapter 2, updated 18 November 2024 https://www.gov.uk/government/publications/consent-the-green-book-chapter-2 • National Minimum Standards and Core Curriculum for Vaccination Training, published June 2025

(continued over page)

Key references (continued)	https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions, published 27 March 2017 https://www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions, updated 4 January 2018 https://www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection https://www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

7. Practitioner authorisation sheet

London Pharmacy Inactivated Influenza Vaccine Enhanced Service PGD v1.00
Valid from: 27 October 2025 Expiry: 1 April 2026

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Practitioner

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of the following named organisation …….. for the above-named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.