

Classification: Official

Publication reference: PR1774



# Community pharmacy advanced service specification

## Seasonal influenza vaccination

Version 1, 22 August 2022

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## Summary of changes for 2022/23

### **Summary of key changes from the 2021/22 seasonal flu advanced service specification**

- Patient cohorts amended to reflect the content of the 2022/23 Annual Flu Letter.
- Update to relevant organisation names.
- Minor amendments to wording relating to patient consent to share information.
- Wording on the requirements for a consultation room amended to reference the relevant Regulations (the requirements themselves have not changed).
- Minor amendment to include the PHE (now UKHSA) competency assessment tool as a means to demonstrate competence.
- Minor amendments to wording relating to vaccinations for staff.
- Amended requirement to submit claims to the NHSBSA within three months of administration of a vaccine to a patient.
- Minor amendments in the service availability section.
- Update to flu immunisation training recommendations now published by UKHSA

The terms within this service specification may be subject to renegotiation during the flu season where significant changes to supply or distribution of vaccines occurs or where patient cohorts are changed.

# 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 pressures on A&E. To improve access to NHS flu vaccination for eligible patients, NHS England has commissioned an advanced service for community pharmacies to provide flu vaccinations since 2015.
- 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, based on information in the Annual Flu Plan.<sup>1</sup>
- 1.4 This advanced service begins on 1 September 2022 and shall continue until 31 March 2023.

## 2. Aims and intended service outcomes

- 2.1 The aims of this service are:
  - 2.1.1 to sustain and maximise uptake of flu vaccine in at risk groups<sup>2</sup> by continuing to build the capacity of community pharmacies as an alternative to general practice attendance; and
  - 2.1.2 to provide more opportunities and improve convenience for eligible patients to access flu vaccinations.

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

<sup>2</sup> The at-risk groups and UKHSA 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 patient groups eligible for seasonal flu vaccination under this service, unless contraindicated, are listed in Annex A. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) who review the latest evidence on influenza vaccines and recommend the type of vaccine to be offered to patients. The pharmacy contractor is required to offer eligible patients the opportunity of receiving a flu vaccination at the pharmacy. The vaccine is to be administered by an appropriately trained vaccinator, authorised under the NHS England Patient Group Direction (PGD) or National Protocol.
- 3.2 The service is effective from 1 September 2022 and runs to 31 March 2023, but focus should be given to vaccinating eligible patients between 1 September 2022 and 31 January 2023. Eligible patients should be vaccinated as soon as the vaccine is available and within the announced and authorised cohorts at the time of vaccination.

For 50-64 year olds not in clinical risk groups, this will be effective from 15 October 2022, with all other cohorts effective from 1 September 2022.

Widespread immunisation may continue until December 2022 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 2023. This should take into account the level of flu-like illness in the community<sup>3</sup> and that immune response following immunisation may take up to 14 days to achieve.<sup>4</sup>

- 3.3 The seasonal flu vaccination to be administered under this service is one of the flu vaccines listed in the NHS England, UK Health Security Agency and Department of Health and Social Care annual Flu Reimbursement Letter.<sup>5</sup>

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<sup>3</sup> <https://www.gov.uk/government/statistics/weekly-national-flu-reports>

<sup>4</sup> <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

<sup>5</sup> <https://www.gov.uk/government/publications/national-flu-immunisation-programme>

- 3.4 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book)<sup>6</sup> which outlines all relevant details on the background, dosage, timings and administration of the vaccine, and disposal of clinical waste.<sup>7</sup> Pharmacy contractors must ensure that vaccination is offered in line with any JCVI guidance on the co-administration of vaccinations or the required interval between any vaccinations, including where they have been administered by another provider.
- 3.5 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.
- 3.6 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine or be directed to a web-based version of the leaflet.
- 3.7 Prior to vaccination, consent must be sought from each patient. This consent should cover the administration of the vaccine as well as advising the patient of information sharing.

The patient should be informed that information relating to their vaccination will be shared with their general practice for the appropriate recording of the vaccination in their medical record and may be anonymised and shared with the Commissioner (NHS England) for the purposes of service evaluation and research. Patient consent should be recorded in the pharmacy's clinical record for the service.

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<sup>6</sup> <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book>

<sup>7</sup> 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 Plan<sup>1</sup> or the Green Book.

3.8 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's general practice on the same day the vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, secure email or secure electronic data interchange.

If an electronic method to transfer data to the relevant general practice is used and a problem occurs with this notification platform, the pharmacy contractor must ensure a copy of the paperwork is sent or emailed to the general practice.

Where the notification to the general practice is undertaken via hardcopy, the national General Practice Notification Form should be used (see Annex B).<sup>8</sup> The information sent to the general 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 SNOMED CT code – 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 (eg aged 65 or over, has diabetes).

Any paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care'.<sup>9</sup>

**Table 1: Applicable SNOMED CT codes for notification to the GP practice**

Code Type	Code	Description
SNOMED CT	955691000000108	Seasonal influenza vaccination given by pharmacist

<sup>8</sup> A standalone version of the GP Practice Notification Form is available on the PSNC website.

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

- 3.9 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 general practice should be informed, this information should be shared with the general practice as soon as possible.
- 3.10 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.11 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste and personal protective equipment related to the provision of this service (including where the vaccination is undertaken off the pharmacy premises).

## 4. Training and premises requirements

- 4.1 To provide the service, pharmacies must have a consultation room at the pharmacy, which meets the applicable requirements of the Pharmaceutical Services Regulations. Vaccinations must take place in a consultation room wherever the patient expresses this preference. Vaccinations can also be offered in any area where suitable facilities are available, infection control standards can be maintained, and patient confidentiality and dignity is able to be respected.
- 4.2 Vaccinations under this advanced service will usually be carried out on the pharmacy premises, but they can also be undertaken in other suitable locations, such as in the patient's home, a long-stay care home, a long-stay residential facility or community venues (eg community centres). Vaccinations should be administered under the supervision of a pharmacist trained in vaccination (including a clear understanding of this service). A record should be maintained of who that person is at each premises at any given time.
- 4.3 The responsible pharmacist at the registered pharmacy premises is professionally responsible for the safe delivery of this service. If the responsible pharmacist is unable to provide sufficient supervision, for example due to workload or where vaccinations are undertaken off the



pharmacy premises, an on-site pharmacist supervising delivery of the service must be linked and work closely with the responsible pharmacist and superintendent pharmacist through an appropriate governance framework.

4.4 Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist supervising delivery of the service (or delivering the vaccination service themselves) and that vaccinators:

- are delivering vaccines in accordance with a patient group direction or any relevant national immunisation protocol, as appropriate
- have professional indemnity that covers off-site vaccinations
- continue to adhere to all professional standards relating to vaccinations
- follow appropriate cold-chain storage measures
- ensure that the setting used to administer the vaccinations is appropriate (including ensuring patient confidentiality as appropriate)
- appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.

Additionally, where vaccinations are undertaken in the patient's own home (including a care home), contractors must ensure that vaccinators have a valid DBS certificate.

4.5 The pharmacy contractor must ensure that individuals providing the service have undertaken appropriate training in line with the National Minimum Standards<sup>10</sup> and Core Curriculum for Immunisation Training Annual updates should be undertaken to ensure knowledge and practice remain current. Periodic face to face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice.

4.6 The pharmacy contractor must ensure that individuals providing the service are competent to do so. Competence can be demonstrated by using, for example, the vaccination services Declaration of Competence (DoC)<sup>11</sup> for

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<sup>10</sup> [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners, revised February 2018](#)

<sup>11</sup> The Declaration of Competence is available on the CPPE website: <https://www.cppe.ac.uk/doc>

registered pharmacists or the UKHSA competency assessment tool.<sup>12</sup> The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service.

- 4.7 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.

## 5. Service availability

- 5.1 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.
- 5.2 If the pharmacy temporarily or permanently ceases to provide the service, they should update their NHS website profile as soon as possible to reflect that the service is not available from the pharmacy.

## 6. Data collection and reporting requirements

- 6.1 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery. The minimum requirements for the information which should be included in a contractor's record of provision of the service to a patient are the mandatory sections indicated within the Flu

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<sup>12</sup> [Flu vaccinator competency assessment tool](#)

Vaccination Record Form<sup>13</sup> which is set out in Annex C. Pharmacy contractors can use this form to maintain their record of service delivery or the information can be recorded on an alternative form or in another way, such as an electronic system.

- 6.2 Data recorded via electronic clinical records systems may be shared with the NHSBSA as part of normal payment arrangements (see section 7 below). An application programming interface (API) has been developed to facilitate transfer of this data into the NHSBSA Manage Your Service (MYS) platform to improve payment claim accuracy. Details of the API and the data transferred from clinical systems to MYS are listed at Annex D.
- 6.3 Data recorded via electronic clinical records systems that has been anonymised may be shared with NHS England for service evaluation and research purposes.

## 7. Payment arrangements

- 7.1 Claims for payments for this programme should be made monthly, via the MYS platform. Claims will be accepted by the NHSBSA within three months of administration of the vaccination, in accordance with the usual Drug Tariff claims process.
- 7.2 A fee payment will be made in line with the Drug Tariff determination<sup>14</sup> per administered dose of vaccine.
- 7.3 The pharmacy contractor will also be reimbursed for the cost of the vaccine.<sup>15</sup> An allowance at the applicable VAT rate will also be paid.

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<sup>13</sup> A standalone version of the Flu Vaccination Record Form is available on the PSNC website.

<sup>14</sup> Funding for this service will be in addition to and outside of the core CPCF funding.

<sup>15</sup> 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.

- 7.4 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.

## 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 Plan<sup>1</sup> and Immunisation against infectious disease: The Green Book<sup>6</sup>

Eligible groups	Further details
All people aged 50-64 year olds not in clinical risk groups	Including those becoming age 50 years by 31 March 2023. This cohort will be eligible for vaccination from 15 October 2022.
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2023.
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.

Eligible groups	Further details
Chronic neurological disease, such as Parkinson's disease or motor neurone disease or learning disability	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (eg polio syndrome sufferers).</p> <p>Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet-controlled diabetes.
Immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)	<p>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 the immune system (eg IRAK-4, NEMO, complement disorder).</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 or asplenia	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Morbid obesity	Adults with a Body Mass Index $\geq 40\text{kg/m}^2$
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).

Eligible groups	Further details
People living in long-stay residential care homes or other long-stay care facilities	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.
Carers	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.
Close contacts of immunocompromised individuals	People who are close 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.
Frontline health and social care workers	Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
Hospice workers	Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
Workers employed through direct payments and/or personal health budgets to deliver domiciliary care	Health and social care workers employed through direct payments and/or personal health budgets to deliver domiciliary care to patients and service users.

## Annex B: NHS Community Pharmacy Seasonal Influenza Vaccination Service – Notification of administration of flu vaccination to patient’s GP practice

**Confidential**

To (GP practice name)	
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<b>Patient name</b>			
<b>Address</b>			
<b>Patient DOB</b>		<b>NHS number (where known)</b>	

This patient was administered a seasonal influenza vaccination on:    /    /

To ensure that your records are complete, you may find it useful to record this as:  
 Seasonal influenza vaccination given by pharmacist  
 SNOMED CT: 955691000000108

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 50 to 64 years not in clinical risk groups	<input type="checkbox"/> Chronic respiratory disease
	<input type="checkbox"/> Aged 65 or over	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic neurological disease
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Immunosuppression
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant woman
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Carer
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Morbid obesity (BMI ≥ 40)
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Employed through Direct Payment or Personal Health Budget	<input type="checkbox"/> Hospice worker
<input type="checkbox"/> Frontline Health & Social care worker		

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

Pharmacy name	
Address	
Telephone	



## Annex C: NHS Flu Vaccination Service – Record 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																			
Any allergies																			
Eligible patient group*	<input type="checkbox"/> 50 years to 64 years										<input type="checkbox"/> Chronic respiratory disease								
	<input type="checkbox"/> 65 years or over										<input type="checkbox"/> Chronic kidney disease								
	<input type="checkbox"/> Chronic heart disease										<input type="checkbox"/> Chronic neurological disease								
	<input type="checkbox"/> Chronic liver disease										<input type="checkbox"/> Immunosuppression								
	<input type="checkbox"/> Diabetes										<input type="checkbox"/> Pregnant woman								
	<input type="checkbox"/> Asplenia / splenic dysfunction										<input type="checkbox"/> Carer								
	<input type="checkbox"/> Person in long-stay residential care home or care facility										<input type="checkbox"/> Morbid obesity (BMI ≥ 40)								
	<input type="checkbox"/> Household contact of immunocompromised individual										<input type="checkbox"/> Learning disability								
	<input type="checkbox"/> Employed through Direct Payment of Personal Health Budget										<input type="checkbox"/> Hospice worker								
	<input type="checkbox"/> Frontline Health & Social care worker																		

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							
Location (if not in the pharmacy)*	<input type="checkbox"/> Patient's home <input type="checkbox"/> Long-stay care home or long-stay residential facility <input type="checkbox"/> Other location (please state):									
Any adverse effects*										
Advice given and any other notes										
Administered by*		Signature*		Registration number						

## Annex D: API Data Transfer

Data captured via some electronic clinical records systems (eg PharmOutcomes, Sonar Informatics) is shared directly with the NHSBSA via an API. This allows for greater claims accuracy and ease of claims submission by contractors.

Full details of the API can be found here: [Manage your service \(MYS\) | NHSBSA](#)

The core dataset transmitted by the API includes:

- Date of administration
- ODS code
- Patient name
- Patient date of birth
- Patient NHS number
- Patient address (including postcode)
- Patient's GP ODS code, practice name and address (including postcode)
- Name of vaccine administered

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