Classification: Official

Community pharmacy advanced service specification

Childhood seasonal influenza vaccination 1 October 2025 – 31 March 2026

Version 1.0

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Contents

The terms within this advanced service specification may be subject to renegotiation during the seasonal influenza season where significant changes to supply or distribution of vaccines occurs, or where Patient cohorts are changed.

1. Service background

1.1. Seasonal influenza is a key factor in NHS resilience. The annual immunisation programme helps reduce unplanned hospital admissions and pressures on urgent and emergency care. Vaccinating eligible children not only provides individual protection for the child but can help reduce transmission of the disease to the wider population.

1.2. To improve access and uptake, NHS England has commissioned a new advanced service for community pharmacies to provide seasonal influenza vaccinations to all children aged 2 and 3 years of age but not aged 4 years on the 31 August 2025. Children in older age groups may be included in this service in the future if announced and authorised by the Commissioner.

1.3. During the seasonal influenza vaccination period, pharmacy staff will opportunistically identify eligible children (either directly or through parents/guardians proposing their child) for seasonal influenza vaccination and encourage them to be vaccinated.

2. Commonly used terms

2.1 In this advanced service:

2.1.1 **"Commissioner"** means the organisation with responsibility for contract managing these advanced service arrangements and this is NHS England;

2.1.2 **"Expected Service Commencement Date"** means the announced and authorised date by the Commissioner from which administration of seasonal influenza vaccinations may commence for the Patients set out in paragraph 6.1.2;

2.1.3 **"Federated Data Platform"** or **"FDP"** means the national data platform managed by NHS England. The FDP hosts the vaccine supply and ordering tools that NHS England operates; pharmacy contractors must register for the FDP to manage their vaccine orders and submit stocktakes for this service;

2.1.4 **"Flu Letter"** means the annual Flu Letter for the 2025/26 season published jointly by the Commissioner, Department of Health and

Social Care and UKHSA and includes any statement of amendments to the Flu Letter: National flu immunisation programme plan 2025 to 2026 - GOV.UK;

2.1.5 **"Green Book"** means the Green Book: Immunisation against infectious disease published by UKHSA available at the following website as updated from time to time: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book;

2.1.6 **"JCVI"** means the Joint Committee on Vaccination and Immunisation;

2.1.7 **"Manage Your Service"** or **"MYS"** means the NHS Business Services Authority (NHSBSA) online platform which pharmacy contractors use to register to provide some services, record service activity and complete reimbursement and remuneration claims;

2.1.8 **"National Booking Service"** or **"NBS"** means the national system used by Patients to book vaccination appointments;

2.1.9 **"Patient"** means those patients eligible to receive the influenza vaccination in community pharmacy as set out in paragraph 6.1;

2.1.10 **"Pharmacy Regulations"** means the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended;

2.1.11 **"Point of Care System"** means a clinical system that has been assured by the Commissioner to record seasonal influenza vaccination events;

2.1.12 **"Post Payment Verification"** or **"PPV"** means the process conducted by the NHSBSA on behalf of NHS England to request and review evidence from a sample of pharmacy owners to support the payment claims that they have submitted;

2.1.13 **"Service Commencement Date"** means the date from which the administration of influenza vaccinations to Patients defined in paragraph 6.1.1 shall commence and which shall be following an announcement by the Commissioner. The Service Commencement

Date in community pharmacy is 1 October 2025 for children aged 2 and 3 years old (Patients as described in paragraph 6.1.1) unless otherwise announced by the Commissioner. For pharmacy contractors that register after 1 October 2025, this would be the date the pharmacy contractor will start to administer vaccines to patients defined in paragraph 6.1.1 as agreed with the Commissioner;

2.1.14 **"Terms of Service"** means the terms of service that the pharmacy contractor is required to adhere to as set out in the Pharmacy Regulations and this advanced service; and

2.1.15 **"UKHSA"** means the UK Health Security Agency.

2.2 In this advanced service specification words importing the singular include the plural and vice versa.

2.3 References to any body, organisation or office include reference to its applicable successor from time to time.

3. Aims and intended service outcomes

3.1 The aims of this advanced service are:

3.1.1 to maximise uptake of seasonal influenza vaccine in eligible Patients, by building capacity of community pharmacies in addition to the vaccination offer through general practice;

3.1.2 to provide individual protection to those children against strains of the influenza virus, as well as to reduce the transmission of influenza in the wider population, some of whom are most at risk of serious illness or death should they acquire influenza; and

3.1.3 to provide more opportunities and improve convenience for eligible Patients to access seasonal influenza vaccinations.

4. Requirements for service provision

4.1 Prior to provision of the service, the pharmacy contractor must:

4.1.1 be satisfactorily complying with their obligations under Schedule 4 of the Pharmacy Regulations in respect of the provision of essential services and an acceptable system of clinical governance;

4.1.2 be providing at least one NHS commissioned vaccination service and one service that involves the assessment or treatment of children (for example, the NHS Pharmacy First Service) to be able to provide this service; and

4.1.3 notify NHS England that they intend to provide the Childhood Seasonal Influenza Vaccination Service by completion of an electronic registration declaration through the NHSBSA MYS portal.

4.2 Pharmacy contractors must register on MYS by 23:59 on 31 August 2025 to receive vaccine ahead of the Service Commencement Date. Pharmacy contractors can register after this date and before the registration deadline, however it is not guaranteed they will receive vaccine in time for the Service Commencement Date. The deadline to register on MYS is 23:59 on 30 November 2025. If pharmacy contractors do not register by this date, they will not be able to deliver the service in 2025/26.

4.3 To provide the advanced service, there must be a consultation room at the pharmacy, which meets the applicable requirements of the Pharmacy Regulations. Vaccinations must take place in a consultation room wherever the parent/guardian of the Patient expresses this preference. Vaccinations can also be offered in any area where suitable facilities are available, infection prevention and control standards can be maintained, and Patient confidentiality and dignity is able to be respected.

4.4 The pharmacy contractor must have a standard operating procedure (SOP) in place for this advanced service, which includes procedures to ensure cold chain integrity. The SOP must include the process for escalation of any issues identified, signposting details, record keeping and staff training. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service, are familiar with and adhere to the SOPs. The SOPs should be reviewed regularly, including following any significant incident or change to the service.

4.5 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, or community venues (for example, community centres). Pharmacy contractors must obtain consent from the Commissioner if they wish to carry out vaccinations at a location off the pharmacy premises.

4.6 The responsible pharmacist at the registered pharmacy premises is professionally responsible for overseeing this advanced service. If the responsible pharmacist is unable to provide sufficient oversight, for example due to workload or where vaccinations are undertaken off the pharmacy premises, an on-site pharmacist or pharmacy technician responsible for the delivery of the advanced service must be linked and work closely with the Responsible Pharmacist and Superintendent Pharmacist through an appropriate governance framework to ensure appropriate oversight of the service.

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

4.7.1 ensure that vaccines are administered in line with the appropriate legal mechanism; that is, the Community Pharmacy Influenza vaccine (2 and 3 years of age) Patient Group Direction (PGD);

4.7.2 have professional indemnity that covers off-site vaccinations;

4.7.3 continue to adhere to all professional standards relating to vaccinations;

4.7.4 follow appropriate cold chain storage measures;

4.7.5 ensure that the setting used to administer the vaccines is appropriate (including ensuring Patient confidentiality as appropriate); and

4.7.6 appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.

4.8 Before the Service Commencement Date, the pharmacy contractor must ensure that those providing the service are competent to do so in line with

the specific skills and knowledge in section 5 and are authorised to use the relevant PGDs.

Service availability

4.9 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No Patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to a protected characteristic, as outlined in the Equality Act (2010) – this includes Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.

4.10 Pharmacy contractors must offer seasonal influenza vaccinations through the NBS to Patients. The pharmacy contractor must comply with the requirements of using the NBS, including ensuring that:

4.10.1 accurate information is published and appointment or clinic times are uploaded in a timely way to allow Patient bookings to take place;

4.10.2 at least 20 appointments are listed in the first month after the Service Commencement Date;

4.10.3 at least 10 appointments are listed per month after the first month as defined in paragraph 4.10.2 to demonstrate continued service provision; and

4.10.4 that appointments are available at various times throughout the pharmacy's full opening hours, including late afternoons and Saturdays (where the contractor is open on Saturdays).

4.11 The pharmacy contractor must offer vaccinations through advertised walk-in clinics via the Pharmacy Services Finder. The pharmacy contractor must ensure the walk-in clinic times offered promote access to the service, including late afternoons and Saturdays (where the contractor is open on Saturdays).

4.12 If the pharmacy temporarily or permanently ceases to provide the service, they must update their NHS website profile, NBS and Pharmacy Services Finder as soon as practically possible to reflect that the service is not

available from the pharmacy. Where the pharmacy permanently ceases to provide the service, they must withdraw from the service via MYS in accordance with section 9 below.

5. Clinical skills and knowledge

5.1 The pharmacy contractor must ensure that staff are appropriately trained and understand what their role in the delivery of this service requires, including working within the relevant systems and processes set out by the pharmacy contractor and understanding how to report concerns, should any be identified.

5.2 The pharmacy contractor must ensure that those involved in vaccination activity:

5.2.1 have undertaken appropriate training in line with the National Minimum Standards and Core Curriculum for Immunisation Training, as well as training to ensure they are competent to administer vaccines to children aged 2 and 3 years old using both the live attenuated influenza (LAIV) and inactivated influenza vaccines. This could include the completion of the e-learning for health flu immunisation training for LAIV. 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;

5.2.2 are competent to deliver the service. Competence can be demonstrated by using, for example, the vaccination services Declaration of Competence (DoC) for registered pharmacy professionals or the UKHSA competency assessment tool. The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service;

5.2.3 have read and understood the clinical guidance available including the Green Book, particularly chapter 19, and "flu vaccination programme: information for healthcare practitioners", and have a process in place to check any updates to these documents and, where applicable, the nationally developed PGDs;

5.2.4 have the necessary experience, skills and training with regard to the recognition and initial management of anaphylaxis;

5.2.5 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; and

5.2.6 have an enhanced DBS check against the adult and children's barred list.

6. Service specification

6.1 Patients eligible for influenza vaccination under this advanced service are:

6.1.1 children aged 2 or 3 years of age (but not aged less than 2 years of age or aged 4 years of age or over on 31 August 2025; that is, they were born on or after 1 September 2021 and on or before 31 August 2023) including clinically at-risk 2 or 3 year olds, unless the influenza vaccination is contraindicated; and

6.1.2 any children that are announced and authorised by the Commissioner as eligible for vaccination by the pharmacy contractor in addition to those included at paragraph 6.1.1 from an Expected Service Commencement Date which will be announced and authorised by the Commissioner.

6.2 Pharmacy contractors must ensure that Patients are vaccinated in accordance with the announcement and authorisation by the Commissioner. Groups eligible for seasonal influenza vaccination are based on the advice of the JCVI who review the latest evidence on seasonal influenza vaccines and recommend the type of vaccine to be offered to Patients.

6.3 The pharmacy contractor is required to offer Patients the opportunity of receiving a seasonal influenza vaccination at an acceptable location (in accordance with the Pharmaceutical Services (Advanced and Enhanced Service) (England) Directions. Patients do not require an NHS number or general practice registration and should not be denied vaccination on this basis. The vaccine is to be administered by an appropriately trained

vaccinator, authorised to use the relevant legal mechanism for administration.

6.4 Subject to paragraph 6.5, the service will come into force on 1 October 2025 and shall continue until 31 March 2026.

6.5 The Service Commencement Date will be announced and authorised by the commissioner. Pharmacy contractors must not commence the administration of vaccinations under this advanced service prior to the Service Commencement Date.

6.6 The pharmacy contractor should use the recommended licensed vaccines as set out in Annex A.

6.7 The LAIV for all Patients is centrally supplied as a nasal spray for children. The LAIV should be ordered via FDP. Pharmacy contractors must register for FDP to be able to order vaccines, which will include an element of service readiness assurance. This vaccine is supplied free of charge and will not be reimbursed as part of this NHS Influenza Programme.

6.8 The pharmacy contractor must ensure that all orders of LAIV are in line with national ordering restrictions. Pharmacy contractors will be able to order a minimum quantity of 10 doses (1 pack) of centrally supplied LAIV from the FDP. Participating pharmacy contractors who register by 31 August 2025 will receive vaccine supply by the Service Commencement Date.

6.9 Pharmacy contractors may only request subsequent supply of LAIV when:

6.9.1 the pharmacy has recorded administration of at least 50% of the previously supplied doses; and

6.9.2 current stock levels are confirmed to be below 1 pack; and

6.9.3 appointments listed on NBS comply with paragraphs 4.10.2 and 4.10.3; or

6.9.4 NBS booked appointments indicate a need for additional supply.

6.10 Any order that does not meet the requirements in paragraph 6.8 will be deferred until the pharmacy contractor evidences they have been met.

6.11 All stock must be actively managed, with vaccine usage reported in FDP in a timely manner. Pharmacy contractors must not stockpile vaccine and are expected to utilise doses within the product shelf life.

6.12 The pharmacy contractor must submit a valid stocktake in FDP within 7 days of any requests for additional vaccine. Failure to report vaccine usage or stock levels accurately may result in temporary suspension of supply.

6.13 The pharmacy contractor must take reasonable steps to reduce vaccine wastage. Pharmacy contractors that report more than 30% wastage (3 or more unused doses per pack not administered or salvaged within the shelf life) may have further supply withheld pending review by the Commissioner.

6.14 The Commissioner reserves the right to pause or withdraw vaccine supply to any pharmacy contractor that:

6.14.1 consistently fails to meet the usage thresholds outlined in paragraph 6.9;

6.14.2 repeatedly fails to meet the reporting requirements outlined in paragraph 6.11; or

6.14.3 demonstrates persistently high wastage rates, as defined in paragraph 6.13.

6.15 Pharmacy contractors should plan clinics using the recommended first line vaccine for this cohort, which is LAIV. If the pharmacy contractor does not have stock of LAIV when a Patient presents, they should be directed to an alternative provider who has stock of LAIV or told to rebook when the new stock is available.

6.16 When contraindicated or otherwise unsuitable (for example, parents object to LAIV on the grounds of its porcine gelatine content), the recommended inactivated influenza vaccine should be used, as set out in Annex A, which is not centrally supplied and for which the pharmacy contractor will be reimbursed for in accordance with section 8. If the pharmacy contractor does not have the recommended inactivated influenza vaccine in stock, Patients should be directed to an alternative provider who has stock of a recommended inactivated influenza vaccine or told to rebook when the new

stock is available. Under this service, the recommended third line vaccine in the Flu Letter cannot be administered.

6.17 Patients should receive vaccination with sufficient time to provide early protection in line with the Service Commencement Date. Pharmacy contractors should aim to schedule their seasonal influenza vaccination service to:

6.17.1 match vaccine supply;

6.17.2 maximise the administration of the vaccines (following the Service Commencement Date) to Patients by 30 November 2025; and

6.17.3 ensure that following 30 November 2025, where an eligible Patient presents late for influenza vaccination, it is generally appropriate to still offer it. This is particularly important if it is a late influenza season. In the event that an eligible Patient is in one of the at-risk groups and presents late in the flu season after all LAIV stock has expired, immunisation with an appropriate inactivated influenza vaccine is an option. Clinicians should apply clinical judgement to assess the needs of Patients for immunisation. The decision to vaccinate should take into account the level of flu-like illness in the community and the fact that the immune response to influenza vaccination takes about 2 weeks to fully develop.

6.18 The pharmacy contractor must administer at least 10 vaccines between October 2025 and January 2026 (or pro-rata for contractors who sign up later in the season, though contractors must consider wastage limits, as per paragraph 6.13; that is, must be less than 30%) or the Commissioner may suspend supply of vaccine.

6.19 Pharmacy contractors must ensure that vaccinations offered under this advanced service are provided in line with ‘Immunisation against infectious disease’ (The Green Book), which outlines all relevant details on the dosage, timings and administration of the vaccine, and disposal of clinical waste. Pharmacy contractors must ensure that vaccination is offered in line with any JCVI guidance on the co-administration of vaccines or the required interval between any vaccines, including where they have been administered by another provider.

6.20 Pharmacy contractors should ensure that the correct number of doses of vaccine are administered. Where 2 doses of vaccine are required, a failure to give both doses may leave a child incompletely protected. Conversely, where only 1 dose of vaccine is indicated, payment will not be made for any second doses that are inadvertently given. Patients who are in clinical risk groups and who have not received influenza vaccination previously, will require a second dose of the appropriate vaccine at least 4 weeks after the first dose.

6.21 The pharmacy contractor must ensure that all vaccines are received, stored, prepared and subsequently transported (where providing off the pharmacy premises) in accordance with the manufacturer's instructions and all associated guidance set out in the 'Storage distribution and disposal of vaccines' chapter of the Green Book. All refrigerators in which vaccines are stored have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days and appropriate action taken in a timely manner when readings are outside the recommended temperature. 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, as well as meeting all other relevant standards.

6.22 Prior to vaccination, informed consent must be sought from the parent/guardian of each Patient to the administration of the vaccine. Informed consent should be recorded in the pharmacy's clinical record (including the name of persons that have consented on the Patient's behalf and that person's relationship to the Patient must also be recorded).

6.23 The parent/guardian of 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.

6.24 During the consultation, if there are concerns about a potential safeguarding issue, then appropriate action should be taken, where necessary, in line with local safeguarding processes.

6.25 The parent/guardian of the Patient must be informed that information relating to the vaccination will be shared with:

- the registered general practice, for the appropriate recording of the vaccination in the medical record;
- the NHSBSA for the purpose of making payments to the pharmacy and PPV;
- the commissioner and the UKHSA for managing and monitoring vaccination programmes. Data that has been pseudonymised may be used for evaluation and research purposes.

6.26 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 advanced service (including where the vaccination is undertaken off the pharmacy premises).

Data collection and reporting requirements

6.27 Pharmacy contractors must use an NHS assured Point of Care System to record the administration of vaccinations.

6.28 The pharmacy contractor must maintain appropriate electronic records to ensure effective ongoing service delivery, in line with the terms of this section. Records must be managed in line with 'Records Management Code of Practice for Health and Social Care'.

6.29 The necessary records required for reimbursement must be kept for a period of 3 years to demonstrate service delivery in accordance with this service specification, and to assist with PPV activities. These records must be provided by a pharmacy contractor when requested by the NHSBSA Provider Assurance Team. Pharmacy contractors should ensure that clinical records for the service are retained for the appropriate period. This retention period may be beyond the specified period for PPV purposes and should be in line with both the requirements for the record type and the age of the person being vaccinated.

6.30 The pharmacy contractor must ensure that any staff recording the administration of the vaccination have received relevant training to be able to update records appropriately and accurately. There must be robust user and access management processes to ensure high levels of security, including frequent updates to system access levels to add users who join

the pharmacy team or remove accounts where staff leave or do not have shifts scheduled at the pharmacy.

6.31 One Point of Care System must be used to record vaccinations in any calendar month except where it is necessary to make amendments to previously recorded vaccination events or where this has been agreed with the Commissioner during the transition to a new Point of Care System.

6.32 Pharmacy contractors must adhere to defined standards of record keeping ensuring that the vaccination event is recorded on the same day that it is administered unless exceptional circumstances apply. Pharmacy contractors must ensure vaccination records are complete and include all of the required fields about the Patient, including their name and date of birth, and the name of the vaccine product, in their NHS assured Point of Care System.

6.33 Where the Point of Care System is unavailable due to exceptional circumstances beyond the control of the pharmacy contractor, then the record of vaccination events must be added to the Point of Care System as soon as possible after the Point of Care System becomes available again.

6.34 Where a record of the vaccination needs amending or has not been created on the Point of Care System, the pharmacy contractor shall be responsible for undertaking the amendment or creation as soon as reasonably possible following notification from the Patient or another healthcare professional that the record is not complete or correct.

6.35 Data recorded via the Point of Care System regarding the Patient's vaccination will be shared with the Patient's registered general practice (where this is known) automatically on the day of provision or on the following working day. This will be sent as a structured message in real-time by the NHS assured Point of Care System. If the structured message system is not available or fails, the pharmacy contractor must ensure a copy of the vaccination notification is sent or emailed (via NHSmail) to the Patient's registered general practice as soon as reasonably possible.

6.36 Some of the data recorded in Point of Care Systems will be shared with the NHSBSA MYS platform as part of normal payment arrangements (see section 8 below). An application programming interface (API) is in place to

facilitate transfer of this data into the MYS platform to improve payment claim accuracy.

6.37 The pharmacy contractor must promptly comply with any reasonable request for information from the commissioner relating to this advanced service.

6.38 Personal Data recorded in Point of Care Systems will be flowed to the Commissioner for managing and monitoring vaccination programmes; it will be shared with the UKHSA under a Data Sharing Agreement. Data that has been pseudonymised may be used for evaluation and research purposes.

7. Governance

7.1 Where a Patient presents with an adverse drug reaction following the initial vaccination and the pharmacy professional (pharmacist or pharmacy technician) believes this is of clinical significance, such that the Patient's registered general practice should be informed, this information should be shared with the registered general practice as soon as possible and a 'Yellow Card' report submitted.

7.2 The pharmacy contractor is required to report any Patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

7.3 The Pharmacy contractor is expected to follow the UKHSA: 'Vaccine incident guidance, responding to errors in vaccine storage, handling and administration'.

8. Payment arrangements

8.1 Claims for payments for this advanced service must be made via the NHSBSA's MYS platform. Claims for payment should be submitted by the 5th of the month following the month the activity was provided, and no later than 3 months from the claim period for the chargeable activity provided (the usual grace period). Claims which relate to work completed more than 3 months after the claim period in question, will not be paid and the pharmacy contractor will not receive any payment for the administration of those vaccines. Later claims will not be paid, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as

issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within 12 months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside the control of the contractor, and it delayed the claim submission.

8.2 A fee payment will be made in line with the Drug Tariff determination[1] per administered dose of the seasonal influenza vaccine.

8.3 The pharmacy contractor will also be reimbursed for the cost of the inactivated seasonal influenza vaccine administered[2] where the Patient was unsuitable for LAIV. An allowance at the applicable VAT rate will also be paid.

8.4 Pharmacy contractors must record the administration of the vaccine in accordance with paragraph 6.28, in the Point of Care System prior to making the claim for payment. There will be no provision for manually altering claims via the MYS platform.

8.5 The pharmacy contractor will not be reimbursed or remunerated, under this advanced service, for the administration of the seasonal influenza vaccination or the vaccine administered outside of the eligibility criteria as set out in this advanced service for vaccination. The pharmacy contractor will not be paid for vaccines administered:

8.5.1 to patients who are not in a cohort eligible for seasonal influenza vaccination (as set out in the Flu Letter); and

8.5.2 outside of the announced and authorised cohorts and dates during which the pharmacy contractor may administer the vaccination to Patients; or

8.5.3 which are not included in Annex A of this service specification.

8.6 Where the vaccine is centrally supplied, no claim for reimbursement of vaccine costs apply to those influenza vaccines administered to Patients.

[1] Funding for this service will be in addition to and outside of the core CPCF funding.
[2] Any purchase margin by pharmacies relating to this seasonal flu vaccine would be included in the calculation of allowed purchase margin that forms a part of agreed NHS pharmacy funding.

This does not apply to inactivated influenza vaccines which have been purchased by the pharmacy contractor to offer to those Patients who are unsuitable for LAIV.

9. Withdrawal from the service

9.1 If the pharmacy contractor wishes to permanently stop providing the service, they must notify the Commissioner that they are no longer going to provide the service via the MYS portal, giving 30 days' notice prior to cessation of the service (pharmacy contractors that de-register before the Service Commencement Date are not required to give 30 days' notice). Pharmacy contractors may be asked for a reason as to why they wish to stop providing the service. Pharmacy contractors must ensure they update NBS, Pharmacy Services Finder and their NHS website profile when they cease provision of the service.

9.2 The pharmacy contractor must continue to provide the service for the duration of the notice period (this is not relevant for pharmacy contractors that de-register before the Service Commencement Date).

9.3 If the pharmacy contractor de-registers from the service, they will be unable to re-register for a period of 4 months from the date of de-registration. Contractors should note the deadline to register for this service in paragraph 4.2 and that de-registering may mean they will be unable to re-register to provide the service in 2025/26.

10. Monitoring and post payment verification

10.1 Accurate record keeping of service delivery to eligible Patients in accordance with the service specification and PGDs is an essential part of the service provision. The necessary records specified in this service specification required for remuneration must be kept for a period of 3 years to demonstrate service delivery in accordance with this service specification, and to assist with post payment verification activities. These records must be provided by a pharmacy contractor when required by the NHSBSA Provider Assurance Team.

10.2 The Commissioner has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified

requirements of the service. The Commissioner will work with the NHSBSA Provider Assurance Team to undertake PPV checks on claims made.

10.3 Additional information related to service delivery may be requested directly from pharmacy contractors. The verification checks include comparing the information provided by pharmacy contractors in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.

10.4 It is the pharmacy contractor's responsibility to be able to provide evidence of service delivery to eligible Patients in accordance with the service specification and PGDs when requested by the NHSBSA for PPV.

10.5 In cases where pharmacy contractors have been requested to provide additional information and it is not available or does not demonstrate that the service activity was delivered in accordance with the service specification and PGDs, and so, these claims cannot be verified, the pharmacy contractors will be informed. Where claims cannot be verified and the pharmacy contractor does not agree to the recovery of the associated payments, the case may be referred to the Pharmaceutical Services Regulations Committee (PRSC) to decide whether an overpayment has been made.

10.6 In such cases, where the PSRC decides that an overpayment has been made, and will need to be recovered, pharmacy contractors will be contacted by the NHSBSA and notified of the overpayment recovery process.

10.7 Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Annex A: Seasonal influenza vaccines to offer children for 2025/26

Vaccines that are currently listed here as quadrivalent (Q) formulations are likely to be supplied as trivalent (T) ones (and, therefore, both formulations are listed in the table). Please see the Flu Letter for full details.

Pharmacy contractors must note that **only the first and second line vaccine can be administered to Patients as part of this service**. The Flu Letter includes a third line vaccine for eligible children, however this **must not** be administered for this service.

Eligible group	Type of influenza vaccine
Aged 2 or 3 years on 31 August 2025	Order any First Line Vaccine ahead of Second Line: **First Line** • **LAIV** **Second Line** • **TIVc** is recommended where LAIV is contraindicated or otherwise unsuitable (for example, parents object to LAIV on the grounds of its porcine gelatine content)

- **TIVc:** cell-culture trivalent influenza vaccine
- **LAIV:** live attenuated influenza vaccine