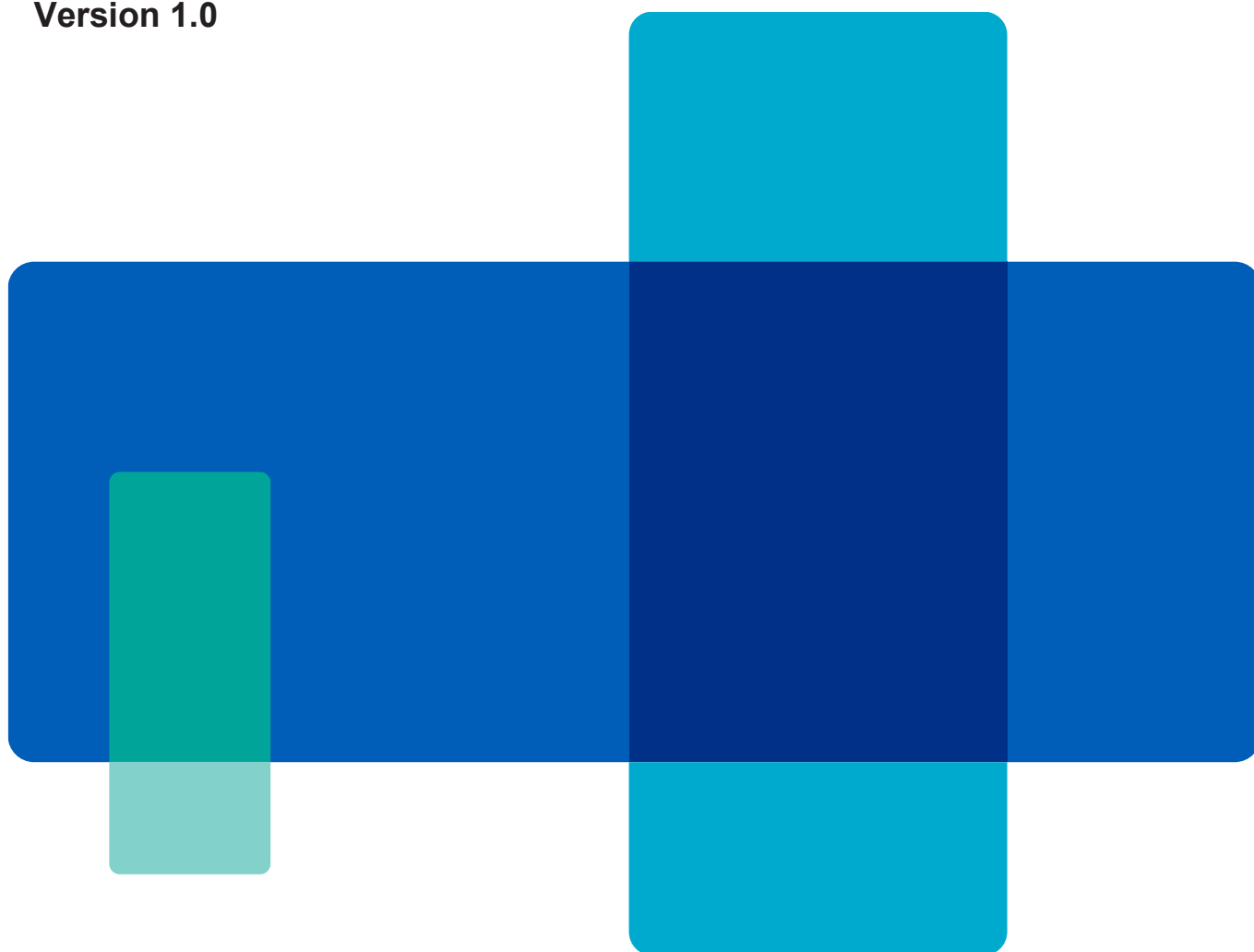


Community Pharmacy Advanced Service Specification COVID–19 and Adult Influenza Vaccination programmes: 1 April 2026 to 31 March 2027

Version 1.0



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1. Service background

- 1.1. All pharmacy contractors are offered the opportunity to sign up to this Advanced Service (AS) where they meet the requirements of this AS specification. Where a pharmacy contractor agrees to participate in this AS, they must offer to Patients either:
 - 1.1.1. COVID-19 and adult influenza vaccinations; or
 - 1.1.2. adult influenza vaccinations.

2. Commonly used terms

- 2.1. In this AS specification:
 - 2.1.1. **“Adult Influenza Vaccination Service Commencement Date”** means the date from which the administration of adult influenza vaccinations will commence and which shall be following an announcement by the Commissioner;
 - 2.1.2. **“Adult Influenza Vaccination Service End Date”** means the date on which the pharmacy contractor must cease the administration of adult influenza vaccinations and which will be announced by the Commissioner;
 - 2.1.3. **“Care Home”** means specific types of care homes which shall be announced and authorised by the Commissioner;
 - 2.1.4. **“Commencement Date”** means the date from which this AS starts and is 1 April 2026. It may not be the same as the Service Commencement Date(s);
 - 2.1.5. **“Commissioner”** means the organisation with responsibility for contract managing these AS arrangements which as at this Commencement Date is NHS England (NHSE);
 - 2.1.6. **“COVID-19 Vaccination Service Commencement Date”** means the date from which the administration of COVID-19 vaccinations will commence and which will be following an announcement by the Commissioner;

- 2.1.7. **“COVID-19 Vaccination Service End Date”** means the date on which the pharmacy contractor must cease the administration of COVID-19 vaccinations and which will be announced by the Commissioner;
- 2.1.8. **“CQC”** means the Care Quality Commission;
- 2.1.9. **“DBS”** means the Disclosure and Barring Service;
- 2.1.10. **“End Date”** means 31 March 2027 or any earlier date on which this AS is terminated in accordance with paragraph 10 and may not be the same as the Service End Date(s);
- 2.1.11. **“Federated Data Platform”** or **“FDP”** means the national data platform managed by NHSE. The FDP hosts the vaccine supply and ordering tools that NHSE operates; the pharmacy contractor must, where they will be administering COVID-19 vaccine, register for the FDP to manage their COVID-19 vaccine orders and submit stocktakes for this vaccine;
- 2.1.12. **“Flu Letter”** means the annual Flu Letter as updated ahead of each season. Occasionally, amendments to the letter are also published: [Annual flu programme - GOV.UK](#)
- 2.1.13. **“Green Book”** means the [Green Book: Immunisation against infectious disease](#) published by UKHSA, which has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK;
- 2.1.14. **“Housebound”** means the medical condition of a Patient is such that the Patient is classed as housebound due to being unable to leave their home at all or requires significant assistance to leave the house due to illness, frailty, surgery, mental ill health or nearing end of life and is recorded as such in their patient record;
- 2.1.15. **“JCVI”** means the Joint Committee on Vaccination and Immunisation;
- 2.1.16. **“JCVI Cohorts”** means the cohorts of Patients referenced by JCVI advice;

- 2.1.17. **“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 some service activity and complete reimbursement and remuneration claims;
- 2.1.18. **“MHRA”** means the Medicines and Healthcare products Regulatory Agency;
- 2.1.19. **“National Booking Service”** or **“NBS”** means the national system used by Patients to book vaccination appointments;
- 2.1.20. **“Newly Diagnosed Patients”** means Patients who develop severe immunosuppression, as defined in the COVID-19 chapter of the Green Book¹, during the period when there is no active COVID-19 vaccination offer (between the COVID-19 Vaccination Service End Date and the next seasonal campaign's COVID-19 Vaccination Service Commencement Date). These Patients should be considered for catch-up vaccination or additional dose(s) of vaccination before the next seasonal campaign, based on clinical judgement;
- 2.1.21. **“Patient”** means those people who are eligible to receive the COVID-19 vaccine and/or the adult influenza vaccine in community pharmacy;
- 2.1.22. **“Pharmaceutical List”** means the pharmaceutical list prepared, maintained and published by NHSE pursuant to regulation 10(2)(a) of the Pharmacy Regulations;
- 2.1.23. **“Pharmacy Regulations”** means the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended;
- 2.1.24. **“Point of Care System”** means a clinical IT system that has been assured by the Commissioner to record COVID-19 vaccination events and adult influenza vaccination events;
- 2.1.25. **“Post Payment Verification”** or **“PPV”** means the process conducted by the NHSBSA on behalf of the Commissioner to

¹ <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

request and review evidence from a sample of pharmacy owners to support the payment claims that they have submitted;

2.1.26. **“Private Patients”** means any non-NHS Patients;

2.1.27. **“Targeted Deployment Model”** or **“TDM”** means the model used for automated COVID-19 vaccination supply and allocations that are linked to NBS bookings, demand forecasts and usage data;

2.1.28. **“Term”** means the Commencement Date to the End Date of this AS;

2.1.29. **“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 AS; and

2.1.30. **“UKHSA”** means the UK Health Security Agency.

2.2. In this AS, 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 AS are:

- to protect those who are most at risk of serious illness or death should they develop COVID-19 and/or influenza;
- to sustain and maximise the uptake and co-administration of COVID-19 and adult influenza vaccinations to Patients by continuing to build the capacity of community pharmacies as an alternative to general practice attendance; and
- to provide more opportunities and improve convenience for eligible Patients to access COVID-19 vaccinations and adult 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; and
- 4.1.2. notify the Commissioner that they intend to provide either:
 - 4.1.2.1. COVID-19 and adult influenza vaccinations to Patients; or
 - 4.1.2.2. adult influenza vaccinations to Patients;by completion of an electronic registration declaration.
- 4.2. Where pharmacy contractors wish to provide COVID-19 vaccinations as well as adult influenza vaccinations, they must register by:
 - 4.2.1. 23:59 on 2 February 2026 to receive supply of COVID-19 vaccine ahead of the Spring 2026 COVID-19 Service Commencement Date. Pharmacy contractors must register by completing an electronic registration form as specified in national communications; or
 - 4.2.2. 23:59 on 31 July 2026 to receive supply of COVID-19 vaccine ahead of the anticipated Autumn 2026 Service Commencement Date. Pharmacy contractors must register via MYS if they wish to participate from the COVID-19 Vaccination Service Commencement Date and Adult Influenza Vaccination Service Commencement Date (together the "Service Commencement Dates") for the Autumn 2026 campaign.
- 4.3. Pharmacy contractors can register after the dates included at paragraph 4.2, however it is not guaranteed they will receive COVID-19 vaccine in time for the COVID-19 Vaccination Service Commencement Date. The electronic registration form will be in place until 31 March 2026 and from 1 April 2026 onwards, pharmacy contractors must use MYS to register. The deadline to register to provide COVID-19 vaccinations in 2026/27 is 23:59 on 30 November 2026.
- 4.4. Where pharmacy contractors wish to provide only adult influenza vaccinations, they will be able to register from 1 April 2026 on MYS. The deadline to register to provide adult influenza vaccinations for the 2026/2027 campaign on MYS is 23:59 on 30 November 2026. If pharmacy contractors

do not register by this date, they will not be able to deliver the service in 2026/27.

- 4.5. The pharmacy contractor must not administer vaccines until they have registered to provide the service(s) or they will not be eligible for payment in line with paragraph 9.
- 4.6. To provide this AS, there must be a consultation room at the pharmacy premises, except for distance selling premises (DSP) pharmacies, which meets the applicable requirements of the Pharmacy 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 prevention and control standards can be maintained, and for Patient confidentiality and dignity to be respected. DSP pharmacies are not permitted to provide vaccinations to Patients at the pharmacy premises.
- 4.7. The pharmacy contractor is required to offer Patients the opportunity of receiving a COVID-19 vaccination and/or an adult influenza vaccination at an acceptable location (in accordance with the Pharmaceutical Services (Advanced and Enhanced Service) (England) Directions).
- 4.8. The pharmacy contractor must have standard operating procedures (SOP) in place for this AS, which include procedures to ensure cold chain integrity. The SOP must include the process for escalation of any issues identified (clinical and non-clinical), signposting details, record keeping and staff training.
- 4.9. 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 by the pharmacy contractor, including following any significant incident or change to the service.
- 4.10. Vaccines administered under this AS will usually be carried out on the pharmacy premises (except for DSP pharmacies), but they can also be undertaken in other suitable locations, such as in the Patient's home, a Care Home, or community venues (for example, community centres) subject to paragraph 4.11.
- 4.11. The pharmacy contractor must not administer vaccines to Patients who are Housebound, in a Care Home, under 18 years of age (who are eligible for a

COVID-19 vaccine only), or to Newly Diagnosed Patients who subsequently require a COVID-19 vaccination during the Term of this AS, unless the Commissioner requests them to do so. The pharmacy contractor can decide to accept or refuse this request. The pharmacy contractor may also approach the Commissioner to obtain consent to vaccinate these Patients.

- 4.12. The pharmacy contractor must obtain consent from the Commissioner if they wish to carry out vaccinations at a location that is not the pharmacy premises. Where the pharmacy contractor obtains consent from the Commissioner to provide vaccinations away from their pharmacy premises, the majority of vaccinations must still be delivered from the pharmacy contractor's registered premises (except for DSP pharmacies).
- 4.13. The responsible pharmacist at the registered pharmacy premises is professionally responsible for overseeing this AS. If the responsible pharmacist is unable to provide sufficient oversight, for example due to workload or where vaccinations are undertaken away from the pharmacy premises, an on-site pharmacist or pharmacy technician responsible for the delivery of the AS 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.
- 4.14. Where vaccinations are undertaken away from the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist or pharmacy technician responsible for the delivery of the AS off-site (or delivering the vaccination service themselves) and that:
 - 4.14.1. vaccines are administered by appropriately trained vaccinators in line with the appropriate legal mechanism;
 - 4.14.2. the pharmacy contractor has professional indemnity insurance that covers off-site vaccinations;
 - 4.14.3. vaccinators continue to adhere to all professional standards relating to vaccinations;
 - 4.14.4. vaccinators follow appropriate cold chain storage measures;
 - 4.14.5. the setting used to administer the vaccines is appropriate (including ensuring Patient confidentiality and dignity can be respected); and

- 4.14.6. staff appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.
- 4.15. Where the pharmacy contractor is registered to provide COVID-19 vaccinations and a Patient is aged under 18 years, or if COVID-19 or adult influenza vaccinations are to be undertaken in the Patient's own home, those involved in this vaccination activity must have an enhanced DBS check against the adult and children's barred list.
- 4.16. Before the Service Commencement Dates, the pharmacy contractor must ensure that those providing the service are competent to do so in line with the specific skills and knowledge in paragraph 5 and are authorised to use the relevant legal mechanisms.

Service availability

- 4.17. 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.
- 4.18. The pharmacy contractor must offer COVID-19 vaccinations through the NBS to Patients. The pharmacy contractor may offer co-administered vaccinations and adult influenza vaccinations through the NBS. The pharmacy contractor is strongly encouraged to offer adult influenza vaccinations through the NBS to eligible Patients.
- 4.19. Where the pharmacy contractor uses NBS to offer vaccination appointments, they must comply with the requirements of using the NBS, including ensuring that accurate information is published and appointment or clinic times are uploaded in a timely way to allow Patient bookings to take place.
- 4.20. Where the pharmacy contractor is providing COVID-19 vaccinations, they must comply with minimum publication standards for NBS appointments ensuring that:

- 4.20.1. at least 100 appointments are listed in the first month after the COVID-19 Vaccination Service Commencement Date; and
- 4.20.2. at least 50 appointments are listed per month thereafter.
- 4.21. The Commissioner reserves the right to pause, reduce or withdraw automatic COVID-19 vaccine supply to any pharmacy contractor that fails to maintain compliance with the requirements of NBS use set out in paragraphs 4.19 and 4.20.
- 4.22. The pharmacy contractor must offer vaccinations through advertised walk-in clinics via the NHS Pharmacy Services Finder.
- 4.23. The pharmacy contractor must confirm each Patient's eligibility prior to the administration of a vaccine regardless of the route through which the Patient has presented for their vaccination.
- 4.24. Vaccination appointments and clinics should provide maximum flexibility for Patients and should be available at a range of times throughout the pharmacy's full opening hours including, where appropriate, late afternoons and Saturdays (where the pharmacy contractor is open on Saturdays) to maximise vaccination uptake to eligible cohorts.
- 4.25. Pharmacy contractors are encouraged to put in place processes to support Patients with communication needs and/or encourage vaccination of Patients who experience other difficulties in accessing healthcare.
- 4.26. The pharmacy contractor may also make alternative arrangements to improve uptake or engagement with communities as agreed with the Commissioner.
- 4.27. If the pharmacy contractor temporarily ceases to provide the services, they must update their services listing via NHS Profile Manager and NBS as soon as practically possible to reflect that the service is not available from the pharmacy. Where they are providing COVID-19 vaccinations they must also opt out of replenishment for COVID-19 vaccine in the FDP.
- 4.28. Where the pharmacy contractor permanently ceases to provide the service, they must withdraw from the service via MYS in accordance with section 10 below.

5. Training and knowledge

- 5.1. The pharmacy contractor must ensure that staff are appropriately trained and understand what their role in the delivery of this AS requires, including working within the relevant systems and processes set out by the pharmacy contractor, understanding how to report concerns, should any be identified, and adhering to all professional standards.
- 5.2. The pharmacy contractor must ensure that those involved in vaccination activity:
 - 5.2.1. have the necessary experience, skills, competence and training to administer vaccines in line with the National Minimum Standards and Core Curriculum for Vaccination Training², including the specific modules on COVID-19 vaccinations³ and influenza vaccinations⁴ which are available on the e-learning for healthcare website, where general immunisation training modules⁵ can also be accessed. Annual training 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;
 - 5.2.2. have the necessary experience, skills and training with regard to the recognition and initial management of anaphylaxis;
 - 5.2.3. are competent to deliver the services. Competence can be demonstrated by using, for example, the vaccination services Declaration of Competence (DoC)⁶ for registered pharmacy professionals or the UKHSA competency assessment tool⁷. The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service;

² <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>

³ <https://portal.e-lfh.org.uk/Component/Details/675208>

⁴ https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_33514&programmeld=33514

⁵ https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_33514&programmeld=33514

⁶ The Declaration of Competence is available on the CPPE website: <https://www.cppe.ac.uk/doc>

⁷ The vaccinator competency assessment tool which is appendix A of the National Minimum Standards and Core Curriculum for Vaccination Training is available at: <https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>

- 5.2.4. understand and are authorised to work under the valid legal mechanism for administration of the vaccine(s);
 - 5.2.5. have read and understood the clinical guidance published in the most up to date Green Book and the associated information for healthcare practitioners⁸, and have a process in place to check any updates to these documents and the relevant legal mechanisms;
 - 5.2.6. 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
 - 5.2.7. have a valid enhanced DBS check against the adult and children's barred list if vaccinations are to be undertaken in the Patient's own home (including a Care Home) and/or if COVID-19 vaccines are to be administered to Patients under the age of 18.
- 5.3. The pharmacy contractor must ensure that it is familiar with all guidance relating to the administration, handling and storage of the different types of vaccine and that it takes steps to reduce risks associated with the handling of different vaccine types.
- 5.4. The pharmacy contractor must oversee and keep a record to confirm that all staff have undertaken the relevant training prior to participating in the service and that all staff remain competent throughout their participation in the service.

6. Vaccine supply, handling and storage

- 6.1. The pharmacy contractor must ensure that:
- 6.1.1. the receipt, storage, transportation and preparation of all vaccines is:
 - 6.1.1.1. in accordance with any relevant medicines legislation, manufacturer's, MHRA, UKHSA and NHSE's instructions, and all associated guidance set out in the 'Storage

⁸ For the influenza programme refer to <https://www.gov.uk/government/collections/annual-flu-programme>; for the COVID-19 programme refer to <https://www.gov.uk/government/publications/covid-19-vaccination-programme-guidance-for-healthcare-practitioners>

distribution and disposal of vaccines' chapter of the Green Book⁹; and

- 6.1.1.2. undertaken with appropriate cold chain management (including appropriate and timely action when temperature deviations occur), clinical oversight and in accordance with governance arrangements in place for this AS;
- 6.1.2. robust and reliable stock management processes are in place to minimise vaccine wastage whilst ensuring sufficient vaccine is available to support the vaccination offer to Patients, and to mitigate risks associated with handling multiple vaccine types; and
- 6.1.3. the vaccine is only stored overnight at CQC/GPhC registered premises, in accordance with approved medicines management arrangements.

COVID-19 vaccines

- 6.2. Where the pharmacy contractor registers to provide COVID-19 vaccinations in addition to adult influenza vaccinations, COVID-19 vaccines will be provided automatically by the Commissioner using the TDM. Deliveries of COVID-19 vaccine will be made to the pharmacy contractor's registered premises.
- 6.3. COVID-19 vaccines are allocated to the pharmacy contractor and the pharmacy premises and vaccines must not be shared with other providers providing a similar vaccination service, or moved (except as expressly permitted by this AS), without the express prior consent of the Commissioner.
- 6.4. The COVID-19 vaccine must not be used to administer vaccinations to Private Patients.
- 6.5. COVID-19 vaccine supply will be managed through the TDM. COVID-19 vaccine deliveries will be automatically scheduled by the Commissioner,

⁹ <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>

based on published clinic capacity, NBS bookings, demand forecasts and programme priorities.

- 6.6. The Commissioner may (acting reasonably) need to make allocation decisions regarding the COVID-19 vaccine. Allocation decisions could include prioritising providers, or the use of a particular type of COVID-19 vaccine.
- 6.7. The Commissioner will, where possible, arrange for the supply of the COVID-19 vaccine to meet local population need from providers that are best placed to meet that need to enable the vaccination delivery.
- 6.8. In exceptional circumstances where the TDM does not capture planned activity (for example administering vaccines away from the pharmacy premises in settings such as Care Homes), the pharmacy contractor may request additional vaccine supply through the FDP.
- 6.9. In order to feed into the TDM and ensure accurate forecasting, automatic allocation and timely delivery of COVID-19 vaccines, the pharmacy contractor must:
 - 6.9.1. maintain accurate capacity and clinic session data in the NBS;
 - 6.9.2. record all vaccinations in an NHS-assured Point of Care System; and
 - 6.9.3. provide timely stock and inventory data through the FDP.
- 6.10. The pharmacy contractor must provide support in relation to stock forecasting, use and ordering of COVID-19 vaccine as requested by the Commissioner.
- 6.11. The pharmacy contractor must actively try to minimise wastage. Persistent wastage above 30% of COVID-19 vaccine allocated may result in reduced or paused supply of vaccine to the pharmacy contractor, pending review by the Commissioner.

Influenza vaccines

- 6.12. For the adult influenza vaccination service, the pharmacy contractor must order appropriate vaccine supply following guidance in the Flu Letter on

recommended vaccines and administer the recommended licenced influenza vaccines, as set out in the Flu Letter and the Green Book.

- 6.13. Adult influenza clinics must be planned using the recommended licenced influenza vaccines as set out in the Flu Letter and the Green Book. Where the pharmacy contractor does not have a recommended vaccine in stock, Patients should be directed to an alternative provider who has stock of a recommended vaccine or told to rebook when the stock is available. Administration of alternative vaccines must only be considered where the recommended vaccine is not available to order from any manufacturer or the pharmacy's regular wholesaler, or on an exceptional basis where there is a valid reason why the Patient may not return for a further appointment. Pharmacy contractors must aim to minimise the need for this by procuring adequate recommended vaccine stock before the Adult Influenza Vaccination Service Commencement Date.

7. Service specification

- 7.1. Subject to paragraphs 7.2, 7.3 and 7.4, this AS specification begins on 1 April 2026 and shall continue until 31 March 2027.
- 7.2. The administration of COVID-19 vaccines can commence with effect from the COVID-19 Vaccination Service Commencement Date and the administration of adult influenza vaccines can commence with effect from the Adult Influenza Vaccination Service Commencement Date. The Service Commencement Dates will be announced and authorised by the Commissioner. Vaccines must only be administered to Patients.
- 7.3. The administration of COVID-19 vaccines must cease with effect from the COVID-19 Vaccination Service End Date and the administration of adult influenza vaccines must cease from the Adult Influenza Vaccination Service End Date (together the "Service End Dates"). The Service End Dates will be announced and authorised by the Commissioner.
- 7.4. The pharmacy contractor must not commence vaccinations prior to the announcement and authorisation by the Commissioner and should maximise the administration of vaccines in accordance with Commissioner guidance on timings (which must be in line with the Service Commencement Dates and before the Service End Dates).

- 7.5. The pharmacy contractor will not be required to offer and provide COVID-19 vaccinations or adult influenza vaccinations at all times during the Term of this AS and must only administer vaccines to Patients within the dates published by the Commissioner.
- 7.6. Patients do not require an NHS number or general practice registration and should not be denied vaccination on this basis.

Eligibility for COVID-19 vaccinations

- 7.7. Where the pharmacy contractor has registered to provide COVID-19 vaccinations, the pharmacy contractor must only vaccinate Patients eligible to receive vaccination (by their inclusion in a JCVI Cohort which has been announced and authorised by the Commissioner as eligible for vaccination by community pharmacy) during the dates announced and authorised by the Commissioner for the administration of COVID-19 vaccines.

Eligibility for adult influenza vaccinations

- 7.8. The pharmacy contractor must only vaccinate Patients eligible to receive an adult influenza vaccination (by their inclusion in a JCVI Cohort which has been announced and authorised by the Commissioner as eligible for vaccination by community pharmacy). Patient eligibility is likely to be communicated using the Flu Letter and relevant national communication. Groups eligible for seasonal influenza vaccination are based on the advice of the JCVI who review the latest evidence on influenza vaccines and recommend the type of vaccine to be offered to Patients.
- 7.9. The pharmacy contractor acknowledges that the authorisation, and priority order, of JCVI Cohorts may change throughout the Term of this AS and must ensure that it complies with the announcements, authorisations and priority orders in place at the date of the administration of a vaccine, and throughout the Term.

Service delivery

- 7.10. The pharmacy contractor must ensure that vaccinations offered under this AS are provided in line with “Immunisation against infectious disease” (The

Green Book)¹⁰ which outlines all relevant details on the dosage, timings and administration of COVID-19 and influenza vaccines, and disposal of clinical waste. The pharmacy contractor must ensure that vaccinations are offered in line with any JCVI guidance on the co-administration of vaccines or the required interval between any vaccinations, including where they have been administered by another provider.

7.11. The pharmacy contractor must:

7.11.1. where the pharmacy contractor has registered to provide both COVID-19 and adult influenza vaccinations, offer co-administration of both vaccines, where clinically appropriate, to each Patient the pharmacy contractor is able to vaccinate, subject to vaccine availability, in accordance with this AS and in accordance with the recommendations for co-administration in the Green Book;

7.11.2. identify Patients eligible for COVID-19 vaccination and/or adult influenza vaccination who present at the pharmacy and encourage them to take up the vaccination offer; and

7.11.3. where the pharmacy contractor is registered to provide COVID-19 vaccinations, only administer vaccines to Patients aged 18 years or over unless the provisions at paragraph 4.15 have been complied with.

7.12. Prior to vaccination, a registered healthcare professional trained in vaccination and familiar with the characteristics of the vaccine(s) being administered must assess the Patient as eligible in accordance with this AS and the Green Book, and that the administration of the vaccine is clinically appropriate. This assessment should include providing information that the Patient may need to make a final decision on whether to proceed with the vaccination. Informed consent must be sought from each Patient to the administration of the vaccine. Patient consent should be recorded in the pharmacy contractor's clinical record.

7.13. Where the pharmacy contractor has confirmed they can administer COVID-19 vaccines to Patients aged under 18 years, the Patient has been assessed as competent to consent and does consent, or the Patient is not

¹⁰ <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book>

assessed as competent but does not object and consent is provided by somebody with parental responsibility.

- 7.14. The Patient must be informed that information relating to their vaccination will be shared with:
- their registered general practice, for the appropriate recording of the vaccination in their 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.
- 7.15. Each Patient being administered a vaccine should be given either a paper copy of the manufacturer's patient information leaflet about the relevant vaccine or be directed to a web-based version of the leaflet.
- 7.16. The pharmacy contractor should advise the Patient attending for vaccination about other services that are available. This could include, but is not limited to, the provision of health promotion materials, details of services and providers of those services in the local area, signposting to an online list of services in the local area and general advice and guidance. This should include signposting eligible Patients to other vaccinations, as appropriate, where the Patient indicates that they have not made arrangements for those vaccinations, and the Patient does not elect to have a co-administered vaccination or it is not possible to have a co-administered vaccination (where the pharmacy contractor is able to offer this).
- 7.17. 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 AS (including where the vaccination is undertaken away from the pharmacy premises). Integrated Care Boards commission clinical waste collections for the COVID-19 vaccination service.

Data collection and reporting requirements

- 7.18. The pharmacy contractor must use an NHS assured Point of Care System to record the administration of vaccines¹¹.
- 7.19. The pharmacy contractor must maintain appropriate electronic records to ensure effective ongoing service delivery, in line with the terms of paragraphs 7.18 to 7.28. Records must be managed in line with 'Records Management Code of Practice for Health and Social Care'¹².
- 7.20. The pharmacy contractor must ensure that any staff recording the administration of a vaccine 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.
- 7.21. One Point of Care System must be used to record each new vaccine administered 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.
- 7.22. 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. The pharmacy contractor must ensure that 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 and batch number in their NHS assured Point of Care System.
- 7.23. 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. Where the record of the vaccination event is not created within 15 days of the vaccination being administered, the pharmacy contractor shall not be

¹¹ <https://digital.nhs.uk/services/vaccinations-point-of-care/community-pharmacy>

¹² <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

eligible for payment in accordance with paragraph 9. Where the payments are claimed and/or automatically submitted, these payments shall be recoverable by the Commissioner.

- 7.24. 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.
- 7.25. 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 NHS.net Connect) to the Patient's registered general practice as soon as reasonably possible.
- 7.26. 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 paragraph 9.1 below). An application programming interface (API) is in place to facilitate transfer of this data into the MYS platform to improve payment claim accuracy.
- 7.27. The pharmacy contractor must promptly comply with any reasonable request for information from the Commissioner relating to this AS.
- 7.28. 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.

8. Governance

- 8.1. 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'¹³ report submitted.

- 8.2. The pharmacy contractor is required to report any Patient safety incidents in line with the Clinical Governance Approved Particulars¹⁴ for pharmacies.
- 8.3. The pharmacy contractor is expected to follow the UKHSA: "Vaccine incident guidance"¹⁵, and local NHS arrangements for responding to and reporting errors in vaccine storage, handling and administration.

9. Payment arrangements

- 9.1. Claims for payments for this AS 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.
- 9.2. A fee payment will be made in line with the Drug Tariff determination¹⁶ per administered dose of each COVID-19 vaccine and each dose of adult influenza vaccine.
- 9.3. The pharmacy contractor will be reimbursed for the cost of the influenza vaccine administered¹⁷. An allowance at the applicable VAT rate will also be paid.

¹³ <https://yellowcard.mhra.gov.uk/>

¹⁴ <https://www.england.nhs.uk/publication/approved-particulars/>

¹⁵ <https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>

¹⁶ Funding for this service will be in addition to and outside of the core CPCF funding.

¹⁷ 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](#).

- 9.4. The pharmacy contractor must record the administration of a vaccine in accordance with paragraph 7.22 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.
- 9.5. Claims submitted in accordance with this AS specification will only be remunerated where:
- 9.5.1. the vaccinated Patient in respect of whom payment is being claimed was in one of the eligible JCVI Cohorts and that JCVI Cohort was announced and authorised by the Commissioner (using, as appropriate, the Flu Letter and relevant national communication) for the administration of the vaccine by the pharmacy contractor at the time the vaccine was administered;
 - 9.5.2. for COVID-19 vaccinations, the pharmacy contractor has used a COVID-19 vaccine supplied and recommended in accordance with the latest advice; and
 - 9.5.3. for adult influenza vaccinations, the pharmacy contractor has only used the specified vaccines listed in the Flu Letter and/or Commissioner guidance.
- 9.6. Where a pharmacy contractor does not comply with paragraphs 6.12, 6.13, 7.8 and 7.9, they will not be reimbursed for the cost of the influenza vaccine.

10. Withdrawal from the service

- 10.1. 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 giving 30 days' notice prior to cessation of the service via:
- 10.1.1. an electronic declaration form which will be specified in national communications if the pharmacy contractor wishes to de-register before 31 March 2026; or
 - 10.1.2. the MYS portal if the pharmacy contractor wishes to de-register from 1 April 2026.

- 10.2. 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 and NHS Profile Manager when they cease provision of the service.
- 10.3. Pharmacy contractors must continue to provide the service for the duration of the notice period.
- 10.4. 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. This includes where a pharmacy contractor de-registers to provide COVID-19 vaccinations but continues to provide adult influenza vaccinations, they would similarly not be able to re-register to provide COVID-19 vaccinations for a period of 4 months.
- 10.5. Paragraphs 10.3 and 10.4 do not apply if the pharmacy contractor de-registers before the Commencement Date of this AS.
- 10.6. Where a pharmacy contractor is registered to provide COVID-19 vaccinations and they de-register from providing adult influenza vaccinations, they will automatically be de-registered from providing COVID-19 vaccinations as they would no longer be compliant with the requirements in paragraph 4.1.2 of this service specification.

11. Monitoring and post payment verification

- 11.1. Accurate record keeping of service delivery to Patients in accordance with this AS and relevant legal mechanisms is an essential part of the service provision. The necessary records required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with this AS, and to assist with PPV activities. These records must be provided by the 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 Patient being vaccinated.
- 11.2. The Commissioner has a duty to be assured that where the pharmacy contractor makes claims for payment for services provided in accordance with this AS, that the services meet all the specified requirements of this AS.

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

- 11.3. 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.
- 11.4. It is the pharmacy contractor's responsibility to be able to provide evidence of service delivery to eligible Patients in accordance with this service specification and relevant legal mechanisms when requested by the NHSBSA for PPV.
- 11.5. In cases where the pharmacy contractor has been requested to provide additional information and it is not available or does not demonstrate that the service activity was delivered in accordance with this service specification and relevant legal mechanisms, and so, these claims cannot be verified, the pharmacy contractor 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.
- 11.6. 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.
- 11.7. 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 Pharmaceutical Regulations.