

General Practice Enhanced Service Specification COVID–19 and Adult Influenza Vaccination programmes: 1 April 2026 to 31 March 2027

Version **4.0**



Version updates: (changes are marked in yellow):	Updated sections:
Version 2.0	- Paragraphs 2.2.12, 3.5, 10.2, 10.3, 10.4, 10.5, and 10.6: Paragraph reference amended - Paragraph 2.2.37: New terminology of “Year Round Pathway Patients” replaces “Newly Diagnosed Patients” with updates to the definition in line with the Green Book. References throughout the document have been updated - Paragraphs 6.2, 6.3, 6.5, 6.6 and 6.7 regarding COVID-19 vaccine ordering
Version 3.0	- Paragraph 4.3.2: Updated to signpost practices to guidance on the amended sign-up and claiming process in CQRS - Paragraphs 6.2, 6.5, 6.10, 6.15, 6.22 and 9.3: Additional clarification that any sub-contracted party must order and receive their own supply of vaccine - Paragraphs 6.13, 6.17, 6.19 and 6.20: Presentational and grammatical changes to add further clarity - Paragraphs 6.14 and 6.18: Addition of “under relevant arrangements” to clarify that vaccination of another practice’s patients must be reflected in a formal agreement, such as the Network Agreement where the practices are in the same PCN - Paragraph 6.14.2: Clarification that any patient on the registered list of a member practice of the PCN can be vaccinated by another practice in the PCN that is signed up to this ES, where this is agreed by the PCN and reflected in the mandatory Network Agreement - Paragraph 6.24: New paragraph clarifying recording of vaccinations in GP IT systems - Paragraph 9.1: Clarification that sub-contracting arrangements are required if a practice within a PCN not signed up to the ES wishes to administer vaccines

	to their PCN's aligned care home residents (and at least one practice in the PCN is signed up to the ES) Paragraphs 10.3 and 10.4: Clarification of the payment arrangements where the vaccinating practice and registered practice of the patient are different
Version 4.0	- Paragraph 2.2.25: Addition of a new defined term for LAIV - Paragraph 2.2.32: Addition of new defined term for People Experiencing Homelessness to reflect their inclusion in the national flu programme - Paragraph 6.11: Inclusion of some examples where LAIV may be offered in exceptional circumstances subject to clinical discretion - Paragraph 6.17: Clarification that all Patients aged 18 years and over with a learning disability are eligible for a flu vaccination under this Enhanced Service - Paragraph 6.20.3: Addition of People Experiencing Homelessness to enable practices to vaccinate People Experiencing Homelessness who are registered with another Practice - Paragraph 8.4: Clarification of call/recall requirements for People Experiencing Homelessness

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1. Introduction

- 1.1. This Enhanced Service (ES) is offered by the Commissioner to all General Medical Services, Personal Medical Services and Alternative Provider Medical Services contract holders.
- 1.2. This ES allows the Commissioner to commission COVID-19 Vaccination and Adult Influenza Vaccination (COVID-19 and Adult Influenza Vaccination) services. This ES is a national service specification that cannot be varied locally.
- 1.3. This ES is designed to cover enhanced aspects of clinical care, all of which are beyond the scope of essential and additional services. No part of this ES specification by commission, omission or implication defines or redefines essential or additional services.
- 1.4. All Practices are offered the opportunity to sign up to this ES provided they meet the requirements of this specification. Where a Practice agrees to participate in this ES, they will be expected to offer to Patients either:
 - 1.4.1. COVID-19 and Adult Influenza Vaccinations; or
 - 1.4.2. Adult Influenza Vaccinations.
- 1.5. The arrangements to deliver this ES supersedes any previous agreements. A Practice agrees to a variation of its primary medical services contract to incorporate the provisions of this ES. The provisions of this ES are therefore deemed a part of the Practice's primary medical services contract.
- 1.6. This ES may be subject to amendments from time to time as either of the COVID-19 or Adult Influenza Vaccination programmes develop and are subject to Ministerial Decision.
- 1.7. The Practice agrees to provide this ES, including any variations and updates from the Commencement Date until the End Date, unless terminated earlier in accordance with the terms of 3.6 and of this ES.

2. Commonly used terms

- 2.1. This specification is referred to as this “**ES**”.
 - 2.2. In this ES:
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- 2.2.1. **“Adult Influenza Vaccination”** refers to an influenza vaccination for a Patient aged 18 years old and above. Influenza vaccinations for eligible children and young people up to and including 17 years old are commissioned under the General Practice Childhood Seasonal Influenza Vaccination Programme 2026;
- 2.2.2. **“Adult Influenza Vaccination Service Commencement Date”** means the date from which the administration of Adult Influenza Vaccinations shall commence and which shall be following an announcement by the Commissioner;
- 2.2.3. **“Adult Influenza Vaccination Service End Date”** means the date announced by the Commissioner from which the administration of Adult Influenza Vaccinations shall cease;
- 2.2.4. **“Aligned Care Homes”** means the Care Homes within the Practice's PCN's geographical area and for which the PCN is required to provide Network Services, including the Enhanced Health in Care Homes component of the Network Contract Directed Enhanced Service (DES);
- 2.2.5. **“Calculating Quality Reporting Service”** or **“CQRS”** means the national approvals, reporting and payments calculation system designed for GP practices;
- 2.2.6. **“Care Home”** means specific types of care homes which shall be announced and authorised by the Commissioner;
- 2.2.7. **“Commencement Date”** means the date from which this ES starts and is 1 April 2026. The Commencement Date may be different to the Service Commencement Dates;
- 2.2.8. **“Commissioner”** means the organisation with responsibility for contract managing these ES arrangements which as at this Commencement Date is NHS England (NHSE);
- 2.2.9. **“Core Hours”** means the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays;

- 2.2.10. **"COVID-19 Vaccination"** refers to a COVID-19 vaccination for a Patient;
- 2.2.11. **"COVID-19 Vaccination Service Commencement Date"** means the date from which the administration of COVID-19 Vaccinations shall commence and which shall be following an announcement by the Commissioner;
- 2.2.12. **"COVID-19 Vaccination Service End Date"** means, subject to paragraph 6.16, the date announced by the Commissioner on which the Practice shall cease the administration of COVID-19 Vaccinations;
- 2.2.13. **"CQC"** means the Care Quality Commission;
- 2.2.14. **"Delivery Period"** means the dates, following announcement and authorisation by the Commissioner during which the Practice may administer vaccines to Patients and which shall be between the relevant Service Commencement Date and Service End Date. The Delivery Periods may not be concurrent for COVID-19 Vaccinations and Adult Influenza Vaccinations and may cease and recommence during the term of this ES;
- 2.2.15. **"DHSC"** means the Department of Health and Social Care;
- 2.2.16. **"DBS"** means the Disclosure and Barring Service;
- 2.2.17. **"End Date"** means 31 March 2027 or any earlier date on which this ES is terminated in accordance with paragraph 3.6 or otherwise in accordance with this ES. The End Date may be different to the Service End Dates;
- 2.2.18. **"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 Practice 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;
- 2.2.19. **"Flu Letter"** means the annual Flu Letter published ahead of each flu season and amended from time to time; available at www.gov.uk;

- 2.2.20. **“GPhC”** means the General Pharmaceutical Council;
- 2.2.21. **“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;
- 2.2.22. **“Housebound”** means the medical condition of a Patient is such that, in the reasonable opinion of the Practice 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 health or nearing end of life and is recorded as such in their patient record;
- 2.2.23. **“JCVI”** means the Joint Committee on Vaccination and Immunisation;
- 2.2.24. **“JCVI Cohorts”** means the cohorts of Patients referenced by JCVI advice;
- 2.2.25. **“LAIV”** is a Live Attenuated Influenza Vaccine nasal spray suspension;
- 2.2.26. **“MHRA”** means the Medicines and Healthcare products Regulatory Agency;
- 2.2.27. **“Ministerial Decision”** means a decision issued by the Secretary of State for Health and Social Care or by the Commissioner on behalf of the Secretary of State;
- 2.2.28. **“National Booking Service”** or **“NBS”** means the national system used by Patients to book vaccination appointments;
- 2.2.29. **“Network Services”** means the services provided by a Primary Care Network to its registered population and others via the Network Contract DES;
- 2.2.30. **“Network Standard Hours”** means the period between the hours of 6.30pm and 8.00pm on Mondays to Fridays and between 9am and 5pm on Saturdays;

2.2.31. **“Patient”** means those people who are eligible to receive the COVID-19 vaccine and/or the adult influenza vaccine in general practice as the context requires;

2.2.32. **“People Experiencing Homelessness”** means rough sleepers and those using homeless hostels or night-shelters (rather than the broader definitions “of homelessness”), who are included in the national flu programme as set out in the [amendment to the Flu Letter](#);

2.2.33. **“Practice”** means a provider of primary medical services to a registered list of patients under a General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract and who has agreed with the Commissioner to deliver this ES;

2.2.34. **“Primary Care Network”** or **“PCN”** means a network of primary medical services contractors and other providers of services which has been approved by NHS England, under the [Network Contract Directed Enhanced Service](#), serving an identified geographical area;

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

2.2.36. **“Registered Patient”** means a person whom the Practice has accepted for inclusion in its list of patients;

2.2.37. **“SFE”** means the [NHS General Medical Services Statement of Financial Entitlements Directions](#) (as amended from time to time);

2.2.38. **“UKHSA”** means the UK Health Security Agency; and

2.2.39. **“Year Round Pathway Patient”** means those Patients who are eligible for catch-up or additional dose(s) of COVID-19 vaccination in accordance with the [Green Book](#) and subject to clinical judgement, including outside the announced and authorised COVID-19 vaccination seasonal campaign periods. For the avoidance of doubt this means after the announced and authorised end date of a COVID-19 vaccination campaign but before the start date of the next COVID-19 vaccination campaign.

2.3. In this ES words importing the singular include the plural and vice versa.

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

3. Duration

- 3.1. This ES begins on 1 April 2026 and shall continue until 31 March 2027 unless it is terminated in accordance with paragraph 3.6.
- 3.2. The administration of the COVID-19 vaccine shall commence with effect from the COVID-19 Vaccination Service Commencement Date and the administration of the influenza vaccine shall commence with effect from the Adult Influenza Vaccination Service Commencement Date (together the Service Commencement Dates). The Service Commencement Dates will be announced and authorised by the Commissioner. Vaccines must only be administered to Patients.
- 3.3. The administration of COVID-19 vaccines shall cease with effect from the COVID-19 Vaccination Service End Date and the administration of influenza vaccines shall cease with immediate effect from the Adult Influenza Vaccinations Service End Date (together the Service End Dates). The Service End Dates will be announced and authorised by the Commissioner.
- 3.4. The Practice must not commence vaccinations prior to the relevant announcement and authorisation by the Commissioner. The Practice should maximise the administration of the vaccines in accordance with Commissioner guidance on timings (and following the Service Commencement Dates and before the Service End Dates).
- 3.5. Subject to paragraph 6.16, the Practice may only administer vaccines during the relevant Delivery Periods for that vaccination programme.
- 3.6. This ES may be terminated on any of the following events:
- 3.6.1. automatically on expiry of this ES;
 - 3.6.2. by the Commissioner providing not less than 28 days' written notice to the Practice;
 - 3.6.3. by the Practice providing not less than 28 days' written notice to the Commissioner, unless otherwise agreed with the Commissioner;

3.6.4. automatically on the same date as the termination of the Practice's primary medical services contract; or

3.6.5. automatically on the same date the Practice ceases to offer Adult Influenza Vaccinations during the relevant Delivery Period.

3.7. This ES may be varied in accordance with section 12 of this ES.

4. Sign up process

4.1. To participate in this ES, prior to provision of the service, the Practice must indicate its willingness to provide either:

4.1.1. COVID-19 and Adult Influenza Vaccinations to Patients; or

4.1.2. Adult Influenza Vaccinations to Patients,

in writing to the Commissioner before 23:59 on 2 February 2026 and before 23:59 on 31 July 2026 and provide to the Commissioner its planning assumption on the number of vaccines per programme it expects to administer in total under this ES.

4.2. Where a Practice indicates its willingness to participate in the service before 2 February 2026 and includes in the written communication its planning assumption for the anticipated Autumn 2026 COVID-19 and Adult Influenza Vaccination Delivery Periods, then it is not required to resubmit its planning assumptions again before 31 July 2026.

4.3. Where the Practice wishes to provide COVID-19 Vaccinations as well as Adult Influenza Vaccinations, it must register for the COVID-19 Vaccination service by:

4.3.1. 23:59 on 2 February 2026 on CQRS National in order to be able to receive supply of COVID-19 vaccine ahead of the anticipated Spring 2026 COVID-19 Service Commencement Date; or

4.3.2. 23:59 on 31 July 2026 as per the process outlined in Commissioner Guidance in order to be able to receive supply of COVID-19 vaccine ahead of the anticipated Autumn 2026 COVID-19 Service Commencement Date.

- 4.4. Practices can register to provide COVID-19 vaccinations after these dates, however it is not guaranteed that they will receive COVID-19 vaccine in time for the COVID-19 Vaccination Service Commencement Dates.
- 4.5. The Practice must register for the Adult Influenza Vaccination Service on CQRS National by 23:59 on 30 November 2026 if it decides to provide Adult Influenza Vaccinations only. If Practices do not register for Adult Influenza Vaccinations by this date, they will not be able to deliver the service in 2026/27.

5. Training and knowledge

- 5.1. The Practice must ensure that staff understand what their role in the delivery of this ES requires, including working within the relevant systems and processes set out by the Practice, understanding how to report concerns should any be identified, and adhering to all relevant professional standards.
- 5.2. The Practice must ensure that all persons involved in the administration of vaccines must:
 - 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 Training](#), and including, where relevant, the specific modules on [COVID-19 vaccinations](#) and [influenza vaccinations](#) which are available on the e-learning for healthcare website, where [general immunisation training modules](#) can also be accessed. 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 treatment of anaphylaxis;
 - 5.2.3. have read and understood the clinical guidance published in the most up to date Green Book and the associated [information for healthcare practitioners](#), and have a process in place to check any updates to these documents;

- 5.2.4. understand and be authorised to work under a valid legal mechanism for administration of the vaccination(s); and
- 5.2.5. have an enhanced DBS check against the adult and children's barred list.
- 5.3. The Practice 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 Practice must oversee and keep a record to confirm that all relevant staff have undertaken the relevant training prior to participating in the Service and that staff remain competent throughout their participation in the Service. Competence can be demonstrated by using, for example, the [UKHSA competency assessment tool](#).
- 5.5. The Practice must ensure that staff are 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.

6. Vaccine supply, handling and storage

- 6.1. The Practice must ensure that
 - 6.1.1. the receipt, storage, transportation and preparation of all vaccines is in accordance with any relevant medicines legislation, manufacturer's, MHRA, UKHSA and NHS England's instructions, all associated guidance set out in the 'Storage distribution and disposal of vaccines' chapter of the Green Book, and all associated Standard Operating Procedures, and is 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 ES;
 - 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 eligible patients, and to mitigate risks associated with handling multiple vaccine types; and

- 6.1.3. the vaccine may only be stored overnight at CQC/GPhC registered premises, in accordance with approved medicines management arrangements.

COVID-19 Vaccine

- 6.2. Where the Practice agrees to provide the COVID-19 Vaccination service in addition to the Adult Influenza Vaccination service in accordance with paragraph 4.1.1, COVID-19 vaccines will be provided centrally by the Commissioner (specifically the NHS England national team) to the Practice (or to a separate legal entity acting on behalf of the Practice under sub-contracting arrangements) to deliver this ES.
- 6.3. The COVID-19 vaccine must not be used to administer vaccinations to Private Patients.
- 6.4. COVID-19 vaccine will be made available by NHS England. The quantity Practices can order will be based on the Practice's eligible patient denominator, JCVI eligibility criteria, uptake data from previous campaigns and the proportion of patients historically vaccinated by the Practice.
- 6.5. COVID-19 vaccine supply must be ordered directly by the Practice (or a separate legal entity acting on behalf of the Practice under sub-contracting arrangements) through the FDP. The Practice must ensure that orders align with planned usage, protecting vaccine shelf life and minimising the risk of wastage.
- 6.6. The Commissioner may (acting reasonably) need to make allocation decisions regarding the COVID-19 vaccine. Allocation decisions could include permitting a proportion of the COVID-19 vaccine allocation to be available to order before the COVID-19 Vaccination Service Commencement Date with the remaining allocation made available to order once COVID-19 vaccine usage is established, prioritising providers or the use of a particular type of COVID-19 vaccine.
- 6.7. Where the Practice's COVID-19 vaccination activity is higher than forecast, for example there is increased uptake within its registered list, the Practice can submit a request for additional COVID-19 vaccine through the FDP.
- 6.8. In order to ensure accurate forecasting and timely delivery of COVID-19 vaccines, the Practice must record all vaccinations in their GPIT clinical

system, provide timely stock and inventory data through the FDP and provide support in relation to stock forecasting, use and ordering of COVID-19 vaccine as requested by the Commissioner.

- 6.9. The Practice must actively try to minimise vaccine wastage. COVID-19 vaccine wastage of above 30% may result in reduced or paused supply.

Influenza Vaccines

- 6.10. For the Adult Influenza Vaccination service, the Practice (or a separate legal entity acting on behalf of the Practice under sub-contracting arrangements) must order appropriate vaccine supply following guidance on recommended vaccines and administer the recommended licenced influenza vaccines as set out in the Flu Letter and the Green Book.
- 6.11. Influenza clinics must be planned following guidance on recommended vaccines and Practices must administer the recommended licenced influenza vaccines as set out in the Flu Letter and the Green Book. Where a provider does not have a recommended vaccine in stock, patients should be directed to an alternative provider who has stock of a recommended vaccine or advised to rebook when the recommended vaccine is available. Administration of alternative vaccines must only be considered on an exceptional basis where there is a valid reason why the Patient may not return for a further appointment or there is a clinical reason. This may include where a Patient has a needle phobia or where LAIV may be less distressing for some patients e.g., those with a Learning Disability. Practices must aim to minimise the need for this by procuring adequate recommended vaccine stock before the programme starts.

Patient eligibility

- 6.12. The ES aims to:
- 6.12.1. protect those who are most at risk of serious illness or death should they develop COVID-19 and/or influenza;
 - 6.12.2. maximise the uptake and co-administration of COVID-19 and Adult Influenza Vaccinations in Patients; and
 - 6.12.3. provide more opportunities and improve convenience for Patients to access COVID-19 and Adult Influenza Vaccinations.

Eligibility for COVID-19 Vaccination

- 6.13. Where the Practice and Commissioner have agreed that the Practice will provide COVID-19 Vaccinations in accordance with paragraph 4.1.1, the Practice must offer COVID-19 Vaccination to all Patients whose names are included on the Practice's list of Registered Patients and are 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 general practice, including but not limited to those Patients who are:
- 6.14.1 living in Care Homes; or
 - 6.14.2 Housebound.
- 6.14. The Practice may also administer COVID-19 vaccines to Patients:
- 6.14.1. living in Aligned Care Homes where the Patient is not on the Practice's registered list and the Patient consents under relevant arrangements. Practices must liaise with their own Primary Care Network and where appropriate other Primary Care Networks which are responsible for delivery of the Enhanced Health in Care Homes provisions in the Network Contract DES, to agree such relevant arrangements and ensure that a joined up service is delivered to all Primary Care Networks linked care homes; and
 - 6.14.2. not residing in an Aligned Care Home, who are registered with another Practice in the PCN under relevant arrangements.
- 6.15. Practices must use COVID-19 vaccine supplied to the Practice for the purpose of these vaccinations, but where a separate legal entity is acting on behalf of the practice under sub-contracting arrangements, the Practice must ensure that entity uses COVID-19 vaccines supplied to that entity.
- 6.16. In the event that a Year Round Pathway Patient presents outside of the Delivery Period the Practice must offer the Patient a COVID-19 Vaccination which could be delivered by another Practice in the PCN if agreed by the PCN.

Eligibility for Adult Influenza Vaccination

- 6.17. The Practice must offer to provide Adult Influenza Vaccinations to all Patients whose names are included on the Practice's list of Registered
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Patients and are eligible to receive the vaccination by their inclusion in a JCVI cohort which has been announced and authorised by the Commissioner (using the Flu Letter and relevant national communications), as eligible for vaccination by general practice including but not limited to those Patients who are:

6.17.1. living in Care Homes; or

6.17.2. Housebound.

In addition to the eligibility set out in the Green Book, the Practice should offer to provide Adult Influenza Vaccinations to all Patients with a Learning Disability given their increased morbidity and mortality due to preventable pneumonia.

6.18. The Practice may also administer adult influenza vaccines to Patients:

6.18.1. living in Aligned Care Homes where the Patient is not on the Practice's registered list and the Patient consents under relevant arrangements. Practices must liaise with their own Primary Care Network and where appropriate other Primary Care Networks which are responsible for delivery of the Enhanced Health in Care Homes provisions in the Network Contract DES, to agree such relevant arrangements and ensure that a joined-up service is delivered to all Primary Care Networks linked care homes; and

6.18.2. not residing in an Aligned Care Home, who are registered with another Practice in the PCN under relevant arrangements.

6.19. The Practice may administer Adult Influenza Vaccinations to the following frontline workers whose names are included on the Practice's list of Registered Patients and are without employer led occupational health who are employed:

6.19.1. by a registered domiciliary care provider and who are directly involved in the care of vulnerable patients or clients who are at increased risk of exposure to influenza; or

6.19.2. through Direct Payments and/or Personal Health Budgets (such as personal assistants) to deliver domiciliary care to patients and service users.

6.20. The Practice may also administer Adult Influenza Vaccinations to those who are not included in the Practice's list of Registered Patients and who are:

6.20.1. frontline workers in social care settings employed by the following types of social care providers without employer led occupational health schemes and where the Practice is administering vaccinations to the residents of:

6.20.1.1. a registered residential care home or nursing home; or

6.20.1.2. a voluntary managed hospice provider

and who are directly involved in the care of vulnerable patients or clients who are at increased risk of exposure to influenza;

6.20.2. locum GPs, which is a cohort additional to those set out in the Flu Letter, and where the locum GP is providing care for the Practice's patients; or

6.20.3. People Experiencing Homelessness, who have been added to the eligible risk groups as set out in the [amendment to the Flu Letter](#).

6.21. As part of their [employer responsibilities](#), the Practice may offer to administer adult influenza vaccines to frontline patient facing staff working in the Practice whose name is not included on the Practice's list of Registered Patients.

6.22. Practices must use influenza vaccine of the Practice to deliver Vaccinations to those in section 6, but where a separate legal entity is acting on behalf of the Practice under sub-contracting arrangements, the Practice must ensure that entity uses adult influenza vaccines supplied to that entity.

6.23. Where the Patient is not a Registered Patient of the Practice as outlined in paragraphs 6.20 and 6.21, the Practice must retain a record of the vaccination and remind the Patient that they should inform their registered practice that they have received a vaccination.

6.24. Where the Patient is not a Registered Patient of the Practice and paragraphs 6.20 and 6.21 do not apply, the Practice must ensure a record of the vaccination is created on the GP IT system of the practice at which the Patient is registered.

7. Primary Care Networks

- 7.1. Where the Practice is a member of a PCN, it must collaborate with other practices within its PCN to ensure that all Patients who are residents of an Aligned Care Home are offered vaccinations in accordance with the Commissioner Announcement and terms of this ES and the Network Contract DES.
- 7.2. Where the Practice:
 - 7.2.1. is not a member of a PCN; or
 - 7.2.2. has a Registered Patient resident in a Care Home outside of its PCN's geographical area,the Practice must cooperate with the PCN responsible for provision of Network Services to its Registered Patients resident in Care Homes to ensure that all those eligible Patients are offered vaccinations in accordance with the Commissioner Announcement and terms of this ES.
- 7.3. Practices must liaise with their own PCN to ensure that a joined up service is delivered to all PCN linked Care Homes.

8. Service Requirements

- 8.1. The Practice must have regard to the standards set out in NHS England General Practice Vaccination and Immunisation Services: Standards and Core Contractual Requirements in delivering this ES.
- 8.2. Where a Patient is a Registered Patient, Practices are required to ensure that:
 - 8.2.1. they undertake a proactive call/re-call of all eligible Patients;
 - 8.2.2. they reasonably co-operate with any national call/recall service in line with guidance published by NHS England;
 - 8.2.3. they maintain clear records detailing how they have contacted (including called/recalled) Patients; and
 - 8.2.4. that COVID-19 and/or Adult Influenza Vaccinations are not administered where contra-indicated, and that the clinical advice on

allergies in the Green Book is adhered to when a patient has previously had an allergic reaction to the vaccine or its components.

- 8.3. The Practice must use at least one written communication (to include letters/SMS text messages) offering COVID-19 and/or Adult Influenza Vaccination to Patients.
- 8.4. Where a Practice is offering Adult Influenza Vaccines to Registered Patients who are in the People Experiencing Homelessness at risk group, it may be difficult to contact individual Patients directly, either in writing or otherwise. Practices should use best endeavours to try to ensure all eligible Patients in the People Experiencing Homelessness risk group receive an appropriate offer in a clear and accessible format.
- 8.5. Practices must request details of the Patient's ethnicity status if they have not previously provided this information to the Practice and where provided by the Patient or other appropriate person on their behalf, the Practice must record the ethnicity information in the Patient record.
- 8.6. Vaccination appointments should provide maximum flexibility for Patients and should be available at a range of times across the week including, where appropriate, outside of Core Hours to maximise vaccination uptake to eligible cohorts.
- 8.7. Where the Practice delivers the requirements of this ES collaboratively via its PCN, vaccinations may be offered during Network Standard Hours in accordance with the Enhanced Access requirements of the [Network Contract Directed Enhanced Service](#), so long as they do not negatively impact on the core offer or the PCN's number of available Enhanced Access appointments.
- 8.8. The Practice must ensure that services delivered under this ES are accessible, appropriate and sensitive to the needs of all Patients. No Patient shall be excluded or experience particular difficulty in accessing and effectively using this ES 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.
- 8.9. 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 Patient confidentiality and dignity is able to be respected.

- 8.10. Vaccines administered under this ES will usually be given at the Practice's premises, but the Practice may also provide them in other suitable locations such as in a Patient's home, a Care Home, or community venues (for example, community centres) subject to paragraph 8.11.
- 8.11. The Practice must obtain consent from the Commissioner if it wishes to administer vaccines at any location other than the Practice's premises, a Patient's home or a Care Home. Commissioner consent will not be unreasonably withheld.
- 8.12. Patients do not require an NHS number and should not be denied COVID-19 or Adult Influenza Vaccination on this basis.
- 8.13. Where the medical condition of a Patient is such that, in the reasonable opinion of the Practice, attendance of the Patient is required and it would be inappropriate for the Patient to attend at the practice premises, the Practice must provide the Adult Influenza Vaccination or Adult Influenza and COVID-19 Vaccinations to the Patient at another location and the Practice must make all reasonable efforts to ensure the Patient is vaccinated.
- 8.14. The Practice is encouraged to sign up to use the NBS for seasonal vaccinations (COVID-19 and influenza vaccinations, including co-administration appointments) and must comply with the conditions of sign up.
- 8.15. Where the Practice has agreed to deliver both COVID-19 and Adult Influenza Vaccinations, the Practice shall offer, when possible and operationally expedient, co-administration of the vaccinations where clinically appropriate to each Patient the Practice is able to vaccinate, subject to vaccine availability, in accordance with this ES and in accordance with the recommendations in the Green Book.
- 8.16. The Practice shall identify Patients for COVID-19 and/or influenza vaccination(s) who present at the Practice premises and encourage them to take up the vaccination offer.

- 8.17. The Practice must confirm each Patient's eligibility prior to administration of a vaccine regardless of the route through which the Patient booked an appointment.
- 8.18. The Practice must ensure that:
 - 8.18.1. a registered healthcare professional, trained in vaccination administration and familiar with the characteristics of the vaccine(s) being administered, assesses the Patient as eligible in accordance with the Green Book, and that the administration of the vaccine is clinically appropriate for the Patient. This assessment should include providing information that the Patient may require to make a final decision on whether to proceed with the vaccination;
 - 8.18.2. informed Patient consent to vaccination is obtained by a registered healthcare professional in line with the requirements set out the Green Book, and the Patient's consent (or refusal of consent, where relevant) to the vaccination (or the name of the person who gave (or refused) consent to the vaccination and that person's relationship to the Patient) is recorded in the patient record and in accordance with law and guidance; and
 - 8.18.3. the Patient is informed about the handling of their information in relation to the provision of this arrangement including advising the Patient that information may be anonymised and used by the Commissioner (or their agents) for the purposes of service delivery, evaluation and research.
- 8.19. Each Patient being administered a vaccine should be given 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.
- 8.20. The Practice should advise the Patient attending for vaccination about other NHS 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.

9. Subcontracting arrangements

- 9.1. The Commissioner acknowledges that to deliver the services pursuant to this ES, the Practice may require the ability to sub-contract the delivery of the required clinical services to another Practice in the PCN or another party. Where a Practice relies on other practices within the same PCN that are not participating in the ES to administer vaccinations on its behalf, for example, to comply with paragraph 7.1, sub-contracting arrangements will need to be put in place. Where a Practice is considering sub-contracting arrangements related to the provision of services under the ES, the Practice must comply with the requirements set out in the statutory regulations or directions that underpin its primary medical services contracts in relation to sub-contracting, which will also apply to any arrangements to sub-contract services under the ES.
- 9.2. The Practice and their sub-contractor must make available, on request from the Commissioner, any reasonable information relating to the sub-contracting arrangements and reporting information relating to the delivery of this ES.
- 9.3. Practices and their sub-contractor must ensure that appropriate data management processes are in place which must include the recording of the administration of COVID-19 and influenza vaccines. Practices and the sub-contractor must ensure that appropriate arrangements are made for the sub-contractor to order deliveries of vaccines to ensure no unlawful supply of vaccines between the Practice and the sub-contractor.
- 9.4. Insofar as the sub-contracting of the clinical services pursuant to this ES is necessary to deliver these services and is compliant with the primary medical services legal and contractual requirements, the Commissioner will not object to the sub-contracting.

10. Payment arrangements

- 10.1. Subject to compliance with this ES, and from the relevant Service Commencement Date to 31 March 2027, the Commissioner will pay:
 - 10.1.1. an item of service payment of £8.70 to the Practice for administration of each COVID-19 vaccine to each Registered

Patient on or after 1 September 2026 and before 1 February 2027;
or

10.1.2. an item of service payment of £10.06 to the Practice for the administration of each COVID-19 vaccine to each Registered Patient on or after 1 April 2026 and before 1 September 2026 and on and after 1 February 2027 until 31 March 2027; and

10.1.3. an item of service payment of £10.06 to the Practice for the administration of each influenza vaccination to each Registered Patient.

- 10.2. The dates set out in paragraph 10.1.1 do not constitute or supersede the Service Commencement Dates or Service End Dates, which will be announced and authorised by the Commissioner. In accordance with 3.5 (and subject to 6.16), the Practice may only administer vaccines during the relevant Delivery Periods for that vaccination programme.
- 10.3. Where the Practice vaccinates a Patient to whom paragraph 6.20 applies who is not a Registered Patient but who is included in the list of patients of another practice, the Practice will receive payment of the sum equivalent to that set out at paragraph 10.1.
- 10.4. Where paragraphs 10.3 and 10.5 do not apply, where the Patient, who is vaccinated, is registered with another practice within the Practice's PCN, the Practice recognises that the payment may be automatically made to the Patient's registered practice. Such payment will be treated as if it were made direct to the Practice for the purpose of any paragraph of this Enhanced Service, including but not limited to paragraphs 10.12 and 10.13. The Practice agrees that it will seek to enter into arrangements with the registered practice within the PCN as considered appropriate to enable the Practice to comply with any provisions of this Enhanced Service.
- 10.5. Where a Practice administers an influenza vaccine in accordance with paragraph 6.21, the Practice will not be eligible for any payment in accordance with section 10 including reimbursement of vaccine costs and personal administration fees, unless the individual is eligible under the NHS influenza programme due to age or clinical risk AND is a registered patient at their employing practice.

- 10.6. Practices may claim a [personal administration fee](#) for influenza vaccinations administered to Patients with the exception of those outlined at paragraph 6.21. The influenza vaccines reimbursed as part of this ES are outlined in the Flu Letter.
- 10.7. Claims submitted in accordance with this ES by the Practice will only be paid where:
- 10.7.1. the Patient in respect of whom payment is being claimed was within one of the eligible Cohorts announced and authorised by the Commissioner for the administration of the vaccine by the Practice, at the time the vaccine was administered and in accordance with the terms of this ES;
 - 10.7.2. the administration of the vaccination is recorded on the GP IT system at the data extraction date following the end of the monthly reported period;
 - 10.7.3. for COVID-19 Vaccinations, the Practice has used a COVID-19 vaccine supplied and recommended in accordance with the latest advice;
 - 10.7.4. for Adult Influenza Vaccination, the Practice has only used the specified vaccines recommended in the Flu Letter and/or Commissioner guidance;
 - 10.7.5. the Practice has not received and does not expect to receive any payment from any other source in respect of the vaccine or vaccination; and
 - 10.7.6. the claim for payment was submitted in accordance with paragraph 10.8.
- 10.8. Practices must submit claims to the Commissioner for payment monthly wherever possible and Practices must:
- 10.8.1. validate and submit a claim to the Commissioner for payment within 3 months of the date of the administration of the vaccine; and
 - 10.8.2. ensure that claims submission are validated to enable the Commissioner to correctly calculate the payment.

- 10.9. Payment will be made in respect of claims submitted by the last day of the month following the month the submitted claims are validated by the Practice.
- 10.10. If the Practice does not satisfy all relevant provisions of this ES, the Commissioner may determine to withhold payment of all or any part of, an amount due under this ES that is otherwise payable.
- 10.11. Payment under this ES, or any part thereof, is conditional on the Practice satisfying the following:
- 10.11.1. entering into this ES, including any variations and updates;
 - 10.11.2. complying (and maintaining compliance) with the requirements of this ES;
 - 10.11.3. making available to the Commissioner any information under this ES which the Commissioner needs and the Practice either has or could be reasonably expected to obtain;
 - 10.11.4. making any returns (including payment claims as required by this paragraph 10) or providing any information reasonably required by the Commissioner (or on the Commissioner's behalf) (whether computerised or otherwise) to support payment and do so promptly and fully; and
 - 10.11.5. ensuring that all information supplied pursuant to or in accordance with this paragraph 10 is accurate.
- 10.12. If the Commissioner makes a payment to a Practice under this ES and:
- 10.12.1. the Practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);
 - 10.12.2. the Commissioner was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or

10.12.3. the Commissioner is entitled to repayment of all or part of the money paid,

the Practice agrees that the Commissioner may recover the money paid by deducting an equivalent amount from any payment payable to the Practice, and where no such deduction can be made, it is a condition of the payments made under this ES that the contractor under its General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract (as relevant) must pay to the Commissioner that equivalent amount.

10.13. Where the Commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the Commissioner does so or recovers the money by deducting an equivalent amount from another payment in accordance with this ES, it may, where it sees fit to do so, reimburse the Practice the amount withheld or recovered, if the breach is cured.

11. Monitoring, reporting, record keeping and post payment verification

- 11.1. Key information in relation to delivery of this ES will be communicated by the Commissioner in a timely manner. Practices delivering this ES should (if they have not already done so) sign up to receive the Primary Care Bulletin. Practices can sign up to the Primary Care Bulletin at: [NHS England » Primary Care bulletin](#).
- 11.2. The Practice must monitor and report all activity information in accordance with the monitoring and reporting standards as published by the Commissioner and in accordance with its primary medical services contract and relevant legislation. This includes guidance published by the Commissioner on the recording of COVID-19 and/or Adult Influenza Vaccination appointments to ensure consistent national data captures.
- 11.3. Practices should ensure that they only use the relevant clinical codes included in the supporting [Business Rules](#) or as set out in national guidance, and should also re-code Patients where necessary. This will allow calculation of achievement and payment and for the Commissioner to audit payment and service delivery. Practices should refer to the supporting

[Business Rules](#) to ensure that they have the most up-to-date information on management counts and clinical codes.

- 11.4. The Practice must report any Patient safety incidents to its Commissioner's Screening and Immunisation Team and in accordance with [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\)\(Amendment\) Regulations 2025](#).
- 11.5. The Practice must follow the UKHSA: '[Vaccine incident guidance, responding to errors in vaccine storage, handling and administration](#)'.
- 11.6. The Practice must ensure that any staff recording 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 site team or remove accounts where staff leave employment, or do not have shifts scheduled at the site.
- 11.7. The administration of the vaccination to a Patient must be recorded in the patient record on the day of the administration of the vaccination. Where the Practice's computerised patient records are unavailable due to exceptional circumstances beyond the control of the Practice then the record of vaccination events must be added to the patient record as soon as possible after it becomes available again. The Commissioner must be notified if this will result in records of vaccinations being added to the patient record on a different day than the vaccinations were administered. Where the record of the vaccination event is not created within 15 days of the vaccination being administered, the Practice shall not be eligible for the item of service fee and any associated additional payments as set out at paragraph 10. Where the item of service fee and/or any additional payments are claimed and/or automatically submitted payments shall be recoverable by the Commissioner in accordance with paragraph 10.10.
- 11.8. The Practice must adhere to defined standards of record keeping as set out at paragraph 18(12) of the SFE, and ensuring also that the vaccination event is recorded the same day that it is administered.
- 11.9. The Practice will monitor and report all influenza activity information via ImmForm on a monthly basis. As in previous years the activity information shall include a monthly count of Patients who received an influenza vaccination in the relevant month. This information will be used by the

Commissioner and UKHSA for monitoring uptake achievement and national reporting. These figures are used for official statistics.

- 11.10. The Practice must comply with any reasonable requests to facilitate post payment verification. This may include auditing claims to ensure that it meets the requirements of this ES.

12. Variations to and subsequent withdrawal from this ES

- 12.1. Variations to this ES will be published on <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/primary-care-guidance/> and will take effect immediately on publication. The Practice will also be notified of any changes to this ES by the Commissioner.
- 12.2. If the Practice cannot meet the revised requirements of this ES it must withdraw from this ES by serving written notice on the Commissioner to that effect with supporting reasons as to why it cannot meet the revised requirements, such notice must be received by the Commissioner no later than 28 days after publication of the relevant variation and providing no less than 28 days' written notice of the Practice's withdrawal.
- 12.3. Where a Practice has entered into this ES but its primary medical services contract subsequently terminates or the Practice withdraws from this ES prior to the end of this ES, the Practice is entitled to a payment in respect of its participation if such a payment has not already been made, in accordance with the provisions set out below. Any payment will fall due on the last day of the month following the month during which the Practice provides the information required.
- 12.4. In order to qualify for payment in respect of participation under this ES, the Practice must comply with and provide the Commissioner with the information in this ES specification or as agreed with the Commissioner before payment will be made. This information should be provided in writing within 28 days following the termination of the contract or the Practice's withdrawal from this ES.

Provisions relating to practices who merge or are formed

- 12.5. Where two or more practices merge or a new primary medical services contract is awarded and as a result two or more lists of registered Patients are combined, transferred (for example from a terminated practice) or a new list of registered Patients is developed, the new practice(s) may enter into a new or varied arrangement with the Commissioner to provide this ES.
- 12.6. In the event of a practice merger, the ES arrangements of the merged Practices will be treated as having terminated (unless otherwise agreed with the Commissioner) and the entitlement of those Practice(s) to any payment will be assessed on the basis of the provisions of paragraph 10 (Payment Arrangements) of this ES.
- 12.7. The entitlement to any payment(s) of the Practice(s), formed following a practice merger, entering into the new or varied arrangement for this ES, will be assessed and any new or varied arrangements that may be agreed in writing with the Commissioner will begin at the time the Practice(s) starts to provide this ES under such arrangements.
- 12.8. Where that new or varied arrangement is entered into and begins within 28 days of the new Practice(s) being formed, the new or varied arrangements are deemed to have begun on the date of the new Practice(s) being formed and payment will be assessed in line with this ES specification as of that date.
- 12.9. Where the Practice participating in the ES is subject to a practice merger and:
- 12.9.1. the application of the provisions set out above in respect of practice mergers would, in the reasonable opinion of the Commissioner, lead to an inequitable result; or
 - 12.9.2. the circumstances of the split or merger are such that the provisions set out above in respect of practice mergers cannot be applied;
- the Commissioner may, in consultation with the Practice or Practices concerned, agree to such payments as in the Commissioner's opinion are reasonable in all of the circumstances.

New contract awards

- 12.10. Where a new primary medical services contract is awarded by the Commissioner after the commencement of this ES, the practice may be offered the ability to opt-in to the delivery of this ES.