

Community pharmacy advanced service specification

Meningococcal B vaccination service from 20 July 2026 – 31 March 2027

Version **2.0**



Version updates: (changes are marked in yellow):	Updated sections:
Version 2.0	- Paragraph 4.19 – clarification of eligibility for military personnel attending military further education settings - Paragraph 6.3 – clarification relating to registration process and supply - Paragraph 7.1 – eligibility updated in line with the MenB adolescent bipartite letter: Meningococcal B (MenB) time limited vaccination offer letter - GOV.UK - Annex A: updates to the table regarding administration of MenB vaccination to individuals with incomplete vaccination status

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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 vaccinations to Patients.
- 1.2. The AS is commissioned to provide national access to Meningococcal B (MenB) vaccination and support uptake of two doses of this vaccine amongst eligible populations within the prescribed timescales.

2. Commonly used terms

- 2.1. In this AS:
 - 2.1.1. “**Commissioner**” means the organisation with responsibility for contract managing these advanced service arrangements and this is NHS England (NHSE);
 - 2.1.2. “**CQC**” means the Care Quality Commission;
 - 2.1.3. “**DBS**” means the Disclosure and Barring Service;
 - 2.1.4. “**End Date**” means 31 March 2027;
 - 2.1.5. “**Federated Data Platform**” or “**FDP**” means the national data platform managed by NHS England. The FDP hosts the vaccine supply and ordering tools that NHS England operates; pharmacy contractors must register for the FDP to manage their vaccine orders and submit stocktakes for this service;
 - 2.1.6. “**GPhC**” means the General Pharmaceutical Council;
 - 2.1.7. “**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 infection diseases that may occur in the UK;
 - 2.1.8. “**JCVI**” means the Joint Committee on Vaccination and Immunisation;
 - 2.1.9. “**Meningococcal B (MenB) vaccination**” is the vaccine given to prevent Meningococcal disease which occurs because of a

systemic bacterial infection caused by *Neisseria meningitidis* with antigenically distinct capsular B group;

2.1.10. “**MHRA**” means the Medicines and Healthcare products Regulatory Agency;

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

2.1.12. “**National Booking Service**” or “**NBS**” means the national system used by Patients to book vaccination appointments;

2.1.13. “**Patient**” means those young people eligible to receive the MenB vaccination in community pharmacy as set out in paragraph 7.1;

2.1.14. “**Pharmacy Regulations**” means the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended;

2.1.15. “**Point of Care System**” means a clinical system that has been assured by the Commissioner to record MenB vaccination events;

2.1.16. “**Post Payment Verification**” or “**PPV**” means the process conducted by the NHSBSA on behalf of the Commissioner to request and review evidence from a sample of pharmacy owners to support the payment claims that they have submitted;

2.1.17. “**Service Commencement Date**” means 20 July 2026.

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

2.1.19. “**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

2.1.20. “**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:
 - 3.1.1. protect those who are most at risk of serious illness or death should they develop Meningococcal disease; and
 - 3.1.2. maximise uptake of two doses of MenB vaccine in the eligible population (estimated to be circa 1,000,000 young people) within prescribed timescales.

4. Requirements for service provision

- 4.1. Prior to provision of the service, the pharmacy contractor must:
 - 4.1.1. be satisfactorily complying with their obligations under Schedule 4 of the Pharmacy Regulations in respect of the provision of essential services and an acceptable system of clinical governance;
 - 4.1.2. be providing at least one NHS commissioned vaccination service and one service that involves the assessment or treatment of children (for example, the NHS Pharmacy First Service); and
 - 4.1.3. notify NHS England that they intend to provide the MenB Vaccination Service by completion of an electronic registration declaration available via this [link](#),

to be able to provide this service.
- 4.2. Pharmacy contractors must register by 23:59 on 20 July 2026. Due to this particular MenB programme and therefore AS being in place for a limited time, any registration received after the deadline will not be accepted and the pharmacy contractor will not be able to provide the service.
- 4.3. The pharmacy contractor must not provide the service unless they have registered as per paragraph 4.2 or they will not be eligible for payment.
- 4.4. To provide the 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. Vaccination must take place in a consultation room wherever either the Patient or the parent/guardian of the Patient expresses this preference. Vaccination 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. DSP pharmacies are not permitted to provide vaccination to Patients at the pharmacy premises.

- 4.5. The pharmacy contractor is required to offer Patients the opportunity of receiving a MenB vaccine at an acceptable location (in accordance with the Pharmaceutical Services (Advanced and Enhanced Service) (England) Directions).
- 4.6. The pharmacy contractor must have a standard operating procedure (SOP) in place for this AS, which includes 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.
- 4.7. 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.
- 4.8. 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 a university campus or other community venues subject to paragraph 4.9.
- 4.9. The pharmacy contractor must obtain approval from the Commissioner if they wish to carry out vaccination at a location that is not the pharmacy registered premises.
- 4.10. 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 vaccination is undertaken off the pharmacy premises, an on-site pharmacist or pharmacy technician responsible for the delivery of the advanced service must be linked and work closely with the Responsible Pharmacist and Superintendent Pharmacist through an appropriate governance framework to ensure appropriate oversight of the service.
- 4.11. Where vaccination is undertaken off the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist or pharmacy technician responsible for the delivery of the AS (or delivering the vaccination service themselves) and that:

- 4.11.1. vaccines are administered by appropriately trained vaccinators in line with the appropriate legal mechanism;
 - 4.11.2. the pharmacy contractor has professional indemnity insurance that covers off-site vaccination;
 - 4.11.3. staff continue to adhere to all professional standards relating to vaccination;
 - 4.11.4. staff follow appropriate cold chain storage measures;
 - 4.11.5. the setting used to administer the vaccines is appropriate (including ensuring Patient confidentiality and dignity can be respected); and
 - 4.11.6. staff appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.
- 4.12. The pharmacy contractor must ensure that all those involved in delivering vaccination activity as part of this AS have an enhanced DBS check against the children's barred list.
- 4.13. Before the Service Commencement Date, the pharmacy contractor must ensure that those providing the service are competent to do so in line with the specific skills and knowledge in section 5 and are authorised to use the relevant legal mechanisms.

Service availability

- 4.14. 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.
- 4.15. The pharmacy contractor must offer MenB vaccination appointments through NBS. The pharmacy contractor must comply with the requirements of using the NBS, including ensuring that accurate information is published and appointments or clinic times are uploaded in a timely way to allow Patient bookings to take place.
- 4.16. Pharmacy contractors must comply with minimum publication standards for NBS appointments ensuring that:

- 4.16.1. at least 100 appointments are listed per month from the Service Commencement Date; and
- 4.16.2. that appointments are available at various times throughout the pharmacy's full opening hours, including late afternoons and Saturdays (where the contractor is open on Saturdays).
- 4.17. The pharmacy contractor must not upload appointments before they register for this AS in accordance with paragraph 4.2.
- 4.18. The pharmacy contractor must offer vaccination through advertised walk-in clinics via the Pharmacy Services Finder.
- 4.19. 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. All Patients must have their eligibility checked based on their date of birth and those, who are mentioned in paragraph 7.1.2, must present evidence of an offer for higher education (issued either by the Universities and Colleges Admission Service or the university or college itself) or residential further education entry (issued by one of the organisations listed on the [GOV.UK website](#)) or military further education (issued by one of the organisations listed on the [GOV.UK website](#)) for the 2026/27 academic year.
- 4.20. 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.
- 4.21. The pharmacy contractor may also make alternative arrangements to improve uptake or engagement with communities as agreed with the Commissioner.
- 4.22. If the pharmacy temporarily ceases to provide the service, they must update their NHS website profile, NBS and Pharmacy Services Finder as soon as practically possible to reflect that the service is not available from the pharmacy. Wherever possible, the pharmacy contractor must also alert the Commissioner before the pharmacy temporarily ceases to provide the service to allow the Commissioner time to ascertain whether the temporary cessation of the service could be prevented.
- 4.23. Where the pharmacy permanently ceases to provide the service, they must withdraw from the service via this [link](#) 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 and 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 and competence to administer vaccines in line with the [National Minimum Standards and Core Curriculum for Immunisation Training](#), and have completed training to ensure they are competent to administer Men B vaccines to the Patient. This could include vaccination [e-learning and MenB vaccination specific training](#). 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 service. Competence can be demonstrated by using, for example, the vaccination services [Declaration of Competence \(DoC\)](#) for registered pharmacy professionals or the [UKHSA competency assessment tool](#). The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service;
 - 5.2.4. understand and are authorised to work under a valid legal mechanism for administration of the vaccine(s);
 - 5.2.5. have read and understood the clinical guidance published in the [bipartite letter](#) (jointly issued by NHSE and UKHSA) and associated information for healthcare practitioners, and have a process in place to check any updates to these documents and 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;

5.2.7. have a valid enhanced DBS check against the children's barred list; and

5.2.8. have the knowledge to recognise [the signs and symptoms of meningitis and sepsis](#) and are able to communicate these to Patients.

5.3. The pharmacy contractor must ensure that it is familiar with all guidance relating to the administration, handling and storage of the four-component protein-based meningococcal B (4CMenB) vaccine.

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 distribution and disposal of vaccines' chapter of the Green Book¹; 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

¹ <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>

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.
- 6.2. The 4CMenB vaccine, for Patients, is centrally supplied and must be ordered via FDP. Pharmacy contractors [must register for FDP](#) to be able to order vaccines. This vaccine is supplied free of charge and will not be reimbursed as part of this AS.
- 6.3. The pharmacy contractor must ensure that all orders of 4CMenB vaccine are in line with national ordering restrictions. Pharmacy contractors will be able to place their first order of a minimum quantity of 10 4CMenB vaccines (single pre-filled syringe which are supplied in a pack of 10) of centrally supplied 4CMenB vaccine via the FDP if they comply with the requirements at paragraph 4.16. The pharmacy contractor must register for the service by 6 July 2026 if they would like to start offering appointments on NBS from the Service Commencement Date, **then** they will receive stock on time to administer it to the Patient.
- 6.4. Pharmacy contractors may only request subsequent supply of 4CMenB vaccine when:
 - 6.4.1. the pharmacy has recorded use of at least 50% of the previously supplied doses for any vaccinations administered before 31 December 2026 and 70% for any vaccinations administered after 31 December 2026; and
 - 6.4.2. current stock levels are confirmed to be below 1 pack (i.e. less than 10 pre-filled syringes); and
 - 6.4.3. appointments listed on NBS comply with paragraph 4.16; or
 - 6.4.4. NBS booked appointments indicate a need for additional supply.
- 6.5. Any order that does not meet the requirements in paragraph 6.4 will be deferred until the pharmacy contractor evidences that they have been met.
- 6.6. All stock must be actively managed, with vaccine usage reported in FDP in a timely manner. Pharmacy contractors must not stockpile vaccine.

- 6.7. The pharmacy contractor must submit a valid stocktake in FDP within 7 days of any requests for additional vaccine. Failure to report vaccine usage or stock levels accurately may result in temporary suspension of supply.
- 6.8. The pharmacy contractor must take reasonable steps to reduce vaccine wastage and is required to cooperate with the Commissioner to minimise vaccine wastage including towards the End Date of this AS.
- 6.9. The pharmacy contractor will be responsible for the supply of consumables **including suitable needles** to be used with the pre-filled syringe of the 4CMenB vaccine.
- 6.10. The Commissioner reserves the right to pause or withdraw vaccine supply to any pharmacy contractor that:
 - 6.10.1. consistently fails to meet the usage thresholds outlined in paragraph 6.4; or
 - 6.10.2. repeatedly fails to meet the reporting requirements outlined in paragraph 6.7.

7. Service specification

- 7.1. Patients eligible for MenB vaccination under this AS are:

7.1.1. all individuals born between 01/09/2007 and 31/08/2008 (school Year 13 age group in the academic year 2025/26);

7.1.2. individuals turning 25 years of age on or after 21/07/2026 (i.e. born on or after 21/07/2001) AND who are due to start undergraduate higher education in autumn 2026. This includes international students and those from the UK Devolved Administrations and Crown Dependencies; and

7.1.3. individuals turning 25 years of age on or after 21/07/2026 (i.e. born on or after 21/07/2001) who are starting in further education for the first time in autumn 2026 AND will be living at further education accommodation. This includes international students and those from the UK Devolved Administrations and Crown Dependencies. The GOV.UK website contains a list of residential Further Education settings in England from which students will be eligible for vaccination,

from the Service Commencement Date as per paragraph 2.1.17.

- 7.2. Patients as per paragraph 7.1 are not eligible under this AS if they completed:
 - 7.2.1. a two-dose course of 4CMenB vaccine within the last 5 years; or
 - 7.2.2. a two (provided those doses were given at least 6 months apart) or three dose course of MenB-fHbp vaccine within the last 5 years.
- 7.3. Patients as per paragraph 7.1 are eligible under this AS if they have not received a full course of either 4CMenB or MenB-fHbp (for details see Annex A).
- 7.4. The pharmacy contractor must only offer vaccination to the Patients as per paragraph 7.1, 7.2 and 7.3 in accordance with authorisation by the Commissioner.
- 7.5. The pharmacy contractor acknowledges that the authorisation of cohorts may change throughout the Term of this AS and must ensure that it complies with the authorisations at the date of the administration of a vaccine, and throughout the Term.
- 7.6. Patients do not require an NHS number or general practice registration and should not be denied vaccination on this basis. The vaccine is to be administered by an appropriately trained vaccinator, authorised to use the relevant legal mechanism for administration.
- 7.7. Subject to paragraph 7.1, 7.2 and 7.3, the service will commence on 20 July 2026 and shall continue until 31 March 2027. Pharmacy contractors must not commence the administration of vaccinations under this AS prior to the Service Commencement Date.
- 7.8. The pharmacy contractor should use the recommended licensed vaccine as set out in the [bipartite letter](#) (jointly issued by NHSE and UKHSA).
- 7.9. Patients should receive the first dose of the 4CMenB vaccine as soon as possible after the Service Commencement Date in order for them to be able to receive the second dose of the vaccine ideally before the start of the 2026/27 academic year. Pharmacy contractors should aim to schedule their MenB vaccination service to:

- 7.9.1. match vaccine supply;
- 7.9.2. maximise the administration of the two-dose vaccine (the second dose should be administered at least 28 days after the first dose) to Patients as per paragraph 7.1., 7.2 and 7.3 by mid-September 2026; and
- 7.9.3. first dose of the 4CMenB vaccine must be administered before 31 December 2026 to allow sufficient amount of time for the second dose to be administered before the End Date of this AS.
- 7.10. The pharmacy contractor must administer at least 10 vaccines between 20 July and 30 September 2026 or the Commissioner may suspend supply of vaccine.
- 7.11. Pharmacy contractors must ensure that vaccinations offered under this AS are provided in line with [‘Immunisation against infectious disease’ \(The Green Book\)](#), which outlines all relevant details on the dosage, timings and administration of the vaccine, and disposal of clinical waste. Pharmacy contractors must ensure that the second dose of the vaccination is offered within the required interval between the two doses as per paragraph 7.9.3, including where the first dose has been administered by another provider.
- 7.12. The pharmacy contractor must ensure that all vaccines are received, stored, prepared and subsequently transported (where providing off the pharmacy premises) in accordance with the manufacturer’s instructions and all associated guidance set out in the [‘Storage distribution and disposal of vaccines’ chapter of the Green Book](#). All refrigerators in which vaccines are stored have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days and appropriate action taken in a timely manner when readings are outside the recommended temperature. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain, as well as meeting all other relevant standards.
- 7.13. Prior to vaccination, [informed consent](#) must be sought from the Patient. Informed consent should be recorded in the pharmacy’s clinical record.
- 7.14. After the administration of the first dose of MenB vaccination, the Patient must be informed that for protection, a second dose must be administered at least 28 days after their first dose. The Patient should be encouraged to make an appointment for the second dose as soon as possible after

administration of their first dose. The Patient must be informed that the second dose does not have to be administered at the same community pharmacy as their first dose.

- 7.15. During the appointment for the first dose of the MenB vaccination, the pharmacy contractor must advise the Patient on the signs and symptoms of meningitis and sepsis. Posters and digital display graphics are available to order free of charge from UKHSA's [Find public health resources](#) website.
- 7.16. The Patient should be given a copy of the manufacturer's patient information leaflet about the vaccine or be directed to a web-based version of the leaflet.
- 7.17. During the consultation, if there are concerns about a potential safeguarding issue, then appropriate action should be taken, where necessary, in line with local safeguarding processes.
- 7.18. The Patient must be informed that information relating to the vaccination will be shared with:
- the registered general practice, for the appropriate recording of the vaccination in the medical record;
 - the NHSBSA for the purpose of payments and PPV; and
 - the Commissioner and the UKHSA for managing and monitoring vaccination programmes. Data that has been pseudonymised may be used for evaluation and research purposes.
- 7.19. 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 off the pharmacy premises).

Data collection and reporting requirements

- 7.20. Pharmacy contractors must use an NHS assured [Point of Care System to record the administration of vaccinations](#).
- 7.21. The pharmacy contractor must maintain appropriate electronic records to ensure effective ongoing service delivery, in line with the terms of this section. Records must be managed in line with ['Records Management Code of Practice for Health and Social Care'](#).

- 7.22. The necessary records required for reimbursement must be kept for a period of 3 years to demonstrate service delivery in accordance with this service specification, and to assist with PPV activities. These records must be provided by a pharmacy contractor when requested by the NHSBSA Provider Assurance Team. Pharmacy contractors should ensure that clinical records for the service are retained for the appropriate period. This retention period may be beyond the specified period for PPV purposes and should be in line with both the requirements for the record type and the age of the person being vaccinated.
- 7.23. The pharmacy contractor must ensure that any staff recording the administration of the vaccination have received relevant training to be able to update records appropriately and accurately. There must be robust user and access management processes to ensure high levels of security, including frequent updates to system access levels to add users who join the pharmacy team or remove accounts where staff leave or do not have shifts scheduled at the pharmacy.
- 7.24. Pharmacy contractors must adhere to defined standards of record keeping ensuring that the vaccination event is recorded on the same day that it is administered unless exceptional circumstances apply. Pharmacy contractors must ensure vaccination records are complete and include all of the required fields about the Patient, including their name and date of birth, and the name of the vaccine product, in their NHS assured Point of Care System.
- 7.25. 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.
- 7.26. 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.
- 7.27. 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.

- 7.28. The pharmacy contractor must promptly comply with any reasonable request for information from the commissioner relating to this AS.
- 7.29. 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'](#) report submitted.
- 8.2. The pharmacy contractor is required to report any Patient safety incidents in line with the [Clinical Governance Approved Particulars](#) for pharmacies.
- 8.3. The Pharmacy contractor is expected to follow the UKHSA: ['Vaccine incident guidance, responding to 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 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 determination² per administered dose of the 4CMenB vaccine.
- 9.3. Pharmacy contractors must record the administration of the vaccine in accordance with paragraphs 7.20 and 7.21, in the Point of Care System prior to making the claim for payment.
- 9.4. The pharmacy contractor will not be remunerated, under this AS for the administration of any MenB vaccination:
 - 9.4.1. to patients who are not in the eligibility criteria as per paragraphs 7.1, 7.2 and 7.3; and
 - 9.4.2. to patients outside of the Term of this AS; and
 - 9.4.3. if first dose is administered after 31 December 2026.
- 9.5. As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs apply to those 4CMenB vaccines administered to Patients.

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 via the following [form](#), giving 30 days' notice prior to cessation of the service (pharmacy contractors that de-register before the Service Commencement Date are not required to give 30 days' notice). Pharmacy contractors may be asked for a reason as to why they wish to stop providing the service. Pharmacy contractors must ensure they update NBS, Pharmacy Services Finder and their NHS website profile when they cease provision of the service.
- 10.2. The pharmacy contractor must continue to provide the service for the duration of the notice period (this is not relevant for pharmacy contractors that de-register before the Service Commencement Date).

² Funding for this service will be in addition to and outside of the core CPCF funding.

- 10.3. If the pharmacy contractor de-registers from the service, they will be unable to re-register due to the limited Term of this AS.

11. Monitoring and post payment verification

- 11.1. Accurate record keeping of service delivery to eligible Patients in accordance with the service specification and legal mechanism is an essential part of the service provision. The necessary records specified in this service specification required for remuneration must be kept for a period of 3 years to demonstrate service delivery in accordance with this service specification, and to assist with post payment verification activities. These records must be provided by a pharmacy contractor when required by the NHSBSA Provider Assurance Team.
- 11.2. The Commissioner has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified requirements of the service. The Commissioner will work with the NHSBSA Provider Assurance Team to undertake PPV checks on claims made.
- 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 the service specification and legal mechanism when requested by the NHSBSA for PPV.
- 11.5. In cases where pharmacy contractors have been requested to provide additional information and it is not available or does not demonstrate that the service activity was delivered in accordance with the service specification and legal mechanism and so, these claims cannot be verified, the pharmacy contractors will be informed. Where claims cannot be verified and the pharmacy contractor does not agree to the recovery of the associated payments, the case may be referred to the Pharmaceutical Services Regulations Committee (PSRC) 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 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Annex A

Recommendations regarding administration of MenB vaccination to individuals with incomplete vaccination status, depending on the number of prior doses received, and of which specific vaccine product. Further detail on the whether the course is considered complete with respect to dosing intervals is set out in the [Information for Healthcare Practitioners document](#) for MenB vaccination.

Scenario	Outcome	Definition
1 dose Bexsero[®] (irrespective of timing of that prior dose)	1 dose of Bexsero [®] now	Where individuals have received one prior dose of Bexsero [®] , a further dose should be given, a minimum of 28 days after the first dose, to complete the full course of 2 Bexsero [®] doses.
2 doses of Bexsero[®] less than 5 years ago	No further doses now	Where individuals have previously completed a two-dose course of Bexsero [®] within the last 5 years, no further vaccination is required.
2 doses of Bexsero[®] 5 or more years ago	1 dose Bexsero [®] now	Where individuals have previously completed a two-dose course of Bexsero [®] 5 or more years ago then a single dose should be offered.
2 or 3 doses of Trumenba[®] (complete course) less than 5 years ago	No further doses now	Where individuals have previously completed a course of Trumenba [®] within the last 5 years, no further vaccination is required. Two doses at least 6 months apart are considered equivalent to receipt of 3 doses.

2- or 3-dose Trumenba[®] (complete course) 5 or more years ago	Full, 2-dose course of Bexsero[®], starting now	Two doses at least 6 months apart are considered equivalent to receipt of 3 doses. Trumenba[®] and Bexsero[®] MenB vaccines are not interchangeable. Where individuals have previously completed a course of Trumenba[®] 5 or more years ago, they should be offered to restart a two-dose course with Bexsero[®].
1 dose of Trumenba[®], or 2 doses delivered less than 6 months apart (partial course)	Start Bexsero[®] now, 2 doses (or they can choose to complete the Trumenba[®] schedule but not via the national programme)	Where individuals have had a partial course of Trumenba[®] (defined as one prior dose, or 2 doses delivered less than 6 months apart), they may complete their vaccination course of that vaccination. Alternatively, they can be offered a two-dose course of Bexsero[®]. There is no specific information on the best interval between Trumenba[®] and Bexsero[®], however from first principles an interval of at least 4 weeks is advised.

Where an eligible individual is uncertain about their vaccination history and is unable to produce any evidence of prior vaccination when they present, a 2-dose course of Bexsero[®] should commence rather than risk leaving them unprotected. In clinical trials, no increase in the incidence or severity of the adverse reactions to Bexsero[®] vaccination (commonly pain at the injection site, malaise and headache) was seen with the administration of further doses.