General Practice Enhanced Service Specification

Childhood seasonal influenza vaccination programme: 2-3 year olds and at risk children 2026/27

Version 2.0

Version updates: (changes are marked in yellow):	Updated sections:
Version 2.0	• Paragraph 1.4.3 and 6.6.2: Clarification that all registered Patients with a learning disability aged 6 months up to and including 17 years are eligible for a flu vaccination under this Enhanced Service; • Paragraphs 1.4.4 and 6.6.3: Addition of People Experiencing Homelessness as an eligible group for vaccination; • Paragraph 2.2.13: Addition of a new defined term for LAIV; • Paragraph 2.2.17: Addition of new defined term for People Experiencing Homelessness to reflect their inclusion in the national flu programme; • Paragraph 6.7: Clarification that the Practice may also administer Childhood Influenza Vaccinations to People Experiencing Homelessness who are 16 and 17 years of age who are not included in the Practice's list of registered Patients. • Paragraph 8.5: Clarification of call/recall requirements for People Experiencing Homelessness; • Paragraph 10.2: clarification of payment arrangements for the vaccination of People Experiencing Homelessness.

Contents

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 Childhood Influenza Vaccinations. This ES is a national service specification that cannot be varied locally.

1.3. An 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 Childhood Influenza Vaccinations to:

1.4.1 Patients aged 2 and 3 years (but not aged less than two years or aged four years or over) on 31 August 2026;

1.4.2 Patients aged 6 months up to and including 17 years old in a clinical risk group as defined in the Green Book (excluding the People Experiencing Homelessness risk group);

1.4.3 All registered Patients aged 6 months up to and including 17 years of age with a Learning Disability; and

1.4.4 Patients aged 16 and 17 years old in the People Experiencing Homelessness risk group as defined in the Green Book and set out in the amendment to the Flu Letter.

1.5. The arrangements to deliver this ES supersedes any previous agreement. 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 the seasonal influenza vaccination programme develops and is subject to Ministerial Decision.

1.7. The Practice agrees to provide this ES, including any variations[1] and updates from the Service Commencement Date until the Service End Date, unless terminated earlier in accordance with the terms of 3.5 and of this ES.

2. Commonly used terms

2.1 This specification is referred to as this **"ES"**.

2.2 In this ES:

2.2.1 **"Calculating Quality Reporting Service"** or **"CQRS"** means the national approvals, reporting and payments calculation system designed for GP practices;

2.2.2 "**Childhood Influenza Vaccination"** refers to an influenza vaccination for a Patient aged between 6 months and 17 years old;

2.2.3 "**Commissioner**" means the organisation with responsibility for contract managing these ES arrangements which at this commencement date is NHS England (NHSE);

2.2.4 "**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;

2.2.5 **"CQC"** means the Care Quality Commission;

2.2.6 **"DHSC"** means to the Department of Health and Social Care;

2.2.7 "**DBS**" means the Disclosure and Barring Service;

2.2.8 "**Flu Letter**" means the annual Flu Letter published ahead of each flu season and amended from time to time; available at https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2026-to-2027;

2.2.9 **"GPhC"** means the General Pharmaceutical Council;

2.2.10 "**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

[1] As per section 12 of this ES.

vaccine preventable infectious diseases that may occur in the UK. Chapter 19 of the Green Book relates to influenza vaccination;

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

2.2.12 **"JCVI Cohorts"** means the cohorts of Patients referenced by JCVI advice;

2.2.13 **"LAIV"** is a Live Attenuated Influenza Vaccine nasal spray suspension;

2.2.14 **"MHRA"** means the Medicines and Healthcare products Regulatory Agency;

2.2.15 "**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;

2.2.16 "**Patient**" means those patients aged between 6 months and 17 years old who are eligible to receive the influenza vaccination in general practice as per the Green Book and annual Flu Letter and any additional cohorts announced and authorised by the Commissioner;

2.2.17 "**People Experiencing Homelessness**" means rough sleepers and those using homeless hostels or night-shelters (rather than the broader definitions "of homelessness"), which are included in the national flu programme as set out in the amendment to the Flu Letter;

2.2.18 "**Practice**" means a provider of essential 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 who has agreed with the Commissioner to deliver this ES;

2.2.19 "**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;

2.2.20 "**Service Commencement Date**" means the date from which the administration of influenza vaccinations shall commence for each cohort and this is 1 September 2026;

2.2.21 "**Service End Date"** means the date announced by the Commissioner on which the Practice shall cease the administration of influenza vaccines and which is 31 March 2027;

2.2.22 "**SFE**" means the NHS General Medical Services Statement of Financial Entitlements Directions (as amended from time to time); and

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

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 September 2026 and shall continue until 31 March 2027 unless it is terminated in accordance with paragraph 3.5.

3.2 The administration of childhood influenza vaccines shall commence with effect from the Service Commencement Date. The Service Commencement Date will be announced and authorised by the Commissioner. Vaccines must only be administered to Patients.

3.3 The administration of childhood influenza vaccines shall cease with immediate effect from the Service End Date. The Service End Date 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 shall maximise the administration of the vaccines in accordance with Commissioner guidance on timings (and following the Service Commencement Date and before the Service End Date).

3.5 This ES may be terminated on any of the following events:

3.5.1 automatically on expiry of this ES;

3.5.2 by the Commissioner providing not less than 28 days' notice to the Practice; or

3.5.3 by the Practice providing not less than 28 days' written notice to the Commissioner, unless otherwise agreed with the Commissioner; or

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

3.6 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 participate in this service in writing to the Commissioner before 23:59 on 20 August 2026 and provide to the Commissioner its planning assumption on the number of vaccines it expects to administer in total under this ES.

4.2 Payment and activity recording will be managed using the CQRS[2] and all Practices must sign-up to CQRS by no later than 23:59 on 20 August 2026 in order to participate in the Service unless otherwise agreed with the Commissioner.

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 knowledge, 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 influenza vaccinations which are available on the e-learning for healthcare

[2] Further guidance relating to CQRS and GPES will be provided by NHS Digital and the CSU Collaborative when services are updated.

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, knowledge, 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 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 they have an ImmForm account and must order the vaccine(s) in accordance with the ImmForm processes;[3]

6.1.2 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;

6.1.3 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

6.1.4 the vaccine is only stored overnight at CQC/GPhC registered premises, in accordance with approved medicines management arrangements.

6.2 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 licensed influenza vaccines as set out in the Flu Letter and the Green Book. These vaccines are supplied free of charge and will not be reimbursed as part of the national flu immunisation programme.

6.3 Practices must ensure that all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held during any period. Influenza clinics must be planned following guidance on recommended vaccines.

6.4 Administration of alternative vaccines must only be considered on an exceptional basis where there is a clinical reason or valid reason why the Patient may not return for a further appointment. Practices must aim to minimise the need for administering alternative vaccines by securing adequate recommended vaccine stock before the programme starts.

[3] ImmForm means the UKHSA website used to collect data on vaccine uptake for immunisation programmes and to provide vaccine ordering facilities for the national immunisation programme; https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines

6.5 Where:

6.5.1 a Practice 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; or

6.5.2 contra-indicated, a cell-culture trivalent influenza vaccine can be supplied.

Eligibility for Childhood Influenza Vaccination

6.6 The Practice must offer to provide Childhood Influenza Vaccinations to all Patients whose names are included on the Practice's list of registered 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:

6.6.1 aged two or three years of age on 31 August 2026. If a child turns 2 years of age during the flu season (on or after 1 September 2026) they will not be eligible under the national programme (unless in clinical risk groups). If a child turns 4 years of age during the flu season (on or after 1 September 2026) they are eligible for the 2026 to 2027 programme, as the child was 3 years of age before the start of the flu vaccination season; and

6.6.2 aged 6 months up to and including 17 years of age and in clinical risk groups, as defined by the Green Book, Influenza Chapter (excluding the People Experiencing Homelessness risk group). In addition to the eligibility set out in the Green Book, the Practice should offer to provide Childhood Influenza Vaccinations to all registered Patients aged 6 months up to and including 17 years of age with a Learning Disability given their increased morbidity and mortality due to preventable pneumonia; and

6.6.3 aged 16 and 17 years old in the People Experiencing Homelessness risk group as defined in the Green Book.

6.7 The Practice may also administer Childhood Influenza Vaccinations to People Experiencing Homelessness who are 16 and 17 years of age who are not included in the Practice's list of registered Patients.

7. Primary Care Networks

7.1 Practices may under the terms of this ES collaborate to deliver influenza vaccinations to their Patients in accordance with this paragraph 7 and collaboration arrangements outlined in the PCN's Network Agreement, to ensure that all eligible Patients are offered vaccinations in accordance with the Commissioner Announcement and the terms of this ES.

7.2 Practices must liaise with their own PCN to ensure that where they are collaborating that a joined up service is delivered.

8. Service delivery specification

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 Vaccination should be given in sufficient time to ensure that Patients are protected closer to the time when flu virus is likely to circulate and in line with the Service Commencement Date. Practices should aim to schedule their influenza vaccination services to:

8.2.1 match vaccine supply;

8.2.2 align with any JCVI guidance including on the required interval between vaccinations, and where clinically relevant and in line with the Green Book the co-administration of vaccinations (where the Practice is commissioned to deliver each of the relevant vaccines);

8.2.3 maximise the administration of the vaccinations (following the Service Commencement Date) to Patients by 30 November 2026; and

8.2.4 ensure that, where an eligible Patient presents late for influenza vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when an eligible Patient under this ES is newly at risk. In the event that an eligible Patient is in one of the at-risk groups and presents late in the flu season after all LAIV stock has expired, immunisation with an appropriate inactivated vaccine[4] is an option. Clinicians should apply clinical judgement to assess the needs of Patients for

[4] As defined by the influenza chapter in 'Immunisation against infectious disease' (the 'Green Book').

immunisation. The decision to vaccinate should take into account the level of flu-like illness in the community and the fact that the immune response to influenza vaccination takes about two weeks to fully develop.

8.3 Where a Patient is a registered Patient, Practices are required to ensure that:

8.3.1 they undertake a proactive call/re-call of all eligible Patients;

8.3.2 they reasonably co-operate with any national call/recall service in line with guidance published by NHS England;

8.3.3 they maintain clear records detailing how they have contacted (including called/recalled) Patients;

8.3.4 that Childhood 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;

8.3.5 that influenza vaccinations are administered during the period of this ES; and

8.3.6 that they comply with all law and relevant guidance (including that issued by JCVI, the Commissioner, manufacturer, MHRA and/or UKHSA) as regards the administration of the influenza vaccination.

8.4 In complying with paragraph 8.3.1, Practices must use at least one written communication (to include letters/SMS text messages) offering influenza vaccination to Patients.

8.5 Where a Practice is offering Childhood Influenza Vaccines to registered Patients who are in the People Experiencing Homelessness risk group, it may be difficult to contact individual Patients directly, either in writing or otherwise. Practices should use best endeavours to try and ensure all eligible Patients in the People Experiencing Homelessness risk group receive an appropriate offer in a clear and accessible format.

8.6 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 their carer, the Practice must record the ethnicity information in the Patient record.

8.7 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.

8.8 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.

8.9 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.

8.10 Vaccinations must take place in a consultation room wherever the person with parental responsibility 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.

8.11 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 8.12.

8.12 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.

8.13 Patients do not require an NHS number and should not be denied vaccination on this basis.

8.14 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 Childhood Influenza Vaccination to the Patient at another

location and the Practice must make all reasonable efforts to ensure the Patient is vaccinated.

8.15 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.

8.16 The Practice must ensure that:

8.16.1 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 or the person with parental responsibility may require to make a final decision on whether to proceed with the vaccination;

8.16.2 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

8.16.3 the Patient or the person with parental responsibility 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.

8.17 Each Patient, or the person with parental responsibility, 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.

8.18 The Practice should advise the Patient, or the person with parental responsibility, 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.

8.19 Practices must use the recommended licenced vaccine as set out in the Flu Letter and the Green Book for influenza vaccination of Patients.

8.20 Practices must ensure that the correct number of doses of vaccine are administered. Where two doses of vaccine are required, a failure to give both doses may leave a child incompletely protected. Conversely, where only one dose of vaccine is indicated, payment will not be made for any second doses that are inadvertently given. Patients aged 6 months to less than 9 years at the time of influenza vaccination, who are in clinical or other risk groups and who have not received influenza vaccination previously, will require a second dose of the appropriate vaccine at least four weeks after the first dose.

9. Subcontracting arrangements

9.1 The Commissioner acknowledges that to deliver the services pursuant to this ES, a Practice may require the ability to sub-contract the delivery of the required clinical services to another Practice (could be within the PCN) or another party. 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 Practices 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 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 influenza vaccinations to ensure that payment can be made in accordance with this ES or in accordance with any alternative written agreement between the Practice and the Commissioner. 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 occurs 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 Service Commencement Date to 31 March 2027, the Commissioner will pay an item of service payment of £10.06 to the Practice for the administration of each influenza vaccination to each registered Patient.

10.2 Where the Practice vaccinates a Patient to whom paragraph 6.7 applies, the Practice will receive payment of the sum equivalent to that set out at paragraph 10.1.

10.3 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. 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 the provisions of the ES.

10.4 Claims submitted in accordance with this ES by the Practice will only be paid where:

10.4.1 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;

10.4.2 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;

10.4.3 the Practice has only used the specified vaccines recommended in the Flu Letter and/or Commissioner guidance;

10.4.4 the Practice has not received and does not expect to receive any payment from any other source in respect of the delivery of the influenza vaccination.

10.4.5 the claim for payment was submitted in accordance with paragraph 10.5; and

10.4.6 where the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply to those influenza vaccinations delivered to Patients.

10.5 Practices must submit claims to the Commissioner for payment monthly wherever possible and must:

10.5.1 validate and submit a claim to the Commissioner for payment within 3 months of the date of the administration of the completing dose of the vaccine; and

10.5.2 ensure that claims submissions are validated to enable the Commissioner to correctly calculate the payment.

10.6 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.

10.7 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.

10.8 Payment under this ES, or any part thereof, is conditional on the Practice satisfying the following conditions:

10.8.1 entering into this ES, including any variations and updates;

10.8.2 complying (and maintaining compliance) with the requirements of this ES;

10.8.3 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;

10.8.4 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

10.8.5 ensuring all information supplied pursuant to or in accordance with this paragraph 10 is accurate.

10.9 If the Commissioner makes a payment to a Practice under this ES and:

10.9.1 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);

10.9.2 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

10.9.3 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.

10.10 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 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 or any associated additional payments as set out in 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 activity information via ImmForm on a monthly basis. As in previous years the activity information shall include a monthly count of Patients who received a childhood 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/gp/gp-contract/ 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.