Classification: Official

NHS England

Community pharmacy advanced service specification

Childhood seasonal influenza vaccination 1 October 2026 – 31 March 2027

Version 2.0

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Version updates: (changes are marked in yellow):	Updated sections:
Version 2.0	• Paragraph 7.1.2: Clarification that those in 'other risk groups', as defined in the Green Book, are also eligible for vaccination under this AS • Paragraph 7.1.3: New paragraph to reflect that people experiencing homelessness aged 16 and 17 years old are eligible for vaccination (as per the amendment to the Flu Letter) under this AS • Updated paragraph references in paragraph 7.5

Contents

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

1. Service background

1.1. 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 influenza vaccinations to Patients.

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

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

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. **"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;

2.1.5. **"Flu Letter"** means the annual Flu Letter for the 2026/27 season published jointly by the Commissioner, Department of Health and Social Care and UKHSA and includes any statement of amendments to the Flu Letter: https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2026-to-2027;

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. "**IIVc**" means the inactivated influenza cell-cultured vaccine which is egg free;

2.1.9. "**IIVe**" means the inactivated influenza egg-cultured vaccine, which cannot be administered as part of this service;

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

2.1.11. **"LAIV"** means Live Attenuated Influenza Vaccine which is a nasal spray influenza vaccine;

2.1.12. **"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;

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

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

2.1.15. **"Patient"** means those children and young people eligible to receive the influenza vaccination in community pharmacy as set out in paragraph 7.1;

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

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

2.1.18. **"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;

2.1.19. **“Service Commencement Date”** means the date from which the administration of influenza vaccines to Patients defined in paragraph 7.1 shall commence. The Service Commencement Date in community pharmacy is 1 October 2026 for children aged 2 and 3 years old and at risk children 2 years of age to less than 18 years of age. For pharmacy contractors that register after 1 October 2026, this would be the date the pharmacy contractor will start to administer vaccines to these patients, as agreed with the Commissioner. The Service Commencement Date in community pharmacy for primary school and secondary school children not in a clinical at risk group who missed the opportunity to be vaccinated in school is 1 December 2026;

2.1.20. "**Term**" means the Commencement Date to the End Date of this AS;

2.1.21. **“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

2.1.22. **“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. help protect those who are most at risk of serious illness or death should they develop influenza;

3.1.2. sustain and maximise uptake of seasonal influenza vaccine in eligible Patients, by continuing to build capacity of community pharmacies as an alternative provider;

3.1.3. help provide individual protection to those children against strains of the influenza virus, as well as to reduce the transmission of influenza in the wider population; and

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

4. Requirements for service provision

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

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

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

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

4.2. Pharmacy contractors must register on MYS by 23:59 on 31 August 2026 to receive vaccine ahead of the Service Commencement Date. Pharmacy contractors can register after this date and before the registration deadline, however it is not guaranteed they will receive vaccine in time for the Service Commencement Date. The deadline to register on MYS is 23:59 on 30 November 2026. If pharmacy contractors do not register by this date, they will not be able to deliver the service in 2026/27.

4.3. The pharmacy contractor must not administer vaccines until they have registered to provide the service 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. Vaccinations must take place in a consultation room wherever either the Patient or the parent/guardian of the Patient expresses this preference. Vaccinations can also be offered in any area where suitable facilities are available, infection prevention and control standards can be maintained,

and Patient confidentiality and dignity is able to be respected. DSP pharmacies are not permitted to provide vaccinations to Patients at the pharmacy premises.

4.5. The pharmacy contractor is required to offer Patients the opportunity of receiving a seasonal influenza vaccination at an acceptable location (in accordance with the Pharmaceutical Services (Advanced and Enhanced Service) (England) Directions.

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 in the Patient's home, or community venues (for example, community centres) subject to paragraph 4.10.

4.9. The pharmacy contractor must not administer vaccines to Patients who are Housebound unless the Commissioner requests them to do so. The pharmacy contractor can decide to accept or refuse this request. The pharmacy contractor may also approach the Commissioner to obtain approval to vaccinate these Patients.

4.10. The pharmacy contractor must obtain approval from the Commissioner if they wish to carry out vaccinations at a location that is not the pharmacy premises.

4.11. The responsible pharmacist at the registered pharmacy premises is professionally responsible for overseeing this AS. If the responsible pharmacist is unable to provide sufficient oversight, for example due to workload or where vaccinations are undertaken 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.

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

4.12.1. vaccines are administered by appropriately trained vaccinators in line with the appropriate legal mechanism;

4.12.2. the pharmacy contractor has professional indemnity insurance that covers off-site vaccinations;

4.12.3. staff continue to adhere to all professional standards relating to vaccinations;

4.12.4. staff follow appropriate cold chain storage measures;

4.12.5. the setting used to administer the vaccines is appropriate (including ensuring Patient confidentiality and dignity can be respected); and

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

4.13. 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.

4.14. 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

4.15. 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.

4.16. The pharmacy contractor must offer influenza 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.

4.17. Pharmacy contractors must comply with minimum publication standards for NBS appointments ensuring that:

4.17.1. at least 20 appointments are listed per month from the Service Commencement Date; and

4.17.2. 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).

4.18. The pharmacy contractor must offer vaccinations 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.

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.

4.23. Where the pharmacy permanently ceases to provide the service, they must withdraw from the service via MYS in accordance with section 10 below.

5. Training and knowledge

5.1. The pharmacy contractor must ensure that staff are appropriately trained and understand what their role in the delivery of this AS requires, including

working within the relevant systems and processes set out by the pharmacy contractor 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 vaccines to children using both the live attenuated influenza (LAIV) and inactivated influenza vaccines. This could include the completion of the e-learning for health flu immunisation training for LAIV. Annual training updates should be undertaken to ensure knowledge and practice remain current. Periodic face-to-face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice;

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

5.2.3. are competent to deliver the 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 most up to date Green Book and associated information for healthcare practitioners[1], 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

[1] https://www.gov.uk/government/collections/annual-flu-programme

procedures are used to minimise those risks. A needle stick injury procedure must be in place; and

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

5.3. The pharmacy contractor must ensure that it is familiar with all guidance relating to the administration, handling and storage of the different types of vaccine and that it takes steps to reduce risks associated with the handing of different vaccine types.

5.4. The pharmacy contractor must oversee and keep a record to confirm that all staff have undertaken the relevant training prior to participating in the service and that all staff remain competent throughout their participation in the service.

6. Vaccine supply, handling and storage

6.1. The pharmacy contractor must ensure that:

6.1.1. the receipt, storage, transportation and preparation of all vaccines is:

6.1.1.1. in accordance with any relevant medicines legislation, manufacturer's, MHRA, UKHSA and NHSE's instructions, and all associated guidance set out in the 'Storage distribution and disposal of vaccines' chapter of the Green Book[2]; and

6.1.1.2. undertaken with appropriate cold chain management (including appropriate and timely action when temperature deviations occur), clinical oversight and in accordance with governance arrangements in place for this AS;

6.1.2. robust and reliable stock management processes are in place to minimise vaccine wastage whilst ensuring sufficient vaccine is available to support the vaccination offer to Patients, and to mitigate risks associated with handling multiple vaccine types; and

[2] https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3

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

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

6.3. The pharmacy contractor must ensure that all orders of LAIV are in line with national ordering restrictions. Pharmacy contractors will be able to order a minimum quantity of 10 doses (1 pack) of centrally supplied LAIV via the FDP. Participating pharmacy contractors who register by 31 August 2026 will receive vaccine supply by the Service Commencement Date.

6.4. Pharmacy contractors may only request subsequent supply of LAIV when:

6.4.1. the pharmacy has recorded use of at least 50% of the previously supplied doses; and

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

6.4.3. appointments listed on NBS comply with paragraph 4.17; 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 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 and are expected to utilise doses within the product shelf life.

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. Pharmacy contractors that report more than 30% wastage (3 or more unused doses per pack not administered or salvaged within the shelf life) may have further supply withheld pending review by the Commissioner.

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

6.9.1. consistently fails to meet the requirements outlined in paragraph 6.4;

6.9.2. repeatedly fails to meet the reporting requirements outlined in paragraph 6.7; or

6.9.3. demonstrates persistently high wastage rates, as defined in paragraph 6.8.

7. Service specification

7.1. Patients eligible for influenza vaccination under this AS are:

7.1.1. From 1 October 2026; children aged 2 or 3 years of age (but not aged less than 2 years of age or aged 4 years of age or over on 31 August 2026; that is, they were born on or after 1 September 2022 and on or before 31 August 2024);

7.1.2. From 1 October 2026; children aged from 2 years of age to less than 18 years of age who clinically at- risk or in another risk group (excluding those in the people experiencing homelessness risk group)[3], unless the influenza vaccination is contraindicated;

7.1.3. From 1 October 2026; children and young people aged 16 and 17 years old (equivalent of Year 12 and 13) who are in the people experiencing homelessness risk group, as defined in the Green Book; and

7.1.4. From 1 December 2026; any primary school and secondary school aged children, from Reception to Year 11, who missed the opportunity to receive an influenza vaccination from the School Aged Immunisation Service and are not clinically at risk,

in line with the Service Commencement Date as per paragraph 2.1.19.

7.2. The pharmacy contractor must only offer vaccination to the Patients as per paragraph 7.1 in accordance with authorisation by the Commissioner.

[3] As per clinical risk groups and other risk groups set out in the Green Book: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

Groups eligible for seasonal influenza vaccination are based on the advice of the JCVI who review the latest evidence on seasonal influenza vaccines and recommend the type of vaccine to be offered to Patients.

7.3. The pharmacy contractor acknowledges that the authorisation and priority order of JCVI cohorts may change throughout the Term of this AS and must ensure that it complies with the announcements, authorisations and priority orders in place at the date of the administration of a vaccine, and throughout the Term.

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

7.5. Subject to paragraph 7.2, the service for eligible children and young people in 7.1.1 and 7.1.2 and 7.1.3 will commence on 1 October 2026 and shall continue until 31 March 2027. For eligible children and young people in 7.1.4 the service will commence on 1 December 2026 and shall continue until 31 March 2027.

7.6. The Service Commencement Date outlined in paragraph 7.5 may be subject to change in which case revised dates will be announced and authorised by the commissioner. Pharmacy contractors must not commence the administration of vaccinations under this AS prior to the Service Commencement Date.

7.7. The pharmacy contractor should use the recommended licensed vaccines as set out in the Flu Letter and the Green Book.

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

7.9. When contraindicated or otherwise unsuitable (for example, parents object to LAIV on the grounds of its porcine gelatine content), the recommended IIVc should be used, which is not centrally supplied and for which the

pharmacy contractor will be reimbursed for in accordance with section 8. If the pharmacy contractor does not have the recommended IIVc in stock, Patients should be directed to an alternative provider who has stock of a recommended IIVc or told to rebook when the new stock is available. Under this service, IIVe vaccine cannot be offered.

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

7.10.1. match vaccine supply;

7.10.2. maximise the administration of the vaccines to Patients as per paragraph 7.1.1 and 7.1.2 by 30 November 2026; and

7.10.3. ensure that following 30 November 2026, where an eligible Patient presents late for influenza vaccination, it is generally appropriate to still offer it. This is particularly important if it is a late influenza season. In the event that an eligible Patient is in one of the at-risk groups and presents late in the flu season after all LAIV stock has expired, immunisation with IIVc is an option. Clinicians should apply clinical judgement to assess the needs of Patients for immunisation. The decision to vaccinate should take into account the level of flu-like illness in the community and the fact that the immune response to influenza vaccination takes about two weeks to fully develop.

7.11. The pharmacy contractor must administer at least 10 vaccines between October 2026 and January 2027 (or pro-rata for contractors who sign up later in the season, though contractors must consider wastage limits, as per paragraph 6.8 that is, must be less than 30%) or the Commissioner may suspend supply of vaccine.

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

7.13. Pharmacy contractors should ensure that the correct number of doses of vaccine are administered. Where 2 doses of vaccine are required, a failure to give both doses may leave a child incompletely protected. Conversely, where only 1 dose of vaccine is indicated, payment will not be made for any second doses that are inadvertently given. Patients who are in risk groups and who have not received influenza vaccination previously, will require a second dose of the appropriate vaccine at least 4 weeks after the first dose (this only applies up to the age of 9 years).

7.14. 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.

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

7.16. The Patient or the parent/guardian of each Patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine or be directed to a web-based version of the leaflet.

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

- the registered general practice, for the appropriate recording of the vaccination in the medical record;

- the NHSBSA for the purpose of making payments to the pharmacy and PPV;

- the commissioner and the UKHSA for managing and monitoring vaccination programmes. Data that has been pseudonymised may be used for evaluation and research purposes.

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. One Point of Care System must be used to record vaccinations in any calendar month except where it is necessary to make amendments to

previously recorded vaccination events or where this has been agreed with the Commissioner during the transition to a new Point of Care System.

7.25. 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.

7.26. 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.

7.27. 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.

7.28. 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.

7.29. Some of the data recorded in Point of Care Systems will be shared with the NHSBSA MYS platform as part of normal payment arrangements (see section 9 below). An application programming interface (API) is in place to facilitate transfer of this data into the MYS platform to improve payment claim accuracy.

7.30. The pharmacy contractor must promptly comply with any reasonable request for information from the commissioner relating to this AS.

7.31. 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 advanced service must be made via the NHSBSA's MYS platform. Claims for payment should be submitted by the 5th of the month following the month the activity was provided, and no later than 3 months from the claim period for the chargeable activity provided (the usual grace period). Claims which relate to work completed more than 3 months after the claim period in question, will not be paid and the pharmacy contractor will not receive any payment for the administration of those vaccines. Later claims will not be paid, unless the submission of a claim was delayed by IT issues outside the contractor's control (such as issues with the NHS approved API system used by the contractor or with the MYS portal). Such claims will be accepted outside the usual grace period within 12 months of the date by which the claim should have been submitted. This is subject to the NHSBSA receiving evidence of the IT issue, and only if investigation finds that the evidence demonstrates that the IT issue was outside the control of the contractor, and it delayed the claim submission.

9.2. A fee payment will be made in line with the Drug Tariff determination[4] per administered dose of the seasonal influenza vaccine.

9.3. The pharmacy contractor will also be reimbursed for the cost of any inactivated seasonal influenza vaccine administered[5] where the Patient was unsuitable for LAIV. An allowance at the applicable VAT rate will also be paid.

9.4. Pharmacy contractors must record the administration of the vaccine in accordance with paragraph 7.21, in the Point of Care System prior to making the claim for payment. There will be no provision for manually altering claims via the MYS platform.

9.5. The pharmacy contractor will not be reimbursed or remunerated, under this AS for the administration of any seasonal influenza vaccination:

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

9.5.2. to patients outside of the announced and authorised cohorts and dates during which the pharmacy contractor may administer the vaccination to Patients; and

9.5.3. where a vaccine is administered that is not recommended or licensed as set out in the Flu Letter and Green Book.

9.6. Where the vaccine is centrally supplied, no claim for reimbursement of vaccine costs apply to those influenza vaccines administered to Patients. This does not apply to inactivated influenza vaccines which have been purchased by the pharmacy contractor to offer to those Patients who are unsuitable for LAIV.

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 MYS portal, giving 30 days' notice prior to cessation of the service (pharmacy contractors that de-register before the Service Commencement Date are not required to give 30 days' notice).

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

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).

10.3. If the pharmacy contractor de-registers from the service, they will be unable to re-register for a period of 4 months from the date of de-registration. Contractors should note the deadline to register for this service in paragraph 4.2 and that de-registering may mean they will be unable to re-register to provide the service in 2026/27.

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 (PRSC) to decide whether an overpayment has been made.

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

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