

Service specification

Community pharmacy seasonal influenza vaccination advanced service

August 2018

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Summary of changes for 2018/19 and getting started

Summary of key changes for 2018/19

- New cohort eligible for vaccination: Hospice care workers (social care workers also continue to be eligible in 2018/19).
- Removal of requirement to 'sign-up' to the service with NHS BSA prior to commencing vaccination.
- Ability to claim for vaccinations administered using an online webform and extended deadline for claiming to six months after the date of vaccination.
- Updated consent and record forms.
- Updated GP notification form (including new SNOMED CT code).
- Signposting to additional guidance on recommended vaccine for patients aged 65 years and over in 2018/19.
- Ability to vaccinate patients at home.
- Updated patient questionnaire.

Key next steps for contractors

- Familiarise yourself with this service specification.
- Ensure your standard operating procedure (SOP) is up to date.
- Ensure training of all pharmacists providing vaccinations on behalf of the pharmacy is up to date, and that support staff are aware of the service and eligible cohorts.
- Ensure that all pharmacists providing vaccinations on behalf of the pharmacy sign the patient group direction (PGD).
- Be aware of expected delivery timelines and storage requirements for vaccines.
- Ensure stocks of consent forms and any other relevant paperwork that is not being completed electronically.

1. Service description and background

- 1.1 For most healthy people, influenza (flu) is an unpleasant but usually self-limiting disease. However, older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they catch it.
- 1.2 Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E. It is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter. In order to improve access to NHS flu vaccination for eligible patients, NHS England has commissioned an advanced service for community pharmacies to provide flu vaccinations.
- 1.3 During the seasonal flu vaccination campaign period, pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are specified in Annex A of this document, which is informed by the NHS England, Public Health England and Department of Health and Social Care annual Flu Plan¹.
- 1.4 The community pharmacy seasonal flu immunisation service was implemented from 1 September 2015. The service will run from 1 September to 31 March each year. Focus should be given to vaccinating eligible patients between 1 September and 31 January in order to maximise the impact.
- 1.5 The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction (PGD) which will be published on the NHS England website².
- 1.6 This service will operate as an advanced service.

2. Aims and intended service outcomes

- 2.1 The aims of this service are:
 - a. to sustain and maximise uptake of flu vaccine in at risk groups³ by building the capacity of community pharmacies as an alternative to general practice
 - b. to provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - c. to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

¹ <https://www.gov.uk/government/collections/annual-flu-programme>

² <https://www.england.nhs.uk/>

³ The at risk groups and PHE target vaccination levels are set out in the annual Flu Plan.
<https://www.gov.uk/government/collections/annual-flu-programme>

3. Service specification

- 3.1 The pharmacy contractor is required to offer eligible patients the opportunity of receiving a flu vaccination at the pharmacy. The cost will be met by the NHS. The vaccine is to be administered by an appropriately trained pharmacist under the authority of the NHS England PGD².
- 3.2 The service is effective from 1 September and runs to 31 March, but focus should be given to vaccinating eligible patients between 1 September and 31 January each year. Eligible patients should be vaccinated as soon as the vaccine is available. Widespread immunisation may continue until December in order to achieve maximum impact, but where possible, should be completed before flu starts to circulate in the community. However, flu can circulate considerably later than this and pharmacists should apply clinical judgement to assess the needs of individual patients who are eligible for vaccination under this service to receive immunisation beyond 31 January. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop⁴.
- 3.3 The patient groups eligible for seasonal flu vaccination under this service, unless contraindicated, are listed in Annex A. Contraindications to the vaccine are listed in the PGD and in the Summary of Product Characteristics (SPC) for each vaccine.
- 3.4 The seasonal flu vaccination to be administered under this service is one of the inactivated flu vaccines listed in the NHS England, Public Health England and Department of Health and Social Care annual Flu Plan¹.
- 3.5 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book)⁵, which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste⁶.
- 3.6 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days. 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. The vaccines should not be used after the expiry date shown on the product.
- 3.7 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine.

⁴ <https://www.gov.uk/government/statistics/weekly-national-flu-reports>

⁵ <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁶ While the Green Book references eligible patient groups for vaccination, community pharmacy staff are to refer to Annex A of this service specification for the groups eligible for this service. The list of eligible patients for this service does not include all those patients outlined in the annual Flu Plan¹ or the Green Book⁵.

- 3.8 Patients who are eligible for other vaccinations should be referred to their GP practice for these vaccinations (or they can be administered by the pharmacy if they are contracted to do so under the terms of a Local Enhanced Service or Locally Commissioned Service, for example, pneumococcal vaccine).
- 3.9 Each patient will be required to complete a consent form before being administered the vaccine. Pharmacy contractors must use the consent form set out in annex D⁷ or an alternative form which uses the same wording and captures the same information as the form set out in annex D. The consent covers the administration of the vaccine. The form also notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient's GP practice record and for the purpose of post payment verification.
- 3.10 Consent forms should be retained for an appropriate period of time, but for the purposes of post-payment verification, the forms should be kept for a minimum of two years after the vaccination takes place. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is, beyond two years. Decisions on this matter must be documented and should be in line with 'Records Management Code of Practice for Health and Social Care'⁸.
- 3.11 Where consent forms are scanned into either a patient's notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.
- 3.12 The information contained in the Flu Vaccination Consent Form may be shared on request with NHS England and NHS BSA for the purpose of post payment verification.
- 3.13 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 6 details the required records that must be kept as part of provision of the service.
- 3.14 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used (see Annex B⁹). The information sent to the GP practice should include the following details as a minimum:
- a. the patient's name, address, date of birth and NHS number (where known)
 - b. the date of the administration of the vaccine
 - c. the applicable SNOMED CT code – see Table 1 below

⁷ A standalone version of the consent form is available on the PSNC website

⁸ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

⁹ A standalone version of the GP Practice Notification Form is available on the PSNC website

- d. any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction
- e. reason for patient being identified as eligible for vaccination (e.g. aged 65 or over, has diabetes, etc).

All relevant paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care'⁸.

Table 1: Applicable SNOMED CT codes for notification to the GP practice

Code Type	Code	Description
SNOMED CT	955691000000108	Seasonal influenza vaccination given by pharmacist

Please note that Read V2 and CTV3 coding are no longer in use.

- 3.15 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.
- 3.16 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.17 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service (including where the vaccination is undertaken off the pharmacy premises).

4. Training and premises requirements

- 4.1 In order to provide the service, pharmacies must have a consultation room. The consultation room, which will be used to undertake vaccinations, must comply with the minimum requirements set out below:
 - the consultation room must be clearly designated as an area for confidential consultations
 - it must be distinct from the general public areas of the pharmacy premises
 - it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
- 4.2 The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises¹⁰.

¹⁰ <http://www.pharmacyregulation.org/standards/standards-registered-pharmacies>

- 4.3 Vaccinations under this advanced service will usually be carried out on the pharmacy premises in the consultation room. However, where the pharmacy receives a request from a long-stay care home or long-stay residential facility to vaccinate a resident/patient away from the pharmacy premises and the pharmacy contractor agrees to vaccinate those patients, the pharmacy contractor must follow the procedure set out in Annex C, including notifying NHS England in advance of the first offsite visit that they plan to provide vaccinations off-site by completing the Notification of intent to provide off-site NHS flu vaccinations form included in Annex C¹¹. This notification in advance will cover each offsite visit during the 2018/19 flu season. The pharmacy must follow appropriate cold-chain storage measures and ensure that the setting used to administer the vaccinations is appropriate.
- 4.4 Pharmacy contractors can undertake vaccinations in the patient's home, where this service is requested by the patient and where the pharmacy has an existing clinical relationship with the patient (e.g. pharmacy services have previously been provided to the patient). If the pharmacy contractor has not done so already for an offsite visit to a long-stay care home or long-stay residential facility, they must follow the procedure set out in Annex C, including notifying NHS England in advance of the first home visit that they plan to provide vaccinations off-site by completing the Notification of intent to provide off-site NHS flu vaccinations form included in Annex C¹¹. This notification in advance will cover each offsite visit during the 2018/19 flu season. The pharmacy must also follow appropriate cold-chain storage measures.
- 4.5 The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the vaccination services Declaration of Competence (DoC)¹². Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue. The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by pharmacists that they employ/engage to deliver the service.
- 4.6 The pharmacy contractor must ensure that pharmacists providing the service are aware of the National Minimum Standards¹³ in relation to vaccination training, and are compliant with the training requirements within those Standards that apply to pharmacists providing the service, as set out in the vaccination services DoC. Pharmacists providing the service should undertake face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis) at least every three years.
- 4.7 The pharmacy contractor should ensure that they have reviewed the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, which govern the provision of the service, as well as the Service Specification (this document).

¹¹ A standalone version of the Notification Form is available on the PSNC website.

¹² The Declaration of Competence is available on the CPPE website: <https://www.cppe.ac.uk/doc>

¹³ <https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards>

- 4.8 The pharmacy contractor must ensure that staff 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.
- 4.9 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5. Service availability

- 5.1 The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's contracted opening hours¹⁴.
- 5.2 If the pharmacy temporarily or permanently ceases to provide the service, they should update their NHS Choices profile to reflect that the service is not available from the pharmacy as soon as possible.
- 5.3 **2018/19 Season only:** in the event of a lack of stock of the adjuvanted trivalent vaccine (aTIV) (the recommended vaccine for patients aged 65 and over in 2018/19), please refer to the following documents:
- NHS England's flu vaccination programme delivery guidance 2018-19¹⁵.
 - NHS England's letter regarding flu vaccinations for 2018 and planning flu clinics¹⁶.
 - PHE's inactivated influenza vaccine information for healthcare practitioners¹⁷.
 - The pharmacy Influenza vaccination PGD for 2018/19².
- 5.4 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

6. Data collection and reporting requirements

- 6.1 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery. The minimum requirements for the information which

¹⁴ The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, so as to ensure continuity of service provision across the opening hours of the pharmacy.

¹⁵ <https://www.england.nhs.uk/publication/flu-vaccination-programme-delivery-guidance-2018-19/>

¹⁶ <https://www.england.nhs.uk/publication/flu-vaccinations-for-2018-and-planning-flu-clinics-letter-from-david-geddes/>

¹⁷ <https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

should be included in a contractor's record of provision of the service to a patient are the mandatory sections indicated within the Flu Vaccination Record Form¹⁸ which is set out in Annex F. Pharmacy contractors can use this form to maintain their record of service delivery or the information can be recorded on an alternative form or in another way, such as an electronic system.

- 6.2 Where record forms are scanned into either a patient's notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.
- 6.3 Annex E is a patient questionnaire which patients should be asked to complete following administration of the vaccine¹⁹. An IT platform will be made available to enable patient questionnaires to be completed electronically either by the patient themselves or with help from the pharmacy team. Where patients complete a paper version of the patient questionnaire pharmacy contractors should utilise the functionality available on the IT platform to submit the patient's responses to the questionnaire so that these responses can be collated and analysed along with those submitted electronically. Information from these completed patient questionnaires will be used by NHS England to evaluate the service.

7. Payment arrangements

- 7.1 Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists administering NHS flu vaccinations meet the requirements outlined in this service specification.
- 7.2 Claims for payments for this programme should be made monthly, via either the paper claim form or the webform provided by the NHS BSA (but not both). Claims will be accepted by the NHS BSA within six months of administration of the vaccination, in accordance with the usual Drug Tariff claims process. Later claims will not be processed. The service claim form is available via the NHS BSA website²⁰. The NHS BSA will send a unique url (link) to the webform to all community pharmacy premises shared NHSmail accounts on a monthly basis. If contractors use the webform for submitting their claims, they should ensure that they only make a single claim for each calendar month, as subsequent submissions for that claim month will not be accepted by the webform.
- 7.3 Payment will be £7.98²¹ per administered dose of vaccine plus an additional fee of £1.50 per vaccination (therefore a total payment of £9.48 per dose of vaccine administered). The payment of £1.50 per vaccination is made in recognition of expenses incurred by community pharmacies in providing this service. These include training, and disposal of clinical waste. Such costs are not reimbursed elsewhere within the Community Pharmacy Contractual Framework.

¹⁸ A standalone version of the Flu Vaccination Record Form is available on the PSNC website.

¹⁹ A standalone version of the patient questionnaire is available on the PSNC website.

²⁰ <https://www.nhsbsa.nhs.uk/>

²¹ Funding for this service will be in addition to and outside of the core CPCF funding.

- 7.4 The pharmacy contractor will also be reimbursed for the cost of the vaccine²². An allowance at the applicable VAT rate will also be paid.
- 7.5 The pharmacy contractor will not be reimbursed or remunerated, under this advanced service, for vaccines administered to patients outside of the eligibility criteria set out in Annex A.

²² Any purchase margin by pharmacies relating to the seasonal flu vaccine would be included in the calculation of allowed purchase margin that forms a part of agreed NHS pharmacy funding.

Annex A: Groups included in this advanced service

This service covers those patients most at risk from influenza **aged 18 years and older**, as listed below.

The selection of these eligible groups has been informed by the target list from the annual Flu Plan¹ and Immunisation against infectious disease: The Green Book⁵.

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2019.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic (long term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease, such as heart failure	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease at stage three, four or five	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting

treatment (such as cancer treatment)	<p>the immune system (e.g. IRAK-4, NEMO, complement disorder).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or splenic dysfunction	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Morbid obesity	Adults with a Body Mass Index $\geq 40\text{kg/m}^2$
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).
People living in long-stay residential care homes or other long-stay care facilities	Vaccination is recommended for people aged 18 or over living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence. For the pharmacy service this only applies to those aged 18 or over.
Carers	People aged 18 or over who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.
Household contacts of immunocompromised individuals	People who are household contacts, aged 18 and over, of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.
Social care workers	Health & social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
Hospice workers	Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.

Annex B: NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name)	
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Patient name	
Address	

Patient DOB		NHS number (where known)	
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This patient was administered a seasonal influenza vaccination on:

/ /

To ensure that your records are complete, you may find it useful to record this as:
Seasonal influenza vaccination given by pharmacist
SNOMED CT: 955691000000108

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> Aged 65 or over	<input type="checkbox"/> Chronic respiratory disease
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Pregnant woman
	<input type="checkbox"/> Person in long-stay residential care home or care facility	<input type="checkbox"/> Carer
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Morbid obesity (BMI \geq 40)
	<input type="checkbox"/> Social care worker	<input type="checkbox"/> Hospice worker

Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)

Pharmacy name	
Address	
Telephone	

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Annex C: Responding to a request to vaccinate people off-site

Where a pharmacy receives a request:

- from a patient to vaccinate them in their own home (where the pharmacy has an existing clinical relationship with the patient, e.g. pharmacy services have previously been provided to the patient) or
- from a long-stay care home or long-stay residential facility to vaccinate a resident/patient in the home/facility.

the pharmacy contractor can agree to provide an off-site vaccination, but before undertaking any off-site vaccinations, they must submit a completed copy of the Notification of intent to provide off-site NHS flu vaccinations form (see below) to the local NHS England team.

This form sets out the requirements which must be complied with when providing off-site vaccinations. Additional points which pharmacy contractors should consider when planning the provision of off-site vaccinations include:

- A.1 Pharmacists should consider being accompanied by a trained pharmacy support staff member during visits. The primary role of the support staff member is to assist in the event of an emergency, but they could also undertake administrative tasks and, where necessary, act as a chaperone.
- A.2 Pharmacy contractors must ensure that they meet the requirements of The Waste (England and Wales) (Amendment) Regulations 2012 in terms of transferring pharmaceutical waste from the site of vaccination back to the pharmacy premises for subsequent safe disposal.

Maintaining the cold chain

Pharmacists must ensure that the cold chain storage of the vaccines is maintained. Vaccines should be taken from the pharmacy fridge and placed into an appropriate validated cool box (which will maintain the vaccines at a temperature between 2 °C and 8°C) just before travel to the off-site location.

The vaccines should be kept in their packaging and should be insulated from the cooling system within the cool box, e.g. using bubble wrap, to avoid the risk of freezing. Any unused vaccines should be returned to the pharmacy fridge within 8 hours of first removal.

Notification of intent to provide off-site NHS flu vaccinations

Pharmacy contractors who wish to provide the service off-site, i.e. in patients' homes or a long-stay care home or long-stay residential facility, where this has been requested by the patient or care home/residential facility, should send a completed copy of this form to the local NHS England team (see contact details on the PSNC website) prior to providing off-site vaccinations. No acknowledgment of the receipt of the form is required by the contractor before they provide an off-site vaccination.

Name of pharmacy	
Pharmacy address	
Town/City	
Postcode	
Telephone number	
ODS code	F
The above pharmacy wishes to provide off-site flu vaccinations (in patients' homes and/or a long-stay care home or long-stay residential facility), when requested by the patient or care home/residential facility.	
I/we confirm that:	
<input type="checkbox"/>	For care homes, each patient's GP will be contacted prior to the visit to the care home to make them aware that the pharmacist will be vaccinating their patient.
<input type="checkbox"/>	Pharmacists administering vaccines off-site will have a valid DBS certificate.
<input type="checkbox"/>	Pharmacists administering vaccines off-site will have completed the Vaccination Services Declaration of Competence, including the additional competencies section for off-site vaccinations.
<input type="checkbox"/>	The pharmacy's professional indemnity insurance covers off-site flu vaccination.
<input type="checkbox"/>	Appropriate arrangements for off-site clinical waste management will be made.
<input type="checkbox"/>	Suitable settings for provision of vaccinations will be used, e.g. patient confidentiality will be maintained.
<input type="checkbox"/>	Appropriate infection control procedures will be able to be undertaken in the off-site location.
<input type="checkbox"/>	Suitable cold chain arrangements will be made for the transport of the vaccines.
Signed	
Print Name	
Date	

Annex D: NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service Consent Form

Pharmacy Name
Address 1
Address 2
Address 3
Postcode



Consent to participate in the:
NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Patient's name and address	Bag label
----------------------------	-----------

I agree to being given a flu vaccination by a trained pharmacist; and I confirm I have not already had a flu vaccination for this flu season.

Patient's signature	
Date	

We will send your name, address and information about your flu vaccination to your GP practice so they can update your health record.

We may send this completed form to NHS England or the NHS Business Services Authority if they need to check our payments for providing this service. If they need to, this will allow them to contact you to check that we gave you a flu vaccination.

If you have any queries about how we process your personal data or would like to exercise your rights under data protection legislation, please speak to a member of staff.

Annex E: NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, where were you vaccinated?	<input type="checkbox"/> GP practice <input type="checkbox"/> This pharmacy <input type="checkbox"/> Another pharmacy <input type="checkbox"/> Other location			
2	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	<input type="checkbox"/> From the pharmacy staff <input type="checkbox"/> Poster in the pharmacy <input type="checkbox"/> From my GP/nurse <input type="checkbox"/> By word of mouth <input type="checkbox"/> I have used the service before <input type="checkbox"/> Poster in the GP practice <input type="checkbox"/> An NHS advert (newspaper, TV or radio)			
3	What were your reasons for choosing to have your vaccination at this pharmacy today? (choose all that apply)	<input type="checkbox"/> Convenience of not having to book an appointment <input type="checkbox"/> Already attending the pharmacy for something else <input type="checkbox"/> It's the pharmacy I regularly use for prescriptions <input type="checkbox"/> Difficulty getting an appointment at GP practice <input type="checkbox"/> Convenience of long opening hours <input type="checkbox"/> Recommended to me <input type="checkbox"/> Easier for me to get to pharmacy (i.e. location) <input type="checkbox"/> Other			
4	How satisfied were you with the following?				
	a) Information provided by pharmacy staff about the vaccination service	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
	b) Waiting time before getting your vaccination	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
	c) Suitability of the consultation room where you had your vaccination	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied
5	Overall, how satisfied were you with the flu vaccination service you received?				
	<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Fairly satisfied	<input type="checkbox"/> Not very satisfied	<input type="checkbox"/> Not at all satisfied	

6	How likely would you be to do the following?				
	a) Recommend this service to your friends and family	<input type="checkbox"/> Very likely	<input type="checkbox"/> Fairly likely	<input type="checkbox"/> Not very likely	<input type="checkbox"/> Not at all likely
	b) Come back to this pharmacy for vaccinations in the future	<input type="checkbox"/> Very likely	<input type="checkbox"/> Fairly likely	<input type="checkbox"/> Not very likely	<input type="checkbox"/> Not at all likely
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				
Some questions about you					
8	What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say			
9	How old are you?	<input type="checkbox"/> 18-24 <input type="checkbox"/> 35-44 <input type="checkbox"/> 55-64 <input type="checkbox"/> 25-34 <input type="checkbox"/> 45-54 <input type="checkbox"/> 65+			
10	What is your ethnicity?				
	A - White <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background B - Mixed <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background C - Asian or Asian British <input type="checkbox"/> Asian or Asian British - Indian		<input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background D - Black or Black British <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background E - Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group		
Thank you for taking the time to complete this questionnaire.					

To be completed by the pharmacy staff			
Date of vaccination			
Eligible patient group (tick all that apply)	<input type="checkbox"/> Aged over 65	<input type="checkbox"/> Chronic respiratory disease	
	<input type="checkbox"/> Chronic heart disease	<input type="checkbox"/> Chronic kidney disease	
	<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Chronic neurological disease	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Immunosuppression	
	<input type="checkbox"/> Asplenia / splenic dysfunction	<input type="checkbox"/> Pregnant woman	
	<input type="checkbox"/> Person in long-stay residential or home	<input type="checkbox"/> Carer	
	<input type="checkbox"/> Household contact of immunocompromised individual	<input type="checkbox"/> Morbid obesity (BMI ≥ 40)	
	<input type="checkbox"/> Social care worker	<input type="checkbox"/> Hospice worker	

Annex F: NHS Flu Vaccination Service - Record Form

* indicates sections that must be completed

Patient's details																				
First name*																				
Surname*																				
Address*																				
Postcode																				
Telephone																				
Date of birth*																				
GP practice*																				
Patient's emergency contact																				
Name																				
Telephone																				
Relationship to patient																				
Any allergies																				
Eligible patient group*	<input type="checkbox"/> 65 years or over										<input type="checkbox"/> Chronic respiratory disease									
	<input type="checkbox"/> Chronic heart disease										<input type="checkbox"/> Chronic kidney disease									
	<input type="checkbox"/> Chronic liver disease										<input type="checkbox"/> Chronic neurological disease									
	<input type="checkbox"/> Diabetes										<input type="checkbox"/> Immunosuppression									
	<input type="checkbox"/> Asplenia / splenic dysfunction										<input type="checkbox"/> Pregnant woman									
	<input type="checkbox"/> Person in long-stay residential care home or care facility										<input type="checkbox"/> Carer									
	<input type="checkbox"/> Household contact of immunocompromised individual										<input type="checkbox"/> Morbid obesity (BMI ≥ 40)									
	<input type="checkbox"/> Social care worker										<input type="checkbox"/> Hospice worker									

Vaccination details									
Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*				Pharmacy stamp			
Batch Number*		Injection site*	<input type="checkbox"/> Left upper arm <input type="checkbox"/> Right upper arm						
Expiry Date*		Route of administration*	<input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous						
Location (if not in the pharmacy)*	<input type="checkbox"/> Patient's home <input type="checkbox"/> Long-stay care home or long-stay residential facility								
Any adverse effects*									
Advice given and any other notes									
Administered by* <small>(pharmacist name)</small>		Signature*		GPhC number*					

**Pharmaceutical Services
Negotiating Committee**
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