

August 2018

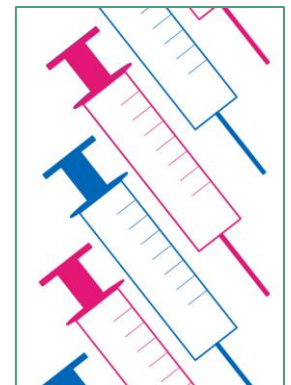
## PSNC Briefing 042/18: Guidance on the Seasonal Influenza Vaccination Advanced Service 2018/19

This PSNC Briefing provides guidance for community pharmacy contractors and their teams on the NHS Seasonal Influenza Vaccination Advanced Service 2018/19. Information and resources to support the service are also available at [psnc.org.uk/flu](http://psnc.org.uk/flu).

### a) Introduction

On 20th July 2015, NHS Employers (on behalf of NHS England) and PSNC announced that a seasonal influenza vaccination service would be added to the Community Pharmacy Contractual Framework (CPCF) as an Advanced Service. This service is the fifth Advanced Service in the CPCF. In January 2018, PSNC received correspondence from the Department of Health and Social Care (DHSC) that it would re-commission the Flu Vaccination Service in 2018/19.

Pharmacists and contractors practising in Wales should visit the [Community Pharmacy Wales website](#) for information on flu vaccination services in Wales.



This document provides detailed guidance for contractors and their teams on the service and highlights other resources which may support them to provide the service.

### b) Background and aims of the service

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with specific health conditions.

Community pharmacies have offered flu vaccinations as a private service for many years, often to a range of patients who would not qualify for NHS vaccinations and some who would but were prepared to pay for it anyway. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Before 2015/16, many pharmacies were commissioned to provide local NHS flu vaccination services. These services sat alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets. Many schemes demonstrated high levels of patient satisfaction and evidence that pharmacy vaccination is accessible, often capturing 'hard to reach' patients who would not otherwise take up the offer of vaccination.

PSNC worked to persuade the NHS of this success and of the value that a national service could bring and NHS England subsequently decided that in 2015/16 all community pharmacies should be allowed to vaccinate patients 18 years and over in at-risk groups against flu with the commissioning of a new Advanced Service. The successful implementation of the national 2015/16 service has led to the service being re-commissioned in subsequent years.

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health through both individual and herd immunity.

For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, children, older people, pregnant women and those with underlying disease are at risk of severe illness if they catch it.

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHS England, on behalf of Public Health England (PHE), in providing an effective vaccination programme in England and it aims:

- a. to sustain and maximise uptake of flu vaccine in at risk groups 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; and
- c. to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

### c) Commencement and duration of the service

This service will commence from 1st September 2018 or the date on which the Directions (see section d) come into force, whichever is the later; contractors will be notified of this date via the PSNC website. The service ends on the last day of March (31st March 2019), but focus should be given to vaccinating eligible patients between 1st September 2018 and 31st January 2019, with eligible patients being vaccinated as soon as the vaccine is available.

Widespread vaccination may continue until December to achieve maximum impact, but where possible, it 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 31st January 2019. 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 develop.

### d) The service specification and Directions

The [service specification](#) describes the requirements for provision of the service and it should be read and understood by all pharmacists providing the service.

The amendments to the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the Directions) provide the legal basis for provision of the service (please note, the amendments have not yet been published – PSNC will notify contractors through their normal communication channels when they are published). A consolidated version of the Directions will be made available on the PSNC website.

## e) The national Patient Group Direction

The administration of a flu vaccine - a Prescription Only Medicine – as part of the Flu Vaccination Service is legally authorised by a national Patient Group Direction (PGD). The [national PGD for the Flu Vaccination Service](#) has been developed and clinically approved by PHE, and NHS England has authorised its use by community pharmacists providing the Advanced Service; it cannot be used to authorise administration of flu vaccines under any other NHS or private services.

Pharmacists who will administer flu vaccines under the authority of the national PGD must:

- download a copy of the latest version of the PGD from the NHS England website;
- read the PGD and ensure they fully understand the content of the PGD, including the eligible patient groups, the inclusion and exclusion criteria and the record keeping requirements; and
- print off a copy of the PGD and complete the Practitioner declaration to confirm they have read and understood the content of the PGD and that they are willing and competent to work to it within their professional code of conduct – if there is more than one pharmacist in the community pharmacy who will be providing the Flu Vaccination Service, one copy of the PGD can be printed and all pharmacists can complete the Practitioner declaration on this one copy.

The Authorising Manager declaration must then be completed. The Authorising Manager's role is to confirm the pharmacist:

- is aware of the service specification and requirements for provision of the service;
- has completed the Declaration of Competence (DoC) self-assessment framework and has printed and signed the statement of declaration; and
- has the organisation's approval to provide the service.

In certain circumstances, for example, a community pharmacy where the pharmacist who will administer vaccines is also the superintendent pharmacist or contractor, it may be necessary for the authorising manager to be the same person as the practitioner, though this situation should be avoided wherever possible.

These steps **must** be completed before an individual pharmacist is authorised to administer flu vaccines as part of the Flu Vaccination Service.

## f) Patient eligibility to receive the service

This service covers those patients most at risk from influenza **aged 18 years and older**, listed in Annex A of the service specification (and listed below).

The selection of these eligible groups has been informed by the target list from the [NHS England, PHE and the DHSC annual flu plan](#).

**Pharmacists are not authorised to administer flu vaccines to other patient groups as part of the Flu Vaccination Service.** If a vaccine is administered to patients in other groups, the contractor will not be paid for that vaccination and the administration will have been undertaken outside the authority of the national PGD.

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 treatment (such as cancer treatment)	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 the immune system (e.g. IRAK-4, NEMO, complement disorder). 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. 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. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.
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 (class III obesity)	Adults with a Body Mass Index $\geq 40\text{kg/m}^2$ .

All 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	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.
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 or 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, meaning those patients/clients in a clinical risk group or aged 65 years and over.
Hospice workers	Health & social 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, meaning those patients/clients in a clinical risk group or aged 65 years and over.

### g) Pharmacy eligibility to provide the service

There are a number of conditions that will be specified in the Directions which contractors must comply with prior to provision of the service. These include:

- 1) Contractors must be satisfactorily providing all Essential Services and be compliant with the clinical governance requirements of the CPCF.
- 2) Pharmacists who will provide the service must be competent to provide the service (see section h for further details).
- 3) Contractors must have a Standard Operating Procedure (SOP) in place for provision of the service, having regard to the requirements of the national PGD and service specification of which all pharmacy staff are aware, and which covers the following points as a minimum:
  - the provision of the service to patients and the roles of different staff members;
  - the ongoing conditions under which the service needs to be provided (specified in the service specification);
  - cold chain integrity;
  - needle stick injuries;
  - pharmacists undertaking vaccinations should be advised to consider being vaccinated against hepatitis B;
  - the identification and management of adverse reactions; and
  - the handling, removal and safe disposal of any clinical waste related to the provision of the service.

If the contractor is to provide the service in a care home or patient's own home, the SOP must also detail provision of the service and the role of staff members in that location.

- 4) If the contractor is to provide the service in a care home, they must have notified the patient's GP practice and the local NHS England team that they intend to vaccinate the patient off-site. If the contractor intends to provide the service at a patient's home, they must also notify the local NHS England team (see section I for further details).
- 5) The pharmacy must have a consultation room which meets the following requirements:
  - is clearly designated as a room for confidential consultations;
  - is distinct from the general public areas of the pharmacy premises; and
  - is a room where both the person receiving the service and the pharmacist who is to administer the vaccine are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff).

These requirements do not prevent the presence of other persons where the patient requests, or consents to this. For example, where the pharmacist uses a chaperone, or wishes to include a pre-registration trainee in the consultation as part of their training, this would be allowed if the patient consents. Similarly, the patient may prefer that they are accompanied by another person during the consultation.

Where a contractor is to provide the service at a care home or other long-stay care facility it must be undertaken in a room where both the person receiving the service and the pharmacist who is to administer the vaccine are able to sit down together and talk at normal speaking volumes without being overheard by any other person, other than a person whose presence the person receiving the service requests or consents to (such as a carer).

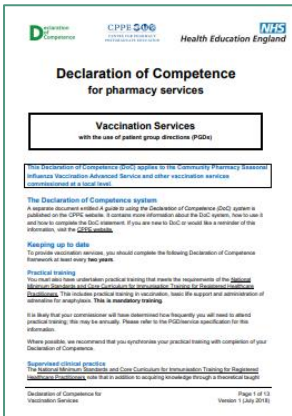
## h) Training and competency requirements

All pharmacy staff involved in the provision of the Flu Vaccination Service should receive appropriate training relevant to the role they will undertake. Contractors are required to demonstrate that all pharmacists providing the service in their pharmacy have the skills needed to do so.

There are a number of organisations offering training and support for provision of flu vaccination services and contact details can be found on the [PSNC website](#).

The [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners](#) set out the knowledge and skills that healthcare professionals undertaking vaccination services need to have. Pharmacists who will provide the Flu Vaccination Service must have completed practical training in vaccination that meets these requirements. NHS England has determined that pharmacists providing the Flu Vaccination Service need to attend face-to-face training for both injection technique and basic life support training at least every **three** years.

This requirement means that a pharmacist who undertook face-to-face training for both injection technique and basic life support in 2016 would not need to undertake face-to-face training in 2018. Assuming the service continues to be commissioned, the pharmacist would then need to undertake face-to-face training in 2019 to continue to provide the service.



The [Declaration of Competence](#) (DoC) approach (developed by the Community Pharmacy Competence Group) has been agreed by NHS England, NHS Employers and PSNC as being the way by which pharmacists providing the Flu Vaccination Service must demonstrate their competence to the contractor who is contracted to provide the service and to NHS England.

In 2018, the Community Pharmacy Competence Group published a new combined [Vaccination services DoC](#), hosted on the Centre for Pharmacy Postgraduate Education (CPPE) website.

Previously there were two separate DoC frameworks for vaccination services; the NHS Seasonal Influenza Vaccination Advanced Service and other locally commissioned Immunisation services; these two have been merged into a single DoC.

Pharmacy professionals who will be providing the Flu Vaccination Service (Advanced Service) and a locally commissioned influenza service will now only be required to complete one DoC.

**To complete the DoC process:**

1. Visit the CPPE website [Declaration of Competence page](#) and select the **Vaccination services DoC**. You will then be asked to log in to the CPPE website.

Select the **Vaccination services DoC**

2. Following logging in you will see the following page:

### Vaccination services

Declaration of Competence for Zainab Al-Kharsan (2086749)

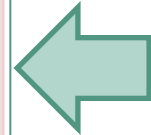
Are you confident you know how to complete the DoC system?

[Download A guide to using the Declaration of Competence \(DoC\) system here.](#)

Tick the box to confirm you have read this before you complete your DoC

You can select a different service using the dropdown "Select a different service".

- ▼ Step 1: Print the Declaration of Competence self-assessment framework
- ▼ Step 2: Recommended learning
- ▼ Step 3: Supporting assessments
- ▼ Step 4: Print your statement of declaration
- ▼ Step 5: Update your CPPE learning record
- ▼ Select a different service



If you are not familiar with the DoC process you can download [A guide to using the Declaration of Competence \(DoC\) system](#)

### ▼ Step 1: Print the Declaration of Competence self-assessment framework

This self-assessment tool provides a framework to self-assess competence to deliver the *Vaccination services* service.

[Download the self assessment framework for Vaccination services](#)

In addition to the specific competences linked to the service, it is expected that pharmacy professionals will meet the core competencies within each framework.

[Look at this example of a completed DoC for emergency contraception.](#)



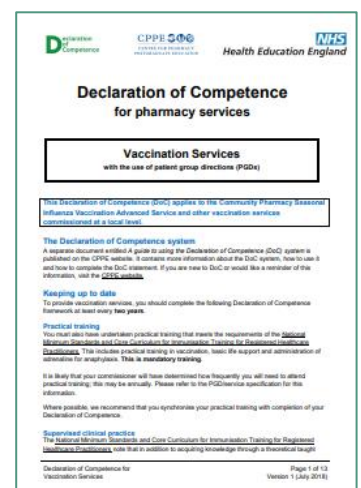
Click on **Step 1.** to download and print a copy of the DoC self-assessment framework

3. Read and work through the DoC self-assessment framework which explains the competency requirements for pharmacists providing vaccination services.

There are **three parts**:

**Section A** - This is the DoC framework, which highlights the key competencies expected of all pharmacy professionals providing the service.

- work through the DoC framework;
- review the competencies and complete each section with evidence of and information on the learning, experience and assessment, and other training you have completed to meet each competency. By doing this you will identify any gaps in competence. If you cannot answer a question to your own satisfaction, then you should undertake some extra learning – refer to **section B**; and
- if you intend to provide the Flu Vaccination Service in long-stay residential care homes, other long-stay facilities or in patients' homes, then you must also complete **Additional competencies – off-site vaccinations in Section A.**





**Section B** - This part of the DoC process includes the suggested learning and assessments you should consider, linked to the core and service-specific competencies.

- review the suggested learning and assessments;
- reflect on your previous learning, experience and assessments;
- consider what learning has recently been completed as part of your CPD and which areas of learning and development may need updating; and
- identify the learning and assessment resources required to fill any gaps in competence from **Section A** and complete the relevant learning and assessment.

Then revisit and complete the DoC framework in **Section A**, noting down the additional learning completed as appropriate.

**Section C** – This is a reference guide and includes professional standards and frameworks referred to in *A guide to using the Declaration of Competence (DoC) system*.

**Declaration** – The final part is the DoC statement that you must print and sign to acknowledge professional responsibility that you are competent to provide vaccination services.

- Access, print and sign the DoC statement from the CPPE website. This is pre-populated with the CPPE learning and assessments you have completed for the service, with the dates of completion. Add the details of other learning to the declaration (for example, training provided by your employer);

#### Step 4: Print your statement of declaration

Print your [statement of declaration](#) for *Vaccination services*.

- A copy of this signed DoC statement should be retained at each pharmacy where the pharmacist provides the Flu Vaccination Service, and this should be attached to the Flu Vaccination Service PGD. Local NHS England teams may ask to see copies of pharmacists' DoC statements when they visit pharmacies to undertake contract monitoring;
- Pharmacists should retain their completed DoC self-assessment framework, so they can make this available to their employer or NHS England on request.

4. Once you have signed the DoC statement, confirm this on the CPPE website to update your CPPE learning record.

#### Step 5: Update your CPPE learning record

Confirm that you have signed your statement of declaration for *Vaccination services* and indicate the date the document was signed.

By completing step 5 you are confirming that you meet all the competencies in the DoC framework and you can provide evidence to that effect. Making a declaration whilst not meeting the competencies may constitute or be treated as a fitness to practise issue.

I confirm that I have signed my Declaration of Competence statement for *Vaccination services*.

Date signed:

Save

Pharmacists providing the Flu Vaccination Service should work through the DoC system every **two** years.

## i) The vaccines to be used in the service

The vaccines which can be used in the service are those listed in [The national flu immunisation programme 2018/19 \(DHSC/NHS England/PHE\)](#) and authorised for use by the PGD:

Product Name	Manufacturer
Fluarix® Tetra – Split virion inactivated virus (quadrivalent)	GSK
Quadrivalent Influenza Vaccine – Split virion, inactivated	MASTA
Quadrivalent Influenza Vaccine Tetra MYL – Influenza virus surface antigen (inactivated)	Mylan (BGP Products Ltd)
Quadrivalent Influxac sub-unit Tetra – Influenza virus surface antigen (inactivated)	Mylan (BGP Products Ltd)
Quadrivalent Influenza Vaccine – Split virion, inactivated virus	Sanofi Pasteur vaccines
Fluad® - Surface antigen, inactivated virus, Adjuvanted with MF59C.1	Seqirus UK Ltd

The PGD does not cover the use of the Fluenz Tetra nasal spray. Agrippal® is a non-adjuvanted trivalent vaccine and not one of the recommended vaccines by PHE for 2018/19; however, it may be used in some instances. Please refer to the PGD for further information.

## j) Providing the service

This section of the guidance covers some of the practical requirements related to provision of the Flu Vaccination Service. A checklist to help contractors and their teams to prepare for and to provide the service can be found at the end of this Briefing.

### *Clinical recommendations for vaccine type*

For the 2018/19 flu vaccination season, adjuvanted trivalent influenza vaccine (aTIV) (Fluad, Seqirus) should be offered to all those aged 65 and over, whilst adults aged under 65 in clinical at-risk groups should be offered a quadrivalent influenza vaccine.

Vaccines will become available at different times from September onwards; Seqirus has already notified pharmacies of the week of delivery for each of the batches of aTIV (40% in September, 20% in October and 40% in November).

A three-phased prioritisation approach has been set out by NHS England to vaccinating patients aged 65 years and over:

1. First priority should be given to those aged 75 years and over or those in a care home.
2. Second priority should be given to those aged 65-74 years in a clinical risk group.
3. Third priority should be given to those aged 65-74 years NOT in a clinical risk group.

Where the appropriate vaccine is available, and an eligible patient presents at the pharmacy seeking vaccination, they should be vaccinated at that point. If the recommended vaccine is not available, the patient should be asked to return when the vaccine will be available later in the season. For further information, refer to the [NHS England guidance and letter](#).

### *Storage of vaccines*

Vaccines should be stored in line with the requirements set out by their manufacturer in the [Summary of Product Characteristics](#). The National Patient Safety Agency issued an alert in 2010 giving [guidance on vaccine cold storage](#) for all healthcare providers, including community pharmacies.

All refrigerators in which vaccines are stored must have a maximum / minimum thermometer. Readings must be taken and recorded from the thermometer on all working days.

### **Consent**

As with the provision of any pharmacy service, the patient must consent to being vaccinated. The General Pharmaceutical Council's [Guidance on Consent](#) provides information on consent for pharmacists and their teams.

Patients who consent to participate in the Flu Vaccination Service must complete a consent declaration before being administered the vaccine using the national [Flu Vaccination Consent Form](#) (Annex D of the service specification) or an alternative form which uses the same wording and captures the same information as the form set out in Annex D.

Completion of this form grants consent to the administration of the vaccine and the sharing of information about the administration of the vaccine with the patient's GP practice. It also grants consent for the sharing of relevant information, where appropriate with NHS England and the NHS BSA for post payment verification (PPV).

### **Information for patients**

Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine.

### **Referral of patients eligible for other vaccinations**

Patients who are eligible for other vaccinations, for example, pneumococcal and shingles vaccines, 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).

### **Clinical waste**

Contractors are required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service; NHS England will not make these arrangements on behalf of contractors. This includes vaccinations carried out in long-stay residential care homes, other long-stay care facilities or in a patient's home.

Contractors must also 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.

### **Occupational health**

Contractors must ensure that pharmacists 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.

### **Service records and IT support for the service**

In many areas LPCs and local NHS England teams have been able to arrange IT support for the service. Contact [your LPC](#) to find out whether that is the case in your area.

The national Flu Vaccination Record Form (Annex F of the service) should be used to maintain a clinical record for the Flu Vaccination Service. If a contractor has access to an IT system which allows capture of the data elements within the Flu Vaccination Record Form, this can be used to maintain the clinical record for the service.

### **Patient questionnaire**

Patients must be asked to complete a copy of the [national patient questionnaire](#) (Annex E of the service specification)

following administration of the vaccine.

NHS England has had an IT platform developed (please note, the platform has not yet gone live – PSNC will notify contractors through their normal communication channels when this is made live) 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, 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. A guidance document on how to complete this process will also be available on the IT platform.

Information from these completed patient questionnaires will be used by NHS England to evaluate the Flu Vaccination Service.

### *Communicating with GP practices*

Contractors must 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 by post, hand delivery, fax, secure email (such as the pharmacy’s premises-shared NHSmail account) or secure electronic data interchange.

If an electronic method is used to transfer data to the relevant GP and a problem occurs with this notification platform, the 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](#) (Annex B of the service specification) must be used.

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

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.

### *Provision of data to NHS England*

Payment claims for the service will be made to the NHS BSA (see section k for further details) and they will subsequently share data on service provision with NHS England.

Relevant information from the national Flu Vaccination Consent Form may, on request, be shared with NHS England and NHS BSA for the purpose of PPV.

Data from the completed patient questionnaires will be shared with NHS England.

### **Availability of the service**

Contractors will naturally want to ensure that their service is as accessible as possible for patients in order that they can maximise service provision. This is also of importance to NHS England and therefore the service specification states that contractors should seek to ensure that the service is available throughout the pharmacy's contracted opening hours (i.e. core and supplementary opening hours). Contractors will therefore want to ensure that locums or relief pharmacists are appropriately trained to ensure continuity of service provision across the opening hours of the pharmacy.

### **k) Payments and the process for claiming payments**

Contractors providing the Flu Vaccination Service will be paid £7.98 per administered dose of vaccine plus an additional fee of £1.50 per vaccination (i.e. a total of £9.48 per administered vaccine). The additional fee is in recognition of costs incurred relating to the provision of the service including training and disposal of clinical waste. Such costs are not reimbursed elsewhere in the CPCF.

Contractors will also be reimbursed for the vaccine costs at the basic price (list price) of the individual vaccine administered and an allowance at the applicable VAT rate will also be paid.

Funding for the service comes from the NHS vaccination budget and is in addition to and outside of community pharmacy funding for 2018/19. The total funding delivered will be dependent on uptake of the service, but no cap has been set for this.

Claims for payment for the service can be made either electronically, using the NHS BSA webform or using the paper claim form, however, contractors should ensure they are making a single claim each calendar month.

The NHS BSA will send a unique link to the webform to all community pharmacy premises-shared NHSmail accounts monthly which contractors can use to make a claim (further information on this process will be published on the PSNC website when available).

Contractors claiming using the paper form will be able to download and print copies of the claim form from the NHS BSA website (please note, this has not yet been published – PSNC will notify contractors through their normal communication channels when this is published). This form should be sent to the NHS BSA as part of the end of month script bundle submissions process; contractors are encouraged to submit claims for the service each month where they have been administered.

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.

### **l) Provision of the service off-site**

#### ***Responding to a request to vaccinate people off-site***

Contractors can provide the Flu Vaccination Service off-site when a request is received:

- 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

However, before undertaking any off-site vaccinations, a contractor must submit a completed copy of the Notification of intent to provide off-site NHS flu vaccinations (which is within Annex C of the service specification) to

the local NHS England team. No acknowledgment of the receipt of the form is required by the contractor before they provide an off-site vaccination.

This form sets out the requirements which must be complied with when providing off-site vaccinations. For care homes, each patient's GP must also be contacted prior to the visit to the care home to make them aware that the pharmacist will be vaccinating their patient.

Additional points which contractors should consider when planning the provision of off-site vaccinations include:

- 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; and
- 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.

### **m) Discontinuation of service provision**

If the pharmacy temporarily or permanently ceases to provide the service, they should update their NHS.UK website (previously NHS Choices) profile to reflect that the service is not available from the pharmacy as soon as possible.

### **n) Promoting the service to patients**

Materials to help promote the Flu Vaccination Service to patients are available from and via the [PSNC website](#). The National Pharmacy Association (NPA) and some LPCs have also developed materials to help contractors promote the service.

If contractors develop their own marketing materials to promote the service, they must ensure they comply with the requirements of the [Terms of Service](#) relating to promotion of services funded by the NHS.

If the NHS logo is used in materials related to the service, this must comply with [the guidelines for use of the NHS identity by community pharmacies](#).

If contractors are considering using social media to advertise the Flu Vaccination Service, [PSNC Briefing 001/17: Social media guide for community pharmacy teams and LPCs](#) provides community pharmacy teams and LPCs with a guide to help them to consider the benefits of using Twitter and other social media. The on-demand recording of [PSNC's Making the most of social media webinar](#) also offers guidance on what social media is and how to get the most from it.

The [NPA](#), the [Royal Pharmaceutical Society](#) and the [General Pharmaceutical Council](#) have also all issued guidance on social media, which should be considered when advertising the service in this way.

## o) Frequently Asked Questions

The PSNC website contains a wide range of [Frequently Asked Questions \(FAQs\)](#) and answers and these will be updated on an ongoing basis.

## p) Further information and resources

The following links provide further information on the service and vaccinations and many are essential reading for pharmacists who will be providing the service.

### NHS England documents

[Flu Vaccination Advanced service specification](#)

[The national Patient Group Direction](#)

[Flu vaccinations for 2018 and planning flu clinics letter](#)

[Flu vaccination programme delivery guidance](#)

### PHE guidance / briefing documents

[National flu immunisation programme plan 2018/19](#)

[Public Health England flu programme website hub page](#)

[Ovalbumin content of flu vaccines for the 2018/19 season](#)

[Inactivated influenza vaccine: information for health care practitioners](#)

[Patient leaflet – Flu vaccination: who should have it this winter and why](#)

[Protocol for ordering, storing and handling vaccines](#)

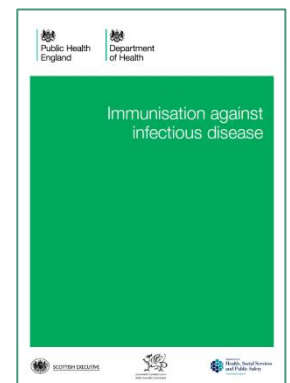
[Vaccine Update](#)

### Other resources

[Immunisation against infectious disease: the green book](#)

### Practical resources

Practical resources to support provision of the Flu Vaccination Service are available on the [PSNC website](#).



If having read this PSNC Briefing and the information and resources on the PSNC website you have further queries about the Flu Vaccination Service or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

#getreadyforflu

## Annex 1 - Checklist for the Flu Vaccination Service

Preparing to provide the service		Completed
1.	Visit the <a href="#">PSNC website</a> and read through the PSNC Briefings and other service information / documentation and familiarise yourself with the resources available.	<input type="checkbox"/>
2.	Sign up to watch/watch the on-demand version of the PSNC webinar on the Flu Vaccination Advance Service: <a href="https://psnc.org.uk/webinar">psnc.org.uk/webinar</a>	<input type="checkbox"/>
3.	Complete face-to-face training covering injection technique and basic life support – a list of training providers can be found at <a href="https://psnc.org.uk/flutraining">psnc.org.uk/flutraining</a> (some LPCs are also arranging training events). This must be done at least every three years.	<input type="checkbox"/>
4.	Read the service specification and NHS England's Flu Vaccination Service Delivery Guidance and letter for the 2018/19 service.	<input type="checkbox"/>
5.	Read the national Patient Group Direction (PGD) and ensure you fully understand the content including the eligible patient groups, the inclusion and exclusion criteria and the record keeping requirements.	<input type="checkbox"/>
6.	Complete the Practitioner declaration on the PGD to confirm you have read and understood the content of the PGD and that you are willing and competent to work to it within your professional code of conduct. You must sign a copy of the PGD in each pharmacy that you work in.	<input type="checkbox"/>
7.	Request that the relevant person for the pharmacy completes the Authorising Manager section of the PGD. An Authorising Manager must sign a copy of the PGD in each pharmacy that you work in.	<input type="checkbox"/>
8.	If you are unfamiliar with the Declaration of Competence (DoC) process, download and read <i>A guide to using the Declaration of Competence (DoC) system</i> , which is available at <a href="https://cppe.ac.uk/doc">cppe.ac.uk/doc</a>	<input type="checkbox"/>
9.	Print out the Declaration of Competence self-assessment framework for Vaccination services (available at <a href="https://www.cppe.ac.uk/doc">www.cppe.ac.uk/doc</a> ). Work through and complete the DoC self-assessment framework, carrying out additional learning as required.	<input type="checkbox"/>
10.	Print and sign the DoC statement of declaration. A copy of the completed DoC statement of declaration must be attached to the PGD you have signed at each pharmacy you work at. The DoC process must be completed every two years.	<input type="checkbox"/>
11.	Update your CPPE learning record to confirm you have signed the DoC statement of declaration and indicate the date the document was signed.	<input type="checkbox"/>
12.	Consider getting vaccinated against hepatitis B if you haven't previously had the vaccination.  PHE's advice in <a href="#">the Green Book</a> is that hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood, blood-stained body fluids or tissues. This includes any staff who are at risk of injury from blood contaminated sharp instruments.  The <a href="#">Health and Safety Executive guidance on blood borne viruses</a> provides further advice on this issue.	<input type="checkbox"/>
13.	Read and sign the standard operating procedure (SOP) for the service in each pharmacy you intend to work at.	<input type="checkbox"/>



	<ul style="list-style-type: none"> <li>• Ensure you know what role support staff will have in providing the service;</li> <li>• Review your working practices to ensure that the Flu Vaccination Service can be built into your routine work as well as continuing to be able to offer Medicines Use Reviews, the New Medicine Service and any local services;</li> <li>• Ensure you know whether an appointment system for the service will be used or whether the pharmacy allows 'walk ins'; and</li> <li>• Ensure relevant staff have read, understand and have signed up to the SOP.</li> </ul>	
14.	<p>Familiarise yourself with relevant service documents, for example:</p> <ul style="list-style-type: none"> <li>• anaphylaxis telephone card (display near the phone);</li> <li>• chaperone policy</li> <li>• needle stick injury procedure; and</li> <li>• guidance on infection control procedures, including hand hygiene guidance.</li> </ul>	<input type="checkbox"/>
15.	Determine whether your local NHS England team has made an IT system available to support record keeping and notification of GP practices of vaccinations undertaken. Ensure you have the required logon credentials for the system and are familiar with how to use it.	<input type="checkbox"/>
16.	Ensure you are familiar with the patient questionnaire and the associated IT platform so guidance can be provided to patients on how to complete the questionnaire.	<input type="checkbox"/>
17.	<p>Ensure you have any necessary equipment/supplies needed for provision of the service, for example:</p> <ul style="list-style-type: none"> <li>• a spill kit;</li> <li>• an anaphylaxis pack (check the expiry of the adrenaline injection); and</li> <li>• clinical waste bin.</li> </ul>	<input type="checkbox"/>
18.	Sign up to <a href="#">PSNC's email newsletters</a> to ensure you don't miss out on further information on the service as it becomes available.	<input type="checkbox"/>

Daily checks when providing the service		Completed
1	Ensure your consultation room is clean and tidy and clear of clutter and there are no trip hazards.	<input type="checkbox"/>
2	Check you have enough equipment/supplies needed for provision of the service.	<input type="checkbox"/>
3	Check the fridge temperature.	<input type="checkbox"/>
4	Ensure you have supplies of the relevant service paperwork.	<input type="checkbox"/>
5	Check your stock of vaccine is enough for likely demand.	<input type="checkbox"/>

[PSNC Briefing 046/15: Pharmacy flu vaccination process](#) provides advice on how to provide the flu vaccination service in your pharmacy.