



Service specification

Community pharmacy seasonal influenza vaccination advanced service

August 2020

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Summary of changes for 2020/21 and getting started

Summary of key changes for 2020/21

- Need to obtain written consent removed. Contractors must record verbal consent obtained
- Patient cohorts updated to reflect the content of the 2020/21 Annual Flu Letter
- Need to notify regional teams prior to undertaking vaccinations off-site is removed
- Need to notify patient's GP in advance of vaccinating a patient in their home / care home is removed
- Restrictions on off-site vaccination (only in patient's home and care homes)
 removed and contractors are now able to vaccinate off-site within professional
 standards (this includes being able to vaccinate care home staff within the care
 home)
- Contractors able to vaccinate patients in any appropriate space within the pharmacy (although the requirement to have a consultation room remains, and the patient must still be able to have their vaccination in the consultation room if they request it)

Key next steps for contractors

- Familiarise yourself with this service specification, and changes from the previous flu season
- Ensure your standard operating procedure (SOP) is up to date
- Ensure training of all 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 providing vaccinations on behalf of the pharmacy sign the patient group direction (PGD) or relevant national protocol
- Be aware of expected delivery timelines and storage requirements for vaccines
- Ensure you are registered on the MYS platform so that you can submit claims for payment
- Engage with local plans to drive up overall vaccination rates.

The terms within this service specification may be subject to renegotiation during the flu season where significant changes to supply or distribution of vaccines occurs or where patient cohorts are changed.

1. Service description and background

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.

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. In order to improve access to NHS flu vaccination for eligible patients, NHS England and NHS Improvement has commissioned an advanced service for community pharmacies to provide flu vaccinations since 2015.

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, based on information in the annual Flu Plan¹.

The service will run from 1 September to 31 March each year.

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 groups² by continuing to build 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

3. Service specification

- 3.1 The patient groups eligible for seasonal flu vaccination under this service, unless contraindicated, are listed in Annex A. The pharmacy contractor is required to offer eligible patients the opportunity of receiving a flu vaccination at the pharmacy. The vaccine is to be administered by an appropriately trained, registered healthcare professional, authorised under the NHS England and NHS Improvement PGD or any relevant emergency national immunisation protocol Error! Bookmark not defined.
- 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

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

² 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

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 community³ and that immune response following immunisation may take up to 14 days to achieve⁴.

- 3.3 The seasonal flu vaccination to be administered under this service is one of the flu vaccines listed in the NHS England and NHS Improvement, Public Health England and Department of Health and Social Care annual Flu Plan¹.
- 3.4 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.
- 3.5 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.
- 3.6 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.
- 3.7 Prior to vaccination, consent must be sought from each patient. This consent should cover the administration of the vaccine as well as advising the patient of information sharing that will take place for the appropriate recording of the vaccination in their GP practice record. The patient should also be informed that information relating to their vaccination may be shared with NHS England and NHS Improvement. Patient consent should be recorded in the pharmacy's clinical record for the service.
- 3.8 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, 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 copy of the paperwork is sent or emailed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy, the national GP Practice Notification Form should be

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

⁴ https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

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

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 Book.

used (see Annex B⁷). 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
- 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.).

Any paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care' Bookmark not defined.

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 |

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.

- 3.9 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.10 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste and PPE 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. Vaccinations can be offered in any area of the pharmacy where suitable facilities are available and patient confidentiality is able to be respected. However, the vaccination must take place in the consultation room wherever the patient expresses this preference. The consultation room 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

⁷ A standalone version of the GP Practice Notification Form is available on the PSNC website.

- pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone)
- it must be a room where infection control standards can be maintained
- 4.2 Vaccinations under this advanced service will usually be carried out on the pharmacy premises, but they can also be undertaken in other suitable locations, such as in the patient's home, a long-stay care home, a long-stay residential facility or community venues (e.g. community centres).
- 4.3 Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must: ensure that vaccinators have professional indemnity that covers off-site vaccinations; continue to adhere to all professional standards relating to vaccinations; follow appropriate cold-chain storage measures; ensure that the setting used to administer the vaccinations is appropriate (including ensuring patient confidentiality as appropriate); appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process. Additionally, where vaccinations are undertaken in the patient's own home (including a care home), contractors must ensure that vaccinators have a valid DBS certificate.
- 4.4 The pharmacy contractor must ensure that individuals providing the service are competent to do so. Registered pharmacy professionals 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)⁸. The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by any registered pharmacy professionals that they employ/engage to deliver the service.
- 4.5 The pharmacy contractor must ensure that individuals providing the service are aware of the National Minimum Standards⁹ in relation to vaccination training and are compliant with the training requirements within those Standards that apply, including the requirements for face to face training and refresher training for injection technique and basic life support (including administration of adrenaline for anaphylaxis).
- 4.6 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.
- 4.7 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 ensure that locums, relief pharmacists, and other staff are adequately trained, so as to ensure continuity of service provision.

⁸ The Declaration of Competence is available on the CPPE website: https://www.cppe.ac.uk/doc
<a hre

- 5.2 If the pharmacy temporarily or permanently ceases to provide the service, they should update their NHS website profile to reflect that the service is not available from the pharmacy as soon as possible.
- 5.3 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 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 Form¹⁰ which is set out in Annex E. 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.

7. Payment arrangements

- 7.1 Claims for payments for this programme should be made monthly, via the Manage Your Service platform provided by the NHSBSA. Claims will be accepted by the NHSBSA within six months of administration of the vaccination or by 31st August 2021, whichever date is earlier, in accordance with the usual Drug Tariff claims process. Later claims will not be processed.
- 7.2 A fee payment will be made in line with the Drug Tariff determination¹¹ per administered dose of vaccine. This amount includes a contribution 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.
- 7.3 The pharmacy contractor will also be reimbursed for the cost of the vaccine¹². An allowance at the applicable VAT rate will also be paid.
- 7.4 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.

¹⁰ A standalone version of the Flu Vaccination Record Form is available on the PSNC website.

¹¹ Funding for this service will be in addition to and outside of the core CPCF funding.

¹² 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 2021. | | | | | | | | | |
| People aged from 18 years medical condition(s) outline | s to less than 65 years of age with one or more serious ed 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 Characteristics. | 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 | | | | | | | | | |

| treatment (such as cancer treatment) | 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. |
|---|--|
| Splenic dysfunction or asplenia | 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 ≥40kg/m² |
| 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). |
| Household contacts of those on the NHS Shielded Patient List | People who are household contacts, aged 18 and over, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable. |
| 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. |
| Workers employed through Direct Payments and/or Personal Health Budgets to deliver domiciliary care | Health and social care workers employed through Direct Payments and/or Personal Health Budgets to deliver domiciliary care to patients and service users. |
| | |
| All people aged 50-64 years of age who do not fall within another eligible group | People aged 50 to 64 years of age. Notification of the phased eligibility of individuals in this cohort will be formally announced later in the flu season. A copy of this announcement will be available at: https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan These patients are not eligible to be vaccinated under |
| | this service until that announcement has been made. |

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

| To (GP practice name | e) | |
|---|--|---|
| | | |
| Patient name | | |
| Address | | |
| Patient DOB | | number e known) |
| This patient was adm | ninistered a seasonal influenza vaccir | nation on: / / |
| | ecords are complete, you may find it accination given by pharmacist 1000000108 | useful to record this as: |
| | ☐ Aged 65 or over | ☐ Chronic respiratory disease |
| | ☐ Chronic heart disease | ☐ Chronic kidney disease |
| Eligible patient group | ☐ Chronic liver disease | ☐ Chronic neurological disease |
| (please only tick one box, to indicate the | ☐ Diabetes | ☐ Immunosuppression |
| reason the patient | ☐ Asplenia / splenic dysfunction | ☐ Pregnant woman |
| was initially identified as being eligible) | □ Person in long-stay residentia care home or care facility | I □ Carer |
| | Household contact of immunocompromised individual | ☐ Morbid obesity (BMI ≥ 40) |
| | ☐ Aged 50-64 (not in risk group) | - |
| | ☐ Household contact of person on NHS shielded patient list | ☐ Employed through DirectPayment or Personal HealthBudget |
| | ☐ Social care worker | ☐ Hospice worker |
| Additional comments | (e.g. any adverse reaction to the vaccine and action ta | ken/recommended to manage the adverse reaction) |
| Pharmacy name | | |
| Address | | |
| Telephone | | |

CONFIDENTIAL

Annex C: NO LONGER IN USE

Annex D: NO LONGER IN USE

Annex E NHS Flu Vaccination Service - Record Form

* indicates sections that must be completed

| Patient's details | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|---------|--|--------------------------------|---|-----------------|------|------|-------|------|---------|--------------------------------|-----|-----------------------------|---|----|---|---|--|---|---|---|----|---|
| First name* | | | | | | | | | | | | | | | | | | | | | | | |
| Surname* | | | | | | | | | | | | | | | | | | | | | | | |
| Address* | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | | | | | | | | | • | | |
| Telephone | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth* | | | | | | | N | IHS | No | ١. | | | | | | | | | | | | | |
| GP | | | | | | | | | | | | | | | | | | | | | | | |
| practice* | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | I | Pati | ien | ťs | en | ne | rg | en | су | СО | nt | ac | t | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | to pat | tient | | | | | | | | | | | | | | | | | | | | | |
| Any | / aller | gies | | • | • | | ' | • | • | | • | • | | | | | • | | ' | ' | ' | | ' |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Eligible patie | ent gro | oup* | ☐ 65 years or over | | | | | | | | Chronic respiratory disease | | | | | | | | | | | | |
| | | | ☐ Chronic heart disease | | | | | | | | ☐ Chronic kidney disease | | | | | | | | | | | | |
| | | | Chronic liver disease | | | | | | | | ☐ Chronic neurological disease | | | | | | | | | | | | |
| | | | Diabetes | | | | | | | | ☐ Immunosuppression | | | | | | | | | | | | |
| | | | Asplenia / splenic dysfunction | | | | | | | | Pregnant woman | | | | | | | | | | | | |
| | | Person in long-stay residential care home or care facility | | | | | | | | ☐ Carer | | | | | | | | | | | | | |
| | | | | ☐ Household contact of immunocompromised individual | | | | | | | | | ☐ Morbid obesity (BMI ≥ 40) | | | | | | | | | | |
| 50-64 | | | | | | | s (r | not i | n ri | sk (| gro | up) | | Learning disability | | | | | | | | | |
| | | | NF | | ousel shield | | | | | | ersc | n o | n | Employed through Direct Payment of Personal Health Budget | | | | | | | | et | |
| | | | |] So | cial | care | e wo | orke | r | | | | | Hospice worker | | | | | | | | | |
| - | | | | | | | | | | | | | | | | | | | | | | | |

| Vaccination details | | | | | | | | | | | | |
|--|--|--------------------------|----------|--------------------------------|------------------------|---|--------|---------|---|--|--|--|
| Name of vaccine/ manufacturer* | Apply vaccine sticker if available | Date of vaccination* | | | | Р | harmad | cy stam | р | | | |
| Batch Number* | | Injection site* | ☐ Left | | | | | | | | | |
| Expiry Date* | | Route of administration* | | ☐ Intramuscular ☐ Subcutaneous | | | | | | | | |
| Location (if not in the pharmacy)* | ☐ Patient's home ☐ Long-stay care hom ☐ Other location (plea | | idential | facili | ty | | | | | | | |
| Any adverse effects* | | | | | | | | | | | | |
| Advice given and any other notes | | | | | | | | | | | | |
| Administered by* | | Signature* | | | Registration number | | | | | | | |

Pharmaceutical Services Negotiating Committee psnc.org.uk

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