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Seasonal Influenza Vaccination Programme Enhanced Service 2022/23

Additional guidance on recording of flu vaccination
events, payments and collaboration

For commissioners and practices delivering the 2022/23
seasonal influenza vaccination programme enhanced
services

September 2022

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1. Introduction

1. There are two seasonal flu enhanced service programmes in 2022-23 that practices can participate in:

The [Enhanced Service Specification: Seasonal Influenza Vaccination Programme 2022/23](#) (“**Seasonal Influenza ES**”) enables practices to **administer** flu vaccinations to eligible adult and at-risk patients as follows:

- i. where practices individually administer flu vaccinations to eligible patients registered with the practice or using the Immediately Necessary Treatment status for specific eligible patients not registered with the practice; and/or
- ii. as part of an **Influenza Collaboration Agreement**; and/or
- iii. as part of a PCN Grouping **COVID-19 Collaboration Agreement** where the flu vaccination is co-administered with a COVID-19 vaccination or synergistically **administered** alongside a COVID-19 vaccination by a practice’s PCN Grouping, (where synergistic refers to flu-only vaccination clinics run alongside COVID-19 vaccination clinics); and

in accordance with the **Seasonal Influenza ES**.

The [Enhanced Service Specification: Childhood Influenza Vaccination Programme 2022/23](#) (“**Childhood Seasonal Influenza ES**”) enables practices to administer flu vaccinations to eligible 2 and 3 years olds as follows:

- iv. as part of the usual annual arrangements where practices individually administer the flu vaccinations to eligible patients registered with the practice; and/or
- v. as part of an **Influenza Collaboration Agreement**; and

in accordance with the **Childhood Influenza ES**

2. This guidance provides information on the process for recording flu vaccination events, claims for the Item of Service (IoS) and vaccine reimbursement payments depending upon whether the flu vaccination event is:
 - i. administered individually by a practice to eligible registered or unregistered patients;
 - ii. as part of an **Influenza Collaboration Agreement**; or
 - iii. as part of a PCN Grouping **COVID-19 Collaboration Agreement**.

3. It is important that practices follow this guidance to avoid payment duplications or recording errors, and overpayment recovery.
4. Some practices may have access to both a GP IT Clinical System and a Point of Care (PoC) System. **Each flu vaccination event must only be recorded in one, not both, of these systems.** Single system recording is imperative to avoid duplication in clinical records and payment. Such consequences must be avoided so that practices can maintain accurate clinical records and be paid correctly for each vaccination event undertaken.
5. NHS England (NHSE) has commissioned the NHS Business Services Authority (NHSBSA) to support post payment verification and data quality validation for flu vaccination claims. Claims made by practices will be subject to review. NHS Digital (NHSD) will undertake data quality validation during the same period; this will provide assurance around accuracy of clinical records.

2. Individual practices administering flu vaccinations

2.1. Flu vaccinations administered to eligible patients registered with the practice

6. Practices must record flu vaccinations administered to eligible registered patients as per the usual process within their clinical systems. The General Practice Extraction Service (GPES) will collect the relevant clinical information each month, using the defined clinical codes within NHS Digital Business Rules, on the number of patients on the practices' registered list and who are recorded as being vaccinated against flu during the relevant reporting period. This information is passed to the Calculating Quality Reporting Service (CQRS) accordingly and the relevant IoS payments will be made to the practice monthly.
7. To enable CQRS to calculate the monthly payment achievement, **practices are required to confirm participation** in the Seasonal Influenza and Childhood ES **within CQRS by 30 September 2022.** Practices confirming participation via CQRS after this date may not have data available for CQRS for the full period of the enhanced services.

8. Each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period, e.g. 1 September to the end of the relevant reporting month. Data will be collected one month in arrears, e.g. data for September will be collected in October. GPES provides the monthly counts to CQRS.
9. If automated collection via GPES is not available for any reason, practices would be required to manually input data into CQRS, until such time as GPES becomes available again (as communicated via NHS Digital). For information on how to manually enter data into CQRS, practices should refer to the CSU Collaborative [website](#).
10. Practices must only use the relevant clinical codes included in the supporting Business Rules and should re-code patients where necessary, for example if there is an error in coding. This will allow CQRS to calculate payment and for the Commissioner (NHSE), and/or NHS Business Services Authority acting on the Commissioners behalf, to audit payment and service delivery. Practices should refer to the supporting Business Rules for the most up-to-date information on management counts and clinical codes.
11. Where there is an automated data collection, via GP IT clinical systems, there is a **five-day period following the month end** to allow practices to record the previous month's activity before the collection occurs. Activity submitted after the collection period is closed, will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

2.2. Flu vaccinations to eligible patients that are not registered with the practice

12. For 2022/23 practices are able to vaccinate specific patients that are not registered with them, namely:
 - i. frontline health and social care staff employed by a registered residential care or nursing home, or a voluntary managed hospice provider;
 - ii. those living in long-stay facilities, nursing homes, other long-stay health or social care facilities; and
 - iii. locum GPs.
13. Practices should first register the patient within their existing GP IT clinical system using the Immediately Necessary Treatment (INT) registration status.

The use of INT registration status is being used simply for administrative purposes in order to create a patient record for the purposes of flu vaccination to eligible unregistered patients only under the terms of the Seasonal Influenza ES. It does not oblige the vaccinating practice to provide INT owing to an accident or an emergency to patients not registered with the practice that they are administering a flu vaccination to.

14. The use of the Immediately Necessary Treatment (INT) registration status provides a mechanism to record the vaccination event given to eligible patients that are unregistered with the practice under the terms of the seasonal flu ES specification.
15. Practices should then code the flu vaccination event, using clinical codes as per the normal process for registered patients, as follows:
 - i. using the **clinical codes only** to capture the vaccination event for those patients living in long-stay facilities, nursing homes, other long-stay health or social care facilities; and
 - ii. using the **clinical codes AND 'needs influenza' code** for eligible unregistered health and social care staff (i.e. frontline health and social care staff employed by a registered residential care or nursing home, or a voluntary managed hospice provider and locum GPs).
16. The vaccination event record will then flow via the Data Processing Service (DPS) to the patient's registered practice, where it will be recognised and therefore excluded from the standard GPES extract count. For practices using SystmOne (TPP), EMIS web (EMIS) and Vision 3 (Cegedim) clinical systems the record of the flu vaccination event will be automatically transferred from the practice that administers the vaccination on an INT basis to the patient's registered practice clinical system via NHS Digital's Data Processing Service. No further action is required by the vaccinating practice or the patient's registered practice apart from where there are abnormal conditions which would require action. However, the INT registration status is not available in EMIS web PCN hub, Vision Anywhere or Vision 360 system, so flu vaccinations administered in respect of patients registered with another practice should not be recorded within these systems and instead in EMIS web, SystmOne or Vision 3 (Cegedim).
17. Vaccination events recorded within the GP clinical system in line with the above process for the period from 1 September 2022 to 31 March 2023 will be

extracted monthly in the seasonal flu service GPES extraction. Payment of the IoS fee will be made to the practice that has administered the vaccination on a monthly basis.

18. If a practice has recorded an unregistered patient's flu vaccination using the temporary resident (TR) status, instead of the INT status, then the practice should not change their status. If a practice were to re-record the vaccination again using the INT status this would create a duplicate event for the same patient. Where a practice has recorded a patient as a temporary resident then the practice will be required to submit a manual claim to their local commissioner for those who have been registered as a temporary resident.
19. Practices must not use the INT coding for the administration of vaccinations to eligible frontline patient-facing staff as set out in section 7.
20. Practices should claim reimbursement for the cost of flu vaccines administered to patients not registered with the practice in the usual way by submitting the FP34PD form (or FP34D form for dispensing contractors) to the NHSBSA.
21. Annex A provides supplier guides on recording flu vaccinations using the INT registration status.

3. Flu vaccinations administered as part of an Influenza Collaboration

22. Practices may, under the terms of the **Seasonal Influenza ES** and the **Childhood Influenza ES**, collaborate to administer flu vaccinations to their patients as part of an **Influenza Collaboration**. Practices collaborating under an Influenza Collaboration will be deemed a temporary single medical practice for the purpose of regulation 3(5), (8) and (9) of the Human Medicines Regulations 2012 (as amended). Regardless of whether practices are collaborating as part of an established Primary Care Network (PCN) or not, all practices in the collaboration will be required to sign up to an [Influenza ES Vaccination Collaboration Agreement](#).
23. In this section 3, references to 'collaborating practices' refers to practices providing flu vaccinations under an Influenza Collaboration.

24. Patients that are eligible to have a flu vaccination from collaborating practices, will be either:
 - i. an eligible patient whose name appears in the registered patient list of one of the collaborating practices under both the Seasonal Influenza ES and Childhood Influenza ES, or
 - ii. eligible unregistered patients under the Seasonal Influenza ES (for example patient's living in long-stay residential care or nursing homes).
25. Practices will be required to agree and set out within their Influenza Vaccination ES Collaboration Agreement the designated site(s) at which their patients will be able to access a flu vaccination under an Influenza Collaboration. As such, any eligible registered or unregistered patients will only be able to access flu vaccinations from these designated site(s) as part of an Influenza Collaboration and are unable to simply walk into any one of the collaborating practices to have a flu vaccination.
26. A proportion of flu vaccine may be supplied by collaborating practices to their temporary single medical practice under Regulation 19(4A) of the Human Medicines Regulations 2012 (as amended). Collaborating practices will be required to set out within the Influenza ES Vaccination Collaboration Agreement:
 - i. the vaccine sharing arrangements, including details of the proportions of the flu vaccine shared;
 - ii. how collaborating practices will govern the supplied proportion of flu vaccine; and
 - iii. how collaborating practices will claim reimbursement for any administered flu vaccine supplied and any personal administration (PA) fee (where eligible).
27. Please refer to section 5 and Annex B of the [influenza services specifications](#) for full details.
28. Some example scenarios to illustrate how the single temporary medical practice may administer flu vaccines when operating under an Influenza Collaboration are provided below. This list is not exhaustive but illustrates the key requirements in terms of eligible patients, approved site and vaccine provision.

- i. Example 1: Practices A, B, C and D enter into an Influenza Collaboration. Under the terms of the Influenza Collaboration, Practice B is the approved site for the administration of flu vaccinations on Tuesdays and it has been agreed that Practice C will provide some of their flu vaccine to Practice B to use in the Tuesday flu clinics. A 69-year-old registered patient of Practice A makes an appointment at the approved Practice B site of the Influenza Collaboration, on a Tuesday when staff from Practice B are administering flu vaccines. This patient can receive the flu vaccine (procured by Practice C and supplied to the single temporary medical practice, administered by Practice B staff acting on behalf of the single temporary medical practice, whilst being a registered patient of Practice A which is a member of the single temporary medical practice under the Collaboration Agreement).
 - ii. Example 2: Practices A, B, C and D enter into an Influenza Collaboration. A pregnant woman who is a registered patient of Practice B walks into the surgery of Practice C and asks for a flu vaccine. This patient cannot receive the flu vaccine as she is not a registered patient of Practice C and she has attended at Practice C which is not the approved site of the Influenza Collaboration. She has not attended at the single temporary medical practice.
 - iii. Example 3: Practice A is due to vaccinate patients at a long stay residential care home next Friday. Patient 1 and Patient 2 are both residents at the care home. Patient 1 tells patient 2 that her practice, Practice A, is providing the flu vaccinations. Patient 2 is not registered with Practice A, but is registered with practice B. Patient 2 asks for Practice A to provide his flu vaccine and Practice A can do this. Patient 2 is registered at Practice B but has chosen to receive his vaccine from Practice A at the same time as Patient 1. Practice A can administer this flu vaccination to Patient 2 outside the Influenza Collaboration and under Practice's A flu enhanced service terms to vaccinate eligible unregistered patients.
29. Where individual practices are also offering separate additional clinics or opportunistic flu vaccination outside of the Influenza Collaboration at their usual practice site(s), their registered patients or specific eligible unregistered patients will still be able to access flu vaccinations. In these circumstances, this is outside of an Influenza Collaboration that the practice may also be participating in.

3.1. Recording flu vaccinations and claiming payments as part of an Influenza Collaboration

30. Practices collaborating under an Influenza Collaboration must record flu vaccinations administered as follows:
 - i. to eligible registered patients as per the usual process within their registered practices' clinical systems as set out in section 2.1 of this guidance; or
 - ii. using the INT registration process for eligible unregistered patients within the clinical system of the practice administering the vaccination as set out in section 2.2 of this guidance; and

in accordance with the relevant service specification.
31. For eligible registered patients, the IoS payments will be paid to the patient's registered practice. For eligible unregistered patients, the IoS payment will be paid to the practice that administered the flu vaccination and recorded it using the INT registration status. Collaborating practices will need to agree how any received IoS payments in respect of the patients to whom they administer flu vaccinations as a collaboration will be allocated.
32. Claims should be made in accordance with the relevant seasonal flu enhanced service specification. See section 6 of this guidance for further details on claiming flu vaccine costs and personal administration fee.

4. Flu vaccinations administered as part of a COVID-19 Collaboration

33. Practices co-administering or synergistically administering flu vaccinations as part of a PCN Grouping [COVID-19 Collaboration Agreement](#) must do so in accordance with the [phase 5 COVID-19 Enhanced Service](#) and the [Seasonal Influenza ES](#). A template COVID-19 Collaboration Agreement is available to support co-administration and synergistic delivery of flu vaccinations with COVID-19 vaccinations.

34. Further guidance on recording co-administered and synergistically delivered flu vaccinations is available in the *2022/23 Financial and Payments Autumn and Winter Guidance*.

5. Limitation period for IoS fee claiming

35. Claims for activity related to the administration of flu vaccinations only must be submitted on the relevant system **as soon as possible** and no later **than within six months of the end of the month** in which administration of the vaccine occurs. This time period may be extended by the Commissioner (NHSE) where it considers that exceptional circumstances apply.
36. Where a flu vaccination is co-administered with a COVID-19 vaccination, then **claims must be submitted within 3 months** of the date of the administration of the completing dose of the vaccine.

6. Reimbursement of the flu vaccine costs and personal administration fee

37. Practices will continue to claim for locally procured flu vaccine costs and personal administration (PA) fees in accordance with the General Medical Services Statement of Financial Entitlements (SFE) and using the established systems for doing so. Practices will not be reimbursed for any flu vaccine that has been [centrally supplied](#).
38. Collaborating practices administering flu vaccinations as part of either an Influenza Collaboration or COVID-19 Collaboration (i.e. co-administration or synergistic delivery of flu vaccinations with COVID-19 vaccinations) will need to agree between them how the collaborating practices will claim reimbursement, and any associated PA fee, for any administered flu vaccines they have contributed. Collaborating Practices will need to agree how they will manage the flu vaccine supplied by each of their collaborating practices to allow individual practices to claim accordingly to the agreement they reach, as per the usual process each practice applies every year and using the established systems to do so. To support this, the relevant schedule should be completed in either the:

- i. [Influenza ES Vaccination Collaboration Agreement](#), if in respect of an Influenza Collaboration; or
 - ii. [COVID-19 Collaboration Agreement](#), if in respect of a PCN Grouping COVID-19 Collaboration.
39. Collaborating practices and PCN Groupings must keep clear and up to date records on the administration and movement of flu vaccines to support any claims made for IoS fee, reimbursement, or PA fees. [NHSBSA website](#) includes some of the details that may be requested as part of post payment verification either during or following the 2021/22 flu season.

7. Flu vaccinations for frontline primary care staff

40. Practices may under the 2022/23 **Seasonal Influenza ES** offer their frontline patient-facing staff a flu vaccination. This forms part of employer occupational health responsibilities and can be provided either by the employing practice or under other arrangements, for example through an occupational health provider or flu voucher scheme with a community pharmacy.
41. Where eligible frontline patient-facing staff are administered a flu vaccination by their employing practice, the practice will not be eligible for reimbursement of the flu vaccine cost nor an item of service payment. This is with the exception of where the eligible frontline patient-facing staff member is eligible under the NHS flu programme due to age or clinical risk AND is a registered patient at their employing practice. A practice must not claim reimbursement for an eligible registered frontline patient-facing staff member if they do not also fall within an additional eligible cohort under the NHS flu programme.
42. With the exception of a GP locum as set out in section 2.2 of this guidance, practices must not use the INT status to record flu vaccinations administered to their eligible frontline patient-facing staff.

Annex A: INT system specific supplier guides

A1. Cegedim (Vision 3):

To Record the Vaccination of Immediately Necessary Patients:

1. Register the patient using the Immediately Necessary Treatment registration status. See [Adding an Immediately Necessary Treatment Patient](#) for more information.

Note - The Immediately Necessary Treatment registration status is being used for administrative purposes in order to create a patient record for the purposes of flu vaccination only. This does not obligate the vaccinating practice to provide Immediately Necessary Treatment owing to an accident or an emergency to patients not registered with the practice that they are administering a flu vaccination to.

2. Record the vaccination event as you would do normally for registered patients. See [Delivering the Vaccine](#) for more information.

Information - Practices should ensure that vaccinations of these patients are recorded in line with this guidance to ensure they receive the appropriate payment. Practices should not administer flu vaccinations to any patients that are not registered with the practice outside of the specified guidance.

Payments for Immediately Necessary Patients

Vaccinations recorded in line with the above process are extracted via a monthly GPES extraction and payments are made to practices monthly.

Note - Practices should claim reimbursement for flu vaccines administered to patients not registered with the practice in the usual way by submitting FP34 forms to the [NHS Business Services Authority \(NHSBSA\)](#).

A2. EMIS (EMIS web):

Seasonal Influenza – Patients not Registered at your Organisation

The [Seasonal Influenza Vaccination Programme](#) 2022/23 enables practices to vaccinate specific patients that are not registered.

Recording Vaccinations of Immediately Necessary Patients

To do this, patients need to be registered in EMIS Web as **Immediately Necessary Treatment** as this allows their details to appear on the system and the practice can claim payment for the vaccine issued.

Please note that the Immediately Necessary Treatment registration status is being used for administrative purposes in order to create a patient record for the purposes of flu vaccination *only* and does not obligate the vaccinating practice to provide

Immediately Necessary Treatment owing to an accident or an emergency to patients not registered with the practice that they are administering a flu vaccination to.

Practices should not administer flu vaccinations to any patients that are not registered with the practice outside of the groups specified within the flu [Service Specification](#)

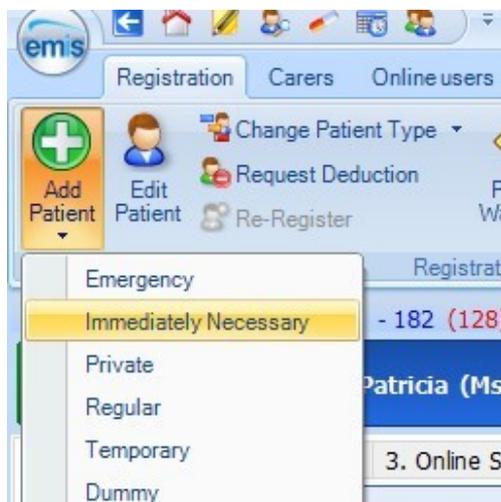
Registering a Patient as Immediately Necessary

Patients registered to the practice with the status of Immediately Necessary will expire after 14 days and become inactive.

Access Registration.

Click , point to **Registration**, and then select **Registration**. The Registration screen is displayed.

Click **Add Patient** and select **Immediately Necessary** as the patient type.



Complete the Patient Trace screen to find the patient.

You must complete all mandatory fields (marked with a red asterisk *); if you don't complete a mandatory field (except NHS number), a warning icon  is displayed.

Click **Find**; the system will show that no patient can be found. Select **Yes** to continue adding the patient.

Fill out the [details within the add patient screens](#) as necessary.

The only mandatory fields (marked with a red asterisk *) needed are within the **Patient Details** and **Primary Care** sections of the Add Immediately Necessary Patient screen.

Recording the vaccination event

Follow your practice procedure or protocol for administering the vaccine. Resources to help get you started with the 2022-23 flu season can be found [here](#).

Transfer of records to the patient's registered practice

For practices using EMIS Web clinical systems the record of the vaccination event will be automatically transferred to the patient's registered GP practice clinical system via NHS Digital's Data Processing Service.

No further action is required by the vaccinating practice or the patient's registered practice provided the receiving organisation is enabled to [autofile flu vaccines](#).

When receiving updates into your practice, if an influenza code already exists on the patient's record, EMIS Web will provisionally file the flu vaccine code contained in the Digital Medicine message to the patient's record. This entry will be displayed as [*Provisional*] within a Consultation. This could be due to one of the following:

- An existing flu vaccine within the current flu season
- A future diary entry for a flu vaccine
- A record of a flu vaccine allergy

A Workflow task will be created for a user to review the documentation received in the task and add additional information if required, before filing to complete the task.

Patients without a registered practice

If the patient does not have a registered practice, the vaccination event will flow to the Data Processing Service only.

Payment Process

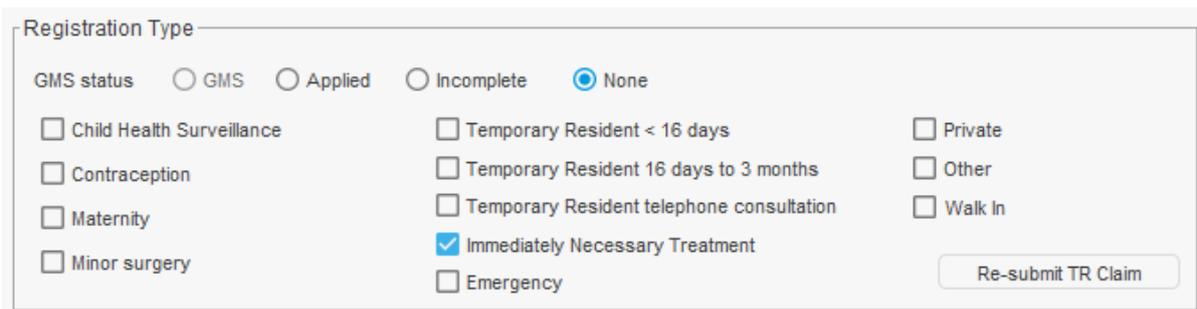
Vaccination events recorded within the GP clinical system, in line with the above process, will be extracted via a monthly [GPES extraction](#) and payments made to practices monthly.

GPES will identify the patient's **Immediately Necessary Treatment** registration status *and* **Influenza Vaccine code** to claim payments.

A3. SystemOne (TPP):

Using the Immediate Necessary Treatment registration type in SystemOne

To register a patient for Immediate Necessary Treatment (INT), during the registration process you should select the GMS Status of 'None' and then tick the box for Immediate Necessary Treatment.



The screenshot shows a 'Registration Type' form with the following options:

- GMS status: GMS, Applied, Incomplete, None
- Child Health Surveillance
- Contraception
- Maternity
- Minor surgery
- Temporary Resident < 16 days
- Temporary Resident 16 days to 3 months
- Temporary Resident telephone consultation
- Immediately Necessary Treatment
- Emergency
- Private
- Other
- Walk In

A 'Re-submit TR Claim' button is located at the bottom right of the form.

Figure 1. Registering a patient using the INT registration option

Annex B: Frequently Asked Questions (FAQs)

1. These FAQs have been developed to provide additional information to support practice delivery of the 2022/23 annual flu programme. Practices should read this section alongside the [annual flu letter](#) and the [statement of amendments](#) published on the 22 July 2022 and the two published [Seasonal Influenza Vaccination Programme Enhanced Service specifications and the flu Collaboration Agreement](#).

B.1. Eligible Cohorts

2. **What cohort changes have been made to the adult Seasonal Influenza Vaccination Programme Enhanced Service Specification for 2022/23?**

The [Seasonal Influenza ES](#) includes the list of eligible patients.

The complementary NHS influenza vaccination offer for primary care staff has not been extended for the 2022 to 2023 influenza season. Influenza vaccinations for primary care staff, like other frontline healthcare staff, revert to being an employer's occupational health responsibility.

3. **Are there any cohort changes to the Childhood Influenza Vaccination Programme Enhanced Service Specification for 2022/23?**

There are no changes to cohorts for the [Childhood Seasonal Influenza ES](#).

4. **Which cohorts are practices contractually required to operate call and recall for?**

Practices are required to operate call and recall for:

- i. children aged 2 and 3 years old;
- ii. those aged 50 and over; and
- iii. those aged 6 months to 50 years in a clinical at-risk group

While practices are not contractually required to offer call and recall for the 50-64 year old cohorts that do not fall into the at risk category, Practices are strongly encouraged to contact eligible patients in this cohort and invite them for vaccination at the point they become eligible.

5. How can eligible individuals who are not currently registered with a practice access a flu vaccination this season?

There may be a small number of patients who are not currently registered with a practice who are eligible for an NHS flu vaccination and who may self-present at any practice to request a flu vaccination. Practices should encourage the patient to register with the practice, particularly for some vulnerable groups such as rough sleepers; homeless which is not a criterion in itself to qualify for a flu vaccine but they may have other health issues that make them eligible and would make them especially vulnerable to flu.

Any eligible adult patient can access a vaccine at a community pharmacy, regardless of whether they are registered with a practice.

6. What is the procedure for NHS primary care frontline patient-facing staff to receive a flu vaccination this season?

The NHS influenza vaccination complementary offer introduced for primary care staff in 2021/22 has not been extended for the 2022/23 influenza season. General practice will be expected support the vaccination of their frontline patient-facing staff. General practice can provide flu vaccinations to their own employed eligible frontline patient-facing staff in accordance with the Influenza enhanced service specification. Practices, however, are not eligible to claim for the item of service fee for the administration of the influenza vaccine, reimbursement of the vaccine cost or personal administration fees relevant to these vaccinations

B.2. Vaccines

B.2.1. Alternative Vaccines for children

7. What are the arrangements for offering an alternative vaccine for children where there is an objection to the porcine gelatine content in the vaccine?

Practices can offer an alternative injectable vaccine (QIVc) to healthy children if requested by the parent or guardian who objected to LAIV on the grounds of porcine gelatine content. Practices may offer this routinely from the start of the season where applicable.

B.2.2. Additional Vaccine Supply

8. **Will there be a central supply for flu vaccine for the adult programme?**

No centrally supplied flu vaccine will be available in 2022/23 for the adult seasonal flu programme. Practices will be required to procure their own flu vaccine, including for the healthy 50-64 year old cohort who will be eligible from 15 October 2022.

B.3. Sub-Contracting

9. **Can practices sub-contract arrangements to administer flu vaccinations?**

Practices administering flu vaccinations must do so in accordance with the [Seasonal Influenza Service Specifications](#). A practice may sub-contract administration of flu vaccinations in accordance with the relevant Regulations or Directions and their core GMS/PMS/APMS contract and must have all relevant consideration for guidelines around vaccine storage, movement etc.

10. **How should practices record vaccinations under sub-contracting arrangements?**

Practices and their sub-contractor must ensure that appropriate data management processes are in place which must include the recording of the administration of influenza vaccinations to ensure that payment can be made in accordance with the Seasonal Influenza Service Specification or in accordance with any alternative written agreement between the Practice and the Commissioner (NHSE).

11. **Can practices administer childhood flu vaccinations in another setting?**

The childhood seasonal flu Enhanced Service specification for 2 and 3 year olds includes provision for practices to **administer** childhood flu vaccinations via sub-contracting arrangements in certain circumstance. Additionally, practices may work together locally under an Influenza Collaboration Agreement to **administer** flu vaccinations to 2 and 3 year olds.

12. **What are the reasonable adjustments that may need to be made to enable someone with a learning disability to get their flu vaccination?**

All patients with a learning disability are entitled to receive a flu vaccination under the terms of the Learning Disabilities Health Check Directed Enhanced

Service (DES) and the community advanced service. People with learning disabilities should be invited for flu vaccination if they are on a practice register, so it is important practices ensure their registers are up to date.

There is a duty to make 'reasonable adjustments' for people with a learning disability. This means making changes to services so that they are easier for people with a learning disability to use for example: considering the accessibility of the environment (reception, waiting area, consulting room), adjusting timing of appointments and length of visit.

See [resources](#) on annual health checks and flu.

B.4. Indemnity

13. **Will practices be covered by the Clinical Negligence Scheme for General Practice (CNSGP) when providing flu vaccinations to eligible patients that are not registered with their practice?**

The [Seasonal Influenza ES](#) has been updated to reflect the eligible cohorts that practices can vaccinate regardless of whether the person is registered with the practice. If the practice provides flu vaccinations under the terms of the **Seasonal Influenza ES** to eligible unregistered patients then any clinical negligence that may arise through this activity would fall within the scope of the CNSGP. This activity falls within the scope of the CNSGP scheme as the service being provided under the terms of the **Seasonal Influenza ES** and therefore under a primary medical services contract (GMS, PMS, APMs or Schedule 2L provisions under NHS Standard Contract).

14. **Will practices be covered by the Clinical Negligence Scheme for General Practice (CNSGP) when providing flu vaccinations to members of their practice staff?**

The Clinical Negligence Scheme for General Practice does cover flu vaccinations for primary care staff provided by their employer under occupational health responsibilities and in accordance with the Seasonal Influenza ES.