

2021-22 Autumn and Winter Financial and Payments Guidance for NHS Regional Teams for the COVID-19 Vaccination Programme and the Advanced Flu Service (Community Pharmacies)

Version 1.0



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8 September 2021

Prepared by NHS England and NHS Improvement.

Change Log

This is the first version of this guidance for Autumn and Winter for the COVID-19 Vaccination Programme and the Community pharmacy seasonal influenza vaccination advanced service (“the Advanced Flu Service”) in this financial year 2021/22.

Version 3 of the 2021-22 Financial and Payments Guidance for NHS Regional Teams on the COVID-19 Vaccination Programme (Community Pharmacies) and the final version of the guidance for 2020-21 are still available on NHS Futures.

Version	Updated Sections
Changes from V3 of the 2021-22 Financial and Payments Guidance for NHS Regional Teams on the COVID-19 Vaccination Programme (Community Pharmacies) to V1 of the Autumn and Winter for the COVID-19 Vaccination Programme and the Flu Programme in this financial year 2021/22.	<p>Updated to include phase 3 of the COVID-19 Vaccination Programme</p> <p>Updated to include the Community pharmacy seasonal influenza vaccination advanced service for Autumn/Winter 21/22</p> <p>Out of date information removed</p> <p>Supplementary payments sections consolidated into one section as the process is the same</p> <p>New section: Annex 1: Additional reasonable costs eligible for reimbursement</p> <p>New section: Annex 3: STP cost centres for Flu</p>

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1. Introduction

1. This COVID-19 Vaccination Programme and the Community pharmacy seasonal influenza vaccination advanced service (the “Advanced Flu Service”) are Section 7a programmes. Clinical Commissioning Groups (CCGs) should not pay for items on behalf of Regions, neither should CCGs lease premises. Responsibility for payments and administration sits with Regions.

2. Reasonable additional costs

2.1 Introduction

2. NHS England and NHS Improvement (NHSE/I) have made available funding for distribution to Pharmacy Contractors (on the NHS England and NHS Improvement pharmaceutical list), to cover reasonable additional costs (over and above the usual fee structures) associated with:
 - the COVID-19 Vaccination Programme (phase 2 until 31 October)
 - the COVID-19 Vaccination Programme¹ (phase 3) and
 - the Advanced Flu Service for Autumn/Winter 21/22²
3. Reasonable additional costs should be classified as 'set-up' costs and 'on-going' costs. Definitions are as follows:
 - i) Set-up costs are defined as those all additional costs incurred up to the point of the administration of the first vaccine by a site.
 - ii) On-going costs are defined as all additional costs incurred after the administration of the first vaccine by a site.
4. This classification will need to be reported in this way on the Non-ISFE³ return.
5. For the duration of the programme, new sites that are being stood up can claim for additional reasonable set up costs and existing sites can claim for on-going reasonable additional costs. These costs should be proportionate to the volume of vaccines likely to be administered from that site.
6. We would expect that, for those providers that are not hiring estates or incurring significant other ongoing costs, their costs will be covered by initial set-up funding together with the payments they receive through Item of service (IoS) fees. We recognise though that there will be some providers that do incur significant ongoing costs, and this guidance should be used where

¹ <https://www.england.nhs.uk/coronavirus/publication/community-pharmacy-local-enhanced-service-specification-phase-3-coronavirus-vaccination/>

² [NHS England » Community Pharmacy Seasonal Influenza Vaccine Service](#)

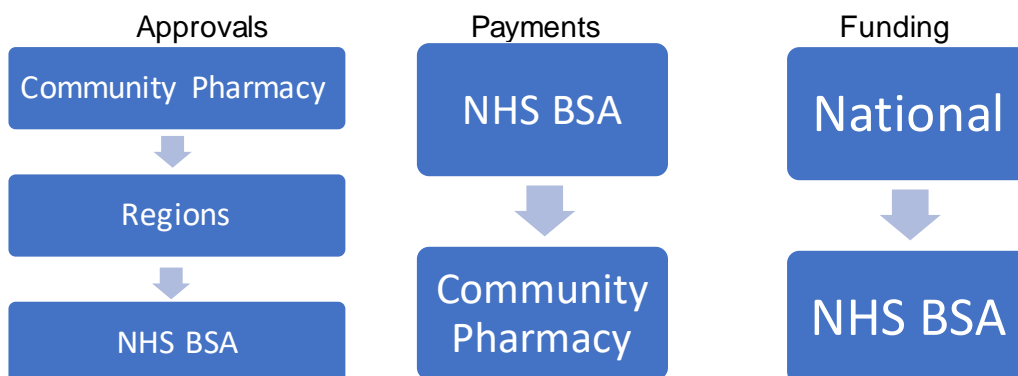
³ Non-Integrated Single Financial Environment (Non-ISFE).

the set-up funding and the item of service fees may not be enough to cover costs for the life of the vaccination programme.

2.2 Payment process

7. Pharmacy contractors will need to seek pre-authorisation from their NHS England and NHS Improvement regional team, with the claims submitted through the NHS Business Services Authority (BSA) Manage Your Service (MYS) platform. Information on submitting a claim can be found at <https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>.
8. The regions will work together with pharmacy contractors to agree the one-off costs of set-up and required on-going costs which will be met by NHSE/I from an agreed mobilisation date, applying a value for money test. Reimbursement is based on actual costs incurred.
9. The funding flow, payments and approvals process for this scheme is described in Figure 1 below:

Figure 1: Approvals, Payments and Funding



2.3 What can Community Pharmacy contractors claim for?

10. The funding available for Community Pharmacy contractors will be determined by whether they are operating the clinic from the registered premises that appear on the NHSE/I Pharmaceutical Lists or whether they are operating from temporary premises, secured purely for the COVID-19 Vaccination Programme and/or the Advanced Flu Service. Throughout this document pharmacy premises are referred to as NHS sites and temporary premises are referred to as non-NHS sites.

11. The available funding is for the following delivery models:
- Where Community Pharmacies are delivering both the flu and COVID-19 vaccination which may be co-administered in a single appointment or may be administered separately in different appointments subject to guidance based on JCVI recommendations
 - Where CP sites are delivering only COVID-19 vaccinations
 - Where CPs are delivering only flu vaccinations
12. See Annex 1 for the additional reasonable costs eligible for reimbursement for each delivery model in line with the criteria below.
13. Funding will be restricted to contributions towards:
- i) Costs of **additional venue hire and associated costs** inclusive of irrecoverable VAT for the COVID-19 Vaccination Programme and/or the Advanced Flu Service (for example, indoor venues hire such as village halls or meeting rooms).
 - ii) **Wherever possible, Community Pharmacy contractors should use existing estates or premises from which to deliver vaccination clinics. Where not possible, Community Pharmacy contractors are encouraged to utilise NHS void and vacant space, which should be free of charge, brokered via their Regional team.** As a last resort, Community Pharmacy contractors could hire a community or commercial venue. It is envisaged that low volume sites will only be commissioned from Pharmacy premises.
 - iii) The guidelines for rental agreements include:
 - Rental cost per square metre should be reasonable for the location, comparable across the region, and agreed by the regional estates team. Professional advice may need to be sought,
 - The size of the facility is suitable (and not excessive) for the intended volumes of activity,
 - The landlord is not connected to the Community Pharmacy contractors delivering the vaccination clinics,

- For Community Pharmacy contractors operating under the *Local Enhanced Service: COVID-19 vaccination programme 2020/21* (“the LES 2020/21 (phase 1 & 2)”) ⁴ is up until **31 October 2021** and be terminable with no more than 42 days’ notice.
 - For Community Pharmacy contractors operating under the *Community pharmacy local enhanced service COVID-19 vaccination programme: phase 3 2021/22* the licence period is up until **31 January 2022** and be terminable with no more than 42 days’ notice.
 - For Community Pharmacy contractors operating under the Service Specification for the *Community pharmacy seasonal influenza vaccination advanced service*, the licence period is up until **31 March 2022** and be terminable with no notice period.
 - Venues should be avoided that require modifications or improvements,
 - Avoidance of dilapidation or exit costs at the end of the lease, minimised through a Condition Survey ahead of occupation, this may be in the simplest form of photographs to record the condition of the premises. This will seek to reduce any liabilities and/or disputes with the landlord in respect of reinstatement and making good upon exit.
- iv) **Changes to existing premises** Any such proposed changes will be assessed on a case by case basis, considering the volume of vaccines expected to be administered from the premises, and any funding must be approved by Regional teams strictly in advance of any expenditure being committed for set-up and stand-down of premises.
- v) Costs of **increased electricity bills, and secure storage** for non-NHS sites delivering the COVID-19 vaccine and/or the Flu vaccine

⁴ [Coronavirus » Community pharmacy local enhanced service – coronavirus vaccination \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/community-pharmacy-local-enhanced-service/)

- vi) **For NHS and Non-NHS sites delivering the COVID-19 vaccine or the COVID-19 vaccine and Flu vaccine, specific and reasonable security costs** advised by local police and attributable directly to the programme can be funded from this. Responsibility for establishing appropriate site security arrangements lies with the holder of the contract for service provision, this should include the storage and disposal of vaccination packaging and other identifiable materials, as well as clinical waste. We will fund NHS and primary care providers for additional security where this requirement is established in line with the principles set out below. Note that for existing NHS sites funding will only be provided for enhancing existing security arrangements above the level we would normally expect to be in place. All additional security costs should be agreed with Regional leads prior to being incurred.

The Local Vaccination Site (LVS) security must be reviewed by Local Resilience Forum groups with local policing. Appropriate local security arrangements must be put in place in line with advice received. For LVS's using existing primary care estate our expectation is that security should already be adequate, typically being an alarm system and good locks on doors and windows. For LVS's using non-NHS estate, security enhancements may be necessary and the most effective way of delivering this will need to be considered. For example, it may be preferable to have an out of hours manned presence, rather than fully upgrading existing physical security arrangements.

- vii) Where there is a local requirement for equipment that has not been specified for central provision and cannot be supplied by the Regional team, Community Pharmacy contractors should discuss with their NHSE/I Regional team whether local procurement can be reimbursed as part of setup costs. NHS E/I have published a non-comprehensive list of items that may be needed to support these discussions.⁵
- viii) As items needed in relation to the delivery of the COVID-19 vaccine included on the Supply Items List (SIL) are now all in stock, they cannot be sourced locally and claimed for reimbursement through this process without separate confirmation from the EECL team that such items cannot be supplied.

⁵ <https://www.england.nhs.uk/coronavirus/publication/appendix-2-locally-provided-products/>

ix) To assist those aged 16 and 17 years in accessing vaccination without the NBS, funding has been agreed as an exceptional supplement to reduce the financial risk for sites setting up **walk-in clinics from 1 September to 5 September 2021 (inclusive)** providing COVID-19 vaccination and improve equality of access. We will provide funding of **£500** per clinic as a contribution towards additional costs, with a **maximum of 2 claims** per LVS site allowed via the ongoing additional reasonable costs claim process. **The NHS England regional team will pre-approve claims where:**

- The clinic is deemed to be of reasonable duration, location and timing for this patient cohort, is **walk-in and accessible to those 16 and 17 years of age**
- The clinic has not happened in the past. (must be preapproved)
- For CP sites, the [Children assessment checklist](#) has been completed and a record made on QFlow
- Clinics must be **updated for publishing on the nhs.uk walk-in vaccine service finder** (formerly Grab-a-jab) at least 24 hours in advance.
- Workforce for the walk-in clinic are drawn from workforce funded through Lead Employer.

Claims should be processed following the ongoing reasonable additional costs process detailed in this guidance.

14. Other on-going reasonable additional costs for Community Pharmacy contractors delivering the COVID-19 vaccine or the COVID-19 vaccine and Flu vaccine may include:

- Additional cleaning for NHS sites that cannot be covered by an existing contract
- Cleaning for non-NHS sites.
- Additional oxygen supplies required for vaccination sites as this is sourced locally and not provided centrally.

15. Community Pharmacy contractors delivering the COVID-19 vaccine and/or administering the Flu vaccine off-site can claim for additional clinical waste collection and disposal in line with section 2.3.1 of this guidance.

16. Any on-going reasonable additional costs for sites not on the lists above should be discussed and reviewed by Regions to see if such costs are reasonable and value for money.

17. Claims will not be authorised for costs that are already funded via other routes, such as other national funding streams, the vaccination Item of Service fee, existing Community Pharmacy contracts or locally agreed contracts. The funding will therefore **not** cover:

- additional staff costs,
- routine vaccination consumables,
- personal protective equipment (PPE),
- staff travel and/or accommodation,
- workforce activities relating to delivering the vaccination, such as training,
- digital systems, licenses and broadband,
- communications and advertising.

2.3.1 Additional clinical waste costs

18. Where a commissioner has needed to vary an existing clinical waste service contract or enter in to a new contract to ensure vaccination waste (offensive and sharps waste only) is collected and disposed from community pharmacy contractors to ensure the delivery of the Advanced Flu Service (if not on Pharmacy premises) and/or COVID-19 vaccination programme , a journal will need to be transacted in the NHSE/I ledger using the codes in Table 1 below:

Table 1: Coding for additional clinical waste costs

Cost Centre	Subjective code	Subjective name
The Public Health STP COVID-19 IMMUNISATION cost centre (See Annex 2) or The Public Health STP FLU VACCINATION -	5216107J	Clinical and Medical Goods & Services - Supplies and Services - Pharmacy - Other Fees

2.4 How do Community Pharmacy contractors make a claim?

19. Community Pharmacy contractors should work with their NHSE/I Regional teams to identify the needs for their delivery model and seek pre-authorisation for the plans to meet those needs.
20. The Community Pharmacy contractors should submit actual claims with any associated evidence or invoices, in line with this guidance, to the NHSE/I Regional Team within four weeks of the date of pre-authorisation.

2.5. Cut off dates for claiming funding for additional reasonable costs

21. For claims for the funding of **additional reasonable set up costs including additional clinical waste costs** the claim cut-off date will remain at 6 months from when the first vaccine was administered.
22. For **on-going additional reasonable costs including additional clinical waste costs** the claim cut-off date is either 6 months from when the cost was incurred or the 31 March 2022 whichever is earlier.

2.6 Commissioner approval process

23. NHSE/I Regional Teams will review and approve the claim.
24. NHSE/I Regions should aim to process actual claims promptly in line with usual processes.
25. NHSE/I Regions should not introduce overly burdensome administrative processes for the Community Pharmacy contractors to secure funding and should ensure claims are processed as soon as possible.

26. Regions should ensure there is good financial governance and transparency in place for administering the funds. This is to provide assurance that the fund is only being used for its intended purpose and that the conditions are met.
27. Regions should ensure checks are carried out to ensure any duplicate claims are disregarded.
28. Where the claim is not approved the Region will reject and return it to the Community Pharmacy contractors to review and resubmit if appropriate.
29. Once the Region has reviewed and approved the claims, they will give a claim number to the pharmacy contractor to enter in MYS and the BSA will then pay against the amount claimed.

2.7 Payment to Community Pharmacy contractors and Coding

30. Regional teams will allocate a pre-approval code number (this will facilitate pre-payment verification) and contractors will use this code when submitting their claim via MYS. The code will consist of the region's Y code, ODS⁶ code of pharmacy, and then a numeric to reflect order of submission of preauthorisation requests to the region. Details of the code allocated and the sum pre-approved are to be recorded by each region.
31. Regional teams must submit a copy of the approval spreadsheet to the national NHSBSA Provider Assurance Team (nhsbsa.pharmacysupport@nhs.net) every Friday, so that the claims made via MYS can be reviewed against the pre- authorisations.
32. The NHS BSA Provider Assurance Team will provide update summaries to regional teams on what has been approved and what has been paid, which will indicate if the budget allocation where the number of claims has been low can be transferred to another area where claims may be greater in number.

⁶ Organisation Data Service (ODS).

2.8 Commissioner coding

33. The NHS BSA report will identify the approved and paid claims, regions should then code this using the codes in Tables 2 and 3 below.
34. If the costs relate to both Flu and COVID-19 vaccine delivery and you are unable to disaggregate the costs between Flu and COVID-19 those costs should be coded to COVID-19.

Table 2: Coding for reasonable additional costs for the COVID-19 Vaccination Programme

Cost Centre	Subjective code	Subjective name
The Public Health STP COVID-19 IMMUNISATION cost centre (See Annex 2)	52161406 or	Clinical and Medical Goods & Services - Supplies and Services - Pharmacy – COVID-19 Immunisation costs
	52160089 or	Clinical and Medical Goods & Services - Supplies and Services - Other Premises costs
	52161002	Clinical and Medical Goods & Services - Supplies and Services - Clinical Other

Table 3: Coding for reasonable additional costs for the Advanced Flu Service

Cost Centre	Subjective code	Subjective name
The Public Health STP FLU VACCINATION - ADULT cost centre (See Annex 3)	5216107D or	Clinical And Medical Goods & Services - Supplies and Services - Pharmacy - Remuneration Influenza Vaccination
	5216107E	Clinical And Medical Goods & Services - Supplies and Services - Pharmacy -

		Reimbursement Influenza Vaccination
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3. Item of Service fee payments for the COVID-19 vaccination programme

3.1 Introduction

35. The £12.58 Item of Service (IoS) fee will be paid on the administration of each dose of the COVID-19 vaccination.

3.2 Payments process

36. The NHS Business Services Authority (NHSBSA) will manage the payments claims process of the Item of Service fee on behalf of NHS England. Payment will be made to the community pharmacy contractor by NHS England via NHS BSA in line with existing contractual payment dates.
37. NHSE/I recognise that not all patients are registered with a GP. In this instance NHSE/I encourages everyone to register with a GP, both for the general benefits that access to general practice brings, and to access the COVID-19 vaccination. Patients do not need to show proof of address, ID or immigration status in order to register. There is no nationality requirement. Registering with a GP would generate an NHS number and the vaccination could then be recorded and claimed for.
38. Patients do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis. For example, NHSE/I appreciate that it might not be possible to register a homeless patient in advance of being vaccinated. A search for their NHS number, if they have previously been issued with one, can be performed using this tool. If no existing NHS number can be found, then providers can now use an enhancement in the Point of Care system that supports end users to enter a vaccination record for patients who return a failed PDS match allowing 'unknown' or 'not issued' to be recorded in the NHS Number field and therefore allowing these vaccination events to flow to central systems. Events, without an NHS number, will flow onto the Data Processing Service and will then be redirected to the National Back Office. Here further NHS Number tracing will occur against the demographic details provided. If an NHS number is not found after this final tracing activity, a new NHS number will be allocated against the record. The event can then flow back into the Data Processing

Service and onto downstream systems including NIMS and Foundry. Due to there being no GP registration, these events will not flow back into GP IT Systems.

39. All historical records, that have previously been recorded locally or on paper, should now be entered into the Point of Care system provider system. Reasonable effort should be made to submit historical records in date order starting with the oldest. This will ensure that these events are prioritised for NHS number allocation first. Submitting the records in month order is enough. Also ensure the full demographic data and batch information is submitted for the event.
40. Additionally, all planning with other local stakeholders (e.g. Local Authorities, accommodation providers, the voluntary sector) should be documented and retained. Documented plans for likely numbers of patients to be vaccinated, including ordering of volume of vaccine supply, if this is possible in future, may be required to support post payment verification of payment claims for unregistered patients.

3.3 How do Community Pharmacy contractors make a claim?

41. Claims for the COVID-19 Vaccination Enhanced Service will be made via the NHSBSA's Manage Your Service (MYS) portal. The information added into the Point of Care system is collated and automatically submitted to the NHSBSA for the claims total on MYS. Claims should be made between the 1st and 5th of the month following the activity as normal. Contractors will need to log on to MYS to declare that the information is correct and to submit the claims for payment. Contractors are recommended not to submit claims for payment on MYS until they are content that the claim is accurate.
42. If contractors are running more than one vaccination site and are therefore operating using an ODS code for each site, known as a 'child' ODS code, these codes are used so that the point of care system records vaccinations at each site they are using, but they are not payment codes. They are, however, linked to the normal ODS payment codes by the NHSBSA, and that code will show all the activity from across all the sites they operate. This is the code under which the activity will be paid. Any queries or discrepancies should be picked up by the contractor with the Point of Care system by logging a call with the vaccine service desk.

3.4 Commissioner coding

43. The NHS BSA report will identify the approved and paid claims. Regions should use the codes in Table 4 below:

Table 4: Coding for the Items of Service fee

Cost Centre	Subjective code	Subjective name
The Public Health STP COVID-19 IMMUNISATION cost centre (See Annex 2).	52161406	Clinical and Medical Goods & Services - Supplies and Services - Pharmacy – COVID-19 Immunisation costs

3.5 Grace periods for Item of Service payments

44. For Community Pharmacy contractors operating under the Local Enhanced Service: COVID-19 vaccination programme 2020/21 (“the LES 2020/21 (phase 1 & 2)”) the grace period for claiming/declaring **ALL Item of Service fees is six months** from the month in which the vaccine was administered.
45. For Community Pharmacy contractors operating under the Community pharmacy local enhanced service COVID-19 vaccination programme: phase 3 2021/22 the grace period for claiming/declaring **ALL Item of Service fees is three months** from the month in which the vaccine was administered.

3.5.1 Process for changing use of a Community Pharmacy

46. Where a Community Pharmacy is changing use, the Standard Operating Procedure needs to be followed in relation to Finance and Payments. The SOP is available [here](#)

4. Supplementary £10 payments for the COVID-19 vaccination programme

4.1 Introduction

47. In recognition of the time and resource needed to deliver COVID-19 vaccination the following supplementary £10 payments are available for all vaccination doses administered in the following settings
- Residents in older adult care homes
 - Eligible residents in other residential settings such as care homes for people with learning disabilities or mental health problems, or hostel/hotel accommodation for the homeless where it is not possible for these patients to attend vaccination clinics.
 - Staff in older adult care homes and other residential settings such as care homes for people with learning disabilities or mental health problems or hostel/ hotel accommodation for the homeless who receive the vaccination at that care home or residential setting
 - Housebound patients, i.e. they are unable to leave their home at all or require significant assistance to leave the house due to illness, frailty, surgery, mental ill health or nearing end of life.

4.2 Payments process

48. The payment process for the Supplementary £10 Payments is the same as the Item of Service payments process described in section 3.

4.3 Recording the setting of the vaccination event

49. The Point of Care Systems have been updated to enable providers to record the Vaccination Setting. The correct option should be selected.
50. Please note the description for the 'Home of housebound patient' field has been updated so it now has a dual function to record the home of housebound patients and/or eligible 12 to 15-years old (CEV) and household contacts of immunosuppressed individuals.

4.4 Grace periods for supplementary £10 payments

51. For Community Pharmacy contractors operating under the Local Enhanced Service: COVID-19 vaccination programme 2020/21 (“the LES 2020/21 (phase 1 & 2)”) the grace period for claiming/declaring **ALL supplementary payments is six months** from the month in which the vaccine was administered.
52. For Community Pharmacy contractors operating under the Community pharmacy local enhanced service COVID-19 vaccination programme: phase 3 2021/22 the grace period for claiming/declaring **ALL supplementary payments is three months** from the month in which the vaccine was administered.

4.5 How do Community Pharmacy contractors make a claim?

53. It is essential that the Point of Care system is up to date. All sites should ensure that vaccination events are updated to reflect supplement information. NHSE/I want to ensure that sites receive the correct payment for work undertaken.
54. Providing all records have been updated with the supplement information within the Point of Care system by 23:59 on the designated closing date or the provider has ‘declared’,⁷ whichever is the earlier of the two, NHSE/I will ensure that providers receive payment for these, either through the normal Manage Your Service (MYS) claims process for undeclared activity or as part of the post payment verification process, for declared activity, that the NHS Business Services Authority will be undertaking for all vaccination events administered. The provider should update all their records and allow time for the records to flow from the Point of Care system to the NHSBSA. Once the provider is happy that the records have refreshed then the provider can declare. If the provider has a query about the updated records, then they can raise a query through the normal routes.
55. Through the NHS BSA post payment verification and reconciliation process each site’s activity will be reviewed with the provider to identify any over/under payment. The outcome of the investigation will then be discussed with the regions to agree an appropriate adjustment to be made through the MYS system. This will be dependent on the provider having updated the system in

⁷ Declaration is the process by which the provider formally states on the MYS that they confirm the level of activity for payment, that they have used vaccine supplies appropriately, in accordance with the national COVID-19 vaccination programme, as set out on the Joint Committee on Vaccination and Immunisation webpage and the COVID-19 Vaccination Enhanced Service and they agree to provide supporting evidence.

line with previous communications in relation to care homes, housebound and residential activity.

56. In order to mitigate any potential risk of duplicate payments (as manual payments are not visible to NHS BSA) we recommend not to make manual payments wherever possible. Where any provider has an urgent issue then this should be raised with NHSBSA to expediate the reconciliation process for that provider.
57. Where an older adult care home becomes Care Quality Commission (CQC) registered but is not yet in the Point of Care system Care Home ODS look up list, end users will be able to enter this information manually. This entry will then trigger the older adult care home [supplementary payment](#).
58. **The manual claims and payments process should not be used for claiming for care home supplements for vaccinations delivered in a CQC registered care home that is not on the Point of Care Care Home ODS look up list. These should be claimed for using the tick box in the system for current and retrospective claims. It is important that this activity is correctly reported in the Point of Care system.**
59. There will only be a very small number of these CQC registered care homes that are not listed. If an unlisted CQC registered older adult care home is identified please let the national team know by emailing england.pccovidvaccine@nhs.net
60. Contractors **are not eligible** to claim a supplement for any doses administered to a care home resident or staff member by another provider (unless an official sub-contract is in place under the terms of the Local Enhanced Service (LES)).

4.6 Commissioner coding

61. The NHS BSA report will identify the approved and paid claims, regions should use the codes in Table 5 below:

Table 5: Coding for Supplementary £10 payments

Cost Centre	Subjective code	Subjective name
The Public Health STP COVID-19 IMMUNISATION	52161406	Clinical and Medical Goods & Services - Supplies and Services -

cost centre (See Annex 2).		Pharmacy – COVID-19 Immunisation costs
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5. Item of Service fee payments for the Advanced Flu Service

62. Where a Community Pharmacy contractor is delivering the Advanced Flu Service combined with the COVID-19 vaccination programme all vaccination events should be recorded within the Point of Care system provided.
63. Where sites are offering flu-only clinics, the vaccination event should be recorded within the CPs existing clinical system e.g PharmOutcomes or Sonar Informatics to ensure the existing payment process can be followed and accurate payment made.

6. Commissioner reporting requirements in the monthly

Non-ISFE return

64. The costs relating to the elements of this guidance should be reported in the monthly Non-ISFE template in the appropriate sheet.
65. All efforts should be made to ensure the costs reported in the Non-ISFE return are as accurate as possible.
66. This finance guidance and the monthly reporting guidance section on the COVID-19 Vaccine Programme under Direct Commissioning are produced to complement each other and to support the correct payment, reimbursement and reporting of costs.
67. Please ensure you read the monthly reporting guidance before completing the Non-ISFE template in relation to costs described in this guidance.
68. The reporting guidance can be found here:
<https://nhsengland.sharepoint.com/TeamCentre/Finance/FinancialControl/Pages/GCh11.aspx>

7. Resources, FAQs and queries

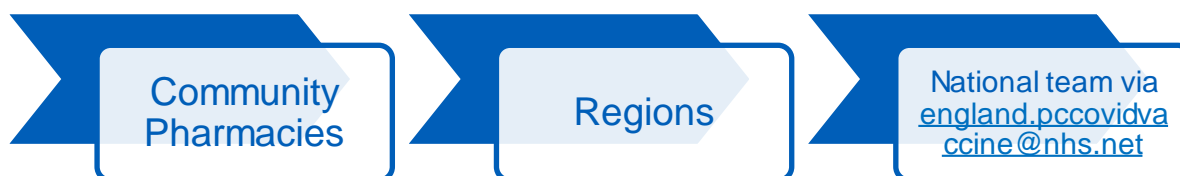
69. A range of finance information resources are available to support Community Pharmacies and Regions. These are outlined in Figure 2 below:

Figure 2 - Finance Resources for Community Pharmacies and Regions

Current and previous versions of the Community Pharmacy Finance and Payments Guidance	Available here on NHS Futures
FAQs	Available here on NHS Futures

70. The process for raising queries is outlined below in Figure 3. Community Pharmacies should raise queries with their Regional team. Regions can use the national inbox england.pccovidvaccine@nhs.net that is monitored 7 days a week.

Figure 3 – Process for Finance Queries



Annex 1: Additional reasonable costs eligible for reimbursement

Scenario	Costs of additional venue hire for NHS or government facilities and associated costs inclusive of VAT	Specific and reasonable security costs	Additional cleaning for NHS or government facilities sites that cannot be covered by an existing contract;	Additional oxygen supplies required for vaccination sites as this is sourced locally and not provided centrally;	A local requirement for equipment that has not been specified for central provision	Additional clinical waste costs
Where Community Pharmacies are delivering both the Flu and COVID-19 vaccination which may be co-administered in a single booking or may be administered separately in different bookings	✓	✓	✓	✓	✓	✓
Where Community Pharmacies sites are delivering only COVID-19 vaccinations	✓	✓	✓	✓	✓	✓
Where Community Pharmacies are delivering only Flu vaccinations	✓	X	X	X	✓	✓

Annex 2: STP Cost centres for the COVID-19 vaccination programme

Cost Centre number	Cost Centre name
101656	Y61 QHG BLM COVID IMMUNISATION
101657	Y61 QUE CAP COVID IMMUNISATION
101658	Y61 QM7 HWE COVID IMMUNISATION
101659	Y61 QH8 MSE COVID IMMUNISATION
101660	Y61 QMM NW COVID IMMUNISATION
101661	Y61 QJG SNS COVID IMMUNISATION
101662	Y56 QMF EL COVID IMMUNISATION
101663	Y56 QMJ NL COVID IMMUNISATION
101664	Y56 QRV NWL COVID IMMUNISATION
101665	Y56 QKK SEL COVID IMMUNISATION
101666	Y56 QWE SWL COVID IMMUNISATION
101667	Y60 QHL BAS COVID IMMUNISATION
101668	Y60 QWU CAW COVID IMMUNISATION
101669	Y60 QGH HAW COVID IMMUNISATION
101670	Y60 QJ2 JUD COVID IMMUNISATION
101671	Y60 QK1 LLR COVID IMMUNISATION
101672	Y60 QJM LIN COVID IMMUNISATION
101673	Y60 QPM NOR COVID IMMUNISATION
101674	Y60 QT1 NNH COVID IMMUNISATION
101675	Y60 QOC STW COVID IMMUNISATION
101676	Y60 QNC SST COVID IMMUNISATION
101677	Y60 QUA BWB COVID IMMUNISATION
101678	Y63 QHM CNE COVID IMMUNISATION
101679	Y63 QOQ HCV COVID IMMUNISATION
101680	Y63 QF7 SYB COVID IMMUNISATION
101681	Y63 QWO WYH COVID IMMUNISATION
101682	Y62 QYG CM COVID IMMUNISATION
101683	Y62 QOP GM COVID IMMUNISATION
101684	Y62 QE1 LSC COVID IMMUNISATION
101685	Y59 QU9 BOB COVID IMMUNISATION
101686	Y59 QNQ FRI COVID IMMUNISATION
101687	Y59 QRL HIW COVID IMMUNISATION
101688	Y59 QKS KM COVID IMMUNISATION
101689	Y59 QXU SH COVID IMMUNISATION
101690	Y59 QNX SES COVID IMMUNISATION
101691	Y58 QOX BSW COVID IMMUNISATION
101692	Y58 QUY BSG COVID IMMUNISATION
101693	Y58 QT6 CIS COVID IMMUNISATION
101694	Y58 QJK DEV COVID IMMUNISATION
101695	Y58 QVV DOR COVID IMMUNISATION
101696	Y58 QR1 GL COVID IMMUNISATION
101697	Y58 QSL SOM COVID IMMUNISATION

Annex 3: STP Cost centres for the Advanced Flu Service

Cost Centre number	Cost Centre name
105819	Y58 QVV DOR FLU VACCINATION - ADULT
105839	Y58 QSL SOM FLU VACCINATION - ADULT
106809	Y58 QR1 GL FLU VACCINATION - ADULT
107087	Y59 QNQ FRI FLU VACCINATION - ADULT
115327	Y63 QHM CNE FLU VACCINATION - ADULT
115603	Y63 QWO WYH FLU VACCINATION - ADULT
115851	Y63 QOQ HCV FLU VACCINATION - ADULT
116106	Y63 QF7 SYB FLU VACCINATION - ADULT
116395	Y62 QE1 LSC FLU VACCINATION - ADULT
116647	Y62 QYG CM FLU VACCINATION - ADULT
117196	Y62 QOP GM FLU VACCINATION - ADULT
117523	Y61 QUE CAP FLU VACCINATION - ADULT
117525	Y61 QJG SNS FLU VACCINATION - ADULT
117556	Y60 QNC SST FLU VACCINATION - ADULT
117797	Y60 QGH HAW FLU VACCINATION - ADULT
118068	Y60 QUA BWB FLU VACCINATION - ADULT
118255	Y60 QWU CAW FLU VACCINATION - ADULT
118335	Y60 QJ2 JUD FLU VACCINATION - ADULT
118336	Y60 QOC STW FLU VACCINATION - ADULT
118348	Y60 QT1 NNH FLU VACCINATION - ADULT
118621	Y61 QMM NW FLU VACCINATION - ADULT
118950	Y61 QH8 MSE FLU VACCINATION - ADULT
119093	Y60 QJM LIN FLU VACCINATION - ADULT
119094	Y60 QPM NOR FLU VACCINATION - ADULT
119095	Y61 QHG BLM FLU VACCINATION - ADULT
119162	Y60 QHL BAS FLU VACCINATION - ADULT
119200	Y61 QM7 HWE FLU VACCINATION - ADULT
119473	Y60 QK1 LLR FLU VACCINATION - ADULT
120052	Y59 QKS KM FLU VACCINATION - ADULT
120373	Y59 QNX SES FLU VACCINATION - ADULT
120571	Y59 QXU SH FLU VACCINATION - ADULT
120652	Y59 QU9 BOB FLU VACCINATION - ADULT
120972	Y59 QRL HIW FLU VACCINATION - ADULT
121252	Y58 QUY BSG FLU VACCINATION - ADULT
121552	Y58 QOX BSW FLU VACCINATION - ADULT
121844	Y58 QT6 CIS FLU VACCINATION - ADULT
121891	Y58 QJK DEV FLU VACCINATION - ADULT
122503	Y56 QMF EL FLU VACCINATION - ADULT
122516	Y56 QMJ NL FLU VACCINATION - ADULT
122537	Y56 QKK SEL FLU VACCINATION - ADULT
122567	Y56 QRV NWL FLU VACCINATION - ADULT
122720	Y56 QWE SWL FLU VACCINATION - ADULT