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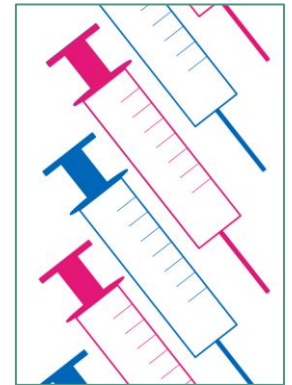
PSNC Briefing 023/20: Early guidance on the 2020/21 Seasonal Influenza Vaccination Advanced Service

This PSNC Briefing provides early guidance for community pharmacy contractors and their teams on the 2020/2021 NHS Seasonal Influenza Vaccination Advanced Service in England. Information and resources to support the service are also available at psnc.org.uk/flu and additional and updated resources will be added nearer the start of the service.

a) Introduction

Public Health England (PHE), the Department of Health and Social Care (DHSC) and NHS England & NHS Improvement (NHSE&I) are currently undertaking an extensive programme of work to plan for the flu vaccination programme in 2020/21, including consideration of how the programme can be delivered in a COVID-safe manner. Consideration is also still being given to whether the programme could be expanded to include a wider group of patients than normal, as was highlighted in the [Annual flu letter for 2020/21](#).

With the current requirements for social distancing, the direct impact being the need to limit the number of people in community pharmacies and the need to continue focusing on enhanced infection control, PSNC has started discussions with NHSE&I on potential changes to the community pharmacy flu vaccination service which could be made this year to support provision of the service in a COVID-safe way. PSNC has also asked for clear guidance to be provided by PHE on the appropriate personal protective equipment (PPE) to be used when vaccinating patients.



This document:

- provides early guidance for contractors and their teams on the regular in-pharmacy vaccination service;
- highlights the potential scenarios being discussed that may provide additional opportunities to provide the community pharmacy flu vaccination service in other environments;
- lists considerations that contractors may need to reflect on ahead of the service launch; and
- highlights other resources which may support contractors to provide the service.

Please note: The changes PSNC is seeking to the flu vaccination service, described in this briefing, have not yet been agreed and may never be agreed by NHSE&I and DHSC.

The purpose of sharing the proposals is to allow pharmacy contractors to start to think about and plan for several different scenarios which may be open to them in due course.

b) Background

This year is the sixth year the service has been commissioned and it has the potential to be one of the most challenging because of the impact of COVID-19 on our health and social care services. While further guidance will be issued by NHSE&I and PHE about how to manage the immunisation programme to reflect these circumstances nearer the planned start of the programme in September 2020, the aim of this briefing is to provide contractors with some early insight into the possibilities and to allow contractors the time to reflect on how these potential opportunities could be utilised locally.

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health through both individual and herd immunity. The impact of COVID-19 on the NHS and social care has been visible to all, and this coming winter we may be faced with co-circulation of COVID-19 and flu. Those most at risk from flu are also most vulnerable to COVID-19. So, flu vaccination is one of the most effective interventions the NHS has to reduce pressure on the health and social care system this winter.

The aim of the seasonal influenza vaccination programme is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus. Due to the combined risk from flu and COVID-19, we must do all we can to help protect those at risk of serious illness or death from the complications of influenza this winter.

c) Commencement and duration of the service

As is usual, the service is planned to commence from 1st September 2020 or the date on which the Secretary of State Directions come into force, whichever is the later; contractors will be notified of this date via the PSNC website. The service ends on 31st March 2021, but in line with the information published in the [Annual Flu letter](#), focus should be given to vaccinating eligible patients between 1st September 2020 and 30th November 2020, with eligible patients being vaccinated as soon as the vaccine is available.

Widespread vaccination may continue until December to achieve maximum impact, but where possible, it should be completed before flu starts to circulate in the community. However, flu can circulate considerably later than this and pharmacists should apply clinical judgement to assess the needs of individual patients who are eligible for vaccination under this service to receive immunisation beyond 31st January 2020. This should take into account the level of [flu-like illness in the community](#) and the fact that immune response following immunisation takes about two weeks to fully develop.

d) Patient eligibility to receive the service

This service is expected to cover those patients most at risk from influenza **aged 18 years and older as specified below**. In 2020/21, the groups eligible for the NHS funded flu vaccination programme are the same as last year, although this may change if the programme is expanded. DHSC has not yet made any decisions on extension of the scope of the programme this year and that Government decision will need to be made before any negotiations on the service can be completed. Expansion of the programme may include additional groups of eligible patients, such as those previously hospitalised by COVID-19, and increased target levels for vaccination of patients in the existing eligible groups.

Any expansion of the programme will increase the number of vaccines needed in England and DHSC has sought to obtain additional supplies for the country. We will therefore further update contractors on the final eligibility for the 2020/21 service as soon as we are able. The groups currently covered by the service are:

- those aged 18 years to under 65 years in clinical risk groups;
- pregnant women;
- those aged 65 years and over including those who become age 65 years by 31 March 2021;
- those in long-stay residential care homes;
- carers;
- close contacts of immunocompromised individuals; and
- health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider or a voluntary managed hospice provider.

DHSC, NHSE&I and PHE also expect universal vaccination of health and care workers against flu (as part of occupational health provision) and further guidance on this will be published in due course.

e) General considerations

Consent

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

Under the current Advanced service Directions, signed consent must be obtained. PSNC has proposed moving to a verbal consent model for Advanced services (flu vaccination, MUR, and NMS) to NHSE&I and DHSC, so the need for a signed paper consent form would be removed. We hope this proposal will be agreed and implemented this year and we will notify contractors when there is any news on this potential change.

Personal Protective Equipment

We have asked NHSE&I to seek clear guidance from PHE on the most appropriate PPE for use when vaccinating patients. NHSE&I has confirmed that a working group comprising NHSE&I, DHSC, and PHE is considering the matter and how to obtain sufficient PPE for the flu season to support contractors.

At this time, we anticipate that the guidance will be to follow PHE's general [primary care guidance on use of PPE when providing direct patient care – possible or confirmed cases \(within 2 metres\)](#). If this is the eventual guidance, it would require the use of disposable gloves, disposable plastic aprons, fluid-resistant face masks (FRSM) and eye or face protection. Historically there have been varied views from experts in vaccination as to the need and appropriateness of wearing disposable gloves when vaccinating patients, with some recommending their use and some simply recommending good hand hygiene procedures before and after administering a vaccine. This is a specific point on which we are seeking PHE's guidance.

Whatever the eventual outcome, the use of type IIR FRSM will be a minimum requirement, as that is already separately [recommended](#) for pharmacy staff who are not providing direct patient care (i.e. hands-on care), but who cannot maintain a 2 metre social distance from patients they are engaging with.

Contractors will need to consider the volume of PPE required to provide their planned volume of vaccines (including any non-NHS service). In considering the volume of PPE required, contractors would need to keep in mind that under current guidance:

- Gloves and aprons are subject to single use as per standard infection control precautions with disposal after each patient contact;
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact;

- Hand hygiene should be practised and extended to exposed forearms, after removing any element of PPE; and
- Patients should be supported with hand hygiene before being vaccinated and may need to be supported with the provision of a face mask where they attend without a face covering.

Local support and coordination

With this year's demand for vaccination likely to be high, and the risk that capacity could possibly be lower than normal, this is a good time to start doing some work to foster better partnership working across primary care.

Contractors should check with their LPC or their community pharmacy Primary Care Network (PCN) lead to understand whether conversations are happening within their PCN to support a more joined up approach to integrating the pharmacy service into local planning and messaging.

The PCN lead role was only funded through the Pharmacy Quality Scheme (PQS) up until the end of March 2020. Consequently, while community pharmacy PCN leads are still in role, if there is a need for PCN leads to support local work, LPCs should aim to discuss the opportunity for local funding with Clinical Commissioning Groups to support PCN Leads until the details of the 2020/21 PQS scheme are confirmed.

Professional Standards

When considering any provision of flu vaccination services outside the pharmacy, contractors and their pharmacists are reminded that all the usual [professional standards](#) apply in whatever setting the service is delivered. Any planning or risk assessments need to keep these standards central to considerations of how to deliver the service, as they will provide a useful framework to help make decisions.

f) Models to provide the service and considerations for provision

We know contractors want to know as soon as possible what changes, if any, will be made to the service this year and we are working with NHSE&I and DHSC to get to an agreement on that as quickly as possible.

Part of our approach includes discussions on increased flexibility and a wider approach to the scope of the service from community pharmacy. While the below models **have not yet been agreed and may never be agreed by NHSE&I**, the purpose of sharing the approaches is to allow contractors to start to think about and plan for several different scenarios which may be open to them.

Contractors should consider how they may be able to provide the service in a more flexible way to support their local community and to explore what opportunities and challenges these flexible approaches may provide to drive innovation and increased vaccination uptake.

Models we have discussed with NHSE&I include:

- Provision in the pharmacy (consultation room);
- Provision in the pharmacy (outside the consultation room but elsewhere within the premises);
- Off-site provision within the vicinity of the pharmacy;
- Care homes; and
- Domiciliary (housebound) patients.

Whether any of these models will be suitable for individual pharmacies will need to be carefully considered by contractors. The individual circumstances of each pharmacy, including its staffing contingent, space and layout, and

the availability of resources in the vicinity will all need to be considered when planning potential approaches which could be taken (subject to any flexible approaches being agreed by NHSE&I and DHSC).

Provision in the pharmacy (consultation room)

This is the traditional model of delivery, but because of the COVID-19 pandemic, contractors will need to think through several considerations:

Considerations	Questions to consider, possible actions or mitigations
Promoting the service	<ul style="list-style-type: none"> Encouraging all patients vaccinated in the 2019/20 season to return. Set up an appointment diary to manage the volume and allow early booking, having considered the current operating practice for the pharmacy and reflected on what days of the week and times of day will be best to provide the service.
Minimising patient time in the pharmacy	<ul style="list-style-type: none"> Pre-filling of any forms before attending the pharmacy. The ability of patients to complete their pre-vaccination questionnaire online, in advance of visiting the pharmacy would help with this. Sonar and PharmOutcomes are both looking to develop patient-facing functionality to allow this approach in 2020/21. When confirming their appointment, advise patients on suitable clothing to wear to drive further efficiency in the time taken to provide the service. Advise the patient that a chaperone can be provided or can attend with the patient. However, if this is not required by the patient, advise them to avoid being accompanied by someone else, due to restrictions on the number of people allowed into the pharmacy at any one time. Also advise them to avoid carrying unnecessary items, e.g. shopping bags. Consider whether part of the pre-vaccination consultation could be conducted by phone or video consultation prior to the appointment in the pharmacy? Consent and confirmation of certain information will still be needed before administration of the vaccine. Consider block bookings to minimise time spent donning and doffing PPE (if that is allowed by the PHE PPE guidance). Consider whether post-vaccination checks are required, with the patient staying in the pharmacy for a period. If you want to maintain that practice, consider where the patient will wait post-vaccination. Can a safe manned area be provided outside the pharmacy to reduce in-pharmacy time? Consider how queues could be managed to separate or flag to pharmacy staff patients coming for flu vaccinations from patients visiting for other pharmacy services.
Confidence of the team to provide the service	<ul style="list-style-type: none"> Conduct a risk assessment for the pharmacy in light of COVID-19 and consider vaccination requirements as additional points in the risk assessment. Offer to conduct individual risk assessments with each pharmacist to assess the level of risk the service may pose to them. If a pharmacist is currently not using the consultation room, consider how to encourage use of the room now, where appropriate and safe to do so, to enable them to consider how they would work within the space when providing flu vaccinations. Encourage team involvement in planning, risk assessment and risk mitigation. Consider what approach you would take if a pharmacist refuses to offer the service or it is deemed unsafe, due to their individual risk assessment.

	<ul style="list-style-type: none"> Consider the means by which you can further reassure your team on infection control, e.g. by using additional measures such as support staff made available to clean the consultation room in between patients, disinfecting foggers and UVC lighting.
Consultation room layout	<ul style="list-style-type: none"> What is the best layout to provide maximum social distance during the consultation, while ensuring ease of vaccination? Review furniture, e.g. chairs and work surfaces, to ensure they are constructed of materials that can be easily cleaned. Is there space to put a patient's belongings so as not to potentially contaminate anything else? Can chaperones be accommodated while still allowing social distancing?
Length of time in the consultation room	<ul style="list-style-type: none"> Walk-in requests: if the pre-screening questionnaire needs to be completed in the pharmacy, a member of staff should complete the form on the patient's behalf before entering the consultation room. Could this be done on a tablet device rather than paper, for efficiency reasons and as it could be easily disinfected before the next use? Is this a revaccination, or a new vaccination, as the level of information required by the patient will vary – a recap of key points versus a full explanation? What is the most efficient consultation and service provision flow to adopt? This will depend on several factors, particularly the layout of the room as well, availability of a post-vaccination waiting area, other pressures on pharmacist time or on the wider need for use of the consultation room.
Minimising patient handling of information and literature	<ul style="list-style-type: none"> Print a large print version of the excipient lists for the vaccines you are using to display within patient view to allow easy reading without the need for the patient to hold the information. If possible, laminate the excipient lists to enable easy cleaning. Check if a QR code could be generated for web-based versions of Patient Information Leaflets (PIL) to save handing patients a paper leaflet or email them a link in advance of the appointment or immediately post-vaccination.
Infection control in the room	<ul style="list-style-type: none"> Email or text patients before appointments to remind them not to attend if they are displaying symptoms of COVID-19 or self-isolating. Also explain the process which will be followed in the pharmacy and any other points they need to be aware of, such as wearing a face covering. Ask patients to sanitise their hands before entering the room. Ask patients to consider wearing a face covering or provide the patient with a face mask if they do not have a face covering. Wipe down chairs, surfaces, keyboard / keyboard cover, pens (if used) between patients. Plan daily and post-session cleaning of the room. What is the most efficient way to do this? A visible cleaning process could help improve patient confidence. Pharmacies with multiple consultation rooms could consider alternating use between patients, so that a member of staff may clean after each vaccination.
Additional data capture	<ul style="list-style-type: none"> Consider what additional data needs to be captured during the consultation and how this can be undertaken efficiently.

Provision in the pharmacy (outside the consultation room but elsewhere within the premises)

PSNC is seeking to agree additional flexibility in the service requirements, so contractors can undertake vaccination

within the pharmacy premises, but outside the consultation room, where this supports better social distancing and it can be undertaken in a way which maintains patient safety and confidentiality. For example, vaccinations could be undertaken in an appropriate part of the retail area of the pharmacy. **At this time, this flexibility has not been agreed by NHSE&I and DHSC.**

If agreed, this approach could also be supported through flexibility in the regulations to allow flexible opening hours (closed door working), temporary opening hour changes and / or flexible provision of pharmacy services. The above table of considerations, questions, actions, and mitigations will still apply to provision outside the consultation room but within the pharmacy setting. The table below lists some additional considerations.

Considerations	Questions to consider, possible actions or mitigations
Identifying a suitable space	<ul style="list-style-type: none"> • How will confidentiality be maintained? Do you need a screen to provide visual privacy? How will auditory privacy be maintained? • Are there other rooms in the pharmacy that could be used for the consultation? • What IT equipment and infrastructure would be needed for provision of the service outside the consultation room and is that available or feasible? • How will patients be informed of how the service provision has been changed in line with minimising infection risk and what to expect when they arrive for vaccination? • Verbal confirmation should be obtained that the patient is happy to be vaccinated in the proposed location and a note made about this in their clinical record. • SOPs will need to be amended to cover provision of the service at this location.
Main service operations	<ul style="list-style-type: none"> • Can normal services operate while vaccines are being administered in this way? • Considering the number of people who can safely be in the pharmacy, do you need to operate periods of the day or week for flu vaccination only? • Can you extend opening hours / days to provide vaccination only periods? • Can you extend lunch closures to 2 hours and provide flu vaccinations for one of those hours (if the flexibility to do this exists in the regulations)?

Off-site provision within the vicinity of the pharmacy

Under normal circumstances contractors can provide the Flu Vaccination Service off-site when a request is received:

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

Currently, before undertaking any off-site vaccinations, a contractor must submit a completed copy of the Notification of intent to provide off-site NHS flu vaccinations to the local NHSE&I team. No acknowledgment of the receipt of the form is required by the contractor before they provide an off-site vaccination. This form sets out the requirements which must be complied with when providing off-site vaccinations.

PSNC is seeking additional flexibilities for contractors, so they could provide the service in locations within the vicinity of the pharmacy that may provide greater space for patients, greater ability to manage patient flow to maintain social distancing and better waiting facilities in the event of poor weather. An off-site provision would also allow normal pharmacy services and operations to continue in the pharmacy. **At this time, this flexibility has not been agreed by NHSE&I and DHSC.**

The sites could include:

- Marquees outside the pharmacy premises;
- Local village, town or community halls;
- Church halls, temples or mosques;
- Carparks including the options of drive-thru services similar to COVID-19 testing services; and
- Sports halls / Stadiums.

Considerations	Questions to consider, possible actions or mitigations
Identifying a suitable venue	<ul style="list-style-type: none"> • What facilities are there near the pharmacy which could be used? • What is the cost of use of these venues and therefore would it be economic to use? • How will patients be informed of how the service provision has been changed in line with minimising infection and what to expect when they arrive for vaccination? • What is the minimum number of patients needed to make off-site provision a success?
Managing access to the service	<ul style="list-style-type: none"> • Appointment only or can facilities be provided to support walk-in patients? • Pre-filling of any forms before attending the venue. The ability of patients to complete their pre-vaccination questionnaire online, in advance of visiting the venue. • What would patient flow look like? • How would confidentiality / privacy be maintained?
Infection control	<ul style="list-style-type: none"> • What pre-cleaning is needed? • What cleaning between patients is needed? • Is there enough PPE to support this scale of service provision? • How would hand hygiene be maintained for the pharmacist and for patients accessing the service? • What post vaccination session cleaning would be required?
Health and Safety	<ul style="list-style-type: none"> • A risk assessment will need to be carried out on the potential venue. • Review of how resuscitation may be provided, particularly if offering a drive-through service. • Is there space for people to wait in their cars or elsewhere post-vaccination? • What arrangements would be made for disposal of clinical waste, including transfer of waste from the site of vaccination back to the pharmacy premises for subsequent safe disposal? • SOPs will need to be amended to cover provision of the service at this location.
Indemnity	<ul style="list-style-type: none"> • Does your indemnity insurance cover this sort of provision? • Does your employer’s liability insurance cover your staff off-site at this venue?
Data Entry	<ul style="list-style-type: none"> • What IT equipment and infrastructure would be needed for provision of the service outside the pharmacy?

	<ul style="list-style-type: none"> Will internet access be available at the venue or do you need mobile access?
Patient Safety	<ul style="list-style-type: none"> Additional consideration should be given in conducting risk assessments to the safety considerations for post-vaccination monitoring of patients in more unusual off-site settings such as car parks or drive-thru services. In the unlikely event someone had an extreme reaction and needed CPR, the risk assessment needs to consider what the pharmacist might need to be able to do and how that would work in that setting.
Other points to consider	<ul style="list-style-type: none"> How many support staff would be required to support the provision of the service at the chosen site? How would the cold chain be maintained at the chosen site? Considering the drive through option: How would you minimise the risks associated with an adverse reaction post-vaccination? Would the patient need to get out of the car to be safely vaccinated, therefore the car just functions as a waiting room? (Note that any right-handed patients sitting in the driving seat would not be able to be vaccinated in their left deltoid, without leaving the car).

Care Homes

If the contractor is to provide the service in a care home, they must have notified the patient’s GP practice and the local NHSE&I team that they intend to vaccinate patients off-site. Previously this provision has been for the residents of the care home only and excluded staff who were required to make their own arrangements for vaccination. PSNC is seeking flexibility for contractors to be able to vaccinate care home staff at their place of work. **At this time, this flexibility has not been agreed by NHSE&I and DHSC.**

In addition to the above considerations, questions to consider, actions and mitigations, contractors may also need to consider:

Considerations	Questions to consider, possible actions or mitigations
Identifying a suitable space	<ul style="list-style-type: none"> Where will the vaccines be administered in the home? How will patients be informed of how the service provision will operate?
Managing access to the service	<ul style="list-style-type: none"> Consider options for pre-completion of any forms before the pharmacist attends the care home. What would patient flow look like in the home? How would confidentiality / privacy be maintained?
Consent	<ul style="list-style-type: none"> How is consent obtained for patients who are unable to verbally consent? Who can give that consent if the patient is unable to?
Infection control	<ul style="list-style-type: none"> What pre-cleaning is needed for this location? What cleaning between patients is needed? Are there <u>additional</u> PPE requirements in the care home? Would patients be expected to wear face coverings? How would hand hygiene be maintained for the pharmacist and for patients accessing the service? Is the required PPE available to support this provision? Are there any COVID-19 cases in the home? Will a temperature check of patients be needed before vaccination? How would isolating patients be picked up on a different occasion?
Health and Safety	<ul style="list-style-type: none"> A risk assessment will need to be carried out on the premises.

	<ul style="list-style-type: none"> Risk assessments and safety considerations need to include storage of vaccines and deliveries of vaccines and any equipment to the home. SOPs must detail provision of the service at a care home and the role of staff members in that location.
Patient Safety	<ul style="list-style-type: none"> Additional consideration should be given in conducting risk assessments to the safety considerations for post-vaccination monitoring of patients. In the unlikely event someone had an extreme reaction and needed CPR, the risk assessment needs to consider what the pharmacist might need to be able to do and how that would work in this setting.
Indemnity	<ul style="list-style-type: none"> Does your indemnity insurance cover this sort of provision? Does your employer's liability insurance cover your staff off-site at this venue?
Data Entry	<ul style="list-style-type: none"> What IT equipment and infrastructure would be needed for provision of the service outside the pharmacy? Will internet access be available at the venue or do you need mobile access?

Domiciliary (housebound) patients

Under the current service requirements, contractors do not need to obtain NHSE&I's consent before vaccinating a patient in their own home. However, before providing any off-site vaccinations (i.e. in a patients' homes or long-stay care home or long-stay residential facility), contractors do need to send a completed copy of the 'Notification of intent to provide off-site NHS flu vaccinations' form to the local NHSE&I team. No acknowledgement of the receipt of the form is required by the contractor before they provide an off-site vaccination.

Over and above the considerations for provision in the pharmacy, contractors may also want to consider the below points if they intend to provide the service in this way:

Considerations	Questions to consider, possible actions or mitigations
Managing access to the service	<ul style="list-style-type: none"> Appointment only – how can provision be maximised to provide several vaccinations in the time provided outside the pharmacy? The ability of patients to complete their pre-vaccination questionnaire online, in advance of the pharmacist visiting their home. Ensure the process which will be undertaken at the patient's home is explained to them in advance, so they know what to expect.
Infection control	<ul style="list-style-type: none"> What are the PPE requirements when providing home provision and what PPE needs to be changed between home visits? How would this be disposed of? Is the required PPE available to support this provision? How would hand hygiene be maintained for the pharmacist? How will the absence of COVID-19 infection be confirmed prior to attendance at the patient's home? Will a temperature check of the patient be needed before vaccination? How would isolating patients be dealt with?
Health and Safety	<ul style="list-style-type: none"> A risk assessment of the service would need to be carried out. SOPs must detail provision of service at a patient's home and the role of any staff members in that location. Does another member of the pharmacy team need to accompany the pharmacist? If not, do lone working arrangements need to be reviewed? What if a chaperone is needed?

Patient Safety	<ul style="list-style-type: none"> Additional consideration should be given in conducting risk assessments to the safety considerations for post-vaccination monitoring of patients. In the unlikely event someone had an extreme reaction and needed CPR, the risk assessment needs to consider what the pharmacist might need to be able to do and how that would work in this setting.
Indemnity	<ul style="list-style-type: none"> Does your indemnity insurance cover this sort of provision? Does your employer's liability insurance cover your staff off-site at this venue?
Data Entry	<ul style="list-style-type: none"> What IT equipment and infrastructure would be needed for provision of the service outside the pharmacy? Will internet access be available at the venue or do you need mobile access?

g) Training and competency requirements

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

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

The [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners](#) set out the knowledge and skills that healthcare professionals undertaking vaccination services need to have. Pharmacists who will provide the Flu Vaccination Service must have completed practical training in vaccination that meets these requirements. NHSE&I has determined that pharmacists providing the Flu Vaccination Service need to attend face-to-face training for both injection technique and basic life support training (including administration of adrenaline for anaphylaxis) under normal circumstances at least every **three** years. However as a result of the COVID-19 pandemic, PHE has confirmed that anyone who has undertaken face to face vaccination training before and is due to undertake face-to-face training this year, can participate in online update training instead, delaying the face-to-face requirement until next year.

This requirement means that a pharmacist who undertook face-to-face training for both injection technique and basic life support in 2017 would not need to undertake face-to-face training in 2020. The pharmacist would then need to undertake face-to-face training in 2021 to continue to provide the service.

[Further information on the training requirements in 2020/21](#)

h) The vaccines to be used in the service

The vaccines which can be used in the service are those listed in [The national flu immunisation programme 2020/21 \(DHSC/NHS England/PHE\)](#).

i) Further information and resources

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

[National flu immunisation programme 2020 to 2021 letter](#)

[National flu immunisation programme plan 2020/2021](#)

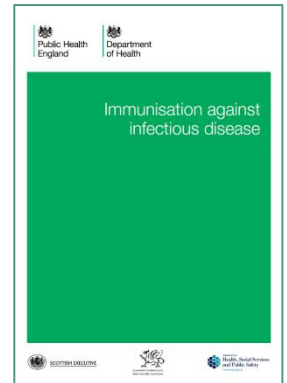
[Public Health England flu programme website hub page](#)

[Ovalbumin content of flu vaccines for the 2020/21 season](#)

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

[Vaccine Update](#)

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



Practical resources

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

If having read this PSNC Briefing and the information and resources on the PSNC website you have further queries about the Flu Vaccination Service or you require more information please contact the [PSNC Services Team](#).

Please note: The changes PSNC is seeking to the flu vaccination service, described in this briefing, have not yet been agreed and may never be agreed by NHSE&I and DHSC.

The purpose of sharing the proposals is to allow pharmacy contractors to start to think about and plan for several different scenarios which may be open to them in due course.