

Seasonal Vaccinations Site Campaign Guide AW25/26

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Overview of seasonal site campaign guide

Overview

This document is to support providers to participate in seasonal vaccination programmes for autumn/winter 2025-2026 (AW25/26). Site teams should ensure that they use the most recent version. Important updates will also be issued via the Primary Care Bulletin. If sites do not already this, they can sign up [here](#).

This site campaign guide will be regularly updated throughout the campaign with the latest information and can be accessed [here](#). We have added a placeholder and highlighted in [blue](#) where we expect further information to become available.

In February 2025, the annual flu letter describing the national flu immunisation programme plan; including groups eligible and which vaccines should be used for flu vaccination for autumn/winter 2025-2026, was published [here](#).

A joint flu and COVID-19 system letter, regarding considerations and actions for regions and systems, "Flu and COVID-19 seasonal vaccination programme: autumn/winter (AW25/26)" has been published [here](#).

This letter describes a start date of Wednesday 1 October 2025 for most adult flu and COVID-19 vaccinations, to reflect that flu vaccine effectiveness can wane over time. However, for pregnant women, and a small cohort; as indicated [here](#), flu vaccines can be given from 1 September.

New for 2025

Community pharmacy childhood flu vaccination service

To help support improvements in access and uptake of children's flu vaccinations, community pharmacies will be able to offer 2-3-year-olds flu vaccinations during AW25/26 flu season. The community pharmacy service will begin from 1 October 2025, supplementing the existing offer in general practice which will commence from 1 September. This is set out in the [amendment to the annual flu letter for 2025/26](#), and full details of service delivery are provided in the service specification, available [here](#). A webinar will be held on 20 August at 7:30pm in collaboration with Community Pharmacy England; bookings can be made [here](#).

Manage Your Appointments (MYA)

This new management system interacts with NBS and replaces Qflow as the system that enables sites to create and manage appointment availability. Participating sites will be able to post flu and COVID-19 vaccination appointments on Manage Your Appointments from 18 August 2025, in preparation for the public to make bookings from 1 September for vaccination from 1 October.

Pharmacy flu vaccination service finder information

The [Flu Pharmacy Finder](#) will feature new functionality to enable the public to find a pharmacy that offers NHS flu vaccinations for adults (aged 18 years and older) or children (aged 2-3-years-old) as either a walk-in or booked appointment. More information can be found [here](#).

Programme summaries

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COVID-19

The Government has accepted [JCVI advice](#) regarding the eligible cohorts for autumn/winter 2025/26 (AW25/26) COVID-19 vaccine programme. NHSE has also published the AW25/26 seasonal campaign system letter which can be found [here](#).

Any sites administering seasonal vaccine either outside the campaign dates or before the campaign start date, will NOT be paid.

The AW25/26 COVID-19 vaccination campaign commences on 1 October 2025 and ends for NBS booked appointments on 31 January 2026, (last date for NBS booking availability 30 January 2026) for eligible cohorts.

JCVI has advised that seasonal COVID-19 vaccine should be offered to:

- individuals aged 75 years and over, (including those due to turn 75 years on or before 31 January 2026),
- residents in a care home for older adults (as defined through CQC registration), irrespective of the individual's age,
- persons aged 6 months and over who are immunosuppressed, as defined in tables 3 and 4 of the [COVID-19 chapter of the Green Book](#).

In line with JCVI advice, frontline health and social care staff, as well as staff working in care homes for older adults, are no longer eligible for COVID-19 vaccination for the AW25/26 programme.

For those offering a specialist year-round COVID-19 vaccination service, the [local pathway SOP](#) still stands and can be run in conjunction with the AW25/26 seasonal campaign.

Flu

The Government has accepted [JCVI advice](#) regarding the eligible cohorts for the seasonal flu vaccination and the national flu immunisation programme AW25/26. The associated service specifications can be found [here](#) for General Practice and [here](#) for Community Pharmacy.

JCVI have advised that a seasonal flu vaccine should be offered:

From 1 September 2025 to:

- pregnant women,
- all children aged 2 or 3 years on 31 August 2025,
- primary school aged children (from Reception to Year 6),
- secondary school aged children (from Year 7 to Year 11),
- children in risk groups (as defined by the [Influenza chapter of the Green Book](#))
- following a clinical assessment, a small number of other adults may be eligible from early vaccination, e.g. for those due to commence immunosuppressive treatment, (such as chemotherapy).

From 1 October 2025 to:

- those aged 65 years and over, (including those due to turn 65 years on or before 31 March 2026)
 - those aged 18 years to under 65 years in clinical risk groups (as defined by the [Influenza chapter of the Green Book](#))
 - those in long-stay residential care homes
 - carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person,
 - household contacts of immunocompromised individuals,
 - frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those who are employed by individuals who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants.
- Flu ends on 31 March 2026 (last date for NBS booking availability 30 March 2026) for eligible cohorts.

All frontline health care workers, both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine as a part of their organisation's policy for the prevention of transmission of flu. Social care workers directly working with people clinically vulnerable to flu should also have the flu vaccine provided by their employer.

There are circumstances where frontline staff, employed by specific social care providers without access to employer led occupational health schemes (see cohort eligibility above), can access the vaccine through the NHS free of charge. The National Booking Service can be used in those circumstances.

Important contractual and clinical documentation

For General Practice / PCN groupings	For Community Pharmacy	For other sites (including HH / VC / DE)
<ul style="list-style-type: none"> GP COVID-19 enhanced service specification, or General Practice COVID-19 Outreach Enhanced Service Specification 	<ul style="list-style-type: none"> Community Pharmacy COVID-19 Vaccination Programme Enhanced Service and/or Community Pharmacy COVID-19 Outreach Enhanced Service 	<ul style="list-style-type: none"> COVID-19 and seasonal influenza vaccination programmes: Schedule (2A)
<ul style="list-style-type: none"> GP Seasonal influenza vaccination enhanced service specification 	<ul style="list-style-type: none"> Community Pharmacy Seasonal Influenza Vaccination Programme Advanced Service and/or Community Pharmacy Childhood Seasonal Influenza Advanced Service specification 	<ul style="list-style-type: none"> COVID-19 and seasonal influenza vaccination programmes: Schedule 3 – Payment
<ul style="list-style-type: none"> PCN Grouping Collaboration Agreement (for COVID-19 and/or flu) Seasonal influenza Collaboration Agreement 		<ul style="list-style-type: none"> COVID-19 and seasonal influenza vaccination programmes: Schedule 6A contract management, reporting and information requirements
<ul style="list-style-type: none"> General practice: seasonal influenza vaccination programme enhanced service 2024/25 – additional guidance on recording of influenza vaccination events, payments and collaboration 	<ul style="list-style-type: none"> Contract changes: DSP regulatory FAQs - Community Pharmacy England These contracts will need to end on 31 March 2026. Relevant contract document can be found here. 	

Clinical documentation and staff actions to be completed before vaccination commences

All staff must understand:

- Cohort eligibility, in line with the relevant chapters of the Green Book and commissioned services.
 - For COVID-19, review the revised [Green Book Chapter 14a](#). Sites can also use the [COVID-19 Information for Healthcare Practitioners](#) to support clinical practice.
 - For flu, review the [Green Book Chapter 19](#). Sites can also use the [Flu Information for Healthcare Practitioners](#) to support clinical practice.
- Obligations in gaining consent. See [Green Book Chapter 2](#).

They must ensure that:

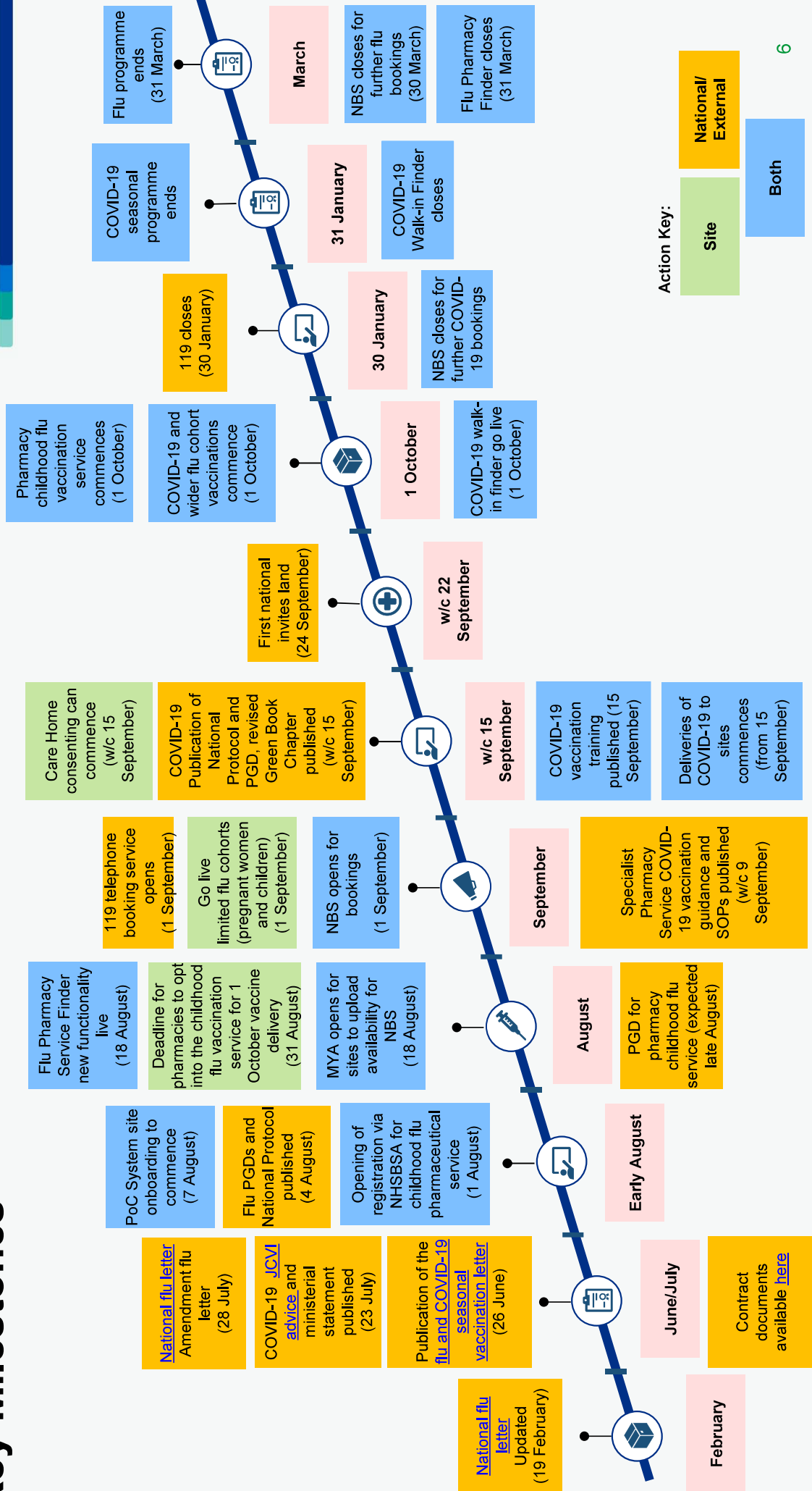
- Standard Operating Procedures are in place and understood by site team ahead of receiving and using vaccines.
- They are familiar with and authorised to use the relevant legal mechanism(s) for administration: [COVID-19 PGD and national protocol](#), [Community pharmacy inactivated influenza vaccine PGD](#), [Inactivated influenza vaccine PGD template](#), [Live attenuated influenza vaccine PGD template](#), [Inactivated influenza vaccine national protocol](#).

***Placeholder for: [PGD for community pharmacy childhood flu vaccination \(expected late August\)](#)**

- They manage clinical incidents through existing regional clinical incident processes for vaccines in line with UKHSA's [Vaccine incident guidance](#): Responding to errors in vaccine storage, handling and administration. This should include reporting via the MHRA [Yellow Card](#) scheme, which is the system for reporting all suspected side effects from medicines, vaccines, and medical devices, where appropriate.

Key Milestones

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Key dates August - September 2025

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Date	Action
18 August	Manage Your Appointments opened for sites to post National Booking Service (NBS) appointments ahead of NBS opening for bookings from the public from 1 September for vaccinations from 1 October.
19, 20, 21, 27, 29 August	Manage Your Appointments on NBS training webinars. Book at NHS Future FDP User training - Site users .
20 August	Calculating Quality Reporting Service (CQRS) deadline: General Practices who wish to participate in the seasonal and childhood flu vaccination programmes for AW25/26 must have signed up for CQRS and written to the commissioner to indicate willingness to participate.
20 August	Community pharmacy childhood flu vaccination service webinar at 7:30pm in collaboration with Community Pharmacy England. Bookings can be made here .
26, 29 August	FDP drop-in sessions. The national team will host drop-in sessions for providers to address FDP queries around vaccine supply for COVID-19 and child flu. LINK TO NHS FUTURES TO BE ADDED WHEN AVAILABLE
31 August	Community pharmacy childhood flu vaccination service deadline: Pharmacies must register on Manage Your Service (MYS) to be able to get vaccine supply for 1 October. Registration will remain open until 30 November 2025 for those wishing to join the programme later.
1 September	<ul style="list-style-type: none"> • NBS opens for the public to make bookings for appointments from 1 October. • 119 opens for the public unable to use digital assets to access non-clinical telephone support, including making a booking. • Pregnant women and some children may be vaccinated against flu (CQRS will differentiate from other cohorts for payments). • General Practice childhood flu vaccination service commences. Stock of vaccine including 2-3-year-olds, should be ordered via ImmForm • COVID-19 contracts commence: (although seasonal vaccination must not commence until 1 October).
2, 4, 9, 12, 17, 23, 29 September	Manage Your Appointments on NBS training webinars. Book at NHS Future FDP User training - Site users .
2, 5, 9, 12, 16, 19, 23, 24, 26 September	FDP drop-in sessions. The national team are hosting drop-in sessions for providers to address FDP queries around vaccine supply for COVID-19 and child flu. LINK TO NHS FUTURES TO BE ADDED WHEN AVAILABLE
12 September	FDP confirmation dead-line: Sites to receive COVID-19 or pharmacy LAIV first allocation vaccine in w/c 15, 22 or 29 September must have confirmed details are correct on the Supply Dashboard.
15 September	<ul style="list-style-type: none"> • Workforce and Training guidance will be published on FutureNHS. Teams should ensure that all clinicians and vaccinators have completed relevant training. • Consenting for care home residents can commence in preparation for vaccination visits from 1 October. • COVID-19 and pharmacy LAIV first allocation delivery dates confirmed on Supply Dashboard for sites receiving deliveries from 15 - 30 September.

Key dates October 2025 - March 2026

Date	Action
w/c 22 September	<ul style="list-style-type: none"> National COVID-19 & adult flu invites: Initial emails sent to all those eligible for COVID-19 and flu vaccine (followed by further invites as described below). National childhood flu invites: Emails for parents of 2-3 year-olds. Two reminders will follow, each at three-week intervals.
26 September	Targeted Deployment Model (TDM) replenishment and exceptions process commences for both COVID-19 and pharmacy LAIV (orders created based on bookings made for delivery from 1 October onwards).
w/c 29 September	National COVID-19 invites for immunosuppressed 5-74 year-olds: App, SMS and/or letter where appropriate. Two reminders will follow, each at three-week intervals.
1 October	<ul style="list-style-type: none"> Vaccinations commence for seasonal COVID-19 and remaining adult flu cohorts. Vaccination of those in care homes or who are housebound should be prioritised. Community pharmacy childhood flu vaccination service commences. Deliveries of COVID-19 vaccine orders created by dynamic replenishment or exceptional orders from 26 September will commence.
w/c 6 October	National COVID-19 and flu invites for 75+ year-olds: App, SMS and/or letter where appropriate. Two reminders will follow, each at three-week intervals
w/c 13 October	National flu invites for at-risk 16-64 year-olds: App, SMS and/or letter where appropriate. Two reminders will follow, each at three-week intervals
30 November	The majority of adult flu vaccinations should be completed to provide the best possible protection going into winter. Further opportunities should be available until 31 March.
12 December	Vaccination in schools should be completed, with further catch-up opportunities as appropriate.
19 December	The majority of COVID-19 vaccinations should be completed, although further opportunities should be available until 31 January.
30 January	<ul style="list-style-type: none"> 119 telephone vaccination booking service closes for both flu and COVID-19: The service does not open during weekends, so will close on 30 January. Last COVID-19 bookings made on NBS for final appointments on 31 January.
31 January	<ul style="list-style-type: none"> End of COVID-19 campaign: Seasonal covid vaccinations should not be administered after this point. The year-round COVID-19 vaccinations pathway, for example to those who have received stem cell or CAR-T therapy may continue at limited sites and separate guidance is available. All seasonal COVID-19 sites should have reported a final stocktake on FDP (to reflect that they no longer hold any COVID-19 vaccine).
5 March	Payments: Final dead-line for pharmacy and PCN grouping sites to claim for COVID-19 vaccinations administered in January.
31 March	<ul style="list-style-type: none"> End of flu campaign: Seasonal flu vaccinations should not be administered after this point End of NBS Flu Bookings: Last bookings can be made on 30 March for final appointments on 31 March.

Onboarding/readiness process for COVID-19 sites

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Overview

From confirming that you are participating in a COVID-19 vaccination programme, to receiving vaccine, then claiming for payment, there are several systems and processes needed to set up to make sure that it all goes smoothly. There are 3 main stages for either new or existing sites as outlined below.

For new sites

1. Onboarding:

- a. The first system to be set up is usually for your regional team to have submitted and approved your details on FDP. We refer to this date as your designation date and it commences the set-up of systems such as those described elsewhere in this pack. Depending on your circumstances, new ODS codes (the code used to identify your site) will be requested if necessary.
- b. Within a week your site information will be visible to other workstreams.
 - a. Regional team and ICB/SVOC teams will receive a list on Friday of all sites designated and their vaccination site 'active' ODS code. This code is very important to ensure that all the systems join up, for example that vaccinations administered are attributed to your site for payment and vaccine supply purposes.
 - b. Your regional team, ICB/SVOC will communicate with you to confirm that your site has been created in FDP, to advise you of the site name and active ODS code and will start to add you to communications lists, waste disposal contracts etc as appropriate.
 - c. Read this pack and complete activities as described in the boxes marked 'for new sites' as well as following any local instructions. In particular those about [point of care systems](#), [FDP](#), the [national booking service \(NBS\)](#), [Service Finder](#) and [payments \(MYS\)](#). Specific instructions for DE LVS sites to access FDP using a non-mobile phone authentication is available here: [Detained Estates](#)
 - d. The site team will start to receive e-mails detailing actions to take to gain access to various systems. Please ensure you keep an eye on your 'junk mail' folder to prevent expiry of temporary passwords.

2. Readiness:

- a. Your regional team will mark your new site as 'active' on FDP as soon as they are happy for the site to proceed, there is a contract in place and the site is fully ready to receive vaccine. They will tell you how to report your readiness information back to them and you will be able to see this status change (when made) in the FDP Supply Dashboard.

3. Vaccine supply:

- a. Once access to FDP vaccination tools is granted, a site representative must log onto [Supply Dashboard](#) and confirm that the delivery address and contact details are showing correctly before a site will receive their first delivery of COVID-19 vaccine. [See this slide](#) for more details on FDP.
- b. Confirmation of supply and date of COVID-19 vaccine delivery will be made in the same dashboard before the start of the campaign. [See this slide](#) for more details on COVID-19 vaccine supply.

For existing sites

1. Participation:

- a. If your site still appears as active/ hibernating in FDP, then your regional team, ICB/SVOC will flag the site as participating in the AW25/26 campaign on FDP. Regions, ICB/SVOC will also complete this for Detained Estates LVS sites with support from DE commissioners.

2. Readiness:

- a. Check that you still have access to individual user accounts (that may be inactive if you have not logged onto them for a while).
- b. Review whether there have been any changes to your lead contact details, participating practices (for PCN groupings), address etc. If so, let your ICB/SVOC know as soon as possible so that the appropriate systems can be changed.
- c. Read this pack and complete activities as described in the boxes marked 'for existing sites' as well as following local instructions. Your regional team will ensure that the status of your site is changed to 'active' as soon as they're ready for you to proceed, you've confirmed acceptance of the contractual terms, and the site is fully ready to receive vaccine. They will tell you how to report your readiness information back to them and you will be able to see this status change when made in the Supply Dashboard.

3. Vaccine supply:

- a. A site representative must log onto [Supply Dashboard](#) and confirm that the delivery address and contact details are showing correctly before a site will receive their first delivery of COVID-19 vaccine.
- b. Confirmation of supply and date of vaccine delivery will be made in the same dashboard before the start of the campaign.

Onboarding/readiness process for flu sites

Overview

Preparation for participating in a seasonal flu vaccination is slightly different for different types of providers. This slide illustrates some of the things to consider to make sure that system access and set-up goes smoothly.

Participation

1. GPs must indicate that they are intending to participate in either the adult or childhood seasonal flu vaccination services on CQRS by 20 August 2025.
2. Pharmacies must indicate that they are intending to participate in the childhood seasonal flu vaccination service on MYS by 31 August 2025. No declaration is needed for the adult service.
3. Other providers must work with their commissioner to agree participation and contracting.

Onboarding

- a. You should read this pack and complete activities as described in the boxes to ensure that you have access to relevant systems, paying close attention to any systems that are mandated in your service specification. In particular those about:
 - a. [point of care systems](#) (non-GP providers; GPs can use GPIT if they are not co-administering COVID vaccine)
 - b. [FDP](#); specific instructions for DE LVS sites to access FDP using a non-mobile phone authentication is available here: [Detained Estates](#)
 - c. The [national booking service \(NBS\)](#), (non-GP providers only since we are not yet able to direct users to their registered practice, mandatory for the pharmacy childhood service)
 - d. [Service Finder](#) (pharmacies only – mandatory for those delivering the childhood vaccination service)
 - e. [Payments \(MYS\)](#) (pharmacies and PCN groupings co-administering with COVID-19).
- b. If you already have access to these systems for another vaccination programme, then you should use existing accounts, but may need to request additional access. The site team will start to receive e-mails detailing actions to take to gain access to various systems. Please ensure you keep an eye on your 'junk mail' folder to prevent expiry of temporary passwords.
- c. To support community pharmacies considering participation in the childhood flu vaccination service in their readiness activities, a training and resources pack has been produced and can be found [here](#). This signposts to useful information, resources and training related to the flu vaccination programme and can be used to assist registered pharmacy professionals in their continuing professional development, particularly as they assess their learning needs to deliver this new service and create a plan to develop the competence required to widen their scope of practice.

Vaccine supply systems

- Vaccination sites will make their own arrangements to procure and receive adult vaccines as described in the flu letter.
- General Practice and other providers will order childhood vaccinations from [Imniform](#).
- Community pharmacies participating in the childhood seasonal flu vaccination service will order LAIV through the Supply Dashboard on FDP. An initial allocation will be made on 8 September to those sites opted in for the service before 31 August who have logged onto the Supply Dashboard and confirmed that site details are correct. Pharmacies must make their own arrangements to procure and receive IIRC.

Although the majority of vaccinations should be completed before 19 December there will remain people who should continue to be able to access flu vaccine to protect themselves, and for pregnant women their unborn babies, until 31 March. We encourage providers to ensure that they maintain access to vaccine to support vaccination during the entirety of the campaign and use the national booking or service finder tools where available to support that access.

Vaccines and related consumables

Flu Vaccines

The [National flu immunisations programme 2025 to 2026 letter](#) details the recommended first line reimbursable flu vaccines for this season.

Commissioned NHS flu vaccination providers are reminded to always use first line vaccines as stated in the flu letter; Vaccination with a second line vaccine should only be considered on an exceptional basis where there is a valid reason why the patient may not return for a further appointment. Practices and community pharmacy should aim to minimise the need for this by procuring adequate stock before the campaign starts.

Sites will receive the delivery schedule for adult flu vaccines from their suppliers. Children's flu vaccines should be ordered via ImmForm (except community pharmacies who should follow the instructions [here](#)). Most children over 2 years of age will be offered a nasal spray vaccine but under 2s and a small number of children who cannot have the nasal spray will be offered an injected vaccine instead (see [2025/2026 Annual flu letter](#)).

COVID-19 Vaccines

Vaccine

Pack Configuration (there are no changes to box dimensions)

Cohort (eligibility in line with [Green Book](#))

PLACEHOLDER to include COVID-19 vaccines details to be supplied once final approvals are in place

Individuals with prior allergic reactions to COVID-19 vaccines or a history of anaphylaxis to other medicines and vaccines should be managed in line with the advice provided in Table 5 of the [Green Book, Chapter 14a](#). Those with an mRNA vaccine allergy should be referred to an expert allergist or other appropriate specialist and, where vaccination is indicated following individual clinical assessment, this should proceed in a hospital setting under clinical supervision. Your [SVOC](#) will be able to advise on local arrangements.

To avoid the risk of incorrect COVID-19 vaccine selection, sites should dispose of any old variant vaccine they hold by the time they receive the new vaccine. Waste records should be updated and stocktake balances for decommissioned vaccines set to zero on FDP Site Stock Manager.

Consumables: Combined needles and syringes (CNS) and product patient information leaflets) will be automatically supplied with vaccine deliveries in suitable quantities
PLACEHOLDER TO INCLUDE THE DETAILS OF THE CONSUMABLES TO BE SUPPLIED ONCE FINAL APPROVALS ARE IN PLACE

More Info:

[Training: recommendations for COVID-19 vaccinators.](#)

[Combined Safety Needle and Syringes - Reliance Medica](#)
[Introducing the Safety Syringe with Fixed Needle](#)

See also Specialist Pharmacy Service guidance, including [Handling of COVID-19 vaccines](#)

COVID-19 vaccine – method of supply

- For the AV25/26 campaign, COVID-19 vaccine for eligible adults will be continued through the Targeted Deployment Model (TDM) (as in Spring 25). The TDM model works in two phases, a first allocation phase used prior to the start of the campaign and a replenishment phase used throughout the campaign. Sites should expect to have 14 days of vaccine coverage at the start of the programme; this will be adjusted over time to reflect any changes in demand. There is also an exceptions process.
- Detained Estate (DE) sites and Hospital Hubs (HH) sites will **not** be included in the dynamic replenishment phase and must use the exceptions process. Children’s COVID-19 vaccine must also be ordered through the exceptions process.

First allocation phase

The first allocation phase is used prior to the start of the campaign. It provides each site with an initial volume of adult vaccine, ensuring they have sufficient vaccine to start the campaign, this is done in partnership with regional team and ICBs/SVOC.

The volume a site receives will be a percentage of its expected uptake for the whole campaign and will be based on:

- Eligible population within a defined geographical area and expected uptake based on historic patient level data.
- The site’s throughput as per the site designation and/or previous site performance.

Detained Estates and Hospital Hubs should work with their ICB/SVOC if they require a first allocation delivery (i.e. a delivery before 1 October), otherwise they can order via the exceptions process as and when they need vaccines. Sites onboarded after 2 September will receive a first allocation of three boxes of vaccines, unless agreed otherwise with their ICB/SVOC.

Dynamic replenishment phase

The dynamic replenishment phase commences from 26 September (for deliveries from 1 October) and will automatically replenish each site with vaccines to meet their upcoming demand once their stock levels reach a certain threshold.

The replenishment model will run daily (Mon-Fri) and monitors each site to determine when it requires more stock. This is based on when it will reach its minimum stock threshold, taking into consideration vaccination activity (VVEs), wastage, stock holding, forthcoming bookings via the National Booking Service or accuRx (including Batch: Self-service and accuBook). (Pharmacies using local booking system that use accuBook or accuRx can use TDM method).

Once the minimum level has been reached and providing the site has future bookings, or historical data from the previous week shows unplanned activity (i.e. walk-ins) is likely and a stocktake has been completed in the last 7 days, then an automatic order will be raised and sent to the Specialist Logistics Provider for processing and delivery. Delivery will occur 3 days after the order has been raised. Automated orders will be visible to sites on the Supply Dashboard the day after the replenishment has been generated by the model.

Exceptions process

Detained Estate (DE) sites and Hospital Hubs (HH) sites will not be included in the dynamic replenishment phase and must use the exceptions process. This process is available from 26 September (for deliveries from 1 October) for sites to order vaccine as required.

The exceptions process is also available for sites with limited or no demand signal (i.e. no visible bookings) to request additional adult vaccine if they believe their replenishment volume is going to be too low to cover all their planned activity, or for sites that require COVID-19 vaccine for children.

Sites can request an exception via the Supply Dashboard. For a COVID-19 vaccine exceptions request to be approved by regional team and ICB/SVOC, a site will need to meet the following criteria:

- Site remains opted-in to auto-replenishment.
- Site has completed a stocktake in the last 7 days, or the previous stocktake reported zero stock
- The volume requested is available within the weekly volume allocated to its region.

COVID-19 vaccine access

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COVID-19 vaccine supplies overview

COVID-19 vaccines (and LAIV for community pharmacies) will be supplied to sites through the Supply Dashboard on FDP. Further details about FDP can be found on [this slide](#). Drop-in sessions to support users with specific FDP queries about vaccine supply through FDP can be booked here: [\[LINK TO BE ADDED WHEN AVAILABLE\]](#)

Site users can review data about their site on the [Supply Dashboard](#) during the campaign, including the replenishment threshold (the level below which a TDM order is generated) and the current stock on site. A stocktake must be completed on receipt of the first vaccine delivery and at least once every 7 days thereafter. Training material on how to complete a stocktake is available on [FutureNHS](#). The recording of vaccination events daily via the POC systems and recording of weekly stocktakes are very important to ensure supply replenishment is triggered and/or vaccine requests through the exceptions process are approved.

First allocation deliveries will be made during **w/c 15, w/c 22 and w/c 29 September 2025**. Site managers should review their supply dashboard to understand when their first delivery will be made. You can set up notifications to let you know when new relevant information is published (for example when there is a new delivery scheduled) [Turning on Supply Notification Guide](#)

Vaccine deliveries take place between 08.00 and 16.00 Monday to Friday. An estimated delivery time will be visible in the Supply Dashboard 24 hours before delivery; Monday ETAs will be visible on the preceding Friday. **The site lead must ensure that a trained individual will be available on site to receive the vaccine between 08.00 and 16.00 on the day of delivery, not just during the ETA window in case the delivery is subject to delays.** If there is a problem with the delivery, then the Lead Contact will be contacted. It is not possible for short notice changes (within 72 hours) to be made to the delivery schedules.

For new sites

- Access the [Supply Dashboard](#) on FDP as soon as possible and complete the one-time acknowledgement page asking you verify that site details are correct (site lead contact, address and fridge capacity). You must let your ICB/[SVOC](#) know urgently if you identify any discrepancies. For vaccine deliveries during w/c 15, 22 or 29 September you must submit the acknowledgement page by **12 September**. Vaccine will not be released until this step has been completed.
- As your local eligible population is vaccinated, you may agree with your regional team, ICB/SVOC to switch off TDM dynamic replenishment before the end of the campaign to reduce vaccine stocks.

For existing sites

- Site User must log on to the [Supply Dashboard](#) on FDP and complete the one-time acknowledgement page that must be completed by **12 September 2025**, confirming site lead contact, address and fridge capacity are correct. Let your [SVOC](#) know urgently if you identify any discrepancies. Vaccine will not be released until this step is completed.
- Detained Estates Local Vaccination Services must also complete the action above.
- As your local eligible population is vaccinated, you may agree with your regional team, ICB/SVOC to switch off TDM dynamic replenishment before the end of the campaign to reduce vaccine stocks.

More info: [COVID-19 Vaccine Supply Dashboard & Site Stock Manager on FDP](#); FDP Supply training materials on [NHS Futures](#).

Childhood flu vaccine supply for community pharmacy

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Overview

As described [here](#), children's flu vaccines should be ordered via ImmForm except community pharmacies participating in the community pharmacy childhood flu vaccination service. Participating pharmacies must be able to provide both LAIV or IIVc vaccines (if required). LAIV will be supplied to pharmacies through an FDP exceptions request process and will not be auto replenished through TDM. IIVc should be procured from the manufacturer/wholesaler. Further details about FDP can be found on [this slide](#). Drop-in sessions to support users with specific FDP queries about vaccine supply through FDP can be booked here: [\[LINK TO BE ADDED WHEN AVAILABLE\]](#)

LAIV

The LAIV nasal spray is centrally supplied as a nasal spray for children. Pharmacies (only) should order LAIV via FDP. This vaccine is supplied free of charge and will not be reimbursed as part of this NHS Influenza Programme. Pharmacies registered for the service prior to 31 August and who have confirmed their details on FDP will automatically be provided with one pack of LAIV (10 doses) to be delivered during September for administration commencing 1 October.

Additional doses can be requested through the FDP supply dashboard, but before additional vaccine requests are approved, pharmacies must follow all steps in the onboarding process and must meet the requirements as set out in the community pharmacy specification, which include:

- The pharmacy has recorded administration of at least 50% of the previously supplied doses and;
- Current stock levels are confirmed to be below 1 pack (10 doses) and either;
 - A minimum of 20 appointments are available on NBS during first month of service provision and a minimum of 10 walk-in appointments; or
 - NBS booked appointments indicate a need for additional supply.

Pharmacies are required to complete a stocktake and submit details on FDP at least once every 7 days. You should start this on receipt of the first vaccine delivery. Training material on how to complete a stocktake is available on [FutureNHS](#).

Vaccine deliveries take place between 08.00 and 16.00 Monday to Friday. An estimated delivery time will be visible in the Supply Dashboard 24 hours before delivery; Monday Estimated time of arrival (ETA) will be visible on the preceding Friday.

The site lead must ensure that a trained individual will be available on site to receive the vaccine between 08.00 and 16.00 on the day of delivery, not just during the ETA window in case the delivery is subject to delays. If there is a problem with the delivery, then the lead contact will be contacted. It is not possible for short notice changes (within 72 hours) to be made to the delivery schedules

IIVc

The first line flu vaccine choice for children is the LAIV as this is the most clinically effective vaccine to administer to this age group.

IIVc is the second line flu vaccine recommended where LAIV is contraindicated or otherwise unsuitable, for example parents object to LAIV on the grounds of its porcine gelatine content.

IIVc will not be supplied centrally to community pharmacies. It should be ordered from manufacturer/wholesaler directly and will be reimbursed in line with the contractual arrangements outlined in the community pharmacy specification.

Federated Data Platform (FDP)

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FDP overview

FDP is the national data platform. It brings together information relating to sites, vaccination events and vaccine supply. Site users will primarily use FDP to manage COVID-19 vaccine and community pharmacy LAIV vaccine, for delivery and supply although the reporting functionality will also be helpful for many. Users must have both access to the FDP site and be approved to use FDP vaccination workspaces.

- Access to the site is easiest using an nhs.net account since it reduces the number of times you will need to use multi-factor authentication. Detained Estates users are unable to use multi-factor authentication on a mobile phone, and specific instructions for DE LVS sites to access FDP using a non-mobile phone authentication is available here: [Detained Estates](#).
- Approval for vaccination workspaces are granted through requests as described below. Once access has been granted then you can use this link [Vaccines Homepage \(federateddatapatform.nhs.uk\)](#) to access products and review approvals.

There are helpful guides/support documents that can be found on most pages that you log onto in FDP. To access these, look for a ? Icon. Alternatively, please see [Federated Data Platform Training Materials](#) (see [slide 29](#) if you need access to the NHS Future platform).

If you have any difficulties accessing the Federated Data Platform, please contact ssd.nationalservicesdesk@nhs.net or log a ticket using the [Customer Portal](#).

For new sites

IT users with an nhs.net account should log onto FDP and request access to vaccination workspaces at least 3 days after designation at [Request Vaccines access](#) and complete the form as follows:

Section	Input:
Role/Persona	Site Ops & Supply Chain: Vaccination Site User
Data Scope	In the ODS code search box, type the ODS code for your vaccination site(s)
Justification	Site User for seasonal vaccinations

Do not forget to press the “Request Access” button!

Requests for national, regional or system access will not be granted and will delay approval.

If you do not have a nhs.net email address, you will need to set up an OKTA account first. It can be requested at <https://apps.model.nhs.uk/register>. You will also need multi-factor authentication (such as google authenticator) on a second device.

For existing sites

Vaccination site managers should ensure that they have sufficient access to FDP before the campaign starts (including to cover periods of absence).

You will need to access FDP Supply Dashboard to check and confirm your site details by **12 September** as detailed on [slides 9-10](#). (For adult flu only sites, this is not relevant).

To set up notifications to inform you of any changes to vaccine orders / site status please see the [Turning on Supply Notification Guide](#) on FutureNHS.

Detained Estates users are unable to access FDP using mobile phones as these are prohibited. A process for registering for and accessing FDP without a mobile phone will be shared with DE LVS sites.

If a user no longer needs access to FDP, please contact ssd.nationalservicesdesk@nhs.net who will arrange for access to be removed.

More info: [Helpful links: Accessing the NHS Federated Data Platform \(FDP\) - Overview | Rise 360 \(articulate.com\)](#) and [Federated Data Platform Training Materials - Overview | Rise 360 \(articulate.com\)](#)

Point of Care (PoC) systems

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Overview

COVID-19 and flu vaccination events must be recorded on the same day that the vaccine was administered and within 15 days to ensure payment. COVID-19 & flu vaccinations must be recorded on one of the NHS England assured systems. PCN groupings must choose whether to co-administer flu vaccinations (and use the same system) throughout the season or to separately record flu vaccinations on GPIT systems as per the Seasonal Influenza Enhanced Service.

The vaccination event data will feed back to general practitioner records as well as national reporting and payment systems. You can see how many vaccinations you have administered on your PoC system reporting function, or from the FDP vaccination events app, accessible via the landing page [here](#).

- If vaccinations are administered in a care home, the ODS code of that care home must be recorded on the PoC system. In some PoC systems this field will only appear after you select that the patient is in a care home. You can identify the care home ODS code from the [NHS Digital ODS Portal](#). It should be a 5 digit code starting with a letter.
- Providers should continue to use the "Outreach Event" flag for recording vaccinations in Point of Care (POC) systems. This is mandatory for recording vaccinations delivered through A&I funded outreach activities. Current guidance on use of the flag is [here](#).
- Detained Estates must use TPP SystemOne HJIS as the PoC system. Users must use the national templates to record administration of COVID and flu vaccinations.

For new sites

COVID-19 PCN groupings: The two IT users provided at the site designation will receive an email with login details from the PoC provider. Please look out for this email and follow the instructions within 3 days to prevent expiry of your password.

HHMC sites for AW25, including independent providers (such as GP Federations) must use **RAVS**.

Trusts: Regional teams will be adding new Trusts, where necessary. Please look out for your welcome email.

For the providers above, the two IT users provided at site onboarding will receive an email with login details from the PoC provider, please look out for this email (check your junk folder) and follow the instructions within 3 days to prevent the expiry of your password. If access has not been received within 3 working days, then contact your PoC Service Desk.

Community Pharmacies: Community Pharmacy sites will choose their preferred PoC system by viewing the NHS England assured list of suppliers [here](#). Sites must then reach out to the supplier directly for onboarding using the contact details outlined [here](#).

General Practice: If flu vaccinations are being separately recorded then details must be made into patient medical records using relevant clinical codes as described in the service specification.

More info:

Please refer directly to the PoC Onboarding Process Guide AW on NHS Futures for detailed onboarding instructions: [AW25 PoC Site Onboarding Processes](#)
More information such as helpdesk contact details can be found [NHS Futures: Point of Care Systems for COVID-19 Vaccinations](#) (including helpdesk contact details) ¹⁶

For existing sites

Site managers should assess whether any users at their site require access before the campaign start date. User accounts that have not been used for 90 days or more may have been deactivated and should be reactivated by a site manager. Users must then log in within 7 days or they will be deactivated again. If there are no active site manager, then please contact your PoC Service Desk.

If there have been any changes (site name or owner, address or lead IT user) then you must contact your PoC Service Desk directly to update the details.

Sites are required to ensure that their PoC system is an assured NHS England PoC System by checking the NHS Digital Webpage: [Digital Webpage of NHS England assured PoC suppliers](#)

If you want to use a different PoC systems during the campaign, please refer to the PoC onboarding process guide [here](#).

Payments

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Payment overview

Payment mechanisms vary across different provider groups, just as they vary dependant on the type of vaccination programme. More detailed guidance is provided in the relevant service specifications as outlined [here](#). The detail below is to mitigate some of the common queries that we receive.

Community pharmacies must claim for COVID-19 or adult or childhood flu vaccination programmes through the Manage Your Service (MYS) payment portal operated by NHS Business Services Authority (BSA). PCN Groupings must claim for COVID-19 vaccinations and co-administered flu vaccines recorded on the same IT system as COVID-19 vaccination through the MYS payment portal operated by NHS BSA.

- The number of vaccinations recorded on the Point of Care system will flow to MYS ready to be claimed before the 5th of the month. A site user must log onto MYS, check the claim value and request payment. MYS payment activity will be reported and should be claimed against the pharmacy ODS code (F-code) or Lead Practice Prescribing Cost Centre for PCN grouping sites. This may mean that payments from several sites are in the same payment claim.

Vaccination Centres, Hospital Hubs, Independent Providers, Detained Estate payments are calculated and paid by regional finance. Payments are calculated using data that flows from the Point of Care system to FDP.

Outreach Service payments including for Community Pharmacies or PCN groupings (on top of the IoS fee); are calculated and authorised by regional teams. Community Pharmacies and PCN groupings then claim fees via the NHS BSA MYS payment portal.

Post-payment verification will be carried out by NHS BSA.

New pharmacy / PCN grouping sites

MYS payment activity should be recorded against the pharmacy ODS (F-code) code or Lead Practice Prescribing Cost Centre for PCN sites.

PCN Groupings: PCN grouping IT users, requested at point of designation, will be assigned MYS accounts and will have access to processed payment activity at [MYS - GP Portal](#). The two IT users provided at site designation will receive an email with log-in details from NHSBSA. **Please access the system within three days to prevent expiry of password.**

Community Pharmacy: Teams already have access to MYS at [Pharmacy MYS portal](#) and the relevant services (COVID-19 vaccination service, flu vaccination service, and/or childhood flu vaccination service, as applicable) will appear on your dashboard in the Declaration window.

MYS portal

[NHS Futures: Finance, Legal, and Indemnity Guidance](#) (will be updated prior to campaign launch).

Queries relating to non-MYS payment claims should be directed to your regional finance and payments leads via your [ICB/SVOC](#).

Queries relating to MYS payments should be directed to mys@nhsbsa.nhs.uk including a screen shot of any error message that shows the URL address at the top of your browser.

Existing pharmacy / PCN grouping sites

MYS users for **Community Pharmacies:** User access should be managed by those with management level access in the same way as usual pharmacy claims.

MYS users for **PCN groupings:** User access should be managed by ICB/SVOC using the FDP change request function. MYS user changes are processed on the first day of each month and so must be submitted by the latest the 28th of the preceding month to take effect.

MYS issues should be directed to mys@nhsbsa.nhs.uk including a screen shot of any error message including the URL address at the top of your screen.

More info:

Inviting eligible people for vaccinations

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Local invitations by GPs, PCN groupings and DE

The NHS England GP Vaccination Dashboard closed following the end of the Spring COVID-19 vaccination programme. The dashboard will not be used for future COVID-19 vaccination programmes. Any sites that are not already using an alternative are advised to contact their GPIT supplier and ICB.

Participating GPs and PCN-grouping providers should ensure that they call, text or write to eligible patients as appropriate to support vaccination uptake and minimise wastage, to complement the national call/recall service. They should also keep clear records of how and when they have contacted people. This need not include care home residents.

Detained Estates must use locally developed reports from TPP SystemOne HJIS to identify the eligible cohort and offer flu and COVID-19 vaccines.

Promoting uptake locally

Other vaccination sites should identify people eligible for seasonal vaccinations who have contact with your service for other reasons and encourage them to be vaccinated.

Site teams may also wish to engage with your local population using signage, your own website, or social media, or through local support groups etc. For communication resources speak with your ICB/System team. We encourage Detained Estates, LVS and NHS regional Health and Justice commissioning teams to link with ICB/System colleagues so the uptake of the vaccine by detained people can be promoted as part of the local campaigns.

Some people are more likely to come forward for vaccination if they can do so without an appointment. There is more information about walk-in clinics on slides [22](#) and [23](#).

Site actions in relation to national call/recall

The national call/recall service will invite and remind eligible people to get their vaccination. Invitations or reminders will be sent to those with a future booking on NBS or a vaccination recorded on an assured point of care system. They will also not be sent to those in care homes or detained estates.

Call/recall communications will direct eligible people to book appointments through the online National Booking System (NBS), or by calling 119, or to find walk-in services through the [Vaccination and booking services](#).

There are limitations to national invitations and so action from local providers is important:

- Identification for invitations derives from clinical coding. Depending on accuracy of records, some individuals identified may no longer be eligible for a flu or COVID-19 vaccination and may need Health Care Professionals (HCP) and Clinicians input to consider if individuals are in an eligible cohort. This must be considered sensitively with a clinical assessment of the risks and benefits of decision to vaccinate the patient or not. This discussion must be recorded in the vaccination record.
- 119 call handlers are not clinicians and cannot help with discussing eligibility - they would also advise callers to talk to a clinician and may support the caller to book a vaccination appointment for that purpose.
- National call/recall cannot identify and invite some groups of individuals, including those on the Learning Disability Register; household contacts of people with immunosuppression; carers; people living in long-stay residential care homes, detained estates or other long-stay care facilities; pregnant women; or health and social care workers. These individuals should be identified and invited by sites for the appropriate vaccinations – note, eligibility for flu or COVID-19 vaccinations varies for these groups.
- Some eligible people will not act when they receive a national template letter but will respond to an invitation from a trusted local clinician.

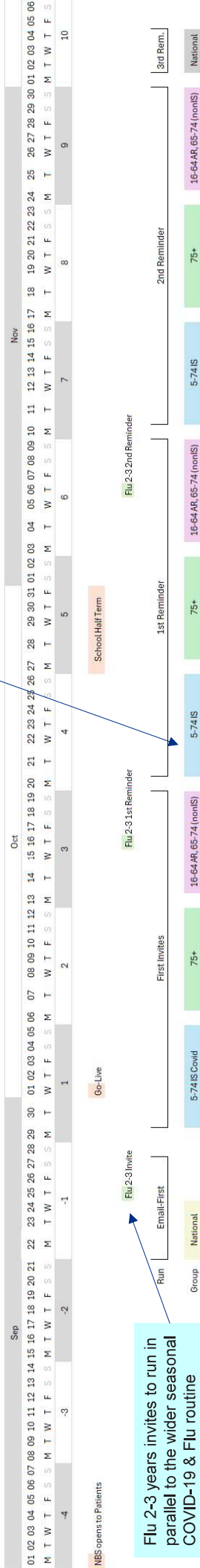
This webpage provides information if an individual has an [enquiry about a vaccination invitation](#).

Eligible people who do not want to receive vaccination invites through NBS can opt out at [www.nhs.uk](#) or via the 119 vaccination telephone booking service.

National winter vaccination invitation schedule

Invitations or reminders will be not be sent to those with a future booking on NBS or a vaccination recorded on an assured point of care system. They will also not be sent to those in care homes or detained estates, or those who have opted out of national invites.

School age reminders to land before half terms for optimal uptake



Flu 2-3 years invites to run in parallel to the wider seasonal COVID-19 & Flu routine

Continue to lead with COVID-19 invites to IS people ahead of age-based (similar to SS25)

Those over 75 years of age will receive an invitation for both COVID-19 and flu (unless they have had or are booked for either)

Flu at risk populations (not IS) are the biggest batch of invites and will be positioned as the last group to allow local invites and activity to occur over the first 2 vaccination weekends and reduce disruption or confusion that may otherwise occur.

- Similarly to prior campaigns, Autumn Winter 2025 will commence with an email-all approach to stimulate a positive and early response.
- The order of sending groups will start with the immunosuppressed cohort in the first week of vaccinations, followed by the 75+ age-based cohort. This is the approach adopted and assessed in Spring 2025, to note that this is different to Autumn Winter 2024. The last group will be the much larger flu at-risk population, reducing the sending of national invites to those who may come forward because of a local booking in the busy first 2 weeks of vaccinations, with the intention of reducing cancellations and/or confusion.
- Other considerations in the schedule are shown above.
- Translated languages from those with an expressed preference and accessible formats will be sent where appropriate and requested

National Booking Service (NBS)

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National Booking Service (NBS) overview

NBS enables the public to book flu, COVID-19, or RSV vaccination appointments at the most convenient location and time for them and reflecting accessibility preferences. We encourage all sites to use NBS where possible since eligible people will be directed to the system (along with other routes) via national invitation and reminders. Unfortunately, General Practice are currently unable to offer flu vaccinations through NBS since the person making the booking may not be on your registered list, and so local booking services must be used.

- The NHS number is used by the NBS system to check whether the appointment is for someone eligible. If eligibility cannot be confirmed the individual is asked to self-declare and informed that this will be confirmed by a clinician at the site. Where a caller to 119 is unsure of eligibility a booking will be made by the non-clinical call agent for discussion with a clinician at the site.
 - People without an NHS number are eligible for a vaccination but cannot book via this service. They must be supported by sites to secure a local booking or a walk-in vaccination.
 - The review of eligibility for those self-declared as eligible must be considered sensitively with a clinical assessment of the risks and benefits of decision to vaccinate the patient or not. This discussion must be recorded in the vaccination record.
- NBS will display the nearest sites/appointments to the postcode submitted so that a convenient time and location can be selected. Bookings cannot be made on the same day.
- Once a booking has been made, confirmation will be sent to the e-mail or mobile phone number provided, with a further reminder 72 hours before the booking.
- Bookings can be changed or cancelled up to an hour before the appointment commences, but cancelled appointments cannot be rebooked for 24 hours. If a COVID-19 or flu vaccination event is reported on an assured POC system before the appointment date, then the booking will be cancelled as no longer required and the individual notified.

Manage Your Appointments is the new management system that interacts with NBS and is where sites create and manage appointment availability. It replaces Qflow. There are typically 2 Site Managers set up who can manage users for the site, adding in staff (including additional site managers) as required, checking and confirming site details and creating availability. At present these use nhs.net email and passwords to log in, but access will also be possible using OKTA (see [FDP slide](#)) before September.

Training and guidance: Training webinars will be held throughout August/September to provide additional support for new users, please find link: [Training Webinar for New Site Managers](#). Guidance pages are available online: [Manage Your Appointments Guidance](#). Recorded training videos are on Futures: [Manage your Appointments Training Videos](#)

Manage Your Appointments will be opened for sites to create availability on 18 August. The public will be able to book flu and COVID-19 appointments from 1 September 2025 for vaccination from 1 October 2025. There is usually high demand when NBS is opened to the public; keep checking on and after this date to ensure you have good availability. NBS will remain open for COVID-19 appointments until 31 January 2026, (the last day for booking a COVID-19 appointment is 30 January 2026). NBS will remain open for flu appointments until 31 March 2026 (the last day for booking a flu appointment is 30 March 2026).

For new sites

The IT users who provide nhs.net emails at COVID-19 site designation will be set up as site managers and receive an email with login instructions for MYA, including how to add other staff users.

Community pharmacy users wanting NBS access for the flu service should request access at <https://forms.office.com/e/x0re2Zu02J>. Other users should contact their SVOC / ICB.

For those who apply after 18 August, please note that it can take up to 10 days to set up accounts.

Help and Support:

Contact the helpdesk for support via the customer portal and raise a ticket to our helpdesk: [NBS Helpdesk](#)
NBS information, including frequently asked questions and advice can be found - [Manage your Appointments - FuturesNHS](#)
Eligible people can find their NHS number at [Find your NHS number - NHS \(www.nhs.uk\)](#)

For existing sites

All active site managers on Qflow using an nhs.net account have been automatically transferred to the new Manage Your Appointments system. Site managers will have received an email with log in instructions.

If you do not have an NHS email account please create one using the following instructions [Registering for an NHSmail account – NHSmail Support](#)

Local Booking Services (LBS)

LBS Overview

Local bookings can enable individuals to directly book online and support Primary Care Networks (PCNs) to manage appointment bookings in the most efficient way. As booking services are localised and commissioned separately, practice prescribing codes need to be used.

Although there are several suppliers that can be used for booking services, the majority of PCNs use accuRx to invite and book patients in for COVID-19 vaccinations, as these appointments via accuRx will link to TDM for dynamic replenishment of vaccine. The practice codes need to be reflected in FDP and the appointments should be set up correctly as COVID-19 vaccinations for the link to work.

Batch Self-Book can be used for invitations to patients registered in that practice. Practices upload a file of their eligible patients who will receive an SMS with a link to select their own appointment time. It is integrated with the EPR and uses existing slots within the appointment book. Practices can configure SNOMED and decline codes with the invite.

- PCNs grouping vaccination sites can use accuBook instead, which allows a lead practice to set up COVID-19 vaccination calendars to share availability for just this.

Where ICB's have procured an alternative local booking systems (LBS) such as accuBook or accuRx, then sites should utilise the exceptions process to order vaccine and follow the instructions given to you by your local booking supplier. Contact your ICB/SVOC if you would like to use the National Booking Service appointment type across a PCN-grouping or ICS.

For new sites (accuRx)

- [Batch Self-Book](#) is available immediately and uses the existing appointment book in the EPR. Practices should ensure their vaccination slots have available appointments and can start sending invites immediately.
- For multi-practice vaccination clinics, organisations can be set up as either a [lead organisation](#), or a [participating practice](#) in accuBook.

For existing sites (accuRx)

Batch Self-Book can be used immediately with your existing appointment book.

For multi-practice clinics, an Autumn Booster 25 tab is now available in AccuBook. Sites will need to [publish a new clinic](#), and can start sending invites.

Confirm that the correct practice codes are linked to your PCN grouping in FDP (see [slide 16](#)) to ensure that bookings are reflected in TDM.

Use the link [here](#) and check under 'extended attributes'. Contact your ICB/SVOC if it is incorrect.

More info:

For more information on Self-Book, [click here](#).

For more on accuBook, [click here](#).

To contact accuRx <https://www.accurx.com/contact-us>

COVID-19 walk-in vaccination service (any site)

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Walk-in finder overview

Walk-in clinics are an important part of our COVID-19 vaccination offer. Some groups of eligible individuals are more likely to receive a vaccination if they are given the opportunity to drop into a vaccination clinic without an appointment. Therefore, to maximise uptake (and reduce health inequalities), it is important that all sites open to the public offer both bookings and walk-in availability where possible.

The public can use the [COVID-19 walk-in finder](#) if they live in England; they do not need to be registered with a GP practice, they just need to be in an eligible cohort. For AW25/26, the service finder will be live to the public from the 1 October 2025.

When using the service finder, the public, or 119 on their behalf, will be able to enter a postcode and see information on which vaccination sites are offering COVID-19 vaccinations in their local area without an appointment on that day. They will also be able to access vaccination opening times if a provider has entered this information in NHS Profile Manager. Non-pharmacy vaccination sites will only appear in the walk-in service finder results pages on the days that they are open.

The telephone booking line for COVID-19 vaccinations (119) will advise eligible people in accordance with the information on the NBS booking page. If there is not a convenient booking available (or if the caller would prefer to attend without an appointment), 119 call handlers will review and provide information on walk in from the finders local to callers.

NHS Profile Manager actions for all sites

1. Before 1 October 2025, pharmacies need to check that the walk-in COVID-19 vaccination services offered are correct for AW25/26.
2. Before 1 October 2025, vaccination sites (pharmacy and non-pharmacy) need to add clinic opening times for AW25/26 and keep this information up-to-date during the campaign
3. During the campaign, vaccination sites need to remove walk-in services when they are not available

Please access the NHS Profile Manager via [Sign into the Profile Manager](#). If you do not already have an account, register using [this link](#). Non-pharmacy vaccination sites should choose 'vaccination site' at the prompt (even if you are also a GP surgery/NHS Trust). For help email nhswebsite.servicedesk@nhs.net.

Additional actions for non-pharmacy vaccination sites

How to ensure that your sites are listed in the COVID walk-in service finder:

Non-pharmacy vaccination sites including temporary sites will only appear if they have been created on FDP. If you are a new site, check that your site has been created on FDP. If you do not receive vaccine at the site where you will be offering walk-in services then check on FDP ([Vaccination Site Search](#)) that your site appears and if necessary, request that your ICB/SVOC adds it as a temporary site. This is a weekly process; regional approval by noon Tuesday will appear as created FDP sites on Wednesday but please provide as much notice as you can.

Managing your walk-in vaccination service information in NHS Profile Manager

1. Click the 'Add profiles' link to request permission to edit the service information for specific vaccination site(s), providing your vaccination site ODS code. Sites created on FDP on Wednesday will be available for linking to a profile on Thursday/Friday.
2. Enter clinic dates and opening times when you will be able to accommodate vaccinations without appointments. Your clinics will only be displayed on the day(s) that they are open so you may not see them appear on the public site immediately.
3. If your service has moved, or the address on the profile is incorrect, then please contact your ICB/SVOC to amend the FDP site details.

More info: For help, including gaining editing access to new vaccination centre sites launched after 1/10/25, email nhswebsite.servicedesk@nhs.net.

Pharmacy flu vaccination service finder information

Flu vaccination service finder overview

For AW25/26, the [NHS website flu vaccination service finder](#) will feature new functionality to enable citizens to find a pharmacy that offers NHS flu vaccinations for:

- adults (aged 18 years and older)
- children (aged 2-3 years-old)

The service finder will also inform the public how they can access flu vaccination services by indicating 1 or more of the following access types for each pharmacy:

- walk-in service
- bookable via the national booking service
- bookable on pharmacy website
- bookable by phoning pharmacy customer telephone number

Pharmacies will be able to use NHS Profile Manager to confirm their information from 18 August 2025.

The flu vaccination service finder will open on 1 September 2025 for finding pharmacies that offer flu vaccinations via a booked appointment. Signposting to flu vaccination walk-in services will be offered from 1 October 2025.

The telephone booking line for flu vaccinations (119) will advise eligible people in accordance with the information on the NBS booking page. If there is not a convenient booking available (or if the caller would prefer to attend without an appointment), 119 call handlers will review and provide information from the finder local to callers.

NHS Profile Manager actions

1. Before 1 September 2025, pharmacies must enter their NHS flu vaccination services for AW25/26 and select one or more access types
2. Before 1 October 2025, pharmacies offering NHS flu vaccinations which are bookable on their pharmacy website, need to enter the website URL for their booking service (this functionality will be available in NHS Profile Manager from the 1 September 2025).
3. During the campaign, pharmacies need to remove NHS flu vaccination services when they are not available

Please access the NHS Profile Manager via [Sign into the Profile Manager](#). If you do not already have an account, register using [this link](#). For help email nhswebsite.servicedesk@nhs.net.

Notes for flu

- The access type selections made by a pharmacy in NHS Profile Manager will apply to both the adult and childhood flu vaccination services. If a pharmacy has selected both services, it will not be possible to identify different access types per service.

More info:

- The flu vaccination service finder will not display vaccination opening times. To prevent increased telephone calls, and/or complaints that information is incorrect, you should also consider regularly updating a message on your telephone system to provide correct/more information to the public about upcoming walk-in-clinics

Accessibility and Patient Information

Patient materials

Everyone who is eligible for vaccination must feel welcomed and able to access appropriate information for informed consent in accordance with the [Accessible Information Standard](#) and to support high uptake and reduce health inequalities. Sites must ensure that reasonable adjustments are considered, and that communication support required to facilitate the uptake of vaccinations is put in place to support those with different needs.

Patient information resources are [here for flu](#) and [here for COVID-19](#) once published and in the [DHSC Campaign Resource Centre](#). Invitation materials will be available shortly at [NHS England » Seasonal vaccination invitation](#).

Most leaflets can be printed or shared digitally at the point of requirement through download of PDF versions which can be printed on an office printer and copied on a photocopier or download professional printer-ready versions. BSL support for people with hearing impairments is available at appointments via either an onsite BSL interpreter or using the [SignVideo app](#) and selecting the NHS 119 button in the apps Sign Directory.

- Ensure that up to date resources to support people with different communication needs are in a place that all members of the team can quickly access them.
- If you use the National Booking Service, ensure that your accessibility attributes are up to date so that people who need these adjustments can book at your site.
- A supply of Braille leaflets should be maintained at the site as a minimum, as it is the only leaflet which cannot be shared digitally. These can be ordered by visiting the [Publications Portal](#) or by telephone (0300 123 1002, Monday to Friday 8am-6pm). The Publications Portal also has digital clips of BSL information that can be used by sites. Registering on that site as an organisation, not an individual, will enable you to order more leaflets.
- Where there are gaps of provision in localities to meet population need, regional leads may reach out to specific areas to commission additional sites that may be needed to fill any remaining gaps to prevent the need for members of the public travelling too far to get vaccinated. This offer is usually open for 7 days. This process may recur periodically throughout campaign for sites who were not successful. If you have agreed with your local system to undertake an Outreach event, then you must record this as such on the point of care system (see [slide on Point of Care](#)).
- Make sure you are aware of arrangements for vaccination of housebound patients and signpost accordingly. This will usually be the GP, but if they are not providing the relevant vaccination programme then your ICB will be able to advise about local arrangements.

Reducing inequalities

Sites may offer Making Every Contact Count (MECC) interventions alongside vaccination throughout the campaign.

Sites should maintain a proactive approach to identify and encourage people in populations of known lower uptake to come forward, and to understand and address any local hesitancy factors. As part of this, systems and sites are asked to identify their underserved communities and inclusions groups, and to plan and deliver interventions to meet their needs. This includes Detained Estates supported by DE regional commissioners.

Plans may include:

- Working with partners e.g. Local Authority teams and VCSEs to support engagement of underserved communities.
- Involving staff networks, faith and community leaders, and local clinical leaders to disseminate messaging.
- Responding to local and national intelligence about perceived enablers of, or barriers to, local vaccination among under-served groups.

Further information can be found [here](#).

Actions for all sites

Protection against other illnesses more prevalent in winter

Co-administration of vaccines

Providers are encouraged to offer flu vaccination alongside other commissioned vaccination programmes for which the patient may be eligible (for instance COVID-19 vaccine, and for pregnant women pertussis and RSV) where it is clinically acceptable, operationally feasible, and where the patient is content. Where co-administration may not be feasible, providers must make every effort to encourage individuals to take up the offer of every vaccine they are eligible for. Two vaccination programmes that also protect against winter illnesses are outlined below.

The RSV vaccine should not routinely be scheduled to be given to an older adult at the same appointment as a flu vaccine, as some data indicates that this may reduce the immune response to the flu and RSV vaccines. No specific interval is required between administering the vaccines. If it is thought that the individual is unlikely to return for a second appointment or immediate protection is necessary, then, following clinical assessment, the RSV vaccine can be administered at the same time as the flu vaccine.

RSV

The [respiratory syncytial virus \(RSV\)](#) is a common virus that can make babies and older adults seriously ill.

The RSV vaccine helps reduce the risk of serious breathing problems such as:

- [pneumonia](#) (an infection in the lungs)
- [bronchiolitis](#) (a chest infection).

The RSV vaccine is recommended for:

- adults aged 75 to 79 years
- people who have recently turned 80 (from September 2024)
- pregnant women (from 28 weeks of pregnancy)

More details can be found in the [Respiratory syncytial virus: the green book, chapter 27a - GOV.UK](#)

There are different ways to get the vaccine:

- book an appointment with a GP
- visit a pharmacy (in North-West, Midlands, East of England and London)
- book a pharmacy appointment online (in North-West, Midlands, East of England and London).

Pneumococcal

The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses like:

- [meningitis](#) (an infection in the brain and spinal cord)
- [sepsis](#) (a life-threatening reaction to an infection)
- [pneumonia](#) (an infection in the lungs).

The pneumococcal vaccine is recommended for people at higher risk of these illnesses, such as:

- babies (at 16 weeks and 1 year) and
- adults aged 65 years and over (as a single dose aged 65 years)
- children and adults at higher risk of getting seriously ill should have at least 1 dose (some people may need extra doses or regular doses).

More details can be found in the [Pneumococcal: the green book, chapter 25 - GOV.UK](#)

There are different ways to get the vaccine:

- book an appointment with a GP
- visit a pharmacy (in London)
- book a pharmacy appointment online (in London).

Temporary sites and utilisation of Access and Inequalities (A&I) funding

Temporary sites

Temporary sites, for example providing vaccinations at a location away from your designated site, are intended to make vaccination accessible and convenient to underserved populations or to meet specific local needs. Temporary sites may be part of usual activity expected from providers to deliver uptake or may be as part of targeted access and inequalities outreach.

You may need to notify or get consent from your regional team, ICB/SVOC in advance if you intend to run a temporary site (in accordance with your service specification). These sites will not receive vaccine deliveries and vaccines cannot be stored on the premises overnight, (unless the premises is GPhC or CQC registered). Instead, vaccines must be transported from the main site using monitored cool boxes, aligned to [SPS: Temperature control whilst transporting medicines](#). You should use your usual point of care system to record vaccinations.

Temporary services can be made visible across both NBS and the COVID-19 walk-in finder. Please leave at least 2 weeks for adding to FDP and linking to the COVID-19 walk-in finder, however once the walk-in finder is created for that location you can use it for as many clinics as you wish.

Overview of A&I funding for outreach activities

Regional teams have received financial allocations for tackling health inequalities within areas and groups of low uptake for COVID-19 vaccination via Access and Inequalities (A&I) investment; which has enabled innovative and flexible approaches to targeted communications, engagement and vaccine outreach initiatives. Guidance on the use of this funding is here: [Improving access and reducing inequalities guidance - Vaccinations and Screening - Futures](#) A&I initiatives should be data-driven, targeting populations in the most deprived (lowest 20% IMD) areas, underserved communities and inclusion groups; as per national Core20Plus priority groups. This means low uptake groups such as ethnic minority groups, faith communities, rural and coastal areas, gypsy and traveller communities, refugees & asylum seekers, homeless people, detained people, etc.

- Although A&I funded activity must have a direct link to COVID-19 vaccination, it can be used to plan and support initiatives all year around that help building trust with communities around vaccination generally and COVID-19 specifically.
- The use of the 'Outreach Event' flag will continue to be mandatory for recording vaccinations delivered through Point of Care (POC) outreach activities and A&I funding. The link to guidance can be found [here](#).

- Delivery of healthcare worker and inpatient/outpatient vaccinations cannot be claimed via A&I funds, where providers are contracted to provide vaccination to these cohorts. This also applies to providers contracted to deliver vaccination of immunosuppressed people. A&I funding for these groups can be used only if appropriate to address additional needs to advance equality or access.
- A&I funding should not be used to top-up core delivery such as care home and household delivery. There has been no care home incentive payment since Spring 2024 Campaign and A&I funding cannot be used to create local incentive payments to providers.
- Providers should use the most appropriate evaluation method(s) and the data available to them to learn, improve and assess which interventions will support them in meeting their objectives of improving uptake and reducing inequalities. As a minimum, they should utilise exit surveys to gather information and may supplement this with case studies.
- A national case study template was shared to aid analysis and ensure consistency. [Link for Inequalities Toolkits](#).

Care home residents and consent

Care home residents and consent overview for all sites

To meet the AW25/26 vaccination campaign timescales for older adult care home residents, the consenting process with residents and representatives/family members can commence from **15 September 2025**, for vaccinations commencing 1 October 2025.

- Consent is a process and needs to be obtained before starting any medical treatment, test or physical investigation/examination or before providing personal care for a patient; this is standard NHS practice and is a legal requirement.
- [The Green Book](#) Chapter 2 provides guidance on the consent process for vaccinations and in this regard delivery of COVID-19.
- Where individuals have capacity, consent does not have to be written and can be verbal (see Chapter 2 of Green Book), but it is crucial that any consent, or refusal is documented in line with good clinical recording practice.
- Where it has been established that the person lacks capacity to consent, a best interest's decision should be taken in line with the checklist in section 4 of the [Mental Capacity Act](#). The decision maker should make a record of their best interest's decision. If a capacity assessment is done and the decision is that the individual did have capacity to consent, this should also be documented.
- Relevant consent forms (see for [care home residents](#)), other supporting forms and associated information (including easy read versions) can be found on the [GOV.UK](#) website. These forms could be adapted locally to reflect the vaccination being offered. The current forms will not be amended.
- Consent remains in place unless the individual who gave it withdraws it. If any new, relevant information arises between the time consent was given and when the immunisation is offered, it may be necessary to inform the patient and for them to re-confirm their consent.

Workforce and training

Systems and providers will need to design, plan and resource sufficient trained and competent workforce. This slide provides an outline of the available workforce and of workforce management toolkits.

1. **Sufficient workforce** to meet demand without impacting other services, representative of local communities and inclusive of unregistered workforce.

2. **Resilient workforce** to support potential increased demand, surge and outbreak requirements.

3. **Flexible workforce** that can work across systems, share workforce between providers and support other services.

4. **Trained and competent workforce** with rewarding career paths that enables retention and support to other prevention activity.

Workforce can be accessed via the following routes.

Locally sourced NHS staff:

- Registered staff
- Unregistered clinical staff
- Healthcare assistants
- Administrators

Medical staff agencies:

- Registered staff
- Healthcare assistants
- Administrators

Nationally contracted volunteer services:

- Stewards & Marshalls
- Patient transport

Local volunteer partnerships:

- Stewards & Marshalls
- Welfare assistance



Medical Staff Agencies



Local Volunteer Partnerships

Guidance on requesting NHS CARE (RVS) volunteers to assist on site can be found [here](#).

Workforce and training guidance is available on Future NHS, which includes toolkits, that can be found [here](#).

1. **Creating the workforce (resourcing and training):** Covers legal mechanisms, workforce planning, training, shared experience, BI infrastructure, finance.
2. **Deploying the workforce (planning and deployment):** Covers vaccination settings, staff sharing, supplementary workforce, surge capacity, MECC, finance.
3. **Sustaining the workforce (retention and resilience):** Covers retention, resilience, well-being, shared experience, multi-skilled workforce, professional development.
4. **Workforce Management Guidance:** Provides workforce management guidance, planning considerations and references shared learning.
5. **Workforce Maturity Assessment (interactive planning tool):** Designed to assist vaccination planners to assess and prioritise workforce support for vaccination.
6. **Outreach Planning for Vaccination (interactive planning tool):** Supports workforce design and resource planning for vaccination outreach activity.

Additional training support for community pharmacy contractors can be found here: [CPPE: vaccination services](#)

Useful Information & Helpdesks

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Helpful Information

- Access to FutureNHS [Vaccinations and Screening workspace](#) is open to everyone with an nhs.net email account. You will need a FutureNHS account.
 - If you don't have a FutureNHS account, then go to <https://future.nhs.uk/> and follow the instructions under 'Need an Account?'
 - If you don't have an nhs.net email account then when you have an NHS Future account, send a request to join the Vaccinations and Screening workspace to your regional team as described [here](#).
 - A help guide for FutureNHS Members can be accessed at [FutureNHS Members Helpdesk](#).
- Each ICB/System Vaccine Operations Centre (SVOC) team has responsibility for management of the COVID-19 Vaccination Service in their area. The ICB/ SVOC team will be able to either respond to your queries or advise you on the appropriate contact for help in your local area. SVOC contact details can be found [here](#). If the answer you seek cannot be found in this guide or the linked documentation, then they should be your first port of call.
- There is a national escalation process; sites will need to escalate to their relevant ICB/SVOC who will review and escalate to regional/national colleagues if unable to resolve the query.

[Green Book: Immunisation against infectious disease](#)

- Latest information on vaccines and vaccination procedures for vaccine preventable infectious diseases in the UK
- Part 1: principles, practices and procedures, including [Chapter 2: Consent](#)
- Part 2: the diseases, vaccinations and vaccines, including [Chapter 19: Influenza](#)

[Quality criteria for an effective immunisation programme](#)

- Defines the key elements for the implementation and delivery of a safe, equitable, high quality, effective and efficient immunisation service
- [Vaccine incident guidance: responding to vaccine errors in vaccine storage, handling and administration](#)
- Supports decisions on the appropriate response to vaccine incidents

[Vaccine update](#)

- A monthly vaccination newsletter for health professionals involved in immunisation which contains up to date information on flu and the other vaccination programmes
- [Vaccines and porcine gelatine leaflet](#)
- Describes how and why porcine gelatine is used in vaccines
- The first line flu vaccine choice for children is the LAIV as this is the most clinically effective vaccine to administer to this age group. IIVc is recommended where LAIV is contraindicated or otherwise unsuitable (for example, parents object to LAIV on the grounds of its porcine gelatine content).

[Your feedback matters to us](#)

- We are keen to seek your feedback. We would be grateful if you could take a couple of minutes to answer 5 questions. Many thanks <https://forms.office.com/e/GxugBIZ7KX>