Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Service Specification:

COVID-19 Community Pharmacy Vaccination Service

(COVID-CPVS)

Autumn 2025

This document is correct at the time of publishing however may be subject to change.
For access to all resources in relation to this service and to keep up to date, please visit BSO and PCI websites

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Change history

Version number	Change details	Date
V01.00	➢ New service specification developed for use as part of COVID-19 Community Pharmacy Vaccination Service (COVID-CPVS)	4-9-25

Contents

1. Service description and background

1.1 COVID-19 has a significant impact on those who become ill, the HSC services that provide direct care as a result, and on the wider health and social care system. This COVID-19 vaccination programme is designed to protect the population and help to reduce unplanned hospital admissions and pressure on NHS services.

1.2 This service covers eligible cohorts as specified by the most recent DoH (Department of Health) correspondence and listed in the current Patient Group Direction (PGD). Patients who are not listed in these cohorts are not eligible to be vaccinated under the CPVS commissioned service.

Contractors will be notified of eligible cohorts that can be vaccinated under this service in the supporting document from the Strategic planning and Performance Group (SPPG) SPPG Notice Eligible Cohorts 2025 Autumn - COVID. It is essential that community pharmacy vaccination teams familiarise themselves with the current eligible cohorts.

2. Service aims

2.1 The aims of this service are to:

- Administer vaccines as recommended by JCVI (Joint Committee on Vaccination and Immunisation) and in accordance with DoH policy.
- Provide increased accessibility and convenience for eligible patients to receive COVID-19 vaccinations to maximise uptake.
- Lower the public health impact of COVID-19 morbidity and mortality especially for vulnerable people.
- Reduce COVID-19 related illness, primary care consultations, unplanned hospital admissions and deaths.
- Increase opportunities for patients to receive COVID-19 and influenza vaccinations within the same setting, when appropriate.

3. Service outline

3.1 Community pharmacies contracted to the CPVS should offer COVID-19 vaccinations to those persons within specified eligible patient cohorts during campaign periods or as otherwise advised by DoH.

3.2 The Autumn 25 COVID-CPVS will commence on 6th October 2025, contractors can only proceed to vaccinate on or after this date if all of the following are in place; a legal PGD/VP, all the necessary service documentation including submitting a contract to SPPG and deliveries of central COVID-19 vaccine stock have been received. In the case of care home vaccinations, community pharmacies should aim to vaccinate in accordance with timeframes requested by the Public Health Agency (PHA) and/or DoH.

3.3 The COVID-CPVS must only be provided by community pharmacies where the contractor holds a contract with the SPPG to deliver this service. The community pharmacy must only administer those vaccines specified in the PGD/Vaccination Protocol (VP) and procured centrally by PHA.

This contract may be terminated by either the commissioner (SPPG) or the provider (pharmacy contractor) by giving one week's notice.

3.4. The CPVS is available to those individuals who meet all of the following criteria:

- Are aged 18 years and over

And

- Are in an eligible cohort as defined by PGD/VP

And

- Provide acceptable forms of identification (ID) - Patient eligibility for the service must be confirmed.

It is not an essential requirement for patients to have their Health and Care Number (HCN) or GP registration to receive a vaccination and they must not be denied vaccination on this basis.

3.5 The pharmacy contractor must ensure that vaccinations offered under this service are provided in accordance with the current version of "Immunisation against Infectious Disease", (The Green Book, Chapter 14a) and the relevant PGD/VP. Supporting service documentation is available on the BSO website and PCI intranet.

3.6 If a prospective patient (or carer) enquires about an individual's eligibility for the delivery of the vaccination services, the pharmacy must be able to provide accurate and up-to-date information and signpost the enquiry to another vaccination provider if needed.

3.7 The service is provided by an appropriately trained vaccinator authorised under a valid PGD/VP.

3.8 The pharmacy contractor must have robust standard operating procedures (SOPs) in place for this service.

3.9 Prior to vaccination, consent must be sought from each patient. Patients should be provided with information to allow them to make an informed decision about having the vaccine. This consent should cover:

- The administration of the vaccine.
- Sharing of information as per privacy notice.
- Sharing of information that will occur to enable the appropriate recording of the vaccination in their GP practice record, if applicable.
- Information resources can be found at the BSO and PCI websites.

Should a patient decline the vaccination during the consultation, this should be recorded in VMS.

Where a patient lacks capacity to provide consent, the pharmacist clinical lead should consider if vaccination is in the patient's "best interests" having taken account of the information available and then record this decision in VMS. See the 'Best Interest Decision' support document.

3.10 For the management of individuals with a known history of allergies vaccinators should refer to the Green Book Chapter 14a and the relevant PGD/VP.

The pharmacy contractor must ensure that there is a protocol for the management of anaphylaxis and that vaccinators have access to the contents of an anaphylaxis pack. Further details can be found within chapter 8 of the Green Book, Resuscitation Council UK (RCUK) guidance on Management of Anaphylaxis in the Vaccination Setting and the PHA Management of Anaphylaxis in the Vaccination Setting.

3.11 Patients should be observed post vaccination as detailed in the PGD/VP.

3.12 Each patient must be given appropriate post vaccination advice, such as details of the arrangements for further dose (if indicated), a copy of the manufacturer's Patient Information Leaflet and a copy of the PHA leaflet "What to expect after your COVID-19 vaccination".

3.13 The pharmacy contractor is required to report any patient safety or adverse incidents in line with relevant clinical governance arrangements.

If a patient experiences a clinically significant adverse drug reaction following the vaccination this information should be shared with the GP [where identified]

as soon as possible. In addition, this should be reported through the MHRA Coronavirus yellow card reporting site.

3.14 The pharmacy contractor must ensure that appropriate indemnity and/or insurance arrangements are in place. These must provide adequate cover, including but not limited to clinical negligence cover in relation to the delivery of this service, and that the indemnity and/or insurance arrangements provide such cover for all clinical professionals and other staff working in connection with the delivery of the service.

3.15 Vaccines supplied for use within this service **must not be used** for any private service.

4. Premises requirements

4.1 Vaccinations can be offered in any area of the pharmacy or in any other appropriate location where suitable facilities are available and patient confidentiality can be maintained. The patient's home is not considered a suitable location under the CPVS, with the exception of RQIA registered care homes.

4.2 The service must be provided from an area of the pharmacy or location where infection control standards can be maintained. The pharmacy contractor must ensure the CPVS is delivered in line with PHA Infection Prevention and Control (IPC) manual and the IPC recommendations, including relevant appendices and PPE section. Vaccinators should also adhere to infection control hygiene guidance e.g. bare forearms, etc.

4.3 There must be a suitable area where patients can be observed post vaccination when necessary. This area must have:

- Appropriate social distancing or IPC requirements as defined by the current public health guidance.
- Access to appropriate equipment such as adrenaline/anaphylaxis kits.
- Individual(s) suitably trained in basic life support techniques, and in recognising and responding to anaphylaxis.

4.4 The Green Book has published information on vaccination in domiciliary and other community settings, where it should be possible to carry portable oxygen in most instances. Where this would be impractical, then it is acceptable to make a decision to not carry oxygen on the basis of a local risk assessment. Factors that would affect the risk assessment would include:

- the number of people being vaccinated (higher numbers increases risk)

- population vulnerability (younger healthy people are at lower risk of serious outcomes)
- the type of vaccine being administered (e.g. oral vaccines present a lower risk, and newer vaccines may present a higher or less certain risk)
- understanding of local ambulance response and journey times (longer times would increase the risk)

5. Training, educational and other staff requirements

5.1 The pharmacy contractor must ensure that individuals providing the service are competent to do so.

5.2 The CPVS should be provided in line with the requirements set in the PGD/VP. The pharmacy contractor must ensure all vaccinators complete the COVID-19 training requirements and the vaccinator competency assessment tool. Any training needs identified by the COVID-19 vaccinator competency assessment tools must be addressed. Copies of the assessments should be held in the pharmacy.

5.3 The pharmacy contractor must ensure that individuals providing the service are working in line with national minimum standards and core curriculum for immunisation training and are compliant with the training requirements within the PGD/VP and the service specification.

5.4 The pharmacy contractor must ensure all vaccinators have completed face to face training and refresher training for injection technique and basic life support (including administration of adrenaline for anaphylaxis). Annual updates should be undertaken to ensure knowledge and practice remain current. Periodic face to face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice.

5.5 The contractor must be familiar with RCUK guidance on 'Management of Anaphylaxis in the Vaccination Setting' and information in Chapter 8 of the Green Book.

5.6 The pharmacy contractor must ensure that individuals involved in the provision of the service are familiar with the latest relevant information from the PHA.

5.7 The pharmacy contractor must oversee and keep a record to confirm that all staff have undertaken and completed the training prior to vaccinating.

5.8 The pharmacy contractor should ensure that any pharmacy staff providing the CPVS within a care home setting have completed an AccessNI check.

5.9 The pharmacy contractor should ensure that individuals involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5.10 It is best practice for individuals providing the service to also be vaccinated against COVID-19 and seasonal influenza.

6. Clinical Waste

6.1 Equipment used for immunisation, including used vials, ampoules, expired stock, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant 'sharps' box, according to local authority regulations and guidance in the technical memorandum 07-01: Safe management of healthcare waste (Department of Health, 2013). See table below. There may be specific disposal requirements for individual vaccines (see PGD/VP).

Item	Waste Categorisation	Waste Sub-Category	Management Route	Packaging
Fully discharged: Needles Syringes Vials	Clinical	Waste whose collection and disposal is subject to special requirements in order to prevent infection	Alternative treatment	**Orange lidded yellow sharps box**
Partially discharged or full: Syringes Vials	Medicines	Medicines (excluding cytotoxic/cytostatic)	Incineration	**Purple lidded yellow sharps box**

6.2 Any blood-stained gauze or cotton wool should be placed in a clinical waste bag.

6.3 Local policy should be followed for disposal of PPE.

Support document available at BSO and PCI .

7. Vaccine ordering and storage

7.1 Vaccine orders and consumables should be placed with Movianto using the online ordering system. For support in using this system, contact Movianto Customer Services on 02890 795799 or info.ni@movianto.com . **Please note, it may take up to 5 working days for orders to be delivered if orders are placed before 12 noon.** Deliveries will only occur Monday to Friday. This means that if an order is placed on a Friday by 12 noon, delivery will be received the following Wednesday at the earliest.

7.2 The pharmacy contractor must ensure upon delivery that the vaccine is immediately transferred to a pharmaceutical fridge and stored as per manufacturer's instructions.

7.3 All refrigerators in which vaccines are stored are required to record maximum/ minimum temperatures. Readings are to be taken and recorded twice daily on all working days. Records should be kept for a period of 5 years. All CPVS providers must use a fridge data logger meeting the service requirements. Pharmacy fridges must be regularly assessed and maintained as for fit for purpose, or replaced.

7.4 Vaccine availability and supply may be constrained and is subject to change over time. The PHA and SPPG may need to make allocation decisions regarding the vaccine during the term of this service which may include prioritising vaccine to particular sites or localities or the use of a particular type of vaccine.

8. Cold-chain breaches

8.1 Cold chain must be maintained in line with the PGD/VP. Please refer to guidance at BSO or PCI on actions to be taken when dealing with one-off temperature excursions or significant cold chain breaches. The affected vaccines should be quarantined in the fridge whilst awaiting advice on their suitability for use.

8.2 If vaccines have been administered to patients prior to discovery of a cold chain breach, this should also be reported to the PHA Duty Room pha.dutyroom@hscni.net (0300 555 0119) for further risk assessment including whether or not patients need revaccination following a cold chain breach.

8.3 Any cold chain breaches should be reported immediately to SPPG local office.

9. Vaccine Management System (VMS) reporting

9.1 The pharmacy contractor must maintain accurate and contemporaneous vaccination records.

9.2 All patients vaccinated via this service must be recorded on the VMS ideally at the time of vaccination and at the latest within 24 hours (or by the next available working day) of the vaccination being administered.
Additionally, records for specific groupings of patients must be recorded

accurately within VMS. **Care home residents must have the correct RQIA code attributed to their vaccination record**.

Contractors should only add records for vaccines they have administered i.e. **pharmacies must not record vaccines administered by other providers.**

Contractors are asked to correct inaccuracies in their own VMS records as soon as possible to maintain the integrity of clinical records.

Accountability for the clinical and the information governance for a vaccination resides primarily with the pharmacy contractor who is recorded on the VMS as having been the vaccine provider.

9.3 In exceptional circumstances if VMS is not accessible (for example due to a planned upgrade or an access issue), a paper-based record form can be downloaded from the BSO or PCI. This can be used to record the details of the vaccination and must be added to VMS as soon as possible after the VMS becomes available again. Any paper based record forms should be disposed of in the confidential waste. The paper based record form **will not be accepted** for payment.

9.4 Upon vaccination record entry onto the VMS:

- Data will be collated and sent to the BSO for pharmacy payment purposes.
- If the patient is registered with a GP
  - A copy of the vaccination record will be automatically sent to the patient's registered GP
- If the patient is recorded as "unregistered" on VMS
  - The vaccination record will not be shared with or viewed by other providers (GP, Trust etc.)
  - The person may not be included in any call or recall for future vaccinations

9.5 Community pharmacies should review their information governance arrangements if additional devices (e.g. tablets, laptops) are used. As data controllers, community pharmacies must process data in accordance with the data protection principles outlined in GDPR (General Data Protection Regulation). Further guidance on this can be found on the ICO website.

9.6 If the use of additional devices introduces additional risks in terms of storage or processing of personal data (e.g. using an unencrypted device or unsecure means of data transfer) then pharmacies may need to amend their privacy notice to allow the patient make an informed decision.

9.7 Records must be retained securely in line with the DoH retention policy outlined in 'Good management, Good Records' .

9.8 Should SPPG request access to vaccination records, the pharmacy contractor will be required to submit all records within 14 calendar days of receipt of the request.

10. Vaccine wastage

10.1 The pharmacy contractor should aim to maintain low levels of vaccine wastage.

Appropriate procedures must be in place to ensure stock rotation, monitoring of expiry dates and appropriate use of multi-dose vials to ensure that wastage is minimised.

10.2 The pharmacy contractor may be asked to report the number of wasted doses and expired stock to the SPPG during the programme.

11. Service availability

11.1 The pharmacy contractor should aim to ensure that any locums and relief pharmacists are adequately trained, so as to ensure continuity of service provision. **If the pharmacy temporarily or permanently ceases to provide the service, they must notify the SPPG immediately**.

11.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible individual shall be excluded or experience difficulty in accessing and using this service due to their race, gender, disability, sexual orientation, religion or belief, marriage or civil partnership status, pregnancy or age.

Consideration should be given to those individuals with communication needs and those who may experience difficulty accessing vaccination elsewhere.

11.3 Where a community pharmacy is unable to vaccinate a patient, they should be signposted to an alternative provider.

11.4 Where there is reduced patient demand contributing to significant potential for wastage (in the reasonable view of the commissioner) and/or the pharmacy does not wish to maintain the service, the SPPG may agree a temporary cessation of the service with the pharmacy contractor.

12. Payment arrangements

12.1 Claims for payments for the CPVS will be based upon VMS data entry. The paper based record form **will not be accepted** for payment.

The fees payable for CPVS provision will be processed monthly by BSO. The pharmacy contractor should monitor and record the number of vaccinations completed on a monthly basis for verification against BSO payments.

12.2 As per section 9.2 above, all patients vaccinated via this service must be recorded on the VMS ideally at the time of vaccination and at the latest within 24 hours (or by the next available working day) of the vaccination being administered.

Where the record of the vaccination event is not created in compliance with section 9.2 requirements, SPPG reserves the right to not pay an IoS fee and any associated domiciliary visit fee.

SPPG should be contacted where exceptional circumstances have led to delayed recording on the VMS.

12.3 Payment for the COVID-CPVS in the 2025 year is set out in the 'Fees and Reimbursement' document on the BSO and PCI.

12.4 The pharmacy contractor will not be reimbursed for vaccines administered to individuals outside the specified eligible cohorts.

12.5 The SPPG will be monitoring compliance with the requirements of the contract. Where the SPPG identifies failure to comply, the SPPG reserves the right to recover all or part of the funding.

13. Other terms and conditions

13.1 The Responsible Pharmacist (RP) at the registered pharmacy premises is professionally responsible for the safe delivery of this service. If the RP is unable to provide sufficient supervision (for example due to workload or where vaccinations are undertaken off the pharmacy premises) an on-site pharmacist supervising delivery of the service must be identified and work closely with the RP and superintendent pharmacist through an appropriate governance framework.

13.2 Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist supervising delivery of

the service (or delivering the vaccination service themselves) and that vaccinators:

- Are delivering vaccinations in accordance with a relevant and current PGD/VP.
- Ensure that vaccinators have professional indemnity that covers off-site vaccinations.
- Continue to adhere to all professional standards relating to vaccinations.
- Follow appropriate cold-chain measures for transfer and storage of vaccines.
- Ensure appropriate security measures of vaccines are in place.
- Ensure that the setting used to administer the vaccinations is appropriate (including ensuring patient confidentiality).
- Ensure appropriate anaphylaxis arrangements are in place including a protocol for the management of anaphylaxis and anaphylaxis pack.
- Appropriately dispose of any clinical waste or PPE used during the vaccination process.
- Comply with any current COVID-19 testing protocols in place at the site of vaccination as per PHA guidance.
- Comply with any relevant IPC guidance and PPE requirements for the vaccination setting.
- Ensure that a risk assessment has been undertaken to allow the management of vaccinations to occur at any site which is in or post outbreak e.g. care homes.
- Ensure appropriate record keeping of vaccinations.

13.3 Materials and resources for use as part of the service are available from PHA and should be used to promote the service to the public- COVID-19 Vaccination Programme information materials. SPPG communications and other resources can be found on the PCI and BSO.

13.4 The pharmacy contractor shall not publicise the availability of the service in any way which is inconsistent with the professional nature of the service, and must only use materials specifically provided by the SPPG/PHA (unless with the prior agreement of the SPPG).

13.5 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.

13.6 The pharmacy contractor shall ensure that service provision is in accordance with relevant professional standards and guidelines.

13.7 SPPG supporting documents can be found at the BSO and PCI.