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Seasonal Vaccination Provider Programme Guide

Autumn/Winter 26/27 (AW26/27)

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This document is to support providers to participate in the autumn/winter 2026/27 programme for flu and COVID-19 vaccinations.

Changes will be made to this document as needed to keep information current. There may be times where the text is revised for clarity. Significant content changes or new information will be highlighted in yellow.

Providers must use the most recent version of this guide and keep informed of changes via primary care bulletin updates. Sign up for the primary care bulletin here.

Flu programme summary

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The annual Flu Letter published in February 2026, confirmed the timing and eligibility cohorts for the AW 2026/27 programme. In June 2026, an amendment to the letter was published confirming that people experiencing homelessness will be eligible for a flu vaccine; and that the children's flu vaccination service will continue in community pharmacies to improve access and uptake.

Eligible cohorts for flu vaccination and programme delivery dates

Full and further information is in the **National flu immunisation programme 2026 to 2027 letter.**

There are no changes to eligible cohorts for the 2026 to 2027 programme. The following cohorts, based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), are announced and authorised to be eligible to receive a flu vaccination:

From 1 September 2026:

- pregnant women
- all children aged 2 or 3 years on 31 August 2026
- primary school and secondary school-aged children (from reception to year 11)
    - (individuals 17 years and over attending a special education needs (SEN) school and who are in a clinical risk group may also be vaccinated alongside their peers)
- all children in clinical risk groups aged from 6 months to less than 18 years (as defined by the Green Book, Influenza Chapter)

From 1 October 2026:

- those aged 65 years and over
- those aged 18 years to under 65 years in risk groups (as defined by the Green Book, Influenza Chapter)
- 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
- close contacts of immunocompromised individuals
- those aged 16 and over experiencing homelessness, (PEH) such as rough sleepers or using homeless hostels or night-shelter, (as defined in the Green Book, Influenza Chapter)
- frontline workers in a social care setting without an employer-led occupational health scheme

The seasonal flu programme will cease on 31 March 2027.

Please note, for pharmacies wishing to offer the children's flu service, the cohort offer is staggered and different to that of GPs. Service commencement dates according to cohort are outlined in the advanced specification.

COVID-19 programme summary

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Eligible cohorts for COVID-19 vaccination and programme delivery dates

The government announced that, in line with Joint Committee Vaccination and Immunisation (JCVI) advice the eligible cohorts for AW 26/27 will remain the same and will be offered to those at higher risk of serious outcomes for COVID-19:

From 1 October 2026:

- Individuals aged 75 years and over (including individuals who turn 75 years old by 31 January 2027).
- Residents in a care home for older adults (as defined through CQC registration), irrespective of the individual's age.
- Individuals aged 6 months and over who are immunosuppressed (as defined in the immunosuppression row of tables 3 and/or 4 in the COVID-19 chapter of the Green Book.

The seasonal COVID-19 programme will cease on 31 January 2027.

COVID-19 Year-round vaccination pathway

All providers should be aware of the local pathways for individuals who may need a COVID-19 vaccination all year round. Locally there will be a small number of providers who are commissioned to deliver all year-round COVID-19 vaccination services. GPs and pharmacies are also able to provide vaccinations to these patients providing it is undertaken in line with their respective seasonal vaccinations service specifications. Individuals who might be considered for vaccination regardless of the time of year are those in line with the

clinical guidance in the COVID-19 chapter of the Green Book. Eligibility will be based on individual clinical assessment on a case-by-case basis, therefore service delivery using a Patient Specific Direction will be required. Further guidance is available on the Future NHS Workspace and details about local pathways will be available from the ICB.

Advice for those with a prior clinically confirmed anaphylaxis or systemic allergic reaction to vaccine(s)

Advice for vaccination of individuals with a prior clinically confirmed anaphylaxis or systemic allergic reaction to any vaccine or vaccine component is available in the relevant Green Book chapters.

Contractual and registration information

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Contract changes for 01 April 2026 - 31 March 2027

Information on the key vaccination programme contract changes for AW 26/27 has been shared with primary care providers. For training recordings see:

- Contractual changes – GP and clinical (Spring 2026)
- Contractual changes – Community Pharmacy (2026/27)

Enhanced and Advanced Service Specifications

Primary care COVID-19 and adult flu vaccination service specifications have been combined into a single document. Please read the service specification before you sign up, as important contractual information that changed on 1 April 2026 is included.

The respective service specifications contain the full requirements of the provider to offer the service(s).

- NHS England » Service specification: General practice seasonal vaccination services – COVID-19 and influenza vaccination enhanced services
- NHS England » Service specification: Community pharmacy seasonal vaccination services – COVID-19 and influenza vaccination advanced services

If GPs want to provide the COVID-19 vaccination service, they **must** also provide the adult flu vaccination service.

However, they can sign up to deliver **only** the adult influenza vaccination service.

The children's 2–3-year-olds and at-risk children flu vaccination service specifications remain separate. These are available here:

- General Practice Enhanced Service Specification for childhood seasonal influenza vaccinations
- Community Pharmacy Advanced Service Specification for childhood seasonal influenza vaccinations

Registration/Participation and claiming payments

Registration deadline

- The deadline for all providers for all seasonal programmes to ensure supply is received before the start of the season is 31 July 2026.
- For GPs, the deadline to opt into the **childhood flu vaccination service** on CQRS is 20 August 2026.
- For pharmacies, the deadline to register for the **childhood flu vaccination service** on MYS is 31 August 2026.

Providers are able to sign up after these deadlines, but to ensure timely vaccine delivery and payment they are encouraged to meet the deadline. Full deadline information is detailed within the respective specification.

GP practices

Practices participating in any seasonal vaccination service or in a Primary Care Network (PCN) where another practice is participating in the service, **must** accept the offer for the relevant Claiming Service on Calculating Quality Reporting Service (CQRS) to enable payments for activity, or to enable the practice to receive payments to reimburse any third parties undertaking any activity on their behalf (for example in a care home) if they haven't already done so.

COVID-19 and adult flu

The CQRS page for COVID-19 vaccinations has been repurposed for solely claiming payment for administered vaccinations and practices must also sign up to the enhanced service (ES) separately using the form linked below.

Practices wishing to opt into (or out of) the service must do so through the form at https://forms.office.com/e/TpqGnjbmgu, and provide the relevant data requested for onboarding.

Please note practices offering COVID-19 vaccinations will also need to sign up separately on CQRS to offer flu vaccinations.

Where practices previously signed up in February 2026 to deliver COVID-19 and adult flu nothing further is required.

Adult flu only (for practices not wishing to provide COVID-19 vaccinations)

Practices must register for the to provide the adult flu vaccination service must accept the participation service offer on CQRS.

Childhood flu

Practices who wish to register to provide the childhood flu service must accept the participation service on CQRS. Please take note of the cohort information in the enhanced service specification.

Claiming payments for COVID-19, adult flu and childhood flu vaccinations

In order to claim payments for COVID-19, adult flu and childhood flu vaccinations, practices must sign up to the Claiming Service in CQRS for each service. This is separate to participation in the services on CQRS. Practices that only accept the offer to participate in the ES on CQRS cannot be paid without also opting in to the accompanying Claiming Service.

Practices who are not participating in the ES, but who are a member of a PCN where another practice is participating must accept the Claiming Service(s) on CQRS and will claim for payments where another practice have vaccinated their registered patients. Payments should then be distributed as agreed in the Network Agreement.

GP additional guidance on recording seasonal vaccination events payments and collaboration 2026-27

GPs providing seasonal flu vaccinations under the seasonal Enhanced Service are permitted to offer vaccine to some people who are not their registered patients, in specific circumstances. This has historically always been the case where they can offer vaccine to frontline health and social care workers, and locum GPs who are not their registered patients. In 2026/27, we have added people experiencing homelessness (PEH) to that group in order to give maximum flexibility. So, GPs can vaccinate PEH who are unregistered or are registered with another practice because the text of the Enhanced Service Specification expressly gives them the contractual right to do so. In addition, we recommend in the above seasonal vaccination additional guidance (section 2.2) that in doing so practices register the patient in their system using INT registration status. This is for administrative purposes only, to register the patient for vaccination and ensure that the payment flows to the vaccinating practice, not another practice. For information on pneumococcal vaccination for PEH, see section on “Co-administration of vaccines”.

Community Pharmacies

To provide seasonal vaccination services, pharmacies must register (or de-register) via Manage Your Service (MYS) Sign in - Manage Your Service - NHSBSA. Once pharmacies register and complete their declaration(s), they can check their status directly within MYS.

COVID-19 and adult flu

Please note pharmacies offering COVID-19 vaccinations will also need to sign up separately to offer flu vaccinations.

For those pharmacies who previously signed up in February 2026, to deliver COVID-19 and adult flu, then nothing further is required.

Adult flu only

Pharmacies wishing to offer just adult flu vaccinations (not COVID-19) must sign up on MYS as per the above selecting just flu.

Childhood flu

Pharmacies wishing to offer children’s flu vaccinations must sign up for children’s flu as per the above. Signing up for the adult flu vaccination service does not cover children’s flu vaccination service.

Vaccination Centres

COVID-19 vaccination delivery for vaccination centres may be commissioned through regionally led procurement. Regions may commission vaccination centres to address identified gaps in local coverage and delivery capacity, informed by population need, equity considerations and existing provision.

Schedules have been published at Standard Contract Holders Seasonal Vaccination Schedules 2026/27

Autumn/winter planning 2026/27

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Provision for long stay inpatients

NHS Trusts will be commissioned to administer vaccinations to eligible long-stay patients (21 days or more) and those being discharged to a care home through a Schedule 2A addition to their contract found at Standard Contract Holders Seasonal Vaccination Service Schedules 2026/27.

A similar schedule will be applied for Detained Estates providers and can be found at the same link. More information for detained estates providers can be found within this document here, although other sections may also be relevant.

Provision of the service at off-site locations

Off-site locations (previously known as temporary sites), such as pop-up clinics, are those where vaccinations are administered away from the usual GPhC or CQC registered location.

They are designed to improve access for underserved populations or to meet specific local needs. This is not considered to be an outreach service and can be undertaken under the seasonal vaccination service specifications and according to the Human Medicines Regulations. Full information on off-site locations is detailed within the respective specification. The provider should familiarise themselves whether they require agreement from their Commissioner for off-site provision.

Off-site locations can be added to the NBS, along with COVID-19 vaccination walk-in finder. Off-site locations cannot however be added to the NHS Find a flu pharmacy.

Provision of the service in care homes

For seasonal vaccinations, in accordance with service specifications, sections 6.13 and 6.13.1, GP practices who have signed up to the enhanced service must offer to administer seasonal vaccinations to all eligible patients on their registered patient list, this includes care homes.

GP practices cannot ‘opt out’ from offering and administering vaccinations to certain groups of patients (for example housebound) if they have signed up to the enhanced service.

Practices will be able to collaborate to deliver the seasonal vaccination service within their PCNs. By agreement with the commissioner, GP practices can enter into a Vaccination

Agency Agreement or sub-contracting arrangement to enable, for example care home staff, to administer vaccinations to residents.

Where a practice is part of a PCN and one or more of its member practices has signed up to deliver the COVID-19 and/or adult flu vaccination service, the PCN is collectively responsible under the 2026/27 Network Contract DES to ensure all residents of aligned care homes are offered a COVID-19 and flu vaccine in AW 26/27 as per the terms of the seasonal vaccination ES.

A PCN could make arrangements for another provider to administer these vaccinations under an appropriate arrangement if they have insufficient capacity, for example, a subcontracting arrangement or a vaccination agency agreement. A template vaccination agency agreement is available on Futures here.

In exceptional circumstances where an eligible resident in the care home is not registered with a practice in the PCN, and the practice has signed up to deliver the COVID-19 and/or adult flu vaccination service, the practice could vaccinate those patients if they consent, and if they do so must liaise the patient's registered practice and / or PCN. The patient may be vaccinated under Immediately Necessary Treatment arrangements where, in the clinician's judgement, delaying vaccination would not be in the patient's best interests and no practical alternative route is available.

If no practice within a PCN signs up to the seasonal vaccination ES, then commissioners are responsible for ensuring coverage. The commissioner may ask pharmacy contractors if they would be willing to vaccinate care home residents or procure these services from another type of provider.

Seasonal provision for services for housebound patients

In accordance with service specifications, sections 6.13, 6.13.2 and 6.17.2, GP practices opted into the COVID-19 and flu service must offer to provide COVID-19 and flu vaccinations to all housebound patients whose name is included on the practice's list of registered patients.

People experiencing homelessness (PEH)

In March 2026, the Government accepted the Joint Committee on Vaccination and Immunisation (JCVI) advice to make pneumococcal and seasonal flu vaccinations routinely available to people experiencing homelessness (PEH), specifically, "rough sleepers and those using homeless hostels or night-shelters", rather than the broader definitions of homelessness. More information can be found here.

The flu offer for PEH commences from 1 October 2026 in line with the adult programme start date and although pneumococcal is an all-year-round offer, it will also commence on 1 October to align with the flu programme and support opportunities for co-administration.

Both GPs and community pharmacies who have signed up to deliver adult flu will also be able to vaccinate the PEH cohort. An NHS number is not required for this cohort to be vaccinated, however NBS cannot be used to make these appointments. Individuals can use the flu service finder to find a walk in, make a local appointment at a pharmacy, or they can call 119 for support. Only GPs will routinely offer a pneumococcal vaccination, unless there is a local commissioning arrangement in place.

Based on local population level need, regional commissioners may choose to supplement this offer by commissioning specialist outreach services, homeless healthcare providers or NHS Trusts via a LES, outreach contract or standard contract, which could then enable pharmacies being able to vaccinate this cohort for the pneumococcal vaccine.

COVID-19 provision for eligible children

The Commissioner may (acting reasonably) need to make allocation decisions regarding the COVID-19 vaccine, including for providers delivering vaccination services for children. There are sufficient stocks to vaccinate all eligible children, however these need to be distributed on request to authorised providers. ICBs will confirm locally which sites (GP or pharmacy) are set up for delivering vaccination services for children for their area.

Information on the logistics relating to supply of COVID-19 vaccine for children can be found here in this document here.

Providers authorised to provide vaccinations for children over the age of 5 should be encouraged to use NBS. Appointments for this cohort are shown on a rolling schedule (not next day opportunities) to allow time for vaccine to be ordered and delivered.

Community pharmacy providers (if applicable) are not expected to offer a walk in service for this cohort, and no walk in options for this cohort will be displayed on the walk-in finder.

Legal mechanisms for administration of vaccines

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It is important to note that the legislation which enabled the development of a National Protocol lapsed on 31 March 2026.
Legal mechanisms for administration of the vaccine include Patient Specific Directions (PSDs), Patient Group Directions (PGDs) and Vaccine Group Directions (VGDs). VGDs are described by the government in their response to a recent consultation, and continue to enable suitably trained and competent registered and non-registered staff to participate in the vaccination programmes.

The nationally developed PGD and VGD for the flu vaccination programme are available at the immunisation legal mechanisms webpage. The nationally developed PGD and VGD for the COVID-19 vaccination programme have been updated and published here: COVID-19 vaccine (5 years and over) PGD and VGD - GOV.UK

This season, the nationally developed PGDs and VGDs for these vaccination programmes will be organisationally authorised at national level.

Vaccinating teams should read, understand and locally authorise the relevant document (completing the self-declaration and local manager countersignature in Section 7) prior to vaccinating.

Specialist Pharmacy Service have a range of resources regarding legal mechanisms including guidance to support teams in Understanding VGDs.

Operational systems

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Once registration has been completed, providers should confirm their access to the following systems, paying close attention to any systems that are mandated in the respective service specification.

Federated Data Platform (FDP)

The Federated Data Platform (FDP) is the national data platform that consolidates information on vaccination providers, vaccination events, and supply of COVID-19 vaccines (and children's flu vaccines for community pharmacies) during the seasonal programme.

Site users will primarily use FDP to manage relevant vaccine delivery and supply, although information on vaccination events for all programmes is available as well as the ability to request site detail changes. Providers must ensure that they have sufficient access to FDP before the programme starts (including to cover periods of absence).

To use FDP, users must have:

1. **Access to the FDP site.**
2. **Approval to use the FDP vaccination workspaces.**
   This approval is associated with an entry on the ‘vaccination sites list’ which also contains information about delivery addresses, lead contact details etc. It is specific to each provider ODS code.

1. Access to the FDP site

The information at Accessing the NHS Federated Data Platform (FDP) describes in detail how to get access to FDP itself.

- For those with an nhs.net e-mail address, access is through authentication of this account.
- For users without an nhs.net e-mail account, an OKTA account is required.
  - Request an account at https://apps.model.nhs.uk/register.
  - Complete the 'Federated Data Platform - Access Request Form' to link your OKTA account to FDP via the Customer Service Portal. The product you will be using is 'Vaccines Workspaces'. You may need to register for the Portal to make this request (link on the page under the log-in fields).
- Detained Estate users cannot use mobile-phone multi-factor authentication. Guidance for accessing FDP using non-mobile authentication is available here: Detained Estates.

Once the above steps have been completed you can navigate directly to the vaccinations workspace at Vaccines Homepage. You will be prompted to set up multifactor authentication as described in the attached guidance.

2. Approval to use the FDP vaccination workspaces

The FDP vaccination workspaces can be accessed by approved users at https://england.federateddataplatform.nhs.uk.

All providers requiring access can request that using MSForm details submitted on the registration/data capture form will have approval to use FDP vaccination workspaces granted within 15 working days.

Further support

- Additional training materials are available at Federated Data Platform Training Materials.
- To receive updates on vaccine orders or site status, see the Turning on Supply Notification Guide on FutureNHS.
- For access issues, contact ssd.nationalservicedesk@nhs.net or log a ticket using the Customer Portal.
- To remove a user from FDP, please provide the e-mail address of that user to ssd.nationalservicedesk@nhs.net .

Systems to record vaccinations

Seasonal vaccination events should be recorded on the same day that the vaccine was administered. Where exceptional circumstances apply and this is not possible, they must be recorded as soon as practicably possible but within a maximum of 15 days to ensure payment.

Accurate and timely data makes a direct difference to patient safety, public health, and effective NHS vaccine delivery.

- Recording each vaccination promptly and accurately helps the NHS match supply to real demand. Good data prevents avoidable waste, supports vaccine supply, and protects NHS resources for the patients who need them most.

Help and support for all providers recording vaccinations can be found here: Recording vaccinations (VVES) – help and support along with Point of Care systems guidance

General Practice - GPIT

Vaccinations administered by GP practices must be recorded within the GPIT System, onto the electronic health record in a way that allows the General Practice Extraction Service (GPES) to access structured information for the purposes of payments and sharing of information.

A vaccinating practice will have access to patient records if the patient is registered with a practice in their PCN. Vaccinations of patients registered with other practices in the PCN will be recorded in the patients registered practice records. If practices are not aware how this is facilitated in their GP IT system, they should contact the provider of their GPIT system.

For guidance and support on usage and collaboration functionality of their chosen system, practices must engage directly with their GPIT supplier. The current Network Contract DES guidance requires each PCN to “have in place appropriate data sharing and, where appropriate, data processing arrangements between members of the PCN and any sub-contractors as required. These arrangements must be in place prior to the start of the activity to which they relate.”

Where a practice has chosen to sub-contract or use a vaccination agency agreement, details of this contract or agreement must stipulate how the data will be recorded on the practice's GPIT.

Community pharmacy, NHS Trusts, or vaccination centres – Record a Vaccination Service (RAVS)

The way pharmacies must record NHS vaccinations is changing

- From 1 September 2026, community pharmacies **must** record all NHS vaccinations in the Record a Vaccination Service (RAVS), either accessing the service directly or via an approved pharmacy IT system.

- Pharmacies will still need to sign up for a RAVS account via Login - NHS Record a vaccination if they do not already have one.

- Pharmacies should use the Help and Support section on the RAVS website for RAVS guidance. Further information can also be found on the RAVS Futures page.

Specific support is planned for pharmacy multiples and larger pharmacy organisations, including bulk onboarding and central reporting functionality. This will support autumn/winter delivery by making it easier for pharmacy chains operating across multiple sites to manage access, onboarding and reporting through RAVS.

Vaccination event data is sent to GP practice records, national reporting, and payment systems at the end of each day. Users can view the total recorded vaccinations through the PoC system's reporting function or FDP.

NHS Trusts and vaccination centres must also use the RAVS system for autumn/winter vaccinations.

Regarding accessing RAVS and OKTA:

- Users should receive two emails when setting up access (RAVS and OKTA).
- They should check spam/junk folders if emails are not received.
- If no OKTA email is received, this may indicate an existing account—users should attempt login and reset their password if needed.
- Any unresolved OKTA issues should be directed to the IT Service Desk, as these are separate from RAVS itself.

Onboarding and readiness processes for Detained Estates (DE)

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New detained estates are onboarded or removed from systems via regional vaccination and detained estate commissioners.

Unless specifically written for Detained Estates, the general operational arrangements described for vaccination centres in this guide, also apply to detained estate providers.

- Specific instructions for detained estate locations to access FDP using a non-mobile phone authentication is available here: Detained Estates.

National Booking Service (NBS)

NBS enables individuals to book vaccination appointments at the most convenient location and time for them and reflect on accessibility preferences.

Eligible individuals will be directed to the system (along with other routes) via national invitation and reminders.

For autumn/winter, a new functionality is being introduced for the programme, which means the appointment dates shown to some users will depend on their cohort.

Community Pharmacy providers offering COVID-19 and/or childhood flu must offer vaccination appointments through NBS.

GP providers are encouraged to use NBS where possible. When individuals on a GP registered list search NBS, any available appointments posted on the Manage Your Appointments (MYA) system by their registered GP will appear alongside nearby pharmacies and vaccination centres.

- Where collaborating GP practices are using NBS, individuals accessing NBS will be offered any available appointments posted by their registered GP alongside nearby pharmacies and/or vaccination centres. This offer is based on the prescribing code of their registered practice. **User details and requirements**: individuals submit their name and NHS number (or date of birth and postcode on GP records to determine the NHS number), and a preferred postcode or location. They will also be asked to identify which of nine accessibility requirements apply. Joint bookings (two adjacent appointments for different individuals) can be made, or in some circumstances, to receive more than one vaccine at the same booking (co-administration appointment).

- **Eligibility:** An NHS number is used by the NBS system to check whether the appointment is for someone eligible on age grounds. Where eligibility is for other reasons, the system cannot accurately differentiate, so individuals are asked to review eligibility criteria and if necessary, self-declare.

    - Where a self-declaration is made, individuals are informed that they will only receive a vaccine if eligible and that this will be confirmed through assessment by a clinician at the appointment.

    - Unless patients experiencing homelessness, (PEH) are also included in an ‘at risk’ category; NBS cannot be used to book a flu vaccination for this cohort. However, there are multiple options available, see the third paragraph here.

- **Availability:** NBS will search the Manage your Appointments system to find appointments that match the user details and requirements. It will display the nearest locations and appointments so that a convenient time and location can be selected. Individuals can only book appointment(s) 25 calendar days in advance; from the day they make the booking (Men B is the only exception that has a 33-day booking window).

- **Booking:** Once individuals choose a convenient location and/or time and accept the booking, they are asked to leave a contact e-mail and/or a mobile telephone number for the purpose of confirmation or booking amendments.

- Bookings cannot be made on the same day.

- **Confirmation**: Once a booking has been made, confirmation is sent to the e-mail or mobile phone number provided, with a further reminder 72 hours before the booking.

- **Changes or cancellations**: 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 vaccination event is reported on GPIT or RAVS an assured PoC system before the appointment date, then the booking will be cancelled as no longer required and the individual notified.

- **Timings**: For COVID-19 and flu vaccination appointments there is a defined date range that calendars will be shown to the public.

Manage Your Appointment (MYA)

Manage Your Appointments (MYA) is the system used by providers (pharmacies, vaccination centres and GPs) to create and manage their clinic availability for vaccination appointments. It shares this clinic availability with NBS so that individuals are aware of where and when they can book an appointment.

Providers set up appointment availability in MYA as either a single ad hoc date session or a recurring weekly session. Providers can choose the duration of that session length when creating the sessions, they can also select the services and cohorts of individuals who can book into them. Once everything has been confirmed the site can publish those appointments and they are then available to be booked by individuals wanting to make bookings.

Provider access

System access can be requested by completing the data capture form at Vaccination Provider System Access Request. Most providers will have already completed this when signing up to deliver a previous seasonal service, so no further action will be required if providers already have MYA accounts.

GP providers were set up with a MYA account in April 2026; respective regions can help if account information is unknown.

For new providers, the data capture form needs to be completed, once you have signed up to deliver a seasonal vaccination service.

When a new vaccination site is set up with an account, two site managers typically receive an email with instructions. Site managers can add or remove access for other staff members, including other site managers if required. They can also check and confirm location details and create appointment availability as needed.

- For those with an nhs.net e-mail address, access is through authentication of this account.

- For those without an nhs.net e-mail account, an OKTA account is required. (Request an account at https://apps.model.nhs.uk/register).

This offer is based on the prescribing code of their registered practice. Practices can request a Manage Your Appointments account with their prescribing code and a location other than their surgery (for example a collaborating clinic location) to offer appointments to their registered patients. They can request this through the data capture form.

Appointments

Once the login is active (or if there is an existing login) MYA is open for providers to create availability for both flu and COVID-19 vaccinations. Appointments can be uploaded for as early as the following day.

Appointments have been visible to the public since 17 August 2026.

Training and Guidance

Training videos are available here: Manage Your Appointments (NBS) training videos. These will be supported by drop-in Q&A sessions. Guidance pages are also available online Manage Your Appointments guidance - NHS England Digital.

Users can also register to attend drop-in sessions if they have questions about MYA: drop-in Q&A sessions. Drop-in sessions will commence fortnightly from Wednesday 29 July.

To add a temporary (pop-up) site onto Manage Your Appointments please contact the ICB or Regional team to add the site onto the approval process through FDP.

Closing a site/ turning offline

It is the providers responsibility to close the site on MYA and turning it offline should it no longer be required. This can be done by navigating to “change site details” and then “change site status” when logged into Manage your appointments.

MYA 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 at Manage your Appointments - FutureNHS

New features in MYA for autumn/winter 26/27

A new functionality is being introduced to MYA to make appointment management easier for providers.

MYA has now introduced the next iteration of the bulk edit and delete functionality. Cancel a clinic series has been introduced this will allow you to remove a clinic series in one go. When you cancel a clinic series you will also be presented with, what you want to do with your affected bookings. Additional information for this functionality can be found here, and training video can be found here.

An example of MYA booking cancellation template, individuals receive once appointment(s) have been cancelled, via email or SMS text, (providing they have left their contact details):

Subject: Cancelled booking – ((vaccine)) vaccination appointment

Hello ((first name)),

Your ((vaccine)) vaccination appointment has been cancelled.

Your cancelled appointment Booking reference: ((reference))
((Site name)) ((address))
Date and time: ((date)) ((time))

To rebook your appointment
Visit ((service URL))

Providers offering appointments for Pregnancy

Pregnant individuals aged 16-17 who are eligible for vaccination will fall under the 2-17 cohort in MYA, so providers will need to create appointment availability under the 2-17 cohort. They will not default to adult appointments. Therefore, providers should publish 2-17 appointments, with the reassurance that these appointments will only be visible to individuals booking through the appropriate eligibility pathway.

Pregnant individuals aged 18 and over will fall under the 18-64 flu cohort and will be directed to book into those appointments.

Providers offering appointments for Childhood flu

Providers can create availability against the 2–17 Flu service type in MYA, and NBS will control which users can access that availability based on their age, eligibility pathway and the relevant programme dates.

This means school-aged children who are not otherwise eligible earlier in the programme will only be able to access that availability once their cohort opens on 1 December.

Only eligible 2–3 year old children and children aged 2–17 who are in a clinical risk group, will be able to access the 2–17 service, prior to 1 December.

COVID-19 vaccination walk-in finder and flu vaccination service finder

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COVID-19 vaccination walk-in finder

Walk-in clinics are an important part of the COVID-19 vaccination offer for adults. Some individuals are more likely to receive a vaccination if they are given the opportunity to do so without an appointment. Therefore, to maximise uptake and reduce health inequalities, it is important that providers offer both bookings and walk-in availability where possible.

Individuals can use the COVID-19 vaccination walk-in finder if they live in England. The service finder will be available to use from the 1 October 2026 and will close on 31 January 2027.

When using this service finder, individuals can enter a postcode and see information on which providers are offering COVID-19 vaccinations to individuals without an appointment in their local area. They will also be able to view vaccination opening times if a provider has entered this information in NHS Profile Manager.

The COVID-19 vaccination walk-in finder allows eligible individuals to identify nearby walk-in vaccinations sites, including providers offering both seasonal vaccines (COVID-19 and flu) at the same time if they prefer a walk-in co-admin option.

Pharmacy flu vaccination service finder

The Find a pharmacy that offers free flu vaccination - NHShttp://www.nhs.uk/flu-pharmacy will also inform the public how they can access flu vaccination services by indicating one 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

This service finder will be available for individuals to use from the 1 September 2026 and will close on 31 March 2027.

Community pharmacies offering COVID-19 and/or flu walk-in vaccinations should ensure their service information is published and kept up to date on the NHS Pharmacy Finder using NHS Profile Manager (or through arrangements agreed with their head office).

NHS Profile Manager actions for pharmacies and vaccination centres

Communications have been issued to all pharmacies and vaccination centres requesting must:

- Check that the walk-in COVID-19 and flu vaccination services offered are correct for the seasonal programme; and
- Add seasonal clinic opening times (for COVID-19); and
- Keep this up to date during the season, including removing COVID-19 walk-in services when they are not available (for example if they no longer have vaccine in stock or a trained vaccinator on site). Changes made are reflected almost immediately on the website.

Pharmacies must offer vaccinations through advertised walk-in clinics via the NHS Pharmacy Services Finder.

The NHS website flu vaccination service finder is supported through NHS Profile Manager: NHS Profile Manager. For support with access or updating service details, contact nhswebsite.servicedesk@nhs.net.

Managing walk-in vaccination service information in NHS Profile Manager

The NHS Profile Manager can be accessed here NHS Profile Manager - NHS.

If registering for access, non-pharmacy providers should choose ‘Vaccination site’ at the prompt. For help, providers can email nhswebsite.servicedesk@nhs.net.

1. Click the ‘Add profiles’ link to request permission to edit the service information for specific vaccination site(s), providing the provider ODS code. If your ODS code is not recognised, then see new locations below.
2. Enter clinic dates and opening times when vaccinations could be accommodated without appointments. Clinics will only be displayed on the day(s) that they are open so they may not appear on the public site immediately.
3. If the service has moved, or the address on the profile is incorrect, providers should contact their ICB to amend the FDP site details.

New locations:

Pharmacy and vaccination centre information are refreshed weekly to ensure that these locations can be linked to user accounts as described in point 1 above.

If a profile cannot be found, or if it is a new location and the provider does not receive vaccine at the site where walk-in services will be offered, they should request that their ICB adds it to FDP as a temporary site. These sites will be added to Profile Manager weekly; regional approval by noon Tuesday will appear as created FDP sites on Wednesday, however, providers are requested to give as much notice as possible.

For help, including gaining editing access to new vaccination locations launched after 1 October 2026, providers can email nhswebsite.servicedesk@nhs.net.

119 vaccination telephone booking service

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Overview

Individuals who cannot use the online booking service can book a seasonal vaccination(s) by calling 119, which is a telephone booking service operated by NHS England.

It aligns with the online National Booking service and operates Monday - Friday 8:00am – 6:00pm.

The 119 service is for eligible individuals and their representatives only. It cannot support providers or ICBs with calendar changes, script queries or programme questions. Such calls create additional costs for the NHS.

Booking appointments

Call agents act as proxy for callers who cannot use digital services. They:

- Follow a non-clinical script, updated immediately before the seasonal programme starts (available on FuturesNHS here).
- Book, change or cancel appointments on the National Booking Service.
- Use the COVID-19 vaccination walk-in finder to signpost callers to walk-in options.

Agents cannot offer clinical advice.

Cancelling and rearranging appointments

Providers should support eligible individuals to book or rearrange appointments where possible. However, referring someone to 119 may sometimes be appropriate, remembering that:

- Bookings can be cancelled up to 1 hour before the appointment.
- If an NBS appointment is cancelled on the day, it cannot be rebooked for the next 24 hours, so the individual should be instructed to call 119 on the following day if local arrangements cannot be made.

119 support for individuals who are housebound

When someone calls 119 and reports that they usually receive care at home, they will be advised to contact their registered GP, who is responsible for their vaccinations. Individuals who have already attempted to contact their GP and require further support will be directed to make a complaint via the NHS Customer Contact Centre. These will be shared with regions through normal processes.

119 cannot make domiciliary appointments directly or set up bespoke arrangements for geographical areas.

119 support for those with a prior clinically confirmed anaphylaxis or systemic allergic reaction to vaccine(s)

Advice for vaccination of individuals with a prior clinically confirmed anaphylaxis or systemic allergic reaction to any vaccine or vaccine component is available in the relevant Green Book Chapters

Call agents are not clinical, if an individual calls 119 and reports they have had an allergic reaction previously to a vaccine, the agents will advise the caller to inform their healthcare professional at their appointment and advise that they may not receive a vaccination at that time, depending on the advice of the clinician, to help manage expectations.

Healthcare professionals should not refer an individual to 119 to help them make an appointment if they need support from an allergy specialist – they will be referred back to their GP. Healthcare professionals should refer to their local pathways and/or contact their ICB for further support, if needed.

Creating demand

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Invitations for eligible people

Local invitations by GPs and Detained Estates

For seasonal vaccinations, participating general practices must undertake a proactive call/recall of all eligible patients as described in section 8 of the service specification, in addition to what is sent nationally.

Detained Estates must use locally developed reports from 'TPPSystmOneHJIS' to identify the eligible cohorts and offer COVID-19 and flu vaccines.

National call/recall

The national call/recall service will send invitations and reminders to individuals whose NHS records suggest they may be eligible for vaccination, to complement local invitations from general practices. The service will not contact anyone who already has a future booking on NBS, has a recorded vaccination, lives in a care home or detained estate, or who has chosen to opt out of national vaccination messages.

National communications will direct individuals to consider their eligibility and to book through the NBS (on-line or via 119) or to find walk-in services. They will note that individuals may also be contacted by their GP practice.

There are limitations to national invitations and so local provider action remains important:

- National invitations are based on clinical coding. If records are not up to date, some people may be incorrectly identified as eligible or no longer eligible. Clinicians may need to review these cases and decide, sensitively, whether vaccination is appropriate. This discussion must be recorded in the clinical record.
- Some individuals cannot be identified by national clinical coding but may be identified as eligible by local providers.
- 119 call handlers are not clinicians. They cannot advise on eligibility but may help individuals with questions about their invitation.

Eligible individuals who do not want to receive vaccination invites through national routes can opt out at www.nhs.uk or by calling 119, where call handlers can submit the 'change your invitation preference' form with that individual's consent.

General practices that do not provide seasonal vaccinations must ensure housebound patients are referred to the appropriate local vaccination services.

Invitation schedule

A planned schedule of invitations for the 26/27 season is indicated below; this may be subject to change:

- **Week commencing 28 September** - Email only invitations sent out to all eligible people with an e-mail address recorded (for both flu & COVID-19).

- **Week commencing 28 September** - Seasonal flu children 2–3-year-olds and 4–15-year-olds at risk cohorts (reminders in the week commencing 19 October and 9 November).
- **Week commencing 5 October** – Group 1 Invites sent to Covid immunosuppressed ages 5–74-year-olds cohort (reminders in the weeks commencing 26 October and 16 November) (COVID-19 only).
- **Week commencing 12 October** – Group 2 Invites sent to age 75-year-old plus cohort (reminders in the weeks commencing 2 November and 23 November) (for both flu & COVID-19*).*
- **Week commencing 19 October** – Group 3 Invites sent to 16–64-year-olds at risk cohort (reminders in the weeks commencing 9 November and 30 November) (flu only).
- **Week commencing 30 November -** Seasonal flu (not at risk) children 4 – 16-year-old cohort (no reminders, as a one-off).

Accessibility and patient information

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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. Providers must ensure that reasonable adjustments are considered and that communication support is put in place as required to facilitate the uptake of vaccinations for those with different needs.

Patient information resources

Vaccination programmes resources are available here for all vaccinations, and the winter vaccines communications toolkit is now also available.
Most leaflets can be printed or shared digitally.

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 app's Sign Directory.

Reducing inequalities

Providers should proactively identify and encourage people from groups with lower uptake to be vaccinated, addressing any local hesitancy factors. Systems and providers are asked to identify their underserved communities and inclusions groups; then plan and deliver interventions to meet their needs. This includes detained estates supported by detained estate regional commissioners.

Plans may include:

- Working with partners, for example Local Authority teams and Voluntary, Community and Social Enterprises (VCSEs) to support engagement with 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.

A national case study template was shared to aid analysis and ensure consistency in evaluating inequalities interventions. Resulting case studies can be found at Inequalities Toolkits.

Actions for all providers

- Ensure that up to date resources are in place to support people with different communication needs and that all members of the team can access them.

- If NBS is used, ensure that site accessibility attributes are up to date so that people who need these adjustments can book with the provider.

- Maintain a supply of Braille leaflets, as it is the only leaflet which cannot be shared digitally. These can be ordered by visiting the Pu@blications 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 providers, registering as an organisation, not an individual, will enable the ordering of more leaflets.

- Where there are gaps in service provision, regional commissioners may reach out to alternative areas to commission additional providers to ensure coverage for the population that doesn't require significant travel. If a provider has agreed with their local system to undertake an Outreach event, then they may be asked to record this as such on their PoC.

Payments

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Payment mechanisms vary across different provider groups. More detailed guidance is provided in the relevant service specification.

Community pharmacies must claim for COVID-19 vaccination programmes through the MYS payment portal operated by NHS Business Services Authority (BSA). For adult flu and child flu, there is no separate sign-up for payments once registration on MYS has been completed, it remains BAU for payments.

GP payments will be through the usual GP payment processes, including the payment being made to the practice of the registered patient (rather than the practice that vaccinated). Practices will claim via CQRS; All practices need to sign up to all three of the claiming services (COVID-19, adult flu and child flu), to enable payments to be claimed if vaccinated by another practice. The claiming services enable data to be extracted for payment. Only practices that sign up to participate in the ES are able to administer vaccines. Where practices want to provide vaccinations, they must also accept the participation service in CQRS, as well as the claiming service.

In a sub-contracting arrangement, payment flows to the practice (or the practice of the registered patient within that PCN) which sub-contracted the service, because the Commissioner holds the contract with the practice and not with the sub-contracted provider. It is between the practice and the sub-contracted provider to agree how funding is re-distributed.

Vaccination centres, hospital hubs, non-primary care providers, and detained estate payments are calculated and paid by regional finance teams. Payments are calculated using data that flows from the Point of Care system to FDP.

Outreach Service payments are calculated and authorised by regional teams. Community Pharmacies then claim fees via the NHS BSA MYS payment portal.

More information:

- Queries relating to non-MYS payment claims should be directed to the regional finance and payments leads via the ICB
- 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 the screen.

Workforce and training

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Systems and providers will need to design, plan and resource a sufficiently trained and competent workforce. This includes:

- Sufficient workforce to meet demand without impacting other services, representative of local communities and, where appropriate, inclusive of unregistered workforce.
- Resilient workforce to support potential increased demand.
- Flexible workforce that can work across systems, share workforce between providers and support other services.
- Trained and competent workforce with rewarding career paths that enables retention and support to other prevention activity.

Vaccination workforce management guidance including toolkits, case studies and learning network resources can be found here: FutureNHS - Vaccination Workforce.

The national flu vaccination programme training slides for 2026 to 2027 can be found here.

Updated COVID-19 vaccines training modules can be found here: Learning Hub - COVID-19 Vaccination.

Updated flu vaccine training modules can be found here: Learning Hub - Flu Vaccination

Monthly recordings of the Vaccination Workforce forums available here: Vaccination Workforce Forums (monthly recordings)

Upcoming workforce forums to include:

Date	Topic

12 August	FHCW uptake (improvements)
9 September	Health visitors (toolkit)
8 October	Motivational conversations, part 2

Seasonal vaccines, access and supply

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Children's flu vaccines

Children from 2 years of age should receive the nasal spray (Live Attenuated Influenza Vaccine – LAIV). LAIV has an expiry date 15 weeks after manufacture.

For those aged 6 months – 2 years and for children where LAIV is contraindicated or declined, Inactivated Influenza Vaccine Surface Antigen, Cell Cultured – (IIVc) can be offered as an alternative.

Important to note:
All providers should note that an updated electronic version of the Fluenz vaccine for children was not included within the vaccine packaging.

The electronic Fluenz Vaccine Package Leaflet: Information for the User is available for healthcare professional here.

The Summary of Product Characteristics (SmPC) is available here.

Please ensure that all relevant staff are aware of this update and refer to the electronic documentation as required.

Adult flu vaccines

Preparations for participating in a seasonal flu programmes differ by providers. The annual Flu Letter provides further guidance.

Prioritisation of adult IIV vaccines

UKHSA have advised in the Information for Healthcare Practitioners guide that although IIVc and IIVr are JCVI preferred vaccines for use in adults of all ages, for this season, these vaccines should be preferentially used in younger adults (below 50 years), with those vaccines licensed in older adults (aIIV and IIV-HD) preferentially used in those over 50 years. This will help ensure that supply of suitable vaccines is sufficient for each age group.

In instances where aIIV or IIV-HD are not available for those aged over 50 years, it is better to vaccinate someone eligible for the national programme with any JCVI preferred vaccine for that age group, than risk them not being vaccinated at all.

Ordering flu vaccine by provider

As preparations for participating in a seasonal flu programmes differ by providers, the below section may be helpful for each provider.

GP and School Aged Immunisation Services (SAIS)

Children's flu vaccines (both LAIV and IIVc) should be ordered via ImmForm. The annual Flu Letter provides further guidance.

It is good practice for more than one person within the practice / service to have an ImmForm account to ensure that vaccine can always be ordered.

Community Pharmacy

For community pharmacies participating in the children's programme, LAIV vaccine will be delivered via NHS England Supply chain and must be ordered via FDP.

An account will be set up as part of the sign-up process, which can be found here.

For children requiring the inactivated vaccine (IIVc), community pharmacies must order this directly from the vaccine manufacturer, this is not supplied by NHS England Supply chain.

How to order children's flu LAIV vaccine

Step 1: Check eligibility requirements. Providers can only request additional Live Attenuated Influenza Vaccine (LAIV) supply when all of the following are met:

- At least 50% of previously supplied doses have been administered.
- Current stock levels are below 1 pack.
- Appointments listed on the National Booking Service (NBS) show sufficient demand to justify additional supply.

Any order that does not meet these requirements will be deferred until the requirements are evidenced. Minimum order quantity for centrally supplied LAIV is 10 doses (1 pack).

Where providers submit a request for additional allocation by 3pm, this should be approved the same day, allowing the provider to place a vaccine order that day.

Step 2: Complete a stocktake. A stocktake must be recorded within 7 days before placing an order. Providers should follow the stocktake guidance on the V&S Futures workspace.

Step 3: Place the order on FDP.

Providers must not stockpile vaccine and are expected to utilise doses within the product shelf life. Providers reporting wastage rates above 30% may have further supply withheld pending review.

Detained Estates

Detained estates have specific security requirements for deliveries.

A process describing key points for delivery drivers, detained estates gate staff and the detained estates healthcare teams to ensure a secure and prompt delivery is available here: COVID-19 Supply - Detained Estates - Information for Sites - Vaccinations and Screening - Futures

COVID-19 vaccine access and supply

Overview

This section explains how the COVID-19 vaccines will be allocated, ordered and delivered to the vaccination providers. It covers:

- How vaccine allocation is calculated.
- How to order vaccine and choose delivery dates.
- Providers' responsibilities for managing stock and minimising waste.
- How to request additional supply if needed.
- Key dates and deadlines.

For AW26 programme, providers will continue to use the provider-led ordering model introduced for the Spring 2026 (SS26) programme, rather than the historic automated 'push' replenishment model.

This is designed to:

- Ensure equitable access to vaccine across all providers.
- Align supply more closely with the eligible population.
- Minimise the risk of vaccine wastage.

Under this approach, providers request vaccine on dates that suit their operational needs (provided there is sufficient delivery capacity), enabling a more flexible, locally tailored delivery model aligned to how providers already manage other immunisation programmes.

For AW26, the supply model itself is unchanged from SS26, so there is no new process for providers to learn. What has changed is the quality of the data behind it: AW26 is the first programme for NHS England holds a full programme's worth of real activity data at individual GP practice level. This means that forecasts can be set more accurately than was possible in SS26, when the expanded network of around 6,000 GP practices and 6,000 community pharmacies had no site-level history to draw on.

COVID-19 vaccine types

Products currently intended for use in the AW26 programme are:

Vaccine	**Pack Configuration**	**Cohort (eligibility in line with Green Book)**
Spikevax XFG	10 Vials / 5 Doses Per Vial / 50 Dose Pack	Aged 18 years and over
Spikevax XFG	1 Vial / 5 Doses Per Vial / 5 Dose Pack (to be deployed later in the programme)	Aged 18 years and over

Bimervax LP.8.1	10 Vials / 1 Dose Per Vial / 10 Dose Pack	**This non-mRNA alternative vaccine is for the allergy pathway only**
Comirnaty 30 XFG	1 Prefilled Syringe / 1 Dose per Syringe / 1 Dose Pack	Aged 12 to 17 years
Comirnaty 10 XFG	10 Vials / 1 Dose Per Vial / 10 Dose Pack	Aged 6 months to 11 years **This is a change from previous seasons** (There will be no Comirnaty 3 (THREE) this season as those aged 6 months to 4 years can be offered Comirnaty 10 vaccine instead)

Providers should note that vaccine shelf life will vary by product and should plan to order little and often rather than assuming that the vaccine will be delivered with a fixed number of days of remaining shelf life (see Allocation and ordering limits, below).

What this means

Providers choose when to receive stock

Providers can request vaccine deliveries on dates that work for the service, choosing from the available delivery slots in FDP. This gives greater flexibility to align deliveries with planned clinics and staffing. No approval is needed to place an order within your available entitlement. Providers should be mindful not to place orders for days where they will be closed or where they operate half-days as the delivery window is between 08:00 to 17:00. Additionally, if the site is closed during lunchtime, please ensure there is adequate signage at the entrance to indicate deliveries are still being accepted to avoid any failed deliveries and vaccine wastage.

Increased delivery flexibility

Logistical capacity is in place to enable more frequent deliveries. This means providers can order smaller quantities more often, reducing the need to hold surplus stock while ensuring sufficient vaccine is available for anticipated need.

Providers order within their programme forecast

Each provider is assigned a total programme forecast, which is the total volume of vaccine estimated to be required by that provider for the duration of the programme. This forecast is a single sum, visible on the Supply Dashboard Covid Metrics tab.

Forecasts are set using site-level activity data from the SS26 programme and increased for seasonal uplift in the AW26 programme. A proportion of each provider's forecast is made available at the start of the programme, known as the initial allocation. The remaining balance is released automatically once the site has utilised 50% of this threshold for GP practices, and through the Targeted Deployment Model (TDM) for community pharmacies. Where a GP practice is running a COVID-19 vaccination clinic on behalf of other practices in

the PCN or taking the lead on COVID-19 vaccination delivery in aligned care homes, the practice administering the vaccines needs to order sufficient quantities to vaccinate other practices' patients.

Allocations

To minimise expiry risk, providers should order vaccine in line with confirmed clinic activity, matching volumes more precisely to planned demand.

Providers should order vaccine little and often, placing smaller, more frequent orders aligned to confirmed clinic activity rather than ordering in bulk. Increased logistical capacity is in place to support more frequent deliveries, so providers do not need to hold large amounts of stock to maintain continuity of supply.

Providers must take active steps to minimise wastage. Persistent wastage above 30% of a provider's COVID-19 vaccine allocation may result in the Commissioner reducing or pausing further supply, pending review. Ordering in line with confirmed clinic activity, and adjusting orders before the cut-off where clinics change, will help providers stay within this threshold.

GP practices

Each practice's total programme entitlement is calculated based on the COVID-19 vaccination activity administered to its registered patients during SS26, plus an additional amount for seasonal uplift.

Practices that did not take part in the SS26 programme will receive an initial allocation of 100 doses.

Allocations are rounded to the nearest multiple of available pack size.

The programme entitlement release model remains the same as SS26:

- 70% of a practice's initial forecast is released upfront (initial allocation) and available to order from day one
- The remaining 30% is released automatically once the practice has utilised 50% of its initial allocation

A practice's forecast reflects the estimated volume required for the season. It is not a fixed cap: where a practice has evidence of need beyond its entitlement, it can request additional supply (see Requesting additional supply).

Community pharmacies and other non-GP providers

Each provider's total programme entitlement is calculated using one of the following:

- Total vaccination events delivered during the spring 2026 programme, plus an additional amount for seasonal uplift
- Providers that did not take part in SS26 will receive an initial allocation of 50 doses

The programme entitlement release model remains the same as spring 2026:

- 50% of a provider's entitlement is released upfront (initial allocation)
- The Targeted Deployment Model (TDM) will automatically increase the provider's allocation as bookings increase

Requesting additional allocation

Providers may request additional allocation above their forecast where there is clear evidence of increased demand, including:

- Higher than anticipated vaccination activity.
- Delivery of outreach services.
- Vaccination of housebound patients.
- Vaccination of care home residents.
- Detained estates providers choosing to run an intensive vaccination event for their population.

Requests will be assessed and allocations adjusted where appropriate to ensure patients' needs are met.

Providers do not need to request additional stock to vaccinate housebound and care home patients as they are already factored into their initial allocations.

PCN allocation donations

GP practices collaborating under the Network Contract DES can donate allocation to other practices within their PCN grouping through FDP.

A donation function already exists within FDP, allowing allocations to be moved between providers before they have been ordered or drawn down. Currently, this function is only accessible to ICBs, meaning providers wishing to donate or receive allocation must contact their ICB to action this on their behalf. Development is underway to make this function directly accessible to providers; further details on timing will be confirmed separately.

Once available to providers, the function is expected to work as follows: providers will click the relevant vaccine and select "Donate Allocation," specifying the quantity and choosing the recipient from a drop-down list. All donations will need to be actioned via FDP and completed prior to vaccine delivery.

Consumables

Combined needle and syringe (CNS) sets are supplied automatically. The system tracks cumulative doses ordered and triggers a new consumables delivery only when the running total exceeds previous supply, so CNS will not necessarily accompany every order. Sites with surplus consumables can deselect the linked consumables bundle through the Supply Dashboard. Patient information leaflets should be offered to each individual who receives the vaccine, therefore these will be included as standard on all orders, and so cannot be deselected.

For COVID-19 vaccines that come in Pre-Filled Syringes (PFS) needles are also supplied alongside the vaccine.

Children's COVID-19 vaccine supply

COVID-19 vaccine for those aged 6 months to 11 years, 12 to 17 years will only be allocated to authorised providers on FDP. Full details will be shared by regions with authorised providers separately.

Orders

Orders must be placed through the FDP Supply Dashboard and providers should:

- Order vaccine aligned to confirmed and planned vaccination activity.
- Avoid ordering large quantities that may reach their thawed expiry before use, as Spikevax shelf life on arrival may be shorter than the maximum stated shelf life.
- Check the ordering cut-off date and time for each delivery slot: orders must be finalised by 8am, two days before the delivery date. Up until this point, providers can still cancel the order, change an order to increase or decrease the quantity, or move a delivery to a different date if clinic plans change. Making these adjustments where needed helps avoid excess stock and reduces the risk of vaccine expiring before use.
- Order little and often, choosing delivery dates as close as possible to confirmed clinic dates.
- Note that orders cannot be brought forward, so orders should be planned and placed in a timely manner.

Targeted Deployment Model (TDM) – Community Pharmacies and other non-GP providers

TDM continues to operate an automated uplift of allocations for pharmacies and other non-GP providers. When TDM identifies a requirement for additional vaccine, the provider's available allocation on FDP is automatically increased. Providers then need to place an order from this increased allocation as and when needed.

Orders are not generated automatically, so if no action is taken, no vaccine will be received.

TDM will go live on 21 September.

How to order vaccine

Step 1 — Go to the Supply Dashboard in FDP: Log into FDP and navigate to the Supply Dashboard.

Step 2 — Request additional allocation. Select the relevant vaccine line, then click "Request additional allocation" on the right-hand side of the page.

Step 3 — Enter the number of doses required, noting that requested amounts can only be placed in multiples of the pack size for the selected vaccine type.

Step 4 — Add your justification in the comments box. Providers must explain why the additional allocation is required. Without a clear reason, the request may not be approved. Specific detail should be included, for example: number of patients booked and on what date(s); number of housebound patients booked and on what date; number of care home patients booked and on what date.

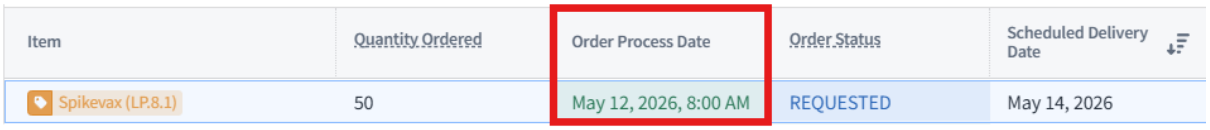
Step 5 — Submit your request. Once submitted, requests will be reviewed by the national team. Requests are processed multiple times throughout the day, Monday to Friday, and a decision should be expected within 24 hours. Some requests may take longer if additional checks are needed, for example where regional or ICB input is required. Requests submitted by 3pm should be approved that same day; requests submitted after 3pm may not be approved until the following day.

Step 6 — Once an allocation increase has been approved, the order must still be placed. Approval alone does not automatically generate an order; providers must return to the Supply Dashboard and place the order.

Remaining available doses	Status	Request for Additional allocation	Comments
200	Approved by National	0	Please note that although your allocation has …

Important things to remember

- Requesting an allocation increase does not create an order. You must return to the Supply Dashboard and place the order yourself once the increase is approved — this is a separate, deliberate step. Provider feedback from SS26 showed this two-step process was a common source of confusion, so it is recommended that this is built into local processes and staff briefings.
- Delivery typically takes 3 working days from the order process date, so this should be factored into clinic planning. For example, for a delivery required on a Wednesday for a planned clinic on Thursday or Friday, the order needs to be placed before the order process date for Wednesday, which is currently 08:00 on the preceding Monday.
- Providers can place multiple orders at once, planning deliveries to arrive just in advance of clinic dates. Where this is done, orders should be reviewed and modified, if necessary, before the order process date, so that only the volume needed is ordered, or so the delivery date can be modified if clinic dates change.
- The order's "order process date" can be checked on the FDP Supply Dashboard. The order status shows "REQUESTED" in blue while it is still amendable, after the order process date the status remains as “Requested” however your order will be locked at which point it cannot be modified or cancelled. The status will then be changed to "APPROVED" in green once the order has been processed.

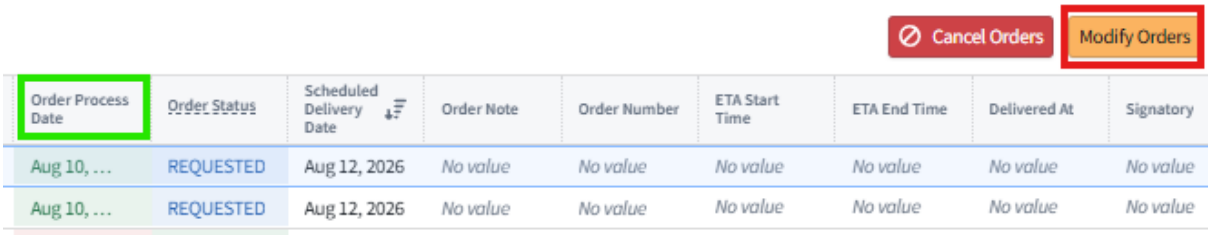


Item	Quantity Ordered	Order Process Date	Order Status	Scheduled Delivery Date
Spikevax (LP.8.1)	50	May 12, 2026, 8:00 AM	REQUESTED	May 14, 2026

- Deliveries should not be planned for the same day as the clinic is being held.
- Vaccine should be ordered little and often, choosing a delivery date as close to the clinic as possible to protect shelf life.
- Sites must be stocktake compliant before placing an order.
- The precise remaining shelf life of the vaccine cannot be confirmed at the point of ordering. Clinics should be planned to use vaccine promptly on receipt, avoiding orders intended to cover clinic activity more than around two weeks ahead, rather than assuming a longer or fixed shelf life will be available.

Modify existing orders

Providers can modify existing vaccine orders directly through the FDP Supply Dashboard. This allows order quantities or delivery dates to be updated without cancelling and resubmitting, provided the order process date has not yet passed.



Cancel Orders | Modify Orders

Order Process Date	Order Status	Scheduled Delivery Date	Order Note	Order Number	ETA Start Time	ETA End Time	Delivered At	Signatory
Aug 10, …	REQUESTED	Aug 12, 2026	No value	No value	No value	No value	No value	No value
Aug 10, …	REQUESTED	Aug 12, 2026	No value	No value	No value	No value	No value	No value

Full guidance is available on the FDP Supply Dashboard Training pages of the V&S Futures workspace.

Deliveries and receipt of vaccine

Vaccine deliveries take place Monday to Friday 08:00 to 17:00. The ETA will be visible on the Supply Dashboard on the day of the delivery from 07:00.

The provider must ensure a trained individual is available on site to receive vaccine on the day of delivery, not just during the ETA window, in case of delays.

There are no COVID-19 vaccine deliveries on bank holidays.

- Monday 31 August (Summer bank holiday)
- Friday 25 December (Christmas Day)
- Monday 28 December (Boxing Day)
- Friday 1 January (New Years Day)

Stock management and minimising wastage

Stocktake compliance

All providers must complete a stocktake for each vaccine type at least once every 7 days. Vaccine cannot be ordered unless a stocktake has been completed within the past 7 days.

- **Exception 1:** if the most recent stocktake showed zero stock and no further stock has been received, there is no need to continue submitting zero stocktakes.
- **Exception 2:** if no vaccine stock has previously been received, a stocktake is not required before placing your first order.

Vaccine disposal guidance

To avoid the risk of incorrect vaccine selection, sites must dispose of any old variant vaccine held before receiving new stock. Waste records should be updated accordingly and stocktake balances for decommissioned vaccines must be set to zero on the FDP Site Stock Manager before new deliveries are accepted. Guidance on how to do this is available on the FDP Supply Dashboard Training page.

Roles and responsibilities

Providers are responsible for:

- Ordering vaccine in line with this policy.
- Maintaining stocktakes (at least every 7 days).
- Managing stock to minimise waste.
- Ensuring vaccine is used within shelf-life constraints.
- Requesting additional supply only where there is evidenced need.

Support, queries and escalation

Emergency orders

Providers experiencing an unforeseen incident, such as fridge failure, resulting in the loss of all viable vaccine stock, can request an emergency order for next-day delivery.

Before submitting a request, please check that:

- your site is stocktake compliant, and
- you have no viable vaccine remaining on site.

Emergency orders are strictly for replacing stock lost through incidents like fridge failure. They cannot be used to top up existing stock or respond to higher-than-expected demand. Emergency orders will also not be approved where stock has expired due to a provider failing to monitor and manage its vaccine supply appropriately; any request that does not meet the criteria above will be rejected.

Requests are processed subject to sufficient delivery capacity, and only where the criteria above are met. To request an emergency order, complete the Escalation Form, available on the Escalate an Issue page on the Futures workspace.

Training and support

NHS England will run various weekly drop-in sessions ahead of the start of the AW26 season. These will consist of:

- Federated Data Platform (FDP) Access drop-ins, specifically for people with FDP access and/or vaccine space permissions issues;
- General AW26 Programme drop-ins, for anyone with queries regarding onboarding, implementation, or vaccine supply.

Providers are advised to review the comprehensive suite of training documentation in advance, as these materials may provide answers to common questions.

- FDP Supply Dashboard Training page

People can register to attend one of our various drop-in sessions via this link:

FDP AW26 Drop-In Sessions - Vaccinations and Screening - Futures

Co-Administration of vaccines

Providers are encouraged to co-administer flu vaccines, and/or other commissioned vaccination programmes for eligible individuals where possible and where clinically indicated. This is also particularly important in care homes for older adults and for pregnant women.

Co-administration of adult flu vaccine and Pneumococcal vaccine for older adults and PEH (people experiencing homelessness)

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).

From 1 October 2026, pneumococcal vaccination should be offered to people experiencing homelessness (PEH). PEH eligibility is defined here.

PEH aged 16 years and over will be eligible through NHS England (NHSE) commissioning arrangements, while retaining a degree of flexibility in practice to accommodate younger individuals experiencing homelessness when appropriate

PCV20 (Prevenar 20® vaccine) can be co-administered with seasonal flu vaccine and all other vaccines for which the individual may be eligible.

Refer to the Pneumococcal the green book, chapter 25 for more information. Other useful information can be found here.

Pneumococcal vaccination is one of the programmes listed in Part 5 of the SFE that GPs have to offer their registered patients under the Essential Services component of the GMS Regulations. GPs can only offer essential services to their registered patients and are not permitted to offer them to unregistered patients or patients registered with another practice. They may only provide essential services to people who are not their registered patients in

very narrow circumstances of genuine “accident or emergency”, or while a registration process is ongoing, as described in the GMS Regulations. This excludes providing routine pneumococcal vaccination. So, there is no contractual right under the GP contract to offer pneumococcal vaccine to these PEH people or to register them via INT. They can be encouraged to register with a vaccinating GP practice as a full patient or, if rules apply, as a temporary resident and this would allow vaccination.

Because of the nature of providing services to PEH, many commissioners will have outreach or other locally agreed contracts in place for providing essential services, including vaccination services. In those local contracts, it would be for local agreement who GPs are permitted to vaccinate, how payment would work, and also recording and reporting processes.

Co-administration of Respiratory syncytial virus (RSV)

For the older adults programme RSV vaccination should **not** be routinely scheduled with flu vaccination but can be co-administered with the COVID-19 vaccine.

For the maternal programme the influenza vaccination can be given at the same time as the RSV vaccine.

Providers are also reminded that RSV vaccines can be administered at any time and offers of vaccination should continue throughout the year.

Useful information and helpdesks

Return to contents

Local contacts

- Programme-specific escalation routes for the COVID-19 vaccination programme can be found at Escalate an Issue / Contact Details - Vaccinations and Screening - Futures.

FutureNHS

- Access to FutureNHS Vaccinations and Screening workspace is open to everyone with an nhs.net email account. A FutureNHS account is required, which can be requested by accessing https://future.nhs.uk and following instructions under ‘Need an Account?’. If struggling to access an item – help may be available here.

- A help guide for can be accessed at the FutureNHS Members Helpdesk.

- Each ICB team has responsibility for management of the seasonal vaccination services in their area. The ICB team will be able to either respond to provider queries or advise on the appropriate contact for help in the local area. ICB contact details can be found here.

Green Book: Immunisation against infectious disease

- Latest information on vaccines and vaccination procedures for vaccine preventable infectious diseases in the UK.

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 - GOV.UK

- 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 vaccination programmes

Annual flu programme - GOV.UK

- Provides a wide range of information and resources, such as posters, health professional training, covering all eligible children, SAIS and adult cohorts, including the 2026/27 National Flu Immunisation Programme letter / Amendment to National Flu Immunisation Programme letter
- The national flu vaccination programme training slide set 2026 to 2027
- The programme for flu frontline health and social care workers can be found here.

COVID-19 vaccination: information for healthcare practitioners - GOV.UK

- A document intended for healthcare staff involved in delivering the programme. It includes detailed information on the background of the programme, the vaccines, vaccine recommendations, eligibility, contraindications and precautions, along with vaccine administration issues.

Pneumococcal vaccination expansion for people experiencing homelessness (PEH)

- Provides a range of information for providers delivering the programme, including vaccine supply, training, PGD template and other resources.

Vaccination of individuals with uncertain or incomplete immunisation

- One page summary for health professionals and immunisation practitioners giving vaccinations.

FDP

- FDP supply dashboard - Vaccine supply application with site-level metrics and delivery information
- Supply Scorecard - Data tool to track site/ICB/Regional metrics on waste, uptake, activity and TDM output
- COVID-19 vaccination Dashboard - Data tool to track COVID-19 vaccination activity, bookings and uptake by cohort

- Vaccines Homepage — Flu Vaccination Events

Access to necessary systems

If you are unable to access necessary systems, contact your local IT Service Desk in the first instance, then escalate to your ICB if problems persist. For all other vaccine supply queries, contact your ICB through standard escalation procedures.

Appendix: Version History

Version of guide	Release date	Pages updated
V0.1	4/8/26	Document uploaded ahead of AW26/27
V1	7/8/26	Minor amendments: pages 5, 7, 9
V2	20/8/26	Additional document clarification: pages 7, 8, 9, 11, 3, 16, 23 Two new items added: page 17
V3	04/9/26	Additional clarification added: page 18 New content added: pages 9, 23, 26, 37, 38 New supply information added: pages 28 - 36
V4	10/9/26	New content added: page 18 Minor amendments: pages 23, 33 (To note: amendments and new content added since 4/9/26 remain highlighted to enable providers to see key updates at a glance during short publication cycle between versions 3 and 4).
V5	22/9/26 (tbc)	New: content added: COVID-19 provision for children: page12 New: content added: Important note for Providers: Links to electronic versions of leaflets for Fluenz vaccine, for children: page 26 Updates added: Links to PGD and VDG for COVID-19 (5 years and over): page 12 Updated: Link to Information for healthcare practitioners, COVID-19 vaccination: page 38 New: Table of version release dates added: page 41
V6	19/10/26 tbc	New: content added: provider clarification that NHS number not needed for PEH cohort and multiple options available to access their flu vaccine, other than NBS: pages 12 & 17

		New: content added: booking window for seasonal vaccines 25 days in advance from day of booking: page 17 New: content added: MYA cancellation message sent to individuals following bulk appointment cancellations, via email/SMS text: page 19 Updated: Link to non-clinical script on Futures, that 119 use: page 22