

Seasonal Vaccination Provider Programme Guide

Spring 2026

VERSION 2.0



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This document is to support providers to participate in the seasonal spring 2026 programme for COVID-19 vaccination. A guide to support the autumn/winter 2026 programme (including flu) will be shared later in the year.

We will make changes as needed to keep information current. Any updates compared with previous versions 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](#).

COVID-19 programme summary

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Contract changes for 01 April 2026 - 31 March 2027

Information on the key vaccination programme contract changes for 2026/2027 has been shared with primary care providers:

- For general practice please see : [NHS England » 2026/27 COVID-19 and adult influenza vaccination service specification now published for general practice](#) [published 15/12/2025].

A webinar for general practice was held on 27 January, and a recording is hosted at [Spring 2026 - Vaccinations and Screening - Futures](#)

- For community pharmacy please see: [NHS England » 2026/27 COVID-19 and adult influenza vaccination service specification now published for community pharmacy](#) [published 15/12/2025].

A webinar for pharmacy contractors, hosted by Community Pharmacy England, was held on 21 January, and a recording can be found at [Seasonal Vaccination Service 2026/27 on-demand webinar - Community Pharmacy England](#)

Eligible cohorts

The government has accepted Joint Committee Vaccination and Immunisation ([JCVI](#)) [advice](#) regarding the eligible cohorts for the spring 2026 vaccination programme. The announced and authorised eligible cohorts for COVID-19 vaccination are:

- Individuals aged 75 years and over (including individuals who turn 75 years old by 30 June 2026).
- 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).

Further details on JCVI advice can be found in the [Department of Health and Social Care](#) press release [here](#) and in the [COVID-19 chapter of the Green Book](#).

Future Seasonal programmes

JCVI advice for the Autumn 2026 COVID programme can be found [here](#) and the flu letter for 2026 can be found [here](#).

Programme delivery dates

COVID-19 vaccinations will commence on 13 April 2026 and will end on 30 June 2026.

The national booking service and 119 telephone booking service will be open for the public to make bookings from 7 April 2026 to 29 June 2026.

Year-round pathway

A small number of providers will be commissioned to deliver COVID-19 vaccination services as part of the year-round pathway. This is to support access to vaccinations for individuals who might be considered for vaccination regardless of the time of year, 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.

Legal mechanisms for administration of vaccines

There **is** a change in the available legal mechanisms for administration of COVID-19 vaccines for Spring 2026. The legislation which enabled the development of a National Protocol will lapse on 31 March 2026.

Legal mechanisms for administration of the vaccine for the Spring programme are expected to be Patient Specific Directions (PSDs), a Patient Group Direction (PGD) for those aged 5 years and over and a Vaccine Group Direction (VGD) also for those aged 5 years and over (subject to new legislation, as described by the government in their [response to a recent consultation](#)), which will continue to enable suitably trained and competent registered and non-registered staff to participate in the programme.

The PGD has been published [here](#), and the VGD will be published on 1 April 2026 at the same link, subject to parliamentary process. Due to the time required for parliamentary process and the proximity to the start of the Spring vaccination programme, NHS England will centrally provide organisational authorisation for these documents. Vaccinating teams should read, understand and be locally authorised to use 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](#).

Contractual and registration information

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Primary care COVID-19 and adult flu vaccination service specifications have been combined into a single document. We have also streamlined and further aligned the flu and COVID-19 vaccination requirements. The service specification may therefore look and feel different this year.

GP practices

The enhanced service specification for GP practices is published here: [2026/27 COVID-19 and adult influenza vaccination service specification](#)

The enhanced service specification contains the full requirements of the practice to offer this service including:

- Introduction
- Commonly used terms
- Duration
- Sign up process
- Training and knowledge
- Vaccine supply, handling and storage
- Primary care networks
- Service requirements
- Sub-contracting arrangements
- Payment arrangements
- Monitoring, reporting, record keeping and post payment verification
- Variations to and subsequent withdrawal from this ES

Where a GP practice chooses to **use a vaccination agency agreement or** sub-contract some or part of service delivery to another organisation, for example a GP Federation, the GP practice is responsible for ensuring that conditions within the enhanced service specification are met. Sections of this document that describe GP practices will then become applicable to that **third-party** provider since they will be operating under the enhanced service specification.

Practices wishing to opt into (or out of) the service must register through the form at <https://forms.office.com/e/TpqGnjbmgu>, and provide the relevant data requested for onboarding. Those that opt into the service after 2 February are not guaranteed to receive supplies of the COVID-19 vaccine for the start of the spring programme.

Practices either participating in the service or in a Primary Care network where another practice is participating in the service must accept the offer on 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.

Community Pharmacy

The advanced service specification for pharmacy contractors is published here: [2026/27 COVID-19 and adult influenza vaccination service specification](#).

The advanced service specification contains the full requirements of the contractor to offer this service including:

- Service background
- Commonly used terms
- Aims and intended service outcomes
- Requirements for service provision
- Training and knowledge
- Vaccine supply, handling and storage
- Service specification
- Governance
- Payment arrangements
- Withdrawal from the service
- Monitoring and post-payment verification

Pharmacy contractors must register (or de-register) to provide the service from 1 April via Manage Your Service (MYS) [Sign in - Manage Your Service - NHSBSA](#) and complete the data capture form at <https://forms.office.com/e/L3NgQL80GN>. Providers can check their status directly within MYS.

Those that register after 2 February are not guaranteed to receive supplies of the COVID-19 vaccine for the start of the spring programme.

Vaccination Centres

For spring 2026, COVID-19 vaccination delivery via Vaccination Centres will be commissioned through regionally led procurement, with sign-up opening from February 2026. Regions will 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](#)

NHS Trusts and Detained Estates

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 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.

Spring 2026 Planning

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Key contractual and operational changes come into effect from 1 April 2026. Be aware that:

- **GP practices will no longer be required to collaborate in a Primary Care Network (PCN) grouping but can collaborate in a PCN under the Network Contract Directed Enhanced Service (DES).** GPs have previously given strong feedback that they would prefer to move to practice-level delivery of vaccinations. PCN grouping information on the Federated Data Platform (FDP) and Manage Your Appointments (MYA) will be closed when the autumn/winter 2025 COVID-19 vaccination programme ends. If the practice is a Core Network Practice opted into their network DES then they will be able to vaccinate the registered patients of other practices in their opted-in network if they wish. The Mandatory Network Agreement will be amended from April 2026 to remove the existing exclusion of flu and COVID-19 vaccinations from collaborative delivery under the Network Contract DES. This will enable practices to collaborate to deliver seasonal vaccinations within their PCN, should they wish to do so. New requirement will be added in relation to care home vaccinations.
- **GP practices must offer to administer the seasonal vaccinations to all eligible patients on their registered patient list** (this includes care homes and housebound patients). 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 ES. 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 no practices in a PCN have signed up to deliver the ES, the commissioner will be able to ask a pharmacy contractor to administer vaccinations to care homes and housebound patients. In the absence of a pharmacy contractor delivering these vaccinations, the commissioner can procure these services from another type of provider which could include the care home itself.
- **GP practices will use General Practice Information Technology (GPIT) to record COVID-19 vaccinations** (and not the previous Point of Care (PoC) system). Again, there has been strong feedback from GP practices that they would prefer to use their usual systems to record vaccinations in the same way that they do for seasonal flu and other vaccinations. The vaccination event data (and so FDP records and payments) **must be entered into the GP IT system** of the registered practice, rather than the vaccinating practice. Practices must engage with their IT supplier directly for guidance on system functionality.
- **Each provider will have their own delivery of vaccine supply and will not be able to distribute this to a different legal entity.** Distribution of COVID-19 vaccine will align to all other 'Prescription Only Medicines'. The Vaccine Transfer Policy, which supported the distribution of COVID-19 vaccines between end users in the absence of a wholesale dealer's license ("mutual aid"), will be withdrawn before commencement of the spring 2026 vaccination programme. Providers cannot distribute vaccine (supply onward) to other providers, including GP practices in a PCN. Where additional vaccine is required because of PCN collaboration or

vaccination of additional cohorts, this will be arranged at the allocations stage rather than after delivery.

- **Vaccine must only be stored overnight at Care Quality Commission (CQC) / General Pharmaceutical Council (GPhC) registered premises.** Vaccine will by default be sent to the pharmacy registered premises, the main practice surgery or the provider premises. Changes to this default can be made by discussion **with your** ICB. The service specifications detail the requirement for vaccine to be stored overnight at CQC or GPhC registered premises.
- **GP practices will be able to use the National Booking Service (NBS).** 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.
- **Approval to vaccinate certain eligible cohorts or at alternate locations is required.** Providers must only deliver services they are contracted to provide.
 - Care home **and** housebound vaccination **services** must only be **delivered** by pharmacy contractors if authorised by the commissioner. GP practices do not need prior authorisation.
 - **Vaccination services to those under 18 years of age must only be delivered by providers authorised by the commissioner.**
 - Any provider planning to undertake **any** other vaccination activity away from their registered premises must get approval from the commissioner. Apart from GP practices, which do not require commissioner's approval to vaccinate care homes and housebound patients.
 - Providers (except for GP practices) delivering the year-round pathway will be directly requested and authorised by the commissioner.
 - Co-administration of vaccines. Providers are encouraged to offer COVID-19 vaccination alongside other commissioned vaccination programmes for which the patient may be eligible, such as Respiratory Syncytial Virus (RSV), where this is operationally feasible, clinically appropriate and in line with the Green Book.
 - **Anyone with a prior anaphylaxis reaction to COVID-19 vaccines or prior systemic allergic reaction to a component of the vaccine should be seen by an expert allergist. After a review of the individual's risks and benefits of vaccination, where indicated by the expert allergist, they could then be vaccinated in hospital under clinical supervision with a suitable vaccine. NHS England will continue to follow this clinical guidance in line with the Green Book and offer vaccination under expert supervision in a hospital setting. Non mRNA vaccines are available if required.**
- **Distance Selling Pharmacies (DSPs) cannot provide the COVID-19 vaccination service from their registered pharmacy premises.** They can be given permission by commissioners to set up off site vaccination clinics which must be within the bounds of the NHS England region where the registered premises are located.

Vaccine must be delivered to their registered premises, and vaccine can only be stored overnight in a GPhC or CQC registered premises.

- **GP practices and commissioned community pharmacies are encouraged to co-administer RSV and COVID-19 vaccines where individuals are eligible for both vaccinations, particularly in care homes for older adults.** Providers should note that the eligibility criteria for the RSV vaccination programme is changing from 1st April 2026 to also include adults aged 80 years and over and all residents in care homes for older adults (regardless of age). Refer to the [Green Book RSV chapter](#) for more information. Providers are reminded that RSV vaccination is not seasonal and should be offered year-round.

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. In line with those service specifications:

- Most vaccinations must occur in registered premises rather than off-site.
- Providers must gain approval from the regional commissioner before operating an off-site location (except GP practices administering vaccines in a patient's home or in a care home).
- Vaccines can only be stored overnight at CQC or GPhC registered locations.
- Vaccines must be transported from the main registered premises in monitored cool boxes, following [Specialist Pharmacy Service: Temperature control whilst transporting medicines guidance](#).

Off-site locations can be added to the [NBS](#) and [COVID-19 vaccination walk-in finder](#). Please contact your ICB if you'd like to arrange this.

Provision of the service in care homes

For seasonal vaccinations, PCNs will be required to:

- Ensure, if one or more of its Core Member practices offer COVID-19 vaccination, that all residents of the PCN's Aligned Care Homes are offered a COVID-19 and / or flu vaccination within the required timescales (as announced and authorised by NHSE); and;
- Cooperate with the commissioner, if none of its Core Member practices offer COVID-19 vaccination, to facilitate an offer by another provider.

Therefore, if one or more member practice has signed up to deliver the COVID-19 and / or adult influenza 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 in spring 26 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 FuturesNHS [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 Influenza 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 could be vaccinated under Immediately Necessary Treatment (INT). Providers should be familiar with the INT process. The current technical guidance explains the INT process. Please note this guidance is being updated for April to reflect the new arrangements.

If no practice within a PCN signs up to the Seasonal Vaccination ES, then Commissioners are responsible for ensuring coverage. They may ask pharmacy contractors if they would be willing to vaccinate care home residents or undertake home visits for housebound people. If a pharmacy contractor refuses then the next step would be to secure supplementary coverage from another provider.

Provision for services for housebound patients

GP practices opted into the service must offer to provide COVID-19 vaccinations to all housebound patients whose name is included on the practice's list of registered patients. This is the individual GP's responsibility – not the responsibility of the PCN.

If an individual calls 119, they will be advised to contact their registered GP. If they have already attempted to arrange a home visit through their GP, they will be supported to make contact with their local ICB.

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 (aged 6 months to 4 years, 5 to 11 years, 12 to 15 years and 16 to 17 years) for their area. Should this be in a GP practice, children not registered with this practice can be vaccinated using INT.

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

Providers authorised to provide vaccinations for children 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.

Provision for long stay inpatients

COVID-19 and Seasonal flu vaccinations should be offered to eligible long-stay patients (21 days or more) and those being discharged to a care home. Ideally these will be offered by the NHS Trust through Schedule 2A of their contract.

Operational systems

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Once registration has been completed, the provider 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.

Site users will primarily use FDP to manage COVID-19 vaccine delivery and supply, although information on vaccination events 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.federateddatapatform.nhs.uk>.

Pharmacy contractor and GP practice staff details submitted on the registration/data capture form will have approval to use FDP vaccination workspaces granted **within 15 working days**.

Other users can request access. They should log into FDP using an nhs.net or OKTA account and request access by completing the [request vaccines access](#) form with the following information:

Section	Input:
Role/Persona	Select "Site Ops and Supply Chain: Vaccination Site User ".
Data Scope	In the ODS code search box, type the ODS code, select from the drop-down box and then click on the place name in the box to the right. Repeat until all the required locations are listed in the 'Selected locations' box.
Justification	"Site User for seasonal vaccinations"
Do not forget to press the "Request Access" button!	

Where new access is requested, this information will be passed to the regional or ICB teams for approval. Only apply for individual ODS provider locations, requests for national, regional or system role / personas by site users will not be granted and will delay this approval.

Further support

- FDP help guides are available throughout the platform via the "?" icon.
- 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

COVID-19 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 within 15 days to ensure payment.

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

- **Minimising Vaccine Waste and Enabling Efficient Supply** - 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.

- **Strengthening Disease Surveillance (UKHSA)** - records help UKHSA identify early signs of vaccine preventable disease, improving national outbreak response and keeping communities protected.
- **Drug Safety & Effectiveness Monitoring (MHRA)** - Complete and accurate vaccine entries help MHRA monitor safety and effectiveness, enabling fast, evidence-based responses to any emerging issues.
- **Green Book, NICE & Contractual Obligations** - Accurate, timely vaccination records ensure compliance with the Green Book and contractual requirements, support safe clinical practice, and prevent patients being invited unnecessarily.

General Practice

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.

The vaccinating practice will have access to the patient's record 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 patient's registered practice records. If practices are not aware how this is facilitated in their GP IT system, they should contact the provider of their GP IT 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.

Pharmacy contractors, NHS Trusts, or vaccination centres

Assured point of care systems must be used to record vaccinations. NHS Trusts and vaccination centres must use the RAVS system. Pharmacy contractors can choose from systems described at [Point of Care Systems Delivery Models - Vaccinations and Screening - Futures](#). This point of care system should be linked to the provider ODS code not a vaccination-site specific code.

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.

To set up a new account, change details or to switch NHS England assured PoC systems, please reach out to the supplier directly using the contact details outlined here: [Point of Care Systems Delivery Models - Vaccinations and Screening - Futures](#).

The National Booking Service (NBS)

NBS enables the public to book NHS COVID-19, flu or RSV vaccination appointments (where commissioned) at the most convenient location and time for them and reflecting accessibility preferences.

Bookable appointments come from availability published by providers in the Manage Your Appointments (MYA) system. Community Pharmacy providers must offer COVID-19 vaccination appointments through NBS. GP providers are encouraged to use NBS where possible.

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

The public will be able to book COVID-19 vaccination appointments from 7 April 2026 for vaccination from 13 April 2026. NBS will remain open for COVID-19 vaccination appointments until 30 June 2026, (the last day for booking a COVID-19 vaccination appointment is 29 June 2026).

RSV appointments are available year-round. The public is only currently directed to pharmacies offering this service in certain ICBs. [Get a free RSV \(respiratory syncytial virus\) vaccination - NHS](#)

How does it work?

- **User details and requirements:** The individual is asked to 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. Users may be asked if they want a joint booking (two adjacent appointments for different individuals) or in some circumstances, to receive more than one vaccine at the same booking (co-administration appointment).
- **Eligibility:** The individual's NHS number is used by the NBS system to check whether the appointment is for someone eligible on age grounds. Where the patient eligibility is for reasons other than age the system cannot accurately differentiate and so the individual is asked to review eligibility criteria and if necessary, self-declare. Where a self-declaration is made, the user is informed that they will only receive a vaccine if they are eligible and that this will be confirmed through assessment by a clinician at the appointment.
- **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. The individual's NHS number is used to determine the GP practice that they are registered with. If their GP practice has published appointments and these are within range of the postcode or location, then those appointments will be shown alongside pharmacies and vaccination centres with availability nearby.
- **Booking:** The individual will choose a convenient location and/or time and accept the booking. The individual is asked to leave a contact e-mail and/or mobile telephone number for the purpose of confirmation or booking amendments.

- **Confirmation:** Once a booking has been made, confirmation will be sent to the e-mail or mobile phone number provided, with a further reminder 72 hours before the booking. Bookings cannot be made on the same day.
- **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 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 appointment there is a defined date range that calendars will be shown to the public. RSV vaccination calendars are available for the public year-round.

Manage Your Appointments (MYA)

Manage Your Appointments is the management system that interacts with NBS and is where providers create and manage appointment availability. It has replaced Qflow.

Providers set up appointment availability as single date sessions or weekly sessions. They can vary the duration of those appointments as well as the characteristics of the people who can book into them. Once published those appointments are available to be booked by the public (see 'Availability' above).

Provider access

GP practices and pharmacy contractors who provided information for the set-up of MYA accounts on the Spring 2026 registration/data capture form(s) will receive access during February 2026. When a new vaccination site is set up with an account, two Site Managers typically receive an email with instructions. These 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>).

Once the login is active (or if there is an existing login) MYA is open for providers to create availability for COVID-19 vaccinations. **Providers using MYA and NBS should upload their appointment availability no later than 30 March 2026. Appointments will be visible to the public from 07 April 2026.** There is usually high demand when NBS is opened to the public; providers are advised to keep checking, on and after this date, to ensure there is good availability of appointments. **Providers must only offer NHS appointments that they are contracted to offer. Private vaccinations cannot be booked through NBS.**

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. 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](#).

Training and Guidance

Training materials will be available on [Manage your Appointments on NBS Training Videos - Vaccinations and Screening - Futures](#) and these will be supported by [drop-in Q&A sessions](#). Guidance pages are also available online [Manage Your Appointments guidance - NHS England Digital](#).

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.

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](#)

COVID-19 vaccination walk-in finder service

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Walk-in clinics are an important part of the COVID-19 vaccination offer **for adults**. Some groups of eligible 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.

Walk-in options are not available for children during the Spring COVID-19 vaccination programme.

The NHS website hosts [Service Finder](#) functionality to allow the public to find services near them. Providers manage this information through [Profile Manager](#) (previously Profile Editor). Service Finders are available for some vaccinations, including a [COVID-19 vaccination walk-in finder](#).

Individuals can use the [COVID-19 vaccination walk-in finder](#) if they live in England. For the spring 2026 programme, the service finder will be live to the public from the 13 April 2026 and will close on 30 June 2026.

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

The vaccination telephone booking line 119 call handlers will check and share details about local walk-in options from nearby providers from the walk-in finder if there are no suitable appointments available or if the caller prefers attending without an appointment.

The service finder is unable to identify the patient's registered GP, so practices should use other methods to publicise walk-in availability to their patients.

NHS Profile Manager actions for pharmacies and vaccination centres

Before 1 April 2026, providers must:

- Check that the walk-in COVID-19 vaccination services offered are correct for the spring 2026 programme; and
- Add clinic opening times for spring 2026; and
- Keep this up to date during the season, including removing 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.

Please note - previous information is not removed - if a provider has offered COVID-19 vaccinations in an earlier campaign then the last updated information on walk-in will be visible to the public.

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 the ICB to amend the FDP site details.

New locations:

Pharmacies 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 the ICB/SVOC 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.

Walk in Finder assistance

For help, including gaining editing access to new vaccination locations launched after 1 October 2025, providers can email nhswebsite.servicedesk@nhs.net.

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.

The general operational arrangements described in this guide also apply to DE providers.

Specific information about delivering spring 2026 in detained estates can be found here: [COVID-19 Supply - Detained Estates - Information for Regions & ICBs - Vaccinations and Screening - Futures](#). Key points are:

- Detained estates must record vaccinations on the TPP Health and Justice information system (TPP HJIS) using the national COVID-19 vaccination template.
- Individuals in detained estates are excluded from national call and recall communications. The list of eligible individuals in DE (which is the same as for people in the community) is identified and vaccine offered using local detained estates practice arrangements.
- Detained estates providers should check the details held in FDP and update details in collaboration with the regional vaccination and detained estate commissioners.
- Detained estates providers are expected to access and act on all national, regional and local communications relating to spring 2026 and use the FutureNHS vaccination workspace.
- Specific instructions for detained estate locations to access FDP using a non-mobile phone authentication is available here: [Detained Estates](#).

Supply and deliveries

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](#)

119 vaccination telephone booking service

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Overview

Individuals who cannot use the online booking service can book by calling 119, a telephone booking service operated by NHS England. This service only operates during seasonal vaccination programmes.

It opens and closes on the same day as the online National Booking service and operates Monday - Friday 8:00am – 6:00pm. **On the first day of booking via NBS (7 April 2026) the service will open at 9:00am.**

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 [FutureNHS](#))

- 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 first be advised to contact their GP practice.
- If a caller who is housebound reports that they have previously contacted their GP, who has not arranged vaccination or has told them to contact 119, the call will be referred to their GP's ICB to avoid the caller being passed between services.

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

Creating demand

Invitations for eligible people

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Local invitations by GPs and Detained Estates (DE)

Participating GP practices must undertake a proactive call/recall of all eligible patients as described in section 8 of the service specification. They should also keep clear records of how and when they have contacted people and must include at least one written communication. This need not include care home residents.

Detained Estates must use locally developed reports from 'TPPSysmOneHJIS' to identify the eligible cohort and offer COVID-19 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 GP practices. It 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 COVID-19 vaccination messages.

The national communications will direct individuals to consider their eligibility and to book through the National Booking System (on-line or via 119) or to find walk-in services. They will also explain 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.
- Some eligible individuals will ignore a national letter but will respond to an invitation from a trusted local clinician.
- 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 COVID-19 invitation preference' form with that individual's consent.

GP practices that do not provide COVID-19 vaccinations must ensure housebound patients are referred to the appropriate vaccination services.

A planned schedule of invitation is below. This is an indication and is subject to change.

- **Week commencing 7 April** - Email only invitations sent out to all eligible people with an e-mail address recorded
- **Week commencing 14 April** – Invites sent to immunosuppressed cohort (reminders in the week commencing 5 May and 26 May)
- **Week commencing 21 April** – Invites sent to age 75-79 cohort (reminders in the week commencing 12 May and 2 June)
- **Week commencing 28 April** – Invites sent to age 80+ cohort (reminders in the week commencing 19 May and 9 June)

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 required to facilitate the uptake of vaccinations is put in place to assist those with different needs.

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

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

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 inclusion 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 of underserved communities.
- Involving staff networks, faith and community leaders, and local clinical leaders to disseminate messaging.
- Responding to local and national intelligence about perceived enablers of, or barriers to, local vaccination among under-served groups.

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](#).

Action for all providers

- Ensure that up to date resources to support people with different communication needs are in a place and that all members of the team can quickly 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.
- A supply of Braille leaflets should be maintained, as it is the only leaflet which cannot be shared digitally. These can be ordered by visiting the [Publications Portal](#) or by telephone (0300 123 1002, Monday to Friday 8am-6pm). The Publications Portal also has digital clips of BSL information that can be used by providers. Registering on that site as an organisation, not an individual, will enable the ordering of more leaflets.
- Where there are gaps of provision in localities to meet population need, regional leads may reach out to specific areas to commission additional providers that may be needed to fill any remaining gaps to prevent the need for members of the public travelling too far to get vaccinated. This offer is usually open for seven days. This process may recur periodically throughout the season for providers who were not

successful. 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.

- Make sure they are aware of arrangements for vaccination of individuals who are housebound and signpost accordingly. This will usually be the GP, but if they are not providing the relevant vaccination programme then the ICB will be able to advise about local arrangements. Individual practices, not the PCN, are responsible for ensuring all eligible housebound patients are offered vaccination. Practices may collaborate in their PCN to undertake home visits. However, if one or more practices in a PCN signs up to the Seasonal Vaccination Enhanced Service, there is no obligation for the other participating member practices to provide vaccines to any housebound patients other than their own.
- Providers should monitor their email inbox for setup instructions and regularly check the junk or spam folder to ensure temporary passwords are not missed.

Payments

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Payment mechanisms vary across different provider groups, just as they vary dependant on the type of vaccination programme. More detailed guidance is provided in the relevant service specification.

Community pharmacies must claim for COVID-19 vaccination programmes through the MYS payment portal operated by NHS Business Services Authority (BSA).

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 in the PCN must sign up to the 'COVID-19 Vaccinations Claiming Service' in CQRS, available from 1 April 2026, so payments can be claimed when another practice vaccinates their registered patients. The PCN will then redistribute the funding in accordance with the arrangements they have agreed and set out in their Network Agreement.

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. 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](#).

Updated COVID-19 vaccines training modules can be found here: [Learning Hub - COVID-19 Vaccination](#).

Additional training support for community pharmacies administering seasonal vaccination services can be found here: [Community Pharmacy England - Seasonal Vaccination Services - COVID-19 and Adult Flu](#)

COVID-19 vaccine access and supply

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This section explains how COVID-19 vaccine will be allocated, ordered and delivered to vaccination providers during the Spring 2026 vaccination programme. It covers:

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

COVID-19 vaccine types

- [Details of the vaccines available for the spring 2026 programme are available here:](#)

COVID-19 Vaccines	Vaccine	Pack Configuration	Cohort (eligibility in line with Green Book)
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Standard Adult COVID-19 Vaccine	Spikevax LP 8.1	10 Vials / 5 Doses Per Vial / 50 Dose Pack Smaller pack sizes will be available to order from 31/03 Thawed shelf life – 30 days	Aged 18 years and over
	Sanofi Nuvaxovid JN.1	Change: 10 Prefilled Syringes / 1 Dose per Syringe / 10 Dose Pack Shelf life – 9 months	Aged 18 years and over
Other COVID-19 Vaccines Available based on contracts	Comirnaty 30	Change: 10 Prefilled Syringes / 1 Dose per Syringe / 10 Dose Pack Thawed shelf - 12 months	Aged 12 – 17 years
	<u>Comirnaty 10 (LP.8.1)</u>	No Change: 10 Vials / 1 Dose Per Vial / 10 Dose Pack Thawed shelf life – 10 weeks	Aged 5 to 11 years
	<u>Comirnaty 3 (THREE) (LP.8.1) Concentrate</u>	No Change: 10 Vials / 3 Doses Per Vial / 30 Dose Pack Thawed shelf life – 10 weeks	Aged 6 months to 4 years
Anyone with a prior anaphylaxis reaction to COVID-19 vaccines or prior systemic allergic reaction to a component of the vaccine should be seen by an expert allergist in line with advice in the Green Book and vaccination offered where appropriate under expert supervision in a hospital setting. Non mRNA vaccines are available if required. Your ICB will be able to advise on local arrangements.			
To avoid the risk of incorrect COVID-19 vaccine selection, sites should dispose of any old variant vaccine they hold by the time they receive new vaccine. Waste records should be updated and stocktake balances for decommissioned vaccines set to zero on FDP Site Stock Manager.			

Overview

For spring 2026, providers will use a provider-led ordering model, rather than the previous ‘push’ replenishment model. Providers will still be able to opt to retain automatic replenishment if they wish.

This change 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 will 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.

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.

Increased delivery flexibility

Increased 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 the anticipated need.

Providers order within their season forecast

Each provider will be assigned a season forecast, which is the forecasted volume of vaccine needed by them for the duration of the programme.

A provider's season forecast is set using a nationally consistent methodology based on the provider's patient population or historical vaccination activity and programme-wide uptake forecasts.

At the start of the season, providers will order from an initial allocation (% of their season forecast) details of which will be available before the season starts.

If 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 that is administering the vaccines needs to order sufficient quantities of COVID-19 vaccine to be able to vaccinate other practices' patients. Practices that are collaborating under the Network Contract DES will have the ability to transfer vaccine allocation within FDP pre-delivery. This will ensure vaccine can be delivered to the correct location and practice.

Requesting additional supply

Providers may request additional vaccine supply above their season forecast where there is evidence of increased demand, including:

- Higher than anticipated vaccination activity (including because of PCN collaboration)
- Delivery of outreach services

Requests will be assessed and allocations adjusted where appropriate.

Ordering COVID-19 vaccine via FDP

Provider-led orders must be placed through the FDP supply dashboard through [Vaccines Homepage](#)

Providers should:

- Order vaccine aligned to confirmed and planned vaccination activity
- Avoid requesting large deliveries that may reach their thawed expiry before use.

Targeted Deployment Model (TDM)

TDM will continue to operate for providers with visible national bookings. When TDM identifies a requirement for additional vaccine the provider's available volume on FDP will be automatically increased. Providers can then order from this increased allocation as and when needed.

For GP practices with booking visibility, available volume will be uplifted where vaccination activity exceeds original forecasts.

Automatic replenishment (optional)

Providers can choose to opt in to automatic replenishment through FDP. If a site opts in, vaccine orders will be generated automatically based on TDM calculations, removing the need for manual ordering.

Providers that do not opt in will still benefit from TDM allocation uplifts but must place orders manually through FDP to receive vaccine.

Allocation and ordering limits

Due to the vaccine's shelf-life constraints, there is an increased risk of wastage if excessive volumes are held with providers at the start of the season

GP practices

The practice's total season forecast is calculated based on:

- The GP's registered patient list size; and
- The number of COVID-19 vaccinations administered to their patients at a PCN-grouping site in spring 2025. Allocations are rounded to the nearest multiple of 50 doses due to pack sizes.

GPs will be allocated 70% of their total season forecast to be drawn down by the provider at the start of the season. The balance of 30% will be released automatically, once 50% of the initial allocation is used.

This forecast represents the estimated volume requirements to the practice for the season.

Community Pharmacies, and Other Providers

Provider's total season forecast is calculated based on one of the following:

- SS25 activity: Total vaccination events delivered in SS25
- AW25 activity (for sites not in SS25): 80% of AW25 activity, reflecting lower spring uptake
- New sites: Average campaign entitlement for that pillar type
- The same staged release applies: initial allocation provided upfront, with remainder automatically released once utilisation threshold is met.

Low Throughput Sites

Sites expected to administer fewer than 200 vaccinations during the campaign have initially been allocated Sanofi Nuvaxovid vaccine, with their full campaign volume available from the outset. This approach reflects the limited wastage risk associated with this product and ensures these sites are not operationally constrained by phased release arrangements.

Any additional vaccine supply beyond this pre campaign allocation will be Spikevax. This includes any provider requests for additional vaccine, and all TDM increases. This approach retains a national reserve of Nuvaxovid for deployment during the final weeks of the campaign, when demand is expected to be lower, reducing the risk of Spikevax wastage overall given its shorter 30-day refrigerated shelf life and multi dose vials

Detained Estates vaccination sites will continue to order and receive Nuvaxovid throughout the campaign. All other provider types, including hospital hubs, will receive Spikevax. Sites newly joining the programme will receive their initial allocations in Spikevax.

Additional Supply Requests

Providers may request additional vaccine supply above their seasonal allocation 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

Requests will be assessed and allocations adjusted where appropriate to ensure patient need is met.

PCN Allocation Donations

GP practices collaborating under the Network Contract DES can donate allocation to other practices within their PCN through FDP. This enables flexible, collaborative delivery models where vaccination activity may be shared across sites. Donations must be completed on FDP prior to vaccine delivery to ensure stock is directed to the correct location. Providers should liaise with their ICBs who will support this action on FDP.

Packdown of Spikevax LP.8.1 (smaller vaccine packs sizes)

A smaller 10-dose (2-vial) pack of Spikevax LP.8.1 is available to order through the FDP Supply Dashboard from 31 March 2026, with first deliveries from 7 April 2026. This is available alongside the existing 50-dose (10-vial) pack, giving sites greater flexibility to order volumes that more closely match planned vaccination activity and reduce expiry waste.

Available pack sizes:

Order volume	Number of vials	Pack type
10 doses	2 vials	Small pack
20 doses	4 vials	Small pack
30 doses	6 vials	Small pack
50 doses	10 vials	Full pack

Orders of up to 30 doses will be fulfilled using the smaller 10-dose pack. Orders above 30 doses must be placed in multiples of 50 using the full pack. Orders of 80 or 120 doses, for example, are not valid order quantities.

Where demand for smaller packs exceeds daily supply chain capacity, orders will be fulfilled using the full 50-dose pack. Sites will not receive less vaccine than ordered.

Consumables

Combined needle and syringe (CNS) sets are supplied automatically in boxes of 100. The system tracks cumulative doses ordered and triggers a new CNS box only when the running total exceeds previous supply. CNS will therefore not accompany every order. Sites with surplus consumables may [deselect the linked consumables bundle](#) through the [Supply](#)

Dashboard. Patient Information Leaflets are included as standard on all orders and cannot be deselected.

Deliveries and receipt of vaccine

Vaccine deliveries take place from Monday to Friday.

We expect the delivery window to be between 08.00 and 16.00, however this will be confirmed closer to the start of the season. An estimated delivery time will be visible in the FDP 'Supply Dashboard' 24 hours before delivery; Monday's estimated time of arrival (ETA) will be visible on the preceding Friday.

The provider must ensure that a trained individual will be available on site to receive the vaccine on the day of delivery, not just during the ETA window in case the delivery is subject to delays. It is not possible for short notice changes (within 72 hours) to be made to the delivery schedules.

If there is a problem with the delivery, then the Lead Contact (on FDP) will be contacted. Changes to Lead Contact details can be made through the FDP Supply Dashboard if necessary.

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.

Examples

Scenario	Stocktake required?
Last stocktake was 0 doses, no deliveries since	No
New site, never received this vaccine	No
Last stocktake was 24 doses, 4 months ago	Yes – a new stocktake must be completed before requesting more stock

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.

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

Emergency orders are only available if a provider has lost all viable vaccine stock due to an unforeseen incident, such as a fridge failure, broken vaccine vials or lost or stolen vials.

If a provider has no usable vaccine remaining and requires an urgent replacement delivery, please complete the [Escalation Form](#). Additional information is available on the [Escalate an Issue](#) page of [Futures](#)

Before requesting an emergency order, providers must check that:

- the site is stocktake compliant
- there is no viable vaccine remaining—emergency orders cannot be used to top up existing stock or to respond to higher-than-expected demand

Emergency orders are processed only where there is sufficient delivery capacity and the criteria above are met.

Training and support

[Training/drop-in sessions](#) and [training videos](#) are available to providers ahead of the start of the spring 2026 season on FuturesNHS [at the links above](#). These sessions will cover changes to vaccine supply processes and address FDP queries.

Children's COVID-19 vaccine supply

COVID-19 vaccine for those aged 6 months to 4 years, 5 to 11 years, 12 to 15 years and 16 to 17 years will only be allocated to authorised providers on FDP. Full details will be shared by regions with authorised providers separately.

Useful information and helpdesks

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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 COVID-19 vaccination service 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.
- Part 1: principles, practices and procedures, including Consent: the Green Book.
- Part 2: the diseases, vaccinations and vaccines, including COVID-19: the Green Book

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

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 (as they become available), vaccine recommendations and eligibility, contraindications and precautions, vaccine administration issues.

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