

Seasonal Vaccination Provider Programme Guide

Spring 2026



Contents

Seasonal Vaccination Provider Programme Guide	1
COVID-19 programme summary	3
Contract changes for 01 April 2026 - 31 March 2027	3
Eligible cohorts	3
Programme delivery dates	4
Legal mechanisms for administration of vaccines	4
Contractual and registration information	4
GP practices	4
Community Pharmacy	5
Vaccination Centres	6
Spring 2026 Planning	6
Provision of the service at off-site locations	8
Operational systems	8
Federated Data Platform (FDP)	8
Point of Care (PoC) systems	10
The National Booking Service (NBS)	10
COVID-19 vaccination walk-in finder service	13
Onboarding and readiness processes for Detained Estates (DE)	14
119 vaccination telephone booking service	15
Creating demand	16
Invitations for eligible people	16
Accessibility and patient information	17
Payments	18
Workforce and training	19
COVID-19 vaccine access and supply	19
Ordering COVID-19 vaccine via FDP	21
Allocation and ordering limits	21
Deliveries and receipt of vaccine	22
Stock management and minimising wastage	22
Roles and responsibilities	23
Support, queries and escalation	23
Useful information and helpdesks	23

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 expect to publish a revised version of this document in March 2026, when additional information, for example legal mechanism links, will be available. We will then make changes as needed to keep information current.

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

[Return to contents](#)

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 UK Health Security Agency (UKHSA) press release [here](#) and in the [COVID-19 chapter of the Green Book](#).

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 will be 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 Group Direction, Patient Specific Directions and a nationally developed Vaccine Group Direction (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 Patient Group Direction is expected to be published in March, and the Vaccine Group Direction will be published on 01 April 2026, providers will need to ensure all relevant staff are signed up to use the correct document. Further information will be shared in due course.

Contractual and registration information

[Return to contents](#)

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

Participating practices must a) accept the offer sent to their practice on CQRS and b) complete the data capture form at <https://forms.office.com/e/TpqGnjbmgu>. Those that accept the offer after 02 February are not guaranteed to receive supplies of the COVID-19 vaccine for the start of the spring programme.

Once a GP practice has completed their sign up on CQRS, they have been accepted. No notification is issued. Providers can check their status directly within the relevant system.

Where a GP practice chooses to 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 sub-contracted provider since they will be operating under the enhanced service specification.

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

Participating contractors must register to provide the service. Before 1 April this registration (or deregistration) will be at <https://forms.office.com/e/L3NgQL80GN>. Those that register after 02 February are not guaranteed to receive supplies of the COVID-19 vaccine for the start of the spring programme. A copy of registration details will be sent to the email address supplied on the form and should be retained as evidence of status.

After 1 April 2026 pharmacy contractors must use Manage Your Service (MYS) registration. Providers can check their status directly within MYS.

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.

Further information will be published shortly on the FutureNHS platform.

Spring 2026 Planning

[Return to contents](#)

Key contractual and operational changes come into effect from 01 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.
- **GP practices must offer and where accepted 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 (e.g. housebound) if they have signed up to the ES. Practices will be able to collaborate to deliver the seasonal vaccination service within their PCNs. 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.

- **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) flow to 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 you're 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, housebound vaccinations and vaccinations to those under 18 years of age must only be administered by pharmacy contractors if authorised by the commissioner. GP practices do not need prior authorisation.
 - Any provider planning to undertake 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.

- **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.

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.

Operational systems

[Return to contents](#)

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 those without an nhs.net e-mail account, an OKTA account is required. (Request an account at <https://apps.model.nhs.uk/register>).
- Detained Estate users cannot use mobile-phone multi-factor authentication. Guidance for accessing FDP using non-mobile authentication is available here: [Detained Estates](#).

2. Approval to use the FDP vaccination workspaces

The FDP vaccination workspaces can be accessed by approved users at <https://england.federateddataplatfom.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 by 16 February 2026.

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.

Point of Care (PoC) systems

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.

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.

For guidance and support on usage and collaboration functionality of their chosen system, practices must engage directly with their GPIT supplier.

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).

RAVS 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.

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

[Return to contents](#)

Walk-in clinics are an important part of the COVID-19 vaccination offer. 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.

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)

[Return to contents](#)

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

[Return to contents](#)

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.

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

[Return to contents](#)

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.

Spring 2026 national vaccination invitation schedule

A planned schedule of invitations will be shared here in a later version.

Accessibility and patient information

[Return to contents](#)

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 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 e.g. 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.
- 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

[Return to contents](#)

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, and we are expecting changes in this system in April will enable payments where a practice has not taken up the service offer but has agreed collaboration with other practices in their PCN.

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:

- [FutureNHS: Finance, Legal, and Indemnity Guidance](#) (will be updated prior to spring 2026 programme launch).
- 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

[Return to contents](#)

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.

Workforce and training guidance (including toolkits) is available on [FutureNHS](#).

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

Guidance on requesting NHS and Care Volunteer Responders to assist on site can be found [here](#).

COVID-19 vaccine access and supply

[Return to contents](#)

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.

Information on COVID-19 vaccine types will be shared in due course.

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.

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 visible national bookings. based on booking data, the provider's available volume on FDP will be automatically increased. Providers can then order from this increased allocation as and when needed.

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

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.

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

Community Pharmacies, Vaccination Centres, Hospital Hubs, Detained Estates

Provider's total season forecast is based on:

- The number of COVID-19 vaccinations administered in spring 2025; or
- If unavailable, the number of COVID19 vaccinations administered in autumn/winter 2025; or COVID19 vaccinations administered in autumn/winter 2025; or-19 vaccinations administered in autumn/winter 2025; or
- If unavailable, the average number of COVID-19 vaccinations administered by other providers of the same type in spring 2025.

Initial upfront allocation

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.

Providers will be allocated a percentage of their total season entitlement to be drawn down by the provider at the start of the season.

Additional balance will be released:

- Once a set amount of the initial allocation is used (for GP practices); or
- When TDM identifies a requirement for additional vaccine.

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

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](#) will be available to providers ahead of the start of the spring 2026 season. These sessions will cover changes to vaccine supply processes and address FDP queries.

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 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