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General Practice: Seasonal Vaccination Programmes – Additional guidance 2026/27

This guidance provides additional information on recording of seasonal vaccination events and payments including in collaborative arrangements

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1. Introduction

1. In 2026/27, practices can choose to participate in one or both of the following seasonal vaccination services:

   - The Enhanced Service: COVID-19 and Adult Influenza Vaccination Programmes 2026/27 ("**COVID-19 and Adult Seasonal Influenza ES**"); and / or
   - The Enhanced Service: Childhood Influenza Vaccination Programme 2026/27 ("**Childhood Seasonal Influenza ES"**).

2. Practices wishing to participate in either of these services must indicate their willingness to do so to their commissioner in line with the sign up processes and deadlines described in section 4 and the relevant ES Specification.

3. This guidance provides information on the process for recording COVID-19 and influenza vaccination events, claiming Item of Service (IoS) fees and vaccine reimbursement payments depending upon whether the vaccine is administered:

   - individually by a practice to eligible registered or unregistered patients; or
   - in collaboration with other practices under the Network Contract DES.

4. It is important that practices follow this guidance to avoid recording errors and/or potential payment duplications which could result in payments being recovered.

5. No part of this guidance by inclusion, omission or implication defines or redefines essential or additional services, or the seasonal service specifications. In the event of a conflict between this guidance and the service specification, the service specification takes precedence.

6. In line with both ESs, NHS England may undertake post payment verification and data quality validation for COVID-19 and influenza vaccination claims. This is for assurance around accuracy of clinical records.

Key changes in 2026/27

7. From 1 April 2026, practices delivering seasonal vaccination services must record all COVID-19 and influenza vaccination events in their GP IT Clinical System. Point of Care (PoC) Systems must not be used to record seasonal vaccination events, unless to record vaccinations administered under separate COVID-19 vaccination outreach contracts. Vaccination recording and payments for outreach services should be agreed locally with the local commissioner and in line with guidance from the PoC system

provider. Single system recording is imperative to avoid duplication in clinical records and payment.

2. Guidance for practices delivering seasonal vaccinations individually

2.1 Eligible registered patients

8. Practices must record seasonal vaccinations administered to eligible registered patients in the practice's GP IT clinical system as per the usual process within those systems. The General Practice Extraction Service (GPES) will collect the relevant clinical information each month, using the defined clinical codes within the GPES Business Rules, on the number of patients on the practice's registered list who are recorded as being vaccinated against COVID-19 and influenza during the relevant reporting period. This information is passed to the Calculating Quality Reporting Service (CQRS) accordingly and the relevant IoS payments will be made to the practice monthly in arrears.

9. COVID-19 vaccines administered in the following exceptional circumstances must be recorded in CQRS using the relevant manual indicators in order for practices to be paid:

   - a third vaccine administered to a patient within the financial year;
   - a vaccine administered within 90 days of the patient's previous vaccination; or
   - a vaccine administered to an unregistered patient under Immediately Necessary Treatment (INT).

   For information on how to manually enter data into CQRS, practices should refer to: Module 6: CQRS National Entering Achievement Data Manually - CSU Collaborative.

10. To enable CQRS to calculate the monthly payment achievement, practices must confirm participation in the ESs in line with the sign-up processes and deadlines listed in the relevant service specification.

11. Each GPES data collection will capture data for all payment counts and report on activities from the start of the reporting period to the end of the relevant reporting month. The reporting period starts on 1 April 2026 for COVID-19 vaccinations and 1 September 2026 for some influenza cohorts. Data will be collected one month in

arrears, e.g. data for September will be collected in October. GPES provides the monthly counts to CQRS.

12. If automated collection via GPES is not available for any reason, practices would be required to manually input data into CQRS, until such time as GPES becomes available again. This would be communicated by NHS England.

13. Practices must only use the relevant clinical codes included in the supporting Business Rules and should re-code patients where necessary, for example if there is an error in coding. This will allow CQRS to calculate payments and for the Commissioner to audit payment and service delivery. Practices should refer to the supporting Business Rules for the most up-to-date information on management counts and clinical codes.

14. Where there is an automated data collection via GP IT clinical systems, there is a five-day period following the month end to allow practices to record the previous month's activity before the collection occurs[1]. Activity submitted after the collection period is closed will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

15. The GPES extracts for the seasonal vaccination programmes will align to the relevant programme start dates as published in the Flu Letter and Commissioner guidance.

2.2 Patients not registered with the practice

16. In 2026/27, practices can administer the following vaccination to specific eligible patients that are not registered with their practice or a member practice in their PCN (see Section 3) including:

    - influenza vaccinations to:
        - frontline workers in social care settings employed by the following types of social care providers without employer led occupational health schemes and where the Practice is administering vaccines to the residents of:
            - a registered residential care or nursing home, or
            - a voluntary managed hospice provider

          and who are directly involved in the care of vulnerable patients or clients who are at increased risk of exposure to influenza;

[1] As per paragraph 11.7 in the COVID-19 and Adult Seasonal Influenza ES, records must be created on the same day the vaccine is administered, unless exceptional circumstances apply, and within 15 days of administration, or the practice will not be eligible for payment.

- locum GPs, which is a cohort additional to those set out in the Flu Letter, and where the locum GP is providing care for the Practice's patients; and
- People experiencing homelessness, which is an eligible at-risk group as set out in the amendment to the Flu Letter; and

- influenza and COVID-19 vaccinations to:
  - those patients living in Aligned Care Homes where the Patient is not on the Practice's registered patient list (nor the list of another practice in the PCN) and the Patient consents.

Recording vaccinations for unregistered patients using Immediately Necessary Treatment (INT)

17. Practices should first register the patient within their existing GP IT clinical system using the Immediately Necessary Treatment (INT) registration status:
    - The use of INT registration status provides a mechanism to record the vaccination event given to eligible patients that are unregistered with the practice under the terms of the seasonal vaccination service specifications. It is being used solely for administrative purposes in order to create a patient record for the seasonal vaccination and enable payment accordingly. It does not oblige the vaccinating practice to provide other types of INT care to those patients.
18. Practices should then code the seasonal vaccination event:
    - using the **clinical codes only** to capture the vaccination event for those eligible patients living in Aligned Care Homes; and
    - using the **clinical codes AND 'needs influenza' code** for eligible unregistered health and social care staff (i.e. frontline social care workers and locum GPs), and people experiencing homelessness, as per paragraph 16.

    The vaccination event record will then flow via the Data Processing Service (DPS) to the patient's registered practice, where it will be recognised and therefore excluded from the standard GPES extract count.
19. For practices using SystmOne (TPP), EMIS web (Optum nee EMIS) or Medicus clinical systems, the record of the seasonal vaccination event will be automatically transferred from the practice that administers the vaccine on an INT basis to the patient's registered practice's clinical system via the DPS. No further action is required by either the vaccinating practice or the patient's registered practice. However, as INT registration status is not available in PCN hub systems, seasonal vaccinations

administered to patients registered with another practice should not be recorded within PCN hub systems but instead in EMIS web, Medicus or SystmOne.

20. Influenza vaccination events recorded within the GP clinical system in line with the above INT process for the period from 1 September 2026 to 31 March 2027 will be extracted monthly in GPES extractions. Payment of the IoS fee will be made to the practice that has administered the vaccine on a monthly basis.

21. COVID-19 vaccination events recorded within a GP clinical system in line with the above INT process for the period from 1 April 2026 to 31 March 2027 will not be extracted in the monthly COVID-19 vaccination service GPES extractions. Payment of the IoS fee will be made following submission of a manual claim as per paragraph 9 and the payment will made to the practice that administered the vaccine.

22. If a practice has recorded an unregistered patient's seasonal vaccination using the temporary resident (TR) status, instead of the INT status, the practice should not change their status to INT. If a practice were to re-record the vaccination again using the INT status this would create a duplicate event for the same patient. Where a practice has recorded a patient as a temporary resident then the practice will be required to follow the **claim amendment** processes agreed with their local commissioner so that this activity can be recorded and claimed against the appropriate indicators within this service for those that have been registered as a temporary resident.

23. Practices must not use the INT coding for the administration of influenza vaccinations to eligible frontline patient-facing primary care staff (except for GP locums) as set out in section 7.

24. Practices should claim reimbursement, where relevant, for the cost of adult influenza vaccines administered to patients not registered with the practice in the usual way by submitting the FP34PD form (or FP34D form for dispensing contractors) to the NHSBSA.

2.3 Patients who change practice after vaccination

25. If a patient changes practice after a seasonal vaccine was administered and within the reporting period, the practice where the patient is registered at the extraction date following the end of the monthly reporting period is the practice that will be paid for any vaccination provided to that patient.

3. Seasonal vaccinations administered collaboratively under the Network Contract DES

26. Where the Practice is a member of a PCN, it:

    - may, under the terms of the Network Contract DES and the PCN's Network Agreement, collaborate to administer seasonal vaccinations to patients registered at any practice within the PCN; and
    - must, as specified in the COVID-19 and Adult Seasonal Influenza ES and under the terms of the Network Contract DES and the PCN's Network Agreement, collaborate with other practices within its PCN to ensure that all Patients who are residents of an Aligned Care Home are offered vaccinations in accordance with the service specification and the Network Contract DES.

27. In this section, references to 'collaborating practices' refers to practices collaborating to provide seasonal vaccinations to patients within a PCN under the Network Contract DES. It refers to all practices in the PCN, whether or not the practice has signed up to one or both of the seasonal vaccination ESs.

28. The practice that has signed up to the relevant seasonal vaccination ES is able to administer vaccines to:

    - patients who are eligible to receive the vaccination by their inclusion in a JCVI cohort which has been announced and authorised by the Commissioner whose name appears in the registered patient list of one of the collaborating practices, and who is not residing in an Aligned Care Home; or
    - patients living in Aligned Care Homes where the Patient is not on the Practice's registered list and the patient consents. Practices must liaise with their own Primary Care Network and where appropriate other Primary Care Networks which are responsible for delivery of the Enhanced Health in Care Homes provisions in the Network Contract DES, to agree these arrangements and ensure that a joined-up service is delivered to all Primary Care Networks linked care homes.

29. Practices are required to agree and set out within their Network Agreement how practices in the PCN will collaborate to deliver the seasonal vaccinations, including distribution of payments (as detailed in section 3.1).

30. Note that following changes to Regulation 19 of the Human Medicines Regulations 2015 by the Human Medicines (Amendment) Regulations 2026, COVID-19 and influenza vaccine should not be shared between practices. In exceptional

circumstances, as laid out in the updated regulations, where there is an urgent public health need and there is no other way the patient could receive treatment, complete and intact boxes of vaccine could be supplied to another provider if approved by the vaccine supplier.

31. Some example scenarios to illustrate how practices may administer seasonal vaccinations when collaborating under the Network Contract DES have been included in Annex A.

3.1 Recording and claiming payments

32. Practices collaborating under the Network Contract DES must record seasonal vaccinations administered to eligible patients registered at a collaborating practice on the GP IT clinical system of the practice the patient is registered at. Practices should contact their IT system supplier to ascertain how they facilitate PCN collaboration so the practice can create a record in the IT system of the practice where the patient is registered that will flow for payment (unless INT status is used as outlined in this guidance in certain circumstances).

33. For eligible registered patients, the IoS payments will be paid to the patient's registered practice. For eligible unregistered patients, the IoS payment will be paid to the practice that administered the seasonal vaccination and recorded it using the INT registration status. Collaborating practices will need to agree how any IoS payments received will be re-allocated between member practices and record this in their Network Agreement.

34. All collaborating practices in PCNs where at least one practice has signed up to provide COVID-19 vaccinations must sign-up on CQRS to allow data extraction and payment claims for COVID-19 vaccinations, even if they are not signed up to the ES. This will allow the practice where a patient is registered, to claim payments on behalf of the member practice that administered the vaccine (as described in paragraph 33). Practices within the PCN are required to outline how payments will be distributed in their Network Agreement. The process for signing up to allow data extraction and payment claims is described in section 4.4.

35. Claims must be made in accordance with the relevant ES specification. See section 6 for further details on claiming influenza vaccine costs and the personal administration fee.

4. Sign up processes

4.1 COVID-19 vaccination service

36. Practices can only sign up to deliver COVID-19 vaccinations if they also sign up to deliver adult seasonal influenza vaccinations. Depending on timings, the sign up process for 2026/27 is as follows:

    - **Until 23:59 on 31 March 2026**, practices were required to sign up to deliver COVID-19 vaccinations in CQRS National and also complete a data collection online form;
    - **From 00:00 on 1 April 2026**, practices must sign up to the COVID-19 Vaccination Service by completing the data collection form. This form includes a new section to register for the service. From 1 April 2026, CQRS will only be used to claim payments for COVID-19 vaccinations administered and not to sign up to the service. It has therefore been renamed the 'COVID-19 Vaccination Claiming Service'.

37. The deadlines for signing up to deliver COVID-19 vaccinations are:

    - **23:59 on 2 February 2026** in order to be able to receive supply of COVID-19 vaccine ahead of the Spring 2026 COVID-19 Service commencement date of 13 April 2026;
    - **23:59 on 31 July 2026** in order to be able to receive supply of COVID-19 vaccine ahead of the anticipated Autumn/Winter 2026/27 COVID-19 Service commencement date of 1 October 2026.

4.2 Adult Seasonal Influenza vaccination service only

38. Practices that wish to deliver Adult Influenza vaccinations must sign up in CQRS National prior to administering any vaccines to Patients.

39. Sign up on CQRS National will open in the summer with exact timings to be confirmed via the usual bulletins.

40. Practices must sign up to deliver the Adult Influenza Vaccination Service by **23:59 on 30 November 2026** in order to deliver the service in 2026/27.

4.3 Childhood Seasonal Influenza ES

41. Practices can sign up to deliver childhood seasonal influenza vaccinations regardless of whether they have signed up to deliver the COVID-19 and/or Adult Seasonal Influenza vaccination services.

42. Sign up on CQRS National will open in the summer with exact timings to be confirmed via the usual NHS England bulletins.

43. Practices must indicate their willingness to participate in the Childhood Seasonal Influenza ES by signing up in CQRS National prior to administering any vaccine to Patients (with children's influenza vaccinations beginning from 1 September 2026, in line with the flu letter). Practices must sign up by **23:59 on 30 November 2026** in order to deliver the service in 2026/27.

4.4 Sign up to claim COVID-19 vaccination payments on behalf of the PCN

44. A new COVID-19 Vaccinations Claiming Service will open in CQRS from 1 April 2026 to allow practices to claim COVID-19 vaccination payments when another practice in their PCN vaccinates their registered patients (as described in paragraph 34). All collaborating practices, including those that have not signed up to deliver COVID-19 vaccinations, must sign up to the COVID-19 Vaccinations Claiming Service.

45. All practices that have signed up to the COVID-19 service on CQRS National by 23:59 on 31 March 2026 will automatically be signed up to the COVID-19 Vaccinations Claiming Service. No further action is required from these practices.

46. All practices that sign up to deliver COVID-19 vaccinations after 23:59 on 31 March 2026 via the online form (as described in section 4.1) must also sign up to the COVID-19 Vaccinations Claiming Service on CQRS.

47. Practices who have not signed up to deliver COVID-19 vaccinations, but who are part of a PCN where other practices in the PCN have signed up to deliver COVID-19 vaccinations, must also sign up to the COVID-19 Vaccinations Claiming Service in CQRS National from 1 April 2026.

48. There will be similar approach for influenza vaccination service whereby practices who have not signed up to deliver influenza vaccinations, but who are part of a PCN where other practices in the PCN have signed up to deliver influenza vaccinations, must sign up to the Influenza Vaccinations Claiming Service in CQRS National. Deadline for this sign-up will be communicated in due course.

5. Limitation period for claiming an IoS fee

49. Claims for activity related to the administration of seasonal vaccinations must be submitted on the relevant system as soon as possible. Practices must validate and submit a claim to the Commissioner for payment within three months of the date of the administration of the completing dose of the vaccine as outlined in Section 10 of the COVID-19 and Adult Seasonal Influenza ES.

6. Reimbursement of the influenza vaccine costs and personal administration fee

50. Practices will continue to claim for locally procured adult influenza vaccine costs and personal administration (PA) fees in accordance with the General Medical Services Statement of Financial Entitlements (SFE) and using the established systems for doing so. For the avoidance of doubt, influenza vaccine reimbursement claims are to be submitted by individual practices only and not by a PCN.

51. Collaborating practices must keep clear and up to date records on the administration of seasonal vaccines to support any claims made for IoS fees, reimbursement or PA fees.

52. Practices will not be reimbursed for any vaccine that has been centrally supplied.

7. Influenza vaccinations for frontline primary care staff

53. Practices may under the 2026/27 COVID-19 and Adult Seasonal Influenza ES offer their frontline patient-facing staff an influenza vaccination. This forms part of employer occupational health responsibilities and can be provided either by the employing practice or under other arrangements, for example through an occupational health provider or influenza voucher scheme with a community pharmacy.

54. Where eligible frontline patient-facing staff are administered an influenza vaccine by their employing practice, the practice will not be eligible for reimbursement of the influenza vaccine cost nor an IoS payment. Practices must not record any vaccine administered to staff as part of this occupational health offer in the GP IT clinical system for this reason. This is with the exception of where the eligible frontline patient-facing staff member is:

    - eligible under the NHS influenza programme due to age or clinical risk AND is a registered patient at their employing practice, or

- a GP locum.

55. With the exception of a GP locum, practices must not use the INT status to record influenza vaccines administered to their eligible frontline patient-facing staff.

Annex A: Illustrative scenarios

The scenarios below are intended to illustrate how practices may administer seasonal vaccinations when operating collaboratively under the Network Contract DES. This list is not exhaustive but illustrate some of the key situations enabled by the Network Contract DES, as well as some that are not permitted.

Example 1: Standard collaboration within a PCN to provide vaccinations

Practices A and B are in a PCN and have agreed to collaborate under the Network Contract DES. Both practices are signed up to the COVID-19 and Adult Seasonal Influenza ES to administer both influenza and COVID-19 vaccines. Practice A and B have amended and signed the Network Agreement including payment arrangements.

Practice B is running a clinic to administer influenza vaccines on Tuesdays. A 69-year-old registered eligible patient of Practice A makes an appointment at Practice B on a Tuesday when staff from Practice B are administering influenza vaccines. The patient requests influenza and COVID-19 vaccination.

Practice B can administer influenza and COVID-19 vaccines to this patient under the provisions in the Network Contract DES. Practice B should record the vaccinations on Practice A's GP IT clinical system. Practice A will receive the IoS payment, which could be distributed back to Practice B if this has been agreed in the PCN's Network Agreement.

Example 2: Collaborating when a practice in the PCN has not signed up to the ES

Practices A, B and C are in a PCN and plan to collaborate under the Network Contract DES to deliver vaccinations and have amended their Network Agreement. Practices A and B are signed up to the COVID-19 and Adult Seasonal Influenza ES to administer both influenza and COVID-19 vaccines. Practice C has not signed up to this ES.

Scenario 1

An eligible pregnant woman who is a registered patient of Practice A walks into the surgery of Practice C and asks for an influenza vaccine.

This patient cannot receive the influenza vaccine at this practice as Practice C is not signed up to the ES to administer influenza vaccine. The patient can attend Practice A, where she is

a registered patient, or Practice B, which is signed up to the ES and collaborating with Practice A under the Network Contract DES.

Practice C must still sign up to the Claiming Service in CQRS National even though it is not signed up to the ES and cannot administer vaccinations. This is to enable them to claim for payments on behalf of Practice A and Practice B where they vaccinate any of Practice C's registered patients.

Scenario 2

Practice C covers a geographical area that includes an Aligned Care Home (as defined in the Network Contract DES). Under the requirements of the Network Contract DES, the PCN must ensure that the residents at the Aligned Care Home are offered influenza and COVID-19 vaccination.

The care home vaccinations can be arranged in one of the following ways:

- Practice A or B could agree to offer vaccinations to the residents of the care home on behalf of the PCN, either themselves or through a third party (e.g. district nurses) via a subcontract or Vaccine Agency Agreement (VAA). The administering practice / third party should record the vaccination on the GP IT clinical system of the practice that each patient is registered to. The practice the patient is registered to will receive the IoS payment, which could be distributed back to the administering practice in accordance with the PCN's Network Contract Agreement (or passed onto the third party, in the case of a VAA/subcontract).

- Practice A or B can subcontract Practice C to provide the vaccinations to the care home residents. This may be appropriate where Practice C is already attending the care home to provide routine vaccinations (e.g. shingles and RSV vaccinations). Practice C should record the vaccination on the GP IT clinical system of the practice that each patient is registered to. The practice the patient is registered with will receive the IoS payment, which would be redistributed in accordance with the PCN's Network Agreement.

- In exceptional circumstances (where the PCN is unable to fully provide the required care home offer and can evidence it has exhausted the above options) under the provisions in the Network Contract DES, the commissioner can agree to assume the responsibility for the PCN's care home vaccinations and commission an alternative provider to offer the vaccinations.

Example 3: Delivering vaccinations across PCNs to Aligned Care Homes

Practices A and B are in different PCNs and therefore are not collaborating under the Network Contract DES. They are both signed up to the COVID-19 and Adult Seasonal Influenza ES to administer both influenza and COVID-19 vaccines. Practice A is due to vaccinate patients at an Aligned Care Home. Patient 1 is registered at Practice A. Patient 2 is registered at Practice B. Both patients are residents at the care home.

Patient 1 tells Patient 2 that her practice, Practice A, is providing seasonal vaccinations. Patient 2 asks for Practice A to provide his influenza vaccine.

Practice A can do this under the terms in the ES allowing practices to vaccinate patients who are living in Aligned Care Homes, even where that patient is not on the registered list of Practice A or any practice within Practice A's PCN. Practice A's PCN and Practice B's PCN must agree that Practice A will vaccinate Practice B's patient. Practice A must record the vaccination within their existing GP IT clinical system using the INT status.