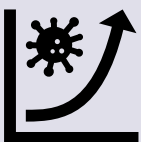


Purpose and intended audience

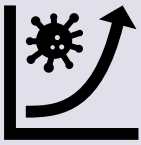
- This session and supporting materials have been developed to provide an update on the commissioning and delivery of NHS vaccination programmes in accordance with the 2025-26 general practice contract.
- The session is intended for regional commissioning teams and partner ICB colleagues with relevant roles.
- The content may serve either as an introductory session for colleagues new to vaccination or as a refresher for those with experience.
- This presentation will be made available to regional and ICB colleagues to support current activities and may serve as a resource to support the planned delegation of vaccination services and organisational change in future.





Agenda

Agenda item	Speaker	Slide number
Welcome, purpose and introduction	Stefanie Rutherford-Hilton	1-3
Summary of general practice contract changes for 2025-26	Joanne Gray	4-8
Vaccination programmes offered as essential services	Gareth Tracey	9-15
Summary of contractual requirements	Gareth Tracey	16-21
Vaccination programmes offered under the global sum	Gareth Tracey	22-24
Seasonal flu and COVID -19 vaccination programmes	Amanda Marshall	25-29
Quality Outcomes Framework (QOF)	Gareth Tracey	30-34
Questions	Stefanie Rutherford-Hilton	FAQ to follow
Additional resources	Supporting information	36 onwards



Aims of the session

- Highlight the general practice contract changes for vaccination programmes 2025-26
- Provide an overview of the key GP contractual requirements for vaccination programmes
- Provide information on vaccination programme specific requirements
- Highlight relevant standards
- Clarify payment and reimbursement requirements and supporting processes
- Provide information on subcontracting options and on incentives
- Provide supporting information as part of Q&As where participants identify any knowledge gaps
- Support Child Imms Improvement Plans



The information contained in this pack is correct as of 17 July 2025 and reflects the V&I GP contract requirements for 2025/26

General practice contract 2025-26

**Summary of changes 2025-26: Vaccination and
Immunisation**

GP contract 2025-6 Summary of V&I changes

The following vaccination changes were agreed with the General Practitioners Committee England (GPCE) (of the British Medical Association) and will be implemented from 1 April 2025 - [NHS England » Changes to the GP Contract in 2025/26](#)

Following recommendations by The Joint Committee on Vaccination and Immunisations (JCVI), the following changes will be made to the routine childhood and adult schedules in 2025/26:

1. Two changes to the childhood vaccination schedule, driven by the discontinuation of the Menitorix (Hib/MenC) vaccine, including:
 - an additional dose of Hib-containing multivalent (6-in-1) vaccine, offered at a new immunisation visit at 18 months of age.
 - the second dose of MMR vaccine brought forwards from 3 years 4 months to the new immunisation visit at 18 months of age to improve coverage.
2. The exchange of MenB and PCV vaccines within the childhood schedule.
3. The current monovalent Hep B vaccine scheduled at 12 months for babies born to mothers infected with Hepatitis B has been removed from the schedule. From 1 January 2026 children will be offered a new routine appointment at 18 months of age to receive a 6-in-1 vaccine, which contains Hep B vaccine.

GP contract 2025-6 Summary of V&I changes



The following vaccination changes were agreed with the General Practitioners Committee England (GPCE)(of the British Medical Association) and will be implemented from 1 April 2025 - [NHS England » Changes to the GP Contract in 2025/26](#)

4. An amendment to the requirement to record the dried blood spot test for at risk babies, allowing that recording to take place between 12 and 18 months.
5. A change to the adult shingles programme, reflecting new evidence on the effectiveness of the vaccination for a broader Severely Immunosuppressed (SIS) cohort.
6. The potential introduction of a varicella vaccine, subject to final ministerial agreement, in quarter 4 of 2025/26.

The detailed changes to the routine childhood schedule are attached at [annex E](#) and will be supplemented with further guidance. All changes (to both the childhood and adult routine schedules) are included in an amended version of the SFE in 2025/26.

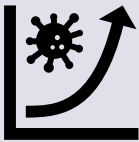
GP contract 2025-6

Summary of V&I changes



The following vaccination changes were agreed with the General Practitioners Committee England (GPCE)(of the British Medical Association) and will be implemented from 1 April 2025 - [NHS England » Changes to the GP Contract in 2025/26](#)

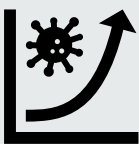
- In response to feedback from GPCE and reflecting the key role that general practice plays in efforts to increase uptake in childhood vaccinations, the fee for routine childhood immunisations that are part of essential services will increase by £2 to £12.06 in 2025/26. There will be an evaluation during 2025/26 of the effect that these changes have on activity, uptake and inequalities in uptake.
- The 2025/26 SFE lists all the vaccinations and immunisations which are in scope of the increase in the Item of Service fee. c.£17.8 million of the funding generated through the retired QOF indicators (see paragraph 4a of [Annex A](#)) will be used to cover the estimated costs of this increase.
- The SFE will also be amended to address inconsistencies in the treatment of patients that move practice. Currently, if a patient receives a vaccination at their practice and subsequently moves to a new practice in month, either only the new practice is paid or no practice is paid, depending on the receiving GP system supplier. The SFE will make clear that the receiving practice will be paid for the intervention. This is consistent with the approach to payments for departing patients taken elsewhere in the GP contract.



Summary of childhood changes

Date	Programme Change
1 July 2025	Cessation of Hib/MenC 12-month dose
1 July 2025	Cessation of monovalent HepB 12-month dose for the selective high-risk HepB programme
1 July 2025	PCV dose 1 moved from 12 weeks to 16 weeks
1 July 2025	MenB dose 2 moved from 16 weeks to 12 weeks
1 January 2026	Change of schedule for MMR dose 2 (from 3y 4m to 18 months)
1 January 2026	Introduction of new routine dose of DTaP-IPV-Hib-HepB (Hexavalent vaccine) at 18 months to provide the 4th dose of Hib and final HepB for the selective programme
1 January 2026	Introduction of varicella offer (details TBC)

Vaccination programmes offered as essential services

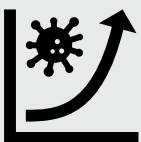


Routine Childhood Vaccination Programmes

Schedule correct from 01 July 2025

The following routine childhood vaccination programmes are essential services with all vaccinations administered paid an IOS fee of £12.06. All the vaccines listed below are **centrally supplied**. [Statement of Financial Entitlements](#)

Vaccine given	Diseases protected against	When	Call/Recall	QOF indicator	Item of Service fee	National target
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	8 weeks	✓	VI 001	£12.06	95%
MenB	Meningococcal group B (MenB)	8 weeks	✓		£12.06	95%
Rotavirus	Rotavirus gastroenteritis	8 weeks	✓		£12.06	95%
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	12 weeks	✓	VI 001	£12.06	95%
MenB	Meningococcal group B (MenB)	12 weeks	✓		£12.06	95%
Rotavirus	Rotavirus gastroenteritis	12 weeks	✓		£12.06	95%
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	16 weeks	✓	VI 001	£12.06	95%
Pneumococcal conjugate vaccine (PCV)	Pneumococcal (13 serotypes)	16 weeks	✓		£12.06	95%



Routine Childhood Vaccination Programmes

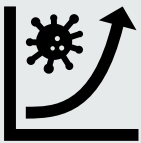
Schedule correct from 01 July 2025

All the vaccines listed below are **centrally supplied** [Statement of Financial Entitlements](#)

Vaccine given	Diseases protected against	When	Call/Recall	Opportunistic /on request	QOF indicator	Item of Service fee	National target
Pneumococcal conjugate vaccine (PCV)	Pneumococcal (13 serotypes)	12 months	✓			£12.06	95%
MenB	Meningococcal group B (MenB)	12 months	✓			£12.06	95%
MMR	Measles, mumps and rubella (German measles)	12 months	✓		VI 002	£12.06	95%
Hib/Men C (if Hib/MenC exhausted give DTaP/Hib/IPV/HepB)	Haemophilus influenzae type b (Hib), Meningococcal group C	Born before 01/07/2024 - 12 months	✓			£12.06	95%
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	Born on or after 01/07/2024 – 18 months	✓			£12.06	95%
MMR	Measles, mumps and rubella (German measles)	Born on or after 01/07/2024 – 18 months	✓		VI 003	£12.06	95%
dTaP/IPV	Diphtheria, tetanus, pertussis (whooping cough), polio	3 years 4 months	✓		VI 003	£12.06	95%
MMR	Measles, mumps and rubella (German measles)	Born before 01/07/2024 – 3 years and 4 months	✓		VI 003	£12.06	95%
MMR	Measles, mumps and rubella (German measles)	Age 6 years and over		✓		£12.06	95%
Live attenuated influenza vaccine LAIV (1 st line offer)	Influenza for age eligible paediatric groups	Annual	✓			£10.06	100% offer

Primary Care, Community, Vaccinations & Screening (PCVS)

Driving excellence and delivering results for all Primary care, Community, vaccinations and screening services that reach everyone, everywhere, protecting health and saving lives.



Routine Childhood Vaccination Programmes

All the vaccines listed below are **centrally supplied** [Statement of Financial Entitlements](#)

Schedule correct from 01 July 2025

Vaccine given	Diseases protected against	When	Call/Recall	Opportunistic/on request	Item of Service fee	National target
HPV	Human papillomavirus	14-24 years		✓	£10.06	90%
Td/IPV (check MMR status)	Tetanus, diphtheria and polio	14 years		✓	£12.06	90%
Men ACWY	Meningococcal groups A, C, W and Y	14 – 24 years		✓	£10.06	90%

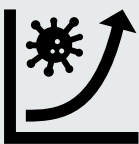
[Complete routine immunisation schedule from 1 July 2025 - GOV.UK](#)

Vaccine ordering:

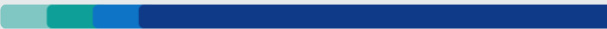
[How to register: ImmForm helpsheet - GOV.UK](#)

ImmForm is a UKHSA website used to collect data on vaccine uptake for immunisation programmes and to provide vaccine ordering facilities for the national immunisation programme.





Selective Childhood Vaccination Programmes



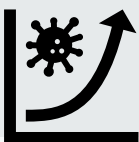
The following vaccines are centrally supplied with the exception of hepatitis B, which should be ordered directly from the manufacturer or wholesaler. [Statement of Financial Entitlements](#)

Diseases protected against	Target Group	When	Call/Recall	Opportunistic/on request	Item of Service fee (£)
Hepatitis B	Babies born to hepatitis B infected mothers	At birth, 4 weeks and if born before 01 July 2024 give additional dose at 12 months old	✓		12.06
Tuberculosis (BCG vaccine)	Infants in areas of the country with tuberculosis (TB) incidence $\geq 40/100,000$	Around 28 days old		Local pathways apply	10.06
Tuberculosis (BCG vaccine)	Infants with a parent or grandparent born in a high incidence country	Around 28 days old		Local pathways apply	10.06
Influenza (age eligible and at-risk groups)	From 6 months to 17 years of age (see guidance for 2 nd dose requirements for children under 9 years)	From 6 months to 17 years of age	✓		10.06

[Selective Immunisation Programmes](#)

[Additional vaccines for individuals with underlying medical conditions](#)

[National flu immunisation programme 2025 to 2026 letter - GOV.UK](#)



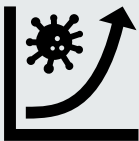
General Practice Routine and Selective Adult Vaccination Programmes 1/2

The following vaccines and immunisations programmes are essential services as set out within Table 2 within the SFE and are eligible for an IoS fee of £10.06. All the vaccines are **centrally supplied**.

Routine Adult and Selective Programmes

The following routine adult V&I and selective programmes are essential services. All programmes below have a blend of call, recall, opportunistic or on request as they are all different permutations. Full details of the offer requirements for each programme can be found in the [SFE](#)

Vaccinations Programmes – Vaccine Centrally Supplied	Dosage	Eligible Cohort
Pertussis – Given in each pregnancy (selective)	1 dose	From 16 weeks of pregnancy or soon after
Pneumococcal Polysaccharide Vaccine (PPV) Booster There will be a vaccine changeover estimated Dec 2025 / Jan 2026 [based on the forecast rundown of PPV23] to Prevenar 20® [PCV20].	1 dose 1 dose	65 years then opportunistic or if requested 2-64 years in defined in a clinical risk groups
Shingles routine	2 dose	Age 70 years on or after 1 September 2023 and at the point of vaccination who are immunocompetent individuals, eligible until aged 80 years
Shingles catch-up programme	2 dose	65-69 years
Shingles Severely immunocompromised individuals	2 dose	50 years and over From 1 September this cohort will be expanded to 18-49 years.



General Practice Routine and Selective Adult Vaccination Programmes 2/2

The following vaccines and immunisations programmes are essential services as set out within [Tables 2](#) within the SFE and are eligible for an IoS fee of £10.06. All the vaccines are **centrally supplied**.

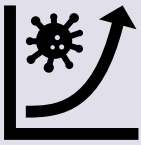
Routine Adult and Selective Programmes

The following routine adult V&I and selective programmes are essential services. All programmes below have a blend of call, recall, opportunistic or on request as they are all different permutations. Full details of the offer requirements for each programme can be found in the [SFE](#)

Vaccinations Programmes – Vaccine Centrally Supplied	Dosage	Eligible Cohort
RSV Adult programme	1 dose	75 years
RSV Adult programme	1 dose	Aged 75- 78 years on 31 August 2024 and at the point of vaccination, remaining eligible until 31 August 2026
RSV adult programme	1 dose	Aged 79 years on 31 August 2024 and eligible until 31 August 2026
RSV – given in each pregnancy (Selective)	1 dose	Pregnant women from 28 weeks

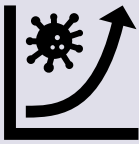
General practice contract requirements

Vaccination and Immunisation 2025-26



General Practice contract summary – vaccination programmes

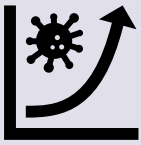
- All NHS-funded vaccinations are essential services, with the exception of the adult and childhood seasonal flu programmes, and the COVID-19 vaccination programme. This means practices are required to provide or offer these vaccinations – whether directly or via sub-contracting arrangements – to all their eligible registered patients in accordance with the GMS contract, [Statement of Financial Entitlements](#) (SFE) and The Green Book.
- Five core contractual standards underpin the delivery of all V&I programmes, further detail can be found in [General practice vaccination and immunisation services: standards and core contractual requirements](#).
 - a named lead for vaccination services per practice (i.e. one per practice);
 - provision of sufficient convenient appointments;
 - standards for call/recall programmes and opportunistic vaccination offers;
 - participation in national agreed catch-up campaigns (one per year); and
 - standards for co-operation, record keeping and reporting.
- The flu vaccination programmes are commissioned as an Enhanced Service
- The COVID-19 vaccination programme is commissioned as an Enhanced Service through practices collaborating as PCN Groupings with different payment arrangements due to various complexities.



General Practice contract summary – vaccination programmes

Participation in nationally agreed catch up campaigns:

- Participation in any agreed catch-up programme is now a core requirement for practices
- Practices are required to participate in one campaign per year
- These are time limited programmes aimed at an unvaccinated cohort of eligible patients
- Funding for the campaigns is provided through global sum
- However, where the focus is on vaccination, an IoS fee (amount dependant on the vaccination programme) will be paid for each vaccine delivered as part of the catch-up campaign
- The 2024/25 catch-up campaign (1 October 2024 to 31 March 2025) focused on Pertussis:
 - Practices were required to support vaccination of pregnant women by undertaking a number of proactive system checks which practices already undertake and applying the contractual vaccination core standards as set out in the campaign letter.
 - As part of the campaign practices were eligible for an IoS payment £10.06 for each pertussis vaccination administered.
 - The 2025/26 national campaign is expected to be announced next week following discussion with GPCE.
- Practices must adhere to the standards for recording vaccinations delivered for contract monitoring and payment purposes and should ensure they follow the standards for record keeping as outlined in the General Practice vaccination and immunisation services: Standards and core contractual requirements.
- Practices are to use the national specified SNOMED codes to record vaccination activity. (Link to the business rules for SNOMED codes is provided in slide 41).



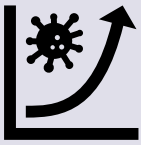
General Practice contract summary – vaccination programmes

Child Health Immunisation Services (CHIS)

- In most areas, the local CHIS will inform parents of their child's eligibility for their routine childhood immunisations. In some places there are also local arrangements in place for CHIS to deliver call/recall requirements and offering of appointments.
- Where local CHIS systems do not provide call/recall requirements it is the practice's responsibility to have safe and effective systems in place to ensure that all children are offered a minimum of three invitations for vaccination.
- Practices are required to update the CHIS system of the number of registered children who have and have not received a childhood immunisations administered by the practice, and any other system nationally required.
- Practices are required to support CHIS data cleansing.

Core GP Contract V&I programmes - payments, data and reimbursement arrangements

Details	Immunisation and Vaccination Programmes
Vaccine provision	<ul style="list-style-type: none"> Vaccine centrally supplied for Childhood, Adult Routine and Selective immunisations Vaccine locally procured for seasonal flu, vaccinations for the purpose of foreign travel and for localised outbreaks
Payments and Reimbursement costs	<ul style="list-style-type: none"> Item of service (IOS) payments: <ul style="list-style-type: none"> £12.06 per dose administered (no supplementary payments) for vaccinations and immunisations administered in accordance with the childhood immunisation schedules set out in Part 5 Vaccinations and Immunisations Table 1 of the SFE £10.06 per dose administered for vaccinations and immunisations administered as outlined in Tables 2 and 3 of the SFE No IOS for non-routine vaccinations and immunisation funded by a practices global sum payments e.g. travel vaccines Practices are unable to claim reimbursement cost or personal administration (PA) fee for centrally supplied vaccine Practices are able to claim reimbursement for vaccine costs and personal administration (PA) fee where this has been locally procured by the practice e.g. seasonal flu vaccine by submitting a FP34D Appendix form to NHS Business Service Authority (BSA)
Payment Method	<ul style="list-style-type: none"> To individual practice
Funding	<ul style="list-style-type: none"> Section 7a – IOS payment Childhood, Adult Routine and Selective immunisations e.g. pregnant women, babies with Hep B infected mothers Primary Care allocations – Global Sum
Data requirements	<ul style="list-style-type: none"> Practices are required to sign up to Calculating Quality Reporting Services (CQRS) to enable calculation of the monthly IOS payments Particular attention should be made to the payment and validation terms and that practices are using the correct clinical codes to ensure they receive payment
Payment process	<ul style="list-style-type: none"> Where vaccination event is recorded in GP IT clinical systems and supported via GPES extractions: <ul style="list-style-type: none"> General Practice Extraction Service (GPES) collects data monthly on flu vaccinations (data supplied by GP clinical system suppliers in accordance with the relevant business rules) GPES data passed to the Calculating Quality Reporting Service (CQRS) to calculate the flu payment due CQRS pass payment file to PCSE Online to process payment to individual practice. Practices are required to submit claims for payment within 6 months of administering the vaccine as set out within the SFE. Practices are required to submit claims for Flu payments within 3 months of administration of the vaccine as set out in relevant ES specification. Where vaccination event is recorded in GP IT clinical systems and not supported via GPES extractions: <ul style="list-style-type: none"> Practice manually enters data into CQRS CQRS pass payment file to PCSE Online to process payment to individual practice. Practices are required to submit claims for payment with 6 months of administering the vaccine as set out in the SFE and within 3 months as set out in the ES specification.



General Practice contract summary – vaccination programmes

Sub-Contracting Vaccinations and Immunisations

- A practice may sub-contract delivery of vaccinations in accordance with the relevant Regulations or Directions, their core GMS/PMS/APMS contract, collaboration agreement and any enhanced service specifications.
- Where practices sub-contract vaccination activity (e.g. childhood immunisations) to another provider, they need to be mindful of what data/technical requirements will need to be put in place in order to ensure the correct information is recorded in the patient record, that payments are made correctly; and that a data sharing agreement has been put in place.
- Any practices within an established PCN (as defined by the [Network Contract DES](#)) which are supporting each other to individually deliver flu vaccinations should note that this would be outside of the synergistic delivery arrangements permitted in the **Seasonal Influenza ES** and the **Collaboration Agreement**.
- These practices would need to have all relevant consideration for guidelines around vaccine storage, handling, administration etc and the terms set out in the [Seasonal Influenza Enhanced Service](#) and the [childhood seasonal flu enhanced service specification](#).

Vaccination programmes offered under the global sum

2025/26 General Practice Additional V&I Programmes (1/2)

The following vaccinations are essential services and offered/provided in specific circumstances, for the purpose of foreign travel or where there has been a localised outbreak. There is no IOS payment and they are covered under the practices **global sum** payments. The cost of vaccine is reimbursed where not centrally supplied.

Vaccinations not for the purpose of foreign travel or localised outbreaks – mix of centrally supplied and locally procured, anything locally procured is reimbursable (see Green Book)

Vaccinations	Dosage	Type of offer and eligibility criteria
Anthrax	4 doses to be offered	Vaccination to be offered if exposed or at a likely risk of contracting Anthrax - as set out in the eligibility criteria within the SFE
Hepatitis A	A course of vaccine to be offered is one initial dose with a booster dose 6-12 months later dependant on the chosen vaccine.	Those in residential care or educational establishments who risk exposure to infection; or if recommended by Director of Public Health.
Paratyphoid	Dosage is not known as no vaccine is currently available.	There is no vaccine currently available. If it was to become available, then a consultation would be undertaken and the SFE updated accordingly.
Rabies (pre-exposure)	3 doses to be offered	Please see the identified eligible list as set out within the SFE
Typhoid	One dose of injectable vaccine; with a booster dose every 3 years if remain at risk. The number of doses is dependent on the chosen vaccine.	If a patient is in or likely to be in contact with cases of Typhoid e.g. Hospital Drs, Nurses other staff, laboratory staff.

Vaccinations for the purpose of foreign travel – these are not centrally supplied and practices will need to locally procure vaccines and claim reimbursement.

Vaccinations – Vaccine is locally procured by practices	Dosage	Type of offer and eligibility criteria
Cholera	Initial course and a reinforcing course to be given. If a 2 year lapse in the previous immunisation then a new course should be commenced.	On request if travelling to an area where person may be at risk of exposure and/or where it is a condition of entry to the country that the person is immunised.
Hepatitis A	Two or 3 doses will be required but this is dependent on the chosen vaccine.	On request if travelling to an area with high exposure, or if person is going to reside in a high-risk area for 3 months, or if person has a pre-existing condition/disease, or if person is at risk of medical complications from exposure.
Polio (normally given as a combination vaccine polio/diphtheria/tetanus)	An aged appropriate combined vaccine should be offered. Children aged under 6 offered as part of childhood immunisation schedule Children aged over 6 who have had an incomplete course or have an unknown vaccination history	On request if travelling to an area where person may be at risk of exposure, and/or where it is a condition of entry to the country that the person is immunised.
Typhoid	Number of doses including reinforcing dose will be dependent on chosen vaccine	On request if travelling to an area where person may be at risk of exposure, and/or where it is a condition of entry to the country that the person is immunised.

2025/26 General Practice Additional V&I Programmes (2/2)

Vaccinations and immunisations required in the case of localised outbreaks – These vaccines are not centrally supplied and should be purchased from manufacturers. Where vaccine is not available from manufactures then practices maybe able to purchase vaccine from central stock if available.

Vaccinations – vaccine is locally procured by practices	Dosage	Type of offer and eligibility criteria
Anthrax	Dosage and timeframes for administration of these vaccines and immunisation is dependent on the vaccination programme requirements at the time of the outbreak	Directions in response to localised outbreaks may make recommendations as to additional categories of persons who should be offered immunisation
Diphtheria		
Meningococcal Group C		Practices will not be required to carry out a contact tracing or trace back exercise if offering vaccinations in these circumstances.
Meningococcal ACWY		
Polio		
Rabies		
Tetanus		
Typhoid		

Seasonal Vaccination Programmes

- In general practice, both the seasonal flu (adult and at risk) and childhood flu (2-3 year olds) programmes are voluntary Enhanced Services (ESs). The at-risk cohorts are currently patients aged from 2 years to 64 years.
- In community pharmacy, the seasonal flu (adult and at risk) programme is a voluntary Advanced Service (AS). Community pharmacy are currently only able to provide flu vaccinations to adults over the age of 18 years, so the at-risk cohorts are patients aged from 18 years to 64 years.
- Flu vaccinations are additionally provided to school-aged children, predominately via the School Age Immunisation Service (SAIS). For 2025/26 this will cover all primary school children (from reception to year 6) and all secondary school children (from year 7 to year 11).
- The ESs and AS run from 1 September to 31 March each year. For 2025/26, the adult seasonal flu programmes start on 1 October with a focus given to ensuring maximum uptake prior to end of November. For pregnant women, childhood flu (2–3-year-olds) and school-aged cohorts, the programme will start from 1 September. Vaccination in schools should be completed by the second Friday in December (12 December 2025).



2025/26 Seasonal Influenza Vaccination Programme (2/2)

Seasonal Influenza and Childhood Influenza Vaccination Enhanced Service Programmes – general practice and community pharmacy

- Flu vaccine is locally procured by providers for the adult cohorts. Flu vaccine for children (LAIV & TIVc) is centrally procured.
- The annual flu letter sets out:
 - the requirements for the upcoming flu season;
 - is used by providers to inform vaccine orders based on the included eligible cohorts;
 - confirms the flu vaccines that will be available; and
 - what vaccines practices will be able to claim reimbursement costs for, in the forthcoming flu season
- For 2024/25 flu vaccinations were delivered in primary care by practices, PCN Groupings (alongside COVID-19 vaccinations) and community pharmacies.

Details for the 2025/26 flu season have been published at: [National flu immunisation programme 2025 to 2026 letter - GOV.UK](#)

Details for GP seasonal flu programme for 2025/26

Details	Requirements / arrangements
Delivery model	<ul style="list-style-type: none"> Individual general practices to their eligible registered patients, or to specified eligible unregistered patients.
Eligible cohorts	<ul style="list-style-type: none"> As set out in the Annual Flu Letter
Payments	<ul style="list-style-type: none"> IOS fee of £10.06 per dose administered (no supplementary payments) Reimbursement of cost of flu vaccine administered where locally procured Personal Administration (PA) fee Costs for clinical waste, SMS messaging, equipment, venue hire etc are covered elsewhere in the GP contract.
Payment method	<ul style="list-style-type: none"> To individual practice for flu only if vaccination event recorded in GP IT Clinical Systems For 2025/26 flu vaccinations provided by a PCN Grouping paid: <ul style="list-style-type: none"> to PCN Grouping host practice if co-administered with COVID-19 vaccination
Data and payment processes	<ul style="list-style-type: none"> Vaccination events recorded in GP IT clinical systems: <ul style="list-style-type: none"> General Practice Extraction Service (GPES) collects data monthly on flu vaccinations (data supplied by GP clinical system suppliers in accordance with the relevant business rules) GPES data passed to the Calculating Quality Reporting Service (CQRS) to calculate the flu payment due CQRS pass payment file to PCSE Online to process payment to individual practice. For 2025/26, PCN Groupings could use the relevant templates in a PoC system. The flu activity is declared in NHS BSA Manage Your Service (MYS) portal Payment information passed to NHS BSA for onward processing to PCSE Online and payment made to PCN Grouping Host Practice.
Funding	<ul style="list-style-type: none"> Section 7a – IOS, vaccine reimbursement Primary care allocations – PA fees

Details for COVID-19 vaccination programme

The table sets out key information pertaining to the general practice COVID-19 vaccination programme through PCN Groupings.

Details	Requirements / arrangements
Delivery model	<ul style="list-style-type: none">• Various, but for general practice is through collaboration as part of a PCN Grouping
Vaccine	<ul style="list-style-type: none">• Centrally procured
Contract docs	<ul style="list-style-type: none">• As set out in the latest version of the COVID-19 vaccination programme enhanced service - Covid-19-vaccination-site-sign-up-process-and-contracts-all-suppliers
Eligible cohorts	Spring & Autumn/Winter 2025/26 campaigns (Spring from 1 April to 17 June 2025 and Autumn from 1 October 2025 to 31 January 2026): <ul style="list-style-type: none">• Adults aged 75 and over• Residents in care homes for older adults• Individuals aged 6 months and over who are immunosuppressed (as defined in the Green Book, chapter 14a)
Payments	<ul style="list-style-type: none">• IOS fee £7.54 + £2.50*• Vaccinations to housebound patients attracts an additional £10 payment per administered vaccine• No Personal Administration fee
Payment method	<ul style="list-style-type: none">• To PCN Grouping's host practice.
Data and payment processes	<ul style="list-style-type: none">• Vaccination events recorded in Point of Care system using relevant templates• Declare vaccination activity in the NHS BSA Manage Your Service (MYS) portal• Payment information passed to NHS BSA and then PCSE Online for processing and payment made to PCN Grouping Host Practice.

* The Commissioner will pay the Provider for administration of each COVID-19 vaccination to each Patient where the seasonal influenza vaccination is not announced and authorised for vaccination by the Provider.

Quality and Outcome Framework

Vaccination and Immunisation Indicators 2025-26

Quality and Outcomes Framework Overview

- A voluntary pay for performance scheme in the GP contract, introduced in 2004, aimed to reward good quality care.
- Focused on incentivising the delivery of high-quality long-term condition management and secondary prevention.
- Changes are consulted with the GPCE of the British Medical Association (BMA) as part of the annual contract consultations.
- There are 564 points available across clinical and public health domains worth £225.49 per QOF point (2025/26).
- For 2025/26 32 QOF indicators (see Annex B) that were income protected in 2024/25 have been retired totalling 212 points of which 71 will be reinvested into Global Sum. 141 points will be targeted at CVD prevention across 9 indicators.
- Payments to practices are adjusted in accordance with patient list size and disease prevalence
- QOF consists of a range of evidence-based indicators:
 - in the clinical: i.e. Atrial Fibrillation, CHD, HF, hypertension, Stroke, TIA, Diabetes, Mental Health – 437 points
 - public health, blood pressure, smoking, vaccination and immunisations, cervical screening – 127 points
- Practices receive an incentive payment based upon the proportion of registered patients in their practice meeting the quality criteria described in each indicator.
- NHSE supported by digital services collects data at the end of the year via the Calculating Quality Reporting System (CQRS) which calculates QOF payment.

Quality and Outcomes Framework **Vaccination and Immunisation Domain**

- Introduced into QOF in 21/22, replacing aspects of the Childhood Immunisation Scheme Direct Enhanced Service (DES).
- Aimed at incentivising optimal performance of immunisation and ensure everyone is up-to-date with their recommended planned vaccinations as part of our routine national vaccination programmes and to prevent outbreaks of vaccine-preventable diseases.
- Worth 64 points (£14,431)

Indicator	Points	Achievement Threshold	Points at Lower Threshold
VI001. The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months (NICE 2020 menu ID: NM197)	18	90-95%	3
VI002. The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months. (NICE 2020 menu ID: NM198)	18	90-95%	7
VI003. The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. (NICE 2020 menu ID: NM199)	18	87-95%	7
VI004. The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years. (based on NM201)	10	50-60%	—

Quality and Outcomes Framework Thresholds and Personalised Care Adjustments

Thresholds

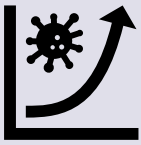
- Thresholds for childhood vaccinations are set according to the requirements of herd immunity – achieving these vaccination levels for MMR is a particular priority, to support the objective of regaining WHO measles-free status, which is a key government priority to support meeting World Health Organisation (WHO) targets on immunisations.
- WHO recommends on a national basis, at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control.
- The childhood QOF indicators (VI001, VI002, VI003) and their thresholds are outlined in slide 33.

Personal Care Adjustments

- For childhood immunisation (VI001, VI002, VI003) the only personalised care adjustments (PCA) available to use is 'vaccine contraindicated'

How QOF payments are calculated:

- If the lower threshold is reached, the lowest points are awarded, if the higher threshold is reached, the highest points are awarded.
- Anything between the two thresholds achieves the relative number of points.
- Practices can see their QOF achievement data in CQRS from the 6th April 2025.
- The calculation figure is based on the agreed data (extract and manual adjustment where applicable and evidence based).



How are QOF payments calculated?

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- The calculation figure is based on the agreed data (extract and manual adjustment where applicable and evidence based).

Name	Description	Lowest Points (LP)	Highest Points (HP)	Lower Threshold (LT)	Higher Threshold (HT)
VI001	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months	3.00	18.00	90.00	95.00
VI002	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	7.00	18.00	90.00	95.00
VI003	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	7.00	18.00	87.00	95.00
VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	0.00	10.00	50.00	60.00

Thank You



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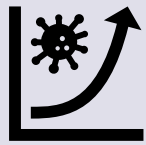


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Additional Resources

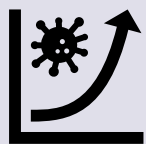


Resources



Links to Various Documents in relation to vaccination and immunisation requirements within the GP Contract – 2025/26

Document	Link
NHS Digital SNOMED codes	https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct
Statement of Financial Entitlement 2025	General Medical Services Statement of Financial Entitlements Directions - GOV.UK
Letter: General practice contract arrangements including updates on vaccination and immunisations changes for 2025/26	NHS England » Changes to the GP Contract in 2025/26
Seasonal Flu and Childhood Flu ES specification 2025-26 – due for publication	NHS England » Changes to the GP Contract in 2025/26
Seasonal Flu Financial Guidance - due for publication	NHS England » Changes to the GP Contract in 2025/26
QOF Guidance 2025/26	NHS England » Quality and Outcomes Framework guidance for 2025/26
Letter: Update on QOF Changes –2025/26	NHS England » Changes to the GP Contract in 2025/26



Resources



Links to Various Documents in relation to vaccination and immunisation requirements within the GP Contract – 2025/26

Document	Link
Letter: Primary Care Networks: Network contract Directed Enhanced Service 2025/26	NHS England » Network Contract Directed Enhanced Service (DES)
Routine Immunisation Schedule	Complete routine immunisation schedule - GOV.UK
Child Immunisation Changes Bi Partite Letter 30 April 2025	Child Imms Schedule Changes Bi Partite Letter 30 April 2025
Immunisation patient group direction (PGD) templates	https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd
The Green Book – Immunisations Against Infectious Diseases	https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
NHS England Digital Business Rules of NHS vaccination programmes	Quality and Outcomes Framework (QOF) and primary care business rules - NHS England Digital
Reimbursable vaccines and eligible cohorts for the 2025/26 NHS Seasonal Influenza (flu) Vaccination Programme	https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2025-to-2026/national-flu-immunisation-programme-2025-to-2026-letter

School Aged Vaccinations – Information for general practice



Contractually, GP practices can deliver school aged vaccinations on an opportunistic basis. All the vaccines summarised in the table below are available from Immform and can be ordered free of charge for the eligible cohort.

School Aged Vaccinations	Eligibility criteria	Vaccine used
HPV	14-25	Gardasil 9
MenACWY	14-25	MenQuadfi
Td/IPV	14-25	Revaxis




TETANUS BOOSTER VACCINE – REVAXIS (Td/IPV)

Note: NHSE commissions the School Aged Immunisation services (SAIS) to deliver a school aged vaccination offer which includes children attending a school and those not in mainstream education. HPV vaccination will be delivered to children from age 12-13 (School Year 8) and MenACWY & Td/IPV from age 13-14 (School Year 9). If children miss out on the school offer or are not in mainstream education, they would be invited to a community clinic led by the SAIS team.



- Parents (on behalf of their children) or young adults may request these vaccinations if missed at school or if they have a preference to be vaccinated by their GP practice
- Practices if unsure of vaccination status can check with their local Child Health Department who will have this information
- Practices should also receive notifications from their local Child health or SAIS teams when their registered cohort has received a school aged vaccine via the SAIS teams (in schools or in a community clinic setting). This information should be uploaded on the individual’s electronic record.

Resources for healthcare professionals:
[HPV universal vaccination information for health professionals - GOV.UK](#); [MenACWY programme: information for healthcare professionals - GOV.UK](#); [A guide to the 3 in 1 teenage booster \(Td/IPV\) vaccine - GOV.UK](#)

Centrally Procured Vaccines

Centrally Procured Vaccine Overview (1/2)

Centrally Procured Vaccines:

Practices will be familiar around the ordering of centrally purchased vaccines in England for the routine immunisation programmes via ImmForm

- Centrally purchased vaccines should only be used for purposes approved by the Department of Health and Social Care (DHSC)
- Healthcare professionals should ensure they are using appropriately sourced vaccines for the particular clinical circumstances
- Using centrally purchased vaccines for incorrect purposes could prevent NHS patients who require immunisation from being able to access it.
- If centrally purchased vaccines are knowingly used for non-approved circumstances, particularly private health services, this may also be considered fraudulent.

What can centrally procured vaccines be used for:

- The national routine immunisation programmes, including universal and targeted programmes, as specified in [Chapter 11](#) of the Green Book and set out in the SFE
- Catch-up vaccination of older children and adults to complete their immunisations as part of the routine immunisation programme, including people coming to live in the UK.
- This includes both national catch-up campaigns and opportunistic catch-up of individual patients, in accordance with recommendations in Chapter 11.
- It is good practice for general practice teams to review patients' records on a regular basis to identify patients with incomplete immunisation courses and offer patients catch-up vaccinations.
- Opportunistic catch-up also includes ensuring tetanus protection is up to date following wounds (see [Chapter 30](#)).
- GPs should use centrally purchased stock in conjunction with clinical records.
- Pre and post exposure prophylaxis of rabies (authorised or issued by UKHSA following risk assessment), and tetanus.

What specialist immunoglobulins and antitoxins can be used for:

- post exposure prophylaxis of a limited range of infections (measles, mumps, rubella, hepatitis A, hepatitis B, varicella-zoster, polio, rabies) (authorised or issued by UKHSA following risk assessment) <https://www.gov.uk/topic/health-protection/infectious-diseases>
- treatment of rare infections (diphtheria, botulism)

Centrally Procured Vaccine Overview (2/2)

Centrally procured vaccines should only be used for those programmes identified, and in the situation described in the previous slide. However, if the patient is not in one of the clinically indicated groups listed for the vaccine, but the clinician believes it should be given as it would be beneficial for the patient, then vaccine should be ordered from pharmacies, wholesalers or manufacturers, or prescribed.

There are a number of other areas where centrally procured vaccine should not be used, these include the following areas:

Occupational health immunisations

- It is the responsibility of the employer to fund the purchase and administration of vaccines for occupational health purposes
- Vaccines should be purchased from manufacturers, pharmacies or wholesalers
- BCG and PPD (Tuberculin Purified Protein Derivative) for occupational health can be purchased from UKHSA through ImmForm using a private account

Occupational Health Exceptions

- Anthrax vaccine and rabies vaccine, which can be given for occupational health use from centrally purchased stock
- See [Chapter 13](#) Anthrax and [Chapter 27](#) Rabies for details of how to obtain central stock.
- Centrally purchased vaccines can be used to 'catch-up' routine and targeted immunisation courses if incomplete vaccination histories are identified when patients attend for occupational health screening.

Immunisations for foreign travel

- These should be purchased from the manufacturer and includes vaccines which are offered free on the NHS (cholera, hepatitis A, polio and typhoid) vaccines purchased reimbursement can be claimed by the practice.
- Centrally purchased vaccines can be used to 'catch-up' routine and targeted immunisation courses if incomplete vaccination histories are identified when patients attend for travel vaccination.

National outbreaks and health protection incidents

- Such as influenza pandemics, for population groups defined by the DHSC, UKHSA, Health Protection Scotland, Public Health Wales, the Northern Irish Public Health Agency or the devolved administrations.
- However, if stock is unavailable from the manufacturer, central stock may be available to cover outbreaks but will need to be paid for.