

COVID-19 vaccination programme

Community Pharmacy Expression of Interest Process: Questions and associated guidance

Autumn/Winter 2023 – 2024

This document sets out the questions that pharmacy contractors who wish to submit an expression of interest for the 2023/24 COVID-19 vaccination enhanced service will answer via the Health Family Portal.

Expression of interest questions and associated guidance

This information must be read in conjunction with the [Community Pharmacy Expression of Interest Process](#).

The following questions / statements must be confirmed and submitted by Pharmacy Contractors who wish to express an interest.

- Expression of interest forms A or B (for Pharmacy Contractors who are expressing an interest in providing vaccinations from their pharmacy) contain fields A1 – D1.
- Expression of interest form C (for Pharmacy Contractors who are expressing an interest in providing vaccinations away from their pharmacy) contains fields A1 – E15.

Questions marked * are mandatory. The Health Family Portal will only allow submissions of expressions of interest that have completed all mandatory fields.

1 **Submission statement* (checkbox)**

I am submitting this form for the purpose of expressing an interest in leading a COVID-19 Local Vaccination Service site. I declare that all information given in this application form is true and accurate to the best of my knowledge.

I understand that the information submitted in this form will be used to ensure that proposed sites meet the requirements to be commissioned, to evaluate and prioritise proposals for sites proposed to be away from pharmacy premises, and to support NHS England planning and allocation decisions.

2 **All or part of the details contained in my expression of interest submission are ‘Not for disclosure to third parties’ (please see Data Handling Statement in the Documents folder for further details).*** (Yes / No)

- 2i If Yes, please detail which parts are not for disclosure to third parties and give valid reasons in support of the information being exempt from disclosure. (freetext)**

Your contact and pharmacy details

A1 Lead contact name*

This should be the person that we can speak to about this expression of interest.

A2 Lead contact telephone number*

Please provide a UK mobile telephone number.

A3 Lead contact email address*

A4 Pharmacy premises ODS code*

As published at <https://odsportal.digital.nhs.uk/Organisation/Search>

A5 Trading Name of Pharmacy*

If there is more than one registered pharmacy with the same trading name, then please hyphenate the name with an appropriate locality, for example, The Best Pharmacy - Crewe

A6 Registered Pharmacy Postcode* (free text)

As published at <https://odsportal.digital.nhs.uk/Organisation/Search>

About your ability to meet the Minimum Requirements

You must be able to demonstrate that you can fulfil all the below Minimum Requirements to be commissioned to deliver the service. 'Pass' means you demonstrate you meet the Minimum Requirement and your expression of interest will continue in the process. 'Fail' means you will not be considered any further in the process. 'Pending' means the Regional Team will further consider your response to determine the final outcome of pass/fail, as outlined in Stage 2.

B1 Have you read, and are confident that you can meet the requirements in the ES as currently published (noting in particular the requirement to commence vaccinating within (a) 4 weeks of notification of contract award; or (b) by the start date of the vaccination programme covered by the ES (whichever is latest)) and to deliver the Community Pharmacy Seasonal Influenza Vaccination Advanced Service?* (Yes = pass / No = fail)

A final version of the ES will be published when we have more specific information about vaccination recommendations. You will be required to reconfirm your acceptance of the final version of the ES by signing the contract in due course.

B2 Are you able to offer (and then deliver if accepted) at least 100 Covid-19 vaccinations per week when/if required through a combination of published walk-in clinics and through the National Booking Service?* (Yes = pass / No = fail)

B3 Are there any ongoing investigations (for example by any NHS, System or GPhC bodies) or restrictions on practice imposed after an investigation, in relation to your pharmacy superintendent or the pharmacy?* (Yes = pending / No= pass)

B3i If yes, please provide details.* (free text)

Regional teams will review the details and make a determination as described in Stage 2 of the Expression of Interest Process document. If you answer "yes" and do not provide information here, your expression of interest will be marked as 'failed', you will be excluded from the process, and your expression of interest will not be considered any further.

B4 Did the most recent GPhC inspection of the pharmacy (if one has taken place) result in 'Standards Met' for all five principles?* (Yes = pass / None taken place = pass / No = pending)

B4i If no, please provide details.* (free text)

Regional teams will review the details and make a determination as described in Stage 2 of the Expression of Interest Process document. If you answer "no" and do not provide information here, your expression of interest will be marked as 'failed', you will be excluded from the process, and your expression of interest will not be considered any further.

B5 Have you previously held a Covid-19 vaccination contract that was terminated early?* (Yes = pending / No = pass)

B5i If yes, please provide details, including what remedial actions and measures have been taken to prevent such a termination recurring.* (free text)

Regional teams will review the details and make a determination as described in Stage 2 of the Expression of Interest Process document. If you answer "yes" and do not provide information here, your expression of interest will be marked as 'failed', you will be excluded from the process, and your expression of interest will not be considered any further.

About your proposed service

C1 How many vaccinations per week would you prefer to deliver from the site?* (free text)

This preference will be considered by Regional Teams and the number of vaccinations allocated will be dependent on population need, demand and vaccine allocations. Allocations of vaccine will be made to providers in the network by the Commissioner in accordance with expected demand based on: modelling of the local population; patient invitation schedules; previous uptake rates in that locality; and characteristics (size, location, anticipated population) of the vaccination site network.

C2 What is the MAXIMUM number of vaccinations per week that you would be able to safely provide from the site?* (free text)

Depending on demand, there may be times when a greater volume of vaccinations are required than are preferred by providers in the network. How many vaccinations could your site safely provide if necessary?

C3 What age of patients could your site vaccinate?* (Choose from: 18+, 16+, 12+, 5+)

Provision of vaccinations to those under the age of 18 years is subject to need and with the agreement of the Commissioner. To offer vaccination to those under 18 years you must meet the relevant local assurance processes based on best standards for immunisation in line with relevant governance/ professional frameworks.

C4 Do the team at your proposed vaccination site have experience in delivering Covid-19 vaccinations?* (Yes/No)

This will help the Regional Teams plan the resource needed in setting up new sites.

About the location of your proposed site

Your proposed site should be where vaccination supply would be delivered and from where vaccines would be administered. There will be flexibility to also vaccinate elsewhere with the prior consent of the Commissioner (for example a pop-up site). Vaccinations must only be offered where suitable facilities are available and patient dignity and confidentiality can be respected.

D1 Integrated Care System* (multi-pick list)

This field will be used to direct your submission so please check under "Higher Health Authority" at <https://odsportal.digital.nhs.uk/Geographic/Search> or create a report for multiple pharmacies at <https://odsdatapoint.digital.nhs.uk>

Form ends here for services proposed to be delivered at a pharmacy.

About proposals for sites away from the pharmacy

Where the Pharmacy Contractor wishes to operate a site that is not at their pharmacy and there is a Population Need identified, the Commissioner will select the sites that best meet that Population Need on the basis of the answers to the below questions (e.g. in instances where there are more proposals to operate sites away from pharmacy premises than would be required to meet the defined Population Need).

The Commissioner will determine which proposal best meets Population Need using the information provided within the expressions of interest process, and so the Pharmacy Contractor should ensure that it answers all of the questions fully and comprehensively.

Pharmacy Contractors may wish to review the eligible cohorts from previous campaigns (available in the Green Book) and local demographic data to better understand the Population Need in the past in order to inform their responses to the below questions.

About the location of your proposed site

D2 Do you know the address of the proposed site away from your pharmacy?*

D2i If yes, non-registered site address(es) from which the service will be provided:

D3 If you would like to propose any more specific areas within the ICBs, please give further details on location here:

Safety and Clinical Quality

E1 Do the team at your proposed vaccination site have experience in offering vaccinations?*

E1i If yes, what experience do your team have?

Coverage / Access

E2 When will your service be available to patients?*

E3 Plans for your site*:

There is the opportunity to upload limited photographs at the end of the form.

Addressing inequality

E4 How will your site meet the local population needs, include any examples of how the Pharmacy Contractor is meeting those needs already?*

E5 How will your proposed service reduce health inequalities?*

E6 How will your proposed service support patients with additional needs, including access, language or communication?*

E7 Describe how patients will access your site.*

Capacity

E8 How will you optimise vaccine supply and ensure that vaccine wastage is minimised?*

E9 Would the site be able to flex to accommodate and rapidly administer larger volumes of vaccine in a short time frame, if required?*

Value for Money

E10 Will there be set-up or ongoing costs or equipment requested from NHS England in relation to this site?*

NHS England Regional Teams may have access to additional funding for outreach. You should outline if you expect to incur any additional costs which you may deem to be eligible for such funding.

NHS England Regional Teams may be able to provide support to Pharmacy Contractors by way of equipment loan. You should also state here should you like to request any loan equipment and provide full details of the loan equipment requested.

E10i If yes, please provide more information*.

Workforce

E11 What is your workforce plan?*

E12 Do you expect to require additional workforce from the Workforce Management Model to operate this site?*

Each ICB will have a Workforce Management Model in place, which can support with additional workforce requirements. You may wish to reach out to your ICB to discuss this.

E13 How will you link with other local healthcare vaccine providers and systems to ensure the vaccination service is co-ordinated and offers the best delivery model for patients?*

Other supporting information

E14 Are there any additional files you would like to attach?

You may wish to add photos or a plan of your clinic space below. (The file size limit is 2GB (per file) and all standard formats are acceptable (word, excel, pdf, etc). There is no limit on the number of files that can be attached.)

E15 Is there anything additional that you would like to add?

If you are proposing more than one site away from your pharmacy, you can share any site-specific information relating to the other site(s) here. Please make sure to state which ICB the information relates to. This will be the final opportunity to review and provide information before submitting your response.

Form ends here

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

This publication can be made available in a number of alternative formats on request.