**Notification of intent to provide off-site NHS flu vaccinations**

Pharmacy contractors who wish to provide the service off-site, i.e. in patients’ homes or a long-stay care home or long-stay residential facility, where this has been requested by the patient or care home/residential facility, should send a completed copy of this form to the local NHS England team (see contact details on the PSNC website) prior to providing off-site vaccinations. No acknowledgment of the receipt of the form is required by the contractor before they provide an off-site vaccination.

| Name of pharmacy |       |
| --- | --- |
| Pharmacy address |       |
|  |       |
| Town/City |       |
| Postcode |       |
| Telephone number |       |
| ODS code | F      |
| **The above pharmacy wishes to provide off-site flu vaccinations (in patients’ homes and/or a long-stay care home or long-stay residential facility), when requested by the patient or care home/residential facility.****I/we confirm that:**  |
| [ ]  | For care homes, each patient’s GP will be contacted prior to the visit to the care home to make them aware that the pharmacist will be vaccinating their patient. |
| [ ]  | Pharmacists administering vaccines off-site will have a valid DBS certificate. |
| [ ]  | Pharmacists administering vaccines off-site will have completed the Vaccination Services Declaration of Competence, including the additional competencies section for off-site vaccinations. |
| [ ]  | The pharmacy’s professional indemnity insurance covers off-site flu vaccination. |
| [ ]  | Appropriate arrangements for off-site clinical waste management will be made. |
| [ ]  | Suitable settings for provision of vaccinations will be used, e.g. patient confidentiality will be maintained. |
| [ ]  | Appropriate infection control procedures will be able to be undertaken in the off-site location.  |
| [ ]  | Suitable cold chain arrangements will be made for the transport of the vaccines. |
| Signed  |  |
| Print Name |       |
| Date |       |