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Why Relationships Matter

Annual Networking Event

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Running a Successful Vaccination Service

Fiona Caplan-Dean

Fiona Caplan-Dean

MRCPharm

- 35 years experience
- Community Pharmacy
- Pharma Industry
- Pharmacy Services Consultant
- Trainer

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What we're covering

From vaccination service set-up to MenB delivery, promotion and next steps

PART 1

Vaccination service foundations

Build the operational, training and governance base for a safe service delivery

01 **Service opportunity**
Stakeholder benefits, patient protection, footfall, loyalty and income

02 **Training & competency**
National minimum standards, CPD, disease awareness and risk communication

03 **Clinical governance**
SOPs, risk assessment, consultation journey, record keeping and OH arrangements

PART 2

MenB service delivery

Apply the clinical pathway from disease awareness to launch, claims and review

04 **Disease awareness & urgency**
Transmission, symptoms, rash/tumbler test and when to advise urgent care

05 **Eligibility & vaccine history**
Year 13 and first-time HERFE entrants, plus prior Bexsero®/Trumenba® scenarios

06 **PGD, resources & Bexsero®**
Service specification, Green Book, administration, contraindications and side effects

07 **Launch, promote & fund**
Planning, uptake, MYS claims, summary, next steps and action plan

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Stakeholder benefits - vaccination services

PHARMACY

- Increased:
  - Service income not dependant on NHS for private services
  - Footfall – maximising current demographics introducing new demographics
- Platform for NHS commissioned services
- Enables cost-effective private service expansion
- Promoting and positioning as a trusted healthcare provider
- Low set up costs
- Professional development

PATIENT

- Education - increases awareness of health risks
- Increased protection
- Correct health advice
- Convenient hours, location and accessible service
- Unrivalled simple customer journey
- Trusted brand - Pharmacy

NHS

- Prevention of diseases that may be transmittable
- Increases vaccination rate uptake
- Working in collaboration with NHS
- Signposting for GP for non-NHS vaccinations

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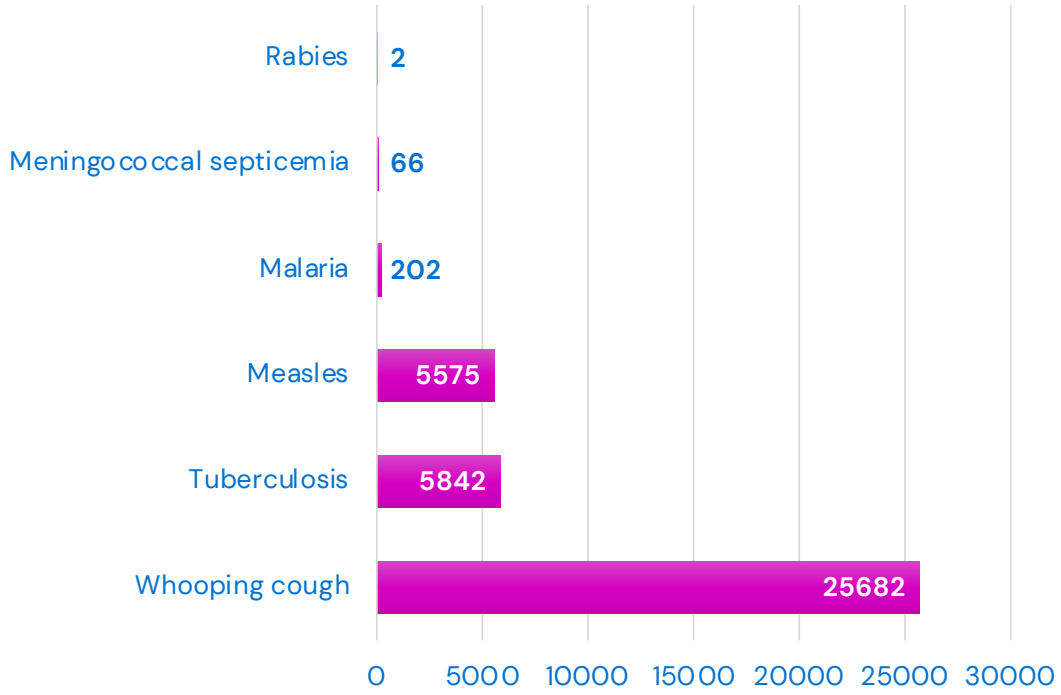
Statutory notifiable diseases

Reported case counts



52 weeks to April 2025

Highlights

25,682 Whooping cough — highest reported total

202 Malaria

66 Meningococcal septicaemia – rare but high fatality

Many are preventable

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Pharmacy vaccination service strategy

AWARENESS	ACCESS	ADVICE
Increase awareness of health risks Encourage patients to seek professional advice before travelling	Improve accessibility and convenience by providing high-quality, clinically robust vaccination services at conveniently located clinics with extended opening hours	Ensure healthcare professionals effectively communicate the benefits of vaccination and health advice to increase patient uptake and protection

Increased footfall, increased loyalty, increased patient protection, increased role as healthcare provider, increased income = increased profit

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Considerations when setting up a vaccination service

Training	Clinical Governance	Promotion
Ensure you have the correct knowledge and practical skills to provide a service	Support with an efficient operational setup that meets clinical governance guidelines and legal requirements	Strengthen and promote your service once set-up
▪ Disease awareness ▪ Practical ▪ Communicating risk	▪ Process ▪ Staff training ▪ PGDs / IP ▪ Pricing (private) ▪ SOPs/Risk Assessment ▪ Enhanced DBS Check	▪ Internal ▪ In pharmacy ▪ Local ▪ Digital ▪ Social, Google, SEO

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Training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

CPPE

Alys's Classroom
LEARN. GROW. TEACH.

UK Health Security Agency

Allied Health Training

VIRTUAL OUTCOMES

neva
Valneva Travel Health

elfh
elearning for healthcare

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Training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

Practitioner Requirements (full details in the PGD)

Before working under a vaccination PGD, practitioners must:

- Be authorised to work under the PGD
- Complete appropriate PGD and immunisation training
- Be competent to work under PGDs (NICE Competency Framework)
- Have access to the current PGD and associated guidance/resources
- Meet any additional local policy requirements

Be familiar with:

- The vaccine's Summary of Product Characteristics (SmPC)
- The Green Book (Immunisation Against Infectious Disease)
- National and local immunisation programmes

Be competent to:

- Assess patients and administer immunisations
- Discuss vaccination and answer patient questions.
- Store and handle vaccines correctly, including maintaining the cold chain
- Perform intramuscular (IM) and subcutaneous (SC) injections
- Recognise and manage anaphylaxis

Continuing Professional Development (CPD)

Practitioners must maintain up-to-date knowledge and clinical skills in:

- Immunisation practice
- Recognition and management of anaphylaxis
- Ongoing CPD, with documented evidence of continued competence

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Training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

Key Requirements for Vaccinators

Vaccinators delivering the service must:

- Complete training that meets the requirements of the **National Minimum Standards and Core Curriculum for Vaccination Training**
- Be trained to competently, confidently and safely promote and administer vaccinations
- Undertake training in line with the **June 2025 updated standards**
- Pharmacists, pharmacy technicians and any other vaccinators administering the **MenB vaccine** must have completed practical vaccination training that meets the requirements of the updated national standards

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Training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

Frequency of training

Pharmacists, pharmacy technicians and other vaccinators should attend periodic refresher training to:

- maintain competence
- support consistent practice
- Allows discussion of any clinical issues that are arising in practice

Pharmacy owners and vaccinators will need to consider when it would be appropriate to attend refresher training or if ongoing competence of an individual vaccinator can be evidenced, without the need for face-to-face training

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Training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

Assessment of vaccinator competency

- Vaccinators should maintain a portfolio of evidence, including:
  - Competency checklists
  - Knowledge test results
  - Reflective logs
  - E-learning certificates
  - Immunisation training and update certificates
- This portfolio provides evidence of competence for employers and supports CPD and professional revalidation
- Pharmacy owners must ensure vaccinators are competent and retain evidence of competency for all staff providing the service
- Competence can be demonstrated through
  - The Vaccination Services Declaration of Competence (DoC); or
  - The competency assessment tool in Appendix A of the National minimum standards and core curriculum for vaccination training

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Clinical Governance

Support with an efficient operational setup that meets clinical governance guidelines and legal requirements

- Process
- Staff training
- Consultation platform

- Consultation room set up
- SOP & Risk Assessment update
- Patient Journey
  - Pre, during and post visit
- Staff training
  - Recruitment of customers
  - Service, key messages
- PGD provider – NHS / Private
- IP
- Record keeping

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Vaccination journey

1. Recruit patient, check eligibility and ask for evidence
   - Start to complete risk assessment

2. The HCP introduces themselves and provides a leaflet
   - Advise the patient of signs and symptoms of the disease, vaccination side effects and further vaccinations

3. HCP completes the risk assessment with the patient and gives verbal and written advice on recommended vaccines

4. Patient gives consent for vaccines
   - If private take payment

5. HCP or trained clinic staff removes vaccine from fridge and HCP completes dispensing double check before preparing vaccine
   - HCP administers vaccine in accordance with national immunisation guidelines and reiterate potential side effects
   - Complete risk assessment now

6. Provide patient with any additional Patient Information Leaflets for the vaccine administered
   - Reminder to book / book next appointment, if necessary

→
- Information required: Personal details
- Medical history Vaccination history
- Allergy confirmation
- Medical questions

→
- At future appointments - Patient arrives at appointed time and HCP reviews risk assessment again and confirms agreed
- If private payment taken if not already taken

→
- If patient declines, the HCP should document reason why (if given) alongside advised vaccines

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REMEMBER TO CLAIM VIA MYS AT MONTH END

Greater Manchester Needlestick & BBV Occupational Health Arrangements

Primary Care occupational health pathway

From 1st April 2024

Stockport NHS Foundation Trust provides the Occupational Health pathway for all Greater Manchester Primary Care providers.

Supports needlestick and blood borne virus occupational health incidents.

Key arrangements

1. **Referral process:** Standardised process for all needlestick and BBV incidents
2. **Roles and response:** Clear manager and staff responsibilities following exposure
3. **Advice and escalation:** Office-hours Occupational Health advice, out-of-hours hotline and A&E escalation where clinically indicated
4. **Assessment and follow-up:** Risk-based treatment, source-patient testing and BBV screening where appropriate

Communication

The **GM Needlestick & BBV SOP, Process Map and Guidance Notes** have been circulated to **NHS shared mailboxes**. Pharmacy Owners should ensure managers and relevant staff are familiar with the pathway and local reporting arrangements.

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Promotion

Strengthen and promote your service once setup

- External
- In pharmacy
- Local
- Digital
- Social, Google, SEO

valneva in partnership

GSK For UK Healthcare Professionals

medisa

Pfizer Vaccines

Pfizerpro

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Pharmacy MenB Vaccination Service

Additional requirements

Before providing the MenB Vaccination Service, the pharmacy contractor must be ready in three areas.

01

Meet core pharmacy obligations

Satisfactorily comply with Schedule 4 requirements for essential services and maintain an acceptable system of clinical governance.

02

Have relevant NHS service experience

Provide at least one NHS commissioned vaccination service and one service involving assessment or treatment of children, such as NHS Pharmacy First.

03

Register before service delivery

Notify NHS England by completing the electronic registration declaration before providing the MenB Vaccination Service.

Readiness checkpoint: *all three requirements must be in place before the service is offered.*

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MenB vaccine supply: ordering actions

NHS England guidance on NHS Futures (login required) sets out how vaccine is allocated, ordered and delivered to pharmacies.

Read guidance

Vaccine Supply and Ordering Guidance for Providers

Register by

20th July 2026

You **must** complete the prerequisites **before** placing vaccine orders.

Allocation is earned through three readiness actions — but stock is drawn down only when an FDP order is actively placed.

Register for service

Sign up to provide MenB before the deadline.

MYA + FDP ready

List 100 appointments/month on MYA and complete FDP site registration.

Place FDP order

Initial allocation is 10 doses. All stock will need to be drawn down.

Weekly:

- Fixed weekly order deadline + delivery day for each pharmacy
- Later allocations follow NBS bookings
- Pharmacy still places an FDP order

Walk-ins:

- Surplus stock only
- There is no facility to order extra vaccine for walk-in demand

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Need support? Contact NHS GM at **england.gm.massvaccpmo@nhs.net**

Appointment planning: July and September

Use the initial 10-dose allocation to set a realistic July offer, then pause posting September appointments until MYA updates are complete.

Do you need to review July appointments?

Urgently review first-week appointments already posted on MYA

10 **doses initial stock allocation**

12 **service days in July**

NHS England does not expect 100 July NBS appointments during the 12 operating days. Align July slots to the initial allocation and your delivery timing.

Stock watch: in the first weeks, monitor available vaccine against NBS bookings and close un-booked slots to ensure you do not have more bookings than vaccine available.

MYA update & second-dose booking

Do not post appointments for 1st September 2026 to 31st January 2027 **until after** the platform update on **6th August**

6th Aug
MYA platform updates

7th Aug
Resume posting Sept–Jan slots

2nd dose
Encourage booking after first dose

Operational implication: patients vaccinated in early August may need to wait until September slots are added from 7 August before booking their second appointment.

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Need support? Contact NHS GM at **england.gm.massvaccpmo@nhs.net**

Additional training

Ensure you have the correct knowledge and practical skills to provide a service

- Disease awareness
- Practical
- Communicating risk

Understanding the relevant clinical guidance

- Vaccinators must read and understand all relevant clinical guidance and keep up to date with any changes
- (Vaccinators must be able to recognise the signs and symptoms of meningitis and sepsis and communicate these to patients
- There is no specific NHS e-learning programme for the MenB vaccination service. Key clinical guidance includes:
  - The UKHSA and NHS England bipartite letter
  - UKHSA guidance for health professionals delivering the programme
  - The UKHSA training slide set
  - The service PGD

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Meningitis Disease

Why MenB vaccination matters

MenB is uncommon, but outcomes can be serious — vaccination protects the individual, not the wider population.

Disease profile

87% of UK invasive infections are MenB — the most common strain

Rare IMD is uncommon (<1 per 100,000/year), but can cause meningitis, septicaemia or both

Age 18–19 highest rates outside infancy; disease can occur at any age

Clinical impact

6% MenB case fatality; overall meningococcal disease is 5–10%

20–25% of diagnosed cases have complications

≈1 in 10 MenB cases have major disabilities, including hearing loss or amputation

Vaccination realities

No herd immunity protects the vaccinated person; it does not stop population carriage

2-dose protection: expected to last about 5 years

Starts after 14 days: protection develops two weeks after vaccination

Carrier risk remains: MenB can still be carried after vaccination

Key message: *complete two doses early so protection has time to develop before exposure risk increases.*

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Kent outbreak- 21 confirmed cases , 2 deaths, 7 first year students

Transmission, risk and disease onset

Meningococcus is often carried harmlessly, but close-contact spread can lead to fast-moving invasive disease in some people.

Carriage & spread

- Usually carried harmlessly in the nose and throat of healthy people
- **Asymptomatic carriage is most common in adolescents and young adults**
- Transmission generally needs frequent or prolonged close contact via saliva or respiratory secretions
- Examples include households, coughing/sneezing, kissing, and sharing drinks or vaping devices

Who is at higher risk

- Age and season
- Smoking
- Preceding viral infection
- Closed or semi-closed communities, such as university halls of residence
- **Kent outbreak**
  - **21 confirmed cases**
  - **2 deaths**
  - **7 first year students**

Timing & urgency

- Incubation is usually 2–7 days after acquisition
- Symptoms may start gradually with mild prodromal illness or begin suddenly
- Severe disease can progress rapidly and require urgent treatment within 24 hours of first symptoms

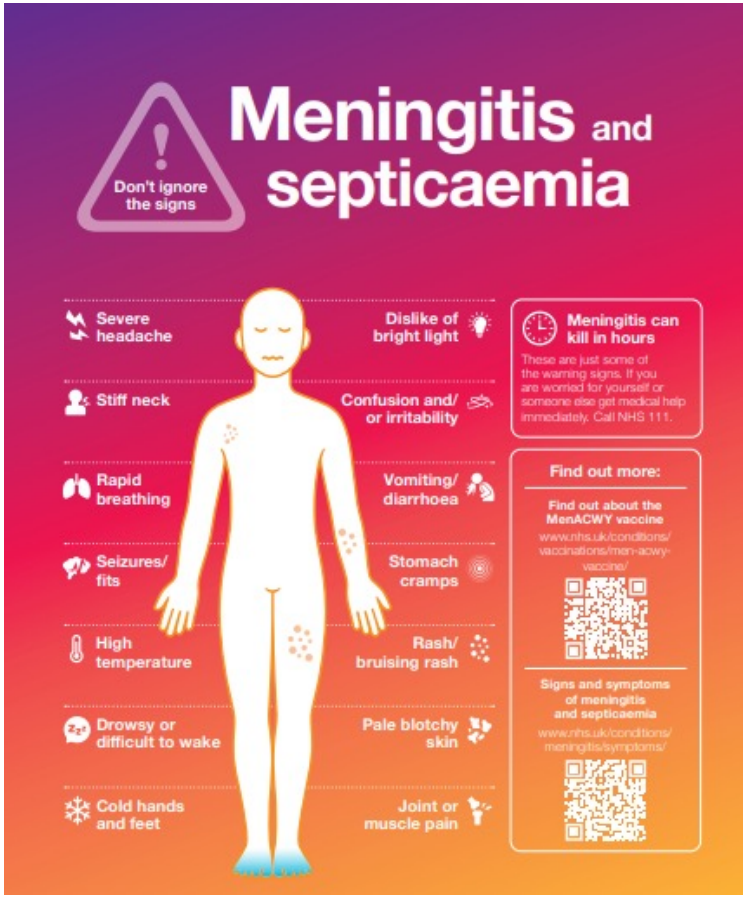
2–7 days typical incubation

24h possible rapid deterioration

Clinical presentation

Any of these symptoms can arise in any order

- high temperature
- vomiting
- severe headache
- feeling unwell
- limb/joint/muscle pain
- stomach pain/diarrhoea
- cold hands and feet
- shivering
- pale or mottled skin
- fast breathing/breathlessness
- rash
- stiff neck
- dislike of bright light
- drowsiness/difficult to wake
- confusion and/or irritability
- seizures/fits



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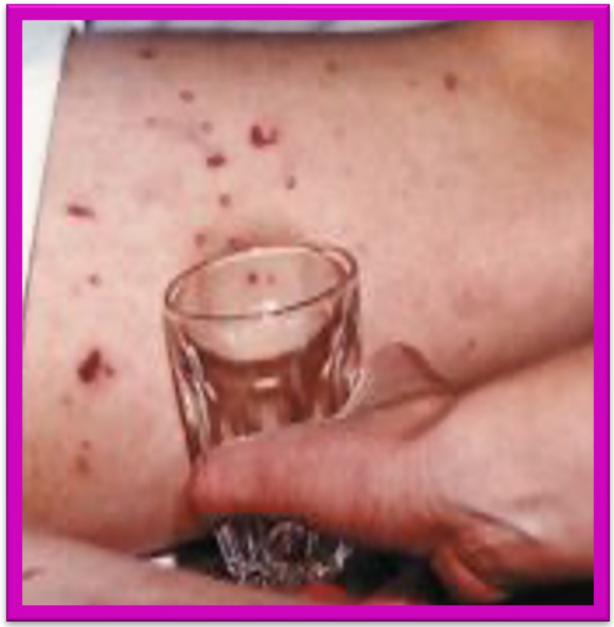
Following vaccination every patient should be advised of the signs and symptoms of meningitis and provided with the leaflet

The meningococcal rash

- A distinctive red rash can appear anywhere on the body
- Formed of tiny ‘pinpricks’ also known as petechiae and appears red or brown in colour
- May later develop into purple bruising of the skin
- Does not fade when a drinking glass is pressed firmly against it
- Febrile illness and rash that does not fade is a sign of meningococcal septicaemia

Absence of a rash does not mean the individual does not have meningitis or meningococcal sepsis – the rash is usually a late sign of sepsis

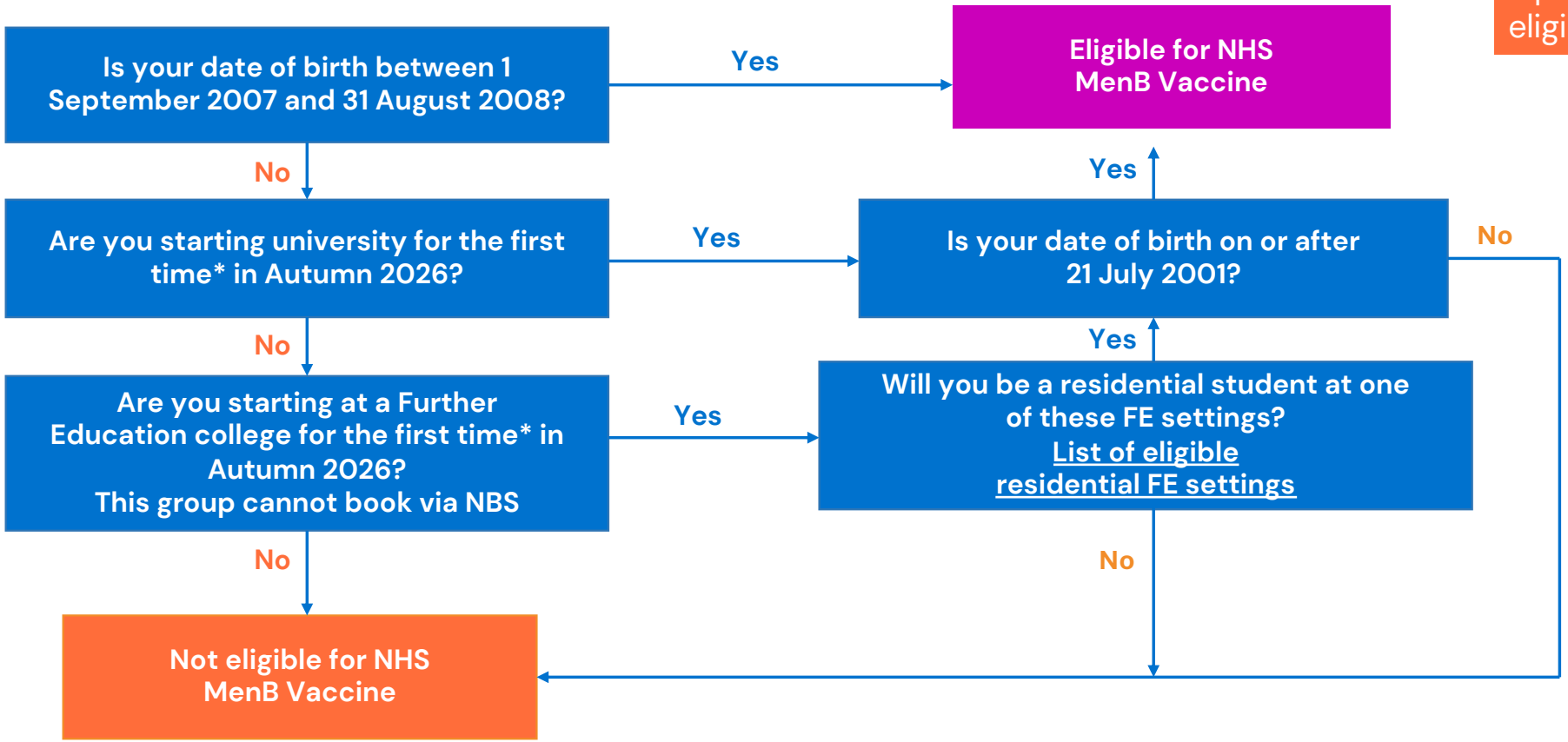


The ‘tumbler’ test picture courtesy of Meningitis Research Foundation www.meningitis.org/about-meningitis/symptoms/

Eligibility for the pharmacy service

MenB Vaccine Eligibility Criteria

Consider a private vaccination if a patient isn't eligible



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*including international students, those from Scotland, Wales, Northern Ireland, Channel Islands and Isle of Man

Evidence of Eligibility

Individuals must provide evidence of eligibility

1 Students

Evidence must show:

- University/college name
- Course title/code
- Conditional or unconditional offer

2 Military recruits:

- Provide an official joining letter/email or an MOD ID card

First-year university students are at the highest risk of MenB disease.
Risk is approximately 7 times higher in first-year students compared with other university students of the same age.

Opportunity: Those who are not eligible for the NHS Service may be suitable for a private MenB vaccination service

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Proof of prior vaccination

What this means

Some people may already have had first doses, including through outbreak responses, the gonorrhoea vaccination programme or privately.

How to decide

Follow the Information for Healthcare Practitioners guidance for the action required at each prior vaccination status.

Evidence to check

1. **GP record entries**
   Relevant entries in the GP record confirming prior MenB vaccination.
2. **MenB vaccination record card**
   Presentation of a MenB vaccination record card.
3. **Written or virtual private record**
   A written or app-based record of dose(s) delivered via a private provider.

Final check: proof of receipt is assessed from clinical records or patient-held evidence before vaccination proceeds.

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Incompletely vaccinated

Vaccine previously administered

- Some individuals may already have received **MenB vaccine**:
  - Privately
  - Overseas
  - During an outbreak response
  - As part of a clinical risk programme
  - Through the gonorrhoea vaccination programme
- Some may have previously received Trumenba® (Pfizer MenB vaccine)
- Individuals may therefore present with a **partial vaccination course**

Prior Bexsero® vaccination scenario

Scenario	Outcome	Definition / rationale
1 dose Bexsero® (irrespective of timing of that prior dose)	**1 dose of Bexsero® now**	Where individuals have received one prior dose of Bexsero®, a further dose should be given, a minimum of 28 days after the first dose, to complete the full course of 2 Bexsero® doses.
2 doses of Bexsero® less than 5 years ago	**No further doses now**	Where individuals have previously completed a two-dose course of Bexsero® within the last 5 years, no further vaccination is required.
2 doses of Bexsero® 5 or more years ago	**1 dose Bexsero® now**	Where individuals have previously completed a two-dose course of Bexsero® 5 or more years ago then a single dose should be offered.

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Completed Trumenba® course scenarios

Scenario	Outcome	Definition / rationale
2 or 3 doses of Trumenba® (complete course) less than 5 years ago	**No further doses now**	Where individuals have previously completed a course of Trumenba® within the last 5 years, no further vaccination is required. Two doses at least 6 months apart are considered equivalent to receipt of 3 doses.
2- or 3-dose Trumenba® (complete course) 5 or more years ago	**Full, 2-dose course of Bexsero®, starting now**	Two doses at least 6 months apart are considered equivalent to receipt of 3 doses. Trumenba® and Bexsero® MenB vaccines are not interchangeable. Where individuals have previously completed a course of Trumenba® 5 or more years ago, they should be offered to restart a two-dose course with Bexsero®.

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Partial Trumenba® course scenario

Scenario	Outcome
1 dose of Trumenba®, or 2 doses delivered less than 6 months apart (partial course)	**Start Bexsero® now, 2 doses — or choose to complete the Trumenba® schedule, but not via the national programme**

Definition / guidance

Where individuals have had a partial course of Trumenba® (defined as one prior dose, or 2 doses delivered less than 6 months apart), they may complete their vaccination course of that vaccination.

Alternatively, they can be offered a two-dose course of Bexsero®.

There is no specific information on the best interval between Trumenba® and Bexsero®, however from first principles an interval of at least 4 weeks is advised.

Practical interval: at least 4 weeks is advised between Trumenba® and Bexsero®.

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Essential Information

Service Specification

1. Service background
2. Commonly used terms
3. Aims and intended service outcomes
4. Requirements for service provision
    - Service availability
5. Training and knowledge
6. Vaccine supply, handling and storage
7. Service specification
    - Data collection and reporting requirements
8. Governance
9. Payment arrangements
10. Withdrawal from the service
11. Monitoring and post payment verification

Annex A

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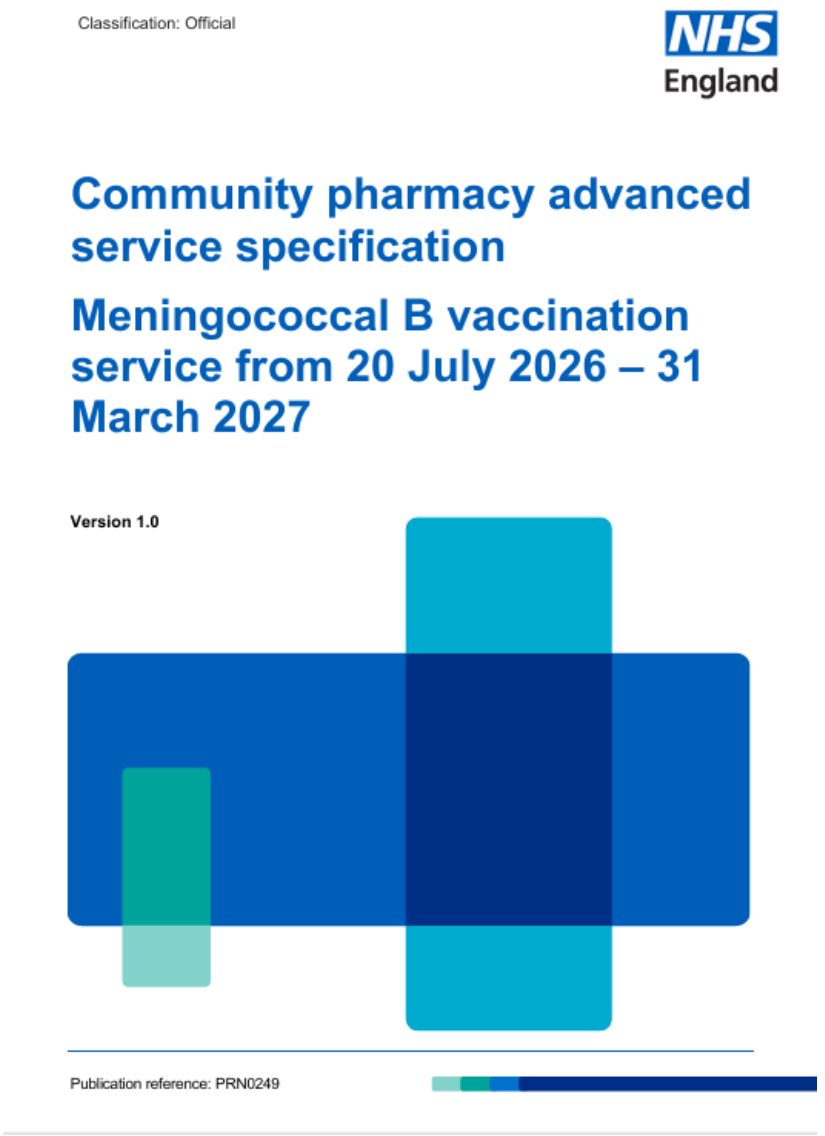

Classification: Official

NHS England

Community pharmacy advanced service specification

Meningococcal B vaccination service from 20 July 2026 – 31 March 2027

Version 1.0

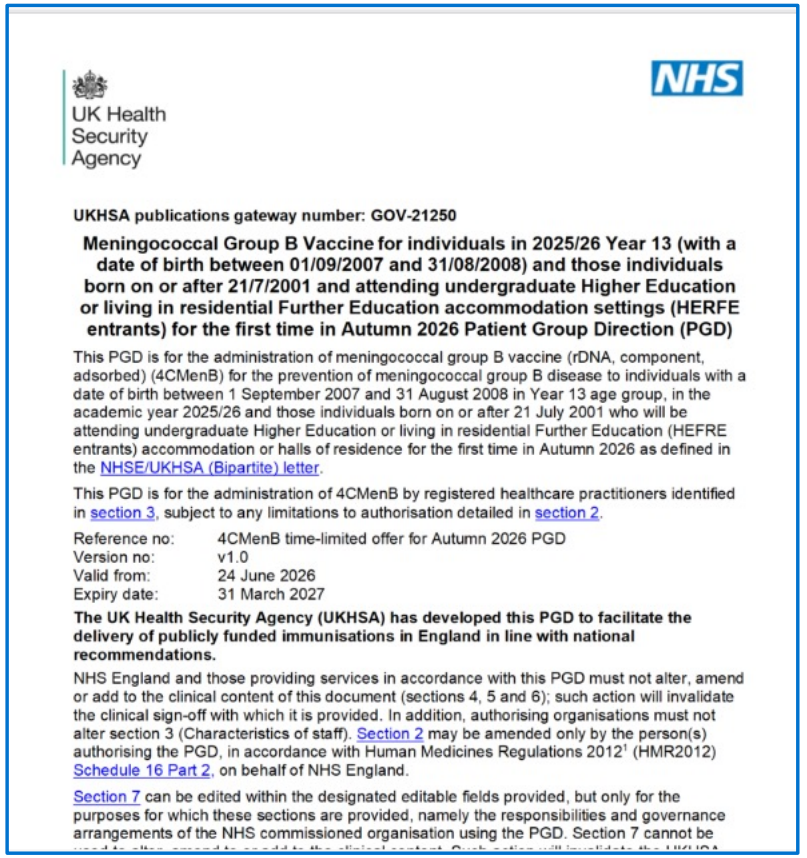
Publication reference: PRN0249

Patient Group Direction

Top tips

- Always check you are using the latest version of the PGD
- Do not administer the vaccine until all PGD declarations and authorisations have been completed
- Be familiar with the inclusion and exclusion criteria before each vaccination
- Keep signed PGD records secure and readily available for inspection
- If you are unsure whether the PGD applies to a patient, seek advice before vaccinating

There is NO VGD for this service – Pharmacist or Pharmacy Technician only)



UK Health Security Agency

NHS

UKHSA publications gateway number: GOV-21250

Meningococcal Group B Vaccine for individuals in 2025/26 Year 13 (with a date of birth between 01/09/2007 and 31/08/2008) and those individuals born on or after 21/7/2001 and attending undergraduate Higher Education or living in residential Further Education accommodation settings (HERFE entrants) for the first time in Autumn 2026 Patient Group Direction (PGD)

This PGD is for the administration of meningococcal group B vaccine (rDNA, component, adsorbed) (4CMenB) for the prevention of meningococcal group B disease to individuals with a date of birth between 1 September 2007 and 31 August 2008 in Year 13 age group, in the academic year 2025/26 and those individuals born on or after 21 July 2001 who will be attending undergraduate Higher Education or living in residential Further Education (HEFRE entrants) accommodation or halls of residence for the first time in Autumn 2026 as defined in the NHSE/UKHSA (Bipartite) letter.

This PGD is for the administration of 4CMenB by registered healthcare practitioners identified in section 3, subject to any limitations to authorisation detailed in section 2.

Reference no:	4CMenB time-limited offer for Autumn 2026 PGD
Version no:	v1.0
Valid from:	24 June 2026
Expiry date:	31 March 2027

The UK Health Security Agency (UKHSA) has developed this PGD to facilitate the delivery of publicly funded immunisations in England in line with national recommendations.

NHS England and those providing services in accordance with this PGD must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter section 3 (Characteristics of staff). Section 2 may be amended only by the person(s) authorising the PGD, in accordance with Human Medicines Regulations 2012[1] (HMR2012) Schedule 16 Part 2, on behalf of NHS England.

Section 7 can be edited within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangements of the NHS commissioned organisation using the PGD. Section 7 cannot be

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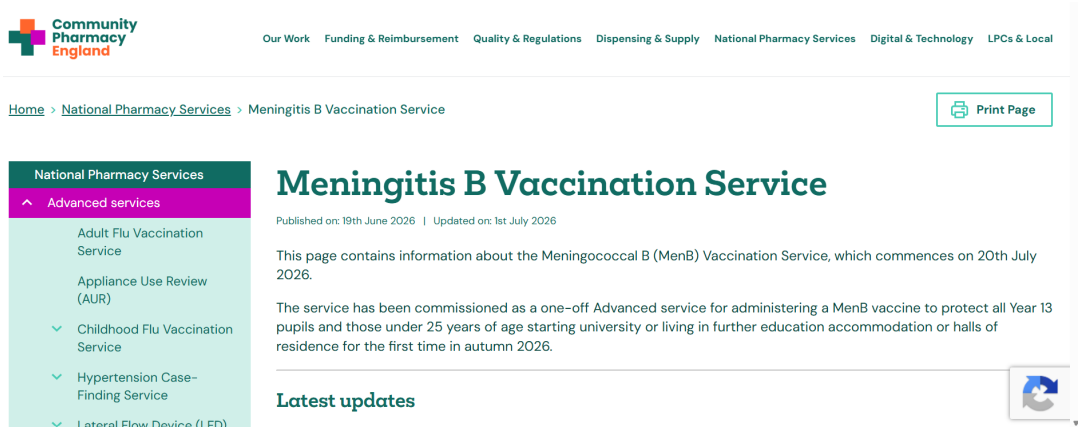

Key resources include:

- Pharmacy owner implementation checklist for the NHS Meningococcal B Vaccination Service.
- Vaccinator implementation checklist for the NHS Meningococcal B Vaccination Service
- Pharmacy team briefing for the NHS Meningococcal B Vaccination Service
- GP letter/email service notification template (Microsoft Word)
- Briefing 011/26: Briefing for general practice teams: NHS Meningococcal B
- Vaccination Service – Community Pharmacy England
- Anaphylaxis action card .

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Community Pharmacy England

June 2026

Vaccinator implementation checklist: NHS Meningitis B (MenB) Vaccination Advanced Service

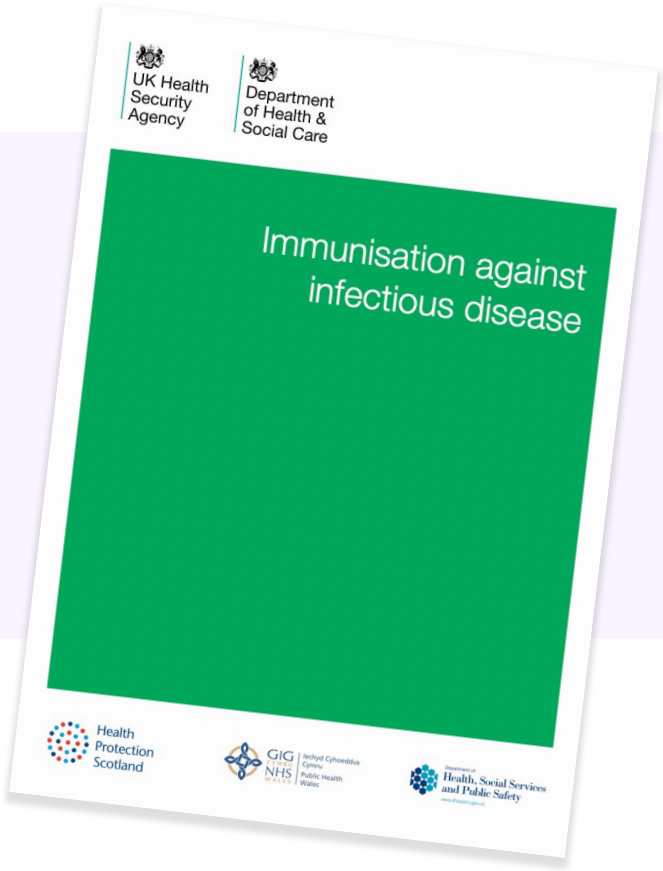
This checklist provides suggested actions that pharmacists, pharmacy technicians and vaccinators can undertake to prepare to provide the NHS MenB Vaccination Advanced Service.

Further information on the service and resources can be found at cpe.org.uk/MenB.

	Activity	By when?	Completed
Ensure you are competent and understand the service requirements			
1.	Read the service specification, the **Patient Group Direction (PGD)** and any additional operational guidance on the service.		☐
2.	Read the information and FAQs on the Community Pharmacy England website (cpe.org.uk/MenB).		☐
3.	Where required, complete face-to-face training covering injection technique and basic life support (including the administration of adrenaline for anaphylaxis). This is a periodic requirement, so it is for the pharmacy owner and vaccinator to determine when retraining is needed.		☐
4.	Undertake appropriate clinical training to ensure they have appropriate knowledge regarding MenB. This may involve self-directed learning, using relevant references sources, such as the Green Book, the **PGD** and the UKHSA and NHS England bipartite letter.		☐
5.	Complete the Practitioner declaration on the PGD to confirm you have read and understood the content of the PGD and that you are willing and competent to work to it within your professional code of conduct. You must sign a copy of the PGD in each pharmacy that you work in where you will be providing the service.		☐
6.	Request that the relevant person for the pharmacy completes the Authorising manager section of the PGD. An Authorising Manager must sign a copy of the PGD in each pharmacy that you work in.		☐
7.	Demonstrate your competency to provide the service. Pharmacists and pharmacy technicians can do this by completing or updating their Declaration of Competence (DoC). Where the		☐

The Green Book

The Green Book – Immunisation Against Infectious Diseases



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Bexsero® – what you need to know

Bexsero® Meningococcal Group B Vaccine

Product overview, administration and dosing reminders

VACCINE PROFILE

- **Bexsero®** is a multi-component inactivated vaccine marketed by GlaxoSmithKline
- Licensed for use from two months of age
- Supplied in packs of 10 (order using FDP) – 0.5ml volume

ADMINISTRATION

- Administer by intramuscular injection (IM) into the deltoid muscle in the upper arm
- Use the anterolateral thigh where the deltoid cannot be used
- **Adolescents and adults:** 2 doses, a minimum of 4 weeks (28 days) apart

Use a 25mm 23G or 25G needle
(NOT supplied with vaccine)

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Bexsero® Meningococcal Group B vaccine for injection in pre-filled syringe — Summary of Product Characteristics (SmPC)

Bexsero® presentation and preparation

BEFORE ADMINISTRATION

1. **Check the presentation**
   Tip cap and rubber plunger stopper are made with synthetic rubber
2. **Expect settling during storage**
   Fine off-white deposits may be noticeable in the syringe before preparation
3. **IMPORTANT - Shake well**
   Form a homogenous suspension and administer immediately after preparation
4. **Do not use if appearance varies**
   Do not administer if the suspension is not homogenous or particulate matter is observed after shaking

Critical preparation point
Shake well to form a homogenous suspension; administer immediately.

STORAGE

Keep in the original packaging between **+2°C and +8°C**

If there are signs of foreign particulate after shaking, do not administer.

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Further information about Bexsero®

75%

reduction in invasive MenB disease in those eligible for vaccination within 3 years

ESTABLISHED USE

- Routinely given to infants in the UK since 2015
- Also used for adolescents and adults deemed to be at increased risk
- Immunogenic in adolescents and adults

NON-LIVE VACCINE

Made using recombinant vaccine technology and can be given:

At the same time as, or at any interval from, any other vaccines
Exception: Trumenba® should be given a minimum of 4 weeks apart
To pregnant or breastfeeding women when clinically indicated
To individuals with immunosuppression and human immunodeficiency virus (HIV)

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Bexsero® Contraindications

Few individuals are unable to receive meningococcal vaccines

DO NOT ADMINISTER TO THOSE WHO HAVE HAD

A confirmed anaphylactic reaction to a previous dose of the vaccine **OR**

A confirmed anaphylactic reaction to any constituent, excipient or residue from the manufacturing process

There are very few individuals who cannot receive meningococcal vaccines.
When in doubt, seek advice rather than withhold immunisation.

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Possible adverse reactions

Counselling points for adolescents and adults

MOST COMMON SIDE EFFECTS

In adolescents and adults:

- Swelling, redness and tenderness at the injection site
- Malaise, headache and nausea
- Myalgia (muscle pain)
- Arthralgia (joint pain)
- **Mild fever may occur**, although high fever is uncommon

ADVICE TO GIVE

- Routine prophylactic paracetamol is not recommended
- Paracetamol or other over-the-counter pain relief may be taken if required to relieve symptoms
- **Side effects are common, usually mild,** and typically resolve within 1–2 days

No increase in the frequency or severity of adverse reactions has been seen with subsequent doses of MenB vaccine.

Practical actions:

- Prepare patients for expected short-term reactions and provide clear self-care advice
- Remember to report any adverse reactions via the Yellow Card Scheme

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Planning for a successful service

What is RAVS?

Record a Vaccination Service

RAVS is the NHS England national vaccination recording system, developed to replace older point-of-care systems for many vaccination programmes.

MenB service

The only recording platform available for the MenB Service

Important limitation

RAVS does not provide a risk assessment or patient consultation pathway in the same way as platforms such as PharmOutcomes.

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WHEN ADMINISTERING A VACCINE

Recording checklist

Pharmacists use RAVS to capture the core vaccination record.

1. **Identify the patient**

   Using NHS number or demographics.

2. **Record vaccination details**

   Vaccine, batch number, site, vaccinator and consent.

Planning your Men B Service

AIM TO

1

Start of service

Offer the first dose as soon as possible after the service starts

2

At least 28 days later

Administer the second dose at least 28 days later

3

Before 2026/27 academic year

Wherever possible, complete both doses before the start of the academic year

REMEMBER

31 December 2026

The first dose must be given by this date

- This allows sufficient time for the second dose to be completed before the service end date
- Plan clinics around **vaccine supply** and expected demand

Build clinic capacity around both dose timing and expected demand.

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Off-site MenB clinics: key takeaways

1

Get approval before planning the clinic

Written approval from the NHS England Regional Vaccinations Team is required before any off-site vaccinations are provided.

2

Use only approved, suitable venues

Campuses, colleges, community centres or other venues must support privacy, confidentiality, dignity and a safe clinical environment.

3

Name the on-site clinical lead

A pharmacist or pharmacy technician must be on site, responsible for delivery, specification compliance and clinical oversight throughout the session.

Training message

No approval, no clinic.

The venue and clinical lead must be confirmed before patients are booked.

Think: approval, venue, oversight.

If you are planning to approach a local university about providing off-site MenB clinics, we encourage you to collaborate with other pharmacies in your area to ensure a coordinated approach and maximise service provision.

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Off-site clinic readiness checklist

Use this as the practical “before you leave the pharmacy” checklist for every off-site session.

People and supervision

On-site pharmacist or pharmacy technician responsible for the site.
Support staff for emergencies, admin and chaperoning.
Indemnity covers off-site provision

Waste and clinical standards

Dispose safely of sharps, PPE and clinical waste.
Comply with waste transfer legislation if returning waste to pharmacy.
Meets all GPhC professional standards.

Cold chain and vaccine security

Transport in a validated cool box at 2–8°C.
Keep vaccines in original packaging and insulated from ice packs.
Monitor and document temperatures throughout transport.

Risk, records and contingency

Complete a documented risk assessment before each clinic.
Confirm IPC, emergency procedures, patient safety and consent processes.
Plan for recording, data protection, accessibility and incident reporting.

Final check: confirm patient flow, waiting area, accessibility, vaccine and record security, lone working, host communication and incident reporting before the session starts.

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Private Service — MenB

Private vaccination route supporting community protection outside NHS eligibility.

Service essentials

- **Protects people outside NHS eligibility**
  Supports wider community protection through a private service offer.
- **Private PGD required**
  Ensure the private PGD is in place before supply and administration.
- **Do not use NHS vaccines**
  Keep private stock and NHS-funded stock clearly separated.
- **Bexsero or Trumenba available**
  Choose the appropriate MenB vaccine according to service requirements.

VACCINE OPTION

Trumenba

2 MenB subgroups covered

10+ years and above

Operational notes

Stock — Singles

Stock — Alliance

Rebate available

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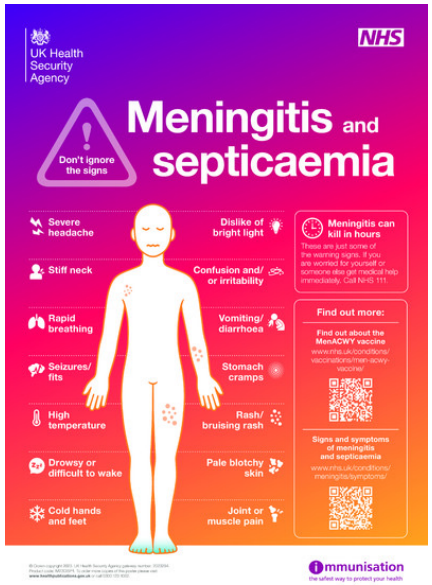
Promoting your Service

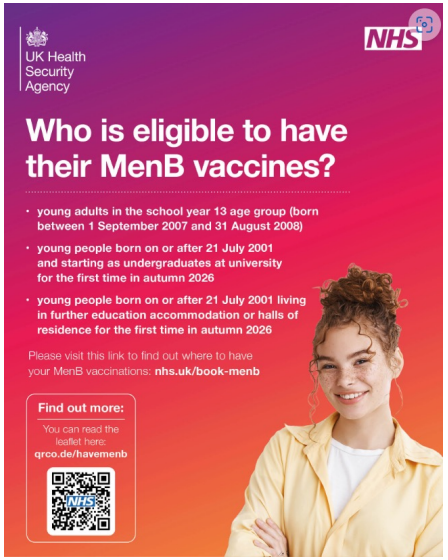
Promotion

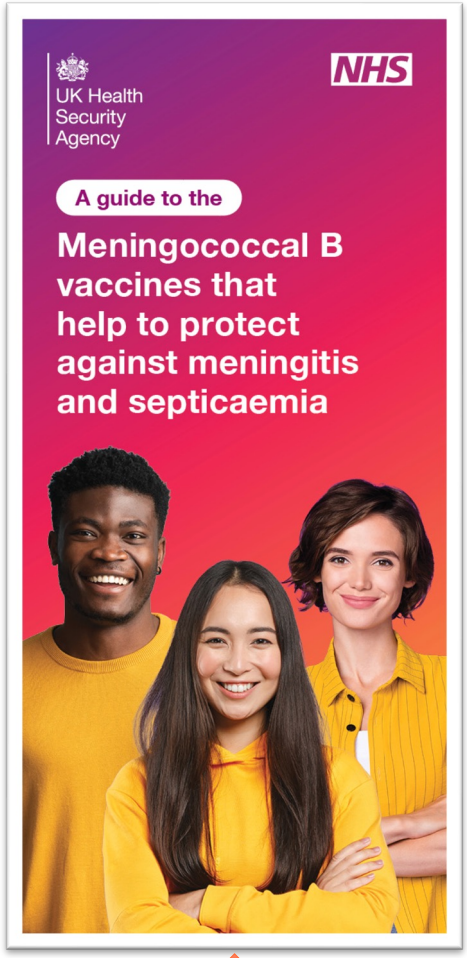
Strengthen and promote your service once setup

- External
- In pharmacy
- Local
- Digital
- Social, Google, SEO

Top Tip: Register as a pharmacy, not an individual, to order sufficient supplies.







A copy of this leaflet may be given to all patients who receive a vaccination

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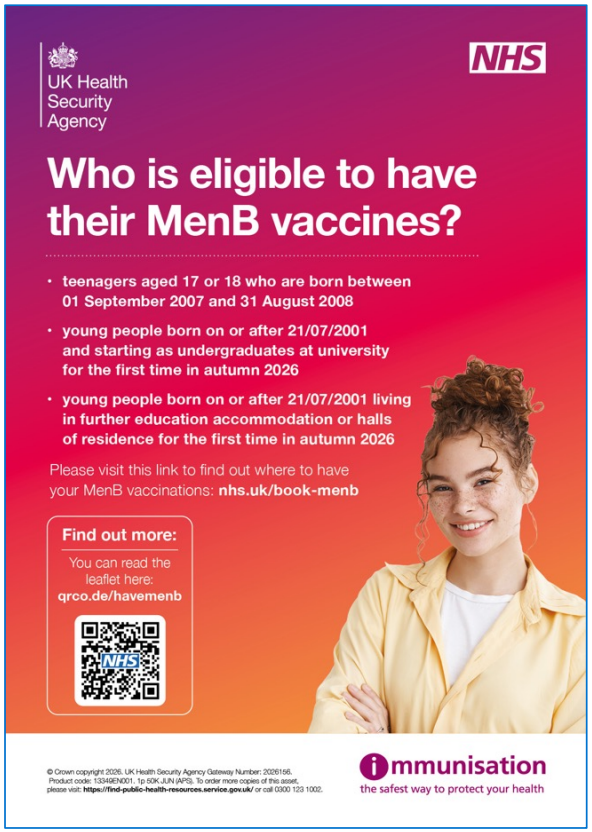
Maximising vaccine uptake

It is important that the MenB vaccine is offered to as many eligible individuals as possible. You can help maximise uptake by:

- **Displaying posters** and digital promotional materials in prominent locations
- Making **leaflets** readily available
- **Signposting** people to reliable online and accessible resources, including Easy Read, British Sign Language (BSL), large print and translated materials
- Offering a **flexible, accessible service** and clearly advertising vaccination times
- Providing a **suitable environment** that promotes privacy, dignity and confidentiality
- Ensuring individuals know when to receive their second dose
- **Speaking positively and confidently** about the MenB vaccination programme and encouraging others to do the same



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Funding

Funding

Per MenB vaccine administered

£10.06

Vaccine stock is centrally supplied; no separate reimbursement claim is required for vaccine costs.

Payment	Condition	Amount
Service set-up payment	After first vaccination	**£300**
Activity payment	100+ vaccinations by 31 March 2027	**£400**
Maximum additional funding available		**£700**

Key points

- Centrally supplied vaccine stock
- No reimbursement claim for vaccine costs
- Funding comes from the NHS vaccination budget, not the CPCF contract sum

Providers are required to administer a minimum of 10 vaccines between 20th July and 30th September 2026 or the commissioner may suspend the supply of vaccine

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Claiming payment via MYS

Submit manually
via MYS
No API in place

Deadline
by the 5th of the following month

Claim window
up to 3 months after the claim period

Late claims
will not be paid

Submit on time: late claims will not be paid

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Summary

Key dates

20th July

Register to provide the service – check confirmation received

31st December 2026

Last date to give the first vaccine

July and August

Ideal window for first and second doses before university starts

Minimum 4 weeks between doses

31st March 2027

Service ends and final date for eligible patients to receive their second dose

Key message: *Encourage eligible patients to receive their first dose as early as possible in the summer to ensure full protection before starting university.*

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Service summary

Why it matters

- MenB disease is rare but can be life-threatening
- Presents as meningitis, septicaemia or both
- Early recognition and urgent treatment is essential

Target group

Year 13

students and first-time higher/further education entrants at increased risk

Two doses of Bexsero®, given at least 4 weeks apart, are required for full protection

Both doses should preferably be offered before the start of the 2026/2027 academic year

Pharmacy role

Community pharmacies play a key role in:

- Improving access to vaccination
- Increasing uptake
- Protecting patients before they enter higher or further education

Safety net

After vaccination patients should remain aware of meningococcal symptoms and seek advice if unwell or concerned

Helps protect against most, but not all, MenB bacteria

The vaccine does not protect against all causes of meningitis or septicaemia

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Top tips for success

1. **Know** the eligibility criteria
2. **Promote** the service - every eligible patient is an opportunity
3. **Check** vaccination history carefully
4. **Follow** the PGD and clinical guidance every time
5. **Explain** side effects and safety-net appropriately
6. **Book** the second dose before the patient leaves
7. **Record** accurately
8. **Submit** MYS claims on time

Every eligible patient is an opportunity — make the vaccination, second dose and claim process easy to complete

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Next Steps

Next steps: the 4 Ps

Use each phase to check service readiness before launch and during early delivery

01

Plan

- Set up NBS and central ordering
- Check consultation room set up
- Review patient journey

02

Prepare

- Complete all training and record
- Complete the pharmacy contractors and vaccinators implementation checklist
- Read and sign the PGD
- Read service spec and CPE guidance
- Develop SOPs / risk assessment

03

Promote

- Team briefings
- GP engagement
- Contact colleges & universities
- Patient awareness — promote the service

04

Provide

- Deliver vaccinations safely
- Book second doses
- Record activity
- Claim payment

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Community Pharmacy
Greater Manchester

Need help?

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www.greatermanchester.communitypharmacy.org.uk

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