



A SERVICE LEVEL AGREEMENT FOR
LOCALLY ENHANCED
PHARMACEUTICAL CARE SERVICES
TO DELIVER:

***INFLUENZA VACCINATION SERVICE
FOR ELIGIBLE ADULTS****

*  [SGHD/CMO \(2026\) 5](#)

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A page has been set up on the CPD Team's website which contains all information and supporting documentation relating to the provision of this Service  [NHS Greater Glasgow & Clyde](#)

PREAMBLE

SLA between -

GREATER GLASGOW & CLYDE HEALTH BOARD (NHSGGC), being a Health Board constituted pursuant to The National Health Service (Scotland) Act 1978 (as amended) (the “**Act**”) and having its headquarters at JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Rd, Glasgow G12 0XH (the “**Board**”)

And

[] (the “**Pharmacy Contractor**”)

Each being a “**Party**” and being collectively referred to as “**the Parties**”.

1. AGREEMENT OF PARTIES

1.1	Expressions defined and used in this SLA (as hereinafter defined), have the meanings set out in Section 17 unless otherwise defined herein.	
1.2	This SLA between the Board and the Pharmacy Contractor is made up of this Agreement and the following documents:	
	1.2.1	The terms and conditions and details of the Services, detailed in Annex A;
	1.2.2	Annex B – list of pharmacies operated by the Pharmacy Contractor from which the Services will be provided;
	1.2.3	Appendix A – Pharmacy Checklist;
	1.2.4	Appendix B – VMT Guidance;
	1.2.5	Appendix C – Vaccination Record (only to be used if VMT not available);
	1.2.6	Appendix D - Claim Form (only to be used if VMT not available);
	1.2.7	Patient Group Direction (to follow);
	1.2.8	VMT Account Request;
	All of the above documents together are referred to as the “ SLA ”.	

1.3	If there is any conflict or ambiguity between the terms of the document listed in Clause 1.2 above, a term contained in a document higher in the list shall have priority over one contained in the document lower in the list.
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2. COMMENCEMENT AND TERM

2.1	This SLA shall commence on the last day of execution and shall, unless terminated in accordance with its terms, continue for a period of one year.
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3. SUPPLY OF SERVICES

3.1	The Pharmacy Contractor shall, from the pharmacies associated with the Contractor Code/s, supply the Services as detailed in Annex A in accordance with the provisions of this SLA.
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4. CHARGES AND PAYMENT

4.1	In exchange for provision by the Pharmacy Contractor of the Services, the Board shall make the payments detailed in Annex A.
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5. COUNTER FRAUD DECLARATION

5.1	The Pharmacy Contractor acknowledges and agrees that the information provided pursuant to this SLA may be used to verify any claim associated with provision of the Services and may be shared with other bodies or agencies for the purpose of prevention and detection of crime. In executing this SLA, the Pharmacy Contractor consents to this use and acknowledges that provision of false information may result in criminal prosecution, referral to a professional body and/or recovery proceedings.
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6. GOVERNING LAW AND JURISDICTION

6.1	This SLA, and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation, shall be governed by, and construed in accordance with, the Laws of Scotland and the Parties submit to the exclusive jurisdiction of the Scottish Courts. IN WITNESS WHEREOF these presents consisting of this and the preceding page together with the Annex and Appendices attached are executed as follows:-
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A SERVICE LEVEL AGREEMENT FOR LOCALLY ENHANCED PHARMACEUTICAL CARE SERVICES TO DELIVER:

INFLUENZA VACCINATION SERVICE FOR ELIGIBLE ADULTS*

For and on behalf of [enter relevant Contractor Code/s]	For and on behalf of NHSGGC Health Board
Signed by	Signed by 
Print Name	Print Name RACHEL BRUCE
Designation	Designation Lead Pharmacist, Community Pharmacy Development
Date	Date 03/08/2026

*  [SGHD/CMO \(2026\) 5](#)

This is **Annex A** to the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor.

SERVICE SPECIFICATION

1. SERVICE DETAILS, COMMENCEMENT AND DURATION

1.1	This Board has agreed the participation of the Pharmacy Contractor to undertake a package of Pharmaceutical Care, negotiated under  Section 23 a (iii) Part 1 of the Scottish Drug Tariff i.e. Pharmacy Contractors may enter into a contract with their local NHS Board in respect to provision of additional remunerated service.
1.2	This additional Service will be operated by NHSGGC Community Pharmacies who sign up to participate, allowing Health Care Professionals to vaccinate their designated patient groups as a free NHS service.
1.3	This Service has been developed as part of the Vaccine Transformation Programme (VTP).
1.4	This Agreement shall commence on Monday 14th September 2026 (or shall be deemed to have commenced on) (“ the Commencement Date ”) and shall (subject to the other provisions of this Agreement) continue until Wednesday 31st March 2027 (“ Expiry Date ”) unless terminated in writing by either Party in accordance with clause 16.1.

2. INTRODUCTION

2.1	This SLA acts as a Contract between The Board and the Pharmacy Contractor and commits the Pharmacy Contractor to provide the Services as detailed herein (“Services”). The SLA must be read in conjunction with the Appendices attached. Services will be provided within the legal and ethical framework of pharmacy as a whole.
2.2	The vaccination is to be administered to eligible patients listed in  SGHD/CMO (2026) 5

2.3	Any eligible patient can have their vaccination administered via Community Pharmacy. Community Pharmacy should focus on patients in the following cohorts: Adult Programme: • Those living in long-stay residential care homes or other long-stay care facilities • All those aged 65 and over • All those aged 18 to under 65 in defined risk groups. This includes: - Those in clinical 'at risk' groups set out in Green Book Chapter 19; - Those experiencing homelessness; - Those experiencing substance misuse; - Asylum Seekers living in Home Office hotel or B&B accommodation; - All prisoners within the Scottish Prison Estate; - Pregnant women • Frontline Health & Social Care Workers • All NHS workers • Poultry workers & bird handlers • Cattle & Swine workers • Unpaid Carers and young Carers • Household contacts of those with immunosuppression • Patients accessing the pharmacy for Opiate Substitution Therapy (OST) and/or Injecting Equipment.
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3. SERVICE AIMS

3.1	The aims of this Service are:	
	a)	To administer a flu vaccination for eligible patients (see 2.3) who have not already received a flu vaccination in this year's programme.
	b)	To utilise the skills and expertise of highly trained healthcare professionals located in the widely distributed, accessible network of Community Pharmacies. Providing more opportunities and greater convenience for our patient cohort to obtain free NHS flu vaccinations and positively impact on the level of uptake.

4. ROLES AND RESPONSIBILITIES

4.1	The Pharmacy Contractor will:
4.1.1	Ensure they have read and fully understand the content of this SLA in order to follow the designated process. A checklist can be found at Appendix A of this document which Pharmacy Contractors might find useful.
4.1.2	Nominate a Key Pharmacist (usually the Responsible Pharmacist) and Technician/Dispenser who will have accountability for provision of each individual element of the Service on a day to day basis from that pharmacy. For pharmacies open over extended hours and particularly on a Sunday, the Pharmacy Contractor must also ensure that the Locum/Relief Manager and Technician/Dispenser on duty at these times, has a full understanding of the SLA and Service Outline & Standards (Section 5) to be competent to maintain continuity of service.
4.1.3	Ensure the Standard Operating Procedures (SOPs) in place governing the Service fully covers the main principles of the provision specific to the Service standards operating within the pharmacy and that all involved in providing the Service are fully conversant with the content of each SOP.
4.1.4	Ensure training of all Health Care Professionals providing vaccinations on behalf of the pharmacy is up to date and that support staff are aware of the Service and which cohort of patients are eligible to access this Service. Eligible patients are listed in  SGHD/CMO (2026) 5 . Details of training requirements can be found at Section 6.
4.1.5	Ensure that all Health Care Professionals providing vaccinations under this Service, on behalf of the pharmacy, have confirmed that they have read, understood and accepted the professional responsibility contained within the “Administration of inactivated influenza vaccine PGD 2026-27 season” by signing a copy before undertaking the Service. This should then be retained within the pharmacy for 8 years from the effective date of the PGD, for audit & governance purposes.
4.1.6	Make sure their team adheres to the requirements for the storage and supply of vaccines to ensure that the cold chain is maintained at all times.
4.1.7	Ensure they are familiar with the Vaccine Management Tool (VMT) recording system which will be used for recording patient consent, patient details and vaccination details. Full details can be found at Appendix B .
4.1.8	Ensure that they have taken into consideration provisions set out in the Health and Care (Staffing) (Scotland) Act 2019 so that the level of support available to operate the Service is in line with the aims of the Act and that sufficient staff are available to safely and effectively provide the Service.

4.1.9	Ensure that the Key Pharmacist and all pharmacy staff offer a user-friendly, non-judgmental, person-centred and confidential service.
4.1.10	Ensure that the Services are operated from premises providing a level of confidentiality and privacy which is acceptable to the individual patient.
4.1.11	Ensure that all GPhC Standards are upheld during the provision of this Service – in particular ensuring that vulnerable adults are safeguarded.
4.1.12	Participate in any local audit processes to the agreed levels.
4.1.13	Ensure that staff are provided with any updates or changes to the Service.
4.1.14	Ensure that the Service is available to patients for the full contracted opening hours of the premises unless there are exceptional circumstances e.g. emergency closure.
4.1.15	Ensure staff are appropriately trained and aware of the risks associated with the handling and disposal of clinical waste/bodily fluid spills and that correct procedures are used to minimise those risks.
4.1.16	Ensure that the pharmacy has a needle stick injury procedure.
4.2	The Key Pharmacist will:
4.2.1	Ensure the safe and effective provision of pharmacy services in line with GPhC Standard 9.
4.2.2	Maintain their competency to practice in this speciality by successfully completing all specified training requirements, especially the mandatory element of this SLA (Section 6).
4.2.3	Ensure that all pharmacy staff providing the Service maintain their competency to practice in this speciality and relevant staff successfully complete all specified training requirements, especially the mandatory element of this SLA (Section 6).

5. SERVICE OUTLINES AND STANDARDS

5.1	The Service will be operational until the end of the flu vaccine season 2026/27 or as directed by NHSGGC.
5.2	During the seasonal flu vaccination campaign period, pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated if they have not already been vaccinated in this flu season. This Service covers the eligible patients as defined in  SGHD/CMO (2026) 5 . Community Pharmacies should focus on the cohorts described at Section 2.3 of this SLA above.
5.3	The seasonal flu vaccination to be administered under this Service will be as indicated by the Scottish Government seasonal influenza vaccination programme 2026/27.

5.4	Pharmacy Contractors must ensure that vaccinations offered under this Service are provided in line with Immunisation Against Infectious Disease (🌐 The Green Book), which outlines all relevant details on the background, dosage, timings and administration of the vaccination including disposal of clinical waste.
5.5	The Pharmacy Contractor must have an SOP in place for this Service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and comply with 📖 NHSGGC - Vaccine Ordering, Storage and Handling Guidelines and 📖 NHSGGC Immunisation and Best Practice Guidelines . All refrigerators in which vaccines are stored are required to have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days in line with GPhC regulations. NHSGGC recommends annual servicing of any fridge used for vaccine storage. The vaccines should not be used after the expiry date shown on the product. If a vaccine or cold chain incident occurs, the 📖 Public Health Scotland - Vaccine Incident Guidance should be followed.
5.6	Each patient being administered a vaccine should be given a copy of the manufacturer's Patient Information Leaflet (PIL) about the vaccine.
5.7	Each patient will be required to confirm consent before being administered the vaccine. Pharmacy Contractors must use the consent statements set out in the VMT system to obtain the patient's consent. The consent covers the administration of the vaccine. Patients should be advised about sharing the patient's details with the GP Practice and NHSGGC. This notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient's GP practice record and for the purpose of post payment verification by NHSGGC.
5.8	Where hard copy forms are used (because internet access is unavailable), details must be entered onto the VMT tool as soon as practicable and ideally within 24 hours of vaccination to ensure timely transfer of information to GP Practice systems. The forms should be retained for an appropriate period of time. As Pharmacy Contractors are the data controller, it is for each Pharmacy Contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with national and local policies.
5.9	The information contained in the VMT system will be shared with NHSGGC for the purposes of post payment verification and processing of service payments.
5.10	The Pharmacy Contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification.

5.11	Where a patient presents with an adverse drug reaction following the initial vaccination and the Health Care Professional believes this is of clinical significance, the patient's GP practice should be informed as soon as possible either via the GP Practice Notification Form (Notification Form can be found on the website NHS Greater Glasgow & Clyde) or if that has already been sent to the GP practice, by an alternative method of communication.
5.12	The Pharmacy Contractor is required to record and report any patient safety incidents to NHSGGC Public Health Protection Unit on 0141 201 4917 or ✉ ggc.pharmacypublichealth@nhs.scot
5.13	The Pharmacy Contractor will ensure that the Key Pharmacist completes PSD Scotland's cold chain module – ' Promoting Effective Immunisation Practice (PEIP) for RHCP: storage and handling of vaccines Unit 8 ' preferably before the flu season starts but certainly before the end of the season.
5.14	The Pharmacy Contractor is required to comply with arrangements that will be in place for the removal and safe disposal of any clinical or pharmaceutical waste related to the provision of this Service. Further details of this will be provided in due course.

6. TRAINING

6.1	The Pharmacy Contractor must ensure that all Health Care Professionals providing the Service are competent to do so and have completed the necessary training. Health Care Professionals should demonstrate to the Pharmacy Contractor that they have the necessary knowledge and skills to provide the Service.
6.2	The Pharmacy Contractor must ensure that Health Care Professionals providing the Service are aware of the National Minimum Standards in relation to vaccination training, and are compliant with the training requirements within those Standards that apply to Health Care Professionals providing the Service. Health Care Professionals providing the Service should undertake face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis in line with National Standards).
6.3	The Pharmacy Contractor should ensure that they have reviewed Section 5 - Service Outlines and Standards and its associated documents.
6.4	The Pharmacy Contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.

6.5	The Pharmacy Contractor must ensure that staff involved in the provision of this Service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated. The responsibility for providing access to Hepatitis B Immunisation remains with the Pharmacy Contractor or Employer.
6.6	The Pharmacy Contractor must ensure that their professional indemnity insurance is sufficient to cover this Service.
6.7	Appointment times should be spread to minimise the need to hold patients in a waiting area within the pharmacy either pre- or post-vaccination, especially in adhering to the requirement to monitor the patient for a few minutes after vaccination to ensure they suffer no adverse effects.
6.8	All vaccinators must make themselves familiar with the VMT User Guide and associated FAQs available on TURAS . This is essential to ensure accurate recording of any vaccination administered.

7. PREMISES

7.1	Under this Service, vaccinations will be administered either within, or out with pharmacy premises, in a suitable private area which must comply with the minimum requirements set out below: The area must be appropriate for private/confidential consultations; the pharmacy must meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises (if applicable)  GPhC Standards & Guidance for Registered Pharmacies
7.2	Vaccine waste should be consigned to the dedicated containers provided and set aside for collection by the specialist waste contractor retained for this purpose.
7.3	A pharmacy checklist is available at Appendix A .
7.4	Procedures adopted to contain the COVID-19 infection as applicable at any time will require to be observed. Appropriate Infection Control practices/procedures should be followed. For more information/guidance see  National Infection Prevention and Control Manual: Home (scot.nhs.uk) . Social distancing, regular hand washing and the use of sanitisers are recognised as good practice and are still likely to be required. The facility to regularly clean the clinical area must be built into the appointment schedule.

8. SERVICE AVAILABILITY

8.1	The Pharmacy Contractor must ensure the Service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this Service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status.
8.2	The Pharmacy Contractor should ensure that Locums or Relief Pharmacists are adequately trained, to ensure continuity of service provision across the opening hours of the pharmacy as far as possible.
8.3	For pharmacies open over extended hours, the Pharmacy Contractor must also ensure that the staff on duty at these times are competent to maintain continuity of service.
8.4	If the pharmacy cannot offer the Service at any given time then pharmacy staff must signpost patients by directing them to NHSGGC website NHSGGC Homepage
8.5	Where an appointment has been provided for the Service every effort must be made to honor the appointment time.
8.6	The Health Care Professional must not allow provision of flu vaccination to interfere with provision of other core pharmacy services from the premises.

9. VACCINATION MANAGEMENT TOOL (VMT)

9.1	The Pharmacy Contractor must use the VMT to record the vaccination.
9.2	Health Care Professionals who already have access to the VMT via their current TURAS login details, should be accessing VMT using an NHS Email Address ONLY. PLEASE NOTE - Any VMT accounts found being accessed by personal email addresses will be disabled and are in breach of data protection legislation. A list of the Contractors' Vaccinators/Registrants must be submitted to CPDT prior to Service start date using the TURAS VMT Users Form (separate document – not an Appendix) to ✉ ggc.cpdevteam@nhs.scot

	Details required are: • Contractor Code • Name • GPhC Registration Number • NHS Email Address (<u>personal emails are not accepted</u>) • Designation – ○ Pharmacist ○ Locum Pharmacist* ○ Registered Technician* • VMT Role ○ Vaccinator - can record vaccinations and register patients ○ Registrant - can only register patients For *Locums/Registered Technician TURAS VMT Users - authorisation must be provided by the Pharmacy Contractor.
9.3	Should the pharmacy require additional TURAS VMT User accounts set up, or if the pharmacy has not previously obtained a TURAS VMT account, please complete the TURAS VMT Users Form as noted above in Section 9.2
9.4	To access TURAS VMT please use the following link - https://vaccination.nhs.scot/
9.5	Upon accessing TURAS VMT the user will be prompted to select their 'Current Clinic'. Each Community Pharmacy in NHSGGC has been created as an individual clinic within TURAS VMT. To locate the pharmacy clinic: → Click onto the clinic drop-down list → Enter the letters "CP" (followed by a space) then the Contractor Code into the Search box e.g. CP 1234 → Confirm by selecting Set My Current Clinic
9.6	The TURAS Vaccination Management User Guide is available for download from within TURAS VMT and can be accessed by selecting the Help menu and then User Guides and FAQ's or via the following link - User Guide TURAS VMT .
9.7	Alternatively, abridged Guidance can be found at Appendix B .

10. DATA COLLECTION AND REPORTING

10.1	The Pharmacy Contractor must maintain appropriate records to ensure effective ongoing service delivery.
10.2	All NHS influenza vaccines administered must be recorded using the VMT.
10.3	Vaccination events should be captured at the point of care. If you experience WiFi or internet connection issues you can use a paper version of the patient's vaccination record. This standard offline form for TURAS Vaccination Management should be used in clinics where the vaccinator screens and vaccinates a patient. It includes space for the vaccinator to add their name, signature and professional registration number. An example form is available at Appendix C . The most up to date version can be accessed at TURAS VMT Offline Forms
10.4	Where record forms are scanned either into a patient's notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.

11. STOCK ORDERING

11.1	Pharmacy Contractors should use Movianto's Marketplace portal to order vaccination stock Login (movianto.com) .
11.2	NHSGGC has set a cap on the number of vaccinations that can be ordered from Movianto as follows: aTIV - a maximum of 3 x packs of aTIV for the entire duration of the programme; and TIVc - a maximum of 5 x packs of TIVc for the entire duration of the programme
11.3	In the unlikely event that a participating pharmacy requires to order more than this allocation, a request should be made to ggc.cpdevteam@nhs.scot Email subject heading should read: FLU QUOTA INCREASE REQUEST and the following information is provided:

	• Contractor Code • Amount and type of stock required • Reason for request
11.4	Each request will be considered individually and the Pharmacy Contractor advised of the outcome. Where the increase in allocation is approved, CPDT will advise NSS accordingly.

12. PAYMENT ARRANGEMENTS

12.1	Payments for Service Participation/Delivery
12.1.1	The Service will attract two payments: • Participation Grant (if applicable); • Vaccination Payment.
12.1.2	On receipt of a “correctly completed” Declaration of Participation i.e. SLA, the CPDT will make payment of £200.00 to Pharmacy Contractors who haven’t already received a Participation Grant previously . This payment should cover training fees, any initial set up costs and ongoing collation of information relating to the Service.
12.1.3	Where a Declaration of Participation i.e. SLA is not considered to be correctly completed, the CPDT will return the Declaration to the Pharmacy Contractor with a request for correct completion; providing a full explanation of remedial action required. No payments will be made pending receipt.
12.1.4	Payment claims for the vaccination element of this Service will be generated electronically via the VMT system. This will generate payment automatically and no paper claims are required. (There is a claim form in Appendix D should VMT become unavailable for any reason.)
12.1.5	Payment will be in line with the fee structure for other Pharmacy Contractors - currently £8.75 per administered dose of vaccine - to cover the costs of the Service. The vaccines to be used will be ordered via Movianto. Additional costs related to use of alternative vaccines will not be paid unless by prior agreement with NHSGGC and in line with National Guidance.

12.1.6	In the event that a paper claim form is needed: ➤ Claim Forms received by the 1st in the month, will be processed and payment made in that month i.e. a correctly completed claim form received on 1st December will be paid at month end December via dispensed October, paid December payments.
12.1.7	The payment set out in 12.1.2 is out with the scope of VAT.
12.1.8	The payment set out in 12.1.5 is VAT exempt.
12.1.9	The Payments set out in 12.1.2, and 12.1.5 are exclusive of any applicable Value Added Tax. Value Added Tax will be charged at the prevailing rate and is payable by NHSGGC following the receipt of a VAT invoice.
12.2	Overpayments/Recoveries
12.2.1	If an over/inappropriate payment is identified, the CPDT will make arrangements to process a recovery. The payment recovered will not exceed the amount of the over/inappropriate payment. No additional/further financial sanction will be applied. The Pharmacy Contractor will be advised of the intention to recover monies before the recovery is made.
12.2.2	Pharmacy Contractors signing up to provide this Service do so on the basis that there will be an audit conducted six weeks from the Service start date to identify stock balances. Any Contractor found to have 100% of their original stock allocation remaining and no activity recorded on VMT will be removed from the Service, the stock allocation will be redistributed and the Participation Grant recovered (if applicable). (See Para 12.1.2)
12.2.3	Any recovery will be made via the Regional Payments process and will be visible both via the PAY001 produced by Practitioner Services Division (PSD) and the local remittance produced by the CPDT.
12.2.4	The Pharmacy Contractor will be advised of the intention to recover monies before the recovery is made.
12.3	General Business Costs
12.3.1	General business costs such as insurance, servicing finance, banking charges, business administration, payment tracking etc. are reflected in national arrangements for Community Pharmaceutical Services and as such, do not form part of local arrangements/ Service Level Agreements.

12.4	Risk
12.4.1	Pharmacy Contractors will remain accountable for delivery of their professional responsibilities and standards e.g. incorrect ordering of a medicine would fall beneath the threshold at which a Board / prescriber would be expected to take financial responsibility, although NHSGGC will where possible attempt to utilise such medication for alternative patients.
12.5	Service Financial Management
12.5.1	The CPDT will undertake post-payment verification checks in line with the process established and agreed via National Services Scotland. Pharmacy Contractors participating in the Service should support this exercise by providing information if requested.
12.5.2	Except where liability cannot, at law, be capped, the maximum liability of either Party will, in respect of each claim, be a maximum of the total fees paid or payable under this SLA in a rolling 12 month period.

13. GDPR AND INFORMATION GOVERNANCE

13.1	In this Section 13 “Commissioner”, “Controller”, “Data Subject”, “Personal Data”, “Processing”, and “Processor” shall have the meanings given to them in the Data Protection Legislation (as defined in Section 13.2 below).
13.2	The Parties acknowledge that the factual arrangements between them dictate the role of each Party in respect of the Data Protection Act 2018 and UK GDPR (as defined in the Data Protection Act 2018) (together the “Data Protection Legislation”). Notwithstanding the foregoing, the Parties consider that they are, for the purposes of the Data Protection Legislation, independent Controllers for all Processing of Personal Data carried out in the course of provision and receipt of the Services.
13.3	Both Parties will comply with all applicable requirements of the Data Protection Legislation. Section 5.4 is in addition to and does not relieve, remove or replace a Party’s obligations or rights under the Data Protection Legislation.

13.4	Each Party shall provide reasonable assistance, information and co-operation where requested by the other Party in respect of data protection matters, including: a) In respect of any claim and/or exercise or purported exercise of rights by a Data Subject under the Data Protection Legislation or any investigation or enforcement activity by the Commissioner, which relates to or is connected with the provision and receipt of the Services (each a “DP Communication”) and; b) Assisting the other Party in complying with its obligations as a Controller in connection with the provision and receipt of the Services.
13.5	Each Party shall promptly inform the other Party about the receipt of any DP Communication, and where appropriate provide a copy of such DP Communication to the other Party and keep the other Party regularly updated as to how it handles such request.
13.6	The Pharmacy Contractor shall not transfer any Personal Data outside the UK in connection with the provision of the Services without first providing to the Board, notice in writing of the proposed transfer and the Pharmacy Contractor shall ensure that any and all such transfers shall at all times comply with the Data Protection Legislation.
13.7	In the event that the Pharmacy Contractor is to carry out any Processing of Personal Data as Processor on behalf of the Board as Controller, then the Parties shall enter into an appropriate data processing agreement prior to any such Processing being carried out.
13.8	The Pharmacy Contractor shall not disclose to any third party any confidential information, created or to which it has access, as a consequence of provision of the Services.

14. HEALTH AND CARE (STAFFING)(SCOTLAND) ACT 2019

14.1	The Health and Care (Staffing) (Scotland) Act 2019 (the “2019 Act”) places requirements on the Board stating that: “In planning and securing the provision of healthcare from another person under a contract, agreement or arrangements made under or by virtue of the National Health Service (Scotland) Act 1978, every
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	Health Board and the Common Services Agency for the Scottish Health Service must have regard to - (a) The guiding principles for health and care staffing and; (b) The need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place.”
14.2	In signing to participate in this Service, the Pharmacy Contractor confirms that it has taken into consideration the provisions set out in the Health and Care (Staffing) (Scotland) Act 2019 and will have regard to the guiding principles for health and care staffing in delivering the Services. The Pharmacy Contractor shall ensure that appropriate staffing arrangements are maintained so that the Services can be delivered safely, effectively and in a person-centred manner.
14.3	Appropriate staffing arrangements shall ensure that: (a) Sufficient numbers of appropriately trained and competent staff are available to deliver the Services. (b) Staff receive appropriate induction, supervision and ongoing training relevant to their role. (c) Arrangements are in place to maintain, so far as reasonably practicable, service continuity during periods of annual leave, sickness absence or other workforce pressures. (d) In so far as reasonably practicable, the provision of the Services does not adversely impact the safe delivery of other core pharmacy services.
14.4	The Board may request such reasonable evidence as it considers necessary to demonstrate compliance with this Section as part of routine contract management, service review or assurance activities.

15. NOTIFICATION OF PARTICIPATION

15.1	Pharmacy Contractors should indicate their willingness to participate in the Service by submitting a signed copy of the Declaration of Participation Form i.e. SLA (Section 6 – Page 6) to ✉ ggc.cpdevteam@nhs.scot
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15.2	Where the Pharmacy Contractor has opted into the Board's Central Sign- Up process, it will indicate its willingness to participate in the Service by entering their Contractor Name into the space provided on Page 4 of this SLA and sign the Agreement on Page 6 of this SLA. In so doing they will agree to the participation of all branches listed in Annex B to this SLA (unless the Contractor indicates otherwise). A copy of Page 6 and Annex B should be submitted to ✉ ggc.cpdevteam@nhs.scot
15.3	NHSGGC reserve the right to decline a pharmacy under this SLA.

16. TERMINATION

16.1	Should either Party elect to terminate this SLA, they will only do so after three months' notice in writing, has been provided to the other Party.
16.2	Where either Party elects to terminate this SLA, it shall liaise with the other Party to allow alternative arrangements to be made for any patients who may have an expectation of receiving the Service.
16.3	Pharmacy Contractors should email notification of 'intention to withdraw' to ✉ ggc.cpdevteam@nhs.scot
16.4	Where there are issues of performance or compliance, the Board will work with the Pharmacy Contractor to resolve these and will provide the Pharmacy Contractor reasonable time to make any improvements identified.
16.5	The Board will provide notification of termination either via the established communication route (Communications Updates direct to the individual pharmacy's clinical mailbox) or (in the case of national multiples) to the commissioning address provided with the Participation details.

17. INTERPRETATION AND APPLICATION

“Extended Hours”	Means pharmacies open after 6.00pm on weekdays (at least one day in the week), after 1.00pm on Saturday or any time on Sunday.
“Parties”	Has the meaning assigned to it in the Preamble to this Service Level Agreement.
“correctly completed”	Means the form must contain: Contractor Code, Authorised Signature, Date of Signing and completion of any other information deemed necessary.
“reasonable notice”	Means in all normal circumstances no less than 21 calendar days.

Version	1.Original SLA
Name/Department of Originator/author:	Community Pharmacy Development Team
Name/Title of responsible Committee/individual:	Rachel Bruce, Lead Pharmacist Community Pharmacy Development
Date issued:	3 rd August 2026
Target audience:	NHSGGC Community Pharmacy

Version	Date	Control Reason

This is Appendix A referred to in the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor.

Appendix A - NHSGGC Flu Vaccination Service - Community Pharmacy Checklist¹

This checklist serves to act as an aide memoire to support your participation:

- All Vaccinators

	are competent to deliver Immunisation
	have read and completed relevant sections of the National Patient Group Direction for Administration of Inactivated Influenza Vaccine <u>before</u> Service start date
	have completed Immunisation Training and signed Self–Declaration
	have had required training in CPR and anaphylaxis
	have appropriate occupational Immunisations
	are competent with Standard Hand Hygiene Procedures
	have read the SPC for the product(s)
	have an NHS email address
	have access to the VMT
	will complete Cold Chain Management via PSD Pharmacy <u>before</u> Service end date

- Product

	product is fit for use
	recommended flu vaccines available i.e. aTIV (over 65's), TIVc (under 65's)

- Resources

	copies of the National Patient Group Direction for Administration of Inactivated Influenza Vaccine are available for all Vaccinators
	copies of standard reference texts are available
	a telephone is available
	PPE is available
	vaccine supplies and sharps bins are available
	Standard Operating Procedures for cold chain/fridge monitoring and vaccine incident management
	Adrenaline / Epinephrine is available

¹ v1 January 2022 – Reproduced from original developed by NHS Lothian

- Premises

	a private clinical area is available
	a pharmaceutical grade refrigerator is used to store vaccine
	hand cleaning facilities are available
	the cleanliness of the clinical area is maintained

This is Appendix B referred to in the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor

Appendix B - VMT Help Guide - Vaccinator (register, screen & vaccinate a patient)

- On your initial login you will be asked to enter your Registration Number.
- Then select your Current Clinic – this is your pharmacy.

The screenshot shows the 'My Current Clinic' page in the TURAS Vaccination Management system. The page has a dark blue header with the TURAS logo and 'Vaccination Management' text. On the right, there are links for 'COVID-19 Response', 'Dashboard', 'Applications', and 'Fife Vaccinator'. Below the header, there is a navigation bar with 'Home', 'Patients', 'My Details', and 'Help'. The main content area is titled 'My Current Clinic' and contains a form with the following elements:

- A heading 'Where are you working?'.
- A note: 'Required fields are marked with an asterisk *'.
- A section for 'NHS Health Board' with 'NHS Fife' selected.
- A section for 'Clinic *' with a dropdown menu showing 'Bellyeoman Agnostic Vaccinations'.
- A section for 'Clinic Description/Information' with 'Flu / Covid' selected.
- A blue button labeled 'Set My Current Clinic'.

- Select yes to confirm

The screenshot shows a confirmation dialog box titled 'Set My Current Clinic'. The dialog box has a close button (X) in the top right corner. The text inside the dialog box reads:

Are you sure you want to set your current clinic to **Bellyeoman Agnostic Vaccinations** (in NHS Fife)?

You can change this at any time.

At the bottom of the dialog box, there are two buttons:

- A light blue button labeled 'No, Return to Form'.
- A green button labeled 'Yes, Set My Current Clinic'.

1. Register a Patient

➤ Go to Homepage

Bellyeoman Agnostic Vaccinations Clinic Homepage

Register Patient Register new patients to add them to the vaccination clinic list. Register New Patient	Clinic List View patients that have arrived and been registered at today's clinic. View Clinic List	Clinic History View or manage patient vaccinations at a chosen clinic. View Clinic History
Patient Search Search for patients with vaccinations recorded using Turas Vaccination Management. Patient Search	Record Retrospective Vaccination Enter details of a vaccination that was completed earlier (for example one recorded on a paper form). Record Retrospective Vaccination	My Vaccinations See vaccinations that you participated in. My Vaccinations

➤ Select Register Patient

Register Patient

Register new patients to add them to the vaccination clinic list.

[Register New Patient](#)

- Search for Patient by CHI Number or Search Using Patient Details (DOB, Last Name & First Name). The use of CHI is preferable as demographics will be populated for you. Fields with red * are mandatory.

Register Patient

Required fields are marked with an asterisk *

Search for Patient by CHI Number *

[Search CHI](#)

Don't know the Patient's CHI Number?

[Search Using Patient Details](#)

☐ Continue without CHI Number

[Close without Saving](#)

➤ Confirm CHI search results & Select this Patient

i These details were found for CHI 0101248288

Name	Date of Birth	Age	Sex
CLELLAND, Priya	01/01/1924	97 years	Female

Select this Patient

Incorrect Details

➤ Select Vaccination Type & Eligibility Criteria

Today's Vaccination

i What types of vaccine is the patient expecting to receive today (subject to screening)?

Vaccine Types *

☒ Flu

Eligibility

i Please choose the single most appropriate item from the options below. The 'Age Group' option should be selected if none of the other specific reasons apply, including if the patient is attending due to priority age group invitation.

Eligibility Criteria *

☐ Healthcare Worker	☐ Social Care Worker	☐ Care Home Resident
☐ Care Home Staff	☐ Unpaid Carer	☐ Care at Home
☐ Clinically Extremely Vulnerable	☒ Age Group	☐ Clinically at Risk 16-64

➤ Select No to appointment clinic

Does the Patient have an appointment at this clinic? *

☐ Yes ☒ No

➤ Select Register Patient and Start Screening

Register Patient and Start Screening

➤ Confirm details

Confirm Register Patient and Start Screening

Are you sure you want to register this patient with the clinic at **Airlie Medical Practice** and start the screening of the patient?

You have selected that the following vaccines will be administered:

- Flu
- COVID-19

No, Return to Form

Yes, Register Patient and Start Screening

2. Screening & Consent

- If Yes - you will be prompted for details.

Has the Patient Received Any Additional Vaccinations in the Last 6 Months? *

☐ Yes ☒ No

Is the Patient known to be pregnant? *

☐ Yes ☒ No

- Select Suitability & Consent for Flu Vaccination.

Today's Flu Vaccination

Suitable for Flu vaccination? *

☒ Patient is suitable ☐ Patient is NOT suitable

Suitability notes for Flu vaccination (optional)

📘 If necessary, you can add a note about this patient's suitability here. Be aware this note will NOT generate any action. (300 character maximum)

This field is optional

Consent to Flu Vaccination

Informed consent given for Flu vaccination? *

☒ Consent given ☐ Consent NOT given

- Select Yes to Record Screening Outcome and Start Vaccination.

Record Screening Outcome and Start Vaccination Record Screening Outcome Save as Draft Close without Saving

Confirm Record Screening Outcome and Start Vaccination

Are you sure you want to record the screening outcome for

0101248288 CLELLAND, Priya (97y/F)

and start the vaccination of this patient?

No, Return to Form Yes, Record Screening Outcome and Start Vaccination

3. Record Vaccination

Flu Vaccination Details

Records suggest that this patient has not received a Flu vaccination in the last 6 months (checked on 06/09/2021)

Was the Vaccination Administered? *

☒ Vaccination was administered ☐ Vaccination was NOT administered

Product Name *

☐ Fluenz Tetra LAIV (AstraZeneca) ☐ Quadrivalent Influenza Vaccine QIVe (Sanofi)

☐ Flucelvax Tetra QIVc (Seqirus) ☐ Flud Tetra aQIV (Seqirus)

☐ Supemtek QIVr (Sanofi)

N.B. Product name selected will provide differing methods of administration

- Select Product & Batch Number used for Flu Vaccination.

Product used for Flu vaccination *

☐ Fluenz Tetra LAIV (AstraZeneca) ☒ Quadrivalent Influenza Vaccine QIVe (Sanofi)

☐ Flucelvax Tetra QIVc (Seqirus) ☐ Flud Tetra aQIV (Seqirus)

☐ Supemtek QIVr (Sanofi)

Batch number used for Flu vaccination *

-- Select --

Type here to filter the list or search for a batch number...

-- Select --

9171A

Date of flu vaccination dose (dd/mm/yyyy)

- Enter Dose Number, Date, Method & Site of Administration of Flu Vaccination.

Flu vaccination dose number *

☒ 1 ☐ 2

Date of Flu vaccination dose (dd/mm/yyyy) *

07/09/2021

Method of administration for Flu vaccination *

☒ Intramuscular ☐ Subcutaneous

Site of administration for Flu vaccination *

☒ Upper Left Arm ☐ Upper Right Arm ☐ Left Thigh ☐ Right Thigh

➤ Complete Post-Vaccination Check & Finalise Vaccination Record.

IMPORTANT: Please ensure all vaccination details are correct before confirming vaccination.

Post Vaccination Check

Post-Vaccination Information and Guidance *

Give the patient post-vaccination information either verbally, using paperwork/leaflets or direct them to the nhsinform.scot website. [↗](#)

☒ Patient Was Directed to Vaccination Information and Guidance

Your Details

Name Fife Vaccinator	Registration Number Type Not Applicable
--------------------------------	---

[Finalise Vaccination Record](#) [Save as Draft](#) [Close without Saving](#)

[← Previous section: Screening and Consent](#)

➤ Select Yes to confirm and Finalise Vaccination Record

Confirm Finalise Vaccination Record

Are you sure you want to finalise this vaccination record for
DUCK, Daffy (99y/M)

[No, Return to Form](#) [Yes, Finalise Vaccination Record](#)

➤ Go back to Homepage to register another patient.

NB. You may be asked if using the same product and batch number as previous – if so, product and batch number details will be populated.

Was the Flu vaccination administered? *

☒ Vaccination was administered ☐ Vaccination was NOT administered

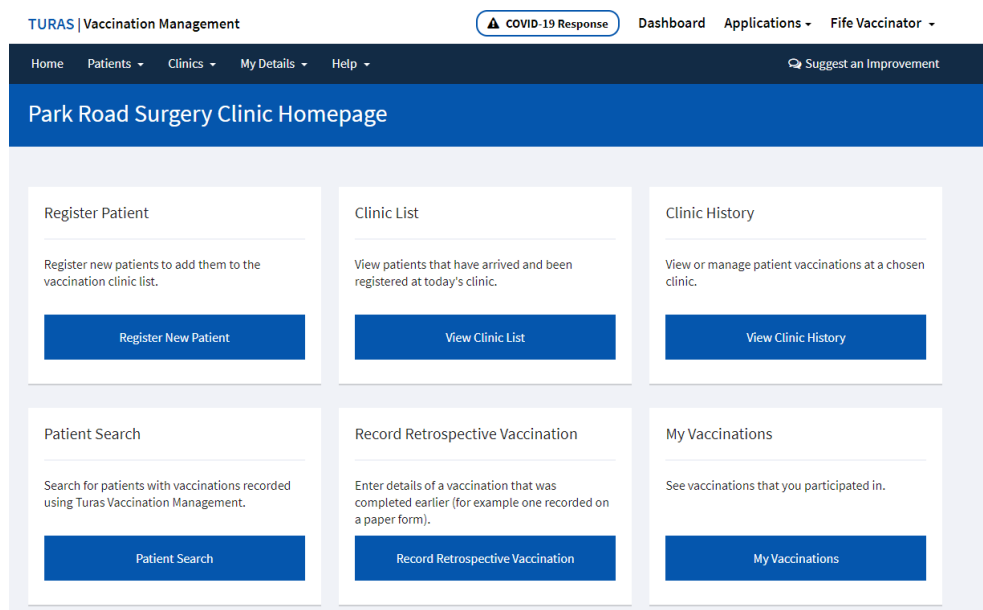
Select the same product and batch number as your last Flu vaccination? *

- Product: **Quadrivalent Influenza Vaccine QIVe (Sanofi)**
- Batch: **9171A**

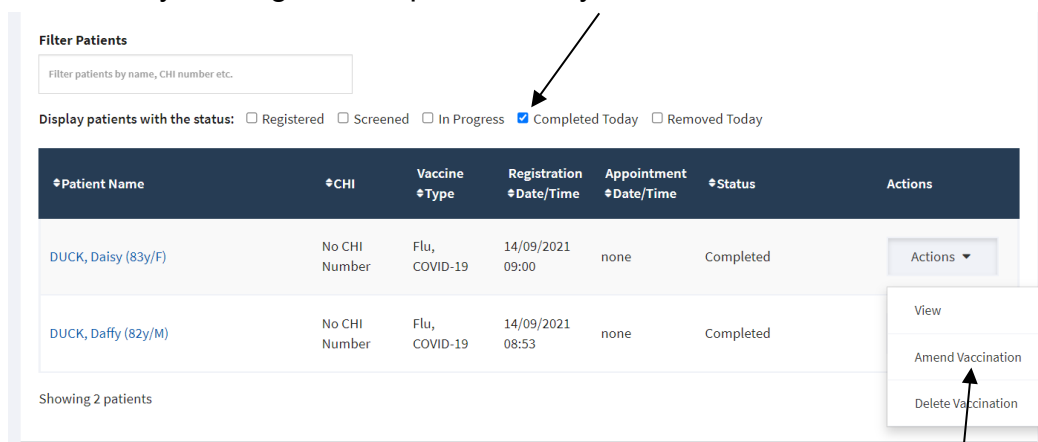
☐ Yes ☐ No

If you discover an error has been made - you have up to 60 minutes to amend the vaccination details as follows.

- Click on Home to take you to the Homepage
- Click on View Clinic List



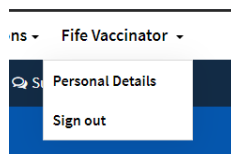
- Filter list by clicking on Completed Today



- Select appropriate patients' Actions and click on Amend Vaccination.

NB. Any patients who need amended thereafter will need to be done by contacting ggc.newpharmacy.applications@nhs.scot in the first instance.

- Please ensure you Sign out of Clinic when you have completed your vaccinations.



You will be warned if you have any outstanding vaccinations.

This is Appendix C referred to in the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor

Appendix C - NHS Community Pharmacy Seasonal Influenza Vaccination Service - Record of administration of flu vaccination and consent (only required if VMT not available)

Turas Vaccination Management | Patient Vaccination Record



Patient Details

First Name		Last Name	
CHI Number (if known)		Gender	☐ Female ☐ Male
Patient Address and Postcode			
Date of Birth (DD/MM/YYYY)		Phone Number	
GP Address or Practice Code			

Screening and Consent

Has the patient received any vaccinations in the last 6 months? ☐ Yes ☐ No

If 'Yes' provide previous vaccination details

Vaccination Course	Dose Number	Date (DD/MM/YYYY)
		☐ Date is approximate

Today's Vaccination

☐ COVID-19
 ☐ Flu
 ☐ Pneumococcal
 ☐ Shingles
☐ 4 in 1 – Pertussis | Diphtheria | Polio | Tetanus
 'Other' vaccination type _____

Suitability for Vaccine

☐ Patient is Suitable
 ☐ Patient is NOT Suitable
 Tick Reason 'Patient is NOT Suitable'
 ☐ Not well on the day due to acute symptoms
☐ Treatment deferred due to previously undeclared contraindications

Suitability Notes (optional)

--

Consent to Vaccination

☐ Consent Given
 ☐ Consent NOT Given

Vaccination

☐ Vaccination Was Administered
 ☐ Vaccination Was NOT Administered
 If vaccine was not administered give reason
 ☐ Patient refused vaccine
 ☐ Other
 If 'Other' describe reason _____

Product	Batch number	Dose Number	Method of administration	Site of administration

Vaccination Notes (optional)

--

☐ Patient was directed to vaccination information and guidance

Immuniser Name		Signature		Date	
Professional Reg Number					

This is Appendix D referred to in the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor

Appendix D - Flu Vaccination Service Claim Form (only to be used if VMT not available)

NHSGGC COMMUNITY PHARMACY CLAIM FORM INFLUENZA IMMUNISATION SERVICE

Contractor Code:

--	--	--	--

Section A – Immunisations administered for the month

--

Number of claims submitted for

Influenza vaccination **TOTAL**

--

Payment

Fee applicable as per any national remuneration package

Claims should be submitted by the 1st^h of the month to:

ggc.cpdevteam@nhs.scot

I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to my Pharmacy, which will be subject to Payment Verification. Where the Community Pharmacy Development Team is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support this claim.

Signed by

Date

Pharmacy Stamp

This is **Annex B** referred to in the foregoing SLA between NHSGGC Health Board and the Pharmacy Contractor.

ANNEX B

A SERVICE LEVEL AGREEMENT FOR LOCALLY ENHANCED PHARMACEUTICAL CARE SERVICES TO DELIVER:

INFLUENZA VACCINATION SERVICE FOR ELIGIBLE ADULTS*

List of pharmacies from which Services will be provided

* [SGHD/CMO \(2026\) 5](#)