

COVID-19 vaccination programme: 1 April 2025 to 31 March 2026

Site Sign-up Process for Suppliers: Copy of Response Document



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Introduction

This document must be read in conjunction with, and Potential Suppliers' responses submitted before the applicable deadline specified in, the [Site Sign-Up Process for Suppliers Document](#) (the "**Guidance**") and the [Terms of Participation Document](#) (the "**Terms**").

Please note that capitalised terms in this document are as defined within the Guidance unless otherwise indicated.

All Potential Suppliers of COVID-19 vaccination services from 1 April 2025 to 31 March 2026 (unless otherwise announced), save for potential Pharmacy Providers, who are not already contracted for this period must complete and submit to the Commissioner a Response Document via a SnapSurvey hosted on the [NHS Business Services Authority \(NHSBSA\) website](#). Pharmacy Providers must complete and submit the Response Document via their NHSBSA Manage Your Service (MYS) account.

NHS England will announce in the Key Dates section of the Guidance when the portals are open for Response Documents to be submitted.

This document contains a copy of the set of questions to be confirmed/completed and submitted by Potential Suppliers who are proposing one Designated Site (otherwise known as the Response Document).

Questions marked * are mandatory in the Response Document. The NHSBSA portal will only allow Potential Suppliers to submit Response Documents where all mandatory fields have been completed.

Questions which have been marked as ["MYS only"] or ["SnapSurvey only"] indicate those which appear slightly differently in each portal, but the substance of the Commissioner's requirements is the same.

Response Document

About your ability to meet the Minimum Requirements

You must be able to demonstrate that the Potential Supplier (and Potential Supplier Parties where applicable) can satisfy all of the below Minimum Requirements (set out in Questions A1 to A8 (inclusive, and inclusive of their sub-questions if applicable)) in order to be commissioned to deliver the service subject to the Commissioner's assurance processes, as set out in Stage 3 of the Guidance. If you do not provide sufficient detail in your response (either initially or if further information is sought by the Commissioner), you may 'Fail' and in such circumstances you will be excluded from this process and your response will not be considered any further. Please refer to the [Guidance](#) for further information on the assessment of your response to Questions A1 to A8 below (inclusive).

A1 Do you confirm that you have the authority of the Potential Supplier and of the Potential Supplier Parties to respond on their behalf with regard to your and their ability to meet the Minimum Requirements?* (Yes = Pass / No = Fail)

A2 Do the Potential Supplier and the Potential Supplier Parties have, or will they have, CQC or GPhC registration by the Commencement Date, and can they confirm that the Designated Site proposed in this Response Document is their Healthcare Premises?* (Yes = Pass / No = Fail)

For the avoidance of doubt, GP Federations must be CQC registered, it is not sufficient for each practice that makes up a GP Federation to be CQC registered in its own right.

A3 Do you confirm that you have read the Contractual Agreement supplied as part of this Site Sign-up Process and that you:

- **are confident that the Potential Supplier and the Potential Supplier Parties can meet all of the requirements within the Contractual Agreement; and**
- **will enter into contractual relations between the Potential Supplier, Potential Supplier Parties and the Commissioner on the basis of the Contractual Agreement and will accept any reasonable variations required by the Commissioner (for example, to reflect JCVI guidance)?*** (Yes = Pass / No= Fail)

A4 Are you, as the Potential Supplier, able to offer (and then deliver if commissioned and there is Patient demand) at least 100 COVID-19 vaccinations per week from your Designated Site?* (Yes = Pass / No = Fail)

A5 Do you confirm that no current restrictions are imposed on the Potential Supplier or any of the Potential Supplier Parties (or the clinical leadership at the proposed Designated Site) after an investigation by any NHS, System, supervisory, assurance, or regulatory body, and that there are no ongoing regulatory or assurance investigations taking place?* (Yes = Pass / No = Decision Pending Status)

A5i If no, provide further details.

You must include the Potential Supplier name and sufficient details of the concluded or ongoing investigation, details of any restrictions imposed, and an explanation of the measures that have been put in place to address these restrictions and prevent the matter(s) resulting in the restrictions being implemented from recurring, to allow the Commissioner to further consider your response (free text)

A6 Do the Potential Supplier and Potential Supplier Parties have a CQC rating of 'outstanding', 'good' or 'requires improvement'; or (for pharmacies) has the GPhC inspection of the pharmacy resulted in 'Standards Met' for all five principles?* (Yes = Pass / No = Decision Pending Status)

If an inspection has not yet taken place, please answer 'Yes'.

A6i If no, provide further details.

You must include the Potential Supplier name, the rating/result and why and what you are doing to improve, which will allow the Commissioner to further consider your response. (free text)

A7 Can you confirm that no Potential Supplier or Potential Supplier Parties have had a previously held COVID-19 vaccination contract terminated early due to performance issues?* (Yes = Pass / No = Decision Pending Status)

This does not include COVID-19 contracts that have been paused.

A7i If no, provide further details.*

You must include the Potential Supplier name and what remedial actions and measures have been taken to prevent such a termination recurring here. The details you provide here will allow the Commissioner to further consider your response. (free text)

A8 Does the Potential Supplier (or in the case of PCN Groupings, the Potential Supplier Parties) hold (or will hold by the Commencement Date): an NHS Standard Contract (not including the contract that this process may lead to); or a GMS, PMS or APMS contract; or are you (or will you be by the Commencement Date) included on the pharmaceutical list?* (Yes = Pass / No = Decision Pending Status) [*SnapSurvey only*]

A8i If no, please upload your completed Standard Selection Questionnaire Part 1 and Part 2 self-declaration (on behalf of the Potential Supplier/ Potential Supplier Parties) here.* (document upload)

Please download the Standard Selection Questionnaire from the [NHSBSA website](#) and upload a completed copy here.

Your contact information

B1 Lead contact name*

This should be the person that we can speak to about the completion of this Response Document.

B2 Lead contact telephone number*

Provide a UK mobile telephone number.

B3 Lead contact email address*

This is the primary email address we will use to communicate with about this submission.

B4 Potential Supplier name* [*SnapSurvey only*]

This is the name of your PCN Grouping, Single Practice PCN, NHS Trust, pharmacy trading name or 'other provider' name.

B5 Do you represent a:* (PCN Grouping (including Single Practice PCNs) / NHS Trust / Other provider) [*SnapSurvey only*]

B6 Organisation name of the person submitting this document (if on behalf of multiple Potential Suppliers) [*SnapSurvey– Other providers only*]

B7 Name and Practice Prescribing Code for all Practices in the PCN grouping. Indication of which is the Lead Practice and which is to be the Designated Site* [*SnapSurvey – PCN groupings only*]

The practice prescribing code (or Organisation code (ODS code)) can be found at [NHS Digital ODS Portal](#).

For Single Practice PCNs, this is the name and Practice Prescribing Code of your Practice.

B8 Email address of each Practice in the PCN Grouping* [*SnapSurvey – PCN groupings only*]

This should be the email address individual practices within the PCN Grouping wish to be contacted on with regards to their contract variations etc. For Single Practice PCNs, this is the email address of your Practice.

B9 Do you already have a vaccination site ODS code?* (Yes/No) [*SnapSurvey – PCN groupings only*]

This will be the code you use to log in to your Point of Care System.

B10 If yes, what is your vaccination site ODS code?* (free text) [*SnapSurvey – PCN groupings only*]

B11 NHS Trust site ODS code* [*SnapSurvey – NHS Trusts only*]

The NHS Trust Site ODS code is usually 3 letters and 2 numbers and can be found on [NHS Digital ODS Portal](#).

B12 Site ODS code or site name and address if you do not have an ODS code [*SnapSurvey – Other providers only*]

The ODS code can be found on [NHS Digital ODS Portal](#).

Proposed service

D1 How many COVID-19 vaccinations per week would you prefer to deliver from the site?* (0–10,000)

This preference will be considered by the Commissioner and the number of vaccinations allocated will be dependent on demand and vaccine allocations.

Allocations of vaccine will be made to Designated Sites in the network by the Commissioner in accordance with expected demand based on: modelling of the local population; patient invitation schedules; previous uptake rates in that locality; and characteristics (size, location, anticipated population) of the vaccination site network.

D2 What is the maximum number of COVID-19 vaccinations per week that you would be able to safely provide from the site?* (0–30,000)

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

D3 What is the age of patients you could vaccinate at your site?* (18 years and above / 16 years and above / 12 years and above / 5 years and above / 6 months and above).* [*not applicable for PCN groupings*]

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

IT users

New Designated Sites need to be set up on the IT systems that facilitate participation in the COVID-19 vaccination service as part of the necessary onboarding process (e.g. Point of Care Systems for recording vaccination events). We need the contact information of two IT Users (with @nhs.net email addresses) to allow for vaccine supply and other accounts to be created. If you are a site with existing IT users no changes will be made to these as a result of the information provided here. If you want to change these please follow the process set out in the [Vaccinations IT System Access & Use - FutureNHS Collaboration Platform](#).

D4 IT User 1 name*

D5 IT User 1 email*

[*For MYS*] – This must be an @nhs.net username of an individual (and not generic / shared email accounts).

[*For SnapSurvey*] – This must meet the secure email standard (for example end in @nhs.net) and be for an individual (and not a generic / shared email account). If your

organisation does not have an email account that meets these standards, please input “new.emailrequired1@nhs.net” here to allow you to submit your Response Document. For ‘Other providers’, if you do not have an @nhs.net email address, please leave this blank and you will be assigned one during the onboarding process.

D6 IT User 1 mobile telephone number*

D7 IT User 2 name*

D8 IT User 2 email*

[For MYS] – This must be an @nhs.net username of an individual (and not generic / shared email accounts).

[For SnapSurvey] – This must meet the secure email standard (for example end in @nhs.net) and be for an individual (and not a generic / shared email account). If your organisation does not have an email account that meets these standards, please input “new.emailrequired1@nhs.net” here to allow you to submit your Response Document. For ‘Other providers’, if you do not have an @nhs.net email address, please leave this blank and you will be assigned one during the onboarding process.

D9 IT User 2 mobile telephone number*

D10 Does your proposed Designated Site have any storage or capacity limitations with regards to storing COVID-19 vaccines?* (Yes / No)

D10i If yes, what is the maximum amount of COVID-19 vaccine doses your proposed Designated Site can safely store? Please provide your response in number of doses. (1–30,000)

D11 What Point of Care System will the site use?* [Please note ‘Other providers’ will not be asked this question as they will be onboarded to NIVS.]

- PCN groupings: TPP / Outcomes4Health / Medical Director;
- Pharmacy Contractors [MYS]: Medical Director / Outcomes4Health / Sonar
- Trusts: NIVS / Outcomes4Health (for sites already on the programme only)

Please note that this information will be used for new sites who require new Point of Care accounts. If you are a site with existing Point of Care access and want to use another provider, please use the [Point of Care Transfer process](#).

D12 Do you have any plans to set up any Short Term / Temporary Sites?* (Yes (postcode at least partially known) / Yes (postcode not known) / No)

A Short Term / Temporary Site means a clinically appropriate short-term or temporary clinic run by the Provider to administer vaccinations (for example, a one-off clinic, a clinic running for a week, a clinic running twice a week for two weeks). This may be at or away from the Designated Site. The vaccine may only be stored overnight at GPhC/CQC registered premises, in accordance with approved medicines management arrangements and the Provider will use vaccine and any related consumables and systems supplied to the Designated Site.

Selecting 'No' here will not affect the progression of your Response Document through the Site Sign-up Process and should your intentions change in the future and you decide to set up a Short Term / Temporary Site you will be able to do so in accordance with the Contractual Agreement.

D12i If yes (postcode at least partially known), what postcodes would the Short Term / Temporary Sites be delivered from? (free text)

Please state the postcodes for all the Short Term / Temporary Sites you plan to set up. You may provide the full postcode (if you know it) or the first part of the postcode (for example, AA11 or A1) to indicate the area within which you plan to set up your Short Term / Temporary Sites.

Third party disclosure

Will any of the confidential/commercially sensitive details contained in your Response Document be unavailable for disclosure to third parties and/or a Freedom of Information request?* (Yes / No)

Please read the Terms of Participation document for further details.

If Yes, enter details of which parts of the Response Document are not for disclosure and give valid reasons to support this. (free text)

Declaration* (checkbox)

I confirm that:

- I am the Potential Supplier or that I have the authority to represent the Potential Supplier (and each of the Potential Supplier Parties where applicable) in submitting this document.
- I am submitting this Response Document to propose a COVID-19 vaccination service. I declare that all information given in this Document is true and accurate to the best of my knowledge.
- I understand that the information submitted in this Response Document will be used to ensure that the proposed Designated Site meets the requirements to be commissioned, to progress with onboarding of sites, and to support NHS England planning and allocation decisions.
- my organisation is taking steps to reduce our greenhouse gas emissions over time.
- acceptance of the statements and compliance with all the requirements as detailed in the Terms of Participation document.

First name*:

Last name*:

Email address:

A confirmation email will be sent to XXX@XXX.

If you would also like this email sent to an additional contact such as a site lead or head office, add the email address here.

We will also send any other correspondence about contracting to this email address, as well as to the lead contact.

Document ends here.