

WG - No. 20-007

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) Directions 2020**

Made

24 March 2020

Coming into force in accordance with Direction 1(3)

The Welsh Ministers in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006⁽¹⁾, and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, give the following Directions.

Title, application and commencement

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2020.

(2) These Directions are given to Local Health Boards.

(3) These Directions are made on 24 March 2020 and come into force—

- (a) for the purposes of Directions 5, 6, 8.(3)(a) and 9, on the day after the day on which these Directions are made, and
- (b) for all other purposes, on 1 April 2020.

Amendments to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013⁽²⁾ which came into force on 11 June 2013, as amended by the Directions listed in Annex J at Schedule 2 to these Directions, are further amended.

Amendment of Part 1, Section 2: Global Sum Payments

3. For paragraph 2.3, substitute—

“**2.3.** Once the contractor’s CRP has been established, this number is to be adjusted by the Global Sum Allocation Formula, a summary of which is included in Annex B of this SFE. From 1 April 2020, the resulting figure which is the contractor’s Weighted Population for the quarter, is to be multiplied by “91.77.”

(1) 2006 c.42.

(2) Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 (2013 No.8).

Amendment of Part 2, Section 4: General Provision

4. In paragraph 4.35.—

- (a) after “QAIF (Access) year” insert “subject to evidencing that they have complied with the relevant access standards for at least one calendar month prior to the end of the financial year for which payment is being claimed”, and
- (b) after “31 March 2021” insert “and are required to provide a report to the LHB on their achievement progress at the end of each quarter”.

Amendment of Part 4, Section 9: Pneumococcal Vaccine and HIB/MENC Booster Vaccine

5.—(1) For the heading, substitute “**Section 9: PNEUMOCOCCAL VACCINE AND HIB/MENC VACCINE FOR CHILDREN BORN BEFORE 1 JANUARY 2020**”.

(2) For paragraph 9.1, substitute—

“**9.1.** Section 9 applies to children born before 1 January 2020. It makes provision in respect of payments to be made for the administration by a contractor, which is contracted to provide childhood vaccines and immunisations as part of Additional Services (such vaccines are classified as an Additional Service), of pneumococcal conjugate vaccine (PCV) and the combined Hib and Men C vaccine (Hib/MenC) as part of the routine childhood immunisation schedule and in certain non-routine cases.”

(3) In paragraph 9.2, for “Immunisation against Infectious Diseases – The Green Book which is published by the Department of Health” substitute “in “Immunisation against Infectious Diseases – The Green Book” which is published by Public Health England(1)”.

(4) At the end of the heading to paragraph 9.3, insert “**for children born before 1 January 2020**”.

(5) In paragraph 9.3 after “child” insert “born before 1 January 2020 and”.

(6) In paragraphs 9.3 to 9.18 in all the places it appears, omit “booster”.

(7) In paragraph 9.5, after “immunisation schedule” insert “for children born before 1 January 2020”.

(8) At the end of the heading to paragraph 9.6, insert “**for children born before 1 January 2020**”.

(9) In paragraph 9.6, after “child” insert “born before 1 January 2020”.

(10) In the heading to paragraph 9.7, after “**Children**” insert “**for children born before 1 January 2020**”.

(11) In paragraph 9.7, for the table substitute—

<i>“Clinical Risk Group</i>	<i>Examples (decision based on clinical judgement)</i>
Asplenia or dysfunction of the spleen	This includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease (chronic respiratory disease refers to chronic lower respiratory tract disease)	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below).

(1) The Green Book can be accessed at <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis.
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs. This does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency), individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cochlear implants	This includes individuals with cochlear implants. Furthermore, it is important that immunisation does not delay the cochlear implantation.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery. Conditions related to CSF leaks include all CSF shunts.”

(12) In the

heading to paragraph 9.10, after “**Children**” insert “**born before 1 January 2020**”.

(13) In the heading to paragraph 9.11, after “**Children**” insert “**born before 1 January 2020**”.

(14) For paragraph 9.13(b), substitute—

“(b) the child in respect of whom the payment is claimed was—

(i) born before 1 January 2020, and

(ii) on the contractor’s list of registered patients at the time the final completing course of the vaccine was administered;”.

(15) In paragraph 9.18, in sub-paragraph (a)(iv), after “Hib/MenC” insert “vaccination”.

Insertion of new Section 9ZA: PNEUMOCOCCAL VACCINE AND HIB/MENC VACCINE FOR CHILDREN BORN AFTER 31 DECEMBER 2019

6. After Section 9, insert—

“Section 9ZA: PNEUMOCOCCAL VACCINE AND HIB/MENC VACCINE FOR CHILDREN BORN AFTER 31 DECEMBER 2019

General

9ZA.1. Section 9ZA applies to children born after 31 December 2019. It makes provision in respect of payments to be made for the administration by a contractor, which is contracted to provide childhood vaccines and immunisations as part of Additional Services (such vaccines are classified as an Additional Service), of the pneumococcal conjugate vaccine (PCV) and the combined Hib and MenC vaccine (Hib/MenC) as part of the routine childhood immunisation schedule and in certain non-routine cases.

9ZA.2. Where reference is made in this Section to a vaccine being administered at a certain age, this is an indication of the recommended schedule for the administration of the vaccine contained in “Immunisation against Infectious Diseases - The Green Book” which is published by Public Health England. The specific timing of the administration of the vaccine, which should be within the parameters of the recommended schedule, is a matter for the clinical judgement of the relevant health care professional.

Payment for the administration of PCV and Hib/MenC vaccine as part of the routine childhood immunisation schedule for children born after 31 December 2019

9ZA.3. The LHB must pay to a contractor who qualifies for the payment, a payment of £20.06 in respect of each child born after 31 December 2019 registered with the contractor—

- (a) who has received, as part of their routine childhood immunisation schedule, all three doses of the vaccines set out in the table at paragraph 9ZA.5, namely the series of two PCV doses, the first of which is to be administered at 12 weeks, with the second at 12-13 months, and the Hib/MenC vaccination which is to be also administered at 12-13 months; and
- (b) in respect of whom the contractor administered the final dose completing the vaccine course.

9ZA.4. For the purpose of paragraph 9ZA.3(b), the “final dose completing the vaccine course” means the second in the series of the two PCV doses which is scheduled in the table at paragraph 9ZA.5 to be administered at 12-13 months.

9ZA.5. The table below sets out the schedule for administration of the PCV and the Hib/MenC vaccines as part of the routine childhood immunisation schedule for children born after 31 December 2019.

<i>When to immunise</i>	<i>What is given</i>	<i>How is vaccine given</i>
12 weeks old	Pneumococcal (PCV) (first dose)	1 injection
12-13 months	Haemophilus influenza type B, Meningococcal C (Hib/MenC)	1 injection
12-13 months	Pneumococcal (PCV) (second dose)	1 injection

Payment for administration of PCV and Hib/MenC vaccine other than as part of the routine childhood immunisation schedule for children after 31 December 2019

9ZA.6. The LHB must pay to a contractor, who qualifies for the payment, a payment of £20.06 in respect of each child registered with the contractor who has received the PCV and Hib/MenC vaccine in any of the circumstances set out in paragraphs 9ZA.7 to 9ZA.12 and in respect of whom the contractor administered the final dose completing the vaccine course. For the purposes of this paragraph, the final dose completing the vaccine course means the fourth in the series of PCV doses which is scheduled in the table at paragraph 9ZA.7.

Children born after 31 December 2019 who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction

9ZA.7. Children born after 31 December 2019 who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction must receive the PCVs and Hib/MenC vaccine in accordance with both the following table and “Immunisation against Infectious Diseases” in The Green Book.

<i>When to immunise</i>	<i>What is given</i>	<i>How vaccine is given</i>
Infants under 1 year old	Pneumococcal (PCV) (first set of doses)	2 injections, 8 weeks apart
12-13 months old	Haemophilus influenza type	1 injection

	B, Meningococcal C (Hib/MenC)	
12-13 months	Pneumococcal (PCV) (second set of doses)	2 injections, 8 weeks apart

9ZA.8. Where a child born after 31 December 2019 under 2 years of age is severely immunocompromised or has complement deficiency, asplenia or splenic dysfunction, and—

- (a) consequently cannot, or did not, receive, or presents, or presented, too late to receive, two doses of PCV before the age of 12-13 months, the Hib/MenC vaccine at 12-13 months and two doses of PCV during their second year of life; but
- (b) receives two doses of PCV in the second year of life, the second of which is administered at least 8 weeks after the first dose,

the LHB must pay to the contractor administering the final dose completing the vaccine a payment of £20.06 in respect of that child. The second dose of PCV, administered in the second year of life, is considered the final completing course of the vaccine for this purpose.

Payment for children born after 31 December 2019 with an unknown or incomplete immunisation status

9ZA.9. Where a child born after 31 December 2019 has an unknown or incomplete immunisation status and receives vaccines sufficient to ensure that it has received the vaccine course in accordance with the schedule set out in the table at paragraph 9ZA.5, the LHB must pay to the contractor administering the final dose completing the vaccine course a payment of £20.06 in respect of that child. The PCV dose administered at 12-13 months is considered the final dose completing the vaccine course for this purpose.

9ZA.10. Where a child born after 31 December 2019 has an unknown or incomplete immunisation status and is too old to be able to receive the first of the two doses of PCV at the age of 12 weeks, the Hib/MenC vaccine at 12-13 months and the second dose of PCV at 12-13 months, but receives a Hib/MenC vaccine and a PCV dose on or after turning 1 year old and prior to 2 years of age, the LHB must pay to the contractor who administers the final dose completing the vaccine course a payment of £20.06 in respect of that child. The single dose of PCV is considered the final dose completing the vaccine course for this purpose.

Eligibility for payment

9ZA.11. A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met—

- (a) the contractor is contracted to provide the childhood vaccines and immunisations as part of Additional Services,
- (b) the child in respect of whom the payment is claimed was—
 - (i) born after 31 December 2019, and
 - (ii) on the contractor’s list of registered patients at the time the final completing course of the vaccine was administered,
- (c) the contractor administers the final dose completing the vaccine course to the child in respect of whom the payment is claimed,
- (d) subject to sub-paragraph (e), the child in respect of whom the payment is claimed is or was aged 1 year when the final dose completing the vaccine course is administered,

- (e) in the case of payments in respect of the vaccines administered in accordance with paragraphs 9ZA.8 and 9ZA.10, the child must be under 2 years of age when the final dose completing the vaccine course is administered,
- (f) the contractor does not receive any payment from any other source in respect of any of the series of PCV vaccines and the Hib/MenC vaccine set out in the table at paragraph 9ZA.5 or in respect of any vaccine administered under any of the circumstances set out in paragraphs 9ZA.7 to 9ZA.11 (if the contractor does receive payments from other sources in respect of any child, the LHB must consider whether to recover any payment made under this Section in respect of that child pursuant to paragraphs 19.1 and 19.2 (overpayments and withheld amounts), and
- (g) the contractor submits the claim within 6 months of administering the final dose completing the vaccine course.

9ZA.12. The contractor is not entitled to payment of more than £20.06 in respect of any child under this Section.

Claims for payment

9ZA.13. The contractor must submit claims in respect of the final dose completing the vaccine course after they have been administered at a frequency to be agreed between the LHB and the contractor (which must be a frequency which provides for the claim to be submitted within 6 months of administering the final completing vaccine), or if agreement cannot be reached, within 14 days of the end of the month during which the final dose completing the vaccine course was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

Conditions attached to payment

9ZA.14. A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

- (a) the contractor must supply the LHB with the following information in respect of each child for which a payment is claimed—
 - (i) the name of the child,
 - (ii) the date of birth of the child,
 - (iii) the NHS number, where known, of the child,
 - (iv) except where paragraph (v) applies, confirmation that the child has received two doses of PCV and one dose of Hib/MenC in accordance with the table at paragraph 9ZA.5,
 - (v) if the claim is made in the circumstances set out in paragraph 9ZA.7, 9ZA.8 or 9ZA.11, confirmation that all required vaccines have been administered, and
 - (vi) the date of the final dose completing the vaccine course, which must have been administered by the contractor,

but where a parent or carer objects to details of the child's name or date of birth being supplied to the LHB, the contractor need not supply such information to the LHB but must supply the child's NHS number,
- (b) the contractor must provide appropriate information and advice to the parent or carer of the child, and where appropriate, also to the child, about pneumococcal vaccine and the Hib/MenC vaccine,
- (c) the contractor must record in the child's records, kept in accordance with paragraph 72 (patient records) of Schedule 6 to the 2004 Regulations, any refusal of an offer of a pneumococcal vaccine or a Hib/MenC vaccine,

- (d) where a pneumococcal vaccine or a Hib/MenC vaccine is administered, the contractor must record in the child's records, kept in accordance with paragraph 72 of Schedule 6 to the 2004 Regulations, those matters set out in paragraph 5(2)(d) of Schedule 2 to the 2004 Regulations,
- (e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as is necessary to enable that health care professional to properly perform such services, and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis,
- (f) the contractor must make available to the LHB any information which the LHB does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order for the LHB to form an opinion on whether the contractor is eligible for payment under the provisions of this Section,
- (g) the contractor must make any returns required of it (whether computerised or otherwise) to the registration system approved by the LHB, and do so promptly and fully, and
- (h) all information provided pursuant to, or in accordance with, this paragraph must be accurate.

9ZA.15. If the contractor breaches any of these conditions, the LHB may, in appropriate circumstances, withhold payment of any, or any part of, payments due under this Section.”.

Amendment of Part 4, Section 15A: THE PARTNERSHIP PREMIUM SCHEME

7.—(1) In paragraph 15A.1., omit “in relation”.

(2) For paragraph 15A.2., substitute—

“**15A.2.** The PPS will provide an annual payment, in relation to each GP Partner in Wales who opts to participate in the scheme, based on the average number of clinical sessions performed by the GP Partner per quarter over the financial year. The level of the annual payment will be £1,000 multiplied by the GP Partner's average number of clinical sessions per quarter, with a maximum average of 8 sessions per quarter counting for PPS purposes and a possible maximum PPS payment of £8,000 per annum.”.

(3) In paragraph 15A.3., for “week (up to the maximum of 8 sessions per week or £1,600 per annum)” substitute “quarter (up to the maximum average of 8 sessions per quarter or £1,600 per annum)”.

(4) For paragraph 15A.6., substitute—

“**15A.6.** When calculating a GP Partner's average number of clinical sessions per quarter for PPS purposes, all sessions undertaken in that quarter will be counted.”.

(5) In paragraph 15A.7., for “week” substitute “quarter”.

(6) In paragraph 15A.9., for “week” substitute “quarter”.

(7) In paragraph 15A.10., for “week” substitute “quarter”.

(8) After paragraph 15A.10., insert—

“**15A.10A.** A GP Partner's absence on compassionate leave will be ignored for the purposes of calculating the GP Partner's average clinical sessions per quarter for PPS purposes.”

(9) In paragraph 15A.13.—

(a) omit “per week”, and

(b) for “(subject to the maximum thresholds in section 15A.6 above)” substitute “(up to the maximum average of 8 sessions per quarter)”.

(10) In paragraph 15A.14.—

- (a) in the two places it appears, for “15A.10” substitute “15A.10A.”, and
- (b) omit “per week”.

Amendment of Annex D – Quality Assurance and Improvement Framework

- 8.**—(1) In Part 1: Introduction, paragraph D.11, for “accredited” substitute “appropriate”.
- (2) In Part 4: Quality Improvement, after paragraph 4.2, insert—
- “4.2A** To qualify for the 60 points available for undertaking QI Training, at least 85% of registered health care professionals, and all practice managers, within a practice must undertake the training.”.
- (3) In Part 5: Access, in the Indicator column of Group 1 of the table—
- (a) in Access Standard 4.—
 - (i) before the first bullet point insert—

“By end of March 2020:

 - A practice offers access to repeat prescriptions through a digital solution (e.g. MHOL).
 - A practice offers care homes access to repeat prescription ordering service through a digital solution.”, and
 - (ii) before “By end of March 2021” omit the bullet point,
 - (b) in Access Standard 7.—
 - (i) in the first bullet point, for “triaging” substitute “care navigation”, and
 - (ii) in the third bullet point, for “clinically triaged” substitute “care navigated”, and
 - (c) in Access Standard 8., in the second bullet point, omit “All Wales”.

Amendment of Annex I – Routine childhood vaccines and immunisations

- 9.** For Annex I substitute Annex I attached at Schedule 1 to these Directions.

Amendment of Annex J – Amendments

- 10.** For Annex J substitute Annex J attached at Schedule 2 to these Directions.



Signed by Alex Slade, Deputy Director, Primary Care Division under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date: 24 March 2020

SCHEDULE 1

ANNEX I

Routine childhood vaccines and immunisations

The Routine Childhood Immunisation Programme

Background

I.1 Guidance and information on routine childhood vaccines and immunisations are set out in “Immunisation against infectious diseases – The Green Book” which is published by Public Health England.

Routine Childhood Immunisation Schedule

I.2 Children starting the immunisation programme at two months of age will follow the schedule (also known as the “Childhood Immunisation Schedule”), which include changes to the pneumococcal (PCV) dosing course for children born after 31 December 2019 to be administered in accordance with the table at Section 9ZA.5. The vaccinations listed in the table are part of the targeted childhood immunisations programme eligible for payment under the GMS contract. All children starting the immunisation programme at 2 months of age will follow the schedule (often referred to as the “Childhood Immunisation Schedule”) below as set out in the Table.

Table

Age	Vaccine	Dosage
Two months old (eight weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b, hepatitis B (DTaP/IPV/Hib/HepB)	One injection
	Pneumococcal (PCV) only for children born before 1 January 2020	One injection
	Rotavirus (Rota)	One oral dose
	Meningococcal B	One injection
Twelve weeks old	Pneumococcal (PCV) only for children born after 31 December 2019	One injection
Three months old (twelve weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b, hepatitis B (DTaP/IPV/Hib/HepB)	One injection
	Rotavirus (Rota)	One oral dose

Four months old (sixteen weeks)	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b, hepatitis B (DTaP/IPV/Hib, HepB)	One injection
	Pneumococcal (PCV) only for children born before 1 January 2020	One injection
	Meningococcal B	One injection
Twelve to thirteen months old (on or after the child's first birthday)	Haemophilus influenzae type b, Meningococcal C (Hib/MenC)	One injection
	Pneumococcal (PCV) only for children born after 31 December 2019	One injection
Twelve to Thirteen months old	Meningococcal B	One injection
	Measles, mumps and rubella (MMR)	One injection
	Pneumococcal (PCV) only for children before 1 January 2020	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis (whooping cough) and polio (DTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection

SCHEDULE 2

ANNEX J – AMENDMENTS

Amendments to the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 which came into force on 11 June 2013

- (a) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013;
- (b) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014 (2014 No.3), which were made on 16 June 2014;
- (c) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2014 (2014 No.17), which were made on 27 June 2014;
- (d) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2014 (2014 No.24), which were made on 30 September 2014;
- (e) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015 (2015 No.7), which were made on 31 March 2015;
- (f) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 2) Directions 2015 (2015 No.14), which were made on 01 April 2015;
- (g) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 3) Directions 2015 (2015 No.15), which were made on 20 April 2015;
- (h) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 4) Directions 2015 (2015 No.19), which were made on 25 June 2015;
- (i) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2015, which were made on 30 September 2015;
- (j) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2016, which were made on 30 March 2016;
- (k) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2016, which were made on 11 April 2016;
- (l) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2016, which were made on 13 July 2016;
- (m) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2016 (2016 No.19), which were made on 16 August 2016;
- (n) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2016 which were made on 15 December 2016;
- (o) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2017 which were made on 31 January 2017;
- (p) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2017 which were made on 27 April 2017;
- (q) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were made on 9 August 2017;
- (r) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2017 which were made on the 28 September 2017;
- (s) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2018 which were made on the 14 June 2018;

- (t) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2018 which were made on 19 November 2018;
- (u) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2019 which were made on 29 March 2019;
- (v) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2019 which were made on 28 June 2019;
- (w) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2019 which were made on 29 August 2019;
- (x) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2019 which were made on 30 September 2019; and
- (y) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2019 which were made on 14 October 2019.