

**WG 2024 No. 22**

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

**The Primary Medical Services (Influenza and Pneumococcal  
Immunisation Scheme) (Supplementary Services) (Wales) Directions  
2024**

*Made*

*12 June 2024*

*Coming into force*

*13 June 2024*

The Welsh Ministers, in exercise of the powers conferred by sections 12(3), 45 and 203(9) and (10) of the National Health Service (Wales) Act 2006<sup>(1)</sup> 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, commencement and application**

1.—(1) The title of these Directions is the Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Supplementary Service) (Wales) Directions 2024.

(2) These Directions come into force on 13 June 2024

(3) These Directions are given to Local Health Boards<sup>(2)</sup>.

**Interpretation**

2. In these Directions—

“the Act” (“*y Ddeddf*”) means the National Health Service (Wales) Act 2006;

“cluster” (“*clwstwr*”) means a group of local service providers involved in health and care who have agreed to collaboratively work together to deliver primary medical services across a specified geographical area;

“cluster lead practice” (“*practis arweiniol y clwstwr*”) means a GMS contractor that has agreed to provide this Directed Supplementary Service to its registered patients, and to the registered patients of a GMS contractor in its cluster that is not an engaged GMS contractor, and which the Local Health Board agrees will be a cluster lead practice;

“dental contractor” (“*contractwr deintyddol*”) means a GDS contractor or a PDS contractor;

“eligible primary care provider” (“*darparwr gofal sylfaenol cymwys*”) means a dental contractor, GMS contractor, NHS optician or NHS pharmacist<sup>(3)</sup>, and their eligible staff members;

“eligible staff member” (“*aelod o staff cymwys*”) means an individual who is employed or engaged directly by an eligible primary care provider as—

(a) a health care professional whose primary role is to directly provide NHS services to the primary care provider’s NHS patients, or

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(1) 2006 c. 42.

(2) Local Health Boards established pursuant to section 11 of the National Health Service (Wales) Act 2006.

(3) CEM/CMO/2021/32

(b) an employee of the primary care provider whose primary role is to directly support the delivery of NHS services to the primary care provider’s NHS patients, and who provides that support in a patient facing role at the location at which those NHS patients receive those NHS services;

“engaged GMS contractor” (“*contractwr GMC sydd wedi ei gymryd ymlaen*”) means a GMS contractor that agrees with a Local Health Board to provide this Directed Supplementary Service pursuant to an arrangement made in accordance with Direction 4(1);

“financial year” (“*blwyddyn ariannol*”) means the period from 1 April to 31 March;

“general practitioner” (“*ymarferydd cyffredinol*”) means a medical practitioner whose name is included in a medical performers list prepared by a Local Health Board under regulation 3 of the National Health Service (Performers Lists) (Wales) Regulations 2004(1);

“GDS contractor” (“*contractwr GDC*”) means a person who is a party to a contract with a Local Health Board pursuant to section 57 of the Act;

“GMS contract” (“*contract GMC*”) means a general medical services contract entered into in accordance with section 42 of the Act;

“GMS contractor” (“*contractwr GMS*”) means a person with whom a Local Health Board is entering or has entered into a general medical services contract;

“GMS Contracts Regulations” (“*Rheoliadau Contractau GMC*”) means the National Health Service (General Medical Service Contracts) (Wales) Regulations 2023(2);

“Green Book” (“*y Llyfr Gwyrdd*”) means the publication “Immunisation against infectious disease”(3);

“health care professional” (“*proffesiynolyn gofal iechyd*”) means a person other than a social worker who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(4);

“Local Health Board” (“*Bwrdd Iechyd Lleol*”) means a Local Health Board established in accordance with section 11(2) of the Act;

“LVSW” (“*GGGC*”) means the national Low Vision Service Wales which consists of arranging the provision of low vision assessments and rehabilitation support for clients and securing the provision of low vision aids to clients as provided for by the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 (5);

“NHS optician” (“*optegydd GIG*”) means a GOS contractor, EHEW provider or LVSW provider;

“NHS patient” (“*claf GIG*”) means an individual to whom an eligible primary care provider provides NHS services;

“NHS pharmacist” (“*fferyllydd GIG*”) means a person who carries out NHS services and is—

(a) registered in Part 1 of the General Pharmaceutical Council Register(6) or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976(7), or

(b) lawfully carrying on a retail pharmacy business in accordance with section 69 of the Medicines Act 1968(8),

and whose name is included in a pharmaceutical list under regulation 10 (preparation and maintenance of pharmaceutical lists) of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020(9), for the provision of pharmaceutical services in particular by the provision of drugs;

“NHS services” (“*gwasanaethau GIG*”) means primary medical services, primary dental services, ophthalmic services or pharmaceutical services (as appropriate to the relevant primary care provider) provided pursuant to Parts 4 to 7 (inclusive) of the Act, and the provision of the LVSW by an NHS optician, as part of the National Health Service in Wales;

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(1) S.I. 2004/1020 (W. 117).

(2) S.I. 2023/953 (W.155).

(3) Available at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

(4) 2002 c. 17.

(5) 2024 No.09

(6) Maintained under article 19 (establishment, maintenance of and access to the Register) of the Pharmacy Order 2010 (S.I. 2010/231).

(7) S.I. 1976/1213 (N.I. 22).

(8) 1968 c. 67.

(9) S.I. 2020/1073 (W. 241).

“PDS contractor” (“*contractwr GDS*”) means a person who is a party to a contract with a Local Health Board pursuant to section 64 of the Act;”.

“POS contractor” (“*contractwr POC*”) means a person who is included in Local Health Board's combined list and provides primary ophthalmic services under the National Health Service (Ophthalmic Services) (Wales) Regulations 2023(1);

“registered patient” (“*claf cofrestredig*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(2);

“Statement of Financial Entitlement” (“*Datganiad ar Hawlogaeth Ariannol*”) means any directions given by the Welsh Ministers under section 45 of the Act;

“young carer” (“*gofalwr ifanc*”) means a person who is aged under 25 and has a role in caring for another person.

### **Establishment of General Practice Influenza and Pneumococcal Immunisation Scheme**

3. Each Local Health Board must, to the extent that it considers necessary to meet all reasonable requirements, exercise its functions under section 41 of the Act of providing primary medical services within its area or securing the provision of such services in its area, by (as part of its discharge of those functions) establishing (if it has not already done so), operating and, as appropriate, revising a General Practice Influenza and Pneumococcal Immunisation Scheme, through GMS contractors, the underlying purpose of which is to ensure that patients in each Local Health Board’s area who are at risk of influenza or pneumococcal infection are offered immunisation against those infections(3).

### **General Practice Influenza and Pneumococcal Immunisation Scheme**

4.—(1) As part of its General Practice Influenza and Pneumococcal Immunisation Scheme, each Local Health Board must offer to enter into arrangements with—

- (a) each GMS contractor, in relation to the registered patients of that GMS contractor and eligible primary care providers; and then
- (b) either—
  - (i) one or more cluster lead practices, in relation to eligible primary care providers, the registered patients of the cluster lead practice and the registered patients of those GMS contractors in its cluster, if any, that have not agreed within such time period as the Local Health Board requires, to deliver this Directed Supplementary Service pursuant to sub-paragraph (a), or
  - (ii) a GMS contractor that has agreed to deliver this Directed Supplementary Service pursuant to paragraph (a), and in relation to the registered patients of another GMS contractor or group of GMS contractors subject to the agreement of the other GMS contractor or group of GMS contractors.

(2) Where the patients of a GMS contractor will not receive the services outlined in this Directed Supplementary Service, whether from the GMS contractor in relation to whom they are registered patients, from a cluster lead practice or a GMS contractor who has agreed to deliver this Directed Supplementary Service on behalf of the GMS contractor where the patient is registered, the Local Health Board must make arrangements to ensure the provision of this Directed Supplementary Service to the registered patients of that GMS contractor is as close to the practice premises of that GMS contractor as is reasonably possible and the Local Health Board may deliver the service under this Directed Supplementary Service to those patients in any way it believes is appropriate (including, but not limited to, by providing the services itself or arranging for the delivery of those services by any engaged GMS contractor).

(3) Where arrangements are made between a cluster lead practice and a Local Health Board in accordance with sub paragraph (1)(b)(i), each engaged GMS contractor must co-operate(4) with the other engaged GMS contractors and the cluster lead practice in its cluster in order for the cluster lead practice to complete, by such date as the Local Health Board requires, a plan setting out the arrangement for the delivery of this Directed

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(1) 1986 No. 975.

(2) S.I. 2023/953

(3) Further details about all the groups to be vaccinated can be found in the annual Chief Medical Officer’s letter on the Seasonal Flu Immunisation Programme and the Green Book.

(4) See paragraph 13 of Part 1 of Schedule 3 to the GMS Contracts Regulations.

Supplementary Service to eligible primary care providers to registered patients of the GMS contractors across the cluster. Where there is only one engaged GMS contractor, and it is the cluster lead practice, it is responsible for completing that plan. Where there is no cluster lead practice, and all of the GMS contractors in the cluster are engaged GMS contractors, they are all responsible for completing that plan.

(4) Where arrangements are made between the Local Health Board and a GMS contractor pursuant to paragraph (1), those arrangements must, in respect of each financial year (or part of a year) to which they relate also include—

- (a) a requirement that the engaged GMS contractor completes to the satisfaction of the Local Health Board, prior to the provision of any services under this Directed Supplementary Service and by such date as the Local Health Board requires, a plan setting out the arrangements for the delivery of the services under the General Practice Influenza and Pneumococcal Immunisation Scheme by the engaged GMS contractor including, as a minimum—
  - (i) the dates and times when services under the Scheme will be delivered,
  - (ii) how the GMS contractor will continue to provide, without interruption, its unified services whilst it is an engaged GMS contractor, and
  - (iii) such other detail or assurances that the Local Health Board may reasonably request from the engaged GMS contractor;
- (b) a requirement that the engaged GMS contractor develops and maintains a register (its “Influenza and Pneumococcal Immunisation Scheme Register”, which may comprise electronically tagged entries in a wider computer database) of all the at-risk patients to whom the engaged GMS contractor is to offer immunisation against influenza or pneumococcal infection, and for these purposes a patient is at risk of—
  - (i) influenza infection, if the patient is—
    - (aa) aged 65 or over at the end of that financial year,
    - (bb) suffering from chronic respiratory disease such as asthma requiring regular steroids, or chronic obstructive pulmonary disease (COPD), chronic heart disease, chronic liver disease, chronic kidney disease at stage 3, 4 or 5 chronic neurological disease such as Parkinson’s disease or motor neurone disease, immuno-suppression due to disease such as HIV/AIDS or treatment, diabetes,
    - (cc) living in a long-stay residential or nursing home or other long stay health or social care facility,
    - (dd) an unpaid carer, including a young carer, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer’s allowance. The carer need not reside with, or be related to, the person being cared for,
    - (ee) a pregnant woman,
    - (ff) a member of a recognised voluntary organisation who, as a member of that organisation, provides planned emergency first aid at organised public events,
    - (gg) a Community First Responder<sup>(1)</sup>,
    - (hh) a locum doctor,
    - (ii) affected by a learning disability,
    - (jj) morbidly obese (class III obesity), defined as those with a Body Mass Index (BMI) of 40 or above, aged 16 or over,
    - (kk) suffering from asplenia or dysfunction of the spleen,
    - (ll) a person who works on a voluntary basis (not paid for their time and effort) providing care on a frequent basis to one, or more than one, elderly disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill,
    - (mm) subject to agreement with the Local Health Board, a social care worker in regular contact with care home residents or domiciliary care workers,

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(1) Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

- (nn) an eligible primary care provider,
  - (oo) suffering from severe mental illness,
  - (pp) epileptic,
  - (qq) household contacts of immunocompromised individuals,
  - (rr) an individual experiencing homelessness, or
  - (ss) pneumococcal infection, if the patient is aged 65 or over at the end of that financial year or is aged under 65 and is at risk of infection as defined in the latest edition of the Green Book;
- (c) a requirement that the engaged GMS contractor undertakes—
- (i) to offer immunisations against influenza and pneumococcal infection to all at-risk patients; and
  - (ii) for immunisations against influenza infection—
    - (aa) to make that offer during the period beginning with 1 August and ending with 31 March in that financial year and to concentrate the immunisation programme during the period beginning with 1 October and ending with 31 January in each financial year,
    - (bb) where influenza is still circulating at 31 March in any financial year, to continue to make that offer during the period beginning with 1 April and ending with 31 May of the following financial year, and
    - (cc) to provide an effective vaccine, taking into consideration the guidance issued in the annual Welsh Health Circular on vaccine ordering; and
    - (dd) to record the information that it has offered the immunisations in accordance with paragraphs (i) and (ii), including whether that offer was accepted or refused, in its Influenza and Pneumococcal Immunisation Scheme Register using National Read codes;
- (d) a requirement that the engaged GMS contractor develops a proactive and preventative approach to offering influenza and pneumococcal immunisations by adopting robust call and reminder systems to contact at-risk patients, with the aims of—
- (i) maximising uptake in the interests of at-risk patients, and
  - (ii) meeting any public health targets in respect of such immunisations;
- (e) a requirement that the engaged GMS contractor takes all reasonable steps to ensure that the lifelong medical records held by an at-risk patient's general practitioner are kept up to date with regard to their immunisation status and, in particular, to include—
- (i) any refusal of an offer of vaccination, or
  - (ii) where an offer of vaccination was accepted—
    - (aa) details of the consent to the vaccination or immunisation (where a person has consented on an at-risk patient's behalf, that person's relationship to the at-risk patient must also be recorded),
    - (bb) the batch number, expiry date and title of the vaccine,
    - (cc) dose administered,
    - (dd) the date of the administration of the vaccine,
    - (ee) where 2 vaccines are administered, the route of administration and the injection site of each vaccine,
    - (ff) any contraindication to the vaccination or immunisation,
    - (gg) any adverse reaction to the vaccination or immunisation;
- (f) a requirement that the engaged GMS contractor ensures that any health care professional who is involved in administering a vaccine has—
- (i) the necessary experience, skills and training<sup>(1)</sup> with regard to the administration of that vaccine, and

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(1) Taking account of the National Minimum Standards and core curriculum for Immunisation Training at [http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=42421#National\\_Minimum\\_Standards\\_and\\_core\\_curriculum\\_for\\_Immunisation\\_Training](http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=42421#National_Minimum_Standards_and_core_curriculum_for_Immunisation_Training).

- (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (g) a requirement that the engaged GMS contractor ensures that it adheres to the current guidance in chapter 3 (Storage, distribution and disposal of vaccines) of the latest edition of the Green Book<sup>(1)</sup>;
- (h) a requirement that the engaged GMS contractor supplies Public Health Wales with information on patients, via automated data extraction, for the purposes of monitoring local and national uptake;
- (i) a requirement that the engaged GMS contractor—
  - (i) ensures each health care professional involved in the provision of this Directed Supplementary Service completes relevant Continuing Professional Development activity through, for example, regular educational updates, attendance at relevant courses provided by the Local Health Boards, as well as self-directed learning, to be able to demonstrate they have adequate knowledge and skills through their annual appraisal and revalidation;
  - (ii) ensures that each health care professional involved in the provision of this Directed Supplementary Service considers any offer of educational update courses provided by the Local Health Board;
  - (iii) ensures that each health care professional involved in the provision of this Directed Supplementary Service is adequately indemnified or insured for any liability arising from the work performed;
  - (iv) supplies its Local Health Board with such information as the Local Health Board may reasonably request for the purposes of monitoring the engaged GMS contractor’s performance of its obligations under this Directed Supplementary Service in relation to the plan specified in paragraph (a) and, where applicable, the cluster’s performance in relation to the plan specified in paragraph (3);
- (j) payment arrangements for an engaged GMS contractor, which must provide for it to be able to claim (whether acting just for itself, on behalf of another GMS contractor or as a cluster lead practice)—
  - (i) a payment of £10.03 per vaccine administered, and
  - (ii) the payment specified in paragraph (i) where, at the request of the Local Health Board, the engaged GMS contractor has administered a vaccine to staff working in adult residential care homes, nursing homes and children’s hospices or to a person providing domiciliary care,
 and after the payments are due, as above, and authorised by the Local Health Board, such payments will then be paid on the date the engaged GMS contractor’s Global Sum monthly payment next falls due in accordance with the Statement of Financial Entitlements.

(5) The Local Health Board must, where necessary, vary the engaged GMS contractor’s GMS contract so that the arrangements made pursuant to paragraph (1) comprise part of that engaged GMS contractor’s contract and the requirements of the arrangements are conditions of the contract.

(6) Any disputes arising will be dealt with as follows: Local Health Boards and GMS contractors should make every effort to resolve disputes locally before formally submitting it through the NHS dispute resolution procedure.

(7) Where the Local Health Board delivers this Directed Supplementary Service pursuant to an arrangement in accordance with paragraph (2), the Local Health Board must ensure that paragraphs (4) and (5) apply to such arrangements as they would to an engaged GMS contractor.

### **Revocation and transitional provision**

**5.—(8)** The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) Directions (No. 2) 2021<sup>(2)</sup> are revoked.

**6.** Any act or omission concerning a directed enhanced service to which the Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) Directions (No. 2) 2021 direction applied immediately before the commencement date of this direction is to be treated as an act or omission concerning a directed supplementary service to which these directions apply.

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(1) <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>  
 (2) WG21-73.

**Signed by Paul Casey, Deputy Director of Primary Care under the authority of the Minister for Health and Social Services, one of the Welsh Ministers**

A handwritten signature in black ink that reads "Paul Casey". The signature is written in a cursive style with a horizontal line underneath the name.

**Dated: 12 June 2024**