

**WG20–45**

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

**The Primary Medical Services  
(Directed Enhanced Services)  
(Wales) (Amendment) Directions  
2020**

*Made* 17 September 2020

*Coming into force* 18 September 2020

The Welsh Ministers give the following directions in exercise of the powers conferred by sections 12(3), 45, 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 (Directed Enhanced Services) (Wales) (Amendment) Directions 2020.

(2) These Directions come into force on 18 September 2020.

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

**Amendment to the Primary Medical Services  
(Directed Enhanced Services) (Wales) Directions  
2007**

**2.**—(1) The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007<sup>(2)</sup> are amended as follows.

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(1) 2006 c.42.

(2) 2007 No.53.

(2) In Direction 2 (Interpretation), in the appropriate places, insert—

““cluster” 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” means a GMS contractor that has agreed to provide a Directed Enhanced 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;

“engaged GMS contractor” means a GMS contractor that agrees with a Local Health Board to provide a Directed Enhanced Service pursuant to an arrangement made in accordance with Direction 3;

“financial year” means a year ending with 31 March;

“general medical services contract” means a contract for general medical services between a GMS contractor and a Local Health Board made pursuant to section 42 of the Act;

“registered patient” has the meaning given to it in regulation 2(1) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004<sup>(1)</sup>;

“young carer” means a person under the age of 25 who has a role in caring for another person;”.

(3) For Direction 6 (Influenza and Pneumococcal Immunisation Scheme Plans) substitute—

“6.—(1) As part of its Influenza and Pneumococcal Immunisation Scheme, each Local Health Board may offer to enter into arrangements with—

- (a) each GMS contractor, in relation to the registered patients of that GMS contractor; and then
- (b) one or more cluster lead practices, in relation to the registered patients of the cluster lead practice and the patients of those GMS contractors, if any, in its cluster that have not agreed within such time period as the Local Health Board requires, to deliver this Directed Enhanced Service to their registered patients pursuant to sub-paragraph (a).

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(1) S.I. 2004/478 (W. 48).

(2) Where the patients of a GMS contractor will not receive the services outlined in this Directed Enhanced Service, either from the GMS contractor in relation to whom they are registered patients, or from a cluster lead practice, the Local Health Board must make arrangements to ensure the provision of these services to the registered patients of that GMS contractor as close to the practice premises of that GMS contractor as is reasonably practicable and the Local Health Board may deliver the services under this Directed Enhanced 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 paragraph (1)(b), each engaged GMS contractor must co-operate<sup>(1)</sup> 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 Enhanced Service to patients of the engaged GMS contractors across the cluster. Where there is only one engaged GMS contractor, and it is the cluster lead practice, it shall be 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 shall all be 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, include—

- (a) a requirement that the 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 contractor is to offer immunisation against influenza or pneumococcal infection, and for these purposes a patient is at-risk of—

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(1) See paragraph 12 of Part 1 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (S.I. 2004/478 (W.48)).

- (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 (including asthma), chronic heart disease, chronic liver disease, chronic renal disease, chronic neurological disease, immuno-suppression due to disease or treatment, diabetes mellitus,
  - (cc) living in long-stay residential or nursing homes or other long-stay health or social care facilities,
  - (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. For this group it is at the contractor's discretion, in the context of other clinical risk groups on the contractor's list of patients, as to whether or not immunisation should be offered,
  - (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<sup>(1)</sup>,

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(1) Further details about all the groups to be vaccinated can be found in either or both of the annual Chief Medical Officer's letter on the Seasonal Flu Immunisation Programme and the "Green Book" i.e. 'Immunisation against infectious disease' at <http://immunisation.dh.gov.uk/category/the-green-book/>.

- (gg) a Community First Responder<sup>(1)</sup>,
  - (hh) a locum doctor,
  - (ii) suffering from a learning disability,
  - (jj) morbidly obese and aged 18 or over at the end of that financial year,
  - (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) a household contact of a person on the NHS Shielded Patient List,
  - (nn) subject to agreement with the Local Health Board, a social care worker in regular contact with care home residents or domiciliary care workers, or
  - (ii) pneumococcal infection if the patient is aged 65 or over at the end of the financial year or is aged under 65 years and is at risk of infection as defined in 'Immunisation against infectious disease';
- (b) a requirement that the GMS contractor undertakes—
- (i) to offer immunisations against those infections to all at-risk patients, and with 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

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(1) Community First Responders who provide direct emergency aid as part of a scheme operated by the Welsh Ambulance Service Trust

- with 1 September and ending with 31 January in that financial year,
- (bb) where influenza is still circulating at 31 March, to continue to make that offer during the period beginning with 1 April and ending with 31 May, and
- (cc) to provide an effective vaccine, taking into consideration the guidance issued in the annual Welsh Health Circular on vaccine ordering, and
- (ii) to record the information that it has in its Influenza and Pneumococcal Immunisation Scheme Register using National Read codes;
- (c) a requirement that the GMS contractor develops a proactive and preventative approach to offering these 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;
- (d) a requirement that the 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 his or her immunisation status, and in particular to include—
  - (i) any refusal of an offer of vaccination,
  - (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 contraindications to the vaccination or immunisation,
  - (gg) any adverse reactions to the vaccination or immunisation;
- (e) a requirement that the GMS contractor ensures that any health care professional who is involved in administering a vaccine has—
- (i) any necessary experience, skills and training<sup>(1)</sup> with regard to the administration of the vaccine, and
  - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (f) a requirement that the GMS contractor ensures that it adheres to the current guidance on “Storage, distribution and disposal of vaccines in the latest edition of the “Green Book”<sup>(2)</sup>;
- (g) a requirement that the GMS contractor supply its Local Health Board with such information as it may reasonably request for the purposes of monitoring the GMS contractor’s performance of its obligations under the plan;
- (h) a requirement that the GMS contractor supplies Public Health Wales with information on eligible patients, via automated data extraction, for the purpose of monitoring local and national uptake;
- (i) a requirement that the GMS contractor—
- (i) ensures that each healthcare professional undertaking this

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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).

(2) “Green Book” means ‘Immunisation against infectious disease’ at <http://immunisation.dh.gov.uk/category/the-green-book/>

Directed Enhanced Service has the necessary skills, training, competence and experience in order to provide the services;

- (ii) ensures each healthcare professional undertaking this Directed Enhanced Service completes relevant CPD 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;
- (iii) ensures that each healthcare professional undertaking this Directed Enhanced Service considers any offer of educational update courses provided by the Local Health Board;
- (iv) ensures that each health care professional undertaking this Directed Enhanced Service is adequately indemnified / insured for any liability arising from the work performed;
- (v) 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 Enhanced Service, and the cluster's performance in relation to the plan specified in paragraph (3) above;
- (j) payment arrangements for an engaged GMS contractor, which must provide for it to be able to claim (whether acting just for itself or as a cluster lead practice)—
  - (i) a payment of £10.03 per vaccine administered,
  - (ii) an additional payment of £1.75 per vaccine administered during the period beginning with 1 August 2020 and ending with 31 March 2021 or, in the event that paragraph (4)(b)(bb) applies, 31 May 2021 (“a COVID-19 Supplement”), and



(iii) the payments specified in paragraphs (i) and (ii) where, at the request of the Local Health Board, the 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 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 GMS contractor's general medical services contract so that the arrangements made pursuant to paragraph (1) comprise part of the GMS contractor's contract and the requirements of the arrangements are conditions of the contract.

(6) Any disputes arising as a result of provision of this Directed Enhanced Service will be dealt with in accordance with part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004<sup>(1)</sup>.

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



**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**

**Dated: 17 September 2020**

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(1) S.I. 2004/478 (W. 48).