

NWSI 2026 No. 116

**NATIONAL HEALTH
SERVICE**

**The Primary Care (Contracted
Services: Immunisations) (COVID-
19) (Wales) Directions 2026**

Made 23 June 2026

Coming into force 25 June 2026

The Welsh Ministers, in exercise of the powers conferred on them by sections 10, 12(3), 203(9) and (10), and 204(1)(b) of the National Health Service (Wales) Act 2006(1), give the following Directions.

Title, application and coming into force

1.—(1) The title of these Directions is the Primary Care (Contracted Services: Immunisations) (COVID-19) (Wales) Directions 2026.

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

(3) These Directions come into force on 25 June 2026.

Interpretation

2. In these Directions—

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

“cluster” (“*chwstwr*”) means a group of local service providers involved in health and care who have agreed to collaboratively work together to deliver primary medical services (under Part 4 of the Act) across a specified geographical area;

“cluster lead practice” (“*practis arweiniol chwstwr*”) means a GMS contractor that has agreed to provide the Scheme to its registered patients,

(1) 2006 c. 42. There are amendments to sections 10 and 203 which are not relevant to these Directions.

and to the registered patients of a GMS contractor in its cluster that is not an engaged provider, and which the Local Health Board agrees will be a cluster lead practice;

“engaged provider” (“*darparwr sydd wedi ei gymryd ymlaen*”) means a GDS contractor, GMS contractor (whether acting for itself, as a cluster lead practice, or on behalf of another practice or group of practices), GOS contractor or NHS pharmacist that agrees with a Local Health Board to provide services under the Scheme under an arrangement made in accordance with paragraph 4;

“GDS contractor” (“*contractwr GDC*”) means a person with whom a Local Health Board is entering, or has entered into, a general dental services contract under section 57 of the Act;

“GMS contractor” (“*contractwr GMC*”) means a person with whom a Local Health Board is entering, or has entered into, a general medical services contract under section 42 of the Act;

“GOS contractor” (“*contractwr GOC*”) means a person who is included in a Local Health Board’s ophthalmic list under regulation 10 of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023(1) (duty to prepare a combined list) and provides primary ophthalmic services as part of the health service in Wales under regulation 8 of those Regulations;

“NHS pharmacist” (“*fferyllydd GIG*”) means a person whose name is included in a Local Health Board’s pharmaceutical list under regulation 10 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020(2) (preparation and maintenance of pharmaceutical lists), for the provision of pharmaceutical services in particular by the provision of drugs, and who is—

- (a) registered in Part 1 of the General Pharmaceutical Council Register(3), or in the register maintained under Articles 6(1)(a) or (b), and 9 of the Pharmacy (Northern Ireland) Order 1976(4), or

(1) S.I. 2023/1053 (W. 179).

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

(3) Maintained under article 19 of S.I. 2010/231 (establishment, maintenance of and access to the Register). Article 19 was amended by regulation 3 of, and paragraph 9 of Schedule 2 to, S.I. 2019/593.

(4) S.I. 1976/1213 (N.I. 22). Article 6 was amended by regulation 5 of S.I. 2008/192, and regulation 2 of, and paragraph 6 of the Schedule to, S.I. 2019/585. Article 9 was amended by regulation 2 of, and paragraph 13 of the Schedule to, S.I. 2019/585, and by article 10 of S.I. 2022/849.

- (b) lawfully carrying on a retail pharmacy business in accordance with section 69 of the Medicines Act 1968⁽¹⁾;

“NHS services” (“*gwasanaethau GIG*”) means the following services (as appropriate to the relevant engaged provider) provided under Parts 4 to 7 of the Act as part of the health service in Wales—

- (a) primary medical services (Part 4 of the Act);
- (b) primary dental services (Part 5 of the Act);
- (c) ophthalmic services (Part 6 of the Act);
- (d) pharmaceutical services (Part 7 of the Act);

“NHS Wales Shared Services Partnership” (“*Partneriaeth Cydwasaethau GIG Cymru*”) means the Velindre National Health Service Trust Shared Services Committee established by regulation 3 of the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012⁽²⁾;

“other NHS bodies” (“*cyrff eraill y GIG*”) means—

- (a) a National Health Service Trust established in accordance with section 18(1) of the Act, or
- (b) a Special Health Authority established in accordance with section 22(1) of the Act⁽³⁾;

“Public Health Wales” (“*Iechyd Cyhoeddus Cymru*”) means the Public Health Wales National Health Service Trust established by article 2 of the Public Health Wales National Health Service Trust (Establishment) Order 2009⁽⁴⁾;

“registered patient” (“*claf cofrestredig*”) means—

- (a) a person who is recorded by the Local Health Board as being on a GMS contractor’s list of patients, or
- (b) a person whom the GMS contractor has accepted for inclusion on its list of patients, whether or not notification of that acceptance has been received by the Local Health Board, and who has not been notified by the Local Health Board as having ceased to be on that list,

and who is eligible for vaccination services under the Scheme as they fall within an eligible cohort

(1) 1968 c. 67. Section 69 was amended by section 1 of, and Part 12 of Schedule 1 to, the Statute Law (Repeals) Act 1993 (c. 50); article 67 of, and paragraph 2 of Schedule 1 to, S.I. 2007/289; article 68 of, and paragraph 1 of Schedule 4 to, S.I. 2010/231; regulation 3 of, and paragraph 4 of Schedule 2 to, S.I. 2019/593.

(2) S.I. 2012/1261 (W. 156).

(3) There are amendments to section 22, but none are relevant to these Directions.

(4) S.I. 2009/2058 (W. 177).

specified in paragraph 5 of the relevant specification;

“relevant specification” (*“manyleb berthnasol”*) means the specification contained in the Schedule to these Directions;

“Scheme” (*“Cynllun”*) means the Primary Care Contracted Services: Immunisations Scheme for COVID-19 established by a Local Health Board in accordance with paragraph 3;

“Welsh Immunisation System” (*“System Imiwneiddio Cymru”*) means the information system for the management, distribution and reporting of vaccinations.

Establishment of a Primary Care Contracted Services: Immunisations Scheme for COVID-19

3.—(1) Each Local Health Board must establish, operate and, as appropriate, revise a Scheme in accordance with these Directions and the relevant specification.

(2) The underlying purpose of the Scheme is to enable the provision of services to administer COVID-19 vaccinations and immunisations as part of the health service in Wales by—

- (a) engaged providers, and
- (b) Local Health Boards.

Primary Care Contracted Services: Immunisations Scheme for COVID-19

4.—(1) Each Local Health Board may provide the services under the Scheme itself or may enter into arrangements for the provision of such services with—

- (a) GDS contractors,
- (b) GMS contractors—
 - (i) in relation to their registered patients;
 - (ii) as a cluster lead practice, in relation to the registered patients of the cluster lead practice and the registered patients of any GMS contractors in its cluster that have not agreed within such time period as the Local Health Board requires to deliver the Scheme to their registered patients under sub-paragraph (i);
 - (iii) in relation to the registered patients of another GMS contractor or group of GMS contractors, where the GMS contractor has agreed to deliver the Scheme under sub-paragraph (i), subject to the agreement of the other GMS contractor or group of GMS contractors,
- (c) GOS contractors, or

(d) NHS pharmacists.

(2) Where the registered patients of a GMS contractor will not receive the services under the Scheme from GMS contractors under sub-paragraph (1)(b), the Local Health Board must make arrangements to ensure the provision of the services to the registered patients of that GMS contractor and may deliver the services under the Scheme to those patients in any way it believes appropriate, including by providing the services itself or arranging for the delivery of those services by any other engaged provider.

(3) Where sub-paragraph (2) applies and the Local Health Board makes arrangements to provide the services under the Scheme itself, or arranges for the delivery of those services by any other engaged provider, the services must be provided to the registered patients of the GMS contractor as close to the practice premises of that GMS contractor as is reasonably practicable.

(4) An arrangement made between a cluster lead practice and a Local Health Board in accordance with sub-paragraph (1)(b)(ii) must include a requirement that each engaged provider who is a GMS contractor co-operates both with the other engaged providers who are 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 the services under the Scheme to all registered patients of the GMS contractors across the cluster.

(5) Sub-paragraph (4) applies whether a GMS contractor who is a member of the cluster is an engaged provider or not.

(6) For the purposes of sub-paragraph (4), where there is only one engaged provider, and it is the cluster lead practice, it is responsible for completing that plan.

(7) Where arrangements are made between a Local Health Board and an engaged provider, those arrangements must include—

- (a) a requirement that the engaged provider—
 - (i) takes account of these Directions and provides the services under the Scheme in accordance with the relevant specification;
 - (ii) maintains and keeps up to date a record on the Welsh Immunisation System of all persons to whom the engaged provider delivers the services under the Scheme;
 - (iii) provides the services required by the relevant specification and, as appropriate, in line with the plan specified in sub-

- paragraph (4) above or sub-paragraph (iv) below;
- (iv) completes to the satisfaction of the Local Health Board, prior to the provision of any services under the Scheme and by such date as the Local Health Board requires, a plan setting out the arrangements for the delivery of the services under the Scheme by the engaged provider including, as a minimum—
 - (aa) the dates and times when services under the Scheme will be delivered, and
 - (bb) such other detail or assurances that the Local Health Board may reasonably request from the engaged provider;
 - (b) a requirement that the engaged provider must use the Welsh Immunisation System for the following purposes and to record the following information, in particular, on the Welsh Immunisation System—
 - (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 another person's behalf, the relationship to the person receiving the vaccine must also be recorded);
 - (bb) the batch number, expiry date and title of the vaccine;
 - (cc) the name of the person drawing up the vaccine;
 - (dd) the name of the person administering the vaccine (if different to the person in paragraph (cc));
 - (ee) the date and time the vaccine was administered;
 - (ff) where more than one vaccine is administered, the route of administration and the injection site of each dose of the vaccine;
 - (gg) any contraindications to the vaccine or immunisation;
 - (hh) any immediate adverse reactions to the vaccine or immunisation,

- (iii) receipt of delivery of the vaccine on the day of its receipt,
 - (iv) the daily vaccine stock check balance on all working days⁽¹⁾ before the end of each working day, and before the end of the day on any other days on which the engaged provider has worked,
 - (v) the refrigerator temperature where vaccines are stored, twice daily (at the start and the end of the day) on all working days and any other days on which the engaged provider has worked,
 - (vi) if required, to supply Public Health Wales with information on persons they have administered a vaccine to under the Scheme, via automated data extraction, for the purpose of monitoring local and national uptake,
 - (vii) to supply NHS Wales Shared Services Partnership with information on persons who have received a vaccine under the Scheme, for payment and, if required, post payment verification purposes, and
 - (viii) to provide data to the cluster lead practice of a cluster (where applicable), Local Health Boards, other NHS bodies, and Welsh Government, when required;
- (c) a requirement that the engaged provider ensures that the Welsh Immunisation System is updated as soon as reasonably practicable after a person has received a vaccination, and by no later than the end of the day on the day on which a vaccination is administered;
- (d) a requirement that the engaged provider must adhere to the supply, storage and wastage requirements in paragraph 8(r) to (t) of the relevant specification and current guidance in chapter 3 (Storage, distribution and disposal of vaccines) of the latest edition of the “Green Book”⁽²⁾ at the time of administering the vaccination;
- (e) a requirement that the engaged provider—
- (i) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
 - (ii) ensures that each person involved in the provision of services under the Scheme

(1) See Schedule 1 to the Legislation (Wales) Act 2019 (anaw 4) for the definition of “working day”.

(2) “Green Book” means the publication ‘Immunisation against infectious disease’, available at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

- has the necessary skills, training, competence and experience to provide those services;
- (iii) ensures that each person involved in the provision of services under the Scheme completes any relevant training provided by Public Health Wales and that the engaged provider keeps a record to confirm that each such person has undertaken the relevant training prior to participating in the administration of vaccinations;
 - (iv) ensures each person involved in the provision of services under the Scheme completes relevant continuing professional development (“CPD”) activity through, for example, regular educational updates, attendance at relevant courses provided by 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;
 - (v) ensures that each person involved in the provision of services under the Scheme is adequately indemnified or insured for any liability arising from the work performed;
 - (vi) supplies its Local Health Board with such information as the Local Health Board may reasonably request for the purposes of monitoring the performance of obligations under the Scheme and, as appropriate, the cluster’s performance in relation to the plan specified in sub-paragraph (4) or the engaged provider’s performance in relation to the plan specified in sub-paragraph (7)(a)(iv);
 - (vii) gives its Local Health Board at least the minimum notice period stated in paragraph 9 of the relevant specification, in writing, prior to terminating their arrangement to provide services under the Scheme;
- (f) payment arrangements for an engaged provider which must enable an engaged provider to claim in accordance with paragraph 7 of the relevant specification a payment of £10.03 per each dose of COVID-19 vaccine administered.
- (8) Where the Local Health Board delivers the Scheme itself in accordance with sub-paragraph (1) or (2), the Local Health Board must ensure that sub-

paragraph (7) applies (as far as relevant in the circumstances).

Eligibility for and conditions for payment

5.—(1) An engaged provider is only eligible for a payment for provision of services under the Scheme in circumstances where the following conditions are met—

- (a) if they are a GMS contractor or any other engaged provider;
- (b) if they are an engaged provider other than a GMS contractor, the person in respect of whom the payment for the administration of a COVID-19 vaccine is claimed was allocated to the engaged provider by the Local Health Board with whom the engaged provider has an agreement to provide services under the Scheme;
- (c) the engaged provider does not receive any payment from any other source in respect of a COVID-19 vaccine, but if the engaged provider does receive payments from other sources in respect of any person, the Local Health Board must consider whether to recover any payment made under the Scheme in respect of that person under paragraph 7 (overpayments and withheld amounts);
- (d) if, for the purpose of creating a clinical record of immunisation, in respect of each person for whom a payment under the Scheme is claimed, the engaged provider has supplied the Local Health Board via the Welsh Immunisation System with—
 - (i) the name of the person,
 - (ii) the date of birth of the person,
 - (iii) the NHS number of the person (if known), and
 - (iv) the date on which each dose of the vaccine has been administered;
- (e) the engaged provider creates the clinical record on the Welsh Immunisation System by the end of the day on the day on which a vaccine is administered.

(2) The Local Health Board may request from an engaged provider any information which the Local Health Board does not have but needs, and the engaged provider either has or could be reasonably expected to obtain, in order for the Local Health Board to form an opinion on whether the engaged provider is eligible for payment under the provisions of the Scheme.

(3) The Local Health Board may, in appropriate circumstances and in accordance with paragraph 7,

withhold payment of any, or any part of, payments due under the Scheme if an engaged provider breaches any of the conditions in this paragraph.

Payment under the Scheme

6.—(1) Where the engaged provider satisfies requirements under paragraph 5, the engaged provider will receive an automatic payment based on the information recorded on the Welsh Immunisation System in respect of each person who has received a vaccine and the activity of the engaged provider will be captured by NHS Wales Shared Services Partnership as at the tenth day of each calendar month.

(2) Any amount payable in accordance with sub-paragraph (1) falls due following the expiry of 14 days after the activity is captured under sub-paragraph (1) and an automatic payment will be made as follows—

- (a) in the case of a GDS contractor, on the next date when the GDS contractor's payable monthly Annual Contract Value Payment falls due in accordance with the relevant Statement of Financial Entitlements;
- (b) in the case of a GMS contractor, on the next date when the GMS contractor's Global Sum monthly payment falls due in accordance with the relevant Statement of Financial Entitlements;
- (c) in the case of a GOS contractor, on the date in the next month when the GOS contractor's general ophthalmic services monthly reimbursement falls due in accordance with the Statement of Remuneration;
- (d) in the case of an NHS pharmacist, on the next date when the NHS pharmacist receives any other payments due under the Drug Tariff.

(3) The Local Health Board must ensure that the receipt and payment in respect of any automatic payments made under sub-paragraph (1) are properly recorded and that each such payment has a clear audit trail.

(4) In this paragraph—

“Drug Tariff” (“*Tariff Cyffuriau*”) has the meaning given to it in regulation 55 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 (the Drug Tariff and remuneration of NHS pharmacists and NHS appliance contractors);

“Statement of Financial Entitlements” (“*Datganiad ar Hawlogaethau Ariannol*”) means any directions as to the Statement of Financial Entitlements given by the Welsh Ministers under—

- (a) section 45 of the Act in relation to payments to be made by a Local Health Board to a GMS contractor, or
- (b) section 60 of the Act in relation to payments to be made by a Local Health Board to a GDS contractor;

“Statement of Remuneration” (“*Datganiad o Dâl*”) means any determination made by the Welsh Ministers under section 76 of the Act, and regulation 31 of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023, in relation to payments to be made by a Local Health Board to a GOS contractor.

Overpayments and withheld amounts

7.—(1) The Local Health Board may, in the circumstances set out in sub-paragraph (3), recover money paid to an engaged provider under the Scheme by deducting an equivalent amount from any payment payable under the Scheme, or any other payment payable to an engaged provider by virtue of its provision of NHS services.

(2) Where no such deduction as described under sub-paragraph (1) can be made, it is a condition of the payments made under the Scheme that the engaged provider must pay to the Local Health Board that equivalent amount.

(3) The circumstances referred to in sub-paragraph (1) are where a Local Health Board makes a payment to an engaged provider under the Scheme and—

- (a) the engaged provider was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due),
- (b) the Local Health Board was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid, or
- (c) the Local Health Board is entitled to repayment of all or part of the money paid.

(4) Where a Local Health Board is entitled under sub-paragraph (1) to withhold all or part of a payment because of a breach of a payment condition, and the Local Health Board does so or recovers the money by deducting an equivalent amount from another payment payable under the Scheme, or from any other payment payable to an engaged provider by virtue of its provision of NHS services, it may, where it sees fit to do so, reimburse the engaged provider the amount withheld or recovered, if the breach is cured.

Underpayments and late payments

8.—(1) If the full amount of a payment that is payable under the Scheme has not been paid before the date on which the payment falls due, once it falls due, it must be paid promptly unless—

- (a) the engaged provider has consented to later payment, or
- (b) the amount of, or entitlement to, the payment, or any part thereof, is in dispute.

(2) If the engaged provider's entitlement to the payment is not in dispute but the amount of the payment is in dispute, then once the payment falls due, pending the resolution of the dispute, the Local Health Board must—

- (a) pay to the engaged provider, promptly, an amount representing the amount that the Local Health Board accepts that the engaged provider is at least entitled to, and
- (b) thereafter pay any shortfall promptly, once the dispute is finally resolved.

(3) However, if an engaged provider has—

- (a) not claimed a payment to which it would be entitled under the Scheme if it claimed the payment, or
- (b) claimed a payment to which it is entitled under the Scheme but a Local Health Board is unable to calculate the payment until after the payment is due to fall due because it does not have the information it needs in order to calculate that payment (all reasonable efforts to obtain the information having been undertaken),

that payment is (instead) to fall due on the first working day of the month after the month during which the Local Health Board obtains the information it needs in order to calculate the payment.

Payments on account

9.—(1) Subject to sub-paragraph (2), where a Local Health Board and the engaged provider agree, the Local Health Board must pay to an engaged provider on account any amount that is—

- (a) the amount of, or a reasonable approximation of the amount of, a payment that is due to fall due under the Scheme, or
- (b) an agreed percentage of the amount of, or a reasonable approximation of the amount of, a payment that is due to fall due under the Scheme,

and if that payment results in an overpayment in respect of the payment, paragraph 7 applies.

(2) The Local Health Board may withdraw its agreement under sub-paragraph (1) where—

- (a) it is reasonable to do so, and
- (b) it has given the engaged provider reasonable notice of its withdrawal.

Post payment verification

10. Post payment verification⁽¹⁾ may apply to the provision of services under the Scheme.

Dispute resolution

11.—(1) In the case of any dispute arising out of, or in connection with, the Scheme, the engaged provider and the Local Health Board must make every reasonable effort to communicate and cooperate with each other with a view to resolving the dispute, before referring the dispute for consideration and determination to the Welsh Ministers in accordance with the Scheme dispute resolution procedure (or, where applicable, before commencing court proceedings) specified in sub-paragraphs (2) to (15).

(2) The procedure specified in the following sub-paragraphs applies in the case of any dispute arising out of, or in connection with, the Scheme which is referred to the Welsh Ministers.

(3) Any party wishing to refer a dispute as mentioned in sub-paragraphs (1) and (2) must send to the Welsh Ministers a written request for dispute resolution which must include or be accompanied by—

- (a) the names and addresses of the parties to the dispute,
- (b) a copy of any arrangement made under the Scheme, and
- (c) a brief statement describing the nature and circumstances of the dispute.

(4) Any party wishing to refer a dispute as mentioned in sub-paragraphs (1) and (2) must send the request under sub-paragraph (3) within a period of 3 years beginning with the date on which the matter giving rise to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.

(5) The Welsh Ministers may determine the matter themselves or, if the Welsh Ministers consider it appropriate, appoint a person or persons to consider and determine it.

(1) For more information on post payment verification, please see: <https://nwssp.nhs.wales/ourservices/primary-care-services/general-information/post-payment-verification-ppv/>.

(6) Before reaching a decision as to who should determine the dispute, under sub-paragraph (5), the Welsh Ministers must, within 7 days beginning with the date on which a matter under dispute was referred to them, send a written request to the parties to make in writing, within a specified period, any representations which they may wish to make about the matter under dispute.

(7) The Welsh Ministers must give, with the written request under sub-paragraph (6), to the party other than the one which referred the matter to dispute resolution, a copy of any document by which the matter was referred to dispute resolution.

(8) The Welsh Ministers must give a copy of any representation received from a party to the other party and must in each case request (in writing) a party to whom a copy of the representations is given to make, within a specified period, any written observations which it wishes to make on those representations.

(9) Following the end of the specified period for making representations under sub-paragraph (6) or observations under sub-paragraph (8), or, if earlier, on receipt of any such representations from the parties, the Welsh Ministers must, if they decide to appoint a person or persons to hear the dispute—

- (a) inform the parties in writing of the name of the person or persons whom they have appointed, and
- (b) provide to the person or persons so appointed any documents received from the parties under sub-paragraph (3), (6) or (8).

(10) For the purpose of assisting the adjudicator in the consideration of the matter, the adjudicator may—

- (a) invite representatives of the parties to appear before the adjudicator to make oral representations either together or, with the agreement of the parties, separately, and may in advance provide the parties with a list of matters or questions to which the adjudicator wishes them to give special consideration, or
- (b) consult other persons whose expertise the adjudicator considers will assist in the consideration of the matter.

(11) Where the adjudicator consults another person under sub-paragraph (10)(b), the adjudicator must notify the parties accordingly in writing and, where the adjudicator considers that the interests of any party might be substantially affected by the result of the consultation, the adjudicator must give to the parties such opportunity as the adjudicator considers reasonable in the circumstances to make observations on those results.

(12) In considering the matter, the adjudicator must consider—

- (a) any written representations made in response to a request under sub-paragraph (6), but only if they are made within the specified period;
- (b) any written observations made in response to a request under sub-paragraph (8), but only if they are made within the specified period;
- (c) any oral representations made in response to an invitation under sub-paragraph (10)(a);
- (d) the results of any consultation under sub-paragraph (10)(b);
- (e) any observations made in accordance with an opportunity given under sub-paragraph (11).

(13) Subject to the other provisions within this paragraph and to any agreement by the parties, the adjudicator has wide discretion in determining the procedure of the dispute resolution to ensure the just, expeditious, economical and final determination of the dispute.

(14) The determination of the adjudicator and the reasons for it must be recorded in writing and the adjudicator must give notice of the determination (including the record of the reasons) to the parties to the dispute.

(15) In this paragraph, “specified period” means such period as the Welsh Ministers specify in a written request, being not less than 2, nor more than 4, weeks beginning with the date on which the written request referred to is made, but the Welsh Ministers may, if they consider that there is good reason for doing so, extend any such period (even after it has expired) and, where they do so, a reference in this paragraph to the specified period is to the period as so extended.

General

12. Nothing in these Directions authorises any administration of COVID-19 vaccinations that would contravene the Human Medicines Regulations 2012(1).

Revocation and saving provision

13.—(1) The Primary Care (Contracted Services: Immunisations) Directions 2021(2) are revoked.

(2) The Primary Care (Contracted Services: Immunisations) Directions 2021(3) continue to apply in respect of any COVID-19 vaccinations administered by an engaged provider in accordance with the Scheme established under those Directions before the coming into force date of these Directions.

(1) S.I. 2012/1916.

(2) WG No. 21-70.

(3) As amended by WG No. 21-97 and WG No. 22-04.



Jo Iarner

Deputy Director, Vaccination Policy, under the
authority of the Deputy Minister for Public and
Preventative Health, one of the Welsh Ministers
23 June 2026

Primary Care Contracted Services:
Immunisations (COVID-19 Vaccines)
Specification

1. Introduction

Vaccination has long been a crucial part of NHS delivery to protect citizens and communities. Primary Care in Wales has an excellent track record of delivering immunisation programmes and has the skilled and experienced workforce necessary to deliver current and future immunisation programmes.

As COVID-19 has become endemic, it remains a priority to deploy safe and effective vaccines with enough uptake in the ‘at risk’ and overall population to protect individual patients and reduce the burden on, and risk to, NHS services. Since the 2020 pandemic, the focus of the COVID-19 vaccination programme has developed in response to high levels of population immunity, improved knowledge of the protection afforded by vaccination and increased awareness of the people at greatest risk from infection. The programme continues to be informed by advice issued by the Joint Committee on Vaccination and Immunisation (“JCVI”), that considers clinical- and cost-effectiveness.

Vaccination against COVID-19, in those at greatest risk of severe outcomes from infection, remains a priority. A seasonal dose of COVID-19 vaccine is offered to eligible people in spring and autumn to offer the best protection against serious illness. This continues to be a whole NHS Wales approach with the strategic intent of immunising as many eligible individuals as possible, as swiftly as possible, safely and with minimum waste.

As part of their planning, Local Health Boards have to consider a range of factors, including workforce, logistics and infrastructure. They also have to take account of developments in the advice issued by the JCVI along with other guidance, as well as how best to meet the needs of their local population.

It is crucial that Local Health Boards remain flexible and enable primary care providers to continue to engage in vaccine delivery where that is needed, whilst also balancing this with ongoing delivery of NHS services.

This Primary Care Contracted Services: Immunisations (“PCCS:I”) (COVID-19 Vaccines) Specification specifically relates to the delivery of vaccines approved by the Medicines and Healthcare products Regulatory Agency (“MHRA”) for the vaccination or immunisation of individuals at risk from COVID-19 (which are referred to in this Specification as “the COVID-19 Vaccines”) by engaged providers.

2. Background

SARS-CoV-2 virus is the official name of the strain of coronavirus that causes the disease known as COVID-19. When a person is exposed to the SARS-CoV-2 virus, spike glycoprotein (S) found on the surface of the virus binds to ACE2 receptors on human cells to gain entry to the cells and cause an infection. Vaccines act by boosting the ability of the body to recognise and develop an immune response to the spike protein, and this will help prevent serious disease (hospitalisation and mortality) due to COVID-19 infection. Vaccinating people against the SARS-CoV-2 virus is key to reducing the severe morbidity and mortality it causes in those at greatest risk from infection.

Since the 2020 pandemic the COVID-19 vaccination programme has transitioned to narrower eligibility with a seasonal vaccination offer. This is due to greater population immunity, increased awareness of those at most risk from infection and better understanding of vaccine effectiveness and waning immunity following immunisation. The programme continues to focus on vaccinating people who remain at greatest risk of hospitalisation and/or mortality from COVID-19 to protect citizens and reduce pressures on health services.

Supply of COVID-19 vaccine to Wales is managed centrally by the Welsh Government in conjunction with Local Health Boards. Engaged providers who participate in the PCCS:I will not be required to purchase any stock of a COVID-19 vaccine. All vaccines delivered under this PCCS:I will be free of charge to the engaged provider, for the purpose of vaccinating eligible cohorts against COVID-19.

National template Patient Group Directions and Vaccine Group Directions will be developed to support service delivery. Engaged providers must ensure that they have access to, and have considered, all current versions of approved documents when providing services under this PCCS:I.

Engaged providers should refer to the relevant Welsh Health Circular(s) (“WHC”) in providing this service.

3. PCCS:I Scheme Aims

This PCCS:I provides a mechanism for engaged providers to enter into a commissioning arrangement with their Local Health Board (“the relevant Local Health Board”) to provide the COVID-19 vaccination service.

Those persons engaged in delivery of COVID-19 vaccines under this PCCS:I will be covered by existing indemnity arrangements under regulation 8 of the National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019⁽¹⁾.

4. Cluster working

Engaged providers are strongly encouraged to work collectively within professional collaborative or cluster groupings, whether or not these have previously been in place, and irrespective of which primary care services a provider usually provides, to maximise the level of vaccine delivery and uptake. For example, this could include working in collaboration with others from the same or different service to deliver vaccines.

5. Eligible cohorts and individuals for vaccination under the PCCS:I (COVID-19) Scheme

The JCVI advises UK health departments on immunisation and eligibility for COVID-19 vaccines. Eligible cohorts will be determined by the Welsh Government and confirmed via a WHC.

The order in which eligible cohorts are offered vaccination and the prioritisation of eligible cohorts will depend on factors including vaccine characteristics, JCVI advice and advice from the Chief Medical Officer for Wales, all of which will be communicated in a WHC. The date for commencing the vaccination programme will also be confirmed in a WHC.

This Specification only relates to the vaccination services commissioned by the contracting Local Health Board for administration to eligible cohorts.

Engaged providers who participate in this PCCS:I should ensure all staff are aware of the cohorts eligible for vaccination under this Specification and the sequence for delivery. Vaccination outside of the specified eligible cohorts will not result in a payment under this PCCS:I.

Further information for health care practitioners can be found in the relevant chapters of the Green Book

(1) S.I. 2019/422 (W. 97).

“Immunisation against infectious disease” at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

6. Conditions for service delivery

An engaged provider may only participate in this PCCS:I to provide services in accordance with this Specification if all of the following conditions are met—

- (a) there must be an up-to-date and appropriate level of equipment for resuscitation and the treatment of anaphylaxis, specifically adrenaline, at any site where vaccination occurs;
- (b) all persons who are involved in administration of vaccinations must—
 - (i) have the necessary skills, training and (where applicable) accreditation, competence and experience to provide the service,
 - (ii) be adequately trained in administration of vaccinations, vaccine storage, handling, security, and assessment and management of resuscitation, anaphylaxis and aseptic non-touch techniques, and
 - (iii) be trained in the use of personal protective equipment (“PPE”) and wear the appropriate PPE for the setting in which they are working and which engaged providers will be responsible for providing;
- (c) the engaged provider and any person involved in the administration of a COVID-19 vaccine must have completed relevant CPD activity, through, for example, regular educational updates, attendance at relevant courses provided by Local Health Boards, as well as self-directed learning;
- (d) a clinical record of immunisation with a COVID-19 vaccine must be entered onto the Welsh Immunisation System in accordance with paragraph 4(7) of the Primary Care (Contracted Services: Immunisations) (COVID-19) (Wales) Directions 2026 (“the relevant Directions”).

7. Payment for administration of a COVID-19 vaccine under this PCCS:I

The Local Health Board must pay to an engaged provider who qualifies for payment in accordance with paragraphs 5 and 6 of the relevant Directions, a payment of the standard item of service (IoS) fee,

currently £10.03, in respect of each dose of a COVID-19 vaccine administered to a person under this PCCS:I.

8. Further service requirements

Eligible cohorts

- (a) The relevant Local Health Board, with the engaged provider, will develop a proactive and preventative approach to offering the COVID-19 vaccines. This may include robust call and reminder systems to contact individuals within eligible cohorts, with the aims of—
 - (i) maximising uptake in the interests of those persons, and
 - (ii) meeting any public health targets in respect of the administration of COVID-19 vaccines.
- (b) The engaged provider must agree with the relevant Local Health Board to—
 - (i) maximise the administering of COVID-19 vaccines to the population groups specified as eligible in the WHC,
 - (ii) accept the order in which eligible cohorts will be vaccinated and timescale over which vaccines will be administered as specified in the WHC, and
 - (iii) in the case of GMS contractors, vaccinate eligible people who are not registered with their practice, as considered appropriate, in agreement with the Local Health Board.

Publicity and promotion

- (c) The engaged provider will participate in any reasonable activity to publicise the service required by the Local Health Board. Publicity materials and information leaflets may be provided by the relevant Local Health Board or Public Health Wales.
- (d) Where publicity material not directly supplied by the Local Health Board or Public Health Wales is used to promote the service, such materials as developed by an engaged provider must state that the service is funded by NHS Wales, include the NHS Wales logo and be approved by the relevant Local Health Board for use.

Model for delivery

- (e) Engaged providers must ensure that delivery of services under this PCCS:I is alongside,

and not in lieu of, existing contractual requirements.

- (f) The engaged provider and relevant Local Health Board must agree the dates and times when services under the Scheme will be delivered as set out in the plan agreed in accordance with paragraph 4(7)(a)(iv) of the relevant Directions.
- (g) The engaged provider is actively encouraged to work collaboratively with other engaged providers in a cluster to share resources and maximise efficiencies to deliver this PCCS:I.
- (h) The engaged provider is to notify the relevant Local Health Board of the number of vaccination slots they have available and of all vaccination clinic sessions start and finish times, and their locations, at least 14 days in advance.
- (i) Vaccination appointments and number of people per session must be agreed between the relevant Local Health Board and engaged provider.
- (j) Any person who administers a vaccine under this PCCS:I must do so in accordance with the relevant Directions, and this PCCS:I Specification, after consent has been obtained, and following guidance in the Green Book and relevant WHCs.
- (k) The engaged provider must ensure that—
 - (i) all persons who receive a vaccine under this PCCS:I are eligible and suitable clinically in accordance with current clinical guidance,
 - (ii) informed consent is obtained, and the patient's consent to the vaccination (or name of the person who gave consent to the vaccination and that person's relationship to the patient) must be recorded in accordance with law and guidance, and
 - (iii) consent obtained under paragraph 8(k)(ii) is recorded (as appropriate) for any necessary information sharing with the relevant Local Health Board, in accordance with data protection legislation and guidance.
- (l) Engaged providers must ensure the vaccine given to a person accords with the recommended vaccines set out in the WHC.
- (m) Engaged providers must ensure that—
 - (i) the correct dosage of a COVID-19 vaccine is administered to each person, as clinically appropriate;

- (ii) they comply with relevant guidance set out in the Green Book and WHC, including but not limited to—
 - (aa) which COVID-19 vaccine is the most suitable for each eligible cohort,
 - (bb) the relevant minimum interval post administration of a dose and/or infection with coronavirus (as applicable) is observed for administration of each vaccination,
 - (cc) the relevant vaccination time limitations and expiry date following reconstitution,
 - (dd) the number of doses and required dosage of each vaccine required to achieve the desired immune response for each patient, and
 - (ee) any other relevant guidance relating to the administration of the different types of vaccine and the different cohorts, which is given from time to time.
- (n) Appointments for vaccination under this PCCS:I must be booked via the Welsh Immunisation System.
- (o) The engaged provider is actively encouraged to take advantage of all opportunities to vaccinate eligible people, to make every contact count, irrespective of whether a patient has a scheduled appointment.

Persons involved in administering the vaccine

- (p) The engaged provider must ensure that vaccinations are administered only by a person permitted to do so in accordance with the Human Medicines Regulations 2012(1). All vaccines are classified as prescription only medicines. There needs to be an appropriate legal framework in place before they can be administered to eligible cohorts. Any person who supplies and administers a vaccine must have a legal authority to do so. This legal authority may be in the form of a written patient specific prescription, a Patient Specific Direction, a Patient Group Direction or Vaccine Group Direction.
- (q) The engaged provider must ensure that—
 - (i) all persons involved in the delivery of this PCCS:I have completed the

(1) S.I. 2012/1916.

- necessary training and accreditation relevant to their role as set out in the relevant legal authority;
- (ii) a record is maintained of all persons authorised to administer vaccinations under this PCCS:I;
 - (iii) all persons engaged in the delivery of this PCCS:I have access to all relevant guidance and resources required to deliver this service;
 - (iv) all persons engaged in the delivery of this PCCS:I have the necessary experience, skills, training and competency to administer vaccines in general, including training with regard to the recognition and initial treatment of anaphylaxis.
- (r) All persons engaged in the delivery of this PCCS:I must ensure that—
- (i) there is a valid legal authority in place for vaccination of each patient;
 - (ii) they meet the requirements for characteristics of staff set out in the relevant legal authority;
 - (iii) they have completed the required training, accreditation (where necessary) and competency assessment set out in the relevant legal authority;
 - (iv) they have access to the relevant guidance and resources to undertake the vaccination.

Supply, storage and wastage

- (s) Engaged providers must ensure that all COVID-19 vaccines are received, stored, prepared and subsequently transported (where appropriate) in accordance with the relevant manufacturer's, Public Health Wales and Local Health Board guidance and all associated standard operating procedures.
- (t) All refrigerators in which vaccines are stored must have a temperature data logger installed inside the refrigerator which continuously monitors the temperature inside the refrigerator, and trained personnel must be able to download the data to give a continuous temperature record for that refrigerator. Refrigerator temperature readings must be taken and recorded from the refrigerator temperature thermometer display on all working days and any other days on which the engaged provider has worked and engaged providers must ensure that appropriate action is taken when readings are outside the recommended temperature.

- (u) Appropriate procedures must be in place to ensure stock rotation, monitoring of expiry dates and appropriate use of multi-dose vials to ensure that wastage is minimised and does not exceed 5% of the total number of vaccines supplied.
- (v) Wastage levels will be reviewed by the relevant Local Health Board on an ongoing basis.
- (w) Where wastage exceeds 5% of the vaccines supplied and that wastage is as a result of the supply chain or is the relevant Local Health Board's fault, those vaccines must be removed from any wastage calculations when reviewed by the relevant Local Health Board on an ongoing basis.

Accessibility and equality

- (x) Engaged providers must ensure that services are accessible, appropriate and sensitive to the needs of all persons.
- (y) Those persons eligible for vaccination by the engaged provider in accordance with this PCCS:I must not be excluded or experience particular difficulty in accessing and effectively using this PCCS:I due to a protected characteristic, as outlined in the Equality Act 2010(1).
- (z) Engaged providers undertaking this PCCS:I should work with their relevant Local Health Board to support the relevant Local Health Board's equality plans, in making vaccination as accessible as possible, including to those in under-served communities.

Record-keeping

- (aa) The engaged provider must use the Welsh Immunisation System for the following purposes and to record the following information, in particular, on the Welsh Immunisation System—
 - (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 another person's behalf, the relationship to the person receiving the vaccine must also be recorded);

(1) 2010 c. 15.

- (bb) the batch number, expiry date and title of the vaccine;
 - (cc) the name of the person drawing up the vaccine;
 - (dd) the name of the person administering the vaccine (if different to the person in subparagraph (cc));
 - (ee) the date and time the vaccine was administered;
 - (ff) where more than one vaccine is administered, the route of administration and the injection site of each dose of the vaccine;
 - (gg) any contraindications to the vaccine or immunisation;
 - (hh) any immediate adverse reactions to the vaccine or immunisation,
- (iii) receipt of delivery of the vaccine on the day of its receipt,
 - (iv) the daily vaccine stock check balance on all working days before the end of each working day, and before the end of the day on any other days on which the engaged provider has worked,
 - (v) the refrigerator temperature(s) where vaccines are stored, twice daily (at the start and the end of the day) on all working days and any other days on which the engaged provider has worked,
 - (vi) if required, to supply Public Health Wales with information on persons they have administered a vaccine to under the Scheme, via automated data extraction, for the purpose of monitoring local and national uptake,
 - (vii) to supply NHS Wales Shared Services Partnership with information on persons who have received a vaccine under the Scheme, for payment and, if required, post payment verification purposes, and
 - (viii) to provide data to the cluster lead practice of a cluster (where applicable), Local Health Boards, other NHS bodies, and Welsh Government, when required.
- (bb) The engaged provider must ensure consistent coding to enable the capture of data, and compliance with relevant information governance legislation.

Adverse events

- (cc) All adverse events relating to a COVID-19 vaccine must be reported to—
 - (i) the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card scheme <https://yellowcard.mhra.gov.uk/>, and
 - (ii) the Local Health Board Primary Care Team (by using Datix or the Once for Wales Concerns Management System, or existing local arrangements).

Co-administration

- (dd) Where co-administration of COVID-19 and other vaccines occur, patients should be informed about the likely timing of potential adverse events relating to each vaccine by the person obtaining informed consent. Engaged providers should refer to all available and relevant guidance.

Vaccine stock and consumables

- (ee) The relevant Local Health Board must—
 - (i) coordinate vaccine supplies, and
 - (ii) provide consumables such as syringes and needles.

Security

- (ff) Engaged providers must have robust security measures in place to ensure the safety of patients, staff and the vaccines themselves.
- (gg) All packaging relating to COVID-19 vaccines must be destroyed or defaced in such a manner that prevents it being reused for any purpose. This includes the safe and secure disposal of empty vials via the clinical waste stream to ensure they cannot be reused.

9. Termination of arrangements

An arrangement between an engaged provider and a relevant Local Health Board for the provision of COVID-19 vaccination services made under the relevant Directions and this PCCS:I Specification may be terminated—

- (a) automatically, when the COVID-19 vaccination programme comes to an end,
- (b) immediately, where the relevant Local Health Board requires that the engaged provider withdraws from the arrangement because the relevant Local Health Board is of the opinion that the engaged provider is not complying with their obligations under this PCCS:I,

- (c) by the Local Health Board giving the engaged provider not less than 4 weeks' notice in writing, where the relevant Local Health Board wishes to terminate the arrangement with the engaged provider for any reason other than that specified by sub-paragraph (b), or
- (d) by the engaged provider giving the Local Health Board not less than 4 weeks' notice in writing, where the engaged provider wishes to terminate the arrangement with the relevant Local Health Board for any reason.

10. Application for participation

Signature of engaged provider:

Date: