WELSH SUBORDINATE LEGISLATION

NWSI 2026 No. 158

NATIONAL HEALTH SERVICE

The Primary Medical Services (Pneumococcal Immunisation Scheme) (Directed Supplementary Service) (Wales) Directions 2026

Made	*27 August 2026*
Coming into force	*1 October 2026*

The Welsh Ministers, in exercise of the powers conferred by sections 12(3), 45(1), (2), (3)(a) to (d), (4) and (5), 203(9) and (10), and 204(1)(b) of the National Health Service (Wales) Act 2006(**1**), and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, give the following Directions.

Title, application and coming into force

1.—(1) The title of these Directions is the Primary Medical Services (Pneumococcal Immunisation Scheme) (Directed Supplementary Service) (Wales) Directions 2026.

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

(3) These Directions come into force on 1 October 2026.

Interpretation

2. In these Directions—

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

(**1**) 2006 c. 42. There are amendments to section 203 which are not relevant to these Directions.

"the GMS Contracts Regulations" ("*y Rheoliadau Contractau GMC*") means the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(**1**);

"engaged GMS contractor" ("*contractwr GMC sydd wedi ei gymryd ymlaen*") means a GMS contractor that agrees with a Local Health Board to provide services under a Pneumococcal Immunisation Scheme under an arrangement made in accordance with paragraph 4(1) or (2);

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

"GMS contractor" ("*contractwr GMC*") means a person with whom a Local Health Board is entering or has entered into a GMS contract;

"Green Book" ("*Llyfr Gwyrdd*") means the publication "Immunisation against infectious disease"(**2**).

Establishment of Pneumococcal Immunisation Scheme

3.—(1) Each Local Health Board must, as part of its discharge of its functions under section 41(**3**) of the Act (of providing primary medical services within its area, or securing the provision of such services in its area), establish, operate and, as appropriate, revise a Pneumococcal Immunisation Scheme in accordance with these Directions.

(2) The underlying purpose of the Pneumococcal Immunisation Scheme is to ensure that patients, in each Local Health Board's area, who are at risk of pneumococcal infection, are offered immunisation against such infection(**4**).

Pneumococcal Immunisation Scheme

4.—(1) Each Local Health Board must offer to enter into arrangements for the provision of services under its Pneumococcal Immunisation Scheme to registered patients—

(a) in the first instance, with each GMS contractor, in relation to the registered patients of that GMS contractor, and

(b) thereafter, with—

(**1**) S.I. 2023/953 (W. 155).

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

(**3**) There are amendments to section 41 which are not relevant to these Directions.

(**4**) Further details about the persons eligible to be vaccinated can be found in the Green Book. *See* also paragraph 4(6) for the definition of "at-risk patient".

(i) one or more cluster lead practices, in relation to—

(aa) the registered patients of each such cluster lead practice, and

(bb) 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 Pneumococcal Immunisation Scheme under paragraph (a), or

(ii) a GMS contractor that has agreed to deliver the Pneumococcal Immunisation Scheme under paragraph (a), to also deliver the service 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) Each Local Health Board may also offer to enter into arrangements with each GMS contractor for the provision of services under its Pneumococcal Immunisation Scheme to persons who are not registered patients, where appropriate, providing that—

(a) such persons are eligible under category (c) in the definition of "at-risk patient" at sub-paragraph (6), and

(b) the Local Health Board allocates the person to the GMS contractor for vaccination.

(3) Where the registered patients of a GMS contractor will not receive the service outlined in these Directions (whether from the GMS contractor in relation to whom they are registered patients or from a cluster lead practice or from a GMS contractor who has agreed to deliver the Pneumococcal Immunisation Scheme on behalf of the GMS contractor with whom the patient is registered) the Local Health Board—

(a) must make arrangements to ensure that the provision of services under the Pneumococcal Immunisation Scheme to the registered patients of that GMS contractor is as close to the practice premises of that GMS contractor as is reasonably possible, and

(b) may deliver the services under the Pneumococcal Immunisation Scheme to those patients in any way it believes is appropriate (including, but not limited to, by providing the service itself or arranging for the delivery of the service by any engaged GMS contractor).

(4) 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 (in accordance with paragraph 13 of Schedule 3 to the GMS Contracts Regulations) both 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 services under the Pneumococcal Immunisation Scheme to the registered patients of the GMS contractors across the cluster.

(5) Where arrangements are made between the Local Health Board and a GMS contractor under sub-paragraph (1) or (2), 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 the Pneumococcal Immunisation 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 Pneumococcal Immunisation Scheme by the engaged GMS contractor including, as a minimum—

(i) the dates and times when services under the Pneumococcal Immunisation Scheme will be delivered,

(ii) how the GMS contractor will continue to provide, without interruption, its unified services (as defined by regulation 3(1) of the GMS Contracts Regulations)(**1**) whilst it is an engaged GMS contractor, and

(iii) such other detail or assurance 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 "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 pneumococcal infection;

(c) a requirement that the engaged GMS contractor undertakes—

(**1**) The definition of "unified services" in regulation 3(1) was amended by regulation 4 of W.S.I. 2026/17. There are other amendments to regulation 3(1) which are not relevant to these Directions.

(i) to offer vaccinations against pneumococcal infection to—

(aa) all at-risk patients who are registered patients, and

(bb) any persons who are not registered patients that are allocated to the engaged GMS contractor under sub-paragraph (2), and

(ii) in relation to those at-risk patients who are aged 65 or over, to make that offer within 12 weeks of the person becoming eligible;

(d) a requirement that the engaged GMS contractor develops a proactive and preventative approach to offering vaccinations against pneumococcal infection by adopting robust call and reminder systems to contact at-risk patients who are registered 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 vaccinations;

(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 GMS contractor 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 vaccine or immunisation;

(gg) any adverse reaction to the vaccine 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(**1**) with regard to the administration of that vaccine, and

(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(**2**);

(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 services under the Pneumococcal Immunisation Scheme 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 services under the Pneumococcal Immunisation Scheme 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 services under the Pneumococcal Immunisation Scheme 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

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(**1**) Taking account of the National Minimum Standards and core curriculum for Immunisation Training at https://phw.nhs.wales/topics/immunisation-and-vaccines/vaccines-professionals/immunisation-training-resources-and-events/.

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

of monitoring the engaged GMS contractor's performance of its obligations under the Pneumococcal Immunisation Scheme in relation to the plan specified in paragraph (a) and, where applicable, the cluster's performance in relation to the plan specified in sub-paragraph (4).

(6) In this paragraph—

"at-risk patient" ("*claf sydd mewn perygl*") means a patient who is at-risk of pneumococcal infection because they are—

(a) aged 65 or over at the end of that financial year,

(b) aged under 65 and at-risk of infection as defined in the latest edition of the Green Book(**1**), or

(c) a person experiencing homelessness;

"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 (under Part 4 of the Act) across a specified geographical area;

"cluster lead practice" ("*practis arweiniol clwstwr*") means a GMS contractor that has agreed to provide services under a Pneumococcal Immunisation Scheme under an arrangement made in accordance with paragraph 4(1), 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;

"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(**2**);

"person experiencing homelessness" ("*person sy'n profi digartrefedd*") means a person who is sleeping rough; in emergency accommodation; or is recently homeless in supported accommodation;

"Public Health Wales" ("*Iechyd Cyhoeddus Cymru*") means the Public Health Wales National

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(**1**) Green Book, Chapter 25: Pneumococcal.

(**2**) 2002 c. 17. Section 25(3) was amended by section 127 of, and paragraph 17(2) and (3) of Schedule 10 to, the Health and Social Care Act 2008 (c. 14); article 68 of, and paragraph 10 of Schedule 4 to, S.I. 2010/231; section 230 of, and paragraph 56(b) of Schedule 15 to, the Health and Social Care Act 2012 (c. 7); and section 56 of, and paragraph 2(2) of Schedule 4 to, the Children and Social Work Act 2017 (c. 16). There are other amendments to section 25 which are not relevant to these Directions.

Health Service Trust established by article 2 of the Public Health Wales National Health Service Trust (Establishment) Order 2009(**1**);

"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 a 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 immunisation services under the Pneumococcal Immunisation Scheme as they are an at-risk patient;

"supported accommodation" ("*llety â chymorth*") means accommodation provided to individuals who require support to live independently, where that support is provided in connection with the accommodation, including, for example—

(a) accommodation where support is provided to assist individuals to maintain or secure housing, manage health or wellbeing, develop independent living skills, or access employment or other services, regardless of the type of provider or tenure concerned;

(b) support in the form of the provision of advice, care, counselling, guidance, supervision and training.

Payments under the Pneumococcal Immunisation Scheme

5.—(1) Where arrangements are made under paragraph 4(1) or (2), those arrangements must, in respect of each financial year (or part of a year) to which they relate, also include payment arrangements for an engaged GMS contractor, which must enable the engaged GMS contractor to claim a payment of £10.03 per vaccine administered.

(2) Once a claim for payment by an engaged GMS contractor under sub-paragraph (1) has been submitted and authorised by the Local Health Board, the payment must be made on the date the engaged GMS contractor's Global Sum monthly payment next falls due in accordance with the Statement of Financial Entitlements.

(3) In this paragraph, "Statement of Financial Entitlements" means any directions as to the Statement

(**1**) S.I. 2009/2058 (W. 177).

of Financial Entitlements given by the Welsh Ministers under section 45 of the Act in relation to payments to be made by a Local Health Board to a GMS contractor.

Contract variation

6. The Local Health Board must vary the engaged GMS contractor's GMS contract so that the arrangements made under paragraph 4(1) or (2) comprise part of that engaged GMS contractor's contract and the requirements of the arrangements are conditions of the contract.

Dispute resolution

7.—(1) In the case of any dispute arising out of or in connection with the Pneumococcal Immunisation Scheme, Local Health Boards and GMS contractors should make every effort to resolve the dispute locally before formally referring the dispute through the NHS dispute resolution procedure.

(2) In this paragraph, "NHS dispute resolution procedure" means the procedure for the resolution of disputes specified in paragraphs 106 and 107 of Schedule 3 to the GMS Contracts Regulations(**1**).

Other arrangements

8. Where the Local Health Board delivers services under the Pneumococcal Immunisation Scheme either itself or under an arrangement in accordance with paragraph 4(3), the Local Health Board must ensure that paragraphs 4(5), 5 and 6 apply to such arrangements as they would to an engaged GMS contractor.

Revocation and transitional provision

9.—(1) The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024(**2**) are revoked.

(2) Any act or omission concerning a Pneumococcal Immunisation Scheme to which the Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024 applied immediately before the commencement date of this paragraph is to be treated as an act or omission concerning a Pneumococcal Immunisation Scheme to which these Directions apply.

(**1**) Paragraphs 106 and 107 were amended by regulation 18 of S.I. 2023/1421 (W. 250).

(**2**) WG 2024 No. 22, amended by paragraph 13 of WG25-30.

Paul Casey
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