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

Title, commencement, application and interpretation

1.—(1) The title of these Directions is the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2012.

(2) These Directions come into force on 14 December 2012.

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

(4) In these Directions “the principal Directions” means the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007(2)

Amendment of Direction 6 of the principal Directions

2. For Direction 6 (Influenza and Pneumococcal Immunisation Scheme Plans) of the principal Directions substitute the following—

“Influenza and Pneumococcal Immunisation Scheme Plans

6. As part of its Influenza and Pneumococcal Immunisation Scheme, each Local Health Board may enter into arrangements with any primary medical services contractor (contractor), but where it does so, the plan setting out the arrangements that a Local Health Board enters into, or has entered into, with the primary medical services contractor must, in respect of each financial year to which the plan relates include—

(a) a requirement that the 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—

(1) 2006 c.42.
(2) The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 were made on 11 December 2007 and came into force on 12 December 2007.
(i) influenza infection if he or she 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) in receipt of a carers allowance, or the carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. 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 household contact who is expected to share living accommodation on most days over the winter with an immunocompromised individual, or
  (gg) a member of a recognised voluntary organisation who, as a member of that organisation, provides planned emergency first aid at organised public events(1), or
(ii) pneumococcal infection if he or she is aged 65 or over at the end of the financial year;

(b) a requirement that the 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 from 1 August to 31 March in that financial year, but
    (bb) to concentrate the immunisation programme during the period from 1 September to 31 January in that financial year, 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 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 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,

(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/
(cc) dose administered,
(dd) the date of administration of the vaccine,
(ee) where two 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 contractor ensures that any health care professional who is involved in administering a vaccine has—

(i) any necessary experience, skills and training(1) 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 contractor ensures that it adheres to the current guidance on “Storage, distribution and disposal of vaccines in the latest edition of the “Green Book”(2);

(g) a requirement that the contractor supply its Local Health Board with such information as it may reasonably request for the purposes of monitoring the contractor’s performance of its obligations under the plan;

(h) a requirement that the contractor supplies Public Health Wales with information on eligible patients, via automated data extraction, for the purpose of monitoring local and national uptake; and

(i) the payment arrangements for the contractor, and

the Local Health Board must, where necessary, vary the primary medical service contractor’s primary medical service contract so that the plan comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract.”

Amendment of Direction 9 of the principal Directions

3.—(1) Direction 9 (Severe Mental Illness Scheme Plans) of the principal Directions is amended as follows.

(2) For sub-paragraph (a) of paragraph (2) substitute the following—

“(a) a requirement that the contractor maintains its register (its “Severe Mental Illness Scheme Register” which may have comprised electronically tagged entries in a wider computer database) of those patients for whom the contractor has a contractual duty to provide primary medical services who were notified to the contractor as being in receipt of an Enhanced Care Programme Approach(3) in 2011/2012 by the CPA co-ordinator for the relevant area in 2011/2012.”

(3) In sub-paragraph (c) of paragraph (2) for the words “CPA co-ordinator” substitute “care co-ordinator”.

(4) In sub-paragraph (e)(i)(bb) of paragraph (2) for the words “CPA co-ordinator” substitute “care co-ordinator”.


(3) Further information on the Care Programme Approach is available in guidance issued by the Welsh Government in February 2003: “Mental Health Policy Guidance. The Care Programme Approach for Mental Health Service Users. A Unified and Fair System for Assessing and Managing Care”. The guidance may be found at http://www.nhs.wales.uk/documents/mental-health-policy-imple-guide-e.pdf, page 9 of the guidance distinguishes “enhanced CPA” from “standard CPA”.

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Signed by Lisa Dunsford, Deputy Director Primary and Community Care, Strategy, Policy and Primary Care Directorate, Department for Health, Social Services and Children, under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date: 13 December 2012