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## DIRECTIONS

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### NATIONAL HEALTH SERVICE, ENGLAND

#### The General Medical Services Statement of Financial Entitlements (Amendment) (No. 5) Directions 2022

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State has consulted with the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate.

#### **Citation, commencement, extent, application and interpretation**

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) (No. 5) Directions 2022 and come into force on 28 October 2022.

(2) These Directions are given to NHS England.

(3) These Directions extend to England and Wales and apply to England only.

(4) In these Directions, “the Principal Directions” means the General Medical Services Statement of Financial Entitlements (No. 2) Directions 2021(b).

#### **Amendment of the Principal Directions—**

2.—(1) The Principal Directions are amended as follows.

(2) In Part 1 (global sum), in Section 3(2), for “Part 2 of Annex B” substitute “Section 18B”.

(3) In Part 4 (payments for specific purposes), in Section 16(16)(b), in the words after paragraph (ii) omit “, Pneumococcal,”.

(4) For Part 5, substitute Part 5 as set out in the Schedule to these Directions.

(5) In Annex A (glossary), in Part 2 (definitions), in the definition of “Contractor Weighted Population for the Quarter” after “formula in” omit “Part 1 of”.

(6) In Annex B (global sum)—

(a) at the start of the Annex, before the heading “The Global Sum Allocation Formula”, omit the heading “Part 1”, and

(b) omit Part 2.

(7) In Annex G (dispensing payments)—

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(a) 2006 c. 41. Section 87 is amended by paragraph 33 of Schedule 4 to the Health and Social Care Act 2012 (c. 7). By virtue of section 271(1) of the National Health Service Act 2006, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England.

(b) The Directions were signed on 1st October 2021 and were amended by the General Medical Services Statement of Financial Entitlements (No.2) (Amendment) Directions 2021 signed on 21 December 2021, the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2022 signed on 8th March 2022, the General Medical Services Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022 signed on 31st March 2022, the General Medical Services Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022 signed on 8th July 2022 and the General Medical Services Statement of Financial Entitlements (Amendment) (No. 4) Directions 2022 signed on 29th September 2022. Copies of the Directions are available at [www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013](http://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013). Hard copies can be obtained from the Department of Health and Social Care, 4th Floor, 39 Victoria Street, London SW1H 0EU.

- (a) For Part 2 (dispensing feescale for contractors that are authorised or required to provide dispensing services) substitute the following—

**“ PART 2**

**DISPENSING FEESCALE FOR CONTRACTORS THAT ARE  
AUTHORISED OR REQUIRED TO PROVIDE DISPENSING SERVICES**

From 1<sup>st</sup> October 2022

<i>Total prescriptions calculated separately for each individual dispensing practitioner, in bands</i>	<i>Prices per prescription in pence</i>
Up to 454	286.8
455 – 569	282.7
570 – 684	279.0
685 – 796	275.5
797 – 912	272.2
913 – 1024	269.3
1025 – 1423	266.4
1424 – 1992	264.0
1993 – 2276	261.6
2277 – 2846	259.6
2847 – 3414	257.8
3415 – 3984	256.3
3985 – 4551	254.9
4552 and over	254.0

From 1<sup>st</sup> April 2023

<i>Total prescriptions calculated separately for each individual dispensing practitioner, in bands</i>	<i>Prices per prescription in pence</i>
Up to 454	247.7
455 – 569	244.1
570 – 684	241.0
685 – 796	237.9
797 – 912	235.0
913 – 1024	232.6
1025 – 1423	230.1
1424 – 1992	228.0
1993 – 2276	226.0
2277 – 2846	224.2
2847 – 3414	222.6
3415 – 3984	221.3
3985 – 4551	220.2
4552 and over	219.3”

- (b) For Part 3 (dispensing feescale for contractors that are not authorised or required to provide dispensing services) substitute the following—

## “ PART 3

### DISPENSING FEESCALE FOR CONTRACTORS THAT ARE NOT AUTHORISED OR REQUIRED TO PROVIDE DISPENSING SERVICES

From 1<sup>st</sup> October 2022

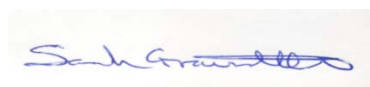
<i>Total prescriptions calculated separately for each individual dispensing practitioner, in bands</i>	<i>Prices per prescription in pence</i>
Up to 454	298.8
455 – 569	294.7
570 – 684	291.0
685 – 796	287.5
797 – 912	284.3
913 – 1024	281.3
1025 – 1423	278.5
1424 – 1992	276.0
1993 – 2276	273.7
2277 – 2846	271.6
2847 – 3414	269.8
3415 – 3984	268.3
3985 – 4551	267.0
4552 and over	266.0

From 1<sup>st</sup> April 2023

<i>Total prescriptions calculated separately for each individual dispensing practitioner, in bands</i>	<i>Prices per prescription in pence</i>
Up to 454	258.1
455 – 569	254.5
570 – 684	251.3
685 – 796	248.3
797 – 912	245.6
913 – 1024	243.0
1025 – 1423	240.5
1424 – 1992	238.4
1993 – 2276	236.3
2277 – 2846	234.6
2847 – 3414	233.0
3415 – 3984	231.7
3985 – 4551	230.6
4552 and over	229.7"

(8) Omit Annex I.

Signed by authority of the Secretary of State for Health and Social Care.



Date: 27/10/2022

Sarah Gravenstede  
A member of the Senior Civil Service  
Department for Health and Social Care

## “PART 5

## VACCINES AND IMMUNISATIONS

*VACCINES AND IMMUNISATION WHICH ARE NOT PAID UNDER THE GLOBAL SUM***General**

**18.**—(1) A Contractor must offer to administer and provide vaccine and immunisation services of the type, and in the circumstances, specified in Section 18A.

**Payment**

(2) The Board must pay a Contractor an item of service (“IoS”) fee of £10.06 in respect of each dose of vaccine or immunisation administered to a patient who—

- (a) is registered with the Contractor;
- (b) meets the defined eligible cohort and age criteria for the vaccination and immunisation programme, in accordance with Section 18A; and
- (c) has received the required dose of vaccination or immunisation.

(3) Notwithstanding paragraph (2), the Board may not make any payment to the Contractor until the information in paragraph (14) has been provided.

(4) The Contractor must comply with best practice on call or recall and opportunistic offers for vaccinations and immunisations as set out in guidance: <https://www.england.nhs.uk/publication/update-on-vaccination-and-immunisation-changes-for-2021-22/>.

**Eligibility for payment**

(5) A Contractor is eligible for the IoS fee referred to in paragraph (2) if—

- (a) the vaccination or immunisation was administered on or after 1st April 2022 but before 1st April 2023; and
- (b) the IoS fee is claimed for vaccination or immunisation which was administered to a patient who was on the Contractor’s list of registered patients and:
  - (i) the Contractor administered the vaccine or immunisation to the patient; and
  - (ii) the Contractor does not receive any payment from any other source in respect of the vaccination and immunisation.

(6) If the Contractor receives any payment from any other source, having also received the IoS fee, it must inform the Board. The Board must consider recovering any payment made under this Section in respect of that patient pursuant to Section 20(1) and 20(2) (overpayments and withheld amounts).

(7) Where a Contractor fails to achieve the performance level of 80% coverage, at year-end, on routine childhood vaccination and immunisation, in relation to the number of children in the eligible cohort registered with the Contractor, the Board may, if it considers appropriate, reduce the Contractor’s annual payment, in respect of childhood vaccines and immunisations, by 50% of the number of children in the eligible cohort, multiplied by the IoS fee.

(8) For the purposes of paragraph (7), the Board must have regard to whether a Contractor has met the core standards as set out in the 2015 Regulations and whether the Contractor has made reasonable efforts to vaccinate all eligible children, when considering whether to reduce the Contractor’s annual payment.

## **Claims for payment**

(9) A Contractor must use reasonable endeavours to submit a claim to the Board for payment of the IoS fee before the end of the period of 1 month beginning on the date of administration of the dose of vaccine and immunisation to which the payment relates.

(10) Without prejudice to paragraph (9) and subject to paragraph (11), a Contractor must submit a claim to the Board for payment of the IoS fee by no later than the period of 6 months beginning on the date of administration of the dose of vaccine and immunisation to which the payment relates.

(11) The Board may accept a claim made outside of the 6 months' period, if it considers it reasonable to do so.

(12) The Board must agree the value of the claim submitted by the Contractor before the IoS fee is paid. Any IoS fee payable falls due on the next day, following the expiry of 14 days after the claim is submitted, when the Contractor's GSMO falls due, unless the claim remains under dispute.

(13) The Board must ensure that the receipt and payment of claims is recorded accurately and that each claim has a clear audit trail.

## **Information needed by the Board to consider a claim**

(14) The IoS fee is only payable if the Contractor—

- (a) supplies the Board with the following information, subject to paragraph (16) and any applicable data protection legislation, in respect of each registered patient for which an IoS fee is claimed —
  - (i) the name of the patient;
  - (ii) the date of birth of the patient;
  - (iii) the NHS number, where known, of the patient;
  - (iv) details of informed consent, including, where consent is given on behalf of the patient, the name of the person giving consent and their relationship with the patient;
  - (v) where an offer of vaccination and immunisation is accepted;
  - (vi) any refusal of an offer of vaccination and immunisation;
  - (vii) the injection site where the vaccine is administered;
  - (viii) the batch number, expiry date and title of the vaccine;
  - (ix) when two or more vaccines are administered in close succession, the route of the administration and the injection site of each vaccine;
  - (x) the date of administration of the vaccine;
  - (xi) any contraindication to the vaccine or immunisation; and
  - (xii) any adverse reactions to vaccine or immunisation, where known;
- (b) provides appropriate clinical information and advice to the patient, or where the patient is a child, to their parent or carer;
- (c) uses nationally specified clinical coding for use in electronic health records (SNOMED codes), details of which can be found on the NHS Digital website <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>, to record this activity and to return performance data to UK Health Security Agency;
- (d) makes available any information to the Board, which it reasonably requests and needs, and the Contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the Contractor is eligible for payment under the provisions of this Section; and
- (e) makes any returns reasonably required of it (whether computerised or otherwise) to the registration system approved by the Board, and does so promptly and fully.

(15) The Contractor must ensure that all information provided pursuant to or in accordance with paragraph (14) is accurate to the best of the Contractor’s knowledge and belief.

(16) If the patient, or where the patient is a child, a parent or carer, objects to their name or date of birth being supplied to the Board, the Contractor need not supply such information to the Board but must supply the patient’s NHS number.

(17) If the Contractor fails to comply with a requirement of this Section, the IoS fee is not due and the Board can withhold its payment to the Contractor until any necessary information is provided to the satisfaction of the Board.

(18) Where the vaccination or immunisation is administered, the Contractor must record in the patient’s records, kept in accordance with regulation 67 of the 2015 Regulations, the immunisation information as defined in regulation 3 of the 2015 Regulations.

### General

**18A.**—(1) Guidance and information on routine childhood and adult vaccines and immunisations are set out in “Immunisations against infection diseases – The Green Book” which is published by the Department of Health and Social Care.

(2) The vaccines and immunisations listed in Tables 1 to 4 below are eligible for an item of service (“IoS”) fee of £10.06.

### Childhood Routine Immunisation Schedule

(3) Table 1 lists the childhood routine vaccines and immunisations, which a Contractor should offer routinely to the cohorts of patients identified.

**Table 1:**

Age	Disease	Vaccine Given	Usual site
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DtaP/IPV/Hib/HepB	Thigh
	Meningococcal group b (MenB)	MenB	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Mouth
Twelve weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DtaP/IPV/Hib/HepB	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Thigh
	Rotavirus	Rotavirus	Mouth
Sixteen weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DtaP/IPV/Hib/HepB	Thigh
	MenB	MenB	Left thigh
One year (on or after the child’s first birthday)	Hib and MenC	Hib/MenC (combined vaccine)	Upper arm / thigh
	Pneumococcal	Pneumococcal conjugate vaccine (PCV booster)	Upper arm / thigh
	Measles, Mumps and Rubella	MMR	Upper arm / thigh
	MenB	MenB booster	Left thigh
	Diphtheria, tetanus, pertussis	DtaP/IPV	Upper arm

Three years	and polio		
four months or soon after	Measles, Mumps and Rubella	MMR (check first dose given)	Upper arm
Fourteen years	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Upper arm

(4) The latest information and guidance on vaccinations and immunisations, and relevant procedures for all the vaccines including completing the schedule of vaccines in the case of children with interrupted, incomplete or 'unknown' immunisation status or in relation to premature infants is contained in the "Immunisation against infectious diseases – The Green Book". Details of the wider UK Health and Security Agency's published routine childhood immunisation schedule are available at <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>.

(5) Where additional doses of the vaccines specified above are required for medical reasons, the Board must also pay an IoS fee. The Board must also pay an IoS fee for each missed dose where clinically indicated.

#### **Adult Routine Immunisation Schedule**

(6) Table 2 lists the adult routine vaccines and immunisations, which a Contractor should offer routinely to the cohorts of patients identified.

**Table 2:**

Age	Disease	Vaccine Given
2-64 years (in a clinical at risk group)	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)
65 years	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)
70 years (routine)	Shingles	Shingles
70 years (routine) immunocompromised individuals contraindicated for Zostavax	Shingles	Shingrix (2 dose schedule, 2nd dose 2 months after the 1st)
78-79 year (catch-up)	Shingles	Shingles
78-79 years (routine) immunocompromised individuals contraindicated for Zostavax	Shingles	Shingrix (2 dose schedule, 2nd dose 2 months after the 1st)

#### **Selective Immunisation Schedule**

(7) Table 3 lists the vaccines and immunisations which are only required to be offered by the Contractor where applicable.

**Table 3:**

Age	Disease	Vaccine Given
At birth, four weeks	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBvacPRO)
12 months	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBvacPRO)

Pregnant women from 16 weeks of pregnancy	Pertussis	dTaP/IPV (Boostrix-IPV or Repavax)
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### Other Vaccination Programmes Schedule

(8) All other vaccines and immunisations are listed in Table 4 and a Contractor should offer these routinely to the eligible cohorts of patients identified, as required.

**Table 4:**

Age	Disease	Vaccine Given
14 to 24 years (catch-up, where not administered under the schools programme)	Meningococcal groups A, C, W and Y disease (completing dose)	MenACWY
14 to 24 years (where the individual was eligible to receive the vaccine under routine schools immunisation programme but missed vaccination under the schools programme)	Human papillomavirus (HPV) types 16 and 18 (and genital warts cause by types 6 and 11) (completing dose)	HPV
14-24 years (where the individual was eligible to receive the vaccine under routine schools immunisation programme but missed vaccination under the schools programme)	Human papillomavirus (HPV) HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58 – nine valent vaccine)	HPV
6 years and over (unknown or incomplete vaccination history where clinically indicated)	Measles, Mumps and Rubella	MMR
16 years and over	Measles, Mumps and Rubella (MMR)	MMR

*VACCINES AND IMMUNISATIONS PAID UNDER THE GLOBAL SUM AND NOT THEREFORE ELIGIBLE FOR AN ITEM OF SERVICE FEE*

### Introduction

**18B.**—(1) This Section sets out types of vaccines and immunisations and the circumstances in which Contractors are to offer and give such vaccines and immunisations under the terms of their GMS contract.

(2) The vaccines and immunisations set out in this Section are paid under the Global Sum Payment provisions (Part 1 of the SFE) and are not eligible for an item of service (“IoS”) fee.

### Vaccines and immunisations which are not required for the purpose of foreign travel

(3) Contractors are to offer vaccines and immunisations in respect of the diseases listed in column 1 of Table 1 (whether or not there is any localised outbreak of any of the diseases mentioned in paragraph 8) to persons who do not intend to travel abroad and provide such immunisations in the circumstances set out in column 2 of that Table.



(4) Contractors who offer and provide the vaccines and immunisations referred to in Table 1 must have regard to the guidance and information on vaccinations and immunisations procedures set out in “Immunisation against infectious diseases – The Green Book” which is published by the Department of Health and available on <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

**Table 1**

<i>VACCINES AND IMMUNISATION IN RESPECT OF DISEASES</i>	<i>CIRCUMSTANCES IN WHICH VACCINE OR IMMUNISATION IS TO BE OFFERED AND GIVEN</i>
1. Anthrax	Four doses of the vaccine (plus an annual reinforcing dose) are to be offered to persons who are exposed to an identifiable risk of contracting anthrax. Those who are exposed to an identifiable risk will mainly be those persons who come into contact with imported animal products that could be contaminated with anthrax.
2. Hepatitis A	(a) A course of immunisation is to be offered to persons who are resident— (i) in residential care; or (ii) in an educational establishment, who risk exposure to infection and for whom immunisation is recommended by the local Director of Public Health. (b) The number of doses of vaccine required will be dependent upon the chosen vaccine and should be sufficient to provide satisfactory long-term protection against the disease.
3. Paratyphoid <sup>(1)</sup>	No vaccine currently exists for the immunisation of paratyphoid.
4. Rabies (pre-exposure)	(a) Three doses of Rabies vaccine are to be offered to the following persons— (i) laboratory workers handling rabies virus; (ii) bat-handlers; (iii) persons who regularly handle imported animals, for example, those— (aa) at animal quarantine stations; (bb) at zoos; (cc) at animal research centres and acclimatization centres; (dd) at ports where contact with imported animals occurs and this may include certain HM Revenue and Custom Officers; (ee) persons carrying agents of imported animals; and (ff) who are veterinary or technical staff in animal health. (iv) animal control and wildlife workers who regularly travel in rabies enzootic areas; and (v) health workers who are at risk of direct exposure to body fluids or tissue from a patient with confirmed or probable rabies. (b) Reinforcing doses are to be provided at recommended intervals to those at continuing risk <sup>(2)</sup>
5. Typhoid	a) a course of typhoid vaccine is to be offered to the following persons— (i) hospital doctors, nurses and other staff likely to come into contact with cases of typhoid; and

(ii) laboratory staff likely to handle material contaminated with typhoid organisms.  
The number of doses (including reinforcing doses) required will be dependent on the chosen vaccine and is to be offered so as to provide satisfactory protection against the disease.

<sup>(1)</sup> No vaccine is currently available for paratyphoid. Should a vaccine subsequently become available a review of this Table would be considered and consultation on any proposed amendments to this Table would be required in accordance with section 87 of the National Health Service Act 2006.

<sup>(2)</sup> See ‘Immunisation against infectious diseases – The Green Book’.

### **Vaccines and immunisations required for the purposes of foreign travel**

(5) Vaccines and immunisations in respect of the diseases listed in column 1 of Table 2 must only be offered in the case of a person who intends to travel abroad, and if the offer is accepted, given in the circumstances set out in column 2 of the Table.

(6) Contractors who offer and provide the vaccines and immunisations referred to in Table 2 must have regard to—

- (a) the guidance and information on vaccines and immunisations procedures set out in “Immunisation against infectious diseases – The Green Book”; and
- (b) the information on travel medicine and travel health issues provided and published by the National Travel Health Network and Centre<sup>(a)</sup>.

**Table 2**

<i>VACCINES AND IMMUNISATIONS IN RESPECT OF DISEASES</i>	<i>CIRCUMSTANCES IN WHICH VACCINE OR IMMUNISATION IS TO BE OFFERED AND GIVEN</i>
1. Cholera	<p>(a) A course of immunisation is to be offered to persons travelling—</p> <ul style="list-style-type: none"> <li>(i) to an area where they may risk exposure to infections as a consequence of being in that area; or</li> <li>(ii) to the country where it is a condition of entry to that country that persons have been immunised.</li> </ul> <p>(b) The appropriate course of immunisation is dependent on age and will consist of an initial course and a subsequent reinforcing course of immunisation. If more than two years have elapsed since the last course of immunisation, a new course of immunisation should be commenced.</p>

<sup>a</sup> Routine vaccination is not appropriate and no vaccine is available for use in general practice. Should it become appropriate to vaccinate, a review of the Table would be considered and consultation on any proposed amendments to this Table would be required in accordance with section 87 of the National Health Service Act 2006.

<i>VACCINES AND IMMUNISATIONS IN RESPECT OF DISEASES</i>	<i>CIRCUMSTANCES IN WHICH VACCINE OR IMMUNISATION IS TO BE OFFERED AND GIVEN</i>
2. Hepatitis A	<p>(a) A course of immunisation is to be offered to persons travelling to areas where the degree of exposure to infections is believed to be high<sup>(1)</sup></p> <p>(b) Persons who may be at a higher risk of infection include those who—</p> <p>(i) intend to reside in an area for at least three months and may be exposed to Hepatitis A during that period; or (ii) if exposed to Hepatitis A, may be less resistant to infection because of a pre-existing disease or condition or who are at risk of developing medical complications from exposure.</p> <p>(c) The number of doses (either two or three) of the vaccine required will be dependent upon the chosen vaccine and should be sufficient to provide satisfactory long-term protection against the disease.</p>
3. Poliomyelitis (or Polio)	<p>(a) A course of immunisation (using an age appropriate combine vaccine) is to be offered to persons travelling—</p> <p>(i) to an area where they may risk exposure to infection as a consequence of being in that area; or</p> <hr/> <p>(ii) to a country where it is a condition of entry to that country that persons have been immunised.</p> <p>(b) Children under the age of 6 years are to be offered immunisation, in accordance with the routine childhood immunisation schedule in Section 18A.</p> <p>(c) Persons aged 6 years and over who have not had the full course of immunisation or whose immunisations history is incomplete or unknown are to be offered, either—</p> <p>(i) a primary course of three doses plus two reinforcing doses at suitable time intervals; or</p> <p>(ii) as many doses as required to ensure that a full schedule has been administered at the appropriate intervals as clinically appropriate.</p>
5. Typhoid	<p>(a) A course of typhoid vaccine is to be offered to persons travelling—</p> <p>(i) to an area where they may risk exposure to infection as a consequence of being in that area; or</p> <p>(ii) to a country where it is a condition of entry to that country that persons have been immunised.</p> <p>(b) The number of doses (including reinforcing doses) required will be dependent on the chosen vaccine and is to be offered so as to provide satisfactory protection against the disease.</p>

<sup>(1)</sup> See up to date details of travel information on <http://www.nathnac.org/>

**Vaccines and immunisations which are required in the case of a localised outbreak**

(7) In the event of a localised outbreak of any of the diseases listed in paragraph 8, the Board must consider its response to that localised outbreak and contractors must offer and provide vaccines and immunisations in accordance with any directions given by the Board in response to the outbreak, and those directions may make recommendations as to additional categories of persons who should be offered immunisation.

(8) The diseases referred to in paragraph 7 are—

- (a) Anthrax;
- (b) Diphtheria;
- (c) Meningococcal Group C or MenACWY as appropriate;
- (d) Poliomyelitis;
- (e) Rabies;
- (f) Tetanus; and
- (g) Typhoid.

(9) Contractors who offer and provide vaccines and immunisations in respect of the diseases mentioned in paragraph 8 must have regard to the guidance and information on vaccines and immunisations procedures set out in “Immunisation against infectious diseases – “The Green Book” which is published by the Department of Health.

(10) Contractors who offer immunisation in the circumstances set out in paragraph 7, are not required, by virtue of this Section, to carry out a contact tracing or trace back exercise.”