
D I R E C T I O N S

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025

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.2) Directions 2025.

(2) These Directions come into force on 1st of April 2025 except as otherwise provided for in paragraphs (3) and (4).

(3) Direction 2(3) comes into force on 1st July 2025.

(4) Direction 3 comes into force on the day after the day on which these Directions is signed.

(5) These Directions are given to NHS England.

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

(7) In these Directions, “The Principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2024(b).

Amendment of the Principal Directions

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

(2) In Part 5 (vaccines and immunisations)—

(a) in section 19(3), for table 1 substitute—

“Table 1:

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- (a) 2006 c.41. Section 87 is amended by paragraphs 1 (1) and (2) of Schedule 1 to the Health and Care Act 2022 (c.31). 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 25th March 2024 and were amended by the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2024 signed on 28th August 2024, the General Medical Services Statement of Financial Entitlements (No.2)(Amendment) Directions 2024 signed on 25th September 2024 and the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2025 signed on 27th March 2025. Copies of the Directions are available at 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.

Age	Disease	Vaccine given	Usual Site	Type of Offer
At birth, four weeks	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Children aged 12 months on or before 30 June 2025 will be eligible for HepB at their 12-month appointment (whenever they present)	Babies born to hepatitis B infected mothers. GP practices need to ensure that the results of the baby's blood test to ascertain the existence of Hepatitis B infection is recorded in the baby's patient record	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Meningococcal group b (MenB)	MenB	Left thigh	Call/recall
	Rotavirus gastroenteritis	Rotavirus	Mouth	Call/recall
Twelve weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Thigh	Call/recall
	Rotavirus	Rotavirus	Mouth	Call/recall
16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	MenB	MenB	Left thigh	Call/recall

Under 1 year	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive the PCV and Hib/MenC as follows	PCV first set of doses (2 injections 8 weeks apart)	Thigh	Call/recall
One year (on or after the child's first birthday)	Hib and MenC. Those children who turn 12 months on or before 30 June 2025 (Hib/MenC vaccinations for children who turn 12 months on or after 1 July 2025 will cease)	Hib/MenC (combined vaccine) until stocks have depleted	Upper arm/thigh	Call/recall
	Pneumococcal	Pneumococcal conjugate vaccine (PCV booster)	Upper arm/thigh	Call/recall
	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive the PCV and Hib/MenC as follows	PCV second set of doses (2 injections 8 weeks apart)	Upper arm/thigh	Call/recall
	Measles, Mumps and Rubella	MMR	Upper arm/thigh	Call/recall
	MenB	MenB booster	Left thigh	Call/recall
6 years and over (unknown or incomplete vaccination history where)	Measles, Mumps and Rubella	MMR	Thigh	Opportunistic or if requested. If requested and only if considered to be at high risk of exposure(a)

- (a) The decision on when to vaccinate older adults needs to take into consideration the past vaccination history, the likelihood of an individual remaining susceptible and the future risk of exposure and disease. Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should only be offered to such individuals on request or if they are risk assessed to be at high risk of exposure.

clinically indicated)				
Three years four months or soon after	Diphtheria, tetanus, pertussis and polio	dTap/IPV or DtaP /IPV	Upper arm	Call/recall
	Measles, Mumps and Rubella	MMR (check first dose given)	Upper arm	Call/recall
Fourteen years	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Upper arm	Opportunistic or if requested”

(b) in section 19(6), in the fifth row of table 2, for “Shringrix” substitute “Shingrix”.

(c) in section 19(8), for table 3, substitute—

“Table 3:

Age	Disease	Vaccine Given	Type of Offer
14 to 24 years (catch-up, where not administered under the schools programme)	Meningococcal groups A,C,W and Y disease (completing dose)	MenACWY	Opportunistic or if requested
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) N.B Eligibility includes girls born after 1 September 1991 and boys include males born on or after 1 September 2006	Human papillomavirus (HPV) HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58 - nine valent vaccine)	HPV	Opportunistic or if requested
14 to 24 years immunocompromised individuals (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 (a 3 dose schedule is required for immunocompromised individuals)	Opportunistic or if requested”

(3) In Part 5 (vaccines and immunisations)—

(a) in section 19(3), for table 1 substitute—

“Table 1 from 1st July 2025

Age	Disease	Vaccine given	Usual Site	Type of Offer
At birth, four weeks	Babies born to hepatitis B infected mothers	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Children aged 12 months on or before 30 June 2025 will be eligible for HepB at their 12-month appointment (whenever they present)	Babies born to hepatitis B infected mothers. GP practices need to ensure that the results of the baby’s blood test to ascertain the existence of hepatitis B infection is recorded in the baby’s patient record	Hepatitis B (Engerix B/HBVAXPRO)	Thigh	Call/recall
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Meningococcal group b (MenB)	MenB	Left thigh	Call/recall
	Rotavirus gastroenteritis	Rotavirus	Mouth	Call/recall
Twelve weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	MenB	MenB	Left thigh	Call/recall
	Rotavirus	Rotavirus	Mouth	Call/recall
16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Thigh	Call/recall
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Thigh	Call/recall

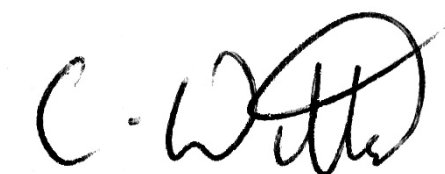
Under 1 year	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive the PCV and Hib/MenC as follows	PCV first set of doses (2 injections 8 weeks apart)	Thigh	Call/recall
One year (on or after the child's first birthday)	Hib and MenC. Those children who turn 12 months on or before 30 June 2025 (Hib/MenC vaccinations for children who turn 12 months on or after 1 July 2025 will cease)	Hib/MenC (combined vaccine) until stocks have depleted	Upper arm/thigh	Call/recall
	Pneumococcal	Pneumococcal conjugate vaccine (PCV booster)	Upper arm/thigh	Call/recall
	Pneumococcal (13 serotypes) immunocompromised or who have complement deficiency, asplenia or splenic dysfunction must receive the PCV and Hib/MenC as follows	PCV second set of doses (2 injections 8 weeks apart)	Upper arm/thigh	Call/recall
	Measles, Mumps and Rubella	MMR	Upper arm/thigh	Call/recall
	MenB	MenB booster	Left thigh	Call/recall
Three years four months or soon after	Diphtheria, tetanus, pertussis and polio	dTap/IPV or DtaP/IPV	Upper arm	Call/recall
	Measles, Mumps and Rubella	MMR (check first dose given)	Upper arm	Call/recall
6 years and over (unknown or incomplete vaccination history where	Measles, Mumps and Rubella	MMR	Thigh	Opportunistic or if requested. If requested and only if considered to be at high

clinically indicated)				risk of exposure(a)
Fourteen years	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Upper arm	Opportunistic or if requested”

Revocation

3. Direction 2(7) of the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2025, signed on 27th March 2025 is revoked.

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



Department of Health and Social Care, 39
Victoria Street, London SW1H 0EH
29th April 2025

Lucy Witter
Member of the Senior Civil Service
Department of Health and Social Care

(a) The decision on when to vaccinate older adults needs to take into consideration the past vaccination history, the likelihood of an individual remaining susceptible and the future risk of exposure and disease. Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should only be offered to such individuals on request or if they are risk assessed to be at high risk of exposure.