
DIRECTIONS

THE NATIONAL HEALTH SERVICE, ENGLAND

The Statement of Financial Entitlements (Amendment No.2) Directions 2012

The Secretary of State for Health has consulted in accordance with section 87(4) of the National Health Service Act 2006(a) with the bodies appearing to the Secretary of State to be representative of persons to whose remuneration these directions relate. The Secretary of State for Health gives the following directions as to payments to be made under general medical services contracts in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of that Act.

Citation, commencement and application

1.—(1) These Directions may be cited as the Statement of Financial Entitlements (Amendment No.2) Directions 2012 and have effect—

- (a) as regards direction 4(2) and direction 5 as from 1st April 2012; and
- (b) as regards to all other directions as from 30th April 2012.

(2) These Directions apply in relation to England.

Amendment to Statement of Financial Entitlements

2. The directions given by the Secretary of State in the Statement of Financial Entitlements signed on 30th March 2005 as amended by the Directions set out in the Schedule to these Directions are further amended by the following directions.

Amendment to the Table of Contents

3.—(1) The Table of Contents is amended as follows.

(2) In Part 1 Section 3 (Minimum Practice Income Guarantee), for “**Review and revision of Correction Factor Monthly Payments in respect of the period 1st April 2010 to 31st March 2011**”, substitute “**Review and revision of Correction Factor Monthly Payments in respect of the period 1st April 2012 to 31st March 2013**”.

(3) In Part 4 (payments for specific purposes), at the end of Section 17A (dispensary services quality scheme), immediately after “Discretionary matters” insert new section—

“17B. PATIENT CHOICE SCHEME

Patient Choice Scheme – Payments

Conditions attached to Patient Choice Scheme Payments

Provisions relating to contractors whose practices merge or split”.

(4) In the Annexes, immediately below “**B. Global Sum Allocation Formula**”, insert “**BA. Vaccines and Immunisations**”.

Amendment of Section 2

4.—(1) Section 2 (Global Sum and Minimum Practice Income Guarantee) is amended as follows.

(2) In paragraph 2.3, for “£64.59”, substitute “£64.67(a)”.

(3) In the Table in paragraph 2.5, for the entry “vaccinations and immunisations” in column 1, substitute “vaccines and immunisations”.

(4) After paragraph 2.18, insert—

“Vaccines and Immunisations

2.19 The reference to—

- (a) childhood immunisations and pre-school boosters; and
- (b) vaccines and immunisations,

in column 1 of the Table in paragraph 2.5 are to the vaccines and immunisations of the type specified and given in circumstances which are referred to in Table 1 and Table 2 in Annex BA.”.

Amendment of Section 3

5.—(1) Section 3 (Minimum Practice Income Guarantee) is amended as follows.

(2) Omit the heading “*Review and revision of Correction Factor Monthly Payment in respect of the period 1st April 2010 and ending on 31st March 2011*” and paragraphs 3.12A to 3.12C.

(3) Insert after paragraph 3.12—

“Review and revision of Correction Factor Monthly Payments in respect of the period 1st April 2012 and ending 31st March 2013

3.12D. In respect of the period commencing on 1st April 2012 and ending on 31st March 2013, the PCT must, using the calculation in paragraph 3.12E, review and if necessary revise the baseline monthly figure amount in respect of a contractor’s CFMP ascertained in accordance with paragraph 3.11.

3.12E. The PCT must—

- (a) Calculate the gross amount of the contractor’s Payable GSMP, (that is the amount calculated in accordance with Section 2 as being the gross amount of its Payable GSMP), that would be payable in respect of the period commencing on 1st April 2012 and ending on 30th April 2013 on the basis that the first amount specified in paragraph 2.3 were £64.59. The resultant amount is A.
- (b) Establish in accordance with paragraph 3.11, the baseline monthly figure amount for the calculation of the contractor’s CFMP for the period commencing on 1st April 2011 and ending on 31st March 2012 and use that figure (which is not to be revised or updated), to establish the amount of CFMP to which the contractor would be entitled in respect of the period commencing on 1st April 2012 and ending on 30th April 2013. The resultant amount is B.
- (c) Add amounts A and B together. The resultant amount is C.

(a) For the period commencing on 1st April 2011 and ending on 31st March 2012 this figure was £63.21.

- (d) Calculate the gross amount of the contractor's Payable GSMP (that is the amount calculated in accordance with Section 2 as being the gross amount of its Payable GSMP), that is payable in respect of the period commencing on 1st April 2012 and ending on 30th April 2013 on the basis that the first amount specified in paragraph 2.3 is £64.67. The resultant amount is D.
- (e) Subtract amount D from amount C. The resultant amount is E. Where E is a negative figure it shall be treated as equal to zero.

Expressed algebraically—

$$A + B = C$$

$$C - D = E$$

3.12F. In a case where—

- (a) E is equal to, or is treated as equal to, zero, no CFMPs are payable to the contractor for the period commencing on 1st April 2012 and ending on 31st March 2013 or any point thereafter;
- (b) E is greater than zero, E is the amount of CFMP payable each month under the contract in respect of the period commencing on 1st April 2012 and ending on 31st March 2013 and will form the baseline monthly figure amount for any future calculations that need to be made in respect of CFMPs payable in respect of that contractor.”.

Insertion of new Section 17B

6. After Section 17A (dispensing services quality scheme), insert—

“17B Patient Choice Scheme

17B.1. The Primary Medical Services (Patient Choice Scheme) Directions 2012(a) (“Patient Choice Scheme Directions”) require specified PCTs to consider entering into arrangements under the Patient Choice Scheme. This section applies to arrangements entered into in accordance with those Directions and in accordance with the temporary variation of the terms of a GMS contract (such variations being made in accordance with regulation 26A of the 2004 Regulations(b)).

Patient Choice Scheme – Payments

17B.2. A PCT must only pay a GMS contractor who has entered into arrangements made in accordance with the Patient Choice Scheme Directions, a Patient Choice Scheme Payment in accordance with the following provisions of this Section.

17B.3. Subject to paragraph 17B.5, a PCT must pay the amount of £12.93 to a GMS contractor for each occasion a patient, who is not on the GMS contractor's list of patients, has a face to face consultation with a health professional under the Patient Choice Scheme arrangements.

17B.3.1. For the purposes of the above paragraph and paragraph 17B.5, “health professional” means a person who is a member of a profession regulated by a body

(a) These Directions were signed on 28th March 2012 and published on www.dh.gov.uk.
 (b) Regulation 26A is inserted into the 2004 Regulations by regulation 4 of the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2012 (S.I.2012/970).

mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a).

17B.4. No payment is to be made in respect of a consultation with a patient who is included in the GMS contractor's list of patients.

17B.5. A PCT must not make more than 5 payments of the amount specified in paragraph 17B.3 to a GMS contractor in respect of the face to face consultations between a health professional and a particular patient.

Conditions attached to Patient Choice Scheme Payments

17B.6. Patient Choice Scheme Payments are payable only if the GMS contractor satisfies the following conditions—

- (a) the GMS contractor must submit a claim for payment in the form agreed with the PCT with whom it has entered into the arrangement;
- (b) the GMS contractor must ensure that clinical information in respect of the consultation with the patient has been transferred or submitted to the PCT in whose area the patient resides; and
- (c) all information supplied pursuant to or in accordance with this paragraph must be accurate.

17B.7. If the GMS contractor breaches any of the conditions referred to in paragraph 17B.6, the PCT may, in appropriate circumstances, withhold payment of all or any part of any Patient Choice Scheme Payment.

Provisions relating to contractors whose practices merge or split

17B.8. Paragraphs 17B.9 and 17B.10 apply where—

- (a) two or more GMS contractors merge (“a contractual merger”), and as a result two or more patient lists are combined, resulting in either a new GMS contract or a varied contract; or
- (b) a GMS contractor splits (“a contractual split”), and as a result the GMS contractor's patients list is divided between two or more GMS contractors, resulting in either new GMS contracts or varied GMS contracts or a combination of both.

17B.9. Any entitlement to a Patient Choice Scheme Payment arising under the original contract which subsisted immediately before the date on which the contractual merger or contractual split takes effect will be assessed in accordance with paragraphs 17B.2 to 17B.7.

17B.10. Where the GMS contractor under a new or varied GMS contract which arose as a consequence of a contractual merger or contractual split, enters into new or varied written arrangements under the Patient Choice Scheme, entitlement to any Patient Choice Scheme Payment will be assessed in accordance with paragraphs 17B.2 to 17B.7 and for the purposes of those paragraphs any varied written arrangement will be treated as though it were a new written arrangement.”.

Amendment to Annex A

7. In Part 2 (definitions) of Annex A (Glossary) to the SFE, in the definition of “Childhood Immunisations and Pre-School Boosters”, for “Childhood Vaccinations” substitute “Childhood Vaccines”.

(a) 2002 c.17, as amended by section 127 of, and paragraph 17 of Schedule 10 to, the Health and Social Care Act 2008 (c.14) and paragraph 10 of Schedule 4 to S.I. 2010/231.

Insertion of new Annex BA

8. After Annex B (the global sum allocation formula), insert—

“ANNEX BA

VACCINES AND IMMUNISATIONS

Introduction

BA.1 This Annex sets out types of vaccines and immunisations and the circumstances in which Contractors are to offer and give such vaccines and immunisations.

PART 1

**VACCINES AND IMMUNISATIONS WHICH ARE NOT
REQUIRED FOR THE PURPOSES OF FOREIGN TRAVEL**

BA.2 Contractors are to offer 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 Part 3) to persons who do not intend to travel abroad and provide such immunisations in the circumstances set out in column 2 of that Table.

BA.3 Contractors who offer and provide immunisations referred to in Table 1 as part of the Additional Services must have regard to the guidance and information on vaccines and immunisations procedures set out in “Immunisation against infectious diseases – The Green Book(a)” which is published by the Department of Health.

Table 1

<i>VACCINES AND IMMUNISATION IN RESPECT OF DISEASES</i>	<i>CIRCUMSTANCES IN WHICH VACCINES 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. Diphtheria, Tetanus and Polio (DTaP/IPV/Hib; DTaP/IPV; dTaP/IPV; Td/IPV)	(a) Children under the age of 6 years are to be offered immunisation in accordance with the Childhood Immunisations Scheme (as referred to in Section 8). (b) Persons who are aged 6 years or over who

(a) A hard copy of this publication is provided by the Department of Health to all health care professionals and is also published on <http://www.dh.gov.uk>. Updates are published and can be found on the website.

have not had the full course of immunisation or whose immunisation history is unknown are to be offered, either–

- (i) a primary course of three doses plus two reinforcing doses at suitable time intervals; or
- (ii) as many doses as required to ensure that a full five dose schedule has been administered, whichever is clinically appropriate.

3. 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 (either two or three) required will be dependent upon the chosen vaccine and should be sufficient to provide satisfactory long-term protection against the disease.

4. Measles, Mumps and Rubella (MMR)

(a) Children under the age of 6 years are to be offered immunisation in accordance with the Childhood Immunisations Scheme (as referred to in Section 8).

(b) Children are to be offered a second dose of MMR vaccine as a follow up to the dose given under the Childhood Immunisations Scheme prior to their sixth birthday.

(c) Persons who have attained the age of 6 years but not the age of 16 years who have not received two doses of the MMR vaccine or whose immunisation history is incomplete or unknown are to be offered one or two doses (whichever is clinically appropriate), to ensure that the complete two-dose schedule necessary to offer satisfactory protection against measles, mumps and rubella has been administered.

(d) Women who may become, but are not, pregnant and are sero-negative are to be offered, one or two doses (which ever is clinically appropriate) to ensure that the complete two-dose schedule necessary to offer satisfactory protection against measles, mumps and rubella has been administered.

(e) Male staff working in ante-natal clinics who are sero-negative are to be offered one or two doses (whichever is clinically appropriate) to ensure that the complete two-dose schedule necessary to offer satisfactory protection against measles, mumps and rubella has been administered.

5. Meningococcal Group C

(a) Children under the age of 6 years are to be

offered immunisation in accordance with the Childhood Immunisations Scheme (as referred to in Section 8) and offered the pneumococcal and Hib/MenC booster vaccine in accordance with Section 8A.

(b) Persons who have attained the age of 6 years but not the age of 25 years who have not previously been immunised with conjugate meningococcal C vaccine, or whose immunisation history is incomplete or unknown, are to be offered one dose of conjugate meningococcal C vaccine.

6. Paratyphoid(a)

No vaccine currently exists for the immunisation of paratyphoid.

7. Rabies (pre-exposure)

(a) Three doses of the 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 acclimatisation centres;

(dd) at ports where contact with imported animals occurs and this may include certain HM Revenue and Custom offices;

(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(b).

8. Smallpox(c)

The smallpox vaccine exists but is not available to Contractors.

(a) 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.

(b) See "Immunisation against infectious diseases – The Green Book".

(c) 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.

9. 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.

(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.

PART 2

VACCINES AND IMMUNISATIONS REQUIRED FOR THE PURPOSES OF FOREIGN TRAVEL

BA.4 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 that Table.

BA.5 Contractors who offer and provide immunisations referred to in Table 2 as part of the Additional Services 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 (a).

Table 2

<i>VACCINES AND IMMUNISATIONS IN RESPECT OF DISEASES</i>	<i>CIRCUMSTANCES IN WHICH VACCINES 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">(i) to an area where they may risk exposure to infections as a consequence of being in that area; or(ii) to a country where it is a condition of entry to that country that persons have been immunised. <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</p>

(a) The National Travel Health Network and Centre was created by the Department of Health in 2002 and is now commissioned by the Health Protection Agency to promote clinical standards in travel medicine with the objective of protecting the health of those persons travelling abroad. Travel health advice including clinical updates, specific country and general health information relating to travel is provided and published for health professionals including General Practitioners on www.nathnac.org.

2. Hepatitis A

commenced.

(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(a). Persons who may be at a higher risk of infection include those who—

(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.

(b) 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.

3. Paratyphoid(b)

No vaccine currently exists for immunisation of paratyphoid.

4. Poliomyelitis

(a) A course of immunisation (using an age appropriate combined vaccine) is to be offered to persons travelling—

(i) to an area where they may risk exposure to infection as a consequence of being in that area; or

(ii) to a country where it is a condition of entry to that country that persons have been immunised.

(b) Children under the age of 6 years are to be offered immunisation in accordance with the Childhood Immunisations Scheme (as referred to in Section 8).

(c) Persons aged 6 years and over who have not had the full course of immunisation or whose immunisation history is incomplete or unknown are to be offered, either—

(i) a primary course of three doses plus two reinforcing doses at suitable time intervals; or

(ii) as many doses as required to ensure that a full five dose schedule has been administered, whichever is clinically appropriate.

5. Smallpox(c)

The smallpox vaccine exists but is not available to Contractors.

(a) See up to date details of travel information on www.nathnac.org

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

(c) 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.

6. Typhoid

- (a) A course of typhoid vaccine is to be offered to persons travelling—
 - (i) to an area where they may risk exposure to infection as a consequence of being in that area;
 - or
 - (ii) to a country where it is a condition of entry to that country that persons have been immunised.
- (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.

PART 3

VACCINES AND IMMUNISATIONS WHICH ARE REQUIRED IN THE CASE OF A LOCALISED OUTBREAK

BA.6 In the event of a localised outbreak of any of the diseases listed in paragraph BA.7, the PCT must consider its response to that localised outbreak and contractors must offer and provide immunisations in accordance with any directions given by the local Director of Public Health(a) as part of the PCT response to the outbreak, and those directions may make recommendations as to additional categories of persons who should be offered immunisation.

BA.7 The diseases referred to in paragraph BA.6 are—

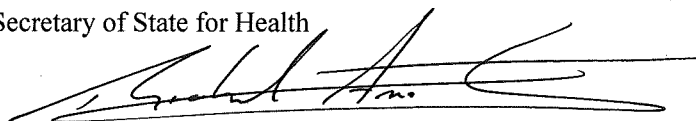
- (a) Anthrax;
- (b) Diphtheria;
- (c) Meningococcal Group C;
- (d) Poliomyelitis;
- (e) Rabies;
- (f) Tetanus; and
- (g) Typhoid.

BA.8 Contractors who offer and provide immunisations in respect of the diseases mentioned in paragraph BA.7 as part of the Additional Services must have regard to the guidance and information on vaccines and immunisations procedures set out in “Immunisation against infectious diseases – The Green Book(b)” which is published by the Department of Health.

BA.9 Contractors who offer immunisation in the circumstances set out in paragraph BA.6, are not required, by virtue of this Annex, to carry out a contact tracing or trace back exercise.”.

(a) Each Primary Trust Area has an appointed Director of Public Health. See regulation 2 of the Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000 (S.I. 2000/89).
(b) A hard copy of this publication is provided by the Department of Health to all health care professionals and is also published on <http://www.dh.gov.uk>.

Signed by authority of the Secretary of State for Health



Date: 26 April 2012

A member of the Senior Civil Service
Department of Health

SCHEDULE

Direction 2

Amendments to the Statement of Financial Entitlements signed on 30th March 2005

The Statement of Financial Entitlements signed on 30th March 2005 has been amended by the following Directions—

- (a) The Statement of Financial Entitlements (Amendment) Directions 2005 which were signed on 8th June 2005 but which had effect as from 1st April 2005,
- (b) The Statement of Financial Entitlements (Amendment) (No 2) Directions 2005 which were signed on 12th July 2005,
- (c) The Statement of Financial Entitlements (Amendment) Directions 2006 which were signed on 31st January 2006,
- (d) The Statement of Financial Entitlements (Amendment) (No 2) Directions 2006 which were signed on 30th March 2006,
- (e) The Statement of Financial Entitlements (Amendment) (No 3) Directions 2006 which were signed on 29th June 2006,
- (f) The Statement of Financial Entitlements (Amendment) (No 4) Directions 2006 which were signed on 2nd August 2006 but which had effect as from 30th July 2006,
- (g) The Statement of Financial Entitlements (Amendment) (No 5) Directions 2006 which were signed on 25th September 2006,
- (h) The Statement of Financial Entitlements (Amendment) (No 6) Directions 2006 which were signed on 2nd November 2006 but which had effect as from 4th September 2006,
- (i) The Statement of Financial Entitlements (Amendment) Directions 2007 which were signed on 19th March 2007,
- (j) The Statement of Financial Entitlements (Amendment) (No 2) Directions 2007 which were signed on 2nd August 2007,
- (k) The Statement of Financial Entitlements (Amendment) Directions 2008 which were signed on 25th March 2008 but which came into force on 1st April 2008,
- (l) The Statement of Financial Entitlements (Amendment) (No 2) Directions 2008 which were signed on 21st April 2008 but which had effect from 1st April 2008,
- (m) The Statement of Financial Entitlements (Amendment) (No 3) Directions 2008 which were signed on 7th August 2008 but which came into force on 1st October 2008,
- (n) The Statement of Financial Entitlements (Amendment) (No 4) Directions 2008 which were signed on 1st September 2008,
- (o) The Statement of Financial Entitlements (Amendment) (No 5) Directions 2008 which were signed on 22nd October 2008 but which had effect in part from 1st April 2008 and in part from 23rd October 2008,
- (p) The Statement of Financial Entitlements (Amendment) Directions 2009 which were signed on 29th January 2009,
- (q) The Statement of Financial Entitlements (Amendment) (No 2) Directions 2009 which were signed on 23rd March 2009,

- (r) The Statement of Financial Entitlements (Amendment) (No 3) Directions 2009 which were signed on 24th March 2009,
- (s) The Statement of Financial Entitlements (Amendment (No 4) and Specification of National Minimum Percentage Uplift) Directions 2009 which were signed on 10th June 2009 but which had effect in part from 1st April 2009 and in part from 11th June 2009,
- (t) The Statement of Financial Entitlements (Amendment) (No 5) Directions 2009 which were signed on 22nd September 2009,
- (u) The Primary Medical Services (Directed Enhanced Services - Pandemic Influenza (H1N1) Vaccination Scheme) and Statement of Financial Entitlements (Amendment) (No 6) Directions 2009 which were signed on 29th October 2009 but which came into force on 30th October 2009,
- (v) The Statement of Financial Entitlements (Amendment) Directions 2010 which were signed on 3rd March 2010,
- (w) The Statement of Financial Entitlements (Specification of National Minimum Percentage Uplift and Amendment (No.2)) Directions which were signed on 23rd June 2010 but which had effect in part from 1st April 2010 and in part from 24th June 2010,
- (x) The Statement of Financial Entitlements (Amendment) (No.3) Directions 2010 which were signed on 21st September 2010 but which had effect in part from 1st April 2010 and in part from 1st October 2010,
- (y) The Statement of Financial Entitlements (Amendment) Directions 2011 which were signed on 31st March 2011,
- (z) The Statement of Financial Entitlements (Amendment No.2) Directions 2011 which were signed on 1st August 2011, and
- (aa) The Statement of Financial Entitlements (Amendment) Directions 2012 which were signed on 29th March 2012.