

SCHEDULE 1

Amendment of the GMS Contracts Regulations

New Part 9A (vaccines and immunisations)

6. After Part 9 insert—

“PART 9A

Vaccines and immunisations

Vaccines and immunisations: duty of co-operation

66A.—(1) The contractor must co-operate, in so far as is reasonable, with relevant persons—

- (a) to understand the current uptake, and barriers to uptake, of offers to provide or administer vaccines and immunisations of the type specified in the GMS Statement of Financial Entitlements (“relevant vaccines and immunisations”) to patients, and
 - (b) to develop (if necessary) a strategy for improving the contractor’s immunisation programme.
- (2) For the purposes of paragraph (1) “relevant persons” means—
- (a) other persons who administer relevant vaccines and immunisations to patients;
 - (b) the Board;
 - (c) the Secretary of State;
 - (d) local authorities.

Vaccines and immunisations: appointments

66B.—(1) A contractor must ensure that they have in place a system for delivering appointments at which relevant vaccines or immunisations are administered to patients (“immunisation appointments”) which meets the Vaccines and Immunisations Standards.

- (2) In this regulation—
- “relevant vaccine or immunisation” means a vaccine or immunisation which is of a type specified in the GMS Statement of Financial Entitlements other than—
- (a) an influenza vaccine,
 - (b) a vaccine or immunisation for the purposes of travel which is not overseas travel, or
 - (c) a vaccine or immunisation which is offered in response to a local outbreak;
- “the Vaccines and Immunisations Standards” means the standards determined by the Board and which a contractor is required to meet in relation to the following matters—
- (a) the invitation of patients for immunisation appointments when they first become eligible for relevant vaccines or immunisations (“newly eligible patients”);
 - (b) the steps to be taken if no response is received to an invitation falling within sub-paragraph (a);
 - (c) the provision of immunisation appointments to newly eligible patients;

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- (d) the steps to be taken if a newly eligible patient does not attend an immunisation appointment;
- (e) requests for relevant vaccines or immunisations made by patients who are eligible for them but have not previously received them for any reason;
- (f) the identification of gaps in the vaccination records of registered patients, and the offer, and provision of, immunisation appointments to those patients.

Vaccines and immunisations: catch-up campaigns

66C.—(1) The contractor must participate in a manner reasonably required by the Board in one vaccine and immunisations catch-up campaign in each financial year.

(2) In this regulation “vaccine and immunisations catch-up campaign” means a campaign which is aimed at maximising the uptake of a particular vaccine or immunisation by patients who are eligible for it but have not received that vaccine or immunisation for any reason (other than a decision to refuse the vaccine or immunisation).

Vaccines and immunisations: additional staff training

66D.—(1) The contractor must ensure that all staff involved in the administration of vaccines and immunisations are trained in the recognition and initial treatment of anaphylaxis.

(2) This regulation does not affect the contractor’s obligations under Part 7.

Vaccines and immunisations: nominated person

66E.—(1) The contractor must nominate a person (a “V & I lead”) who is to have responsibility for—

- (a) overseeing the provision of vaccine and immunisation services by the contractor,
- (b) carrying out, on behalf of the contractor, any of the contractor’s functions under regulation 66A, and
- (c) overseeing compliance with the requirements of regulations 66A to 66D.

(2) The contractor must ensure that the V & I lead—

- (a) has regard to all guidance issued by the Board which is relevant to that role, and
- (b) if they are not a health care professional, is directly supervised in that role by a healthcare professional.

Vaccines and immunisations: exception for private arrangements

66F. Nothing in this Part applies in relation to the offer or administration of any vaccine or immunisation to a patient under a private arrangement.”.