
D I R E C T I O N S

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2017

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 the National Health Service Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State for Health has consulted the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate and has consulted such other persons as the Secretary of State for Health considers appropriate.

PART 1

General

Citation and commencement

1.—a) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2017.

(1) They come into force on 1st April 2017.

Interpretation

2. In these Directions, “the principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2013(b).

(a) 2006 (c.41); section 87 of the National Health Service Act 2006 (“the 2006 Act”) was amended by section 55 of, and paragraph 33 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). By virtue of section 271(1) of the 2006 Act, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England. Section 273 of the 2006 Act was amended by section 21(6), 47(7) and 55(1) of, and paragraph 137 of Schedule 4 to, the 2012 Act.

(b) Those Directions were signed on 27th March 2013 and were amended by the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2013 which were signed on 18th September 2013; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2014 which were signed on 28th March 2014; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2014 which were signed on 30th September 2014, the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015 which were signed on 23rd March 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2015 which were signed on 28th September 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.3) Directions 2015 which were signed on 6th October 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.4) Directions 2015 which were signed on 4th December 2015; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2016 which were signed on 31st March 2016; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2016 which were signed on 9th May 2016; and the General Medical Services Statement of Financial Entitlement (Amendment No.3) Directions 2016 which were signed on 24th November 2016. Copies are available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013> and from the Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.

PART 2

Amendment of Part 1 of the principal Directions (global sum and minimum income practice guarantee)

Amendment of section 2 of the principal Directions

- 3.** In section 2 of the principal Directions (global sum payments)—
- (a) in paragraph 2.3 (calculation of a contractor's first Initial Global Sum Monthly Payment), for "£80.59" substitute "£85.35";
 - (b) in paragraph 2.5 (calculation of Adjusted Global Sum Monthly Payments), in column 2 of Table 1 (percentage of initial GSMP), for "5.15" substitute "4.92"; and
 - (c) at the end of paragraph 2.18 (Contractor Population Index) insert "For the financial year ending 31st March 2018, the national average practice population figure is 7,732."(a).

PART 3

Amendment of Part 2 of the principal Directions (Quality and Outcomes Framework)

Amendment of section 4 of the principal Directions

- 4.** In section 4 of the principal Directions (general provisions relating to the quality and outcomes framework)—
- (a) in paragraph 4.3, for "1st April 2016" substitute "1st April 2017";
 - (b) in paragraph 4.19, for "the financial year commencing on 1st April 2016 and ending on 31st March 2017" substitute "the financial year commencing on 1st April 2017 and ending on 31st March 2018"; and
 - (c) in paragraph 4.20, for "1st April 2016 to 31st March 2017" substitute "1st April 2017 to 31st March 2018".

Amendment of Section 5 of the principal Directions

- 5.** In Section 5 of the principal Directions (aspiration payments: calculation, payment arrangements and conditions of payments)—
- (a) at the end of paragraph 5.6 (calculation of Monthly Aspiration Payments: the 70% method) insert "For the purposes of calculating the CPI, the national average practice population figure for the financial year ending 31st March 2018 is 7,732."(b); and
 - (b) in paragraph 5.13, for "£165.18" substitute "£171.20".

Amendment of Section 6 of the principal Directions

- 6.** In Section 6 of the principal Directions (achievement payments: calculation, payment, arrangements and conditions of payment), in paragraphs 6.6, 6.7 and 6.8, for "£165.18" substitute "£171.20".

(a) This national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2017.

(b) The national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2017.

PART 4

Amendment of Part 3 of the principal Directions (Directed Enhanced Services)

Amendment of Section 7 of the principal Directions

7. In Section 7 of the principal Directions (extended hours access scheme for the period 1st April 2016 to 31st March 2017)—

- (a) in the heading, for “1st APRIL 2016 TO 31st MARCH 2017” substitute “1st APRIL 2017 TO 31st MARCH 2018”;
- (b) in paragraph 7.1, for the words “In this Section, “financial year” means the period commencing on 1st April 2016 and ending on 31st March 2017” substitute “In this Section, “financial year” means the period commencing 1st April 2017 and ending on 31st March 2018”;
- (c) in paragraph 7.2, for “31st March 2017” in sub-paragraph (a), substitute “31st March 2018”;
and
- (d) in paragraph 7.7, for “31st March 2017” substitute “31st March 2018”.

Amendment of Section 9 of the principal Directions

8. In Section 9 of the principal Directions (learning disabilities health check scheme for the period 1st April 2016 to 31st March 2017)—

- (a) in the heading, for “1st APRIL 2016 TO 31st MARCH 2017” substitute “1st APRIL 2017 TO 31st MARCH 2018”;
- (b) in paragraph 9.1, for the words “In this Section, “financial year” means the period commencing on 1st April 2016 and ending on 31st March 2017” substitute “In this Section, “financial year” means the period commencing 1st April 2017 and ending on 31st March 2018” ;
- (c) in paragraph 9.3, for “£116.00” substitute “£140.00”;
- (d) in paragraph 9.5, for “31st March 2016” substitute “31st March 2017”;
- (e) in paragraph 9.10, for “31st March 2017” substitute “31st March 2018”; and
- (f) in paragraph 9.15 and its heading, for “31st March 2017” at both places substitute “31st March 2018”.

Amendment of Section 11 of the principal Directions

9. In Section 11 of the principal Directions (childhood immunisations)—

- (a) in paragraph 11.10, for “65”, in each place where it appears, substitute “63”; and
- (b) in paragraph 11.20, for “62” in each place where it appears substitute “63”.

Amendment of Section 12 of the principal Directions

10. In Section 12 of the principal Directions (rotavirus vaccine), in the table in paragraph 12.4 (payments for administration of rotavirus vaccine), in column 1 (when to immunise)—

- (a) after “2 months” insert “(eight weeks)”; and
- (b) after “3 months” insert “(twelve weeks)”.

PART 5

Amendment of Part 4 of the principal Directions (payments for specific purposes)

Amendment of Section 14 of the principal Directions

11. In Section 14.2(b) of the principal Directions (shingles immunisation programme), for “the financial year ending 31st March 2017” substitute “the financial year ending 31st March 2018”.

Amendment of Section 14D of the principal Directions

12. In Section 14D of the principal Directions (Meningococcal Completing Doses)—

- (a) in paragraph 14D.1(1), for “patients who have attained the age of 14 years on or after 1st April 2015 but who have not yet attained the age of 26 years in the financial year” substitute “patients who have attained the age of 14 years on or after 1st April 2015 but who have not yet attained the age of 25 years in the financial year”; and
- (b) in paragraph 14D.2(2)(b), for “the age of 26 years” substitute “the age of 25 years”.

Amendment of Section 15 of the principal Directions

13. In Section 15 of the principal Directions (payments for GP performers covering maternity, paternity and adoption leave)—

- (a) in paragraph 15.2 (general), after “who is already employed or engaged by the contractor” insert “(or more than one such person)”;
- (b) omit paragraph 15.3(c);
- (c) in paragraph 15.4 (entitlement to payments covering ordinary or additional maternity, paternity and ordinary or additional adoption leave), after “who is already employed or engaged by the contractor” insert “(or more than one such person)”; and
- (d) for paragraph 15.5 (amounts payable) substitute—

“**15.5.**—(1) The maximum amount payable under this Section by the Board in respect of locum cover for a GP performer is—

- (a) in respect of the first two weeks for which the Board provides reimbursement, £1,131.74 per week; and
- (b) in respect of any week thereafter for which the Board provides reimbursement in respect of locum cover, £1,734.18 per week.

(2) Any amounts payable by way of reimbursement under this Section—

- (a) are not to be paid on a pro-rata basis having regard to the absent performer’s working pattern; and
- (b) are to be whichever is the lower of the invoiced costs or the maximum amount payable in respect of any week under sub-paragraph (1).”.

Amendment of Section 16 of the principal Directions

14. In Section 16 of the principal Directions (payments for locums covering sickness leave)—

- (a) for the heading, substitute “**Section 16: PAYMENTS FOR LOCUMS OR GP PERFORMERS COVERING SICKNESS LEAVE**”;

- (b) in paragraph 16.2, after “the contractor may need to employ a locum” insert “or use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor (or more than one such person)”;
- (c) in paragraph 16.3 (entitlement to payments for covering sickness absence)—
- (i) after “and necessarily engages a locum” insert “or uses the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor (or more than one such person)”;
 - (ii) omit sub-paragraph (a),
 - (iii) after sub-paragraph (c) insert—

“(cc) the GP performer who is a party to the contract or who is already employed or engaged by the contractor is not employed full time.”, and
 - (iv) omit sub-paragraph (d);
- (d) omit paragraph 16.4(c) (entitlement to payments covering sickness absence) and the table;
- (e) in paragraph 16.5 (ceilings on the amounts payable), for “£1,131.74” substitute “£1,734.18”;
- (f) after paragraph 16.5 (ceilings on amounts payable) insert—
- “16.5A.** Any amounts payable by way of reimbursement under this Section—
- (a) are not to be paid on a pro-rata basis having regard to the absent performer’s working pattern; and
 - (b) are to be whichever is the lower of the invoiced costs or the maximum amount payable in respect of any week under paragraph 16.5.”.
- (g) for paragraph 16.6 (ceilings on amounts payable) substitute—
- “16.6.** No reimbursement under this Section will be paid in respect of the first two weeks period of each period of leave of absence. After that, the maximum periods in respect of which payments under this Section are payable in relation to a particular GP performer in respect of any such period are—
- (a) 26 weeks for the full amount of the sum that the Board has determined in payable; and
 - (b) a further 26 weeks for half the full amount of the sum the Board initially determined was payable.”.

Amendment of Section 19 of the principal Directions

15. In Section 19 of the principal Directions (seniority payments), for the table in paragraph 19.12 (calculation of full annual rate of Seniority Payments), substitute—

<i>Years of reckonable service</i>	<i>Full annual rate of payment per practitioner from 1st April 2016</i>	<i>Full annual rate of payment per practitioner from 1st April 2017</i>
0	£0.00	£0.00
1	£0.00	£0.00
2	£0.00	£0.00
3	£0.00	£0.00
4	£0.00	£0.00
5	£0.00	£0.00
6	£0.00	£0.00
7	£0.00	£0.00

8	£0.00	£0.00
9	£646.98	£0.00
10	£725.35	£624.34
11	£812.18	£699.08
12	£909.76	£783.07
13	£1,018.87	£876.99
14	£1,141.81	£982.81
15	£1,278.58	£1,100.54
16	£2,447.29	£2,106.49
17	£2,692.40	£2,317.47
18	£2,961.33	£2,548.96
19	£3,257.16	£2,803.59
20	£3,582.95	£3,084.01
21	£3,941.02	£3,392.21
22	£5,213.45	£4,487.46
23	£5,370.20	£4,622.38
24	£5,530.79	£4,760.61
25	£5,696.76	£4,903.47
26	£5,868.11	£5,050.95
27	£6,044.07	£5,202.41
28	£6,319.92	£5,439.84
29	£6,496.65	£5,591.96
30	£6,678.75	£5,748.71
31	£6,865.47	£5,909.42
32	£7,058.33	£6,075.43
33	£7,248.12	£6,238.79
34	£7,458.66	£6,420.01
35	£7,667.66	£6,599.90
36	£7,882.03	£6,784.43
37	£8,103.33	£6,974.91
38	£8,330.00	£7,170.01
39	£8,562.82	£7,370.41
40	£8,803.32	£7,577.42
41	£9,049.20	£7,789.06
42	£9,302.77	£8,007.32
43	£9,563.25	£8,231.53
44	£9,831.41	£8,462.35
45	£10,106.49	£8,699.12
46	£10,389.26	£8,942.51
47	£10,680.47	£9,193.17

Amendment of Section 20 of the principal Directions

16. In Section 20 of the principal Directions (Doctors' Retainer Scheme), for paragraph 20.1 (general) substitute—

“General

20.1.—(1) This is an established Scheme designed to keep doctors who are not working in general practice in touch with general practice.

(2) This Scheme is closed to new members from 1st April 2017.”

Insertion of new Section 20A into the principal Directions

17. After Section 20 of the principal Directions (Doctors' Retainer Scheme), insert—

“Section 20A: GP RETENTION SCHEME

General

20A.1.—(1) This Scheme is a package of financial and educational support designed to help keep doctors working in general practice.

(2) This Scheme applies, from 1st April 2017, to doctors who are entered in—

- (a) the register of medical practitioners kept by the General Medical Council under section 2 of the Medical Act 1983(a) (registration of medical practitioners) and who hold a license to practise; and
- (b) the medical performers list which the Board is required to prepare, maintain and publish under regulation 3 of the National Health Service (Performers Lists) (England) Regulations 2013(b),

and where paragraphs (3) and (4) apply to that doctor.

(3) This paragraph applies where a doctor to whom this Scheme applies has left, or is considering leaving, general practice—

- (a) because that doctor—
 - (i) is approaching retirement, or
 - (ii) requires greater flexibility to undertake other work within general practice or otherwise, or
- (b) for such other reasons related to the personal circumstances of that doctor as the Board considers to be acceptable for the purposes of this Scheme.

(4) This paragraph applies where a doctor to whom this Scheme applies—

- (a) is not able to undertake a regular part-time role by working in short clinics or on annualised sessions(c); and
- (b) there is a need for additional educational supervision.

Payments in respect of sessions under the Scheme

20A.2. Subject to paragraph 20A.3, where—

(a) 1983 c.54. Section 2 was amended by S.I. 2002/3135, S.I. 2006/1914, S.I. 2007/3101, S.I. 2008/1774 and S.I. 2014/1101.
(b) S.I. 2013/335.
(c) Annualised sessions are the number of sessions per week which a performer is required to work for a contractor averaged out over the period of a year. They include any sessions which a performer is contracted to undertake but where the performer does not actually undertake because it falls on a statutory holiday or because the member is absent by reason of annual leave or any requirement to undertake continuing professional development.

- (a) a contractor who the Board considers is a suitable employer of members of the Scheme employs or engages a member of the GP Retention Scheme; and
- (b) the service sessions for which the member of the GP Retention Scheme is employed or engaged by the contractor are arranged and approved by the Board,

the Board must pay to that contractor under its GMS contract £76.92 in respect of each full session that the member of the GP Retention Scheme undertakes for the contractor in any week, up to a maximum of four sessions per week.

Provisions in respect of leave arrangement

20A.3. The Board must pay to the contractor under its GMS contract any payment payable under paragraph 20A.2 in respect of any session which a member of the GP Retention Scheme is employed or engaged to undertake but which the member does not undertake because they are absent on leave related to—

- (a) annual holiday up to a maximum number of sessions annually equivalent to 6 weeks' worth of arranged sessions for the member of the GP Retention Scheme;
- (b) maternity, paternity or adoption leave, in accordance with the circumstances and for the periods referred to in Section 15 (payments covering GP performers covering maternity, paternity and adoption leave);
- (c) parental leave, in accordance with statutory entitlements (except that the normal statutory qualifying period of one year's service with the contractor does not apply);
- (d) sickness for a reasonable period as agreed by the contractor and the Board;
- (e) an emergency involving a dependent, in accordance with employment law and any guidance issued by the Department for Business, Energy and Industrial Strategy; and
- (f) other pressing personal or family reasons where the contractor and the Board agree that the absence of the member of the GP Retention Scheme is necessary and unavoidable.

Payment conditions

20A.4. Payments under this Section are to fall due at the end of the month in which the session to which the payment relates takes place. However, the payments, or any part of the payments, are only payable if the contractor satisfies the following conditions—

- (a) the contractor must inform the Board of any change to the member of the GP Retention Scheme's working arrangements that may affect the contractor's entitlement to a payment under this Scheme;
- (b) the contractor must inform the Board of any absence on leave of the member of the GP Retention Scheme and of the reason for such absence;
- (c) in the case of any absence on leave in respect of which there are any matters to be agreed between the contractor and the Board in accordance with paragraph 20A.3 above, the contractor must make available to the Board any information which the Board does not have but needs, and which the contractor either has or could reasonably be expected to obtain, in order to form an opinion in respect of any matters which are to be agreed between the contractor and the Board;
- (d) the contractor must inform the Board if the doctor in respect of whom the payment is made ceases to be a member of the GP Retention Scheme.

20A.5. If a contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of all or any part of any payment otherwise payable under this Section.

Professional expenses supplement annual payment

20A.6.—(1) The Board must pay to an eligible contractor under its GMS contract an annual lump sum payment under the GP Retention Scheme in respect of a professional expenses supplement of any doctor who becomes a member of the Scheme on or after 1st April 2017 in respect of any employment with or engagement by the contractor.

(2) For the purposes of this paragraph, an “eligible contractor” is a contractor to whom paragraph 20A.2 (payments in respect of sessions undertaken by members of the Scheme) applies.

(3) The professional expenses supplement is to be calculated by the Board by reference to the number of sessions which a doctor described in paragraph (1) is contracted to perform for the contractor in each week, up to a maximum of four sessions per week, on the following basis, depending on whether the doctor is contracted to perform an annualised number of sessions, or a number of sessions per week:

<i>Number of sessions per week</i>	<i>Annualised sessions(a)</i>	<i>Amount of professional expenses supplement per annum</i>
1-2	Fewer than 104	£1000
2	104	£2000
3	156	£3000
4	208	£4000

(4) Subject to paragraph (5), the Board must pay to the contractor the professional expenses supplement—

- (a) on the date on which the doctor becomes a member of the GP Retention Scheme; and
- (b) on the anniversary of that date in each subsequent year in respect of which the payment is due.

(5) The Board must not pay a professional expenses supplement in respect of any doctor where an eligible contractor has not provided sufficient information to the Board about the number of sessions per week for which that doctor is employed or engaged by the contractor.

(6) Where the Board pays a professional expenses supplement to an eligible contractor in respect of a doctor, the contractor must pass on the payment to that doctor, net of any applicable deductions payable by that doctor in respect of income tax and national insurance contributions, within one calendar month from the date on which the contractor received the payment on the understanding that the payment is to be applied towards meeting the cost of the doctor’s professional indemnity cover, continuing professional education requirements and other professional expenses.”.

Insertion of new Section 20B into the principal Directions

18.After Section 20A of the principal Directions (GP Retention Scheme) as inserted by direction 14, insert—

“Section 20B: CQC FEES REIMBURSEMENT SCHEME

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- (a) “Annualised sessions” are the number of sessions per week which a performer is contracted to work for a contractor averaged out over the period of a year. They include any sessions which a member of the GP Retention Scheme is employed or engaged by the contractor to undertake but which the member does not actually undertake because it falls on a statutory holiday or because the member is absent by reason of annual leave or any requirement to undertake continuing professional development.

General

20B.1.—(1) This Scheme is established on 1st April 2017 and enables the Board to reimburse the amount of any fees paid by a contractor, as a provider of NHS primary medical services, by virtue of provision contained in the Provision for Fees Scheme which is made and published by the Care Quality Commission under section 85(1) of the Health and Social Care Act 2008(a) (“CQC registration fees”).

(2) The Board must pay to a contractor under its GMS contract a payment which represents the total amount of CQC registration fees which the contractor has paid to the Care Quality Commission under the Provision for Fees Scheme in respect of any year.

(3) The Board must not make any payment to a contractor under this Section unless an invoice or other suitable evidence of payment has been presented to it by the contractor as evidence of the amount which the contractor has paid to the Care Quality Commission in respect of CQC registration fees in any year.

Payment of reimbursement of CQC Registration Fees

20B.2. Payments under this Section must be made by the Board to a contractor as part of the next Global Sum Monthly Payment which falls due to the contractor following the date on which the Board receives evidence, in accordance with Section 20B.1(3), of the amount that the contractor has paid by way of CQC registration fees.”.

PART 6

Amendment of Annex A (Glossary) and Annex B (Global Sum)

Amendment of Part 2 of Annex A

19. In Part 2 of Annex A (definitions), for the definition of “DES Directions” substitute—
““DES Directions” means the Primary Medical Services (Directed Enhanced Services Directions) 2017 signed on 31st March 2017;”.

Amendment to Part 2 of Annex B to the principal Directions

20. In Part 2 of Annex B to the principal Directions (vaccines and immunisations), in subparagraph (c) of the fifth entry in column 1 of Table 1 in respect of Meningococcal C containing Vaccine, for “period commencing 1st April 2016 and ending 31st March 2017” substitute “period commencing 1st April 2017 and ending 31st March 2018”.

Amendment of Annex E of the principal Directions

21. In Annex E of the principal Directions (calculation of the additional services sub-domain achievement points), in paragraphs E.5 and E.6 of Annex E (achievement points), for “£165.18” substitute “£171.20”.

Amendment of Annex I of the principal Directions

22. For Annex I of the principal Directions (routine childhood vaccines and immunisations) substitute—

(a) 2008 c.14. The Provision for Fees Scheme is made and published annually by the Care Quality Commission under section 85(1) of the Health and Social Care Act 2008. Information about the Scheme is available at: <http://www.cqc.org.uk/organisations-we-regulate/registered-services/fees> Further information about the Provision for Fees Scheme can be obtained from the CQC National Customer Service Centre, Gallowgate, Newcastle Upon Tyne, NE1 4PA.

“Annex I

Routine childhood vaccines and immunisations

The Routine Childhood Immunisation Programme

Background

1.1. Guidance and information on routine childhood vaccines and immunisations are set out in “Immunisations against infection diseases – The Green Book” which is published by the Department of Health.

Routine Childhood Immunisation Schedule

1.2. All children starting the immunisation programme at two months of age will follow the schedule (often referred to as the “Childhood Immunisation Schedule”). The vaccinations listed in the table are part of the targeted childhood immunisations programme eligible for payment under the GMS contract.

Age	Vaccine	Dosage
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
	Rotavirus (Rota)	One oral dose
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	One injection
	Meningitis C (MenC) <i>(removed from July 2016)</i>	One injection
	Rotavirus (Rota)	One oral dose
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
Around 12 months	Haemophilus influenzae type b, Meningitis C (Hib/MenC)	One injection
Around 13 months	Measles, mumps and rubella (MMR)	One injection
	Pneumococcal (PCV)	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)	One injection

1.3. The latest information and guidance on vaccines and vaccine 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 “Immunisations against infectious diseases – The Green Book”. Details of the wider Public Health England’s published routine childhood immunisation schedule are available at <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>”.

Signed by authority of the Secretary of State for Health

Louise Everett

Louise Everett
Member of the Senior Civil Service

Date 31st March 2017

Department of Health