

WG25-85

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) Directions 2026**

Made

03 December 2025

Coming into force

01 January 2026

The Welsh Ministers, in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006^(a) and after consulting in accordance with sections 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, give the following Directions.

Title, application, commencement and effect

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2026.

(2) These Directions are given to Local Health Boards. They relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract.

(3) These Directions are made on 03 December 2025 and come into force on 1 January 2026.

Amendment to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013^(b) which came into force on 11 June 2013, as amended by Directions listed in Annex J of the Schedule to these Directions, are further amended as follows.

Amendment of the Table of Contents

3. In the Table of Contents in Part 4, Payment for Specific Purposes—

- (a) for the heading “9. Pneumococcal Vaccine for Children who have and have not already received their 12-week PCV13 vaccination prior to 1 July 2025 and Hexavalent vaccine only for children who turned one year of age on or before 30 June 2025 who present late for their one year appointment” and its sub-headings, substitute—

“9. PNEUMOCOCCAL VACCINE FOR CHILDREN

General

(a) 2006 c. 42.

(b) 2013 No. 8.

Payment for the administration of Pneumococcal vaccine as part of the routine childhood immunisation schedule for children

Payment for administration of Pneumococcal vaccine other than as part of the routine childhood immunisation schedule for children

Children who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction

Payment for children with an unknown or incomplete immunisation status

Eligibility for payment

Claims for payment

Conditions attached to payment”;

(b) after the heading to 9B and its sub-headings insert—

“9C. DTaP/IPV/HiB/HepB (HEXAVALENT) VACCINE

General

Payment for the administration of the Hexavalent vaccine as part of the routine childhood immunisation schedule for children

Eligibility for payment

Conditions attached to payment”.

Amendment of Part 3 – Immunisations

4. In Section 7: Childhood Immunisations—

- (a) in paragraph 7.3(b)(ii), after “rubella” insert “/varicella”;
- (b) in paragraph 7.4 omit—
 - (i) “the Hib/MenC booster vaccine or”, and
 - (ii) “that Hib/MenC booster vaccine or”;
- (c) in paragraph 7.5 for “three” substitute “two”;
- (d) for paragraph 7.6 substitute—

“7.6. The LHB then needs to calculate which, if any, target was achieved. To do this, the LHB also needs from the contractor the number of children in the cohort of children in respect of whom the calculation is to be made who, by the end of the quarter to which the calculation relates, have completed immunisation courses in each of the two disease groups (C1 + C2). In this section, C1 is the number of children in the cohort who have completed the immunisation course in respect of the diseases referred to in paragraph 7.3(b)(ii) and C2 is the number of children in the cohort who have completed the immunisation course in respect of the diseases referred to in paragraph 7.3(b)(i). Only completed immunisation courses (whether or not carried out by the contractor) are to count towards the determination of whether or not the targets are achieved. No adjustment is to be made for exception reporting. A calculation (which provides for an additional weighting factor of 2 to be given to immunisation courses in respect of the diseases referred to in paragraph 7.3(b)(i)) is then to be made of whether or not the targets are achieved—

- (a) if $(C1 \times 2) + C2 \geq B1$, then the 70% target is achieved; and
- (b) if $(C1 \times 2) + C2 \geq B2$, then the 90% target is achieved.”;
- (e) in paragraph 7.9 omit “+ C3 minus E3”;
- (f) in paragraph 7.15 for paragraphs (b)(i) and (ii) substitute—

- “(i) diphtheria, tetanus, pertussis and poliomyelitis (to be administered three years four months to five years old); and
- (ii) measles/mumps/rubella/varicella (to be administered at 18 months old).”;
- (g) in paragraph 7.16 for “three” substitute “two”;
- (h) omit paragraph 7.20A.

5. For “**Section 9: PNEUMOCOCCAL VACCINE FOR CHILDREN WHO HAVE AND WHO HAVE NOT ALREADY RECEIVED THEIR 12-WEEK PCV13 VACCINATION PRIOR TO 1 JULY 2025 AND HEXAVALENT VACCINE ONLY FOR CHILDREN WHO TURNED ONE YEAR OF AGE ON OR BEFORE 30 JUNE 2025 WHO PRESENT LATE FOR THEIR ONE YEAR APPOINTMENT**” substitute—

“Section 9: PNEUMOCOCCAL VACCINE FOR CHILDREN

General

9.1. Section 9 makes provision in respect of payments to be made for the administration by a contractor of the Pneumococcal vaccine as part of the routine childhood immunisation schedule and in certain non-routine cases.

9.2. Where reference is made in this Section to a vaccine being administered at a certain age, this is an indication of the recommended schedule for the administration of the vaccine contained in “Immunisation against Infectious Diseases - The Green Book” which is published by UK Health Security Agency. The specific timing of the administration of the vaccine, which should be within the parameters of the recommended schedule, is a matter for the clinical judgement of the relevant health care professional.

Payment for the administration of Pneumococcal vaccine as part of the routine childhood immunisation schedule for children

9.3. The LHB must pay to a contractor who qualifies for the payment, a payment of £20.06 in respect of each child registered with the contractor—

- (a) who has received, as part of their routine childhood immunisation schedule, all two doses of the vaccines set out in the table at paragraph 9.5, namely the series of two Pneumococcal vaccine doses, the first of which is to be administered at 16 weeks, with the second at 12-13 months, and
- (b) in respect of whom the contractor administered the final dose completing the vaccine course.

9.4. For the purpose of paragraph 9.3(b), the “final dose completing the vaccine course” means the second in the series of the two Pneumococcal vaccine doses which is scheduled in the table at paragraph 9.5 to be administered at 12-13 months.

9.5. The tables below sets out the schedule for administration of the Pneumococcal vaccine as part of the routine childhood immunisation schedule for children.

<i>When to immunise</i>	<i>What is given</i>	<i>How is vaccine given</i>
16 weeks old	Pneumococcal vaccine) (first dose)	1 injection
12-13 months	Pneumococcal Vaccine (second dose)	1 injection

Payment for administration of Pneumococcal vaccine other than as part of the routine childhood immunisation schedule for children

9.6. The LHB must pay to a contractor, who qualifies for the payment, a payment of £20.06 in respect of each child registered with the contractor who has received the Pneumococcal vaccine in any of the circumstances set out in paragraphs 9.7 to 9.12 and in respect of whom the contractor administered the final dose completing the vaccine course. For the purposes of this paragraph, the final dose completing the vaccine course means the fourth in the series of Pneumococcal vaccine doses which is scheduled in the table at paragraph 9.7.

Children who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction

9.7. Children who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction must receive the Pneumococcal vaccine in accordance with both the following table and “Immunisation against Infectious Diseases” in The Green Book.

<i>When to immunise</i>	<i>What is given</i>	<i>How vaccine is given</i>
Infants under 1 year old	Pneumococcal vaccine (first set of doses)	2 injections, 8 weeks apart
12-13 months	Pneumococcal vaccine (second set of doses)	2 injections, 8 weeks apart

9.8. Where a child under 2 years of age is severely immunocompromised or has complement deficiency, asplenia or splenic dysfunction, and—

- (a) consequently cannot, or did not, receive, or presents, or presented, too late to receive, two doses of Pneumococcal before the age of 12-13 months and two doses of Pneumococcal vaccine during their second year of life, but
- (b) receives two doses of Pneumococcal vaccine in the second year of life, the second of which is administered at least 8 weeks after the first dose,

the LHB must pay to the contractor administering the final dose completing the vaccine a payment of £20.06 in respect of that child. The second dose of Pneumococcal vaccine, administered in the second year of life, is considered the final completing course of the vaccine for this purpose.

Payment for children with an unknown or incomplete immunisation status

9.9. Where a child has an unknown or incomplete immunisation status and receives vaccines sufficient to ensure that it has received the vaccine course in accordance with the schedule set out in the table at paragraph 9.5, the LHB must pay to the contractor administering the final dose completing the vaccine course a payment of £20.06 in respect of that child. The Pneumococcal vaccine dose administered at 12-13 months is considered the final dose completing the vaccine course for this purpose.

9.10. Where a child has an unknown or incomplete immunisation status and is too old to be able to receive the first of the two doses of Pneumococcal vaccine at the age of 16 weeks, and the second dose of Pneumococcal vaccine at 12-13 months, but receives a Pneumococcal vaccine dose on or after turning 1 year old and prior to 2 years of age, the LHB must pay to the contractor who administers the final dose completing the vaccine

course a payment of £20.06 in respect of that child. The single dose of Pneumococcal vaccine is considered the final dose completing the vaccine course for this purpose.

Eligibility for payment

9.11. A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met—

- (a) the child in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the final completing course of the vaccine was administered,
- (b) the contractor administers the final dose completing the vaccine course to the child in respect of whom the payment is claimed,
- (c) subject to sub-paragraph (e), the child in respect of whom the payment is claimed is or was aged 1 year when the final dose completing the vaccine course is administered,
- (d) in the case of payments in respect of the vaccines administered in accordance with paragraphs 9.8 and 9.10, the child must be under 2 years of age when the final dose completing the vaccine course is administered,
- (e) the contractor does not receive any payment from any other source in respect of any of the series of Pneumococcal vaccines set out in the table at paragraph 9.5 or in respect of any vaccine administered under any of the circumstances set out in paragraph 9.7 to 9.11 (if the contractor does receive payments from other sources in respect of any child, the LHB must consider whether to recover any payment made under this Section in respect of that child pursuant to paragraphs 19.1 and 19.2 (overpayments and withheld amounts), and
- (f) the contractor submits the claim within 6 months of administering the final dose completing the vaccine course.

9.12. The contractor is not entitled to payment of more than £20.06 in respect of any child under this Section.

Claims for payment

9.13. The contractor must submit claims in respect of the final dose completing the vaccine course after they have been administered at a frequency to be agreed between the LHB and the contractor (which must be a frequency which provides for the claim to be submitted within 6 months of administering the final completing vaccine), or if agreement cannot be reached, within 14 days of the end of the month during which the final dose completing the vaccine course was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

Conditions attached to payment

9.14. A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

- (a) the contractor must supply the LHB with the following information in respect of each child for which a payment is claimed—
 - (i) the name of the child,
 - (ii) the date of birth of the child,
 - (iii) the NHS number, where known, of the child,
 - (iv) except where paragraph (v) applies, confirmation that the child has received two doses of Pneumococcal vaccine in accordance with the table at paragraph 9.5,

- (v) if the claim is made in the circumstances set out in paragraph 9.7, 9.8 or 9.11, confirmation that all required vaccines have been administered, and
 - (vi) the date of the final dose completing the vaccine course, which must have been administered by the contractor,
- but where a parent or carer objects to details of the child's name or date of birth being supplied to the LHB, the contractor need not supply such information to the LHB but must supply the child's NHS number;
- (b) the contractor must provide appropriate information and advice to the parent or carer of the child, and where appropriate, also to the child, about the pneumococcal vaccine;
 - (c) the contractor must record in the child's records, kept in accordance with paragraph 78 (patient records) of Schedule 3 to the 2023 Regulations, any refusal of an offer of a pneumococcal vaccine (or the hexavalent vaccine if relevant);
 - (d) where a pneumococcal vaccine is administered, the contractor must record in the child's records, kept in accordance with paragraph 78 of Schedule 3 to the 2023 Regulations, those matters set out in paragraph 3(2)(d) of Schedule 2 to the 2023 Regulations;
 - (e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as is necessary to enable that health care professional to properly perform such services, and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;
 - (f) the contractor must make available to the LHB any information which the LHB does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order for the LHB to form an opinion on whether the contractor is eligible for payment under the provisions of this Section;
 - (g) the contractor must make any returns required of it (whether computerised or otherwise) to the registration system approved by the LHB, and do so promptly and fully; and
 - (h) all information provided pursuant to, or in accordance with, this paragraph must be accurate.

9.15. The LHB may set aside the requirement that the contractor submit the claim within 6 months of administering the vaccine if it considers it is reasonable to do so.

9.16. If the contractor breaches any of these conditions, the LHB may, in appropriate circumstances, withhold payment of any, or any part of, payments due under this Section."

6. After *Section 9B: MENINGOCOCCAL SEROGROUP B (MenB) VACCINE* insert—

“Section 9C: DTaP/IPV/HiB/HepB (HEXAVALENT) VACCINE

General

9C.1. Section 9C makes provision in respect of payments to be made in respect of the administration of the Hexavalent vaccine by a contractor. The Hexavalent vaccine is part of the routine childhood immunisation schedule (see Annex I).

9C.2. Where reference is made in this Section to a vaccine being administered at a certain age, this is an indication of the recommended schedule for the administration of the vaccine contained in “Immunisation against Infectious Diseases - The Green Book” which is published by UK Health Security Agency. The specific timing of the administration of the vaccine, which should be within the parameters of the recommended schedule, is a matter for the clinical judgement of the relevant health care professional.

Payment for the administration of the Hexavalent vaccine as part of the routine childhood immunisation schedule for children

9C.3. The LHB must pay to a contractor who qualifies for the payment, a payment of £10.03 in respect of each dose of vaccination administered to each child registered with the contractor as part of their routine childhood immunisation schedule, as set out in the table below.

When to immunise	How vaccine is given
18 months old	One injection

Eligibility for payment

9C.4. A contractor is only eligible to make a claim for a payment under this Section in circumstances where the following conditions are met—

- (a) the child in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the dose of vaccine was administered;
- (b) the contractor administers the dose of vaccine to the child in respect of whom the payment is claimed;
- (c) the contractor does not receive any payment from any other source in respect of the Hexavalent vaccine (if the contractor does receive any such payment in respect of any patient from any other source, the LHB must give serious consideration to recovering any payment made under this Section in respect of that patient pursuant to paragraphs 19.1 and 19.2 (overpayments and withheld amounts)); and
- (d) the contractor submits any claim within 6 months of administering the respective dose of vaccine.

9C.5. The LHB may set aside the requirement that the contractor submit the claim within 6 months of administering the dose of vaccine if it considers it is reasonable to do so.

9C.6 The contractor must submit its claims after administering each dose of the Hexavalent vaccine at a frequency to be agreed between the LHB and the contractor (which must be a frequency which provides for the claim to be submitted within 6 months of administering the dose of vaccination), or if agreement cannot be reached, within 14 days of the end of the month during which the dose of vaccine was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

9C.7. The LHB must ensure that the receipt and payment in respect of any claims are properly recorded and that each claim has a clear audit trail.

Conditions attached to payment

9C.8. A claim for payment under the provisions of this Section is only payable by the LHB if the contractor satisfies the following conditions—

- (a) the contractor must supply the LHB with the following information in respect of each child for which a payment is claimed—
 - (i) the name of the child;
 - (ii) the date of birth of the child;
 - (iii) the NHS number, where known, of the child;
 - (iv) the date on which the dose or doses of vaccine that are being claimed for were administered by the contractor,

but where a parent or carer objects to details of the child's name or date of birth being supplied to the LHB, the contractor need not supply such information to the LHB but must supply the child's NHS number;

- (b) the contractor must provide appropriate information and advice to the parent or carer of the child about the Hexavalent vaccine,
- (c) the contractor must record in the child's records, kept in accordance with paragraph 78 (patient records) of Schedule 3 to the 2023 Regulations, any refusal of an offer of the Hexavalent vaccine,
- (d) the contractor must maximise uptake in the interests of children, and meeting any public health targets in respect of such immunisations;
- (e) where a Hexavalent vaccine is administered, the contractor must record in the child's records, kept in accordance with paragraph 78 of Schedule 3 to the 2023 Regulations, those matters set out in paragraph 3(2)(d) of Schedule 2 to the 2023 Regulations,
- (f) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as is necessary to enable that health care professional to properly perform such services, and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis,
- (g) the contractor must make available to the LHB any information which the LHB does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order for the LHB to form an opinion on whether the contractor is eligible for payment under the provisions of this Section,
- (h) the contractor must make any returns required of it (whether computerised or otherwise) to the registration system approved by the LHB, and do so promptly and fully, and
- (i) all information provided pursuant to, or in accordance with, this paragraph must be accurate.

9C.9. If the contractor breaches any of these conditions, the LHB may, in appropriate circumstances, withhold payment of any, or any part of, payments due under this Section."

Amendment to Annex I

7. In Annex I: Routine childhood vaccines and immunisations, in the Table—

(a) after the entry "12 – 13 months old" and its associated rows, insert—

"18 months old	Measles, mumps, rubella and Varicella (MMRV)	One injection
	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b, hepatitis B (DTaP/IPV/Hib, HepB)	One injection"

(b) in the second row of the entry relating to "Three years four months to five years old" omit—

- (i) "Measles, mumps and rubella (MMR)" in the second column, and
- (ii) "One injection" in the third column.

Amendment of ANNEX J

8. For ANNEX J - AMENDMENTS substitute Annex J in the Schedule to these Directions.

A handwritten signature in black ink, appearing to read 'A Slade', with a stylized initial 'A'.

Signed by Alex Slade, Director of Primary Care, Mental Health and Early Years under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers

Date: 03 December 2025

SCHEDULE

Direction 8

“ANNEX J – AMENDMENTS

Amendments to the Directions to the Local Health Boards as to the Statement of Financial Entitlements Directions 2013, which came into force on 11 June 2013

- (a) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013;
- (b) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014 (2014 No.3), which were made on 16 June 2014;
- (c) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2014 (2014 No.17), which were made on 27 June 2014;
- (d) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2014 (2014 No.24), which were made on 30 September 2014;
- (e) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015 (2015 No.7), which were made on 31 March 2015;
- (f) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 2) Directions 2015 (2015 No.14), which were made on 01 April 2015;
- (g) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 3) Directions 2015 (2015 No.15), which were made on 20 April 2015;
- (h) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 4) Directions 2015 (2015 No.19), which were made on 25 June 2015;
- (i) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2015, which were made on 30 September 2015;
- (j) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2016, which were made on 30 March 2016;
- (k) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2016, which were made on 11 April 2016;
- (l) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2016, which were made on 13 July 2016;
- (m) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2016 (2016 No.19), which were made on 16 August 2016;
- (n) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2016 which were made on 15 December 2016;
- (o) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2017 which were made on 31 January 2017;

- (p) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2017 which were made on 27 April 2017;
- (q) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were made on 9 August 2017;
- (r) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2017 which were made on the 28 September 2017;
- (s) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2018 which were made on the 14 June 2018;
- (t) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2018 which were made on 19 November 2018;
- (u) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2019 which were made on 29 March 2019;
- (v) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2019 which were made on 28 June 2019;
- (w) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2019 which were made on 29 August 2019;
- (x) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2019 which were made on 30 September 2019;
- (y) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2019 which were made on 14 October 2019;
- (z) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2020 which were made on 24 March 2020;
- (aa) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2020 which were made on 22 June 2020;
- (bb) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2020 which were made on 15 July 2020;
- (cc) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2020 which were made on 16 September 2020;
- (dd) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2020 which were made on 2 November 2020;
- (ee) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2021 which were made on 19 April 2021;
- (ff) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2021 which were made on 31 August 2021;
- (gg) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2021 which were made on 1 December 2021;
- (hh) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2022 which were made on 29 March 2022;
- (ii) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022 which were made on 8 June 2022;

- (jj) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022 which were made on 4 November 2022;
- (kk) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023 which were made on 29 November 2023;
- (ll) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023 which were made on 20 February 2023;
- (mm) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023 which were made on 29 March 2023;
- (nn) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2023 which were made on 3 August 2023;
- (oo) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2024 which were made on 8 February 2024;
- (pp) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024 which were made on 18 April 2024;
- (qq) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2024 which were made on 9 October 2024;
- (rr) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024 which were made on 26 November 2024;
- (ss) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2025 which were made on 6 February 2025;
- (tt) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2025 which were made on 22 April 2025;
- (uu) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2025 which were made on 6 June 2025;
- (vv) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.4) Directions 2025 which were made on 22 July 2025;
- (ww) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2025 which were made on 6 August 2025; and
- (xx) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2025 which were made on 2 December 2025.