

## Guidance on Travel Vaccines and Travel Health

September 2006

### 1. Introduction

This paper summarises the provision of vaccines to a patient registered on the list of a general medical practitioner; or temporary resident. It does not cover the provision of private travel services to members of the public who are not registered with the practice.

### 2. Key issues

The two key issues relate to:

#### a) Clinical appropriateness

Any question on clinical need should be answered from the appropriate information source. Examples are:

- Immunisation against infectious disease (the “green book”);
- Specialist travel vaccine advisory services (e.g. MASTA, BA, Merieux);
- The patient record of vaccination and immunisation, including adverse events.

GP practices should ensure that vaccines given at NHS expense are clinically indicated and appropriate. A doctor may vaccinate or immunise a patient who is a temporary resident, however if the past history is not available or adequate the patient should be asked to seek advice from their usual doctor.

#### b) Financial issues

There is a separate issue over what practices should do about reimbursement/charging for travel vaccines. This needs to be in accordance with the General Medical Services Contract and the Statement of Financial Entitlements (SFE).

### 3. Which travel vaccines can be provided on the NHS under the new GMS Contract?

Under the Red Book a limited number of travel vaccines were provided on the NHS, for public health reasons. Those travel vaccines that were provided by practices on the NHS before 31<sup>st</sup> March 2004 shall continue to be provided as a service under the new GMS contract.

These include:

- Poliomyelitis (for travel to countries outside Europe, North America, USA, Australia, New Zealand or where there is a specific risk)
- Infectious hepatitis (for travel to countries outside Northern Europe, Australia, New Zealand or where there is a specific risk)
- Typhoid (for travel to countries outside Northern Europe, North America, Australia, New Zealand or where there is a specific risk)

For all other immunisations required in connection with travel abroad the General Medical Services Contract allows the practice to charge and takes the provision out of the NHS.

### 4. Standard General Medical Services Contract 2004

Part 18: Fees and charges states that:

*"A doctor shall not, .... demand or accept a fee or other remuneration for any treatment, .... **except** –*

*484.7 For treatment consisting of an immunisation for which no remuneration is payable by the PCT and which is requested in connection with travel abroad;*

*484.8 For prescribing or providing drugs, medicines or appliances (including a collection of such drugs, medicines or appliances in the form of a travel kit) which a patient requires to have in his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;*

*484.12 For prescribing or providing drugs for malaria chemoprophylaxis."*

This means that doctors can charge for:

- travel vaccines that were not provided for on the NHS before 31<sup>st</sup> March 2004
- the supply of travel kits
- malaria prophylaxis

Practices must not demand fees for travel advice only.

## 5. The provision of travel vaccinations that are included in the Standard General Medical Services Contract

Patients who require polio, hepatitis A or typhoid injection for the purposes of travel, as outlined in paragraph 3 can be supplied their vaccines in either of the following ways:

### Either

- The vaccine is purchased and administered by the practice
- The vaccine cost is reimbursed by the PPA (under paragraph 18.4 of the SFE\*)
- No prescription charge is payable by the patient

### Or

- The GP issues an FP10
- The vaccine is dispensed by a pharmacy (with relevant prescription charge if applicable)
- The vaccine is administered by the practice

- No fee can be charged to the patient for writing an NHS prescription for a travel vaccine
- \* Any vaccines reimbursed from central supplies agency are not reimbursable via paragraph 18.4

## 6. The provision of travel vaccinations that are not included in the Standard General Medical Services Contract

Paragraph 484.7 of the Standard General Medical Services Contract allows GPs to charge a fee for the provision of those travel vaccines that are not included in 18.4 of the SFE, and prescribing of these vaccines is therefore not deemed to be GMS.

The travel vaccines affected are hepatitis B, Japanese encephalitis, meningococcal meningitis, rabies, tick borne encephalitis and yellow fever.

### Either

- The vaccine is purchased and administered by the practice

### Or

- The GP issues a private prescription
- The vaccine is dispensed by a pharmacy (with relevant private prescription charge)
- The vaccine is administered by the practice

- A fee may be charged for issuing a private prescription and for dispensing the drugs
- The practice may charge a fee for the supply and administration of the travel vaccine
- Recommended fees are published regularly in the GP press e.g. Medeconomics

## 7. Associated issues

### a) Malaria prophylaxis

A practice may charge for prescribing or providing drugs for malaria prophylaxis for travel abroad. This should **NOT** be prescribed on an FP10.

- A fee may be charged for issuing a private prescription
- Some antimalarial drugs [P] may be purchased directly from a community pharmacy

### b) Medication required solely in anticipation of the onset of an ailment while outside the UK

A practice may charge for prescribing or providing drugs which a patient requires to have in his possession solely in anticipation of the onset of an ailment while he is outside the UK but for which he is not requiring treatment when the medicine is prescribed (e.g. traveller's diarrhoea).

- A fee may be charged for issuing a private prescription

### c) Patients on long-term medication who are leaving the country

- There is no direct legislation that deals specifically with the time period for which a prescription is prescribed for a patient who is leaving the country.
- No more medicine should be provided to a patient than is clinically appropriate. For instance, if a patient requires medical review within a four-week period then only four weeks' supply of medicine should be given and the patient should be advised to seek medical opinion in the country to which they are travelling.
- Up to a maximum of 3 months supply of treatment can be prescribed, if clinically appropriate. This is in accordance with the advice that if a patient is leaving the country, for a period of at least 3 months, then he/she shall be removed from the practice list (3 months from the date on which the PCT first receives notification of the departure).
- Any patient absent (or intending to be absent) from the country for more than three months should be removed from the practice list [Clause 216 of the Standard General Medical Services Contract].
- If a patient wishes to have more than 3 months supply, due to an extended period of working or living abroad, then the GP may issue a private prescription for further supplies of medicines to be purchased, by the patient, for treatment beyond the 3 month period.
- The amount prescribed should be subject to clinical judgement.
- All decisions should be made in the knowledge of drug availability in the country to which they are travelling.
- Any patient absent (or intending to be absent) from the country for more than three months should be removed from the practice list [Clause 216 of the Standard General Medical Services Contract].

- No fee may be charged for issuing an NHS prescription
- A fee for issuing a private prescription to make up any shortfall is permitted

**d) Travel advice**

- No charge may be made to any patient of the practice for providing advice

**e) Vaccination record cards**

- No charge may be made to any patient of the practice for providing a record of the details of vaccines provided

**8. Other issues**

**8.1 Hepatitis A immunisation**

GPs should be vaccinating frequent travellers with a single dose of hepatitis A vaccine for people travelling outside Northern Europe, Australia or New Zealand to areas who have poor sanitation and where the degree of exposure to infections is likely to be high.

Remind the patients that a booster dose after six to twelve months confers up to ten years immunity.

**8.2 Tetanus**

A booster dose of tetanus should be given to travellers to areas where medical attention may not be accessible should a tetanus prone injury occur and whose last dose of a tetanus containing vaccine was more than 10 years previously. This should be given even if the individual has received 5 doses of vaccine previously. Patients should not be charged for a booster dose of tetanus if this was previously claimed as an item of service fee.

Adults and adolescents requiring tetanus immunisation should now receive adsorbed tetanus/ low dose diphtheria/polio vaccine (Td/IVP). This replaces combined adsorbed tetanus/low dose diphtheria vaccine (Td), which has been discontinued.

**References:**

- ◆ Immunisation against Infectious Disease (1996 and any updates) produced by the Department of Health (Green book)
- ◆ Health Information for Overseas Travel produced by the Department of Health (Yellow book) electronic version Sept 2005 at [www.nathnac.org/yellow-book](http://www.nathnac.org/yellow-book)
- ◆ Statement of Financial Entitlements
- ◆ Standard General Medical Services Contract 2006/7
- ◆ Red Book, Vaccines and Immunisations Appendix 1 2004

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