

# Tips from a 'trip advisor'

Jane Chiodini looks at delivering a travel health service in primary care



As we recover from the recent economic recession, traveller numbers are now beginning to increase again<sup>1</sup> and general practice continues to manage demand of patients requiring advice. Shortages of vaccines over the past few years have also resulted in challenges, although typhoid vaccine now appears to be back in stock, which will certainly alleviate some of the major issues. However, pressure of workload in primary care overall has resulted in many surgeries taking the decision to cease seeing patients for travel advice and redirecting them to private travel clinics. These facilities have certainly multiplied in number especially with the major pharmacy chains developing nurse-led or pharmacist-led services in store, and a number of online private pharmacy and doctor services are engaging in travel health medicine as well. However, whilst travel health is an additional service, an NHS GP surgery **cannot simply opt out**, the process is more complex than this and it is illegal, indeed fraudulent to simply stop offering travel.

## Travel departure

The Royal College of Nursing guidance document *'Travel health nursing: career and competence development'*<sup>2</sup> provides a comprehensive summary of a UK travel health service and includes the following information: 'Since 2004 the provision of vaccinations and immunisations (all necessary vaccines and immunisations as set out in Annex BA of the Statement of Financial Entitlements (SFE)<sup>5</sup>, published on 30 April 2012) has been an additional service within a primary care setting. A surgery can 'opt out' from providing the service but if it does so then 2% of the global sum is deducted and arrangements must be made with another provider (reimbursed for this work) to provide a travel service to practice

patients requiring advice. Therefore, GP practices are contractually obliged to see patients for NHS travel requirements and should do so within a reasonable time of that appointment being requested, particularly with reference to their departure date (where practicable). Thus, an appointment and relevant immunisations should be offered to patients who are travelling – one that is within a reasonable and clinically appropriate timescale.'

## Travel time

For travel, hepatitis A (all doses and in whatever presentation), typhoid, cholera and polio (which is only available combined with tetanus and diphtheria) are provided on the NHS as such diseases are highly infectious if brought back to the UK from abroad. It was therefore decided to provide them as a public health measure. A surgery may not charge for the advice or any form of 'administration fee' either. However if it is decided to provide private vaccines for travel purposes (i.e. rabies, Japanese encephalitis, tick borne encephalitis or yellow fever within a designated yellow fever centre) then reasonable profit may be made but the nurse time is always a major consideration to enable a good service. In addition, travel products such as repellents, first aid kits, mosquito nets can be sold. Hepatitis B and meningococcal ACWY vaccines can be either private or NHS vaccines, the choice regarding their provision is the decision of the GP surgery. The malaria tablets atovaquone plus proguanil, doxycycline and mefloquine must be given on a private prescription which can also levy a fee.<sup>3</sup> Travel is complex and the RCN<sup>2</sup> and NaTHNaC<sup>4</sup> advise a minimum of 20 minutes for an initial consultation with more complicated



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trips e.g. where the traveller is also visiting a malarious area, requiring even longer. To limit an appointment to 10 minutes is not only high risk but short sighted as the nurse will inevitably need to ask the patient to return for a follow up appointment. Travel risk assessment must be undertaken and recorded and an online national database used to identify the recent outbreaks of disease risk within a country and decide on the recommended general advice, vaccines and malaria chemoprophylaxis required. Nurses providing a travel service must be registered,<sup>5</sup> need to be adequately trained and attend regular updates.<sup>2</sup>

## Travel risk

The prescribing of travel vaccines has been an issue for some time. Only the NHS vaccines as described earlier can be administered under a patient group direction (PGD) if one is available. Private travel vaccines given within an NHS setting must be administered after either a patient specific direction (PSD) has been completed or a prescription written and signed by the prescriber. These forms of prescription cannot be generated after the vaccine is administered, this leaves the nurse vulnerable as he/she is then technically prescribing when not allowed to do so (unless that individual is a non-medical prescriber). The new 'Code' from the Nursing and Midwifery Council places even greater importance on the need for good documentation. Templates built within the database systems in the surgery are a good way of achieving information collected within a travel risk assessment and the risk management detail including the documentation of any information resources given to the traveller. An in-house travel advice leaflet and sample template information are available (see below).

### Travel guides

For links to all topics discussed in this article see a resource page for practice managers at <http://www.janechiodini.co.uk/news/help/practice-manager/> For a patient-specific travel advice page, see <http://www.janechiodini.co.uk/news/help/tar> For leaflets and assessment templates, and various tools to use in practice see <http://www.janechiodini.co.uk/tools/>

### My travel story

In such resource stretched times in general practice, my own NHS surgery workplace ([www.gtdenham.org](http://www.gtdenham.org)) took the decision to only offer the NHS vaccines. A full travel risk assessment is still undertaken and advice given for the given destination along with discussion of all vaccines recommended and malaria chemoprophylaxis. For complex travel or those with complex medical history this may also include advice on some of the private vaccines and then the traveller is given a letter providing specific travel advice requirements and details of private travel clinic services in the area. Pre booking, patients are advised this initial consultation will be purely for advice and if vaccinations are required they are booked into a short follow-up appointment for the vaccines only. This allows time to prepare a PSD if needed (we don't locally have PGDs provided for all the NHS vaccines) and to organise a private prescription for malaria chemoprophylaxis if required. Some may think such a change in practice negates the need for well-trained nurses in travel health, but on the contrary, one still needs the knowledge to advise appropriately. The system is working well, considerable extra clinic booking time has been saved and patients are accepting their need to take responsibility for additional vaccines required. The additional use of a patient specific advice webpage where patients can review topics discussed within the appointment, including quick access to helpful resources such as apps has enhanced patient responsibility.

### References

1. Office for National Statistics. Travel Trends 2013: Key findings. [http://www.ons.gov.uk/ons/dcp171776\\_361237.pdf](http://www.ons.gov.uk/ons/dcp171776_361237.pdf)
2. Chiodini J, Boyne L, Stillwell A, Grieve S Travel health nursing: career and competence development, RCN guidance. RCN: London, 2012.
3. General Practitioners Committee (2012b) Focus on travel immunisations: guidance for GPs, (March 2012), London: BMA. Available from: <http://bma.org.uk/practical-support-at-work/gp-practices/focus-travel-immunisation>
4. National Travel Health Network and Centre(2010) Health information for overseas travel: 'Yellow Book', FieldVK, Ford L. and Hill DR (editors), London: NaTHNaC.
5. RCN position on HCSWs administering specific vaccinations, given as part of the routine national schedule (2015) [https://www.rcn.org.uk/\\_data/assets/pdf\\_file/0018/540531/Final\\_Final\\_LAIV\\_HCSW\\_paper\\_and\\_algorithm.pdf](https://www.rcn.org.uk/_data/assets/pdf_file/0018/540531/Final_Final_LAIV_HCSW_paper_and_algorithm.pdf)