Travel health update

Travel health can be complicated, and advice for health professionals and travellers is ever-changing. In this regular feature, Jane Chiodini seeks out and presents the latest travel advice and information to help you keep your practice up to date. She also revisits areas of on-going concern, for spot checks and further clarification.

Historically, the availability of travel vaccines on the NHS dates back to the 1960s. The GP Statement of Fees and Allowances (commonly known as the ‘Red Book’) listed NHS vaccines given in the public health interest, thus protecting travellers from acquiring disease abroad and returning with them to the UK. Such protection included vaccine against smallpox, a disease now eradicated in the world, which illustrates the guidance was somewhat out-dated. In 2004 when the General Medical Services contract was negotiated, it was hoped that the information about this charging would be reviewed to reflect the current diseases and modern vaccines available, but unfortunately this did not happen. The issue of charging for travel vaccines has always been a complex one, the guidance interpreted differently by many, resulting in inequality of a service that should have been an NHS provision, with some manipulating the guidance to charge when such a practice was not allowed.

December 2011 saw the therefore welcome publication of clear guidance for GPs on this topic, issued by the General Practitioners Committee (GPC). The GPC is a committee of the British Medical Association (BMA) with authority to deal with all matters affecting NHS general practitioners. The committee is recognised as the sole negotiating body for general practice by the Department of Health and is represented in negotiations with ministers and civil servants by a team of eight GPs elected by the committee. This new document lays out comprehensively what can and cannot be charged for, so there should be no future doubt.

Since 2004, travel has been additional service within a primary care setting (be it GMS or PMS) and a surgery can ‘opt out’ from providing this service. But if it does so, then 2% of the global sum or Minimum Practice Income Guarantee (MPIG) will be deducted and arrangements would need to be made for the patients requiring travel advice to go to another provider who would receive payment for such a service.

Confusion over the charging of travel vaccines is thought to be routed in guidance available. The ‘Green Book’ which is regularly updated, advises what to give and when. The ‘Red Book’ advised where services were funded by the NHS but has not been updated. If an immunisation is in the Green Book and not the Red Book, people assumed they could charge. This is not the case. There are three categories for travel vaccines:

1. Vaccines that must always be given as part of NHS provision through GMS Additional Services are hepatitis A (all doses), combination hepatitis A+B (all doses), typhoid (both injectable and oral preparations), combined hepatitis A and typhoid, polio which is only available in the combined tetanus, polio and diphtheria vaccine and cholera vaccine.

2. Vaccines that cannot be given as an NHS service are yellow fever, Japanese encephalitis, tick borne encephalitis and rabies for travel purposes.

3. Those that can be given as either an NHS or private service are hepatitis B and meningitis ACWY and it is up to the individual practice to decide whether a charge is made or not. The regulations do not impose any circumstances or conditions as to when these immunisations should be given either on the NHS or privately. Nor do they allow any outside organisation to decide which option should be taken. Therefore, for example, it is not permissible for a PCT to stipulate that a practice cannot use certain vaccines.

Another helpful guidance document from the BMA about PCGs and PSDs clearly states that such organisations cannot withhold a PGD to manage prescribing. A PCT does not have to write PGD but does have the responsibility to ratify such documents when they are submitted.

For further details within these documents, go to www.bma.org.uk and search under the topics ‘Focus on travel immunisations’ and ‘Patient Group Directions and Patient Specific Directions in general practice’.

Jane Chiodini
MSc(Travel Med), RGN, RM, FFTM
RCPS(Glasg)
Jane is a travel health specialist nurse with 20 years’ experience of seeing travellers in a primary care setting. She has been training practice nurses in travel health for many years and is passionate about designing tools and materials for nurses to use in practice, which can be found at www.janechiodini.co.uk