



Travel health update

Press reports at the end of March went to town on proposals to cut NHS expenditure on medicines and borderline goods like gluten-free bread. But, asks Jane Chiodini, is it right to consider axing travel vaccines?

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THE FUTURE OF NHS TRAVEL VACCINES – A PERSONAL REFLECTION

In these times of austerity, it comes as no surprise that NHS England hopes to save up to £400m a year on medicines of 'low clinical value'. It is understood a consultation will be launched this month to identify 'significant areas' where savings could be made. The guidelines for clinical commissioning groups (CCGs) will initially be developed around a set of ten medicines deemed ineffective, unnecessary or inappropriate for the NHS. Within this list comes the suggestion about travel vaccines (hepatitis A, typhoid, polio and cholera), which apparently amount to £9.5 million expenditure.

These vaccines have been provided 'on the NHS' with the intention of preventing such diseases being brought home by those travelling abroad – because if they are imported to the UK, an outbreak could result in significant public health risk. As a result, GP surgeries provide the NHS travel vaccines and advice and also get funded for this additional service – an amount that is paid into the global sum. The argument as to whether or not they should be an NHS provision certainly isn't new, I can recall murmurs in the press as far back as 1995 and malaria chemoprophylaxis was stopped from being provided on NHS prescription in the 1990s.

So the future developments will be interesting, and these are my most significant concerns:

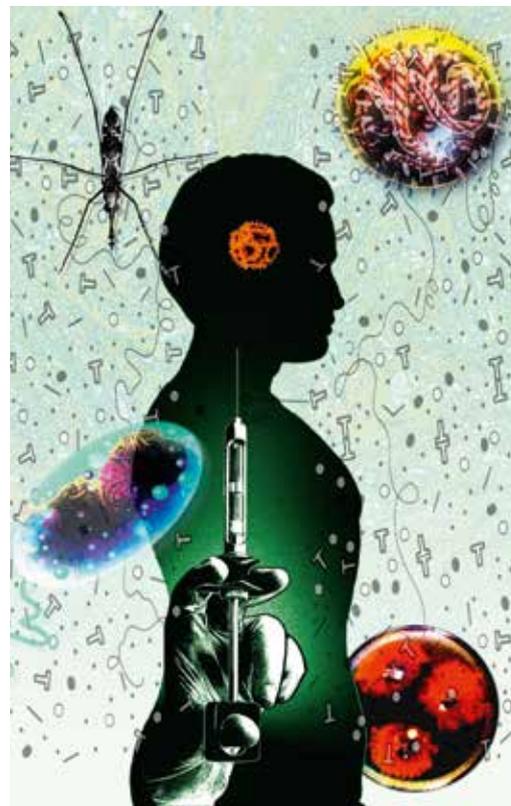
- Travel vaccines are a small part of the overall health service to travellers and I just hope the coming months of

uncertainty don't increase the already haphazard provision of travel services with some GP practices reportedly already not providing the care.

- For the present, I certainly hope it doesn't mean GP surgeries will decrease their provision even further, prevent new nurses undertaking training or deny further education to those more experienced
- Although travel health provision has increased in pharmacies, much of it in the independent sector or the large supermarket chains, travel health is not regulated. A minimum standard of care needs to be imposed
- The number of private travel clinics is significant in large cities but in rural areas where clinics are few and far between, access for travellers may be difficult, and I wonder if these services would cope with the numbers
- A significant amount of work would need to be done to encourage travellers to accept the expense of a private provision of advisable travel vaccines, which if going for a holiday will add considerable expense. Would more vulnerable children be at greater risk, or those who visit friends and family, who travel on a restricted budget anyway? Would it mean they wouldn't seek any advice at all and go away not only with no vaccine protection, but also less knowledge of other aspects of care we discuss in a travel consultation, such as prevention of accidents, sexual health risks, malaria prevention, mosquito bite avoidance, the use of condoms to prevent transmission of Zika virus and so on.
- An increasing number of insurance companies exclude cover these days if diseases that could have been prevented were contracted due to lack of vaccination

On a more positive note, although the bulk of travel services are still provided in

primary care, perhaps those who are already very interested in travel will expand and enhance what they provide, albeit on a totally private basis within practice. Perhaps Confederations would set up dedicated travel clinic services where standards can be raised and staff properly trained.



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If these proposals come to pass, surely the GP contract would need to be re-negotiated for the service, which I cannot imagine would be a 'quick fix'. We work in pressurised times and the need to be flexible and adaptable to the change is essential. Much travel is already provided in the private sector, but I just hope that, while all the issues are discussed and plans thrashed out, the standards of care don't slip. Not only would that be very sad, but it will also have direct impact on patient care, particularly for the most vulnerable. ♦