

# Travel health update



Practices will no longer be able to opt out of provision of NHS travel vaccinations, ending years of confusion, writes *Jane Chiodini*. Plus there is new guidance for nurse prescribers, updated risk materials for mefloquine, and new resources for COVID-19

## TRAVEL HEALTH SERVICES IN PRIMARY CARE

Just two months ago in the January update, I was sharing my concern over what might be happening to the provision of travel health in general practice. So I was totally surprised when news of the agreed GP contract for 2020-21 and 2022-23 was announced. It indicated a significant shift for immunisation services stating: *'Vaccinations and immunisation will become an essential service rather than an additional service. All practices will be expected to offer all routine, pre and post-exposure vaccinations and NHS travel vaccinations currently covered by the previous additional service to their registered eligible population.'*

There has been significant confusion in relation to travel health for a number of years with many surgeries stopping the service while still claiming the funding. This meant their patients were disadvantaged, with many then having to seek advice from private clinics and pay for the NHS vaccines which they were actually entitled to have free of charge. Stopping the travel service in this situation was not only incorrect, but also fraudulent, but there seemed little governance to prevent it happening. So at least we know that by becoming a core service this confusion should stop. Following this news, the Pharmaceutical Services Negotiating Committee (PSNC) announced that they are in discussion for the NHS travel vaccine service to also be undertaken in community pharmacies. If this is agreed, their website says this could happen as early as March 2021

<https://psnc.org.uk/>. Personally, I don't mind where travel services are provided as long as those delivering them are adequately trained and appreciate it isn't just about the vaccines, which indeed represent a very small proportion of the risk when people travel abroad. I feel a blog coming on! <http://janechiodini.blogspot.com/>

## JANE CHIODINI

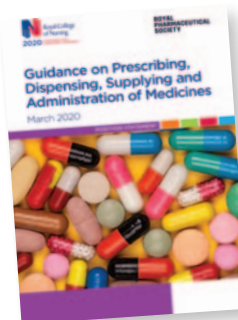
MSc(Travel Med), RGN, RM, FFTM  
RCPS(Glasg), QN  
Dean, Faculty of Travel Medicine,  
RCPS(Glasg)

Founder and director of  
Travel Health Training  
[www.janechiodini.co.uk/](http://www.janechiodini.co.uk/)  
[www.facebook.com/TravelHealthTraining](https://www.facebook.com/TravelHealthTraining)

## GUIDANCE FOR INDEPENDENT PRESCRIBERS

The Royal College of Nursing and the Royal Pharmaceutical Society have just issued a position statement entitled, *Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines*. There's

been a debate for some time because the prescribing and dispensing/supply and/or administration of medicines should normally remain separate functions performed by separate healthcare professionals in order to protect patient safety. However, if a non-medical prescriber is performing a travel risk assessment, it would make good sense for that practitioner, having prescribed the vaccines, to then be able to administer them in the one appointment. To bring the traveller back for a subsequent appointment would not be in the best interest of the patient. This new document states that 'exceptionally', when clinical circumstances make it necessary and the interests of the patient, the same healthcare professional can be responsible for the



prescribing, dispensing and/or supply/administration of medicines. The document continues to outline the need for risk assessment. One of the statements is very applicable in a travel consultation setting – that there is a clear rationale for the same person to prescribe and then dispense/supply and/or administer the medication, to ensure that the pathway for patient care does not build in unnecessary extra steps, processes or appointments. See

<https://www.rcn.org.uk/professional-development/publications/pub-009013>

## MALARIA CHEMOPROPHYLAXIS

Mefloquine (Lariam) manufactured by Roche has been in short supply for some time but such issues will hopefully be resolved soon. The product is now supplied by a German company, Cheplapharm Arzneimittel GmbH. Risk materials for mefloquine have now been updated by Cheplapharm and are available on the electronic medicines compendium (emc) website at <https://www.medicines.org.uk/emc/product/9670/rmms> The materials must be used during all modes of supply of mefloquine (i.e. Private & NHS prescriptions, online e-prescribing and via Patient Group Directions). If you require hard copies of the risk minimisation materials above, contact Red Line Pharmacovigilance Ltd (Tel: 0800 145 5034 or email: [cheplapharm@redlinepv.co.uk](mailto:cheplapharm@redlinepv.co.uk)).

## AND LASTLY

COVID-19 is probably here to stay for some time. I haven't written again in this update as the news is sure to be out of date by the time it's published, but I have created a webpage of resources to help identify key information – see <https://www.janechiodini.co.uk/help/covid-19/>