Travel health update

When it comes to travel health, PGDs and PSDs are a bit like Marmite – you either love 'em or hate 'em. *Jane Chiodini* sheds some light on the continuing issues

JANE CHIODINI, MBE
MSc(TravelMed), RGN, RM, FFTM RCPS(Glasg), QN
Past Dean, Faculty of Travel Medicine, RCPS(Glasg)
Founder and director of Travel Health Training
www.janechiodini.co.uk/
www.facebook.com/TravelHealthTraining

Since legislation was passed in 2000, bringing PGDs and PSDs into existence, it shaped travel health practice in a far better, more structured way, but issues continue.

The use of a PGD should be reserved for situations where this offers an advantage for patient care without compromising patient safety. An article, by senior people working in the field, explains best practice for medicines management and vaccination and concludes: '*the legal administration of vaccines causes some concern in practice settings. This is often because people do not fully understand the legal requirements and the rationale behind these*'.

I frequently receive enquiries from general practice nurses (GPNs), concerned about challenges they face in the delivery of a travel health service. This short piece will help to address some of the problems.

SCENARIO

A manager informs the GPN they are only to provide the basic travel vaccines in a practice setting consultation, they are not to spend time performing the pre-travel risk assessment or giving the advice. The traveller will need to go elsewhere to obtain this information (a clinic or online). The nurse can then check any contraindications and vaccine history for the vaccines the traveller says they need, then just give the vaccines only. Many surgeries now only provide the NHS travel vaccines (hep A, typhoid, polio and cholera), so in this situation, the national PGD template for the travel vaccines, which is then signed off locally, is used.

This scenario isn't feasible. Surgeries are using this method by interpreting the GP contract as 'just give the vaccines'. There is no wording in the legal contract that says practices should do a pre travel risk assessment or give advice. The contract just says 'All practices will be expected to offer all routine, pre and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population, as the overwhelming majority do.'[2] However, you cannot give a travel vaccine without risk assessing the traveller yourself to know if they actually need the vaccines. To do otherwise would have implications for your professional accountability if the evaluation was wrong. We also know that travel vaccines represent a very low percentage of the risk during a trip – the traveller needs to be given additional advice including malaria prevention if needed. More importantly, there is no legal method by which you could administer a vaccine in this way.

ISTOCK/HYEJIN KANG

If you work in England, the Care Quality Commission (CQC) says 'A pre-travel risk assessment must be performed by the healthcare practitioner giving the travel vaccine under a Patient Group Direction (PGD).'[3]

Donovan and colleagues also say: '*The healthcare professional authorised to use the PGD must be the one to undertake the complete episode of care. This includes: clinical assessment of the individual; ensuring the person has given consent; the administering or supplying of the vaccine; and completion of the records.*'[1]

This topic is challenging to address in limited space here. I have covered it more extensively along with four other scenarios in my recent travel health update found at https://janechiodini.learnupon.com/store/3433867-travel-health-update. However, I will also develop the information here – and on one other frequently asked question about giving subsequent doses in a schedule if you have not done the initial risk assessment – in a free of charge e learning piece which can be accessed by going to item 6 at https://www.janechiodini.co.uk/education/online-learning/. In due course, this will involve registration on my e learning platform to gain a certificate of completion for the training – but for now, consider it an early Christmas gift to help support your practice! ♦

REFERENCES

1. Donovan H, Green D, Jenkins J. Best practice for medicines management and vaccination. Practice Nursing, 02 Nov 2022. https://www.practicenursing.com/content/vaccines/best-practice-for-medicines-management-and-vaccination
2. BMA. GP contract (section 5.4) https://www.bma.org.uk/media/2024/gp-contract-agreement-feb-2020.pdf
3. Care Quality Commission. Mythbuster 107. https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-107-pretravel-health-services