Holiday Travel Bulletin

Summer 2011

NHS Borders

This bulletin is devoted to travel issues and is an updated version of the one issued in 2010. Many thanks to Chris Faldon, Health Protection Nurse Specialist for producing the majority of information in this bulletin.

Contents

1. Provision of Travel Advice

GP practices are not obliged to provide an extensive (enhanced) travel medicine service for their registered patients, but they are expected to provide the minimum. The provision and charging of travel vaccines within the NHS setting causes much confusion. There are slight differences between the Scottish system and the rest of the UK but in general the rules are the same although some elements are open to interpretation.

Dedicated travel clinics exist in Edinburgh. Several websites provide useful advice. See 'Useful Links' section
Patients should be encouraged to contact their doctor's surgery or a travel clinic at least six weeks in advance for up-to-date information on the immunisations they may need, or visit the Fit for Travel website.

2. Travel Vaccinations

Remuneration for vaccines
Under the Red Book most vaccinations were paid on an item-of-service basis (the main childhood immunisations were target-based).

Now under the GP contract vaccinations are paid for through various mechanisms.
Payment may be through the:

- global sum
- directed enhanced services
- quality and outcomes framework
- private income for some travel vaccines

Charging for vaccines and administration
Currently GP practices receive payment for immunisation (childhood, influenza and pneumococcal vaccines) from the Health Board and this is included in their global sum. This payment also covers some immunisations for travellers (smallpox, typhoid, cholera, polio and Hep A). An NHS registered traveller cannot be charged for the administration and cost of the vaccine if the GP can:

- prescribe the vaccine on GP10 or GP10A NHS prescription
- use a centrally supplied vaccine

Patients can be charged for some travel related vaccines when the clinician determines the traveller does not medically need the vaccine for life in the UK. A fee can be charged for administration and/or vaccine cost. The vaccine must be purchased privately and not be a centrally supplied vaccine. If a patient has paid for a vaccine privately the practice cannot claim the cost back from the NHS or use an NHS prescription to recover the cost of the vaccine.

Which travel vaccines should always be prescribed on a "private prescription"?

- Meningitis ACW135Y
- Japanese Encephalitis
- Tick-borne Encephalitis
- Yellow Fever
- Borders registered centres are at:
  - Teviot Medical Practice, Hawick
  - Merse Medical Practice, Duns
- Rabies (unless the person is at occupational risk e.g. vet, zoologist in which case provided free under NHS)
- Influenza if given for travel and traveller is not in an immunisation target group as defined in green book.

If a traveller is an NHS patient registered at another practice and attends for immunisations they should be considered to be a private patient and an NHS vaccine should not be used.

The cost of these privately prescribed vaccines cannot be claimed from PSD.NHS Borders may recover the costs of any prescribing of vaccines outside these guidelines from Practices.

Which travel vaccines are normally prescribed under the NHS system?

- Hepatitis A
- Typhoid (injectable only, not oral vaccine)
- Combined Hepatitis A / Typhoid
- Combined Hepatitis A / Hepatitis B
- Cholera (but only for those at absolute risk)
- Diphtheria / Tetanus / Polio (now always combined in one vaccine)
- H1N1 for travellers to Southern hemisphere in their winter season

Some practices order these vaccines under the "GP10A stock order system" This is not appropriate.

Travel vaccines, which are included and accounted for in the global sum should normally be via GP10 i.e. prescribed for the individual according to need and suitability. If practices choose to use GP10A there is no charge to the patient for vaccine or administration. Operation of different systems risks claims of inequality between areas and the **GP10 route is strongly recommended.**

What about Hepatitis B?

The hepatitis B vaccine is usually given free of charge to people in high-risk groups for hepatitis B. The GP is not obliged to give it free if:

- they think the patient is not at risk
- it is needed for employment purposes

Some employers may have arrangements with a GP or other healthcare service to provide the vaccine free for their employees.

Hepatitis B vaccine for travel should not be provided free of charge on the NHS.

Can the combined Hep B and Hep A vaccine (Twinrix) be put on an NHS prescription?

Yes. If the traveller requires protection against both Hepatitis A and Hepatitis B, then this can be used. (Remember that at least 2 doses of this vaccine are required before the Hepatitis A protection is sufficient cover for a year. This vaccine contains less Hepatitis A then a Havrix Hepatitis A Monodose)

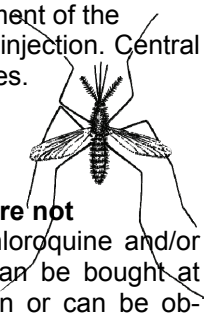
What about BCG and travel?

As far as travel is concerned this vaccine is recommended only for long term travellers (under 16) to countries with high TB levels & living/working with local people. An intradermal method is used for both the Mantoux skin test and subsequent BCG 48 to 72 hours later. The test reagent (PPD) and BCG vaccine come in multi-dose vials. For these reasons it is not practical or desirable to offer the test and vaccine within general practice. Public Health co-ordinate BCG clinics and accept referrals when needed. See Vaccination & Immunisation microsite for more details.http://intranet/new_intranet/microsites/index.asp?siteid=56&uid=1

What about MMR?

Individuals going to visit or work in a country where there are outbreaks of measles may be at risk depending on their age & vaccine history. Children can be given MMR as young as 6 months if the risk is significant. The booster dose may also be brought forward for older children.

National policy is that all individuals with incomplete immunisation should receive two doses of MMR and GP's have discretion to choose to give it when they believe it is clinically necessary. However, how this is funded depends on the circumstances. The Global Sum includes payment for all MMR vaccinations under 6 but only for first dose up to age of 16. For any travel purposes GPs may charge their patients for second dose if 6-16 and for two doses if older. They cannot reclaim any costs associated with this activity from Boards – with the vaccine being prescribed on a private prescription. However, GPs also have the discretion not to charge, in which case they can claim the costs associated with the procurement of the vaccine but not any fee for giving the injection. Central stock cannot be used for travel vaccines.



3. Anti-malaria medication

Medicines for malaria prophylaxis are not reimbursable under the NHS. If chloroquine and/or proguanil are recommended, these can be bought at the pharmacy without any prescription or can be obtained via private prescription. If any of the other medications such as doxcycline, malarone (proguanil/atovaquone) or mefloquine are recommended, they are prescribed on a private prescription. NHS Borders will recover the cost of any antimalarial prescribing from practices.

Patients should be advised to purchase or obtain sufficient prophylactic medicines to cover the period of their travel. Depending on the medication the treatment commences up to three weeks before travel continuing for at least 4 weeks on return (much less for malarone). No malaria prophylaxis can guarantee complete protection. If the returning traveller gets a fever between one week after first exposure and up to one year after their return, they should seek medical attention and tell the doctor of being in a malarious area.

4. Prevention of DVT during long distance travel

Socks / stockings

Travellers at an increased risk of DVT are advised to consider the use of compression stockings, which may reduce the risk of DVT. There are various commercially available socks and stocking intended to prevent oedema and DVT during travel. These have different compression levels from the elastic hosiery listed in the Drug Tariff, and are not available on the NHS. GPs should not prescribe flight socks / stockings on GP10.

Low molecular weight heparin

The use of low molecular weight heparin (LMWH) in the prevention of DVT in higher risk groups (including those who have previously had a DVT) is well established. However, it is not clear how it should be used in the prevention of travel-related DVT. We would advise that the patient should be discussed with a consultant haematologist to ascertain whether LMWH is indicated. It should be remembered that this is an unlicensed indication. Patients will require a letter from the prescriber to allow them to carry syringes or needles in hand luggage.

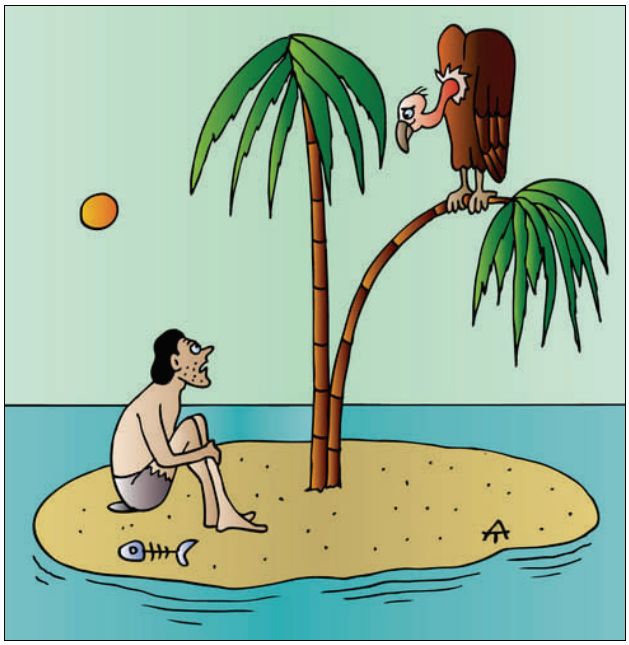
Aspirin prophylaxis
Aspirin is not recommended for the prevention of travel-related deep vein thrombosis. This includes the return flight for people who have undertaken high altitude activities. People already taking aspirin (for primary or secondary prevention of cardiovascular disease) should not increase their dose. If LMWH is prescribed, do not discontinue aspirin without specialist advice.
Guidance taken from http://www.cks.nhs.uk/dvt_prevention_for_travellers#-374508

5. Prescribing for extended travel

Persons travelling abroad for more than 3 months

The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of **up to 3 months**. If a person is going to be abroad for more than 3 months then they are entitled to receive sufficient supply of their regular medication to get to the destination and find an alternative supply of that medication. (General Practitioners Committee Information and Guidance on Prescribing in General Practice, Sept 2004) The Department of Health recommends that the period for which prescriptions should be issued is best decided by the patients GP, taking into account his detailed knowledge of the patient's medical history, current condition and specific monitoring requirements

A doctor prescribing a drug is clinically and legally responsible for any results of that decision to prescribe. In view of this it would not be considered



good clinical practice for a doctor to prescribe large amounts of medicines to a patient going abroad for an extended period of time, whose progress the GP is not able to assess. For example, many prescribers would be happy to take clinical responsibility for prescribing 6-12 months of the oral contraceptive pill whereas most would not be prepared to prescribe psychotropic medication for this length of time.

6. Managing temporary resident requests for medication

Acute Prescriptions

If patients require acute treatment the most readily accessible general practitioner would be expected to provide the appropriate advice/ treatment. Patients resident in Scotland can make use of the minor ailments scheme if their condition is minor in nature. e.g. hayfever, insect bites, diarrhoea.

Repeat Prescriptions

For patients requiring repeat medication we would encourage patients to contact their regular GP to send a repeat prescription to the patient or to a local pharmacy. Pharmacies may agree to accept a phoned or faxed through prescription from the patient's GP, with the hard copy being sent to the pharmacy within 3 days.

If a patient requires a more urgent supply of repeat medication and a practice is unable to see a patient due to lack of availability of appointments, community pharmacies may be able to assist with an urgent supply of repeat medication. There are 2 routes by which urgent repeat medication can be supplied:

- The CPUS (Community Pharmacy Urgent Supply) scheme for patients registered with a GP (even as a temporary resident) in Scotland, the patient will be required to pay the prescription charge if they are not exempt. Patients at the pharmacists discretion can receive up to one repeat cycle, Pharmacists can not supply if the last supply was by the CPUS scheme.
- Emergency supply legislation under the Medicines Act permits supply of up to 30 days medication at the pharmacist's discretion. This is applicable to all patients resident in the European Economic Area including Switzerland, Patients may have to pay the full cost of any medication supplied as this is a supply outside the NHS system.

To save any inconvenience to the patient it is worthwhile for practices to speak to the pharmacy where the patient will be going, to ensure that the medication required can be supplied and is in stock. Please note controlled drugs cannot be supplied without a prescription being written.

7. Useful Links

Vaccination and Immunisation microsite of NHS Borders Intranet. Links to Travel Clinics
http://intranet/new_intranet/microsites/index.asp?siteid=56&UID=27

DoH Green Book
http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254

Travax website for Health Professionals
http://www.travax.nhs.uk/

Travel Health information for the public
http://www.fitfortravel.nhs.uk

Health Protection Scotland (Travel section)
http://www.hps.scot.nhs.uk/travel/index.aspx -

Please contact the NHS Borders Medicines Management and Prescribing Support Team with suggestions or contributions for the next bulletin.

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Thanks for reading!