

Guidelines for Medicines used during Foreign Travel

1 INTRODUCTION

- 1.1 This document details guidelines for medicines used for and during foreign travel for Northamptonshire CCG (hereinafter referred to as the “CCGs”). It seeks to establish the principles that should be followed throughout the CCGs.
- 1.2 These guidelines have been written in accordance with nationally agreed standards described within the following documents:
 - The Medicines Act 1968
 - Care Quality Commission Standards
- 1.3 The Northamptonshire Medicines Management Group will have overall responsibility for any amendments to this guideline, its on-going development and distribution.
- 1.4 These guidelines have been adapted from NHS Nottinghamshire County Primary Care Trust “Guidelines for Medicines used during Foreign Travel”.
- 1.5 The CCGs are committed to ensuring as far is reasonably practical, the way that services are provided to the public reflects their individual needs and does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental health abilities, gender, age, religious beliefs or sexual orientation.

2 SCOPE OF THESE GUIDELINES

- 2.1 These guidelines apply to all prescribers prescribing in these circumstances.
- 2.2 It is intended that these guidelines are implemented within NHS Corby CCG and NHS Nene CCG

3 AIMS

- 3.1 The provision and charging of medicines used during foreign travel, including vaccinations, within the NHS setting causes much confusion. The aim of this document is to provide guidance on the provision of travel vaccinations and malaria prophylaxis as well as routine medicines for patients travelling abroad for more than 3 months of the year.

4 TRAVEL VACCINATIONS

Vaccines for NHS use

- 4.1 The old items of service payments for travel vaccinations, which were included in the ‘Red Book’, are now accounted for in the Global Sum payments for all GP practices whose contract includes the provision of vaccines and immunisations.
- 4.2 Travel vaccines which are available on the NHS are as follows (www.nhsinform.co.uk):
 - Hepatitis A [infectious hepatitis] - first and second/booster dose
 - Typhoid - first and any booster doses
 - Combined hepatitis A and typhoid
 - Tetanus, diphtheria and polio combined vaccine
 - Cholera (only for those at absolute risk as described in TRAVAX)
 - Diphtheria/Tetanus/Polio
 - Combined Hepatitis A/Hepatitis B (Twinrix) **(*see note below)**

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Version 1

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***Only for use in patients categorised as in the 'at risk' group as described in Immunisation and Vaccination – The Green Book. Combined hepatitis A and B should not be routinely used for travel vaccinations as a hepatitis B vaccination is not routinely required for travel use.** If hepatitis B is required as a single vaccination purely for travel risk e.g. adventure holiday, long stay in a high risk area, then hepatitis B should be given as a private prescription. If a charge is levied to the patient, the vaccine must not be claimed as a personally administered item on FP34D.

- 4.3 Any practices opting out of the nGMS additional vaccinations and immunisations service will not be able to charge their registered patients for vaccines that are available on the NHS.
- 4.4 If practices wish to opt out of this service, the CCG should be informed as soon as possible in order that an alternative service can be commissioned. Any practice wishing to opt out from the immunisation and vaccination service will have 2% of their global sum deducted.
- 4.5 No charge may be made for NHS travel vaccines.**
- 4.6 Vaccines may be obtained for NHS use in one of two ways:
- Purchased by the practice and personally administered payment claimed through FP34PD.
 - Obtained by the patient on FP10 prescription. A prescription charge is payable to the pharmacy unless the patient is exempt. In this situation no claim for personal administration fees should be made through FP34PD.
- 4.7 Any vaccines received by the practice from the central supplies i.e. ImmForm are not reimbursable e.g. childhood vaccines.
- 4.8 Patient Group Directions should not be used for the administration of private travel vaccines. For those working in an NHS setting, a Patient Specific Direction (PSD) should be written for any vaccines provided for travel that are not available on the NHS.**

Vaccine for Private Use

- 4.9 The following vaccines are not routinely available free of charge on the NHS for travel (www.nhsinform.co.uk):
- hepatitis B,
 - Japanese encephalitis,
 - other meningococcal vaccines,
 - rabies,
 - tick-borne encephalitis,
 - tuberculosis
 - yellow fever
- 4.10 GPs may charge for the vaccines listed under 4.9 (including an administration fee). Charges for private travel medicines. The practice may charge a registered patient for travel medicines not available on the NHS for:
- the private prescription to obtain the vaccine OR for supplying the vaccine*.
 - administration
 - post-vaccination serological testing in the case of Hepatitis B administration, if performed for travel reasons
 - provision of certification of immunisation (e.g. confirmation of Men ACWY135 administration)

*The level of charges are determined by the practice or pharmacy. Practices should give the patient written information on the immunisation schedule proposed and the charges involved at the outset of the process e.g. leaflet, website etc.

- 4.12 Some practices may keep private supplies of vaccines as stock items and may invoice the patient for the cost of the drug directly. Practices may prefer to ask the patient to take a private prescription to a community pharmacist who will supply the vaccine to the patient. **It is essential that the cold chain is maintained until the vaccine is administered to the patient.**
- 4.13 The legal position relating to vaccines for travel that are administered as a private service in an NHS setting has been reviewed by the MHRA. PGDs **cannot** be used for the administration of travel vaccines within a private travel clinic operating in a GP practice. For those working in an NHS setting, a Patient Specific Direction (PSD) should be written for any vaccines provided for travel that are not available on the NHS. For those working in the private sector a PGD can be used for all travel vaccines. (www.nathnac.org)

5 TRAVEL ADVICE

- 5.1 No charge may be made to any registered patient for providing travel advice. Travel advice represents appropriate health promotion for patients wishing to travel abroad and is therefore classified as an essential service within the GMS contract. It is also unacceptable for GP practices to charge a fee for administration of NHS travel vaccines.

6 PROPHYLACTIC MEDICINES (including Malaria)

- 6.1 Patients should be given private prescriptions when they require medication in their possession solely in anticipation of an ailment whilst they are outside of the UK but for which they do not require treatment when the medicine is prescribed.
- 6.2 Practices may wish to charge the patient for issuing a private prescription. Paragraph 38 of the GP terms of service defines the circumstances in which general practitioners can charge patients a fee for supplying a private prescription.

MALARIA PROPHYLAXIS

- 6.3 Antimalarials should not be prescribed on the NHS for prophylaxis. Guidance Relating to this matter was issued by the Department of Health in 1995 (FMSL (95) 7). The guidance states that when a prescription only anti-malarial is required, the patient's GP should issue a private prescription.
- 6.4 Some medicines for the prevention of malaria are available for purchase "over the counter" at community pharmacies. Local community pharmacists have access to up to date advice about appropriate prophylactic regimes and can advise travellers accordingly.
- 6.5 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, commencing one week (two and a half weeks for mefloquine so that if adverse events occur there will be time to switch to an alternative) before departure and continuing for at least four week on return. Malarone is an exception being started 1-2 days before travel and stopped one week after leaving. The importance of mosquito nets, suitable clothing and insect repellents to protect against being bitten should be stressed.
- 6.6 Patients should be advised of the measures they can take to avoid mosquito bites such as wearing long sleeves and trousers after sunset, using a DEET based insect repellent on skin and clothes and using recently treated mosquito nets at night.
- 6.7 Patients should be advised of the potential risk of infection even if prophylaxis is prescribed. No chemoprophylaxis is 100% effective. Prescribers should therefore consider the possibility of malaria infection in any patient with a fever who has visited an endemic area within the last 12 months.
- 6.8 Patients should be advised to see a doctor if any illness occurs within 12 months of return, and especially if in first three months, and to mention their exposure to malaria to the doctor.

7 PRESCRIBING MEDICINES FOR USE OUTSIDE OF THE UK

- 7.1 Patients should be advised to find out if there are any restrictions on taking medicines either prescribed or bought from a pharmacy in and out of the UK or the country they will be visiting. The UK Foreign and Commonwealth Office (FCO) website (www.fco.gov.uk) has a full list of foreign embassies in the UK. (www.nhs.uk).
- 7.2 Under NHS legislation, the NHS ceases to have responsibility for people when they leave the U.K. However, to ensure good patient care the following guidance is offered. People travelling within Europe should be advised to carry the European Health Insurance Card (EHIC) and everyone should obtain adequate holiday insurance cover.
- 7.3 Medication required for a pre-existing condition should be provided in sufficient quantity to cover the journey and to allow the patient to obtain medical attention abroad. If the patient is returning within the timescale of a normal prescription (usually one and no more than three months) then this should be issued, providing this is clinically appropriate.
- 7.4 Doctors are clinically and legally responsible for any results of a decision to prescribe. In view of this, it would not be considered good clinical practice to prescribe large amounts of medicines to a patient going abroad for an extended period of time and whose progress the GP is unable to monitor. Regulation 25, Schedule 5 of NHS (GMS services contracts) regulations 2004 states that “where notification has been received from the patient that they intend to be away from the UK for a period of at least 3 months” they should be removed from the GP practice list. The GP practice should notify NHS Shared Business Services (NHS SBS) via the GP Link system. The patient should be advised to register with a local doctor for continuing medication (this may need to be paid for by the patient). It is wise for the patient to check with the manufacturer that medicines required are available in the country being visited.
- 7.5 People in receipt of the UK state retirement pensions who have lived in the UK for at least 10 continuous years at some point in the past remain entitled for certain levels of coverage. The extent of the coverage depends on where outside the UK they live and how many months of the year they live there.
http://www.dh.gov.uk/en/Healthcare/Entitlementsandcharges/OverseasVisitors/browsable/DH_074384
- 7.6 Relevant information for travellers with pre-existing medical conditions can be obtained from the Travax website (www.travax.nhs.uk) for healthcare professionals only) and the Yellow Book (www.nathnac.org/yellow_book/YBmainpage.htm) or the National Travel Health Network and Centre (www.nathnac.org).