

Guidance on the provision of Travel Vaccines on the NHS

Introduction

There has traditionally been a lack of clarity regarding the provision and charging for vaccinations for patients in at risk groups, prior to travel and for occupational reasons. Confusion arises from mixed interpretations of different sources, with the Green Book providing clinical advice on when to administer an immunisation for travel, and the regulations indicating how practices are paid for it.

Travel vaccines that can be given as part of NHS provision

The following immunisations for travel are part of additional services under General Medical Services (GMS) and Personal Medical Services (PMS):

- Hepatitis A – first and second/booster dose
- Typhoid – first and any booster doses
- Combined hepatitis A and typhoid
- Tetanus, diphtheria and polio combined vaccine
- Cholera

Patients should not be charged a fee for these specified travel immunisations if the service is provided to NHS registered patients. Practices can opt out of this provision. The vaccines stated above are available at NHS expense in one of two ways:

- Purchased by the practice and a personally administered payment claimed through FP34PD
- Obtained by the patient on FP10 prescription. A prescription charge is payable at the pharmacy unless the patient is exempt. In this situation no claim for personal administration fees should be made through FP34PD.

Any practices opting out of the nGMS additional vaccinations and immunisations service will not be able to charge their NHS registered patients for vaccines that are available on the NHS.

Travel vaccines that cannot be given as an NHS service

The following vaccines are not remunerated by the NHS when used for travel purposes:

- Hepatitis B
- Meningitis ACWY
- Yellow Fever
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies

The practice may therefore charge an NHS registered patient for these vaccinations if requested for travel. The patient may either be given a private prescription to obtain the vaccines, or they may be charged for stock purchased and held by the practice. The administration of the vaccine can also be charged to the patient. These vaccines must not be prescribed on an FP10 or claimed on FP34PD (i.e. the NHS should not incur costs) when given for travel purposes.

The combined hepatitis A/ hepatitis B vaccine (Ambirix or Twinrix) is prescribeable on the NHS because it contains hepatitis A. However because hepatitis B is not commissioned by the NHS as a travel vaccine, the CCG does not support the prescribing of this item for travel purposes at a cost to the NHS. Patients requiring both vaccines for travel purposes should receive hepatitis B privately and as a separate vaccine.

Private provision

For travel vaccines not available on the NHS, a charge may be levy for:

- The vaccine
- Administration
- Private prescription writing.

The level of charges should be determined by the GP practice (and pharmacy where applicable). It is advisable to develop a practice protocol that is available to patients in the form of a leaflet or section of the practice leaflet or website. Patients should be advised to compare prices as there may be variation in the amount that individual pharmacies will charge to supply a vaccine. Alternatively, practices may choose to buy in the vaccine directly and charge patients for the cost of the vaccine.

Possible charges after vaccination:

- Post-vaccination serological testing in the case of Hepatitis B administration, if performed for travel reasons.
- Provision of certification of immunisation (for example, confirmation of Meningitis ACWY135 administration).

References

- PrescQIPP: Travel Vaccines September 2014
<https://www.prescqipp.info/-travel-vaccines/finish/263-travel-vaccines-drop-list/1474-bulletin-74-travel-vaccines-drop-list>
- BMA: Focus on travel immunisations, November 2012
<http://bma.org.uk/practical-support-at-work/gp-practices/focus-travel-immunisation>
- BMA, Focus on hepatitis B vaccines, August 2012
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