

PostScript - Primary Care

April 2007

VACCINES: Vaccines included in the Global Sum which should be supplied and administered on the NHS when indicated are:

- Cholera
- Diphtheria / Tetanus / Polio
- Hepatitis A
- MMR / Rubella
- Smallpox
- Typhoid

These may be prescribed for individual patients on a GP10. No charge can be made for administration or accompanying advice given with an NHS prescription. See overleaf.

Only if a GP opts out of the Vaccination and Immunisation Additional Service (and has their Global Sum reduced by 2%) can they refuse to give them free of charge. This applies to both nGMS and PMS practices.

All other travel vaccinations can be charged for if prescribed privately. This includes:

- Hepatitis B
- Japanese encephalitis (named patient)
- Meningococcal meningitis
- Rabies
- Tick borne encephalitis
- Yellow fever

Rabies vaccine can only be provided on the NHS to workers at special risk of contact with infected animals, eg persons employed at quarantine centres. Immunisation is recommended for people living or travelling in enzootic areas who may be at risk of infection. This is not an NHS service.

MALARIA PROPHYLAXIS: This should not be prescribed on the NHS. Some regimens can be purchased over the counter from a community pharmacist; others should be prescribed privately. For guidance see http://www.hpa.org.uk/infections/topics_az/malaria/default.htm or <http://www.travax.nhs.uk>.

REGULAR REPEATS:

Medicines for pre-existing illness may be supplied for the journey and until further supplies can be secured at the destination. It is reasonable to give one month or the usual repeat quantity on GP10. Further supplies, if appropriate, should be prescribed privately.



EXCESS QUANTITIES OF REGULAR REPEAT PRESCRIPTIONS:

A Scottish Home and Health Department Circular from 1971 clarifies the position on prescribing for patients going abroad for extended periods. It states:

"if a patient intends to go away for a longer period [than two to three week's holiday] he may not be regarded as a resident of this country and would not then be entitled to the benefits of the National Health Service ... it may not be in the patient's best interest for him to continue self-medication over such longer periods ... if a patient is going abroad for a long period, he should be prescribed sufficient drugs to meet his requirements only until such time as he can place himself in the care of a doctor at his destination."

Where ongoing medical attention is not necessary, the patient may be given a private prescription.

PRESCRIPTION REQUESTS FOR DRUGS WHICH MAY BE NEEDED ON HOLIDAY:

The same circular notes that a person is not entitled to NHS provision of drugs where there is no existing condition. Any requests for items to be prescribed in case of illness contracted whilst travelling abroad, eg ciprofloxacin, oral rehydration sachets, flight socks, are a private transaction.

PRIVATE PRESCRIPTIONS: Pharmacists must take reasonable steps to ensure scripts are genuine before dispensing them. In most cases the pharmacist will know local prescribers, however where the prescriber is not known this may include checking registration or qualification details. A legal requirement for valid scripts is that they indicate which type of prescriber has issued it, ie doctor, nurse independent prescriber etc. This is easily ascertained on NHS forms but must be specified on private forms.

VACCINES

Vaccine	Notes
Cholera	Confirmed cholera is rare in travellers and it is believed that care to avoid contaminated foods and water is more important than vaccination. Vaccination only provides partial protection and is indicated where precautions cannot be taken, eg in refugee camps. This is now only available as an oral vaccine.
Diphtheria / Tetanus / Poliomyelitis	For individuals who have not had the basic course of immunisation or a reinforcing dose. Should be prescribed as combination vaccine.
Hepatitis A	Recommended for persons travelling to areas of poor sanitation where the degree of exposure to infection is likely to be high.
MMR / Rubella	Children aged 6-15 not previously immunised and un-immunised adults travelling to areas where the diseases are still common.
Smallpox	There is no indication for smallpox vaccination for travellers. The exception is laboratory staff or workers at identifiable risk.
Typhoid	Vaccination is recommended for travellers to areas where food and water are likely to be contaminated. Also available in combination with Hepatitis A vaccine.

nGMS Vaccines provided from the Global Sum

INFORMATION FOR TRAVELLERS CARRYING CONTROLLED DRUGS: From 2007, only persons travelling for 28 days or more and carrying controlled drugs (CDs) will require a personal licence. The Home Office guidelines are below.

All prescription medicines should be:

- carried in original packaging,
- carried in hand luggage,
- carried with a copy of the prescription, or a note from the prescribing doctor,
- checked with the embassy / consulate to enquire of any restrictions in the country to be visited (see www.drugs.gov.uk).

Additional requirements for controlled drugs including methadone:

- they should be carried with a letter from the prescribing doctor confirming the carrier's name, destination, drug details and amounts,
- if travelling for one month or more, CDs should be carried with a valid personal import / export licence.

If a person is staying outside their resident country for a period exceeding three months they are advised to register with a doctor in the country they are visiting for the purpose of receiving further prescriptions.

A personal licence has no legal standing outside the UK and is intended to allow travellers to pass through UK Customs unhindered. Travellers should contact the Embassy or Consulate of the country of destination (or any country through which they may be travelling) to check for regulations or restrictions concerning their particular drugs before departure.

Import / export licence application forms are available at www.drugs.gov.uk.

GAVICON®: Although the prescription product has been discontinued, some practices are still issuing repeat scripts. Please ensure you review patients and make changes to suitable alternatives, eg Peptac® or Gaviscon Advance®.

Peptac is equivalent to the original Gaviscon formulation, however Gaviscon Advance is twice as potent as original Gaviscon and so the prescribed dose and quantity should be halved. Gaviscon Advance Liquid is non-Formulary in Glasgow.