

Focus on travel immunisations

November 2011

The regulations regarding the NHS provision of immunisations for travel can be traced back to the original 'Red Book' regulations of the 1960's. They were written to cover the immunisations available at that time and consequently do not reflect today's clinical practice, and have never been fully updated. In 2004 the new GMS contract¹ took those regulations and carried them into the new contract as an additional service. Consequently everything in the Red Book was transferred unchanged and included in the global sum of payments rather than the previous item of service system.

The change in availability of immunisations and the nature of foreign travel has made these old regulations ever more difficult to interpret, with understandable confusion over how they apply to current practice. This document reflects the present situation and is intended to help practices by clarifying the existing regulations as they currently stand. That they are so out of date is clearly a matter of concern, but is beyond the scope of this advice and is something that we are trying to resolve with our negotiating partners.

Principles

Most misunderstandings of the regulations are due to the confusion between the clinical advice for *when* to administer an immunisation for travel (as set out in the Green Book²) and the regulations indicating *how* practices are paid for it (as set out in the former Red Book).

- The Green Book advises **what** to give and **when**
- The Red Book **advised what services were funded by the NHS**

If an immunisation is in the Green Book but not the Red, the assumption is that a fee could be charged to the patient.

The present confusion arises because only the Green Book has been regularly updated.

There are three categories of travel immunisations:

- Those that must **always** be given as part of NHS provision through GMS Additional Services
- Those that **cannot** be given as an NHS service
- Those that can be given as **either** NHS or as a private service

Travel immunisations that must be given as part of NHS provision though GMS Additional Services

The following immunisations for travel are part of Additional Services under GMS³ and PMS and **no fee may be charged by the contractor** to a patient registered for NHS services with that contractor:

- Hepatitis A [infectious hepatitis] - first and second/booster dose (6-12 months after first dose)
- Combined hepatitis A and B – all doses
- Typhoid - first and any booster doses
- Combined hepatitis A and typhoid - first dose (second dose is with Hepatitis A alone)
- Tetanus, diphtheria and polio as given in the combined Td/IPV vaccine.

¹http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4125639

² <http://www.dh.gov.uk/en/Publichealth/Immunisation/Greenbook/index.htm>

³ GMS Regulations (Schedule 2, paragraph 4 and Schedule 5, paragraph 1 (g)):
<http://www.legislation.gov.uk/uksi/2004/291/contents/made> (parallel arrangements for PMS/APMS and in devolved nations).

Travel immunisations that cannot be given as an NHS service

The following immunisations are not prescribable as part of NHS services and are *not* remunerated by the NHS as part of additional services:

- Yellow Fever
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies

The contractor may therefore charge a patient registered for GMS/PMS/APMS services for the immunisation 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 process of administration of the immunisation is chargeable as well. Practices should also give the patient written information on the immunisation schedule proposed and the charges involved at the outset of the process. An FP10 (or equivalent NHS prescription) must *not* be used to provide these vaccines.

Travel immunisations that can be given as *either* NHS or as a private service

The following immunisations for travel are not remunerated by the NHS as part of additional services and are in this category:

- Hepatitis B (single agent) any dose
- Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)

This category is the one that causes most confusion. The ambiguity in this section stems from the regulations regarding the charging of patients that are registered with the practice. Schedule 5 of the NHS regulations⁴ states that:

“The contractor may demand or accept a fee or other remuneration.... for treatment consisting of an immunisation for which no remuneration is payable by the Primary Care Trust and which is requested in connection with travel abroad”

This wording leaves the decision as to whether the practice levies a charge or not to the discretion of the practice. The regulations do not impose any circumstances or conditions as to when these immunisations should be given on the NHS or as a private service nor do they allow any outside organisation to decide which option should be chosen.

Practices therefore need to be clear about their policy to avoid falling foul of regulations that prohibit charging NHS registered patients. The service must be provided either entirely as an NHS process or entirely as a private service, and the following paragraphs illustrate that difference.

To provide this as an **NHS service**, the practice would either prescribe the immunisation on an FP10 (or national equivalent) *or* (in England and Wales) provide the vaccine from purchased stock and claim reimbursement through the normal channels (in the same way as immunisations provided under additional services). **The practice must not charge the patient for the administration of the vaccine.**

If a confirmatory certificate is requested by the patient then the practice may charge for this, but cannot charge just for recording immunisation details for the patient's personal record.

⁴ <http://www.legislation.gov.uk/uksi/2004/291/schedule/5/made>

Alternatively the practice may decide provide this as a **private service** and charge a patient registered for GMS services for the immunisation. In this situation this can either be provided on a private prescription or the patient charged for the supply from practice stock. **In this situation a charge may be made for the administration of the vaccine.**

It is important to avoid mixing these two scenarios. If these immunisations are provided as an NHS service, then no charge can be made to the patient other than for certification if requested by patient (which is not compulsory).

Practices also have to ensure that their policy is non-discriminatory and that this is not done contrary to the Equality Act 2010 (formerly the Disability Discrimination Act).

Further reading

[Green Book \(Immunisation against infectious disease\).](#)

Red Book (Statement of fees and allowances payable to general medical practitioners in England and Wales) is unavailable online.

[Equality Act 2010 \(formerly known as the Disability Discrimination Act\).](#)

For more in-depth information about providing **hepatitis B immunisation for travel**, please see our *Focus on hepatitis B immunisation* guide to be published shortly.

[Focus on vaccinations and immunisations \(2004\)](#)