

Guidelines for Medicines used during Foreign Travel

Authors	Lisa Ryley – Governance & Social Care Technician Lucia Calland – Senior Pharmacist
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5.0	Lisa Ryley & Lucia Calland	September 2024	General formatting and update of links, information added on malaria prophylaxis schedule and clarity on leaving UK with CDs

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1 INTRODUCTION

- 1.1 This document details guidelines for medicines used for and during foreign travel for NHS Nottingham & Nottinghamshire Integrated Care Board (ICB). It seeks to establish the principles that should be followed throughout the ICB.
- 1.2 These guidelines have been written in accordance with nationally agreed standards described within the following documents (see references) and are believed to be accurate at the time of writing.
- The Medicines Act 1968
 - Care Quality Commission Fundamental Standards
- 1.3 Any additional policies or procedures referred to within this document will be listed in the references section at the end of these guidelines. The Medicines Optimisation Team will have overall responsibility for any amendments to this policy, its ongoing development and distribution.
- 1.4 These guidelines have been updated from Guidelines for Medicines used during Foreign Travel version 4.0 July 2022.
- 1.5 The ICB is committed to ensuring as far as 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 are to support all prescribers prescribing in these circumstances.
- 2.2 It is intended that these guidelines are adopted within NHS Nottingham & Nottinghamshire ICB.

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, malaria prophylaxis and routine medicines for patients travelling abroad.

4 TRAVEL VACCINATIONS

Guidance for prescribers on travel health advice and vaccines required can be found at the National Travel Health Network and Centre (NaTHNaC) website – www.nathnac.net

Vaccines for NHS use

4.1 Travel vaccines which are available on the NHS are as follows:

- Hepatitis A
- Typhoid
- Combined Hepatitis A and Typhoid - first dose (second dose is Hepatitis A alone)
- Cholera
- Diphtheria, Tetanus and Polio combined vaccine
- Combined Hepatitis A/Hepatitis B (***see note below**)

***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 **No charge may be made for NHS travel vaccines.**

4.4 Vaccines may be obtained for NHS use in one of two ways:

- They can be purchased by the practice and personally administered, and payment claimed through FP34PD or FP34D via NHS Prescription Services.
- Patients may obtain the vaccines on an FP10 prescription via a community pharmacy. A prescription charge will be payable to the pharmacy unless the patient is exempt. In this situation, no claim for personal administration should be made.

4.5 Centrally supplied vaccines should not be used for travel purposes.

4.6 **Patient Group Directions can be used in an NHS setting for NHS travel vaccines. If practices do not have a patient group direction (PGD) they will need to use a prescription or a patient specific direction (PSD).**

Vaccines for Private Use

4.7 The following vaccines are not routinely available free of charge on the NHS for travel:

- hepatitis B,
- Japanese encephalitis,
- meningitis
- rabies,
- tick-borne encephalitis,
- tuberculosis
- yellow fever

4.8 GPs may charge for these vaccines listed under 4.7 (including an administration fee). For travel vaccines not available on the NHS a charge may be levied for:

- The vaccine
- Administration
- Private prescription writing.

The level of charges should be determined by the practice; it is advisable to develop a practice protocol available to patients in the form of a leaflet or section of the practice leaflet or website. Patients should be informed of all associated costs at the outset.

An FP10 (or equivalent prescription) must not be used to provide these vaccines for the purposes of travel.

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).

4.9 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. Patients should be advised to compare prices as there may be variation in the amount that individual pharmacies will charge to supply the vaccination. **It is essential that the cold chain is maintained until the vaccine is administered to the patient.**

4.10 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. NHS 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.gov.uk)

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 MALARIA PROPHYLAXIS

- 6.1 **Antimalarials should not be prescribed on the NHS for prophylaxis. Guidance Relating to this matter was issued by the Department of Health in 1995 (FHSL (95) 7). The guidance stated that when a prescription only malarial is required, the patient's GP should issue a private prescription.**
- 6.2 Most 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.
- 6.3 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, commencing one week (two-three weeks for mefloquine) before departure so that if adverse events occur there will be time to switch to an alternative and continuing for at least four weeks on return. Malarone® (atovaquone with proguanil) is an exception being started 1-2 days before travel and stopped one week after leaving.
- 6.4 Patients should be advised of the measures they can take to avoid mosquito bites such as wearing long sleeves/trousers and socks after sunset, using a DEET based insect repellent on skin and clothes and using recently treated mosquito nets at night.
- 6.5 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.
- 6.6 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 TAKING MEDICINES OUT OF THE UK (Medication prescribed for existing long-term conditions)

- 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

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or the country they will be visiting. The UK Foreign, Commonwealth and Development Office (FCDO) has a full list of foreign embassies in the UK (see www.gov.uk).

- 7.2 An NHS patient travelling abroad may receive an FP10 from their surgery to cover their time abroad. This is at the discretion of the surgery but must be for no longer than three months. This should give the patient enough medication to last until they can make arrangements for a supply in the country they are visiting (BMA Guidance on Prescribing in General Practice, April 2018).
- 7.3 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.
- 7.4 Patients leaving the UK with medicine that contains a controlled drug should be able to prove it's theirs with either a prescription or letter from their clinician. Other countries have their own import laws for prescription medicine and controlled drugs and patients should check with the embassy of the country they're going to before travelling to check the medicine is legal in that country. If necessary, patients can email dflu.ie@homeoffice.gov.uk for more advice on leaving the UK with controlled drugs. More information can be obtained from www.gov.uk/travelling-controlled-drugs.
- 7.5 Part 13 (13.14) of NHS England's Standard General Medical Services Contract January 2022 states that patients should be removed from the GP practice list 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 or have been absent from the UK for a period of 3 months or more. Deregistration should occur either from the date of departure or the date upon which the practice notification of departure is received – whichever is later.
- 7.6 People travelling within Europe should be advised to carry a Global Health Insurance Card (GHIC) (or European Health Insurance Card (EHIC) if still in date) (see NHS website www.nhs.uk) and obtain adequate holiday insurance.
- 7.7 If patients are abroad and cannot return to the UK and are concerned they do not have enough medicines/medical equipment, they should be advised to contact their travel health insurance provider or nearest British Embassy for advice on how/where to obtain safe medical supplies. NHS prescriptions must never be given to relatives or friends on behalf of patients who are currently abroad.
- 7.8 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 (<https://wwwnc.cdc.gov/travel/page/yellowbook-home>) or the National Travel Health Network and Centre (www.nathnac.net).

8 PROPHYLACTIC MEDICINES & PRIVATE PRESCRIPTION CHARGES

- 8.1 Patients are not entitled to medication at NHS expense where there is no existing condition. The prescribing of medicines or appliances (e.g., medicines for travel/altitude sickness, fear of flying and diarrhoea) which the patient requests in case they develop an ailment whilst travelling will require a private prescription if the item cannot be purchased over the counter (e.g., from a community pharmacy). Alternatively, patients may be signposted to specialist travel clinics.
- 8.2 NHS patients may be charged for the issue of a private prescription and will need to pay for the cost of the drugs for malaria prophylaxis and travel related prescriptions, including travel vaccines where remuneration is NOT provided under the NHS.
- 8.3 Compression hosiery for the sole prevention of deep vein thrombosis (DVT) for travellers is not available on NHS prescription and patients should be advised to purchase class 1 below knee stockings or proprietary “flight socks”.

DEVELOPMENT OF GUIDELINES

This guideline is adapted from the following policies: -

- Guidelines for Medicines used during Foreign Travel version 4 July 2022.

REFERENCES

[The Yellow Book 2024](#)

[Immunisation against Infectious Disease – ‘The Green Book’](#)

[World Health Organisation Travel Advice](#)

[General Medical Council - Good Medical Practice 2013 and subsequent updates.](#)

[BMA Guidance on Prescribing in General Practice, April 2018](#)

National Travel Health Network and Centre www.nathnac.net

[Travelling with controlled drugs](#) www.gov.uk

[PrescQIPP Travel Vaccines Bulletin B316 2022](#) (registration required)

[NHS Website](#)

[Guidance on prescribing in primary care- Derbyshire Medicines Management July 2023](#)

[Guidelines for malaria prevention in travellers from the UK 2023 – UK Health Security Agency](#)