

Meeting:	Board Meeting
Meeting date:	22 June 2022
Item:	8.3
Title:	Travel Health
Responsible Executive/Non-Executive:	Dr Maggie Watts, DPH
Report Author:	Christina Morrison, HPNS

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Western Isles has successfully transferred the responsibility and delivery of all vaccination programmes from GPs to the Board, with the exception of the travel health service. This year, Scottish Government has indicated that the Vaccination Transformation Programme will end on 31<sup>st</sup> March 2022 and the Health Board will become responsible for all vaccination programmes, including travel vaccines, from 1<sup>st</sup> April 2022. A travel health service decision required.

### 2.2 Background

Travel health services are well established across Scotland, provided historically by GPs and private sector travel clinics. Expertise is required to deliver the service to risk assess the patient and to prescribe/administer necessary vaccinations and anti-malarias for either leisure or occupational health requirements. Travel health is a private service with the cost chargeable to the individual.

## **2.3 Assessment**

This year, the Board will be responsible for travel health provision in NHS Western Isles. Public Health Scotland and Scottish Government have adapted 'Fit for Travel' to provide an initial patient self assessment (level 1) service. The Board will be required to provide level 2 and level 3 travel health services which provide specialised assessment and pre-travel advice to those with complex travel and healthcare needs, including delivery of vaccinations. GPs are skilled in the provision of travel health and two GP practices are current holders of Yellow Fever certification in Lewis and Uist.

### **2.3.1 Quality/ Patient Care**

Travel health vaccination is intended to reduce the impact of infection on the travelling population, aiming to protect against diseases that represent the greatest risk to the individual, and public health should they be brought into the country.

Currently, the patient purchases vaccines from local pharmacies and is responsible for the cold chain until administered by GP staff. In future, quality will be improved as all travel vaccines will be orderable via the local Vaccine Holding Centre, ensuring stability and maintenance of the cold chain prior to vaccine delivery.

### **2.3.2 Workforce**

Season 19/20 saw the greatest change in vaccinations with the implementation of the Vaccination Transformation Plan locally, and vaccinations moving from GP to community staffing. Community nursing will continue to be the mainstay of vaccinators in the community. The Pandemic saw vaccination staffing increase to include dedicated vaccination staff on a permanent basis to deliver the Covid-19 and extended Influenza vaccine programmes. Should NHS Western Isles opt to provide travel health services direct to patients, an 18 month specialised training course will be required for staff to deliver these services. Should GPs agree to continue to provide the service, there are no additional requirements as the GP workforce will provide staffing and attend update training to maintain skills going forward.

### **2.3.3 Financial**

The financial implications depend on the model of delivery implemented. For a NHS Western Isles delivered service, additional staff hours for clinical assessment, administration and vaccination will be required to ensure an accessible service across the Western Isles. There is a need to support training and course costs for identified staff should the service be adopted with NHS WI. Should GPs agree to continue to provide the service, the service level agreement with the two GP practices will be inclusive of clinical assessment, administration and vaccination.

### **2.3.4 Risk Assessment/Management**

Existing risks around vaccination are retained at local level.

### **2.3.5 Equality and Diversity, including health inequalities**

Those in poorer chronic health are in greater need of a local travel health service, helping to reduce their vulnerability to tropical diseases and hence inequalities.

The service requires to be accessible and equitable across the island groups, therefore it is proposed two sites are maintained, based in Lewis and Uist

#### **2.3.6 Other impacts**

N/A

#### **2.3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

#### **2.3.8 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:

Health Protection Team, March 2022  
Corporate Management Team March 2022

### **2.4 Recommendation**

- The Board is asked to note the travel advice and vaccinations routes for NHS Western Isles residents.
- To note the direction as the Board will implement Option 4 to run a Board Travel Health Service.

### **3 List of appendices**

The following are included with this report:

SBAR Travel Advice, Vaccinations and Prescriptions under Vaccination Transformation Programme

Appendix 1 Travel Health SBAR

## APPENDIX 1

# SBAR: TRAVEL ADVICE, VACCINATIONS AND PRESCRIPTIONS UNDER VACCINE TRANSFORMATION PROGRAMME

### 1. Situation

- 1.1 The introduction of the new Standard General Medical Services (GMS) contract and the related Vaccine Transformation Programme (VTP) has impacted on the delivery model for health advice, immunisations and prescribed medications for people travelling to countries outwith the UK. Health Boards have an obligation to protect the health of their population and therefore the health of returning travellers and those around them.
- 1.2 The VTP has resulted in the Health Board requirement to ensure its population are able to access information for travel, encompassing Level 2, 3 and 4 Travel Health services (assessment of complex travel health and provision of advice and vaccination). Consideration was given to the possible routes for Board provision of this service to the population within the Western Isles.
- 1.3 The NHS provided vaccinations included in the service are Cholera, Hepatitis A, Revaxis (diphtheria, tetanus and polio booster), Hep A/Typhoid and Typhoid. All other travel vaccinations would be required to be sourced from a private/business provider at a cost to the individual.

### 2. Background

- 2.1 Due to changes in the GMS contract, General Practices will no longer be providing a travel health service in the Western Isles. Scottish Government have requested NHS Western Isles plan by October 2021 with a deadline to transfer from GPs by 1<sup>st</sup> April 2022.
- 2.2 The population of the Western Isles currently receive travel health assessment and travel vaccinations from their local GP practices. There is no Community Pharmacy or 'Private' provider in the Western Isles. People may source travel health requirements via private pharmacies or specialised Private clinics on the mainland, however information on the use of these routes is not available.
- 2.3 There is no national solution for travel health provision in Scotland. The Scottish Government (SG) have informed that the provision of travel health is to fall under the remit of each individual Board. However, SG are assisting the Boards in the provision of a Level 1 service via the PHS 'fit for travel' website, developing a national Best Practice guidance and have actioned the development of an accessible training programme for Board staff via National Education for Scotland.
- 2.4 The aims of the Level 2 to 4 service is to provide a safe, patient centred, accessible and comprehensive travel clinic for those patients requiring travel assessment, vaccination, medicines and advice. The accepted National Model is described as follows:
  - NATIONAL - Level 1 – Initial information/triage. This will be provided through the 'fitfortravel' [website](#) for members of the public and TRAVAX [helpline](#) for healthcare practitioners.
  - LOCAL - Level 2 – Clinical assessment. This involves, clinical history taking, discussions about countries being visited, possible health and malaria risk. This would be provided by the local provider.
  - LOCAL - Level 3 – The appropriate advice, vaccinations and anti-malarial prophylaxis is provided. This would be provided by the local provider.
  - LOCAL - Level 4 – A specialist service. This would be for a very small number of people, who have complex underlying medical conditions such as immunosuppression or other complex needs. This would be provided by a specialist on a sessional basis and will require commissioning or to remain with GPs locally.

- 2.5 Travel vaccine delivery is currently low across the islands. We know that at least 655 to 780 vaccines per year have been delivered in pre-pandemic years (please see table below and additional information on travel vaccine delivery by practice in 2018-19). However, we do not have a record of the travel health consultations, advisory and prescribing, that have been delivered.

## 2.6 Travel Vaccinations delivery (minimum numbers)

Practice	2018/19	2019/20
Barra Medical Practice	31	34
Broadbay Medical Practice	143	74
Benbecula Medical Practice	112	96
Langabhat Medical Practice	165	174
North Harris Medical Practice	41	30
North Uist Medical Practice	35	37
South Uist Medical PracticeE	41	14
The Group Practice	206	188
The Leverburgh Surgery	5	7
WI overall	779	654

## 3. Assessment

- 3.1 The four possible travel health service options identified for the population of NHSWI are as follows:

**Option 1.** No service is offered locally/ Private health clinic

**Option 2.** (modified status quo) GPs continue to provide the service under a private remit – NHS vaccines provided free of charge

**Option 3.** Community Pharmacy provision under Health Board SLA or privately, individual charged for all vaccines (available in Lewis only)

**Option 4.** NHSWI provide the service (either in Lewis only or in both Lewis and Uist), which will require trained staff and sessional cover from an expert clinician.

- 3.2 Prior to the COVID-19 pandemic, work had begun to look at options for alternative provision of this service. Following the pandemic, the VTP Business Change Manager (BCM) reviewed the following four previously proposed options, with an update on the position following the pandemic, identifying a preferred option for NHS Western Isles.

### 3.3 Option 1. No service/private service

- **Do nothing** – is unacceptable to Scottish Government and there is an expectation that NHS Boards will be involved in the provision of health advice to any travellers.
- **Private Health Travel Clinics** - stand alone private services were disregarded early in the exploration process as there are none available locally. However, people could be directed to a range of nationally available private travel advisory services.

- 3.4 There are no identified national costs for NHS travel health at this time other than the vaccines outwith the NHS remit are chargeable to the individual. However, the national cost of a GP delivering a vaccine is approx. £8.75 per vaccine. Additionally, it is not recommended that cold chain be the responsibility of the patient should NHS staff administer the vaccine in future.

### 3.5 Option 2. GP-led service

GP practices are currently skilled in the roles required for a full level 2, 3 and 4 travel health service and provide clinical assessment, advice and vaccinations (including the prescribing of anti-malarials).

- 3.6 Two GP practices, Group Medical Practice and North Uist Medical Practice, are also current holders

of the Yellow Fever certification that is required to provide this specific vaccination, providing an accessible service for the population across island groups. Discussions on the future of the service are ongoing with GPs currently.

- 3.7 The cost of a travel health appointment varies between GP practices from £0 to £15.00 and upwards, only two practices provided information on the charge made for an appointment, all others declined to comment. The cost of the vaccine and anti-malarials and the observance of the cold chain is the responsibility of the patient. However, the practice nurse is responsible for the delivery of the vaccine.
- 3.8 There are three possible models for a GP-led service:  
**2a)** GP continues to provide the service on a private basis and the NHS is responsible for cost of data entry onto VMT only, cost is unknown at this time but is considered to be low.  
**2b)** GP continues to provide the service on a private basis and NHSWI is responsible for the cost of administration of the five NHS core vaccinations, Yellow fever certification and nominal fee for data entry (cost unknown at this point), approximate cost £5000.  
**2c)** GP continues to provide the service on a private basis and NHSWI is responsible for the cost of data entry onto VMT, Yellow fever certification and all administered vaccines, approximate cost £12,000.
- 3.9 **Option 3. Community Pharmacies**  
In the Western Isles, Community Pharmacies do not currently offer a travel health service. Pharmacies have been scoped and they have not voiced an interest in providing the service at this point.
- 3.10 **Option 4. NHS WI delivery**  
In order for the Board to provide a robust Travel Health service there would be two possible service delivery models to choose from: a) A nurse led service or b). A GP with specialist interest led service. Estimated costings are available in Appendix 1.
- 3.11 **4a)** To enable a Nurse-led service we would require to train four members of the Community nursing team in a professional qualification at diploma level. Initial baseline training will be provided centrally in March 2022 and is free of charge. However, further training costs will be required for a reputable provider, with additional cost of travel and accommodation during training. The next available 18 month RCPSG diploma course commences in October 2022, costing £4,395 per person. The nurse led service would cost approximately £19,740 to establish and take 18 months to implement. Annual updates will be required with biennial refresher training for yellow fever certification.
- 3.12 Travel health clinics are required to be available to the population timeously. Two centres are required due to the geography of the islands and for Yellow Fever vaccine to be accessible to the population. Two appointments are required for travel health, one for consultation and the second for review and administration of vaccine; further appointments may be required for second or booster doses of some vaccines. It is estimated that 208 sessions across both sites would be required annually.
- 3.13 **4b)** Should the GP with specialist interest model be implemented this would cost approximately £52,120 for 208 sessions (assessment and vaccine administration) or £26,120 for 104 sessions (assessment only with HB nurses administering vaccine).

## **4. Recommendations**

- 4.1 To be advised that to deliver a travel health service for NHS Western Isles means implementing Option 4 - Health Board run service. This will require identifying staff with a specialist interest to train up to standard via an accredited training scheme. It will also require securing an expert clinician on a sessional basis, acquiring necessary IT systems, developing a referral pathway and Vaccine Holding Centre, and gaining (and maintaining) one or two Yellow fever site certifications.

## Appendix 1. Costing estimates for travel health models in NHSWI

<b>Travel Vaccinations under VTP</b>			
<b>Cost of GP continuing on private basis:</b>			
Possible nominal fee for data entry onto VMT should this be available or below			
Yellow fever status payment @ £60 per site			£120
Core NHSWI vaccine administration 552* @ £8.75			£4830
All travel vaccinations administered 779* @ £8.75			£6,816.25
* Based on 2018/19 figures			
<b>Cost of employing GP on a sessional basis:</b>			
Yellow fever status payment @ £60 per site			£120
Annual sessions for North and South:			
208 Sessions at £250 per session			£52,000
104 sessions at £250 per session			£26,000
No training costs as GP's own responsibility.			
<b>Cost of Nurse led Service:</b>			
Yellow fever status payment @ £60 per site			£120
No additional staffing costs as nurses in post.			
Training Costs:			
Course Fees - £4,395 x 4			£17,580
Travel & Accommodation (Based on 1 week course);			
Travel per trip - £350 x 4			£1,400
Accommodation - £400 x 4 x 4			£640