

**CORNWALL AND ISLES OF SCILLY
LOCAL MEDICAL COMMITTEE**

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GUIDANCE ON PAYMENTS FOR VACCINES

This guidance is based on a document created by the Kent Local Medical Committee for GPs in Kent. Cornwall & IoS LMC is very grateful to the Kent LMC for permission to make use of their document

Introduction – How to use the booklet

The vaccinations and immunisations in this Guide are divided into 3 sections with respect to payments:

1. **Global sum** - vaccinations and immunisations that are now part of the Global sum and where **NO** charges may be made to patients. The vaccine can be obtained either in bulk by the practice and charged to the PPA on form FP34D or by issuing an FP10 or some are free from Farillon.
2. **Enhanced service** – vaccinations and immunisations where the item of service has been transferred to the NES or where a LES is in place and has been agreed between the Kent PCTs and the LMC.
3. **Private service** – where the practice may charge the patient directly for the service.

But please note:

- a. You **CANNOT** charge for advice
- b. You **CANNOT** charge if the service is available on the NHS
- c. You **CANNOT** mix NHS and non NHS
- d. The level of charges is for the practice to determine. It is advisable to produce a practice protocol in the form of a leaflet for patients or a section of the practice leaflet
- e. You cannot provide occupational health services to your own patients and charge either the patient or the employer. You must refer patients to another practice. This is particularly relevant to Hep B.
- f. Students and prospective students requiring Hep B and other vaccinations in respect of their studies should be advised to attend their University or College occupational health department or to go to another practice for a private service

GPs should also refer to the Green Book, and the Yellow Book for advice on appropriate immunisation and the BNF for detailed advice for each preparation.

Useful sources of information

NHS Immunisation Information (Mainly designed for patient information)

<http://www.immunisation.nhs.uk/>

The National Travel Health Network and Centre (NaTHNaC) is funded by the Department of Health to promote clinical standards in travel medicine.

<http://www.nathnac.org/healthprofessionals/>

The Green Book “Immunisation against Infectious Disease” on line from:

<http://www.kentlmc.org/> On line version with all current updates

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4072977&chk=87uz6M

Health Advice for travellers

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en>

Health Information for Overseas Travel (Yellow Book)

<https://www.the-stationery-office.co.uk/doh/hinfo/index.htm>

<http://www.prodigy.nhs.uk/>

Childhood Vaccinations and Immunisations

Vaccinations and Immunisations that are part of full childhood schedule are all part of the Global Sum and are not covered in detail in this Guide. The outline of the schedule is as follows

Disease (vaccine)	Age	Comment
diphtheria/tetanus/acellular pertussis/ inactivated polio vaccine/haemophilus influenzae type b (DTaP/IPV/Hib) meningococcal type C (men C)	2, 3 and 4 months	primary course (3 doses, a month between each dose)
measles/mumps/rubella (MMR)	12 to 15 months (can be given at any age over 12 months)	first dose
diphtheria/tetanus/acellular pertussis/ inactivated polio vaccine (dTAP/IPV) polio measles/mumps/rubella (MMR)	3 to 5 years (three years after completion of primary course) 3 to 5 years	booster dose second dose
tuberculosis (BCG)	10 to 14 years and neonates at high risk	
diphtheria/tetanus/inactivated polio vaccine (Td/IPV)	13 to 18 years	booster dose

BCG vaccine

If requested in connection with travel abroad, and the patient has not been vaccinated as part of the childhood immunisation schedule, then refer the patient to your local Chest Physician.

Cholera Vaccine

Global Sum

- a) Aid workers assisting in disaster relief or refugee camps
- b) More adventurous backpackers travelling to remote regions with limited access to medical care
- c) In addition the vaccine may be considered for at risk travellers with underlying gastrointestinal illness or immune suppression in whom cholera would have serious adverse consequences

To cover the cost of the vaccine FP34D or issue an FP10

Private Service

Travellers requesting vaccination as a personal preference

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine

Diphtheria/Tetanus/Polio - IPV

Global sum

- a) Children aged 10 and over who have not had the basic course of immunisation.
- b) Staff in hospital considered being at risk of infection of Diphtheria.
- c) Children aged 6 and over that have had the basic course of immunisation but not a reinforcing dose.
- d) **Unimmunised** travellers require a **full course** of three doses at monthly intervals.
- e) **Adults and children over 10 years** requiring either a primary course or a booster should be given a **low dose** vaccine.
- f) **Previously immunised** travellers requiring a **booster dose** if they are to live or work with local residents and their primary immunisation was more than 10 years ago.

To cover the cost of the vaccine The vaccine is centrally purchased and distributed free by Farillon

Haemophilus Influenza type b (Hib) vaccine

Global Sum

- a) Asplenic children and adults, irrespective of age or the interval from splenectomy, should receive a single dose of Hib vaccine if not already given.

To cover the cost of the vaccine FP34D, FP10 or the vaccine is centrally purchased and distributed free by Farillon

Hepatitis A vaccination

Global Sum

- a) Patients with chronic liver disease
- b) Haemophiliacs
- c) Homosexuals
- d) Persons in institutions who are exposed to a high risk of infection and for whom vaccination is recommended by the Medical Officer of Environmental Health.
- e) persons (particularly those going to reside for 3 months or longer or who, if infected, might be less resistant because of pre-existing disease) travelling outside northern Europe, Australia or New Zealand to areas e.g. of poor sanitation, where the degree of exposure to infections is likely to be high

To cover the cost of the vaccine FP34D or issue an FP10

Private Service

- a) Occupational Exposure (refer to employer to undertake or to another practice).
- b) Travellers to areas that do not qualify for GMS

To cover the cost of the vaccine Issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

Hepatitis B Vaccination

Global Sum

- a) Babies born to mothers who are chronic carriers of hepatitis B virus or to mothers who have had acute hepatitis B during pregnancy.
- b) Parenteral drug misusers
- c) Individuals who change sexual partners frequently
- d) Close family contacts of a case or carrier
- e) Families adopting children from countries with a high prevalence of hepatitis B
- f) Haemophiliacs
- g) Patients with chronic renal failure.
- h) Those travelling to areas of high prevalence
- i) Children born outside the UK and who have received a primary dose in their country of origin and who are now domiciled in the UK should have their course of the vaccine completed under GMS.

To cover the cost of the vaccine FP34D or FP10

Private Service

- a) Occupational Health. Patient sent by employer to request Hepatitis B immunisation for occupational health where: -
 - a. Healthcare workers involved in invasive procedures or caring for drug misusers or patients with severe learning difficulties;
 - b. The risk is no greater than the population as a whole and for whose welfare they are responsible e.g. health care workers not involved in invasive procedures; prison, police, ambulance officers; morticians and embalmers.

Advise the employer to carry out a COSSH assessment. If Hepatitis B is still required inform the employer that this service is not covered by GMS and the employer will have to make

private arrangements with **another** practice, or occupational health provider to administer the vaccine.

If requested by the employer to carry out this Private Service for a patient not on your NHS List, bill employer for payment for administration and cost of drug (+ VAT) + on cost and dispensing and administration fee.

As part of the service blood tests for Hepatitis B antibodies are indicated. **Bill** the employer for the cost of phlebotomy and the test.

Practices should determine an appropriate fee taking into account the cost of the drugs, blood tests and the work involved.

- b) Travel. If the vaccination is requested in connection with travel abroad, and the patient does not fall into a risk group for a GMS service then a private service is appropriate

To cover the cost of the vaccine Issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

MAKE THE PATIENT AWARE OF THE NEED FOR 3 INJECTIONS OF HEPATITIS B VACCINE, AND THE BLOOD TEST TO CONFIRM IMMUNITY.

Hepatitis A and B combined vaccine

Global Sum

There are few circumstances where the combined A & B will be required. Hepatitis A combined with Typhoid is a more useful combination where the patient is travelling to a risk area. If Hepatitis B is also indicated it is preferable to administer this separately.

Private Service

- a) Twinrix should only be used for the small group of travellers who are at risk of Hepatitis A and B, and who present for immunisation at least six months before they travel. The potential benefit to these travellers is the reduction in the total number of injections from five to three. Those at risk of both diseases who present with less time should be immunised with the separate vaccines using the accelerated Hepatitis B schedule.

The cost of the Twinrix primary course is the same as a primary course using the separate vaccines in pre-filled syringes. The primary course of Twinrix should give protection against Hepatitis A for ten years and Hepatitis B for five years, the same as for the vaccines given separately.

This may lead to confusion, because after five years people at continuing risk will need a Hepatitis B booster only and not a Twinrix booster. **The cost of using Twinrix as a Hepatitis B booster is more than double the cost of Hepatitis B vaccine.**

To cover the cost of the vaccine Issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

Notes

Persons requiring only Hepatitis A in connection with travel abroad should receive Hepatitis A vaccine (Havrix®, Avaxim®). An item of service fee is payable.

Persons requesting only Hepatitis B vaccination in connection with travel abroad should receive Hepatitis B vaccine. A charge may be made to the patient for administering the vaccine

Hepatitis A & Typhoid Combined Vaccine

Global Sum

Persons (particularly those going to reside for 3 months or longer or who, if infected, might be less resistant because of pre-existing disease) travelling outside northern Europe, Australia or New Zealand to areas e.g. of poor sanitation, where the degree of exposure to infections is likely to be high. This requirement is the same for both Hepatitis A and Typhoid.

Hepatyrix is presented as a convenience to travellers, in that Hepatitis A and Typhoid vaccinations can be administered with one injection.

Primary course of Hepatyrix should give protection against Hepatitis A for up to 1 year, and Typhoid for 3 years. This is the same as for the vaccines given separately.

This may lead to confusion because at 6 months to 1 year patients will need a booster dose of Hepatitis A.

Note re Hepatyrix booster. After boosting, patient's protection for Hepatitis A is extended to 10 years, but the Typhoid component only gives protection for 3 years.

To cover the cost of the vaccine FP34D or FP10

Private Service

Where the patient requests vaccination but does not qualify for a GMS service.

To cover the cost of the vaccine Issue private prescription or charge patients from stock

Influenza Vaccine

Global Sum

Where the doctor considers the vaccine is indicated but the patient does not qualify for the enhanced service, no fee can be charged from the patient

To cover the cost of the vaccine FP34D or FP10

Enhanced Service

Where the patient qualifies under the terms of the DES

To cover the cost of the vaccine FP34D or FP10

Private Service

- a) Where the doctor does not consider the vaccine is clinically indicated it should not be given.
- b) Where the doctor considers the vaccine is indicated but the patient does not qualify for the enhanced service the patient should be referred to another practice for a private service
- c) Patients who are not registered with the practice

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine

Japanese B encephalitis vaccine

Private Service

In connection with travel abroad

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine.

Note

Vaccine not licensed in UK - available only on named patient basis.

Measles, Mumps & Rubella (MMR) Combined vaccine

Enhanced Service

- a) Children over the age of 15 years if not previously been immunised with an MMR combined vaccine.
- b) Opportunistically young adults who have not been vaccinated

To cover the cost of the vaccine The vaccine is centrally purchased and distributed free by Farillon

Meningococcal A,C, W135 & Y vaccine

Global Sum

Asplenic children and adults irrespective of age or the interval from splenectomy should receive a single dose of vaccine before travelling to areas where there is increased risk of Group A infection under GMS.

To cover the cost of the vaccine The vaccine is centrally purchased and distributed free by Farillon

Private Service

If the vaccination is requested in connection with travel abroad, there is no item of service fee payable under the SFA.

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine.

Pneumococcal vaccine

Global Sum

- a) Pneumococcal vaccine is recommended for all those aged 2 years or older in whom pneumococcal infection is likely to be more common and/or dangerous i.e. those with:
 - a. asplenia or severe dysfunction of the spleen including homogenous sickle cell disease and coeliac syndrome
 - b. chronic renal disease or nephritic syndrome
 - c. immunodeficiency or immunosuppression due to disease or treatment, including HIV
 - d. chronic heart disease
 - e. chronic lung disease
 - f. chronic liver disease including cirrhosis
 - g. Diabetes mellitus

To cover the cost of the vaccine FP34D or issue an FP10

Polio Vaccine IPV

Global Sum

- a) previously immunised but without receiving a reinforcing dose, persons aged 6 years and over, on leaving school, entering higher education or starting work. It is recommended that the D/T/P-IPV is given where a booster of any element is required
- b) For travellers it is recommended that the combined D/T/P-IPV is given where a booster of any element is required

To cover the cost of the vaccine FP34D or issue an FP10

Rabies vaccine

Global Sum

These occupational groups are in the global sum because an item of service fee was payable under the SFA

- a) Vaccination of "at risk" groups e.g.
 - a. at kennels and catteries approved by the Ministry of Agriculture, Fisheries and Food for the quarantine of imported dogs, cats, etc
 - b. at quarantine premises in zoological establishments
 - c. by carrying agents authorised to carry imported dogs, cats, etc.
 - d. at approved research and acclimatisation centres where primates and other imported mammals are housed
 - e. in laboratories handling rabies virus
 - f. at seaports and airports where they are likely to come into contact with imported animals or animals on ships or aircraft, e.g. Customs and Excise and police officers
 - g. as veterinary and technical staff of MAFF
 - h. as inspectors appointed by local authorities under the Diseases of Animal Act or employed otherwise who, by reason of their employment, encounter enhanced risk
 - i. licensed bat handlers
 - j. health care workers who are likely to come into close contact with rabies
- b) persons directly involved in control measures carried out under the direction of the Medical Officer for Environmental Health, together with veterinary surgeons engaged in private practice within the infected area and their ancillary staff.

To cover the cost of the vaccine available from PHLS, see BNF for details

Private Service

- a) Travellers seeking vaccination

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine.

Tetanus vaccine (as part of D,T,P-IVP)

Global Sum

- a) not previously immunised children at 15-19 years of age or on leaving school or persons after leaving school.
- b) previously immunised persons on leaving school entering higher education or starting work or persons who have not had a reinforcing dose in the previous 5 years and then afterwards the previous 5-15 years.
- c) Travellers requiring vaccination or booster

To cover the cost of the vaccine FP34D or FP10

Tick-borne encephalitis vaccine

Private Service

Travellers requiring vaccination

To cover the cost of the vaccine Issue a private prescription or charge patients from stock and charge for the administration of vaccine.

Note Vaccine not licensed in UK - available only on named patient basis, see BNF for details

Typhoid polysaccharide vaccine

Global Sum

- a) travel outside the UK **except** to Canada, USA, Australia, New Zealand and northern Europe (Belgium, Denmark, Iceland, the Netherlands, Norway, Sweden)
- b) travel to an infected area
- c) travel to countries where it is a condition of entry that visitors should have been immunised.

To cover the cost of the vaccine FP34D or FP10

Private Service

If the patient is travelling to an area that does not qualify for an item of service

To cover the cost of the vaccine Issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

Varicella (Chickenpox)

Global Sum

- a) Front line Health Care Workers. No patients should be treated under the global sum as front line Health Care Workers should all be covered by an appropriate Occupational Health Service. Refer staff to Occupational Health Service (in Kent Heales Medical Ltd)

Private Service

All front line Health Care Workers in the private sector

To cover the cost of the vaccine For patients on your list, refer to another practice. For patients not on your list, issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

Yellow fever vaccine

Private Service

- a) Persons aged nine months and over travelling through or living in infected areas and those travelling outside urban areas of countries in the yellow fever endemic zone (see maps in 'Health Information for Overseas Travel'), even if these countries have not officially reported the disease and do not require evidence of immunisation on entry. Immunisation under nine months is not recommended but may be performed if exposure to the risk of infection cannot be avoided.
- b) Travellers requiring an International Certificate of Vaccination for entry into a country

Yellow fever vaccine is only supplied to and administered by designated centres.

To cover the cost of the vaccine Issue a private prescription or charge patients from your stock and charge for the administration of vaccine.

THOSE PRACTICES WISHING TO APPLY FOR DESIGNATION SHOULD WRITE TO HEF 2, DEPARTMENT OF HEALTH, SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LW. YELLOW FEVER VACCINE AND INTERNATIONAL CERTIFICATES ARE SUPPLIED ONLY TO SUCH CENTRES.