

# Guidance on Private Prescribing in Primary Care

Produced by Derbyshire Medicines Management on behalf of NHS Derby & Derbyshire

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The following guidance is intended to help prescribers understand their responsibilities in the following situations. If you require further information or advice, please contact the Medicines Management Team.

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## **1. Prescribing responsibilities following a private consultation.**

A large number of patients opt to have some or all of their investigations and treatment privately. Some use private health insurance whilst others are willing to pay to be seen more quickly or for receiving their care in private facilities. Patients are free to switch between NHS and private care. Treatment is defined by “episodes of care” which may either be continuous or consist of a series of treatment and care episodes.

Where an individual commences on a medication following a private consultation which is in line with an associated NICE Technology Appraisal and wishes to transfer to care provided by an NHS provider, they will be subject to the same waiting times that a newly referred patient would encounter. During this time until they are reviewed by the appropriate clinician, their treatment will continue privately, regardless of whether their private clinician believes their treatment falls within NICE guidance. The NHS provider will not be able to fund this treatment until they have been reviewed and deemed appropriate to continue the standard NHS referral pathway.

### **1.1 When a patient is referred by the patient’s GP for a private consultation:**

- 1.1.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient’s care. Where an NHS doctor refers a patient (privately or otherwise) to a consultant for advice, but retains clinical responsibility, any recommended medication should be issued on an NHS prescription, provided it is considered normal clinical practice and within CCG guidelines and formularies.
- 1.1.2 Patients who opt to be referred privately (i.e., outside the NHS) are expected to pay the full cost of any treatment they receive in relation to the care provided privately for that episode. Any drugs prescribed or treatment provided by a clinician in the course of a private consultation should be at the patient’s expense. Patients should be informed of this expectation prior to referral.
- 1.1.3 Patients are at liberty to switch between private and NHS care at any time but should only be provided with an NHS prescription if the medication would usually be provided on the NHS. Following a private consultation, the private clinician may recommend a particular medication and patients may request their GP to prescribe. GPs receiving such requests should provide an NHS prescription if there is a clinical need and the patient would normally receive treatment under the NHS, using the same principles of NHS referrals. However, there is no obligation to prescribe the recommended treatment if it is contrary to normal clinical practice or CCG guidelines or formularies. By prescribing a clinician assumes clinical responsibility for the treatment.
- 1.1.4 A consultant who, following a private consultation, has recommended treatment for the patient’s clinical circumstances, should continue to prescribe until the GP has agreed to prescribe treatment.
- 1.1.5 If the medication recommended is part of a special NHS arrangement or listed as a “specialist only” (RED on the traffic light classification) then the patient should be referred to the appropriate NHS service. Treatment of sub-fertility is a case in point and therefore GPs should not be asked to prescribe.
- 1.1.6 If the GP does not feel able to accept clinical responsibility for the medication, responsibility for prescribing remains with the private consultant. The consultant may suggest an alternative therapy for the GP to consider or the GP may consider whether to refer to an

NHS consultant who can consider whether to prescribe the treatment as part of NHS funded treatment but only if this is in line with normal referral protocols for the NHS.

1.1.7 Medication recommended by private consultants may be more expensive than those prescribed for the same clinical situation as part of NHS treatment. In such circumstances, local prescribing advice should be followed by the NHS GP.

1.1.8 When a private referral is made, patients may be given the leaflet shown in Appendix 1; explaining the situation regarding NHS prescriptions following private consultations. Enclosing a copy with any referral letter may also be useful.

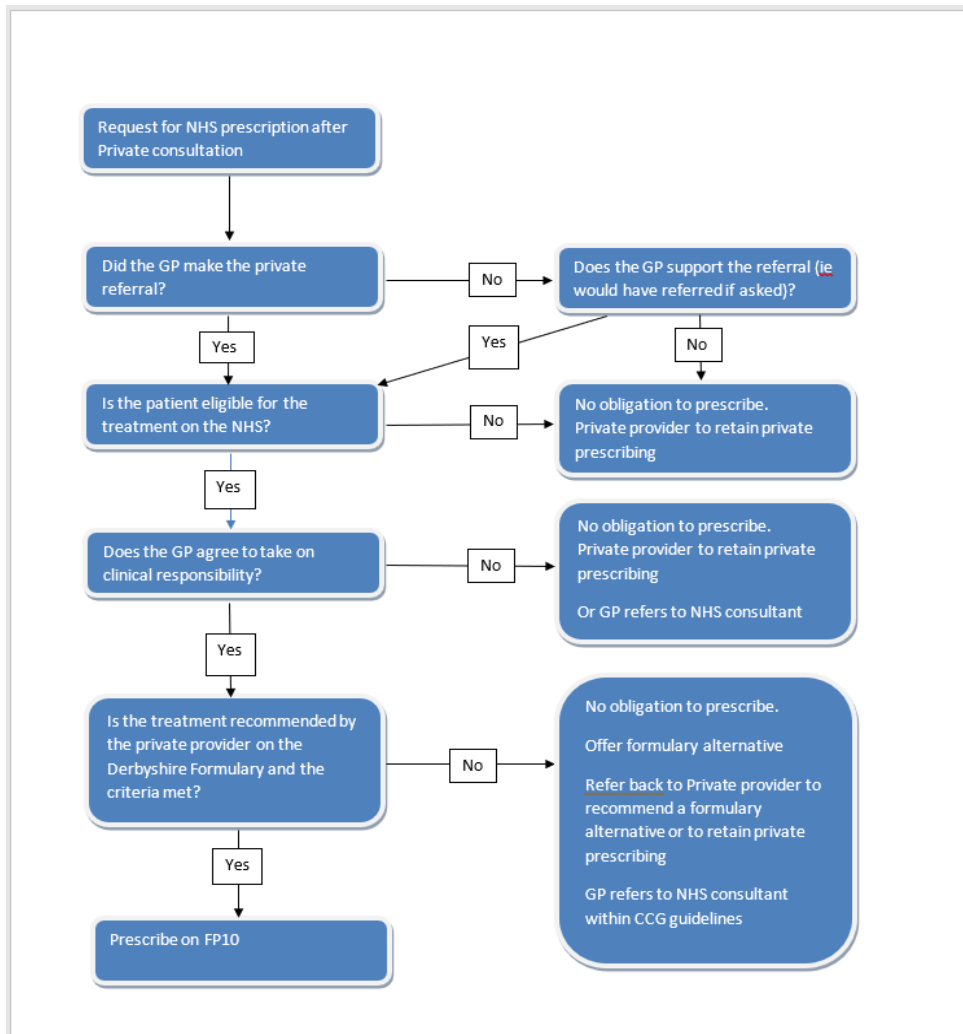
**1.2 When a patient self-refers for a private consultation:**

1.2.1 People who refer themselves independently of the GP (i.e., outside of the NHS) whether in the UK or abroad are expected to pay the full cost of any treatment they receive in relation to the care provided privately for that episode. The leaflet shown in Appendix 1 may be useful to explain this to patients.

1.2.2 In situations when the GP is supportive of the patient's private referral (i.e., would have referred the patient if requested), patients are at liberty to switch back to NHS care as in section 1.1.3.

1.2.3 If the GP is not supportive of the patient's private referral and has concerns as to whether a specialist working outside the NHS is suitably qualified, the GMC states there is no obligation to follow the recommendations.

The flowchart below summarises the position:



See also: [Defining the Boundaries between NHS and Private Care](#)

This policy defines the boundaries between privately funded and entitlement to NHS funding for patients under a range of circumstances.

## 2 Issuing private prescriptions to NHS patients

- 2.1 **Private prescriptions for NHS patients.** GPs should provide their NHS patients with any medication deemed clinically appropriate on an NHS prescription. A private prescription should only be provided in the circumstances listed below:
- 2.1.1 Prescribers may provide private prescriptions for their NHS patients when the item is not prescribable on the NHS. This includes: items listed in the drug tariff Part XVIII A 'Drugs, Medicines and other substances not to be ordered under a general medical service contract'; drugs for the prevention of malaria; drugs where the indication is outside those indicated on the selective list scheme; travel vaccines not included in current public policy and travel packs or drugs prescribed solely in the anticipation of the onset of an ailment while outside the UK (e.g., antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness).
- 2.1.2 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. NHS patients should not be charged for the issue of private prescriptions for drugs included in drug tariff Part XVIII A or SLS drugs prescribed outside the SLS criteria
- 2.1.3 Where NHS policy recommends that a generic medicine is used and a patient requests a branded equivalent, a private prescription should not be issued to an NHS patient (unless the product falls into the categories stated above). The BMA General Practitioners Committee has obtained legal advice which confirms that GPs cannot issue private prescriptions alongside NHS prescription forms (FP10s).
- 2.1.4 When a medicine which is available on the NHS and is cheaper than the prescription charge, e.g., amoxicillin, a GP cannot issue a private script to save the patient money. The GPC has obtained legal advice that GPs may not issue private prescriptions as an alternative to an FP10. Where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of this obligation.
- 2.2 NHS GPs providing private care e.g., private GP appointments or an occupational health service cannot issue an NHS prescription as this would constitute a breach of the GMS, PMS or APMS contract.
- 2.3 Occupational Health vaccinations - The 'Immunisation against infectious disease' (2006) gives clinical recommendations for the use of vaccines, however it does not identify those which are recommended to be NHS funded. Where no remuneration is available from the CCG for individual vaccines, NHS prescribing is strongly discouraged. A patient sent by an employer to request occupational health immunisations should be advised that this is not the responsibility of the practice. The employer (not the patient) will have to make private arrangements with a practice, or occupational health provider to administer the vaccine(s) and any other screening or monitoring required. Hepatitis B vaccinations for occupations as

listed in the BNF should normally be provided by the employer via their own occupational health provider or private agreement with a local practice. This includes healthcare students where Hepatitis B vaccination should be provided by the educational establishment, including advice on avoiding blood-borne infections, needle-stick injuries etc. For further advice on specific patient groups, see Appendix 2 or contact the occupational health or public health team.

- 2.4 Immunisations given for occupational health purposes should only be given as part of a full occupational health service and practices that feel that they have the necessary knowledge and skills to deliver such a service may contract with employing organisation to do so. They may then immunise their own patients that also happen to be employees of that organisation and accept payment from the employing organisation. Further information is available from the GPC including template letters to medical schools, patients and employers.

### **3 Patients receiving NHS treatment at a privately owned treatment centre contracted to treat NHS patients.**

- 3.1 Medicines required by the patient immediately should be provided by the private provider without charge to the patient. A private prescription may be provided for the patient to have dispensed at the private provider's pharmacy, although the patient should not be charged.
- 3.2 The private provider can request the GP to prescribe medicines not required immediately as long as sufficient information is provided to allow the GP to prescribe safely and the medicine is included in local formularies and guidelines. Patients should be made aware that the medicine is not required urgently.
- 3.3 Providing a private prescription to an NHS patient to be dispensed anywhere other than the private provider's pharmacy is NOT recommended.

## **APPENDIX 1 - INFORMATION FOR PATIENTS CONSIDERING PRIVATE MEDICAL CONSULTATIONS**

When you are seeing a private specialist, you should be aware what may happen about medication you may need after the consultation.

### **1. Independent private referral**

People who refer themselves to a consultant independently of the GP (i.e., outside the NHS), whether in the UK or abroad, are expected to pay the full cost of any treatment they receive in relation to the care provided privately.

### **2. Private referral through your GP**

After a private referral made by your GP, your private specialist may give you a prescription. Sometimes you may only need one prescription. The prescription provided by your private specialist will be a private prescription and you must pay for the medication. If you need continued treatment you may be given just one private prescription (which you will need to pay for) and advised to return to your GP to see if further NHS prescriptions can be provided.

A NHS prescription to continue your treatment will only be provided if your GP considers there is a clinical need and that an NHS patient would be treated in the same way; there is no obligation for the GP to prescribe the treatment recommended by a private specialist. In order to judge your clinical need your GP must have received a full clinical report from the private specialist and therefore you may not be able to have a prescription immediately.

GPs have agreed to prescribe in line with local policies. If the recommendation from your private specialist is for treatment that is not in line with local policies, then your GP may change the medication to be in line with medicines usually recommended for NHS patients. If your GP feels the treatment is for a specialist area your GP can ask the specialist to remain responsible for the treatment and to provide further prescriptions which the patient will need to pay for.

## **APPENDIX 2 – PRESCQIPP TRAVEL VACCINE BULLETIN**

### **Locally agreed Derbyshire position statement for when both hepatitis A and hepatitis B vaccination are required for patients travelling abroad.**

The combined hepatitis A and B vaccination is available on the NHS as a travel vaccine because it contains hepatitis A. However, hepatitis B vaccination is not commissioned by the NHS as a travel vaccine and would require a private prescription when prescribed as a single agent. When both hepatitis A and hepatitis B vaccination are required for patients travelling abroad, prescribers are not obliged to give the combination product as a travel vaccine on the NHS but should take the following local agreement into consideration:

The Derbyshire LMC's view is that a GP must prescribe on an NHS FP10 anything they believe is in the patient's best interests to do so (with the exception of items listed within the Drug Tariff Part XVIII A (Drugs, Medicines and other substances not to be ordered under a General Medical Services Contract.)) and if they are acting within their competence. If a patient is travelling to a place (or undertaking activities while abroad) where hepatitis A and hepatitis B immunisation is in the patient's best interest then the GP should prescribe these vaccines in whatever way they feel is in the patient's best interest. This will be an individual decision that may depend upon the patient's circumstances. It is recommended good practice to record the reasons for prescribing either the combined vaccine on the NHS or the separate vaccines (hepatitis A on the NHS and hepatitis B privately) on each occasion.

The bulletin below has been developed by PrescQIPP to assist practices receiving requests from patients for travel immunisation, clarify national guidance on which immunisations may be prescribed on the NHS and which should be privately prescribed.

Type PrescQIPP subscriber name here

## Travel vaccines

There has traditionally been a lack of clarity regarding the provision and administration of travel vaccines and whether to charge patients prior to travel and for occupational reasons. Most misunderstandings of the regulations are due to the confusion between the clinical advice for when to administer a vaccine for travel (as set out in the Green Book) and the regulations indicating how GP practices are paid for the vaccines and their administration (as set out in the former Red Book).

This bulletin has been developed to assist practices receiving requests from patients for travel vaccinations, clarify national guidance on which vaccines may be prescribed on the NHS for the purposes of travel and which should be privately prescribed. Supporting data, a briefing and a patient information leaflet are also available here: <http://www.prescqipp.info/resources/viewcategory/263-travel-vaccines-drop-list>

Please note this bulletin does not cover the childhood primary immunisation schedule, national vaccination programmes (including catch-up programmes) and vaccination as indicated under the advice from Public Health England. Vaccines for use in these areas should continue to be provided on the NHS.

NHS patients are entitled to receive advice on recommended vaccines for travel and malaria prophylaxis free of charge.<sup>1</sup>

### Recommendations

- Vaccines for travel which are not allowed on the NHS should not be prescribed or supplied on an NHS prescription. Patients should be charged for these vaccines and any associated administration costs.
- Hepatitis B and Meningitis ACWY vaccines are not routinely commissioned under the NHS for travel purposes and these vaccines should be prescribed privately.<sup>2</sup>
- There is no funding within the GMS contract for hepatitis B for travel.
- The cost of different products for the same vaccine should be considered.
- Review current practice policy, and consider including recommendations around travel vaccines, ensuring all staff are updated to any changes in practice policy.
- Advice regarding vaccines needed for travel should continue to be provided, however the individual traveller will need to bear the cost of the vaccination.
- If vaccines are given as part of a national immunisation programme or for purposes other than travel, they may still continue to be provided on the NHS.

### National guidance

The NHS England guidance on 'Items which should not routinely be prescribed in primary care'<sup>3</sup> lists products that are regarded as low priority for funding, poor value for money or for which there are safer alternatives (<https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-cgcs/>). Travel vaccines feature on the list as items that are clinically effective, however due to the nature of their use are not deemed appropriate for NHS funding if given solely for the purposes of travel. This bulletin does not discuss the use of these vaccines for purposes other than travel for which some vaccines may continue to be provided on the NHS.



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## Free travel vaccines

Certain vaccines are available on the NHS for travel as part of additional services under the General Medical Services (GMS) and Personal Medical Services (PMS) contracts – see below.<sup>4</sup> Patients should not be charged a fee for these specified travel immunisations if a service is provided to registered patients. Practices can opt out of providing a travel vaccination service and refer patients to a travel clinic.<sup>5</sup> These vaccines are usually free because they protect against diseases thought to represent the greatest risk to public health if they were brought into the country.<sup>5</sup>

The vaccines available on the NHS (if appropriate) are:

- Hepatitis A – including when combined with typhoid or hepatitis B
- Typhoid
- Tetanus, diphtheria and polio combined vaccine
- Cholera.

The vaccines for these are available at NHS expense in one of two ways:

- Purchased by the practice and personally administered, the payment is claimed through FP34PD.
- Obtained by the patient on FP10 prescription. A prescription charge is payable to the pharmacy unless the patient is exempt. In this situation no claim for personal administration fees should be made through FP34PD.

## Private travel vaccines

The NHS does not remunerate the following immunisations for travel purposes:<sup>5</sup>

- Hepatitis B when not combined with hepatitis A
- Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)
- Yellow fever
- Tuberculosis (TB)
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies.

The practice may therefore charge a registered patient for the above vaccines 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 vaccine is also chargeable. Practices should 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 for the purposes of travel.

Hepatitis A & B as a combination vaccine can be prescribed as a travel vaccine on the NHS as it contains hepatitis A. However, as the NHS does not commission hepatitis B as a travel vaccine, local policy should be agreed on whether hepatitis A and B combined vaccine can be prescribed on the NHS for travel or whether the hepatitis A alone can be prescribed on an FP10 and hepatitis B vaccine should be given and charged as a separate private vaccination. The clinical benefits of hepatitis B immunisation are clear, but there is less clarity in the understanding of the regulations covering hepatitis B immunisation for the purposes of travel.<sup>24</sup> It is up to the prescriber to decide whether they wish to adhere to local policies. Product shortages will affect local policies.

The BMA states that giving hepatitis B immunisation to patients who are travelling but where it is not indicated in the Green Book is inappropriate and wasteful of resources, however funded.<sup>2</sup>

## Private provision

The ambiguity on when to supply travel vaccines under the NHS or privately stems from the regulations regarding the charging of patients that are registered with the practice. Schedule 5 of the NHS regulations leaves the decision as to whether the practice levies a charge or not to the discretion of the GP practice.<sup>4</sup> 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. Practices have to ensure that their policy is non-discriminatory and that this does not contravene the Equality Act 2010 (formerly the Disability Discrimination Act).<sup>6</sup>

For travel vaccines not available on the NHS, a charge may be levied for:<sup>4</sup>

- The vaccine
- Administration
- Private prescription writing.

The level of charges should be determined by the practice, it is advisable to develop practice guidance which is clearly available for patients in the form of a leaflet or section of the practice leaflet or website.

Patients should be advised to compare prices as there may be variation in the amount that individual pharmacies will charge to supply the vaccine. Alternatively, practices may choose to buy in the vaccine directly and charge patients for the cost of the vaccine. Possible charges after vaccination include:

- 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).

## Costs

Cost of individual products as stated in the BNF are shown in table 1. The lowest cost product or combination should always be supplied unless there is a clinical reason not to do so.

£1.06 million is potentially spent on travel vaccines that should not be prescribed on the NHS and can be prescribed privately if required by patients for travel. This equates to £1,792 per 100,000 patients. This savings figure assumes a local commissioning policy not to prescribe Hepatitis A and B combined vaccination on the NHS.

The accompanying data pack shows prescribing data at CCG level and annual savings available for each CCG. The spend on the vaccines has been apportioned for travel and is an estimate.

## Summary

Table 1 on the following pages clarifies the availability on the NHS for each vaccine for travel. It shows the current BNF cost per vaccine and other potential charges. Vaccines not provided on the NHS should continue to be recommended for travel but the individual traveller will need to bear the cost of the vaccination.

## Resources for further information

Further information on which vaccinations are necessary or recommended for the areas patients will be visiting are available on these websites:

- Fit for Travel - [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)
- National Travel Health Network and Centre (NaTHNaC) - <https://nathnac.net/>
- Travax - <http://www.travax.nhs.uk/>
- Green book - <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Travel Health Pro - <https://www.travelhealthpro.org.uk/>

Further information on individual vaccines is available from the Summary of Product Characteristics (SPC) available at [www.medicines.org.uk](http://www.medicines.org.uk)

Some countries require an International Certificate of Vaccination or Prophylaxis (ICVP) before you enter. Currently, under International Health Regulations (IHR, 2005), yellow fever and poliomyelitis are the only vaccinations that can be recorded in an ICVP. Country requirements are subject to change at any time. It is important for travellers to ensure that they know the requirements of the country to which they are travelling by checking with the relevant consulate or embassy. The latest updates received by the WHO from countries can be found on the WHO International Travel and Health web site.<sup>7</sup>

**Table 1 - Travel vaccines available/not available on the NHS.**

Please note some vaccines not available on the NHS for travel can still be given on the NHS if for indications other than travel.

Vaccine	Available on NHS for travel <sup>4</sup>	Price per dose BNF <sup>8</sup>	Potential charges
Bacillus Calmette-Guérin (BCG)	NO	No NHS indicative price available	Referral to a respiratory clinic is recommended for tuberculin testing and follow up for all patients requesting vaccination.
Cholera	YES - The vaccine is not indicated for most travellers.	Dukoral oral suspension® £26.35 (2 dose pack)	NONE
Diphtheria/tetanus/polio	YES - Stock centrally funded by the Department of Health as part of the childhood immunisation programme. Must NOT be used for the purposes of travel.	Revaxis® prefilled syringe £6.50	NONE
Hepatitis A	YES	Havrix Monodose® prefilled syringe/vial £22.14 Havrix Junior Monodose® prefilled syringe/vial £16.77 Vaqta® Adult 1-mL prefilled syringe/vial £18.10 Vaqta® Paediatric prefilled syringe £14.74 Avaxim® prefilled syringe £18.10	NONE
Hepatitis A/typhoid	YES - Hepatitis A/Typhoid available on NHS, booster dosage not aligned so consider separate vaccines.	Hepatyrix® prefilled syringe £37.21 ViATIM® prefilled syringe £29.80	NONE

Vaccine	Available on NHS for travel <sup>4</sup>	Price per dose BNF <sup>6</sup>	Potential charges
Hepatitis A & B	Combined hepatitis A and B immunisations for travel must always be given on the NHS. Local policy may be agreed about whether the combination product should be given for travel purposes.	Twinrix® Adult 1-mL prefilled syringe £33.31 Twinrix® Paediatric (15 years and under only) prefilled syringe £20.79 Ambirix® (15 years and under only) prefilled syringe £31.18	NONE
Hepatitis B	Hepatitis B vaccine alone is not remunerated by the NHS for the purposes of travel. Supplies may be limited due to shortages. <sup>2</sup>	Engerix B® 20mcg/ml prefilled syringe £12.99 Engerix B 10mcg/0.5ml prefilled syringe (15 years and under only) £9.67 Engerix B® 20mcg/ml vial £12.34 Fendrix® 20mcg/0.5ml prefilled syringe £38.10 HBVAXPRO® 10mcg/ml prefilled syringe £12.20 HBVAXPRO® (5mcg/0.5ml prefilled syringe (15 years and under only) £8.95) HBVAXPRO® (40mcg/ml) vial £27.60	Private prescription Cost of vaccine Administration Serological testing
Japanese Encephalitis	NO	Ixiaro® suspension for injection 0.5ml pre-filled syringe £59.50	Private prescription Cost of vaccine Administration
Meningococcal - meningitis ACWY	ACWY can be prescribed on an FP10 (not blacklisted) however there is no remuneration for giving it as a travel vaccine on the NHS.	Menveo 0.5ml vial £30.00 Nimenrix 0.5ml pre-filled syringe £30.00	Private prescription Cost of vaccine Administration Certification
Rabies	NO	Rabipur® 1ml pre-filled syringe/vial £34.56 Rabipur® 1ml vial £34.56 Rabies vaccine powder and solvent for suspension for injection 1ml £40.84	Private prescription Cost of vaccine Administration

Vaccine	Available on NHS for travel <sup>4</sup>	Price per dose BNF <sup>8</sup>	Potential charges
Tick-borne encephalitis	NO	TicoVac® 0.5ml pre-filled syringe £32.00 TicoVac Junior® 0.25ml pre-filled syringe £28.00	Private prescription Cost of vaccine Administration
Typhoid	YES	Typhim Vi® 0.5ml pre-filled syringe £9.30 Typherix® 0.5ml pre-filled syringe £9.93 Vivotif vaccine gastro-resistant capsules £14.77	NONE
Yellow fever	NO Only available at designated Yellow Fever Vaccination Centre.	Stamaril 0.5ml vial £33.10 Stamaril £33.10	Specialist centres only Information available via <a href="http://nathnacyfzone.org.uk/search-centres">http://nathnacyfzone.org.uk/search-centres</a>

## References

1. The National Health Service (General Medical Services Contracts) Regulations 2004. Schedule 2, paragraph 4 and Schedule 5, paragraph 1 (g). Accessed via <http://www.legislation.gov.uk/uksi/2004/291/schedule/2/made> on 02/07/17.
2. BMA- Focus on hepatitis B immunisations. Last updated: 14 September 2016. Accessed via <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/hepatitis-b-immunisations-on-23/05/1802/05/17> on 02/05/17.
3. NHS England. Items which should not routinely be prescribed in primary care: guidance for CCGs. November 2017. Accessed via <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>
4. Focus on travel immunisation, BMA. Updated February 2018. Accessed via <http://bma.org.uk/practical-support-at-work/gp-practices/focus-travel-immunisation> on 16/02/2018.
5. NHS Choices. Travel vaccinations. Accessed via <http://www.nhs.uk/Conditions/Travel-immunisation/Pages/Introduction.aspx> on 02/05/17.
6. Equality Act 2010: guidance. Accessed via <https://www.gov.uk/guidance/equality-act-2010-guidance> on 02/05/17.
7. World Health Organisation, International travel and health. 16 February 2017. Accessed via <http://www.who.int/ith/2017-ith-country-list.pdf?ua=1> on 08/05/17.
8. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. Accessed via <https://www.medicinescomplete.com/mc/bnf/current/> on 20/02/18.

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