**NHS Grampian**

**Service Level Agreement**

**Travel Health Service**

|  |  |
| --- | --- |
| **SLA Reference** | SLA Travel Health Service |
| **Version** | 3 |
| **Review date** | March 2025 |
| **Author** | Peter Maclean |
| **Approved By** | Jo Hall |

|  |  |  |
| --- | --- | --- |
| **Revision Chronology** | | |
| **Version Number** | **Effective Date** | **Reason for Change** |
| 1 | October 2021 | New SLA |
| 2 | April 2023 | Update following evaluation |
| 3 | April 2024 | Annual Review |

**Contents**

[**1.** **Introduction** 3](#_Toc138061556)

[**2.** **Background to service** 3](#_Toc138061557)

[**3.** **Service aims** 4](#_Toc138061558)

[**4.** **Service outline and standard** 4](#_Toc138061559)

[**5.** **Premises criteria** 6](#_Toc138061560)

[**6. Training requirements** 6](#_Toc138061561)

[**7. Monitoring & evaluation** 7](#_Toc138061562)

[**8.** **Claims and payment** 8](#_Toc138061563)

[**9.** **References** 8](#_Toc138061564)

[**Appendix 1: Patient Journey** 9](#_Toc138061565)

[**Appendix 2: Adverse Incident Form** 11](#_Toc138061566)

[**Appendix 3: Patient Clinical Record** 12](#_Toc138061567)

# **Introduction**

This Service Level Agreement (SLA) acts as a contract between NHS Grampian and the Contractor and commits the Contractor to provide the services as defined by, and using documents provided in the Patient Group Directions for the Administration of NHS Travel Vaccinations (Hepatitis A, Typhoid, Cholera and Revaxis® (polio / diphtheria / tetanus) which must be read in conjunction with this Service Level Agreement. Services will be provided within the legal and ethical framework of the Contractor as a whole.

The objective of the NHS Grampian Travel Health Service is to provide a “one-stop” patient-centred, comprehensive, consistent and accessible travel advice and vaccination service for patients who live in Grampian.

A three month notice period must be provided if either party wishes to terminate this contract. Where a breach in terms of the SLA has occurred the 3 month notice period may not apply.

# **Background to service**

2.1 Following evaluation of a community pharmacy service for 21months, the NHS Grampian Travel Health Service will continue via community pharmacies for a further 12 months. This service level agreement aims to continue a high quality, cost effective service. The four vaccinations included in this service offering are Revaxis, Hepatitis A, Typhoid and Cholera.

2.2 Travel risk assessments, advice and vaccinations (if required) are provided to reduce the risk of transmission of diseases amongst patients travelling to countries where these diseases are still prevalent, to contribute to the protection of individuals who may have a suboptimal response to their own immunisations, or to avoid disruption to services that provide their care.

2.3 The NHS Grampian Travel Health Service is available to all travellers who reside in Grampian and require advice and /or vaccinations for travelling to a destination considered at risk of tropical disease. This service includes provision of vaccination to children.

2.4 Under the VTP, the vaccinations specified in the Scottish Statement of Financial Entitlements (SFE) must be provided as free to the traveller as part of NHS provision.  Vaccinations or oral medication not listed in the SFE, but otherwise indicated as appropriate in the provision of travel health prophylaxis, will be charged for as a private prescription.

## **3. Service aims**

3.1 The aims of the service are to provide a patient centred, accessible, consistent and comprehensive travel service for patients requiring travel assessment, vaccination, medicines and advice.

3.2 To increase access to NHS travel advice and vaccinations for all patient groups in order to protect patients while travelling to high risk destinations.

3.3 To be able to provide accurate and up to date information about travel health risks and vaccine(s) to patients.

## **4. Service outline and standard**

4.1 The Contractor providing this must be signed up to this SLA.

4.2 Every vaccinator involved in the delivery of the service must have read this SLA, signed and agreed to act in accordance with the relevant PGD’s, completed annual adult and paediatric anaphylaxis and basic life support training and be professionally competent to deliver the service.

4.3 The patient’s eligibility for the NHS Grampian Travel Health Service will be assessed in accordance with national and local guidance and includes the following criteria:

* Patient must be registered with a GP in Grampian
* Patient must attend clinic 6 weeks prior to travel (any period less than 6 weeks is subject to private charges)

4.4 The Contractor will be responsible for the provision of immunisation advice (both written and verbal) to the patient and/or parent/guardian if a child.

4.5 NHS Travel Vaccinations will be available, as required, to eligible patients under the terms of the NHS Grampian PGD’s for Hepatitis A, Typhoid, Cholera and Revaxis.

4.6 Treatment offered should not be restricted to that available on the NHS, but should include that which would incur a fee payable by the traveller, e.g. for malaria, rabies, yellow fever and tick-born encephalitis. The aim is to provide a complete travel advice service that incorporates those elements available on the NHS with the opportunity to access and pay for those not available through the NHS.

4.7 The Contractor will be responsible for referring eligible patients who are excluded from treatment under the PGDs to the level 4 specialist service provider (see patient journey Appendix 1).

4.8 The Contractor will maintain accurate patient clinical records of the episodes of care (see Appendix 2) for 7 years.

4.9 The Contractor will be responsible for the provision of a user-friendly, client-centred, non-judgemental, and confidential service.

4.10 The Contractor will ensure that the premises used for immunisation meets the standards agreed with NHS Grampian (see Section 5).

4.11 The Contractor will record all NHS vaccinations on the Vaccination Management Tool (VMT) which will automatically notify the patient’s General Practitioner on the immunisation of their patient.

4.12 The Contractor will be listed on the GrampianVax website advertising they are a provider of this service ([Vax Grampian | Vaccination information for the people of the Grampian Region (grampianvax.com)](https://www.grampianvax.com/)).

4.13 The Contractor will be responsible, where appropriate, for counselling the patient on other related travel health and first aid messages, including but limited to personal safety and environmental risk. Written information should also be available on these topics.

4.14 The Contractor will ensure that all vaccines to be used are stored in line with national and NHS Grampian policies for the [safe storage and handling of vaccines](https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/Policy_Vaccine_Handling.pdf) and management of refrigeration temperatures.

Contractors providing the NHS Grampian Travel Health Service must also ensure that they have:

4.15 Adequate staff provision to ensure day to day services are not compromised due to this service e.g. second pharmacist.

4.16 Appropriate administrative support to manage appointments and assist patients.

4.17 Additional trained staff that can identify support and take first steps in the event of an adverse event. (A minimum of two additional staff members must be trained in the treatment of anaphylaxis).

4.18 Have indemnity cover for staff involved in the service delivery. NHS Grampian will require proof that all staff involved in the scheme have appropriate indemnity cover.

4.19 It is an expectation of this Agreement that the NHS Grampian Travel Health Service is available to patients for a minimum of 80% of the minimum core opening hours (44hrs) which is 35.2hrs per week.

## **5. Premises criteria**

Contractors providing the NHS Grampian Travel Health Service must have a private, enclosed clinical area suitable for vaccine administration. In community pharmacies, this must be external to the dispensary area.

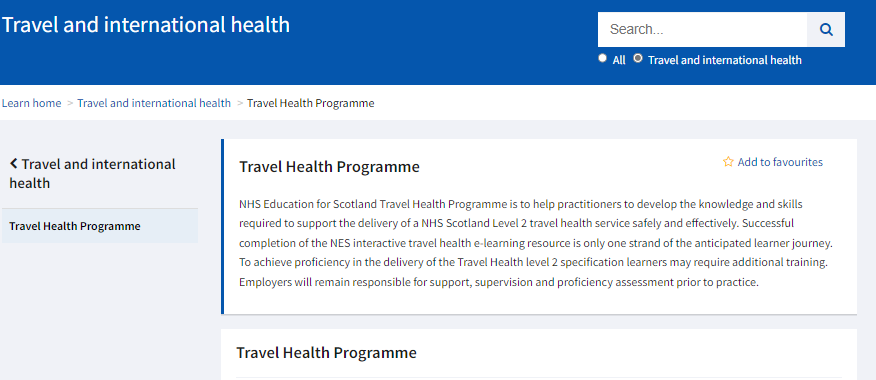
Key requirements are:

* Communication equipment (telephone / PC or tablet / WiFi)
* Clinical wash hand basin.
* Washable floors (not carpet).
* Clinical workbench sufficient to prepare vaccine and layout ancillaries.
* Vaccine refrigerator with thermometer (to include fridge temp SOP).
* Resuscitation equipment (including adrenaline)
* Chairs.
* Wheelchair/disabled access.
* Minimum floor area sufficient to lay patient down in the event of an adverse event – ideally 15m2.
* Minimum of seating for two people in waiting area socially distanced from other patients and staff.
* Clinical and sharps waste disposal.
* Safe storage of sundries and documentation.
* Printed safe travel information.
* Travel related sundries for purchase e.g. mosquito nets / sun cream / first aid kits (optional)

## **6. Training requirements**

6.1 The Contractor will ensure that all staff including locums involved in delivering the service are appropriately trained in accordance with agreed local standards. All new staff to this service must fully complete the TURAS travel health programme and all providers must have annual basic life support training.

TURAS travel health programme: [Travel Health Programme | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/66632)



6.2 Vaccinators new to vaccination should spend an agreed amount of time, as defined by NHS Grampian, with a practitioner who has attended a comprehensive immunisation course and is experienced in giving vaccines and advising about immunisation before starting to give immunisation themselves. [A proficiency document](https://nesvleprdstore.blob.core.windows.net/nesndpvlecmsprdblob/f5d2b6a7-4c32-4185-96be-62fc0a82683b_Reg%20HCP%20Vaccination%20Proficiency%20document%20V1.1%20021222%20FINAL.pdf?sv=2018-03-28&sr=b&sig=5bXup9%2FwpVSFYmT%2FvmuB3Ujy4vYiuWwO%2BgpddlDBh%2BU%3D&st=2023-06-23T07%3A55%3A36Z&se=2023-06-23T09%3A00%3A36Z&sp=r) is available from the TURAS link above for completion.

6.3 Annual anaphylaxis and basic life support training updates for adults and paediatrics are required to be undertaken by all vaccinators.

6.4 All vaccinators should also complete the NES eLearning module Promoting Effective Immunisation Practice <https://learn.nes.nhs.scot/12751/immunisation>

6.5 The Contractor has a duty to ensure that all staff involved in the provision of the service are aware of and operate within local guidelines.

6.6 All staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients. <http://www.hphsgrampian.scot.nhs.uk/>

## **7. Monitoring & evaluation**

7.1 The vaccinator is responsible for recording all NHS vaccinations on VMT. Patient care records should be maintained, recording details of all private vaccinations. The pharmacy is responsible for ensuring these are also shared with the patient’s GP practice.

7.2 All adverse incidents relating to this service must be recorded and submitted to NHS Grampian using the documentation in Appendix 3.

7.3 All patient complaints regarding this service should be handled in the first instance by the pharmacy and if escalation is required, to [gram.nhsgrampianfeedback@nhs.scot](mailto:gram.nhsgrampianfeedback@nhs.scot)

7.4 A standard operating procedure(s) should be in place in the pharmacy to cover all aspects of service provision.

Due to the financial constraints in NHS Grampian, the following financial risk mitigation measures have been agreed by the Vaccination Transformation Board:

* Patient must be registered with GP in Grampian
* Patient must access service at least 6 weeks prior to travel
* A maximum of £75 is available for consultation fees relating to families travelling together.

## **8. Claims and payment**

8.1 Fees will be paid for the service as defined by NHS Grampian.

8.2 The cost of the eligible vaccines for the NHS Grampian Travel Health Service will be paid via local services UCF submission.

8.3 Payment for vaccination administration will be via VMT

8.4 Payment for consultations will be via PCCT monthly claims workbook

8.5 Fees will be paid as per the following schedule:

* + Risk assessment and consultation fee: £25 / patient. A maximum of £75 will be paid for any family consultations.
  + Vaccination administration fee: £8.75 / vaccination

## **9. References**

9.1 National Travel Health Network and Centre (NaTHNaC): [NaTHNaC | Launchpad to services](https://nathnac.net/)

9.2 Fit for Travel: [Home – Fit for Travel](https://www.fitfortravel.nhs.uk/home.aspx)

9.3 Department of Health. Immunisation against Infectious Disease (the ‘Green Book’). Part 2: the diseases, vaccinations and vaccines. [Immunisation against infectious disease – GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#part-2:-the-diseases,-vaccinations-and-vaccines)

9.4 Travel Health Best Practice Guide [Good Practice Guidance for Providing a Travel Health Service (rcpsg.ac.uk)](https://rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service)

9.5 Vaccination Transformation Programme (VTP) – VTP Group: Operational Model Level 2 (DRAFT) 2021 (Patient Care Record)

9.6 TURAS: Travel Health Programme: [Travel Health Programme | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/66632)

## **Appendix 1: Patient Journey**

**Pre-Consultation:**

**Consultation:**

**Post-Consultation:**

**\*NB:** All NHS-eligible vaccines should be claimed under UCF local services tab by “brand” e.g. havrix / typhim / dukoral / revaxis etc.

## 

## **Appendix 2: Adverse Incident Form**

|  |  |
| --- | --- |
| **Patient Details** | **Location** |
| * Patient Name: | * Contractor Code: |
| * Date Incident Occurred: | * Address: |
| * Time Incident Occurred: | * Telephone Number: |
| * Date Incident Reported: | * Email Address: |
| **Details of Incident** | |
| * Medication involved: * Name of drug * Strength * Dosage form | * Did this incident involve medical equipment? * Yes * No |
| **Further Details** | |
| Description of event:  Action Taken:  Primary Contributory Factors: | |
| **Child Protection** | |
| * Is this a Child Protection Adverse Event? * Yes * No   Is this a Looked After Child?\* *(\*a child or young person who lives at home on a compulsory supervision order or a child/young person who lives away from home with family/friends, foster carers or in a children’s home.)*   * Yes * No | |
| **Adult Protection**  *If you are concerned a patient is at risk of harm under the terms of the Adult Support and Protection Act you must report this to the Local Authority who is the lead agency. The Council has a duty to investigate an alleged event of harm and will provide advice and support.* | |
| Is this an Adult Protection Issue?   * Yes * No | |
| **Reporters Details** *If there is no information here it is due to the event being reported anonymously. NHS Grampian’s policy allows for this.* | |
| Name:  Position:  Contact Telephone Number:  Contact Email:  *Submit to* [*gram.pharmaceuticalcareservices@nhs.scot*](mailto:gram.pharmaceuticalcareservices@nhs.scot) *for input to Datix form.* | |

### 

### **Appendix 3: Patient Clinical Record**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRAVEL HEALTH**  **Pre-travel clinical record** | | | | | | | | | | | | | | | | | | | | | | |
| **Patient details** | | | **GP details** (must be registered with Grampian GP for NHS eligible service) | | | | | | | | | **Date of clinic visit** | | | | | | | | | | |
| **Medical history** | | | | | | | | | | | | **Drug history** | | | | | | | | | | |
| **Drug allergies** | | | **Food/other allergies**  Is patient egg allergic? Y N  Is patient nut allergic Y N  Is patient latex allergic? Y N | | | | | | | | | **Previous vaccine reactions** | | | | | | | | | | |
| **Current health problems** | | | | | | | | **Is the patient pregnant?**  Yes  No  No of weeks | | | | | | | | | | | | | | |
| **TRAVEL DETAILS Date of departure\*: Total duration:**  **\***(must visit clinic 6/52 prior to travel for NHS eligible service) | | | | | | | | | | | | | | | | | | | | | | |
| **Destination(s):**  # of weeks: |  | | |  | | | | |  | | | | |  | | | | | |  | | |
|  | | |  | | | | |  | | | | |  | | | | | |  | | |
| **Type of trip** (please tick all that apply): | | | | | | | | | | | | | | | | | | | | | | |
| * Package holiday * Migration * Visiting family & friends * Cruise * Organised adventure holiday * Voluntary/charity work * Self-organised holiday * Aid worker * Backpacking * Business: □ < 3months □ > 3months * Pilgrimage | | | | | | | | | | | | **Urban **  **Rural **  **Altitude >3000m **  **Beach ** | | | | | | **Good **  **Basic **  **Poor **  **Not known ** | | | | |
| **Activities and occupation during travel:** | | | | | | | **Items for travel suitcase:**  Altitude sickness  Bite avoidance   Blood borne virus   Food/water hygiene  Insurance/accidents  Rabies  Schistosomiasis  Sun protection   Other (specify): | | | | | | | | | | | | | | | |
| **VACCINE RECORD/SCHEDULING** | | | | | | | | | | | | | | | | | | | | | | |
| **VACCINE** | | | | | | **Dates of previous dose(s)** | | | | | **Planned dates for vaccine schedule** | | | | | | | | | | | |
| **B.C.G** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Cholera** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Diphtheria/Tetanus/Inactivated Polio** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Hepatitis A** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Hepatitis B** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Hepatitis A & Typhoid combined** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Hepatitis A & B combined** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Japanese encephalitis** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Mantoux** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Meningococcal** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **MMR** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Rabies** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Tick borne encephalitis** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Typhoid** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Yellow fever** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Other (specify)** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **PAYMENT DUE** | | | | | |  | | | | |  | |  | | |  | | |  | | |  |
| **Consultation Fee Claimed:  Month of Claim:** | | | | | | | | | | | | | | | | | | | | | | |
| **MALARIA PROPHYLAXIS ADVISED** | | | | | | | | | | | | | | | | | | | | | | |
| Atovaquone/Proguanil  | | Chloroquine  | | | Doxycycline  | | | | | Mefloquine  | | | | | Proguanil  | | | | | | Not required  | |
| **Notes** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | **SIGNATURE** | | | | | | | | | **ROLE** | | | | | | **DATE** | | | | | |

|  |  |
| --- | --- |
| **TRAVEL HEALTH**  **Continuation Notes** | |
| **Patient details:** | **GP details:** |
| **Date of Visit:**  **Name: Signature: Role:** | |
| **Date of Visit:**  **Name: Signature: Role:** | |
| **Date of Visit:**  **Name: Signature: Role:** | |