## **NHS BORDERS TRAVEL HEALTH SERVICE**

### PART 1 - GENERAL CONTRACT AGREEMENT

### 1.0 CONTRACT DETAILS

1.1 This contract is between NHS Borders (“The Board”) on the one part and “The Contractor\*” as identified on the separate “Service Level Agreement Sheet”

1.2 This contract covers the provision of travel risk assessment, advice administration and recording of vaccination(s) and oral medication as required.

1.3 The contractis effective from 1st October 2021 until 30th Sept 2023.

1.4 The notice period for changes to the provision of services under this contract shall be 3 months in writing by either party, **OR** immediately if in breach of regulations pertaining to the Agreement.

1.5 All contracts can be reopened if there are extenuating circumstances, or if significant variation from agreed activity levels.

### 2.0 QUALITY

2.1 The Contractor will abide by the quality and contract monitoring programme and quality standards laid down by NHS Borders.

2.2 Contract monitoring and evaluation will be carried out by NHS Borders. The Contractor will collect information as per the service specification. This data will be submitted to NHS Borders as per the agreed specification and time frame.

NB this will include a return confirming the contractor planned and actual activity carried out.

2.3 **Late submission of reports or data may result in some or all elements of the contract value being withheld.**

2.4 Failure to attain agreed standards may result in some or all elements of the contract value being withheld.

2.5 Any adjustment under 2.3 or 2.4 may be backdated.

2.6 NHS Borders will be conducting a formal audit and periodic sample audits of this service and will require all Contractors to participate when requested to do so.

2.7 Full details regarding the service outline, processes and requirements are details in Section 4 of the Service Specification.

### 3.0 FINANCE

3.1 Payments will be made using the claim form at Appendix 4 until such time as VMT access is available to Contractors for Travel Health Service vaccination records.

3.2 All claims for payments may be subject to post-payment verification and/or any financial adjustments as a result of the quality arrangements of each Service Specification.

### 4.0 CONTRACT MONITORING

4.1 Services will be evaluated in line with agreed NHS Borders performance monitoring procedures, as outlined in Section 7 of the Service Specification.

**5.0 QUALIFICATIONS OF PERFORMERS**

5.1 The Contractor shall ensure that for any Health Care Professional who is:

5.1.1 Performing clinical services under the Contract;

5.1.2 Employed or engaged to assist in the performance of such clinical activity

There are in place arrangements for the maintaining and updating of their skills and knowledge in relation to the activities carried out.

* 1. NHS Borders will reimburse attendance at TREC update travel service training to Contractors who require this for commencement of this contract in October 2021. All further refresher or update training requirement costs will be met by the Contractor.
  2. Full training requirements are outlined in Section 6 of the Service Specification.

**6.0 CONTRACT SIGNATURES**

I have read the above and agree to abide by the terms and conditions contained therein.

|  |  |  |  |
| --- | --- | --- | --- |
| For and on behalf of NHS Borders: | | For and on behalf of Contractor: | |
| Signature: | AAM signature e-mail.jpg | Signature: |  |
| Name: | Adrian Mackenzie | Name: |  |
| Title: | Lead Pharmacist | Title: |  |
| Address: | NHS Borders, Melrose | Address: |  |
| Date: | 06/10/21 | Date: |  |

**PART 2 - SERVICE SPECIFICATION**

**1 Introduction**

1.1 This Service Level Agreement (SLA) acts as a contract between NHS Borders 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 Polio (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.

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

**2** **Background to service**

2.1 The introduction of the new Standard General Medical Services (GMS) Contract and the related Vaccine Transformation Programme (VTP) has created an opportunity for a new provider of travel risk assessment and vaccinations in NHS Borders. This service level agreement aims to continue a high quality, cost effective service. The four vaccinations included in this service offering are Hepatitis A, Typhoid, Cholera, and Polio (polio / diphtheria / tetanus). See Appendix 5 for information on the order of vaccine brands to be used.

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 Borders Travel Health Service is targeted at all travellers who 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 A private Travel Health Service has been offered from a number of community pharmacies in Borders for several years.

2.5 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.

3.2 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 Borders Travel Health Service will be assessed in accordance with national and local guidance.

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 Borders PGD’s\* for Hepatitis A, Typhoid, Cholera, and Polio (polio / diphtheria / tetanus).

\*where PGDs are unavailable, the Contractor can operate under appropriate Private PGDs that they have in place.

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. Where a contractor is unable to provide a private vaccine e.g. Yellow Fever the patient must be signposted to a provider who offers the vaccine.

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 3) 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 Borders (see Section 5).

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

\*where VMT is unavailable, the Contractor should submit a copy of the Patient Clinical Record to the patient’s GP surgery via email.

4.12 The Contractor may display material within the premises advertising the service.

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 Borders policies for the safe storage and handling of vaccines and management of refrigeration temperatures.

Contractors providing the NHS Borders 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 Borders 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 Borders Travel Health Service is available to patients for a minimum of 80% of the Contractor opening hours.

**5 Premises criteria**

Contractors providing the NHS Borders 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 / Wi-Fi)
* 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 14m2.
* 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)

1. **Training requirements**

6.1 The Contractor will ensure that all staff including locums involved in delivering the service, participate in local vaccination training programmes (including update training) as identified by NHS Borders in accordance with agreed local standards. This service requires full completion of the TREC (or alternative accredited training provider) two-day travel course, including paediatric vaccination and basic life support. Where an alternative accredited training provider course has been completed, vaccinators are required to provide details for equivalence assessment.

6.2 Vaccinators new to vaccination should spend an agreed amount of time, as defined by NHS Borders, 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. The assessment of the vaccinator should involve observation of at least six vaccinations, or a whole clinic session by the experience practitioner, to demonstrate competence. The assessing supervisor must either be a suitably trained registered nurse or pharmacist and must have practised unsupervised for a minimum of 3 months.

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 All staff involved in the service must adhere to the Health Protection Scotland guidance on personal protective equipment (PPE) and environmental cleaning procedures. <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

6.6 All staff involved in the service must watch the National Services Scotland PPE “donning and doffing” video link [Health protection workforce education resources – COVID-19 health protection guidance – COVID-19 – Our areas of work – Public Health Scotland](https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-health-protection-guidance/health-protection-workforce-education-resources/).

6.7 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.

6.8 All staff are aware of Make Every Opportunity Count (MEOC), and should be confident in raising and discussing health topics with patients.

1. **Monitoring & evaluation**

7.1 Until such time as VMT is available for Contractors to record Travel Health Service consultations and vaccination administration, it is a requirement of the service that:

7.1.1 Appropriate patient care records are recorded by the Contractor. This is to enable verification of service provision and to provide information to NHS Borders for internal and external audit and evaluation purposes.

7.1.2 Submission of these records to NHS Borders is essential on completion of a patient’s travel consultation(s).

7.2 All adverse incidents relating to this service must be recorded and submitted to NHS Borders using the documentation in Appendix 2. NHS Borders Health Protection Team (01896 825565) can provide professional advice on vaccine incidents or clinical queries.

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

**8 Claims and payment**

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

8.2 The cost of the eligible vaccines for the NHS Borders Travel Health Service will be paid via local services UCF submission. See Appendix 5 for information on the order of vaccine brands to be used.

8.3 Until such time as VMT is available for Contractors, payment for service provision shall be made on the submission of a fully completed NHS Borders patient care record. Information for audit and evaluation purposes is also gathered from this form and must be completed before NHS Borders makes any payment. Incomplete submissions will not be paid and will be returned to the contractor.

8.4 Fees will be paid as per the following schedule:

* + Risk assessment and consultation fee: £10 per patient
  + Vaccination administration fee: £8.75 per vaccination

**9 References**

9.1 National Travel Health Network and Centre (NaTHNaC): [NaTHNaC Launch pad 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)

**10 Service level agreement**

NHS Borders reserves the right to cancel this SLA and withdraw this service following an agreed period of notice. Please complete the declaration below:

|  |  |  |
| --- | --- | --- |
| **Declaration and agreement to provide NHS Travel Health Service** | | |
| * I confirm that this Contractor is ready to provide NHS Travel Health Service * The premises meets the required standards outlined in section 5   The trained vaccinators working at this site are competent to deliver this service and have provided evidence of completion of the training requirements below:   * 2 day TREC travel vaccination training\* *(or approved alternate provider)* * Paediatric vaccination training * Annual adult and paediatric BLS / anaphylaxis eLearning * Have signed and agreed to act in accordance with relevant PGDs * Provide proof of indemnity to provide travel vaccinations   At least two additional staff members working at this contractor site have completed:   * Anaphylaxis eLearning (supply staff certificates / evidence) | | |
| Signature | | Name of Signatory (block capitals) |
| Contractor Name | | |
| Contractor Code | Stamp / Address | |
| Date of declaration | | |

Please sign this document, retain for your records, and submit a copy by email to

[Communitypharmacy.team@borders.scot.nhs.uk](mailto:Communitypharmacy.team@borders.scot.nhs.uk)

**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. See Appendix 5 for a full list of approved vaccines.

**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 Borders’s policy allows for this.* |
| Name:  Position:  Contact Telephone Number:  Contact Email:  Once complete, to be submitted to [Healthprotection@borders.scot.nhs.uk](mailto:gram.pharmaceuticalcareservices@nhs.scot) for input to NHS Borders Datix form. |

**Appendix 3: Patient Clinical Record**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRAVEL HEALTH**  **Pre-travel clinical record** | | | | | | | | | | |
| **Patient details** | | **GP details** | | | | | | **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** (first to last)**Date of departure Total duration** | | | | | | | | | | |
| **Destination(s)**  **(record number of weeks)** |  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| **Type of trip** (please tick all that apply)    **Accommodation Areas to be visited** | | | | | | | | | | |
| * 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** | | **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** | |  | |  | |  | |  | |  | |  |
| **MALARIA PROPHYLAXIS ADVISED** | | | | | | | | | | | | |
| Atovaquone/Proguanil  | Chloroquine  | | Doxycycline  | | Mefloquine  | | Proguanil  | | | | Not required  | |
| **Notes** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **NAME** | **SIGNATURE** | | | **DESIGNATION** | | | | | **DATE** | | | |

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

**Appendix 4: Travel Vaccination Service Claim Form**

**All claims must be supported by a completed patient record (Appendix 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contractor representative (block capitals): | Signature: | | |
| Trading name: | Contractor code: | | |
| Stamp or Address: | Month and year of claim: | | |
|  | | Number claimed | Amount claimed |
| 1. Number of Patients Risk Assessed @ £25.00 each. | |  | £ |
| 1. Number of Vaccinations provided @ £8.75 each. | |  | £ |
| 1. Number of Polio Vaccinations Provided | |  | £ |
| 1. Number of Hepatitis A Vaccinations Provided | |  | £ |
| 1. Number of Typhoid Vaccinations Provided | |  | £ |
| 1. Number of Cholera Vaccinations Provided | |  | £ |
| Total Number of Vaccinations Provided (total of 3 – 6 above) | |  |  |
| Total amount claimed for month (total of 1-2 above): | |  | £ |

Complete and submit by the 7th of the Month to the NHS Borders Vaccination Operations Team using this email: [Vaccination.OpsTeam@borders.scot.nhs.uk](mailto:Vaccination.OpsTeam@borders.scot.nhs.uk)

**Appendix 5: Travel Vaccination Service Claim Form Travel vaccines to be accepted by UCF local services tab for NHS Borders Travel Health Service.**

**Please note where there is more than one option for vaccination the preferences as to which vaccine should be used.**

**Hepatitis A**

**Adults**

1. VAQTA® Adult
2. Avaxim®
3. Havrix® Monodose

**Children**

1. VAQTA® Paediatric
2. Havrix® Junior Monodose®

**Hepatitis A & Typhoid**

ViATIM®

**Typhoid**

TYPHIM Vi®

**Cholera**

Dukoral®

**Polio only available as a combination vaccine containing Tetanus/Diptheria/Pertussis/Polio (Td/IPV / dTaP/IPV / dTaP/IPV)**

1. Revaxis®
2. Repevax®
3. Boostrix-IPV®