LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

Understanding Practice Contractual Responsibilities around Immunisations & Travel: Myth or Reality?

30th July 2026

Learning Objectives

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TRAVEL

- Understand contractual obligations
- Distinguish NHS vs private travel vaccines
- Understand charging rules
- Clarify responsibility for travel clinics

CONSENT

- Understand the legal role of HCAs in vaccination
- Clarify accountability and delegation
- Review PSD and PGD requirements
- Identify governance risks

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Travel

Key Contractual Position

- Travel Clinics advice is NOT a contractual requirement.
- NHS travel vaccinations remain a core contractual responsibility.
- Funding is included within Global Sum arrangements.
- Practices must ensure compliant delivery and charging policies.

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Travel Clinics

- Practices are not required to provide pre-travel risk assessment.
- If offered, staff should be appropriately trained and indemnified.
- Advice should include vaccines, malaria, insurance, disease prevention and travel risks.
- Practices may signpost patients to alternative providers.
- Policies should be clearly defined with timelines that are reasonable for practice & patients e.g 8 weeks.

Travel Vaccines That Must Be Provided on the NHS

Practices are required to provide to patients and can not charge for the following:

- Hepatitis A
- Combined Hepatitis A & B
- Typhoid
- Combined Hepatitis A & Typhoid
- Td/IPV (Tetanus, Diphtheria & Polio)
- Cholera

Payment is included within practices global sum.

Private Travel Vaccines

If practices provide a full travel clinic, practices may charge for vaccine supply for the following travel vaccines:

- Yellow Fever
- Japanese Encephalitis
- Tick-borne Encephalitis
- Rabies

Practices should ensure nurses are appropriately indemnified and trained.

FP10 prescriptions must not be used.

Vaccines That Can Be NHS OR Private

The contractor may demand or accept a fee or other remuneration... for treatment consisting of an immunisation for which no remuneration is payable by the ICB and which is requested in connection with travel abroad.

- Hepatitis B (single antigen)
- MenACWY

Practices should adopt a clear, consistent policy to ensure that Practices policy is non-discriminatory and that this is not done contrary to the Equality Act 2010 (formerly the Disability Discrimination Act).

Do not mix NHS and private charging arrangements for the same episode of care.

Charging Rules

Can charge for:

- Private travel vaccines and administration but practices **cannot** charge for the 6 NHS travel vaccines
- Malaria chemoprophylaxis
- Travel kits/medicines supplied solely for travel
- Optional certificates

Governance & Risk Management

- Maintain a written practice policy.
- Apply policy consistently and non-discriminatorily.
- Ensure staff competency and training.
- Provide clear information on fees before treatment.
- Document discussions and decisions.

Recommended Practice Policy

1. Define whether Hepatitis B and MenACWY are NHS or private.

2. Publish charges for private services.

3. Use patient information/signposting templates.

4. Review policy annually.

5. Audit compliance with charging rules.

Key Messages

- Travel clinics are optional.
- NHS travel vaccines are contractual.
- Private vaccines may be charged.
- Consistency and governance are essential.
- Avoid mixing NHS and private pathways.

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Consent

What HCAs Can Do

In UK general practice, Healthcare Assistants (HCAs) can administer vaccinations, but there are important legal and professional limits.

HCAs may administer vaccines if:

- They have completed appropriate immunisation training and competency assessment.
- They have been deemed competent by a registered healthcare professional (RHCP), usually a GP, practice nurse, pharmacist, or other registered clinician.
- They are working under an appropriate legal framework, usually a **Patient Specific Direction (PSD)** for routine GP vaccinations.

What HCAs **Cannot** Do Independently

HCAs are not registered professionals and therefore:

- Cannot work under a **Patient Group Direction (PGD)**.
- Cannot independently undertake the clinical assessment determining vaccine suitability.
- Cannot independently obtain informed consent for vaccination.
- Cannot prescribe vaccines.

Responsibilities of the GP or Registered Clinician

The registered clinician who delegates vaccination to an HCA retains significant responsibility.

They must:

Ensure the HCA has received appropriate training.

Assess and document competency.

Provide ongoing supervision and support.

Review competency regularly.

Ensure a lawful mechanism for administration is in place (e.g., PSD).

Be satisfied that delegation is in the patient's best interests.

Practice Responsibilities

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- MAINTAIN POLICIES AND SOPS

- KEEP TRAINING RECORDS

- AUDIT VACCINATION PRACTICE

- ENSURE INDEMNITY ARRANGEMENTS

- COMPLY WITH UKHSA STANDARDS

Practical Application in General Practice

For a travel vaccination clinic:

Activity	HCA	Registered Nurse/GP
Travel risk assessment	❌	✅
Determine vaccine indications	❌	✅
Obtain informed consent	❌*	✅
Work under PGD	❌	✅
Administer vaccine under PSD	✅	✅
Manage complex contraindications	❌	✅

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Key Message for Consent & Travel Immunisations

Under current UKHSA guidance, an HCA can usually administer travel vaccines **after** a GP or nurse has:

- Assessed the patient.
- Confirmed suitability.
- Obtained consent.
- Issued a PSD (or used another lawful mechanism where applicable).
- The HCA should not be independently running a travel clinic, performing travel risk assessments, or making vaccination decisions. Those activities remain the responsibility of a registered healthcare professional.

References

- LLR LMC: Health Travel Advice (updated April 2025)
- BMA: Travel Medication and Vaccinations
- CQC GP Mythbuster 107: Pre-Travel Health Services
- UKHSA National Minimum Standards and Core Curriculum for Immunisation Training
- NHS England Delegation Guidance
- CQC Guidance on Delegation and Accountability