

FINAL VERSION

Payments For Vaccines Guidance.

GP Practices in Blackburn with Darwen, Blackpool, Central Lancashire, Cumbria, East Lancashire and North Lancashire Primary Care Trusts

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Glossary

PPA	Prescription Pricing Authority
DES	Directly Enhanced Service
LES	Locally Enhanced Service
NES	Nationally Enhanced Service
DH	Department of Health
FP34D	Claims for vaccines purchased and personally administered
FP10	Prescription dispensed by community pharmacy
LMC	Local Medical Committee
PCT	Primary Care Trust
GMS	General Medical Service
HPA	Health Protection Agency

Introduction – How to use the booklet

The vaccinations and immunisations listed 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 in bulk by the practice and charge to the Prescription Pricing Authority (PPA) on FP10 or FP34D for Flu, typhoid, Hepatitis A, Hepatitis B, Pneumococcal, Meningococcal or combination of these vaccines e.g. Twinrix. Some childhood vaccines are bought centrally by the Department of Health (DH) and provided free of charge by a DH contracted storage and distribution company
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 local Primary Care Trust (PCT) and the Local Medical Committee (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 develop a practice protocol available to patients in the form of a leaflet or 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 Hepatitis B vaccination.
 - f. Practices may charge the patient directly for immunisations for travel where noted in these guidelines but are not compelled to do so. In some cases for example with Hepatitis B or meningitis the practice has the option to prescribe the vaccine on an FP10 or claim it back through reimbursement. This is a matter for the practice to decide.

Practitioners should also refer to the current edition of the Green Book and the National Travel Health Network and Centre (NaTHNaC) for advice on appropriate immunisation and the BNF for detailed advice for each preparation. Details of the “at risk groups” have been mainly taken from the headings in the Green Book and are not a full explanation. If in doubt please consult the Green Book for full details.

Please check with your PCT that either the DES or the LES has been approved before claiming.

Links to useful sources of information

NHS Immunisation Information

www.nhs.uk/immunisations or www.dh.gov.uk/en/PublicHealth/Immunisation/index.htm

The National Travel Health Network and Centre (NaTHNaC) is funded by the Department of Health to promote clinical standards in travel medicine. NaTHNaC advice line for health professionals: Telephone: 0845 602 6712

<http://www.nathnac.org/pro/index.htm>

The Green Book "Immunisation against Infectious Disease" (2006):

On line version with all current updates

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/GreenBookGeneralInformation/GreenBookArticle/fs/en?CO NTENT_ID=4097254&chk=isTfGX

Health Advice for travellers

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

Health Information for Overseas Travel (Yellow Book)

<http://www.archive.official-documents.co.uk/document/doh/hinfo/>

Clinical Knowledge Summaries

<http://www.cks.nhs.uk/home>

Prescription Pricing Authority

<http://www.ppa.org.uk/index.htm>

For a copy of FP34PD and FP34D Appendix

http://www.ppa.org.uk/ppa/FP34PD_appendix_form.doc

NB High volume drugs are: Influenza, Typhoid, Hepatitis A, Hepatitis B, Pneumococcal, Meningococcal or combinations of the vaccines listed e.g. Hepatitis A and B (Twinrix) and Hepatitis A and Typhoid (Hepatyrix).

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

Age	What is given	Vaccine
2 months	Diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b (DTaP/IPV/Hib) Pneumococcal (PCV)	Pediacel Prevenar13
3 months	Diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b (DTaP/IPV/Hib) Meningitis C (Men C)	Pediacel Neisvac C or Meningitec or Menjugate Kit
4 months	Diphtheria, tetanus, pertussis, polio and haemophilus influenzae type b (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	Pediacel Prevenar13 Neisvac C or Meningitec or Menjugate Kit
12 – 13 months	Haemophilus influenzae type b, meningitis C (Hib/Men C) Measles, mumps and rubella (MMR) Pneumococcal (PCV)	Menitorix Priorix or MMRvaxPro Prevenar13
3 years 4 months to 5 years	Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV) Measles, Mumps and Rubella (MMR)	Repevax or Infanrix-IPV Priorix or MMRvaxPro
13 to 18 years	Tetanus, diphtheria and polio (Td/IPV) Human Papilloma Virus vaccine	Revaxis Cervarix

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BCG vaccine

Where a BCG vaccination is 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 Specialist TB Service.

Cholera vaccine

Global Sum

- a) Aid workers assisting in disaster relief of 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 FP10

Private Service

- a) 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

Low dose Diphtheria/tetanus/polio

Global Sum

- a) Children over 10 years and adults requiring either a primary course or a booster should be given a vaccine containing low dose diphtheria
- b) Children aged 6 and over that have had the basic course of immunisation but not a reinforcing dose.
- c) Staff in hospital considered being at risk of infection of Diphtheria.
- d) Unimmunised travellers (over 10 years) require a full course of three doses at monthly intervals.
- e) 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

For categories a), and b) - the vaccine is centrally purchased and distributed free by DH as part of the childhood schedule.

For categories c), d) and e) the vaccines is purchased directly from the manufacturers with an FP10 issue to cover the costs.

Haemophilus influenzae 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 - the vaccine is centrally purchased by DH and distributed free by Movianto UK Ltd for children and adults. There is no single Hib vaccine available, therefore Hib/MenC (Menitorix) should be used.

Hepatitis A vaccination

Global Sum

- a) Patients with chronic liver disease
- b) Haemophiliacs
- c) Men who have sex with men
- d) Persons in institution who are exposed to a high risk of infection and for whom vaccination is recommended
- 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
- f) Injecting drug users

To cover the cost of the vaccine FP34D

Locally Enhanced Service

- a) Vaccine administered as part of outbreak control on the advice of Health Protection Agency/Consultant in Communicable Disease Control

To cover the cost of the vaccine FP34D

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) Parental drug misusers
- c) Individuals who change sexual partners frequently
- d) Close family/household/sexual contacts of a case or carrier
- e) Families adopting children from countries with a high or intermediate prevalence of hepatitis B
- f) Foster carers
- g) Individuals receiving regular blood or blood products and their carers
- h) Patients with chronic liver disease
- i) Patients with chronic renal failure
- j) 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
- k) Travel see comments below
- l) Staff and residents in accommodation for those with learning difficulties
- m) Inmates of custodial institutions

To cover the cost of the vaccine FP34D

Local Enhanced Service

- a) Post-exposure prophylaxis with hepatitis B immunoglobulin (HBIG)

To cover the cost of the vaccine

Private Service

- a) Occupational Health.

Advise the employer to carry out a risk assessment. If hepatitis B is required, inform the employer that this service is not covered by GMS and the employer will need to make private arrangements with an alternative provider.

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 test 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 an option. Refer to the Green Book recommendations.

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 IF GIVEN FOR OCCUPATIONAL HEALTH REASONS, THE BLOOD TEST TO CONFIRM IMMUNITY

Hepatitis A and B combined vaccine

Global Sum

- a) There are circumstances where the combined A & B will be required and there is the option to use the combined vaccine which offers a reduced number of injections and may help compliance. Hepatitis A combined with Typhoid is also a useful combination where the patient is travelling to a risk area. Where this latter combination is helpful and hepatitis B is also indicated it is possible to administer this separately.
- b) For travel, combined vaccine should be used for the group of travellers who it is felt are at risk of hepatitis A and B. It can be used for those who present up to 21 days before travel if the rapid schedule is used. The potential benefit to these travellers is the reduction in the total number of injections from five to three.

The cost of the combined vaccine primary course is the same as a primary course using the separate vaccines in pre-filled syringes. The primary course of the combined vaccine should give protection against hepatitis A for ten years and hepatitis B for five years, the same as for the vaccines given separately. It is important to remember to use hepatitis B alone as a booster if required after 5 years.

- c) Children under 16. Where combined hepatitis A and B are indicated this may be given in the paediatric two dose combined vaccine (Ambirix) which reduces the number of injections still further from 5 to just two. These are given 6 months apart and so this is unsuitable for rapid immunisation.

Any booster can be given with single dose hepatitis B.

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

Private Service

Where not covered by GMS

Notes

Persons requiring only hepatitis A in connection with travel abroad (see page 10 for entitlement to NHS service) should receive hepatitis A vaccine (Havrix ®, Avaxim ®).

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 unless the patient falls into the risk group as set out under global sum on page 11.

Patients requiring combined hepatitis A & B cannot be charged a private fee. The vaccine should be claimed on FP34D or issue an FP10.

Hepatitis A & typhoid combined vaccine

Global Sum

- a) 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.

The above requirement is the same for both hepatitis A and typhoid.

The combined vaccine is presented as a convenience to travellers, in that hepatitis A and typhoid vaccinations can be administered with one injection.

Primary course of the combined vaccine 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 not the combined vaccine booster. After boosting, patient's protection for Hepatitis A is extended to 20 years, but the typhoid component only gives protection for 3 years.

To cover the cost of the vaccine FP34D

Private Service

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

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

Influenza vaccine

Global Sum

- a) 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

Enhanced Service

- a) Where the patient qualifies under the terms of the DES

To cover the cost of the vaccine FP34D

Private Sector

- 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

- a) In connection with travel abroad. Japanese encephalitis vaccine is recommended for those going to reside in areas where Japanese encephalitis is endemic or epidemic. All travellers should undergo a risk assessment considering their itinerary, season of travel, duration of stay and planned activities. The risk of Japanese encephalitis should then be balanced against their risk of adverse events from vaccination.

To cover the cost of the vaccine

Issue a private prescription or charge patients for the administration of vaccine

Measles, Mumps & Rubella (MMR) combined vaccine

Enhanced Service

- a) Individuals over the age of 15 years if not previously been immunised with an MMR combined vaccine
- b) Young adults with outstanding MMR vaccinations- offered opportunistically.
- c) Sero-negative women of child bearing age
- d) Any patient presenting with incomplete or unknown MMR vaccine history.

To cover the cost of the vaccine

The vaccine is centrally purchased and distributed free by DH.

For occupational health purposes the vaccine should be sourced privately either direct from the supplier or via private prescription.

For people moving abroad or travel purposes the vaccine can be sourced privately and charged for. However GPs can choose not to charge and claim the cost of the vaccine from the PCT

Meningococcal A,C,W135 & Y vaccine

Global Sum

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

To cover the cost of the vaccine
or via FP34D

The vaccine is centrally purchased by DH and distributed free by Movianto UK for children

Enhanced Service

- a) Meningococcal vaccination of contacts of cases
Where a case is confirmed as infected with a Group A or C or W135 strain, the Health Protection Agency will advise the doctor to offer vaccination as additional protection to those who have already received prophylaxis with rifampicin/ciprofloxacin

To cover the cost of the vaccine

The vaccine is available free of charge from the HPA

Private Service

- a) If the vaccination is requested in connection with travel abroad, there is no item of service fee payable under the SFA. You may wish to offer the service under GMS and claim reimbursement of the vaccine or you may wish to charge the patient for a private service.

To cover the cost of the vaccine

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

Meningococcal C vaccine

Global Sum

- a) Children and adults under 25 years who have not completed their primary course

To cover the cost of the vaccine

The vaccine is centrally purchased and distributed free by DH for children and adults

Enhanced Service

- a) Adults (25 yrs and over) entering full-time education at university or college of higher education

To cover the cost of the vaccine

FP34D

Pneumococcal polysaccharide vaccine (PPV)

Global Sum

- a) Pneumococcal vaccine is recommended for adults over 65 years, and 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 dysfunction of the spleen including homogenous sickle cell disease and coeliac syndrome
 - b. Chronic respiratory disease
 - c. Chronic heart disease
 - d. Chronic kidney disease
 - e. Chronic liver disease
 - f. Diabetes mellitus
 - g. Immunodeficiency or immunosuppression due to disease or treatment, including HIV at all stages
 - h. Cochlear implants
 - i. Cerebrospinal fluid leaks

To cover the cost of the vaccine

FP34D

Polio vaccine (IPV)

Global Sum

- a) Infants and children under ten years of age who have not completed their primary course
- b) Children aged ten years or over and adults who have not completed their full primary course and/or boosters. It is recommended that the Td/IPV is given where a booster of any element is required
- c) For travellers (children aged ten years or over and adults) it is recommended that the combined Td/IPV is given where a booster of any element is required

To cover the cost of the vaccine

For categories a) and b) the vaccine is provided free of charge from DH

For category c) the vaccine is purchased directly from the manufacturer with an FP10 issue to cover the costs

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. laboratory workers handling the virus
 - b. those who, in the course of their work, regularly handle imported animals, for example:
 - at animal quarantine centres
 - at zoos
 - at research and acclimatisation centres where primates and other imported animals are housed
 - at ports, e.g. certain HM Revenue and Customs officers
 - at the premises of carrying agents authorised to carry imported animals
 - c. veterinary and technical staff in the State Veterinary Service; the Department for Environment, Food and Rural Affairs; the Scottish Executive Environment and Rural Affairs Department; the Welsh Assembly Government Environment, Planning and Countryside Department; and the Northern Ireland Department of Agriculture and Rural Development
 - d. inspectors appointed by local authorities under the Animal Health Act (2002). This only includes those local authority dog wardens who are also inspectors. Other dog wardens have a low risk of exposure, and post-exposure prophylaxis in the event of an incident is appropriate
 - e. people who regularly handle bats in the UK
 - f. those working abroad (e.g. veterinary staff or zoologists) who by the nature of their work are at risk of contact with rabid animals
 - g. health workers who are about to be at risk of direct exposure to body fluids or other tissue from a patient with probable or confirmed rabies.

To cover the cost of the vaccine

For the occupational groups listed above vaccine is supplied free of charge by DH and distributed by the Health Protection Agency.

Enhanced Service

- a) Post exposure treatment including travellers

To cover the cost of the vaccine

For post-exposure use and the occupational groups listed above vaccine is supplied free of charge by DH and distributed by the Health Protection Agency.

Private Service

Travellers seeking vaccination

Pre-exposure immunisation is also recommended for some travellers, including:

- a) those living in or travelling for more than one month to rabies-enzootic areas, unless there is reliable access to prompt, safe medical care
- b) those travelling for less than one month to enzootic areas but who may be exposed to rabies due to their travel activities, or those who may have limited access to post-exposure medical care.

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

Global Sum

- a) Infants and children under ten years of age who have not completed their primary course.
- b) Children aged ten years and over, and adults who have not completed their primary course and/or boosters.
- c) Travellers requiring vaccination or booster

To cover the cost of the vaccine

For categories a) and b) the vaccine is centrally purchased and distributed free by DH as part of the childhood schedule

For category c) the vaccine is purchased directly from the manufacturers with an FP10 issued to cover the costs.

Tick-borne encephalitis vaccine

Private Service

- a) Travellers or those going to live/work in endemic forested areas, during spring and summer months particularly those involved in hiking, camping, hunting, forestry, wood cutting, farming and the military.

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

Typhoid polysaccharide vaccine

Global Sum

- a) Travel to countries where typhoid is endemic (e.g. South Asia, parts of South East Asia, Middle East or Central and South America) especially if staying with or visiting the local population, or will have frequent and/or prolonged exposure to conditions where sanitation and food hygiene are likely to be poor.

To cover the cost of service FP34D

Private Service

- a) 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) vaccine

Global Sum

- a) Public sector front line Health Care Workers should be covered by an appropriate Occupational Health Service. Refer staff to Occupational Health Service.

Private Service

- a) 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

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

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'), <http://archive.official-documents.co.uk/document/doh/hinfo/travel02.htm> This applies 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 to a country

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 DOWNLOAD APPLICATION FORM FROM

http://nathnac.org/pro/yf_procedure.htm

Yellow Fever Administration Office
National Travel Health Network and Centre
UCLH NHS Foundation Trust
5th Floor West
250 Euston Road
London
NW1 2PG

YELLOW FEVER VACCINE AND INTERNATIONAL CERTIFICATES ARE SUPPLIED ONLY TO SUCH CENTRES