



# Shingles Vaccination Programme

Toolkit for improving uptake

London Region Immunisations Team

# Aim of this toolkit



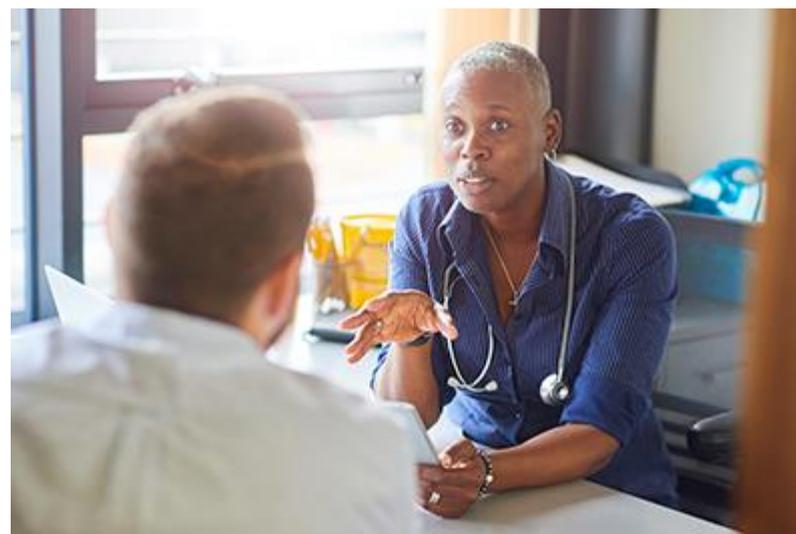
Shingles affects 1 in 4 people and predominantly those who are over 70. However uptake rates of the shingles vaccine are falling in London and in England. The purpose of this toolkit is to help you in your practice to better protect your patients by suggesting ways to improve uptake of the shingles vaccine. These suggestions are based on best practice and evidence and have been shown to work with little or no cost to your practice.

We are always looking for ways to capture best practice so if you have any suggestions you think we should include in future updates of this toolkit please email [england.londonimms@nhs.net](mailto:england.londonimms@nhs.net)

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# Shingles



## What is Shingles?

Shingles, also known as herpes zoster, is caused by the reactivation of a latent varicella zoster virus (VZV) infection. Primary VZV infection manifests as chickenpox, a highly contagious condition that is characterised by an itchy, vesicular rash. Following this initial infection, the virus enters the dorsal root ganglia and remains there as a permanent, dormant infection.

Reactivation of this latent VZV infection, generally occurring decades later, causes shingles. There is no cure for Shingles and normally painkilling medication is provided to relieve symptoms.

## The Shingles Vaccination

Zostavax® is the only shingles vaccine used in the UK. A single dose has been shown to reduce the incidence of shingles by 38%. If shingles does develop, the symptom severity is greatly reduced, and the incidence of PHN drops by 67%.

## Post-Herpetic Neuralgia

Post-herpetic neuralgia (PHN) is persistent pain at the site of the shingles infection that extends beyond the period of the rash. It usually lasts from three to six months, but can persist for longer.

PHN occurs when the reactivated virus causes damage to nerve fibres. The resultant intractable pain can severely limit the ability to carry out daily activities, and PHN is therefore a debilitating condition that can significantly impair quality of life. PHN does not respond to painkillers such as paracetamol or ibuprofen, so is extremely difficult to treat and may result in hospitalisation. There is no cure.

The most effective method of preventing PHN is the shingles vaccination.



## Incidence

Approximately 1 in 4 people will develop shingles during their lifetime. Both the incidence and the severity of the condition increases with age. Older individuals are also more likely to develop secondary complications, such as bacterial skin infections and post-herpetic neuralgia (intractable pain).

The Greenbook cites that the morbidity from Shingles infection in the over 70s in 1/1000.

## Vaccination Programme

All eligible patients should be offered the shingles vaccination by their GP all year round. To increase uptake practices should have a call-recall system in place

# Identifying eligible patients



## Who is eligible?

Provided there are no contra-indications, when a patient turns 70 or 78 they become eligible for the shingles vaccination.

Any patient who has turned 70 since 2013 is eligible. 70 year olds are part of the **routine** cohort. Any 78 and 79 year olds are part of the eligible **catch-up** cohorts. **Please note that from April 2017, patients became eligible from the date they turned the required age (70 or 78), rather than on 1 September.** Please refer to the Enhanced Service Specification for more information: <https://www.england.nhs.uk/publication/gp-contract-2019-20-nhs-england-enhanced-service-specifications/>

The links below are useful to enable you to identify eligible patients:

- E-learning: <https://www.e-lfh.org.uk/programmes/immunisation/>
- Shingles, green book, chapter 8a: <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
- Shingles PGD: <https://www.gov.uk/government/publications/shingles-vaccine-zostavax-patient-group-direction-pgd-template>
- Shingles Slide Deck to share learnings with your team: <https://publichealthengland-immunisati.app.box.com/s/or7emz1v30ycrpyzolavr623o8c438tk>
- Contra indications flowchart: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766641/Shingles\\_flowchart\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766641/Shingles_flowchart_poster.pdf)
- Training resources: <https://www.msdconnect.co.uk/training-resources/zostavax.xhtml>



Patients often are not aware they are eligible, and therefore it is important the practice focuses on identifying eligible patients.

Since patients effectively move in and out of eligibility (i.e. by turning 70 and then by turning 80), practices need to review their eligible patients regularly, and ensure newly eligible patients are contacted to make them aware of their eligibility.

# Ordering stock and creating alerts



## Vaccine Ordering

Zostavax is available to order through ImmForm. Healthcare professionals should refer to the ImmForm website on a regular basis for up-to-date information on vaccine availability. **Please note each dose of Zostavax costs the NHS £99.96.** Please ensure that you do not overstock as this can lead to excessive wastage. It is recommended that orders should be limited to a maximum of 5 doses, unless you are planning a dedicated and focused campaign or coffee morning in which case it may be appropriate to order more stock.

## Searches alerts and pop ups

Add shingles alerts and pop-ups onto your clinical system  
Work with your system supplier to set up an all-inclusive search for patients who are aged between 70 and 79 years who have not already received their shingles vaccination  
Filter any patients out that are contra-indicated for the shingles vaccination  
The link below provides you with a video tutorial on conducting searches and sending out communication to eligible patients. Please note you will need to click on the 'I am a Health Professional' button once you click on the link and register for a free account to view the tutorial :

<http://www.msconnect.co.uk/therapy-areas/vaccines/emis-for-shingles.xhtml>

## Using pop up alerts for opportunistic appointments

Set up your clinical system to identify all eligible patients and generate pop-up alerts on their patient record, so that staff are reminded to offer the vaccination opportunistically each time the patient's record is opened. Ensure that clinicians are trained to monitor these alerts so that no patients are missed.

If your system is not able to do this, notifications can be set up manually.

Accurate and complete patient data are needed, including identifying 'ghosts' – patients who have transferred out of the area or died, but are still sent invitations for vaccinations



# Contra-indications



## Contra-indications

There are a number of contra-indications for the shingles vaccination so you should refer to the Green Book to check whether a patient is suitable to receive this vaccination. Pages 8-11 should be referred to from this link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/503773/2905109\\_Green\\_Book\\_Chapter\\_28a\\_v3\\_0W.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/503773/2905109_Green_Book_Chapter_28a_v3_0W.PDF)

<https://www.msdconnect.co.uk/training-resources/zostavax.xhtml>



# Inviting and informing patients



## Offer a call/recall service

It is considered good practice to offer the shingles vaccination on a call-recall basis. Ensure that all eligible patients are recalled to invite them to have the vaccination. Follow up any non-responders with letters and/or telephone calls.

To maximise safety and efficiency, it is worth pre-screening patients in the correct age band prior to recalling in order to ensure patients are not inadvertently recalled that have contraindications to receiving the vaccination.

## Phone your patients

General awareness of the vaccination and the seriousness of infection are poor. A personal telephone call is often all it takes to encourage a patient to book an immunisation appointment. The call should therefore be undertaken by someone who is well briefed on what the shingles vaccination can offer patients. A 2005 Cochrane review found that patient recall systems can improve vaccination rates by up to 20%: telephone calls were the most effective method, but practices should be aware of cost implications

## Write to patients

Sending a Shingles Birthday card, or a letter may help encourage patients to attend. Letters should be personal, and from the named GP. Send a NHS information leaflet alongside the invitation letter to ensure that patients are given sufficient information to reach an informed decision about shingles vaccination.

<https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>

## Send patients a shingles information leaflet/publicise shingles in surgery

Some examples of easy publicity approaches include:

- a) Display bunting, leaflets, and posters around the surgery, and in clinic rooms
- b) Add messages to the waiting room TV screen
- c) Advertise on the practice website
- d) Add a message to the prescription counterfoils
- e) Publicise in patient newsletters

It is also worth considering administering shingles vaccination during other appointments, to save multiple attendances for patients. The vaccination can be given at the same time as the pneumococcal and influenza vaccination, although should be administered in different sites, and ideally different limbs (Green book pg 6). The injection site should be recorded.

## Send text/email appointment reminders

Sending text or email reminders is a cheap and easy method of improving appointment attendance. For patients who do not have email accounts or use mobile phones, letters and telephone calls should be used.

# Shingles coffee mornings



## Preparing for a Shingles coffee morning

As the number of patients eligible for shingles is fairly low in each practice, a coffee morning may be a fun way to cover much of the eligible cohort in a single go. Here's how to organise your coffee morning:

### Set up your clinic

Secure time for clinic including set up

### Tell us about your coffee morning

Email [england.londonimms@nhs.net](mailto:england.londonimms@nhs.net) with the following information:

- Email Subject title: Coffee morning
- Date of your coffee morning
- Estimated number of patients to be vaccinated

### On the day of your coffee morning

Ensure that patients are effectively reviewed for contraindications prior to administering any vaccine

## Order your materials

Order your FREE Shingles Coffee Morning pack (delivery within 7-10 days). Go on to the following website: <http://msdvaccines.medisa.com> and order these suggested items:

- 1 x Bunting
- 2 x Leaflet - ENGLAND ONLY (Pack of 20)
- 3 x Birthday Shingles Clinic Poster - ENGLAND ONLY
- 2 x Invitation Letter - ENGLAND ONLY (Pack of 20)
- 2 x Birthday Cards – (Pack of 20)

## Tell your patients and staff about your coffee morning

While waiting for your Coffee Morning kit to be delivered downloads can be used to raise awareness amongst HCPs and patients and get more people vaccinated against Shingles



# Coding and recording



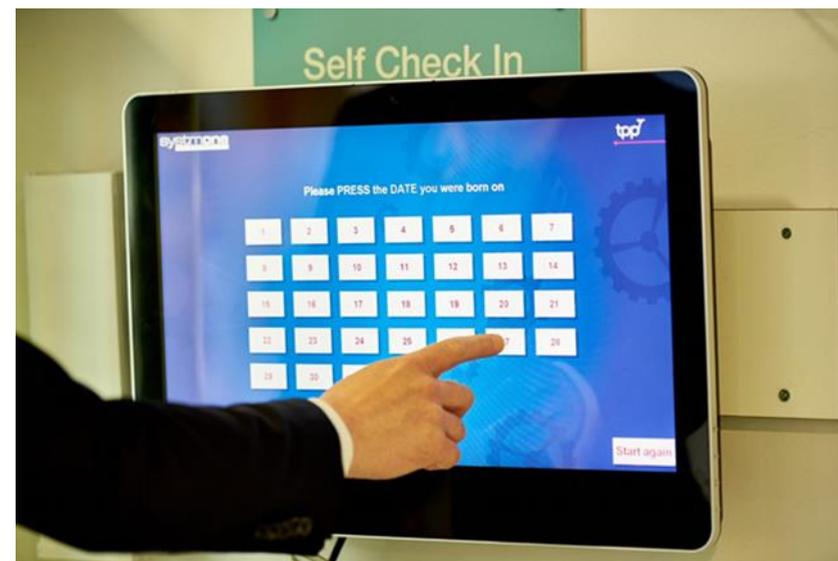
## Clinical codes

The correct code should be used to record that a shingles vaccination has been given

The clinical codes are the same across both shingles services ie routine and catch up cohorts

### SHINGLES CLINICAL CODES SNOMED

HERPES ZOSTER VACCINATION	859641000000109 OR 722215002
HERPES ZOSTER VACCINATION CONTRA-INDICATED	868531000000103
HERPES ZOSTER VACCINATION DECLINED	868551000000105 OR 723062007
NO CONSENT FOR HERPES ZOSTER VACCINATION	868601000000108
DID NOT ATTEND HERPES ZOSTER VACCINATION	869131000000101
HERPES ZOSTER VACCINATION GIVEN BY OTHER HEALTHCARE PROVIDER	868511000000106



## Recording

GPES auto-extracts Shingles data

All reasonable steps should be taken to ensure that the medical records of patients receiving the shingles vaccination are kept up to date and in particular include any refusal

# Payments



## Enhanced Service

Practices who wish to participate in this ES will be required to sign up to CQRS. Payment is available to participating GP practices under this ES as an item of service payment of £10.06 per patient vaccinated to eligible patients and in accordance with the 'service specification section' and provisions within this ES specification.

## Payment Claims

Claims for payments for this programme should be made monthly. Manual claims should be within 12 days of the end of the month when the completing dose was administered.

Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.

Payments will commence provided that the GP practice has checked and declared automatic extraction

The first payment processed will include payment for the same period.



# Payments



## Requirements for payment

All of the following requirements must be met for payment:

- a. The GP practice is contracted to provide vaccine and immunisations as part of additional services.
- b. All patients in respect of whom payments are being claimed were on the GP practices registered list at the time the vaccine was administered and all of the following apply:
  - i. The GP practice administered the vaccine to all patients in respect of whom the payment is being claimed.
  - ii. All patients in respect of whom payment is being claimed were within the cohort (as per the service specification section) at the time the vaccine was administered.
  - iii. The GP practice did not receive any payment from any other source in respect of the vaccine.
  - iv. The GP practice submits the claim within six months of administering the vaccine.



## Vaccine costs

As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.

# More tips and information



## Dosage

Practices should ensure that the correct dosage is administered as clinically appropriate.

## Who can administer the vaccine ?

In addition to GPs and Nurses, Healthcare Assistants can administer the shingles vaccine, if they are appropriately trained, meet the required competencies and have adequate supervision and support. They are not covered by the NHS PGD, and therefore a Patient Specific Direction is required, which ensures each patient has been screened for contraindications prior to issuing the PSD.

## Dovetailing

Dovetailing vaccines should be considered to maximise appointment slots and make it more convenient for patients. However, if patients decline one vaccination, do encourage them to consider the shingles vaccination by explaining the benefits of this programme

## Care Homes & Housebound patients

Run immunisation clinics at any nursing homes that your practice serves. Not only will this ensure that these patients are offered their shingles vaccination, but it also provides an easy opportunity to administer the vaccine to a large number of eligible patients.

Make sure your housebound patients are offered the vaccine



## Checking your practice uptake rates

You should check your practice performance and uptake rates regularly. To do this, you should log onto Immform

<https://portal.immform.dh.gov.uk/Logon.aspx?returnurl=%2ff>

Vaccine Coverage Summary		Full Report			Datasource breakdown					
Org Code	Org Name	Response Summary			Total vaccine coverage for the Routine Cohort			Total vaccine coverage for the Catch-up Cohort		
		No. of practices	No. of forms completed	% of practices responding	Registered Patients aged 70	Received the Shingles vaccine		Registered Patients aged 78	Received the Shingles vaccine	
						No of patients	% Coverage		No of patients	% Coverage

You can view past performance and uptake rates for the quarter. You will also see your denominator. Data is available for the routine and catch up cohorts.