NHS England

Shingles Vaccination Programme

Toolkit for improving uptake

London Region Immunisations Team

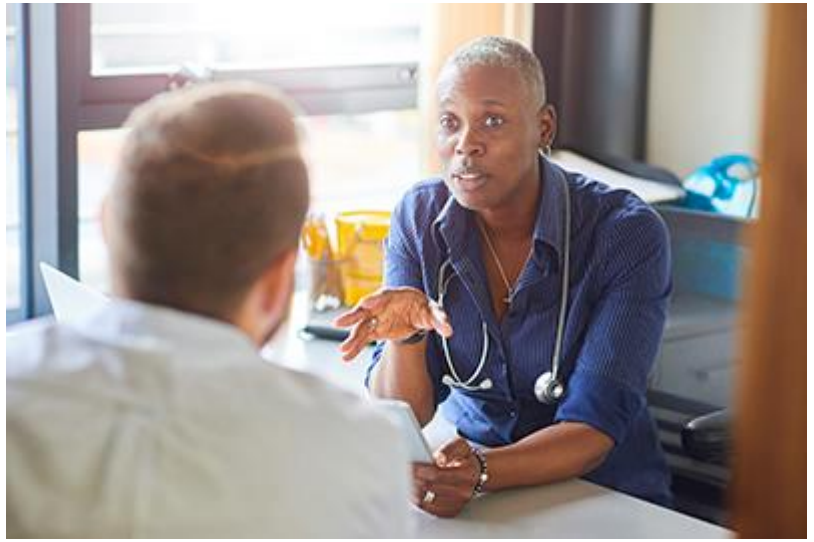
https://www.england.nhs.uk/london/our-work/immunis-team/

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

Contents



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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%. In the five years since the vaccine programme was introduced, there was an estimated 40,500 fewer zoster consultations and 1840 fewer zoster hospitalisations.

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 mortality from shingles infection in the over 70s is 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

Shingles

More than **50,000** cases of shingles occur in the over 70s every year in England and Wales

In this age group, around **1 in 1000** cases results in death

Symptoms include: **rashes** or blisters on **one side** of the body, burning or **shooting pain**, itching, fever, **fatigue** or headache

On average, cases last **3 to 5 weeks**. Most people only get shingles once, but you can get it more than once

Almost **30%** of individuals develop a painful complication called **Post Herpetic Neuralgia (PHN).** Generally, this pain continues for **3 to 6 months**, but it can last even longer

The risk of shingles is higher in those with conditions such as **diabetes or rheumatoid arthritis**

Identifying eligible patients

Who is eligible?

Individuals become eligible for vaccination against shingles when they turn 70 years of age, and all those aged up to and including 79 years are now eligible to receive the vaccine until they turn 80 years of age.
From 1st September 2020, vaccination can be given to all 70 to 79 year olds, provided there are no contra-indications.

70 year olds are part of the **routine** cohort. Any 78 and 79 year olds are part of the eligible **catch-up** cohorts. 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/

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.

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

a. E-learning: https://www.e-lfh.org.uk/programmes/immunisation/
b. Shingles, green book, chapter 28a: https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a
c. Shingles PGD: https://www.gov.uk/government/publications/shingles-vaccine-zostavax-patient-group-direction-pgd-template
d. Shingles Slide Deck to share learnings with your team: https://publichealthengland-immunisati.app.box.com/s/or7emz1v30ycrpyzolavr623o8c438tk
e. Contra-indications flowchart: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766641/Shingles_flowchart_poster.pdf
f. Training resources: https://www.msdconnect.co.uk/training-resources/zostavax.xhtml
g. Shingles poster: https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster

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

A small number of individuals who were eligible for the shingles (catch-up) vaccination programme may have turned 80 years during the COVID-19 pandemic and missed the opportunity to be vaccinated, either due to lockdown or because they were shielding at home and unable to attend their general practice. They can still be offered shingles vaccine unless contraindicated, **up to 31 December 2020**.

As this cohort will not be included in the Shingles PGD, a Patient Specific Direction (PSD) should be used by practices for this specific cohort of patients. Payment for this should be at the same rate as other shingles vaccines and will be managed by local commissioners.

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:
http://www.msdconnect.co.uk/therapy-areas/vaccines/emis-for-shingles.xhtml
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

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

Contra-indications flowchart:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766641/Shingles_flowchart_poster.pdf

Further training resources:
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

Text or write to patients

Sending a Shingles Birthday card or letter may help encourage patients to attend. Letters should be personal and from the named GP. MSD provide free shingles birthday cards at:
http://msdvaccines.medisa.com
Send an 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

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

Publicise shingles in your surgery and online

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 (a short animation is available at: https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccineallyearround)
c) Advertise on the practice website:
    a) A banner is available to download here: https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccinationforadultsaged7078or79yearsofage-42
    b) Feature a link to the ShinglesAware website with information about Shingles: https://www.shinglesaware.co.uk/
d) Add a message to the prescription counterfoils
e) Publicise in patient newsletters

Make Every Contact Count

Talk to your patients about shingles vaccination (and consider administering it) **during other appointments**, to save multiple attendances at the surgery.

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.

During the COVID-19 pandemic

Changes to vaccine delivery

Given the COVID-19 pandemic, it is important to protect the over 70s, prevent ill-health due to shingles and avoidable hospital admissions and minimise impact on the NHS and social care.

Vaccination programmes need to take into account:

- Social distancing
- 'Making every contact count' to reduce multiple attendances
- Communicating to patients that it is safe to come to surgery for their vaccination

Check in on your elderly patients

With elderly people the most likely to feel isolated during the pandemic, a phone call inviting them to a vaccination appointment is a good opportunity to check they are managing okay at home and can provide some social contact that they may currently be missing.

Dovetailing & flu clinics

Dovetailing vaccines (or giving them at the same time as another jab or appointment) is useful to best protect patients and minimise unnecessary attendances in the surgery. If patients decline one vaccination, do still encourage them to consider the shingles vaccination by explaining the benefits of this programme.
The flu programme is an ideal time to offer shingles vaccine to 70-79 year olds – they can safely receive both jabs at the same appointment. It is unlikely that shingles vaccine can be dovetailed with the upcoming COVID vaccine, but this will be updated accordingly when known.

Pre-assessment telephone calls

It can be useful to do a pre-assessment telephone call to reassure the patient about their safety when attending the surgery and explain how appointments are being carried out differently.

This is a good opportunity to complete all the pre-vaccination checks - reviewing them for any contraindications and ensuring they do not currently have symptoms of viral illness.

Having a pre-assessment telephone call can make it easier to dovetail vaccinations, as both staff and patient are aware of what they need to receive and the time it will take to administer both vaccines before they arrive, so can plan accordingly.

Social distancing and PPE

Practices should reassure individuals that the most up-to-date guidance on maintaining social distance in the waiting room (e.g. separating individuals by 1m plus where 2m is not possible) and decontamination of premises and equipment is being strictly followed in line with Public Health England (PHE) guidance on Infection Prevention and Control (IPC).

In practice, this may be achieved by adjusting appointment times to avoid waiting with others. In some areas, practices may also be working with neighbouring practices to deliver COVID-19 and non-COVID-19 activity on separate sites. Compliance with national advice from PHE and others on preventing spread of coronavirus through appropriate infection control measures will help ensure patients and their carers feel confident that it is safe to attend for vaccination.

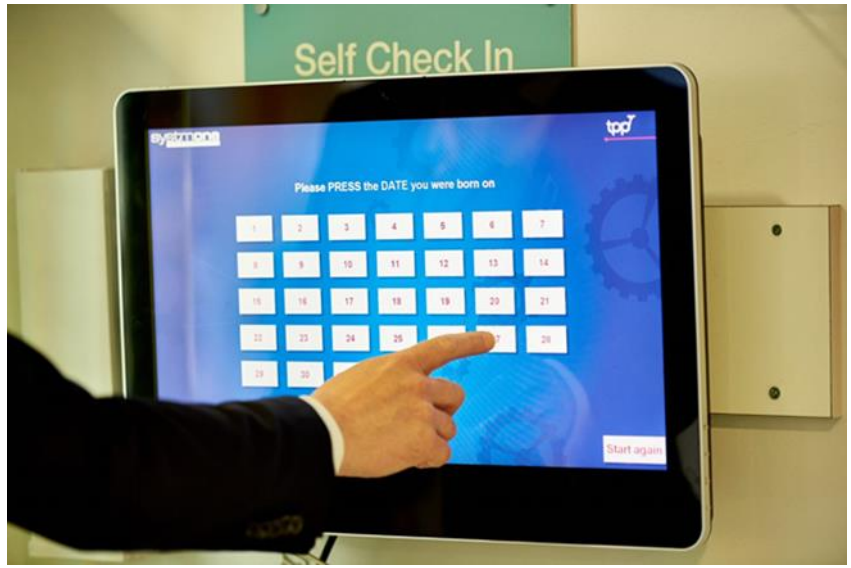
Coding and recording

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 directed in The Green Book, Chapter 28a.

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.

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 and can occur when administering other vaccines, such as flu and pneumococcal.
It is particularly important during the pandemic to dovetail vaccinations in order to limit multiple contacts with care homes and reduce viral transmission – try to do everything in one visit.

Make sure your housebound patients are offered the vaccine too, with or without their annual influenza vaccination. District nurses are also able to administer the shingles 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.phe.gov.uk/Logon.aspx?returnurl=%2f

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.