



Adult Vaccination Programmes

Toolkit for improving uptake 2023/24

NHS England South West Vaccination & Screening Team

Aim of this toolkit

This toolkit has been prepared to support the effective delivery of routine adult immunisations delivered in Primary Care

Shingles affects 1 in 4 people and predominantly those who are over 70. However, uptake rates of the shingles vaccine are falling in the South West and in England.

Invasive Pneumococcal Disease (IPD) is a major cause of morbidity and mortality and can affect anyone, however, it is more common in the very young, the elderly and those with impaired immunity or chronic conditions. There were more than 5,000 confirmed cases reported in England and Wales (2016/2017).

The Covid-19 pandemic disrupted the delivery of the Pneumococcal and shingles vaccination programmes and therefore improving uptake is a key focus.

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 and pneumococcal vaccines. 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.swvast@nhs.net



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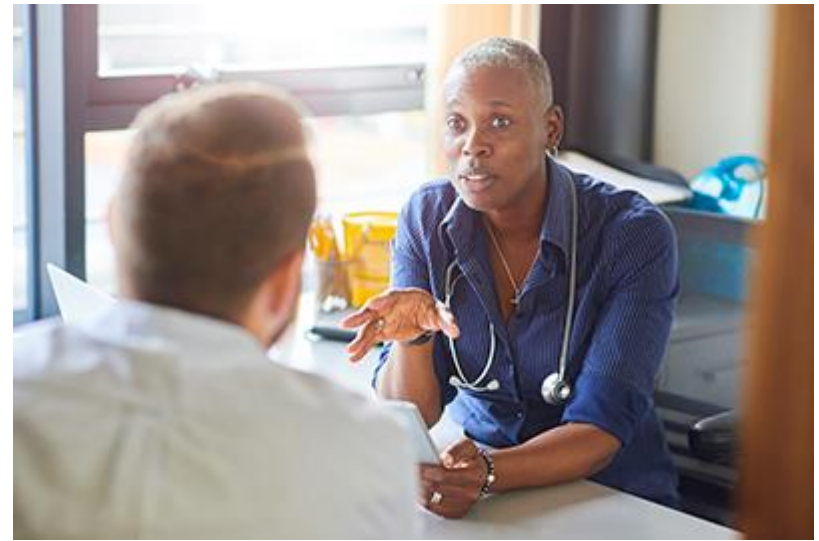
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Shingles

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 painkillers are provided to relieve symptoms.

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 Green Book cites that the mortality from shingles infection in the over 70s is 1/1000.

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**



Shingles routine vaccination programme

Changes to the NHS Shingles Vaccination Programme from September 2023

Main changes to the shingles vaccine programme from 1 September 2023:

A non-live shingles vaccine Shingrix has replaced Zostavax* in the routine immunisation programme

** Whilst stock of Zostavax is still available this vaccine (unless contraindicated) should be offered to individuals who were eligible before 01/09/2023 until their 80th birthdays. Once stocks of Zostavax are no longer available then 2 doses of Shingrix can be used in this group.*

All those newly eligible for the shingles vaccine will get two doses of Shingrix (at least 8 weeks to 6 months apart for severely immunosuppressed and 6 months to 12 months for immunocompetent).

In addition to this, the eligibility for the severely immunosuppressed and immunocompetent cohorts will change to allow individuals to be protected at an earlier age:

- Severely immunosuppressed: Shingrix vaccine offered as a two dose schedule (8 weeks to 6 months apart) to those aged 50 and over (no upper age limit)
- immunocompetent: Shingrix vaccine offered as a two dose schedule (6 to 12 months apart) to those from 60 years of age until 80 years or age in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age. [A timeline for the phased implementation of the change for immunocompetent patients 2023-2033.](#)

Vaccine contraindications

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.

Vaccination Programme and co-administration with pneumococcal, influenza and covid vaccines

All eligible patients should be offered the shingles vaccination by their GP all year round.

Shingles vaccines can be given concomitantly with PPV, Covid-19 vaccination and all influenza vaccines.

Identifying eligible patients for shingles vaccine

Who is eligible?

From 1 September 2023, the immunocompetent individuals from 60 years of age became eligible for the Shingrix vaccine in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age.

The severely immunosuppressed cohort has been expanded to offer Shingrix to individuals aged 50 years and over, with no upper age limit.

Since patients effectively move in and out of eligibility (i.e. by turning 65 or 70 and then by turning 80 or identified as severely immunosuppressed), 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:

- [E-learning for healthcare](#)
- [Shingles, Green Book, chapter 28a](#)
- [Practice checklist](#)
- [Shingles: guidance and vaccination programme](#)
- [Shingles vaccination: guidance for healthcare practitioners](#)
- [NHSE South West – Patient Group Direction](#)
- [Shingles vaccine eligibility calculator - from Sept 2023](#)
- [Shingles vaccine eligibility posters](#)
- [Health Publications](#)



Eligibility for shingles vaccine

If you have a severely weakened immune system (as described in the Green book chapter) you will be offered the shingles vaccine from 50 years of age

If you are over 70 years of age and have not had shingles vaccine before you remain eligible up to your 80th birthday



ELIGIBLE FROM (YOUR BIRTHDAY)	DATES OF BIRTH	PROGRAMME START DATE	PROGRAMME YEAR
CATCH UP STAGE 1 70th	1 September 1953 – 31 August 1954	1 September 2023	Year 1
	1 September 1954 – 31 August 1955	1 September 2024	Year 2
	1 September 1955 – 31 August 1956	1 September 2025	Year 3
	1 September 1956 – 31 August 1957	1 September 2026	Year 4
	1 September 1957 – 31 August 1958	1 September 2027	Year 5
65th	1 September 1958 – 31 August 1959	1 September 2023	Year 1
	1 September 1959 – 31 August 1960	1 September 2024	Year 2
	1 September 1960 – 31 August 1961	1 September 2025	Year 3
	1 September 1961 – 31 August 1962	1 September 2026	Year 4
	1 September 1962 – 31 August 1963	1 September 2027	Year 5
CATCH UP STAGE 2 65th	1 September 1963 – 31 August 1964	1 September 2028	Year 6
	1 September 1964 – 31 August 1965	1 September 2029	Year 7
	1 September 1965 – 31 August 1966	1 September 2030	Year 8
	1 September 1966 – 31 August 1967	1 September 2031	Year 9
	1 September 1967 – 31 August 1968	1 September 2032	Year 10
60th	1 September 1968 – 31 August 1969	1 September 2028	Year 6
	1 September 1969 – 31 August 1970	1 September 2029	Year 7
	1 September 1970 – 31 August 1971	1 September 2030	Year 8
	1 September 1971 – 31 August 1972	1 September 2031	Year 9
	1 September 1972 – 31 August 1973	1 September 2032	Year 10
ROUTINE 60th	on or after 1 September 1973	1 September 2033	Year 11 onwards

Patients often are not aware they are eligible, and therefore it is important the practice identifies and invites eligible patients.

Severely immunosuppressed

Criteria for severely immunosuppressed

Severely immunosuppressed individuals represent the highest priority for vaccination given their risk of severe disease.

Please note that criteria for severely immunosuppressed are **not** the same criteria as for other vaccines such as influenza.

Visit [Shingles \(herpes zoster\): the green book, chapter 28a](#) for full definition of severe immunosuppression eligible for the Shingrix vaccine.



Box: Definition of severe immunosuppression for the Shingrix vaccine programme

Individuals with primary or acquired immunodeficiency states due to conditions including:

- acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who are less than 12 months since achieving cure
- individuals under follow up for chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (N.B: this list not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of below 200 cells/ μ l.
- primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ μ l) or with a functional lymphocyte disorder
- those who have received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who have received a stem cell transplant more than 24 months ago but have ongoing immunosuppression or graft versus host disease (GVHD)

Individuals on immunosuppressive or immunomodulating therapy including:

- those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for any indication
- those who are receiving or have received in the previous 6 months immunosuppressive therapy for a solid organ transplant
- those who are receiving or have received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including
- B-cell targeted therapies (including rituximab but for which a 6 month period should be considered immunosuppressive), monoclonal tumor necrosis factor inhibitors (TNFi), T-cell co-stimulation modulators, soluble TNF receptors, interleukin (IL)-6 receptor inhibitors.,
- IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (N.B: this list is not exhaustive)

Individuals with chronic immune mediated inflammatory disease who are receiving or have received immunosuppressive therapy

- moderate to high dose corticosteroids (equivalent \geq 20mg prednisolone per day) for more than 10 days in the previous month
- long term moderate dose corticosteroids (equivalent to \geq 10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- any non-biological oral immune modulating drugs e.g. methotrexate $>$ 20mg per week (oral and subcutaneous), azathioprine $>$ 3.0mg/kg/day; 6-mercaptopurine $>$ 1.5mg/kg/day, mycophenolate $>$ 1g/day) in the previous 3 months
- certain combination therapies at individual doses lower than stated above, including those on \geq 7.5mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

Individuals who have received a short course of high dose steroids (equivalent $>$ 40mg prednisolone per day for more than a week) for any reason in the previous month.

Inviting and informing patients

Vaccination offer

Practices are contracted to actively call all those immunocompetent individuals and severely immunosuppressed for their shingles vaccine as per the eligibility criteria:

- severe immunosuppression definition: [Shingles \(herpes zoster\): the green book, chapter 28a](#)
- [A timeline for the phased implementation of the change for immunocompetent patients 2023-2033.](#)

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.

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. Shingles vaccination invite postcards are available [here](#). 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.

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:

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

Resources available here: [Leaflets](#) , [Posters](#) [web and social media banners](#)

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.

Shingles, pneumococcal, Covid-19 and influenza vaccinations, can all be given at the same time although should be administered in different sites at least 2.5 cm apart, and ideally different limbs (Green book pg 6). The injection site should be recorded.

Pneumococcal

Pneumococcal disease

What is Pneumococcal disease?

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus pneumoniae* - also known as *Pneumococcus*.

Infections are either non-invasive or invasive. Non-invasive diseases include middle ear infections (otitis media), sinusitis and bronchitis. Invasive pneumococcal disease (IPD) includes septicemia, pneumonia and meningitis.

IPD is a major cause of disease and death globally and in the UK. In 2005/6, there were 6,346 confirmed cases of invasive pneumococcal disease in England and Wales. It particularly affects the very young, the elderly, people with no spleen or a non-functioning spleen, people with other causes of impaired immunity and certain chronic medical conditions. Recurrent infections may occur in association with skull defects, cerebrospinal fluid (CSF) leaks, cochlear implants or fractures of the skull.

There are more than 90 different pneumococcal types (serotypes) that can cause disease in humans.

The Pneumococcal Vaccine

There are two types of pneumococcal vaccine recommended in the UK National Immunisation Programme PCV13 (not available for adults) and PPV23, which provide protection against different serotypes. The vaccines are inactivated (do not contain live organisms) so cannot cause the diseases against which they protect.

Pneumococcal Polysaccharide Vaccine 23 (PPV23):

Adults aged 65 years and over, and clinical risk groups aged 2 years or over:

- a single dose of 0.5ml of PPV23

Refer to the green book for contraindications: [The Green book of immunisation: chapter 25 - pneumococcal](#)

The Pneumococcal Vaccination Schedule

All eligible patients that are over 2 years old should be offered their single Pneumococcal PPV23 vaccination by their GP all year round.

However: antibody levels are likely to decline rapidly in individuals with asplenia, splenic dysfunction or chronic renal disease and, therefore, re-immunisation with PPV23 is recommended every five years in these groups. Revaccination with PPV23 is currently not recommended for any other clinical risk groups or age groups.

Pneumococcal vaccines can be given at the same time as other vaccines such as influenza

Pneumococcal disease

More than **5,000 cases** of IPD are **diagnosed** each year in England.



IPD is a significant cause of **morbidity & mortality** globally and in the UK

Pneumonia symptoms include: a high temperature, a cough, shortness of breath, chest pain, an aching body, feeling very tired, loss of appetite or feeling confused (common in older people)



Seasonal peaks are noted during **winter months** in addition to **outbreaks in enclosed areas**, such as prisons or homeless shelters



Complications can follow after mild illness and lead to **more serious infections.**

The risk of Pneumococcal disease is greater for adults aged **65 years or older** and for those with conditions such as **COPD.**



Identifying eligible patients for pneumococcal vaccine

Clinical risk group	Example (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This also includes conditions that may lead to splenic dysfunction such as homozygous sickle cell disease and coeliac syndrome.
Chronic respiratory disease (chronic respiratory disease refers to chronic lower respiratory tract disease)	Chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (such as cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis
Diabetes	Diabetes mellitus requiring insulin or anti-diabetic medication. This does not include diabetes that is diet controlled

Taken from: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\) \(page 7\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/green-book-immunisation-chapter-25-pneumococcal.pdf)

Identifying eligible patients for pneumococcal vaccine continued

Clinical risk group	Example (decision based on clinical judgement)
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, complement disorder, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (such as IRAK-4, NEMO). Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts).
Occupational risk	There is an association between exposure to metal fume and pneumonia, particularly lobar pneumonia, and between welding and invasive pneumococcal disease. PPV23 should be considered for those at risk of frequent or continuous occupational exposure to metal fume (such as welders), taking into account the exposure control measures in place.

[Annexe A: priority groups for pneumococcal polysaccharide 23-valent vaccine \(PPV23, Pneumovax® 23\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Taken from: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\) \(page 7\)](http://publishing.service.gov.uk)

Identifying eligible patients for pneumococcal vaccine

Who is eligible?

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

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

- a. [E-learning for healthcare](#)
- b. [Pneumococcal, Green Book, chapter 25](#)
- c. [NHSE South West – Patient Group Direction](#)
- d. [Pneumococcal disease: guidance, data and analysis](#)
- e. [Pneumonia NHS](#)

Contra-indications

Contra-indications

There are very few individuals who cannot receive pneumococcal vaccines.

However, you should refer to the Green Book to check whether a patient is suitable to receive this vaccination. Pages 9-10 should be referred to from this link:

[The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101422/gb25-pneumococcal.pdf)

Further training resources:

[Pneumococcal Disease Overview | PNEUMOVAX® 23 | MSD Connect UK](#)



Practical delivery

Ordering stock and creating alerts

Vaccine Ordering

Shingrix and PPV23 are 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.

To enable UKHSA to balance incoming supply with demand, each Immform customer in England and Wales can only order up to 40 PPV23 vaccines per account per week. If more volume is needed, requests should be e-mailed to Helpdesk@immform.org.uk

Please note each dose of Shingrix costs the NHS £160. Please ensure that stocks of vaccines are rotated and that you do not overstock as this can lead to excessive wastage. **It is recommended that practices hold no more than 2 weeks' worth of stock,** unless you are planning a dedicated and focused campaign in which case it may be appropriate to order more stock.

PPV23 costs £16.80 per vaccine.

Searches, alerts and pop ups

- Add shingles and pneumococcal alerts and pop-ups onto your clinical system
- Work with your system supplier to set up an all-inclusive search for eligible patients who have not already received their shingles vaccination. Set up an all-inclusive search for patients who are aged 65 and over who have not already received their PPV23 vaccine
- Identify if there are any persons now eligible for Shingrix (as per the severely immunosuppressed cohort expansion) and PPV23 who were previously contraindicated/not eligible

[Shingles Eligibility Searches](#) and [Shingles vaccination programme technical guidance](#) provide you with instructions on conducting searches and sending out communication to eligible patients.

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



Coding and recording



Clinical codes

The correct code should be used to record that a vaccination has been given. GPES auto-extracts Shingles and Pneumococcal data

SHINGLES CLINICAL CODES SNOMED	
Administration of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	722215002
Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	1326101000000105
Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	1326111000000107
Requires vaccination against herpes zoster (finding)	1730561000000103
Herpes zoster vaccination (procedure)	859641000000109
Herpes zoster vaccination given by other health care provider (finding)	868511000000106

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

PNEUMOCOCCAL CLINICAL CODES SNOMED	
Subcutaneous injection of pneumococcal vaccine (procedure)	871833000
Pneumococcal vaccination given (situation)	170337005
Pneumococcal vaccination given (finding)	310578008
Administration of pneumococcal polysaccharide 23 valent vaccine (procedure)	571631000119106
Subcutaneous injection of pneumococcal vaccine (procedure)	871833000
Pneumococcal vaccination given by other healthcare provider (finding)	382551000000109
Pneumococcal vaccination given by other healthcare provider (situation)	1324631000000100
Requires a pneumococcal vaccination (finding)	247951000000102

NB: NHS Digital will publish a full list of the extraction criteria and eligible codes for payment purposes.

Payments

Essential Service

As of April 2021, the Pneumococcal Polysaccharide Vaccine (PPV) and Shingles routine and catch-up programmes are Essential Services and NHSE no longer publish Service Specifications for these programmes. The requirements are set out within the GP contract SFEs and documentation: [NHS England » GP Contract](#). Sign up to these programmes is via CQRS.

Payment Claims

All vaccinations administered to eligible patients attract an IoS fee of £10.06

Each financial year NHS Digital publish a full list of the business rules, service indicators, description and indicator ID's for payment purposes: [Business rules 2023-2024 - NHS Digital](#)

Payment for these vaccinations is calculated by an automated GPES extraction via CQRS (Calculating Quality Reporting Service).

Once approved by the commissioner, payment is made to practices monthly by PCSE, following the month the activity was delivered.

Practices should check their data monthly and only declare it if it is correct. Any queries should be raised with the South West Vaccination and Screening CQRS Team using the agreed process.

Their email address is england.swcQRS@nhs.net



Vaccine costs

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

Payments

Requirements for payment

- The practice must have signed up to deliver the programmes via CQRS.
- All patients in respect of whom payments are being claimed were on the practice list at the time the vaccine was delivered and when the GPES extraction occurred.
- All patients in respect of whom payments are being claimed were in an eligible cohort
- The practice did not receive payment from any other source in respect of the vaccine
- The practice submitted the claim within six months of administering the vaccine (3 months for Seasonal Flu)

QOF

The Shingles programme attracts a **QOF incentive of 10 points** with thresholds of 50% (lower) to 60% (higher). There is no point allocation for meeting the lower threshold. This is aimed at incentivising optimal performance of immunisation and to ensure everyone is up to date with their recommended planned vaccinations as part of the routine national vaccination programmes and to prevent vaccine-preventable diseases

Name	Description	Highest Points (HP)	Lower Threshold (LT)	Higher Threshold (HT)
VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	10.00	50.00	60.00



How is QOF payment calculated?

- ❖ If the lower threshold is reached, the lowest points are awarded, if the higher threshold is reached, the highest points are awarded.
- ❖ Anything between the two thresholds achieves the relative number of points.
- ❖ Practices can see their QOF achievement data in CQRS from April.
- ❖ The calculation figure is based on the agreed data (extract and manual adjustment where applicable and evidence based)

Payments

GPES payment extracts following the shingles vaccination expansion from 1 September 2023

With the exception of individuals who should be offered Zostavax until the stock is available all remaining eligible individuals to be offered two doses of Shingrix.

Please note that from a purely clinical perspective there is no specific upper timing for the second dose and instead it is clinically more important that an individual does get a second dose. To operationally encourage the provision of the second dose within a reasonable timeframe in England, we have required the second dose is given within the timeframes set out above. However, in light of the clinical position, we will include within the GPES payment extracts counts which do not require an upper timing between the doses, so there will be three counts for each cohort (with the exception of 70-79 year olds given Zostavax):

- one payment count for the first dose;
- one payment count for the second dose given within the timeframe between doses; and
- one payment count for the second dose with only a lower timing and no upper timing (note: for the immunocompetent cohort there is an upper age limit of 82 years regardless).



The severely immunosuppressed cohort

The severely immunosuppressed cohort will be automatically identified via the GPES extract. However, due to the restrictions in the way data can be extracted from GP clinical systems, we are unable to exactly extract data in accordance with the Green Book definitions for the Shingles severely immunosuppressed cohort. To address this and support general practice, we have requested and had approval for a new clinical code for 'needs shingles vaccination'. This code will enable clinicians to use clinical discretion when identifying an individual who should be offered Shingrix due to their severely immunosuppressed status but who will not be picked up by the automated definitions in the GPES business rules. As such, there will be additional payment counts for those clinically identified as severely immunosuppressed from aged 50 years through usage of the new 'needs shingles vaccination' code.

Payments

Shingles vaccination programme payments counts from 1 September 2023

- 70-79 years who will receive Zostavax (one extract)
- Severely Immunosuppressed 50 years and over (six extracts)
 - 50+ 1st dose
 - 50+ 2nd dose given between 8 weeks to 186 days after first dose
 - 50+ 2nd dose given at least 8 weeks after first dose until any time thereafter
 - 50+ and 'needs shingles vaccination' 1st dose
 - 50+ and 'needs shingles vaccination' 2nd dose given between 8 weeks to 186 days after first dose
 - 50+ and 'needs shingles vaccination' 2nd dose given at least 8 weeks after first dose until any time thereafter
- Immunocompetent 70-79 years (three extracts)
 - 70-79 1st dose
 - 70-79 2nd dose given between 186 days to 372 days after first dose
 - 70-79 2nd dose given at least 186 days after first dose until 81 years
- Immunocompetent 65 years (three extracts)
 - 65 years on or after 1 September 2023 and at point of vaccination 1st dose
 - 65 years on or after 1 September 2023 and at point of vaccination 2nd dose given between 186 days to 372 days after first dose
 - 65 years on or after 1 September 2023 and at point of vaccination 2nd dose given at least 186 days after first dose (this cohort will remain eligible until 69 years of age over the five year catch-up at which point they will move into the 70-79 cohort until 81 years of age)

Vaccination offer

Practices should ensure that their call/recall and opportunistic offers of vaccination are made in line with the agreed national standards detailed below.

Vaccination and Immunisation Programme	Age Eligibility	Type of offer
<p><i>Pneumococcal Polysaccharide Vaccine (PPV)</i> GP practices are required to offer pneumococcal polysaccharide vaccination to all eligible patients registered at the GP practice; unless contra-indicated and is usually a single dose of vaccine.</p> <p>Booster doses may be required at five yearly intervals for individuals with no spleen, splenic dysfunction or chronic renal disease (as per Green Book guidance).</p>	<p>65 years old</p> <p>2-64 years in defined clinical risk groups* (see Green Book)</p>	<p>Proactive call and recall if in a defined clinical risk group including <u>newly diagnosed</u> as in clinical risk group.</p> <p>Proactive call at 65 years old if not in a defined clinical risk group, opportunistic offer or if requested thereafter</p>
<p><i>Shingles routine</i> GP practices are required to provide shingles vaccinations to all eligible registered patients. From 1 September 2023:</p> <ul style="list-style-type: none"> The severely immunosuppressed cohort: individuals aged 50 years and over, with no upper age limit The immunocompetent cohort: individuals from 60 years of age in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age until aged 80 years. 	<p>50 years old with no upper age limit for the severely immunosuppressed cohort*</p> <p>Turning 60, 65 or 70 years old (depending on the implementation stage) until aged 80 years</p>	<p>Severely immunosuppressed cohort: call at 50 years old (opportunistic or if requested after with no upper age limit) including <u>newly diagnosed</u> as severely immunosuppressed.</p> <p>Immunocompetent cohort: Call at when become eligible ie turning 60, 65 or 70 (depending on the implementation stage), opportunistic or if requested until aged 80 years.</p>

**Please note there are different criteria for clinical risk groups and severely immunosuppressed for these vaccines. Please visit the [Green Book](#) for full details.*

More tips and information

Dosage

Practices should ensure that the correct dosage is administered as directed in The Green Book, chapter 25 (Pneumococcal) and chapter 28a (Shingles)

Who can administer the vaccine ?

In addition to GPs and Nurses, Healthcare Assistants can administer the shingles and pneumococcal vaccines, if they are appropriately trained, meet the required competencies and have adequate supervision and support. Healthcare Assistants can administer the vaccines if they are appropriately trained and meet the required competencies and have adequate supervision and support. Healthcare assistants cannot use a PGD as legal authorisation for administration, and therefore a Patient Specific Direction is required, which ensures each patient has been clinically assessed by a prescriber to confirm that it is safe and appropriate for them to receive the vaccine.

Further information on legal authorisations such as PGDs and PSDs is available [here](#).

The list of professions that can use a PGD as legal authorisation is [here](#). Professions not listed here are not yet included in the regulations and so they must not use PGDs as legal authorisation.

Care Homes & Housebound patients

Consider running immunisation clinics at any nursing homes that your practice serves following cold chain guidance as appropriate. Not only will this ensure that these patients are offered their shingles and pneumococcal 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 or Covid-19. 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 and pneumococcal vaccine.

Checking your practice uptake rates

You should check your practice performance and uptake rates regularly. To do this, you should log onto [ImmForm](#) where you can view past performance and uptake rates for the quarter. You will also see your denominator data (the size of your eligible population).



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