

# General Practice Shingles Vaccination Programme Technical Guidance

For General Practice, NHS England regional teams and Integrated Care Boards (ICBs)

Version 2, November 2023

Version updates: (changes in version 2.0 are marked in yellow)

Version	Updated section
2.0	The following section has been updated: Section 3 15b the years have been amended to reflect the correct period for offering vaccination to those turning 60 years and 65 years. Section 6 44 – change of number in the Herpes zoster vaccination (procedure) code from 7 to 1

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## 1. Introduction

1. The NHS Shingles Vaccination Programme is a general practice essential service. All practices are required to offer eligible registered patients a shingles vaccination in line with the UK Vaccination and Immunisation Schedule.
2. The Joint Committee for Vaccination and Immunisations (JCVI) recommended in 2019<sup>1</sup>, that all newly eligible individuals will be offered two doses of the non-live shingles vaccine Shingrix<sup>®</sup>. Additionally, JCVI recommended that the age at which immunocompetent and severely immunocompromised individuals become eligible should be brought forward to allow individuals to be protected from an earlier age. Although shingles can occur at any age, the risk and severity of shingles and its complications increases with age and is high in individuals who are severely immunosuppressed.
3. In September 2021, Shingrix<sup>®</sup> was introduced in the NHS Shingles Vaccination Programme for individuals for whom the live Zostavax<sup>®</sup> was contraindicated. From 1 September 2023, further programme changes will be introduced to implement the full JCVI recommendations (with Shingrix<sup>®</sup> replacing Zostavax<sup>®</sup> for the whole programme), and GP contracts have been updated to reflect these changes accordingly.
4. This guidance outlines the changes and technical requirements for the NHS Shingles Vaccination Programme from 1 September 2023. It provides practices with information on the eligible cohorts, clinical codes required to record shingles vaccination events and outlines how payments will be supported through the General Practice Extraction Service (GPES).

## 2. Summary of programme changes

5. From the 1 September 2023 changes to the NHS Shingles Vaccination Programme will be as follows:
  - a. replacement of Zostavax<sup>®</sup> with a two-dose Shingrix<sup>®</sup> vaccine for all newly eligible individuals,
  - b. expansion of eligibility within the severely immunocompromised cohort to routinely offer shingles vaccination to individuals aged 50 years of age and over and with no upper age limit, and
  - c. expansion of the immunocompetent cohort, with the eligible age moving from 70 to 60 years of age for the routine cohort.

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<sup>1</sup> Minutes of 06 February 2019 JCVI main meeting:  
<https://app.box.com/s/iddfb4ppwkmjtjusir2tc/file/424913874479>

6. The immunocompetent cohort expansion is proposed for implementation over a 10-year period from 1 September 2023 to 31 August 2033 in two stages. The first stage is from 1 September 2023 to 31 August 2028 and has been confirmed. The second stage expansion is subject to confirmation but is proposed from 1 September 2028 to 31 August 2033. Subject to this confirmation of the second stage catch-up, it is proposed that after the 10-year catch-up shingles will be routinely offered to those turning 60 years of age.
7. The two stages are as follows:
  - a. 1 September 2023 to 31 August 2028: shingles vaccination routinely offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible\*; and
  - b. 1 September 2028 to 31 August 2033: shingles vaccination routinely offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible\*\*.

\*Individuals only become eligible from their 70<sup>th</sup> or 65<sup>th</sup> birthday

\*\*Individuals only become eligible from their 65<sup>th</sup> or 60<sup>th</sup> birthday

8. Further information is available in the [Green Book \(see chapter 28a\)](#), including which other vaccines Shingrix<sup>®</sup> can be co-administered with, and in the [4 July 2023 UK Health Security Agency and NHS England letter](#).

### 3. Eligible cohorts and timings between doses

9. Eligible patients can be immunised at any point in the year as soon as they reach eligible age and shingles vaccination should be offered all year-round.
10. Practices will be required to call and recall all cohorts as individuals become eligible and can also offer vaccination opportunistically, if clinically appropriate when an individual attends the practice for another reason.

#### Severely Immunocompromised cohort

11. The routine immunocompromised cohort will be for individuals aged 50 and over with a severely weakened immune system. Further information on who is considered severely immunocompromised for the shingles programme is outlined in the Green Book (see chapter 28a).
12. These individuals will become eligible on or after their 50<sup>th</sup> birthday and should be offered two doses of Shingrix<sup>®</sup>, with the second dose offered eight weeks to six months after the first. There will be no upper age limit for this cohort.

13. Ideally, within the first year of the programme, practices should invite those severely immunocompromised individuals turning 50 to 69 to get vaccinated, as they represent the highest priority for vaccination given their risk of severe disease.
14. Where severely immunocompromised individuals have already received two doses of Shingrix as part of the shingles programme they **do not** need to be revaccinated.

### Immunocompetent cohort

15. The routine immunocompetent cohort will therefore be divided into four cohorts to support implementation and payment through the GP contracts. Every year:
  - a. From 1 September 2023 to 31 August 2028, offer vaccination to those who are:
    - i. turning 65 years and these individuals will remain eligible until their 80<sup>th</sup> birthday (for the second dose this will be their 81<sup>st</sup> birthday), and
    - ii. turning 70 years and these individuals will remain eligible until their 80<sup>th</sup> birthday (for the second dose this will be their 81<sup>st</sup> birthday).
  - b. From 1 September 2028 to 31 August 2033, offer vaccination to those who are:
    - i. turning 60 years and these individuals will remain eligible until their 80<sup>th</sup> birthday (for the second dose this will be their 81<sup>st</sup> birthday)<sup>2</sup>, and
    - ii. turning 65 years and these individuals will remain eligible until their 80<sup>th</sup> birthday (for the second dose this will be their 81<sup>st</sup> birthday)<sup>2</sup>.
16. All immunocompetent individuals should be offered two doses of Shingrix®, with the second dose offered six to 12 months after the first dose.
17. Immunocompetent individuals aged 70 to 79 years on or before 31 August 2023, will continue to be eligible for a shingles vaccination until their 80<sup>th</sup> birthday (for the second dose their 81<sup>st</sup> birthday if they are offered Shingrix®). Practices are required to offer remaining stocks of Zostavax® to this cohort until it is depleted and thereafter to offer Shingrix®, with the second dose offered six to 12 months after the first dose.
18. Individuals who have received Zostavax® previously should not be revaccinated with Shingrix®.

### Individuals aged 18 to 49 who have received a stem cell transplant

19. The updated Shingles Green Book chapter states that those aged 18 to 49 who have had a stem cell transplant can receive two doses of the Shingrix vaccine offered (eight weeks to six months apart) as part of their overall treatment plan. This cohort is in addition to the

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<sup>2</sup> The cohort expansion in stage 2 is currently proposed but subject to confirmation.

cohorts outlined above and vaccination of these individuals does not fall under the National Routine Vaccination Schedule.

20. Centrally supplied stocks of Shingrix® cannot be used for this purpose. Where a practice has agreed to provide a shingles vaccination to a patient in this cohort, then the practice will need to procure the Shingrix® vaccine and claim reimbursement for the Shingrix® vaccine accordingly as per Part 5(19) of the Statement of Financial Entitlements (SFE). Additionally, where a practice has agreed to provide Shingrix® to this cohort, then receipt of an item of service (IoS) payment will be at the discretion of the commissioner as it does not form part of the reimbursement arrangements outlined in the SFE.
21. For further details see Annex A 'Vaccination outside of the National Routine Vaccination Schedule (NHS programme)'.

#### 4. Vaccine supply

22. Shingrix® will be available to order online via the ImmForm website. Details of ordering will be available on the ImmForm website. Order controls may be put in place to enable UKHSA to manage the supply and demand. It is recommended that practices should only hold two weeks of stock and should ensure that local stocks of vaccine are rotated in fridges to avoid wastage. Where locally held stock of Shingrix® has been ordered via ImmForm for the previous shingles immunocompromised programme it can be used for eligible cohorts in the expanded programme.
23. The Zostavax® vaccine will be available through ImmForm until central stock is depleted.

#### 5. Technical implementation of the shingles programme to enable payments

24. To support the implementation of the shingles programme changes from 1 September 2023, the General Practice Extraction Service (GPES) and the Calculating Quality Reporting Service (CQRS) have been updated.
25. The 2023/24 shingles programme went live in CQRS at the end of July 2023. **Commissioners must offer this service to practices and practices are required to accept and participate in this service (as it is an essential service).**
26. Data will be extracted monthly through GPES to support the automated payments for shingles vaccination events administered in the preceding month.
27. Where a shingles vaccination event is not correctly recorded or is not recorded within GP IT systems within the month it took place, these vaccination events may not be included in the monthly extract. In these circumstances, the practice will need to raise the missing vaccination events with their commissioner and the claim will either need to be through a:

- a. manual adjustment in CQRS before the payment is approved by the service provider and commissioner in CQRS, or
- b. payment variation managed outside of CQRS.

### Timings between doses

28. It is important that practices offer the second dose of Shingrix® within the specified timeframes as required by the programme to ensure individuals complete the course. The GPES extract will therefore look for second doses given within these timeframes and the timing between doses will be calculated in days as follows:
- a. severely immunocompromised cohort - eight weeks to six months will be 56 to 186 days calculated as eight weeks x seven days, and six months x 31 days respectively; and
  - b. immunocompetent cohort – six months to 12 months will be 186 days to 372 days calculated as six months x 31 days, and 12 months x 31 days respectively.

### Payment for second doses given outside of the defined timescales

29. From a purely clinical perspective, it is important that an individual does get a second dose of Shingrix®, even if this is outside of the specified timings (noting that immunocompetent individuals are eligible until they turn 80 and require a second Shingrix® dose to complete the course before their 81<sup>st</sup> birthday). While the requirement is for the second dose to be given within the specific timeframes, there may be circumstances where this is not possible. In recognition of this and to encourage giving the second dose, the GPES extract will include counts that do not include an upper timing between the doses.
30. There will be three counts for each cohort (with the exception of 70-79 year olds given Zostavax):
- a. one payment count for the first dose;
  - b. one payment count for the second dose given within the timeframe between doses; and
  - c. 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 for payment purposes of day before 81<sup>st</sup> birthday).

### GPES payment extracts

31. The GPES payment extracts will be divided into the following four groups, which in turn cover the eligible cohorts as outlined in section 3.

- a. Group 1: those aged 70 to 79 years on 31 August 2023 who are immunocompetent who will receive Zostavax until stocks are depleted after which time, they will be picked up under group 3 (existing routine programme to deplete Zostavax),
  - b. Group 2: those aged 50 years and over at the point of vaccination who fall within an immunocompromised cohort who will receive two doses of Shingrix (new routine programme for immunocompromised),
  - c. Group 3: those aged 70 to 79 years at the point of vaccination who are immunocompetent who will receive two doses of Shingrix on or after 1 September 2023 (new routine programme), and
  - d. Group 4: those aged 65 years on or after 1 September 2023 and at the point of vaccination who are immunocompetent who will receive two doses of Shingrix (catch-up programme).
32. Except for group 1 above (70 to 79 year olds given Zostavax) all other groups (2 to 4 above) will be offered two doses of Shingrix.
33. The shingles immunocompromised cohort will be automatically identified via the GPES payment extract. However, due to the restrictions in the way data can be extracted from GP clinical systems, it is not possible to exactly extract data in accordance with the Green Book definitions for the shingles immunocompromised cohort. The shingles immunocompromised cohort has therefore been developed in the GPES extract to be largely over-inclusive for payment purposes and will include some patients who do not strictly meet the Green Book shingles definition for severe immunosuppression. The reason the GPES extract is largely over-inclusive is to support clinical discretion and reduce the need for manual payment claims that would otherwise be required if the GPES extract was not over-inclusive. However, there are also some areas of under-inclusion where technical and coding limitations mean it is not possible to fully identify all eligible patients (for example dose of steroids or a combination of drugs). Practices wishing to use the GPES immunocompromised logic to identify eligible patients for call and recall should be mindful of the over-inclusive and under-inclusive nature of the count and review the patient list accordingly to offer vaccination to eligible patients only.
34. Patients are considered as 'immunocompromised' for the purposes of the GPES extract where:
- a. the patient has a clinical code on their medical record indicating any of the following up to and including the end of the month in which the shingles vaccination was administered:
    - Acquired immune deficiency syndrome (AIDS);



- Human immunodeficiency virus (HIV) diagnosis;
- Graft versus host disease (GVHD);
- Haematological malignancy;
- Lymphoproliferative disorder code;

OR

- b. the patient has a clinical code indicating any of the following in the period stated in brackets up to and including their first shingles vaccination of any kind OR up to and including the end of the month in which the shingles vaccination was administered:
- Unresolved persisting immunosuppression diagnosis (ever);
  - Unresolved expiring immunosuppression diagnosis (last six months);
  - Immunosuppressive procedure (last six months);
  - Immunosuppressive drug (last six months);
  - Allograft stem cell transplant code (last 24 months);
  - Autograft stem cell transplant (last 24 months);
  - Disease-modifying antirheumatic non-drug code (last 6 months);
  - Radiotherapy treatment (last six months).

35. The SNOMED clinical codes included in the code clusters (also known as the reference sets) to support the criteria outlined in paragraph 34 are available for review on the [Primary Care Domain Reference Set Portal](#). The content of the code clusters is subject to change as new SNOMED codes are introduced and/or the definitions within the code clusters are refined. The way in which a patient's inclusion in the relevant payment counts is determined through application of the clinical codes, is set out within the [business rules documents](#).
36. Additionally, to address the restrictions in the way in which clinical data can be extracted from GP clinical systems and to further support general practice, we have requested and had approval of a new clinical code for 'requires shingles vaccination'.
37. This code will enable clinicians to use clinical discretion when identifying an individual who should be offered Shingrix® due to their severe immunocompromised status but who will not be picked up by the automated definitions in the GPES business rules as outlined above. As such, there will be additional payment counts for those clinically identified as severely immunocompromised from aged 50 years through usage of the new 'requires shingles vaccination' code. This new code will need to be added to the patient's medical record either before or on the same day as the administration of the first Shingrix® vaccination event to ensure the patient is picked up in the 'requires shingles vaccination' counts. The GPES extract will look for the 'requires shingles vaccination' code up to 12 months before the first Shingrix® vaccination event and until the end of the month

(reporting period) in which the vaccination event occurs. This code will only need to be added once and will not need to be re-coded for the second dose. Practices will not be required to use this code for every patient identified as severely immunocompromised for a shingles vaccination, but rather for those where the practice is unsure if they will be picked up under the automated GPES immunocompromised cohort or where clinical discretion has been applied to offer a shingles vaccination.

38. The following payment counts will apply from 1 September 2023 for each of the four groups:

<b>Group 1</b>	70-79 years and immunocompetent who will receive Zostavax (one extract).
<b>Group 2</b>	Immunocompromised 50 years and over (six extracts): <ul style="list-style-type: none"> <li>• 50+ first dose,</li> <li>• 50+ second dose given between 8 weeks to 186 days after first dose,</li> <li>• 50+ second dose given at least 8 weeks after first dose until any time thereafter,</li> <li>• 50+ and 'requires shingles vaccination' first dose,</li> <li>• 50+ and 'requires shingles vaccination' second dose given between 8 weeks to 186 days after first dose, and</li> <li>• 50+ and 'requires shingles vaccination' second dose given at least 8 weeks after first dose until any time thereafter.</li> </ul>
<b>Group 3</b>	Immunocompetent 70-79 years (three extracts): <ul style="list-style-type: none"> <li>• 70-79 first dose,</li> <li>• 70-79 second dose given between 186 days to 372 days after first dose, and</li> <li>• 70-79 second dose given at least 186 days after first dose until 81 years.</li> </ul>
<b>Group 4</b>	Immunocompetent 65 years (three extracts): <ul style="list-style-type: none"> <li>• 65 years on or after 1 September 2023 and at point of vaccination first dose,</li> <li>• 65 years on or after 1 September 2023 and at point of vaccination second dose given between 186 days to 372 days after first dose, and</li> <li>• 65 years on or after 1 September 2023 and at point of vaccination second 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 immunocompetent 70-79 cohort).</li> </ul>

39. These counts will be effective until 31 August 2024 after which time the extract will be updated to extend the catch-up programme. The payments count will therefore run on a rolling 1 September to 31 August cycle in line with the programme. For example, from 1 September 2024 to 31 August 2025 the extract will include those who turned 65 during

this period, as well as those who are 66 (having turned 65 during 1 September 2023 to 31 August 2024) and who have been vaccinated.

40. To support practices in understanding how the payment counts will be operationalised, several scenarios have been included in Annex A.

## 6. Clinical codes for recording shingles vaccinations

41. Practices will be required to use the clinical codes set out in Table 1 to record shingles vaccinations from 1 September 2023.
42. Practices will be required to ensure that updates are undertaken to any locally created templates, within their clinical systems, to accommodate the coding changes for this programme. The use of incorrect codes will result in the vaccination event not being captured by the GPES extract and practices will need to re-code the vaccination event accordingly in the patient's medical record, claiming the relevant payment as outlined in section 5.

Table 1: Shingles clinical codes to enable payment extracts

<b>Zostavax codes</b>	
871898007	Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure)
871899004	Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via subcutaneous route (procedure)
<b>Shingrix first dose</b>	
1326101000000105	Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
<b>Shingrix second dose</b>	
1326111000000107	Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
<b>Requires shingles vaccination</b>	
1730561000000103	Requires vaccination against herpes zoster (finding)

43. The service will also look for the following code, but this code will not confer eligibility for payment on the basis it is in respect of shingles vaccination administered by another healthcare provider.

868511000000106	Herpes zoster vaccination given by other health care provider (finding)
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44. The following codes will no longer confer eligibility for payment in the GPES extract. While these clinical codes continue to exist, practices are advised to stop using them so as to avoid not being paid.

722215002	Administration of vaccine product containing only Human alpha herpesvirus 3 antigen for shingles (procedure)
859641000000109	Herpes zoster vaccination (procedure)

## 7. Helpful resources

45. The following resources have been published:

- a. Shingles vaccination programme [letter](#) on changes from September 2023
- b. Shingles [Patient Group Directions \(PGD\)](#) template
- c. Shingles vaccinations [guidance](#) for healthcare practitioners
- d. Shingles vaccination [guide](#)
- e. [Green Book Chapter 28a](#)
- f. [Shingles eligibility calculator](#) – from September 2023

## **Annex A: Vaccination outside of the National Routine Vaccination Schedule (NHS programme)**

1. Practices are commissioned to deliver vaccinations that fall under the [National Routine Vaccination Schedule](#) alongside some selective vaccination programmes for patients in clinical risk groups as per the Green Book recommendations. Under the GP contracts, Paragraphs 19(4) and 19(5) in Part 5 of the [Statement of Financial Entitlements \(SFE\)](#) set out the circumstances in which a practice is eligible for an IoS payment for delivering a vaccination. These circumstances would have due regard to the requirements set out in tables 1-4 (see pages 51 to 55 of the 2023 SFE), including where this may be for medical reasons (including post-transplant).
2. A practice would therefore be eligible for an IoS payment where it has administered additional doses of any of the vaccines set out in the SFE for medical reasons, but this would be where the individual being vaccinated would already have passed the age eligibility stipulated, in line with the routine number of doses as per the Green Book. The SFE does not allow for payment of an IoS fee outwith of the bounds of the National Routine Vaccination Schedule (NHS programme) for example where the individual may require re-vaccination for medical reasons prior to being eligible or in a scenario where they have never been eligible under the routine schedule and as set out in tables 1-4 in the SFE.
3. Where revaccination for medical reasons is required and this falls within the bounds of the National Routine Vaccination Schedule (and tables 1-4 in the SFE) the practice may use centrally supplied vaccines. Where additional doses are required and these are not in line with the [National Routine Vaccination Schedule](#), the practice will be required to procure the vaccine and claim reimbursement. It will, under this circumstance, be a decision for the commissioner on whether the practice may receive an IoS payment.
4. We understand some practices may be reluctant to undertake the responsibility of managing a personalised immunisation pathway for a patient who is under the responsibility of a specialist secondary care team managing their care. Practices cannot give these additional vaccines under a Patient Group Direction which is the current legal framework under which they use to deliver the routine vaccinations under the UK vaccination programme. Some of the vaccines recommended by secondary care for patients with a specific medical condition will fall under the off-license protocol and practices may not feel comfortable to write a Patient Specific Direction to cover such scenarios. We would suggest that the clinician leading on the care of the patient to have a conversation with the patient's practice to discuss further taking into account the clinical need of the patient and current contractual position for practices. The practice can also discuss with their local commissioning team.

## Annex B: Operationalisation of the GPES counts

This Annex provides several scenarios to explain how the GPES extract will operate to support the shingles vaccination programme. They are not exhaustive.

### 1. Scenario 1 – Zostavax® for an immunocompetent individual aged between 70-79 years on or before 31 August 2023

Patient A is immunocompetent and will be 72 years old on 31 August 2023 so is eligible for Zostavax® until stocks are depleted. The practice administers a Zostavax® vaccination on 3 November 2023 and this is recorded using the clinical code 871898007.

Patient A will therefore be included in the practice's November 2023 GPES extract for payment, with this extract taking place in early December 2023. See table for summary.

Patient A: 72 years old on 31 August 2023		
Date	Code	Event
03/11/2023	871898007 – Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure)	Patient receives Zostavax vaccination
Result: eligible for single payment for November 2023 activity		

### 2. Scenario 2 – Zostavax® for an immunocompetent individual aged between 70-79 years on or before 31 August 2023

Patient B is immunocompetent and turned 72 years on 31 August 2023, so is eligible for Zostavax® until stocks are depleted. The medical record for Patient B includes a shingles vaccination recorded on 1 March 2010 using clinical code 859641000000109 and subsequently a Zostavax® vaccination recorded on 1 November 2023 using clinical code 871898007.

Patient B will therefore not be included in the practice's November 2023 GPES extract for payment as the Zostavax® record is not Patient's B first shingles vaccination. See table for summary.

Patient B: 72 years old on 31 August 2023		
Date	Code	Event
01/03/2010	859641000000109 (Herpes zoster vaccination (procedure))	Patient receives shingles vaccination
01/11/2023	871898007 – Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure)	Patient receives Zostavax vaccination
Result: not eligible for single payment for November 2023 activity – Zostavax® vaccination in reporting period is not patient's first shingles vaccination		

3. Scenario 3 – Shingrix® for an immunocompetent individual aged between 70-79 years on or before 31 August 2023

Patient C is immunocompetent and turned 72 years on 31 August 2023, so was eligible for Zostavax® vaccination but stocks have been depleted. The practice can therefore offer and administer Shingrix®. The practice administers the first dose of Shingrix® on 1 October 2023 using clinical code 1326101000000105 and the second dose on 1 June 2024 using clinical code 1326111000000107. Note: Patient C will not be counted in the Zostavax® count, as provisions have been made in the GPES extract accordingly.

Patient C will therefore be included in the practice’s October 2023 and June 2024 GPES extracts for payment. See table for summary.

<b>Patient C: 72 years old on 31 August 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/10/2023	1326101000000105 – Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/06/2024	1326111000000107 – Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for two payments – patient was eligible for Shingrix® vaccination due to the depletion of Zostavax® and the practice has administered the two doses within the required minimum timeframe between doses with the first dose included in the October 2023 activity and the second in the June 2024 activity.		

4. Scenario 4 – Shingrix® for an immunocompetent individual turning 70 years on or after 1 September 2023

Patient D is immunocompetent and turned 70 years on 1 October 2023, so is eligible for a Shingrix® vaccination. The practice administers the first dose of Shingrix® on 31 October 2023 using clinical code 1326101000000105 and the second dose on the 15 June 2024 using clinical code 1326111000000107.

Patient D will therefore be included in the practice’s October 2023 and June 2024 GPES extracts for payment. See table for summary.

<b>Patient D: 70 years old on 1 October 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
31/10/2023	1326101000000105 – Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination



15/06/2024	1326111000000107 – Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for two payments – the first dose will be included in the October 2023 activity and the second in the June 2024 activity.		

5. Scenario 5 – immunocompromised

Patient E is immunocompromised and turned 55 years on 1 September 2023, so is eligible for shingles vaccination. The medical record for Patient E confirms immunosuppression through the clinical coding of a bone marrow transplant on 1 January 2022. The practice administers the first dose of Shingrix® on 10 November 2023 using clinical code 1326101000000105 and the second dose on 1 February 2024 using clinical code 1326111000000107.

Patient E will therefore be included in the practice’s November 2023 GPES extract for payment of the first dose of Shingrix® and in the February 2024 GPES extract for payment of the second dose of Shingrix®. See table for summary.

<b>Patient E: 55 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/01/2022	149303000 – Bone marrow transplant (procedure)	Patient received allograft stem cell transplant
10/11/2023	1326101000000105 – Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/02/2024	1326111000000107 – Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for two payments – patient’s first shingles vaccination is Shingrix provided in the 24-month period following bone marrow transplant (November 2023 activity), second vaccination is a Shingrix® second dose (February 2024 activity).		

6. Scenario 6 – immunocompromised

Patient F is immunocompromised and turned 55 years on 1 September 2023, so is eligible for shingles vaccination. The medical record for Patient F confirms immunosuppression through the clinical coding of a bone marrow transplant on 1 January 2022. The medical record for Patient F also confirms a first dose Shingrix® vaccination recorded on 1 August 2023 using clinical code 1326101000000105. The practice administers a second dose of Shingrix® on 1 February 2024 using clinical code 1326111000000107.



Patient F will therefore only be included in the practice's February 2024 GPES extract for payment of the second dose of Shingrix®. The first dose of Shingrix® was given prior to 1 September 2023 when the NHS Shingles Vaccination Programme changed to lower the age of eligibility for immunosuppressed individuals to 50 years and over. As such the practice was not eligible for payment of the first dose of Shingrix® as it was administered prior to the programme changes being implemented. See table for summary.

<b>Patient F: 55 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/01/2022	149303000 – Bone marrow transplant (procedure)	Patient received allograft stem cell transplant
01/08/2023	1326101000000105 – Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/02/2024	1326111000000107 – Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for one payment – patient's first shingles vaccination is prior to service start and prior to age 55 (no payment), second dose is a Shingrix® dose after a first dose which was provided in the 24-month period following bone marrow transplant (February 2024 activity payment)		

7. Scenario 7 – stem cell transplant for individual under 50 years of age

Patient G was 49 years old on 1 July 2023 and had a stem cell transplant on 1 August 2023. The practice administers a first dose Shingrix® vaccination recorded on 5 December 2023 using clinical code 1326101000000105 and a second dose of Shingrix® on 1 March 2024 using clinical code 1326111000000107.

Patient G will not be included in any GPES extract as they are not eligible under the NHS Shingles Vaccination Programme. The practice has instead agreed to provide the vaccinations as part of Patient G's treatment plan post stem cell transplant as set out within the Green Book. See paragraphs 19-21 for further details explaining why Patient E will not be eligible. See table for summary.

<b>Patient G: 49 years old on 1 July 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/08/2022	149303000 – Bone marrow transplant (procedure)	Patient received allograft stem cell transplant

05/12/2023	1326101000000105 – Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/03/2024	1326111000000107 – Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: not eligible payment – patient does not fall within the NHS Shingles Vaccination Programme.		

8. Scenario 8 - Shingrix® vaccination for individual clinically identified as requiring a shingles vaccination

Patient H was 55 years old on 1 September 2023. The practice has identified that Patient H falls within one of the immunosuppression cohorts as per the Green Book definitions and administers a first dose Shingrix® vaccination on 1 October 2023. It is recorded using clinical code 1326101000000105. The practice identifies that Patient H was not included in the October 2023 GPES extract due to not being picked up under the immunosuppression payment count and adds a 'requires shingles vaccination' code using 1730561000000103 to Patient H's medical record on 20 November 2023. The practice then administers the second dose of Shingrix® on 1 February 2024 using clinical code 1326111000000107.

Patient H will be included in the February 2024 GPES extract in the 'requires shingles vaccination' count for the second dose. This is because the 'requires shingles vaccination' code was added to Patient H's medical record before the second dose was administered. However, Patient H will not be included in the October 2023 GPES extract as the 'requires shingles vaccination' code was not included in Patient H's medical record before the first dose was administered. The practice will need to manually claim for this first dose. See table for summary.

<b>Patient H: 55 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/10/2023	1326101000000105 - Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
20/11/2023	1730561000000103 - Requires vaccination against herpes zoster (finding)	Requires shingles vaccination' code added to patient record

01/02/2024	1326111000000107 - Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for one payment - patient's first Shingrix vaccination delivered prior to 'requires shingles vaccination' code and 'requires shingles vaccination' code not added to record within vaccination's reporting month (no October activity payment), second Shingrix <sup>®</sup> vaccination delivered after addition of 'requires shingles vaccination' (February 2024 activity payment).		

9. Scenario 9 - Shingrix<sup>®</sup> vaccination for immunocompetent catch-up with second dose given on or after the minimum six months interval between doses

Patient I was 64 years age of 1 September 2023 and turned 65 years old on 1 October 2023. Patient I is immunocompetent and therefore becomes eligible for the NHS Shingles Vaccination Catch-up Programme from this date (i.e. their 65th birthday). The practice administers a first dose Shingrix<sup>®</sup> vaccination on 1 November 2023 using clinical code 1326101000000105 and a second dose of Shingrix<sup>®</sup> on 1 June 2024 using clinical code 1326111000000107.

Patient I will therefore be included in the practice's November 2023 GPES extract for payment of the first dose of Shingrix<sup>®</sup> and in the June 2024 GPES extract for payment of the second dose of Shingrix<sup>®</sup> which was given more than six months after the first dose. See table for summary.

<b>Patient I: 64 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/10/2023	N/A	Patient turns 65
01/11/2023	1326101000000105 - Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/06/2024	1326111000000107 - Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for two payments - patient turns 65 in reporting year, receives first Shingrix <sup>®</sup> vaccination whilst aged 65 (November 2023 activity payment), receives second Shingrix <sup>®</sup> vaccination >6 months after first Shingrix vaccination (June 2024 activity payment).		

10. Scenario 10 - Shingrix® vaccination for immunocompetent catch-up with second dose given before the six months interval between doses

Patient J was 64 years age of 1 September 2023 and turned 65 years old on 1 October 2023. Patient J is immunocompetent and therefore becomes eligible for the NHS Shingles Vaccination Catch-up Programme from this date (i.e. their 65th birthday). The practice administers a first dose Shingrix® vaccination on 1 November 2023 using clinical code 1326101000000105 and a second dose of Shingrix® on 1 March 2024 using clinical code 1326111000000107.

Patient J will therefore be included in the practice’s November 2023 GPES extract for payment of the first dose of Shingrix®. Patient J will not be included in the March 2024 GPES extract for payment of the second dose of Shingrix®, this is because the second dose was given less than six months after the first dose which is outside the required minimum interval between doses. See table for summary.

To be eligible for a shingles vaccination in the catch-up programme the patient must both turn 65 years on or after 1 September 2023 and be 65 years of age at the point of vaccination.

<b>Patient J: 64 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/10/2023	N/A	Patient turns 65
01/11/2023	1326101000000105 - Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/03/2024	1326111000000107 - Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for one payment - patient turns 65 in reporting year, receives first Shingrix® vaccination whilst aged 65 (November 2023 activity payment), receives second Shingrix® vaccination <6 months after first Shingrix® vaccination (no March 2024 activity payment).		

11. Scenario 11 - Shingrix® vaccination for immunocompetent catch-up given to individual who did not turn 65 years during 1 September 2023 to 31 August 2024 (the reporting year)

Patient K was 65 years of age on before 31 August 2023 and turned 66 years on 1 December 2023 and is therefore not eligible for the NHS Shingles Vaccination Programme until they turn 70 years of age during 2027/28. Despite Patient K not being eligible, the practice administers a first dose Shingrix® vaccination on 1 November 2023 using clinical code 1326101000000105 and a second dose of Shingrix® on 1 June 2024 using clinical code 1326111000000107.

Patient K will not be included in the in the practice’s November 2023 GPES extract for payment of the first dose of Shingrix® nor the June 2024 GPES extract for payment of the second dose of Shingrix®. This is because Patient K did not turn 65 years during the reporting year. See table for summary.

<b>Patient K: 65 years old before 31 August 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/11/2023	1326101000000105 - Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/12/2023	N/A	Patient turns 66
01/06/2024	1326111000000107 - Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for no payments - patient does not turn 65 in reporting year.		

**12. Scenario 12 - Shingrix® vaccination for immunocompetent catch-up given to individual who turned 65 years on 1 September 2023**

Patient L turned 65 on 1 September 2023 and is therefore eligible for the NHS Shingles Vaccination Programme. The practice administers a first dose Shingrix® vaccination on 1 November 2023 using clinical code 1326101000000105 and a second dose of Shingrix® on 1 June 2024 using clinical code 1326111000000107.

Patient L will be included in the in both the practice’s November 2023 and June 2024 GPES extract for payment.

<b>Patient K: 65 years old on 1 September 2023</b>		
<b>Date</b>	<b>Code</b>	<b>Event</b>
01/11/2023	1326101000000105 - Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives first Shingrix vaccination
01/06/2024	1326111000000107 - Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)	Patient receives second Shingrix vaccination
Result: eligible for two payments - patient turned 65 on the 1 September 2023, which was in reporting year, receives first Shingrix® vaccination whilst aged 65 (November 2023 activity payment), receives second Shingrix® vaccination >6 months after first Shingrix vaccination (June 2024 activity payment).		