Maximising shingles vaccination payments

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The routine shingles vaccination service comes under the additional services section of the GMS Statement of Financial Entitlement Directions, with a separate specification that requires the vaccination to be 'provided'. A catch-up shingles enhanced service is also available, although the target age cohorts fall under the routine schedule.

The scheme does not require a call and recall system.

Using current estimates about 1% of the population will achieve their 70th birthday each year so for a practice of 5,000 patients this would be 50 patients and complete coverage would provide an income of £503 each year.

Key points

- Run a monthly search of all patients turning 70 and invite them to have the vaccination.
- There are a number of acceptable Read codes. Errors can be reduced if everyone in the practice agrees to use the same one.
- Practices must be signed up as delivering the service or accepting a quality service on CQRS (Calculating Quality Reporting System).

Shingles affects around 790 to 880 out of 100,000 people in the 70–79 age group each year. The vaccine has been shown to reduce shingles in over-65s by 38%. This is an important figure that can be used to encourage reluctant patients.

The target cohort for the routine shingles vaccination programme is patients turning 70, but there is sufficient vaccine in the supply chain to immunise all 70-somethings. There is also a catch-up shingles vaccination enhanced service for 78 and 79 year olds, which requires sign up by 30 June. However, the specification of the routine shingles programme essentially includes the catch-up cohort, in that it is effectively anyone aged over 70 and under 80 at the time of vaccination.

What it is worth to practices

The fee for administration of this vaccine is £10.06 and this is covered in the Statement of Financial Entitlements (SFE). The vaccine can be ordered through ImmForm (the link only works in Internet Explorer) at no cost to the practice. The population requiring this vaccine varies for practices, but on average it tends to be a tenth of the population aged 70-79 years.

How to claim and ensure payment

Practices must be signed up as delivering the service or accepting a quality service on CQRS (Calculating Quality Reporting System) in order for payments to be made. These data are extracted via GPES (General Practice Extraction Service) run by NHS Digital.

Payment requires correct clinical coding. There are a number of acceptable Read codes. Errors can be reduced if everyone in the practice agrees to use the same code eg, 'Herpes Zoster Vaccination' which is 65FY. (NB The stop is part of the code).

Payments will be made monthly. Check the Open Exeter statement every month to ensure all the claims made correspond with monies received and make sure that any errors are chased up swiftly. Any problems should be addressed initially with the commissioner (which is the CCG if delegated co-commissioning or NHS England otherwise), and CQRS and GPES errors can also be pursued via NHS Digital.

How to maximise coverage

- Run a monthly search of all patients turning 70 and invite them to have the vaccination.
- Tag the notes of all unimmunised 70-somethings for opportunistic reminders.
- Ensure shingles vaccine is available during seasonal flu clinics and offer the two vaccines together to unimmunised patients.
- Run searches of patients over 78 or 79 but under 80 and actively invite them – a personal phone call can be a good idea here. This group represents a lost opportunity once they turn 80.
- Have a shingles campaign with waiting room posters emphasising how unpleasant shingles is and how easily it can be prevented.
- Send reminders via repeat prescription lists.
- Include information on the practice website under 'services we offer''.
- Remind patients in the practice newsletter.

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