

## Enhanced service specification

### Shingles (catch-up) vaccination programme

NHS England gateway reference: 01773

#### Introduction

1. All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This Enhanced Service (ES) specification outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.
2. This ES is directed at GP practices delivering vaccination and immunisation services in England.
3. This ES is agreed between NHS Employers (on behalf of NHS England) and the General Practitioners Committee (GPC) of the British Medical Association (BMA).

#### Background

4. In March 2012, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that routine shingles vaccination should be added to the adult programme for patients aged 70 to 79. The roll out of this programme will be considered by NHS England, Public Health England (PHE) and the Department of Health (DH) and will be phased in over a period of time due to both vaccine supply and ensuring a manageable implementation process.
5. Routine shingles vaccination for patients aged 70 and a catch-up programme, initially targeted at patients aged 79, were introduced on 1 September 2013 as part of the 2013/14 General Medical Services (GMS) Contract changes. The catch up programme has been extended for 2014/15, to target patients aged 78 and 79 on 1 September 2014.
6. It is anticipated that the extended catch-up programme will involve vaccinating up to approximately 713,000 patients (in England) over a 12 month period.
7. One single vaccination offers protection against shingles. Zostavax® (marketed by Sanofi Pasteur MSD) is the only licensed vaccine for the prevention of shingles in Europe. The license is for the use of adults aged 50 years and over. It

contains a live strain of the virus and is supplied in a pre-filled syringe. Zostavax® can be administered at the same time as the seasonal influenza vaccine.

8. Further details on the background, dosage, timings and administration of the vaccination can be found in the Green Book<sup>1</sup> and supporting guidance<sup>2</sup>.

## Aims

9. The aim of this ES is to support NHS England area teams in establishing shingles (herpes zoster) vaccination services with GP practices in order to prevent cases of the disease and deaths.

## Process

10. This ES commences on 1 September 2014 until 31 August 2015.
11. NHS England area teams will offer this ES to GP practices by 30 June 2014.
12. GP practices will be required to confirm participation in this ES by no later than 31 July 2014.
13. NHS England will record GP practices' participation on the Calculating Quality Reporting Service (CQRS).

## Service Specification

14. The requirements for the GP practices participating in the ES are as follows:
  - i. **Provide shingles (herpes zoster) vaccination to** eligible patients on an opportunistic basis or who self-present at the GP practice from 1 September 2014 to 31 August 2015; unless immunisation is contra-indicated.
  - a. Eligible patients are those who:
    - are aged 78 or 79 on 1 September 2014; and
    - have not previously had any shingles (herpes zoster) vaccination; and
    - are immunised during the timeframe of the programme 1 September 2014 to 31 August 2015.

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<sup>1</sup> DH. Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>2</sup> NHS Employers. Vaccination and immunisation programmes 2014/15 guidance and audit requirements. [www.nhsemployers.org/GMScontract2014-15](http://www.nhsemployers.org/GMScontract2014-15)

- b. Immunisation is contra-indicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.
  - c. There is no requirement for practices to operate active call and recall, but instead offer vaccination to eligible patients when they self-present or opportunistically as they access GP services.
- ii. **Take all reasonable steps to ensure that the medical records of patients receiving the shingles vaccination are kept up to date with regard to the immunisation status** and in particular, include:
  - a. any refusal of an offer of immunisation.
  - b. where an offer of immunisation is accepted:
    - i. details of consent to the immunisation (including persons that have consented on the patient's behalf and that person's relationship to the patient must also be recoded),
    - ii. the batch number, expiry date and title of the vaccine,
    - iii. the date of administration,
    - iv. where other vaccines are administered in close succession (for example influenza), the route of administration and the injection site of each vaccine,
    - v. any contra-indication to the vaccination or immunisation,
    - vi. any adverse reactions to the vaccination or immunisation,
    - vii. where vaccines have been administered by other healthcare providers, where notified by the patient or other healthcare provider, should ensure that the patient record is updated accordingly.
- iii. **Ensure that all healthcare professionals who are involved in administering the vaccine have:**
  - a. referred to the clinical guidance available
  - b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
- iv. **Ensure all orders of vaccine are in line with national guidance**, including adherence to any limits on stocks to be held at any one time. The vaccine currently advised for this programme is Zostavax®. Zostavax® will be centrally supplied and can be ordered online from ImmForm as per other centrally supplied vaccines.
- v. **Ensure all vaccines are stored in accordance with the manufacturer's instructions.** All refrigerators in which the vaccines are stored should have

a maximum/minimum thermometer and readings are to be taken and recorded from that thermometer on all working days.

- vi. **Ensure that services are accessible, appropriate and sensitive to the need of all patients.** No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion and/or age.
- vii. **Providers will monitor and report activity information via ImmForm on a monthly basis.** The activity information shall include a monthly count of all eligible patients who received shingles vaccination in the relevant month.
- viii. **Practices who agree to participate in this ES will be required to indicate acceptance on CQRS to enable CQRS to calculate the monthly payment achievement data via manually entered data or via the general practice extraction service (GPES).**
- ix. **Practices will be required to input data manually into CQRS (until such time as GPES is available), on a monthly basis for the period 1 September 2014 to 31 August 2015.** The Read codes which must be used to record activity are available in the document “Technical requirements for 2014/15 GMS contract changes”<sup>33</sup>.

## Monitoring

- 15. NHS England through area teams will monitor this ES.
- 16. Practices will report data manually on to CQRS until such time as GPES is available to extract data, on a monthly basis from October 2014 relating to the number of patients on the practices registered list, who are aged 78 or 79 on 1 September 2014 and who are recorded as being vaccinated against shingles during the period 1 September 2014 to 31 August 2015.

## Payment and validation

- 17. Payments will commence in October 2014 and be made on a monthly basis.
- 18. Practices who wish to participate in this ES will be required to sign up to CQRS by no later than 31 August 2014.
- 19. Payment is available to participating GP practices under this ES as an item of service payment of £7.64 per dose which:
  - is delivered in the period from 1 September 2014 to 31 August 2015,

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<sup>33</sup> NHS Employers. Technical requirements for 2014/15 GMS Contract changes.  
[www.nhsemployers.org/GMScontract2014-15](http://www.nhsemployers.org/GMScontract2014-15)

- is in respect of each registered patient who is aged 78 or 79 on 1 September 2014; and;
  - has not previously had any shingles vaccination.
20. GP practices will only be eligible for payment for this ES in circumstances where all of the requirements have been met including.
- 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 payment is being claimed.
    - ii. All patients in respect of whom payment is being claimed were within the cohort (as specified in paragraph 13.i.a) 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 (should this be the case, then NHS England may reclaim any payments as set out in the annex).
    - iv. The GP practice submits the claim within six months<sup>4</sup> of administering the vaccine (NHS England may set aside this requirement if it considers it reasonable to do so).
21. As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.
22. NHS England area teams will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES. NHS England may make use of the additional information extracted by GPES on complete and incomplete vaccinations.
23. Administrative provisions relating to payments under the ES are set out in the Annex.

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<sup>4</sup> In line with the SFE and only applicable if CQRS is not being used.  
<http://www.nhsemployers.org/GMS2014-15>

## **Annex. Administrative provisions relating to payments under the ES for shingles (catch-up) vaccination programme**

1. Payments under this ES are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The amount calculated as payment in the period 1 September 2014 to 31 August 2015 falls due from October on the last day of the month following the month during which the GP practice provides the information specified in this ES.
3. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
  - a. the GP practice must make available to NHS England any information under this ES, which NHS England needs and the GP practice either has or could be reasonably expected to obtain,
  - b. the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
  - c. all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, NHS England may, in appropriate circumstances, withhold payment of any or any part of, an amount due under this ES that is otherwise payable.
5. If NHS England makes a payment to a GP practice under this ES and:
  - a. the contractor was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);
  - b. NHS England was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or
  - c. NHS England is entitled to repayment of all or part of the money paid,

NHS England may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice and where no such deduction can be made; it is a condition of the payments made under this ES that the contractor must pay to NHS England that equivalent amount.

6. Where the NHS England is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and NHS England does so

or recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 5, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

### **Provisions relating to GP practices that terminate or withdraw from this ES prior to 31 August 2015 (subject to the provisions below for termination attributable to a GP practice split or merger)**

7. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates or the GP practice withdraws from the ES prior to 31 August 2015, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.
8. In order to qualify for payment in respect of participation under this ES, the GP practice must provide NHS England with the information in this ES specification or as agreed with area teams before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the ES agreement.
9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 August 2015 will be based on the number of vaccinations given, prior to the termination or withdrawal.

### **Provisions relating to GP practices who merge or split**

10. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new agreement to provide this ES.
11. The ES agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 7 of this annex.
12. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the agreement for this ES, will be assessed and any new arrangements that may be agreed in writing with NHS England, will commence at the time the GP practice(s) starts to provide such arrangements.
13. Where that agreement is entered into and the arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with this ES specification as of this commencement date.

## Provisions relating to non-standard splits and mergers

14. Where the GP practice participating in the ES is subject to a split or a merger and:

- a. the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of NHS England, lead to an inequitable result; or,
- b. the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

NHS England may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.

**[End]**