NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator IND219

The percentage of patients who reached 75 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 75 years.

Importance

Considerations	Assessment
The Department of Health and Social Care (DHSC) will publish a vaccination strategy in Autumn 2020 to maintain and develop the UK immunisation programme.	The indicator reflects a specific priority area identified by the DHSC.
The routine shingles vaccination programme in England offers the shingle vaccine to those who are 70 years old. Adults are eligible until their 80th birthday.	
The GMS SFE directions 2013 state that the shingles immunisation programme is classified as an additional service.	
National shingles vaccine coverage is published by Public Health England. Cumulative data for patients turning 71 to 77 years between 1 April 2019 and 31 March 2020 and vaccinated by end-March 2020 shows national coverage (England) of 47.8% for 71-year olds (eligible for vaccine since 2018). National coverage (England) for 75 year olds (eligible for vaccine since 2015) for the same time frame is 74.3% with regional coverage reported by NHS local team ranging from 69.8% (London) to 77.3% (Hampshire, Isle of Wight and Thames Valley).	The indicator relates to an area where there is known variation in practice. The indicator addresses under-treatment.
Shingles is caused by the reactivation of a latent varicella zoster virus infection. Risk and severity of shingles increases with age. Shingles can be painful, and some people are left with long-lasting pain after the initial rash has healed. The reactivated virus can disseminate into the lungs, liver, gut and brain and may also cause disseminated intravascular coagulopathy.	The indicator will lead to a meaningful improvement in patient outcomes.

Evidence base

Considerations	Assessment
Shingles (2019) NICE Clinical Knowledge Summary	The indicator is derived from a high-quality evidence base.
	The indicator measures receipt of the vaccine between 70 and 75 years old. The immunisation schedule states this should be offered at 70 years old. The measurement between 70 and 75 years allows for catch-up of those who missed the vaccine at 70 years but ensures that the vaccine is given when it is most effective.

Specification

Considerations	Assessment
Numerator: The number in the denominator who have received a dose of the shingles vaccine between 70 and 75 years old.	This indicator has defined components necessary to construct the indicator including the numerator, denominator and exclusions.
Denominator: The number of patients who reached 75 years old in the preceding 12 months.	
Exclusions: Patients with a confirmed anaphylactic reaction to a previous dose of the vaccine or any components of the vaccine. Patients who are immunocompromised,	
This indicator would be reported at general practice level for practices with more than 20 eligible patients.	The indicator outlines minimum numbers of patients needed to be confident in the assessment of variation.

Feasibility

Considerations	Assessment
Data for the report by Public Health England is collected from GP IT systems via automated data extraction to the PHE Immform website. Data is extracted quarterly for cohorts reaching 70 years. An annual collection monitors all eligible cohorts.	The indicator is repeatable.
Data for the routine shingles vaccination is submitted from general practice monthly.	
There are codes available for this vaccine and contraindication to the vaccine on SNOMED-CT.	The indicator is measuring what it is designed to measure.
	The indicator uses existing data fields.

Acceptability

Considerations	Assessment
The shingles vaccine is available for those aged 70 years old. Those who missed out on the shingles vaccination remain eligible until their 80th birthday. The vaccine is less effective in those aged 80 or over.	There are some contraindications to the vaccine, but overall, this indicator assesses performance that is attributable to or within the control of the audience.
People who are immunocompromised should not have the shingles vaccine.	
The vaccine should not be administered to individuals who have had a confirmed anaphylactic reaction to a previous dose of varicella-containing vaccine or any component of the vaccine. Data quoted in the <u>Green Book</u> suggests rates of 0.65 to 3 anaphylaxis events per million doses of vaccines given (see <u>Public Health England's Immunisation against infectious disease</u> 2013).	
There is no alternative for patients who decline porcine gelatine containing vaccinations.	
Data is published by Public Health England Shingles vaccination coverage reports quarterly and annually. 95.8% of practices submitted data for the report in quarter 3 2019-20.	The results of the indicator can be used to improve practice.
The change in eligibility criteria and coverage calculation methodology means that comparison between previous years is complex	

Risk

Considerations	Assessment
The vaccine is commonly administered with the influenza vaccine and therefore uptake is greater during flu vaccination season (September to January). This should not affect achievement as this indicator would be measured over a 12-month period.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu.