

# CYLCHLYTHYR IECHYD CYMRU



Dyddiad Cyhoeddi: 7 Ebrill 2017

Llywodraeth Cymru  
Welsh Government

**STATWS: GWEITHREDU**

**CATEGORI: IECHYD Y CYHOEDD**

**Teitl: Newidiadau i'r Rhaglen Brechu rhag yr Eryr**

**Dyddiad dod i ben / Adolygu Amherthnasol**

**I'w weithredu gan:**

Meddygon Teulu  
Prif Weithredwyr, Byrddau Iechyd  
Prif Weithredwr, Iechyd Cyhoeddus Cymru

**At sylw:**

Cyfarwyddwyr Meddygol, Byrddau Iechyd  
Cyfarwyddwyr Gweithredol Nyrsio, Byrddau Iechyd  
Cyfarwyddwyr Iechyd y Cyhoedd, Byrddau Iechyd  
Arweinwyr Imiwneiddio, Byrddau Iechyd  
Dirprwy Gyfarwyddwr Gwasanaethau Iechyd  
Cyhoeddus, Iechyd Cyhoeddus Cymru  
Pennaeth Rhaglen Frechu yn erbyn Clefydau  
Ataliadwy, Iechyd Cyhoeddus Cymru

**Anfonwyd gan:**

Prif Swyddog Meddygol Cymru

**Enw(au) Cyswilt yn Adran Iechyd a Gwasanaethau Cymdeithasol Llywodraeth Cymru :**

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Annwyl Gydweithiwr,

## Y Rhaglen Brechu rhag yr Eryr

1. Cyflwynwyd rhaglen frechu genedlaethol rhag yr eryr ar 1 Medi 2013. Ers hynny mae unigolion sy'n cyrraedd 70 oed yn cael cynnig y brechlyn o dan y rhaglen gyffredinol.
2. Wrth ddechrau'r rhaglen yn 2013, roedd unigolion oedd yn 79 oed hefyd yn cael cynnig y brechlyn fel rhan o raglen raddol i ddal i fyny. Cafodd unigolion oedd yn 78 oed eu hychwanegu ym mis Ebrill 2015.
3. Ers 1 Ebrill 2017, mae'r rhaglen dal i fyny wedi cael ei hestyn i gynnwys unigolion sy'n 77 oed.
4. Nid oes unrhyw newid i gymhwysedd unigolion sy'n 70 oed ar gyfer y rhaglen gyffredinol.
5. Bydd pob unigolyn sy'n gymwys am frechlyn ond sydd heb ei gael eto yn parhau'n gymwys hyd at y diwrnod cyn eu pen-blwydd yn 80.

## Dyddiadau Cyflenwi'r Rhaglen

6. Bydd y rhaglen yn dechrau ar 1 Ebrill o bob blwyddyn ac yn para am 12 mis hyd at 31 Mawrth (blwyddyn frechu).
7. Gall unigolion cymwys, **fel y'u diffinnir isod**, gael eu brechu ar unrhyw adeg yn ystod y cyfnod hwn.

## Carfannau cymwys o 1 Ebrill 2017

8. Bwriedir cadw'r meini prawf ar gyfer cymhwysedd yn ôl oedran ar gyfer blynyddoedd y dyfodol ac ni fydd unrhyw wybodaeth bellach yn cael ei rhannu oni bai bod y meini prawf yn newid eto.
9. Diffinnir pob carfan gymwys yn ôl oedran yr unigolyn ar 1 Medi o bob blwyddyn. Y cleifion cymwys o 1 Ebrill 2017 yw:
  - a. Unrhyw un sy'n 70 oed ar 1 Medi o'r flwyddyn frechu (rhaglen gyffredinol).
  - b. Unrhyw un sy'n 77, 78 neu 79 oed ar 1 Medi o'r flwyddyn frechu (rhaglen dal i fyny).
  - c. Bydd unrhyw un sy'n bodloni'r meini prawf cymhwysedd ers i'r rhaglen ddechrau ar 1 Medi 2013 ond sydd heb gael y brechlyn eto yn parhau'n gymwys hyd at y diwrnod cyn eu pen-blwydd yn 80. Gall y brechlyn gael ei gynnig i'r cleifion hyn pan fydd cyfle'n codi neu ar gais y claf. Ni fydd

angen i'r meddygfeydd nodi na gwahodd cleifion y tu allan i'r flwyddyn frechu gyffredinol sydd wedi'i threfnu ar gyfer y garfan.

Mae'r tabl yn Atodiad 1 yn dangos dyddiadau geni'r carfannau sy'n gymwys ar gyfer y rhaglen dal i fyny.

10. Bydd Llywodraeth Cymru'n monitro'r nifer sy'n cael y brechlyn ac efallai y bydd yn ymestyn y rhaglen dal i fyny i unigolion eraill os bydd hynny'n briodol. Bydd rhagor o wybodaeth yn cael ei rhannu ar yr adeg berthnasol os bydd hyn yn digwydd.
11. Unwaith y bydd y rhaglen dal i fyny wedi'i chwblhau, bydd brechu fesul carfan yn dod i ben a'r brechlyn yn cael ei gynnig i unigolion pan maen nhw'n cyrraedd 70 oed. Bydd unigolion yn parhau'n gymwys nes eu bod yn 80 oed.

### **Trefniadau cyllido a threfniadau ar gyfer y gwasanaeth**

12. Cytunwyd ar y trefniadau ar gyfer y gwasanaeth â Phwyllgor Ymarferwyr Cyffredinol Cymru fel a ganlyn:
  - O safbwynt y rhaglen gyffredinol, mae'r Cyfarwyddiadau i Fyrddau Iechyd Lleol, o ran Cyfarwyddiadau Datganiad o Hawliau Ariannol 2014, wedi'u diwygio i adlewyrchu'r newid i ddyddiadau cyflenwi'r rhaglen. Gwneir taliad o £9.80 mewn perthynas â phob claf cofrestredig sy'n bodloni'r meini prawf cymhwysedd ac sydd wedi cael ei frechu rhag yr eryr yn ystod y flwyddyn ariannol sy'n dod i ben ar 31 Mawrth.
  - Cytunwyd ar Wasanaeth Cenedlaethol Ychwanegol ar gyfer y rhaglen dal i fyny. Amgaeir copi yn Atodiad 2. Gwneir taliad o £9.80 mewn perthynas â phob claf cofrestredig sy'n bodloni'r meini prawf cymhwysedd ac sy'n cael ei frechu yn y cyfnod penodol.

### **Casglu data ar Gyfraddau Brechu**

13. Mae'n ofynnol i feddygfeydd ddarparu data i lechyd Cyhoeddus Cymru sy'n ddigonol i arolygu a monitro'r Rhaglen Brechu rhag yr Eryr. Caiff data i fonitro cyfraddau brechu eu casglu'n awtomatig drwy ddull tebyg i'r hyn a ddefnyddir ar gyfer rhaglenni imiwneiddio oedolion presennol a gaiff eu cyflenwi gan Feddygfeydd ac ni chaiff cleifion eu henwi.
14. Er mwyn monitro cyfraddau imiwneiddio'n gywir, mae'n hanfodol bod pob brechlyn rhag yr eryr a roddir yn cael ei gofnodi'n amserol yn system wybodaeth glinigol y Feddygfa gan ddefnyddio'r codau Read priodol. Bydd disgwyl i unrhyw Feddygfa yng Nghymru sy'n dewis peidio â darparu data ar gyfraddau imiwneiddio i lechyd Cyhoeddus Cymru drwy ddull electronig awtomatig fynd ati i archwilio system wybodaeth glinigol y Feddygfa er mwyn darparu data cyfatebol.

## Rhagor o wybodaeth

15. Mae canllawiau ynghylch imiwneiddio rhag yr eryr i'w gweld ym Mhennod 28a o *Immunisation against infectious disease* ('y Llyfr Gwyrdd').

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-28>

16. Mae datganiad y Cyd-bwyllgor ar Imiwneiddio a Brechu ar y brechlyn rhag yr eryr i'w weld yn:

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/ab/JCVI/DH\\_094744](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/ab/JCVI/DH_094744)

17. Mae rhagor o wybodaeth i'w chael gan Iechyd Cyhoeddus Cymru yn:

<http://www.wales.nhs.uk/sitesplus/888/tudalen/44084/>

<http://nww.immunisation.wales.nhs.uk/shingles-vaccination-programme>

[Mewnwyd GIG Cymru'n unig]

Mae'r eryr yn gyfrifol am nifer fawr o achosion o afiachuswydd mewn pobl hŷn. Rydyn ni'n gobeithio y bydd cydweithwyr yn cydnabod y manteision sylweddol y bydd brechlyn rhag yr eryr yn eu cynnig i'w cleifion. Hoffwn fanteisio ar y cyfle hwn i ddiolch i bawb sy'n rhan o'r gwaith o gyflenwi'r rhaglen ac am eich cefnogaeth barhaus.

Yn gywir,



**Dr Frank Atherton**

**Y Prif Swyddog Meddygol / Cyfarwyddwr Meddygol GIG Cymru**

**Atodiad 1**

<b>Cymhwysedd ar gyfer brechlyn rhag yr eryr – yn ôl dyddiad geni</b>				
<b>Blwyddyn frechu</b>	<b>Cyffredinol</b>		<b>Dal i fyny</b>	
	<b>Dyddiad geni</b>		<b>Dyddiad geni</b>	
	<b>O</b>	<b>Tan</b>	<b>O</b>	<b>Tan</b>
Ebrill 2017 – Mawrth 2018	2 Medi 1942	1 Medi 1947	2 Medi 1937	1 Medi 1940
Ebrill 2018 – Mawrth 2019	2 Medi 1942	1 Medi 1948	2 Medi 1938	1 Medi 1941
Ebrill 2019 – Mawrth 2020	2 Medi 1942	1 Medi 1949	2 Medi 1939	1 Medi 1942
Ebrill 2020 – Mawrth 2021	2 Medi 1942	1 Medi 1950	2 Medi 1940	1 Medi 1942
Ebrill 2021 – Mawrth 2022	2 Medi 1942	1 Medi 1951	2 Medi 1941	1 Medi 1942
Ebrill 2022 – Mawrth 2023	2 Medi 1942	1 Medi 1952		
Ebrill 2023 – Mawrth 2024	2 Medi 1943	1 Medi 1953		
Blynyddoedd canlynol	Ychwanegu 1 flwyddyn	Ychwanegu 1 flwyddyn		

Ar gyfer unrhyw gyfnod rhwng mis Ebrill – mis Mawrth bydd claf cymwys:

- wedi'i eni ar 2 Medi 1942 neu ar ôl hynny

AC

- wedi cyrraedd 70 oed erbyn 1 Medi

AC

- yn ieuengach nag 80 oed

**NEU**

- yn 77, 78 neu 79 oed ar 1 Medi.

# Shingles Catch-Up Programme in Wales

April 2017 onwards

# National Enhanced Service Specification for the shingles catch-up programme in Wales

## Introduction

1. This catch-up programme is directed at GP practices delivering vaccination and immunisation services in Wales. Health boards (HBs) are required to offer this service specification to GP practices.
2. This catch-up programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association. The service requirements are included at Annex A.

## Background

3. The Joint Committee on Vaccination and Immunisation has recommended that routine shingles vaccination should be added to the adult programme for patients aged 70-79 years. It was announced that routine shingles vaccination for patients aged 70, but not yet 71, would be introduced on 1 September 2013 as part of the 2013/14 General Medical Services contract changes.
4. The catch-up programme was agreed by the Welsh Government and the GPC(W), effective from September 2013. It applied to all registered patients aged 79 years old, but not yet 80, on 1 September 2013. 78 year olds were added in 2015.
5. It is proposed that the catch-up programme will continue over a number of years to catch all those people up to, and including, 79 years of age until those who were 70 years old on 1 September 2013 reach 79 years of age.

## Catch-up programme change

6. From 1 April 2017, the catch-up programme will be extended to include 77 year olds.

## Duration and patient cohort

7. The dates of annual catch-up programme were amended, as requested by GPC(W), with effect from 1 April 2014. The programme will commence on 1 April each year and run for 12 months to 31 March.
8. GP practices will be required to vaccinate, on an opportunistic basis, all patients who are 77, 78 or 79 years old, but not yet 80, as at 1 September each year, and any patient who has not previously received a shingles vaccine but has met the eligibility criteria since the programme started in 2013 and is not yet 80. There is no requirement for practices to operate active call and recall systems but it would be good practice to do so. Practices may instead offer vaccination to eligible patients when they access GP services.

9. Welsh Government will monitor vaccine supply and may indicate that there is sufficient to extend the programme. GPs may then also be requested to vaccinate patients in other age groups in accordance with this specification and the same payment arrangements will apply.
10. GP practices will be required to record all administered doses on the GP practice clinical information system in a timely manner.

## Vaccine

11. Zostavax® (marketed by Sanofi Pasteur MSD) is the only licensed vaccine in Europe for the prevention of shingles. The license is for use in adults aged 50 years and over. It contains a live strain of the virus and is supplied as one vial of powder, and solvent in a pre-filled syringe, when reconstituted one dose is 0.65 ml.
12. One dose of Zostavax® is to be administered to each qualifying patient for this programme. Zostavax® can be administered at the same time as other vaccines, including seasonal flu and pneumococcal polysaccharide vaccine (PPV).
13. The vaccine has been centrally procured and should be ordered in the same way as general practices and HB pharmacies order childhood vaccines currently.

## Vaccine Uptake Data Collection

14. Practices are required to provide data to Public Health Wales (PHW) sufficient to carry out surveillance and monitoring of the *Herpes zoster* vaccination programme. Data to monitor vaccine uptake will be collected automatically in a similar manner to that of existing adult immunisation programmes delivered through General Practices and will not be patient identifiable.
15. For accurate monitoring of immunisation uptake, it is essential that all shingles vaccinations administered are recorded in a timely manner in the GP practice clinical information system using appropriate Read codes. Any General Practice in Wales that opts out of providing immunisation uptake data to PHW in an automated electronic manner will be expected to undertake its own interrogation of its GP practice clinical information system in order to provide equivalent data.



**Table 1: Shingles Read codes**

	Read v2	Read CTV3	SNOMED CT
Herpes zoster vaccination	65FY.	XaZsM	859641000000109
Herpes zoster vaccination contraindicated	8I2r.	Xaa9i	868531000000103
Herpes zoster vaccination declined	8IEI.	Xaa9j	868551000000105
No consent for herpes zoster vaccination	68Nv.	Xaa9l	868601000000108

16. The Read codes for data recording purposes can also be found at:

<http://howis.wales.nhs.uk/immunisation>.

17. Uptake of shingles vaccine will be regularly reported at HB level by PHW.

### Payment and validation

18. GP practices will receive an item of service (IOS) payment of £9.80 in respect of each registered patient who meets the eligibility criteria detailed above and who is vaccinated during the specified period.

19. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met.

- 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.
- c. The GP practice administered the vaccine to all patients in respect of whom payment is being claimed.
- d. All patients in respect of whom payment is being claimed were within the cohort at the time the vaccine was administered.
- e. The GP practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then HBs may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements<sup>1</sup>).
- f. The GP practice submits the claim within six months of administering the vaccine (HBs may set aside this requirement if it considers it reasonable to do so).

<sup>1</sup> Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013.  
<http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=480&id=215584>

20. Payment will be made on a monthly basis i.e. the monthly count multiplied by £9.80:

monthly payment = number of patients, in the monthly count, who have been recording as having received the shingles vaccination within the qualifying criteria x £9.80

21. HBs are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

22. Administrative provisions relating to payments under this service are set out in Annex B.

## Annex A: Service requirements for shingles catch-up programme

GP contractors providing this service will:

1. On an opportunistic basis vaccinate all registered patients who meet the eligibility criteria described in this service specification with one dose of Zostavax® during the specified period. GP practices are not required to operate active call or recall for this programme but it would be good practice to do so.
2. 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 include as a minimum:
  - a. Any refusal of an offer of immunisation
  - b. Where an offer of immunisation is accepted:
  - c. The batch number, expiry date and name of the vaccine
  - d. The date of administration
  - e. The route of administration and the injection site of each vaccine
  - f. Any contra-indication to the vaccination or immunisation
  - g. Any adverse reactions to the vaccination or immunisation
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
  - a. Referred to the clinical guidance in the Green Book.
  - b. The necessary knowledge, experience, skills, competency and training, including the recognition and initial treatment of anaphylaxis.
4. 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 for this programme will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies order childhood vaccines.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.
6. Ensure that services are accessible, appropriate and sensitive to the needs 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.

## **Annex B: Administrative provisions relating to payments under the shingles catch-up programme**

1. Payments under this service 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 for the financial year falls due on the last day of the month following the month during which the GP practice provides the information specified in the vaccine uptake data collection section of this service specification.
3. Payment under this service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
  - a. The GP practice must make available to HBs any information under this service, which HBs need 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 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, HBs may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

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

5. Where a GP practice has entered into the shingles catch-up service but its general medical services contract subsequently terminates or the GP practice withdraws from the service prior to 31 August of a financial year, 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.
6. In order to qualify for payment in respect of participation under this service, the GP practice must provide the HB with the information specified in the data collection section of this service specification 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 enhanced services agreement.

7. The payment due to GP practices that terminate or withdraw from the service agreement prior to 31 August of a financial year will be based on the number of vaccination given, prior to the termination or withdrawal.

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

8. 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 or varied agreement to provide the shingles catch-up service.
9. The service 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 5 of this annex.
10. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the agreement for the shingles catch-up service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the GP practice(s) starts to provide such arrangements.
11. 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 the requirements described in this service specification as of this commencement date.

### Provisions relating to non-standard splits and mergers

12. Where the GP practice participating in the service 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 the HB, 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,
13. The HB may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the HB is opinion are reasonable in all circumstances.

