



# GSK and Operose Health Collaborative Working Summary of Outcomes Report for the Project Duration November 2023 – December 2024

*This summary has been written by GSK with consultation and approval from Operose Health Research Department.*

## Project Overview

This Project was implemented to improve understanding on how to provide effective support, particularly in underserved and diverse populations, for the Shingles National Immunisation Programme (NIP).

The aim of the Shingles NIP is to lower the incidence and severity of shingles in vulnerable people. Clear national guidance exists for vaccines used within the NIP.

Poor uptake of vaccination, including for shingles is exacerbated in ethnically diverse populations.

GSK partnered with Operose Health to optimise provision of targeted and effective support that could help uptake within these populations. Operose Health is a primary care organisation serving around 650,000 patients across 65 GP Practices. Operose Health operates primarily in areas of high deprivation and highly diverse populations with 34 of their 65 practices being within London. At the initial stage of the Project, the Shingles NIP uptake across Operose Health practices was below the national average (46% within London, 53% within all practices, across all eligible patients).

This project was conducted across the 34 GP practices in London, with 352,841 registered patients with an ethnically diverse population, which was part of the project's targeted demographic.

## Project Objectives

The overall project goal was to improve health outcomes and reduce health inequalities through Operose Health-facilitated, increased access to shingles vaccination. The goal for uptake being an increase of 10% (absolute) from baseline of 40%.

Other project objectives were to;

- Identify barriers to achieving more effective uptake across underserved patient populations
- Create a Quality Improvement (QI) template
- Demonstrate the template's effectiveness, which may then be shared and replicated across the NHS

## Metrics Applied

Objective:	Outcome Measures and Summary of Results:
To identify the enablers and barriers to shingles vaccination among eligible adults.	Identification of themes through professional and patient focus groups and patient surveys. ( Page 2 – Page 5 of this report).
To educate practice clinicians and administrative staff about the importance of shingles vaccination.	Number of clinicians attending training sessions and webinars. <ul style="list-style-type: none"><li>• The training session had 36 attendees from across 24 of the London practices with Advanced Nurse Practitioners, Practice Nurses, Nurse Associates and Healthcare assistants.</li><li>• Feedback following training session. ( Page 2 – Page 5 of this report).</li></ul>
To increase the availability and accessibility of shingles vaccination across Operose practices	Number of clinic slots dedicated to shingles vaccinations. <ul style="list-style-type: none"><li>• The number of clinic slots varied for each London practice due to staffing capacity and resources. 11 out of the 24</li></ul>

	practices had dedicated vaccination clinics for self-book. 13 of the practices did not have capacity or resources for self-book slots.
To monitor and evaluate the uptake of shingles vaccination among eligible adults.	<p>Number of patients receiving the shingles vaccination.</p> <ul style="list-style-type: none"> <li>8, 415 patients were identified as eligible for shingles vaccination at baseline. 3, 329 patients were vaccinated at the end of the 14- week SMS and shingles awareness campaign.</li> <li>Increased uptake of shingles vaccination in line with QOF targets. (Page 5 of this report).</li> </ul>
To develop a tailored approach to the delivery of shingles vaccinations in underserved communities	Development of a generalisable Quality Improvement Toolkit which can be applied to other primary care centres nationally. (Page 3 of this report).

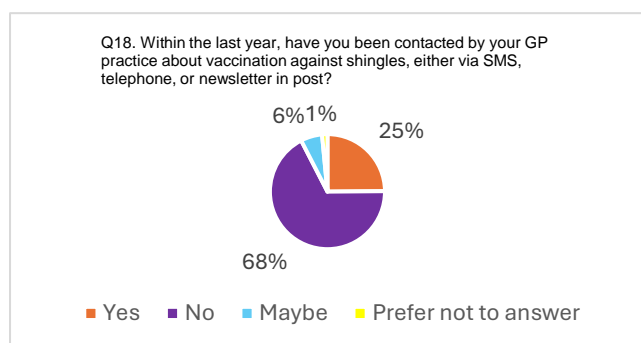
## Study Design

Qualitative and quantitative methods were used within the study design;

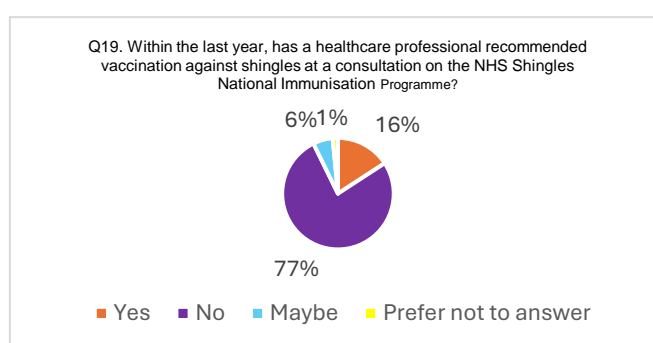
- Professional focus groups and Patient focus groups. (To understand enablers and barriers to shingles vaccinations).
- Patient surveys. (To understand patient population demographics, general vaccines knowledge, and specific knowledge on shingles and shingles vaccinations).

## Solution Implementation into Primary Care - Project Delivery

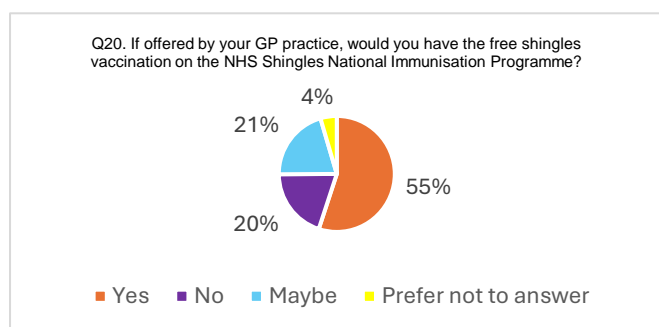
Activities were implemented incorporating learns from the focus groups and surveys.



Graph 1. Survey responders' answer to GP practice contact regarding shingles, n= 594.



Graph 2. Recommendation of Shingles Vaccine by Healthcare Professionals to Survey Responders, n= 594.



Graph 3. Survey Responders' Opinion on Free Shingle Vaccination under the NHS Shingles National Immunisation Programme, n= 594.

Results from the patient survey showed that 68% of patients had not been contacted by their General Practice about shingles vaccinations, 77% hadn't had a Healthcare Professional (HCP) recommend they have the shingles vaccination, 55% would have agreed to have had it if offered.

- During the professional focus group, staff highlighted updates and training for shingles seemed like an “add-on” following flu. Awareness that shingles was all year round was not particularly highlighted during the updates and was almost forgotten about as influenza was the priority during the season.
- Well-trained staff are instrumental in increasing shingles vaccinations uptake through consistently educating themselves with current procedures and guideline in order to provide patients with the correct information about the condition, leading them to make an informed choice about the vaccine.
- Following the Collaborative Working Project, a shingles training programme will be offered as standalone sessions and separate from influenza.

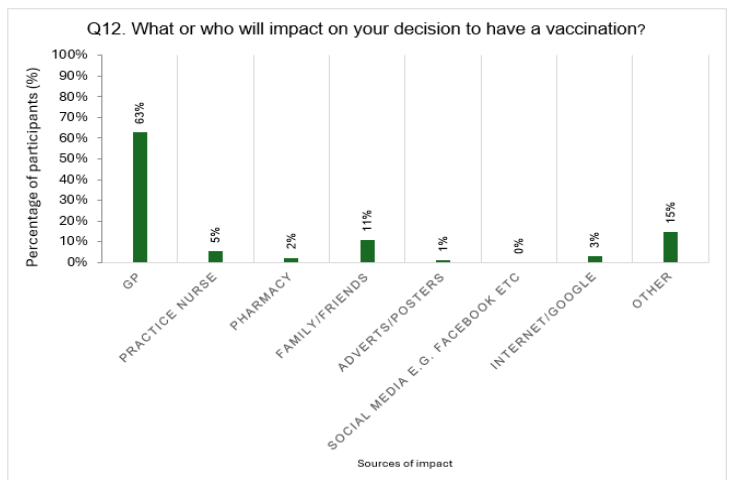
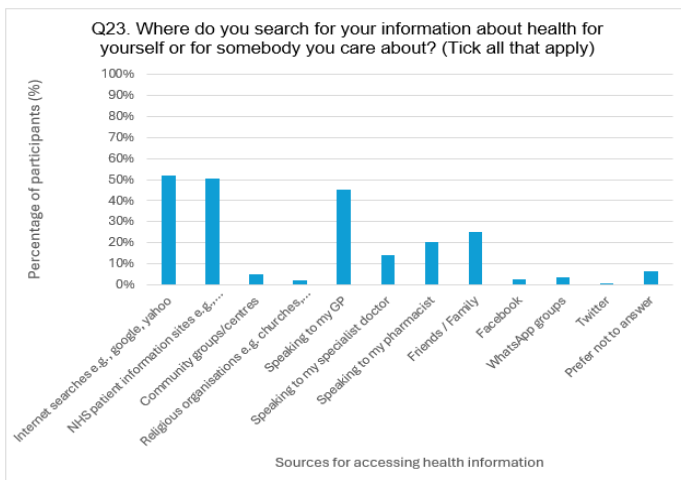
#### Quality Improvement (QI) Toolkit developed

- A QI toolkit was designed as part of the project for practices and Healthcare Professionals (HCPs) to use in increasing uptake of shingles vaccination. The toolkit outlines a comprehensive guideline in educating and delivering shingles vaccination effectively in primary care. This was designed by utilising the results of the patient survey, discussions and themes from the professional and patient focus groups as well as an evaluation from the project delivery. The toolkit provides refresher training and education about shingles, recognising signs and symptoms of shingles, information about shingles vaccination, as well as the Shingles NIP.
- Practices will be able to use the toolkit to increase shingles vaccination uptake through evidence-based practice of inviting patients, and raising awareness of the condition and its vaccination through educational materials.

#### Shingles awareness for patients carried out at practice level

- Education and awareness of shingles and shingles vaccination was highlighted as one of the best methods for practices to increase shingles vaccination uptake.
- This was achieved through increasing visibility and awareness of the condition and vaccines to patients through posters in waiting rooms. NHS newsletters were made available in waiting rooms, consultation rooms and reception areas. Digital screens in waiting rooms were also utilised to educate about shingles and highlight the importance of shingles vaccinations.
- To improve accessibility for underserved and diverse communities, there was a particular focus on consideration for the most commonly written and spoken languages within each practice.

Patient Survey

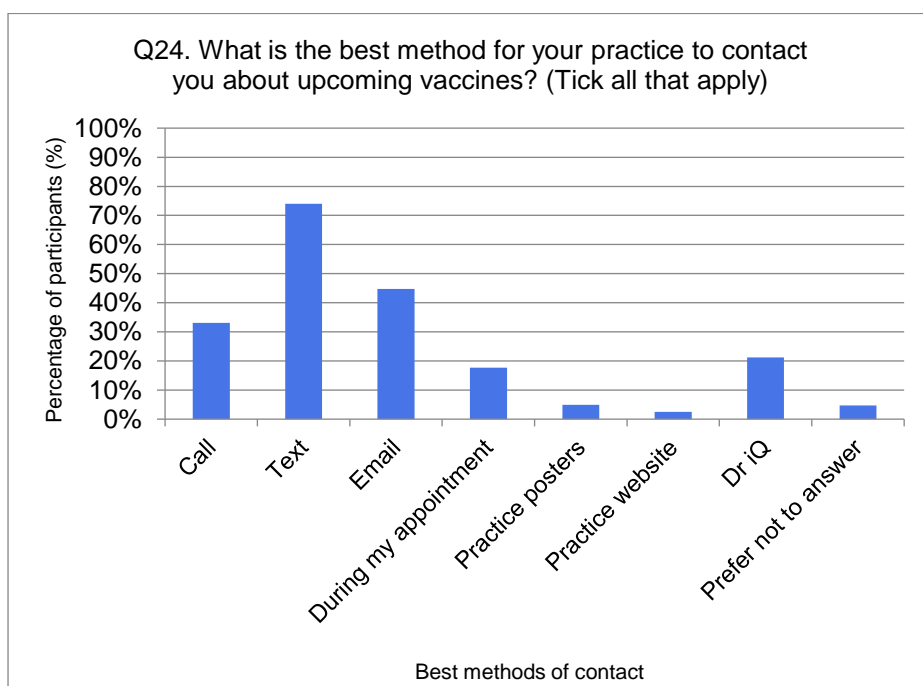


Graphs 4 & 5. Patient Survey Results Demonstrating Information Sources and Factors that Impact Decision-Making.

- The patient survey enquired about who or what will impact responders’ decision to have a vaccination. General practitioner (GP) recommendation was the overwhelming influence. Also noted was where the respondent accessed health information, with the internet and speaking to their GP being the main sources.
- Other key points that were highlighted from the patient survey were;
  - Patients with little knowledge about shingles are reluctant to engage with vaccination invitations.
  - One-to-one discussions with healthcare professionals are preferred for providing information about the condition and vaccine.
  - Educational materials in English may alienate non-English-speaking communities.
  - Translation services and additional consultation time are necessary for effective communication about shingles and shingles vaccination.

#### Review and streamlining of how patients are invited for their shingles vaccination

- The QI project reviewed how invitations to vaccine appointment could be streamlined with wording of SMS initial invites and reminders. Results from the patient survey were considered, including preferred method of contact and effective ways to be informed of shingles and shingles vaccination.
- Initial and reminder SMS were edited with emphasis on “GP recommends” with a brief summary of the condition and highlighting the Shingles National Immunisation Programme for eligible adults.
- Invitees were signposted to a website link to provide further information about shingles and the immunisation programme.
- Some practices also offered a self-book link for patients to directly book their vaccination appointments. (11 out of the 24 practices had dedicated clinics for self-book). Practices which offered a self-book shingles vaccination invitation saw a notable increase with vaccination uptake vs the practices which only offered standard SMS.
- Q.24 of the patient survey, participants were asked which was their preferred method of being contacted about upcoming vaccinations by their practice. Responders could select multiple options. Being contacted via text was the preferred majority.

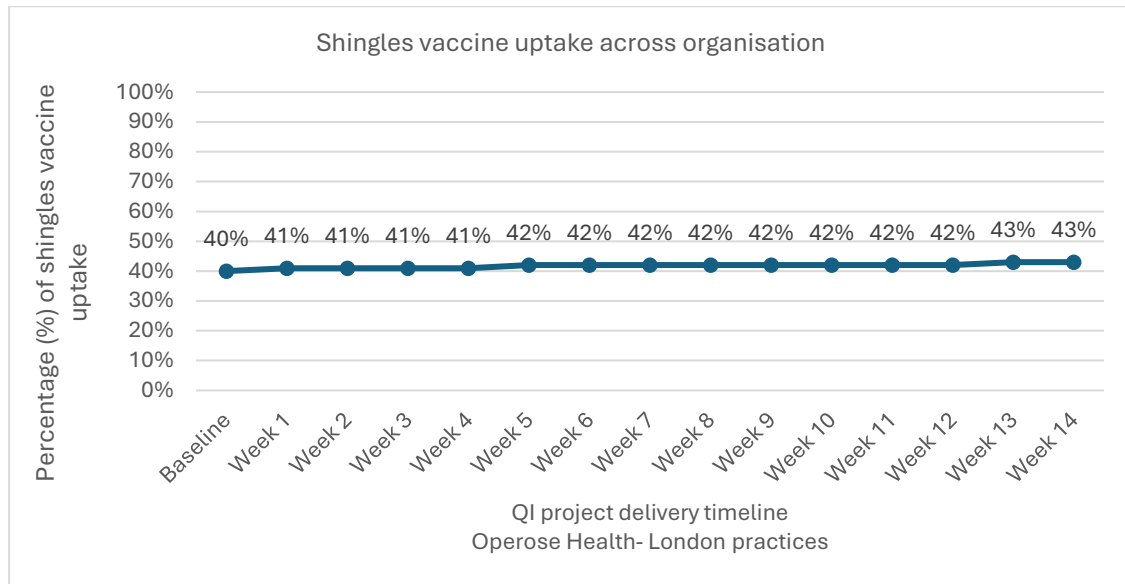


Effective follow-up and communication, such as reminders via phone calls, SMS, or emails, encourages patients to follow through with vaccinations.

Streamlined appointment booking processes increase patient engagement with their healthcare providers.

Graph 6. Patient Survey Results Regarding Contact Preferences.

The project's overall aim was to increase shingles vaccination uptake across 24 of the London practices by 10% from a baseline of 40%. The QI model achieved a vaccination uptake rate of 3% during the 14-week targeted awareness/education and SMS invite campaign of eligible patients. Data analysed were only from completion of first dose of either of the shingles vaccinations available on the NIP.



Graph 7. Project Uptake Results over the 14 week Awareness and Invite Campaign.

## Strengths and Limitations

### Strengths:

- The collection of insights from the patient focus groups, the HCP focus groups as well as the patient survey, identified barriers and enablers to shingles vaccination.
- The project monitored real-life data of shingles vaccination uptake from baseline (at commencement of project) and throughout project delivery with targeted education and awareness SMS campaign. This allowed identification of methods which yield the best results.
- Practices who offered appointment slots to eligible patients within a four-week window provided patients with options to schedule appointments at a convenient time. This ensured practice staff would be prepared with shingles vaccination stock for slots booked in advance.
- The use of a self-book SMS model during the 14-week education and awareness campaign was more effective compared to a standard SMS model in inviting patients for a shingles vaccination.
  - The practices with the highest vaccination uptake from each SMS model showed an increase in their vaccination uptake by 8% from 40% with self-book and the highest vaccination uptake with standard SMS showed a 5% increase from a base of 36%.
  - The second highest from each model, with self-book was 6% up from a baseline of 35% and with standard SMS, was up by 5% from a baseline of 40%.

### Limitations:

- Competing priorities – the project was limited by prioritisation of resources with the flu season and the new respiratory syncytial virus (RSV) vaccination programme. Targeted shingles vaccination materials and SMS campaign from the QI model started in the lead up to flu and RSV season and practice resources were largely allocated to implementation of these programmes. The increase in patient



volume and clinical bookings at practices tended to overwhelm both clinical and administrative staff, making it harder to focus on shingles vaccination which is all year round.

- The transition from previously available shingles vaccine - practices across the organisation are still adjusting to an effective system of monitoring uptake of each vaccine until stock for the previously available vaccine depletes. Some practices reportedly still have in their inventory either one or both of the vaccines in stock and in use.
- The project delivery was within a 14-week window and as such, the data presented only focuses on first doses received during the time period.

## Conclusion and Key Learnings

Awareness of shingles and increasing shingles vaccination uptake, should begin with understanding the community each practice serves. This will enable a patient-centred and practice-centred approach to shingles and shingles vaccination. This includes communication of the condition and utilisation of all practice staff working together to identify and engage eligible patients, address vaccine hesitancy and administer shingles vaccination where suitable.

The project has identified three key recommendations for practices to consistently implement in order to increase vaccine uptake of shingles vaccinations;

1. Primary Healthcare Professionals: Insights from the patient focus groups and patient survey noted the trust patients had with the HCPs. This established trust between patients and local HCPs should be considered when opportunistically educating patients about shingles and shingles vaccinations.
  - Patients acknowledged during focus groups and survey completion, they would be inclined to accept the shingles vaccination if recommended by their GP or other healthcare professional. HCPs should utilise any and all patient contact as an opportunity to engage those eligible patients about shingles and shingles vaccination.
  - HCPs should also utilise various methods of communication tools available to overcome language barriers eg accessing educational resources in the most commonly spoken languages in their community, translation line, relatives/carers.
2. Team based QI model: It is important that a team-based model is implemented within practice where all stakeholders buy-in to the vision of increasing shingles vaccination. This includes patients, carers, clinicians, practice managers and administrative staff.
  - All relevant practice staff should be educated/have refresher training on Shingles and the Shingles National Immunisation Programme.
  - Well-trained staff are instrumental in increasing shingles vaccine uptake through consistently educating themselves with current procedures and guidelines in order to provide patients with the correct information about the condition.
3. Education and awareness: Eligible patients should be guided to appropriate information and resources in different formats about the condition and its vaccine.
  - An effective campaign to raise awareness of shingles and shingles vaccinations through posters, newsletters, practice websites and digital screens lays the groundwork of providing preliminary information to patients.
  - Educational materials about the condition and its vaccine should not be limited to practices only but at community health events, patient engagements and during patient participation group meetings. The patient survey also highlighted the most common languages spoken and written in the community as well as ethnic origin.



- It is important that patients are not excluded from patient education due to language barriers and lack of accessible information in different languages, as this could lead to costly health disparities.