



GSK and Black Country Integrated Care Board Collaborative Working Executive Summary

Improving equitable access to National Adult Immunisation Programmes in the Black Country

The NHS Black Country Integrated Care Board (ICB) and GSK are undertaking a Collaborative Working project together as part of a larger Adult Immunisation Programme Optimisation Project.

The aim of this project is to address healthcare inequality in the Black Country ICB by supporting the increased uptake of the Shingles and Pneumococcal National Immunisation Programmes (NIPs) across NHS practices in the ICB. The Black Country has been identified as an area of greatest need due to high levels of deprivation and lower than average uptake for adult vaccinations (excluding Flu, and COVID).

The project will involve provision of non-clinical staff (Primary Care Immunisation Facilitators) via a third-party into primary care practices across the Black Country ICB to support with eligible patient search/identification and call/recall in Shingles and Pneumococcal National Immunisation Programmes. Resource allocation will be worked out with the ICB to ensure that the most deprived practices in each area are prioritised as appropriate. Clinical review of eligible patients for vaccination, and the administering of the vaccinations to patients will remain the responsibility of Black Country ICB practices.

A Summary of Outcomes Report will be published on the GSK website within six months of project completion.

Primary project objectives:

1. Reduce patient health inequalities and patient suffering from vaccine preventable diseases (shingles and pneumococcal disease).
2. Increase the uptake of shingles and pneumococcal vaccination in line with the NIP eligibility criteria in practices across the Black Country ICB.
3. Leave a sustained legacy of enhanced immunisation programme implementation by enhancing knowledge, capability, and effective ways of working.

Project Contribution:

The project will run for 10 months, from May 2025 to Feb 2026, and will involve a balance of contributions from all parties, with the pooling of skills, experience, and resources, with estimated costs outlined below:

GSK:

- £558,689.36 covering
 - £445,923.84 for the provision of Primary Care Immunisation Facilitators
 - £112,765.52 on project management



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Black Country ICB:

These contributions are not direct monetary contributions, but are a reflection of the estimated amount of hours that will be required to implement the project, and the value of that time.

- £303,335.56 covering
 - £218,196.60 on Clinical Workforce
 - £81,463.04 on Administrative Workforce
 - £3,675.92 on above practice-level organisation

Intended benefits:

Patient:

- Increased protection from shingles and pneumococcal disease, likely resulting in improved health outcomes through greater uptake of vaccination.
- Reduced health inequalities and reduced patient suffering from shingles and pneumococcal disease.
- Fewer shingles and pneumococcal cases and related complications, which could lead to fewer hospitalisations and management of chronic pain.
- Improved experience of the healthcare system through engaging in improved vaccination service provision.

Black Country ICB:

- Increased uptake of shingles and pneumococcal disease vaccination in line with national guidance.
- Improved long-term capability to implement and deliver adult immunisation programmes.
- Reduced administrative burden on practice staff for implementing immunisation programmes.
- Reduced prevalence of shingles and pneumococcal disease resulting in reduced healthcare utilisation in both primary care and any associated complications and hospitalisations.
- Share learnings across the Black Country ICB organisations to improve NIP implementation best practice, leading to increased uptake.
- Transfer of knowledge to local practice administrative staff through training and upskilling from Primary Care Immunisation Facilitator.
- Systems/frameworks and administrative solutions implemented for effective patient recall.



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- Searches left on practice system after Immunisation Administrator 'placement' for practice staff to utilise.
- Increased patient satisfaction with practice provision of vaccinations.

GSK:

- Leave a legacy within Black Country ICB practices of sustained successful implementation of pneumococcal and shingles immunisation programmes.
- Demonstration of the effectiveness of Collaborative Working in driving implementation of vaccination across the Black Country ICB.
- Increased uptake of the approved Shingles NIP and its approved guidelines.
- Support GSK's commitment to being ambitious for patients.