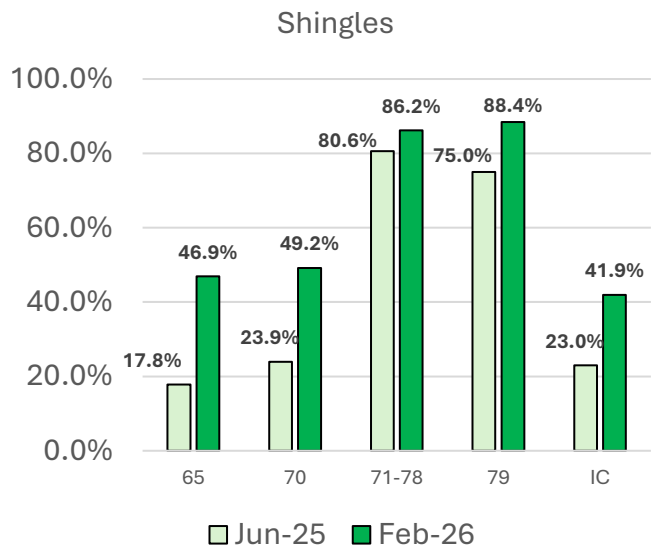
GSK and Community Based Care Health Federation, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Gateshead Area'. Project Duration June 2025 – February 2026.

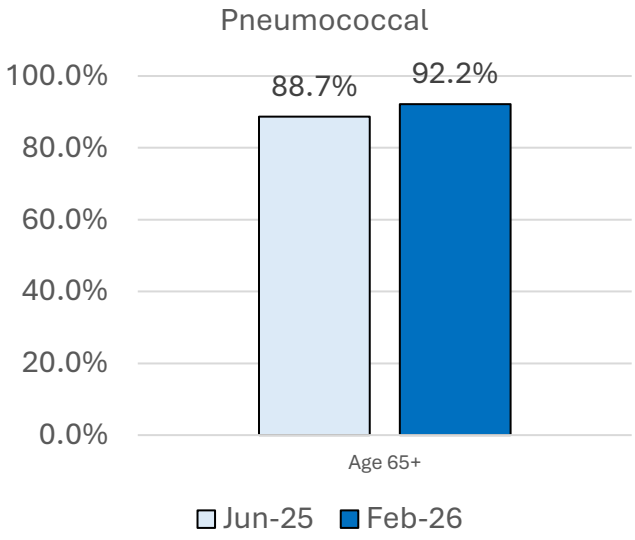
This summary has been written by GSK and CHASE [1] with consultation and approval from Community Based Care Health Federation.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs), into the Community Based Care Health Federation (CBC Health) NHS practices increased vaccination uptake among eligible patients by 14.1% points for shingles and 3.5% for pneumococcal, representing 2,756 vaccinations within the project period. PCIFs supported staff through a coordinated call-and-recall system, training, and upskilling.



Graph 1. Shingles Vaccination Uptake Start of Project and End of Project.



Graph 2. Pneumococcal Vaccination Uptake Start of Project and End of Project.

Project Overview

GSK entered a Collaborative Working agreement with Community Based Care Health Federation (CBC Health), an NHS provider covering 22 GP practices (~194,000 patients), to deliver the Adult Immunisation Programme optimisation Project (AIPOP) via CHASE as a contracted third party. Gateshead ranks 47th out of 317 local authorities on the Index of Multiple Deprivation, meaning Gateshead is currently within the top 15% of most deprived districts of the country.

CHASE provided administrative staff, Primary Care Immunisation Facilitators (PCIFs) to support shingles and pneumococcal vaccination, standardising recall processes, identifying patients, and improving engagement, with a focus on high-need areas.

The project ran from June 2025 –February 2026. PCIF activity completed in January 2026. Final data capture February 2026.

The project had three phases:

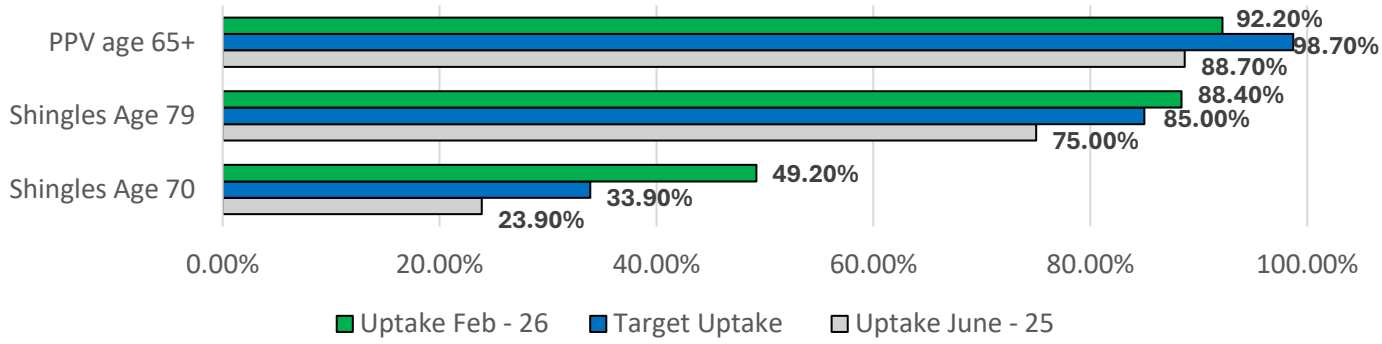
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

Primary Project Objectives

1. Reduce health inequalities and suffering from vaccine-preventable diseases.
2. Improve shingles and pneumococcal vaccination uptake.
3. Build a legacy through improved knowledge, capability, and processes.

Results

Overall success was measured by the average of the percentage point increase in shingles and pneumococcal vaccination uptake within the NIP eligible population within each practice.



Graph 3. Shingles and Pneumococcal Vaccination Uptake within the NIP Eligible Population.

As an indication, the project aimed to increase the uptake of the Shingles and Pneumococcal National Immunisation Programmes (NIPs) in all CBC Health engaged NHS practices, with the minimum target being to raise the total cohort uptake for both NIPs across CBC Health by a minimum of 10 percentage points from baseline uptake by the end of the project.

- Shingles vaccination uptake exceeded the targets for both the age 79 cohort and for the age 70 cohort and are now above the national uptake figures for both cohorts. (National uptake for cohort age 70 is 36.8% and for cohort age 79 is 83%).
    - 25.3% point increase at age 70.
    - 13.4% point increase at age 79.

- Pneumococcal vaccination uptake failed to meet the target.
    - 3.5% point increase for age 65+.
    - Is above national average of 71.8% for vaccination uptake in the 65+.

Text Message

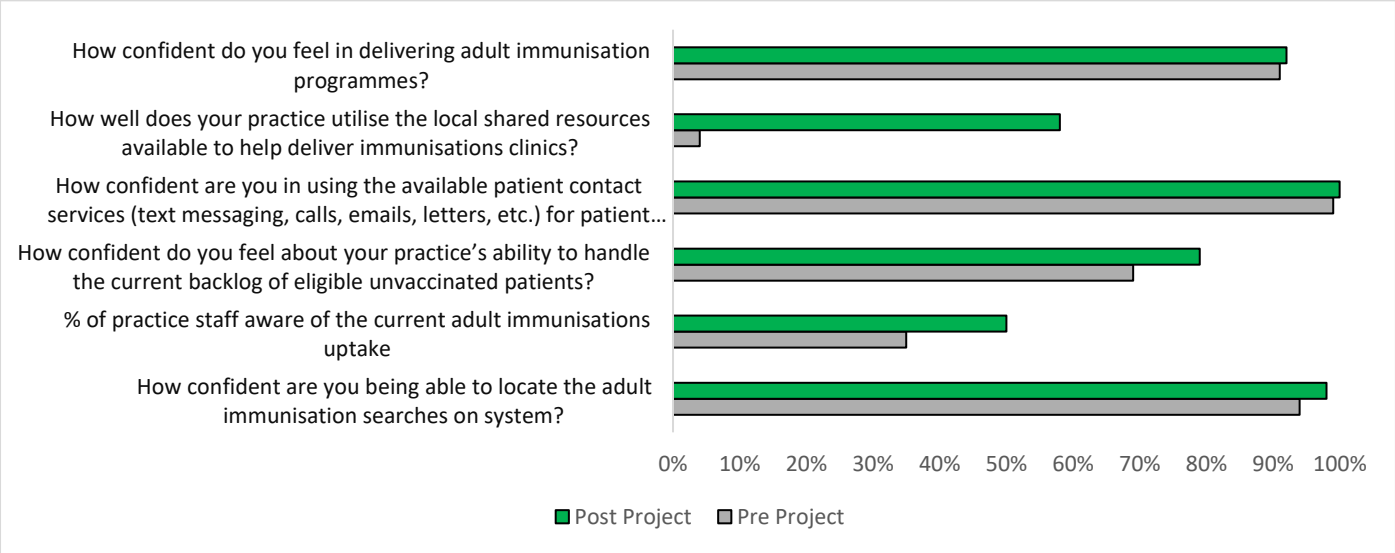
- Patients received an average of 3 invitations/recalls throughout the project. If a patient didn't respond to the first invitation/recall, they were re-invited to attend. Two further invites were sent and if still no response, invitations ceased.
- Telephone calls were made to those who did not have a mobile number. Also telephone calls were made where patients had not responded to booking links but there was still appointment slots available.
- 19081 text and 5160 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 13% of patients booked an appointment through the self-booking link on the first recall attempt for pneumococcal and 12% for shingles. Booking rates dipped to 8% and 6% respectively for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls:** 51% were no answer. 10% booked. 16% considering. 22% declined. 1% housebound.
- **Pneumococcal vaccination calls**: 60% were no answer. 7% booked. 12% considering. 20% declined. 0% housebound.

Project Reflections (Key achievements and Highlights)

Practices were asked to complete a questionnaire at the point of initial engagement and at the conclusion of the project to rate their confidence levels across six areas.



Graph 4. Results of the End of Project Practice Questionnaire.

Whilst practice staff were already confident in utilising various patient contact methods and delivering immunisations programmes, the additional PCIF resource was welcomed to allow existing staff to focus on other healthcare areas whilst a singular focus was placed on inviting eligible patients to receive shingles and pneumococcal vaccinations.

The PCIF team worked with practices to provide training on the shingles and pneumococcal clinical system searches around which searches to use, the criteria/definitions involved and using the results to implement continued recall processes upon conclusion of the project. All engaged practices were invited to attend optional upskilling sessions on patient call and recall processes.

A total of 1997 shingles vaccinations were delivered in engaged practices. This includes 536 shingles second doses. While second doses do not increase overall uptake, they contribute to the primary objective of reducing patient suffering from vaccine preventable diseases by ensuring they have a greater level of protection.

A total of 759 pneumococcal vaccinations were given over the duration of the project in engaged practices.

The PCIFs were well integrated to the existing practice teams and shared knowledge of implementing successful recall programmes with other practices.

Practices were confident in patient contact and immunisation delivery, but valued PCIF support, which freed them to focus on other healthcare needs while prioritising vaccination invitations.

Project Learns

Proactive Patient Contact: Text and telephone recalls both contribute to uptake gains. Text message recalls and booking links effectively reduce patient backlog, with particularly high booking rates and repeated reminders boosting uptake.

Telephone Booking: Among patients called who declined and gave a reason, 10% declined due to anti-vaccination views. This project did not target resources towards addressing the complex factors, such as trust, underlying beliefs and education, which contribute towards this opinion. Gateshead CBC may wish to consider ways to continue addressing patient educational needs around the benefit of vaccination in methods suitable for their patient population.

Accessible Information: Offering education and resources in multiple languages could help reduce disparities and improve vaccination uptake.

Workforce and Capacity: Clinic capacity and staff availability were key success factors. Where practice teams schedule protected immunisation clinics or use available support early to manage admin and searches, vaccination numbers are higher. There is evidence that in addition to practice appointments, vaccination hubs covering multiple practices lead to greater success.

1. *The Adult Immunisation Programme Optimisation project is a Collaborative Working project between GSK and NHS organisations and involves a balance of contributions from all parties, with the pooling of skills, experience and resources. The project was delivered by CHASE as a third-party provider.*
2. *Practice-level uptake data was measured and documented, at the start of the project, monthly within the project, and at the conclusion of the project.*
3. *A practice feedback questionnaire was used to gain qualitative insights from practice staff following engagement with the PCIF and Project Manager.*

APPENDIX

METRIC	REPORTED
Total number of patients eligible for shingles vaccination.	10,506
Total number of patients eligible for pneumococcal vaccination.	17,903
Total number of patients vaccinated with initial shingles vaccination dose.	1,461
Total number of patients vaccinated with second shingles vaccination dose.	536
Total number of patients vaccinated with pneumococcal vaccination dose.	759
% of eligible patients receiving pneumococcal vaccination.	3.5%
% of eligible patients receiving shingles vaccination.	14.1%
Increase in patients vaccinated against shingles and pneumococcal disease.	2,220* *Patients who were only administered the second dose of the shingles vaccination during the project period are not counted in the increase.
• Total number of patients called for initial shingles vaccination. • Total number of patients recalled for second shingles vaccination. • % of eligible patients receiving both shingles vaccinations.	Unable to report. Unable to split these into 1st and 2nd dose recalls without going into patient record.
• % of eligible severely immunocompromised patients receiving both shingles vaccinations.	Unable to report this without going into patient record.
• Number of shingles and pneumococcal appointment 'Did not attends'.	Unable to report DNAs. Would be difficult to associate an appointment with AIPOP. It would a manual exercise whereby the resource required to extract this information would be excessive.
Feedback from practice questionnaire.	Graph 4