GSK and NHS Devon Integrated Care Board and NHS Cornwall and Isles of Scilly Integrated Care Board
Collaborative Working Executive Summary
Improving equitable access to National Adult Immunisation Programmes in Devon, Cornwall and Isles of Scilly.

NHS Devon Integrated Care Board and NHS Cornwall and Isles of Scilly Integrated Care Board ("D and C & IoS") 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 across Devon, Cornwall and the Isles of Scilly by supporting the increased uptake of the Shingles and Pneumococcal National Immunisation Programmes (NIPs) across all selected NHS practices.

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

According to the English Indices of Deprivation 2025 (IoD25), the South West has a lower proportion of highly deprived areas than the North East, North West, and Yorkshire & the Humber, with less than 5% of local areas in the most deprived decile nationally. Despite this, deprivation is hyperlocal, meaning that even within generally affluent districts, some neighbourhoods experience significant economic and social disadvantage. These areas will be targeted in this project.

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 D and C & IoS practices.
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 from August 2026 to August 2027. This project will involve a balance of contributions from all parties, with the pooling of skills, experience, and resources, with the estimated costs outlined below.

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GSK:

- £512,935.54 covering
  - £358,716.96 for the provision of Primary Care Immunisation Facilitators
  - £154,218.58 on project management

NHS D and C & IoS:

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.

- £322,767.93 covering
  - £230,102.73 on Clinical Workforce
  - £84,255.12 on Administrative Workforce
  - £8,410.08 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.

NHS D and C & IoS:

- 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 NHS organisations to improve NIP implementation best practice, leading to increased uptake.

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- 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.
- 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 NHS practices of sustained successful implementation of pneumococcal and shingles immunisation programmes.
- Demonstration of the effectiveness of Collaborative Working in driving implementation of vaccination across Devon, Cornwall and Isles of Scilly.
- Increased uptake of the approved Shingles NIP and it’s approved guidelines.
- Support GSK’s commitment to being ambitious for patients.