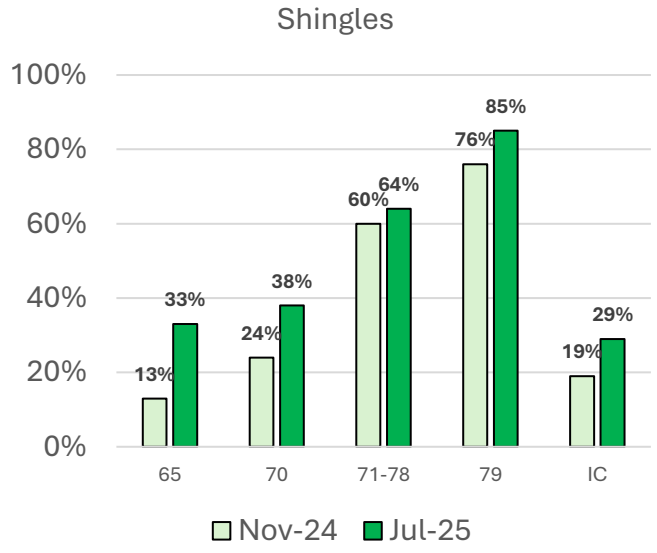
# GSK and Modality Partnership Ltd, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Birmingham, Walsall and Bradford Areas'. Project Duration October 2024 – July 2025.

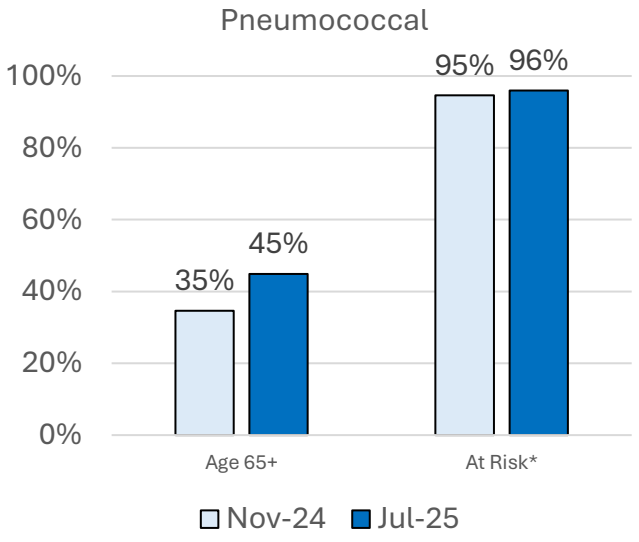
*This summary has been written by GSK and CHASE [1] with consultation and approval from Modality Partnership Ltd.*

## Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Modality NHS practices increased vaccination uptake among eligible patients by 8.5% points for shingles and 7.7% points for pneumococcal, representing 4357 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.
*(* At Risk – as per Green Book definition)*

## Project Overview

GSK entered a Collaborative Working agreement with Modality Partnership Ltd (Modality), an NHS provider covering 37 GP practices (~480,000 patients), to deliver the AIPOP via CHASE as a contracted third party. The three predominant areas that Modality service, Walsall, Birmingham, and Bradford respectively rank 31st, 6th, and 21st out of 317 local authorities on the Index of Multiple Deprivation, meaning Modality have many practices within the top 10% 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 October 2024–July 2025 which included a four-month extension requested by Modality to allow for increased practice engagement and for practices already engaged to provide additional clinic slots.

The project had three phases:

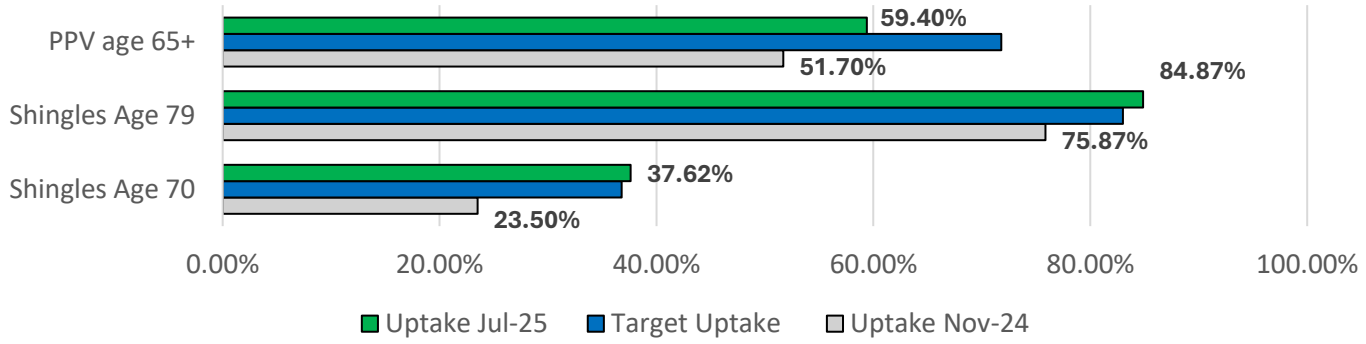
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

## 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.




In respect of shingles, Modality set a target to increase uptake for the routine cohort (age 70) with a minimum standard of reaching the national average (36.8%) and for the catch-up cohort exiting the programme (age 79) with a minimum standard of reaching the national average (83%).
In respect of Pneumococcal, Modality set a target for all adults aged 65+ with a minimum standard of reaching the national average (71.8%).

- Shingles vaccination uptake exceeded targets across both cohorts.
    - 14.1% point increase at age 70.
    - 9% point increase at age 79.

- Pneumococcal vaccination uptake failed to meet the target.
- 7.7% point increase for age 65+ and At Risk cohorts combined.
- With the removal of the At Risk cohort, the project was able to achieve a 10.3%-point increase across the aged 65+ cohort.
- However, practices remained under national average at 59.4% total current pneumococcal vaccination uptake across all cohorts by the end of the project.

Practice engagement

- 20 of the 25 practices engaged in the project.
- Practices who declined to engage reported they were satisfied with their current vaccination recall offer.

Text Message

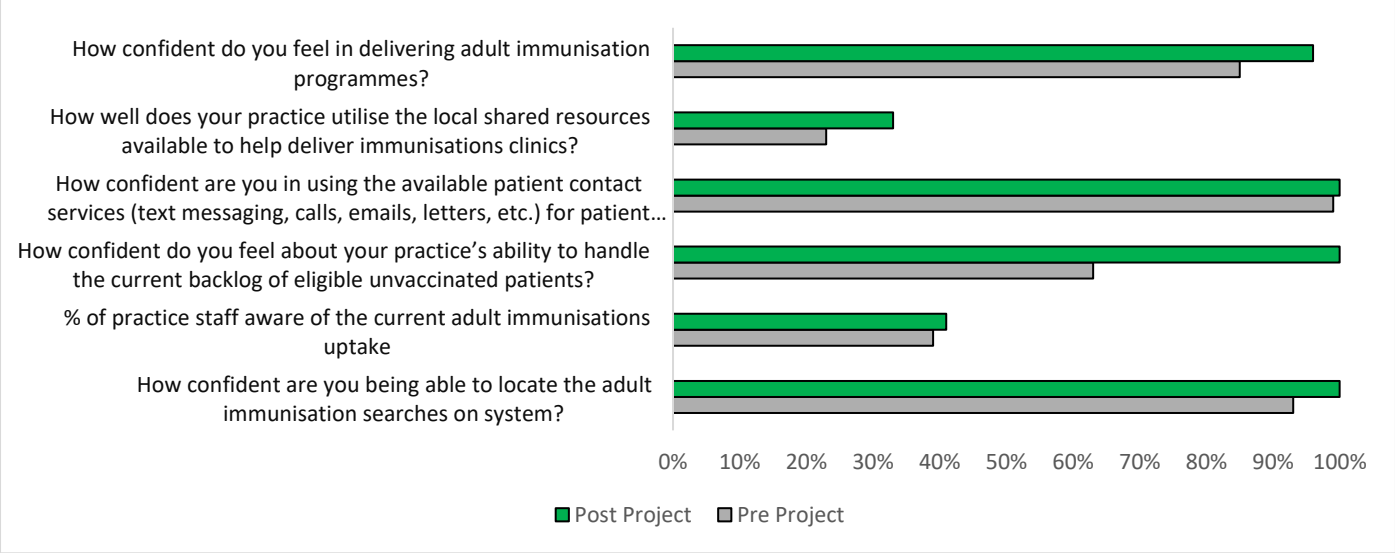
- Patients received an average of 3 invitations/recalls throughout the project. If a patient didn't respond to the first invitation/recall, they were re-invited to attend. Two further invites were sent and if still no response, invitations ceased.
- 25,271 text and 2539 telephone recalls were completed throughout the project timeframe. Text recalls were sent via Accurx, which contained a self-booking link.
- 16% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and pneumococcal combined. Booking rates dipped to 6% and 3% respectively for the 2nd and 3rd recall. Practices where a 4th recall attempt occurred, saw booking rate of 1%.

Telephone Calls

- **Shingles vaccination calls**: 62% were no answer. Of those who answered; 20% booked, 24% undecided, 52% declined. Among decliners, 48% failed to provide a reason why.
- **Pneumococcal vaccination calls**: 68% were no answer. Of those who answered; 19% booked, 25% undecided, 54% declined. Among decliners, 49% failed to provide a reason why.

## Hand over Plan (Legacy)

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.

## Project Reflections (Key achievements and Highlights)

Engaged practices delivered 2,717 shingles vaccinations (including 737 second doses) and 1,650 pneumococcal vaccinations during the project. 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.

Geographical areas covered by Modality Partnership

Modality Partnership Ltd has NHS GP practices predominantly located in Birmingham, Walsall and Bradford but also have NHS GP practices across other parts of England including; Sandwell, Wokingham, East Surrey, Hull, and the Airedale, Wharfedale, and Craven areas of Yorkshire. The strongest progress came from the Wokingham, Nottingham and Birmingham NHS GP practices, who achieved the highest percentage increases in both shingles and pneumococcal uptake. Their success reflected early and well-structured recall activity, good use of PCIF support, and dedicated clinic capacity to manage patient flow efficiently. Progress elsewhere was more limited where recalls started later or practice capacity and staffing changes interrupted delivery of the project.

There was steady engagement over the course of the project, resulting in most practices engaging. This was supported by a key Modality lead contact liaising with and encouraging participation from practices and, in some divisions, centralised system access and coordinated recall planning, including vaccination hubs.

Existing staff 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, 22% declined due to being housebound, highlighting the need for accessible in-home options.14% 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.

**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. | 23,427 |
| Total number of patients eligible for pneumococcal vaccination. | 21,397 |
| Total number of patients vaccinated with initial shingles vaccination dose. | 1980 |
| Total number of patients vaccinated with second shingles vaccination dose. | 737 |
| Total number of patients vaccinated with pneumococcal vaccination dose. | 1650 |
| % of eligible patients receiving pneumococcal vaccination. | 7.7% |
| Increase in patients vaccinated against shingles and pneumococcal disease. | 3630*<br>**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.<br>• Total number of patients recalled for second shingles vaccination.<br>• % of eligible patients receiving both shingles vaccinations. | Unable to report.<br><br>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.<br><br>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. | Results in graph 4. |