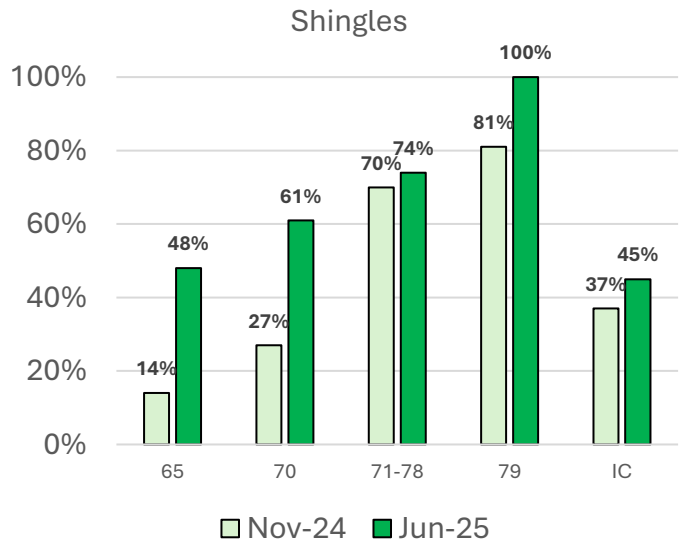
GSK and Hartlepool & Stockton Health, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Hartlepool and Stockton-on-Tees Area'.
Project Duration November 2024 – June 2025

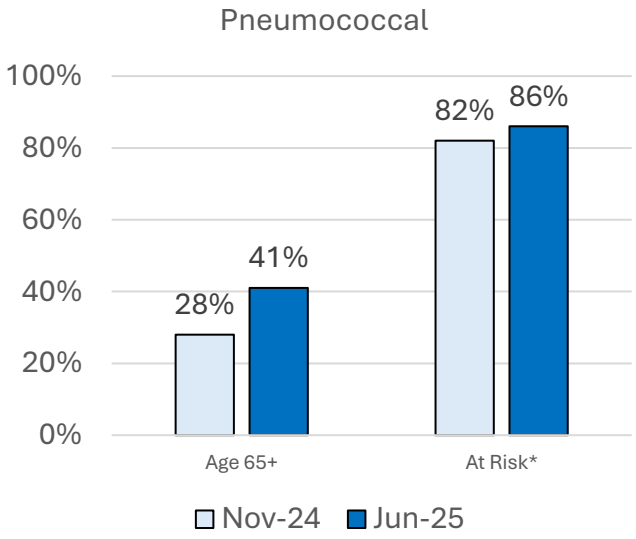
This summary has been written by GSK and CHASE [1] with consultation and approval from Hartlepool & Stockton Health.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Hartlepool & Stockton Health NHS practices increased vaccination uptake among eligible patients by 12.7% points for shingles and 12.5% for pneumococcal, representing 3136 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 Hartlepool and Stockton Health (H&SH), an NHS provider covering 32 GP practices (~300,000 patients), to deliver the AIPOP via CHASE as a contracted third party. Hartlepool and Stockton-on-Tees rank among the top 5–25% most deprived areas nationally.

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 November 2024–June 2025 which included a two-month extension requested by H&SH in order to allow for increased practice engagement and for practices already engaged to provide more clinic slots.

The project had three phases:

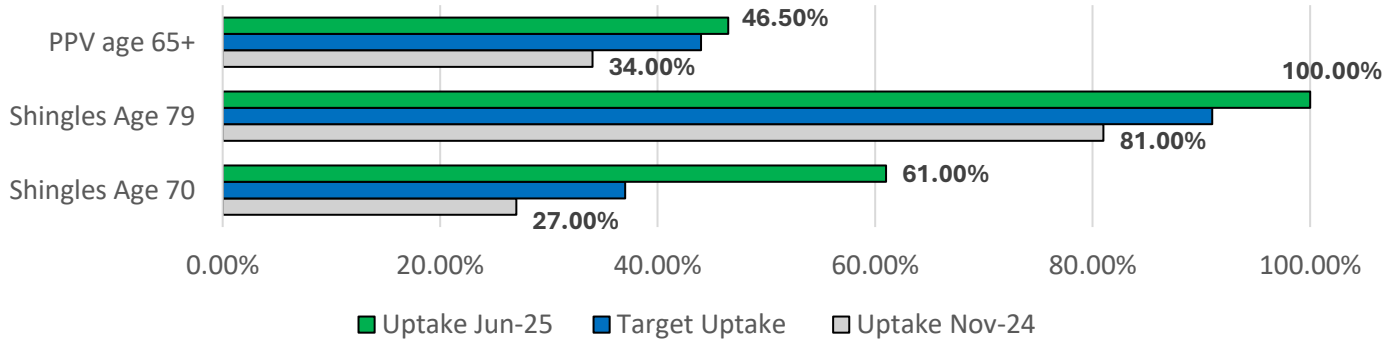
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.



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

- Shingles vaccination uptake exceeded targets across both cohorts.
    - 34% point increase at age 70
    - 19% point increase at age 79

- Pneumococcal vaccination uptake exceeded target.
- 12.5% 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 13.6%-point increase across the aged 65+ cohort.
- However, practices remained under national average at 46.5% total current pneumococcal vaccination uptake across all cohorts by the end of the project.

Practice engagement

- 9 of the 32 practices engaged in the project.
- Practices who declined to engaged reported they were satisfied with their current vaccination recall offer.

Call and Recall

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.

- 16,195 text and 1314 telephone recalls were completed throughout the project timeframe. Text recalls were sent via Accurx, which contained a self-booking link.

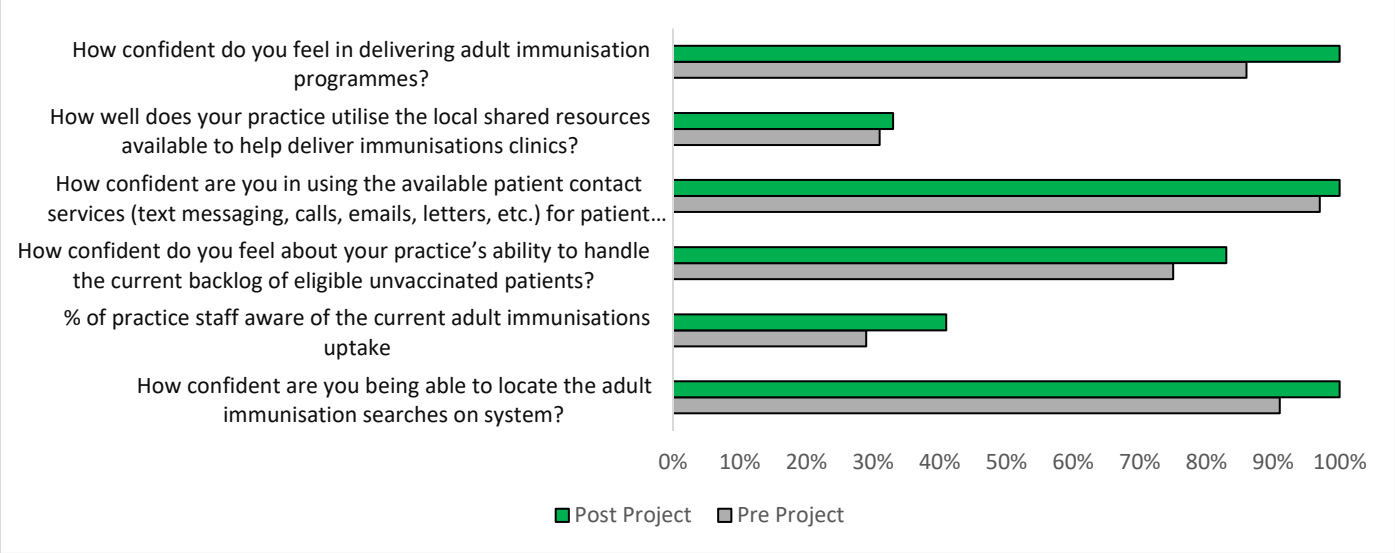
- 16% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and pneumococcal combined. Booking rates dipped to 5% and 4% respectively for the 2nd and 3rd recall. Practices where a 4th recall attempt occurred, saw booking rates increase to 12%.

Telephone Calls

- **Shingles vaccination calls**: 59% no answer. Of those who answered, 11% booked, 20% declined, 10% undecided. Among decliners, 39% were housebound.
- **Pneumococcal vaccination calls**: 61% no answer. Of those who answered, 5% booked, 25% declined, 9% undecided. Among decliners, 48% were housebound.

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 2,278 shingles vaccinations (including 643 second doses) and 858 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.

Stockton PCN achieved high engagement, supported by a Practice Manager who drove progress and encouraged use of PCIF resources. Practices reported high patient self-booking rates, suggesting this method should be used more widely.

Although only a small number of practices engaged, those that did achieved strong vaccination uptake increases. 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. By project end, practices reported a 14-point increase in confidence in delivering adult immunisation programmes.

Project Learns

Proactive Patient Contact: Text message recalls and booking links effectively reduced patient backlog, with repeated reminders boosting uptake.

Telephone Booking: Among patients called, 48% declined pneumococcal and 39% declined shingles due to being housebound, highlighting the need for accessible in-home options. Only 8% 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.

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.	12,870
Total number of patients eligible for pneumococcal vaccination.	6,883
Total number of patients vaccinated with initial shingles vaccination dose.	1635
Total number of patients vaccinated with second shingles vaccination dose.	643
Total number of patients vaccinated with pneumococcal vaccination dose.	858
% of eligible patients receiving pneumococcal vaccination.	12.5%
Increase in patients vaccinated against shingles and pneumococcal disease.	*2493** **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.	Results in graph 4.