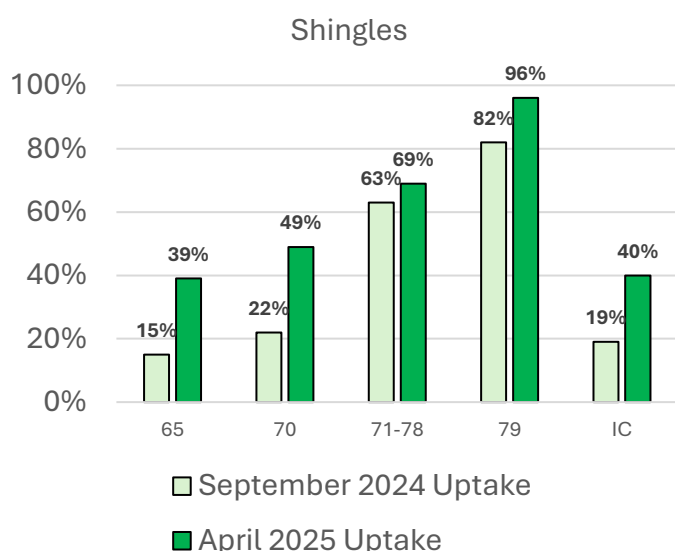


GSK and SSP Health Medical Services Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Wigan, St Helens and Bolton Areas’. Project Duration September 2024 – April 2025

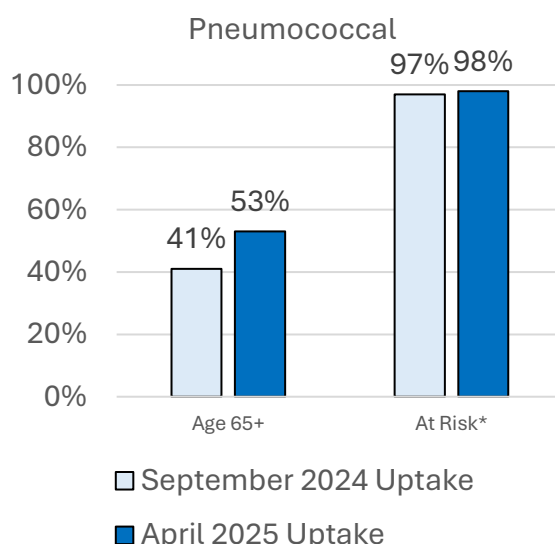
This summary has been written by GSK and CHASE¹ with consultation and approval from SSP Health Medical Services.

Summary

This project demonstrated that the inclusion of Primary Care Immunisation Facilitators (PCIFs) into SSP Health Medical Services (SSP) NHS practices to support existing staff to deliver Adult Immunisation Programmes led to increased vaccination uptake in eligible patients (12.5% point increase in shingles vaccination and 8.2% point increase in pneumococcal vaccination, representing 3268 patients within the project period). PCIF support included developing a coordinated approach to Adult Immunisation Programmes call and recall processes, including transfer of knowledge through training, support, 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

SSP and GSK undertook a Collaborative Working Project to;

- Increase the uptake of the NIPs for shingles and pneumococcal
- Reduce the incidence and severity of shingles and pneumococcal

SSP provides healthcare across the Northwest of England, with practices mostly clustered around Wigan, but also having practices in Bolton, St Helens, and further afield, most of which are deprived areas. SSP’s primary aim is to support GP practices and their patients, this includes supporting the uptake of national immunisation programmes. SSP covers 35 NHS practices and has a combined list size of over 210,000 patients. Of the main areas that SSP covers, Wigan, St Helens, and Bolton; they rank 97th, 40th, and 47th respectively out of 317

local authorities on the Index of Multiple Deprivation, meaning these areas are in the top 12-30% of most deprived districts in the country.

The project involved the provision of CHASE administrative staff, Primary Care Immunisation Facilitators (PCIFs) into SSP practices, across Wigan, St Helens, and Bolton areas. Their role was to support search/identification and call/recall for all eligible patients in Shingles and Pneumococcal National Immunisation Programmes. The PCIFs conducted ‘placements’ spread over 8 months in practices within areas prioritised due to greatest need, deprivation being a key focus, to deliver a standardised approach to improve patient contact and recall processes.

The project was initially scheduled to take place over 6 months. SSP requested that the project be extended for an extra 2 months beyond the initial 6 month period for the following reasons;

- To ensure practices had the opportunity to engage with the project.
- Some practices only had appointments available in the month after the project end date, so it was extended to do a final data capture to reflect these bookings.

The project ran from September 2024 to April 2025 (eight months in total), and included three phases covering;

1. Initial engagement
2. PCIF placement for patient identification, call/recall, check-in, training/upskilling
3. Project impact assessment.

Phases 1 and 2 were run up until the end of month seven, after which only activities in phase 3 were carried out for the last month of the project.

Primary Project Objectives

1. Reduce patient health inequalities and patient suffering from vaccine preventable diseases (such as shingles and pneumococcal disease).
2. Increase uptake of shingles and pneumococcal vaccination in line with the NIP eligibility criteria in the Wigan, St Helens, and Bolton areas. The minimum target was to increase the uptake of Shingles and Pneumococcal NIPs across SSP practices to above the national average by the end of the project.
3. Leave a sustained legacy of enhanced immunisation programme implementation by enhancing knowledge, capability, and effective ways of working.

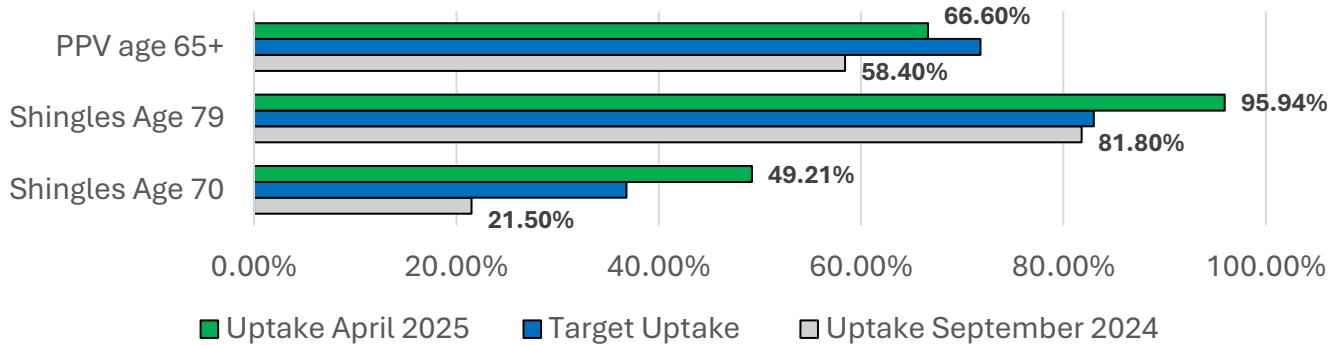
SSP Specific Objectives

- Increase overall SSP NHS Practices Shingles NIP vaccination uptake of the shingles vaccination within the routine cohort (age 70) from 21.5% to 36.8% (national average) within 6 months.
- Increase SSP NHS Practices Shingles NIP uptake of the shingles vaccination within the catch-up cohort exiting the programme from 81.8% to 83% (national average) within 6 months.
- Increase SSP NHS Practices Pneumococcal vaccination uptake for all adults over 65 so that it continues to exceed the national average (71.8%) over the course of 6 months.
- Increase SSP NHS Practices Pneumococcal vaccination uptake for adults turning 65 in the first year of the programme so that it continues to exceed the national average (33.1%) over the course of 6 months.

It was found that collecting the “turning 65” pneumococcal cohort vaccination uptake figures could not be done automatically like with the shingles vaccination data and would have required manual intervention to collate. This was deemed as non-feasible as more practices engaged and other AIPOP projects started, and so the PPV target cohorts were combined into a single unified cohort of “65 and over” (65+).

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.



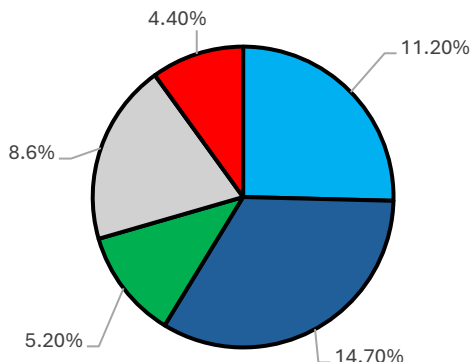
Graph 3. Shingles and Pneumococcal Vaccination Uptake within the NIP Eligible Population.

- Shingles vaccination uptake exceeded targets
 - 27.7% point increase at age 70
 - 14.1% point increase at age 79
- Pneumococcal vaccination uptake target was to maintain a minimum of national average vaccination uptake for all adults over 65 (71.8%)
 - 8.2%-point increase at aged 65+ and At Risk cohorts combined.
 - With the removal of the At Risk cohort, the project was able to achieve an 11.4%-point increase across the aged 65+ cohort.
 - However, practices remained under national average at 52.75% total current pneumococcal vaccination uptake across all cohorts by the end of the project.

Practice engagement

- All 35 practices within SSP engaged with the project.
- Practices were onboarded in waves subject to their appointment slot and vaccination administration resource availability.

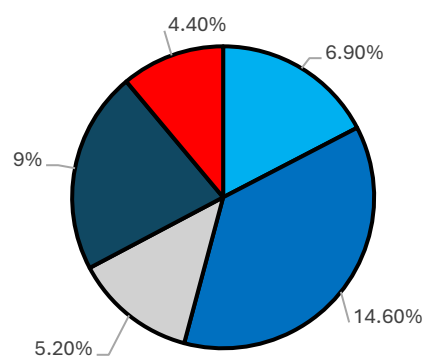
Practices Engaged by Month Vaccination Uptake Increase Shingles



■ Nov-24 ■ Dec-24 ■ Jan-25 ■ Feb-25 ■ Mar-25

Graph 4. Shingles Vaccination Uptake per Month within the Eligible Population.

Practices Engaged by Month Vaccination Uptake Increase Pneumococcal

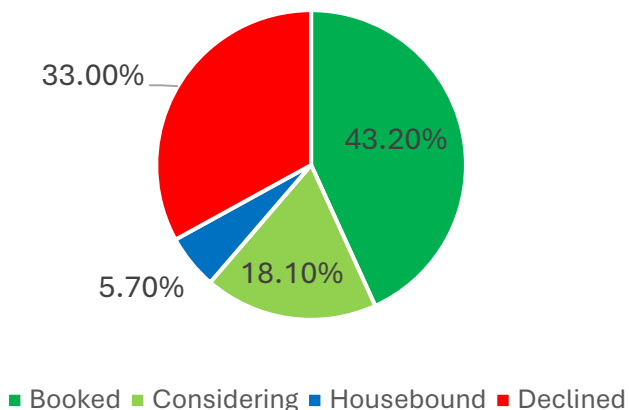
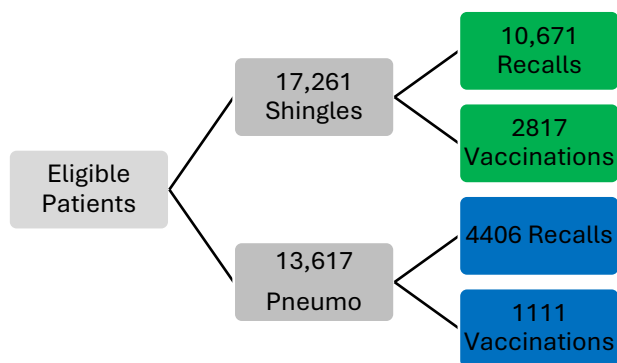


■ Nov-24 ■ Dec-24 ■ Jan-25 ■ Feb-25 ■ Mar-25

Graph 5. Pneumococcal Vaccination Uptake per Month within the Eligible Population.

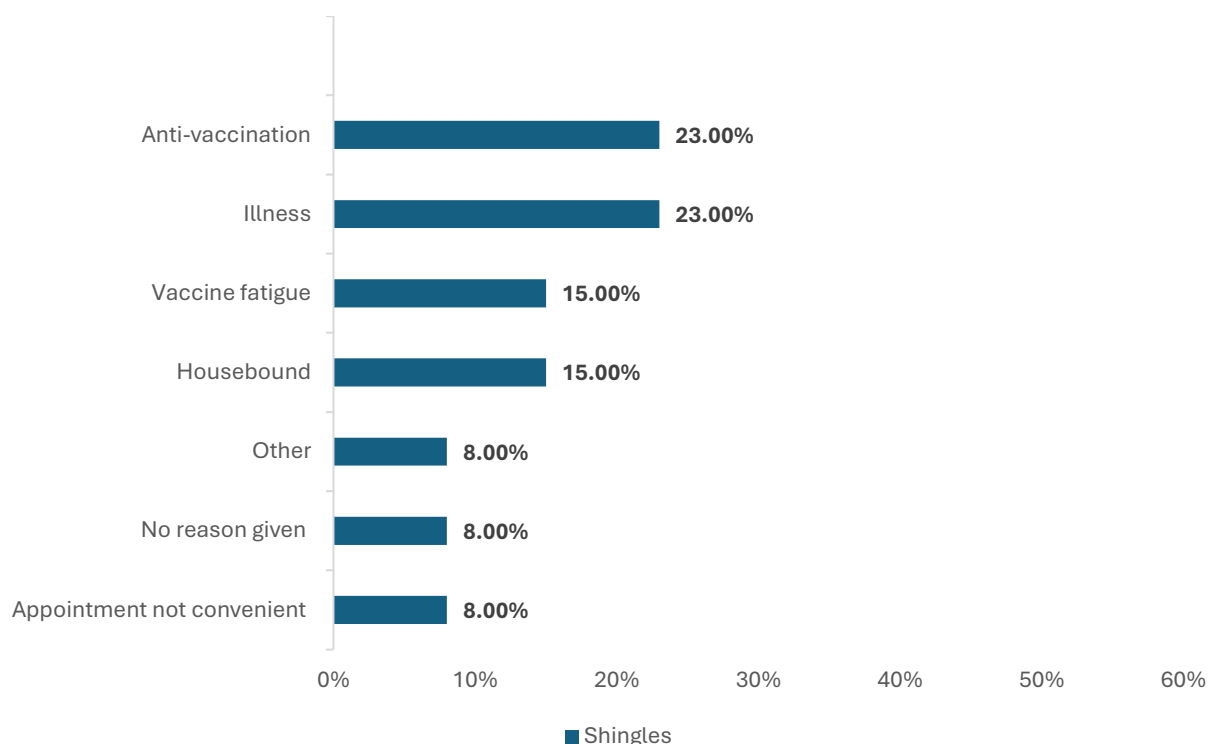
Call and Recall

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.

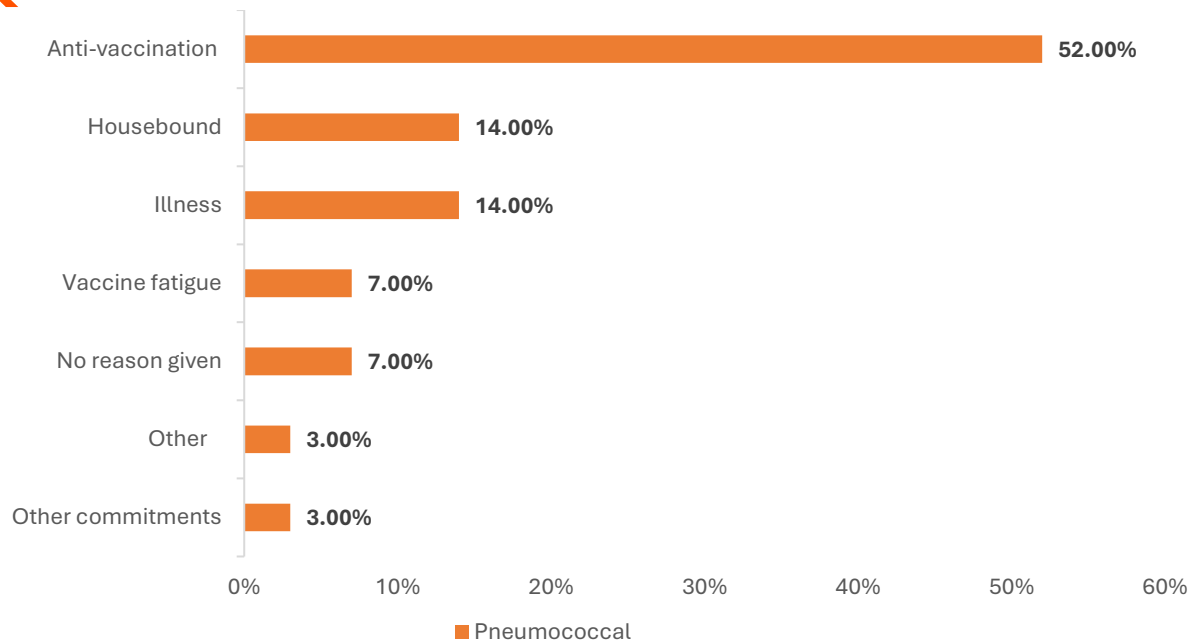


Graph 6. Number of Shingles and Pneumococcal Calls from the PCIFs.

Graph 7. Outcomes from answered PCIF calls.

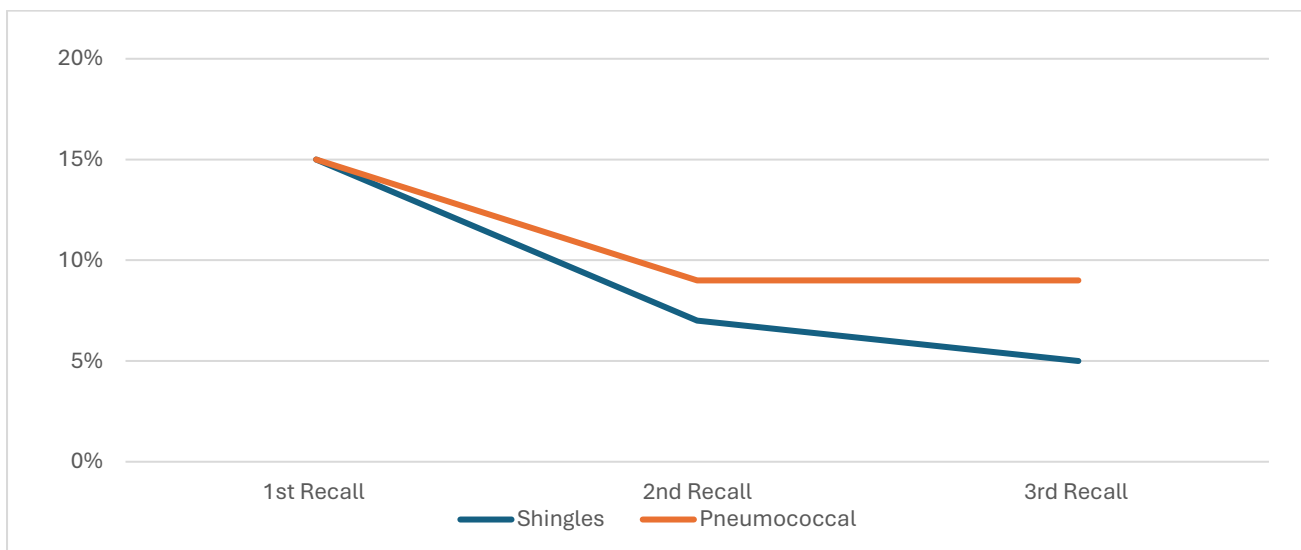


Graph 8. Patients declined a shingles vaccination for the following reasons.



Graph 9. Patients declined a pneumococcal vaccination for the following reasons.

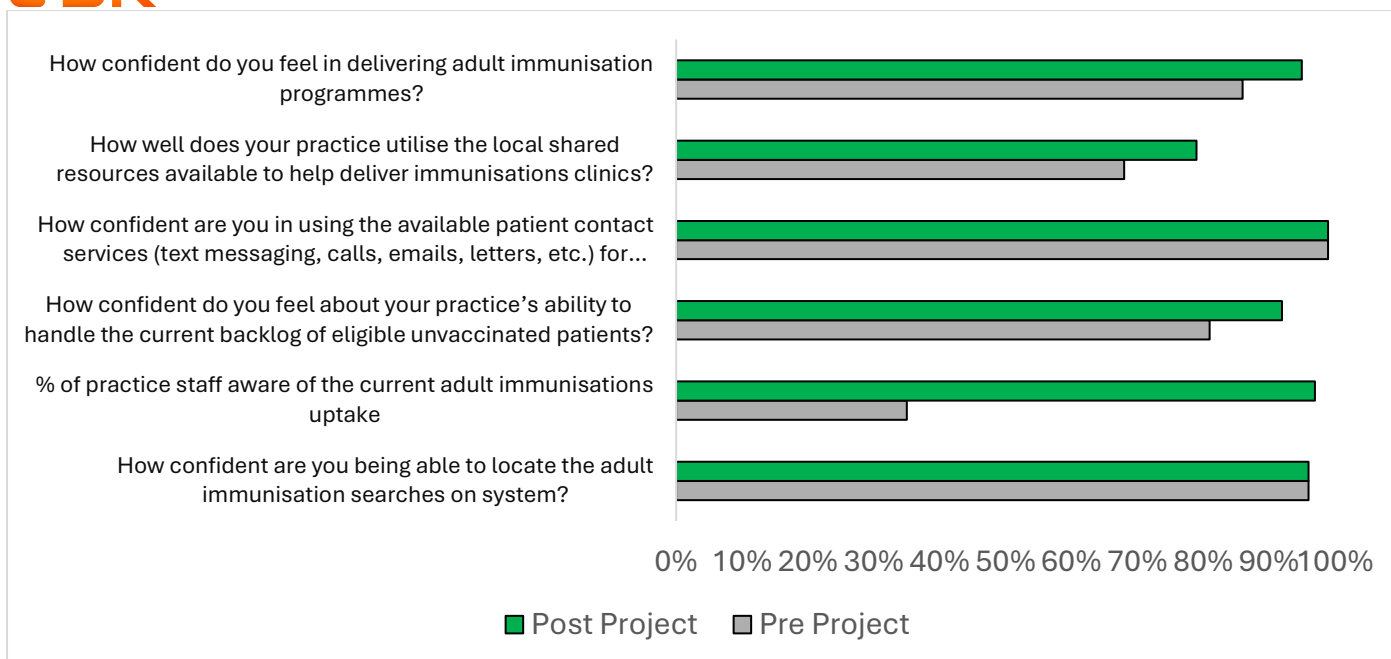
- Most recalls were completed via Accurx text message, which contained a booking link.
- 15% of patients booked an appointment through the self-booking link on the first recall attempt for both shingles and pneumococcal.
- Text messages were very effective across SSP practices, with appointment capacity filled via this method and limited telephone call follow-ups required.



Graph 10. Percentage of Patients Booking Through a Booking Link for Shingles and Pneumococcal.

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 11. Results of the End of Project Practice Questionnaire.

Project Reflections (Key achievements and Highlights)

Data from historic UKHSA published reports provided an estimate for SSP's vaccination uptake rates prior to project going live. Following project initiation, practice-level vaccination uptake rates were more accurately assessed, and those current figures were used for baseline measurements to assess performance through the project, including for overall targets and the Summary of Outcomes report. It was noted that the UKHSA historic data was higher than practice-level vaccination uptake data when the project went live.

Engaged practices achieved a total of 3928 vaccinations throughout the project life cycle. Of the 2817 shingles vaccinations, 660 were 2nd dose. Whilst not increasing overall vaccination uptake, providing 2nd dose shingles vaccinations significantly contributes to the project's primary objective of reducing patient suffering from vaccine preventable diseases by ensuring they have a greater level of protection.

SSP operates a well-designed management system across all their practices. A Project Lead was allocated who was able to facilitate clinical system access, support practice onboarding and provide key insights to maximise project deliverables. The SSP leadership team continuously drove project success throughout the timeframe.

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.

At the conclusion of the project, practices reported 62% point increase in awareness of the adult immunisation vaccination uptake rate, 11% point increase in confidence to manage the backlog of patients and a 9% increase in confidence in delivering adult immunisation programmes.

Project Learns

Proactive Patient Contact Drives Vaccination Uptake. Patients across SSP practices were responsive to text message recalls and booking links. A continued targeted approach of repeated text recalls throughout the year decreased patient backlog.

Telephone Calls to Book a Vaccination. Across eligible patients who received a telephone call to book a vaccination, 43% of those who declined reported they were anti-vaccination. This project did not target resources towards addressing the complex factors, such as trust, underlying beliefs and education, which contribute towards anti vaccination opinions. Approximately 17% of patients who received a telephone call to book a vaccination reported they were unable to attend an appointment due to illness. The project ran over the winter months and targeting patients at other times of the year may support an increase in vaccination uptake. 10% of patients declined due to reported vaccine fatigue. Offering the vaccination to patients during months where fewer adult vaccinations are offered, such as flu and RSV, may also support increased vaccination uptake.

Conflicting priorities. Engaged practices reported conflicting priorities being the reason they were unable to engage with the project at the earliest opportunity. Flu vaccination delivery commenced later in 2024 than previous years, meaning practices had fewer appointments available during the initial months of the project. Some practices were experiencing staff shortages, preventing them from providing as many appointment slots as they would have liked, or from engaging at the earliest opportunity.

SSP were keen to drive the project to ensure its success. The Project Steering Group was well attended, with a key focus to support practice engagement and share solutions to increase vaccination uptake. SSP's innovative leadership structure and ambition allowed for smoother integration of the PCIFs into practices, including the distribution of project communications and highlighting successes through local operational group meetings.

Accessible Information. Practices may also consider their patient demographic and whether the inclusion of accessible information and education in different languages would prevent health disparities and increase 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 vaccination 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

<u>METRIC</u>	<u>REPORTED</u>
Total number of patients eligible for shingles vaccination.	17,261
Total number of patients eligible for pneumococcal vaccination.	13,617
Total number of patients vaccinated with initial shingles vaccination dose.	2157
Total number of patients vaccinated with second shingles vaccination dose.	660
Total number of patients vaccinated with pneumococcal vaccination dose.	1111
% of eligible patients receiving pneumococcal vaccination.	8.2%
Increase in patients vaccinated against shingles and pneumococcal disease.	3928 (total number of vaccinations given including second dose) 3268 (total number of patients vaccinated)