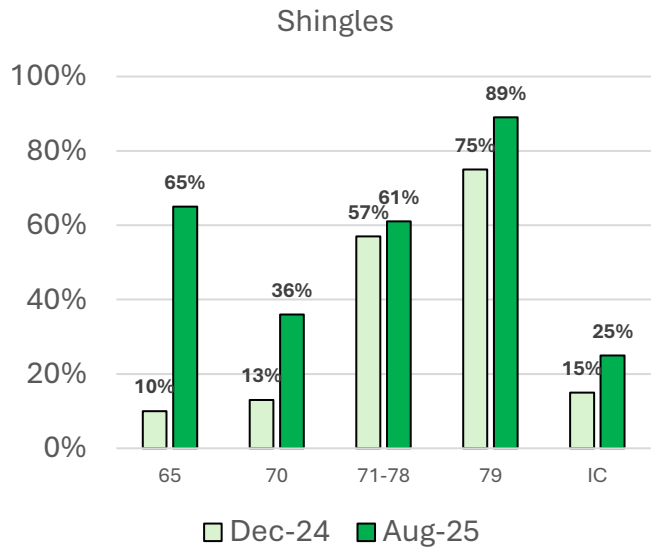
GSK and Haringey GP Group, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Haringey Area'.
Project Duration December 2024 - August 2025.

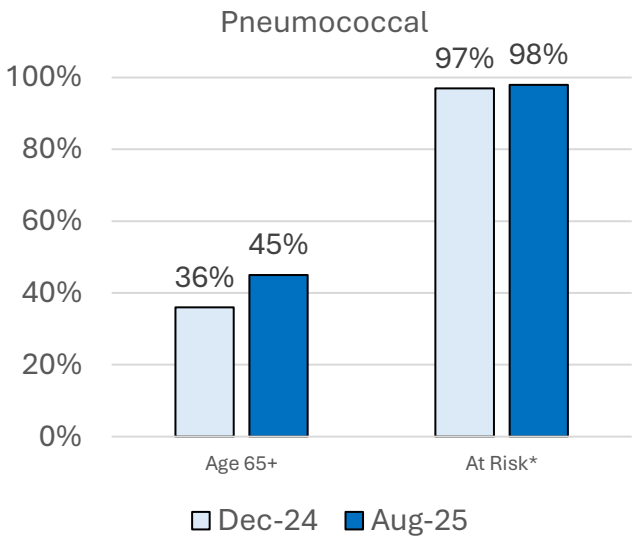
This summary has been written by GSK and CHASE [1] with consultation and approval from Haringey GP Group.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Haringey GP Group NHS practices increased vaccination uptake among eligible patients by 13.5% points for shingles and 5.8% points for pneumococcal, representing 1647 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 Haringey GP Group (HGPG), an NHS provider covering 34 GP practices (~330,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. Haringey ranks 37th out of 317 local authorities on the Index of Multiple Deprivation, meaning Haringey is currently within the top 12% 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 December 2024–August 2025 which included a three-month extension requested by Haringey in order to allow for additional practices to engage in the project and for those who were already engaged to complete further patient recalls.

The project had three phases:

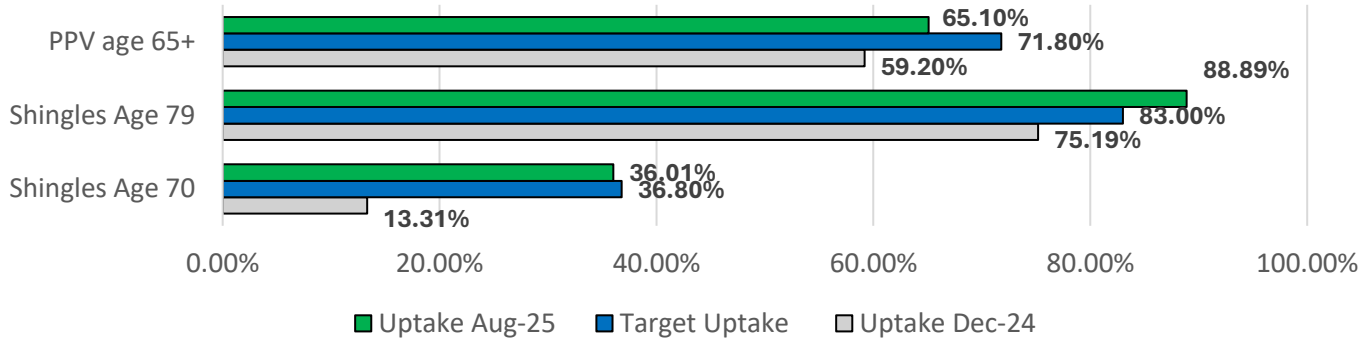
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

In respect of shingles, Haringey 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, Haringey set a target for all adults aged 65+ with a minimum standard of reaching the national average (71.8%).

- Shingles vaccination uptake exceeded the target for the age 79 cohort but failed to achieve the target for the age 70 cohort.
  - 22.7% point increase at age 70.
  - 13.7% point increase at age 79.

- Pneumococcal vaccination uptake failed to meet the target.
  - 5.9% 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 9%-point increase across the aged 65+ cohort.
  - However, practices remained under national average at 65.1% total current pneumococcal vaccination uptake across all cohorts by the end of the project.

Practice engagement

- 12 of the 34 practices engaged in the project.
- Practices who declined to engage reported they were satisfied with their current vaccination recall offer.

Text Message

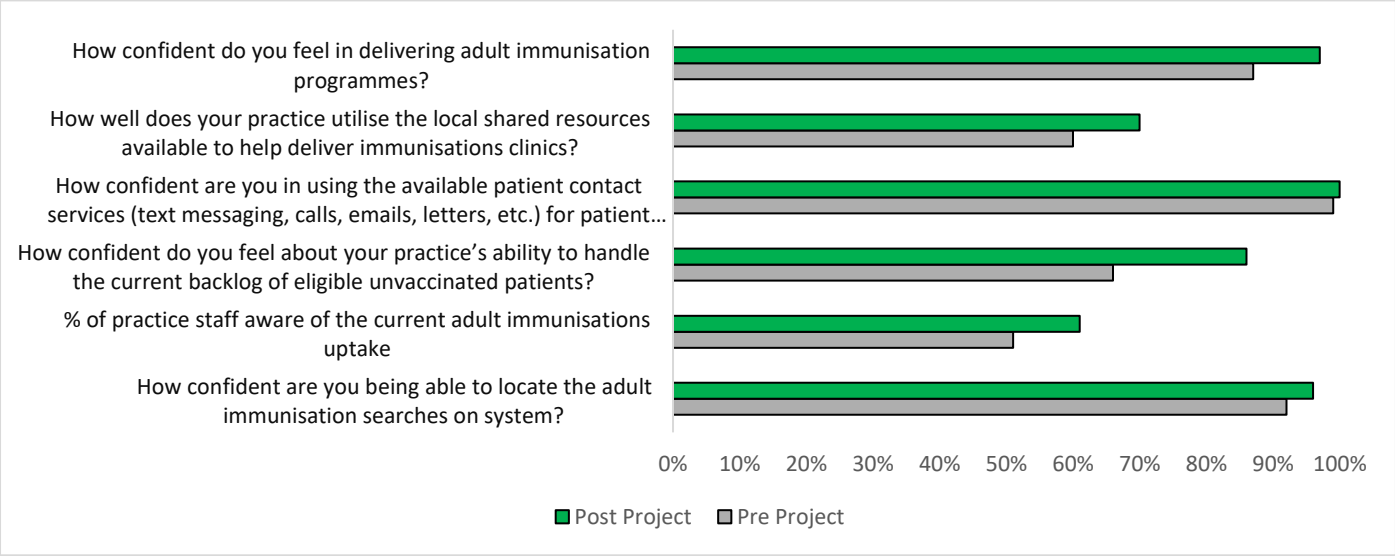
- 20,860 text recalls were sent throughout the project timeframe. Text recalls were sent via Accurx, which contained a booking link.
- 11% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and pneumococcal combined. Booking rates decreased to 6% and 4% respectively for the 2nd and 3rd recall. Practices where a 4th recall attempt occurred, saw booking rate of 4%.

Telephone Calls

- **Shingles vaccination calls**: 66% were no answer. Of those who answered; 49% booked, 16% undecided, 35% declined. Among decliners, 25% reported they were anti-vaccination.
- **Pneumococcal vaccination calls**: 66% were no answer. Of those who answered; 14% booked, 21% undecided, 65% declined. Among decliners, 36% failed to provide a reason why.

Leaving a 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 1209 shingles vaccinations (including 256 second doses) and 438 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.

Practices welcomed the additional support and upskilling opportunities provided by the PCIFs and the practice questionnaire responses show increased confidence in delivering adult immunisation programmes.

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, across both cohorts combined, 21% 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 used available support early to manage admin and searches, vaccination numbers are higher.

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.	7041
Total number of patients eligible for pneumococcal vaccination.	7499
Total number of patients vaccinated with initial shingles vaccination dose.	953
Total number of patients vaccinated with second shingles vaccination dose.	256
Total number of patients vaccinated with pneumococcal vaccination dose.	438
% of eligible patients receiving pneumococcal vaccination.	5.8%
Increase in patients vaccinated against shingles and pneumococcal disease.	1391* *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.