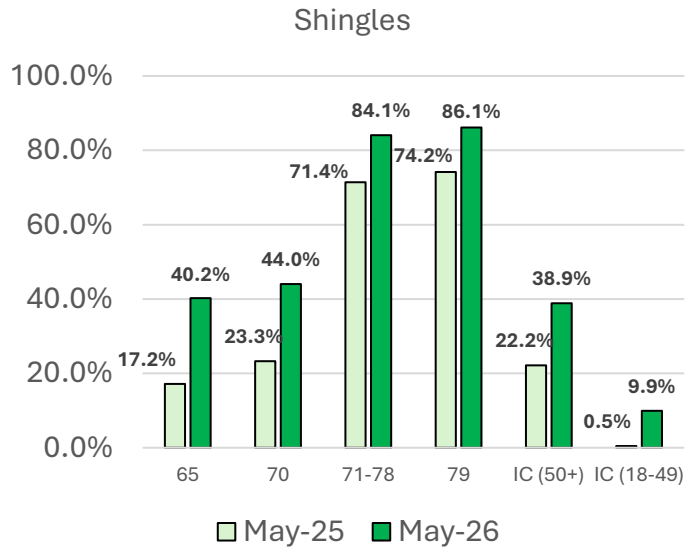
GSK and Black Country Integrated Care Board, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Dudley, Sandwell, Walsall and Wolverhampton Areas'.
Project Duration May 2025 – May 2026.

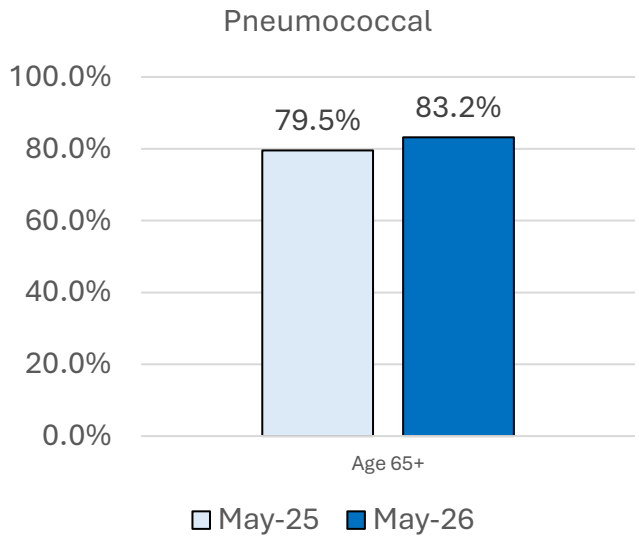
This summary has been written by GSK and CHASE [1] with consultation and approval from Black Country ICB.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs), into Black Country ICB (BC ICB) NHS practices increased vaccination uptake among eligible patients by 21,155 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.

Project Overview

GSK entered a Collaborative Working agreement with Black Country ICB (BC ICB), an NHS provider covering 171 GP practices (~1.2million patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. BC ICB does not have its own ranking on the Index of Multiple Deprivation (IMD), however the average rank of each of its 4 place-based partnerships would be 40th out of the 317 local authorities on the IMD, placing the ICB's average rank in the top 15% of the most deprived districts in 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 May 2025 – May 2026 (13 months). This included a three month extension due to the NHS initially wanting to contact their practices directly to engage them in the project. Since dropping that requirement and allowing CHASE to reach out to practices directly, many practices expressed interest in joining the project. The extension granted them sufficient time to properly onboard and enter recall.

The project had three phases:

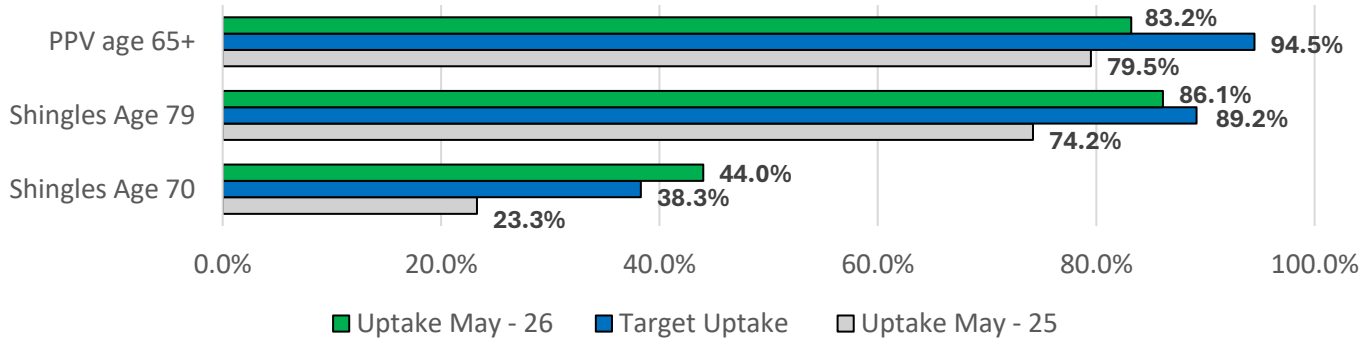
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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 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.

As an indication, the project aimed to increase the uptake of the Shingles and Pneumococcal National Immunisation Programmes (NIPs) in all BC ICB engaged NHS practices, with the minimum target being to raise the total cohort uptake for both NIPs by a minimum of 15 percentage points from baseline uptake by the end of the project.

- Shingles vaccination uptake exceeded the target for the age 70 cohort and was above the national uptake for cohort age 70 of 36.8%. It did not achieve the target for the age 79 cohort and was above the national uptake for age 79 of 83%.
    - 20.7% point increase at age 70.
    - 11.9% point increase at age 79.

- Pneumococcal vaccination uptake failed to meet the target.
    - 3.7% point increase for age 65+.
    - Is above national average of 73.6% for vaccination uptake in the 65+ category.

Text Messages

- Patients received an average of 3 invitations/recalls throughout the project. If a patient did not respond to the first invitation/recall, they were re-invited to attend. Two further invites were sent and if still no response, invitations ceased.
- Telephone calls were made to those who did not have a mobile number. Also telephone calls were made where patients had not responded to booking links but there were still appointment slots available.
- 178,916 text and 12,847 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 9% of patients booked an appointment through the self-booking link on the first recall attempt for pneumococcal and 9% for shingles. Booking rates dipped to 5% and 4% respectively for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls:** 57% were no answer. 7% booked. 12% considering. 23% declined. 1% housebound.
- **Pneumococcal vaccination calls**: 63% were no answer. 6% booked. 11% considering. 19% declined. 0% housebound.

Handover Plan (Legacy)

The PCIF team worked with practices to provide training on the shingles and pneumococcal clinical system searches around which searches to use, the criteria/definitions involved and using the results to implement continued recall processes upon conclusion of the project. A Call and Recall training offer was made available to all engaged practices as both group webinars and 1-2-1 sessions, covering basic search building and the identification of severely immunocompromised (SIC) cohorts.

Practices were supported to review their own recall processes, including appointment set-up, invitation batch sizes, use of self-booking links and telephone call processes. For one multi-site practice this included tailoring the recall so that patients could be invited and booked across several branch sites from a single process.

Learning was shared with practices on searches and coding. Several practices were supported to identify and correct pneumococcal coding issues which had been masking vaccinations already given, improving the accuracy of their reported uptake and of the patient lists used for recall.

A number of practices were supported to understand and review their SIC and possible-SIC lists, including importing the updated searches, reviewing the cohorts and coding patients appropriately. This leaves practices better able to identify and invite these complex cohorts for future campaigns.

Project Reflections (Key achievements and Highlights)

A total of 15,790 shingles vaccinations were delivered in engaged practices. This includes 5,242 shingles second doses. 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.

A total of 5,365 pneumococcal vaccinations were given over the duration of the project in engaged practices.

Across the four places, 103 practices engaged with the project and 86 progressed to active patient recall, with 98 honorary contracts and 95 clinical system accesses put in place to enable PCIF activity.

ICB-level communications, combined with targeted contact with individual practices, were important in building engagement.

Project Learns

Proactive Patient Contact: Text and telephone recall together reached the widest group of patients. Booking rates were highest on the first invitation, at 9% for both shingles and pneumococcal, falling to 4-5% on the second recall and 3% on the third. Repeat recalls continued to add vaccinations but with diminishing returns, so the timing and quality of the first invitation matters most.

Telephone Booking: The majority of calls went unanswered (68% for shingles and 71% for pneumococcal) and most patients who did answer and declined gave no reason. This limits the ability to understand and address hesitancy, and BC ICB may wish to consider how to continue addressing patient educational needs around the benefit of vaccination.

Accessible Information: Offering education and resources in multiple languages could help reduce disparities and improve vaccination uptake across the ICB's diverse population.

Searches and Coding: Accuracy of coding has a direct effect on both reported uptake and on who is invited. Where practices were supported to review pneumococcal coding and to correct it, both the recall lists and the uptake position improved. Building this understanding within practices is one of the more durable legacies of the project.

Appointment Choice and Capacity: Where appointments were offered at a wider variety of times and days rather than in a small number of fixed clinics, patients and practice staff both reported a better experience and booking rates improved. Conversely, staggering invitations to match available slots, vaccine stock and nurse availability was essential in practices with limited capacity, including those relying on a single or locum nurse.

Complex Cohorts: Severely immunocompromised (SIC) and possible-SIC cohorts require clinical review before invitation. Where practices could not free the clinical time to complete that review, these patients were not invited, and uptake in the immunocompromised cohorts remained the lowest of all groups. Protected time for cohort review is needed if these patients are to be reached.

Workforce and Capacity: Clinic capacity and staff availability were key success factors. The additional PCIF resource provided dedicated administrative capacity for patient identification, recall management and follow-up, reducing pressure on practice teams and allowing them to focus on delivery. Where practice teams scheduled protected immunisation clinics or used the available support early to manage admin and searches, vaccination numbers were 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.	73,648
Total number of patients eligible for pneumococcal vaccination.	120,399
Total number of patients vaccinated with initial shingles vaccination dose.	10,548
Total number of patients vaccinated with second shingles vaccination dose.	5,242
Total number of patients vaccinated with pneumococcal vaccination dose.	5,365
Increase in patients vaccinated against shingles and pneumococcal disease.	15,913* *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.	No practices completed both pre and post questionnaire