

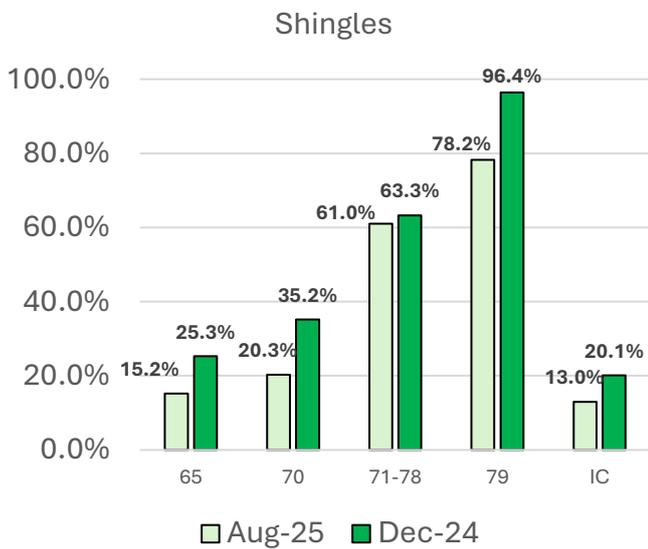
# GSK and Together First Community Interest Company (CIC), Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Barking & Dagenham Area’.

## Project Duration December 2024 – August 2025.

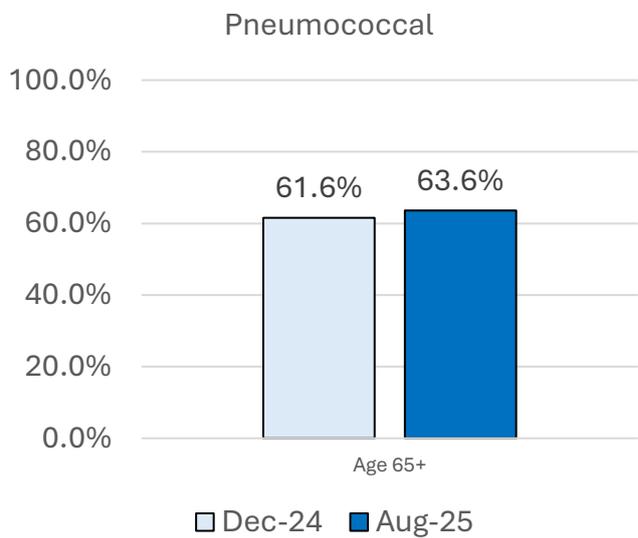
This summary has been written by GSK and CHASE<sup>1</sup> with consultation and approval from Together First CIC.

### Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Together First CIC NHS practices increased vaccination uptake among eligible patients by 6.3% points for shingles and 2% for pneumococcal, representing 1,234 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 Together First CIC (Together First), an NHS provider covering 32 GP practices (~250,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. The predominant area that Together First service, Barking & Dagenham ranks 5th out of 317 local authorities on the Index of Multiple Deprivation (IMD), meaning Barking & Dagenham is currently within the top 5% of most deprived districts of the country and is the highest-ranking London Borough in the IMD.

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 Together First due to a three-month delay at the start of the project.



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)

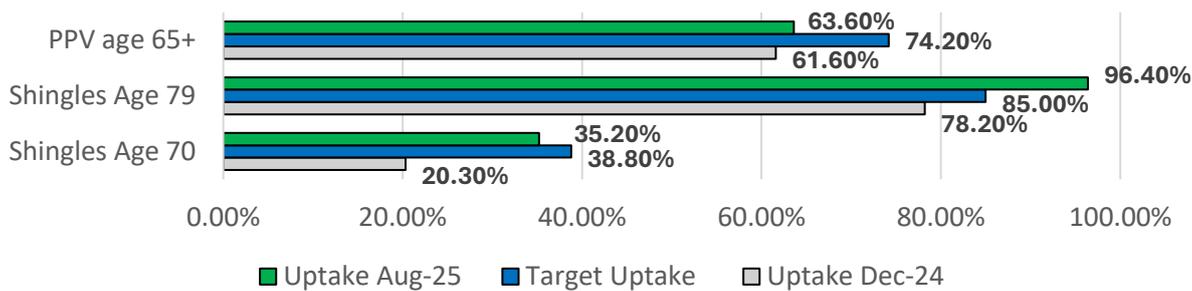
### Primary Project Objectives

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.

Together First’ target for the shingles routine cohort (age 70) was to achieve 38.8% vaccination uptake. For the catch up cohort exiting the programme (age 79) was to achieve a vaccination uptake of 85%. Their pneumococcal vaccination target was for all adults 65 and over to achieve 74.2% vaccination uptake.



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

- Shingles vaccination uptake exceeded the target for the age 79 cohort but failed to achieve the target for the age 70 cohort, but an increase of 14.9% was still observed.
  - 14.9% point increase at age 70.
  - 18.2% point increase at age 79.
- Pneumococcal vaccination did not achieve the target uptake increase.
  - 2% point increase for adults age 65+.

### Practice engagement

- PCIF resource was provided to all practices across Together First.
- The Together First team coordinated the list of patients who could be contacted to be recalled and provided a set number of vaccination slots to take place within their ‘Hub’. Patients were not recalled directly into practices via the PCIFs.
- All practices within Together First saw an increase in the number of patients vaccinated.

## 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.
- 18,954 text and 464 telephone recalls were completed throughout the project timeframe. Text recalls were sent via Accurx, which contained a self-booking link.
- 2% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and 3% for pneumococcal. Booking rates decreased to 1% for pneumococcal on the 2<sup>nd</sup> recall and increased to 10% on the 2<sup>nd</sup> recall for shingles.

## Telephone Calls

- **Shingles vaccination calls:** 62% were no answer. Booked 4%. Considering 14%. Declined 20%.
- **Pneumococcal vaccination calls:** 65% were no answer. Booked 3%. Considering 11%. Housebound 1%. Declined 21%.

## **Project Reflections (Key achievements and Highlights)**

Together First were pleased in the increase in uptake across both shingles and pneumococcal vaccinations. Existing staff were confident in patient recall, but valued PCIF support, which freed them to focus on other healthcare needs while prioritising vaccination invitations.

1,234 shingles vaccinations (including 352 second doses) and 203 pneumococcal vaccinations were administered 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.

## **Project Learns**

**Patient Invitations:** All PCIF recalls invited patients to attend at the Together First Hub locations to receive vaccinations. A limited number of appointments are available within the hubs and slots were filled quickly, indicating that additional patients would want to receive their vaccinations should Together First continue to make shingles and pneumococcal slots available.

**Hubs:** The hubs provided valuable extra capacity. Uptake increases were highest in practices located at or near the vaccination hubs, indicating that patient proximity to or familiarity with these sites was important. In-house provision of vaccinations, particularly for those practices located further away from the hubs, could therefore potentially further increase uptake. The hub clinics were all on Saturdays - a variety of choice of appointment days/times might also help to increase uptake further.

**Going forward:** Together First would benefit from reviewing the project outcomes and outstanding number of patients eligible for vaccinations with their individual practices in a view to continuing to offer them support to increase uptake in both hub and practice based locations.

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

<u>METRIC</u>	<u>REPORTED</u>
Total number of patients eligible for shingles vaccination.	10,845
Total number of patients eligible for pneumococcal vaccination.	9,967
Total number of patients vaccinated with initial shingles vaccination dose.	679
Total number of patients vaccinated with second shingles vaccination dose.	352
Total number of patients vaccinated with pneumococcal vaccination dose.	203
% of eligible patients receiving shingles vaccination	6.3%
% of eligible patients receiving pneumococcal vaccination.	2.0%
Increase in patients vaccinated against shingles and pneumococcal disease.	882*  *Patients who were only administered the second dose of the shingles vaccination during the project period are not counted in the increase.
<ul style="list-style-type: none"> <li>• Total number of patients called for initial shingles vaccination.</li> <li>• Total number of patients recalled for second shingles vaccination.</li> <li>• % of eligible patients receiving both shingles vaccinations.</li> </ul>	<p>Unable to report.</p> <p>Unable to split these into 1<sup>st</sup> and 2<sup>nd</sup> dose recalls without going into patient record.</p>
<ul style="list-style-type: none"> <li>• % of eligible severely immunocompromised patients receiving both shingles vaccinations.</li> </ul>	Unable to report this without going into patient record.
<ul style="list-style-type: none"> <li>• Number of shingles and pneumococcal appointment 'Did not attends'.</li> </ul>	<p>Unable to report DNAs.</p> <p>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.</p>
Feedback from practice questionnaire.	Not completed due to engagement managed via Together First team.