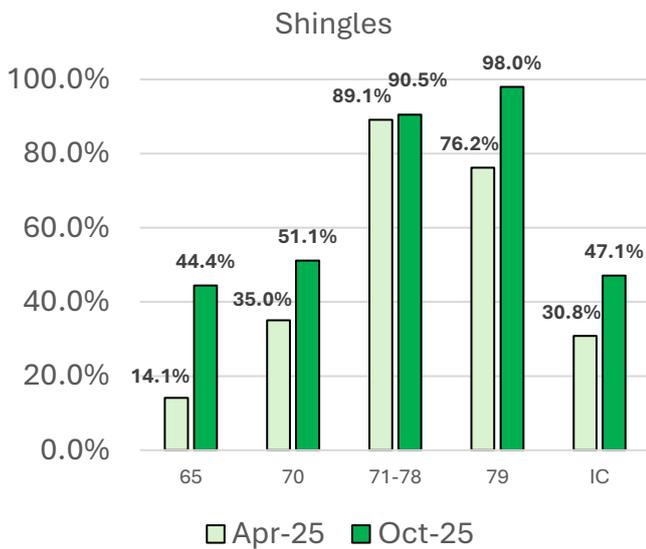


GSK and Arno and North Coast LLP Partnership, Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Wirral’.
Project Duration April 2025 - October 2025.

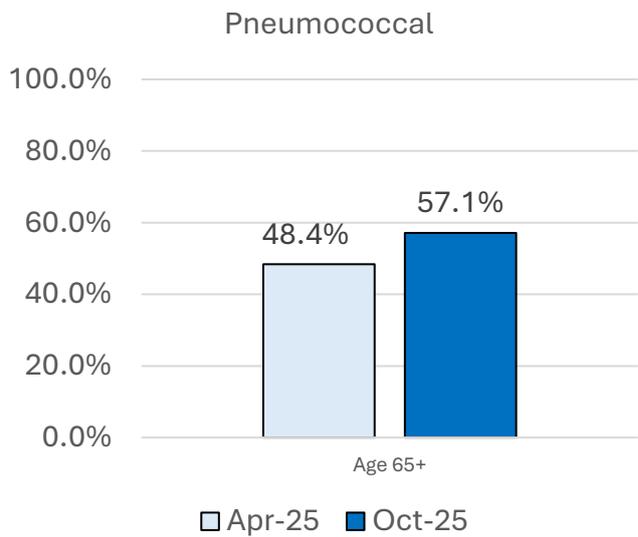
This summary has been written by GSK and CHASE¹ with consultation and approval from Arno and North Coast LLP Partnership.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Arno and North Coast LLP Partnership (A&NC) NHS practices increased vaccination uptake among eligible patients by 12.2% points for shingles and 8.7% for pneumococcal, representing 1,377 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 Arno and North Coast LLP Partnership (A&NC), an NHS provider covering 16 GP practices (~90,000 patients), to deliver the Adult Immunisation Programme optimisation Project (AIPOP) via CHASE as a contracted third party. A&NC ranks 42nd out of 317 local authorities on the Index of Multiple Deprivation, meaning A&NC is currently within the top 15% 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 April 2025–October 2025.

The project had three phases:

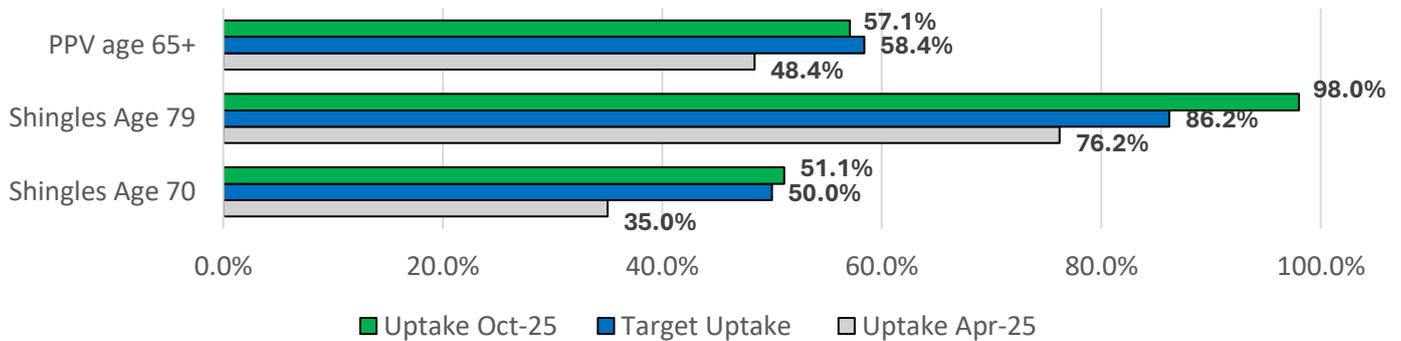
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

A&NC aimed to increase shingles vaccination uptake in all A&NC engaged NHS practices by 15% from baseline in the routine cohort (age 70). Increase vaccination uptake of the catch-up cohort (age 79) exiting the programme by 10% from baseline and increase pneumococcal uptake for all adults 65 and over by 10% from baseline, in all A&NC engaged practices.

- Shingles vaccination uptake exceeded the targets for both the age 79 cohort and for the age 70 cohort and are now above the national uptake figures for both cohorts. (National uptake for cohort age 70 is 36.8% and for cohort age 79 is 83%).
 - 16.1% point increase at age 70.
 - 21.8% point increase at age 79.
- Pneumococcal vaccination uptake failed to meet the target.
 - 8.7% point increase for age 65+.
 - And falls short of the national average of 71.8% for vaccination uptake in the 65+.

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.

- 7,943 text and 139 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 12% of patients booked an appointment through the self-booking link on the first recall attempt for pneumococcal and 11% for shingles. Booking rates dipped to 7% and 6% respectively for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls:** 72% were no answer. 9% booked. 5% considering. 9% declined. Housebound 5%.
- **Pneumococcal vaccination calls:** 56% were no answer. 25% booked. 3% considering. 12% declined. Housebound 3%.

Hand over 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.

Project Reflections (Key achievements and Highlights)

- Engaged practices delivered 1193 shingles vaccinations (including 359 second doses) and 184 pneumococcal vaccinations during the project. While second dose shingles vaccination does not increase overall uptake, it contributes to the primary objective of reducing patient suffering from vaccine preventable diseases by ensuring they have a greater level of protection.
- The Project was well supported by the A&NC lead who provided project updates and encouraged participation from practices.
- The PCIFs were well integrated to the existing practice teams and shared knowledge of implementing successful recall programmes.
- Practices 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.

Project Learns

- **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.
- **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 use available support early to manage admin and searches, vaccination numbers are higher. Practice engagement across North Coast practices was low. This may be due to existing staff capacity. Those who did engage were able to provide limited slots due to lack of clinic



capacity, allowing for minimal patient recalls. Practice engagement across ARNO practices was higher and capacity allowed for increased patient recalls.

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.	6,857
Total number of patients eligible for pneumococcal vaccination.	2,093
Total number of patients vaccinated with initial shingles vaccination dose.	834
Total number of patients vaccinated with second shingles vaccination dose.	359
Total number of patients vaccinated with pneumococcal vaccination dose.	184
% of eligible patients receiving pneumococcal vaccination.	8.7%
% of eligible patients receiving shingles vaccination.	12.2%
Increase in patients vaccinated against shingles and pneumococcal disease.	1,018* *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"> • 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. 	<p>Unable to report.</p> <p>Unable to split these into 1st and 2nd dose recalls without going into patient record.</p>
<ul style="list-style-type: none"> • % of eligible severely immunocompromised patients receiving both shingles vaccinations. 	Unable to report this without going into patient record.
<ul style="list-style-type: none"> • Number of shingles and pneumococcal appointment 'Did not attends'. 	<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 enough practices completed to give an accurate measure.