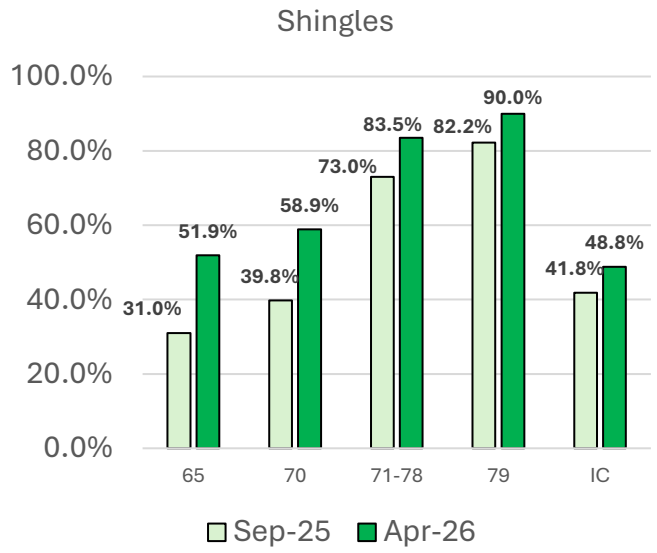
GSK and Brunel Health Group, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Swindon and Shrivenham Areas'. Project Duration September 2025 - April 2026.

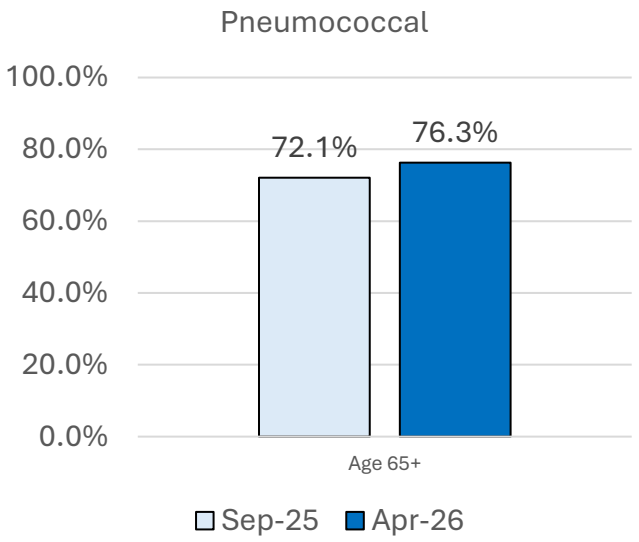
This summary has been written by GSK and CHASE [1] with consultation and approval from Brunel Health Group.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Brunel Health Group (BHG) NHS practices increased vaccination uptake among eligible patients by 11.9% points for shingles and 4.3% for pneumococcal, representing 4,098 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 BHG, an NHS provider covering 7 GP PCNs (22 NHS GP practices) across Swindon and Shrivenham. BHG cover a population of 210,000 and over 80% of the registered population. 21 of the Federation's practices sit within Swindon, and 1 in Shrivenham. BHG is collaborating with GSK via Chase as a contracted third party to deliver the Adult Immunisation Programme Optimisation Project (AIPOP). BHG ranks 171st out of 317 local authorities on the Index of Multiple Deprivation, however this masks significant pockets of deprivation in the area, with 12 Local Super Output Areas (LSOAs) being in the top 10% most deprived areas 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 September 2025–April 2026 (8 months).

The project had three phases:

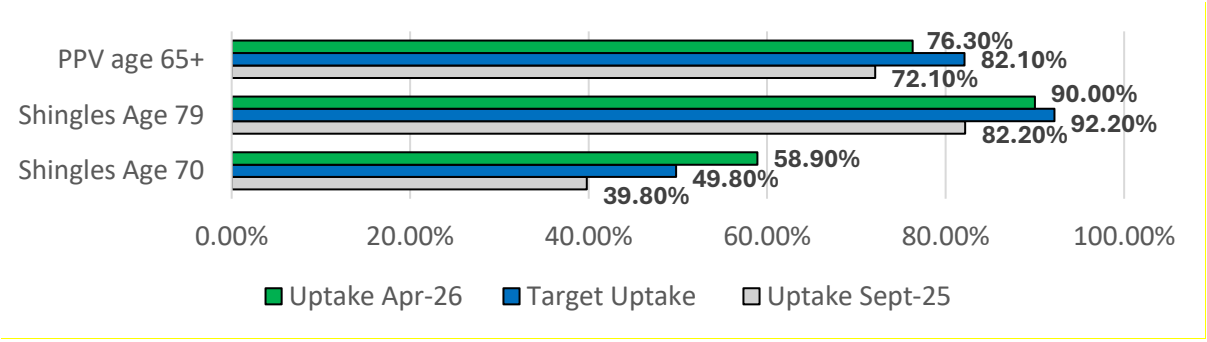
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

BHG set the following targets; Increase BHG engaged NHS Practices Shingles NIP uptake of the routine cohort (age 70) by 10 percentage points, Increase BHG engaged NHS Practices Shingles NIP uptake of the routine cohort (age 79) by 10 percentage points, increase BHG engaged NHS Practices Pneumococcal uptake for all adults 65 and over by 10 percentage points.

- Shingles vaccination uptake exceeded the target for the age 70 cohort but did not achieve the target for the age 79 cohort. (Achieved 7.8% points increase).
  - 19.1% points increase at age 70.

- Pneumococcal vaccination did not achieve the target uptake increase. (Achieved 4.3% points increase).

Call and Recall

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.
- 26,131 text and 2,492 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- Of patients booked an appointment through the self-booking link on the first recall, 8% booked via the booking link for shingles and 7% for pneumococcal.

- **Shingles vaccination calls**: 57% were no answer. 14% booked. 7% considering. 22% declined, 0% housebound.
- **Pneumococcal vaccination calls**: 58% were no answer. 13% booked. 7% considering. 23% declined, 0% housebound.

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 2040 shingles vaccinations (including 1040 second doses) and 1018 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.

The project supported 12 practices to engage with the project, with 10 practices progressing to active patient recall.

It demonstrated that targeted recall activity can deliver substantial increases in uptake within a relatively short timeframe when supported by federation-coordinated practice engagement and appointment capacity.

Project Learns

Earlier commencement of recall activity was associated with stronger uptake improvements, with practices starting recall sooner generally demonstrating the greatest increases. Practice engagement alone does not deliver outcomes; dedicated clinic capacity and timely progression to recall are essential for converting eligible patients into vaccinations.

Telephone calls remained an important component of the recall strategy. Maintaining momentum through regular follow-up and repeat recall attempts helped maximise patient contact and appointment uptake.

Variations in uptake between practices highlighted the importance of appointment availability and operational readiness.

Proactive Patient Contact: The project enabled systematic identification and recall of eligible patients who had not yet received vaccination. Combining text messaging and telephone calls increased opportunities to engage patients through their preferred communication methods.

Repeat recall activity helped reach patients who had not responded to an initial invitation and supported continued uptake throughout the project. Proactive patient contact ensured vaccination opportunities were offered consistently across participating practices and patient cohorts.

Telephone Booking: Whilst more resource intensive, telephone calls achieved consistently higher booking rates than text messages. Booking rates of 11–16% were observed through telephone calls compared with lower rates from text messaging alone.

Direct conversations allowed PCIFs to send written information and support patients through the booking process.

Telephone calls were particularly valuable for practices with large eligible populations, which provided sufficient choice of clinics slots and where additional follow-up was required following text invitations.

Accessible Information: Text messages containing booking information provided patients with a simple and convenient route to arrange vaccination appointments. Providing both text message and telephone booking routes improved accessibility and helped accommodate differing patient preferences.

Workforce and Capacity: Additional PCIF resource provided dedicated administrative capacity for patient identification, recall management and follow-up activity, reducing pressure on practice teams.

The project demonstrated that availability of vaccination clinics and appointment capacity is a key determinant of programme success. Practices with suitable clinic capacity generally achieved stronger booking rates and uptake increases.

The project strengthened practice capability in managing adult immunisation recalls and established processes that can support future vaccination campaigns.

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.	15,819
Total number of patients eligible for pneumococcal vaccination.	22,068
Total number of patients vaccinated with initial shingles vaccination dose.	2,040
Total number of patients vaccinated with second shingles vaccination dose.	1,040
Total number of patients vaccinated with pneumococcal vaccination dose.	1,018
% of eligible patients receiving pneumococcal vaccination.	4.3%
% of eligible patients receiving shingles vaccination.	11.9%
Increase in patients vaccinated against shingles and pneumococcal disease.	3,058* *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.	NA (practices did not complete)