

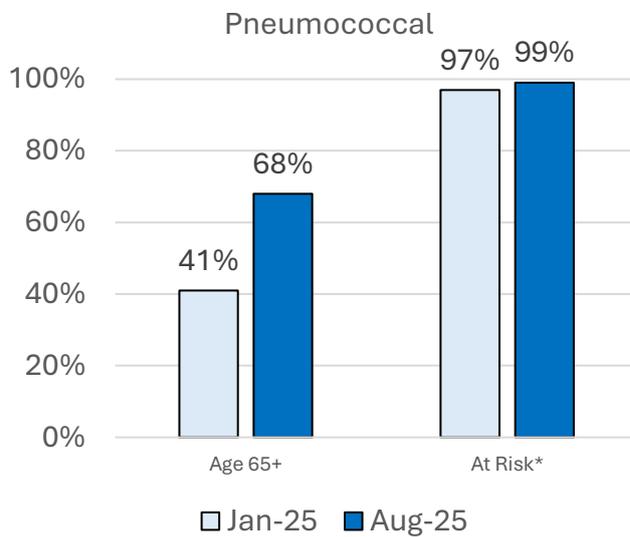
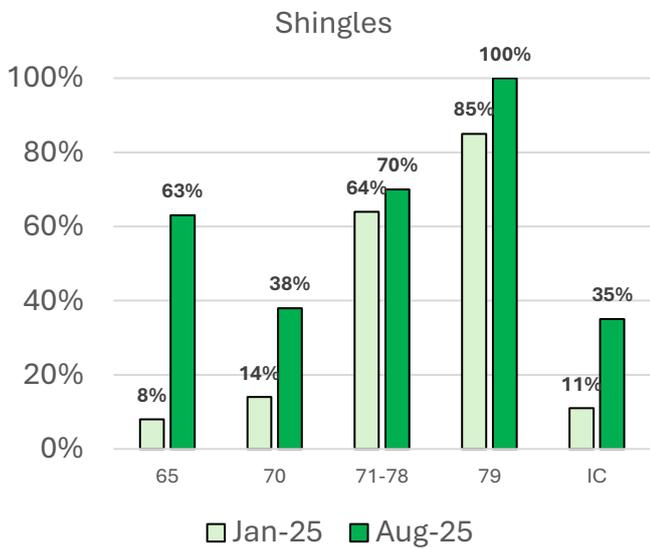
GSK and West Knowsley Primary Care Network Ltd, Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the West Knowsley Area’.

Project Duration January 2025 – August 2025.

This summary has been written by GSK and CHASE¹ with consultation and approval from West Knowsley PCN.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into West Knowsley PCN NHS practices increased vaccination uptake among eligible patients by 16.8% points for shingles and 18.7% points for pneumococcal, representing 2000 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 West Knowsley PCN (WK-PCN), an NHS provider covering 12 GP practices (~50,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. Knowsley ranks 3rd out of 317 local authorities on the Index of Multiple Deprivation, meaning Knowsley is currently within the top 1% 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 January 2025–August 2025 which included a two-month extension requested by WK-PCN in order to allow all practices to engage with the project and for additional patient recall through increased clinical capacity.

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.

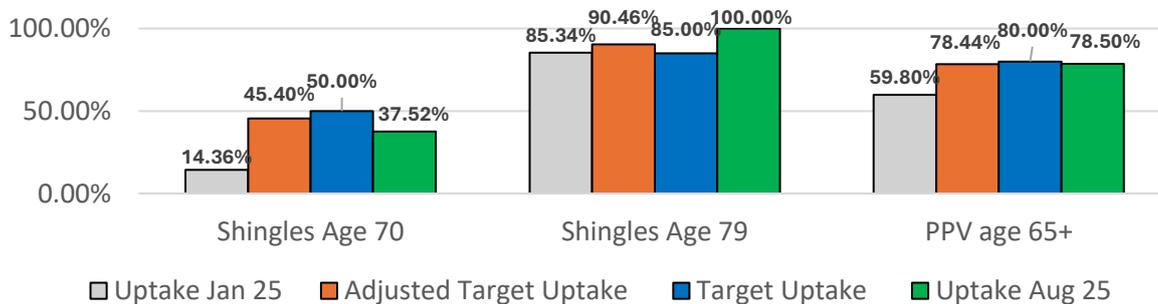
Results

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.

Prior to the project taking place targets were set using estimates for the areas baseline uptake. These estimates were calculated using the available national reporting data.

These estimates proved to be significantly different from the actual uptake rates; that were calculated using practice level data from participating practices, and as such the initially agreed targets were below the actual baseline for some cohorts.

The graph below has two bars for targets, one for the original targets that were set for the project using the estimated uptake rates, and the other for the same targets but adjusted to reflect the difference between the estimated uptake rate and the actual uptake rate. This adjustment will be done using the percentage difference of baseline uptake to actual uptake so that the targets can be a more accurate reflection of what was intended for the project.



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

In respect of shingles, West Knowsley set a target to increase uptake for the routine cohort (age 70) from an estimated baseline of 29.5% to a minimum standard of reaching the national average (36.8%) and a stretch target of 50% uptake. Given the actual baseline uptake was 14.36% an adjusted target of 45.4% has been calculated. For the catch-up cohort exiting the programme (age 79) they set a target to increase uptake from an estimated baseline of 80.5% with a minimum standard of reaching the national average (83%) and a stretch target of 85%. Given the actual baseline uptake was 85.34% an adjusted target of 90.46% has been calculated.

In respect of Pneumococcal, West Knowsley set a target for all adults aged 65+ from an estimated baseline of 73.9% with a minimum standard of maintaining their lead over the national average (71.8%) and a stretch target of 80%. Given the actual baseline uptake was 59.8% an adjusted target of 78.44% has been calculated.

- Shingles vaccination uptake exceeded the stretch target across the age 79 cohort. In respect of the age 70 cohort, they exceeded the target of meeting the national average but failed to meet the stretch target even when adjusted in respect to the actual baseline uptake.
 - 23.2% point increase at age 70.

- 14.7% point increase at age 79.
- Pneumococcal vaccination failed to achieve the stretch target of 80% for all adults aged 65+, however would have made the adjusted target.
 - 18.7% 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 27.4%-point increase across the aged 65+ cohort.
 - At the conclusion of the project, total vaccination uptake was 78.5%.

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.
- 1198 text and 6543 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 shingles and pneumococcal combined. Booking rates dipped to 8% for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls:** 44% were no answer. Of those who answered; 46% booked, 22% undecided, 31% declined, 1% were housebound. Among decliners, 29% failed to provide a reason why.
- **Pneumococcal vaccination calls:** 68% were no answer. Of those who answered; 40% booked, 25% undecided, 35% declined. Among decliners, 28% failed to provide a reason why.

Leaving a Legacy

The PCIF team worked with the existing West Knowsley PCN Team to provide upskilling in utilising scheduling tools across Microsoft Teams to support the organisation of workload, appointment availability and recall scheduling. They also provided training on the EMIS shingles and pneumococcal clinical system searches around which searches to use, the criteria/definitions involved and using the results to implement continued recall processes.

Project Reflections (Key achievements and Highlights)

Engaged practices delivered 1,071 shingles vaccinations (including 164 second doses) and 929 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 was well supported by West Knowsley PCN's leadership team. The PCIFs were well integrated to the existing team and shared knowledge of implementing successful recall programmes. The West Knowsley PCN team had previously seen considerable increases of patient engagement in other healthcare areas by providing access to short video's presented by their Nurse Practitioner. Their nurse also recorded two videos to provide medical advice on shingles and pneumococcal disease and vaccinations available.

In practices where recalls started later or where capacity and staffing interrupted delivery of this project, progress was slightly more limited. The West Knowsley PCN team intend to continue offering support to their member practices to continue to drive uptake.



Existing staff 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. The West Knowsley PCN team provided access to their practice telephony system and the project saw high levels of response via telephone recall. Patients may be more inclined to answer the call when they can see it is their practice calling.

Telephone Booking: Among patients called who declined and gave a reason, 18% 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. 13% declined due to being unfamiliar with the vaccinations offered and their benefits. West Knowsley PCN may wish to consider ways to continue addressing patient educational needs around the benefit of vaccination in methods suitable for their patient population.

Accessible Information: Offering education and resources in multiple languages could help reduce disparities and improve vaccination uptake. West Knowsley PCN healthcare video's recorded by the Nurse Practitioner demonstrates their commitment to continuing to engage patients through innovative methods.

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. There is evidence that in addition to practice appointments, vaccination hubs covering multiple practices lead to greater success.

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.*

APPENDIX

<u>METRIC</u>	<u>REPORTED</u>
Total number of patients eligible for shingles vaccination.	5396
Total number of patients eligible for pneumococcal vaccination.	4981
Total number of patients vaccinated with initial shingles vaccination dose.	907
Total number of patients vaccinated with second shingles vaccination dose.	164
Total number of patients vaccinated with pneumococcal vaccination dose.	929
% of eligible patients receiving pneumococcal vaccination.	18.7%
Increase in patients vaccinated against shingles and pneumococcal disease.	<p style="text-align: center;">1836*</p> <p>*Patients who were only administered the second dose of the shingles vaccination during the project period are not counted in the increase.</p>
<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.	Practices failed to complete