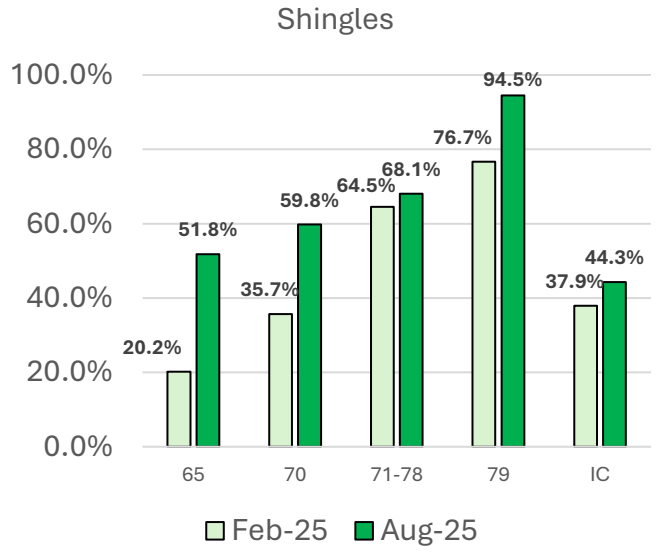
GSK and Primary Care Sheffield Ltd, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Sheffield Area'.
Project Duration February 2025 – August 2025.

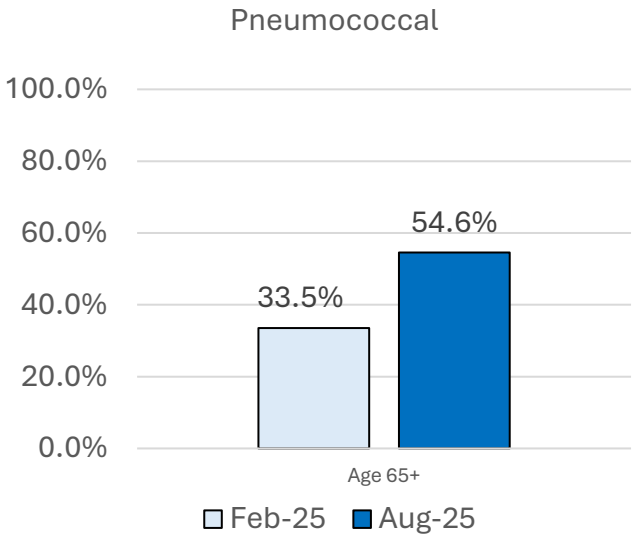
This summary has been written by GSK and CHASE [1] with consultation and approval from Primary Care Sheffield Ltd.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Primary Care Sheffield NHS practices increased vaccination uptake among eligible patients by 11.4% points for shingles and 21.1% for pneumococcal, representing 976 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 Primary Care Sheffield (PC-Sheffield), an NHS provider covering 9 GP practices (~45,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. Sheffield ranks 57th out of 317 local authorities on the Index of Multiple Deprivation, meaning Sheffield is currently within the top 20% 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 February 2025–August 2025 which included a one-month extension requested by PC Sheffield 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:

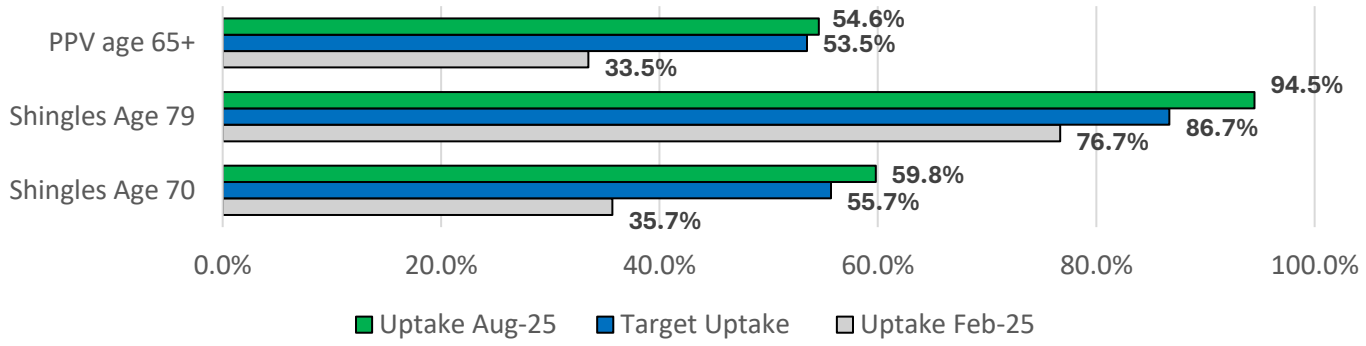
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.



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

In respect of shingles, Primary Care Sheffield set a target to increase uptake for the routine cohort (age 70) with a minimum standard of reaching the national average (36.8%) and a stretch target of 20% uptake increase from baseline. For the catch-up cohort exiting the programme (age 79) they set a target to increase uptake with a minimum standard of reaching the national average (83%) and a stretch target of 10% uptake increase from baseline.
In respect of Pneumococcal, Primary Care Sheffield set a target for all adults aged 65+ with a minimum standard of reaching the national average (71.8%) and a stretch target of 20% uptake increase from baseline.

- Shingles vaccination uptake exceeded the targets for both the age 70 and 79 cohorts.
  - 24.1% point increase at age 70.
  - 17.8% point increase at age 79.

- Pneumococcal vaccination uptake exceeded the target increase of 20% for all adults aged 65+ but did not achieve the national average of 71.8%.
  - 21.1% point increase for adults 65+.

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.
- 6302 text and 2601 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 7% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and 11% for pneumococcal. Booking rates dipped to 4% and 3% respectively for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls**: 55% were no answer. 12% booked, 8% undecided, 20% declined, 6% were housebound. Among decliners, 55% failed to provide a reason why.
- **Pneumococcal vaccination calls**: 61% were no answer. 9% booked, 6% undecided, 22% declined. Among decliners, 59% failed to provide a reason why.

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)

The 20% target set by Primary Care Sheffield was ambitious. Previous average pneumococcal increase across 5 other completed AIPOPs across the country was 8.4%. Therefore, the achievement of a 21.1% increase in this project is exceptional.

Engaged practices delivered 559 shingles vaccinations (including 152 second doses) and 417 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 Primary Care Sheffield's leadership team. 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.

Telephone Booking: Among patients called who declined and gave a reason, 8% declined due to 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. Primary Care Sheffield 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.

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

METRIC	REPORTED
Total number of patients eligible for shingles vaccination.	3569
Total number of patients eligible for pneumococcal vaccination.	1974
Total number of patients vaccinated with initial shingles vaccination dose.	407
Total number of patients vaccinated with second shingles vaccination dose.	152
Total number of patients vaccinated with pneumococcal vaccination dose.	417
% of eligible patients receiving pneumococcal vaccination.	21.1%
Increase in patients vaccinated against shingles and pneumococcal disease.	824* *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.	Practices did not complete.