

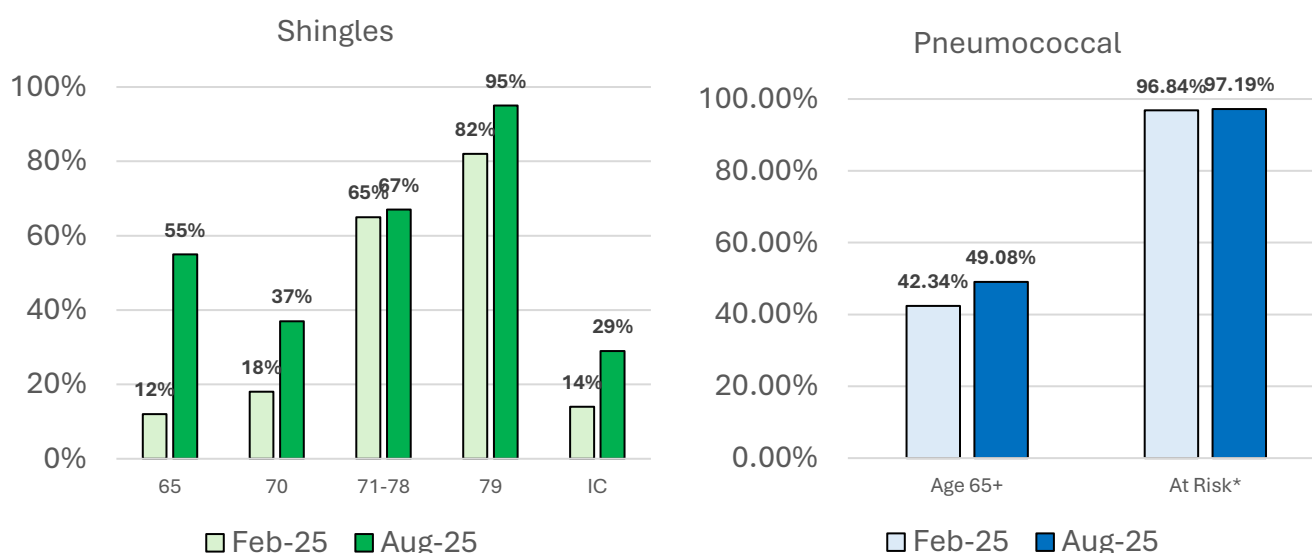
GSK and Enfield Healthcare Co-operative Ltd, Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Enfield Area’.

Project Duration February 2025 – August 2025.

This summary has been written by GSK and CHASE¹ with consultation and approval from Enfield Healthcare Co-operative Ltd.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Enfield Healthcare Co-operative Ltd NHS practices increased vaccination uptake among eligible patients by 11.7% points for shingles and 4.7% for pneumococcal, representing 4188 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 Enfield Healthcare Co-operative Ltd (EHCL), an NHS provider covering 30 GP practices (~365,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. Enfield ranks 59th out of 317 local authorities on the Index of Multiple Deprivation, meaning Enfield 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 EHCL in order to allow for the project to run for 6 months in total, so practices had sufficient time to engage.

The project had three phases:

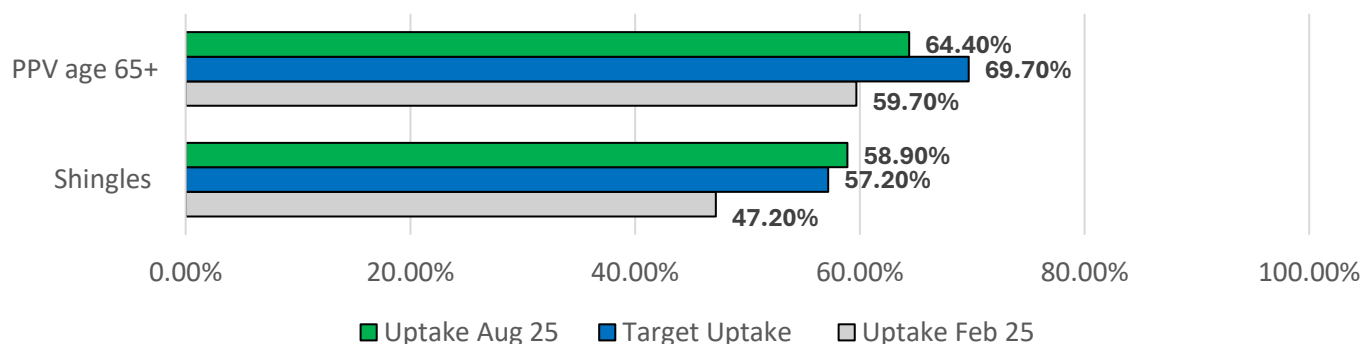
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

Enfield Healthcare Co-operative set a target to increase uptake by 10% from baseline for both shingles and Pneumococcal vaccinations.

- Shingles vaccination uptake exceeded the target.
 - 11.7% point increase across all cohorts combined.
- Pre-project estimated Pneumococcal vaccination rates for Enfield were 69% for all adults 65 and over. This is compared to the national average of 71.8%. Baseline data provided by practices at the start of the project identified a 59.7% uptake. Whilst the project failed to achieve the desired 10% target increase, an increase was observed but Enfield remains below national average uptake.
 - 4.7% 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 6.7%-point increase across the age 65+ cohort.
 - At the conclusion of the project, total vaccination uptake was 64.4%.

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.

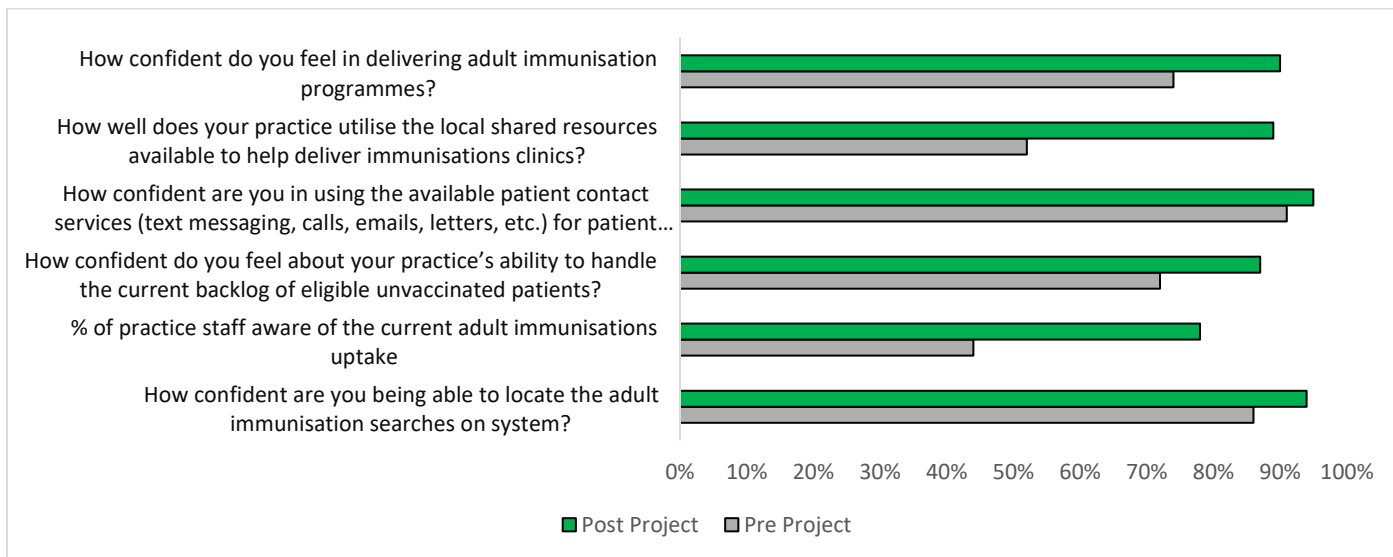
- Patients who had provided an email address to their practice received an email reminder in conjunction with the text message.
- 46,712 text message, 43,110 email and 2418 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 6% of patients booked an appointment through the self-booking link on the first recall attempt for shingles and pneumococcal combined. Booking rates dipped to 4% and 2% for 2nd and 3rd recalls respectively.

Telephone Calls

- **Shingles vaccination calls:** 59% were no answer. Of those who answered; 32% booked, 30% undecided, 38% declined. Among decliners, 19% failed to provide a reason why.
- **Pneumococcal vaccination calls:** 65% were no answer. Of those who answered; 35% booked, 32% undecided, 33% declined. Among decliners, 17% failed to provide a reason why.

Hand over Plan (Legacy)

Practices were asked to complete a questionnaire at the point of initial engagement and at the conclusion of the project to rate their confidence levels across six areas.



Graph 4. Results of the End of Project Practice Questionnaire.

Project Reflections (Key achievements and Highlights)

Engaged practices delivered 3171 shingles vaccinations (including 709 second doses) and 1017 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.

Practices welcomed the additional support and upskilling opportunities provided by the PCIFs and the practice questionnaire responses show increased confidence in delivering adult immunisation programmes. Practices also reported increased confidence in locating eligible patient searches, managing the backlog of unvaccinated patients and using available patient contact services. A high increase in practice awareness of current immunisation uptake was observed at the end of the project.

The Project Steering Group was well attended by the experienced Enfield leadership team, who supported increased project outcomes by driving awareness and engagement across practices.

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: Booking rates for patients who received a telephone recall were a lot higher than text message recalls.

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 used available support early to manage admin and searches, vaccination numbers are higher.

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.	20,997
Total number of patients eligible for pneumococcal vaccination.	21,638
Total number of patients vaccinated with initial shingles vaccination dose.	2462
Total number of patients vaccinated with second shingles vaccination dose.	709
Total number of patients vaccinated with pneumococcal vaccination dose.	1017
% of eligible patients receiving pneumococcal vaccination.	4.7%
Increase in patients vaccinated against shingles and pneumococcal disease.	3479* *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. 	Unable to report. Unable to split these into 1 st and 2 nd dose recalls without going into patient record.
<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 attend'. 	Unable to report DNAs. Would be difficult to associate an appointment with AIPOP. It would be a manual exercise whereby the resource required to extract this information would be excessive.
Feedback from practice questionnaire.	Results in graph 4.

