

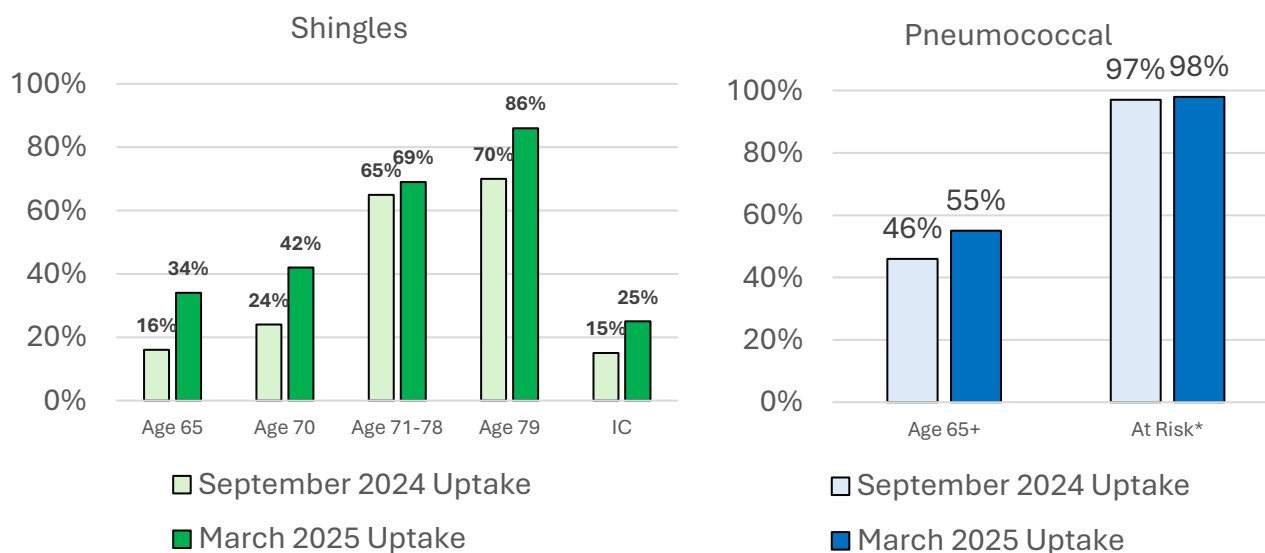
GSK and Healthbridge Direct Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes Across the Redbridge Area’.

Project Duration September 2024 - March 2025.

This summary has been written by GSK and CHASE¹ with consultation and approval from Healthbridge Direct.

Summary

This project demonstrated that the inclusion of Primary Care Immunisation Facilitators (PCIFs) into Healthbridge Direct (Healthbridge) NHS practices to support existing staff to deliver Adult Immunisation Programmes led to increased vaccination uptake in eligible patients (7.8% point increase in shingles vaccination and 6.7% point increase in pneumococcal vaccination, representing 1741 patients within the project period). PCIF support included developing a coordinated approach to Adult Immunisation Programmes call and recall processes, including transfer of knowledge through training, support, 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 into a Collaborative Working agreement with Healthbridge, a provider of NHS primary care services across Redbridge, to deliver the Adult Immunisation Programme Optimisation Project (AIPOP), with CHASE as a contracted third-party.

The primary aim of Healthbridge is to support GP practices and their patients across the Redbridge Borough of London. Healthbridge covers 32 NHS practices and has a combined list size of over 265,000 patients. While Redbridge overall ranks 160th out of 317 local authorities on the Index of Multiple Deprivation, there are specific pockets of high deprivation present within parts of Redbridge, including Loxford and Ilford, that are currently within the top 20% of most deprived areas of the country.



The project involved the provision of CHASE administrative staff, Primary Care Immunisation Facilitators (PCIFs) into Healthbridge practices across Redbridge. Their role was to support search/identification and call/recall of all eligible patients in Shingles and Pneumococcal National Immunisation Programmes. The PCIFs conducted ‘placements’ spread over 6 months in practices within areas prioritised due to greatest need, deprivation being a key focus, to deliver a standardised approach to improve patient contact and recall processes.

Healthbridge and GSK undertook a Collaborative Working Project to;

- Increase the uptake of the National Immunisation Programmes (NIPs) for shingles and pneumococcal.
- Reduce the incidence and severity of shingles and pneumococcal.

The project ran from September 2024 to March 2025. This included a 1 month extension to facilitate late joining practices and a final data capture .

The project included three phases covering;

1. Initial engagement
2. PCIF placement for patient identification, call/recall, check-in, training/upskilling
3. Project impact assessment

Phases 1 and 2 were run up until the end of month six, after which only activities in phase 3 were carried out for the last month of the project.

Primary Project Objectives

1. Reduce patient health inequalities and reduced patient suffering from vaccine preventable diseases (such as shingles and pneumococcal disease).
2. Increase the uptake of shingles and pneumococcal vaccination in line with the NIP eligibility criteria in the Redbridge area.
3. Leave a sustained legacy of enhanced immunisation programme implementation by enhancing knowledge, capability, and effective ways of working.

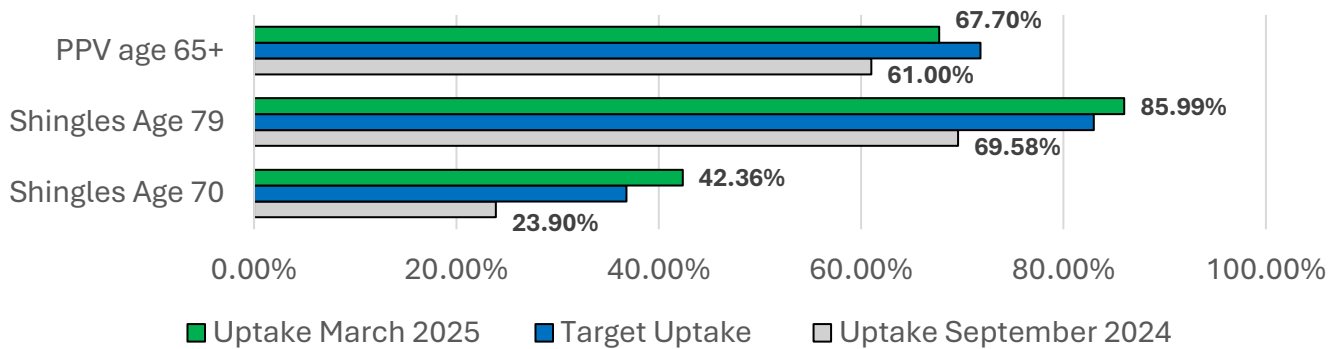
Healthbridge Specific Objectives

- Increase Healthbridge NHS Practices Shingles NIP, uptake of the shingles vaccination within the routine cohort (age 70) from 23.9% to 36.8% (national average) within 6 months.
- Increase Healthbridge NHS Practices Shingles NIP uptake of the shingles vaccination within the catch-up cohort exiting the programme (age 79) from 69.58% to 83% (national average) within 6 months.
- Increase Healthbridge NHS Practices Pneumococcal vaccination uptake for all adults over 65 to 71.8% (national average) within 6 months.
- Increase Healthbridge NHS Practices Pneumococcal vaccination uptake for adults turning 65 in the first year of the programme so that it continues to exceed the national average (33.1%) within 6 months.

It was found that collecting the “turning 65” PPV cohort vaccination uptake figures could not be done automatically like with the shingles vaccination uptake data and would have required manual intervention to collate. This was deemed as non-feasible as more practices engaged and other AIPOP projects started, and so the Pneumococcal vaccination target cohorts were combined into a single unified cohort of “65 and over” (65+).

During the course of the project, key metrics were collected and measured in order to monitor the progress of the project. These metrics have been collated under Appendix 1.

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.



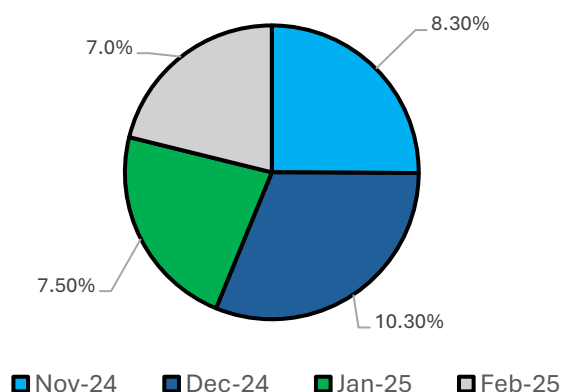
Graph 3. Shingles and Pneumococcal Vaccination Uptake within the NIP Eligible Population.

- Shingles vaccination uptake exceeded the target across both cohorts
 - 18.5%-point increase at age 70
 - 16.4%-point increase at age 79
- Pneumococcal vaccination uptake target was to maintain a minimum of national average vaccination uptake for all adults over 65 (71.8%)
 - 6.7%-point increase at aged 65+ and At Risk cohorts combined.
 - With the removal of the At Risk cohort, the project was able to achieve an 9.2%-point increase across the aged 65+ cohort.
 - However, practices remained under national average at 67.7% total current pneumococcal vaccination uptake across all cohorts by the end of the project.

Practice engagement

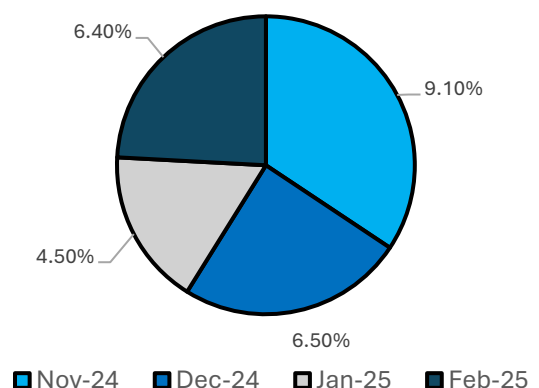
- 19 out of the 31 Practices in Healthbridge engaged in the project.
- The majority of practices who engaged earlier on in the project achieved a higher vaccination uptake.

Practices Engaged by Month Vaccination Uptake Increase Shingles



Graph 4. Shingles Vaccination Uptake per Month within the Eligible Population.

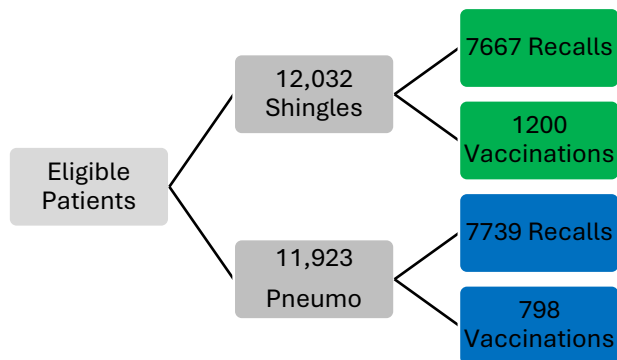
Practices Engaged by Month Vaccination Uptake Increase Pneumococcal



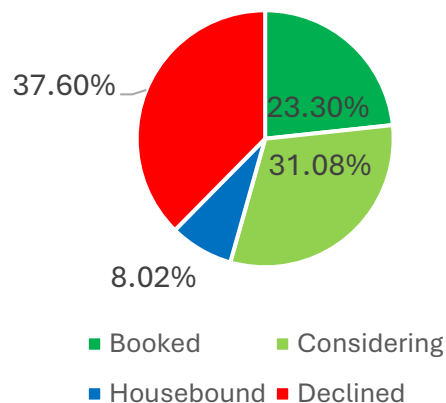
Graph 5. Pneumococcal Vaccination Uptake per Month within the Eligible Population.

Call and Recall

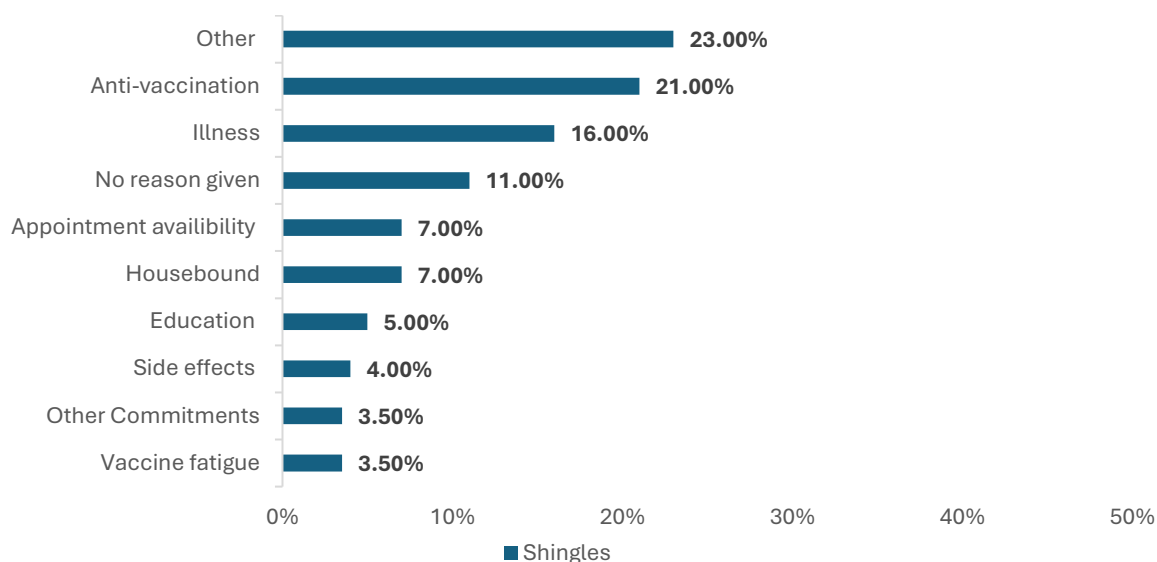
Patients received an average of 3 invitations/recalls throughout the project. If a patient didn't respond to the first invitation/recall, they were re-invited to attend. Two further invites were sent and if still no response, invitations ceased.



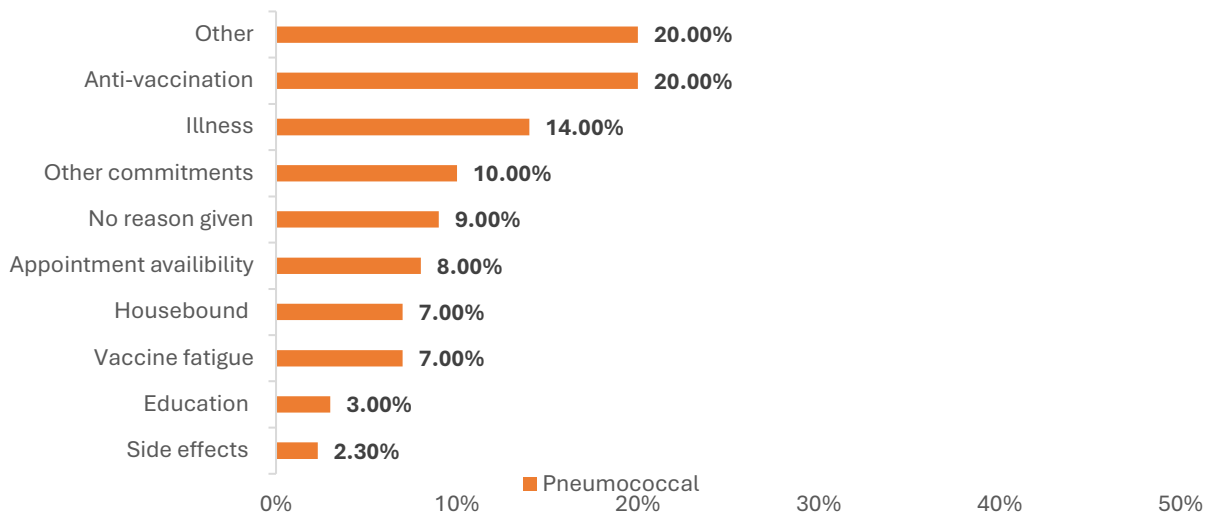
Graph 6. Number of Shingles and Pneumococcal Calls from the PCIFs.



Graph 7. Outcomes From answered PCIF calls.



Graph 8. Patients declined a shingles vaccination for the following reasons.

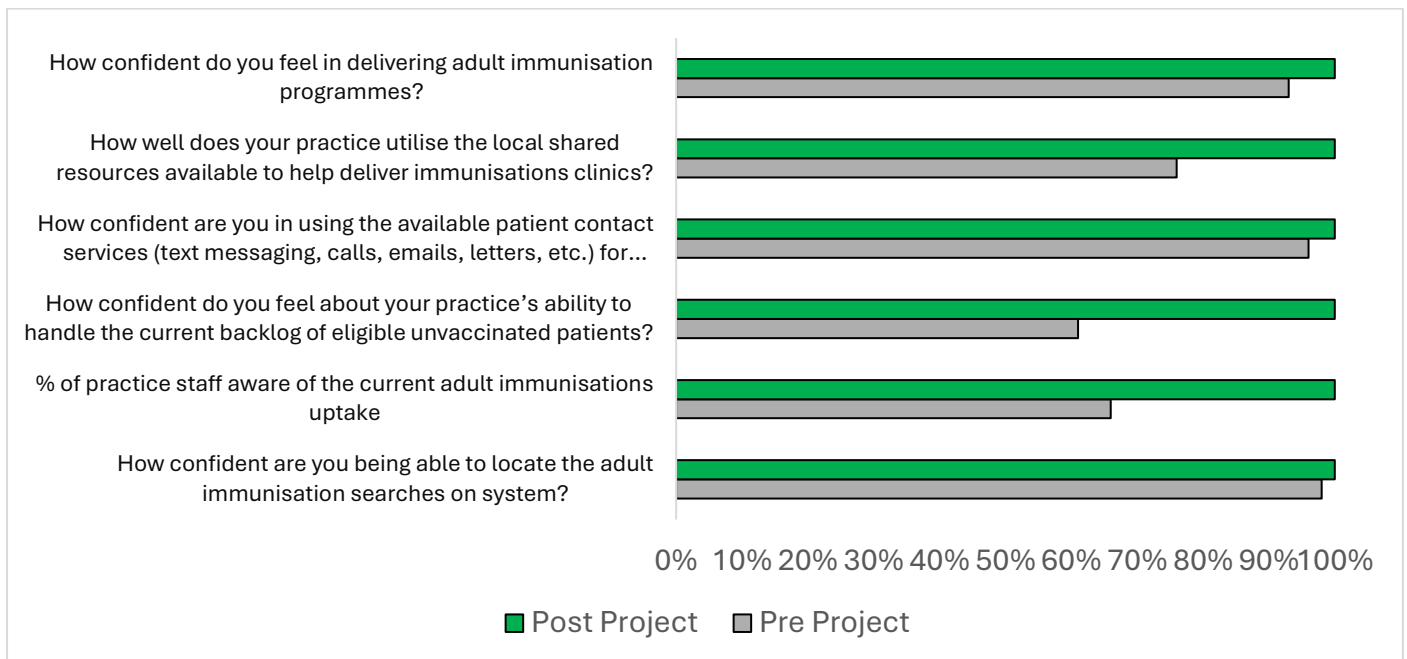


Graph 9. Patients declined a pneumococcal vaccination for the following reasons.

- Most recalls were completed via email and telephone call.
- Northeast London ICB had defunded unlimited Accurx usage for practices within their boroughs. Practices were reluctant to self-fund text messages.
- Patients who did not have an email address or mobile telephone number, received a telephone call via their land line.

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 10. Results of the End of Project Practice Questionnaire.

Project Reflections (Key achievements and Highlights)

Data from historic UKHSA published reports provided an estimate for vaccination uptake rates prior to project going live. Following project initiation, practice-level vaccination uptake rates were more accurately assessed and those current figures were used for baseline measurements to assess performance through the project, including for overall targets and the Summary of Outcomes report. What was noticed was the historic data was higher than the practice-level data when the project went live.

Engaged practices achieved 1998 total vaccinations throughout the project life cycle. Of the 1200 shingles vaccinations, 257 were 2nd dose. Whilst not increasing overall vaccination uptake, providing 2nd dose shingles vaccinations significantly contributes to the project's primary objective of reducing patient suffering from vaccine preventable diseases by ensuring they have a greater level of protection.

Practice upskilling sessions were delivered across several practices. This included providing support on running searches across Adult National Immunisation Programmes to identify eligible patients. The PCIFs identified one area where the NHS Scotland eligibility checker was being used across four practices. As this does not align with NHS England eligibility criteria, this was corrected, ensuring moving forwards eligible patients could be identified correctly for vaccination.

The PCIFs also provided advice on utilising shared resources to manage the backlog of patients eligible for vaccination and shared insights into patient contact, reflecting that older patients answered phone calls more in the morning. Those under 65 were more often at work during the week and answered the phone less. Additionally, as no text reminders for appointments were sent, a higher did not attend (DNA) rate occurred.

The project handover work led to practices reporting an increase in confidence across all 6 areas.

Project Learns

Proactive Patient Contact Drives Vaccination Uptake. Patient contact via telephone call where limited appointments are available is time consuming. Practices could consider self-funding text messages containing booking links to save resource time and avoid any appointment slots going to waste. Practices should consider the cost benefit of text messages against the Item of Service Fee per vaccination. Not all eligible patients were offered appointments due to the time constraints of the project and resource hours required to telephone patients.

Telephone Calls to Book a Vaccination. Across eligible patients who received a telephone call to book a vaccination, 20% of those who declined reported they were anti-vaccination. This project did not target resources towards addressing the complex factors, such as trust, underlying beliefs and education, which contribute towards anti vaccination opinions. Approximately 14% of patients who received a telephone call to book a vaccination only declined due to illness at that time. Practices also reported a lower increase in bookings may have been impacted by Christmas and Ramadan holidays falling within the project period. Practices were more likely to have fewer resources at this time and patients less willing to book vaccinations. Practices may see a higher increase in vaccination uptake when vaccinations continue to be offered at alternative times of the year. Practices may also consider their patient demographic and whether the inclusion of accessible information and education in different languages would prevent health disparities and increase vaccination uptake.

Conflicting priorities. Engaged practices reported conflicting priorities being the reason they were unable to engage with the project at the earliest opportunity. Flu vaccination delivery commenced later in 2024 than the



previous years, meaning practices had fewer appointments available during the initial months of the project. One practice also reported prioritising RSV vaccinations in January.

Healthbridge were highly engaged in driving the project forward to ensure its success. The Project Steering Group was well attended, with a key focus to support practice engagement and share solutions to increase vaccination uptake. Healthbridges' ambition to drive the project allowed for smoother integration of the PCIFs into practices, including the distribution of project communications and highlighting successes through local operational group meetings. Healthbridge facilitated access between the project delivery team and the Primary Care Network Leads leading to increased engagement as the project progressed.

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 vaccination 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.	12,032
Total number of patients eligible for pneumococcal vaccination.	11,923
Total number of patients vaccinated with initial shingles vaccination dose.	943
Total number of patients vaccinated with second shingles vaccination dose.	257
Total number of patients vaccinated with pneumococcal vaccination dose.	798
% of eligible patients receiving pneumococcal vaccination.	6.7%
Increase in patients vaccinated against shingles and pneumococcal disease.	1998 (total number of vaccinations given including second dose) 1741 (total number of patients vaccinated)