

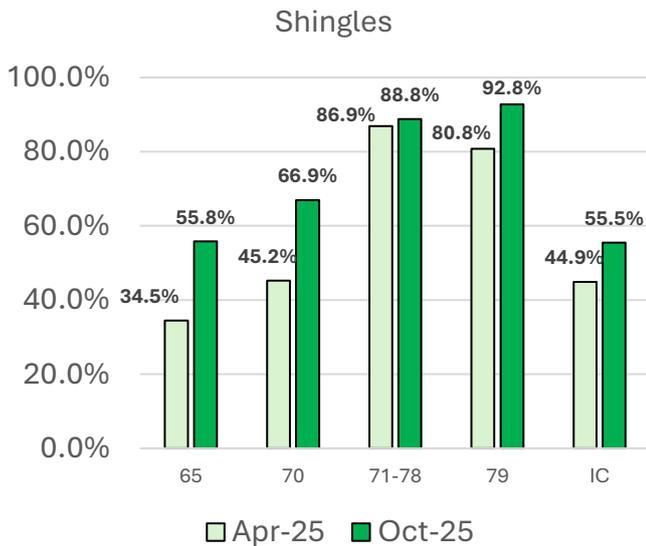
GSK and North West Leicestershire GP Federation, Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes (AIPOP) in the Northwest Leicestershire Area’.

Project Duration April 2025 - October 2025.

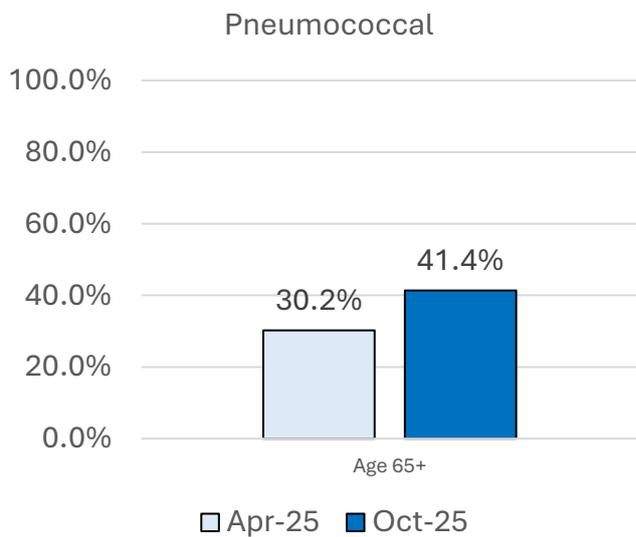
This summary has been written by GSK and CHASE¹ with consultation and approval from North West Leicestershire GP Federation.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into North West Leicestershire GP Federation (NWL) NHS practices increased vaccination uptake among eligible patients by 10% points for shingles and 11.2% for pneumococcal, representing 2436 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 NWL, an NHS provider covering 12 GP practices (~115,000 patients), to deliver the AIPOP via CHASE as a contracted third party. NWL ranks 214th out of 317 local authorities on the Index of Multiple Deprivation. However this relatively high ranking masks significant variance in deprivation across the area, with there being multiple areas in the top 10% most deprived in the nation, especially in former mining towns like Coalville and in the smaller but more deprived towns/villages located between larger areas of affluence.

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 April 2025–October 2025 (7 months in total).

The project had three phases:

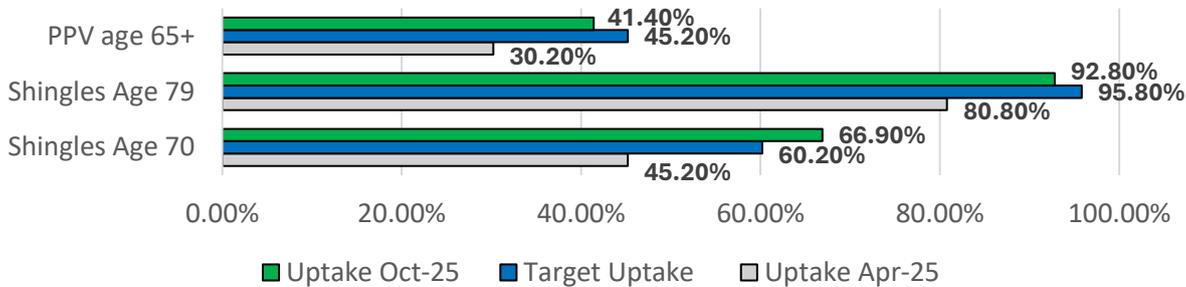
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

NWL aimed to increase both shingles and pneumococcal NIPs in all engaged practices by a minimum of 10% from baseline and had a stretch target of 15% from baseline for both shingles and pneumococcal NIPs in all engaged practices.

- Shingles vaccination uptake achieved the minimum and stretch targets for the age 70 cohort. With respect to the age 79 cohort, the shingles vaccination uptake achieved the minimum target but failed to achieve the stretch target.
 - 21.7% points increase at age 70.
 - 12% points increase at age 79.
- Pneumococcal vaccination exceeded the minimum target uptake increase but failed to meet the stretch target.
 - 11.2% point increase for adults age 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.

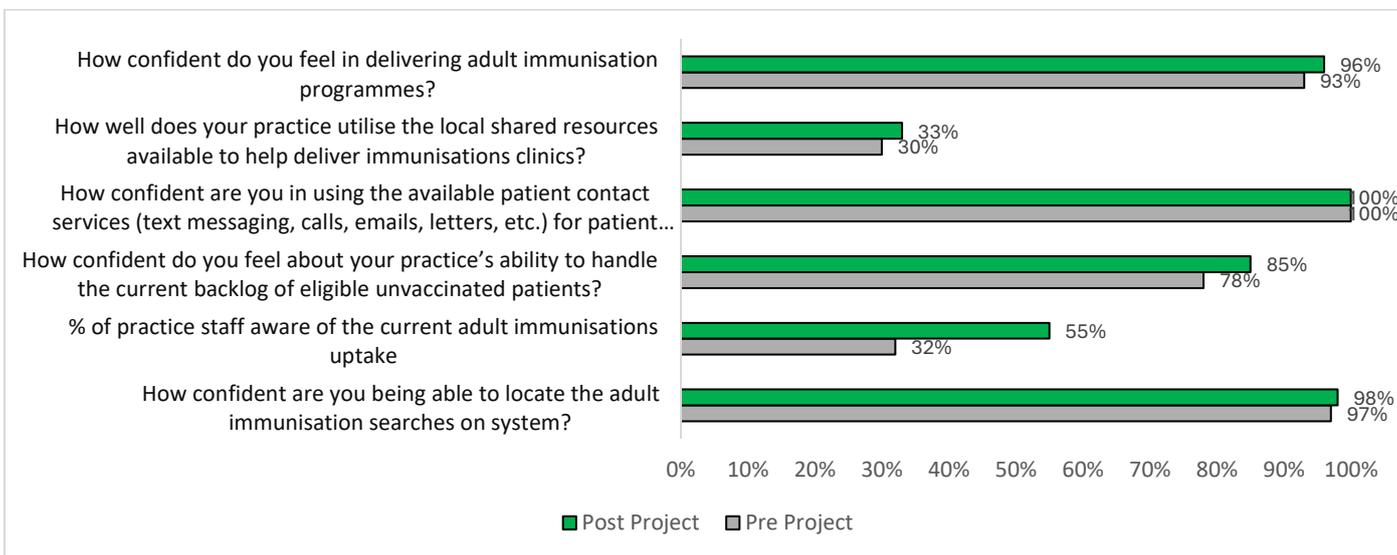
- Telephone calls were made to those who did not have a mobile number. Also telephone calls were made where patients had not responded to booking links but there was still appointment slots available.
- 13,806 text and 365 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 14% of patients booked an appointment through the self-booking link on the first recall attempt for pneumococcal and 11% for shingles. Booking rates dipped to 7% and 5% respectively for the 2nd recall.

Telephone Calls

- **Shingles vaccination calls:** 54% were no answer. 10% booked. 23% considering. 13% declined.
- **Pneumococcal vaccination calls:** 54% were no answer. 9% booked. 25% considering. 11% declined.

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 achieved 1950 shingles vaccinations and 486 pneumococcal vaccinations throughout the project life cycle. Of the 1950 shingles vaccinations, 763 were 2nd dose. Whilst not increasing overall 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.

7 of the 12 NWL practices engaged in the project. The project was supported by a lead from NWL who continuously drove project success throughout the timeframe and encouraged all practices to utilise the PCIF resource available. Despite low numbers of engaged practices across the whole organisation, those who did engage experience high levels of uptake increases.

Engaged practices saw quite good levels of self-booking rates from their patients. Practices reported high confidence in using the various patient recall methods available and the booking rate insights obtained throughout this project indicate a continued text recall offer to patients will likely support ongoing NIPs uptake.



The project identified large increases in practice awareness of their pneumococcal and shingles uptake rates and their confidence in managing the backlog of patients requiring vaccination offers.

At the conclusion of the project, practices reported a 7% point increase in confidence in managing the backlog of unvaccinated patients and a 23% point increase in staff awareness of their adult immunisation uptake.

Project Learns

Proactive Patient Contact Drives Uptake. Patients across NWL practices were responsive to text message recalls and booking links. A continued targeted approach of repeated text recalls throughout the year decreased patient backlog.

Accessible Information. 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 uptake.

High Levels of Uptake. NWL practices had existing processes in place, enabling good levels of shingles NIP uptake in relation to areas of similar demographic. The support provided additional opportunities to implement year round recall programmes for both shingles and pneumococcal vaccinations and provide insights into opportunities to maximise coverage.

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.	11,859
Total number of patients eligible for pneumococcal vaccination.	4,343
Total number of patients vaccinated with initial shingles vaccination dose.	1,187
Total number of patients vaccinated with second shingles vaccination dose.	763
Total number of patients vaccinated with pneumococcal vaccination dose.	486
% of eligible patients receiving pneumococcal vaccination.	11.2%
Increase in patients vaccinated against shingles and pneumococcal disease.	<p style="text-align: center;">1,673*</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.	Results in graph 4.