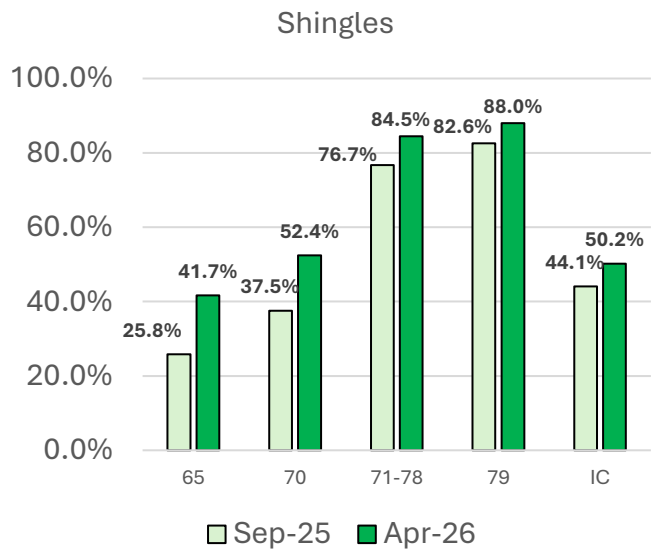
GSK and Conexus Healthcare, Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Wakefield Area'.
Project Duration September 2025 - April 2026.

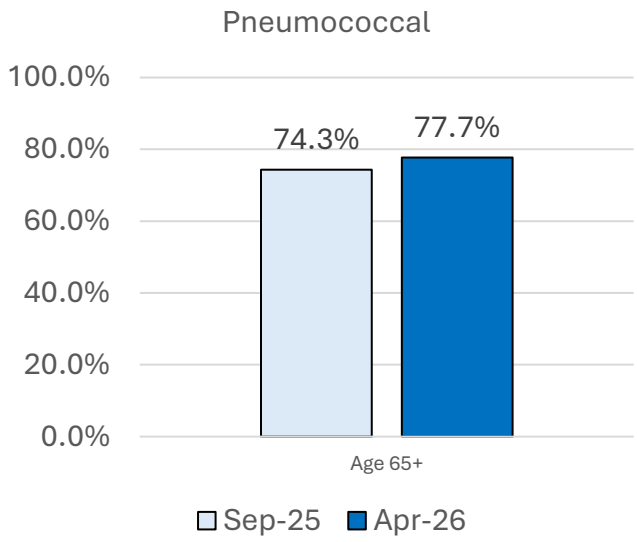
This summary has been written by GSK and CHASE [1] with consultation and approval from Conexus Healthcare.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Conexus Healthcare (CHC) NHS practices increased vaccination uptake among eligible patients by 8.5% points for shingles and 3.4% for pneumococcal, representing 6,677 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 CHC, an NHS provider covering 35 GP practices (~383,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. CHC ranks 54th out of 317 local authorities on the Index of Multiple Deprivation, meaning CHC is currently within the top 17% of most deprived districts of the country.

CHASE provided administrative staff, Primary Care Immunisation Facilitators (PCIF's) 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 September 2025–April 2026 (8 months).

The project had three phases:

1. Initial engagement

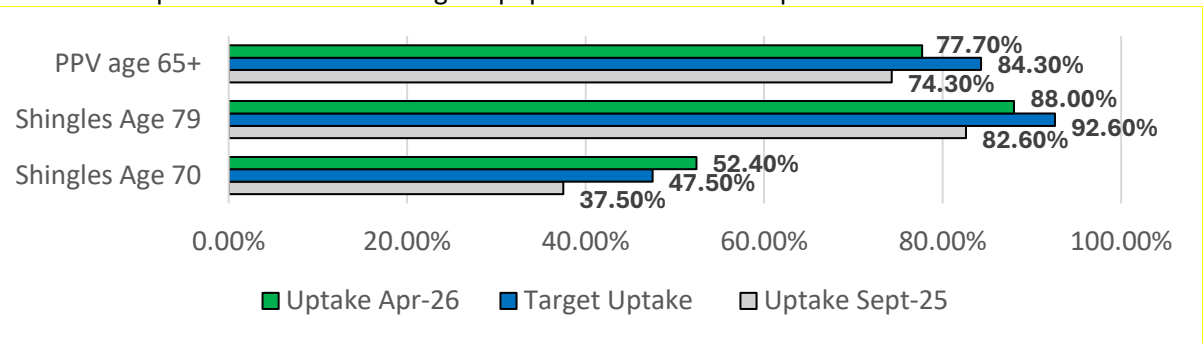
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

CHC set the following targets; Increase CHC engaged NHS Practices Shingles NIP uptake of the routine cohort (age 70) by 10 percentage points, Increase CHC engaged NHS Practices Shingles NIP uptake of the routine cohort (age 79) by 10 percentage points, increase CHC engaged NHS Practices Pneumococcal uptake for all adults 65 and over by 10 percentage points.

- Shingles vaccination uptake achieved the target for the age 70 cohort. Did not achieve the target for the age 79 cohort. (Achieved 5.4% points increase).
  - 14.9% points increase at age 70.

- Pneumococcal vaccination did not achieve the target uptake increase. (Achieved 3.4% points increase).

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.
- 22,681 text and 3,144 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- Of patients booked an appointment through the self-booking link on the first recall, 11% booked via the booking link for shingles and 12% for pneumococcal.

Telephone Calls

- **Shingles vaccination calls**: 54% were no answer. 16% booked. 14% considering. 15% declined, 1% housebound.
- **Pneumococcal vaccination calls**: 60% were no answer. 12% booked. 12% considering. 16% declined, 0% housebound.

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.

Two practices benefitted from specific support to review and carry out coding of patients for these vaccinations. There was transfer of learning to practices and the project team about the potential better results for practices that offer a choice of vaccination dates and times instead of a limited number of vaccination clinics.

Project Reflections (Key achievements and Highlights)

Engaged practices delivered 4,706 shingles vaccinations (including 1,578 second doses) and 1,971 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. There was an 8.5 % point increase in shingles uptake and a 3.4 % point increase in pneumococcal uptake across participating practices.

20 practices were successfully engaged, including 17 that commenced patient recall activity, despite capacity challenges (nurse resource).

The project delivered over 22,000 text messages and 3,100 telephone calls to eligible patients, supporting proactive vaccination uptake.

Sustainable recall processes were established, with improved understanding of eligible patient cohorts, particularly for immunocompromised patients and catch-up cohorts.

Generated learning and legacy benefits including coding reviews, cohort validation work and support for future recall activity within participating practices.

Project Learns

Earlier practice engagement and earlier commencement of recall activity were associated with greater uptake increases, whilst delayed starts reduced the overall impact achieved. Dedicated appointment capacity remains critical; practices with consistently available clinic slots generally achieved stronger outcomes.

Practice engagement is influenced by competing operational pressures, existing recall arrangements and available workforce capacity. Federation communications helped maintain visibility of the project and supported practice participation.

Regular measurement of uptake data throughout the project enabled progress tracking and identification of barriers to inform federation support.

Proactive Patient Contact: Consistent follow-up communications through multiple recall attempts helped maximise patient engagement and vaccination uptake, as many patients do not respond to an initial invitation.

Combining text messaging with telephone calls allowed practices to engage patients through different communication preferences and improved overall reach.

Telephone Booking: Telephone calls in later stages had higher booking rates than later-stage text recalls and provided an effective route for engaging patients who had not responded to text message communications. Direct conversations enabled PCIFs to identify reasons for non-attendance or vaccine hesitancy and provide additional written information where required.

Telephone calls were particularly valuable for patients without mobile phone access or requiring additional support with appointment booking. Dedicated time for phone calls remains an important component of successful vaccination recall programmes.

Accessible Information: Text messages containing self-booking links provided patients with a simple and convenient route to arrange vaccination appointments. Offering both text message and telephone call contact methods helped accommodate different patient preferences and accessibility needs.

Workforce and Capacity: Additional PCIF resource provided practices with dedicated administrative capacity to undertake large-scale patient identification, recall and follow-up activity which would otherwise have been difficult alongside routine workload pressures.

The project supported knowledge transfer and capability building within practices, helping to strengthen future delivery of adult immunisation programmes. Practice capacity and clinic availability were key determinants of project success, with some practices unable to fully participate for this reason despite initial engagement with the project.

Dedicated vaccination clinics and clear booking capacity were associated with stronger uptake improvements and more efficient recall delivery. Some practices were able to offer dedicated vaccination clinics initially but not throughout the project.

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

METRIC	REPORTED
Total number of patients eligible for shingles vaccination.	32,028
Total number of patients eligible for pneumococcal vaccination.	44,559
Total number of patients vaccinated with initial shingles vaccination dose.	3.128
Total number of patients vaccinated with second shingles vaccination dose.	1,578
Total number of patients vaccinated with pneumococcal vaccination dose.	1,971
% of eligible patients receiving pneumococcal vaccination.	3.4%
% of eligible patients receiving shingles vaccination.	8.5%
Increase in patients vaccinated against shingles and pneumococcal disease.	5,099* *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.	NA (practices did not complete).