

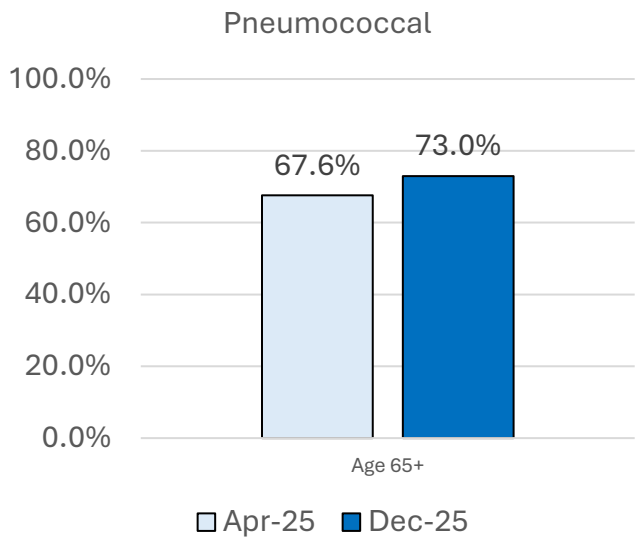
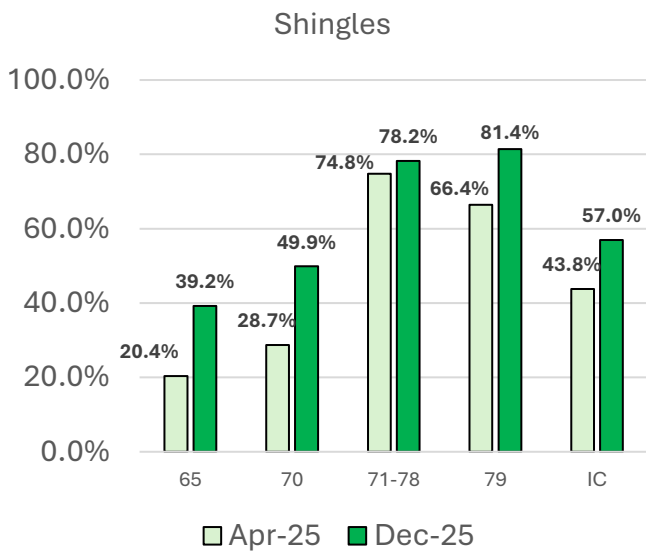
GSK and Bradford Care Alliance CIC, Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Bradford Area’.

Project Duration April 2025 - December 2025.

This summary has been written by GSK and CHASE¹ with consultation and approval from Bradford Care Alliance CIC.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs) into Bradford Care Alliance CIC (BCA) NHS practices increased vaccination uptake among eligible patients by 10.8% points for shingles and 5.4% for pneumococcal, representing 8,868 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 BCA, an NHS provider covering 47 GP practices (~440,000 patients), to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party. BCA ranks 13th out of 317 local authorities on the Index of Multiple Deprivation, meaning BCA is currently within the top 5% of most deprived districts of the country.

In addition to the 47 BCA member practices there are a further 22 practices participating operated by Modality, Affinity and Wharfedale, Airedale and Craven Alliance (WACA), taking the total population up to 660,000. Each are a separate entity, that all operate under a Memorandum of Understanding (MoU) to work together with BCA. As such for the purposes of this project all of the Bradford and Craven place practices were considered to be part of BCA, a total of 69 participating practices.

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–December 2025 (9 months) including a 2 month extension due to;

- The Executive Summary was not published until 13th May 2025.
- The NHS did not send out their communications until June 2025.
- A large GP Federation (64 practices) therefore the extension was required to enable all the practices that wanted to join had the opportunity to do so.

The project had three phases:

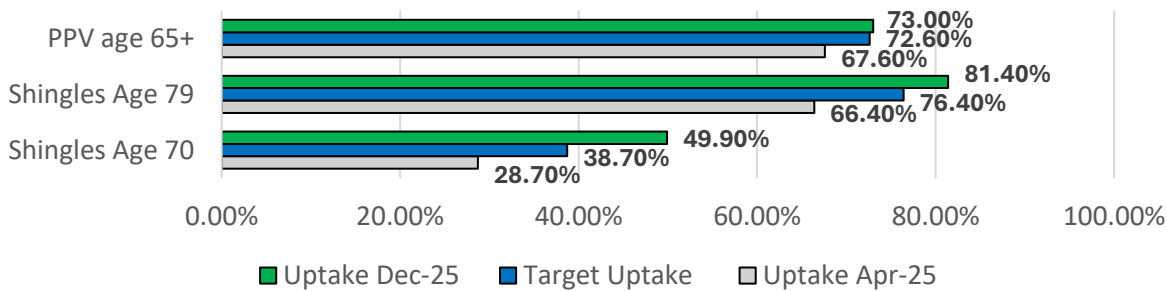
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

BCA set themselves the following targets; Increase BCA engaged NHS Practices Shingles NIP uptake of the routine cohort (age 70) by 10 percentage points, Increase BCA engaged NHS Practices Shingles NIP uptake of the routine cohort (age 79) by 10 percentage points, increase BCA engaged NHS Practices Pneumococcal uptake for all adults 65 and over by 5 percentage points.

- Shingles vaccination uptake achieved the targets for both the age 70 cohort and the age 79 cohort.
 - 21.2% points increase at age 70.
 - 15% points increase at age 79.
- Pneumococcal vaccination exceeded the target uptake increase.
 - 5.4% points increase for adults age 65+.

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.
- 167,830 text and 5,934 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 that booked an appointment through the self-booking link on the first recall, 7% booked via the booking link for shingles and 4% for pneumococcal.

Telephone Calls

- **Shingles vaccination calls:** 58% were no answer. 12% booked. 11% considering. 17% declined, 2% housebound.
- **Pneumococcal vaccination calls:** 63% were no answer. 9% booked. 8% considering. 16% declined, 4% 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.

Project Reflections (Key achievements and Highlights)

Engaged practices delivered 6173 shingles vaccinations (including 2218 second doses) and 2695 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 Bradford's leadership team, who encouraged practice engagement and shared their successful outcomes across their networks. Through the Bradford leadership team, the PCIFs became well integrated with 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, 34% declined reporting vaccine fatigue.

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.*
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.	36,711
Total number of patients eligible for pneumococcal vaccination.	50,305
Total number of patients vaccinated with initial shingles vaccination dose.	3,955
Total number of patients vaccinated with second shingles vaccination dose.	2,218
Total number of patients vaccinated with pneumococcal vaccination dose.	2,695
% of eligible patients receiving pneumococcal vaccination.	5.4%
% of eligible patients receiving shingles vaccination.	10.8%
Increase in patients vaccinated against shingles and pneumococcal disease.	6,650* *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. 	<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 attend'. 	<p>Unable to report DNAs.</p> <p>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.</p>
Feedback from practice questionnaire.	Insufficient responses