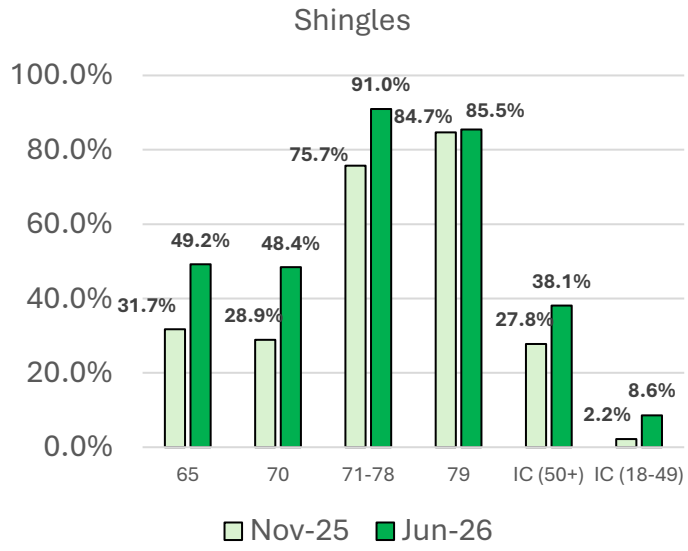
GSK and Salford North Primary Care Alliance (Walkden & Little Hulton PCN and Swinton PCN), Collaborative Working Summary of Outcomes 'Improving Equitable Access to National Adult Immunisation Programmes in the Walkden & Little Hulton and Swinton Areas'. Project Duration November 2025 – June 2026.

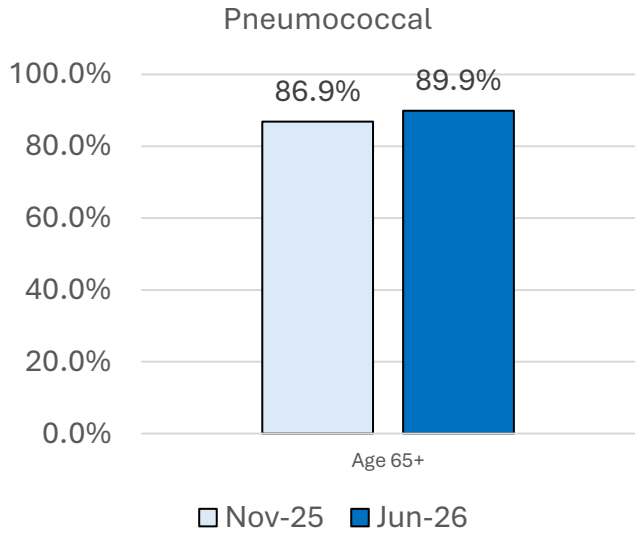
This summary has been written by GSK and CHASE [1] with consultation and approval from Salford North Primary Care Alliance.

Summary

The integration of Primary Care Immunisation Facilitators (PCIFs), into Salford North Primary Care Alliance (SN PCA) NHS practices increased vaccination uptake among eligible patients by 2,721 vaccinations within the project period. PCIFs supported staff through a coordinated call-and-recall system, training, and upskilling.



Graph 1. Shingles Vaccination Uptake Start and End of Project.



Graph 2. Pneumococcal Vaccination Uptake Start and End of Project.

Project Overview

GSK entered a Collaborative Working agreement with SN PCA (Walkden & Little Hulton PCN and Swinton PCN) to deliver the Adult Immunisation Programme Optimisation Project (AIPOP) via CHASE as a contracted third party, covering the Walkden & Little Hulton and Swinton PCNs in Salford North who provide primary care services to 14 GP practices (~100,000 patients). Salford ranks 20th out of 317 local authorities on the Index of Multiple Deprivation, meaning Salford is currently within the top 10% 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 November 2025 to June 2026 (8 months in total).

The project had three phases:

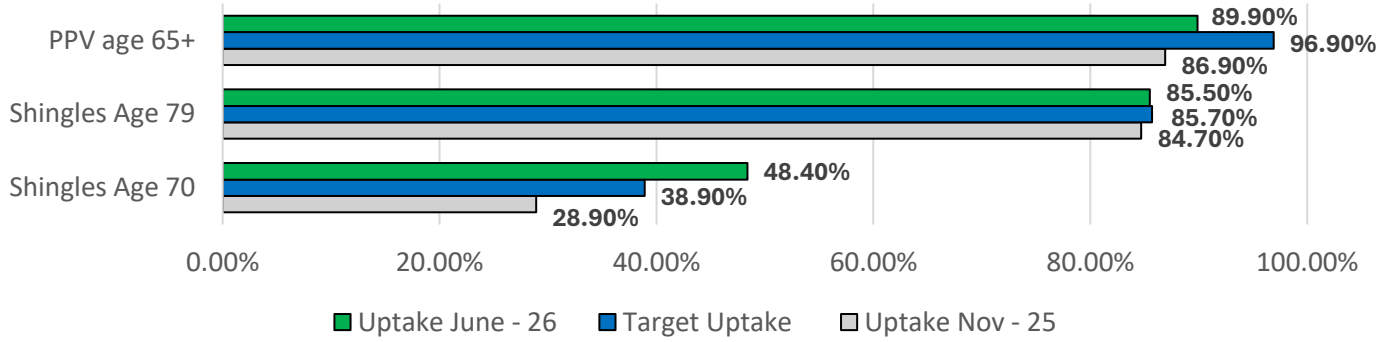
1. Initial engagement
2. PCIF placements (identification, call/recall, training/upskilling)
3. Data capture and impact assessment (final month only)

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.

As an indication, the project aimed to increase the uptake of the Shingles and Pneumococcal National Immunisation Programmes (NIPs) in all SN PCA engaged NHS practices, with the minimum target being to raise the total cohort uptake for both NIPs across SN PCA by a minimum of 10 percentage points from baseline uptake by the end of the project.

- Shingles vaccination uptake in the age 70 cohort exceeded the project target and was higher than the national uptake of 36.8%. Uptake in the age 79 cohort did not meet the project target but remained above the national uptake of 83%.
    - 19.5% point increase at age 70.
    - 0.8% point increase at age 79.

- Pneumococcal vaccination uptake failed to meet the target.
    - 3.0% point increase for age 65+.
    - Is above national average of 73.6% for vaccination uptake in the 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.
- 17,128 text and 1,223 telephone recalls were completed throughout the project timeframe by the PCIFs. Text recalls were sent via Accurx, which contained a self-booking link.
- 8% of patients booked an appointment through the self-booking link on the first recall attempt for pneumococcal and 4% for shingles. Booking rates dipped to 4% for pneumococcal and rose to 5% for the 2nd recall for shingles.

Telephone Calls:

- **Shingles vaccination calls:** 60% were no answer. 9% booked. 11% considering. 20% declined. 0% housebound.
- **Pneumococcal vaccination calls**: 64% were no answer. 9% booked. 7% considering. 20% declined. 1% housebound.

Handover Plan (Legacy)

The PCIF team worked with practices to provide training on the shingles and pneumococcal clinical system searches, the criteria and definitions involved, and using the results to implement continued recall processes upon conclusion of the project. One practice attended a call and recall training session; other practices expressed interest but did not attend.

Practical recall and search learning was shared directly with practices. 4 practices received advice or clarification on list review, use of the shingles searches and coding issues. Several practices were supported to identify and correct pneumococcal coding which had been masking vaccinations already given, improving the accuracy of their reported uptake and of the patient lists used for recall.

Practices were supported to review their own recall processes, including appointment set-up, invitation batch sizes, use of self-booking links and telephone call processes. 4 practices worked with the PCIF on booking links, pre-bookable and immunisation slot types, and staggering recall to match nurse capacity and vaccine stock.

One practice preferred to continue with its own birthday-card recall process, which was already delivering high uptake in some cohorts.

Project Reflections (Key Achievements and Highlights)

Engaged practices delivered 1,394 shingles vaccinations (including 739 second doses) and 588 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.

Across the two PCNs, 14 practices were approached and 11 progressed to active patient recall, with 14 practices covered by honorary contracts and 14 putting in place clinical system access to enable PCIF activity. 3 practices declined the project support, one of them after recall had begun.

Project Learns

- **Proactive Patient Contact:** Text and telephone recall together reached the widest group of patients with repeat recalls continuing to add vaccinations, but with diminishing returns, so the timing and quality of the first invitation matters most.
- **Telephone Booking:** Over a quarter of patients who declined during a call gave no reason, with a further 8% identifying as anti-vaccination and 7% citing vaccine fatigue. This limits the ability to understand and address hesitancy, and the PCNs may wish to consider how to continue addressing patient educational needs around the benefit of vaccination.
- **Searches and Coding:** Accuracy of coding has a direct effect on both reported uptake and on who is invited. A recurring EMIS issue, where a pneumococcal 'vaccine given' code was not consistently recognised by searches, was highlighted and checks put in place to search for other patient record information to avoid already-vaccinated patients being invited in future.
- **Appointment Choice and Capacity:** Vaccination volumes were constrained by available slots as well as patient demand. Recall was staggered to match slot availability, nurse time and vaccine stock, and in several practice's batches were held or paused while further slots were added. Where practices released slots early and in reasonable volume, booking rates held up.
- **Complex Cohorts:** Severely immunocompromised (SIC) and possible-SIC cohorts require clinical review before invitation. Where practices could not free the clinical time to complete that review, these patients were invited late or not at all, and uptake in the immunocompromised cohorts remained the lowest of all groups at 9% and 38%. Protected time for cohort review is needed if these patients are to be reached.
- **Information Governance and Assurance:** Data sharing concerns arose at practice level. Early, visible IG assurance – the project DPIA and DPO review at onboarding can minimise this as a barrier.
- **Workforce and Capacity:** Clinic capacity and staff availability were key success factors. The additional PCIF resource provided dedicated administrative capacity for patient identification, recall management and follow-up, reducing pressure on practice teams and allowing them to focus on delivery. Practice-side delays – annual leave, sickness, a CQC inspection and end-of-year QOF pressure – were the most common cause of recall starting late, and several practices did not begin recall until later in 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.	9,707
Total number of patients eligible for pneumococcal vaccination.	15,889
Total number of patients vaccinated with initial shingles vaccination dose.	1,394
Total number of patients vaccinated with second shingles vaccination dose.	739
Total number of patients vaccinated with pneumococcal vaccination dose.	588
Increase in patients vaccinated against shingles and pneumococcal disease.	1,982* *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. It 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.	No practices completed both pre and post questionnaire