

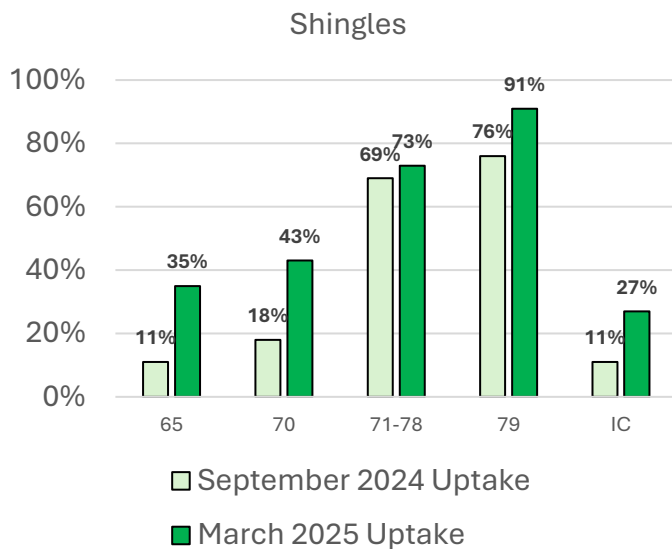
GSK and OurNet Health Services Ltd Collaborative Working Summary of Outcomes ‘Improving Equitable Access to National Adult Immunisation Programmes in the Walsall Area’.

Project Duration August 2024 - March 2025

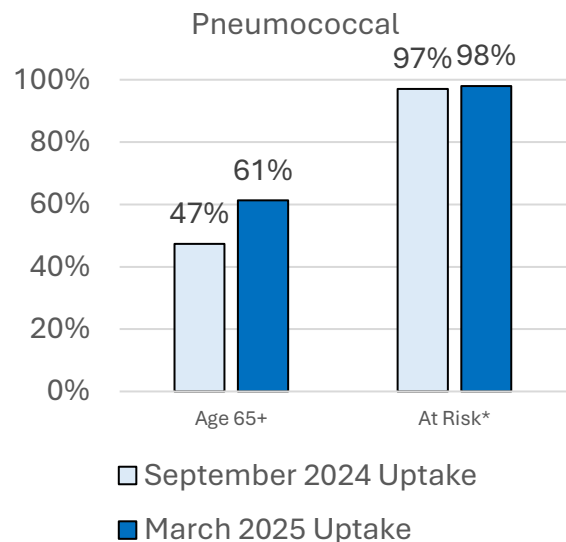
This summary has been written by GSK with consultation and approval from OurNet Health Services Ltd.

Summary

This project demonstrated that the inclusion of Primary Care Immunisation Facilitators (PCIFs) into OurNet Health Services Ltd (OurNet) NHS practices to support existing staff to deliver Adult Immunisation Programmes led to increased uptake in eligible patients (10.3% point increase in shingles vaccination and 9.4% point increase in pneumococcal vaccination, representing 3,147 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 Uptake Start of Project and End of Project.



Graph 2. Pneumococcal Uptake Start of Project and End of Project. (* At Risk – as per Green Book definition)

Project Overview

Walsall is a deprived area of the Black Country, north of Birmingham. OurNet’s primary aim is to support Walsall GP practices and their patients, this includes supporting the uptake of national immunisation programmes. OurNet covers 35 NHS practices and has a combined list size of over 200,000 patients. Walsall ranks 25th out of 317 local authorities on the Index of Multiple Deprivation, meaning Walsall is currently within the top 10% of most deprived districts of the country.

OurNet 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 August 2024 to March 2025 (eight months in total), and included three phases covering;

1. Initial engagement

2. placement for patient identification
3. Call/recall, check-in, training/upskilling and project impact assessment.

Phases 1 and 2 were run up until the end of month seven, 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 reduce patient suffering from vaccine preventable diseases (such as shingles and pneumococcal disease).
2. Increase the uptake of shingles and pneumococcal vaccination in the Walsall area in line with the NIP eligibility criteria. As an indication, a minimum target will be to increase the uptake of Shingles and Pneumococcal NIPs across OurNet practices to at least the national average by the end of the project.²
3. Leave a sustained legacy of enhanced immunisation programme implementation by enhancing knowledge, capability, and effective ways of working.³

OurNet Specific Objectives

Data from **historic** UKHSA published reports provided an estimate for OurNet's uptake rates prior to project going live.

- Increase overall OurNet NHS Practices Shingles NIP uptake of the routine cohort (age 70) from 33.3% (estimated) to 36.8% (national average) within 6 months.
- Increase OurNet NHS Practices Shingles NIP uptake of the catch-up cohort exiting the programme age 79, from 79.3% (estimated) to 83% (national average) within 6 months.
- Increase OurNet NHS Practices Pneumococcal uptake for adults turning 65 in the first year of the programme (35.1% estimated) so that it continues to exceed the national average (33.1%²) within 6 months.
- Increase OurNet NHS Practices Pneumococcal uptake for all adults over 65 from 68.6% (estimated) to 71.8% (national average) within 6 months.

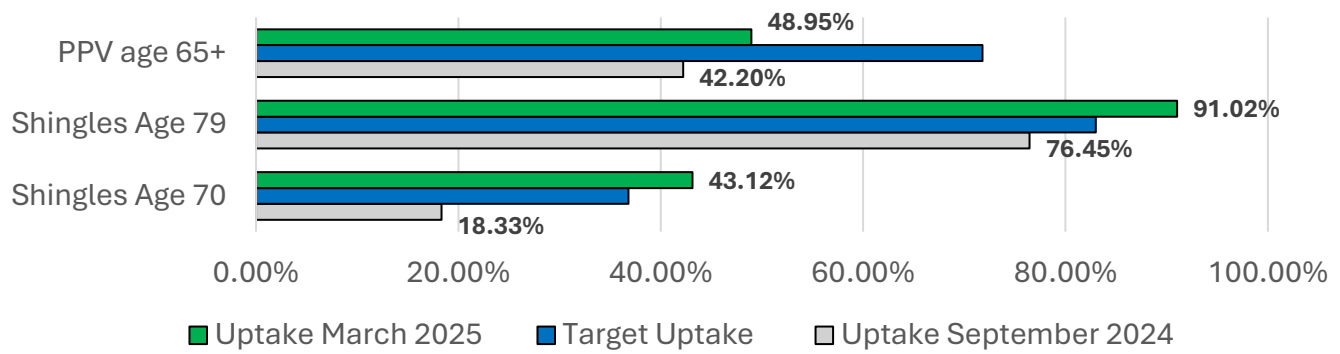
Results

Following project initiation, practice-level 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.

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.

It was found that collecting the "turning 65" PPV cohort uptake figures could not be done automatically like with the shingles 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 PPV target cohorts were combined into a single unified cohort of "65 and over" (65+).

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.



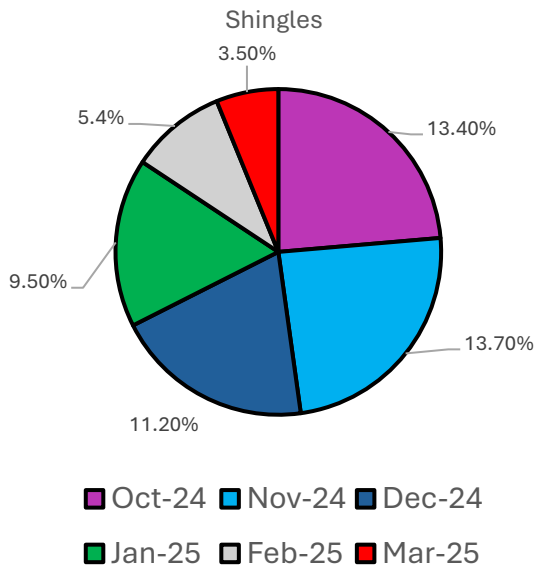
Graph 3. Shingles and Pneumococcal Uptake within the NIP Eligible Population.

The baseline uptake for practices across Walsall was lower than expected from Local Authority provided data. Target percentage point increases in line with these pre-project estimates equate to a 3.2% point increase for pneumococcal at age 65+, 3.5% point increase for shingles at age 70 and 3.7% point increase for shingles at age 79. Shingles vaccination uptake exceeded the target across both cohorts, with a 24.79% point increase at age 70 and 14.57% point increase at age 79. Pneumococcal uptake increase exceeded the required 3.2% point increase relative to the estimated uptake, by increasing uptake of 6.75% point increase, however practices remained under national average at 48.95% total current uptake by the end of the project.

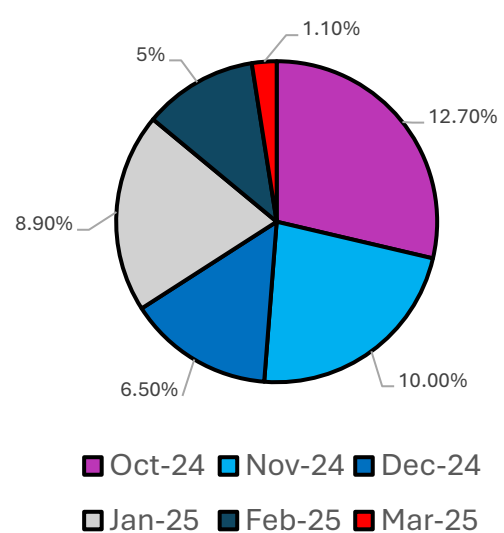
Practice engagement

- 24 out of the 35 Practices in OurNet engaged in the project.
- The majority of practices who engaged earlier on in the project achieved a higher vaccination uptake.

Practices Engaged by Month Uptake Increase



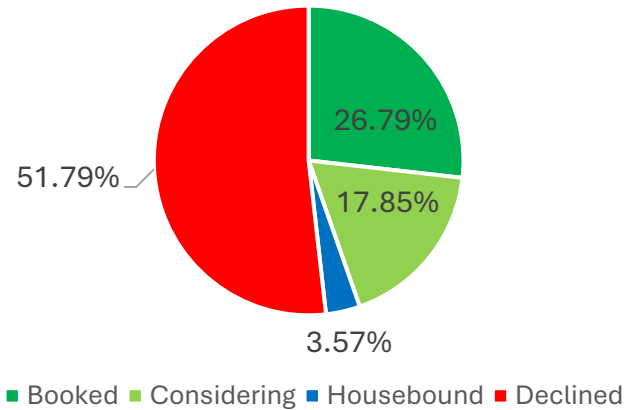
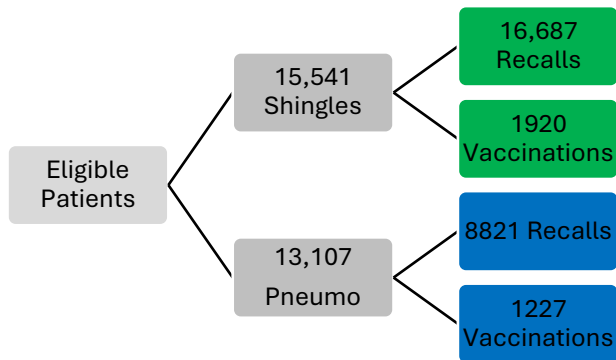
Practices Engaged by Month Uptake Increase



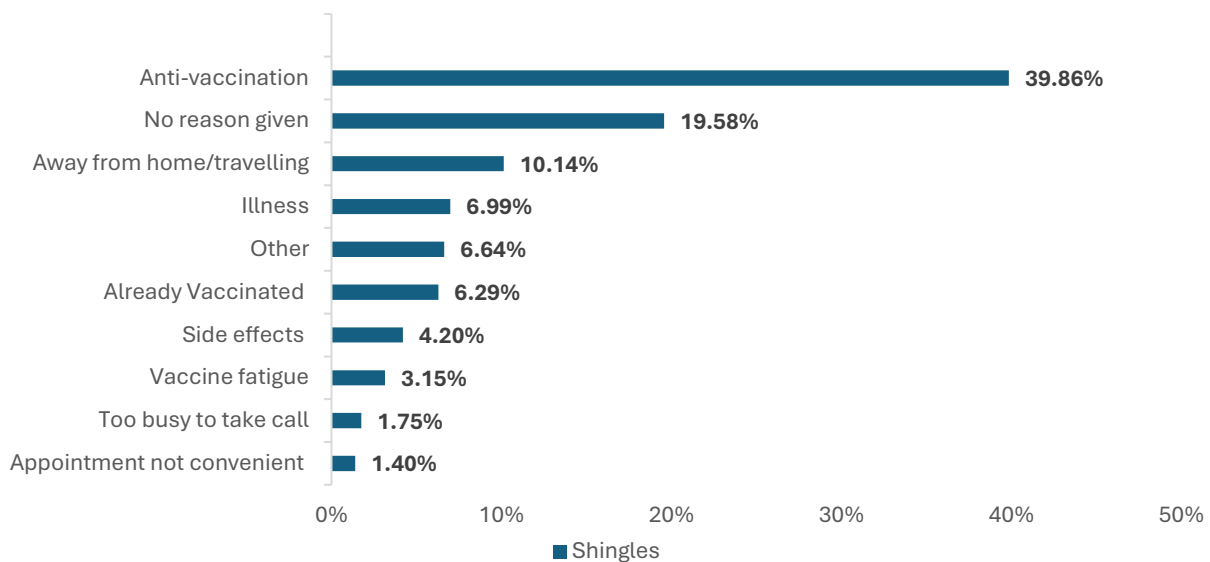
Graph 4. Shingles Uptake per Month within the Eligible Population.

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

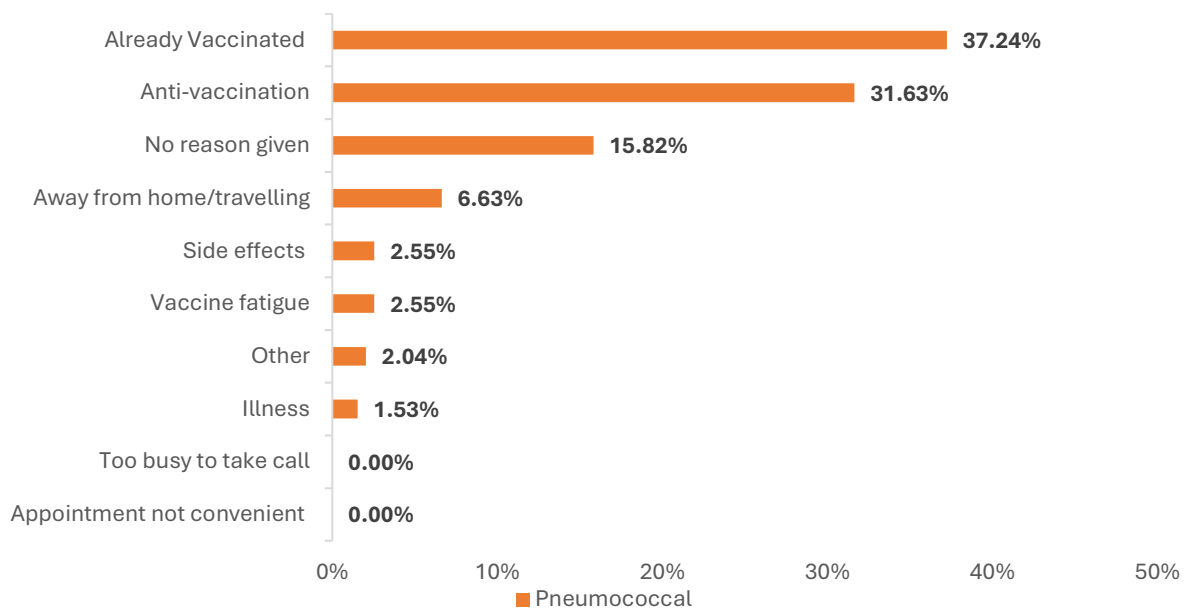
Patients received an average of 3 recalls throughout the project.



Graph 6. Number of Shingles and Pneumococcal Calls From the PCIFs. Graph 7. Outcomes From answered PCIF calls.

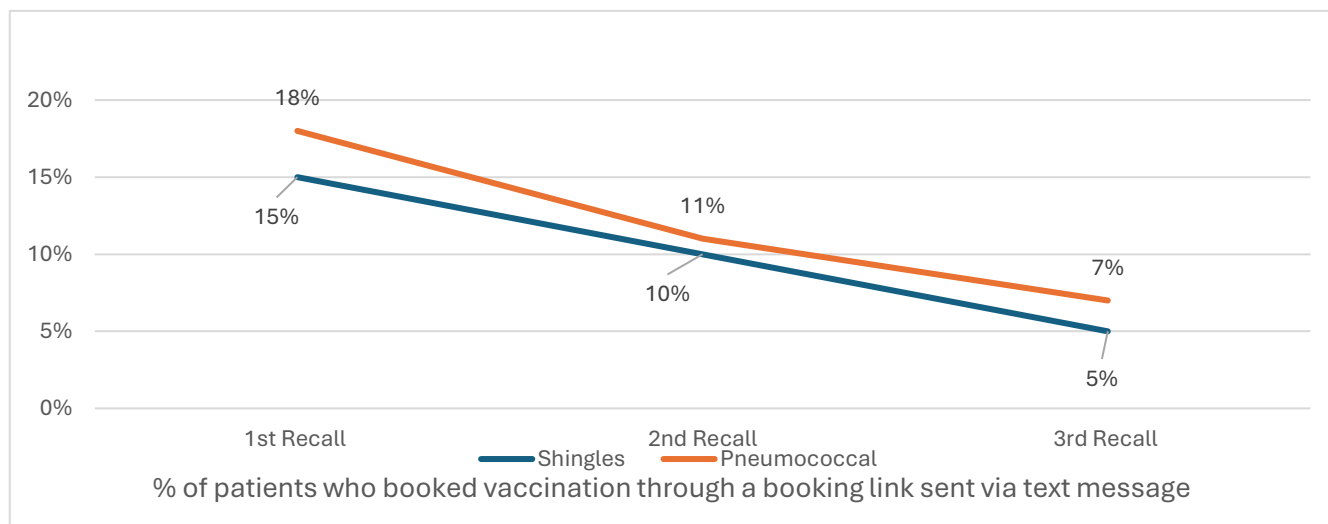


Graph 8. Patients declined a shingles vaccination for the following reasons.



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

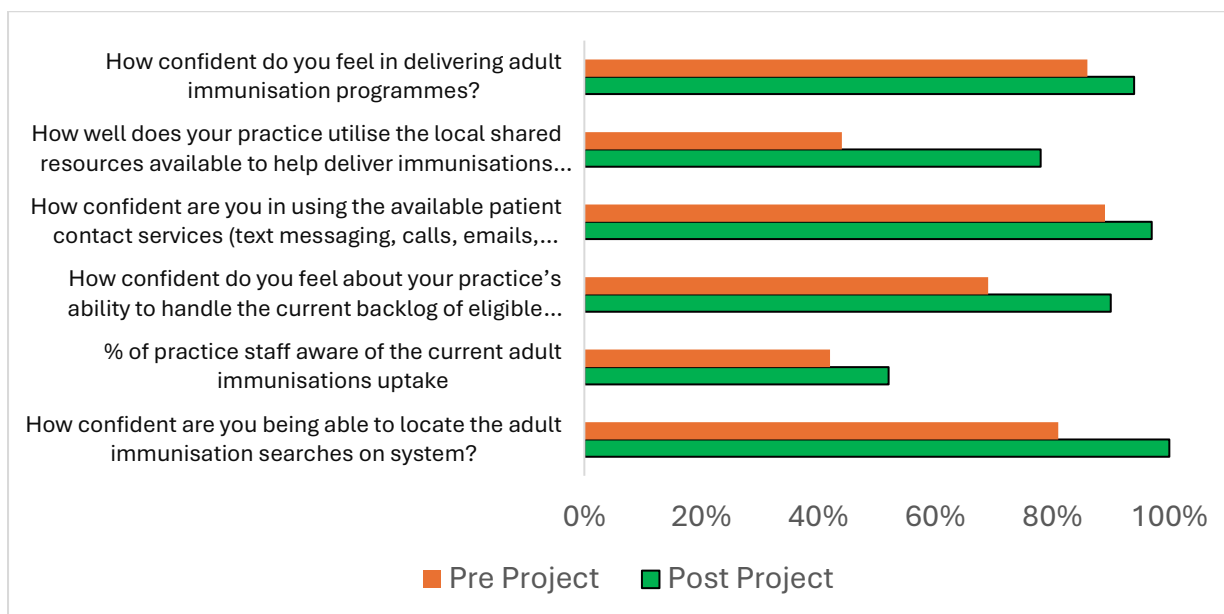
- Most recalls were completed via Accurx text message, which contained a booking link.
- Patients who did not respond to the text message, or did not have a mobile telephone number, received a telephone call via their land line.
- The project saw the same booking rate for shingles vaccinations across telephone calls and text messages.
- An increase of 3% was seen in patients booking pneumococcal vaccinations when sent a booking link compared to receiving a telephone call.



Graph 10. Percentage of Patients Booking Through a Booking Link For Shingles and Pneumococcal.

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 11. Results of the End of Project Practice Questionnaire.

Project Reflections (Key achievements and Highlights)

Engaged practices achieved 3147 total vaccinations throughout the project life cycle. Of the 1920 shingles vaccinations, 326 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.

OurNet Health operates a well-designed Enhanced Access hub. The hub can provide their member practices and their patients flexible appointments spanning various healthcare requirements. The project offered all practices unlimited appointments at the hub for adult vaccinations and saw 0% of patients decline due to appointment availability. Practices also reported a 34% point increase in how well they utilise shared resources. Practices further reported a 22% point increase in confidence in managing the backlog of patients who require vaccination, with the intention that they will continue to utilise the hub offer in the future.

Practice upskilling sessions and the project handover work led to practices reporting a 100% confidence level in locating adult immunisation searches on clinical systems.

Project Learns

Proactive Patient Contact Drives Uptake. Practical steps, such as a series of written and verbal invitations to a choice of clinics at different locations and times can significantly increase uptake among those who are open to vaccination.

Telephone Calls to Book a Vaccination. Across eligible patients who received a telephone call to book a vaccination, 38% 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 8% of patients who received a telephone call to book a vaccination reported they were unable to attend an appointment as they were out of the country for the winter season. 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 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 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 previous years, meaning practices had fewer appointments available during the initial months of the project.

Enhanced Access hubs. The delivery of the vaccination rollout, was held at 2 locations, one in the North and one in the South of Walsall. The two hubs had the capacity to provide appointments for all eligible patients. It was evident in the practice participation percentage uptake, that having additional hub locations supported the prevention of patient health inequalities due to access and could continue to drive uptake levels.

OurNet were keen to drive the project to ensure its success. The Project Steering Group was well attended, with a key focus to support practice engagement and share solutions to increase uptake. OurNet's ambition allowed for smoother integration of the PCIFs into practices, including the distribution of project communications and highlighting successes through local operational group meetings. Observations indicate that strong NHS involvement with the Project appears to result in higher and earlier practice engagement. This is important as graphs 4 and 5 show that the majority of practices who engaged earlier on in the project achieved a higher vaccination uptake.



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. | 15,541 |
| Total number of patients eligible for pneumococcal vaccination. | 13,107 |
| Total number of patients vaccinated with initial shingles vaccination dose. | 1,708 |
| Total number of patients vaccinated with second shingles vaccination dose. | 212 |
| Total number of patients vaccinated with pneumococcal vaccination dose. | 1227 |
| % of eligible patients receiving pneumococcal vaccination. | 9.4% |
| Increase in patients vaccinated against shingles and pneumococcal disease. | 3,147 (total number of vaccinations given including second dose) 2,935 (total number of patients vaccinated) |