

REASON WHY?

As of 1st September 2023, the eligibility for Shingrix vaccination has expanded to include severely immunosuppressed individuals. Criteria are set out in the 'Shingles Green Book chapter 28a'. Following a local audit at Bridgnorth Medical Practice, it was identified that this high-risk, immunocompromised subset are not routinely called in for the vaccination. **Specifically, out of 36 patients that were eligible for the vaccination under these criteria, 86.11% had not been called forward for the Shingrix vaccination.** There is great importance in obtaining the vaccine for these patients in order to lower the incidence and severity of shingles. Immunocompromised individuals are more likely to contract and experience complications as a result. As well as morbidity, some complications e.g., disseminated disease, can lead to fatality.

PLAN

Following engagement with GPs and secretaries at Bridgnorth Medical Practice, the most suitable idea generated is to send a text message to eligible patients.

The patients are identified using Emis searches, and text messages sent via a system known as 'Accurix'.

The text will communicate to the patient that they meet the eligibility criteria for the Shingrix vaccine, and a request that they book an appointment for the vaccine via the link provided, within 7 days. Please see the text sent below (Figure a):

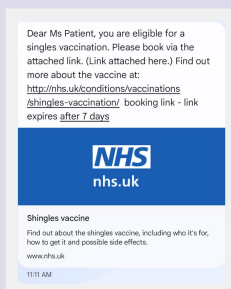


Figure a

DO

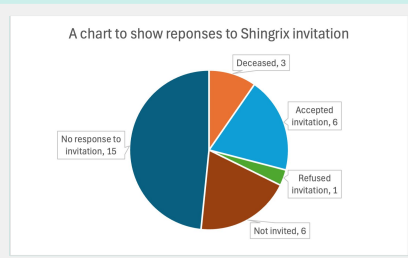


Figure b

On 28th February, eligible patients were contacted by text using the Accurix system.

There was response to the text, whether this was to book an appointment via the link, or refusals for personal reasons. Some patients sadly died and some were not invited. Please see above for a representation of the responses of eligible patients at the end of the intervention period (Figure b). We have included the deceased patients in the second audit data.

STUDY

It had been identified that 86.11% (31/36 patients) of eligible patients on the GP surgery database had not been informed or offered a Shingrix vaccine. Following the intervention, there was a percentage increase in uptake of 220.01% with 6 more (total 11/36) patients either receiving the vaccine, or booking ahead of time (please see Figure C). Of those eligible, the uptake increased from 13.89% to 30.56%.

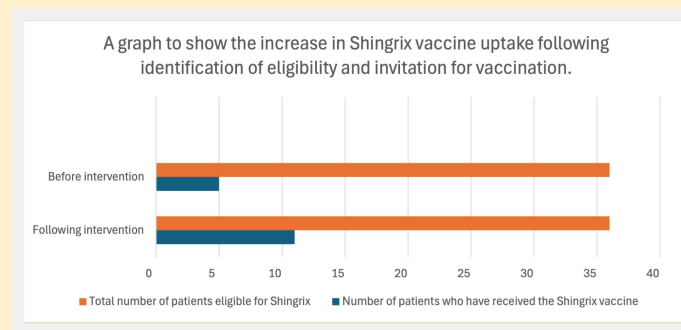


Figure c

The secretaries agreed that sending text messages as way of invitation for Shingrix is a manageable workload. Of the patients who did not respond to invitation, we called a random selection for feedback. Themes of the feedback were:

- Patient did not receive the invite.
- Patient was unaware of the importance.
- Patient felt that they already took too much medication.
- Concerns around this being a live vaccine.

AIM

Increase in the uptake of the Shingrix vaccine in immunocompromised patients at Bridgnorth Medical Practice to 50% of those eligible, by 1st April 2025.

ACT

Following the test of change and increase in the uptake of the Shingrix vaccine, correlated to the use of the text message, we conclude that Accurix message is an effective strategy of inviting this largely missed immunocompromised group to vaccination. It is likely that with another round of invitations, the percentage uptake would increase and we would recommend to adopt this practice for now. Key highlights are the ease and speed with which the secretaries can send these invitations. Since new patients are constantly moving into the criteria groups for vaccination, we would recommend to Bridgnorth Medical Practice the importance of renewing invites every 3 months.

However, this QIP did not meet its initial aim of increasing uptake to 50%. We suspect that some of those who did not respond may have had age-related difficulties with technology (most eligible patients fall in the >50 category). For future consideration, it would be interesting to see whether uptake is better with letters and an invitation to call the practice to book an appointment, perhaps to patients over a certain age. Although, the workload would increase for the secretaries and make more regular invitations less likely.

Other feedback themes were on patient misunderstanding, e.g., around the vaccine's importance or how it is non-live. A second cycle could change the text to include a link with further information on this. Furthermore, although not commented on, the link to book could last longer than 7 days, although we understand that there might be an issue with supply if appointment booking was made sporadic.

A number did not receive invitation at all; further investigation is needed as to why this was.

To expand this QIP to further meet our ultimate aim of increasing uptake in severely immunocompromised individuals at Bridgnorth Medical Practice, it is worth noting that not all of the eligibility criteria laid out in the Shingles Green Book chapter 28a was covered in this QIP. Further work could be in developing the Emis searches and invitation to include those immunocompromised categories.