

A photograph of a man with a beard, wearing a blue polo shirt with a 'Rangers Football Club' logo, holding a baby in a blue shirt. They are in a brightly lit room with colorful decorations on the wall.

# Trialling text-first invitations for childhood immunisations

Case Study

## Executive summary

NHS South, Central and West (SCW) delivers Child Health Information Services (CHIS) for **32% of England's 0–19 population**, including Greater Manchester. CHIS manages childhood vaccination and screening data and sends appointment invitations to families.

Greater Manchester has high levels of deprivation and a diverse population, traditional letter invitations often fail due to slow delivery, frequent address changes, and poor accessibility. Text messages can provide faster, cheaper, and more accessible communication.

In partnership with NHS England, CHIS piloted a **“text-first”** approach—supported by letters when needed—across Manchester, Salford, and Trafford over three months. The pilot showed that vaccination uptake and timelines were equal to or better than letter-only methods. Those in highly deprived areas and ethnic minority groups responded particularly well to text invitations.

Overall, a **mixed digital-and-letter approach** better meets the needs of diverse communities and can improve vaccination uptake, supporting more equitable health outcomes.

**November 2024 - May 2025**

## What did we do?

Vaccination uptake inequalities remain a major issue, with a widening gap between the most and least deprived children. By February 2025, there was a **15% difference** in preschool vaccination rates across Greater Manchester, leaving children in deprived areas more vulnerable to preventable diseases such as measles and whooping cough.

Most families currently receive vaccination invitations by letter, despite modern preferences for digital communication, which offers benefits like instant booking, easier translation, and better reach for families who frequently move or have no fixed address. Letter-based communication also has a significant environmental impact—over **353,000 letters sent in one year produced 9.8 tonnes of CO<sub>2</sub>**.

Evidence shows that texting health information aligns better with the communication preferences of many inclusion groups and enables translation into **38 commonly spoken languages**, as well as **accessibility support via smartphones**. However, these same groups may still face digital exclusion due to limited access to smartphones or reliable internet, meaning digital methods must be balanced with awareness of these barriers.



## What did we find?

The texting pilot showed strong positive effects on vaccination uptake among children from ethnic minority backgrounds and those living in the most deprived areas (IMD1 and IMD2).

During the pilot, a focus on texting led to improved data quality with the completeness of valid UK mobile numbers on children's records. Better mobile contact data supports wider access to convenient digital invitations.

Importantly, switching to text-first communication did not reduce uptake in any group. Scaling this approach across Greater Manchester would significantly cut the environmental impact of call-and-recall processes.

Overall, the pilot demonstrates that digital NHS invitations can enhance vaccination uptake in underserved groups, support health equity, and align with wider NHS and government digital and sustainability strategies. Since the implementation of a three-month pilot from November 2024; as of September 2025 this project is now live across Greater Manchester. Child Health Information Services (CHIS) hope that this initiative will contribute towards improving health inequalities whilst ensuring that children continue to receive timely vaccination as well as creating a healthier and more inclusive future for children.

Children in these areas who received text-first invitations had a **9.7% higher uptake of the full 6-in-1 vaccine** compared with those who received letters.

In localities with the highest ethnic minority populations, **uptake increased by 5.1%.**

The **983 texts sent** during the pilot also generated sustainability benefits, **saving 27kg of CO<sub>2</sub>.**

The pilot improved the completeness of mobile numbers on children's records, with valid UK numbers increasing by **6.0% in Manchester, 5.3% in Salford, and 2.8% in Trafford.**



# Key challenges & lessons learned

## 1. A mixed communications approach works

NICE recommends combining texts and letters. CHIS's new text-first model follows this, ensuring families receive up to **six contacts** — starting with texts but still using letters when texts fail or no mobile number exists. This helps prevent digital exclusion.

## 2. Engage families early

Consultation with parents, carers, and professionals in early 2024 highlighted issues such as frequent phone number changes, low reading ages, and digital poverty. These insights shaped the design of the new approach.

## 3. Message should be clear and easy to read

This feedback led to simplification of text invitation wording—removing acronyms, clearly listing the vaccinations due, and including the GP's phone number to make booking easier.

## 4. Improve accessibility and inclusion

Text invitations linked to content is available in 38 languages, enabling families whose first language is not English to easily access translated versions of the invite. Using mobile-friendly links also allows individuals with accessibility requirements to use built-in phone accessibility functions, supporting better readability and understanding.



If you want to know more about the **Trialling text-first invitations for childhood immunisations**, [email](#) or visit their [website](#) for more information.