

Studies	Study design	Finding	Methodological limitations	Relevance	Coherence	Adequacy	Confidence
<b>Acceptability</b>							
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Some providers thought the cards were a useful way to communicate with parents and that they enhanced existing call/recall systems. Vaccination is difficult to discuss with some parents, and the cards were useful for the parents who see vaccination letters as threatening.	Serious <sup>1</sup>	High	High	Low <sup>2</sup>	Very low
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Some parents felt that the cards were a more positive reminder for vaccination than the letters they received, while others thought they already received enough information from their GP and that the cards weren't necessary	Serious <sup>1</sup>	High	High	Low <sup>2</sup>	Very low
<b>Accessibility</b>							
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Some providers thought the intervention should be expanded to maternity units and health visitors as parents who were not registered with a GP would not receive the reminder cards	Serious <sup>1</sup>	High	High	Low <sup>2</sup>	Very low
<b>Content</b>							

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1 (Lwembe 2016)	Semi-structured interviews and focus groups	Parents thought that the cards had enough information for people who already intended to have their child vaccinated. Some people thought that, without more information, the card might be misinterpreted as just a congratulations card.	Serious <sup>1</sup>	High	High	Low <sup>2</sup>	Very low
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Parents suggested that the cards should either include more information about the benefits of vaccination, and what each vaccine protects against, or advice on who to contact if a parent wants more information	Serious <sup>1</sup>	High	High	Moderate <sup>3</sup>	Low
<b>Implementation</b>							
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Strategic leads thought that the programme was low-cost, but reported a variation in engagement from practices. Of the practices that implemented Celebrate and Protect, some used it as an alternative to their existing call-recall system, while some practitioners and parents thought it should be used as an extra service and should not replace face-to-face discussions or phone calls.	Serious <sup>1</sup>	High	High	Moderate <sup>3</sup>	Low
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Practitioners had a range of opinions about the programme, with some indicating that it reduced their workload, while others reported that it took extra time or resources to implement the system, such as generating address labels	Serious <sup>1</sup>	High	High	Moderate <sup>3</sup>	Low
<b>Sources of information</b>							
1 (Lwembe 2016)	Semi-structured interviews	Some policymakers and practitioners were not overly concerned with the project working closely with a pharmaceuticals company, because of the funding benefits for the project	Serious <sup>1</sup>	High	High	Moderate <sup>3</sup>	Low

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	and focus groups	and the improving reputation of these companies. Others reported local resistance to the project.					
1 (Lwembe 2016)	Semi-structured interviews and focus groups	Some parents were accepting of the partnership because they could see it had been approved by the NHS. Others were more concerned because of information they had seen about pharmaceuticals companies that they considered unethical	Serious <sup>1</sup>	High	High	Low <sup>2</sup>	Very low
<ol style="list-style-type: none"> <li>1. Finding was downgraded once because it was identified in a study at moderate risk of bias</li> <li>2. Finding was downgraded twice for adequacy because it was supported by a single study that was not particularly detailed or rich in the results that fed into this finding</li> <li>3. Finding was only downgraded once for adequacy because it was supported by a single study that provided some detail or richness in the results that fed into this finding</li> </ol>							