CASE/0568/04/25

COMPLAINANT v GSK

Alleged promotion in a television advertisement

CASE SUMMARY

This case was in relation to a television advertisement, developed and funded by GSK, about the NHS Shingles National Immunisation Programme. The advertisement was broadcast on television and made available via Video on Demand during April 2025.

The complainant alleged that, by featuring vaccination against shingles on national television, the advertisement constituted indirect promotion to the public of GSK's shingles vaccine. The complainant further alleged that not all of the individuals featured in the advertisement were representative of those aged over 50 years, for whom the vaccine was indicated.

The outcome under the 2024 Code was:

Breach of Clause 5.1	**Failing to maintain high standards**
Breach of Clause 26.1	**Advertising a prescription only medicine to the public**

No Breach of Clause 2	**Requirement that activities or materials must not bring discredit upon, or reduce confidence in, the pharmaceutical industry**
No Breach of Clause 6.3	**Requirement that all artwork must conform to the letter and spirit of the Code**

This summary is not intended to be read in isolation.
For full details, please see the full case report below.

FULL CASE REPORT

A complaint about GSK UK Ltd was received from a contactable complainant who described themselves as a health professional.

COMPLAINT

The complaint wording is reproduced below:

> "I am writing about the disease awareness ad shown on tv just now with the job code NP-GB-240005. I am a physician that has worked with industry and was under the impression companies cannot promote to the public directly or indirectly. By talking about vaccination on national TV, surely this is indirect promotion of their shingles

vaccine? The fact there's another is not enough in my view. Also, I am unsure ALL those people in the ad are representative of those >50y for whom the vaccine is indicated."

When writing to GSK, the PMCPA asked it to consider the requirements of Clauses 2, 5.1, 6.3 and 26.1 of the 2024 Code.

The PMCPA's original request for GSK to respond to this complaint was sent on 30 April 2025 and GSK's response was received on 6 June 2025. However, this case was then paused due to the ongoing and related matters in Case/0269/08/24 and Case/0874/02/26. On 25 February 2026, the PMCPA gave GSK the opportunity to amend its response to this case in light of those two other, related cases.

GSK'S RESPONSE

The revised response from GSK, dated 21 April 2026, is reproduced below:

"Thank you for your letter dated 30th April 2025, notifying GSK of a complaint, submitted on 28th April 2025, from a contactable healthcare professional regarding a television advert. The item code provided by the complainant (NP-GB-240005) is not recognised by GSK. However, it likely refers to a GSK television clip with the code NP-GB-HZU-VID-240025 and date of preparation of March 2025, which was broadcast from 1st April 2025 (the 'Video B') and GSK responds to the complaint on that basis.

GSK takes its obligations under the ABPI Code of Practice extremely seriously and is committed to following both the letter and spirit of the Code. GSK is confident that its activities were fully compliant with the Code at the time of the complaint and strongly refutes breaches of Clauses 6.3, 26.1, 5.1 and 2.

Background Information on the UK Shingles National Immunisation Programme

Video B provides information about the UK NHS Shingles National Immunisation Programme (the 'Programme') and its eligibility criteria. The UK NHS Shingles National Immunisation Programme is a public health initiative which aims to reduce the incidence and severity of shingles disease and subsequent post-herpetic neuralgia (PHN).

Following recommendations to the UK Government by the Joint Committee on Vaccination and Immunisation (JCVI), the Programme was first introduced into the routine immunisation schedule in September 2013, for adults aged 70 years, with a phased catch-up for 71–79-year-olds. The role of the JCVI is to make independent recommendations to the UK Government relating to new or updated national immunisation programmes, following a ministerial request. Once a recommendation has been made by the JCVI, it is the duty of the UK Government to implement the recommendation via UKHSA and NHSE.

The UKHSA is an executive agency of the Department of Health and Social Care. It was established by the Secretary of State for Health and Social Care as the UK's "permanent standing capacity to prepare for, prevent and respond to infectious diseases and other threats to health. In performing its role, UKHSA fulfils the Secretary

of State for health and social care's statutory duty to protect the nation's health and address inequalities." Regarding vaccination specifically, UKHSA hosts the secretariat for JCVI and provides clinical and public health expertise and evidence to support JCVI recommendations. It is also the government organisation accountable and responsible for the design, planning, and implementation of the Programme, including the procurement of a central supply of vaccines via a tender process. NHS England is responsible for the Programme commissioning and delivery.

Following further JCVI recommendations in 2019, the Programme was expanded in September 2023, to include immunocompetent adults turning 65 years from 1st September 2023, and severely immunocompromised individuals aged 50 years and older who are at increased risk of morbidity from shingles and its complications.

Case/0269/08/24: Video A

The current complaint follows an earlier complaint in case Case/0269/08/24 related to a similar video ("Video A" NP-GB-HZU-VID-240020, May 2024) which also related to the Programme. You have asked GSK to set out the differences between Video A and Video B, following which you will decide how to proceed.

Both 30 second videos raise awareness of the Programme and its eligibility criteria and were developed with the full visibility of UK Health Security Agency (UKHSA) and NHS England (NHSE).

Video B was developed approximately 10 months after Video A, with the aim of ensuring this Programme awareness activity remained fresh, engaging, and reflective of GSK's ongoing dialogue with UKHSA and NHSE. Whilst their contents are similar – with a sole focus on Programme awareness for members of the public – Video B is an evolution of Video A and not exactly the same. Accordingly, the videos have different item codes and were individually certified. The transcript for Video A is provided.

Both videos feature the same actors engaged in the same everyday activities of gardening, baking, an evening out, and going to watch a football game. They also include the Programme eligibility criteria; actions individuals should take if they are eligible or if they experience side effects; and refer to GSK's getshinglesready.co.uk website. Key differences are inclusion of, "It's estimated that one in four of us will develop shingles in our lifetime," and clarity in Video B that eligible individuals in Scotland should, "contact your NHS immunisation team". A reference to the Programme being "available all year round," is not present in Video B, although this statement remains accurate. A more comprehensive list of the differences between Video A and B is provided.

This demonstrates that, while there are some minor differences in the wording and in the images shown in the two videos they are substantively similar. Importantly, both the complaint in Case/0269/08/24 and the current complaint Case/0568/04/25, raise almost identical issues concerning the Clause 26.1 and the provision of information in relation to vaccination campaigns approved by Health ministers. As explained in the context of Case/0269/08/24, in the absence of a clearly defined process or any contrary direction and based on long-standing and widespread industry practice, GSK believed that our extensive engagement with UKHSA and NHS England, and the active, ongoing review, correction and alignment by UKHSA and NHS England was a reasonable, good-faith

way to meet the practical intent of Clause 26.1. While the PMCPA's June 2025 Q&A has since clarified that the route for approval is via the MHRA, this had not been explained prior to issue of that document.

Video B: Content and audience

Video B was developed for a public audience. It provides factual, balanced information about the Programme and its eligibility criteria, which were significantly expanded in September 2023. This development represented the most significant and substantial change to the Programme eligibility criteria since its introduction a decade earlier. Many more individuals became eligible for the Programme, and a significant knowledge gap amongst eligible members of the public regarding the new criteria resulted, with a clear need for appropriate information to address it.

Video B focuses entirely on the Programme. It shows age appropriate and ethnically diverse adults, who are representative of the Programme eligibility cohorts, engaged in everyday activities. The imagery is accompanied by a voiceover and on-screen text which provides the Programme eligibility criteria. GSK's role in Video B is made clear from the outset and the prominent statement, "Developed and funded by GSK," appears in the top right-hand corner of the video throughout. The voiceover and on-screen text (the 'Transcript') are provided below:

Video B voiceover:

It's estimated that one in four of us will develop shingles in our lifetime, however match-fit we feel.
One in four?
It came as a surprise to me too.
But there's a free NHS shingles vaccination programme.
Are you eligible?
Are you turning 65 from September 2023 onwards?
Aged 70 to 79?
Or 50 or over with a severely weakened immune system?
If so, you're eligible now.
Talk to your nurse or doctor today about getting shingles ready.

Video on-screen text:

Developed and funded by GSK.
If you get any side effects, report them to your doctor, nurse or via the MHRA website: yellowcard.mhra.gov.uk
Turning 65 years from September 2023 onwards
Aged 70-79
50 or over with a severely weakened immune system
Learn more at GSK's GetShinglesReady.co.uk
In Scotland, contact your NHS immunisation team
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At the end of the Video, the GetShinglesReady.co.uk website (the 'Website') address is provided on-screen ("Learn more at GSK's GetShinglesReady.co.uk"). The website provides information about the Programme for the public, including details about the

eligibility cohorts (available in multiple languages to facilitate accessibility for those individuals who do not speak English), an interactive shingles vaccination eligibility checker tool, frequently asked questions about the Programme and detailed information about which groups are likely to be considered as having severely weakened immune system. Background information about shingles - including risk factors, symptoms, and complications - is provided to set the Programme in context and help members of the public to understand the associated disease risk.

Video B: Broadcasting

The complaint was received by the PMCPA on 28th April 2025. During April 2025, Video B was available on live TV from 7th-27th April and accessible via 'Video on Demand' from 1st-30th April, appearing contemporaneously with programmes aligned with the target audience.

The live TV broadcast schedule for April is provided. It includes details of exactly when (date, time, and programme) Video B was aired. Audiences aligned to the Programme eligibility cohorts were targeted via selection of the '65+' age category, which was chosen because the age range covers the largest proportion of Programme eligible individuals.

Video B was also accessible via Video on Demand (VOD). Provided by streaming/broadcaster platforms (such as Sky and ITVX), VOD allows users to access TV programmes and films at a time which is convenient for them. The '65+' age category was also targeted for VOD. There is no broadcast schedule for VOD.

The CARIA copy rotational instructions are also provided. These summarise key information required by broadcasters and on-demand platforms in relation to Video B and include details such as the Clearcast identifier, video duration, 'on-air' dates and relevant channels.

Media buyers/agency were briefed in-line with the above objectives regarding audience targeting.

Video B: GSK approval process

In accordance with ABPI Code and GSK standard operating procedures, Video B was certified (as information for the public), by a UK qualified physician and registered ABPI Signatory. GSK also has a specific governance framework for such materials, which includes review by the Non-Promotional Governance Board which consisted of (senior stakeholders from medical, legal and compliance), all of which have been followed.

Further to GSK's robust internal certification processes, and based on the good faith understanding that continued, detailed collaboration with public health bodies forms the practical mechanism for ensuring alignment under Clause 26.1, GSK engaged UKHSA which is the governmental body responsible for the design, planning, communication (to the public and healthcare professionals) and implementation of the Programme and NHS England which is responsible for the Programme commissioning and delivery.

GSK engaged with the UKHSA and NHSE prior to the implementation of the expanded Programme to determine the public need for information about the Programme, and to agree overarching messaging and imagery for GSK's Programme awareness activities.

GSK can confirm that Video B was developed with the ongoing review and input from UKHSA and NHSE, with meetings regularly discussing messaging, operational points, eligibility language, and patient-facing message clarity. Given the depth, frequency, and iterative nature of UKHSA's feedback throughout the programme's development, we considered at the time that our approach was fully consistent with the practical expectations of Clause 26.1.

To reiterate, in the absence of a clearly defined process or any contrary direction–and based on long-standing and widespread industry practice, GSK considered that our extensive engagement with UKHSA and NHS England, and the active, ongoing review, correction and alignment by UKHSA and NHS England was a reasonable, good-faith way to meet the practical intent of Clause 26.1 in the period before the PMCPA's June 2025 Q&A took steps to clarify a route via the MHRA.

Video B was also approved by Clearcast, a non-governmental organisation which reviews advertisements for television to ensure compliance with the UK Code of Broadcast Advertising (the BCAP), which sets out standards to help ensure that broadcast content is not misleading, harmful, or offensive.

Paragraph 5.3 of the PMCPA Constitution and Procedure

Paragraph 5.3 of the Constitution and Procedure provides:

> "If a complaint concerns a matter closely similar to one which has been the subject of a previous adjudication, the case preparation manager may direct, at any time before the complaint is adjudicated upon by the Panel, that the complaint should not proceed. In making that determination the case preparation manager must bear in mind the overriding objective, and must additionally consider whether: (i) new relevant evidence has been adduced by the complainant or: (ii) the passage of time or a change in circumstances raises doubts as to whether the same decision would be made in respect of the current complaint".

As explained above, the videos which form the basis for Case/0269/08/24 and the current complaint Case/0568/04/25 are substantively similar and the complaints have resulted in requests from PMCPA for GSK to address similar clauses of the Code in its responses. There were no changes in circumstances or other developments between Case/0269/08/24 and Case/0568/04/25 to justify separate consideration of the two complaints.

In the above circumstances, we respectfully suggest that there is no useful purpose to be gained in determination of Case/0568/04/25, but rather the likelihood of unfair duplication and the risk of inconsistent findings. We therefore suggest that this complaint should not proceed.

While it is GSK's principal position that Case/0568/04/25 should not proceed, we proceed to address the specific clauses of the Code identified in your letter as a matter of completeness below.

Clause 6.3

GSK has been asked to consider the requirements of Clause 6.3. GSK has considered the same in relation to the complainant's comment: "I am unsure ALL those people in the ad are representative of those > 50y for whom the vaccine is indicated." To reiterate, Video B provides Programme awareness, with a clear focus on Programme eligibility criteria. Each actor was confirmed to meet the NIP age eligibility criteria.

Clause 6.3 requires that, "All artwork, including illustrations, graphs, and tables, must conform to the letter and spirit of the Code and, when taken from published studies, a reference must be given. Graphs and tables must be presented in such a way as to give a clear, fair, balanced view of the matters with which they deal and must not be included unless they are relevant to the claims or comparisons being made." The supplementary information further states, "Care must be taken to ensure that artwork does not mislead as to the nature of a medicine or any claim or comparison and that it does not detract from any warnings or contraindications. For example, anatomical drawings used to show results from a study must not exaggerate those results and depictions of children should not be used in relation to products not authorised for use in children in any way which might encourage such use."

Video B shows age appropriate and ethnically diverse adults, who are representative of the Programme eligibility cohorts (which includes individuals aged 50 and over), engaged in everyday activities. GSK verbally briefed the agency that the actors must be over 50 years old or older. At the casting stage, particular care was taken to ensure the adult actors were visually representative of the Programme eligibility cohort. GSK required that these actors not only looked at least 50 years of age, but were actually over 50, and can confirm their ages ranged from 55 - 83 years at the time of filming in 2023. GSK has no concerns that any of the actors featured would lead to misunderstanding about Programme eligibility. Going forward, GSK remains committed to ensuring future activities of this nature operate within even clearer frameworks to proactively avoid any potential misconceptions. GSK therefore respectfully refutes the breach of Clause 6.3.

Clause 26.1

Clause 26.1 requires that: "Prescription only medicines must not be advertised to the public. This prohibition does not apply to vaccination and other campaigns carried out by companies and approved by health ministers."

Video B is not "disease awareness" as has been stated by the complainant. Its sole focus is the UK Shingles National Immunisation Programme, a government approved public health initiative which is available on the NHS to individuals in specific risk cohorts. As such, Video B provides Programme eligibility criteria, together with information regarding the action individuals should take if they are eligible or if they experience side effects. It closes with the statement, "Learn more at GSK's website GetShinglesReady.co.uk". The website provides information, including details about the eligibility cohorts (available in multiple languages to facilitate accessibility for those individuals who do not speak English), an interactive shingles vaccination eligibility checker tool, frequently asked questions about the Programme and information about which groups are likely to be considered as having 'severely weakened immune system'. Background information about shingles - including risk factors, symptoms, and complications - is provided to set the Programme in context and help members of the public to understand the associated disease risk.

Prescription only medicines must not be advertised to the public, but this prohibition does not apply to vaccination and other campaigns carried out by companies and approved by health ministers. GSK can confirm that Video B was developed with the knowledge of UKHSA and NHSE, and it was GSK's belief at the time that this approach was fully consistent with the practical expectations of fulfilling the requirements of Clause 26.1. Furthermore, UKHSA and NHSE reviewed Video B before it aired on television.

As indicated above – and for the sake of completeness in respect of Clause 26.1 -, GSK has at no point asserted that UKHSA provided "formal approval" of the campaign in a ministerial sense. In the absence of a clear process, we believed - based on industry practice - our extensive engagement with UKHSA and NHS England, and the absence of contrary direction that active, ongoing review, correction and alignment by UKHSA and NHS England was a reasonable, good faith way to meet the practical intent of Clause 26.1. While the PMCPA's June 2025 Q&A has since clarified that the route for approval is via the MHRA, this had not been explained prior to issue of that document.

GSK considers Video B to be compliant at the time of the complaint and therefore respectfully refutes the breach of this clause.

Clauses 5.1 and 2

Video B provides high quality, educational information to the public about the NHS Shingles National Immunisation Programme. This is permitted under the Code provided certain conditions are met. GSK firmly believes Video B to be fully compliant with these requirements at the time of the complaint, as has been detailed above.

The key steps in GSK's approval process for Video B are summarised below:

1. The video was certified by a UK qualified physician and registered ABPI Signatory, in accordance with the ABPI Code and GSK standard operating procedures.
2. GSK also has a specific governance framework for such materials, which includes review by the Non-Promotional Governance Board which consisted of (senior stakeholders from medical, legal and compliance), all of which have been followed.
3. GSK engaged with the UKHSA and NHSE prior to the implementation of the expanded Programme to determine the public need for information about the Programme, and to agree overarching messaging and imagery for GSK's Programme awareness activities and Video B was reviewed before it was broadcast on television.
4. The video was also approved by Clearcast prior to going live on television.
5. GSK also reviewed the live TV schedule in advance of it being broadcast.

GSK believes that all requirements of the Code have been met and that high standards have been maintained. GSK always upholds the spirit, and the principles of the Code and decisions were made at the time based on our good-faith understanding and therefore refutes a breach of Clause 5.1. Accordingly, GSK also refutes a breach of Clause 2.

Conclusion

In summary, GSK's principal position is that the videos, which form the basis for Case/0269/08/24 and the current complaint Case/0568/04/25 are substantively similar and that, in these circumstances we respectfully request that you should exercise your discretion under paragraph 5.3 of PMCPA's Constitution and Procedure, and Case/0568/04/25 should not proceed.

In any event, it is our firm view that Video B is fully compliant with the requirements of the Code as at the time of the complaint and respectfully refutes any assertion as to breach of Clauses 6.3, 26.1, 5.1 and 2."

In response to a request from the Panel, GSK provided copies of two emails which the Panel considered relevant for the purposes of this case. These were emails from UKHSA to GSK dated 18 August 2025 and 25 November 2025. GSK made no comment on the content of these emails.

PANEL RULING

This complaint was in relation to a GSK video about the UK NHS Shingles National Immunisation Programme. The video was shown as an advertisement on television and was available via Video on Demand throughout April 2025.

In this ruling, for consistency with GSK's submissions, and with the related Case/0269/08/24, the advert in this case is referred to as "Video B". The advert in Case/0269/08/24 is referred to as "Video A".

Part of GSK's response to the complaint was that the PMCPA case preparation manager should rely on Paragraph 5.3 of the PMCPA Constitution and Procedure to not proceed the case, on the basis that it was closely similar to Case/0269/08/24. The decision not to proceed under Paragraph 5.3 was a decision for the case preparation manager to be made before the complaint was adjudicated upon by the Panel. The case preparation manager had decided that this case should proceed to adjudication because of the differences between Video B compared to Video A and because the allegations were different. For example, this case included an alleged breach of Clause 6.3.

The Panel took account of the related Case/0269/08/24 involving GSK and the same Shingles Programme Awareness Campaign. That case about Video A had resulted in the Panel ruling breaches of Clauses 26.1, 26.2 and 5.1 of the 2021 Code. GSK appealed those rulings and the Appeal Board overturned them, accepting GSK's submission that it believed that its collaboration and agreed meeting minutes with the UK Health Security Agency ("UKHSA") amounted to approval for the vaccination campaign by health ministers.

The Panel was aware of another related case (Case/0874/02/26) which was about the completeness of GSK's response in Case/0269/08/24. In its response to this case (Case/0568/04/25), GSK had not provided or referred to any documents from Case/0874/02/26 despite the case preparation manager providing it with an opportunity to do so. The Panel requested that GSK provide it with copies of two emails which the Panel considered relevant for the purposes of this case. These were emails from UKHSA to GSK dated 18 August 2025 and 25 November 2025 and are referred to as part of the Panel's ruling below.

The complainant's allegations

The Panel interpreted the complainant's allegations as being that Video B breached the following clauses of the 2024 Code:

1. Clause 26.1 because it was indirect promotion of GSK's shingles vaccine to the public.
2. Clause 6.3 because not all the actors in Video B were representative of those over 50 for whom the vaccine is indicated.

GSK's response to the complaint

GSK's response to these allegations was, in summary, that:

- Video B provided factual, balanced information about the UK NHS Shingles National Immunisation Programme and was not promotion of any prescription only medicine.
- Video B had been developed in consultation with UKHSA and NHS England ("NHSE"), which GSK had considered, in good faith and based on long-standing industry practice, to be a sufficient way of meeting the practical intent of Clause 26.1 in the absence of a defined approval pathway.
- All actors featured in Video B were aged between 55 and 83 years at the time of filming.

The Panel considered each of the allegations in turn.

Promoting a prescription only medicine to the public (Clause 26.1)

Clause 26.1 stated:

> "Prescription only medicines must not be advertised to the public. This prohibition does not apply to vaccination and other campaigns carried out by companies and approved by health ministers."

The Panel accepted GSK's submission that Video B was not a disease awareness campaign. Video B focused on eligibility criteria for a specific NHS vaccination programme and did not include any information about shingles that went beyond vaccination.

The Panel then considered whether Video B amounted to promotion to the public of GSK's shingles vaccine. The Panel's overall impression of it was that it was encouraging members of the public in certain age groups to get vaccinated against shingles. The voiceover opened with the statement, "It's estimated that one in four of us will develop shingles in our lifetime, however match-fit we feel," before saying "There's a free NHS shingles vaccination programme" and then describing the eligibility cohorts and concluding, "Talk to your nurse or doctor today about getting shingles ready." The on-screen text directed viewers to "Learn more at GSK's GetShinglesReady.co.uk" website. In the Panel's view, this was clearly promoting the concept of people within certain age ranges getting an NHS shingles vaccination.

The Panel noted that, at the time Video B was broadcast in April 2025, GSK's Shingrix was the only shingles vaccine in use within the NHS Programme; MSD's Zostavax had been replaced in September 2023 with any remaining stocks depleted at some point in 2024. It therefore followed that Video B's promotion of the NHS Shingles Programme in April 2025, when there was only

one vaccine in use within that programme, was promotional of the only vaccine that could be used – GSK's Shingrix vaccine. The Panel also bore in mind that material could be promotional for a specific medicine even if that medicine was not named in the material, as was the case with Video B.

The second sentence of Clause 26.1 contains an exception: the prohibition on advertising a prescription only medicine to the public does not apply to vaccination campaigns approved by health ministers. The Panel therefore considered whether that exception was engaged.

In June 2025, the PMCPA published a Q&A that stated:

> ""…approved by the health ministers" in Clause 26.1, in practice, refers to approval being required by the Medicines and Healthcare products Regulatory Agency (MHRA)."

The Panel acknowledged that this Q&A post-dated the preparation and broadcast of Video B. However, consistent with the reasoning of the Panel in Case/0269/08/24, the Panel considered that the Q&A reflected the long-standing interpretation of this clause.

The Panel also bore in mind the requirements in the MHRA's 'Blue Guide' which, in relation to advertising to the public, stated that "advertisements for a licensed vaccine product that have been approved by Health Ministers **as part of a Government controlled vaccination campaign** are exempt from this prohibition" (emphasis added by the Panel to demonstrate the additional requirements of the Blue Guide).

GSK had not provided evidence that the Video B campaign had been approved by MHRA. GSK accepted in its response to this case that "GSK has at no point asserted that UKHSA provided "formal approval" of the campaign in a ministerial sense".

In its original response to this complaint on 6 June 2025 (and as maintained in its revised response of 21 April 2026), GSK's position was that, at the time Video B was produced and televised, GSK believed that its engagement with UKHSA and NHSE was sufficient to satisfy the exemption in Clause 26.1. The Panel did not accept this argument.

UKHSA is not the body that is responsible for approving vaccination and other campaigns under Clause 26.1. The UKHSA made that position very clear in emails it sent GSK following the Appeal Board's ruling in Case/0269/08/24. Those emails included the following statements from UKHSA:

- "it is not within our remit to give any formal approvals and we have not provided this function",
- "UKHSA has neither approved nor endorsed your campaign" and
- "in any event, Clause 26.1 requires approval from health ministers not UKHSA".

Although these statements in August and November 2025 post-dated the preparation of Video B, the Panel did not consider it credible that GSK could have reasonably understood UKHSA's earlier engagement as constituting formal approval for the purposes of Clause 26.1. In the Panel's view GSK should, at the outset of the engagement and in writing, have clarified UKHSA's role and responsibilities.

Given that:

1. the advert did not meet the criteria for a disease awareness campaign,
2. the advert was promotional of an NHS vaccine campaign in which GSK had the only vaccine in use within the Programme, and
3. GSK had not provided evidence of approval by health ministers,

the Panel concluded that the advert amounted to advertising a prescription only medicine to the public and ruled a **breach of Clause 26.1**.

Whether the actors in Video B reflect the licensed indication (Clause 6.3)

Clause 6.3 stated:

> "All artwork, including illustrations, graphs, and tables, must conform to the letter and spirit of the Code and, when taken from published studies, a reference must be given. Graphs and tables must be presented in such a way as to give a clear, fair, balanced view of the matters with which they deal and must not be included unless they are relevant to the claims or comparisons being made."

The Panel accepted GSK's submission that the agency from whom the actors in Video B had been recruited had been briefed that the actors must be over 50 years old, and that their ages at the time of filming in 2023 had ranged from 55 to 83 years. The Panel was satisfied that the adult actors who were the focus of each of the scenes in the video (attending a sports match, outside a karaoke bar, baking in the kitchen and gardening in an allotment) all appeared to be over 50.

The Panel observed that there was a young girl visible in the background of the kitchen scene. However, the Panel considered that this actor was an 'extra' and likely intended to depict the granddaughter of the actor that was front and centre of the screen, looking at the camera. In the Panel's view, it was not a credible interpretation of Video B to suggest that the 'extras' in the background were included in the cohort of people to whom Video B was directed. There was no suggestion that the shingles vaccination was indicated for anyone under 50; the eligibility criteria stated in both the voiceover and the on-screen text were unambiguous on that point.

The Panel concluded that the actors featured in Video B were representative of the eligibility cohorts for the Programme. The Panel therefore ruled **no breach of Clause 6.3**.

Failure to maintain high standards (Clause 5.1)

The Panel considered GSK's conduct that led to the breach of Clause 26.1 above.

The essence of GSK's defence to the Clause 26.1 allegation, as in Case/0269/08/24, was that it had engaged extensively with UKHSA, which GSK considered "was a reasonable, good-faith way to meet the practical intent of Clause 26.1 in the period before the PMCPA's June 2025 Q&A took steps to clarify a route via the MHRA."

The Panel was not satisfied that the campaign had been approved by health ministers within the meaning of Clause 26.1 and was concerned that GSK had sought to rely on its UKHSA engagement as approval in the absence of any clear evidence to demonstrate that any such approval had been given.

The Panel further took account of the fact that, by the time of GSK's revised response to this complaint of 21 April 2026, the position regarding Clause 26.1 approval had been clarified. Firstly, in the PMCPA's Q&A of June 2025 which set out that approval under Clause 26.1 was a matter for the MHRA. Secondly, UKHSA had also explicitly told GSK in correspondence dated 18 August 2025 and 25 November 2025 that it had neither approved nor endorsed the campaign and could not do so. Despite this, GSK continued to maintain in its revised response of 21 April 2026 that its engagement with UKHSA and NHSE had been sufficient to meet the practical intent of Clause 26.1. In the Panel's view, this was not in the spirit of the Code, and GSK should by that point have accepted that its engagement with UKHSA had not been sufficient.

The Panel also took account of the fact that the advert had been broadcast on television and made available via Video on Demand throughout April 2025 and that material that promoted a prescription only medicine to the public would therefore have likely reached a wide audience.

Given the above, and GSK's overall approach to the advert which had led to the breach of Clause 26.1, the Panel considered that GSK had failed to maintain high standards. The Panel ruled a **breach of Clause 5.1**.

Bringing discredit upon, or reducing confidence in, the pharmaceutical industry (Clause 2)

A ruling of Clause 2 is a sign of particular censure and reserved for such use. The Panel bore in mind that GSK's conduct in relation to this matter, including its revised response, would be properly considered in Case/0874/02/26, in which the Panel had ruled a breach of Clause 2 and reported GSK to the Appeal Board.

The Panel limited its consideration of this case to the Video B campaign and whether it satisfied the requirements of the Code. The Panel concluded that its rulings of breaches of Clause 26.1 and Clause 5.1 above were sufficient in relation to the merits of this specific complaint, and the threshold for a Clause 2 ruling had not been met in the circumstances of this case. The Panel ruled **no breach of Clause 2**.

Complaint received **28 April 2025**

Case completed **31 July 2026**