Community Pharmacy England – Written Evidence (CVX0010)

Community Pharmacy England's response to the House of Lords Childhood Vaccinations Committee call for evidence

April 2026

Community Pharmacy England represents all c. 10,400 community pharmacies providing NHS services in England and is the national voice of the sector.

We are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy owners and we are responsible for negotiating the NHS Community Pharmacy Contractual Framework with the Government and the NHS.

We are submitting evidence to the committee to support the development of stronger NHS community pharmacy services to improve outcomes and better meet the needs of individual patients and local communities.

We have responded to the questions most relevant to our role.

3) What would be the best ways to improve childhood vaccination coverage and reduce disparities?

Easier access to opportunities to receive a vaccination is often seen as a high priority to improve uptake. Currently provision of many childhood vaccinations is general practice centric, with practices being at the forefront of managing, promoting and providing immunisations. Some vaccinations are additionally provided by school vaccination services.

These approaches, while important to core provision of vaccines, may not be perceived to be meeting the needs and changing behaviours of the public regarding how or where they are choosing to access healthcare. People increasingly have a desire for quicker access, the right to choose where they access their healthcare services and more convenient access to services.

The business-as-usual approach to childhood vaccination often does not provide the flexibility parents and guardians need to fit child healthcare into busy lives. We believe, expanding provision of childhood vaccinations through other healthcare settings, including community pharmacies, would address these accessibility challenges.

Community pharmacies are located in neighbourhoods across the country, providing walk-in and bookable appointment service models.

Methods to improve vaccine coverage and reduce disparity:

a) Expand vaccination access

- Increase the number and type of vaccination locations to reflect the changes in where people are increasingly seeking care.
- Commission all NHS vaccinations through community pharmacies as core or supplementary providers, creating a significant increase in the locations where vaccinations can be administered, improving

reach, convenience and access across longer opening hours and days of the week than are generally available from other providers.

- Provide flexible appointment options: walk-ins, evenings, weekends and after-school availability.

b) Improve booking and digital system integration

- Use the NHS App and NHS National Booking Service (NBS), integrated with pharmacy booking systems, to support parents and guardians to arrange childhood vaccinations at times and locations convenient to them.
- Use the increase in vaccination locations and booking facilities to address current practical barriers to vaccination, such as travel, childcare challenges and the need for time off work to fit into general practice appointment availability.

c) Tackling health inequalities through community pharmacies

- Over 99% of people living in areas of highest deprivation are within a 20-minute walk of a community pharmacy and research has demonstrated that community pharmacies also buck the 'inverse care law', as there are more pharmacies located in more deprived communities, compared to other healthcare providers.
- Approximately 1.6 million people in England visit pharmacies daily, providing multiple opportunities for pharmacy teams to engage with parents and guardians regarding childhood vaccinations, making every contact count.
- Analysis of NHS COVID-19 and flu vaccination data shows pharmacies administer a higher share of vaccines in the most deprived communities compared to other providers.
- Pharmacy teams often reflect the cultural backgrounds of their local population, with relevant language skills available to support people whose first language is not English. Using local knowledge and links within local communities, many pharmacies are well placed to help deliver culturally competent vaccination campaigns in communities with historically low vaccine uptake.

d) Better data sharing and digital records

- Provide all healthcare professionals with easy access to digital vaccination records, so gaps in an individual's vaccination record can be easily identified during consultations.
- Ensure local systems and representative bodies have visibility of uptake and progress against vaccination targets to help support providers and drive awareness of and action to improve local variations in provision.

e) Strengthening public understanding and confidence

- Ensure parents and guardians have clear, accessible, culturally appropriate information, with chances to discuss their concerns about vaccinations with healthcare professionals.
- Improve public health campaigns through social media, community

outreach, influencers and local community leaders.

- Explore how community pharmacies could be used to address vaccine hesitancy, as many did during the COVID-19 pandemic (read our case study on a pharmacy vaccine hesitancy service in Tower Hamlets).

f) Supporting digital inclusion

- Ensure people with limited internet access receive alternative support for accessing healthcare information, their medical records and booking appointments by avoiding digital-only approaches.
- Consistently fund community outreach strategies in areas of low uptake to counter misinformation, build on successful intervention models, promote vaccine literacy and empower patients, parents or guardians to make informed choices.

7) How effectively has the Government been delivering the commitments in the 2023 NHS vaccination strategy? Why has delivery been effective or ineffective?

Based on our review of the NHS vaccination strategy, out of 23 identified actions that should have benefited or supported greater use and greater provision of vaccinations from community pharmacies, only 13 (56.5%) have so far been actioned or progressed.

The progress with implementing the vaccination strategy depends on collaborative work across NHS England, UKHSA and DHSC; we are not certain that the collaboration across the three bodies is always optimal.

10) What is the influence of system leadership and commissioning on childhood vaccination coverage? How could system leadership and commissioning be made more effective?

We believe the strategic commissioning role of Integrated Care Boards (ICBs) in England is significant now and its importance will only increase as they take on responsibility for commissioning vaccination services in 2027.

We suggest that they consider:

- Commissioning services that support an 'every opportunity to vaccinate' approach.
- Commissioning community pharmacies to provide a consistent vaccination offer across all NHS vaccinations, with increased patient access.
- Aligning commissioning across all age groups, so families can access all eligible vaccines from the same location rather than the current range of siloed vaccination services commissioned outside of general practices.
- Commissioning additional 'mop-up' vaccination services from community pharmacies to support school vaccination programmes, where the child misses a vaccination at school.

12) What is the influence of data systems on childhood vaccination coverage (including for inviting families for vaccinations, sharing data about vaccinations, and monitoring coverage)? What are the main barriers to the development and deployment of effective data systems, and how could those barriers be overcome?

The Government and NHS need to improve access to immunisation data both for parents and healthcare professionals.

Parents need clear, accessible information on which vaccines their children are eligible for, which have been received and which are due or overdue.

Healthcare professionals, similarly, need the same information in a quick to access and visual format to identify gaps in provision of vaccinations to help them to encourage vaccination during routine appointments or other opportunities for intervention.

Progress has been made by NHS England in recent years to join up data on vaccinations administered, for example in a pharmacy, within the general practice held patient record. Further work is required to ensure these flows of data apply to all types of vaccinations.

Data on vaccination coverage at a local level is generally hard for healthcare providers and local representative bodies (such as Local Pharmaceutical Committees) to access. This lack of visibility of local data means progress made against a shared aim of increasing vaccination rates cannot easily be identified or used in motivating providers and their teams to keep working towards meeting local vaccination coverage targets.

13) What is the influence of the vaccination workforce and the wider healthcare workforce on childhood vaccination coverage? How could the workforce be effectively trained and strengthened to help improve coverage and reduce disparities?

Parents and guardians need access to trusted healthcare professionals to address their questions about vaccination. Community pharmacists are well placed to help answer such questions from their local community.

Pharmacy teams often reflect the cultural backgrounds of their local population, with relevant language skills available to support people whose first language is not English. Using local knowledge and links within local communities, many pharmacies are well placed to help deliver culturally competent vaccination campaigns in communities with historically low vaccine uptake.

There is, however, a need to recognise that ongoing investment in learning and development for all healthcare teams is required. The Government and NHS should look to increase their investment in the upskilling of pharmacy teams and other primary and community healthcare providers in relation to the continually developing UK vaccination schedule and enhancing other skills relevant to increasing vaccination uptake.

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