2025

INCREASING VACCINATION UPTAKE THROUGH COMMUNITY PHARMACY

PHARMACY VACCINATIONS DEVELOPMENT GROUP

The Pharmacy Vaccinations Development Group [PVDG] was sponsored by CSL Seqirus, GSK, Pfizer Ltd. and Viatris in 2024, which included administration and secretariat costs, and the publication and launch of this report. The companies attended quarterly meetings and contributed to discussion.

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PVDG

PHARMACY VACCINATIONS DEVELOPMENT GROUP

The Pharmacy Vaccinations Development Group (PVDG) provides a dedicated forum for stakeholders involved in the design, manufacture, commissioning, and provision of vaccination programmes. The group's sole purpose is to improve access and uptake of vaccines across GB. The group is working to establish the model for commissioning, promoting, and delivering vaccination programmes in community pharmacy.

The objectives of the group are to:

1. Enhance access to the covid vaccine programme by including more pharmacies as the programme continues to move to 'business as usual' (i.e., a routine part of NHS vaccination programmes, rather than a unique time limited programme).
2. Raise awareness amongst decision makers as to the potential role of community pharmacy in increasing access to vaccines.
3. Advocate for the expansion of the vaccine offer to patients through additional NHS commissioned services in pharmacies.
4. Investigate (and if required collect) data from current community pharmacy vaccine programmes to highlight impact on uptake/access/inequalities.
5. Facilitate the introduction of new vaccines into the NHS.

COMPANY CHEMISTS' ASSOCIATION

Established in 1898, the CCA is the trade association for large pharmacy operators in England, Scotland and Wales. The CCA membership includes ASDA, Boots, Lincolnshire Co-op, Morrisons, Pharmacy2U, Rowlands Pharmacy, Superdrug, Tesco, and Well, who between them own and operate around 5,500 pharmacies, which represents nearly half the market. CCA members deliver a broad range of healthcare and wellbeing services, from a variety of locations and settings, as well as dispensing 500 million NHS prescription items every year. The CCA represents the interests of its members and brings together their unique skills, knowledge, and scale for the benefit of community pharmacy, the NHS, patients and the public.

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EXECUTIVE SUMMARY

Vaccine uptake across the UK is high but shows a worrying trend of decreasing coverage.

There is significant variation in uptake. Reasons for this are varied but include insufficient access and capacity within the healthcare system.

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- Community pharmacy offers a route to rapidly increase access to vaccination – a clear ambition of NHS Vaccination Strategy.
- There are several practical changes that can allow community pharmacy to better contribute to this.
- Increased access from community pharmacy would be greater in deprived communities supporting efforts to tackle health inequalities.

To achieve this policy makers need to:

1. Commission to ensure a consistent offer available to patients and the public across the country
2. Embed and roll-out recent digital developments
3. Consider undertaking a review of supply models to facilitate wider community pharmacy commissioning

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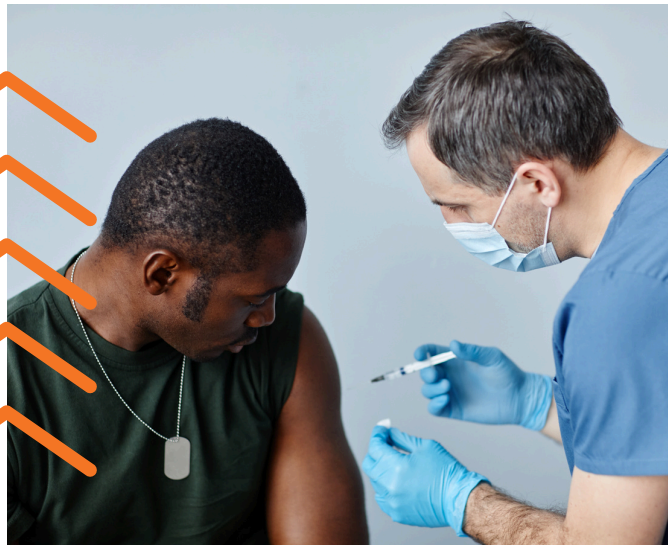
UK VACCINE UPTAKE IS HIGH BUT VARIABLE

Vaccination is well established as one of the most important and effective public health interventions. Over the last 50 years, vaccines have saved over 150 million children's lives globally (1) and diseases that were once common are now rare.

The UK has historically had high vaccine uptake. This is important for protecting the population through development of 'herd immunity'. (2) Many vaccination programmes have met World Health Organisation (WHO) targets for many years, offering protection to all.

Unfortunately, despite a strong history of vaccine uptake, in 2018, the WHO determined that the UK could no longer be considered "measles-free". (3) Measles, which had previously been eliminated from the UK, was again being transmitted in the community. (3)



This is due to declining uptake of the Measles, Mumps and Rubella (MMR) vaccine. Worryingly, uptake for other key vaccines has also dipped. Influenza vaccine uptake for those under 65, deemed to be at clinical risk, is well under the WHO target, and Human papillomavirus (HPV) vaccine uptake remains lower than pre-pandemic levels. (4) Meanwhile, coverage decreased for all 14 childhood vaccines measures in 2023/24. (5) Concerns about vaccine uptake are not restricted to any single age group or vaccine.

There are many possible reasons for this trend such as poor data, changing societal perceptions impacting vaccine confidence (often impacted by international factors), changing demographics, and a growing population. Policymakers are working to address this, and many of the actions are outlined in NHS England's Vaccination Strategy and Public Health Scotland's Vaccination and Immunisation Framework and Delivery Plan. (6) (7)

The NHS more broadly is facing increased demand, with long waiting lists for elective care, and difficulties accessing primary care. (8) The COVID-19 pandemic demonstrated the value of vaccination, and the power of collaboration in delivering a vital public health intervention.

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UK VACCINE UPTAKE IS HIGH BUT VARIABLE

However, the covid vaccination received a focus that is not the same as for other routine programmes, particularly during the pandemic. Routine programmes require different considerations for sustainability and cost-effectiveness for taxpayers. Despite this, the COVID-19 pandemic moved vaccination into the spotlight and there are learnings and best practice that can be used to increase vaccine delivery and uptake.

Reasons for lower uptake are clearly complex. However, research has shown key factors include poor access to healthcare, inaccurate understanding about safety and effectiveness, and insufficient capacity in the healthcare system. (9) (10)

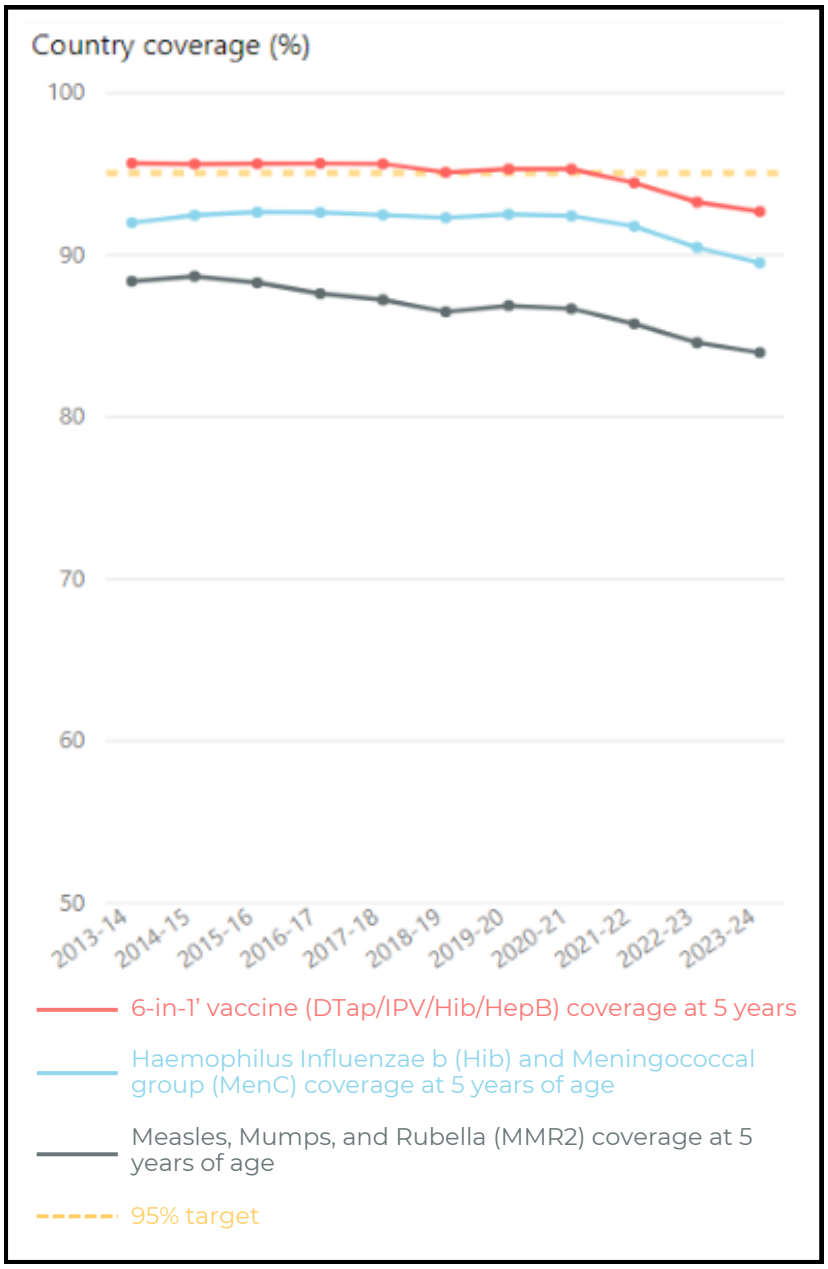

FIGURE 1: UK CHILDHOOD VACCINATION COVERAGE STATISTICS (5)

There are several vaccines recommended for children, most of which are for children up to 5 years old. The graph above shows 3 vaccine schedules that children are expected to have received by the age of 5 years. All three are close to the 95% target but are showing a decrease over time. (5) Policy makers are working to reverse this trend, and it is important action is taken before rates fall below an effective level.

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UK VACCINE UPTAKE IS HIGH BUT VARIABLE

Of particular concern are the *variations* seen in vaccine uptake rates. Factors such as rurality, demographics, cultural background, and deprivation are key determinants of vaccine uptake. (11) Existing health inequalities are compounded by lower vaccine uptake rates. (10) For example, MMR vaccination uptake rates can vary by as much as 22% across different local authorities. (6)

Variation is not restricted to childhood vaccines. Pneumococcal polysaccharide vaccine (PPV) uptake in adults over 65 ranged from 67.2% uptake in the London commissioning region, to 73.7% in Northwest and Yorkshire. (12) Research has also demonstrated that uptake of the shingles vaccine is 27% lower in the most deprived quintile, relative to the least deprived. (13)

Access is key to maximising vaccine uptake. The “inverse healthcare law” describes how access to healthcare is lower in deprived communities. (14) These are often areas where demand for care is greatest, and reduced access can compound existing health inequalities. This disparity worsened during the pandemic, when inequality in uptake between the most and least deprived areas increased – for example in influenza uptake. (15)

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COMMUNITY PHARMACY IMPROVES ACCESS AND UPTAKE

New technology is on the cusp of delivering a transformation in vaccine design and manufacture. There are over 100 new vaccines in development. (16) Many of these are for diseases that currently do not have a vaccine. Developing a robust network of providers to deliver comprehensive vaccine programmes will be essential for harnessing this opportunity. The NHS of the future needs a network of healthcare settings that offer the capacity, and ease of access, needed to reap the benefits of comprehensive vaccination programmes.

Community pharmacy is already commissioned to provide influenza vaccines nationally in England and Wales, and covid vaccines in England. There are also many locally commissioned services targeting specific areas of need, for example Respiratory Syncytial Virus (RSV) and MMR, and previously Poliomyelitis (polio), to name a few. (17) (18) (19)

Community pharmacy offers vital accessibility. Often open late at night and at weekends, pharmacies are in neighbourhoods across the country. They offer a vital touch point to provide care ranging from urgent care to vaccination.

In addition, there are more pharmacies in the more deprived communities, people that often have the greatest healthcare needs. (20) This “positive pharmacy law” is part of the reason there are more community pharmacy care services provided in deprived communities. (20) (21)

“There are over 100 vaccines in development. (16) Many of these are for diseases that currently do not have a vaccine.”

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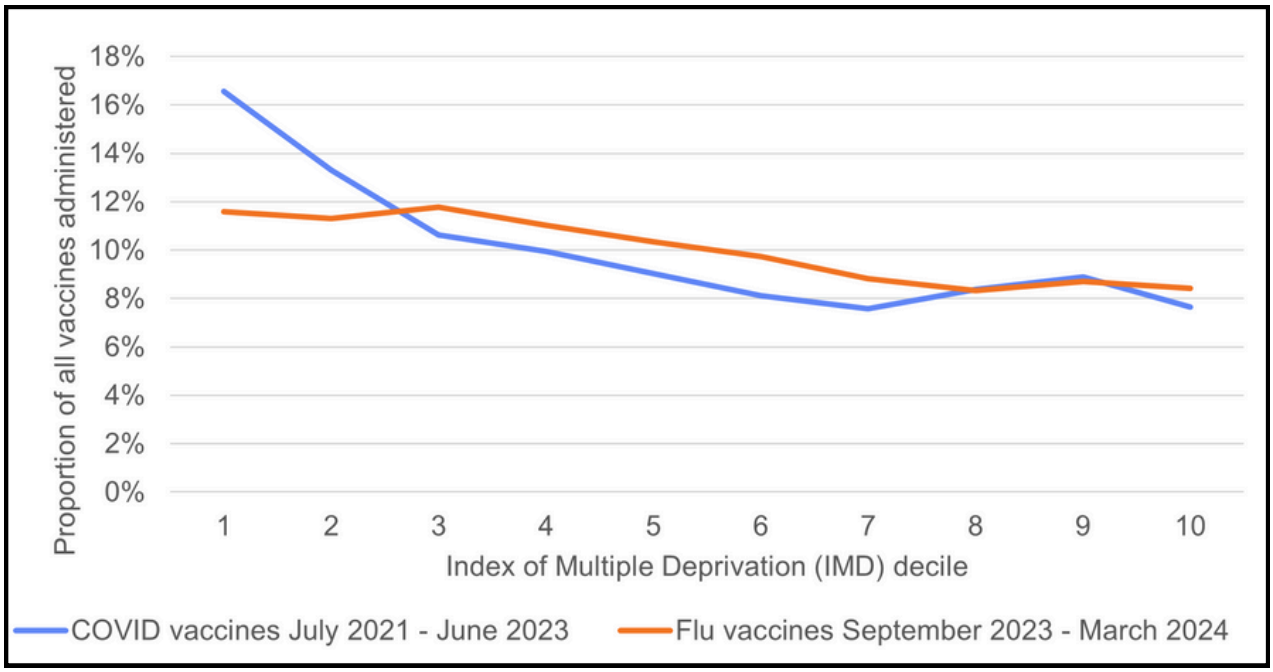

FIGURE 2: COMMUNITY PHARMACY NATIONAL VACCINATION PROVISION DATA (21) (22)

The Index of Multiple Deprivation (IMD) is a measure of the relative deprivation of a community. It considers measures of income, access to healthcare, crime, and barriers to housing. Communities are grouped into 'deciles' – 1 being the 10% most deprived and 10 the 10% least deprived.

Vaccination data shows that community pharmacies administer more vaccines in deprived communities than they do in affluent ones. (24) NHS data shows that 30% of covid vaccines and 23% of influenza vaccines community pharmacies provided were in the 20% most deprived communities. (22) (23)

Community pharmacy offers an opportunity to tackle health inequalities and improve vaccine uptake in deprived areas. For example, two common vaccines, pneumococcal and shingles, have significantly lower uptake in deprived areas. (13)

"...community pharmacies administer more vaccines in deprived communities than they do in affluent ones." (24)

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In addition to delivering NHS vaccine programmes, an estimated 80% of pharmacies also provide private vaccination services, over and above influenza which is almost ubiquitous. (25) Many people who pay for private vaccines are actually eligible for NHS care but choose to pay due to the convenience offered by community pharmacies, as seen in influenza vaccines before NHS commissioning. (26) (27) (28) These private services include pneumococcal, chicken pox, meningitis, and travel vaccines. (26)

Vaccine	Age eligibility	Exclusions (Vaccine specific exclusions may also apply)
Winter Flu Jab	16+	
Travel Vaccinations & Health Advice Service	2+	
Shingles Vaccination Service	50+	Pregnant/breastfeeding; have an active Shingles or Chickenpox infection; have already had a full Shingles vaccination course
HPV Vaccination Service	12 - 45	Pregnant Patients
Chickenpox Vaccination Service	1 - 65	Pregnant/breastfeeding; weakened immune system, received MMR vaccine in the previous 4 weeks
Meningitis B Vaccination	2+	
Private covid vaccination	12+	
RSV Vaccination Service	18+ pregnant or 60+	Under 60s who are not pregnant, under 18s who are pregnant
Pneumococcal Vaccination Service	18+	Pregnant/breastfeeding; currently having chemotherapy/radiotherapy

FIGURE 3: EXAMPLE OF THE RANGE OF PRIVATE VACCINE SERVICES FROM A PHARMACY AND THE INCLUSION/EXCLUSION CRITERIA

COMMUNITY PHARMACY IMPROVES ACCESS AND UPTAKE

A recent review of a private vaccination service showed **57% of those paying for shingles vaccines would have been eligible for NHS vaccination**. (26) Similarly, 13% of those paying for pneumococcal vaccines were eligible for NHS vaccines. (26) These numbers suggest a desire for vaccination not currently met by NHS commissioning – either through lack of access or awareness. Given the current barrier of payment, the number of people who would access free NHS vaccination through community pharmacy is potentially much higher – with people in deprived areas currently less able to pay for private vaccination.

A key feature of community pharmacy provision that has shown benefit, is the 'appointment free' model. Patients can attend pharmacies at the time and place that suits them, whether this is close to their work, or fitting around working or caring commitments. This is particularly important for individuals without access to private transport (i.e., a car). Evidence from other pharmacy services, such as the new Pharmacy First service, shows around a third of pharmacy consultations take place outside of traditional working hours. (29)

An appointment free model is a helpful supplement to core vaccine provision. NICE recognise opportunistic vaccination as an important part of maximising uptake, and this is also recognised in the GP contractual framework. (30) (31) Whilst not suitable for all vaccination programmes, **previous community pharmacy services have shown how patients use both appointments and opportunistic care**. (29)

The Pharmacy First service in Scotland gives an indication of the patient's groups that regularly attend community pharmacies. The highest rate of Pharmacy First use in Scotland (2023 - 2024) was in the 0-9 years age group, and this has been the case since reporting began. (32)

The NHS England vaccination strategy sets out a clear plan and ambition to increase uptake and reduce existing disparities in uptake. (6) This wide-ranging plan identifies challenges and ambitions that reach across the vaccination landscape. Increasing access to vaccination, exploring different outreach opportunities, and improving collaborative working are just some of the proposals to improve uptake. (6) Community pharmacy can and should be a key partner in delivering this strategy – as recognised in the strategy. (6) There are several areas of development needed to maximise how community pharmacy can support these aims.

Below are practical steps to harness the community pharmacy network and to increase vaccine uptake across the UK.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

1. Commissioning

Community pharmacies cannot provide NHS vaccines to patients unless the NHS commissions them to do so.

The NHS Vaccination Strategy sets out a clear ambition to increase uptake and access to vaccines, through all of primary care. (6) There have already been examples of local systems exploring how community pharmacy can meet these aims, with the MMR, polio, and RSV vaccines. (17) (18) (19)

Variation between pharmacies across the country makes it difficult for patients and the public to understand what vaccines they can receive from where. Geographically 'piece-meal' commissioning can also make it difficult for pharmacies to deliver vaccination services, especially if for uncertain service durations. The NHS England Vaccination Strategy refers to this, and the importance of helping families understand how to access vaccines. (6)

Delivering vaccination services requires investment in premises, workforce, and training. Businesses need confidence that they will see a return on their investments if they are to make the investments required to join local programmes.

To help pharmacies maximise vaccine uptake there is a need for:

- A consistent offer to patients through nationally defined contracts.
- Long service lengths (greater than one or two years), moving towards core service provision (as per general practice).
- Alignment of commissioning across age cohorts allowing patients to access all eligible vaccines from the same location.

These changes would maximise efficiency, allowing pharmacies who operate across local NHS boundaries to provide a single patient pathway for all eligible patients. It also simplifies patient engagement. A single patient pathway also supports pharmacy health promotion campaigns, which have shown to be effective with other services such as Pharmacy First.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

2. Booking systems

Some patients will choose to take advantage of 'appointment-free access' where available, or benefit from opportunistic vaccination. For others booking a vaccination appointment is important. Understanding upcoming demand (where possible) is also important to overall management of the service.

Patients' awareness of the variety of vaccination locations and times available to them will support uptake.

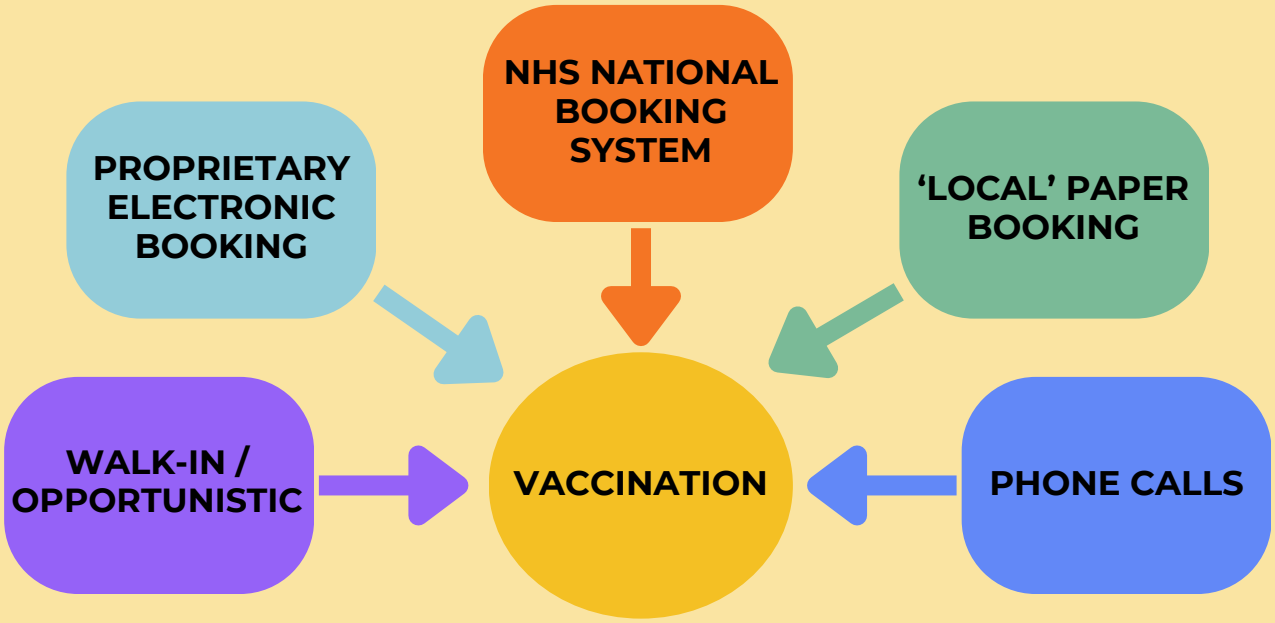

FIGURE 4: THERE ARE CURRENTLY MANY DIFFERENT PATIENT PATHWAYS TO ACCESS VACCINATION PROGRAMMES IN COMMUNITY PHARMACIES

However, there are currently many different routes by which patients can access vaccination services. The variety of pathways is confusing for patients, difficult for pharmacy teams to manage, and hidden from commissioners. The NHS National Booking System (NBS) has revolutionised access to covid vaccines, and latterly some influenza vaccines. The NHS Vaccination Strategy sets out ambitions for a front door to vaccinations and expansions of the NBS to include space for walk-in appointments. (6)

Opening the NBS to integration with pharmacy booking systems will transform access through community pharmacy.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

With the integration of booking systems, and clear visibility of all available options, patients can choose the access route that best suits them. Patients can choose from a range of different providers, allowing greater choice of time and location. Integration will also mean that pharmacy teams can use a single system to manage electronic access routes, whether made through their own systems or NHS-hosted ones. Finally, commissioners can have full oversight of uptake and activity, allowing them to ensure resources are directed where needed most to maximise coverage.

3. Data flows and integration

Updated patient records are a crucial part of governance, safety, and reimbursement. Offering patients the opportunity for vaccination whenever they are available (i.e., making every contact count) is an important part in maximising uptake. Clinicians, including pharmacy teams, can only offer vaccines with accurate information about which vaccines a patient needs.

Fortunately, the covid vaccination programme has already developed systems to update both GP records and central databases following vaccination in community pharmacy. However, this now needs to become a standard functionality for all vaccines commissioned from pharmacy.

Pharmacy teams need to be able to identify patients eligible for vaccination. As the range of vaccines available in pharmacies increases, such verification will become increasingly complex.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

"Patients access community pharmacies 12 times more frequently than their GP." (33)

Patients access community pharmacies 12 times more frequently than their GP. (33) Pharmacies can use their location and access, to proactively offer vaccination to people who may not otherwise come into contact with the NHS. It is hoped that in the future technology will enable pharmacy teams to pro-actively identify patients eligible for and in need of vaccination.

GP records are a starting point for data. Community pharmacy is implementing "GP Connect Access Records and Update Records" to support wider access to urgent care services. This allows community pharmacies to view records and send structured consultation summaries into GP workflows without additional administration. Broadening this technology to write vaccination SNOMED coded data directly to patient records for all vaccines is a clear next step. SNOMED codes provide a "consistent vocabulary" simplifying the sharing of information. (34)

In time, there is a need to consider how all clinicians across the NHS have up-to-date information on a patient vaccination history. There is also a need for commissioners to have oversight of vaccination events. Through this they can target resources to key locations, to increase uptake.

The NHS Vaccination Strategy sets out proposals to improve patient understanding of their individual vaccine histories. (6) Ensuring pharmacy vaccinations are populated into this record will be critical to realising this goal.

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4. Local collaboration

The covid vaccination programme showed the value of a consistent offer to patients. A clear pathway that meets the needs of most of the population, is a necessary base for any vaccine programme. This ensures awareness and supports providers in meeting the throughput needed to ensure efficient delivery.

However, the COVID-19 pandemic brought into sharp focus how some local communities have additional needs. By joining the knowledge of local providers, public health leads, and commissioners, with population data, areas of additional need can be identified. Additional provision can be commissioned, either in different locations, in a culturally sensitive manner, or otherwise locally tailored.

There are some barriers to maximising this approach. Firstly, bespoke models of delivery are 'high risk' for a business. Without sufficient vaccine throughput the pharmacy loses money. For instance, there are several fixed costs to delivering off-site vaccines and without a guaranteed minimum number of patients (such as in a care home) preparing a business case is difficult.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

CASE STUDY

Some pharmacies have recognised that physical capacity (or access) within the pharmacy premises is a barrier to vaccine provision at scale and have therefore created separate mobile vaccination units. Whilst some of the NHS Integrated Care Boards (ICBs) have created 'vaccine buses' to improve uptake, these heavy vehicles are restricted from high-traffic areas, such as town centres or some public car parks. One pharmacy created a mobile unit using a small van with two consultation rooms, Wi-Fi, temperature-controlled medicine storage etc.

Working with the British Islamic Medical Association, a Muslim pharmacist provided vaccines after Friday prayers in the mobile unit. The team were also able to provide blood pressure checks when appropriate. Following feedback, the pharmacy sent both a male and female vaccinator recognising the cultural sensitivities of the patients.

Working with the local council public health team, communities with lower uptake were identified. The unit was also parked outside shopping centres and other high-traffic areas in these low-uptake communities.

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“Success requires all local partners to be engaged from the start of the decision-making process.”

Additionally, off-site covid vaccination requires permission from the commissioner. Currently, only influenza and covid vaccinations can be provided off-site by community pharmacies. There have been examples of misaligned priorities between local public health leads, pharmacies, and local NHS commissioners resulting in missed opportunities for off-site provision.

The covid vaccination programme demonstrated a possible model for how local action can support national ambitions: a consistent offer to patients, with additional funding/commissioning by ICS’. This allows local systems to determine what is needed for their population and work with local providers to deliver to a national standard. Crucially, it is built on a foundation of a nationally defined contract.

Success requires all local partners to be engaged from the start of the decision-making process.

Joint messaging from all healthcare providers is crucial to local collaboration. All healthcare providers need to be sharing the same messages to all their patients. By promoting all available vaccination options, not only will patient awareness increase, but they will be more likely to access the route that suits their needs.

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CASE STUDY

In 2024 a pharmacy MMR vaccine programme was commissioned in the Northwest of England in response to rising cases of measles. People over the age of 5 who have not had both doses of the MMR vaccines can get fully protected by visiting one of 43 pharmacies across Greater Manchester, Cheshire and Merseyside and Lancashire and South Cumbria. The program recognises the accessibility of pharmacies and aims to increase uptake of the MMR vaccine in areas where people are at greater risk due to the high number of people who are not up to date with their MMR vaccinations.

Pharmacies were selected specifically based on their location in communities with lower uptake. Patients can attend their GP surgery as usual or have the additional option of several local community pharmacies if that better suits their needs.

This service has immediately increased uptake in specific communities with historic low uptake and is being expanded to more locations.

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5. Procurement and vaccine supply

Providers' access to vaccine stock is an obvious pre-requisite to any successful vaccine programme. Influenza vaccines are procured by pharmacies directly through existing wholesale arrangements, covid vaccines are provided directly by the NHS through central procurement arrangements.

Any new commissioning must carefully consider vaccine supply models. Additional delivery locations and greater volumes can have unintended consequences on supply. The recent commissioning of MMR and RSV vaccines locally point to a future direction of travel. (18) (17) Additionally, recent legislative changes allow the supply of the Pertussis vaccine to community pharmacies. (35)

In the future, with greater volumes and types of vaccines being delivered to more locations, supply chains should be reviewed.

Access to digital vaccine ordering facilities, such as Immform, is important for early pharmacy adoption. Pharmacies need to be able to order vaccines to meet demand, and commissioners need to know where stock is located to support the service.

Different procurement models have benefits and limitations. The existing medicines supply chain can supply over 1.2bn medicines per year to the 12,000+ pharmacies across the UK. (36) In many cases, multiple deliveries a day offer a responsive and reactive supply model. A different supply model brings many practical questions about how vaccines are ordered, how (and when) they are delivered, and the potential impact on existing medicine deliveries.

Community pharmacies have different requirements to general practice, who in turn have different requirements to secondary care settings. Understanding these differences is important to understanding the requirements of any supply model.

Regardless of the procurement route, clarity on forecasting and demand (national and regional), is vital for commissioners, providers, and suppliers.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

6. Local relationships and patients' vaccine confidence

Vaccine confidence is central to uptake. People need to have information at hand and their questions answered, but also the opportunity to speak to trusted healthcare professionals at a time that suits them.

Pharmacy teams, based in the heart of communities, are ideally located to provide a convenient route to information. The pharmacy team often live and work in the communities they support. Pharmacy teams build rapport and trust with the local communities they serve. Pharmacists and pharmacy teams are often drawn from their local communities, meaning they often share cultural and/or ethnic background with their patients. (37) This makes pharmacies the ideal place to provide local populations with vaccine information.

CASE STUDY

Recognising the need to directly support pregnant women, one large pharmacy provider created bespoke information for this group. It focussed on myth busting, and common questions – providing education on vaccine use in pregnancy. Using their parenting club, which is a border offer outside of vaccination, they were able to provide targeted information.

They were also able to provide targeted marketing through their proprietary app direct to this group. Partnering with influencers, and recognised and trusted clinicians, they promoted vaccination to this group.

Other companies have used non-healthcare rewards programmes to drive awareness by rewarding conversations with pharmacy teams about vaccination – regardless of subsequent vaccination or not. This led to a significant increase in conversations about vaccination.

SEVEN KEY ENABLERS TO INCREASE UPTAKE THROUGH COMMUNITY PHARMACY

There are examples of local commissioners building on this advantage by commissioning pharmacies to hold one-to-one conversations with a specified (low uptake) population. (37) Where this has been implemented, nearly half of patients previously uncertain of vaccination were given confidence to get vaccinated, and the majority of there were of working age. (37)

Pharmacy teams report some patients attend pharmacies multiple times, over a period of weeks to discuss the vaccines they need. This allows a period of dialogue and reflection, building confidence, before a vaccination appointment. Increasing the number of commissioned vaccines in pharmacies would maximise this benefit to other programmes. Consistent referral pathways for all vaccines, for instance those with lower volumes that are unlikely to be widely commissioned, would allow this benefit to support all vaccine programmes.

In addition, some pharmacies already invest in resources in different languages, or partnerships with local faith groups, to support overall healthcare uptake and compliance. This requires time and resource.

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7. Workforce

Last year saw changes to legislation allowing Pharmacy Technicians to administer vaccinations under Patient Group Directions (PGDs). This is an important change as it permits Pharmacy Technicians to work within their own professional remit. It harnesses the skills of a wider proportion of the workforce, further increasing the capacity of the NHS.

Patient Group Directions (PGDs) are a legal mechanism, introduced in 2000, that allow healthcare professionals to supply or administer specific medicines without a prescription.

Different PGDs define the healthcare professionals that can use them, and the training or skills they need. They also pre-define a group of patients that can receive the medicine.

Importantly, PGDs will determine strict criteria when medicines (vaccines) can and cannot be given. This may be patients with certain symptoms, meet age criteria, or other medical conditions.

This change is still being implemented to vaccination programmes. To maximise the benefit, pharmacy technicians must be able to complete a consultation, gain consent, and vaccinate without the input of another health care professional (e.g., a pharmacist). Some specifications still require a vaccination trained pharmacist to oversee this. As this enabling change becomes more common, commissioning frameworks will need to be updated accordingly.

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Vaccination programmes have a set of minimum standards for all immunisers. (38) As vaccination becomes an increasing part of the community pharmacy workload, this will need to become a core part of pharmacy teams' professional development . An expected competency, rather than an additional skill, supported by appropriate training.

The covid vaccination programme introduced many pharmacy teams to generic training accessed by all health care professionals – for instance through 'eLearning for health', an online education platform open to the workforce across many different sectors. Previous training has been tailored to community pharmacists, unfamiliar with vaccination. Building on this, there needs to be alignment of training to support professionals working across different sites and settings - with commissioner and provider confident in their capability.

From 2026, all newly registered pharmacists will be independent prescribers. This means they will be able to prescribe vaccines (within their clinical competence) without the need for PGDs. National PGDs offer an 'operational simplicity' and should be retained as the primary legal mechanism for vaccination. However, there are specific examples of patients who are suitable for vaccination where there are no available PGDs.

Current processes mean pharmacists must refer such patients to general practice. Adding additional 'touch points' to a patient journey negatively impacts the likelihood of vaccination. A smoother patient journey, with much less 'friction' is in the interests of both patients and the NHS. In these cases, allowing the prescribing (and administration) of vaccines would support community pharmacies to maximise uptake.

NEXT STEPS TO BENEFIT PATIENTS

There are several practical next steps that can be taken to increase vaccine uptake across the UK, through community pharmacy.

1 Increasing what is commissioned and where

Pharmacies have already been commissioned in some localities to deliver RSV and MMR vaccines. (17) (18) These local commissioning opportunities should continue where established, and expand to locations where they are not, to meet local need.

To maximise the benefit, vaccines should ideally be commissioned through nationally defined contracts or specifications. This may be to specific pharmacies, chosen based on their location in particular communities or low uptake areas. However, critical to ensuring the greatest benefit is a consistent national offer for patients. This supports implementation with both one patient pathway, and wider patient awareness. National health promotion is also impossible for activity commissioned locally.

The current pharmacy offer should be expanded to include all the vaccines older adults are eligible for. Adding pneumococcal and shingles programmes to the pharmacy offer, alongside the influenza vaccination programme would allow pharmacies to promote these vaccines during the millions of flu vaccinations provided each winter.

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NEXT STEPS TO BENEFIT PATIENTS

2 Embed digital developments and expand to all vaccines

The NBS should be expanded to include all vaccines, so that both local and national commissioners can use them to develop community pharmacy services.

Crucially, integration with existing proprietary software is critical. The National Booking System must integrate with existing pharmacy booking systems. This will allow pharmacies to share availability with commissioners (to aid understanding of current capacity), allow patients to book through their preferred route, and reduce the administrative burden on pharmacy teams.

3 Undertake a review of potential supply routes/options

There are already different supply models supporting vaccination programmes. Different settings have different requirements for vaccine supply. A holistic review of possible supply models and the advantages and disadvantages of each is needed. This will allow informed decisions as to how an increasing volume and number of vaccines can be supplied across the country.

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CONCLUSION

Vaccine uptake across the UK is high but is showing a worrying trend of decline. This decline is compounded by significant variation in uptake between different parts of the UK. There is a risk that existing health inequalities are being adversely affected by lower uptake in deprived communities.

Community pharmacy offers a route to rapidly increase the access to vaccination – a clear ambition of NHS Vaccination Strategies.

With simple steps the number of locations for patients to access vaccination services can be dramatically increased. Critically, this access would be greater in deprived communities and often outside of traditional working hours.

Community pharmacy is well placed to increase the capacity of NHS vaccination programmes, whilst also providing ready capacity for the vaccines of the future.

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PHARMACY VACCINATIONS DEVELOPMENT GROUP

Members of the PVDG include representatives from:

- AAH
- Asda
- Alliance Healthcare
- Boots
- GPhC
- National Pharmacy Association (NPA)
- Numark
- Pharmacy2U
- Phoenix Medical
- Rowlands Pharmacy
- Royal Pharmaceutical Society
- Superdrug
- Tesco
- Well

The group is also attended by representatives from sponsoring organisations:

- CSL Seqirus
- GSK
- Pfizer UK
- Viatris

The group has also been attended by representatives from the following organisations, who have participated in the discussions but do not act as decision-makers on PVDG policy positions or endorse the contents of this report or its recommendations:

- Department of Health and Social Care
- NHS England
- UK Health Security Agency

THE CCA CREATED THIS REPORT ON BEHALF OF THE PVDG AND ARE RESPONSIBLE FOR ITS CONTENTS.

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