

Vaccination Services in Community Pharmacies

Declining and unequal vaccination uptake across England presents a significant risk to public health. Community pharmacies are well established and accessible vaccination destinations which already support annual winter vaccination programmes and have this year offered a new Meningitis B vaccination programme, and they are highly rated by the public.

Expanding access to a wider range of vaccinations through community pharmacies offers a practical and cost-effective way to improve coverage, tackle health inequalities and ease pressure on general practice.

The Challenge: Vaccination Obstacles in England

Declining Uptake: A steady decline in England's vaccination coverage has stemmed from a combination of patient-level friction and structural healthcare pressures. Childhood vaccination coverage in England remains below the World Health Organization's 95% threshold for population protection¹, contributing to localised outbreaks of preventable diseases such as measles and pertussis, and England has now lost its measles-free status.

Barriers to Access: Capacity constraints mean GP-centric models can lack the appointment flexibility that working parents and shift workers need. Access is further affected by language barriers, travel costs, socioeconomic deprivation and vaccine hesitancy amplified by misinformation online.

Misaligned incentives: Financial incentives complicate collaboration between primary care vaccine providers: immunisation activity can represent a meaningful source of income for general practice, meaning that transferring routine vaccination workloads to pharmacies can create financial tensions.



The continued decline in vaccine uptake across England is deeply concerning. Working families are too often constrained by inflexible appointment slots, while community pharmacies – accessible, convenient and already embedded in local communities – remain underused. If we are serious about reversing this trend, NHS leaders should address the funding models that set GPs and pharmacists against each other, join up our outdated IT systems, and give hard pressed community pharmacies the support they need through national frameworks.

Janet Morrison OBE, Chief Executive of Community Pharmacy England

¹ [Department of Health and Social Care \(DHSC\), Department of Education \(DfE\), Medicines and Healthcare Products Regulatory Agency \(MHRA\), NHS England, UK Health Security Agency – Written Evidence \(CVX0028\)](#)

Fragmented Commissioning: Use of community pharmacies varies considerably by vaccine and geography. Although pharmacies are widely involved in seasonal influenza and COVID-19 booster programmes, routine vaccinations such as MMR catchups, shingles, RSV and pneumococcal vaccination remain largely concentrated in general practice. Pharmacy-led provision is often dependent on regional pilots or local commissioning arrangements rather than a consistent national framework. This approach prevents the NHS from presenting a consistent and easy to understand message to the public about routine vaccinations.

Data and Digital Infrastructure Gaps: Fragmented data infrastructure limits the effectiveness of vaccination services. Although the NHS App enables patients to view their immunisation records, delays in transferring pharmacy-administered vaccinations to GP records can result in conflicting information, duplicate invitation letters and missed opportunities to identify and address gaps.

The Solution: Community Pharmacy and Vaccinations

Commissioning a wider range of NHS vaccinations from community pharmacies would help to improve access to vaccinations, reduce health inequalities and ease pressure on general practice and the wider NHS. It would also offer value for money and be popular with the public.

Helping to address inequalities in vaccine uptake:

Around 99% of people living in the most deprived communities are within a 20-minute walk of a pharmacy², and economic modelling³ shows that where vaccination programmes are delivered only through GP practices, uptake in deprived areas can be **17%–27% lower**, whereas pharmacy-enabled programmes can narrow this gap to around **7%**. **In 2021, over a third of community pharmacy COVID-19 vaccines were provided in the 20% most deprived communities.**⁴

Pharmacy Vaccinations

4.68 million NHS flu jabs

246,000 MenB vaccines in 6 weeks

99% of patients recommend

85% of public support wider role

400,000 GP appointments could be saved

£84 million potential value

Improving accessibility: Community pharmacies can offer vaccination at times and locations that fit around people's lives, without a need for a GP appointment. This can **reduce practical barriers** such as travel, time off work and difficulty securing appointments.

Public confidence: Public confidence in pharmacy vaccination services is exceptionally high, with more than 99% of patients reporting they would recommend the service⁵.

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC4156797/>

³ <https://www.gsk.com/media/wzjmlblx/ohe-pharmacy-based-vaccination-in-england.pdf>

⁴ <https://thecca.org.uk/wp-content/uploads/2022/10/The-impact-of-pharmacy-closures-on-health-inequalities.pdf>

⁵ <https://pharmaceutical-journal.com/article/news/flu-survey-finds-99-of-patients-would-have-their-vaccination-at-a-pharmacy-again>

85% of people polled by YouGov in 2025 would support pharmacies offering more vaccinations⁶.

Relieving NHS capacity and system pressures: Scaling pharmacy delivery across additional programmes could save more than **400,000 GP appointments** each year⁷, or 80,000 clinical hours.

Value for money: Economic analysis shows that for a volume of 10.9m vaccinations delivered in pharmacies, a benefit of £1,488m is generated for a cost of £162m; a benefit to cost ratio of +9.2. Modelling shows that commissioning a wider range of vaccination services from pharmacies **would deliver some £84 million in value, for a cost of around £16 million.**⁸

“Community pharmacies are uniquely placed to make vaccination more accessible, particularly for people who face the greatest barriers to care. By offering convenient access and a service that patients rate very highly, pharmacies can help reduce health inequalities and ease pressure on GP practices, all at great value for money. With the right funding and support, community pharmacies could play a much greater role in delivering a more accessible, resilient and efficient vaccination service for patients and the NHS.

Janet Morrison OBE, Chief Executive of Community Pharmacy England

Recommended policy actions

Community Pharmacy England is calling on Government and the NHS to:

- **Formally commission community pharmacies to deliver a wider range of NHS vaccinations** – including the RSV and Pertussis vaccines – using national frameworks.
- **Commission the Government’s proposed HPV catch up programme**, referenced in the 10 Year Health Plan and Cancer Plan, as a full teenage catch-up programme (HPV, MenACWY, MMRV and 3-in-1 teenage booster) from community pharmacies.
- **Commission community pharmacies to support targeted local outreach**, particularly in underserved communities and among people who are vaccine hesitant.
- **Put in place interoperability between pharmacy appointment booking systems and NHS booking system**, such as the National Booking Service for vaccines/the NHS app.

How MPs can help

Thank you for your support for pharmacy. We can support drafting for WPQs, OPQs and debates. MPs are asked to raise barriers to vaccination access with Ministers, to visit a local pharmacy, and to sign up to the Pharmacy APPG. **For more information, please contact comms.team@cpe.org.uk**

⁶ https://ygo-assets-websites-editorial-emea.yougov.net/documents/CommunityPharmacyEngland_Results_250513_W.pdf

⁷ <https://www.pharmacymagazine.co.uk/clinical/needle-leaders-pharmacys-expanding-role-in-vaccination-delivery>

⁸ Community Pharmacy England commissioned economic analysis

Annex: Pharmacy Influenza, COVID-19, RSV, and MenB Vaccines Overview

Vaccine & Current Delivery Model	Eligibility, coverage & equity impact	Priority action
Influenza Jointly delivered by GP practices and community pharmacies.	Community pharmacies delivered 4.68 million NHS adult flu vaccinations in 2025/26 ⁹ (up from 4.06m in 2024/25). They provide ~33% of all adult NHS flu jabs and achieve +16% higher relative utilisation in the most deprived communities, covering over 2.2m over-65s and over 880k clinical risk patients. Pharmacy also administered over 47,000 flu vaccines to children aged 2- and 3-years old in year 1 of a national pilot service ¹⁰ .	Maintain co-delivery model, align provider start times and expand central procurement access. Streamline booking via NHS App National Booking Service.
COVID-19 Jointly delivered by GP practices and community pharmacies.	Pharmacies administered ~9.9m doses in 2023/24 . After changes in eligible cohorts, pharmacies administered over 2.1m doses in the 2025/26 campaign. This was over 50% of vaccines administered to all eligible individuals . Outreach initiatives (e.g. Tower Hamlets ¹¹) boosted uptake in hesitant populations.	Align fees with other vaccinations. Secure sustained funding for targeted outreach in socioeconomically deprived areas.
RSV and Pertussis GP practices with c.200 pharmacies commissioned to augment this.	NHS programme targeting older adults and maternal protection; pharmacy access expands reach beyond GP hours.	Roll out community pharmacy delivery nationally.
Meningitis B (MenB) Routine childhood immunisations are delivered by GP practices. Summer 2026 community pharmacy programme for young people.	GP-only vaccination models consistently demonstrate higher deprivation-related uptake disparities. Pharmacies delivered over 246,000 MenB vaccinations in the first six weeks of the service this summer ¹² .	Continue to commission a MenB programme from community pharmacies.

⁹ [Community Pharmacy Adult Seasonal Influenza Vaccination Service Current Report – Pharmacy Contractors | NHSBSA](#)

¹⁰ [Community Pharmacy Childhood Seasonal Influenza Vaccination Pilot Report – Pharmacy Contractors | NHSBSA](#)

¹¹ [Service case study: Addressing COVID-19 vaccine hesitancy in targeted communities of Tower Hamlets | CPE](#)

¹² [Vaccinations: MenB | NHS England](#)