Attitudes Towards Vaccination Services:

To what extent do integrated care boards (ICBs) need support preparing for the commissioning of vaccination services?

Final Report - March 2025

This research has been conducted by Healthcare Research Worldwide (HRW) and fully funded by MSD

GB-NON-10799
Date of prep: March 2025

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EXECUTIVE SUMMARY

The responsibility for vaccination commissioning will be delegated to integrated care boards (ICBs) from April 2026[1]. Research is needed to understand how prepared ICBs feel for these responsibilities, and what support would be most valued. MSD commissioned an online survey to understand the level of readiness felt by individuals involved in ICBs, and what, if any, plans are already underway to prepare for this.

Existing knowledge of the upcoming delegation

There is already a good perceived level of knowledge of the upcoming delegation of vaccination commissioning responsibilities among those surveyed, particularly among respondents who are members of integrated care boards. This knowledge indicates that there is a degree of preparation already in place, with discussions happening across ICBs. Given their involvement in how the new responsibilities are implemented, it is not surprising that ICB members are feeling slightly more knowledgeable than healthcare professionals, who are more involved in the day-to-day execution of the services.

Support needed to prepare

However, findings show that those involved do still feel that they will need support throughout this process, prior to 2026. Respondents did not feel that their ICB needed any less support than other ICBs across the country, indicating that they do not perceive their own ICB to be further along in their preparations for vaccination commissioning relative to others. Resource and financial constraints, and the need for vaccination programmes to align to national health outcomes are the main reasons why respondents felt their personal ICB needed support for the upcoming delegation. Resource and financial constraints were also perceived to be a barrier for ICBs across the country, as well as the difficulties that can emerge from large cultural variation across ICBs, and the need for greater collaboration across ICBs. Respondents were most hopeful that the delegation of vaccination responsibilities could help maximise reach to underserved communities, increase equality of vaccination uptake, maximise vaccination coverage rates, increase focus on preventative healthcare and integrate vaccines better across the local community. Support will however be crucial. The learning and sharing of best practices from different ICBs could also be valuable as a way to continually optimise the implementation of vaccination services.

Current prioritisation of vaccination services

Respondents recognised that vaccination services are already well prioritised within their local ICB, although they are not quite reaching the expected level of prioritisation that they feel vaccination services should be given. This indicates that further support may be required in order to encourage ICBs to prioritise vaccinations even more effectively.

60% of ICB members were unsure whether their ICB was a demonstrator site, demonstrating good opportunity to increase visibility around this initiative, helping to maximise the impact that the demonstrator site network can have. It's important to be mindful that ICB members who took part in the survey worked across all different levels, so may be further removed from the demonstrator site initiative, if their ICB is part of one. There is also a lack of information on demonstrator sites that is publicly available, which may also explain the high proportions of ICB

members who are unsure of their ICB's status here.

Existing structure of vaccination services within ICBs

There are a range of routine vaccinations that are already being commissioned within ICBs, including COVID-19, Flu, Shingles, Hepatitis B, MMR, BCG Tuberculosis, HPV and Pneumococcal. Most respondents were aware of vaccinations being given in more traditional settings e.g. GP surgeries, pharmacies and schools, however there was uncertainty about whether vaccinations are given in some of the less traditional settings such as leisure centres, places of worship, libraries etc. However, over half of respondents were aware of vaccinations being provided in community centres and mobile vaccination buses/units, demonstrating some utilisation of more non-traditional locations for vaccination delivery. GPs, pharmacists and school immunisation teams are known to be primarily responsible for delivering vaccinations in each of their respective settings, however there is greater utilisation of other specialties (e.g. retired NHS workers, volunteers, immunisation teams, community nurses) across more non-traditional vaccination locations, demonstrating an existing level of flexibility across ICBs in who delivers vaccination programmes. However, given this is currently not universal, ICBs could benefit from greater support in mobilising more non-traditional routes more widely.

The role of pharmacists

Respondents do see the value in expanding the role of pharmacists in vaccination delivery (currently estimated to be delivering almost a third of routine vaccinations in ICBs), however there was some hesitation around which specific vaccination programmes would benefit from an expanded pharmacist role beyond the three main programmes already delivered: Flu, COVID-19 and Shingles. For example, some respondents feel that infant vaccines (42% selected as unsuitable), RSV (34%), HPV (30%), pertussis (38%) and BCG tuberculosis (38%) vaccines would not be suitable for pharmacists to deliver. This demonstrates that more reassurance may be required around the future expansion of pharmacists' role in vaccination delivery, and clear guidance in place to map out exactly how the role expansion would work, to alleviate hesitancy for extending out to other vaccinations.

Vaccination coverage rates and workforce capacity

Vaccination coverage rates (VCRs) are perceived to be fairly average across ICBs, although respondents do believe that coverage rates can vary between vaccination programmes. The largest barriers to vaccination coverage rates are felt to be related to vaccine hesitancy, online misinformation, cultural/religious factors or lack of disease education, illustrating that educational factors are perceived to be the greatest issue for coverage rates. Workforce capacity problems were not perceived to be serious; only a small proportion of respondents felt workforce capacity was hindering vaccination coverage rates and pointed to the lack of staff trained across vaccinations and reliance on primary care to deliver vaccinations as the main barriers to workforce capacity. This indicates that optimising training opportunities and alleviating some of the demand on primary care could be more valuable than solely increasing staff recruitment when supporting with workforce capacity moving forward.

Targeting vaccination health inequalities in the community

There is varied awareness of the Core20PLUS5 Framework[2], with awareness particularly low among pharmacists and immunisation teams (community and school). This suggests that there is some level of unfamiliarity across the ICB around the overarching goal of NHSE to reduce health inequalities through utilising this framework. Even among those aware of the framework, there is a lack of clarity around how it is utilised in local ICBs to identify populations currently underserved by vaccination services, especially among GPs. This suggests that ICBs could benefit from support in leveraging this framework to tackle vaccination inequalities, and also to ensure these strategies are communicated effectively to primary care, given lower awareness of utilisation. Reducing vaccination inequalities was also a key factor that respondents hoped this commissioning delegation would achieve, further indicating the need for support in leveraging the CORE20PLUS5 framework to help reach this goal.

Existing set-up within ICBs for vaccination commissioning preparation

There is a moderate degree of preparedness internally from ICBs for the upcoming delegation. Vaccinations are included to some extent in all ICBs' Forward Plans, and there are existing teams/plans in place (or ones in development) for examining the effectiveness of vaccinations and preparing for disease outbreaks. This includes almost all (90%) of respondents being aware of a local implementation plan for NHS Vaccination Strategy existing, or being currently developed. However, these preparations are not universal, indicating that some ICBs may be acting more proactively than others. Despite varied awareness of 'Vaccination Delivery Networks', the findings showed optimism about their implementation. Many believed it was feasible for ICBs to establish these networks in time for the delegation, reflecting confidence in the potential for success.

However, the survey findings also demonstrated that there are still some perceived barriers to ICBs abilities to implement new/extend existing vaccination programmes as and when health ministers approve them. These included timeframes being too ambitious, unrealistic expectations from ministers around what is feasible and lack of funding, which indicate that logistical barriers, and unrealistic expectations play a key role in ICBs ability to agilely flex to the vaccination demands set by the government. Earlier consultation in decisions and guidance on how to implement changes would also be appreciated. While workforce capacity was reported to be a barrier, it is perceived to be more significant by ICB members than those in the primary care pathway, indicating that those more closely involved in the day-to-day delivery of vaccinations in primary care are less concerned about how workforce capacity impacts ICBs ability to respond quickly to demands. Vaccination hesitancy was also reported as the most common barrier, demonstrating that educational barriers, alongside logistical ones, are still a large factor at play, and that ICBs could further benefit from support in encouraging population buy-in to meet government targets.

Using data systems and sharing information

There is currently uncertainty around whether ICBs utilise data systems and tools to identify vaccination inequalities. Of the one third who did report using

tools for these purposes, there was large variation in responses about specific tools used, indicating the lack of an existing, consistent tool that ICBs can use to help tackle vaccination uptake across diverse ICB populations. This suggests that development or publicisation of a consistent comparative tool would be appreciated by ICBs, helping them to effectively and consistently understand how access to vaccinations differs across diverse communities within an ICB; the first step in being able to effectively tackle the vaccination inequalities.

In addition to the lack of a consistent comparative tool, the survey also highlighted that the lack of interoperability of data systems across the NHS is a challenge for delivering vaccination services, illustrating the value that interoperable systems across different ICBs could provide for the future implementation of vaccination commissioning. Suggestions from surveyed respondents demonstrate that centralised electronic health records, access to real-time vaccination records and patient access to their own records/utilisation of apps are considered the most valuable ways to improve vaccination related data systems. Therefore, findings suggest that efforts focused on either utilising consistent tools across ICBs, or enhanced interoperability of existing tools will be important to enhance ICBs chances of success for vaccination commissioning in 2026.

Working with vaccine manufacturers

Approximately half of respondents have experience working with vaccine manufacturers. Respondents have found value in collaborating with vaccine manufacturers, with the most useful collaborations being the sharing of information from manufacturers around vaccine availability. ICB members in particular have also valued information around the delivery plans and time schedules of vaccinations, while non-ICB members place more value in the customised support they have received from vaccine manufacturers. For most who haven’t worked with vaccine manufacturers, the lack of engagement is because this falls outside of their job scope, although some do anticipate that this is likely to be needed as part of their role at some point in the future, and show an interest in doing so.

Needs for the future

Looking into the future, surveyed respondents highlighted that the standardisation of/easy access to IT systems for vaccination data, strategies and campaigns to tackle vaccine hesitancy, staff training, support in using data in a meaningful way and financial incentives for reaching vaccination targets would be most appreciated from national policy makers and would be the most instrumental in helping with preparations for vaccination commissioning. This illustrates the importance of supporting both further education and logistical/financial barriers in order to help ICBs prepare well for the upcoming delegation of vaccination commissioning.

It is encouraging to see preparations are already underway for the upcoming delegation of vaccination responsibilities, however what is clear from the findings is that there are still some perceived logistical and educational barriers, which ICBs would benefit from support with to ensure a smooth transition in April 2026.

INTRODUCTION

NHS England's direct vaccination commissioning responsibilities will be delegated to integrated care boards (ICBs) from 2026[1]. This delegation will enable ICBs to take control of an even broader range of functions, helping to work towards the long-term policy ambitions of giving local systems responsibility and flexibility around managing local population health needs, streamlining local health services, tackling inequalities and addressing fragmented pathways of care. The delegation is intended to improve patient care by allowing for more integrated and locally tailored service delivery.

The timeline for ICBs to take over the commissioning responsibilities was originally April 2025[3]; however this has now been extended to 2026 to support a wider review of NHS England's approach to screening services[1].

To support ICBs with their upcoming commissioning responsibilities in 2026, there is a need to understand the potential challenges of implementation and understand the optimal support pathways that could be put in place to guide an effective transition.

It will be important to understand how prepared ICBs currently feel they are for the delegation, and what plans are already underway to prepare for these new responsibilities. Given the extensive network of individuals within each ICB and the diverse roles each ICB is accountable for, gathering insights from a wide range of individuals will be crucial, in helping to understand whether the challenges that surround the commissioning responsibilities are universal or unique to particular areas of an ICB e.g. specific primary care challenges.

To help assess readiness for the delegation of vaccination commissioning services and identify potential areas of support required, MSD commissioned a survey of respondents who will be key to the vaccination implementation process. This included members of integrated care boards and healthcare professionals belonging to Primary Care Networks (PCNs) within an ICB e.g. doctors, pharmacists, and screening & immunisation team members. Researchers surveyed these respondents to gauge an understanding of their level of preparedness for the commissioning of vaccination services, and where they would most value support with this.

From the findings, we have identified key areas where ICBs would most value support in helping to coordinate an effective and streamlined transition of vaccination commissioning responsibilities for 2026.

METHODOLOGY & SAMPLE

MSD commissioned professional healthcare market research consultants at Healthcare Research Worldwide (HRW) to conduct this survey. The survey questions were developed by MSD in collaboration with HRW.

This report describes the findings from the online survey. The content of the online survey was informed by qualitative interviews conducted with 3 members of ICBs, which were also conducted by HRW. Respondents were recruited using an external recruitment partner, who specialise in customised recruitment across healthcare sectors. Respondents were selected based on having an adequate level of involvement in vaccination commissioning within their ICB.

These interviews provided valuable insights into existing preparations and key barriers, enabling the development of a refined survey that accurately reflected the current state of affairs across ICBs.

The survey was conducted online, in accordance with the EU General Data Protection Regulation ("GDPR"), the European Pharmaceutical Association (EphMRA) Code of Conduct, the Data Protection Act, Market Research Society, Association of the British Pharmaceutical Industry and British Healthcare Business Intelligence Association guidelines. The research was also conducted in accordance with adverse event reporting guidelines. The survey questions and adverse event

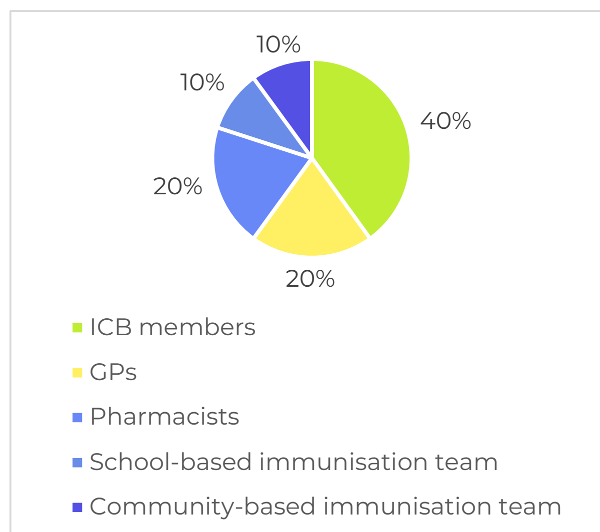


Figure 1: Proportion of each respondent specialty who was surveyed

wording that respondents consented to can be found in Appendix I.

The survey was open from 22nd October – 15th November 2024. All respondents were recruited through professional networks and the survey was promoted through social media. This was all facilitated using the same specialised recruitment partners utilised in the initial qualitative interviews. All respondents who took part needed to meet a set of fixed criteria in order to take part in the survey (criteria detailed later in this section). All respondents had to work in England to be eligible to take part in the survey. Every respondent was compensated equally for their time, the value in line with the fair market value.

Not every individual answered every question. A range of question types were utilised, which included 1-7 scales, open ended text questions, single or multi-choice select questions and ranking questions. Where 1-7 scales were used, the upper end of the scales (6-7) is high agreement with the question text, medium scores (3-5) are considered moderate agreement, and the lower end (1-2) is lower agreement. Throughout the report we have indicated which

respondents answered each question. A total of 50 respondents completed the survey.

20 respondents who took part in the survey were members of integrated care boards (40% of total sample). ICB members must have been a member of an integrated care board (ICB) for at least a year, or if they had less than 1 years' experience, they needed to have worked as part of a Clinical Commissioning Group (CCG), Higher Health Authority or Local Health Authority within the last 5 years (5 respondents).

All ICB respondents had to be personally involved in the upcoming responsibilities for commissioning vaccination services. 40% of all ICB respondents were heavily involved, with it forming a crucial part of their role. 35% were often involved but had good awareness and insight across vaccination services in the ICB. 20% were often involved, but also focused on other areas as part of their role, and 5% were rarely personally involved, but had good

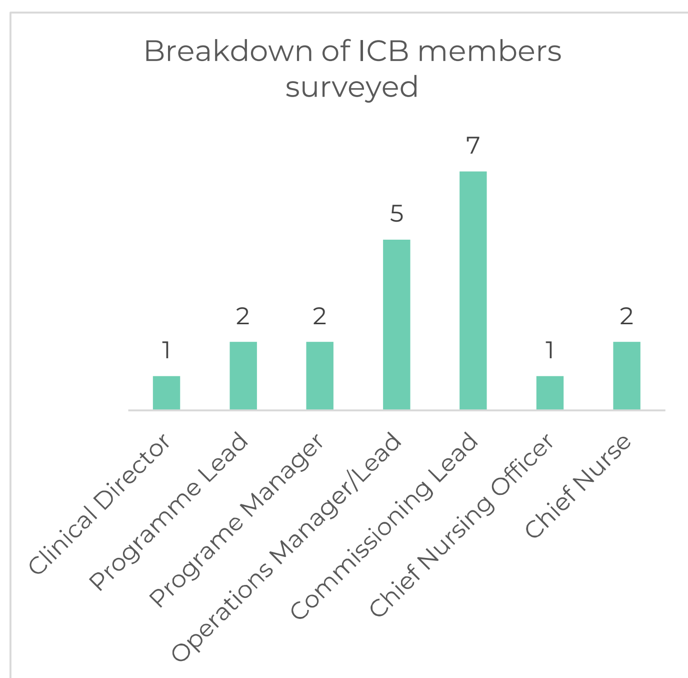


Figure 2 – Breakdown of ICB member job titles

oversight into the teams and people that lead this function, or how vaccination services are run.

ICB members who focused on both seasonal vaccinations and non-seasonal vaccinations were also recruited. 90% of ICB members focused on seasonal vaccinations, 70% on non-seasonal and 45% also focused on outbreak response.

A range of individuals with varied roles across ICBs were also recruited including the following: Clinical Director (n=1), Programme Lead (n=2), Programme Manager n=2, Operations Manager/Lead (n=5), Commissioning Lead (n=7), Chief Nursing Officer (n=1), Chief Nurse (n=2) *(Figure 2).*

There were also 30 healthcare professionals recruited for this survey, including GPs (n=10), Pharmacists (n=10), school-based immunisation team (n=5) and community-based immunisation team (n=5). All respondents had to be personally involved in vaccination services as part of their day-to-day role. All GPs and Pharmacists had to spend at least 20% of their professional working time treating patients within the NHS healthcare setting, and were asked to focus only on their work within the NHS setting when answering the survey questions.

To ensure adequate experience, all GPs, Pharmacists and Immunisation team members had to have been qualified and practicing for between 3 – 30 years. The average length of time in practice for GPs was 18 years, Pharmacists 17 years, school-based immunisation teams 9 years and community-based immunisation teams 15 years. All 5 school-based immunisation team members were school nurses. All 5 of the community-based immunisation team

members were specialised in immunisation nursing, and they all worked primarily within the community setting as part of their role.

To be able to answer the survey effectively, it was also important for all GPs, Pharmacists or Immunisation team members to have at least some awareness of integrated care boards (ICBs) and the services they commission and plan. Additionally, all respondents stated confidence in their ability to answer questions related to vaccination systems across their local authority.

Although the need to have a certain degree of knowledge and confidence about ICBs was a necessary screening requirement for the purposes of the research, this should be highlighted as a limitation of the research, as it meant that only those with some existing confidence/insight were surveyed. Additionally, the sample sizes for each respondent specialty type are small, meaning caution should be taken when interpretating results, particularly differences in results between different specialities. Because of these small sub-group sample sizes, differences that are pulled out are directional only and not statistically significant, so please consider this when interpreting results.

60% of respondents agree that vaccination services are already well prioritised within local ICBs.
(score 6-7 on a 7-point scale)

However, they are **falling short of the expected level of prioritisation** that respondents feel that vaccination services should be given.
(92% in strong agreement that they should be prioritised, score 6-7 on a 7-point scale)

There is a **good existing level of knowledge** about the upcoming delegation of vaccination commissioning responsibilities.
(70% feel moderately knowledgeable, scoring 3-5 on a 7-point scale)

Despite good existing knowledge, **83% feel that support will still be needed** in preparing for the upcoming delegation.
(score 3-5 on a 7-point scale)

However, there is preparation already in place, with almost **all respondents (90%) aware of a local implementation plan for the NHS Vaccination Strategy** existing, or currently being developed.

PERCEIVED READINESS OF ICBS TO COMMISSION VACCINATION SERVICES

Most respondents felt at least moderately knowledgeable about the upcoming delegation of commissioning responsibilities (70% reported 3-5 score on a 7-point scale). Almost one quarter felt very knowledgeable (22% reported 6-7 score on a 7-point scale). This was higher among ICBs members (40%). Only 8% of all respondents felt they had very low knowledge (reported 1-2 score on a 7-point scale).

How much and what kind of support will ICBs need?

Those who selected they were at least somewhat knowledgeable regarding the upcoming delegation (reported 3-7 score on a 7-point scale) were then asked to what extent they felt their ICB will need further support preparing for the upcoming delegation and also to what extent this compared to ICBs across the country.

The majority stated that some level of support is needed for their ICB (83%, reported 3-5 score on a 7-point scale), mean average score 3.87/7). This was very similar to the level of support they felt that other ICBs across the country will need (83%, also reported score of 3-5 on a 7-point scale, mean score 3.63/7). Across both measures, 0% respondents stated that no support will be needed (score 7/7).

Of the 30% respondents who felt that their own ICB needed more considerable support (those who selected 1-3 on a 7-point scale) to prepare for the commissioning, there were a variety of reasons given, which included resource and financial constraints (27%), the need for greater alignment of vaccinations to national health outcomes (13%), more support on communications (13%), impact of staff losses leading to loss of knowledge in ICB (13%) and the need for recruitment support (13%).

> ***Consistent delivery of vaccination services throughout the nation demands robust coordination. By backing every ICB, we can avoid service gaps and regional inequalities***
> **– Pharmacist**

Of the 38% respondents that felt that ICBs across the country would need some level of support, respondents stated they would require practical support /guidance to cope with the change and would want to know that support is readily available to them (37%). Resource and financial constraints were also cited (21%) as areas requiring further support, as well as challenges with uptake where large variations in cultural background are present (16%) and the need for more collaboration across ICBs (16%), as well as capacity pressures (11%).

> ***The challenges in taking over the responsibility for vaccination will vary depending on their size and population makeup so some probably won't need too much help and some will need quite a lot of support***
> **– ICB Commissioning Lead**

62% respondents stated that less considerable support was needed for their own ICB to prepare for vaccination commissioning responsibilities. Of these, some acknowledge that they expect there will be teething problems so some level of support will be needed (68%). 29% of these respondents felt their ICB needed less considerable support as they already had vaccination preparations in place, had good internal capabilities already (10%) or they didn't expect significant challenges as vaccination services will likely run in a similar way to how they do currently (10%).

> ***I think our preparedness is pretty good but help with implementing the vaccine services would always be useful***
> **- ICB Operations Manager/Lead**

For the 27 respondents who stated that other ICBs across the country required less support, only 4% believed other ICBs already had vaccination preparations in place. However, 44% did recognise that all ICBs across the country will experience teething problems. Additionally, 11% recognised that support for other ICBs will need to be less considerable as not all of them have diverse and challenging populations to work with.

> ***ICBs are another version of PCTs and CCGs and changing vaccination services to them probably won't change that much about how vaccinations are actually delivered***
> **- GP**

How high of a priority are vaccination services perceived to be?

To understand prioritisation of vaccination services, all respondents were asked to rate the level of priority that vaccinations should have, as well as the level of priority that vaccinations currently have placed on them within their local ICB. Almost all agreed that vaccination services should be a priority (92%, reported score 6-7 on a 7-point scale). The majority agreed that vaccinations are a priority in their ICB already (60%, reported score of 6-7 on a 7-point scale) *(Figure 3)*. Community teams felt vaccinations were considered slightly less of a priority in ICBs currently compared to other specialities (only 20% selected codes 6-7 on a 7-point scale), but no differences were found for 'should be a priority'.

When all respondents were asked their hopes for the future of taking on commissioning of vaccination services, a range of responses were selected. The top responses were to maximise reach to underserved communities (42%), increase equality of vaccination uptake (38%) and maximum vaccination coverage across ICBs (34%), increase focus on preventative healthcare through vaccine delivery (32%), integrate vaccination services across local community e.g. into other healthcare or community services (30%), and reach vaccination uptake programme standards/immunity targets (26%).

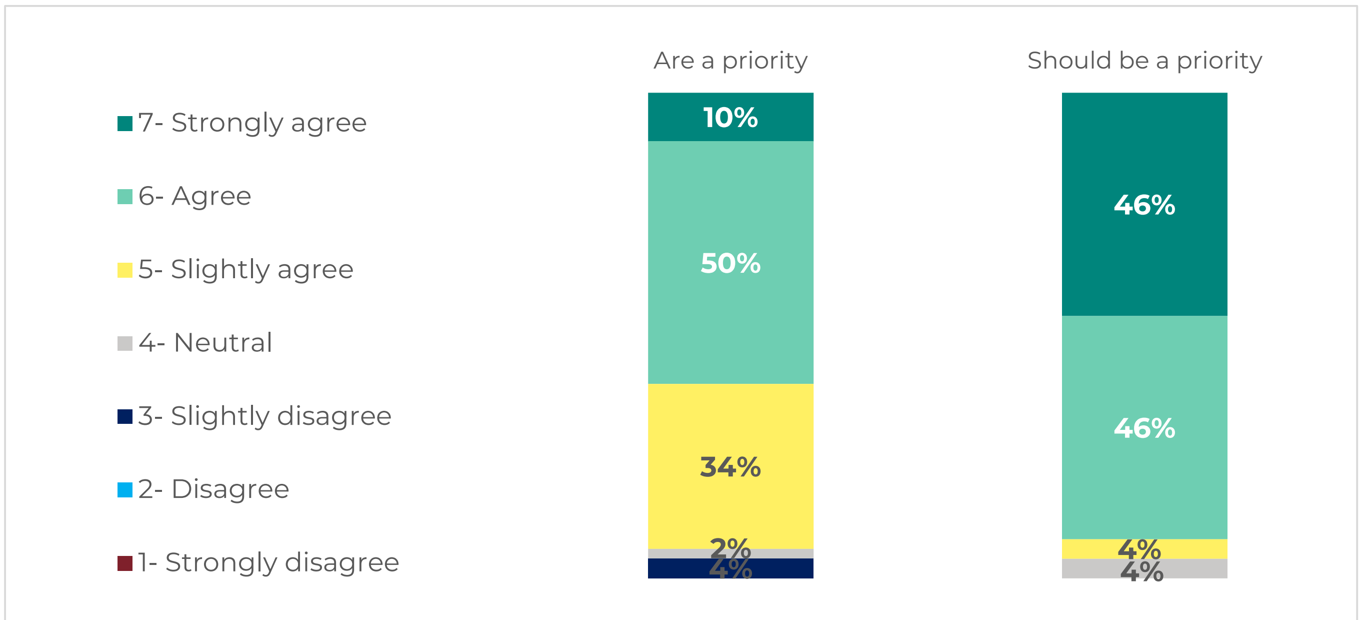


Figure 3: Extent respondents agree that vaccination services are and should be a priority in their ICB

Expanding access to **vaccinations**

Expanding the role of the pharmacist:

All respondents (100%) see the value of expanding the role of pharmacists in vaccination delivery.

42% are in strong agreement that this would be valuable

Utilisation of non-traditional vaccination locations:

There is existing utilisation of some non-traditional setting for vaccination delivery;

64% respondents report utilisation of community centres

56% respondents report utilisation of mobile buses/units

30% respondents report utilisation of leisure centres

VACCINATION SERVICES STRUCTURE AND CHALLENGES

As part of the survey, it was also important to understand how vaccination services are currently implemented within ICBs.

What vaccination services are already commissioned and what do those services look like?

The vast majority of ICB members stated that the following vaccination services were already commissioned by their ICB: Covid-19 (90%), Flu (85%), Shingles (80%), Hepatitis B (80%), MMR (75%), BCG tuberculosis (75%), HPV (70%), and Pneumococcal (70%). Vaccination services less frequently commissioned were Pertussis (whooping cough) 60%, 6 in 1 vaccine (55%), and Rotavirus (50%) *(Figure 4)*. ICB commissioners were more likely to be unsure if these vaccinations were currently commissioned by their ICB, selecting 'Don't know' for 6 in 1 vaccine (25%), Pertussis (whooping cough) (25%) and Rotavirus (20%). Additionally, 20% of respondents were aware that the Rotavirus vaccination service was not currently commissioned by their ICB. Two surveyed ICB members (10%) were unaware of which vaccination services (across all vaccination options) were already commissioned within their ICB.

Almost all respondents are aware of routine vaccinations taking place in more traditional settings, including GP surgeries (100%), Pharmacies (98%),

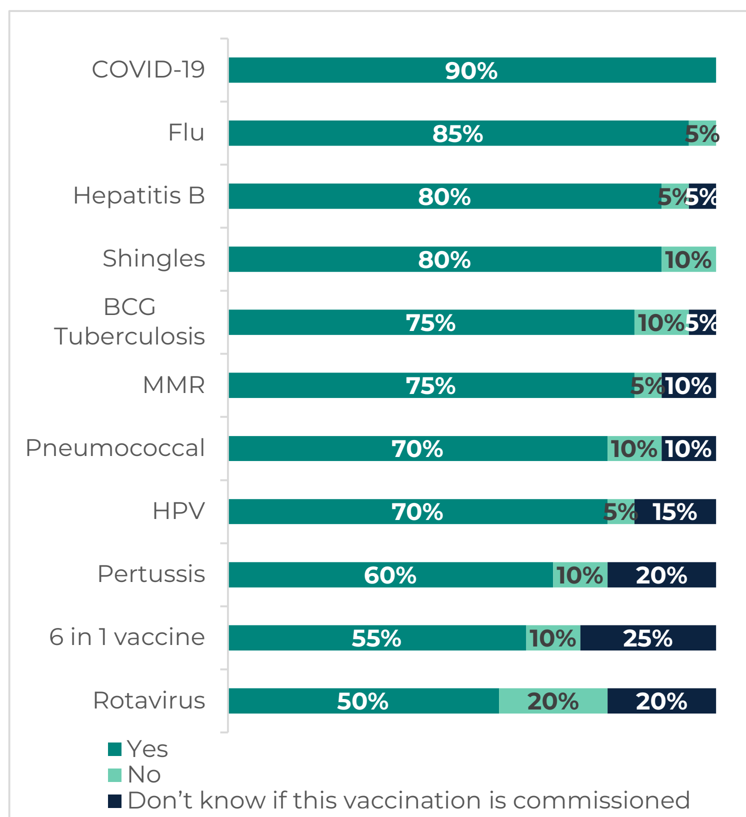


Figure 4: ICB members awareness of vaccination services already commissioned within their ICB
N.B 10% respondents didn't know what was commissioned across *all* vaccines, so % add up to 90%

School-based clinics (96%), Hospitals (94%) and University-based clinics (80%). Mixed responses were found for non-traditional settings, for example almost two thirds of respondents cited they knew vaccinations were given in community centres (64%) and mobile vaccination buses/units (56%), but it was lower for other non-traditional settings such as leisure centres (30%), places of worship (10%) and libraries (8%). There was also more uncertainty about whether vaccinations were provided in these more non-traditional routes, with 24% unaware if they were provided in mobile units, 32% leisure centres, and 40% places of worship and libraries.

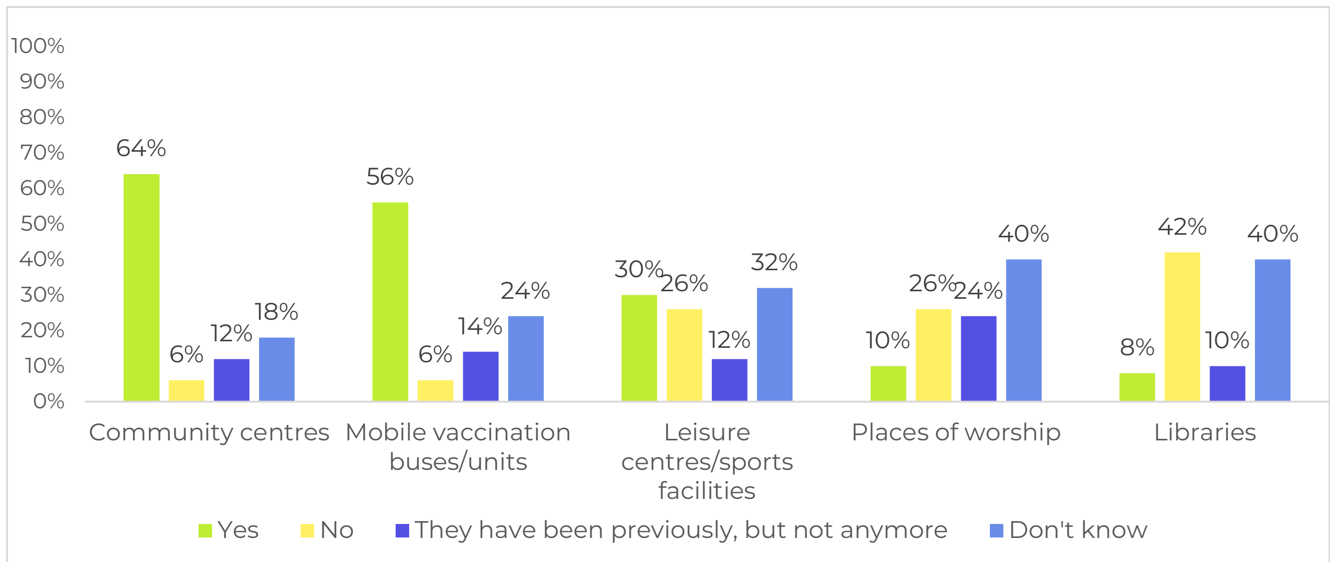


Figure 5: Non-traditional settings where routine vaccinations are currently provided in their local ICB

Understandably, all respondents stated that GPs provided routine vaccinations in GP surgeries (100%), 96% reported pharmacists vaccinating in pharmacies, and 77% reported school immunisation teams being responsible for vaccination in schools. In less traditional settings such as community centres, leisure centres, libraries, mobile units and places of worship, community nurses and immunisation teams were more likely to be responsible, however more non-traditional workforce members such as volunteers and retired NHS workers were also reported to vaccinate there (community centres: 34% cited volunteers, 28% cited retired NHS workers; Leisure centres: 20% cited volunteers; Places of worship: 20% volunteers, 20% retired NHS workers; Mobile units: 46% retired NHS workers, 36% volunteers; Libraries: 25% Retired NHS workers) *(Figure 5).*

What value is there in expanding the role of pharmacists in vaccination delivery?

Respondents stated that on average, pharmacists were currently delivering 31% of routine vaccinations in their ICB. This was perceived to be higher among ICB members who were heavily involved in the commissioning of vaccines (39%). Findings showed that Flu (reported by 96% of all respondents), Covid-19 (94%) and Shingles (74%) were the top vaccination programmes currently run by pharmacists *(Figure 6)*. Other less frequently run programmes included HPV (58%), routine vaccinations given to babies/infants (54%), Pertussis (48%), BCG tuberculosis (TB)(46%) and RSV (34%). Knowing that some of these vaccines are not available from pharmacies through the NHS, it is possible that some respondents here were confusing NHS vs. privately available vaccines from a pharmacy at this question, despite being asked to consider their NHS setting only. All respondents felt that expanding the role

of pharmacists would add good value to vaccination delivery within their ICB (42% reported score 6-7 on a 7-point scale). 0% respondents reported little to no value (score 1-2 on a 7-point scale). Pharmacists and ICB members saw slightly greater value in expanding the role than GPs and Immunisation team members (100% Pharmacists scored 6-7, 45% ICB members scored 6-7, 20% GPs and 0% Immunisation team members). Respondents were also asked to rank the top 3 vaccination programmes they felt to be most suitable for pharmacists to deliver in the future. The vaccinations deemed most suitable for pharmacists to deliver were Flu (94% ranked in top 3), Covid-19 (88% ranked in top 3), and Shingles (62% ranked in top 3), with no other vaccinations being selected by more than 10% respondents *(Figure 7).* The following vaccinations were selected as being unsuitable for pharmacists to deliver in the future; routine vaccinations given to babies (selected as unsuitable by 42%), Pertussis (38%), BCG tuberculosis (38%), RSV (34%) and HPV (30%).

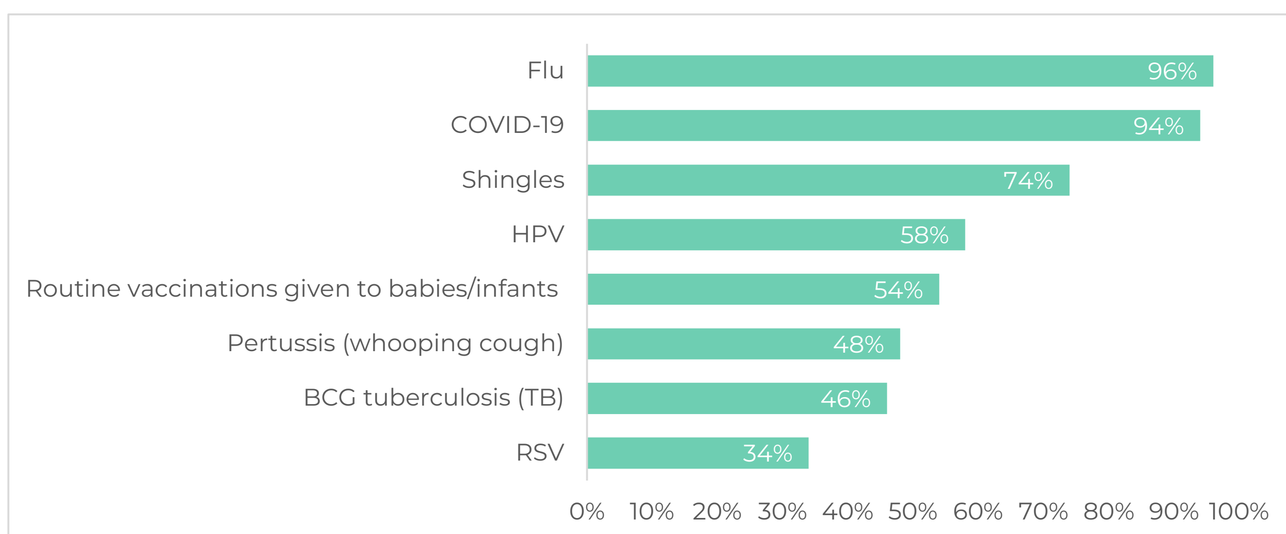


Figure 6: Vaccination programmes currently delivered by Pharmacists in their local ICB (% selecting)

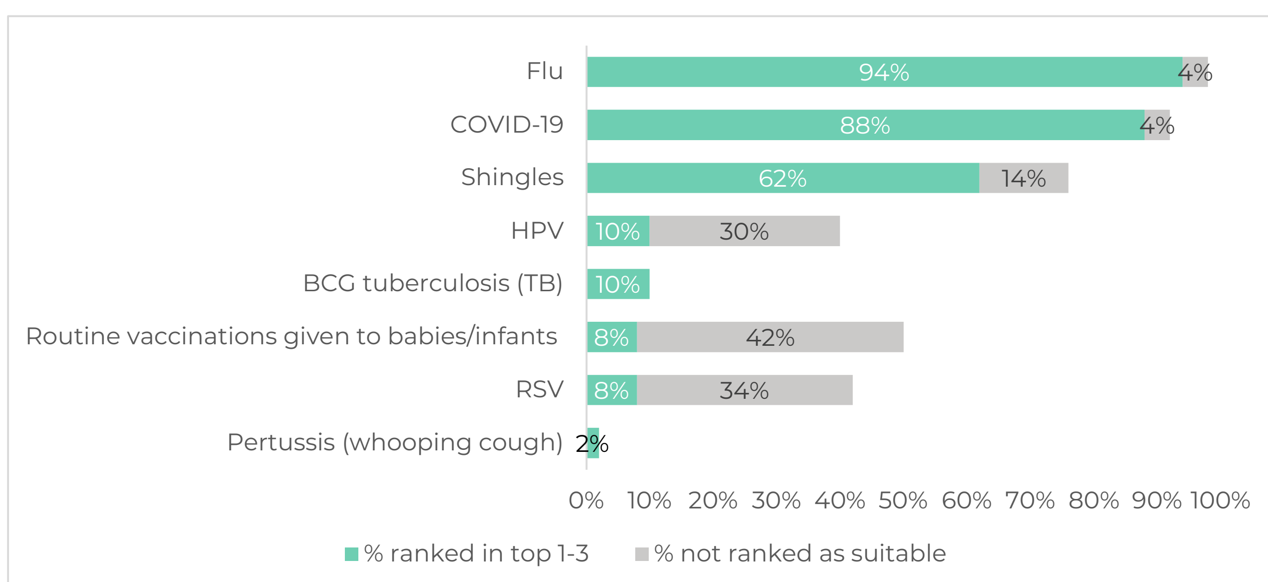


Figure 7: Vaccination programmes deemed most suitable for Pharmacists to deliver (% ranked in top 1-3 and % not ranked as suitable)

Education-based factors are perceived to be the largest barriers to improving vaccination coverage rates

66%

reported vaccination hesitancy as a contributing factor

48%

reported online misinformation as a contributing factor

42%

reported cultural/ religious factors as a contributing factor

42%

reported lack of education on disease prevention as a contributing factor

How good are Vaccination Coverage Rates perceived to be across ICBs?

The majority of all respondents perceive vaccination coverage rates to be good (36%) or average (32%). 24% perceived them to be excellent, although most of these respondents felt there were still some struggles in certain communities. 8% of all respondents reported vaccination coverage rates not being very good, while 0% reported that they were poor. 64% of all respondents felt that there was at least some variation in coverage rates between vaccination programmes while almost one third (32%) of respondents felt that vaccination coverage rates can vary largely between programmes, particularly for community-based immunisation teams (80%).

Respondents ranked vaccine hesitancy (66% ranked in top 3), online misinformation (48%), cultural/religious factors (42%) and lack of education on the importance of disease prevention (42%), from a predefined list, to be the biggest challenges to obtaining better vaccination coverage rates *(Figure 8)*. The challenges seen to be the least significant to obtaining better VCR were vaccination supply (not ranked by 80%), workforce capacity (not ranked by 68%), accessibility of services e.g. location (58%) and deprivation e.g. affordability to travel to locations (56%). Most community immunisation team members (80%), however, did rank workforce capacity as a barrier.

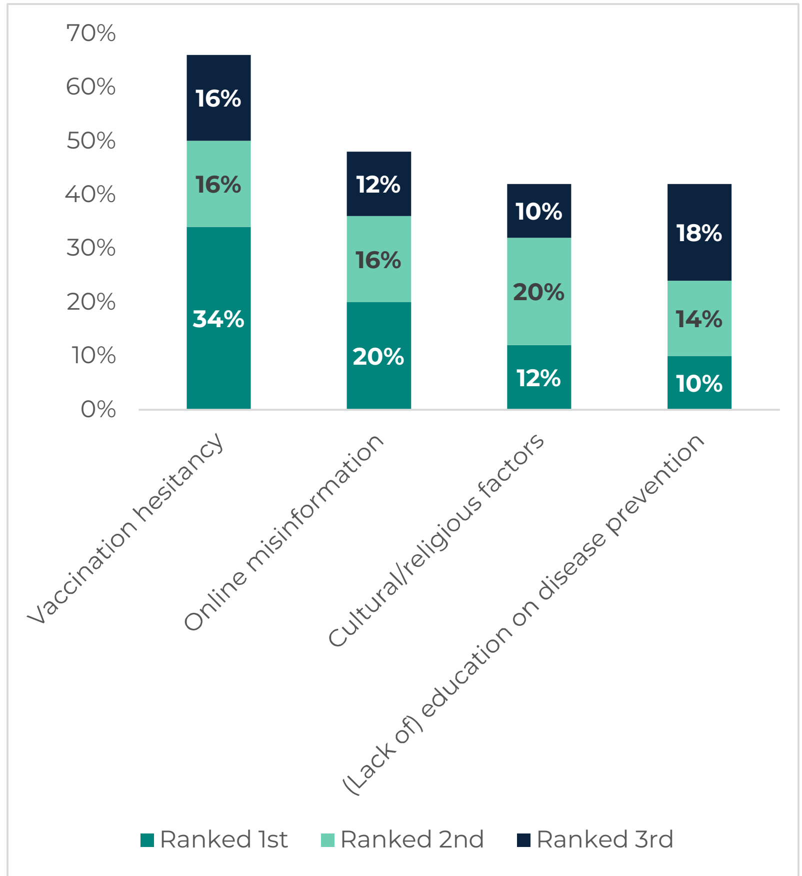


Figure 8: Top 4 responses for perceived challenges to obtaining better vaccination coverage rates

How can we maximise workforce capacity?

The majority of all respondents felt that their ICB did have some workforce capacity issues within their ICB (66% reported a score of 3-5 on a 7-point scale), but none felt that they had serious problems with workforce capacity (0% reported a score of 6-7 on a 7-point scale). 34% felt that the problems were minor (reported a score 1-2 on a 7-point scale). GPs and pharmacists felt that there were less serious issues than other specialties (50% GPs reported a score of 1-2, 60% of pharmacists).

When respondents were asked to rank the main barriers for workforce capacity for delivering a comprehensive

vaccination offering, the key challenges were: lack of staff trained across vaccinations (69% ranked in top 3), followed by heavy reliance on primary care to deliver vaccinations (65% ranked in top 3) and lack of sufficient training opportunities (44% ranked in top 3). Heavy reliance on primary care was not ranked as highly among immunisation teams (20% ranked in top 3), with sufficient training opportunities perceived to be a greater barrier (80% community team members and 60% school-based team members ranked in top 3) *(Figure 9)*. The responses least likely to be ranked as barriers were vaccination rates among the workforce (not ranked by 65%), lack of capacity due to Brexit limitations (not ranked by 60%) and lack of capacity (not ranked by 56%). This illustrates the importance of focusing efforts on optimising the quality and training of the existing workforce, rather than solely increasing the headcount of vaccination staff.

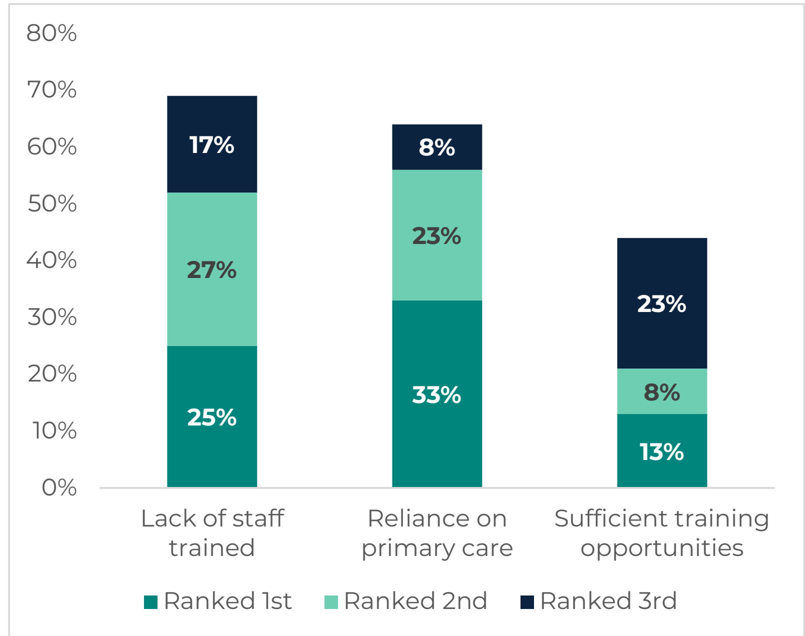


Figure 9: Top 3 workforce capacity barriers to delivering a comprehensive vaccination offering

Which local partners do ICBs work with to deliver health information?

All respondents were asked who their ICB area works in partnership to deliver health information for vaccination services. More than half (58%) of all respondents cited local councils, followed by local community groups (46%) and charity sector (44%). GPs were more likely than other specialities to report having worked with the local council (90%) and religious groups (50%) *(Figure 10)*.

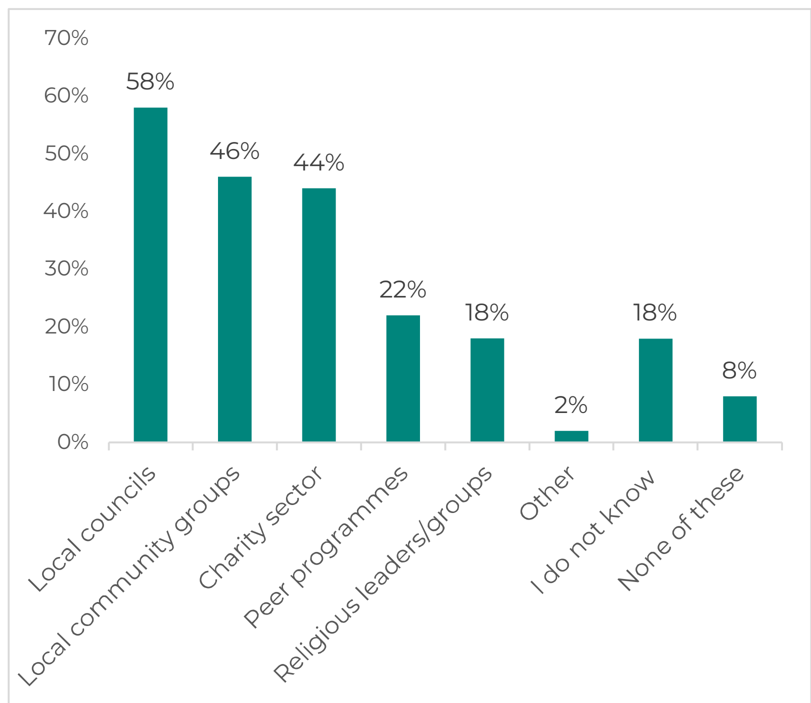


Figure 10: Local partners worked with to deliver health information (% selecting)

ICB STRUCTURE OF SERVICES AND PREPAREDNESS FOR OUTBREAKS

The current set-up of ICBs and existing preparations/plans in place for the 2026 delegation was also explored in the survey.

How many of the surveyed respondents are Demonstrator Sites?

All 20 ICB respondents were shown the definition of a demonstrator site and asked whether their ICB was one. One respondent (5%), a Chief Nurse, reported that their ICB was a demonstrator site. 35% said that their ICB was not a demonstrator site, and 60% reported that they didn't know. This illustrates that there is good opportunity to increase visibility around this initiative, maximising the impact that the demonstrator site network can have. The high proportion of those unsure may also be related to the fact that surveyed ICB members work across all different levels, so some may be further removed from the demonstrator site initiative. There is also a lack of information on demonstrator sites that is publicly available.

How is the CORE20PLUS5 framework utilised?

Half (50%) of all respondents were familiar with the Core20PLUS5 Framework. There was greater familiarity among ICB members (60%) and GPs (80%) than pharmacists and immunisation teams. All 25 respondents who were aware of the framework were also asked to what extent it was utilised in their area to identify populations currently underserved by vaccination services. 60% of respondents answered that they do utilise the framework in this way, 32% said they didn't and 8% were unsure how the Core20PLUS5 framework was utilised. ICB members were more likely to be aware of the framework being utilised to identify underserved populations (67%) compared to GPs (38%).

What existing plans do ICBs already have in place to prepare?

All ICB respondents reported that vaccinations are included to some extent in their Forward Plan. For almost half of these respondents (45%), vaccinations are a key priority in the Forward Plan. 10% of ICB respondents reported not being aware of what exactly is included in the Forward Plan of their ICB.

All ICB respondents were also asked about the existence of an oversight committee or teams in their ICB for A) examining the effectiveness of vaccination efforts in the local area and B) preparing for outbreaks of vaccine-preventable diseases. Approximately one third (A: 30% and B: 35%) of ICB members claimed that they did have these teams already in place, with a further approximate third (A: 35% and B: 30%) claiming that the creation of these teams was in development. The ICB members who are more heavily involved/have insight over the commissioning of vaccination services in their area were more likely to report these teams being in developmental stages. A small minority of ICB respondents (A: 10% and B: 5%) did not have these teams in place within their

ICB, with the remaining unsure about whether they existed in their ICB or not.

Over half (58%) of all respondents were aware of an existing outbreak response plan, or one being in development. Most other respondents assumed that a plan was in place, but were not completely confident. Almost all (90%) respondents were aware of a local implementation plan for NHS Vaccination Strategy existing, or being currently developed.

How prepared are ICBs to implement changes to vaccination programmes?

Almost all respondents (90% reported a score of 3-5 on a 7-point scale) feel fairly prepared to implement new or extend existing vaccination programmes as and when ministers approve them. At each extreme, 8% feel very prepared (score 6/7) and 2% felt very slightly prepared (score 2/7). Respondents were provided with a list of potential challenges associated with this and asked to select the ones they agreed were challenges. The most common challenges to implementation were vaccine hesitancy in the community (reported by 76% of all respondents), time constraints e.g. expected to turn changes around too quickly (72%), unrealistic targets/expectations from health ministers (62%) and lack of available funding (42%). Whilst only 36% felt that lack of available workforce was a challenge, it was perceived to be more of a challenge to ICB members (40%) and immunisation teams (60% community teams and 40% school teams) vs. GPs (30%) and pharmacists (20%). Lack of consultation early in decision-making processes and lack of guidance/resources on how to implement also contribute to the challenges currently experienced in implementing programmes upon health ministers' approval.

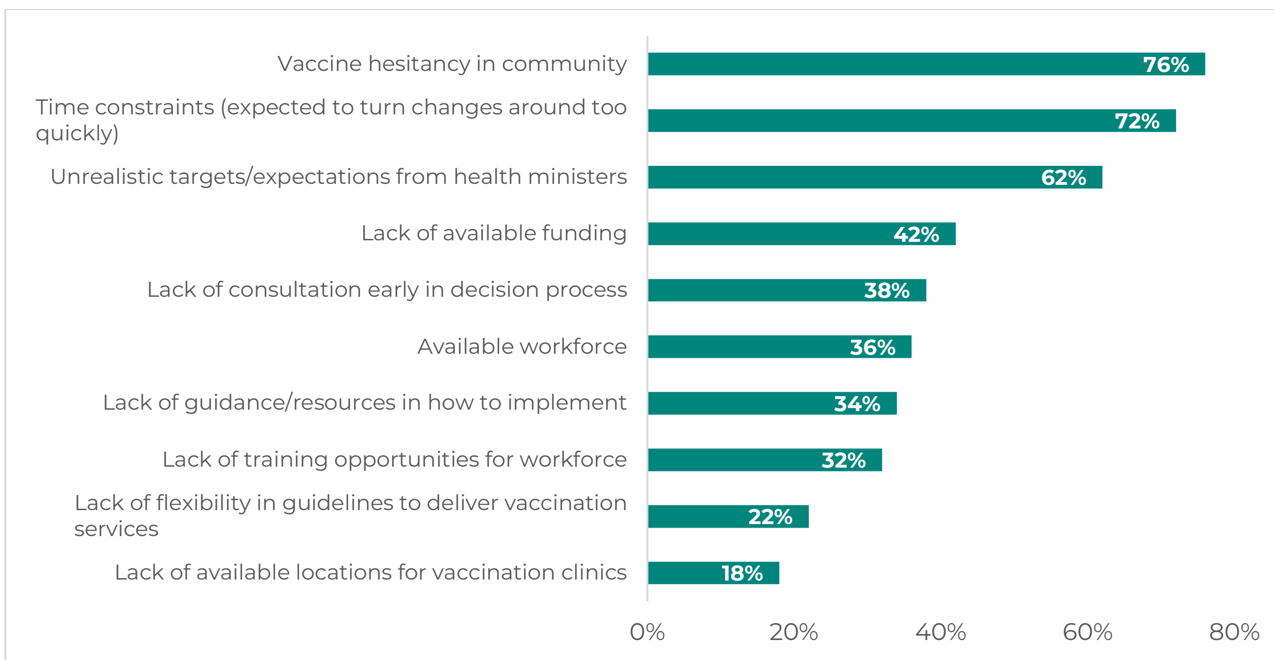


Figure 11: Challenges associated with implementing/extending vaccination programmes when approved by health ministers

Almost all respondents feel that their local health system is reasonably prepared to implement catch-up vaccination programmes when required (92% reported score 3-5 out of 7). 6% respondents felt very prepared (score 6/7), and no respondents felt completely prepared (score 7/7).

There was mixed awareness of the term 'Vaccination Delivery Networks', with 44% aware. Awareness was lower among community-based immunisation teams (20%). Most respondents agreed it would be possible to some extent (82% reported score 3-5 out of 7) for their ICB geography to form Vaccination Delivery Networks by 2026, and 14% reported it would be highly possible (scores 6-7 out of 7) *(Figure 12)*. All respondents who had been initially unaware of the term 'Vaccination Delivery Networks' were shown a definition before commenting on the possibility of forming them. However, confidence in ability to implement these networks was slightly higher among respondents who were initially aware of the term.

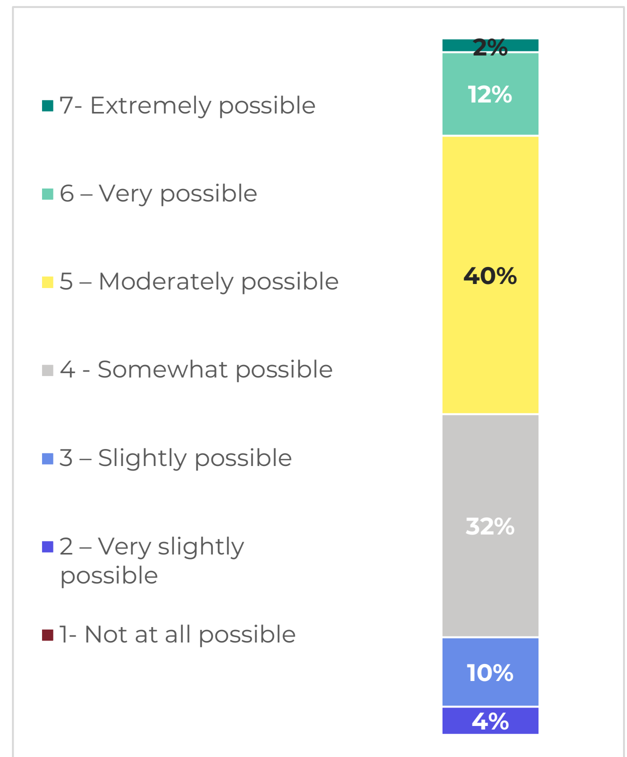


Figure 12: The extent respondents feel it will be possible to implement Vaccination Delivery Networks by 2026

DATA AND SYSTEM CAPACITY

Understanding how ICBs currently use data tools and systems was another important area to uncover, helping to explore how they could be utilised to aid ICBs' upcoming vaccination commissioning responsibilities.

Approximately one third of all respondents reported that their ICB did use comparative data tools to understand how access to vaccination in their area differs across diverse populations/communities. Only 8% stated their ICB did not use them, however 60% were not sure if their ICB utilised comparative tools for this purpose *(Figure 13)*. It's important to be mindful that not all surveyed respondents will be involved in the usage of these tools as part of their role, which may be contributing to the high proportion of those unsure about the usage.

Of the 32% respondents who reported using comparative data tools, they mentioned a range of comparative tools, including NHS dashboards/NHS Rightcare (reported by 25%), comparing vaccination uptake data between different populations (19%) and utilising local immunisation reports/regional datasets (19%)

> ***I think that IT is crucial. The digitalisation of booking systems, but also cross platform interoperability at primary care ICB level. So that data can be extracted from all primary care systems, and compiled easily, and also appropriate parties can handle patient level data***
> **– GP**

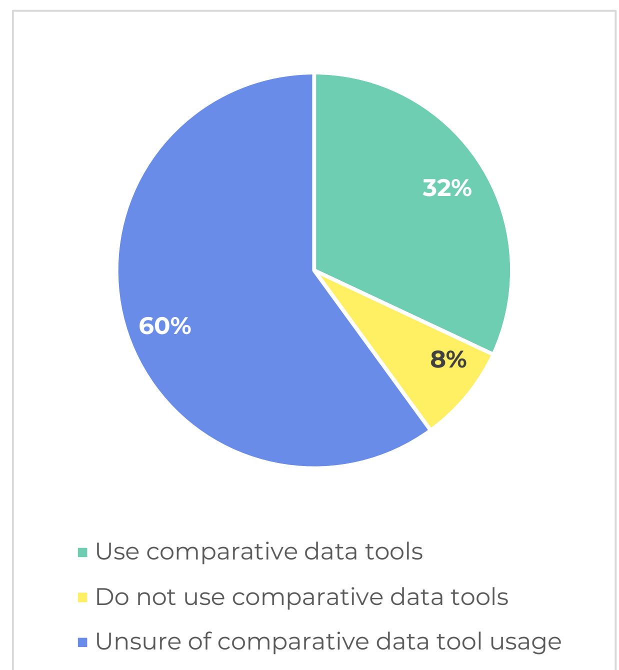


Figure 13: Respondent awareness of comparative data tool usage in their ICB to explore access to vaccinations

> ***We need to have vaccination data available across the NHS as a whole so any healthcare professional can see someone's up to date vaccination records***
> **– GP**

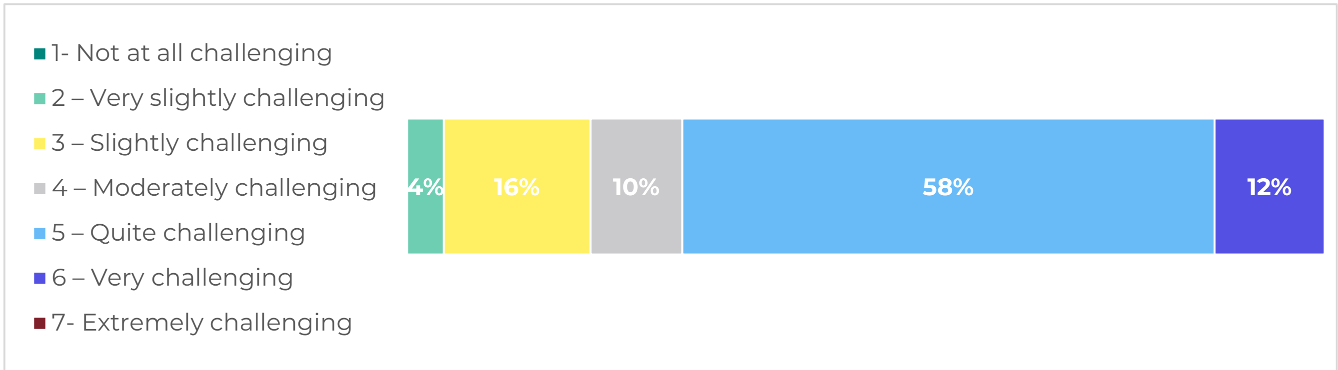


Figure 14: The extent they feel the interoperability (ability to exchange information) of data systems across providers poses a challenge to delivering vaccination services

The majority of respondents (58%) feel that the interoperability of data systems across different providers is quite challenging for delivering vaccination services. Only a minority (4%) see it as not much of a challenge (scored 1-2 on a scale of 7) *(Figure 14)*.

All respondents were asked what one improvement could be made to vaccination-related data systems to improve efficiency and/or vaccination coverage rates. A large variety of suggestions were made, including centralised electronic health records (reported by 30%), being able to view real time and up to date vaccination records (16%), patients having easy access to their own health records (14%) and further development of the NHS app or new vaccination-based apps to use as a unified place for accessing records (like in the COVID-19 pandemic)(14%).

> ***Single visibility on vaccination uptake across population that can automatically draw from multiple data sources. You want a single version of the truth in order to deploy system resources into the right areas. Moving population health from a concept to a practice***
>
> **– ICB Clinical Director**

> ***Enabling real time updates of vaccination status to make informed decisions regarding patient care***
>
> **– GP**

There are **4 key areas** respondents would most appreciate support from national policy makers in the future:

66%

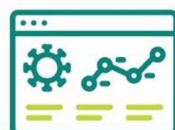
would like **standardisation of IT systems** to capture/ compare vaccination data

44%

would like to see **tailored disease awareness campaigns**

44%

would like support using available **data in a meaningful way**



40%

would like to see **financial incentives** related to targets e.g. reaching/improving coverage rates

FUTURE NEEDS

The final part of the survey was focused on understanding what respondents would like to see more of in the future to help with the delegation of vaccination commissioning

Where can vaccine manufacturers help?

Just under half of respondents (46%) reported having experience working with vaccine manufacturers, which was slightly lower among community-based immunisation team workers (20%). Of the 46% respondents who did have experience working with manufacturers, the areas of collaboration that have been most useful for them included the sharing of information on vaccine availability (30%), information around vaccination delivery plans and timings (ICB respondents only, 22%) and customised support (higher among non-ICB respondents, 17%).

> ***They have usually been quite proactive in informing us about vaccine availability for routine seasonal vaccines and also vaccines for suspected outbreaks or surges or upturns in diseases like TB***
>
> **– Pharmacist**

> ***Clear support in helping change the model of delivery. Vaccination changed overnight with the Covid vaccine delivery and we innovated in incredible ways. A lot of this knowledge is being lost as a result of entrenched views. Pharma can help showcase best practice, drive innovation and help systems think critically through data on how to delivery system level services***
>
> **– ICB Clinical Director**

Of the 54% respondents who haven't worked with vaccine manufacturers, the key reason that they haven't engaged was because it isn't/hasn't up until now been necessary to do so (37%), it is handled by someone else on their team/doesn't form part of their role (33%) or they expect to in the future but have not had the opportunity yet (all ICB respondents, 11%).

What support is most valuable for ICBs?

From a list of attributes, respondents were asked to rank the things that they would most appreciate from national policy makers or system partners to help with local vaccination services. The standardisation of IT systems used to capture/compare vaccination data was considered most important (64% ranked it in top 3 most important), followed by tailored disease awareness campaign materials (44% ranked top 3) and support using data in a meaningful way (44%) *(Figure 15)*. Financial incentives for aligning to targets e.g. improving

coverage rates in underserved communities was also considered important (40% ranked top 3).

Finally, respondents were asked if there was anything else that they felt was needed or that they would like to see that would be instrumental to help with preparations for taking over vaccination commissioning responsibilities in 2026. There were a wide range of suggestions, and the most commonly reported answers were increased staff training or recruitment (14%), the development of strategies to tackle vaccine hesitancy/misinformation (10%), databases/systems with vaccination history easily accessible (10%). Communication strategies to tap into local communities (8%), increased government funding (8%), comprehensive workforce planning (8%) and more seminars/workshops about vaccination programmes were also mentioned (8%).

> ***A big thing would be information campaigns to try to reach the communities who are historically vaccine hesitant and to challenge the beliefs that inform vaccine reluctance and to try to recruit community leaders who would help to encourage people to have vaccinations for the general good of all***
>
> **– ICB Operations Manager/lead**

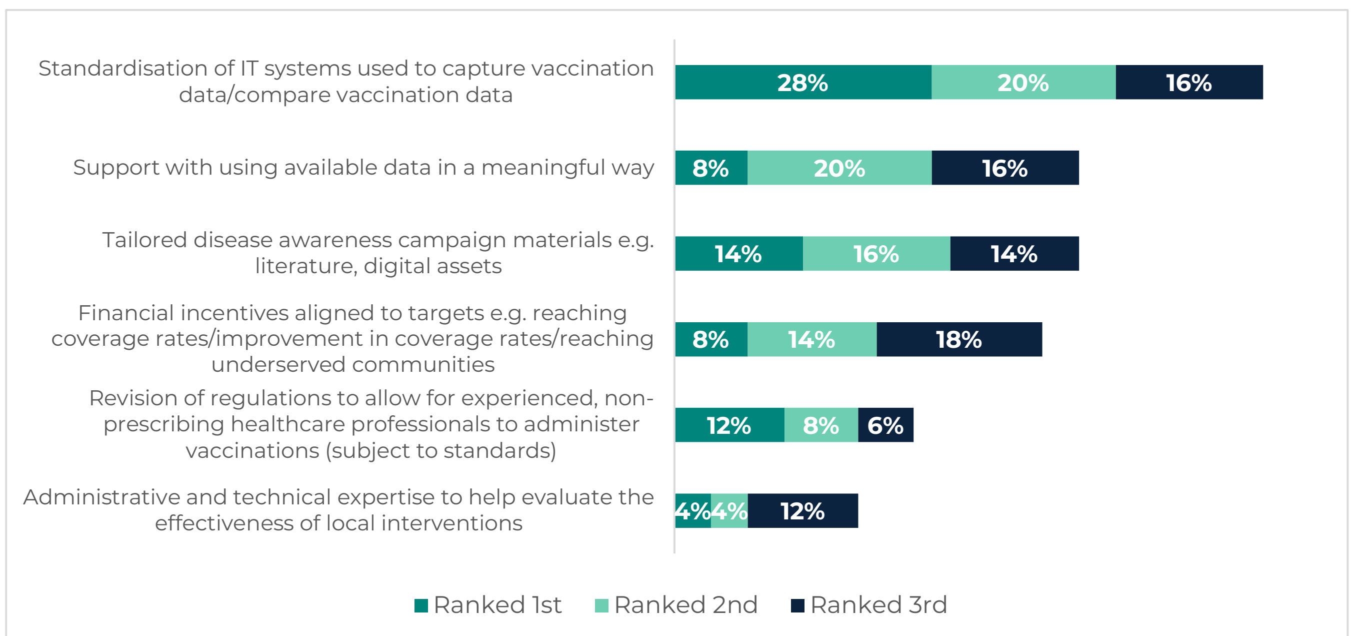


Figure 15: What they would most appreciate from national policy makers or system partners to help with local vaccination efforts

CONCLUSIONS

This is a summary of the main conclusions of the market research, based on the answers that respondents have provided in the survey

1) Level of readiness for the commissioning of vaccination services

Discussions and preparations for the delegation are underway and there is a promising level of perceived readiness. However, those involved across the ICB universally feel that at least some level of support is required to prepare for the upcoming delegation of vaccination responsibilities.

- The low awareness among respondents about whether their ICBs were demonstrator sites indicates that there is opportunity to increase visibility and communication around these efforts, maximising the impact that the demonstrator site network could have.

- Vaccinations are currently prioritised within ICBs, but further support overcoming logistical and educational barriers will be crucial in helping ICBs prioritise services to the extent they feel they should be.

2) The importance of education to help reach communities currently underserved by vaccination services

Surveyed respondents are especially hopeful that this delegation can help reach communities currently underserved by vaccination programmes

- Further education around vaccination health and tackling misinformation are key areas that will be crucial to target when supporting ICBs with the upcoming delegation, given vaccine hesitancy, misinformation, and religious/cultural factors are perceived to be significant barriers to vaccination coverage rates and key areas for desired support.

- Vaccination hesitancy is a key barrier to the implementation of vaccination services, so continued focus and support with strategies and campaigns for tackling hesitancy, with possible industry collaboration, will be important to aid the success of the delegation. Utilising local and community teams to help with health education could be beneficial.

- Increasing utilization of community partners to deliver health information, for example religious leaders to overcome cultural barriers, could be particularly beneficial.

- The development of universal data systems/tools for comparing vaccination inequalities would also be beneficial, as well as more practical guidance in leveraging the CORE20PLUS5 framework to target underserved communities.

3) Improving data systems to aid collaboration between ICBs

Enhancing data systems is an important way to support collaboration between ICBs, which is currently an area where respondents feel they need more support.

- Enhancing the interoperability of current data systems and the development of a single consistent tool for understanding vaccination uptake would be appreciated by ICBs to aid with the delegation of responsibilities.

- Consider supporting the development of centralised electronic health records, access to real-time vaccination records or patient access to own records to help aid the transition of vaccination services to ICBs.

- Supporting and training those involved across the ICB on how to use enhanced data systems in the best ways should also be considered; ensuring data is always being used in a meaningful way, for example using systems effectively to track vaccination inequalities across ICB communities.

4) Expanding the current delivery of vaccination

There is scope to expand upon the current delivery of vaccination services, by broadening the healthcare professionals who deliver them or the locations where they are offered

- Support in mobilising more non-traditional workforce specialties or locations (for example volunteers/retired NHS workers and libraries/leisure centres) would be beneficial in supporting ICBs in expanding vaccination delivery services, where more traditional locations and workforce specialties are utilised more frequently.

- There is perceived value in expanding the role of pharmacists in vaccination delivery. However, reassurance may be needed to encourage the value in expanding which specific vaccination services are delivered, given some current hesitancy around expanding to infant vaccines, RSV, HPV, pertussis and BCG tuberculosis vaccines.

- It will also be important to ensure pharmacists are provided with sufficient training opportunities to ensure they are upskilled to deliver vaccines beyond the ones they are already providing more frequently.

5) Logistical barriers impacting the upcoming success of the delegation

A lack of funding is perceived to be a key barrier to the upcoming delegation, and a barrier to implementing programmes when desired, in addition to too short timeframes to deliver changes within.

- Surveyed respondents suggest that the introduction of financial incentives for meeting vaccination targets e.g. maximising reach to underserved communities would be appreciated.

- The largest barriers to workforce capacity are more related to staff training and reliance on primary care, suggesting that facilitation of vaccination delivery away from the primary care setting to some extent and staff training opportunities, potentially with industry collaboration, could be more important than focusing solely on staff recruitment in the future.

- Workforce capacity is less of a concern for those in more primary care, indicating that it is not a large barrier for those involved in the day-to-day running of vaccination services currently.

- More realistic expectations and timeframes would be beneficial when implementing changes to vaccination programmes. Health ministers could consider involving ICBs in earlier consultations and providing more discrete guidance in how to implement changes to encourage faster, more efficient implementation.

References

1. NHS England. NHS commissioning: plans to April 2026. Available at https://www.england.nhs.uk/long-read/nhs-commissioning-plans-to-april-2026/ (Accessed March 2025)

2. NHS England. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Available at https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ (Accessed March 2025)

3. NHS England. NHS Vaccination Strategy. Available at https://www.england.nhs.uk/long-read/nhs-vaccination-strategy/ (Accessed March 2025)

APPENDIX 1

ONLINE SURVEY QUESTIONS

SCREENING QUESTIONS	
Adverse events wording: *We are required to pass on to the sponsoring client any details of side effects or product complaints relating to their products that are mentioned during the interview. This is to help them learn more about the safety of their medicines. If this happens, we will need to collect details and report the side effects or product complaint. This will have no impact on the confidentiality and anonymity associated with the interview itself.* *Are you happy to proceed with the research on this basis?*	
ICB MEMBERS	
ASK ALL	SQ1. Are you currently on the payroll of any pharmaceutical company or other healthcare manufacturer, for anything other than clinical trials?
ASK ALL	SQ2. Which country within the UK do you currently work in?
ICB ONLY	SQ3. Are you currently a member of an integrated care board (ICB)?
ICB ONLY	SQ4. For how long have you been a member of an integrated care board (ICB)?
ICB ONLY	SQ5. Which of the following organisations have you worked in within the last 5 years?
ICB ONLY	SQ6. We understand that some responsibilities over the coming months are going to be transferred from NHS England to integrated care boards (ICBs). Which of the following future initiatives will you be personally involved in?
ICB ONLY	SQ7. To what extent does your role on the integrated care board lead you to be involved in the current and future commissioning of vaccination services in your ICB?
ICB ONLY	SQ8. Which types of vaccination services does your role on the ICB involve? Please select all that apply.

ICB ONLY	SQ9. What title best reflects your role on the integrated care board (ICB)?
TO GPS, PHARMACISTS, SCHOOL AND COMMUNITY IMMUNISATION TEAMS	
ASK ALL	SQ10. Are you currently on the payroll of any pharmaceutical company or other healthcare manufacturer, for anything other than clinical trials?
ASK ALL	SQ11. Which country within the UK do you currently work in?
ASK ALL	SQ12. Which of the following healthcare services are you personally involved in as part of your day-to-day role?
ASK ALL	SQ13. What is your primary medical speciality?
ASK ALL GPS AND PHARMACISTS	SQ13B. Approximately what proportion of your professional working time do you spend treating patients in the following treatment settings?
ASK IF SELECT SQ13_06	SQ14. Which of the below areas are you specialised in?
ASK ALL SELECTING CODE 09 AT SQ13	SQ15. Which of the following best describes your title?
ASK IF SQ14_02 OR SQ15_01-05	SQ16. Which of the following best describes the setting that you primarily work in?
ASK ALL GPS AND PHARMACISTS (SQ13_1, 5 OR 8)	SHOW IF SQ13_1 OR SQ13_5: For how long have you been qualified and practicing? SHOW IF SQ13_8: For how long in total have you been working in your current role or a similar role?
ASK SCHOOL AND COMMUNITY IMMUNISATION QUOTA TEAMS	SQ18. For how long have you been working in a screening and immunisation team?
ASK ALL GPS AND PHARMACISTS (SQ13_1, 5 OR 8)	SQ19. To what extent are you involved in the delivery of vaccination services within your practice?
ASK ALL GPS AND PHARMACISTS (SQ13_1, 5 OR 8) EXCEPT THOSE SELECTING CODE 07 AT SQ19	SQ20. To what extent are you involved in the commissioning and organisation of vaccination services within your practice?
ASK SCHOOL AND COMMUNITY IMMUNISATION QUOTA TEAMS	SQ22. To what extent are you aware of how vaccination services are commissioned in your local area?
ASK ALL	SQ23. To what extent do you have knowledge of integrated care boards (ICBs) and the services they commission and plan across your local area?
ASK ALL	SQ24. To what extent would you feel confident in your ability to answer questions about vaccination systems across your local authority?

Section 1 : ICB readiness to commission vaccination services	
ASK ALL	Q1. Accounting for the fact that preparations are still underway and future communications are likely to be issued by NHS England, to what extent do you currently feel knowledgeable about this upcoming delegation of vaccination commissioning responsibilities? Please rate your answer on a scale of 1-7, with 7 being 'Extremely knowledgeable' and 1 being 'Not at all knowledgeable'
ASK ALL SELECTING CODES 03-07 AT Q1	Q2. SHOW ICB MEMBERS: In the run up to April 2026, to what extent do you feel your ICB will need further support preparing for the delegation of commissioning of vaccination services? SHOW ALL OTHERS: In the run up to April 2026, to what extent do you feel your local ICB will need further support preparing for the delegation of commissioning of vaccination services? SHOW ALL How does this compare to ICBs across the country?
ASK ALL SELECTING AT Q2 CODES 01-03	Q3. You mentioned that you think [ICBs/your ICB will need] further support preparing for the delegation of commissioning of vaccination services. For what reasons do you think this? Please select all that apply for each setting. Please give as much detail as possible.
ASK ALL SELECTING AT Q2 CODES 04-07	Q4. You mentioned that you don't think {ANSWER FROM PREVIOUS Q} further support preparing for the delegation of commissioning of vaccination services. For what reasons do you think this? Please select all that apply for each setting. Please give as much detail as possible.
ASK ALL	Q5. (KNOWLEDGEABLE ABOUT TAKEOVER) Which of the following do you hope that ICBs can achieve by taking on the commissioning of vaccination services from NHS England? (NOT KNOWLEDGEABLE ABOUT TAKEOVER) Which of the following do you hope to achieve in the future delivery of vaccination services in England?
Section 2: Vaccination services structure and challenges	
ASK ICBs ONLY	Q6. Which (if any) vaccination services does your ICB already commission?
ASK ALL	Q7. In your local area / ICB geography, where are routine vaccinations currently provided? Please think

	only about routine vaccines, not emergency vaccinations e.g. locations used specifically during the COVID-19 pandemic
ASK ALL	Q8. To the best of your knowledge, who typically provides the routine vaccinations in the below locations?
ASK ALL	Q9. Approximately what % of all routine vaccinations are currently delivered by pharmacists in your local area / ICB geography?
ASK ALL	Q10. Which vaccination programmes do pharmacists currently deliver within your local area/ICB geography? Please select all that apply
ASK ALL	Q11. To what extent do you see the value in expanding the pharmacists' role in delivering vaccinations in your area?
ASK IF SELECT CODES 03-07 AT Q11	Q12. You mentioned that you do see *some* role in expanding pharmacists' role in vaccination delivery. Which routine vaccination programmes do you perceive to be most suitable for pharmacists to deliver in the future (please consider this within the context of the future National Immunisation Programme only, not private provision of vaccinations)?
ASK ALL	Q13. Are you familiar with the CORE20PLUS Framework (to identify populations that are currently underserved by vaccination services in your area)?
ASK ALL FAMILIAR WITH THE CORE20PLUS5FRAMEWORK (Q13_01)	Q14. To what extent has your local area/ICB geography utilised the Core20PLUS5 framework to identify populations that are currently underserved by vaccination services?
ASK ALL	Q15. To your knowledge, does your local area/ICB geography use any comparative data tools to understand how access to vaccination in your area differs across diverse populations/communities?
ASK IF YES, DO USE COMPARATIVE TOOLS (Q15_01)	Q16. You mentioned that you do use comparative data tools. Can you tell us which comparative data tools are utilised? Please give as much detail as possible
ASK ALL	Q17. How would you describe the vaccination coverage rates generally within your local area/ICB geography?

ASK ALL	Q17.5. You mentioned that the vaccination coverage rates are generally [INSERT ITALICISED TEXT FROM CODE SELECTED AT Q17]. To what extent would you agree that although this is generally true, vaccination coverage rates can vary between vaccination programmes too?
ASK ALL	Q18. Which, if any, of the following do you perceive to be challenges/barriers to obtaining better vaccination coverage rates in your area?
ASK ALL	Q19. To what extent do you feel there is a sufficient workforce capacity within your area to be able to deliver a comprehensive vaccination offer across your local area / ICB geography? Please rate your answer on a scale of 1-7, with 1 being 'There are no problems with workforce capacity' and 7 being 'There are serious problems with workforce capacity'
ASK ALL EXCEPT THOSE SELECTING CODE 01 AT Q19	Q20. What do you feel are the main barriers for workforce capacity in your area, specifically when it comes to delivering a comprehensive vaccination offering across your local area / ICB geography? Please rank the following, with 1 being the most challenging factor. You don't have to rank all answers if you do not prioritise it is as something you would like to see.
Section 3: ICB prioritisation of vaccination services and outbreak preparedness	
ASK ALL	Q23. To what extent do you agree that vaccination services are and should be a priority within your local area/ICB geography? Please tick an answer for each column.
ASK ICBS ONLY	Q24. Does your ICB have an oversight committee or team responsible for the following areas?
ASK ALL	Q25. To the best of your knowledge, does your local area/ICB geography have an outbreak response plan?
ASK ICBS ONLY	Q26. To the best of your knowledge, does your ICB have a local implementation plan for the NHS Vaccination Strategy?
ASK ICBS ONLY	Q27. To what extent is vaccination a priority within your Forward Plan as an ICB?
ASK ICBS ONLY	Q28. Is your local ICB geography a Demonstrator site?

Section 4: Data and system capacity	
ASK ALL	Q29. Are you familiar with the term 'Vaccination Delivery Networks'?
ASK ALL	Q30. To what extent do you think it will be possible within your local area/ICB geography to form Vaccination Delivery Networks by 2026? SHOW ALL Please rate your answer on a scale of 1-7, with 7 being 'Extremely possible' and 1 being 'Not at all possible'
ASK ALL	Q31. To what extent do you feel that your local health system is prepared for implementing new vaccination programmes, or extensions to existing ones (e.g. for the roll out of RSV programme), as and when they are approved by health ministers in the future?
ASK ALL	Q32. What are the common challenges normally associated with implementing/extending vaccination programmes as and when they are approved by health ministers?
ASK ALL	Q33. To what extent do you feel that your local health system has the capabilities and capacity to stand up catch-up programmes should these be required to tackle outbreaks of disease?
ASK ALL	Q34. Who, if at all, does your local area work in partnership with to deliver health information for vaccination services and/or deliver vaccination services
ASK ALL	Q35. To what extent do you feel that the interoperability (ability to exchange information) of data systems across providers poses a challenge to delivering vaccination services? Please rate your answer on a scale of 1-7, with 7 being 'Extremely challenging' and 1 being 'Not at all challenging'
ASK ALL	Q36. From your perspective, what is the single biggest improvement that could be made to vaccination-related data systems in your area to improve efficiency and/or vaccination coverage rates?
Section 5: Future Needs	
ASK ALL	Q37. What would you most appreciate from national policy makers or system partners to help with local vaccination efforts? Please rank the following, with 1 being the top outcome that you would like to see help in. You

	don't have to rank all answers if you do not prioritise it as something you would like to see.
ASK ALL	Q37A. Do you have experience working with vaccine manufacturers?
ASK SELECTING CODE 01 AT Q37A	Q37B. What in terms of collaboration has been the most useful for you when working with vaccine manufacturers in the past? Please give as much detail as possible.
ASK SELECTING CODE 02 AT Q37A	Q37C. Is there a reason why you have not engaged with vaccine manufacturers? Please give as much detail as possible.
ASK ALL	Q38. Finally, is there anything else that you feel is needed/you want to see that you think will be instrumental in helping ICBs prepare for taking over vaccination service commissioning responsibilities from 2026? Please give as much detail as possible here, we really value your input.

Quality standards

ISO 20252 and ISO 9001 registered

Adhere to principles of good practice as outlined by:

- ABPI
- BHBIA
- MRS
- EphMRA
- Intellus WW

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