

# Vaccination in the UK: access, uptake and equity

Findings from the RCPCH Commission on Immunisation, 2024-25

## 1. The issue

- Vaccinations are one of the most powerful tools we have in preventing ill health. Vaccines have saved millions of children's lives, protecting them from serious illness and life changing complications; they have transformed the world we live in.
- However, over the last decade the uptake of vaccines in the UK has stalled and is in many cases declining.
- In 2020, one in five children worldwide was not fully vaccinated, with 1.5 million deaths annually from preventable disease (UNICEF, 2020).
- The World Health Organization (WHO) recommends a target of 95% vaccination coverage to protect vulnerable groups - like newborns, the elderly, and the immunosuppressed - who may not be able to be vaccinated themselves.
- In the UK, data shows that none of the routine childhood vaccinations have met the 95% coverage target since 2021. Early data from 2024-25 indicate that rates of vaccination look set to continue to decline.
- Declining rates of routine vaccination in a wealthy country such as the United Kingdom, with a well-established universal healthcare system, are extremely concerning.
- The decrease in childhood vaccination rates pose a significant public health risk, with outbreaks of preventable diseases such as measles and pertussis (whooping cough) already being seen.
- Declining vaccine uptake represents an inefficient use of public health resources and reduces the effectiveness of the UK's pandemic preparedness and disease control strategies.
- Compounding this, inequality in vaccine uptake – particularly among socioeconomically disadvantaged families, some ethnic minority groups, and migrant communities – has been increasing in recent years, with disparities becoming more pronounced since the COVID-19 pandemic.

## 2. Our findings

- Significant emphasis in research and policy is currently given to hesitant or 'anti' vaccination beliefs, attitudes and behaviours. The RCPCH commission recognise the challenges posed by anti-vaccine sentiment, misinformation, and associated forms of vaccine hesitancy, but from their work, the commission conclude that it does not account for the whole picture in the decline of childhood vaccination.
- The commission emphasise that in the UK, where vaccine confidence is still relatively high, under-vaccination is more often due to difficulties accessing services for practical or logistical reasons. The report underscores the importance of understanding these access-related barriers, as these can discourage families - particularly those already uncertain about vaccination - from actively pursuing immunisation for their children.
- The commission highlighted the growing disparity in vaccine uptake among some ethnic minority groups, socioeconomically disadvantaged families and migrant communities. These groups reported specific challenges such as limited access to information due to language difficulties, digital exclusion, challenges in navigating the NHS, and a lack of targeted outreach.
- There are also barriers stemming from costs associated with vaccination and inaccurate or incomplete NHS records making it difficult to know if vaccinations have been missed and harder to contact families about upcoming vaccinations.
- Communities that experience inequality and marginalisation may have reduced trust in the government and the healthcare system, impacting confidence in health-based interventions such as vaccination, resulting in a lower uptake in these groups.

RCPCH convened a commission of experts for 12 months to explore the decline in childhood vaccination in the UK. The commission used a multi-pronged approach to review quantitative and qualitative evidence, including national and local data, recent research, expert opinion, and lived experience to understand barriers to vaccination in the UK today.



## Barriers to vaccination reported by parents in 2024:

Barriers to vaccinations	Examples raised by parents/carers
<b>Difficulty booking an appointment</b>	<ul style="list-style-type: none"> <li>• Difficulty getting through to book an appointment.</li> <li>• Long waiting times when trying to contact GP surgeries.</li> <li>• Limited appointments available.</li> </ul>
<b>Difficulty getting a convenient appointment</b>	<ul style="list-style-type: none"> <li>• Difficulty in getting an appointment to fit with parents' busy schedules, especially for working parents.</li> <li>• Hard to get time off work to take baby to appointments.</li> <li>• Having to organise care for other children.</li> </ul>
<b>Location of appointments</b>	<ul style="list-style-type: none"> <li>• Difference in preference for either local GP surgery versus vaccine hub.</li> <li>• Difficulty in getting to appointments either from limited public transport options or no parking at GP.</li> </ul>
<b>Data issues within the health service</b>	<ul style="list-style-type: none"> <li>• Perceived lack of communication between health providers e.g. receiving duplicate letters with different dates for vaccination appointments.</li> <li>• Difficulties for families who have moved house and had to change GP.</li> </ul>
<b>Loss of relationship with healthcare providers</b>	<ul style="list-style-type: none"> <li>• Not seeing the same GP or healthcare professional each time meaning no ability to build a bond of trust with them.</li> <li>• Missing the trusted role of health visitor.</li> <li>• No named health professional to feel comfortable asking questions to, meaning reduced opportunity for open communication.</li> </ul>
<b>Reduced communication from the GP</b>	<ul style="list-style-type: none"> <li>• Lack of reminders for vaccination being sent out from GP.</li> <li>• Lack of relationship with a named GP, where they will not know any family circumstances that might be affecting a decision to vaccinate.</li> </ul>
<b>Insufficient or unclear information about vaccination</b>	<ul style="list-style-type: none"> <li>• Not enough clear information about what vaccinations their child needed and when.</li> <li>• Not enough information available about potential side effects, why vaccines are necessary, and what they contain.</li> </ul>
<b>Health professionals' knowledge</b>	<ul style="list-style-type: none"> <li>• Some health professionals lacked updated knowledge about vaccines and were unable to discuss potential side effects.</li> <li>• Discouraged from taking vaccinations by the health professional they spoke to.</li> </ul>
<b>Fear and reluctance</b>	<ul style="list-style-type: none"> <li>• Child's fear of injections, and parents concern about causing their child pain.</li> <li>• Parental concern about the number of vaccines needed and the possible side effects.</li> </ul>
<b>General feelings of frustration and overwhelm</b>	<ul style="list-style-type: none"> <li>• The challenge of balancing busy schedules, keeping track of vaccination appointments and staying informed about vaccine schedules.</li> </ul>
<b>Inclusion and accessibility for all children</b>	<ul style="list-style-type: none"> <li>• Children with complex health needs were not able to have some of their vaccinations.</li> <li>• Some health professionals did not feel confident giving the vaccines to children with complex health needs.</li> </ul>
<b>Judgmental attitudes</b>	<ul style="list-style-type: none"> <li>• Some parents felt judged for raising any concerns about vaccines or having beliefs in alternative medicine.</li> </ul>
<b>Financial barriers</b>	<ul style="list-style-type: none"> <li>• Concerns about having to pay for transport to appointments, or whether vaccines were free, or the costs of the chicken pox vaccine.</li> </ul>

Lived experience of the UK vaccination system - what is working and what could be improved?



Young people’s views:

*I think what would be really good is education through schools. It doesn’t really have to be anything too ‘sciencey’, but just something that would help us to go home with a positive message, so we can also educate our parents.*

*Although we might not be having any more vaccinations at this age, we might be parents one day, so it is important that we leave school with a positive attitude towards vaccination.*

Parent and carer views:

*The barrier for me is the change from vaccine being done at the GP Practice by the familiar Practice Nurse, who you’d see the same each time, to the Hub model where there is no continuity of care, not in the same town, and appointments made for you instead of you arranging for them yourself.*

*I recently went to get my vaccine against RSV as I am pregnant, and the nurse told me it was better not to risk it as it was a new vaccine! So I left without getting vaccinated. Luckily, I spoke to friends and work colleagues after this, and they persuaded me to go back and get it.*

Healthcare provider views:

*There are admin issues – especially problematic with highly mobile patients where registered GP/address may be wrong. This accounted for half of our measured “non-uptake” locally.*

*As professionals, the training to give immunizations is very long and challenging so only undertaken by a percentage of staff, limiting opportunities to provide this health prevention service.*

*Information sharing is challenging - child health system for vaccine recording is only accessible to certain staff.*

3. Our recommendations

1. Easier access to vaccination services	
Issues	Recommendations
<ul style="list-style-type: none"><li>• The vast majority of families in the UK still inherently support childhood vaccination, but practical barriers are holding back uptake.</li><li>• Inflexible appointment systems, limited availability, and logistical challenges – such as inconvenient clinic hours and travel costs – contribute to missed vaccinations. Expanding service capacity, implementing flexible booking systems, and improving outreach initiatives are necessary solutions.</li></ul>	<ul style="list-style-type: none"><li>• Invest in and expand vaccination service capacity to enable easier access.</li><li>• Utilise NHS Apps to improve the experience of booking a vaccination.</li><li>• Ensure sufficient funding for health visitors to be able to undertake their vital role in delivering vaccinations.</li><li>• Research into barriers to vaccination should ensure that there is a comprehensive assessment of access issues rather than merely on vaccine hesitancy.</li></ul>

## 2. Improved immunisation data systems

Issues	Recommendations
<ul style="list-style-type: none"><li>Healthcare professionals need accessible digital records to track vaccination status efficiently.</li><li>Better data-sharing between healthcare settings is essential to prevent missed opportunities for catch-up vaccinations.</li><li>The implementation of a Single Unique Identifier for children, linked to Child Health Information Services (CHIS), is needed to enhance vaccination tracking and continuity of care.</li></ul>	<ul style="list-style-type: none"><li>Implement the NHS number as a Single Unique Identifier for children.</li><li>Finalise the development of the digital red book and ensure integration with the planned NHS digital health record.</li><li>National data is needed to identify successful approaches in vaccination strategies for reaching target populations.</li></ul>

## 3. Strengthening public information, education and communication

Issues	Recommendations
<ul style="list-style-type: none"><li>Parents require clear, accurate, and accessible information on vaccinations in a format and location that is convenient for them, as well as opportunities to engage in dialogue with providers on key questions and issues.</li><li>Many healthcare providers and allied staff need additional training resources to confidently address parental concerns, to engage effectively in dialogue with parents and caregivers and to support positive messages around vaccination.</li><li>Public health campaigns should utilise social media and community outreach strategies to counter misinformation, promote vaccine literacy and empower parents to make informed choices.</li></ul>	<ul style="list-style-type: none"><li>Invest in improving the accessibility of health information for families including online information and other formats (recognising that the adverse effects of digital poverty might compromise the utility of purely online information).</li><li>Provide standardised information at a national level translated into multiple languages and in multiple accessible formats.</li><li>Public health campaigns and vaccine positive information should be shared through multiple communication channels, including on social media.</li><li>Provide an online resource for healthcare providers to share good practice for reaching underserved and seldom heard communities.</li><li>Invest in the training and development of all staff to be able to promote vaccinations.</li><li>Protect funding for school nurses.</li><li>Educate young people about the benefits of vaccination in personal health lessons.</li></ul>

## 4. Conclusion

- The commission emphasises the critical need to shift the focus from vaccine hesitancy to addressing the structural barriers and access issues that families face.
- While misinformation and vaccine scepticism concerns remain, the core challenges lie in logistical and systemic shortcomings.
- To reverse declining vaccination rates, the UK must prioritise investments in infrastructure, staffing levels and staff training.
- By addressing systemic barriers to access, including those which may more frequently affect underserved communities, the delivery and access to vaccinations can be improved for all.
- By investing in the immunisation workforce, including health visitors and other integral healthcare professionals, a relationship of trust can be built between health providers and families, creating space for questions, providing reassurance, and building greater confidence in the health service through consistent, ongoing care.
- By improving NHS data systems, and by ensuring widespread access for all to accurate vaccine information and communication, both healthcare professionals and parents/carers will be better informed and aware of whether a child is due a vaccination.
- Implementing these recommendations will mean the UK can work towards restoring and sustaining high immunisation coverage, protecting children from preventable diseases and building a healthier future.

## 5. Acknowledgements

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- School and Public Health Nurses Association
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- UK Health Security Agency
- Independent nurse consultant and immunisation specialist nurse
- London School of Hygiene & Tropical Medicine, Health Protection Research Unit (HPRU) in Vaccines and Immunisation
- Bristol Vaccine Centre
- Oxford Vaccine Group
- Community paediatricians
- General practitioners
- Starlight Children's Foundation
- Kaizen Partnership (engagement specialists)

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