Department of Health & Social Care

From Baroness Merron
Parliamentary Under-Secretary of State for
Women's Health and Mental Health

39 Victoria Street
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19 January 2026

My Lords,

Thank you for the important and constructive debate on plans to include wider societal and economic benefits within the vaccine health technology assessment on 8 January 2026.

I am pleased to follow up on some of the questions and points raised by various noble Lords.

I would like to begin by noting that the Government recognises the vital role that vaccinations play within society, delivering broad benefits to individuals and the broader population, to health and care services and also to the economy, keeping children in school and adults at work. We are proud of the fact that we have one of the most comprehensive programmes in the world, which is achievable as a result of the great value for money we secure across our vaccination programme.

Our ability to achieve value for money is, in part, underpinned by the quality of our cost-effectiveness analysis and resulting cost-effectiveness thresholds. These are recognised by suppliers as robust measures of the amount the Department of Health and Social Care (DHSC) can pay for vaccines, based on individual and population health benefits arising from reduced illness and transmission, and any impacts on delivery of health and care services.

Action to include wider benefits of vaccination in assessments

Many points within the debate focused on the merits of broadening the current approach to vaccine assessments beyond just health benefits and costs, and made requests for the wider societal and economic benefits to be formally taken into consideration in the assessment process. Baroness Ritchie of Downpatrick asked if Ministers could give attention to establishing an independent committee to evaluate the existing vaccine assessment process, and Lord Bethell asked the Government to commission National Institute for Health and Care Excellence (NICE) to develop a broader value assessment for vaccines and preventative interventions by April 2026.

There is undoubtedly some merit in considering the societal and economic benefits that vaccines bring to our society and economy, in line with a core mission of the 10 Year Health Plan for England: Fit for the Future to focus on prevention.

However, these matters require careful consideration. The data and evidence on those wider benefits is generally less strong and more inconsistent than clinical evidence, which could compromise the quality of the Joint Committee on Vaccination and Immunisation's (JCVI) advice. For the few programmes for which there is high-quality data, we risk prioritising these over others without data, creating an unlevel playing field in the process. In a constrained fiscal environment in which prioritisation decisions are made, we would also risk prioritising programmes which serve to

keep working adults in work at the detriment of programmes for individuals who are not or will not be economically active.

Shifting our evaluation methods to factor in wider benefits would send a positive signal that we are even more strongly supportive of vaccination; but it also risks sending a signal that we are content for the price of vaccines to reflect those wider benefits, or for overall vaccination budgets to increase without necessarily receiving any additional benefit.

By maintaining a formal approach focused on health benefits, we are able to assess vaccines consistently against other health interventions in receipt of health spending, which are subject to a similar methodology under NICE. It should be recognised that many other activities and interventions beyond traditional preventative measures have impacts on the wider economy, such as medication which enables people to work more productively.

The question of whether cost-effectiveness of vaccines should include wider costs was previously raised by the Cost-Effectiveness Methodology for Immunisation Programmes and Procurement (CEMIPP) – an independent working group established to assess whether the cost-effectiveness methodology for vaccination programmes should be changed. Following the conclusion of CEMIPP, it was agreed that, to promote consistency and fairness, inclusion of wider benefits in vaccine appraisal should only be changed if it became best practice across all evaluations.

Additionally, while vaccines do not fall under the remit of NICE, we recognise the rigour and recency of the body's options appraisal for adopting a wider perspective in health technology assessments in 2022. In this appraisal, it was agreed that NICE's reference case perspective for economic analysis should not be changed to include wider benefits as standard. Instead, it was agreed that internal processes should be updated to ensure consistent application of its current flexibilities and reduce the risk of relevant non-health outcomes and non-health sector costs not being included in the scope of an assessment when needed. In alignment with this approach, impacts beyond those accounted for in the formal economic evaluation of vaccines may be highlighted by the JCVI or by officials who provide advice to ministers.

On the basis of these recent appraisals, the comparability, robustness and equity of the current approach, and the consequences of signalling our readiness to pay more for vaccines, there are no plans to commission an independent committee to evaluate the existing approach to assessing vaccination programmes or to commission NICE to develop a broader approach to assessing vaccines and preventative interventions.

In recognition of these findings by NICE, Lord Kamall asked, given that the 2022 review concluded that the current system already has sufficient flexibility to consider wider impacts on an ad-hoc basis, whether such assessments have been used more regularly since then, and whether the department judges them to be a helpful and effective part of decision-making. He also asked whether any work is under way to ensure that wider assessments are carried out more regularly, and if the department has looked into this in more detail.

NICE's health technology evaluations manual describes the methods and processes that NICE follows when carrying out health technology evaluations. It states that NICE will exceptionally consider wider economic costs and benefits when agreed that it is appropriate to do so with DHSC. This is recognised in NICE guidance as being likely to apply only when the intervention impacts directly on the wider economy, for example when considering interventions that impact directly on private sector workplaces. I am not aware of NICE having identified a greater number of health interventions for which it would be appropriate to adopt a wider economic perspective following the work undertaken in 2022.

The JCVI methodology aims to broadly align with that of NICE and so, as stated above, impacts beyond those accounted for in the formal economic evaluation of vaccines may also be highlighted by the JCVI or by officials. Indeed, available evidence on impacts on annual season flu vaccinations, for example, is continually considered and could be factored into future evaluations if there appears to be a material change.

Human capital impact assessments

Lord Bethell asked whether the Government could mandate the UK Health Security Agency (UKHSA) to publish annual human capital impact assessments for all major vaccination programmes. UKHSA does not currently produce human capital impact assessments of major vaccine programmes and to produce such assessments would require addressing substantial data and analytical constraints.

Eligibility for vaccination amongst older adults

Lord Bethell asked the Government to expand flu, pneumococcal and shingles vaccinations to all ages over 50, phased over three years, from April 2026. As you know, decisions about the practicalities of rolling out each vaccination programme are a matter for DHSC, UKHSA, and the NHS, with the Devolved Administrations having their own arrangements. However, decisions about eligibility for vaccination programmes are informed by the expert and independent advice of the JCVI. The JCVI bases its advice on eligibility on evidence of the burden of disease, of vaccine safety and efficacy, and of the impact and cost-effectiveness of immunisation strategies. The committee keeps all programmes under review and considers the latest evidence to ensure our vaccination programmes remain as effective as possible. Therefore, there are no plans to expand programmes out of line with JCVI advice.

Vaccination uptake

Lord Kamall asked for an explanation as to why vaccination rates are not higher, and whether the department made an assessment of the wider benefits of achieving high vaccination coverage, especially among school-age children. While we achieve high uptake for life course vaccinations and have among the highest rates in the world for flu vaccination, uptake of childhood immunisations has declined gradually over the past decade.

Last year, the Royal College of Paediatrics and Child Health concluded that the primary driver behind lower uptake of childhood immunisations is access to vaccination services – although issues surrounding complacency and confidence in vaccinations also play a role. There is also a strong relationship between deprivation and lower uptake across all vaccination programmes – with communities facing deprivation typically having lower uptake of vaccinations than the average.

Although we do not currently have figures confirming the educational and broader societal impacts of high vaccination coverage across the childhood vaccination programme due of the quality of available data, we know that high uptake of childhood vaccines plays an important role in keeping children in school and keeping parents in work. Indeed, it is estimated that childhood chickenpox costs the UK economy £24 million every year in lost income and productivity, and the newly launched MMRV vaccination programme is expected to reduce that loss. The Government is therefore committed to stabilising and improving uptake across the vaccination programme, including in under-served communities and in groups with historically lower vaccination rates.

That is why we have set out actions to improve uptake in our 10 Year Health Plan for England as well as our strategy for Giving Every Child the Best Start in Life.

To help address issues surrounding access, in 2025/26 GPs have been incentivised to administer childhood vaccinations with an additional supplemental fee of £2 for each routine childhood immunisation administered, on top of the standard £10.06 item of service fee. We are also exploring new ways of delivering vaccinations including health visits and community pharmacy – with pathfinders, or pilots, for administering vaccinations as part of health visits standing-up from this month.

To address complacency and promote confidence in vaccination – we are delivering a national communication campaign across 2025/26 which proactively highlight the value of vaccines and the risks associated with vaccine preventable diseases and builds confidence in vaccine efficacy and safety. Government partners are also working with healthcare professionals to ensure they are adequately equipped to discuss immunisations with concerned patients, as we recognise that the best recourse for patients with questions on vaccination are local healthcare professionals.

Noble Lords will also, I am sure, be aware of the Special Inquiry Committee which is due to be appointed by the House of Lords later this month and will be focused on childhood vaccination rates in England. I am confident that the Committee's findings will be very valuable to the Government's current work in this area and will help inform future plans.

With specific concern for MMR uptake, Lord Bethell requested that the Government launch targeted MMR catch-up campaigns in London and the West Midlands. In response to measles outbreaks in 2024, catch-up campaigns for the measles, mumps and rubella (MMR) vaccines were undertaken in London and West Midlands. By the end of the campaign period (April 2024) there were over 180,000 additional doses of MMR vaccine given during the evaluation period and the greatest percentage changes in the most deprived groups. There are currently no national plans for further catch-up campaigns specifically in the West Midlands. Catch-up work was also conducted in 2025 in London and the North West in response to a further outbreak last year. These vaccination clinics were offered as part of a significant amount of multi-agency engagement work with affected communities to promote MMR vaccine uptake.

I hope this letter provides further clarification on the points raised. I am copying this letter to the Peers who spoke during the debate, and I will deposit this letter in the libraries of both Houses.

All good wishes,

BARONESS MERRON
PARLIAMENTARY UNDER-SECRETARY OF STATE FOR WOMEN'S HEALTH AND MENTAL HEALTH