



North & South Essex
Local Medical Committees

Essex LMCs
Childhood vaccination & immunisations
QOF target report
July 2026

Dated: 6 July 2026

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Overview

In May and June 2026, Essex LMCs contacted constituents following a continued awareness of the difficulties that some GP practices have experienced in achieving the childhood vaccinations and immunisation QOF targets. This was because of not being able to exception report for a number of reasons as outlined on pages 13 to 15 of this report.

This is a repeat of our exercises carried out in 2022, 2023, 2024 and 2025. We remain keen to understand the extent of the problem in Essex and therefore asked those affected practices to share information with us around:

- **Targets missed and % reached**
- **Reason for missing target(s) and by how many patients**
- **Missed payment amount**
- **Any concerns that the practice wished to share with us**

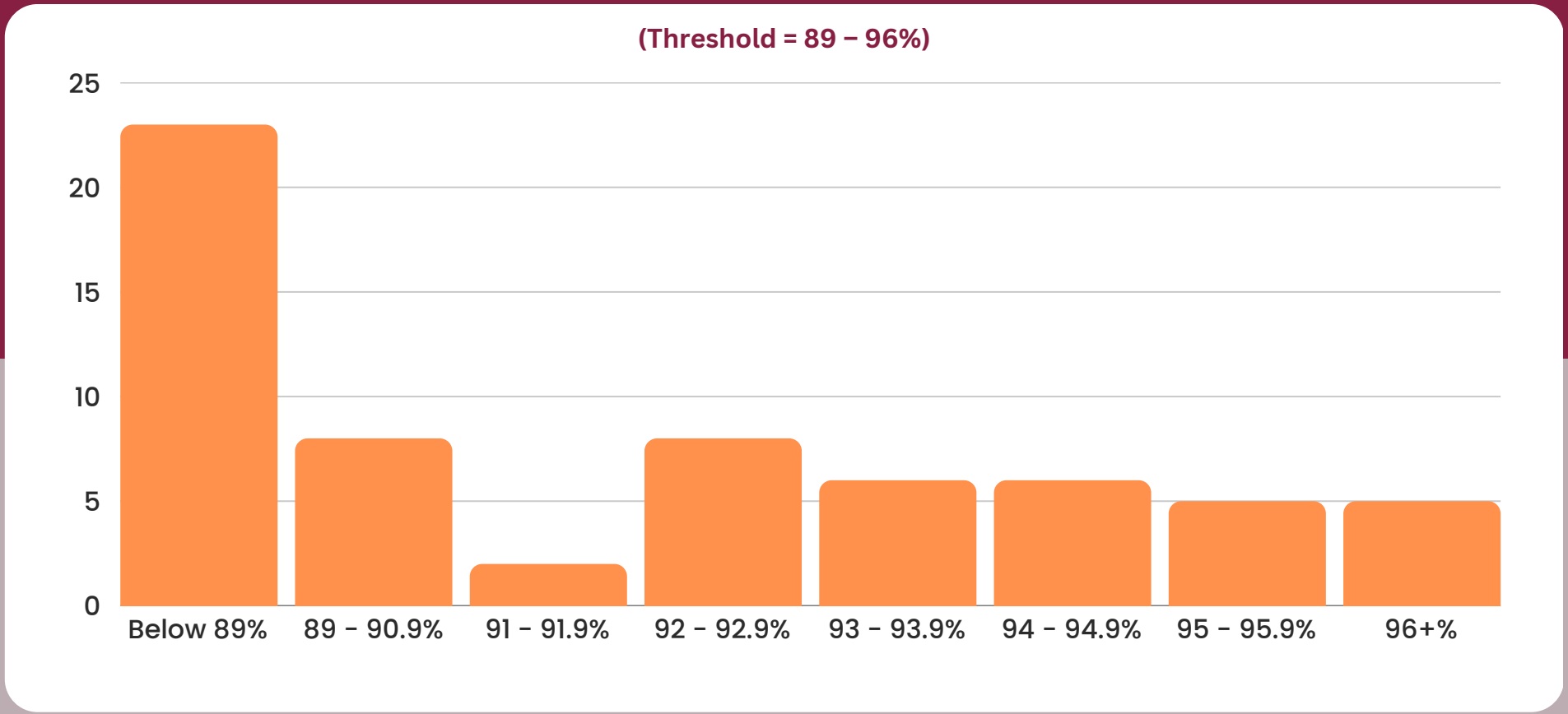
We have collated responses received up to and including 30 June 2026 and wish to share our findings with GPC to further inform them in ongoing discussions with NHS England.

At this point, we received data from 63 practices, and the period covered in these results is Q/E 31 March 2026.

North and South Essex Local Medical Committees Ltd - 6 July 2026

Practice responses VI001

% target reached for this cohort

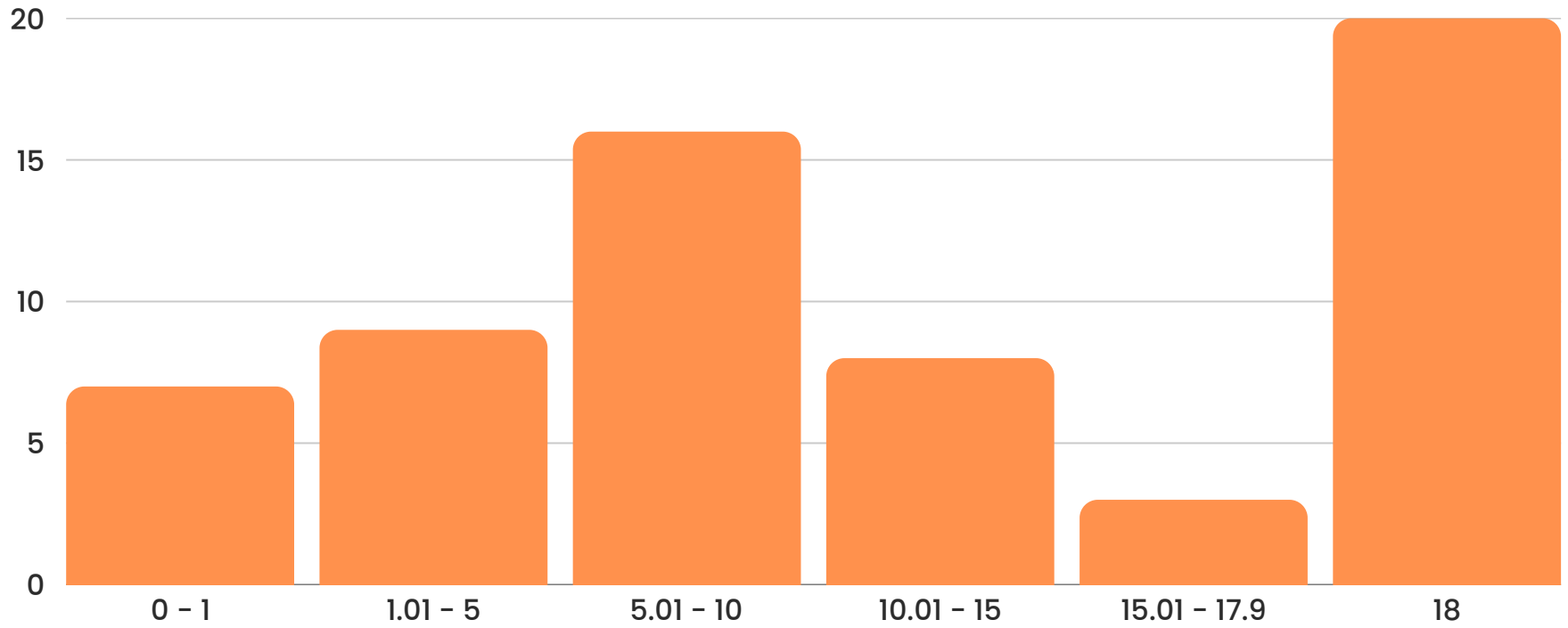


The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.

Practice responses VI001

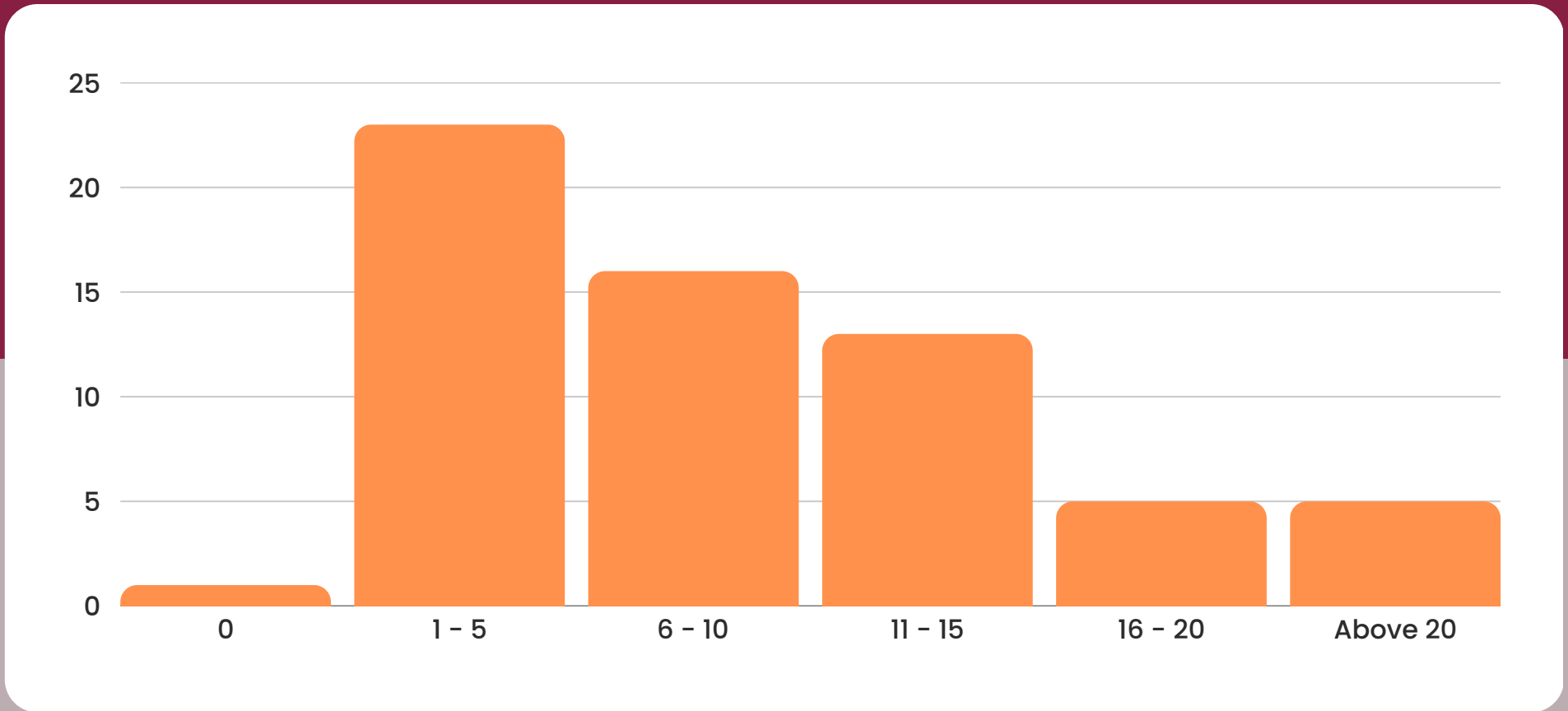
Number of points missed per practice

(Maximum points available = 18)



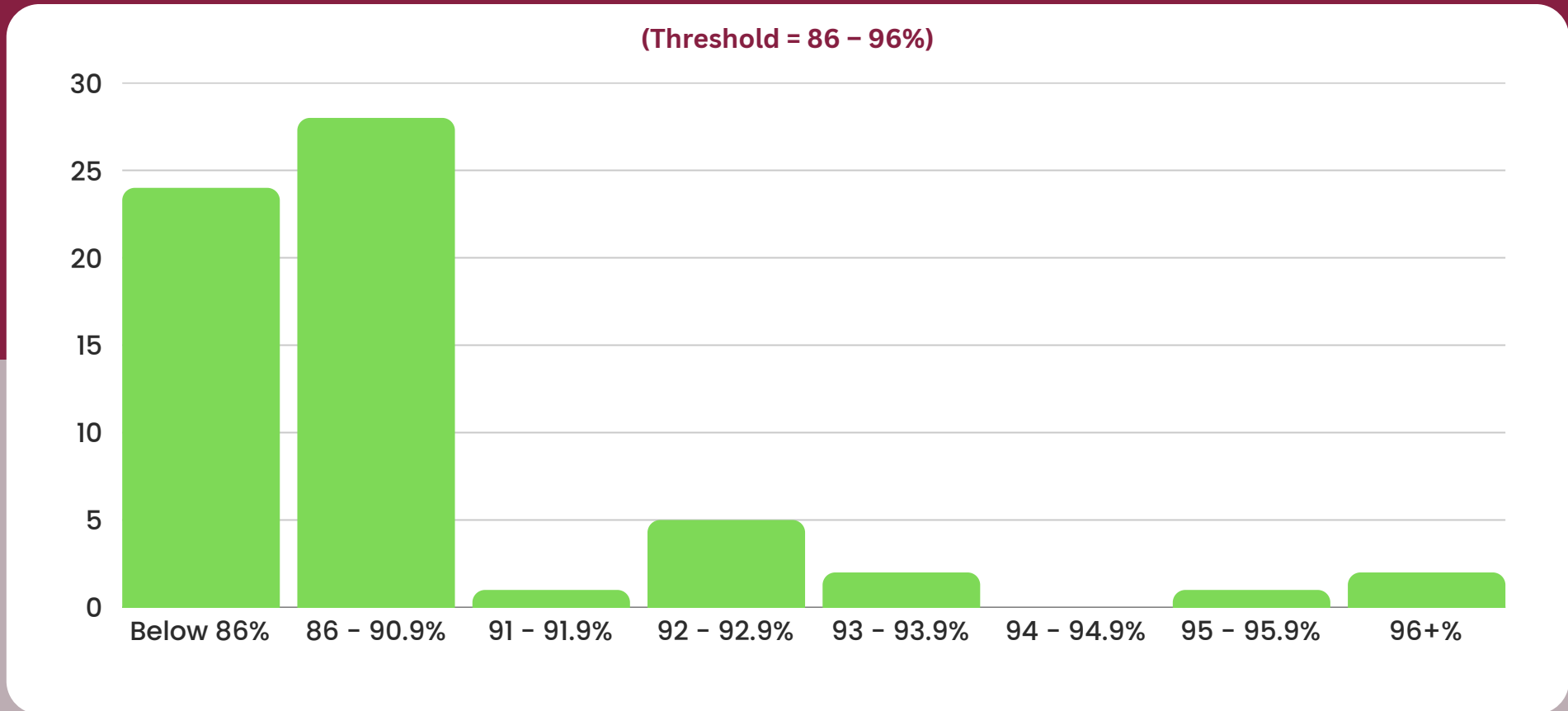
Practice responses VI001

Number of patients missed per practice



Practice responses VI002

% target reached for this cohort

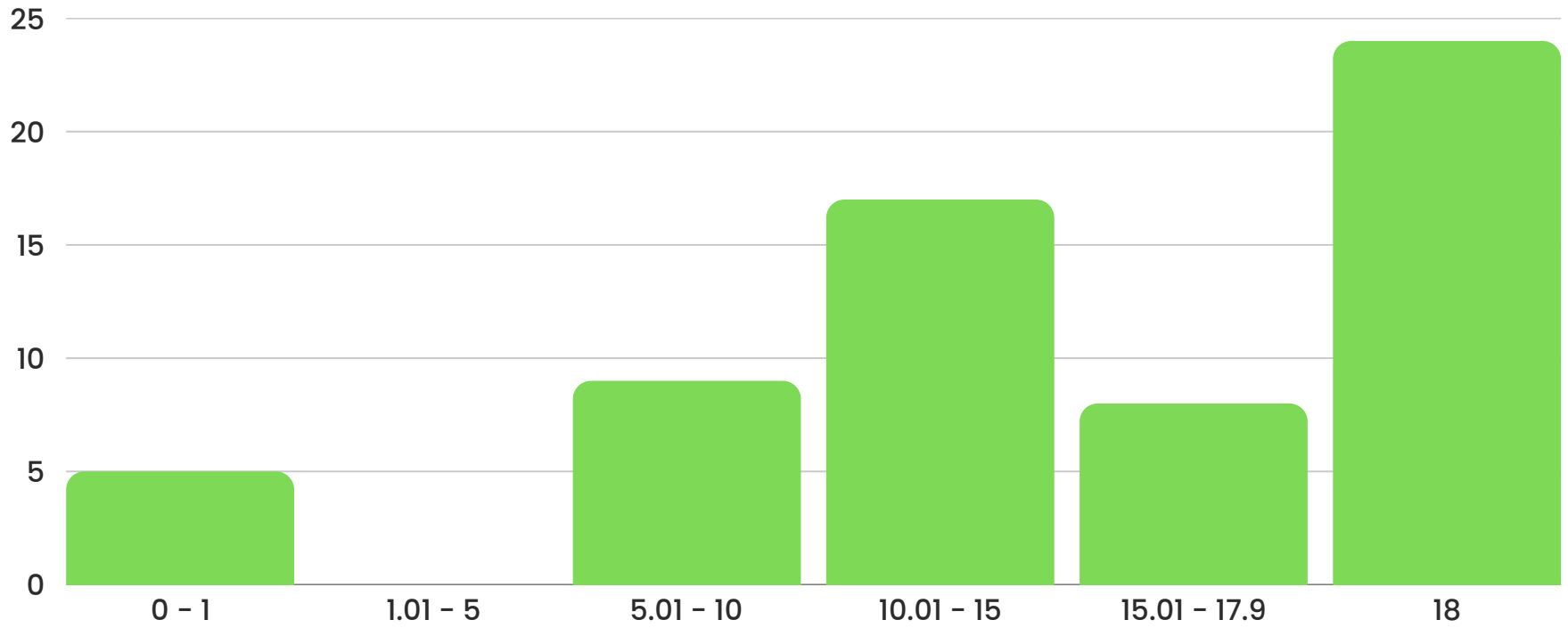


The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months.

Practice responses VI002

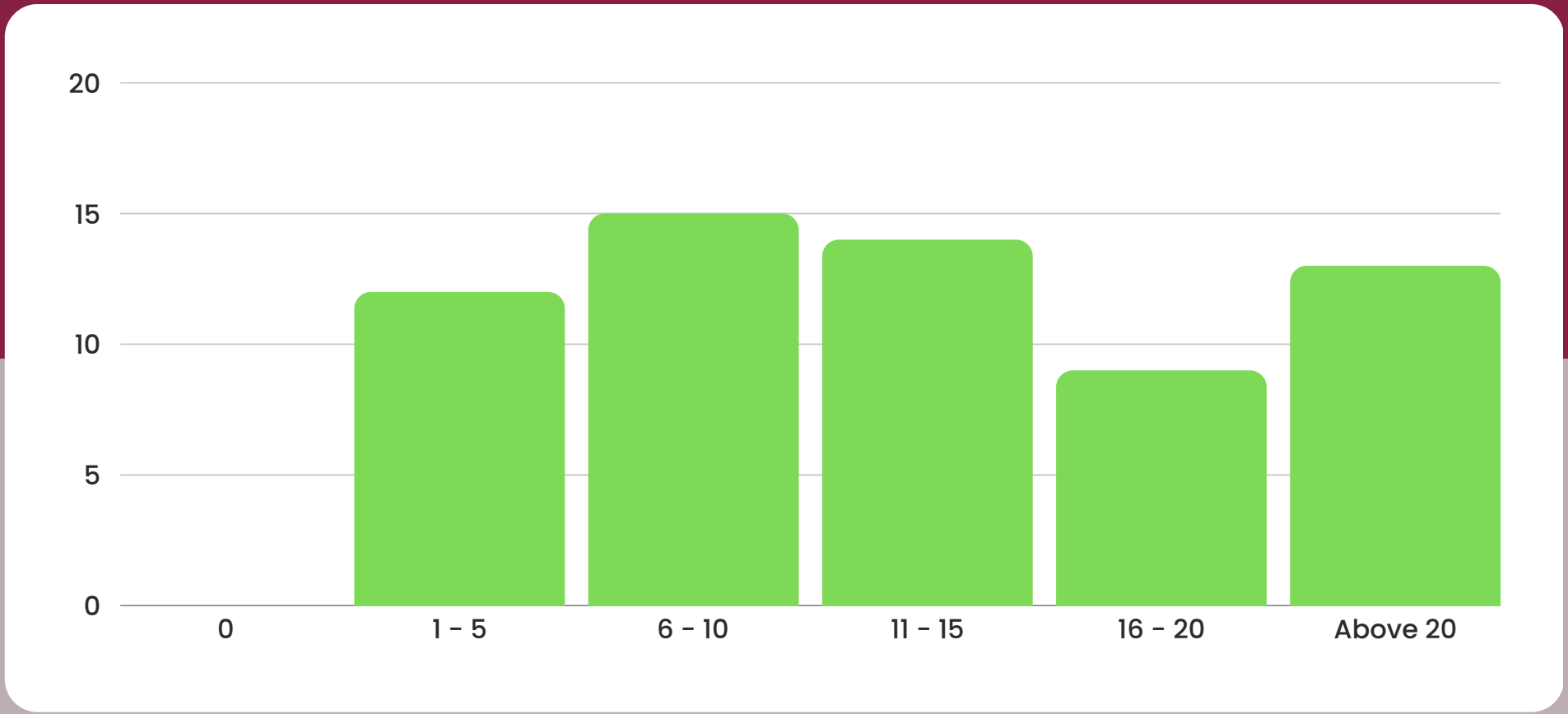
Number of points missed per practice

(Maximum points available = 18)



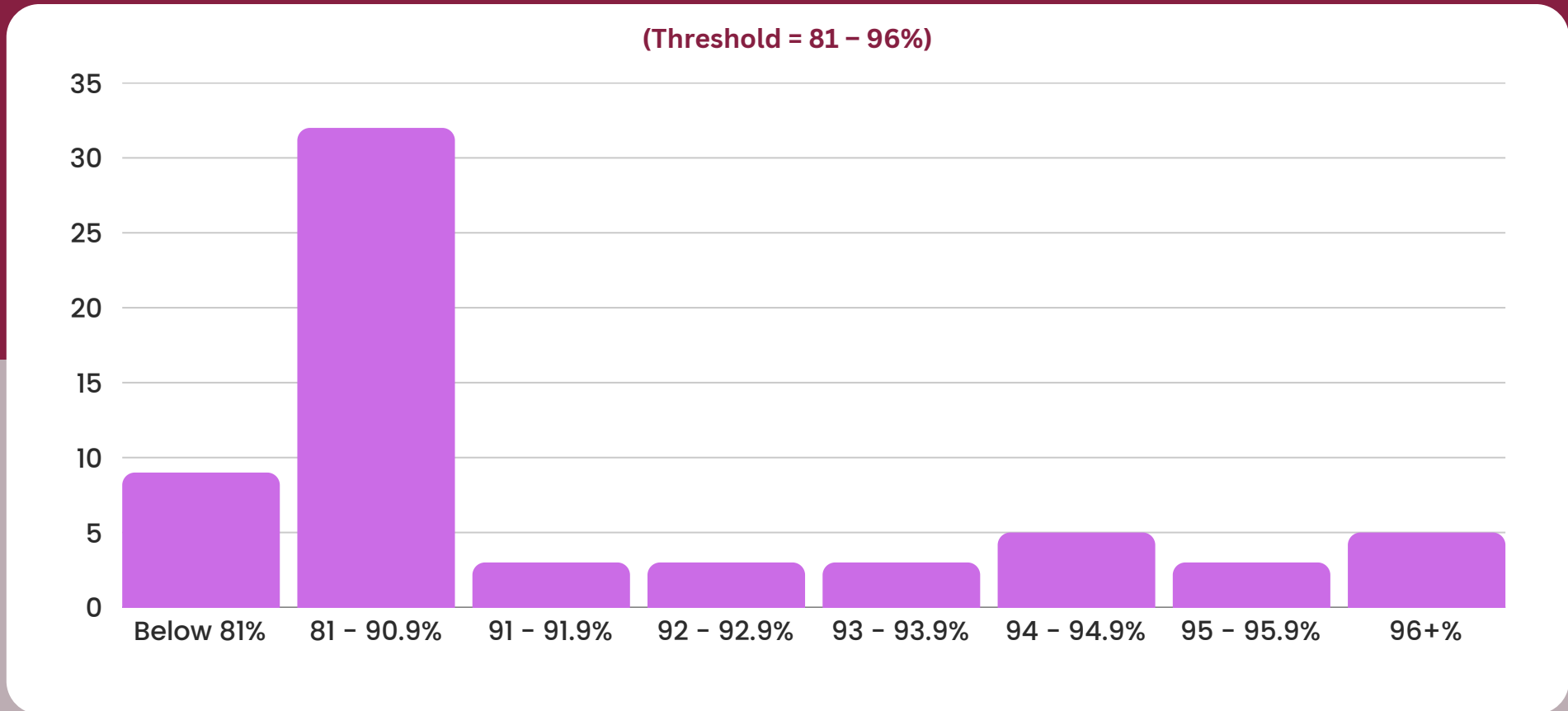
Practice responses VI002

Number of patients missed per practice



Practice responses VI003

% target reached for this cohort

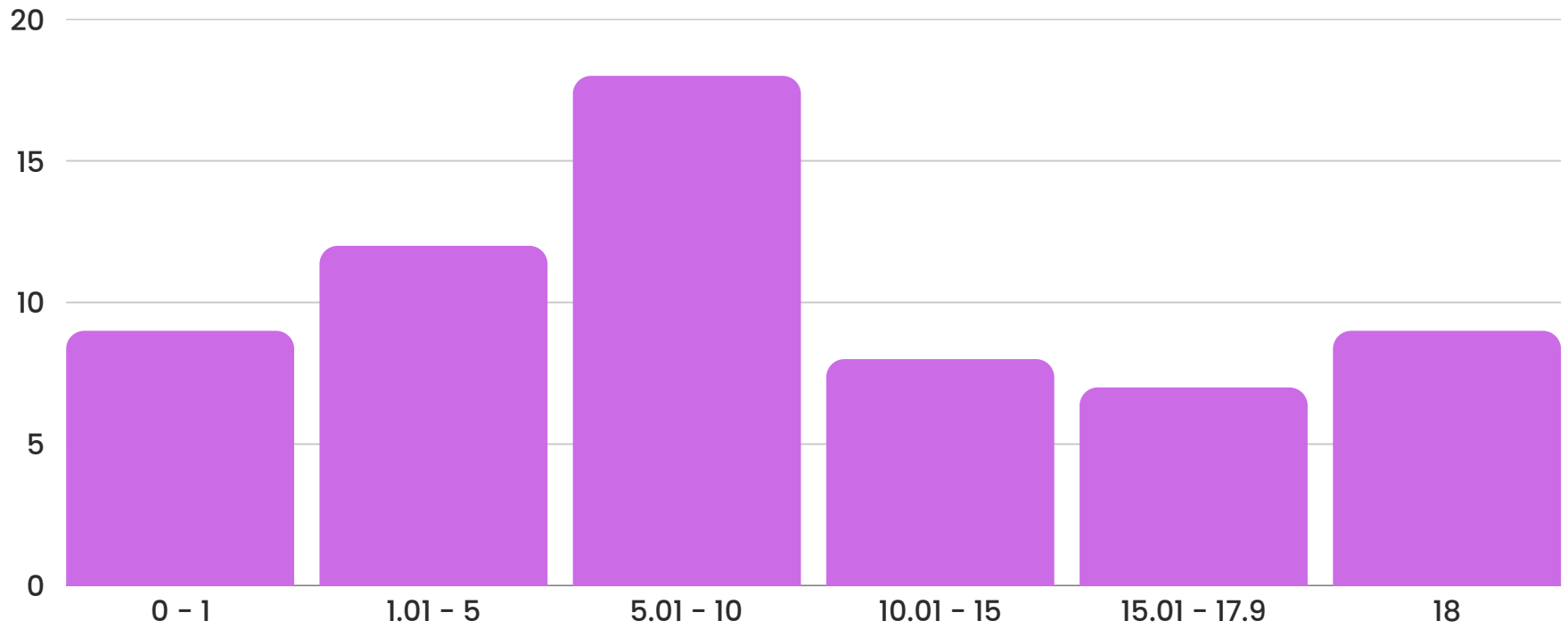


The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.

Practice responses VI003

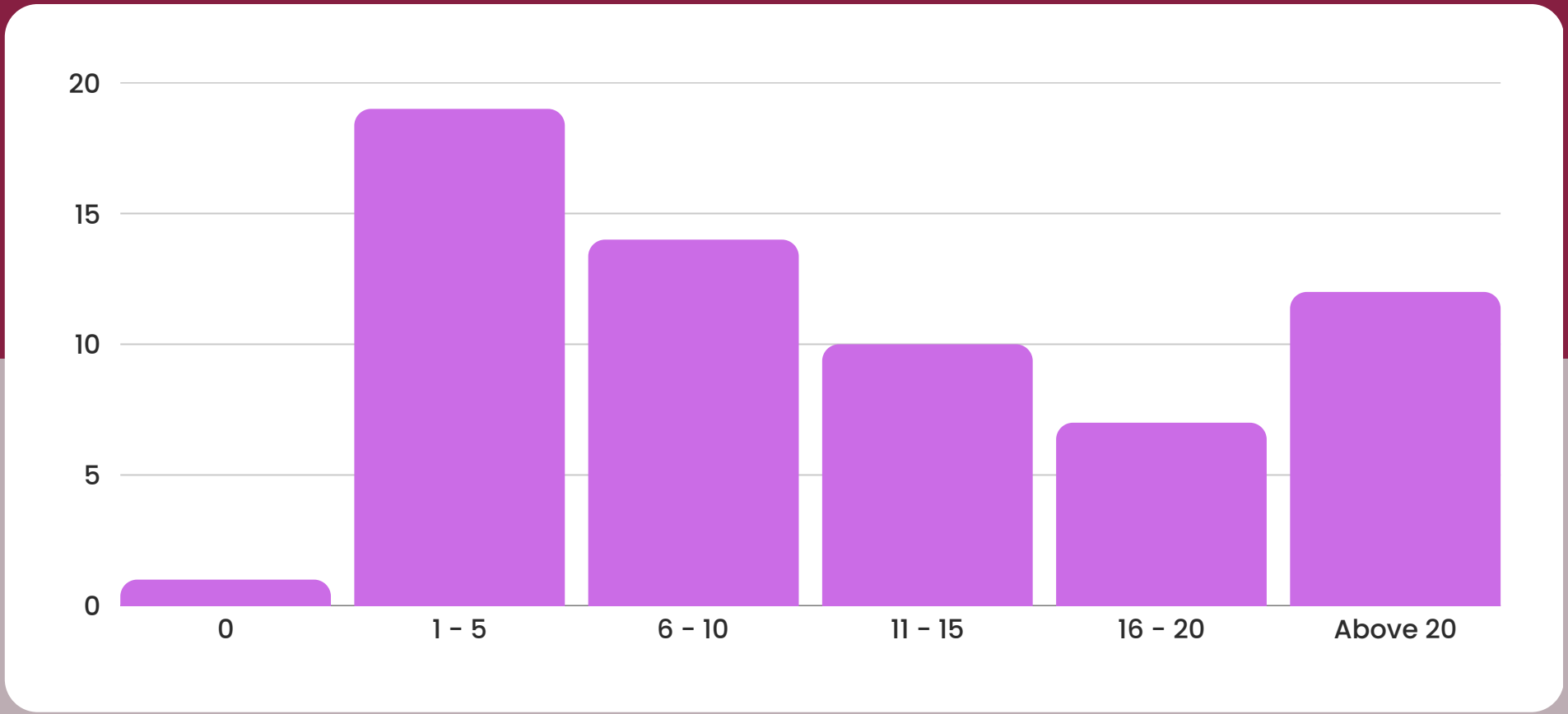
Number of points missed per practice

(Maximum points available = 18)



Practice responses VI003

Number of patients missed per practice



Reasons for missed vaccinations

All 63 practices in Essex who responded to our request for information regarding childhood vaccinations and immunisations, included reasons as to why they had missed the target threshold for each cohort. The reasons given followed a common theme throughout and included:

- Parents declining/refusing or not bringing to appointments. Also, patients coming from abroad and not matching our schedules in UK.
- We put so much work into this and we feel really quite let down.
- There are several key factors contributing to the annual shortfall in meeting our targets. The primary challenges include the inability to exclude patients who decline immunisations, newly registered patients for whom achieving the cohort requirements within the reporting period is not feasible, and repeated non-attendance or lack of response from parents despite multiple appointment invitations. These issues consistently account for the unmet targets each year and remain largely beyond our control.
- Religious beliefs. A large number of refugees and immigrants registering outside indicator age parameters. No vaccination history despite parents saying child vaccinated.
- We have a cohort of non- vaccinating parents who do not believe in vaccinations and do not attend appointments.
- We achieved many just too late. Overseas patients supplying data out of time for patients records to be updated.
- Eastern European and African parents do not wish their children to have combined vaccines, they also have different schedules which are not recognised by NHS England.
- DNA and an unwell child. All children are recalled multiple times by child health and the surgery.

Reasons for missed vaccinations

- We have experienced challenges with non-attendance at booked appointments, difficulties contacting some families despite repeated recalls and delays in receiving complete immunisation histories for newly registered patients. The practice continues to proactively recall eligible patients and promote childhood immunisations wherever possible.
- Patients registered from different countries, religions. Text messages sent out by Hertfordshire not reaching patients, not letters followed up by them, no details showing on the clinical system. Major incident when mum did not receive reminder from Hertfordshire and baby contracted meningitis. This could have been avoided. We have had to set up our own system of call in from birth because we do not trust the recall system.
- Patients not wishing to engage with programme despite much effort made by practice.
- We have a large Jewish community at our practice and these patients have repeatedly declined immunisations. Surgery even attended a teams meeting with the community leaders in 2024 but this has not improved our stats.
- Majority declined. Some non-responders. Few did not want to receive early. Few only wanted some of the vaccines. A couple missed due to travelling abroad. A couple received abroad completed but out of UK schedule. ICB contacted for guidance but no reply received.
- Parent refusal particularly from the Eastern European community that are anti-vac. Young children immediately taken abroad still registered but not vaccinated through us. Parents wishing to delay vaccine particularly MMR and not having within target timeframe. Non responding parents that we have tried to contact by phone and letter.
- Parental refusal. We have actively contacted all parents to highlight the benefits but at the end of the day if the parent chooses not to vaccinate their children we cannot force them to.

Reasons for missed vaccinations

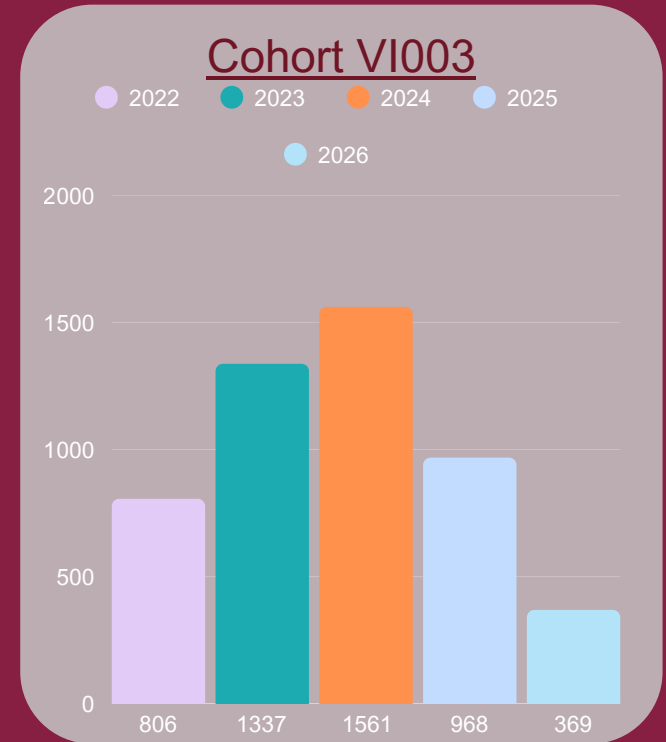
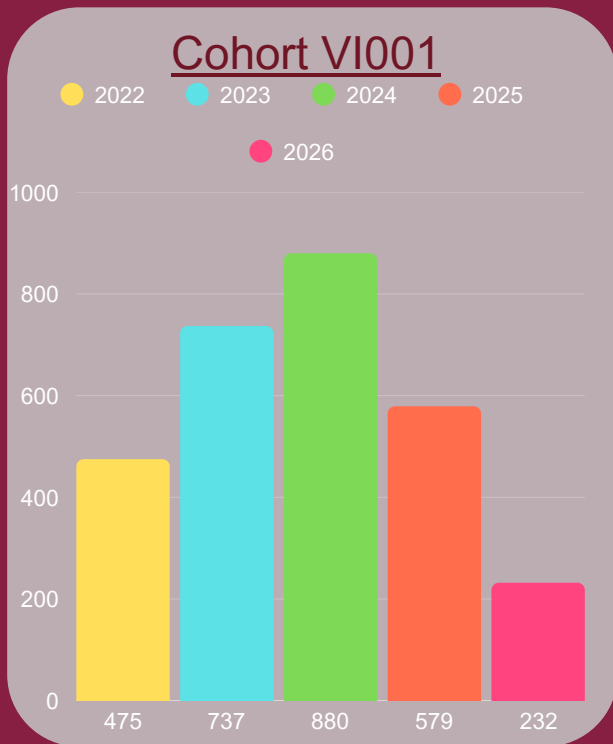
- We have a large Jewish community at our practice and these patients have repeatedly declined immunisations. Surgery even attended a teams meeting with the community leaders in 2024 but this has not improved our stats.
- Parental refusal. We have actively contacted all parents to highlight the benefits but at the end of the day if the parent chooses not to vaccinate their children we cannot force them to.
- We have a high Jewish community with a number of young families registered at our Practice. Despite education, clinical input etc, they choose not to have the vaccines.
- Parents not engaging. Mixed communities/cultural choices. Parents choosing to vaccinate children in home country and then not informing surgery or having issues getting documents translated to English due to cost or facilities locally.
- Anti-vaxxers, parents not wishing to vaccinate.
- Parents do not want their child to have all vaccines done at one time. MMR vaccine that was missed during timeframe but given afterwards does not disappear from QOF so can never achieve this domain. Parents from abroad do not always have vaccine records so we cannot update the child's clinical record, hence missing the target. We regularly invite children for vaccines and contact them if they do not turn up for their appointment and book in again if possible.
- Patients are anti Anti-vaxxers. Some patients claim it is against their religion not to have the vaccines. We have a robust recall system in place. We send out two text messages and call the patient. Then if unsuccessful we send one letter making them aware of the life threatening or life altering risks by not been vaccinated. Then we send a second letter with photos. If all else fails our GP partner will call the patients to discuss further. On average out of eight patients, he will be able to convince one parent to change their mind.

Conclusion and payment losses



Many of our constituents displayed clear frustrations that the system does not allow them to 'exception report' for reasons given on pages 13 to 15. Efforts had been made on multiple occasions via telephone, letter, and text message to invite patients for vaccinations. The tight threshold margins, without the ability to exception report, meant that many practices were not able to reach the thresholds required for maximum payments. Of our 63 responders, the total loss of £462,401.07 was recorded at an average of £6,422.24 per practice.

Cumulative year on year number of patients not vaccinated

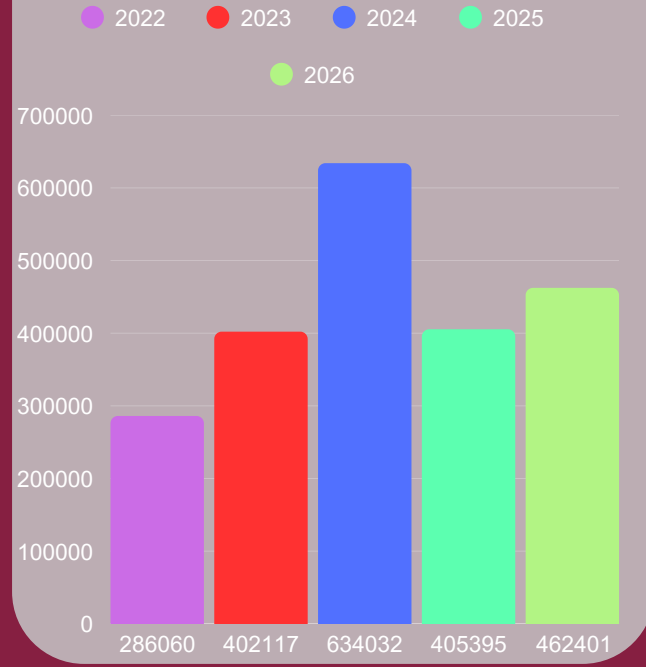


Cumulative year on year financial losses

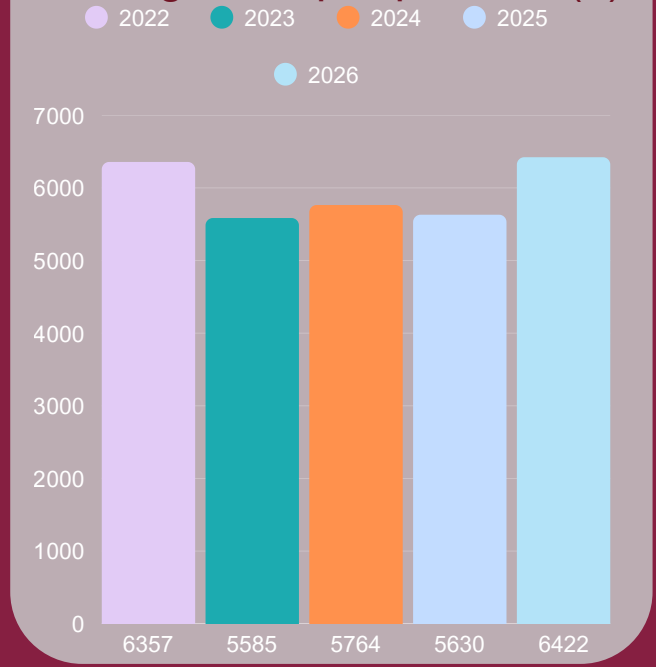
No. of responding practices



Total loss declared



Average loss per practice (£)





North & South Essex

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