

Dear Colleague

Implementation of Immunisation Programme: Human Papillomavirus (HPV) Vaccine

This letter is to provide NHS Board Chief Executives with information about the implementation of the HPV immunisation programme, following a recent Scottish Government press release on 26 October 2007. The new immunisation programme is intended to protect girls in Scotland against developing cervical cancer and is an exciting new development.

The Scottish Government has confirmed that we will implement a routine HPV immunisation programme commencing in September 2008 for girls aged around 12-13 years. This will mean girls who are pupils in their second year of secondary school, estimated to involve around 30,000 girls each year. In addition there will be a catch up campaign for girls aged under 18 years at September 2008, when routine immunisation will start. The exact timing and phasing of the catch up campaign is being given further consideration.

Boards are asked to begin planning their delivery of the routine immunisation programme. Further information will follow regarding the catch up campaign.

Background

The Scottish Government's announcement on 26 October follows advice from the Joint Committee on Vaccination and Immunisation (JCVI), the independent expert body that provides advice on vaccines. The UK Government is also committed to rolling out both routine and catch-up programmes for HPV and we will work closely with them.

HPV is one of the most complex immunisation programmes ever to be undertaken in Scotland. It is a key Scottish Government commitment, an important development in protecting young girls from cervical cancer, and therefore a key NHS priority for the year ahead.

CEL 17 (2007)

November 2007

Addresses

For action
NHS Board Chief Executives

For information
NHS Board Communication Directors
Local Authority Chief Executives and
Directors of Education

Enquiries to:

Amanda Adams
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131-244 2278
Fax: 0131-244 2157
Point of contact:

Amanda.Adams@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

The campaign will be delivered largely through schools although some girls will require alternatives, particularly those who have already left school and those who are within a hard to reach group. There may need to be some limited flexibility available locally for those Boards, eg island boards, who do not have the infrastructure to deliver a schools based programme. However, all other Boards will be expected to deliver this programme through schools. This was recommended by the JCVI as part of their consideration, was confirmed in a recent options appraisal undertaken by HPS and is considered to be the most effective route (in terms of achieving a high uptake) and the most cost-effective route.

Responsibility for co-ordinating the national implementation of childhood and adult immunisation programmes rests with NHS Health Protection Scotland (HPS) and they will perform this role for the delivery of the HPV programme

The Scottish Government continues to set policy and agree strategy. We will also be responsible, through existing performance management procedures, for ensuring that any significant departures from agreed local and national programme milestones are highlighted to individual Boards.

Resources

The Scottish Government is funding the cost of the vaccine and the communications campaign, in the region of £64 million over 3 years.

Boards are required to implement the immunisation programme within existing resources. We expect NHS Boards to consider the use of nurses who have the appropriate skills and competencies to develop a flexible and creative team based approach to the delivery of this priority campaign in schools.

Although the programme will be delivered largely through a schools based programme, there is the prospect of an enhanced service from GPs. Any negotiations would be led by the Scottish Government.

Progress

HPS has established a national HPV immunisation project employing standard project management processes. A National Steering Group (chaired by Dr Allan Gunning, Chief Operating Officer for NHS Ayrshire & Arran) and working groups have been set up, with representation from a wide range of stakeholders including the Scottish Government, NHS Health Scotland (NHS/HS), NHS Boards, National Services Scotland and education authorities to identify and progress the challenging work required to deliver this programme effectively and on time.

On 2 November 2007, Health Protection Scotland issued an HPV Newsletter to Health professionals involved in immunisation which includes background information on HPV, the licensed vaccines and a Question & Answer section. This newsletter has also been published on the HPS internet site (<http://www.hps.scot.nhs.uk>) and you should consult it for more detailed background information.

A national communications strategy is being finalised which encompasses briefings for key stakeholders. Further communications for NHS Boards will be circulated over the coming months.

Next Steps for NHS Boards?

This will be a challenging and complex programme to deliver. Regular communication and direct contact between all key stakeholders will be an integral part of the programme. The substantial input and support NHS Boards provide will be critical both at a national and a local level to ensure smooth and effective implementation. In addition, Boards will be expected to work in close partnership with Health Protection Scotland. HPS are undertaking further work to define the processes that will ensure that national and local planning complement each other and this will include reporting on progress towards agreed milestones. This will be based on the procedures utilised for implementing the last major reform to the childhood immunisation schedule in 2006.

It is vital that women continue to attend for cervical smears, even those women who have been vaccinated as the vaccine can only prevent up to 70% of cervical cancers. Because of this, NHS Boards should continue their efforts to encourage women to attend their appointment, particularly as there has been a recent decline in the uptake of cervical screening.

Health Boards and local education authorities will also need to work closely together from the outset. It is, of course, for the NHS to deliver the programme but the co-operation of local education authorities and schools will clearly be needed. Schools will expect the NHS support to deal with the questions and concerns that will arise from teachers, parents and children. They will also need NHS support to minimise the disruption to the school curriculum. An early agreement on roles and responsibilities locally is therefore likely to be helpful in planning effective delivery of the programme.

NHS Boards and NHS Board Immunisation Co-ordinators are already contributing to national discussions. Boards should now discuss and develop local implementation plans for the delivery of the routine immunisation programme with local stakeholders, if they are not already doing so. You should be prepared to share your local planning with the Scottish Government and HPS in due course.

I know that, for these reasons, you will wish to take a personal interest in the development of the HPV immunisation programme within your Board to contribute to ensuring the successful delivery of this Government priority.

Further Information

We will continue to communicate regularly with you throughout the programme. In particular, once decisions have been taken about the timing and phasing of the catch up campaign I will write to you again.

We look forward to working in partnership with you to deliver this Government priority.

Yours sincerely



KEVIN WOODS

Director General Health & Chief Executive NHSScotland