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NHS public health functions agreement 2015-16

Service specification No.11

Human papillomavirus (HPV) programme

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Human papillomavirus (HPV) programme

Prepared by Public Health England

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Service specification No.11

This is a service specification within Annex C of the 'NHS public health functions agreement 2015-16 (the '2015-16 agreement') published in December 2014.

This service specification is to be applied by NHS England in accordance with the 2015-16 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2015-16 agreement was made between the Secretary of State and NHS England Board. Any changes in other published documents or standards may have effect for the purposes of the 2015-16 agreement in accordance with the procedures described in Chapter 3 of the 2015-16 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2015-16 agreement including all service specifications within Annex C is available at www.gov.uk (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core service specification <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2015-to-2016> and the online version of the [Green Book](#).

1 Purpose of the HPV immunisation programme

- 1.1 This document relates to the human papillomavirus (HPV) immunisation programme, a national programme delivered with the aim of reducing the incidence of cervical cancer. This vaccine forms part of the national childhood immunisation programme, which aims to prevent children from developing vaccine preventable diseases that are associated with significant mortality and morbidity. The purpose of the service specification is to enable NHS England to commission HPV immunisation services to a standard which will prevent women from developing cervical cancer. This means maintaining high vaccine coverage rates in England within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.2 This specification provides a brief overview of the HPV vaccine including the disease it protects against, the context, evidence base, and wider health outcomes, and should be read alongside the core service specification underpins national and local commissioning practices and service delivery.
- 1.3 The existing, highly successful programme provides a firm platform on which local services can meet the needs of their local population and work towards improving health outcomes. This specification will promote a consistent and equitable approach to the provision of the commissioning and delivery of the HPV immunisation programme across England. It is important to note that this programme can change and evolve in the light of emerging best practice and scientific evidence. NHS England and providers are required to implement these changes in a timely way as directed by the national schedule.
- 1.4 [Immunisation against infectious disease](#) (known as ‘the Green Book’), issued by Public Health England (PHE) provides guidance and is the main evidence base for all immunisation programmes. This service specification must be read in conjunction with the core service specification, the online version of the Green Book and all relevant official public health letters, and with additional evidence, advice and recommendations issued by the [Joint Committee on Vaccination and Immunisation](#) (JCVI).
- 1.5 This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply, e.g. the Health and Social Care Act 2012. The specification will be reviewed and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

2 Population needs

Background

- 2.1 The HPV vaccines are highly effective at preventing the infection of susceptible women with the HPV types covered by the vaccine.
- 2.2 The UK successfully implemented an HPV immunisation programme in September 2008. This programme has achieved coverage that is amongst the highest in the world. It has been estimated that this programme will prevent 400 women each year from developing cervical cancer. The 2012/13 annual report on HPV immunisation coverage reports 86.1% of the target population of 12- to 13-year-old females completed the three-dose course.
- 2.3 The UK has a population of 25.51 million women aged 15 years and older who are at risk of developing cervical cancer. Cancer registration data show that around 2500 women are diagnosed with invasive cervical cancer and about 1000 die from the disease every year. Cervical cancer ranks as the eleventh most frequent cancer among women in the UK, and the second most frequent cancer among women between 15 and 44 years of age worldwide.
- 2.4 Persistent infection by high-risk HPV types is detectable in more than 99% of cervical cancers. Of these high-risk types, HPV16 is responsible for more than 50% and HPV18 for more than 15% of all cervical cancers in Europe. A further 11 high-risk types have been described. Two vaccines against HPV16 and HPV18 have been found to be highly efficacious in preventing disease due to these HPV types, and to have a limited effect on disease associated with other, non-vaccine, high-risk types.
- 2.5 The introduction of a national cervical screening programme in the UK in the late 1980s made a major contribution to the fall in the incidence of and the mortality associated with cervical cancer. It is estimated the cervical cancer screening programme saves around 5000 lives a year. The HPV immunisation programme builds on this and will help to further protect women by preventing HPV infection and the development of cervical cancer.
- 2.6 In March 2014, the Joint Committee on Vaccination and Immunisation (JCVI) revised its existing recommendation on the HPV vaccination programme for adolescent girls to change from a three-dose to a two-dose schedule. Emerging evidence from evaluations of the programme around the world has shown that the number of young women with pre-cancerous lesions is falling and all the current indications are that this protection will last for many years. More recent research shows that the antibody levels provided by two doses of the vaccine in young adolescent girls is very good and therefore protection from this schedule is also likely to be long lasting.

The HPV immunisation programme – key details

2.7 The key details are that:

- in October 2007, the Department of Health (DH) announced the introduction of the HPV vaccine into the routine national immunisation schedule, and a catch-up programme for girls above the age of routine immunisation. The routine national programme started in September 2008 as a three-dose course for all 12- to 13-year-old (i.e. school year 8) girls given over a six-month period. School-based delivery of the programme was recommended.
- the catch-up programme, originally planned to run over two years (2009/10 and 2010/11) targeted girls up to age 18 in September 2008. In December 2008, DH announced the acceleration of the HPV catch-up programme for these older girls. This acceleration enabled all girls identified for the catch-up programme (girls born between 1 September 1991 and 31 August 1995) to be offered protection in the academic year 2009/10.
- in March 2014, the Joint Committee on Vaccination and Immunisation (JCVI) revised its existing recommendation on the HPV vaccination programme for adolescent girls to change from a three-dose to a two-dose schedule. The key changes to the programme, implemented from September 2014, are as follows:
 - the first dose can be given at any time during school year 8
 - the minimum time between the first and second dose should be six months where the priming dose is received at less than 15 years of age
 - the maximum time between the first and second dose is 24 months
 - for operational purposes, PHE recommended around a 12-month gap between the two doses which would reduce the number of HPV vaccination sessions. However, local needs should be considered when planning the programme.

3 Scope

Aims

- 3.1 The aim of the HPV immunisation programme is to reduce morbidity and mortality from cervical cancer by routinely offering the vaccination to 12- to 13-year-old girls.

Objectives

- 3.2 The aim will be achieved by delivering a population-wide, evidence-based immunisation programme that:
- identifies the eligible population and ensures effective, timely delivery with high coverage (see eligible population set out in paragraph 4.6).
 - is safe, effective, of a high quality and is externally and independently monitored
 - is delivered and supported by suitably trained, competent and qualified clinical and non-clinical staff who participate in recognised on-going training and development
 - delivers, manages and stores vaccine in accordance with national guidance
 - is supported by regular and accurate data collection using the appropriate returns.

Direct health outcomes

- 3.3 In the context of health outcomes, the HPV immunisation programme aims to:
- reduce the number of preventable infections and their onward transmission
 - reduce HPV-related disease
 - achieve high coverage in the target cohort
 - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

Baseline vaccine coverage

- 3.4 Local services must ensure they maintain and improve current immunisation coverage (with reference to vaccine coverage public health outcomes framework indicators) with the aim of 100% of relevant individuals being offered immunisation in accordance with *Immunisations against infectious disease* (the Green Book) and other official DH/PHE guidance. This includes performance indicators and key deliverables that are set out in Annex B of the NHS Public Health Functions Agreement (Section 7A) for 2015-2016.

4 Service description / care pathway

Local service delivery

- 4.1 The delivery of immunisation services at the local level is based on evolving best practice that has been built since vaccinations were first introduced more than a hundred years ago. This section of the document specifies the high-level operational elements of the HPV vaccination programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery.
- 4.2 There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing locally competition and innovation in service delivery. However, it is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, increasing coverage and local coverage that all the core elements set out in the core service specification are included in contracts and specifications.

Target population

- 4.3 Providers are required to make the HPV vaccine available to:
- all 12- to 13-year-old girls (school year 8)
 - any girl in school years 8, 9, 10 and 11 regardless of date of birth who has not had HPV immunisation. This may include girls who are resident in neighbouring CCGs but are attending school in a different CCG. This will include girls in eligible age groups who move into the area, school or who newly register with a general practice after the invitations have been issued.
- 4.4 Additionally NHS England will wish to ensure that providers:
- offer immunisation to girls who are in special schools, pupil referral units and independent schools. Immunisation should also be offered to girls who are educated at home
 - ensure that any girl who misses a routine visit is automatically invited to the next planned sessions, or given a suitable, locally agreed alternative
 - ensure efforts are made to include as part of the programme girls from communities with objections on family or religious beliefs to immunisation and hard to reach groups, which may include looked after children and girls from traveller communities. Health professionals must take all opportunities, particularly those contacts during the early years to remind parents and carers of the importance of immunisations and the need to have them at the appropriate times.
 - As good practice GPs should offer a course of HPV vaccine to any girl, under the age of 18 who has not received or completed it.

Vaccine schedule

4.5 For planning purposes, PHE has recommended a schedule at 0 and 12 months but local needs should be considered when planning the programme; some local areas may choose to schedule the second dose from six months after the first. To allow for mop-up of girls who may miss appointments, any gap between 6 and 24 months is acceptable. A locally commissioned HPV service should immunise the eligible population using one of the following proposed options:

	Dose1. Year 8 girls	Dose 2. Year 8 girls	Dose 2. Year 9 girls
Option 1	Autumn Term	n/a	Autumn Term
Option 2	Spring Term	n/a	Spring Term
Option 3	Summer Term	n/a	Summer Term
Option 4	Autumn Term	Summer Term	n/a

4.6 Further information on scheduling is available in the HPV chapter for *Immunisation against infectious disease 2006*

<https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

4.7 For girls who are immunised in a non- school setting the schedule is the same.

4.8 In addition:

- local 'catch-up' arrangements must be considered
- health professionals must take all opportunities to remind the eligible population of the importance of HPV immunisation, and of cervical screening when eligible/invited
- the HPV immunisation status of a young person must actively be considered at the time of the teenage booster, and if incomplete or missed the vaccine should be offered.

Vaccine ordering

4.9 All centrally procured vaccines must be ordered via the ImmForm online ordering system details of which are given in the core immunisation service specification.