

Dear Colleague

IMPLEMENTATION OF IMMUNISATION PROGRAMME – HUMAN PAPILLOMA VIRUS (HPV) VACCINE

FURTHER GUIDANCE ON IMPLEMENTATION

This letter provides NHS Board Chief Executives and all of those responsible for the HPV immunisation programme at local level with further guidance on implementation.

The official launch of the routine and catch-up programmes will be 1 September 2008.

This letter follows Chief Executive Letters 17/2007 and 5/2008 and should be read in conjunction with those letters and the Chief Medical Officers letter SGHD/CMO(2008)3 issued 25 June 2008, which provides information on the introduction of the routine programme and the phasing and timing of the catch up campaign. Your Immunisation Co-ordinators have been regularly provided with updates on implementation.

The annex to this letter provides further information on –

- Programme start date and cohort to be immunised;
- Key Milestones for delivery of the routine and catch up programmes;
- Action for Boards on preparation for implementation.

The routine programme will immunise all girls in school year S2 beginning this year and continuing in future years as part of the routine childhood immunisation schedule.

The catch up programme will be completed by August 2011

Boards are asked to ensure they work in close partnership with Health Protection Scotland over the next 3 months in the run up to implementation and to provide early warning, through the Board reports requested by HPS, of any issues or concerns regarding implementation.



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CEL 26 (2008)

25 June 2008

Addresses

For action
NHS Board Chief Executives
NHS Board immunisation
Co-ordinators

For information **NHS Board Medical Directors CHP Managers NHS Board Communication** Directors Directors of Public Health **General Practitioners** NHS Board Nursing Directors **Chief Pharmacists Practice Nurses Health Visitors** Health Scotland Health Protection Scotland **NHS 24** Local Authority Chief Executives and Directors of Education Proprietors of Independent Schools Scottish Council of Independent Schools

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Routine and catch up programme start dates and cohort to be immunised

The immunisation programme will officially begin on 1 September this year.

The routine programme will immunise all girls in school year S2 beginning this year and continuing in future years as part of the routine childhood immunisation schedule. S2 girls are all eligible for immunisation regardless of their age (and ages may range from 11 to 13). The catch up programme will also begin on 1 September this year and will be completed by August 2011. CEL 5 issued on 6 February 2008 set out the details. However the table which illustrates The phasing and timing of the catch up over the next 3 years and the cohorts to be immunised is included for ease of reference.

Phasing of HPV Immunisation Catch-up Campaign in Scotland: (beginning September 2008, completing August 2011)				
Year	School year at start of catch- up campaign: September 2008	Age at start of catch-up campaign: September 2008	School year when vaccination first offered	Age when vaccination first offered
Year 1: (September 2008 to August 2009)	S5/S6/left school	16 - under 18 years	S5/S6/ left school	16 – under 18 years
Year 2: (September 2009 to August 2010)	S3/S4	13 -15 years	S4/S5 Left school	14 -16 years
Year 3 (September 2010 to August 2011)	"Mop up" of those with incomplete or no vaccination.			

Women aged over 18

The JCVI did not recommend a national programme of immunisation for women aged over 18. CEL 5 issued on 6 February 2008 set out the current position. We will let you know if this position changes or any further advice can be offered.

Hard to Reach Groups

NHS Boards should ensure that they reach as many girls as possible through their local arrangements for immunisation. HPS has produced some preliminary work identifying hard to reach groups, which has been circulated to Immunisation Co-ordinators.

Further work is being carried out by HPS to produce some guidance on working with these groups, especially in the 14-17 year olds to maximise uptake of the vaccine. There will be a







powerpoint presentation at the HPV Information Day 26 June, the final report will be issued by 31 August 2008.

Key Milestones for delivery of the routine and catch up programmes

Boards are asked to ensure they work in close partnership with Health Protection Scotland over the next 3 months in the run up to implementation and to provide early warning, through the Board reports requested by HPS, of any issues or concerns regarding implementation.

The Key Milestones are:

	Lead Descurees		
June:	Local Resources:		
	Ensure adequate resources have been agreed for the		
	implementation of the programme		
	 Ensure adequate nursing resource is available and 		
	agreement has been reached with CHPs on the use of		
	nurses		
	 Provide training for healthcare professionals 		
	Service Delivery:		
	Ensure local implementation plans are in place and		
	regularly updated		
	Ensure a schedule of immunisation sessions based on the		
	national vaccine schedule is in place		
	Child Health Surveillance Programme (CHSP-S)		
	Ensure that CHPS-S is fully implemented within your local		
	Board		
	Education:		
	Maintain regular contact with local schools and education		
	department		
	Ensure contingency plans are in place and agreed with local		
	schools		
	Pharmacy Delivery / Storage:		
	Ensure arrangements are in place for receipt, storage and		
	distribution of the vaccine within Health Boards – cold chain		
	assurances are in place		
	Communications:		
	 Ensure local attendance at the HPV Briefing Event being 		
	held on Thursday 26 th June at the Dunblane Hydro based		
	on the allocated numbers for each Health Board		
	 Public website goes live on 30th June– 		
	www.fightcervicalcancer.org.uk		
July:	Service Delivery:		
	Ensure local implementation plans are in place and		
	regularly updated		
	Ensure that the Patient Group Direction (PGDs) template		
	goes through local clinical governance		
	Agree the level of involvement of GPs with the programme		
August:	Local Resources		
August.	Provide training for healthcare professionals		
	Communications:		
	The mass media campaign begins ahead of the schools		
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	returning from summer break and will include TV, radio,		
	press, cinema and on-line advertising.		





	Service Delivery:
	Ensure mechanism is in place for issuing of information to
	parents and young girls (eg consent form, HPV leaflets and
	Q&A)
	Hard to Reach:
	Ensure local plans are in place to address the hard to reach
	areas, based on the outcomes of the national consultation
	exercise which will be shared with Health Boards
	Pharmacy Delivery / Storage:
	 Ensure vaccine is available within vaccine holding centre
	Child Health Surveillance Programme (CHSP-S)
	Ensure reminder sent to schools regarding session dates
Sept:	From 01 September 2008, the immunisation programme will begin
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Action for Boards on preparation for implementation

NHS Boards now have around 2½ to 3 months before immunisation sessions will begin in schools. Preparations for the programme should now be well advanced. In particular Boards should be focussing on ensuring they are addressing the key milestones as outlined above.

- Staffing secured
- Consent forms issued to schools
- Cold Chain capacity and infrastructure in place
- Staff training complete
- CHSP-S in place
- PGDs in place
- Local Authority agreements in place
- Public communication materials issued
- Hard to reach groups, plans are in place

HPS has put in place a system of reporting, as part of their role in co-ordinating the implementation of the HPV programme. This system requires NHS Boards to provide a written update monthly to HPS reporting their progress and update on readiness for implementation against the national deliverables. It is essential that Boards engage fully with this process and provide us with early warning of any concerns they have. Boards who fail to contribute a return will have their readiness status automatically graded as "red" as such will be asked for more information for review the National Steering Group. From the beginning of July we will be moving to a system of two weekly reporting from Boards given the imminence of the commencement date for the programme. Where plans for readiness are on track this should not involve a lot of extra work for Boards, but such frequency of reporting will allow for unresolved barriers to delivery to be addressed without delay and ensure that the programme is not compromised. The Service Delivery Group will be undertaking a review of the reports received every two weeks and Boards may be asked for additional detail.

This is a major public health programme of lasting benefit to the people of Scotland and Scottish Ministers give it a high priority. The Scottish Government and Health Protection Scotland are committed to delivering the programme and to working closely with you to resolve issues and concerns as they arise.

We recognise that delivering this programme is stretching but so far Boards have responded very well. I would like to take this opportunity to thank you, and all your staff especially the immunisation co-ordinators for all the work so far.





