

Achieving cervical cancer elimination in England:

Sharing learnings,
inspiring change





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This report has been developed and funded by MSD.
The case studies included in this report have been collated following MSD's *Race to Elimination* local roadshow.

Case study areas



Foreword

Reflections from the *Race to Elimination*



Emma Cerrone, Public Health Business Unit Director, MSD

As we look back on the first year of NHS England's momentous step to eliminate cervical cancer by 2040, it has never been timelier to think about how we can continue to drive progress in the *Race to Elimination*.

At the time of writing, we cannot deny that there is significant work to do put us on track to achieve elimination in 2040 – the continuing inequalities in access to HPV vaccination and cervical screening that persist across the country are only too well documented. On average, women from deprived areas are 8% less likely to attend cervical screening compared to those from the least deprived,¹ and we know that underserved populations – including ethnic minorities, individuals with physical or learning disabilities and LGBTQ+ communities – face significant barriers to accessing cervical screening. This results in late diagnosis, more invasive treatments and poorer health outcomes.

However, as the case studies in this compendium demonstrate, momentum is building. In Worcestershire, Cumbria and Northumberland, we have seen the power of data in bringing targeted opportunities for HPV vaccination and cervical screening to those who may otherwise struggle to access it. Elsewhere, Liverpool's women's health hubs have demonstrated the benefits of deep, focused community engagement to shape service design. Through combining the power of targeted outreach, social media and community events, the hubs have been able to provide more comprehensive education on cervical screening, including specially tailored content for transgender men and non-binary people.

Finally, all of these case studies demonstrate that such fantastic progress would not be possible without people power. Whether this be through empowering HPV vaccination and cervical screening teams to see the life-changing importance of their role, or, as Stockport and Northumberland have demonstrated, creating space to facilitate partnership working and staff-led initiatives – everyone has a valuable role to play in elimination.

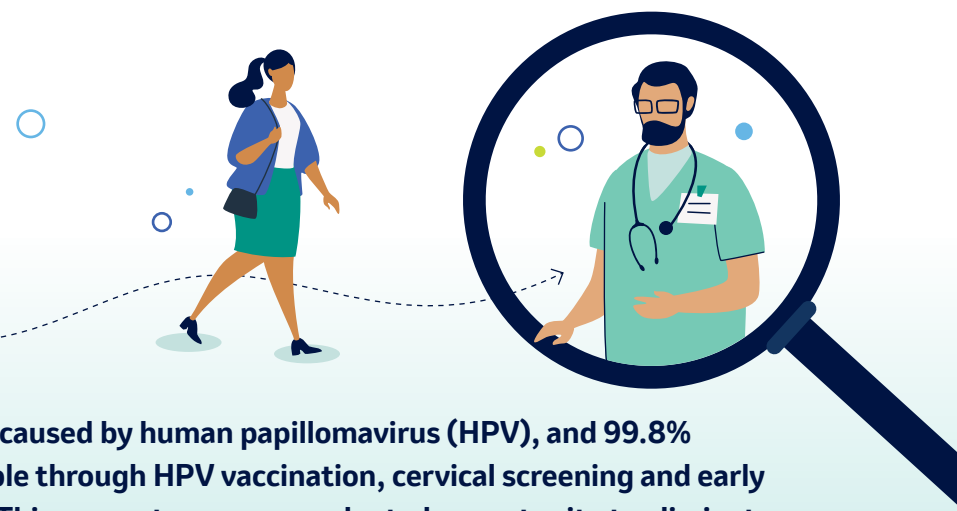
While it is undoubtedly important to identify, and learn from, case studies of good practice, this is just one step on the path to elimination. It is also critical that systems go on to develop their own robust understanding of the characteristics and unmet needs of their local populations. In support of these efforts, MSD is committed to unleashing the power of prevention to tackle cervical cancer through continuing our work via the *Race to Elimination* – connecting leaders, facilitating conversations and empowering grassroots action.

Looking to the future, it is important to remember that, while this compendium takes an initial focus on good practice across England, our commitment to, and efforts towards, elimination must not be confined by borders. In the future, we hope to be able to support a coordinated and equitable approach across the UK. Elimination benefits us all, and it is our shared ambition to realise it – together.

A future without cervical cancer is within our reach, and securing this future requires political will, joined-up working between health systems, communities and industry, as well as strong national oversight. Together, we can make this ambition a reality, and ensure that no community is left behind in the race to eliminate cervical cancer.



Introduction



Nearly all cases of cervical cancer are caused by human papillomavirus (HPV), and 99.8% of cervical cancer cases are preventable through HPV vaccination, cervical screening and early treatment of cell changes detected.² This presents an unprecedented opportunity to eliminate cervical cancer as a public health threat. Yet too many women continue to be diagnosed with cervical cancer, and 850 women die from this disease every year in the UK – more than two women every day.²

While we have made progress in reducing the burden of cervical cancer – over the last decade, cervical cancer mortality rates have decreased by around a sixth² – we are also seeing worrying trends emerge. Cervical cancer incidence rates among females in England are 65% higher in the most deprived areas than in the least, and around 520 cases of cervical cancer are linked with deprivation each year.²

As a leading advocate for cervical cancer elimination across the UK, at MSD, we believe we have a part to play in supporting national and local NHS teams to grasp this opportunity. To ensure every community can benefit from elimination, overcoming existing inequalities in access to HPV vaccination and cervical screening – and therefore in cervical cancer outcomes – will be critical.

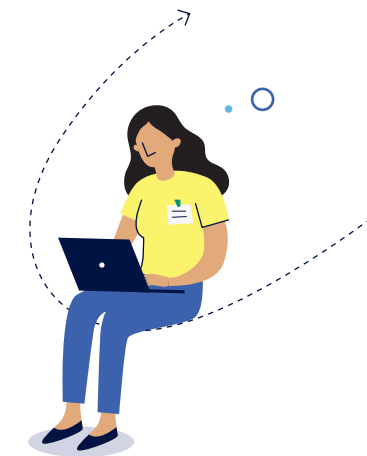
Set against this, despite a patchy national picture for HPV vaccination and cervical screening, the data shows that there are areas excelling at delivering these services to their local populations. These areas demonstrate that elimination is within reach. We wanted to find out more about what these areas were doing to make this progress, and in 2023, our *Race to Elimination* campaign was born with the aim of identifying, celebrating and showcasing local areas on the road to eliminating cervical cancer.

Along the way, we have uncovered impressive examples of cross-system collaboration, pathway redesign and optimisation, and outreach to underserved communities. Underpinning all of these have been dedicated and enthusiastic NHS and local authority teams. This compendium brings together the case study areas celebrated during the *Race to Elimination* campaign during 2023 and 2024, and sets out MSD's reflections on how this progress can be adapted and replicated nationwide. The tools to eliminate cervical cancer are at our fingertips: the next step is to bring them to every single person who can benefit.



The case studies in this compendium were collected during 2023 and 2024, and, at time of collection, the areas (excluding Liverpool) were achieving WHO targets for cervical screening and HPV vaccination coverage. The coverage rates in case study areas, and their achievement of WHO targets, may have changed since time of collection.

The road to cervical cancer elimination Where are we now?



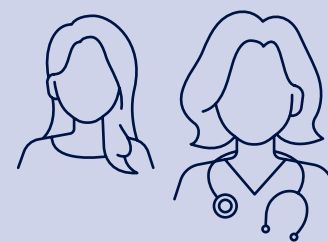
How can health systems achieve cervical cancer elimination?

In 2020, the World Health Organization (WHO) set global targets to eliminate cervical cancer: 90% of girls must be vaccinated against HPV, 70% of women screened, and 90% of women identified with cervical disease receiving treatment by 2030.³ Australia is currently on track to be the first country in the world to eliminate cervical cancer, having launched an elimination strategy to guide effort towards elimination by 2035, with a focus on tackling inequalities in cervical cancer prevention.⁴

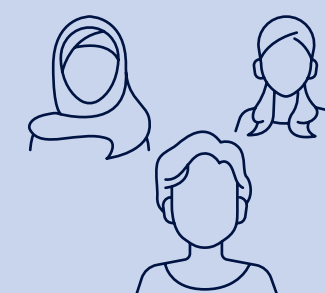
In November 2023, NHS England joined other world-leaders and made its own landmark commitment to eliminate cervical cancer by 2040.⁵ England now has a real opportunity to be among the first countries to eliminate cervical cancer. However, there is a long way to go to ensure this ambition is translated into reality.

What are the barriers to realising this commitment in England?

Barriers to HPV vaccination and cervical screening, exacerbated by the COVID-19 pandemic, continue to exist. The proportion of women not screened for cervical cancer is now at a 10-year high,⁶ with nearly one in every three women failing to attend their cervical screening test.⁷ The most recent data from 2023/24 shows mixed progress in England's efforts to combat cervical cancer:



74.1% of girls in the target age group (Year 9 females) were vaccinated with at least one dose, 16.6% lower than pre-pandemic coverage⁸



66.1% of eligible individuals aged 25-49 in England were screened⁹



53% of patients diagnosed with cervical cancer in England receive surgery to remove the tumour in the nine months after diagnosis¹⁰

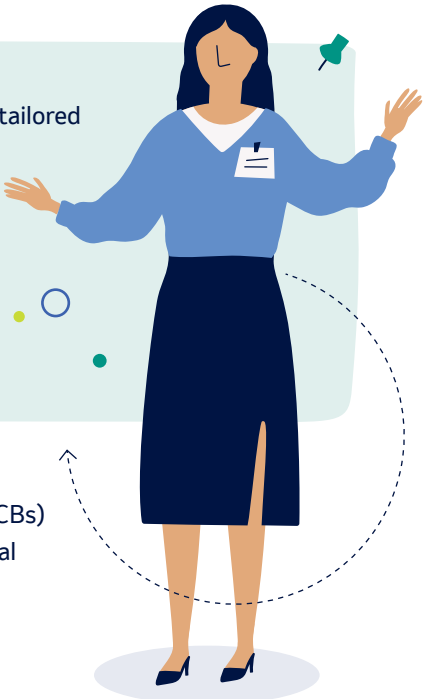
Sitting behind these statistics are stark geographic and societal inequalities in access to HPV vaccination and cervical screening. At the local authority level, HPV vaccination coverage for Year 9 females sees huge variation, ranging from 25.5% to 94.7%.⁸ Further along the pathway, underserved and more vulnerable populations – including Black and minority ethnic communities, individuals with physical or learning disabilities, and LGBTQ+ people – face significant barriers to accessing cervical screening. The result is late diagnoses, more invasive treatments, and poorer health outcomes.

To tackle inequalities, meet the WHO 90-70-90 targets and ultimately realise elimination, a holistic approach to improving access to HPV vaccination and cervical screening is needed. In this regard, existing policy levers, such as the NHS Vaccination Strategy and Women's Health Strategy are valuable tools to unlocking further progress in the *Race to Elimination*.

NHS Vaccination Strategy

In November 2023, NHS England launched its first ever Vaccination Strategy, setting out an ambitious vision for the future delivery of NHS vaccination and immunisation services, guided by the central goal of reducing disparities in coverage.¹¹ The strategy’s focus on local flexibility, community outreach and system collaboration speaks to the ways in which England’s HPV vaccination efforts can be enhanced, for example through:

- Ensuring services are easily accessible, locally informed, and appropriately tailored
- Improving communication with parents around consent processes
- Ensuring timely and accurate data recording and analysis
- Targeted outreach to increase coverage in underserved populations
- ‘Joining-up’ vaccination services with other preventative services



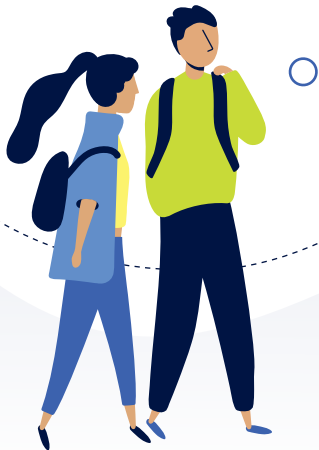
The strategy’s focus on enhanced local flexibility, building towards the delegation of responsibility for commissioning NHS vaccination services to Integrated Care Boards (ICBs) in April 2026,¹² empowers systems to design services with the unique needs of their local populations in mind – making access to prevention easier for everyone.

The Women’s Health Strategy

The first Women’s Health Strategy was launched in July 2022 with the aim of improving women’s experiences of the health system, and health outcomes, throughout the life course.¹³

A central part of the NHS’s work to implement the strategy to date has been the national roll-out of ‘women’s health hubs’, which aim to provide a ‘one-stop-shop’ for women’s health. They bring together services, from cervical screening to contraceptive provision, that have historically been fragmented and difficult to navigate, closer to women’s homes and communities. Women’s health hubs can make cervical screening more accessible and convenient, for example through out-of-hours clinics or providing cervical screening alongside contraception. They can also provide additional touchpoints to educate women on the importance of cervical screening, and even screen opportunistically. As such, women’s health hubs can play a key role in delivery of the national elimination ambition.

Refer to page 23 for more information on how women’s health hubs can support cervical cancer elimination



Harnessing collaboration to achieve elimination

The case studies presented here are just a snapshot of the important work that local authorities, NHS trusts and other partners have been undertaking to make cervical cancer elimination a reality. More broadly, beyond this work, there are other important actors that have a role to play in ensuring the achievement of this collective goal.

For example, Cancer Alliances are responsible for leading the “whole-system planning and delivery of cancer care” on behalf of their constituent Integrated Care Systems (ICSs), as well as providing clinical leadership and advice on commissioning.¹⁴ This also involves their own mandate to “deliver improvements in uptake of the NHS cancer screening programmes, based on local need”,¹⁵ as well as supporting ICSs to deliver on their statutory duty to reduce inequalities of “access and outcome”.¹⁶

Within ICSs, there is also the opportunity to strengthen the collaborative role for community and voluntary sector partners – integrating local voices and expertise to inform and shape services based on specific population needs. Ultimately, cervical cancer elimination will be a national achievement – but it can only be secured through the vital work of local partners.



Where next?

The case studies showcased in this compendium provide practical examples of how the principles set out in national policy are already being spearheaded locally. To accelerate England’s progress in the *Race to Elimination*, now is the time to harness these learnings in every geography, turning the 2040 ambition for elimination into reality for all communities.



Case studies

(Organised geographically north to south)

Northumbria Healthcare NHS Foundation Trust

Driving person-centred care across the cervical cancer prevention pathway



Area snapshot

Located in the North East of England, Northumberland is a sparsely populated county, with a large geographic area – 97% of which is classed as rural.¹⁷ Northumberland is home to a range of communities, including more deprived communities (with particular pockets of deprivation in Blyth and Ashington)¹⁸ as well as more affluent yet rural areas. Northumbria Healthcare NHS Foundation Trust is commissioned to deliver school-aged HPV vaccination in Northumberland and the wider North East region, which provides opportunities to integrate the cervical cancer prevention pathway and facilitate the sharing of learnings across localities.¹⁹

The challenge

Northumberland's large geographic area and mix of more deprived and more affluent localities, each with different needs, means that one size does not fit all – with more deprived or vulnerable communities being at particular risk of missing out on HPV vaccination and cervical screening. For these groups, education on the importance of HPV vaccination and cervical screening in preventing cervical cancer is paramount, especially for those families experiencing digital poverty, who might struggle to access trusted sources of information online.

Looking at HPV vaccination in particular, Northumberland's large geographic area and sparse population means that the school-aged immunisation service (SAIS) team must cover significant distances to capture all schools – which can create logistical and resource challenges if nurses are required to regularly revisit schools to encourage participation and increase coverage. The COVID-19 pandemic, and its aftermath, created additional challenges for the SAIS team, for example through necessitating disruption to routine service delivery and prompting a rise in vaccination hesitancy.

The solutions

Across the cervical cancer prevention pathway, Northumbria Healthcare NHS Foundation Trust has sought to implement a 'Make Every Contact Count' approach, encouraging and supporting everyone who is eligible for HPV vaccination or cervical screening to take up their invitations.

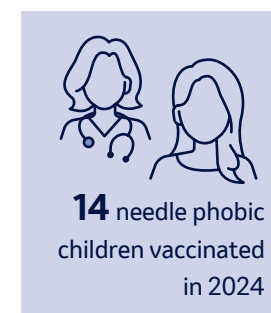
Making HPV vaccination easier to understand and easier to access

Northumbria Healthcare NHS Foundation Trust's SAIS team has worked in partnership with the wider system and families to make HPV vaccination more accessible to every community:

- **Workforce capacity and capability**

To help its workforce adapt to new challenges created by the COVID-19 pandemic and reach every child who requires HPV vaccination, the SAIS team recently expanded to include new 'link nurses'. These nurses help to make sure that all school-aged children, including those who might struggle to attend school clinic days, can access vaccination.

For example, link nurses provide home visits for home-educated and disabled children and run dedicated clinics for those who are needle phobic. Needle phobic clinics are highly bespoke, with specialist mental health nurses also on hand provide multiple hour-long appointments to help the child build sufficient confidence to receive their vaccination.



Each cohort of schools is also allocated a 'named nurse', who acts as a bridge between the health and education systems. Named nurses support vaccination provision,¹¹ and also help the SAIS team build a deeper understanding of each school, its local population and the needs of pupils and their families. As a result, the team is better placed to understand how factors, such as deprivation and lower educational attainment, might act as barriers to vaccination, and take action to overcome them.

- **Teacher and parent engagement**

Also as part of their role, named nurses help to build teacher awareness of HPV vaccination and the role of the SAIS team – for example through attending the annual meeting of local headteachers. The team also actively engages with parents, with a particular focus on families experiencing digital poverty. The team offers clinics before and after school, to fit around parents' working hours, in which the team can talk parents through the consent process and vaccinate on the same day. The team also attends school parents' evenings, so that children can come into school with their parents to receive HPV vaccination.

- **Text-based parent communications**

Following a successful pilot in neighbouring Newcastle, the SAIS team launched a digital communications programme for Northumberland families who had not returned consent forms. In line with GDPR legislation, the Trust worked with schools to triangulate class lists and consent data to identify where consent forms were missing and understand underlying trends across populations. An NHS No-Reply text-message service was launched to provide information on HPV vaccination to these parents, including links to 'one click and done' e-consent forms and UK Health Security Agency (UKHSA) health educational materials. The text service and use of e-consent also support ongoing follow-up with parents, and analysis of data to understand the factors behind lower vaccination coverage rates (VCRs).

Informed by a regional behavioural science study on measles, mumps and rubella (MMR) vaccination, the team recognised that asylum seeker and migrant families may have been unaware that HPV vaccination is free of cost in England. As a result, a follow-up text emphasised that vaccination is free, alongside a link to the consent form – resulting in an additional 1,500 children being vaccinated.

Across Northumberland, the use of the text service and e-consent has led to approximately 2,500 additional children being vaccinated – an increase of over 40% compared to the number of consents issued before the text service was launched in 2022/23.²⁰

"We're a school-aged service, not a school-based service"

Stephanie Gibbs and Caroline Smith
SAIS clinical leads, Northumbria Healthcare NHS Foundation Trust



- **Accessibility, convenience and choice**

The SAIS team has identified several opportunities, including through collaboration with local community partners, to take a community-based approach that provides multiple opportunities for HPV vaccination outside of set school-based vaccination days.

This has included:

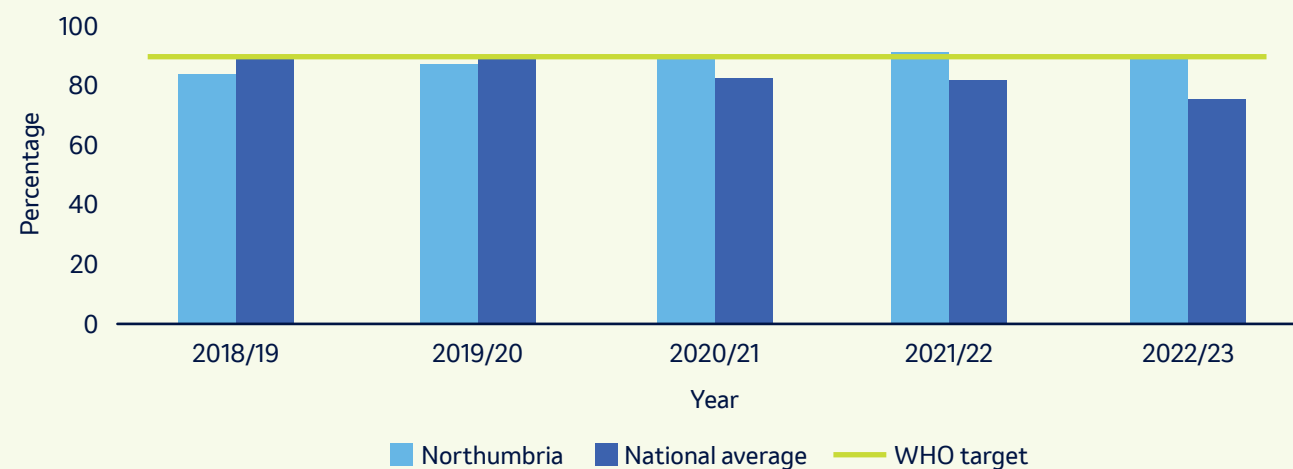
- Partnering with Child Health Information Services (CHIS) to identify and engage unvaccinated school leavers – in 2023, the SAIS and CHIS teams worked closely together to identify eligible school leavers, which lead to 81 additional children receiving HPV vaccination
- Organising evening and weekend vaccination clinics in partnership with local leisure centres to reach children attending for sporting activities
- Providing vaccination during school summer holidays, which has resulted in an additional 800 children being vaccinated
- Working with a secure children's home to vaccinate children at risk of exploitation



This work has been supported by efforts to build trust in the service across the population. For example, the Trust has partnered with local Jewish community leaders to develop a more culturally sensitive poster encouraging HPV vaccination, by removing references to HPV being sexually transmitted. In the first year of offering HPV vaccination to this cohort, using the co-designed poster, the team achieved a 52% vaccination coverage rate. They will continue to offer HPV vaccination to those who have not accepted the offer in subsequent year groups, with the aim of continuing to increase protection in this population.

As a result of these activities, Northumbria Healthcare NHS Foundation Trust has successfully achieved, and maintained, high HPV VCRs in Northumberland, including during the COVID-19 pandemic (see below):²¹

Figure 1: HPV VCRs in Northumberland (year 9 girls, at least one dose) between 2018/19 and 2022/23



Improving support for women across the cervical screening pathway²²

Northumbria Healthcare NHS Foundation Trust's service for colposcopy – often conducted to further investigate cell changes in the cervix identified by cervical screening²³ – had a higher did-not-attend (DNA) rate than the average across the Trust's services. To help to tackle this, a project was launched to understand the barriers that prevent women from attending colposcopy appointments, and how these patients can be supported to attend.

Following analysis of non-attendance data, which found that people most at risk of not attending for their colposcopy were women living in deprived areas and those aged 25 to 39, supported by the Health Inequalities Programme Board and the colposcopy service, the public health team:

- Carried out weekly phone calls to all patients who did not attend
- Gathered data from secretaries when patients had phoned to cancel to understand the reasons for doing so
- Talked to patients in the colposcopy clinic waiting room
- Surveyed all members of the colposcopy team
- Designed and conducted a small pilot of health navigation pre-appointment calls to mitigate barriers to attendance

Through this work, the main reasons for DNAs were identified as anxiety or lack of understanding around colposcopy; issues with work, childcare or transport; and forgetting the appointment or experiencing booking issues.

In line with feedback received, the Trust implemented a range of changes to help to remove these barriers, including:

- **Use of text messaging:** all patients booked in for a colposcopy now receive an invite by text, as well as receiving a letter
- **Improved communications and information:** the Trust developed a new webpage with simple information on colposcopies, videos from colposcopy staff, and case study films from patients.²⁴ A link and QR code to the webpage is included in the patient invite letter, for ease of access
- **Trauma informed clinics:** the colposcopy team is working with the health psychology team and a local community and voluntary charity to develop staff skills to support patients who have been through trauma

- **Integration with primary care:** work is ongoing to link data between primary and secondary care to support better understanding of patient need
- **Transport support:** the findings of the project have supported the Trust to undertake a system wide approach to improve access to the Healthcare Travel Cost Scheme
- **Healthcare Navigator support:** the colposcopy team has now appointed a patient co-ordinator to help patients navigate any barriers in attending their appointments, using a Make Every Contact Count approach

The DNA rate for new, initial appointments is now 3.25%, compared to 6.96% in 2021/22. The DNA rate for follow-up appointments is now 2.45%, compared to 10.18% in 2021/22.

Examples: Northumbria Healthcare NHS Foundation Trust website

Patient stories...

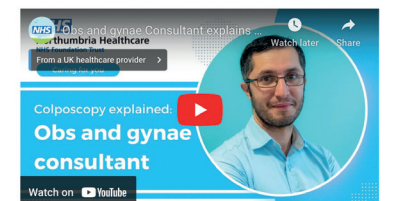
Aimee has needed regular colposcopies since her first smear at 25, watch her short video to hear her story.



What to expect in your appointment

Your colposcopy will last around 20 minutes. If you would prefer a female member of staff to carry out your colposcopy that is no problem, please contact us in advance so we can make arrangements.

Here's Mr Hamoodi to tell you what to expect...



Key learnings

Partnership working

Across both HPV vaccination and the colposcopy project, partnership working has been critical. Northumbria Healthcare NHS Foundation Trust's SAIS team has built strong relationships with local schools and community partners to understand gaps in provision, and improve population understanding of, and access to, HPV vaccination. In the colposcopy attendance pilot, the input of local voluntary sector organisations, with a strong understanding of more vulnerable women's needs, was key in supporting outreach to those who are seldom heard.

**Empowerment and ownership
across the workforce**

Northumbria Healthcare NHS Foundation Trust's SAIS team encourages nurses to see themselves not just as 'immunisation nurses', but as public health nurses with the power to change lives. For example, it has invited Amber's Legacy, a local cervical cancer awareness charity, to speak to the team about the impact of cervical cancer, and the part HPV vaccination plays in preventing the disease for women and their families. In addition, staff are given the freedom to suggest ideas on how the SAIS offer might be improved, leading to the use of community centres in new locations to hold vaccination clinics, for example.

Similarly, the Trust's colposcopy attendance project enabled a colposcopy team member to explore the trauma informed work with a local community and voluntary charity to form positive partnership working.



Marion Dickson (Executive Director of Nursing),
Caroline Smith and Stephanie Gibbs (Clinical Leads, SAIS),
Northumbria Healthcare NHS Foundation Trust

What's next?

To reach even more children who are not accessing HPV vaccination at school, the SAIS team has utilised a double decker bus to provide mobile vaccination clinics. The 'MELISSA Bus' provides rotating services – including both HPV vaccination and cervical screening for those eligible – in locations such as rural parts of Northumberland, where there are higher numbers of home educated children.

Informed by a quality improvement project analysing the service's communications output, the SAIS team is also preparing to launch a series of online videos. The series will include a video on HPV vaccination to further improve population awareness and understanding, and a specific video on distraction techniques to help needle phobic children. The videos will be sent to schools for use in personal, social, health and economic education (PSHE) lessons, as well as to GPs, and will feature on the Trust's webpage.

Work is also ongoing to expand the colposcopy attendance project, for example the team have filmed patient case studies for inclusion on the colposcopy webpage and have developed a new targeted, creative campaign for those identified at highest risk of not attending, launching in late January 2025.



For more information about the SAIS work: please contact Stephanie Gibbs and Caroline Smith, the service's clinical leads: Stephanie.Gibbs@northumbria-healthcare.nhs.uk and Caroline.Smith@northumbria-healthcare.nhs.uk.

For more information about the colposcopy attendance project: please contact Marion Dickson, Executive Director of Nursing and Midwifery, and Executive Director for Surgery and Community Services: Marion.Dickson@northumbria-healthcare.nhs.uk.

North Cumbria Integrated Care
*Harnessing the power of data
to drive record coverage rates*



Area snapshot

Cumbria is a large, sparsely populated county with many rural communities: for example, within the unitary district of Cumberland, 53% of residents live in rural areas, compared to average of just 18% across England.²⁵ A number of towns and villages are ex-industrial, while the county is also home to the city of Carlisle. This geographic diversity is mirrored in significant variation in health outcomes and healthy life expectancy. Cumbria has 29 communities that rank within the 10% most deprived of areas in England – with inequalities stretching across rural, coastal and urban areas – as well as several areas ranking among England's least deprived.²⁶

Cumbria's school-aged population consists of approximately 70,000 pupils, attending over 315 schools. Cumbria is also home to a higher number of children in care than the national average.²⁷ Children in care can face additional barriers to vaccination, such as absence from school and frequent placement moves, which can also create incomplete immunisation records.²⁸

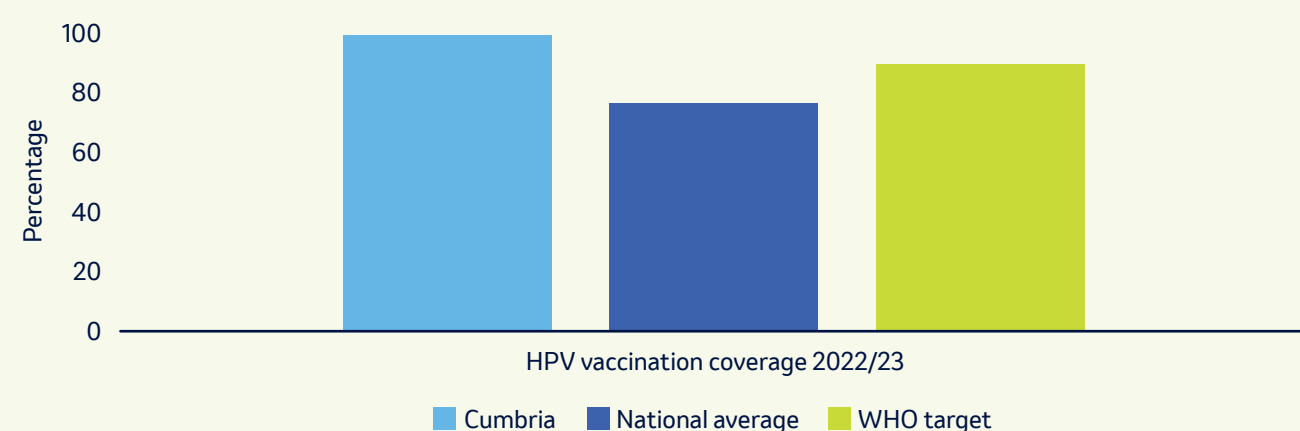
The challenge

North Cumbria Integrated Care (NCIC) provides a full school-aged immunisation service (SAIS), Child Health Information Service (CHIS) and health visiting service – making NCIC unique in its universal offer. NCIC also works collaboratively with the public health nursing service, which is commissioned by the Council. The SAIS offer is split across three main teams in Cumbria, located in Carlisle, Allerdale, and Copeland and Kendal.

NCIC played an integral role in the roll-out of COVID-19 vaccination in schools. The programme was a great success and earned recognition of the team's work across the system. However, as a result of the COVID-19 pandemic, the team faced falling vaccination coverage rates (VCRs) across childhood immunisations, following disruption to routine service delivery. This was exacerbated by limited resources, and a stretched workforce who were dealing with a new landscape in which there was increased vaccine hesitancy and uncertainty around children's return to school. While the team has a strong heritage in HPV vaccination, they felt it essential to protect progress towards eliminating cervical cancer to date, and ensure that every child was given the opportunity to take up HPV vaccination.



Figure 2: HPV VCRs (year 9 girls, at least one dose) in Cumbria compared to national average and WHO target in 2022/23^{8,21}



The solutions

NCIC took a step-by-step approach to recovering HPV VCRs following the COVID-19 pandemic. This utilised existing expertise, data, and resources across SAIS and CHIS teams to understand existing barriers to vaccination and inform an insight-driven response to encourage more children to access HPV vaccination.

Step 1

Building quality data

Fundamental to developing the solution was analysing available CHIS data. This began with undertaking a data cleansing exercise to understand the gaps in HPV VCRs. This helped the team to build an accurate and clear picture of the number of children with unknown vaccination status and identify schools that had particularly high numbers of children not receiving HPV vaccination.

Step 2

Understanding the needs of local communities

Having built a picture of which schools and areas of the county had below average HPV VCRs, the team sought to understand the factors behind the data. Supplemented by the team's insights from direct opportunistic engagement with service users, Cumbria surveyed parents from schools with lower VCRs to understand why their children had not accessed HPV vaccination.

The survey received over 1,000 responses, with key findings including:

- **22%** didn't understand HPV vaccination
- **16%** felt that their child didn't need HPV vaccination
- **14%** feared the associated side effects of HPV vaccination
- **5%** didn't have enough information about HPV vaccination
- **5%** didn't trust vaccinations

In follow up to the survey, the team asked schools and service users what could be done to help to get more children vaccinated:

- **53%** said improving available information
- **6%** said improving accessibility
- **4%** said creating an additional offer for those with complex needs
- **3%** said making online consent available



Step 3

Improving the provision of education and information

Informed by the survey, the NCIC team agreed three key objectives to ensure the service was better able to meet parental needs and concerns:

- Improve information around the SAIS
- Improve information around vaccinations
- Improve visibility of SAIS

The team implemented a range of new solutions that worked in parallel to deliver on these objectives:

- The creation of a new vaccination help desk, open between 9.00 am and 5.00 pm, five days a week to answer any queries and ensure information is readily available and accessible to parents
- Meetings and engagement with schools with lower VCRs (continuously dropping below 60%) to understand directly from school staff how pupils and their parents might be better supported to accept HPV vaccination. Informed by this engagement, the SAIS team held assemblies for children, their parents and teachers to improve understanding of HPV vaccination. The assemblies touched on HPV vaccination's part to play in supporting cervical cancer elimination and addressed myths and stigma surrounding HPV vaccination. The assemblies energised schools and created a sense of friendly competition between teachers in trying to achieve the most signed consent forms
- The organisation of visits by the SAIS team to a local cytology laboratory to build the team's knowledge across the entire pathway for cervical cancer prevention, which empowered and equipped the immunisation workforce to answer a range of queries from pupils and parents when vaccinating

In light of these steps, across the year 8 cohort, coverage rates rose from 60% to 84%, and in year 8 females, coverage rates reached 87% – a 20-25% increase on the previous year.

Step 4

Providing multiple opportunities for vaccination

The CHIS data cleansing process also allowed the NCIC SAIS team to identify new opportunities to offer HPV vaccination. For example, in 2021/22 the team introduced a second round of consent in year 8 to capture those who had previously not responded or declined, in addition to the consistent follow-up offer throughout school until leaving in year 11.

In 2022/23, by the time that pupils had reached year 9, they had already received four offers for HPV vaccination, as well as an open offer to attend an out of school clinic – helping Cumbria to achieve 98.1% coverage in the WHO target group of year 9 females.



Step 5

No child left behind

In response to the survey of schools and parents, the team established a referral process for specialist clinics, which allows schools to refer children who might be particularly worried or have more complex needs. The specialist clinics support the provision of more personalised care, with more time dedicated to appointments.

The SAIS team also now partners with its counterparts in NCIC's Strengthening Families and Children's Services teams, who work with looked after children in care placements, to bring the service to settings outside of schools, and improve reach to more vulnerable children. The team works on a highly individual basis, for example through undertaking visits to care homes, to build trust and facilitate holistic conversations beyond vaccination that empower and encourage young people to take ownership and care of their health.

Key learnings

Cumbria's success in HPV vaccination coverage rates can be attributed to a number of factors:

Building a strong team culture

NCIC has sought to unite the team behind a vision to empower nurses to see beyond their job as being to vaccinate children, but instead within a broader role of promoting health, which underpins all of NCIC's work

Tailoring the offer to each young person

The initial work to cleanse existing data and gather new insights from parents has allowed NCIC to effectively build a more tailored offer, designed around different communities' needs – now a central theme of the NHS Vaccination Strategy.

“We’ve gone from being a service that vaccinates children to seeing ourselves as a public health service that improves children’s lives and the lives of their communities”

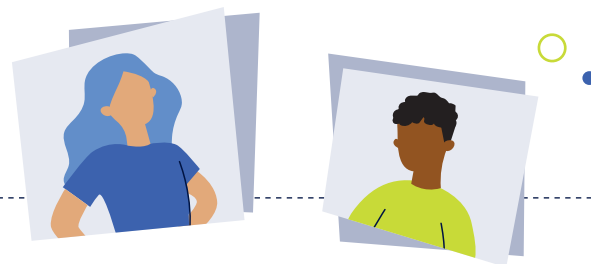
Kerry Foot
Service Manager,
School Immunisations and CHIS, NCIC

“We amend our approach depending on who we’re going to see and how we’re going to see them”

Kerry Foot
Service Manager,
School Immunisations and CHIS, NCIC

Making use of every opportunity

Partnership working has allowed the team to reach children at multiple touchpoints, including the most vulnerable children, while providing ongoing opportunities for parents to find out more about HPV vaccination and its life-long role in protecting their children's health.



What's next?

Moving forwards, the Cumbria SAIS team will continue to build on their work to date. The team understands that data quality is fundamental to high coverage rates – enabling the team to not only identify areas and schools with lower coverage rates, but also individually identify young people who have missed out on the opportunity for HPV vaccination.

Cumbria has now moved to an e-consent process, which supports more consistent data collection and provides a detailed understanding of the reasons why consent is not given. In response, the team is working to adapt their approach, including increasing the provision of health promotion and education sessions to increase awareness and share information. This work is complemented by feedback gathered through ongoing feedback questionnaires, which is helping to develop the team's website, with the aim of improving the provision and accessibility of information about the service and its offer.

For more information about this work: Please contact Kerry Foot, Service Manager, School Immunisations and Child Health Information Service, North Cumbria Integrated Care: Kerry.Foot@ncic.nhs.uk.

Stockport NHS Foundation Trust *Integrating immunisation and school nursing services to overcome inequalities*



Area snapshot

Stockport is one of ten local authorities in Greater Manchester: it is a relatively small borough, with around 14,000 young people in the 12 to 15-year-old age group, who are more concentrated in deprived areas.²⁹

The local authority is home to both the most, and least, deprived electoral wards in Greater Manchester – with some areas in Stockport ranked among the 1% most deprived in the country.³⁰ As a result, health needs in Stockport are most closely correlated with deprivation, as opposed to geography – and, since deprivation is distributed in pockets across the borough, health needs and outcomes often vary within localities. For example, life expectancy estimates show that between the most and least deprived areas of Stockport, there is almost a ten-year difference for both males and females.²⁹

In Stockport, cancer prevention poses a unique challenge – in 2022, 27.5% of all deaths were caused by cancer, making it the leading cause of death (in comparison to dementia and Alzheimer's disease across England).³¹

The challenge

The significant differences in health inequalities across the local authority affect the population at a young age, particularly since the birth rate in more deprived areas is higher than in comparison to the least. This is especially true for cohorts of children born between 2009 and 2014, a period in which almost half of all births took place in the two most deprived quintiles.²⁹

As a result, in Stockport, this cohort of children typically live in low-income households and access health services and health education less frequently than their less deprived counterparts, which often results in poorer outcomes. As these children become eligible for HPV vaccination, it has been essential to provide a trusted school-aged immunisation offer that is able to reach children from all communities, including supporting the most vulnerable children and those from whom parental consent may not be readily received.

The solutions

Stockport's school nursing service is delivered by Stockport NHS Foundation Trust, and forms part of Stockport Family, an integrated service within Stockport local authority. The service is comprised of several teams, including specialist public health school nurses, a complex safeguarding nurse and the school-aged immunisations (SAIS) team.³² This commissioning model differs from most areas, where school-based immunisation programmes are delivered separately from the school nursing service.



The SAIS team is comprised of a lead nurse and five immunisation staff nurses and one immunisation administration coordinator, but is able to draw on the strengths across the school nursing service to provide a joined-up approach that goes beyond vaccination provision, with a focus on reaching every child, and making every contact count. This holistic approach has meant that, every year since 2017, Stockport has exceeded the WHO goal of 90% vaccination coverage in year 9 girls.

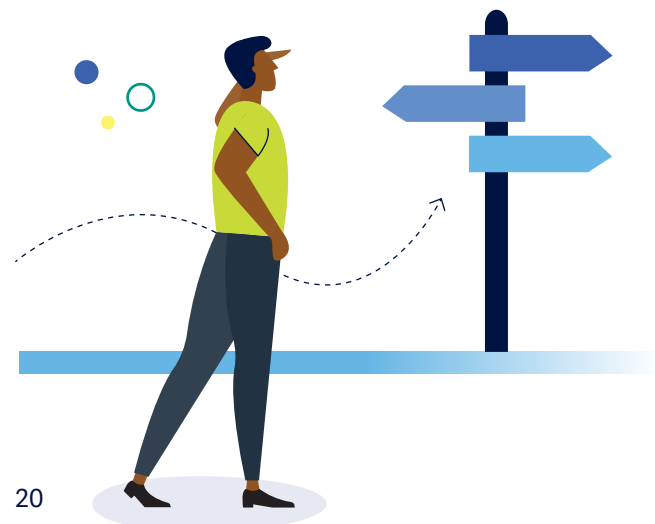
Building trust and working together

Delivery of HPV vaccination by school nurses has direct benefits. School nurses are constant figures, and have trusting relationships with parents, young people, and their colleagues in education – contributing to higher vaccination confidence and coverage.³³

“[trust] is of major significance when it comes to immunisations”

Anne-Marie Gallogly
School Nursing Team Lead
Stockport NHS Foundation Trust

The immunisation team is positioned to support joined-up care across school-aged nursing. For example, the current structure in Stockport means the SAIS team sits alongside the school nursing service, as well as a complex safeguarding nurse. These services support some of the most vulnerable children including children in care, home educated children, and young people in the youth justice service. This structure also allows for signposting to appropriate care across a range of needs and corresponding services.



To ensure coordination between the SAIS team and schools, there are several systems in place:

- Each year, the SAIS team sends out an agreement to schools, which ensures that schools know what they can expect from the service and what the service needs from them to be able to fulfil expectations
- Each school in the area has a named school nurse and named link nurse – “school nurses know the schools, the layout of the buildings and the children and their families, there are already good relationships with our colleagues in education”³² and so can support smooth logistical running of sessions
- When a team goes into a school, the day starts with a morning huddle to align on timings, roles, and responsibilities, including who will call parents should there be any problems with vaccination, or to seek missing consent

Providing an expansive vaccination offer

Stockport’s SAIS team goes beyond annual in-school vaccination clinics to make sure the offer reaches all children, from all backgrounds. For example, HPV vaccination is offered throughout a child’s school career until they leave in year 11, rather than this responsibility being discharged to GPs, who may not engage with pupils as regularly.

The team also extends outreach beyond schools, making visits to pupil referral units, hotels housing refugees and asylum seekers, as well as running Saturday clinics and home visits for those not currently in school.

“We know that in order to address health inequalities, we have to take health to where the need is and not sit in hospital buildings expecting people to come and see us”

Fran Jackson
Specialist Community Public Health Nurse
– School Nursing, Stockport NHS Foundation Trust

Making every contact count

The team takes a ‘Make Every Contact Count’ approach, using vaccination as an opportunity to protect and promote health beyond vaccination. Nurses use the vaccination session to do a visual assessment of the young person, thinking about their physical and emotional health needs.

“Everything we do, we have to listen to the voice of the child”

Fran Jackson
Specialist Community Public Health Nurse
– School Nursing, Stockport NHS Foundation Trust

If the team has concerns that a child’s needs are not being met, they will signpost this onwards to appropriate services. This might include mental health services, follow-up contact with the school nurse or encouraging students to make use of a confidential text messaging service. This was launched during the COVID-19 pandemic to allow young people to privately interact with, and ask questions to, healthcare professionals in a way that is convenient for them.

Combining immunisation and school nursing services simplifies care and enables continuous monitoring and support, both within HPV vaccination and beyond. In Stockport, schools are trained to be ‘trauma-informed’, which helps to create sensitive, personalised approaches for affected students.

“We’re not just stabbers and jabbers, and we’re really proud of that”

Anne-Marie Gallogly
School Nursing Team Lead
Stockport NHS Foundation Trust



Key learnings

Stockport has been a pioneer in HPV vaccination and has exceeded national averages in HPV vaccination coverage rates (VCRs) since its introduction. In 2007, Stockport was part of the first HPV vaccination trial for year 9 girls, and, in 2019, it was among the first local authorities to implement the national policy change to extend HPV vaccination to boys.^{34,35}

The continued impact of the SAIS’s team’s work on HPV vaccination in Stockport has been owed to a holistic approach, facilitated by the SAIS team sitting within the school nursing service.

Building trust and joining up care

The school nursing model facilitates a thorough understanding of the different schools across the SAIS team’s remit – including the children, their families and teaching staff. This knowledge has allowed trust to be built, which is of major significance for ensuring high VCRs, as well as promoting the health of young people via the interconnected services within the model.

Bringing services to wherever the need is

To address health inequalities, it has been essential to be flexible on delivery location, allowing the team to reach every child. To increase VCRs, the Stockport SAIS team has facilitated drop-in vaccination clinics, as well as creating personalised offers, for example home visits, to ensure the most vulnerable children can receive vaccination in a way that meets their needs.

Making every contact count

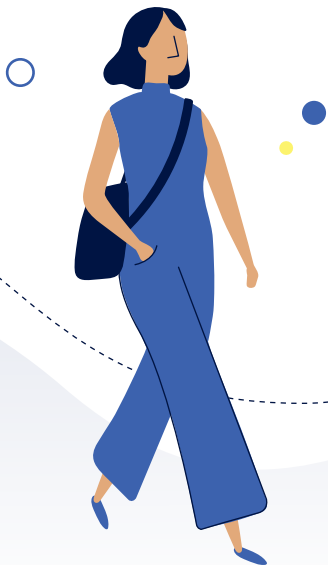
The role of an immunisation nurse goes beyond vaccination delivery, and it is vital to use this opportunity to protect and promote health and wellbeing beyond vaccination. For example, the team takes a proactive approach to educate young people about the service and how they can get in touch, including online, to discuss any health queries or concerns.



What's next?

NHS England has redesigned the delivery of school age immunisations and has chosen a new Greater Manchester Integrated Vaccination and Immunisation Service. Intrahealth has been awarded the contract, which means from 1st April 2025, the Stockport SAIS team will be delivering a different model to include the school age flu programme alongside routine school age immunisations. The team is fully committed to continuing to make every contact count and maintain the high VCRs for Stockport school age children.

For more information about this work: Please contact Anne-Marie Gallogly, School Nursing Team Lead at Stockport NHS Foundation Trust: annemarie.gallogly@stockport.nhs.uk and Fran Jackson, School Nursing Service Lead at Stockport NHS Foundation Trust: frances.jackson@stockport.nhs.uk.



Liverpool women's health hubs
Redesigning primary care pathways to integrate cervical screening



Area snapshot

Home to almost 500,000 inhabitants,³⁶ Liverpool is the third most deprived local authority in England,³⁷ with lower than average life and healthy life expectancy for both men and women.³⁸ On average, women living in Liverpool spend 22 years of their life in poor health. Geographic health inequalities also exist within the city's population: life expectancy is 8.9 years lower for women in the most deprived areas of Liverpool than the least deprived areas, and over a third of the population has at least one illness.³⁹

Set against these challenges, Liverpool has been an early trailblazer in redesigning women's health services, ensuring the system is better able to meet the needs of the city's larger than average population of women of child-bearing age.⁴⁰ Liverpool City Council has worked in partnership with the city's NHS primary care networks (PCNs) to create a more joined-up, seamless, and cohesive 'hub' offer, based in the heart of local communities.

The challenge

In Liverpool, cervical screening coverage rates have repeatedly fallen below the national average.⁴¹ In 2019, it was estimated that over 43,000 women in Liverpool were overdue their cervical screening – a gap that has continued to grow since the outbreak of the COVID-19 pandemic.⁴² There is geographical variation in coverage across the wider Cheshire and Merseyside region, and variation in availability of appointments has been identified as a key challenge.⁴³

Just before the beginning of the pandemic, work was ongoing to establish a network of 'women's health hubs' across the city, with the aim of making women's healthcare more accessible and convenient through strengthening the primary care women's health offer.

The hubs were initially focused on improving access to long-acting reversible contraception (LARC) through an inter-practice referral model. However, it was quickly identified, through opportunistic conversations with women, that many women accessing the hubs for their LARC fittings were overdue for their cervical screening.

Figure 3: Age-appropriate cervical screening coverage in Liverpool⁹

Year	25-49 years	50-64 years	25-64 years
2018/19	65.5%	69.7%	66.9%
2019/20	65.5%	69.4%	67.0%
2020/21	63.6%	67.6%	64.7%
2021/22	61.7%	66.9%	63.3%
2022/23	59.7%	66.9%	61.9%

However – while clinically very simple to conduct a cervical screening during a LARC fitting – fragmented commissioning and care pathways hindered the team from embedding opportunistic cervical screening as a core offer.

What are women's health hubs?

Women's health hubs aim to overcome historic issues of fragmentation in women's health service delivery through supporting a life-course approach, moving beyond interventions for specific conditions. The hubs are not necessarily single, physical spaces but instead serve to bring together women's health services, such as contraceptive provision, menopause support and community gynaecology care to deliver care that is more integrated, closer to home and wraps around women's lives.

Having originally been piloted in several areas around the country, including Liverpool, at least one women's health hub is now being established in every Integrated Care System (ICS) in England. Hubs are not designed to replace the existing primary care offer, but are based within the community, often working at the interface between primary and secondary care. The Department of Health and Social Care has prioritised cervical screening as a core service to bring into the hub model,⁴⁴ noting that the opportunity to improve cervical screening coverage through enhancing convenience for women, and increasing the use of opportunistic screening, could reduce the long-term costs associated with treating cervical cancer.⁴⁵



The solution

As Liverpool's network of women's health hubs grew, and incorporated a wider range of women's health services, the team sought to formalise a cervical screening offer. To ensure that the new offer had a tangible impact on women's access to cervical screening, the team identified a series of key enablers:



Ensuring referral processes were fit-for-purpose

With many women accessing hub care outside of their 'home' general practice, for example when seeking LARC, the team worked across the system to streamline the process for referring patients and reporting back to their GP.

The system evolved from being paper-based, then to electronic EMIS-based communications, and finally to the development of a centralised solution with the support of Manchester Cytology Centre, the cervical screening laboratory used across the North West.

This solution sees hub teams having their own desktop login for the Cytology Centre, which enables them to directly request a patient referral, including in the case of an opportunistic screening. The Cytology Centre will return the result to the patient's GP, supporting follow-up.

Integrating care to expand appointment availability

The women's health hubs offer LARC and cervical screening clinics alongside one another on Saturday mornings. The integration of cervical screening into LARC clinics utilises existing LARC contracts and payment models and the NHS Extended Access service to ensure financial viability for an expanded cervical screening offer, as well as creating a sustainable service for women. The dates for LARC and cervical screening clinics are shared with GPs to allow direct referral from practices. In addition, a number of PCNs also use online self-referral processes, so that women are able to book independently.

Developing the workforce

The team has utilised the national Additional Roles Reimbursement Scheme (ARRS) scheme to expand workforce capacity across the hubs, inclusive of admin support and clinical care. This has included training nursing associates to undertake cervical screening – both supporting staff development, and ensuring timely provision of appointments.

Improving awareness about cervical screening

The hubs have sought to find new ways to reach women to provide information on the importance of cervical screening. This has included social media campaigns, making information available in multiple languages, and community education events in locations including supermarkets, churches, and community centres.

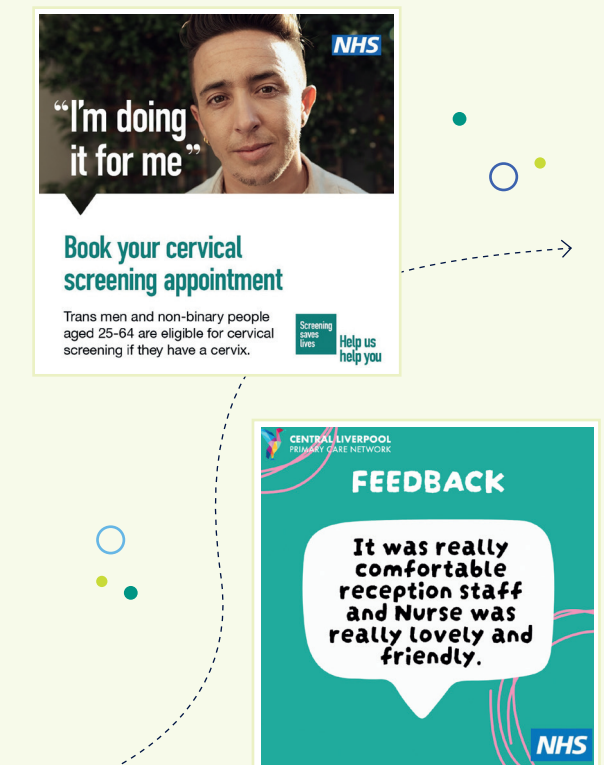
Liverpool's work has been informed by insights gathering undertaken by the NHS England North West regional team, which aimed to understand experiences of cervical screening. Primary barriers to attending cervical screening were identified as fear about the process and potential results, embarrassment, difficulties accessing the service, lack of information, and confusing terminology.⁴⁶ Recommendations to address these barriers included:

- Improving access to cervical screening, including through sending regular reminders, addressing specific barriers relating to gender, culture and disability (for example, providing reasonable adjustments to the service, acknowledging the importance of inclusive language and appreciating possible cultural sensitivities around cervical screening) and exploring the use of self-sampling

- Providing specialist support for those who have experienced trauma and sexual assault to address anxiety and misconceptions around cervical screening
- Establishing a North West-wide cervical screening steering group to support continued workforce development and collection of ongoing feedback by service users

The hubs currently operate in six PCNs across the city, with 16 sites available to women seeking care across the life course.⁴⁷ Offering cervical screening through Liverpool's women's health hubs already appears to be having an impact, with data suggesting a correlation between PCNs that have a well-established hub seeing an increase in cervical screening coverage. One PCN alone recorded an additional 1,500 cervical screenings between April 2023 and May 2024. Data also suggests that women's health hubs are beginning to reach those most in need. For example, approximately 30% of women accessing the hubs are from the most deprived quintiles (1 and 2), and an audit has shown that 31% of women using the hubs services are from a 'mixed multiple ethnic group' (combined to account for Black, Asian and other minority ethnic groups).

Examples: Central Liverpool PCN social media



Key learnings

Building from the ground up

Liverpool's incremental expansion of women's health hubs demonstrates the importance of starting small to show proof-of-concept and build buy-in, before looking to expand. In doing so, working across the system is critical to ensuring that service redesign works for both system partners, and patients themselves – for example, in developing Liverpool's shared solution for referral and data reporting.

Leveraging relationships to make every contact count

Liverpool's 'one-stop approach' to women's health reinforces how effective seeking to make every contact count can be, particularly in the case of underserved communities who may find it more challenging to access multiple services and appointments. To realise these ambitions, the team has emphasised the importance of *"joining up the dots through linking colleagues, building relationships, running educational forums and bulletins for our women's health hub teams."*

The Liverpool team's focus is *"to be part of the solution"*, acknowledging that *"It is hard work, and you must be determined and tenacious to get things done, but it is our patients that motivate us to keep going"*.

What's next?

While some PCNs are starting to see an uptick in cervical screening coverage rates, Liverpool as a whole is still falling below the national average – and below the WHO 70% target to work towards cervical cancer elimination. Work is therefore ongoing to help every part of the city embed new ways of working under the hub model, and ensure that recommendations from the North West regional insights work are implemented across communities.

In particular, the hubs have continued to focus on targeted outreach to ensure services reach underserved communities. For example, a new 'Sexual Health On Wheels' (S.H.O.W.) bus allows practitioners to go out into the community to offer prevention and health promotion services, with a focus on groups including sex workers and drug users. The S.H.O.W. Bus has been fitted with an examination couch and is looking to deliver cervical screening appointments across the city. The S.H.O.W. Bus will also collect data on the service to inform continuous efforts to develop the service to wrap around user need.



For more information about this work: Please contact Dr Jen Peters, Axess Sexual Health GP Champion for Liverpool: Jennifer.Peters1@liverpoolft.nhs.uk.



Worcestershire County Council Targeting local unmet need through extended access initiatives

Area snapshot

Worcestershire is a largely rural area, which typically has lower levels of deprivation than the West Midlands average. However, there are particular pockets of health deprivation in Wyre Forest and Redditch⁴⁸ – in turn creating health inequalities and highlighting the need for tailored approaches to meet the needs of all communities in the local authority.

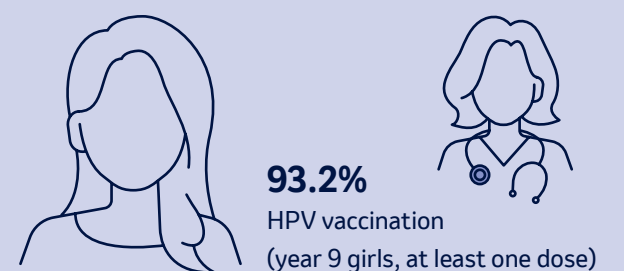
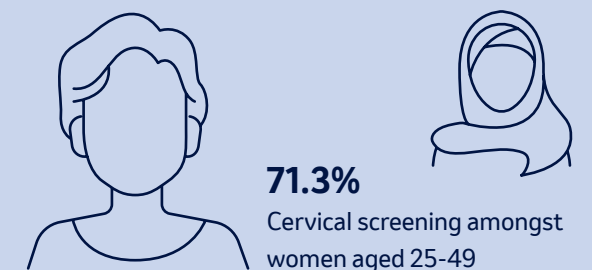
More broadly, Worcestershire has also seen a widening in health inequalities in light of the COVID-19 pandemic, with national trends such as an aging population and increased pressure on health services further complicating the overall public health landscape.

The challenge

In 2021/22, Worcestershire successfully met the WHO targets for both HPV vaccination and cervical screening,^{49,50} exceeding both the West Midlands and England averages (see right). However, despite this strong performance, Worcestershire County Council identified that approximately 40,000 people remained unscreened.⁵¹

Worcestershire County Council already understood overall health trends across the local authority, for example those living in lower Index of Multiple Deprivation (IMD) groups continued to experience higher levels of health inequality. However, to inform service design and delivery, Worcestershire County Council prioritised ensuring a more thorough approach to data analysis. For example, analysis of Joint Strategic Needs Assessments (JSNAs) was also able to identify that, despite a strong overall performance, cervical screening coverage for women between 25 and 49 years old has declined in all districts in the local authority.⁴⁸

Worcestershire cervical screening and HPV vaccination coverage rates (2021/22):^{49,50}



The solution

Worcestershire County Council, Worcester City Primary Care Network (PCN) and other partners have worked together to utilise social media campaigns, in-person extended access initiatives and drop-in clinics to increase cervical screening coverage rates.

Drop-in clinics

Worcestershire County Council has worked with partners across the system to address barriers to cervical screening experienced by some women. In particular, the Council developed drop-in clinics to try to capture communities of women who might struggle to attend during ‘core’ NHS hours, for example working and single mothers, who have to balance work and caring responsibilities. Following discussions with service users, drop-in cervical screening clinics were held on weekday evenings between 5.30 pm and 7.30 pm, as well as on Saturday mornings. From the first five clinics held during 2023, an additional 230 women received screening.

The drop-in clinics have also used learnings from ‘Pink parties’, which were co-created between Worcester City PCN and Jo’s Cervical Cancer Trust*.⁵² The drop-in cervical screening clinics aimed to build confidence amongst women to attend their screening appointments through creating a “supportive, empowering environment”, accompanied by coffee and cake.

Health and wellbeing vans

Since October 2023, Worcestershire County Council has teamed up with system partners to provide mobile health and wellbeing vans, which travel across the local authority to offer services closer to home – including, most recently, piloting a cervical screening offer.

The initiative has been developed in partnership with NHS Herefordshire and Worcestershire, the University of Worcester, Macmillan Cancer Support, and the Academic Health Science Network.

The outreach strategy for the vans has been informed by population outcomes data, as well as engagement with the local population, which ensured that service users’ voices were captured when designing service provision. To underpin the provision of mobile, drop-in cervical screening, and reach the most vulnerable populations and communities with low coverage rates, the vans also offer holistic, wrap-around support, such as support for GP registration.

To ensure the vans reach those who need it most, the service is equipped to provide information in many languages and formats, with appointments, GP registration and proof of identity not required to access services.⁵³ The vans rove around the local authority area, with locations including community hubs, farmers markets and food banks. The location of the vans and the services it offers are supported by targeted communications campaign to ensure information reaches patients who would most benefit well in advance.

To ensure the initiative is successfully reaching populations, and to measure return on investment to inform future service provision planning, Worcestershire Council is working with the University of Worcester to evaluate the impact of the vans, with a full report expected in 2026 and interim reporting before.



Embedding a data driven approach

Worcestershire County Council has also strived to develop a robust understanding of the characteristics and unmet needs of their local populations. From these efforts, those working with communities on the ground have been able to look more closely at the factors driving health inequalities and use this understanding to tailor interventions accordingly. For example, JSNAs have identified widening health inequalities that may be masked by strong county-wide performance against Public Health Outcomes Framework (PHOF) indicators.

This intelligence-led approach allows HPV vaccination coverage data to be broken down to school-level, which has led to the identification of individual schools and allowed the system to direct focused outreach to those areas where it is most needed.



Key learnings

Worcestershire County Council has demonstrated that partnership working across local and regional levels is key to delivering cervical screening in accessible and effective ways – maximising protection against cervical cancer.

The importance of locating unmet need

Worcestershire’s success in cervical screening coverage rates has been assisted by shifting the narrative from one that talks about ‘health inequalities’ to a more direct focus on ‘unmet need’. The novel extended-access approaches being socialised in Worcestershire use data to direct services at a hyper-local level to those that need them most. Through identifying specific geographical communities with unmet need, the Council has been able to investigate their specific causes, and, as a system, respond appropriately.

Creating targeted, hyper-local solutions

Wider health and care system partners undoubtedly have a role to play in partnership working. Worcestershire has been able to ensure preventative interventions are reaching the right communities in the right ways through local engagement and building understanding of the stories of different patients. These conversations have maintained a focused effort to change the narrative around prevention through effective engagement with communities, thereby helping people to see the value in cervical screening and prevention more holistically.

“We believe in balancing traditional interventions with community-driven solutions. Rather than treating communities as problems to fix, we empower them to share their ideas on what works best for them, and we help make those ideas a reality”⁵⁴

Lisa McNally
Director of Public Health for Worcestershire

* During the time in which this initiative was undertaken, Jo’s Cervical Cancer Trust was the primary cervical cancer patient advocacy group operating in this space. Since the closure of Jo’s Cervical Cancer Trust in 2024, this remit has been taken over by The Eve Appeal.

Capturing and celebrating success

Worcestershire County Council has also sought to celebrate success in public health, and has set up a blog, 'Worcestershire Insights', to share good news happening across the county. As well as acting as a record of achievement, the blog is able to capture local activity – further bolstering community outreach and engagement.



What’s next?

Worcestershire County Council public health is developing new approaches to target interventions at the local level. This work will continue to drive system change and improvements including in cervical cancer screening and HPV vaccination. The team will also look to integrate insights from the evaluation of the Health and Wellbeing vans, as they continue to champion a data-driven and community-focused approach.

The data driven and assets-based approach taken by the Worcestershire County Council Public Health team has also recently been praised by Chief Medical Officer, Professor Sir Chris Whitty, in his recent visit to Worcestershire to see their public health work in action.⁵⁴

“I learned a lot and was impressed by the range of actions and their outcomes, including several that many other parts of the country would learn from”

Professor Sir Chris Witty
Chief Medical Officer

For more information about this work: Please contact Matthew Fung, Consultant in Public Health, Worcestershire County Council, contact via: mfung@worcestershire.gov.uk.

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