

Proactive HPV vaccination catch-up for 16-19 year olds

Project lead and organisation - Carol Murphy, NCL Cancer Alliance

Partner organisation(s) involved - NCL Cancer Alliance, Public Health teams, LA education teams, Vaccinations UK, West & North London ICB

Funding requested (£) - £60-£80K for NCL

Proposed start and end dates - Q4 26/27 running until July 2028

Summary

This bid proposes a proactive HPV vaccination catch-up programme targeting 16–19-year-olds in North Central London (NCL) to help achieve the national ambition of cervical cancer elimination by 2040. Despite recent improvements, vaccination rates remain below the 90% target, with significant variation across boroughs and lower uptake than national averages. A key gap is the lack of systematic catch-up provision for young people in sixth forms, colleges, and other post-16 education settings, where opportunities for large-scale vaccination are currently missed.

The project will deliver vaccination clinics directly within education settings, working in partnership with public health teams, local authorities, and the existing school immunisation provider. It will also co-produce tailored engagement resources for young people and run awareness events to promote vaccination uptake. These sessions will additionally provide education on cervical screening and wider cancer awareness, including breast and testicular cancers.

Expected outcomes include increased HPV vaccination coverage, contributing to cancer prevention and reduced health inequalities. The project will also generate evidence to support future commissioning and sustainable delivery.

NCLCA Big Ideas Fund – Expression of Interest

Questions marked with an asterisk indicate additional guidance on page 2 of this document.

Section 1 – Project Details			
Proposal title	Proactive HPV vaccination catch-up for 16-19 year olds	Project lead and organisation	Carol Murphy, NCL Cancer Alliance
Partner organisation(s) involved	NCL Cancer Alliance, Public Health teams, LA education teams, Vaccinations UK, West & North London ICB	Funding requested (£)*	£60-£80K for NCL
Proposed start and end dates*	Q4 26/27 running until July 2028		
Section 2 – The Idea			
1. What is the challenge you are seeking to address?*	<p>To achieve cervical cancer elimination by 2040 increasing HPV vaccination rates to 90% is required. Post Covid there was a steep decrease in vaccination uptake, although that has improved more recently, current data shows the gap to achieving this target is still large and therefore a large catch-up cohort to engage.</p> <p>In 2024/25 vaccination rates in NCL were</p> <ul style="list-style-type: none"> • Girls 61.8% an increase of 3% on previous year (London 64% & England 71%) • Boys 58.7% an increase of 5% on previous year (London 59.8% and England 67%) <p>There is significant variation between boroughs with Camden being the lowest. The HPV vaccination Programme is delivered within schools by School Age Immunisation provider which in North Central London is Vaccinations UK who have been delivering across NCL since September 2024. The NHSE contract is for HPV vaccination delivery at year 8, proactive catch up in year 9 and provide community catch up opportunities. However, there is no proactive catch up in school sixth forms and no offer at all to sixth form colleges or other 16-19 education establishments. This is a missed opportunity as young people aged 16+ no longer require parental consent which is a known barrier for many being vaccinated in year 8. This project would provide an offer to young people whilst they are still in education where catch-up can be delivered at scale. The national primary care catch-up campaign that ran from July 2025 to March 2026 had very little success. HPV vaccination status is not accurate in GP records and primary care are reluctant to offer pro-active catch up which they are unable to target without accurate vaccination data.</p> <p>This opportunity can also be used to educate on the importance of cervical screening (for women) and breast and testicular cancer awareness.</p>		
2. What is your proposed project and – at a high level – how would it be delivered?	<p>Proactive delivery of HPV vaccination in 16-19 education providers across NCL, working with Public Health, LA education teams and the vaccination provider to engage with the colleges.</p> <p>To support engagement, develop (co-produce) a range of resources aimed at 16-19 year olds, capitalising on existing relationships with those colleges where the NCL workforce T-Level project has been delivered.</p> <p>Run awareness engagement events at the colleges/sixth form in advance of vaccination clinics. Use these engagement events to also share information on</p>		

Submit by 25 June 2026. Only NCLCA colleagues may submit.

	<p>cancer awareness (breast and testicular) and the importance of cervical screening when those eligible age into the programme.</p> <p>Deliver activity over two academic years 26/27 and 27/28 providing at least one session in each establishment per year.</p>
Section 3 – Impact & Strategic Alignment	
<p>3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align with?</p>	<p>This proposal strongly aligns with both the 10 Year Health Plan and National Cancer Plan. Delivering cervical cancer elimination by 2040 is featured in both plans. Reducing health inequalities is also integral to both plans. This project strongly aligns with the move from sickness to prevention.</p> <p>In terms of NCL strategic aims & objectives this project aligns with SA1 – Improve survival, focusing on early diagnosis and prevention SA4/SO4a – Reduce health inequalities across our whole population, as well as our NCL cervical cancer elimination strategy.</p>
<p>4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?</p>	<p>This project will provide an opportunity to vaccinate young people who have missed their vaccination during and post Covid. Increasing the number of young people vaccinated is an essential element to achieving cervical cancer elimination. The wider impact is that this activity will generate evidence for ongoing commissioning of this activity, so there are multiple opportunities to vaccinate young people to hit the 90% target.</p> <p>Increase in HPV vaccination rates would also prevent other HPV related cancers (anal, vaginal, vulvar, penile and oropharyngeal (mouth and throat)) as well as genital warts.</p>
Section 4 – Resources	
<p>5. What do you see as the likelihood of attracting external funding?</p>	<p>This is a significant gap in current commissioning arrangements. In 2027, commissioning arrangements will transfer from NHSE to the ICB and this presents an opportunity to evidence the impact of this project to support its future commissioning.</p>
<p>6. High-level indication of how the budget would be used*</p>	<p>£60k-£80K</p> <ul style="list-style-type: none"> - Co-produce assets and resources including a campaign & education pack - Clinical & administrative staff to deliver vaccination events in 16-19 education establishments - Consumables - Engagement - Reporting & evaluation
Section 5 – Anything Else	
<p>7. Is there anything else you would like to flag?</p>	<p>This proposal is for an NCL wide catch up however, this could be phased with an initial focus on Camden and Barnet where uptake has been lower over a number of years.</p> <p>Although the focus of this is HPV vaccination it would be expected that the opportunity could be used to offer catch up for other vaccinations which may have been missed.</p>

Additional Guidance on Completing this EOI

General

- All EOIs must not exceed 2 pages.
- Please submit to uclh.nclcanceralliance@nhs.net by 25th June 2026.
- Only NCLCA colleagues may submit.

Section 1 – Project Details

- Our current expectation is that we will fund a small number of projects from a total funding pot of ~£600k.
- Proposed end date for the project must be no later than March 2029.

Section 2 – The Idea

- Question 1 - Describe the problem or unmet need. Include relevant data or evidence where possible.

Section 4 – Resources

- Question 6 - e.g., staffing, clinical time, technology, evaluation, overheads. Precise costings are not required at EOI stage.