

Mobile cervical screening

Project lead and organisation - Carol Murphy, NCL Cancer Alliance

Partner organisation(s) involved - NCL Cancer Alliance, Camden Council (health bus), GP federations, PCNs, VCSEs (tbc)

Funding requested (£) - £200,000 - £250,000(tbc)

Proposed start and end dates - Delivery start date early 2027 (Q4)– running for 18 months initially (costs are based upon this)

Summary

This bid proposes a mobile cervical screening service to increase uptake and reduce inequalities in North Central London (NCL), supporting the NHS ambition to eliminate cervical cancer by 2040. Current screening coverage in NCL is below target (61.6% overall vs 69.7% nationally), with particularly low participation among younger women and underserved groups, and significant variation across boroughs. Barriers include limited access to GP appointments, inconvenience, and patient anxiety, alongside limited incentives and capacity within primary care to increase uptake.

The project will deliver a community-based mobile screening service using a health bus or similar model, offering convenient, accessible appointments in targeted locations. Working in partnership with public health teams, GP networks, and community organisations, the service will use data to focus on populations with low coverage and provide tailored engagement to address barriers. The pilot is expected to deliver approximately 1,000–1,200 additional screening appointments over 18 months.

Expected outcomes include increased screening uptake, earlier detection, and reduced cervical cancer incidence and mortality. The project aligns with national and local priorities on prevention and reducing inequalities.

NCLCA Big Ideas Fund – Expression of Interest

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

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

Section 1 – Project Details			
Proposal title	Mobile cervical screening	Project lead and organisation	Carol Murphy, NCL Cancer Alliance
Partner organisation(s) involved	NCL Cancer Alliance, Camden Council (health bus), GP federations, PCNs, VCSEs (tbc)	Funding requested (£)*	£200,000 - £250,000(tbc)
Proposed start and end dates*	Delivery start date early 2027 (Q4)– running for 18 months initially (costs are based upon this)		
Section 2 – The Idea			
1. What is the challenge you are seeking to address?*	<p>The NHS has an ambition to eliminate cervical cancer by 2040. One of the three pillars to achieve this is for cervical screening coverage to reach a minimum of 70% (10% below the national target). In the most recently published screening data (June 2024) NCL coverage is</p> <ul style="list-style-type: none"> • 25–64-year-olds – 61.6% (national 69.7%, London 63.5%) • 25–49-year-olds – 58.1% (national 67.1%, London 60.4%) • 50–64-year-olds – 71.3% (national 74.7%, London 71.9%) <p>Although data is not currently available it is known nationally that participation in the lower age groups (25-35 years) is lower than the 25-49 year olds as a whole. In NCL it is known there is significant variations between boroughs with evidence that ethnicity and deprivation also play a significant role in low uptake. Cervical screening is delivered in primary care. It is a core contractual requirement and funded via the GP contract global sum. In addition, practices receive a “reward” payment through the Quality and Outcomes Framework (QOF) where they receive maximum income by achieving 80% target, however this target includes patients they are able to exception report if they have been contacted three times and failed to attend for screening. Therefore, the incentive for primary care to increase their activity is not significant within their limited capacity. QOF data shows that many practices in NCL are maximizing their income for cervical screening despite the numbers screened remaining significantly below 80% targets. National data not QOF is the measure that will be used to access progress towards meeting the ambition. To move towards achieving the 70% screening coverage needed to achieve the elimination target and overcome some of the current barriers, an alternative model to GP practice-based delivery is needed to address the current low participation and inequalities.</p>		
2. What is your proposed project and – at a high level – how would it be delivered?	<p>This would be a bespoke service with one focus – increasing cervical screening rates. Many patients do not access cervical screening due to fear, anxiety and access issues in primary care (inconvenience and lack of convenient appointment availability). This service will give patients the necessary time and support to complete their screening in convenient locations in their community. The mobile screening service would provide a convenient, accessible service across NCL. A population level cervical screening dashboard is imminent which will provide data to support a targeted approach to low coverage communities</p>		

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	<p>across NCL.</p> <p>On a practical level there would be a coordinated partnership approach to delivery. The service provider will work with the Cancer Alliance (cervical cancer elimination nurse leads), Public Health and VCSEs to support effective engagement with communities with low screening rates, working to overcome barriers to screening and supporting session planning.</p> <p>It is envisaged that the service would run across NCL, starting in Camden, and would deliver approx. 78 sessions per annum (approx. 120 sessions over the length of the pilot) which is 1000-1200 additional screening appointments.</p>
Section 3 – Impact & Strategic Alignment	
3. Which <u>NCL strategic objectives</u> and/or National Cancer Plan ambitions does your project align with?	<p>This proposal strongly aligns with both the 10 Year Health Plan and National Cancer Plan. Cervical cancer elimination by 2040 is featured in both plans. Reducing health inequalities is integral to both plans. This model also supports neighborhood care model and moving 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>
4. What impact do you expect the project to have on NCL cancer outcomes and/or patient experience?	<p>The service would target those who are not currently engaging with screening (although it will be available to all). These are often patients who may be at higher risk of HPV infection and therefore at greater risk of cervical cancer.</p> <p>It is expected that a significant number of those screened in the mobile screening will remain unscreened without the service. Increasing the number of patients screened will reduce both the number of cervical cancer cases as well as cancer deaths and would play a vital component of NCL moving towards the achievement of cervical cancer elimination.</p>
Section 4 – Resources	
5. What do you see as the likelihood of attracting external funding?	<p>It is expected that the ICB will be responsible for commissioning screening from 2027. It is hoped that this pilot will demonstrate the benefits of having a community based alternative offer to GP practice screening by increasing screening, particularly in previously low coverage communities, and there would be a strong case for continued commissioning.</p> <p>In addition, several pharma companies have a strong presence in the cervical cancer elimination space and it may be possible to seek funding after evaluation.</p>
6. High-level indication of how the budget would be used*	<p>£200-£250K (this is based upon running 78 days per annum for 18 months)</p> <ul style="list-style-type: none"> • Rental of Camden health bus (preferred option) or lease and fit out of a new bus (lease and fit out of a new bus would be considered if both this Big Idea and the Neighbourhood Cancer Prevention Access Point Big Idea were success as Camden health bus capacity is unlikely to be adequate to accommodate both) • Equipment and consumables • Clinical and administrative staff • Health promotion and assets • Reporting & evaluation
Section 5 – Anything Else	
7. Is there anything else you would like to flag?	<p>If successful it may be possible for the service to evolve during the pilot period and support HPV vaccination catch up delivery and other neighborhood health services</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.