

Cervical screening toolkit

An information toolkit to help GP practices raise awareness and reduce barriers to participation.

This toolkit aims to address falling attendance rates and increase understanding of cervical cancer and the benefits of cervical screening. The information aims to help professionals to better understand the barriers to attendance (especially with vulnerable groups) and to use tried and tested methods to increase attendance.

Top tips to support attendance

The toolkit has been divided into six sections:

1. Have a good understanding of the Scottish Cervical Screening Programme

2. Have a good understanding of the barriers to participation

3. Approaches to support informed participation and reduce barriers to attendance

4. Information materials and assets

5. NHS Scottish Cervical Call Recall System (SCCRS)

6. Make sure all sample takers are aware of CPD opportunities and programme updates

Cervical screening is not a diagnostic test for cancer. Please see the **Scottish referral guidelines for suspected cancer** for women presenting with symptoms at www.cancerreferral.scot.nhs.uk/gynaecological-cancers/

1. Have a good understanding of the Scottish Cervical Screening Programme

Cervical screening is offered to anyone with a cervix aged between 25 and 64 years. Eligible people are sent an invitation letter to their home (with an information leaflet) and asked to make an appointment at their local GP or clinic. The cervical screening test (also known as a smear test) takes a sample of cells from the cervix (neck of the womb) and checks it for human papillomavirus (HPV). HPV is the main cause of cervical cancer. Eligible people on non-routine screening (where screening results have shown changes that require further investigation/follow up) will be invited up to the age of 70. Cervical cancer is the most common cancer in women aged 25 to 35 years of age in Scotland.

HPV vaccine

In Scotland, all young people in their first year of secondary school (S1) are routinely invited to get the HPV vaccine between 11 and 13 years of age. For more information, see our [HPV education pack](#). The vaccine helps protect against the HPV virus, which can lead to cancers such as cervical cancer, head and neck cancers, anogenital cancers (e.g. anal and penile (penis) cancer and cancer of the vagina and vulva). The vaccine will prevent around 75% of cervical cancer cases, but screening is still needed to pick up any other cervical cell changes.

Key facts

- Around six women in Scotland are diagnosed with cervical cancer every week.
- Over 99% of all cervical cancers are caused by HPV.
- HPV is very common and four out of five people in Scotland will have it at some point in their lives.
- The combination of immunisation and regular screening offers the best possible protection against cervical cancer. It is important to emphasise that even if you have been immunised you should still attend your cervical screening appointment when invited.

* Please note, throughout this document, where we refer to 'people' or 'participant', we mean 'anyone with a cervix'. We have not changed the term 'women' if it's part of research, case studies or data as that is defined by gender specifically.

More information about the Scottish Cervical Screening Programme

Public information

- NHS inform – www.nhsinform.scot/cervicalscreening
- Get Checked Early – www.getcheckedearly.org/cervical-cancer
- Jo's Cervical Cancer Trust – www.jostrust.org.uk

Professional information

- Public Health Scotland – www.healthscotland.scot/cervicalscreening
- [Scottish Cervical Screening Programme statistics](#)

2. Have a good understanding of the barriers to participation

A person's risk of developing cervical cancer increases if they are or ever have been sexually active, or if they smoke. Another important risk is missing their cervical screening appointment. There are a number of reasons why uptake of cervical screening is declining in Scotland.

Evidence shows lower participation in the following groups:

- 25–34-year-olds
- women living in areas of high deprivation
- women with a learning or physical disability
- black, Asian, or minority ethnic (BAME) women
- lesbian and bisexual women
- the transgender community.

For more information, see [Scottish Cervical Screening Programme statistics](#)

Practical barriers

Fear of getting male sample taker

Unable to make appointment times

Poor previous experience

Lack of transport to the appointment

Appointment not relevant or a priority

'My job means that I carry out cervical smears regularly and I make it my job to make women feel safe and comfortable during this intimate procedure. I explain the whole process and make sure they know what I'm doing and why. Women are also welcome to bring along a partner or friend for support if they wish.'

Practice nurse

'Our practice nurses do thousands of smear tests every year and afterwards most women – especially those for whom it's their first time – are surprised by how quickly it's all over.'

Practice nurse

Personal barriers

Fear and anxiety about procedure

Finding the procedure uncomfortable or painful (perceived or factual)

Fear of unknown or potential cancer diagnosis

Language and cultural barriers

Embarrassment or shame

Low self-esteem

History of sexual abuse or female genital mutilation

Previous negative screening experience

Lack of awareness and knowledge of the purpose and benefits of the test and who should take it

Incorrect perceived low risk of cancer, e.g. not currently sexually active or in a lesbian relationship

A negative body image

Literacy issues

'From start to end it's horrendous, absolutely petrified...it's the thought and (I) get myself into an absolute state.'

'(You) get everyone's horror story or why they are not going, nobody ever gives you a positive, say it's not that bad, just go.'

'Why would I go, if I haven't had any symptoms?'

3. Approaches to support informed participation and reduce barriers to attendance

There are many ways to tailor your practice's engagement to increase uptake. Understanding who is not attending for screening and why (see section 2) is important when looking at ways to optimise attendance. People may not be engaged in the programme, they might have never attended cervical screening or they may be overdue their appointment. Some will also make an informed choice not to attend their cervical screening. It's important that all decisions are respected and no one should feel pressure to participate.

Ideas for improving access and uptake

Below is a range of suggestions that your practice could use to add value to existing work or may wish to try to optimise participation in your local area:

- Raising the issue in conversation.
- Making a proactive telephone call.
- Sending a targeted letter to someone who is overdue an appointment.
- Sending a targeted letter to someone who has never attended an appointment.
- Sending a targeted text message.
- Offering flexible appointments and options such as a 'pop-up' or drop-in clinic.
- Ensuring your practice is using the NHS Scottish Cervical Call Recall Service (SCCRS) to its full potential.

It's vital to consider engagement approaches even after a booked appointment to maintain high attendance to cervical screening. While cervical screening is a familiar procedure for experienced clinicians, for most people it's not a routine process (particularly if it's their first test, or first test after a period of non-attendance). Ensure best practice by making sure everyone is informed throughout. Everyone should understand the screening programme, know what to expect and have the opportunity to ask questions.

Here are some examples of best practice and sources of further information:

NHS Lanarkshire – 'smear amnesty'

This project encouraged non-attenders to come for their cervical screening test by sending eye-catching personalised invitations for evening events offering free massages, the opportunity to discuss fears or concerns with a female sample taker, refreshments and the choice to bring a 'buddy'. The programme saw 126 women from seven practices attend 19 smear amnesties. Many of the women were persistent non-attenders with a gap in between smears ranging from 3 ½ to 30 years.

For further information visit the [Jo's Cervical Cancer Trust website](#).

NHS Borders – increasing staff uptake

This project aimed to increase uptake of cervical screening among staff. A series of clinics within Borders General Hospital provided staff with the opportunity to have their test in the workplace and encouraged people to talk informally of the importance of attending cervical screening. In a six-month period, 93 people attended their appointment.

For further information visit the [NHS Borders case study](#) web page.

NHS Highland – following up defaulters

This project aimed to improve follow-up with those who don't attend their cervical screening appointment.

For more information visit the [NHS Education Scotland website](#).

Jo's Cervical Cancer Trust resources and case studies

Jo's Cervical Cancer Trust has a range of resources to help improve uptake and understanding around cervical screening. It has also produced some short videos in engagement with users with learning disabilities. Visit the [Jo's Cervical Cancer Trust website](#).

Public Health England guidance around improving access and uptake

Visit the [UK Government website](#).

4. Information materials and assets

Public Health Scotland produces information leaflets to allow people to make informed choices about cervical screening and follow-up treatment if necessary. These are not made available to everyone, but instead given at the appropriate time, either by post or by a healthcare professional.

The leaflet **A smear test could save your life** is sent to eligible people at their home address with an invitation letter. It provides information on the importance of smear tests, who they are for and what will happen at the smear test appointment.

The leaflet **Your smear test results** is sent by post with all positive result letters and provides information about the results of the smear test, how they will be monitored and any treatment that may be needed.

The leaflet **Your smear test after treatment** is given to eligible people following cervical intraepithelial neoplasia (CIN) treatment. It explains what will happen after the treatment.

All our leaflets are available in a range of languages and other formats such as Easy Read, British Sign Language and audio format. There are also short films available for people with learning disabilities.

A **poster** is also available from your local resources department.

You may wish to work with them and your local health promotion or health improvement team to explore how to reach more people, including those who are not currently engaging (see section 2). Some distribution routes worth considering may include your local social work departments, community addiction teams, homelessness services, women's aid and outreach centres, charities which work with travelling communities, smoking cessation support services, food banks and equality officers.



As well as downloading the individual leaflets you can direct patients to NHS inform (www.nhsinform.scot/cervicalscreening) where public information on the Scottish Cervical Screening Programme can be sourced online.



To access translated versions, go to www.nhsinform.scot/otherformatscervical or email phs.otherformats@phs.scot



5. NHS Scottish Cervical Call Recall System (SCCRS)

The NHS Scottish Cervical Call Recall System (SCCRS) is the central IT system, implemented in May 2007, which supports the Scottish Cervical Screening Programme.

SCCRS:

- offers one Scotland-wide database to support the Scottish Cervical Screening Programme
- collects information from primary care registries, GPs, laboratories and colposcopy clinics
- calls and recalls people for cervical screening
- provides programme monitoring data, such as practice uptake, or unsatisfactory rates from individual sample takers
- issues results to sample takers and participants.

Tests taken from people not eligible for screening will not be processed by the laboratory. It's the responsibility of the sample taker to communicate why a woman will not receive a test result if this occurs. You should make sure you have contact names for your Health Board office's:

- screening coordinators
- local call and recall manager
- colposcopy
- cytology
- genitourinary medicine (GUM).

SCCRS has a website for professionals containing information with important links to the IT system used in NHS Scotland to support the Scottish Cervical Screening Programme – visit www.sccrs.scot.nhs.uk

In addition, the site provides important contact details for the cervical screening call recall office for NHS Board areas and the SCCRS authorisers. There is also a link to a section for sample takers with important information for professionals.

Getting the best out of SCCRS

Reflection for your practice:

- Do you have a named person responsible for overseeing SCCRS within the practice?
- Are relevant practice staff trained in the use of SCCRS and confident that they know how to use the system effectively?
- Is every member of the team using a separate password for the system?
- Is there a system for checking and taking action on SCCRS alerts?
- Do you have a list of non-attendees that is routinely checked and followed up?
- Are you confident that all people who attend their appointment are checked on SCCRS to ensure they are eligible for screening before carrying out the test?
- Do you have a system to review the recommended recall list, act upon it, and ensure that it accurately reflects each individual's situation?
- Do all sample takers audit their unsatisfactory rates and act upon consistently high rates?

The above are recommendations for your practice. If you've answered 'no' to any of these questions and wish to make changes to your practice, use the information within this toolkit or visit www.sccrs.scot.nhs.uk for further support.

6. Make sure all sample takers are aware of CPD opportunities and programme updates

This toolkit does not replace existing mandatory continuing professional development (CPD) training. Formal sample taker updates are still required. The toolkit should be used as a professional resource to support and further strengthen existing practice.

Training

To support practices to deliver the Scottish Cervical Screening Programme to the highest standard the Scottish Government, NHS Education for Scotland (NES), Healthcare Improvement Scotland and a number of expert clinicians work together to provide quality-assured training courses and training standards for sample takers in Scotland.

There are a variety of training and CPD courses available for sample takers. To find out about training, peer-support learning groups or CPD events in your local area please contact your local Health Board's cervical screening coordinator or contact NES – see www.nes.scot.nhs.uk

National cervical cytology standards

There are national cervical cytology standards for education providers.

See www.nes.scot.nhs.uk General practices must ensure that all sample takers are appropriately trained to see the cervix fully when taking a sample. This is essential to ensure that the correct cells are being collected and visible changes in or abnormalities of the cervix are identified as early as possible.

Where can I find more information?

There is further information about the Scottish Cervical Screening Programme, including a range of resources for professionals on how to engage people in the programme, at: www.healthscotland.scot/cervicalscreening

Participants should be signposted to NHS inform at www.nhsinform.scot/cervicalscreening or on **0800 22 44 88** for more information.

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