

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 women's poor understanding of cervical cancer and the benefits of cervical screening. The information will help GPs, practice nurses and other practice staff 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 smear takers are aware of CPD opportunities and programme updates

To get the most out of this toolkit, it's best to use it online as there are lots of links to further sources of information. Find out more online at www.healthscotland.com/cervicaltoolkit

The smear test is not a diagnostic test for cancer. Please see the *Scottish referral guidelines for suspected cancer* for women presenting with symptoms from Healthcare Improvement Scotland at www.healthcareimprovementscotland.org

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

Cervical screening is routinely offered every three years to women aged between 25 and 49 and every five years to women aged between 50 and 64. Women on non-routine screening (where screening results have shown changes that require further investigation or follow-up) will be invited up to the age of 70.

Women are sent an invitation letter and information leaflet to their home address (see Section 4). You can access the invitation letter at www.healthscotland.com/invitationletter or an example results letter at www.healthscotland.com/resultsletter

Cervical screening provides a test to pick up any changes in cells of the cervix (neck of the womb). Most changes in the cells are caused by the human papilloma virus (HPV). The body fights several types of HPV infections naturally but 1 in 10 of these infections is harder to get rid of and without being monitored and treated could develop into cervical cancer. So cervical screening continues to be a core part of cervical cancer prevention for all women.

HPV vaccine

In Scotland, all girls in their second year of secondary school (S2) are routinely invited to get the HPV vaccine between 11 and 13 years of age. The vaccine is designed to protect against the two types of HPV that cause 75% of cases of cervical cancer. But it doesn't protect against all other types, so regular cervical screening is important.

Key facts

- Six women are diagnosed with cervical cancer every week in Scotland.
- Cervical cancer is the most common cancer in women aged 25 to 35 in Scotland.
- Cervical screening saves around 5,000 lives in the UK every year.
- Cervical screening prevents 8 out of 10 cervical cancers from developing.
- Eligible women are sent an invitation letter to their home with an information leaflet and asked to make an appointment at their local GP or clinic.

More information about the Scottish Cervical Screening Programme

Public information

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

Professional information

- NHS Health Scotland – www.healthscotland.com/cervical
- Information Statistical Division (ISD) – www.isdscotland.org

2. Have a good understanding of the barriers to participation

Women'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 among women in the following groups:

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

Practical barriers

Fear of getting male smear taker

Women 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 women 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

[Quotations from Cervical Screening Awareness Week, 2016]

Personal barriers

Finding the procedure uncomfortable or painful (perceived or factual)

Fear and anxiety about procedure

Language and cultural barriers

Fear of unknown or potential cancer diagnosis

History of sexual abuse or female genital mutilation (see link below)

Embarrassment or shame

Low self-esteem

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.'

[Quotes from 2016 Scottish Government public focus groups]

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

Further reading

To keep up to date with recent research and news about cervical screening, visit Section 2 of the online toolkit at www.healthscotland.com/cervicaltoolkit-2

One in four women experience domestic abuse or violence. For further details, visit www.knowledge.scot.nhs.uk/maternalhealth/learning/one-out-of-four.aspx

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

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

Best-practice approaches

Below is a range of suggested best-practice approaches 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 (see enclosed documents 'Example conversation for women who have missed an appointment' and 'Example conversation for women who have never attended an appointment')
- Making a proactive telephone call (see enclosed document 'Example phone conversation')
- Sending a targeted letter to someone who is overdue an appointment (see enclosed document 'Example letter 1')
- Sending a targeted letter to someone who has never attended an appointment (see enclosed document 'Example letter 2')
- Sending a targeted text message (see enclosed document 'Example text messages')
- Offering flexible appointments and options for women, for example a 'pop-up' or drop-in clinic (see enclosed document 'The 'pop-up' clinic')
- Ensuring your practice is using SCCRS to its full potential (see Section 5)

It's vital to consider engagement approaches even after a woman has booked her appointment, in order to maintain high attendance to cervical screening. While cervical screening is a familiar procedure for experienced clinicians, for most women 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 women are informed throughout. Women should understand the screening programme, know what to expect and have the opportunity to ask questions.

All of the above can be downloaded from the online version of this toolkit at www.healthscotland.com/cervicaltoolkit-3

You can cut and paste the text from the online pdfs to save you time when sending out the letters.

4. Information materials and assets

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

The enclosed leaflet **A smear test could save your life** is sent to women 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. (This leaflet won a Plain English Award in 2016.)

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 women following cervical intraepithelial neoplasia (CIN) treatment. It explains what will happen after the treatment.

These leaflets are all available in the online toolkit. This includes pdfs in different languages and Easy Read versions for people with learning difficulties.

Visit www.healthscotland.com/cervicaltoolkit-4

The enclosed **poster** has been sent to all GP practices and other settings, including sexual health clinics, pharmacies, community centres, leisure centres, libraries, further education establishments and A&E departments.

Your local resources department can access additional copies of the poster. You may wish to work with them and your local health promotion or health improvement team to explore how to reach women who aren't currently engaging (see Section 2). Some additional distribution routes may include your local social work departments, community addiction teams, homelessness services, women's aid and outreach centres, charities who work with travelling communities, smoking cessation support services, foodbanks and equality officers.



As well as downloading the individual leaflets you can direct patients to NHS Inform (www.nhsinform.scot) where public information on the Scottish Cervical Screening Programme can be sourced online. Marketing campaign resources are available to help you raise awareness in your local area on www.getcheckedearly.org/resources



To access translated versions you can email NHS Health Scotland on nhs.healthscotland-alternativeformats@nhs.net

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 women for cervical screening
- provides programme monitoring data, such as practice uptake, or unsatisfactory rates from individual smear takers
- issues results to smear takers and women.

Tests taken from women not eligible for screening will not be processed by the laboratory. It's the responsibility of the smear 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 offices:

- 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 smear 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 women 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 smear 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 smear takers are aware of CPD opportunities and programme updates

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

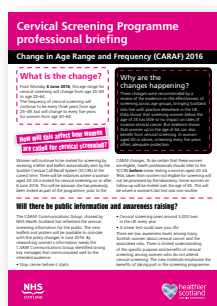
Training

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 smear takers in Scotland.

There are a variety of training and CPD courses available for smear 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 smear 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.



Change to age range and frequency (CARAF)

All staff should be aware that since 6 June 2016 the age range for cervical screening has changed from ages 20 to 60 years, to ages 25 to 64 years for routine screening and from ages 68 to 70 years for non-routine screening (where screening results have shown changes that require further investigation or follow-up). The frequency of cervical screening will continue to be every three years from ages 25 to 49, but is now every five years for women from ages 50 to 64.

The *Cervical Screening Programme professional briefing* provides more information about the CARAF.

It can be downloaded at www.healthscotland.com/professionalbriefing where you will find professional resources, including a CPD slide for smear takers and a question and answer paper.

NHS Health Scotland would like to acknowledge Cancer Research UK, NHS Forth Valley Health Promotion Department, NHS Lanarkshire Health Promotion Department, NHS National Education for Scotland and members of the CARAF communications group for their input and advice.