

# Cervical Screening Uptake

## Inequalities, Insights and Interventions

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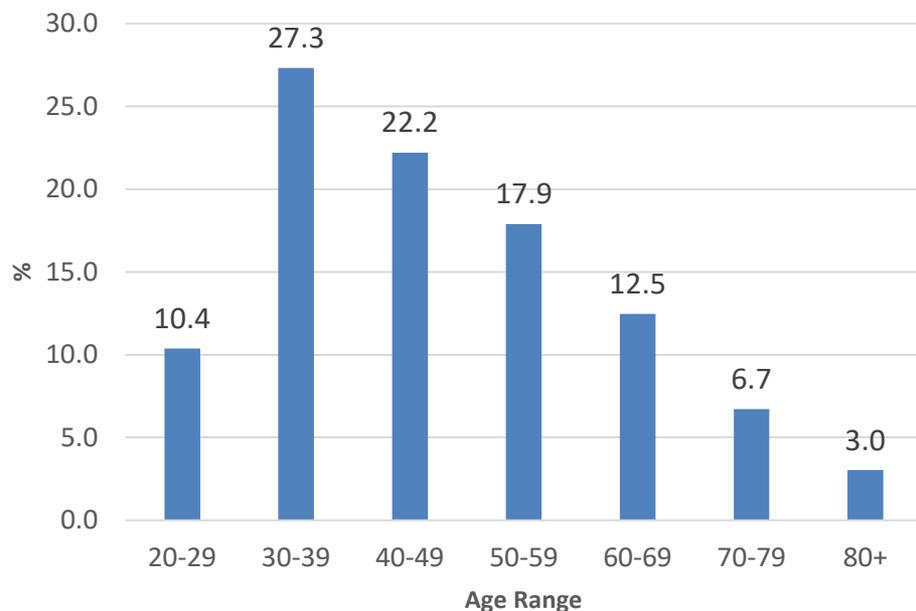
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(Screening & LD)

# National Invasive Cancer Audit

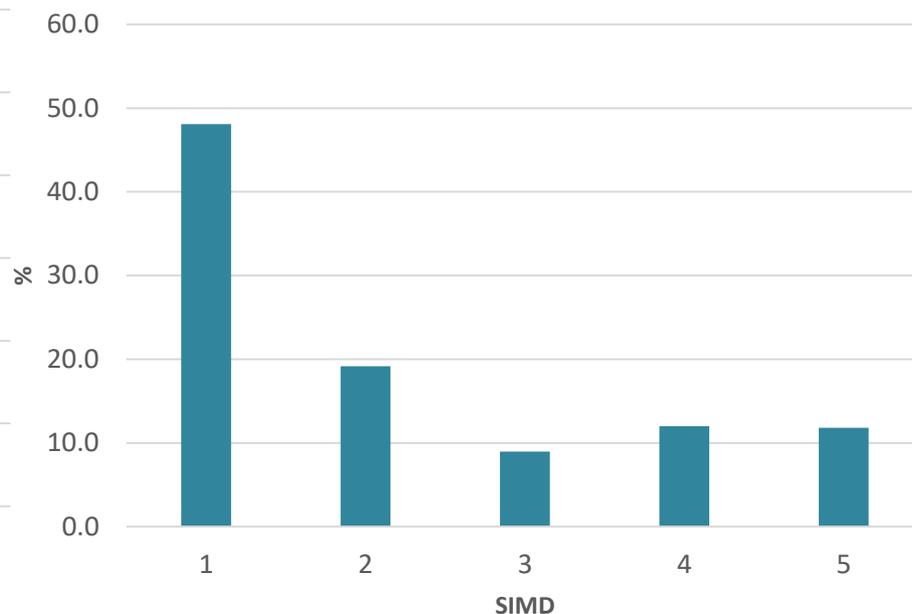
- Reviews all cases of invasive cervical cancer diagnosis
- identify variations in practice, the reasons for these variations and ultimately how to improve the quality of the screening and clinical services
- invasive cervical cancer audit are collated nationally and published annually in [Public Health Scotland Cervical Cancer Quality Performance Indicators Report](#)

In the ten year period from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2023, a total of 626 NHSGGC residents who developed invasive cervical cancer had a pathology diagnosis made in NHSGGC laboratories.

**Age distribution**



**SIMD distribution**



56.7% of 626 cases had an incomplete screening history

39.6% of 626 cases were detected through cervical screening

# Barriers to Accessing Cervical Screening

## Individual perception factors examples

- Embarrassment
- Worry that the procedure will be painful
- Fear of what the test may find
- Lack of awareness/knowledge
- Perceived low risk of cervical cancer
- Cultural beliefs

## Personal experience examples:

- Lack of trust in health care
- Previous negative experience (screening or health care)
- Experience of sexual trauma

## Service delivery factors

- Difficulty arranging an appointment at a convenient time
- Inaccessible - due to language or accessibility

# Screening Uptake & Inequalities - Local Analysis

## Deprivation

- Scottish Index of Multiple Deprivation

## Age (where applicable)

- 5 year Age band

## Geography

- Health & Social Care Partnership (HSCP\_
- Data zone maps

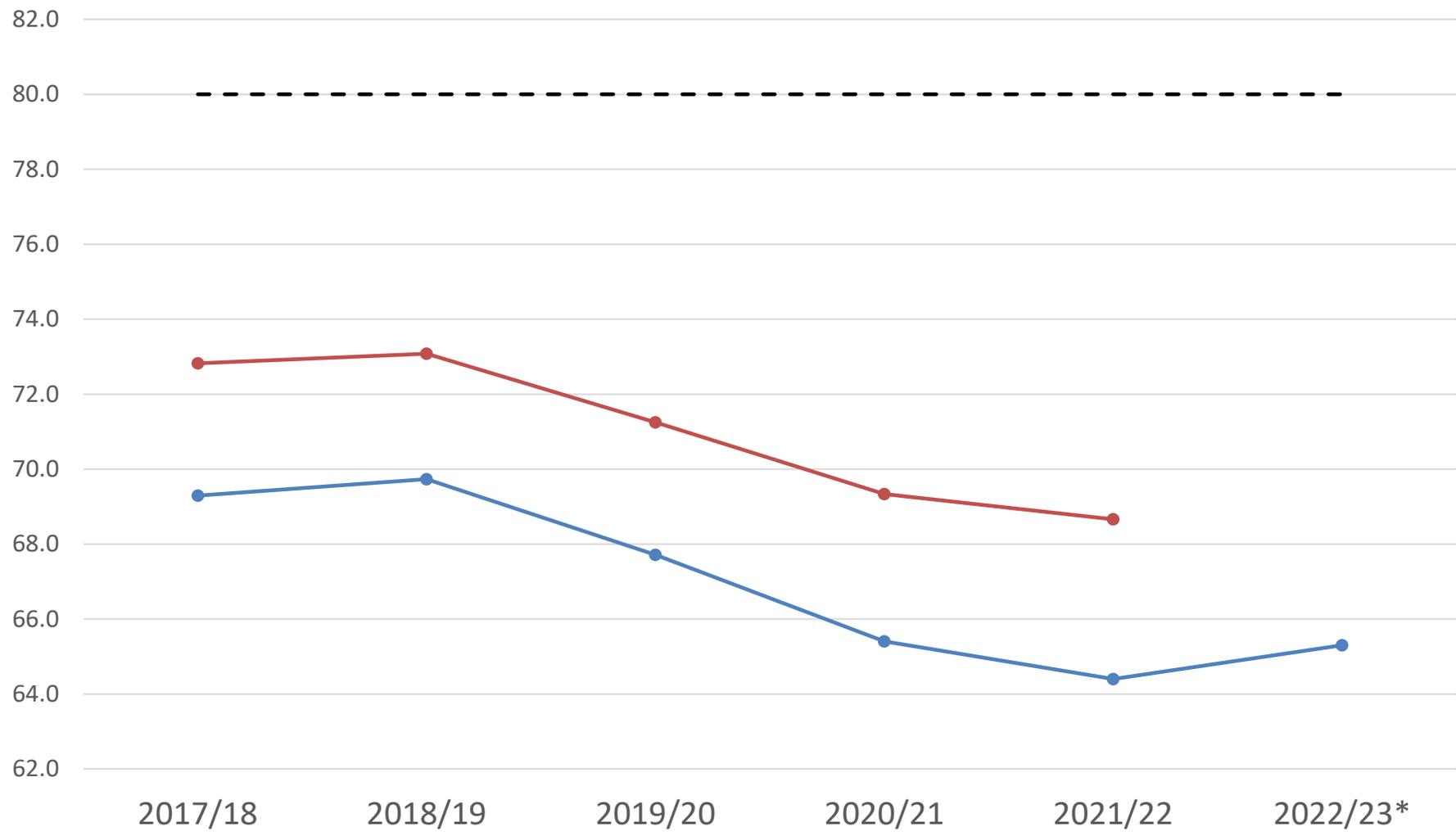
## Populations with Protected Characteristics (where routine data available)

- Ethnicity
- Learning Disability
- Severe & Enduring Mental Health

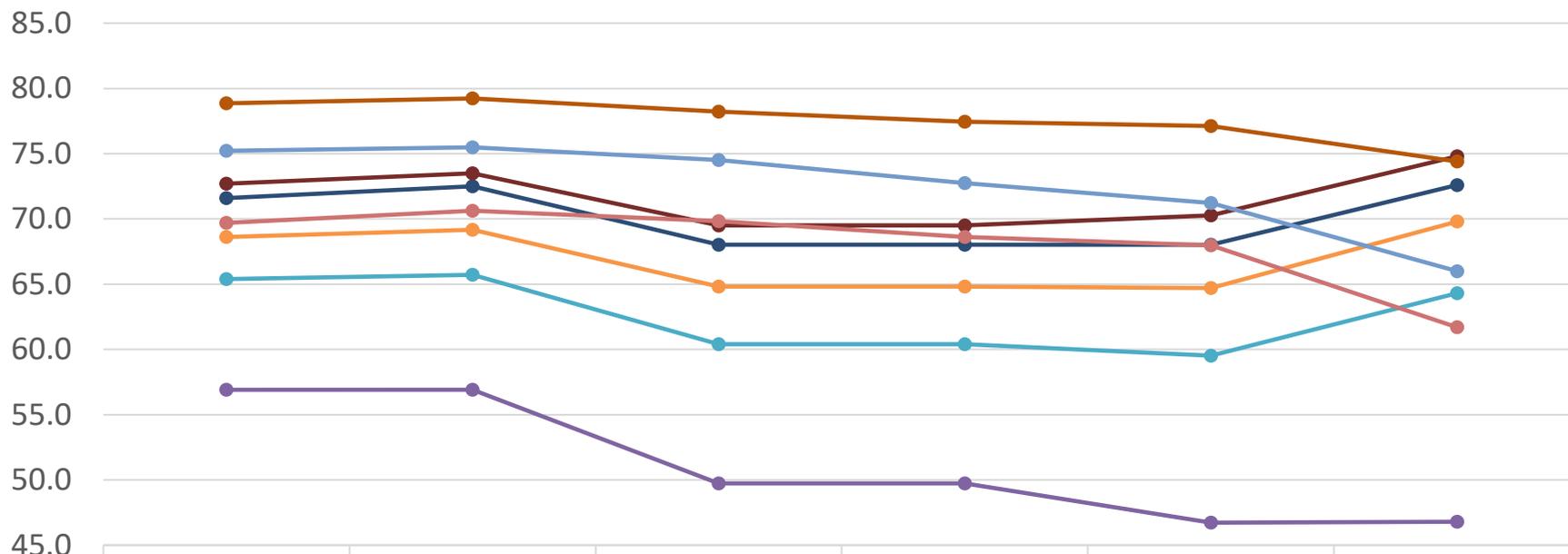
# Cervical Screening uptake (2022/23)

- **359,201** eligible women aged 25 to 64 years
- Overall uptake **65.3%** against target of 80%
- **Age:** 46.8% 25 -29years vs 74.8% 45-49 yrs –declines 55+yrs;
- **Deprivation:** lowest uptake in most deprived areas. 62.7%
- **Ethnicity:** over 70% uptake in Scottish . Under 70% in most other ethnic categories – caution interpreting due to low numbers in some ethnic groups
- **Geographical and Practice level variation** – not wholly explained by demographic factors (above)

# Uptake of cervical screening in Scotland and NHS GGC 2017-18 to 2022-23.

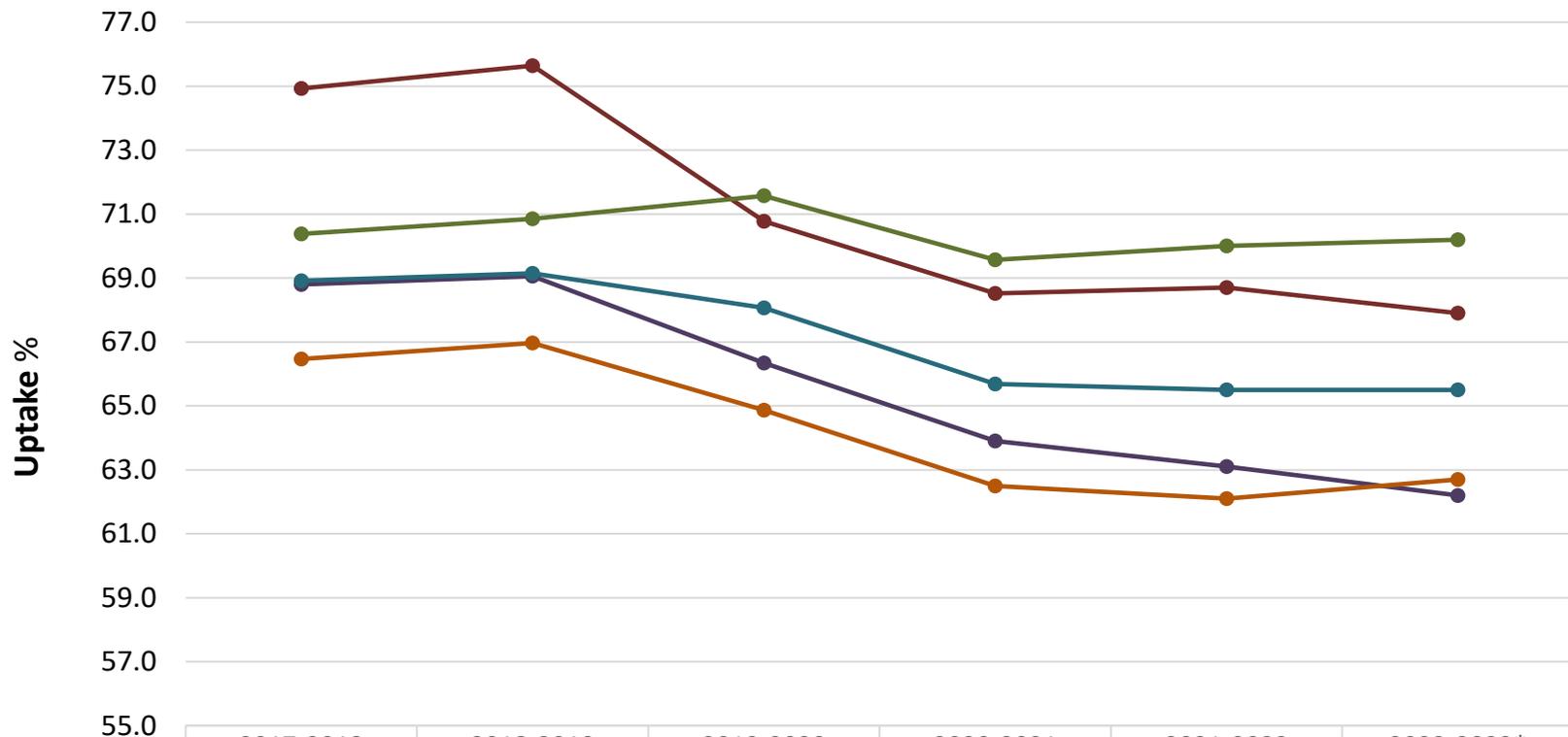


# Uptake of cervical screening amongst eligible women in the previous 5.5 years, by five year age group for NHSGGC residents, 2017-18 to 2022-23



	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23*
25-29 yrs	56.9	56.9	49.7	49.7	46.7	46.8
30-34 yrs	65.4	65.7	60.4	60.4	59.5	64.3
35-39 yrs	68.6	69.2	64.8	64.8	64.7	69.8
40-44 yrs	71.6	72.5	68.0	68.0	68.0	72.6
45-49 yrs	72.7	73.5	69.5	69.5	70.3	74.8
50-54 yrs	78.9	79.2	78.2	77.5	77.1	74.4
55-59 yrs	75.2	75.5	74.5	72.8	71.2	66.0
60-64 yrs	69.7	70.6	69.8	68.6	68.0	61.7

# Uptake of cervical screening amongst eligible women in the previous 5.5 years, by SIMD quintile for NHSGGC residents, 2017-18 to 2022-23

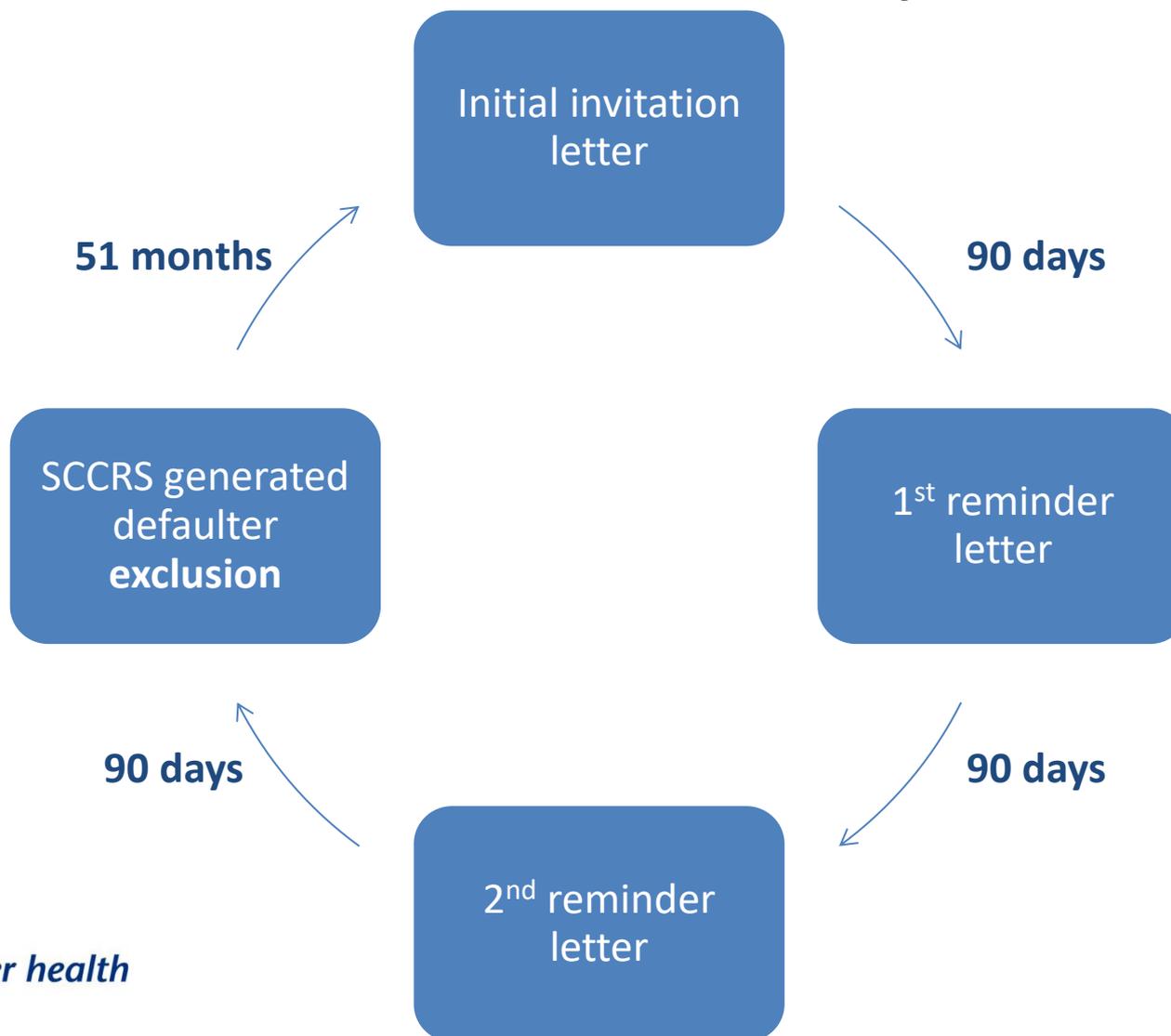


	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023*
● SIMD 5 (Least deprived)	74.9	75.6	70.8	68.5	68.7	67.9
● SIMD 4	70.4	70.9	71.6	69.6	70	70.2
● SIMD 3	68.8	69.1	66.3	63.9	63.1	62.2
● SIMD 2	68.9	69.1	68.1	65.7	65.5	65.5
● SIMD 1 ( Most Deprived)	66.5	67.0	64.9	62.5	62.1	62.7

Year



# Routine screening SCCRS invitation cycle



# SCCRS Exclusions

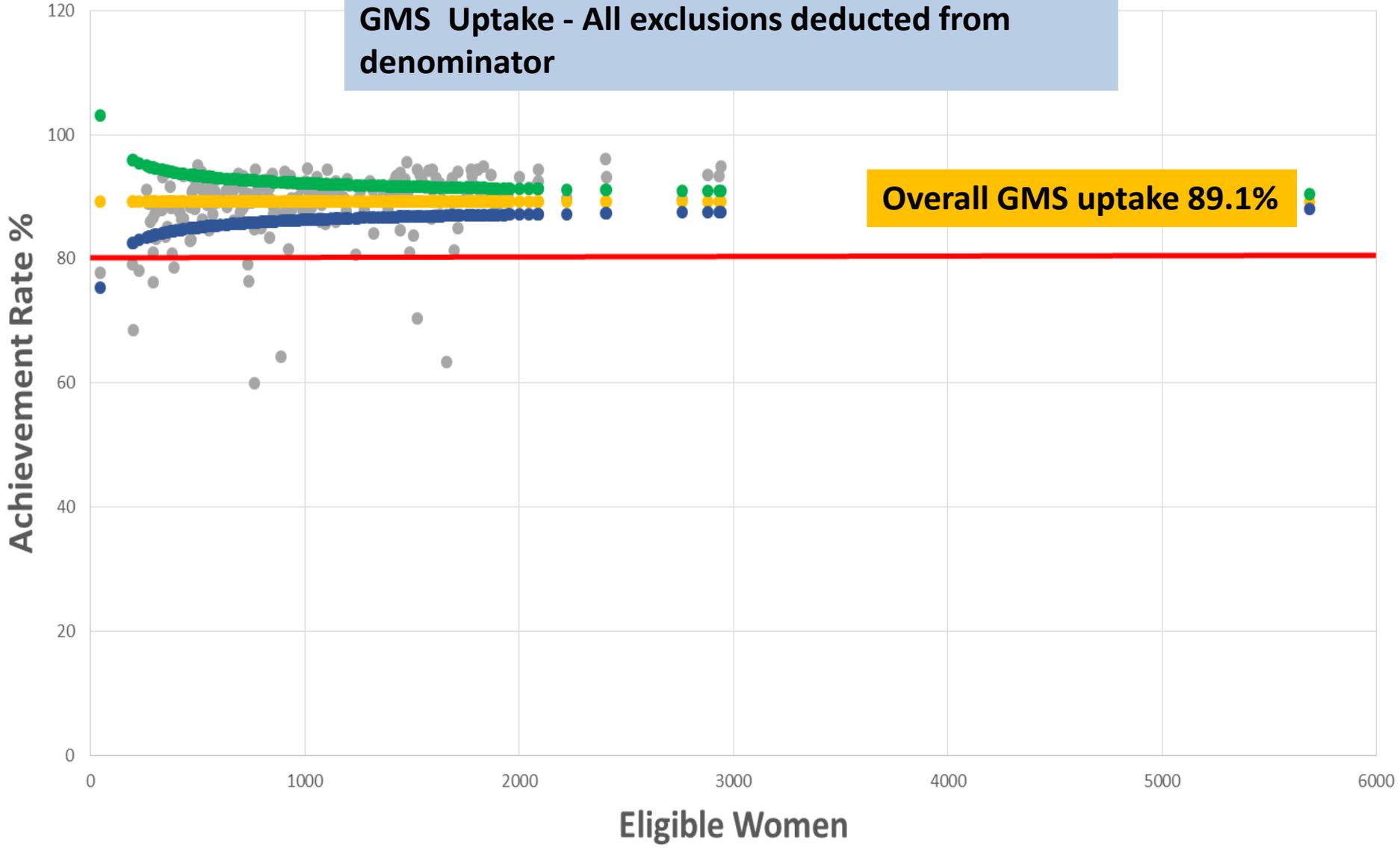
## 2022/23 reporting period

Exclusion	Frequency	% of total exclusions
Medical exclusion	21	0.02
CHI Exclusion	11,495	8.34
Defaulter	111,453	80.8
No Cervix	11,658	8.45
No Further Recall	339	0.25
Not Clinically Appropriate	343	0.25
Opted Out	2,292	1.66
Pregnant	282	0.20
<b>Total Active Exclusions</b>	<b>137,883</b> (38% of eligible population)	

66.9

# NHS Greater Glasgow & Clyde GP Practice Cervical Screening Uptake (GMS) MAR 2023

**GMS Uptake - All exclusions deducted from denominator**

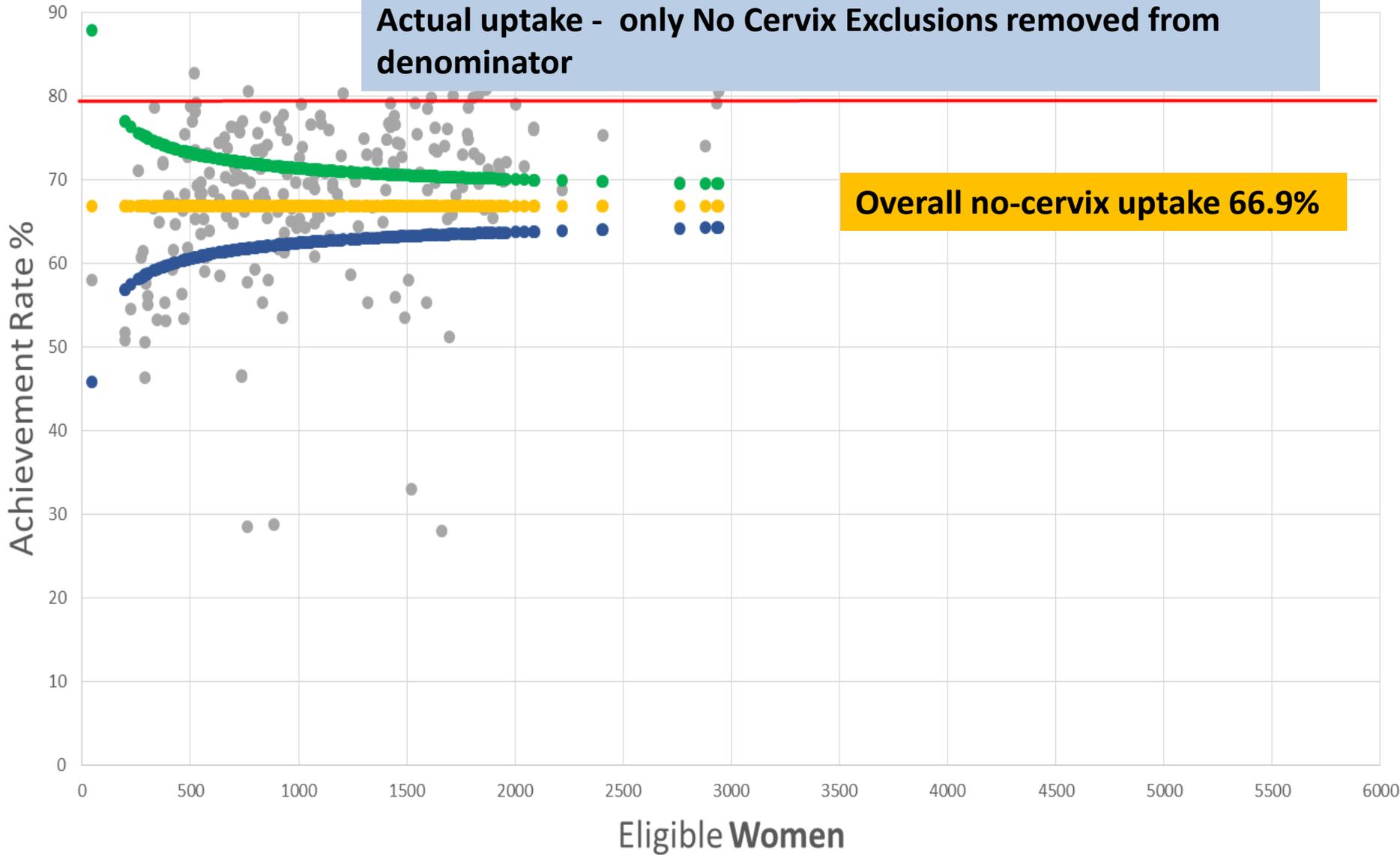


**Overall GMS uptake 89.1%**

- Achievement Rate %
- Overall Achievement Rate %
- Lower control limit
- Upper control limit

# NHS Greater Glasgow & Clyde GP Practice Cervical Screening Uptake (No Cervix) MAR 2023

**Actual uptake - only No Cervix Exclusions removed from denominator**



**Overall no-cervix uptake 66.9%**

- Achievement Rate (excl No Cervix)%
- Overall Achievement Rate %
- Lower control limit
- Upper control limit

# Scottish Equity in Screening Strategy 2023-2026

## Scottish Government Screening Inequalities Fund:

- Increased screening uptake among target populations.
- Increased knowledge among target populations of the cancer screening programmes and their benefits.
- Increased knowledge on barriers experienced by targeted populations to access screening.

# GGC Screening Inequalities Plan

## Highlights

BME engagement - outreach practitioner , capacity building & sensitive practice.

Under development - Inpatient mental Health – cervical screening service pilot

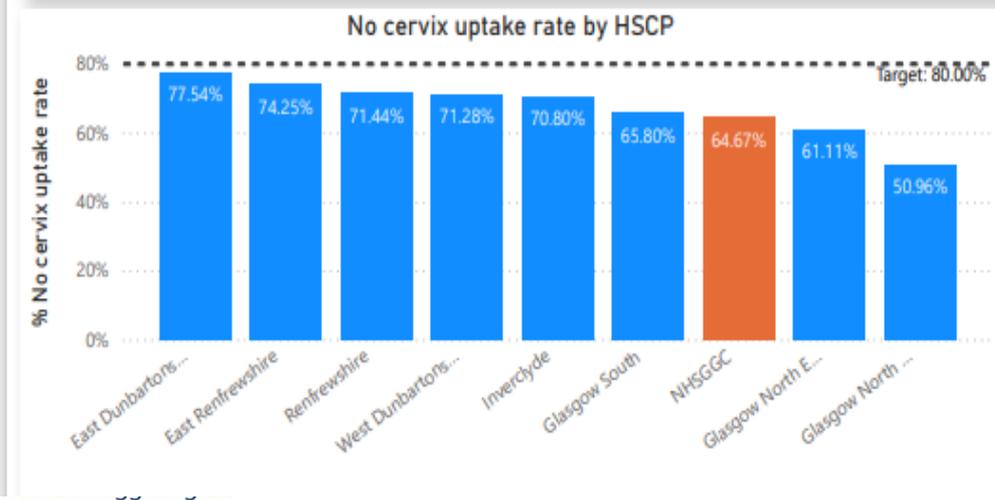
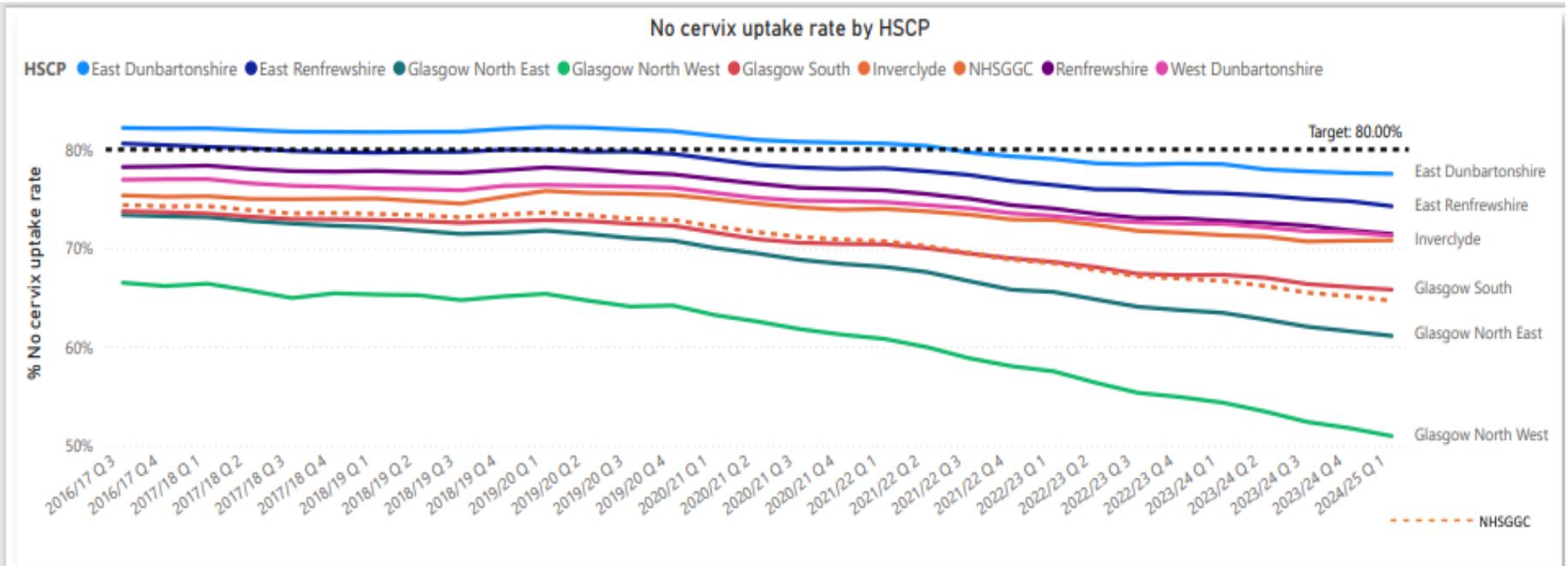
My Body Back Clinic funding for additional clinics - cervical screening for women experienced sexual violence.

Development of cervical screening activity dashboard & support for practice & cluster QI activities.

Inequalities Sensitive Practice - Learning Disabilities & Screening Development Post (January 2024)

Targeted communications - area of high deprivation and groups with known lower uptake

# Cervical Screening Activity Dashboard, sample output



Quarter: 2024/25 Q 1

HSCP	No Cervix uptake	AdqSmearEdIgbWomen	ListSizeExclNoCervix
East Dunbartonshire	77.54%	20962	27035
East Renfrewshire	74.25%	21743	29282
Renfrewshire	71.44%	35607	49840
West Dunbartonshire	71.28%	17728	24871
Inverclyde	70.80%	14540	20538
Glasgow South	65.80%	46489	70652
NHSGGC	64.67%	235617	364317
Glasgow North East	61.11%	36939	60444

# Engagement with BME communities

## 2 year fixed term Engagement Practitioner

July 2022 – July 2024 engaged with over 1,300 individuals via 47 community engagement activities

### Findings:

**General barriers:** cost of attending appointments; not registered with a GP; language barriers and negative experience of staff linked to language; caring responsibilities; and cultural differences in accessing health services.

**Screening specific and personal barriers:** community not represented on patient information, receive letters and information booklets in English, embarrassment, previous negative experiences, limited awareness of programmes, for cervical - misinformation/low awareness of relationship with HPV transmission and vaccination

# Useful links

- [Cervical screening \(smear test\) in Scotland | NHS inform](#)
- [Transgender screening in Scotland | NHS inform](#)
- [Cervical Screening | Smear Test | Cancer Research UK](#)
- [Cervical screening - The Eve Appeal](#)
- [Primary Care Good Practice Guide: Cervical Screening – Cancer Research UK Publications](#)
- [Health matters: making cervical screening more accessible - GOV.UK](#)
- [Scottish Equity in Screening Strategy 2023-2026](#)
- [Our cervical screening clinics - My Body Back Project - My Body Back Project](#)

# Widening access to cervical screening for people with a learning disability

Clare Smith, Inequalities Sensitive  
Practice Development Lead

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# Aims

- Increased learning disability awareness.
- Communication tips
- Explore the barriers
- Explore the reasonable adjustments
- Good practice examples

# What is a learning disability?

- The definition of learning disability is dependent upon the person having an IQ below 70, together with continued impairment in adaptive behaviour / social functioning, and with the onset during the development phase (i.e. before the age of 18 years).
  - Learning disabilities is a significant, lifelong experience with three components:
    - reduced ability to understand new or complex information or to learn new skills, due to  $IQ < 70$ ,
    - reduced ability to cope independently, and
    - onset before adulthood.

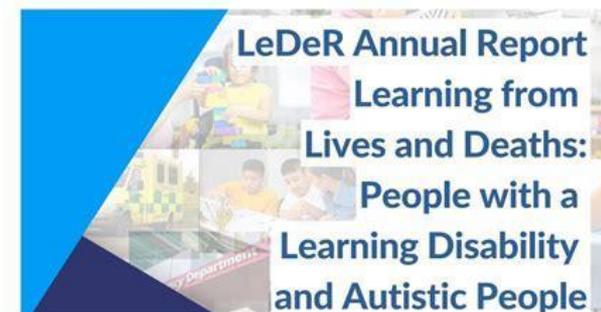
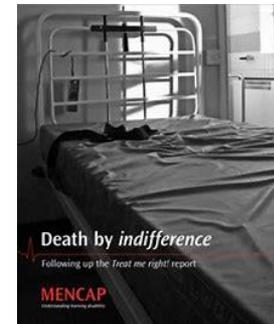
Demographics are changing and the population of people with learning disabilities is increasing. These changes are the result of improved socioeconomic conditions, intensive neonatal care, better access to healthcare, and increasing survival. The health needs of people with learning disabilities have an impact on primary healthcare services and all secondary healthcare specialties.

Code: 918e

# Facts

People with learning disability:

- Die on average 20 years younger than general population (LeDeR report, 2023)
- Twice as likely to die from a preventable illness (SLDO, NHS England 2022)
- Complex health issues
- Can have 3-4 health conditions at the one time
- Poorer health
- More likely to have communication difficulties (NHS)
- Vulnerable population



## Population- based cancer incidence and mortality rates and ratios among adults with intellectual disabilities in Scotland: a retrospective cohort study with record linkage (Cooper et al, 2024)

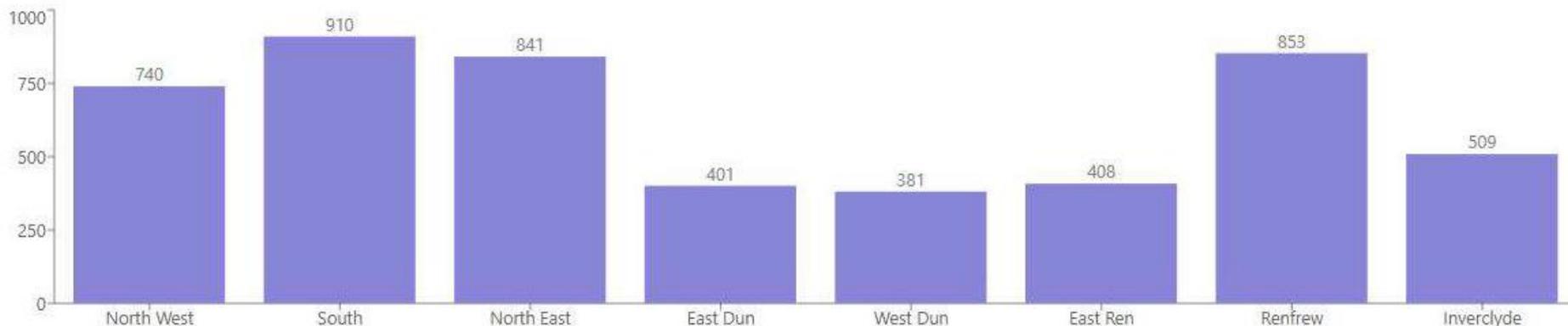
- Patterns of cancer incidence and mortality differ between adults with and without intellectual disabilities.
- Promoting awareness of cancer **symptoms** among carers is crucial, especially for early detection.
- Support for screening programmes is essential, addressing lower uptake rates observed in this population.
- Clinicians need to be aware that cancers can present late in this population and provide **preventive interventions** on known risk factors to reduce incidence.

# NHS Greater Glasgow & Clyde:

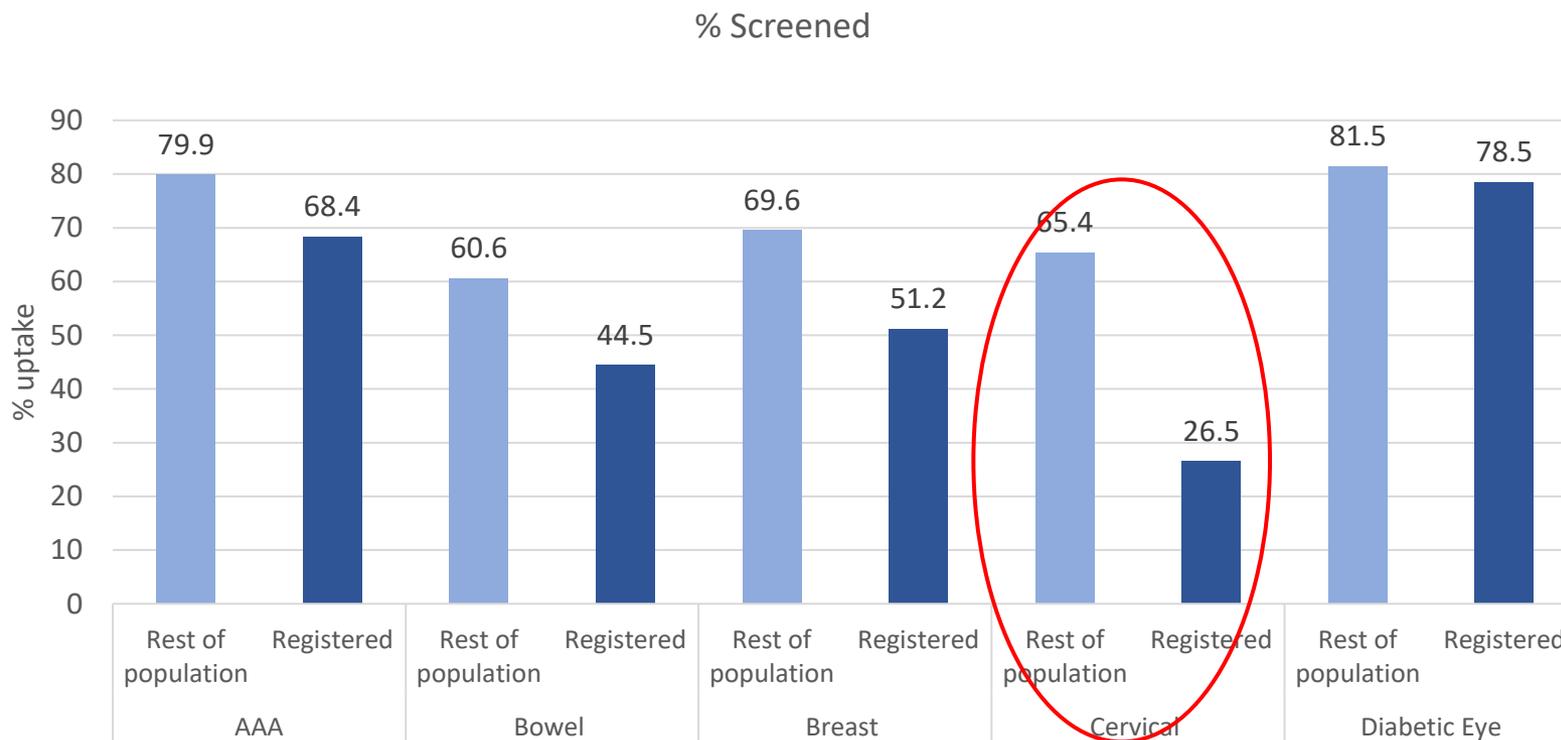
On average there are 5,061 people with learning disabilities (14+) residing within NHS Greater Glasgow & Clyde Health Board.

- Learning Disability Health Check Team
- Specialist Learning disability Services – 8x community teams, 2 inpatient units, LD & Epilepsy Clinical Nurse Specialist, LD & Respiratory Clinical Nurse Specialist.
- Improving access to health screening for people with learning disabilities
- Acute – led by Equality & Human Rights Team.

LD Population by HSCP (Age 14+)



# Uptake of screening amongst eligible NHSGGC residents by Learning Disability, 2022/23



# Multi component approach

- Identify – people with LD within your practice who are eligible
- Not attending? Provide telephone prompt
- Consult MDT – guardians/carers/CLDTs
- Invite in for pre appointment
- Share Public Health Scotland Easy Read Leaflet
- Discuss reasonable adjustments to make them feel more comfortable
- Inform of signs and symptoms to monitor for
- Support to understand results

# Communication tips

- Time – allow time for patient to process the information (10 secs)
- Avoid medical jargon
- Check they have understood
- Use objects to support verbal communication
- be prepared to use different communication tools
- follow the lead of the person you're communicating with
- Avoid too many questions / complex information



# How to help a stressed patient





# Barriers

- Attitude
- Assumptions
- Communication difficulties (difficulty expressing themselves or understanding medical jargon)
- Diagnostic overshadowing
- Patients not identified as having LD
- Accessibility
- Lack of accessible information
- Lack of time in services
- Busy environment
- Noisy environment
- Light sensitivity
- Lack of joint working

# Voices of people with learning disabilities:



*"I'd like more information, knowing what it's about and feeling more comfortable going in to get it done"*

*"Getting told you don't have to go by doctors and support workers"*

*"I don't like when they talk in jargon"*

*"Lack of awareness of any support you can get"*

*"The test itself, I don't feel comfortable about it"*

*"More visual stuff is needed, is there a video of an actual smear test being done to explain?"*

*"People are feeling anxious"*



# Reasonable adjustments

# Things to try...



- Ask for a longer/double appointment when booking
- Tell the nurse how you feel/previous bad experience
- Listen to music during the test
- Request a female nurse/GP if you prefer
- Ask to lie in a different position
- Smaller size speculum
- Bring someone you trust with you
- Wear comfortable clothing
- Ask to see the equipment they use first
- Going through or post menopause, you can be prescribed vaginal oestrogen cream or pessary
- Change the environment



# Resources to support the conversation

Having a smear test

Person with doctor/nurse ready for smear test

Screening  
I save your life

10 Minutes

easy read

NHS SCOTLAND

Public Health Scotland



Health Screening AAA Screening Bowel Screening Breast Screening Cervical Screening Diabetic Eye Screening Feedback

- Why is Screening Important?
- About My Test
- Understanding My Results
- Further Tests
- Things to Help
- Information for Trans/Non-Binary

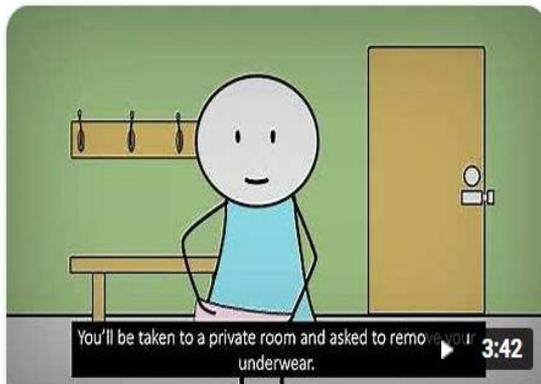
<https://services.nhs.uk/healthscreening/cervical-testing>

Delivering better health

[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Referral onto Community LD Nursing Team / consider care co-ordination.

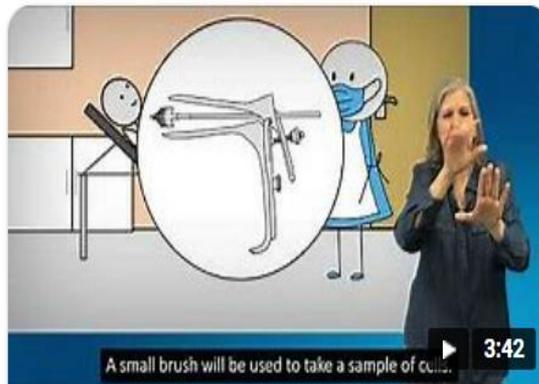
## NHS Greater Glasgow and Clyde – YouTube



NHSGGC - Cervical Cancer Screening - English

3.4K views · 17 Jan 2022

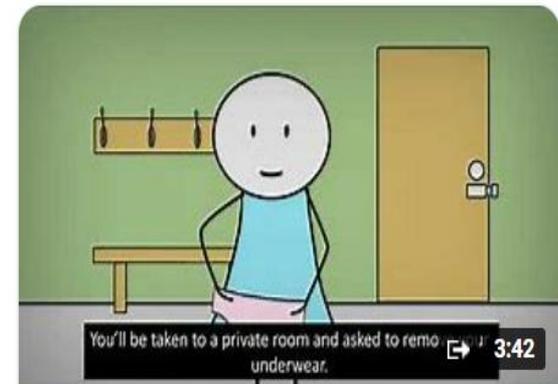
YouTube › NHS Greater Glasgow and Clyde



NHSGGC - Cervical Cancer Screening - British Sign Language

648 views · 17 Jan 2022

YouTube › NHS Greater Glasgow and Clyde



NHSGGC - Cervical Cancer Screening (Roma)

335 views · 22 Sep 2021

YouTube › NHS Greater Glasgow and Clyde

## Cervical screening (smear test) in Scotland | NHS inform

Public Health Scotland  
A Smear Test Could Save Your Life

Stop cancer before it starts

A smear test could save your life

Don't ignore your invitation for cervical screening

NHS SCOTLAND Public Health Scotland

Privacy policy

A smear test could save your life: Ukrainian

Запобіжить появі раку!

**Мазок на цитологію може врятувати вам ЖИТТЯ**

Не ігноруйте запрошення на цервікальний скринінг!

NHS SCOTLAND Public Health Scotland

Having a smear test

easy read Easy read

NHS SCOTLAND Public Health Scotland

# Projects

- **LD Cervical Screening** QI Projects –  
Anyone interested contact [Clare.Smith8@nhs.scot](mailto:Clare.Smith8@nhs.scot)
- **Talking mats** – Develop a LD & Screening talking mats kit in partnership with Scottish LD Observatory at UoG & Talking Mats
- **Training - Meetings the needs of patients with learning disabilities in primary care settings**– May 2025 & June 2025.
- **Development of guidance** - Cervical screening for people with learning disabilities.
- **Breast Screening** – reasonable adjustment factsheet (for patients and staff) & reasonable adjustment tool box (sensory lights, fidget tools)
- **Cancer screening resources** supplied to learning disability teams

# Promoting effective conversation around screening among people with LD

Screening Eligibility			Last Date Participated	Last Result	Result Outcome	Review date	Any Signs or Symptoms, please circle to indicate or add		
Bowel (50-74)	Yes	No					A new lump which appears or gets bigger	Coughing up blood or blood in the urine or mixed through poo	
Breast (50-70)	Yes	No					Things that refuse to settle, such as pain in the tummy	Changes in the pattern of going to the toilet	
Cervical (25-64)	Yes	No					Unexpected or sudden weight loss	Any changes to your breasts that are not normal to you	
AAA (65+)	Yes	No					Any unusual bleeding from your vagina	A sore that doesn't heal up	
DRS (12+) Diabetes diagnosis	Yes	No					Things which refuse to clear up after 4 weeks	Other.....	
Reasonable Adjustments To Be Made				MDT Discussion (Yes/No)+ Actions Agreed			Any Further Information		

- **NHS Borders Screening Assessment Tool**  
 Implemented within NHS GGC LD Health Check template  
 Plan to be included in LD Nursing Assessment Tool

# Good practice examples

- De-sensitization work by Community LD Nurses and Practice Nurse.
- Patient has carer present for support and allowed to bring comforter.
- Practice nurse arranging home visit to carry out cervical screening.
- Care co-ordination with special care dentistry (symptomatic)

Thank you for listening  
Questions?

[NHSGGC Public Health Screening Unit](#)

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[NHSGG Screening Annual Reports](#)