



Cervical screening

Primary care good practice guide



This guide includes practical tips, information and signposting to resources for primary care to support cervical screening activity. It aims to equip health professionals to encourage informed choice to participate in cervical screening and address patient barriers to reduce inequalities in uptake.

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Statement of intent: We're committed to promoting informed choice for screening participation. Screening has both benefits and harms and you should communicate these appropriately. We share examples of good practice in this guide. It is up to each individual practice to explore the methods they wish to adopt and take responsibility for complying with data protection processes.

Overview of cervical screening

Cervical screening saves at least 2,000 lives each year in the UK [1] and is available to anyone with a cervix aged 25–64 years. A healthcare professional will take a sample of cells from the cervix which will be tested for human papillomavirus (HPV). If positive, the sample will be examined further for changes in the cervical cells which could develop into cancer if left untreated.





HPV is a common infection that most sexually active people will come into contact with during their lifetime. For most people, the virus causes no harm and the infection clears on its own. However, in some cases, HPV infection can lead to cell changes that can progress into cervical cancer. In the UK, 99.8% of all cervical cancer cases are caused by the HPV infection [2].



Remember: Of the 8 in 10 people who will have a HPV infection in their lifetime, only very few of them, who have specific high-risk types, will develop cancer.

Eligibility

People are invited to cervical screening depending on their age and HPV status.

HPV status	England 	Scotland 	Wales 	Northern Ireland 
Negative	People aged 25–64 are invited to cervical screening every five years. (In England, people last invited to screening before 1 July 2025 will still be on a three year interval.)			People aged 25–49 are invited to cervical screening every three years. People aged between 50–64 are invited every five years.
Positive	Yearly surveillance for people who are cytology negative. 12 month recall (may vary locally) for those who are cytology negative at their final screen (aged 64+).			

The UK National Screening Committee (UK NSC) recommends extending screening intervals from three to five years for those aged 25–49 who test HPV negative as part of their routine screening. Northern Ireland are yet to update their intervals in line with UK NSC guidance.



See our guide, **Cancer screening programmes at a glance.** It covers the key information across the four UK nations.

Whether or not a person is automatically invited to cervical screening is based on how their gender is registered at their GP practice. There are a few key questions and misunderstandings around who’s eligible to take part in cervical screening and it’s important that primary care staff are equipped to provide accurate information to patients.



For a more detailed overview of eligibility criteria, jump to **Further information about eligibility.**

See local guidance for people who request screening outside of the recommended age range.



When is the best time for cervical screening?

The middle of the menstrual cycle is the optimum time to get a good sample. During menstruation is not the best time to take a sample, but it can be taken if it’s the only opportunity.



Call and recall systems

Each nation's cervical screening programme has a system which invites people to screening.

The system:


- ✓ invites eligible people at appropriate intervals
- ✓ provides a list of people eligible for screening to GP practices
- ✓ sends out call and recall invitations to people eligible for cervical screening
- ✓ notifies patients of test results once received from laboratories
- ✓ facilitates fail-safe process to check further investigations or follow-up

By understanding the full functionality of the system used in your nation, you can help spot where you might need to take action to support cervical screening.

- Anyone registered as female on their GP records aged 25–64 will be automatically invited at the appropriate interval, dependent on their age and HPV status, by the call and recall system.

Wales and Northern Ireland

- Anyone with a cervix registered as male or 'indeterminate' with their GP in the 25–64 age group is eligible for screening but will not be sent invitation letters automatically. They will need to request screening through their GP practice.

 To learn more about the call and recall system, check out this [**GOV.UK guidance**](#).

Scotland

- People in Scotland who changed their registered gender from female to male after June 2015 will be automatically invited to screening. People who updated their registered gender before this date will need to request screening through their GP practice.

England

- The **Cervical Screening Management System** (CSMS) manages invitations for all people eligible for screening.
- Eligible people will receive digital invites through the NHS app or text, although invitation letters are still in place for those who need them.
- People with a cervix registered as male or 'indeterminate' with their GP can opt into cervical screening.



Remember: Your practice has a responsibility to make sure all eligible women, trans men and non-binary people with a cervix can be invited to cervical screening.

'People with a cervix' may be an accurate way to describe people eligible for cervical screening. However, not everyone will want to be described in this way. Note the language your patients use and, with permission, do your best to reflect and support these choices.



Remember: Tailor your language to the needs and preferences of the person you're talking to.

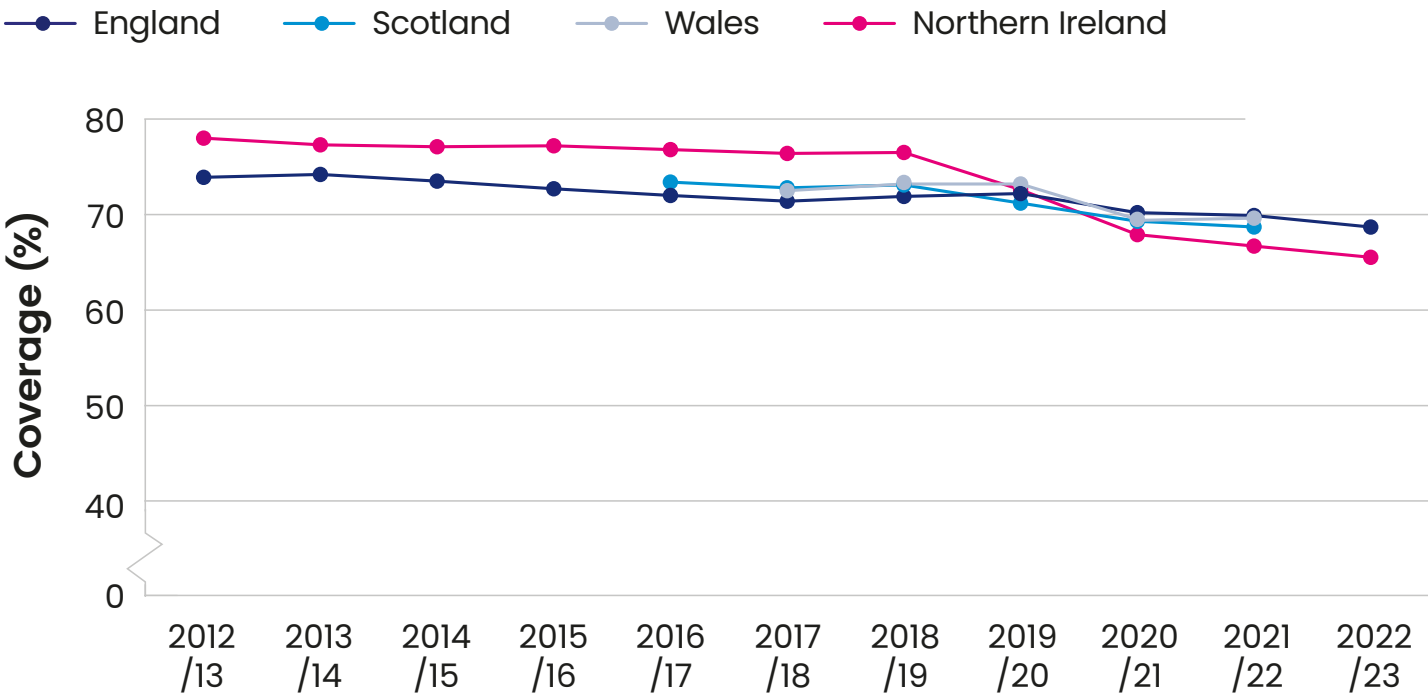
Cervical screening coverage across the UK

Over the past 10 years, there has been a decline in the number of people taking up their offer of cervical screening.

Cervical screening coverage is the percentage of eligible people invited for screening who have had a test with a recorded result within a specified period.



Cervical screening coverage in the UK



Data sources: England: NHS Digital. Scotland: Public Health Scotland.
Wales: Public Health Wales. Northern Ireland: Public Health Agency.

Lower attendance is particularly evident in the youngest and oldest age groups [3], people from lower socioeconomic backgrounds [4] and people from ethnic minority backgrounds [5].

Reasons for non-attendance are complex and several factors may be at play. Find out more in the section on **Barriers to participation and supporting people to access screening**.



Cervical self-sampling is recommended by the UK NSC for non-attenders. National implementation is still being considered, so stay up to date with local pathways and check **our webpage**.

For nation-specific information, visit:

- GOV.UK for England**
- Public Health for Wales**
- NHS National Services Scotland for Scotland**
- Public Health Agency for Northern Ireland**

Your role in supporting informed participation in cervical screening

Studies have shown the positive impact primary care engagement can have on increasing the uptake of cancer screening with eligible populations.

Actions you can take to encourage informed participation in cervical screening

- ✓ Make sure people are aware of the programme and how it can prevent cervical cancer from developing.
- ✓ Ask people if they've taken part and encourage them to consider participating, even if previous results have been normal.
- ✓ Inform people about the benefits and the harms of screening and encourage them to read the information sent with invitations carefully to help them decide.
- ✓ Find out about any barriers to participation and make sure you minimise these where possible. Find out more in the **Barriers to participation** section.
- ✓ Take proactive steps to identify and engage with non-responders. You could send a targeted text or letter or call them [6,7]. See our suggested **Templates for follow-up**.

Research has highlighted that fear and shame are associated with HPV infection, so it's important to address any misunderstanding, especially with HPV primary screening now embedded in the programmes. Discuss HPV infection openly to normalise the virus and make sure people fully understand what it means to have HPV [8].

People may not be engaged in the screening programme, may have never attended cervical screening or may have made an informed choice not to attend their cervical screening. It's important that all decisions are respected and that no one feels pressured to participate.



Communicating with your patients

While cervical screening is a common procedure for primary care staff, for most people it's not a routine process, particularly if it's someone's first test or after a period of non-attendance.

You can find opportunities to discuss cervical screening in conversation with eligible patients during routine appointments, health visitor appointments, health checks, immunisation and phlebotomy appointments.

When discussing cervical screening with people:

- Explain the screening process clearly using language that is easy to understand.
- Openly discuss that, as well as the benefits of cervical screening, there are harms to consider too. For more information, check out **our website**.
- Use a reassuring approach to address fear and worry about cancer. Focus on how screening can prevent cervical cancer and share the benefits of early diagnosis and treatment.

Following any conversation about cervical screening, signpost to further information to allow people to make an informed decision. Offer a range of formats to make sure all your patients have access to information to suit their needs. See **Sharing information and resources with patients** for examples.

Informed dissent

If patients wish to opt out of cervical screening, the process is different for each UK nation.



Remember: Informed dissent should be clearly noted in the person's record.

When someone opts out, you should always make sure that:

- you provide relevant information that explains the benefits and harms of screening
- they are aware of the implications of consent or dissent
- they understand the information provided – a best-interest meeting may help people who need additional support to make or communicate their decision
- they are aware that their decision to dissent can be changed at any time, as can a decision to consent
- you highlight common cervical cancer symptoms and the importance of getting in touch with a healthcare professional if the person notices any changes that aren't normal for them



Remember: A previous normal cervical screening test result doesn't rule out cancer developing at a later point. Remind people to contact their GP practice if they experience any symptoms or changes that aren't normal for them.

Primary care incentives

England, Wales and Northern Ireland

In England, Wales and Northern Ireland, cervical screening uptake is incentivised through the Quality and Outcomes Framework (QOF). To receive payment, practices need to make sure a high proportion of the target cohort regularly undergo screening.

England

In England, the **QOF Quality Improvement** module on the early diagnosis of cancer

provides an opportunity for GP practices to develop quality improvement plans for all screening programmes.

There are also the Primary Care Network (PCN) GP Contract Requirements for the Early Diagnosis service specification in England, where PCNs are asked to contribute to improving local uptake of screening.



For more information see our **[GP contract hub](#)**



Scotland

In Scotland, each health board has a Screening Inequalities plan covering quality improvement activity.

Overall it's important to remember the valuable role that primary care can play in helping to support informed uptake of screening, removing any barriers and working collaboratively with local partners to reach out to communities.

Colposcopy attendance

It's essential to support attendance and access for people across the whole screening pathway. In England in 2022/23, 71.1% of colposcopy appointments were attended (down from 72.9% in 2021/22) and 13.3% of appointments were cancelled on the day by the patient [9]. Non-attendance for colposcopy following cervical screening is higher in deprived areas and among younger people [10]. Barriers such as anxiety, work or childcare commitments, transport and forgetting the appointment have been identified in colposcopy non-attenders.

Primary care can support colposcopy attendance following cervical screening. Consider how you can contact people invited for colposcopy with a text or phone call to encourage them to attend. Research has found that contacting people by phone pre-appointment lowered non-attendance by 2% overall, and for people aged 25–39 from the most deprived areas, non-attendance dropped from 20% down to 12% [11].

Barriers to participation and supporting people to access screening

Several barriers may prevent eligible people from engaging with the cervical screening programme. When looking at ways to support engagement with the programme, understanding who isn't attending screening and the barriers preventing them from participating is important. The reasons for non-attendance may be complex and several factors may be at play.



Key barriers [12–17]

Personal perception of screening

- Feeling embarrassed
- Worry that the procedure will be painful (especially for post-menopausal women and trans men on testosterone)
- Concern about sexual connotations and being perceived as promiscuous
- Fear of what the test may find
- Lack of awareness of the purpose of screening
- Not wanting a man to carry out the test
- Religious beliefs – eg that praying would keep them safe or it is 'God's will'

Personal experience impacting their decision to attend

- Lack of trust in the health system
- Incorrect assumption of low cervical cancer risk (eg not currently sexually active or in a lesbian relationship)
- Previous negative screening experience (eg past painful procedure)
- Previous sexual assault or abuse
- Negative body image issues
- Gender dysphoria

Practical or access barriers

- Difficulty arranging an appointment at a convenient time
- Intending to go but forgetting or not getting around to it
- Inaccessible information due to language or mode of delivery

Some groups with lower participation include:

- people aged 25–29 and people above 50 [3]
- people living in areas of greater deprivation [4]
- disabled people [18]
- people from an ethnic minority background [5]
- people who are lesbian or bisexual [19]
- transgender people [20]
- people with severe mental illness [21]

You may be able to identify other people in your practice population who are less likely to participate in cervical screening. See our [**Reducing inequalities in cancer screening resource**](#) for practical tips to help address inequalities and links to further resources and information.

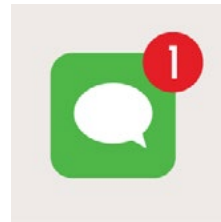
Actions you can take to address barriers

- ✓ Discuss the screening process with your patients to spot potential barriers and find ways to support them to access screening.
- ✓ Consider reasonable adjustments including easy-read information or translation services to make sure identified access barriers are mitigated.
- ✓ Offer appointments at different times such as evenings and weekends, which can support people who have fixed work or childcare commitments.
- ✓ Let people know they can book an appointment with a nurse or doctor of a particular gender.
- ✓ For people who feel embarrassed, they may prefer to wear a loose dress or skirt so they don't need to undress for the appointment. It may also help to let people know all staff are trained professionals who perform the test multiple times a day.
- ✓ Suggest booking the first or last appointment of the clinic to ease anxiety.
- ✓ Reassure patients that there are ways to make the test less uncomfortable. They can:
 - insert the speculum themselves
 - ask for the test to stop at any point
 - lie in a different position
 - request a smaller speculum
 - request more lubricant
- ✓ Link with local teams such as learning disability nursing teams who have the right expertise to support your patients.
- ✓ People feeling anxious or who've experienced trauma or abuse may find it helpful to have extra time for their appointment or bring a friend.



Remember: Having a good experience during the cervical screening appointment can increase the likelihood of someone taking part in cervical screening in the future.

Consider using different ways to remind patients of their cervical screening appointment, for example, through a targeted text, letter or telephone call.



Including an endorsement from a GP can increase uptake. Examples can be found in the section **Templates for follow-up.**



You can find further guidance on how to improve access and uptake from **NHS England.**



Share learning: Find out what other practices in your area are doing in case there's an opportunity to work together or share good practice.

Practical tips and resources

Staff training

All primary care staff should undertake training to understand and confidently explain the purpose of cervical screening, plus the benefits and harms of taking part.

► GPs

After training, you'll be able to communicate effectively with people about cervical screening to support them in making an informed choice.

► Practice reception staff

After training, you'll be able to answer questions about cervical screening and signpost to the right place.

► Nurses and allied health professionals

After training, you'll be able to communicate effectively with people about cervical screening to support them in making an informed choice about participating. All sample takers should take advantage of development opportunities and stay aware of programme updates.

Sharing information and resources with patients

All primary care staff should use appropriate opportunities to raise awareness of cervical screening with eligible patients who've been invited.

► GPs, nurses and allied health professionals

Following opportunistic discussions, share relevant resources for people to take home.

► Practice managers

Display information and resources within the practice (eg posters, practice website, leaflets). Make sure you have a range of accessible formats. Make sure all relevant staff are aware of who's eligible to take part in cervical screening (see **Further information on eligibility**) and feel equipped to provide information.

For more training visit:

- 📍 [GOV.UK for England](#)
- 📍 [NHS Digital Learning for Wales](#)
- 📍 [NHS Scotland for Scotland](#)
- 📍 [Public Health Agency for Northern Ireland](#)



- Information for the public about cervical cancer can be found on our **website**.

- Order or download our **cervical cancer leaflets** to hand out.

- Display or signpost to **our video** addressing potential concerns about cervical screening.

- Share **NHS England's guidance** for people who feel anxious about attending cervical screening with information about the programme, adjustments which can be requested and signposting to support.

You can also access translated and easy-read versions:

- 📍 [GOV.UK for England](#)
- 📍 [Public Health Wales](#)
- 📍 [NHS Inform for Scotland](#)
- 📍 [Public Health Agency for Northern Ireland](#)

Use of practice data

► GPs, nurses, allied health professionals and reception staff

Opportunistically check contact details at routine appointments to make sure people are receiving their screening invitations. Use a flag or alert system to identify non-responders and offer to book them an appointment if appropriate.

► Practice managers

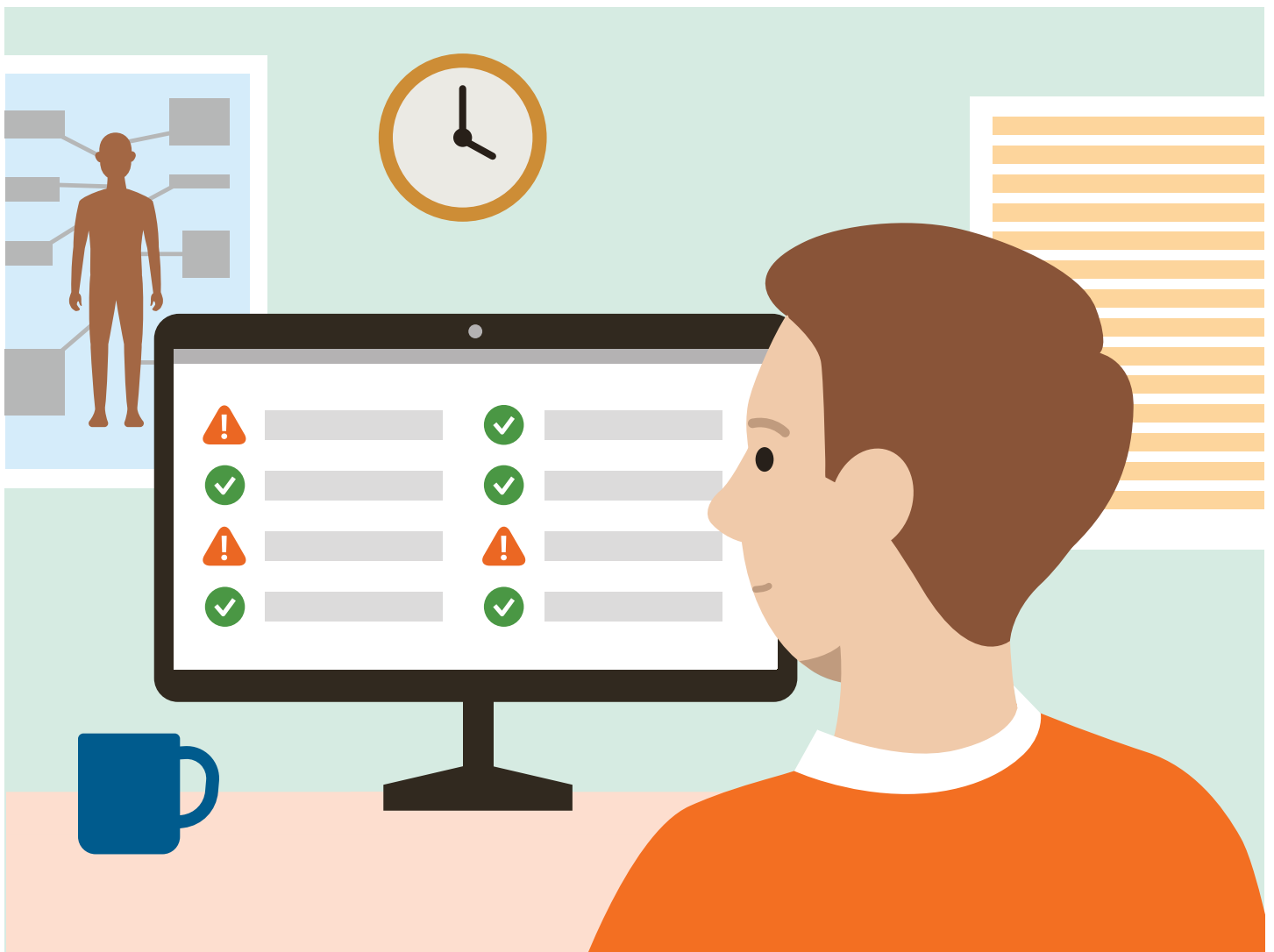
Nominate someone to lead the call/recall system in your practice.

Review your practice data to understand who's eligible and who's being invited for screening for the first time to make sure you're effectively supporting informed participation.

Non-responder notifications are sent to practices if there is no record of the person attending a test after being sent an invitation and reminder letter. Review your practice's non-responders to understand the profile of those not attending their screening and identify methods to engage with these people.

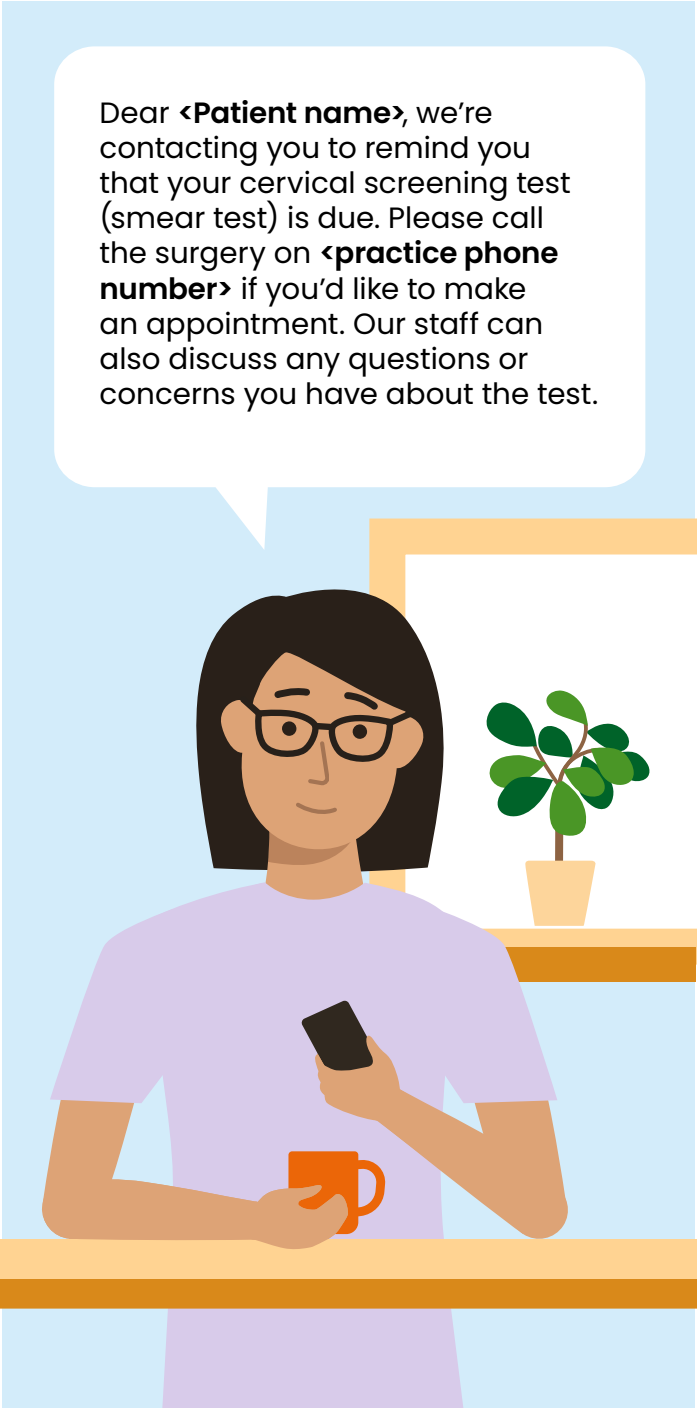
Local cervical screening data are available. See how your area is performing:

- 📍 England: [**PHE fingertips, NHS England Cervical Screening Dashboard**](#)
- 📍 Scotland: [**Public Health Scotland**](#)
- 📍 Wales: [**Public Health Wales**](#)
- 📍 Northern Ireland: [**Public Health Agency**](#)



Templates for follow-up

SMS



Dear <Patient name>, we're contacting you to remind you that your cervical screening test (smear test) is due. Please call the surgery on <practice phone number> if you'd like to make an appointment. Our staff can also discuss any questions or concerns you have about the test.



Did you know? GP endorsement in a text message could increase cervical screening uptake by up to 4% [6].

Letter

<Insert GP letterhead including GP practice phone number>

Dear <patient name>,

We're writing to remind you that your cervical screening test (smear test) is due.

Cervical screening can prevent cervical cancer and saves 2,000 lives each year in the UK. The test only takes a few minutes with a trained nurse or doctor and reduces the risk of developing cervical cancer.

If you'd like to make an appointment, please contact your GP practice by calling <practice phone number>.

Let us know if you have any questions or concerns about the test when you call. We can discuss what support we can offer to support you to attend.

Taking part in cervical screening is your choice, so please read the information sent with your screening invitation to help you decide. You can also find information online if you have access to the internet. Further information about the test can be found here: cruk.org/cervical_screening

You can also contact the practice to request accessible (eg BSL), easy read or translated information, or to speak to a practice nurse about the test.

Yours sincerely,


<GP name>



You can download an editable [easy-read invitation letter for people with learning disabilities](#) from the GOV.UK website. [Qui](#)

These are templates we've made incorporating elements to promote informed consent and are based on endorsement templates used in peer-review studies.

Telephone script

 **Hello** (verify who you're speaking with). **My name is... I'm calling from your GP practice about your cervical screening test** (some people may know this as a smear test). **Is now a good time to chat about this?**




Yes

No



Arrange a convenient time to call back.

 We've noticed that you haven't booked an appointment to attend your cervical screening test. **Please can I check that you've received your invitation?**



Yes

No



Check their contact details are correct and resend the invitation.

 **Do you mind sharing why you haven't attended your cervical screening test?**

Not sure if they're eligible

Confirm eligible age range for screening: 25–64 years.

✔ Ask why they think they aren't eligible and **see our guidance around Eligibility.**

Experiencing a barrier to participation

Understand that some people face barriers to taking part in cervical screening.

✔ See **Actions you can take to address barriers** for tips to address barriers to screening attendance.

Wants to participate, didn't get round to it

Doesn't want to participate

Taking part in cervical screening is your choice.

✔ Encourage them to read the information sent to support their decision.

It's important to inform people of the benefits and risks of screening so they can make an informed choice.

- ✔ Cervical screening saves around 2,000 lives every year in the UK.
- ✔ Screening and resulting treatment can prevent around 70% of cervical cancers from developing.
- ✔ Screening isn't perfect and can miss some cancers, so people should contact their GP if they spot any changes which are unusual for them.







Wishes to participate




Offer to book an appointment while on the phone.






Wishes to participate should then go to offer to book

If they've made an informed choice to no longer participate, inform them of the opt-out process.
✔ See key actions in our **Informed dissent.**

Further information about eligibility

	Eligibility	
People younger than 25		Research shows that cervical cancer is very rare in people under the age of 25. Changes in the cervix are common in younger people, but these are unlikely to progress to cervical cancer. Evidence shows that screening younger people leads to more harm than benefit, which is why it's offered from age 25. This is also the age recommended by the UK National Screening Committee.
People aged 25 to 64 with a cervix who have never been sexually active		<p>When we talk about being sexually active, we mean:</p> <ul style="list-style-type: none"> • having vaginal, anal or oral sex • touching in the genital area • sharing sex toys <p>This includes being sexually active with anyone, regardless of their gender.</p> <p>People who have never been sexually active will have a much lower risk of HPV infection, and therefore the balance of benefits and harms of cervical screening may be different. It's important to have a conversation with patients about this when discussing cervical screening.</p>
People aged 25 to 64 who have not been sexually active for a long period of time		HPV can remain dormant for many years and cell changes can also take many years to occur. This means those who have not been sexually active for a while should still consider participating in cervical screening.
People aged 65 or older with a cervix		Those aged 65 or older will not be invited for cervical screening if their last test was normal. This is because the likelihood of developing cervical cancer is low.
		<p>People who've never had cervical screening are entitled to a test if they request one from their GP surgery.</p> <p>People aged 65 or over who've had abnormal results will be invited for cervical screening until there is no cause for concern.</p>
People who've had a hysterectomy (no cervix)		As no cervical tissue remains, people who've had a total hysterectomy don't need to go for cervical screening.

	Eligibility	
People who've had a sub-total hysterectomy where cervical tissue remains		When cervical tissue remains, people may still be at risk of developing abnormal cells and should still consider regular cervical screenings.
Trans men and non-binary people assigned female at birth		<p>Trans men and non-binary people assigned female at birth are eligible for cervical screening and should be encouraged to consider participating.</p> <p>In England, eligible trans men and non-binary people can opt into the national system via their GP.</p> <p>In Scotland, if a person has changed their registered gender from female to male after June 2015, then they'll still receive invites to cervical screening.</p> <p>In Wales and Northern Ireland, cervical screening for eligible trans men and non-binary people (may be registered as "I" or "Indeterminate") is the responsibility of the practice.</p> <p>For people who request to be screened, the GP practice is responsible for managing invitations and sample-taking at appropriate intervals and notifying patients of their results. Practices should make their patients aware of how this affects invitations to screening.</p> <p>Practices should notify the cervical screening laboratory that the sample is from a male/non-binary person with a cervix, either in advance or on the accompanying form, and the results should be sent back to the practice and not to the call and recall service.</p> <p>Your practice should be sensitive towards trans men and non-binary people, as it may be distressing for them to continue to participate in the cervical screening programme. Record preferences for people who don't want to participate so conversations about screening aren't repeated.</p> <p>Sample takers should provide as much support as possible so people can be screened if they want to be.</p>
Trans women and non-binary people assigned male at birth		<p>People who don't have a cervix are not eligible for cervical screening. Vaginoplasty does not create a cervix. People who register as female at their GP surgery are automatically entered into the call and recall system for screening. If the screening team hasn't already confirmed that a person doesn't have a cervix, GPs should send a cease request to the national cervical screening programme.</p> <p>Practices should be sensitive during any conversations as it can be distressing for people to be told they are not eligible for the screening programme.</p>

	Eligibility	
HPV-vaccinated people		<p>All children in the UK are routinely invited for their HPV vaccine between 11 and 13 years of age. GPs can order HPV vaccines for eligible unvaccinated people who'd like to be vaccinated.</p> <p>The vaccine is designed to protect against nine high-risk strains of HPV and is expected to prevent up to 90% of cervical cancers [22]. However, given the vaccine doesn't protect against all types of HPV, regular cervical screening is still important.</p>
People screened abroad		<p>Some women may return to their home country for cervical screening. If abnormalities are detected, there may be challenges in ensuring continuity of care. Reassure people who are eligible for screening that the UK runs a high-quality programme if they've been screened abroad.</p>
People who are pregnant		<p>Defer routine screening during pregnancy. It isn't advisable to sample the cervix until 12 weeks post-natal.</p>
People who have been through menopause		<p>People are still at risk of developing cervical cancer after they've been through menopause. Cervical screening is recommended until people are 64 years old. Sample takers should advise about adjustments to reduce potential discomfort to people concerned about the test being painful.</p>
People who have experienced trauma and abuse		<p>People who've experienced sexual abuse or other sexual trauma such as rape may find it extremely difficult or distressing to participate in the programme.</p> <p>Sample takers should provide as much support as possible so these people can be screened if they want to be. Each case must be considered individually and any decision to defer screening or cease from recall must be made with full, informed consent.</p>



Acknowledgement: Thank you to **OUTpatients**, the UK's LGBTIQ+ cancer charity, who supported relevant sections of this guide.

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