Scottish Cervical Screening Programme Statistics

Annual update to 31 March 2020

A National Statistics release for Scotland

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About this release

This release by Public Health Scotland provides annual and quarterly cervical screening statistics. The report provides data on uptake by age group, NHS board, deprivation and human papilloma virus (HPV) immunisation status. In addition, data are presented on laboratory turnaround times, number of screening tests and results of tests by NHS board and laboratory.

For the period reported, cervical screening was routinely offered to women aged 25-64 in Scotland; those aged 25-49 every three years and those aged 50-64 every five years.

The Covid-19 pandemic resulted in a temporary pause to screening services across Scotland that impacted late March 2020 attendances.

Main Points

• In 2019/20, 318,727 cervical screening tests were processed. Of all tests processed, 97.5% were of satisfactory quality i.e. there were enough cells in the sample to allow it to be used.
• The uptake rate for cervical screening was 71.2% with just over one million eligible women having participated in the screening period as at 31st March 2020.
• Uptake of screening is poorest in younger women and increases with age to a peak at 50-54 years.

Percentage uptake of cervical screening among women aged 25-64 who were screened within the last 3.5 or 5.5 years by age group: Scotland, 1st April 2019 to 31st March 2020

Source: Scottish Cervical Call Recall System
• Women from the most deprived areas are less likely to take part in the screening programme – almost two out of three (65.3%) compared with over three quarters (75.8%) from the least deprived areas. The difference in uptake rates by deprivation area is more marked in women aged 50-64. There is a 15.4 percentage point difference between the least and most deprived areas compared with a difference of 6.5 percentage points in women aged 25-49.
• Cervical screening uptake is higher in HPV vaccinated women when compared to the non-vaccinated women. This may be due to immunised women being more aware of the risk of cervical cancer as a result of contact with the immunisation programme.
• Over nine out of 10 tests (91.7%) were negative with no sign of abnormal change in cells with a further 7.3% having low grade cell changes identified leading to recommended enhanced monitoring. 0.9% of women were identified as having a high risk of developing cervical cancer.

Background
The aim of cervical screening is to identify cell changes in the cervix which could develop to become cervical cancer, thereby reducing cervical cancer incidence and mortality. Changes in cells identified at an early stage can be easily treated and treatment is usually very effective.

Abnormal results are reported in two different ways:

• Low grade or borderline cell changes (low grade dyskaryosis)
• High grade cell changes which are moderate or severe (high grade dyskaryosis).

Dyskaryosis is a medical term to describe cell changes which could develop to become cervical cancer.

Only four years of trend data are available in this publication for uptake due to changes in the age range and frequency introduced in 2016.

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Further Information
Data from this publication are available from the publication page on our website.

The next release of this publication is scheduled for September 2021. However, given the pause and restart to cervical screening due to the Covid-19 pandemic (www.nhsinform.scot/screeningupdate), this proposed date may be affected.

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