Scottish Cervical Screening Programme Statistics 2019/20

Annual update to 31 March 2020
This is a National Statistics publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in May 2010. The OSR is the regulatory arm of the UK Statistics Authority.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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Introduction

Cervical screening was introduced in Scotland in the 1960s. Although large numbers of women were offered tests, the service at this time was not introduced as a population based programme. The national cervical screening programme was introduced in Scotland in 1988 with the aim of reducing the incidence of invasive cancer of the cervix.

Since the introduction of the national screening programme, the incidence of cervical cancer has fallen and in 2017, the latest year available, saw the lowest recorded incidence at 10.1 per 100,000 persons (European age-standardised rate).

Cervical screening is used to identify cell changes which could develop to become malignant, in women who otherwise have no symptoms; at this stage, any changes can be easily treated, and treatment is usually very effective.

From Monday 6th June 2016, the age range of cervical screening changed from ages 20–60 years, to ages 25–64 years. The frequency of cervical screening continued to be every three years from age 25 to age 49, but changed to be every five years for women from age 50 to 64. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) are now invited up to age 70 years (a change from previous arrangements up to age 68). Women under the age of 25 who had already been invited for a test as part of the screening programme continue to be invited for screening, regardless of whether her recall date was before or after she had reached 25 years and regardless of whether she had attended for screening or not. The publication has been revised to reflect these changes from the September 2017 publication onwards.

Within Scotland (as part of the Scottish Cervical Screening Programme), data for publication and management information are compiled by ISD on a quarterly and annual basis. This publication includes data on uptake by deprivation and Human papilloma virus (HPV) immunisation status, laboratory turnaround times, number of cervical screening tests processed and results. The cervical screening year runs from 1st April to 31st March; this current release includes data to 31st March 2020. The Scottish Cervical Screening Programme Statistics for 2019-20 is a National Statistics publication which has been assessed by the UK Statistics Authority as complying with the Code of Practice.

Eligible women are invited to attend cervical screening once every 3 or 5 years; uptake statistics are therefore based on women attending in the previous 3.5 or 5.5 years. The additional 0.5 year provides a window to allow for the appointment to have taken place after the invitation has been sent.

ISD carried out a consultation during 2017 for users to provide comments on the Scottish Cervical Screening Programme statistics. We have taken those comments into consideration and have provided updated tables by NHS Board of residence and deprivation quintiles.
including 5 year age group information. A summary of the responses we received to the consultation are on the cancer website.

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 1,010,963 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.

- 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.

- 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.
Results and Commentary

This publication presents information about the NHS Cervical Screening Programme in Scotland in 2019/20. It includes statistics on women aged 25-64 who are invited for regular screening under the call and recall programme.

From 6th June 2016, changes to the age range and frequency of screening offered by the Scottish Cervical Screening Programme were implemented. Cervical screening is now routinely offered every three years to women aged between 25 and 49 years of age 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/follow-up) will be invited up to age 70 years.

Please note that the following tables and charts are based on the 2014 NHS Board configuration. Figures for NHS Highland now include the Argyll & Bute area and figures for NHS Greater Glasgow now include the Clyde area. The NHS Board is based on the patient’s postcode at the time they had their screening test. Previously published analysis was based on the postcode at the time the data was extracted so comparisons should not be made.

Due to changes in the age and frequency and how the NHS Board has been allocated, uptake statistics are only presented for the latest three years. Further comparable trend data will be available in future publications.

Details of all cervical screening statistics included within this publication can be found on the Cervical Screening homepage.
Uptake of the National Screening Programme

Age-appropriate uptake

Uptake is defined as the percentage of women in a population eligible for screening at a given point in time who were screened adequately within a specified period. As the frequency with which women are invited for screening is dependent on age, as recommended by the UK National Screening Committee, based on differing screening periods for younger and older women. For the total target age group (25 to 64 years), ‘Age-appropriate uptake’ takes into account the frequency with which women of different ages are invited for screening. This defines uptake as the percentage of women in the population eligible for cervical screening who were screened adequately within the previous 3.5 years for women aged 25-49 and 5.5 years for women aged 50-64, as at 31 March 2020.

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

For women eligible as at 31st March 2020:

- The percentage of eligible women (aged 25 to 64) who were recorded as screened adequately within the specified period was 71.2%. This is down 1.9 percentage points when compared to the previous year.
- Younger women are less likely to participate in the screening programme. Uptake of cervical screening is lowest in women aged 25-29 years old (58.2%) and increases with age to a peak of 79.5% at age 50-54 years after which the uptake declines again towards 71.5%.

**Figure 1: Uptake of cervical screening for women aged 25-64 by age group, Scotland: 2019/20**

Source: Scottish Cervical Call Recall System

Notes:

1. Based on the Scottish Cervical Call Recall System (SCCRS) population denominator (excluding medically ineligible women).
Cervical Screening Update for women aged 25-49

For those aged 25-49, uptake is calculated as the percentage of women eligible for screening who have had an adequate screening test within the last 3.5 years on 31 March 2020. This data shows:

Nationally, almost seven out of ten women aged 25-49 took part in the screening programme (68.5%). However, the level of uptake between NHS boards ranges between 63.9% and 78.3%. The two largest NHS boards, NHS Greater Glasgow & Clyde and NHS Lothian have noticeably lower uptake rates in this age group than the other NHS boards. The level of uptake has reduced in each NHS Board in 2019/20.

Figure 2: Cervical screening uptake, women aged 25 - 49¹, by NHS Board of residence: 2019/20

Source: Scottish Cervical Call Recall System

Notes:

1. Based on the Scottish Cervical Call Recall System (SCCRS) population denominator (excluding medically ineligible women).
Cervical Screening Update for women aged 50 - 64

For those aged 50-64, uptake is calculated as the percentage of women eligible for screening who have had an adequate screening test within the last 5.5 years on 31 March 2020. For these data:

There is greater participation in the screening programme by women aged 50-64 than in the younger group. More than three out of four women (75.8%) took part in the screening programme. There is also less variation between NHS boards compared with the younger age group with the uptake rates ranging from 73.8% to 80.1%. The level of uptake has reduced in each NHS Board in 2019/20.

Figure 3: Cervical screening uptake, women aged 50-64\(^1\), by NHS Board of residence: 2019/20

Source: Scottish Cervical Call Recall System

Notes:

1. Based on the Scottish Cervical Call Recall System (SCCRS) population denominator (excluding medically ineligible women).
Cervical Screening Uptake by Deprivation

Women from deprived areas are less likely to participate in the screening programme. For the most deprived areas, 65.3% of eligible women were screened compared with 75.5% of women from the least deprived areas – a difference of more than 10 percentage points (Table 1 and Figure 4).

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.

Table 1: Combined percentage uptake by deprivation, Scotland: 2019/20

<table>
<thead>
<tr>
<th>SIMD² Deprivation Category</th>
<th>Percentage Uptake¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age Group</td>
</tr>
<tr>
<td></td>
<td>25-49</td>
</tr>
<tr>
<td>5 (Least Deprived)</td>
<td>70.8</td>
</tr>
<tr>
<td>4</td>
<td>72.5</td>
</tr>
<tr>
<td>3</td>
<td>68.6</td>
</tr>
<tr>
<td>2</td>
<td>67.2</td>
</tr>
<tr>
<td>1 (Most Deprived)</td>
<td>64.3</td>
</tr>
<tr>
<td>Scotland</td>
<td>68.5</td>
</tr>
</tbody>
</table>

Figure 4: Cervical screening uptake by age group and deprivation, Scotland: 2019/20

1. Uptake of cervical screening by deprivation category - percentage of people with a final outright screening test result for which a valid postcode is available, out of those eligible.

2. Scottish Index of Multiple Deprivation (Quintiles), most appropriate version of SIMD2016 applied to 2019-20.
Cervical Screening Uptake by HPV vaccination status

Human papilloma virus (HPV) is a DNA virus that infects the deepest layer of the skin or genital surfaces (epithelium). Over 100 different types are recognised, some of which are known to be related to the development of cancer. The most common HPV-induced cancer is cervical cancer, with HPV 16 and 18 responsible for 70% of cervical cancers worldwide. The remaining 30% of cervical cancers are caused by the other 16 high-risk HPV types.

Most significant changes in the cells of the cervix are caused by HPV passed on through intimate contact. HPV is very common, 8 out of 10 people in Scotland will contract it at some point in their lives. As there are usually no symptoms, many people live with HPV for months or even years without knowing they have it.

Scotland has a highly organised and effective school-based immunisation programme. Uptake of vaccine in the catch-up cohorts (the catch-up programme ran from September 2008 to end of 2011 and targeted girls from their 13th birthday until their 18th birthday) was 65% overall, varying between 40% in school leavers and 80% in those still at school. Routine immunisation of girls aged 11-12, has an uptake of 90% or greater. The Immunisation Status of ‘Full’ indicates the course of immunisations has been completed; ‘Incomplete’ indicates that one or more doses of vaccine have been administered but the course has not been fully completed, and ‘Non-Immunised’ means that no vaccine has been given.

Girls immunised as part of catch-up entered the screening programme at age 20 in 2010; those immunised routinely entered the programme in 2015. Following the change in age range in June 2016, no further routinely immunised women will start screening until 2021. Continued attendance for cervical screening after immunisation is important for many reasons. The HPV types covered by the vaccines currently account for between 75 and 90% of cancers in Scotland, depending upon the vaccine given. However, this leaves between 10 and 25% of tumours for which regular screening is still the only prevention.

Women aged 23-28 who have been immunised against HPV are more than twice as likely to participate in the screening programme compared with women who have not been immunised against HPV (68.7% vs 33.3%).

This may be partly due to the education provided as part of the HPV immunisation programme, making women more aware of cervical cancer and its associated risks. Other factors, such as socio-economic deprivation, will also influence both immunisation and screening behaviour.
Table 2: Percentage uptake for Cervical Screening by HPV Immunisation Status\(^1\): Scotland, 1 April 2019 to 31 March 2020

<table>
<thead>
<tr>
<th>HPV Vaccination Status</th>
<th>Age 23</th>
<th>Age 24</th>
<th>Age 25</th>
<th>Age 26</th>
<th>Age 27</th>
<th>Age 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunised (Full)</td>
<td>59.2</td>
<td>61.0</td>
<td>65.9</td>
<td>71.5</td>
<td>74.2</td>
<td>75.7</td>
</tr>
<tr>
<td>Immunised (Incomplete)</td>
<td>49.6</td>
<td>45.6</td>
<td>54.5</td>
<td>67.3</td>
<td>68.1</td>
<td>71.7</td>
</tr>
<tr>
<td>Non-Immunised</td>
<td>30.3</td>
<td>21.4</td>
<td>18.8</td>
<td>33.4</td>
<td>38.7</td>
<td>45.0</td>
</tr>
</tbody>
</table>

Figure 5: Percentage uptake of females aged 23-28\(^2\) by HPV Immunisation Status\(^1\), Scotland: 2019/20

1. The Immunisation Status of Full is where the individual has been Fully Immunised, i.e. had all HPV doses. Incomplete is where the individual has had at least one of the Immunisations but not all of them.
2. Based on SCCRS population denominator (excluding medically ineligible women) ages 23-28.
3. Numbers vaccinated in some NHS boards have very small numbers of incomplete vaccinations; this will affect the uptake percentage.
4. The ages reported will expand once more time has passed to allow females who have been immunised for HPV to be eligible for screening.
Workload statistics

Trends in cervical screening processing

In 2019/20, there were 318,727 cervical screening tests processed within the programme, this is the lowest number of tests processed over the last 10 years (Figure 6). This is primarily due to the effect of the age range and frequency change which was implemented in June 2016. The lower age range increased from 20 to 25 years of age therefore no new 20 – 24 year-olds have been invited since the change. Also previous to the change, the 50-64 year-olds screened during 2016/17 would have been recalled in three years’ time; during 2019/20. However, these participants will now be recalled every 5 years i.e. 2021/22 so there was an anticipated reduction in the number of tests processed during 2019/20.

The number of tests processed in the last 10 years has varied between 318,727 and 417,300.

Figure 6: Number of cervical screening tests processed\(^1\) at NHS laboratories, Scotland: 2010/11 to 2019/20

1. Data include unsatisfactory screening tests.
The highest number of screening tests processed in 2019/20 was in Q1 when 101,296 tests were processed.

Figure 7: Trends in the number of cervical screening tests processed\(^1\) by quarter, Scotland: quarterly from 1 April 2015 to 31 March 2020

1. Data include unsatisfactory screening tests.
Laboratory turnaround times

It was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround times for 95% of all screening tests processed in Scotland provides a more informative reflection of the time taken to turnaround samples than the mean figure. This change in reporting has been implemented from the 2013 publication. Previously published mean turnaround figures are available [here](#).

In 2019/20 the laboratory turnaround time for 95% of all cervical screening tests processed in Scotland ranged from 16 days in Q4 to 37 days in Q1 (Figure 8). The figures for 2019/20 show an increase in turnaround times in quarter one but a drop of in the remaining three quarters when compared to 2018/19.

The laboratory turnaround time of 37 days in Q1 for 2019/20, for processing 95% of cervical screening tests is the joint highest along with Q4 2018/19 in the previous five years. This is likely due to the increased number of screening tests submitted for analysis in 2018/19 Q4 and 2019/20 Q1 while many laboratories are experiencing recruitment and retention difficulties due to the forthcoming change to the primary screening test.

**Figure 8: Turnaround times\(^1\) (days) for 95% of all cervical screening tests processed by quarter: Scotland, 1 April 2015 to 31 March 2020**

\(^1\) The turnaround time is defined as the number of days from the date the sample was received by the laboratory to the date the report was issued by the laboratory.
Cervical screening results

In 2012/13 changes were made to screening test result categories in accordance with those agreed by the British Association for Cytopathology. These have been incorporated in all tables and charts. Please see glossary for more information.

The percentage of screening test results indicating high grade cell changes, which require a further examination, has remained low at around 0.9-1.4% over the last ten years, a low of 0.9% in 2019/20 (Table 3).

Table 3: Total number of satisfactory screening tests and percentage results, Scotland: 2010/11 to 2019/20

<table>
<thead>
<tr>
<th>Year</th>
<th>Total satisfactory screening tests</th>
<th>Negative</th>
<th>Low grade cell changes¹</th>
<th>High grade cell changes¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>379,355</td>
<td>90.8</td>
<td>7.9</td>
<td>1.3</td>
</tr>
<tr>
<td>2011/12</td>
<td>398,858</td>
<td>90.9</td>
<td>7.8</td>
<td>1.3</td>
</tr>
<tr>
<td>2012/13</td>
<td>394,995</td>
<td>90.3</td>
<td>8.3</td>
<td>1.4</td>
</tr>
<tr>
<td>2013/14</td>
<td>374,047</td>
<td>90.6</td>
<td>8.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2014/15</td>
<td>387,008</td>
<td>91.0</td>
<td>7.7</td>
<td>1.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>389,004</td>
<td>90.8</td>
<td>7.9</td>
<td>1.3</td>
</tr>
<tr>
<td>2016/17</td>
<td>405,705</td>
<td>91.5</td>
<td>7.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2017/18</td>
<td>367,821</td>
<td>91.8</td>
<td>7.2</td>
<td>1.0</td>
</tr>
<tr>
<td>2018/19</td>
<td>397,101</td>
<td>91.9</td>
<td>7.1</td>
<td>0.9</td>
</tr>
<tr>
<td>2019/20</td>
<td>310,797</td>
<td>91.7</td>
<td>7.3</td>
<td>0.9</td>
</tr>
</tbody>
</table>

1. Please refer to the glossary on page 18 to see how low and high grade cell change are categorised.
Unsatisfactory screening results

In 2019/20 the percentage of unsatisfactory screening tests, where insufficient cells have been taken for testing, decreased by 0.1 percentage points to 2.5% when compared to 2018/19.

The percentage of unsatisfactory screening tests has varied over the past 10 years (ranging from 2.4% to 2.8%).

Figure 10: Percentage of unsatisfactory screening results, Scotland: 2010/11 to 2019/20
Invasive cervical cancer incidence

Over the last 35 years, European age-standardised rates have fallen from 18.6 diagnoses of cervical cancer per 100,000 persons in 1981, to 12.6 in 2018 (Figure 9). This may be partly due to the continued efforts of the cervical screening programme.

There is, as yet, no clear indication of a change in invasive cervical cancer incidence among women aged 20-24 as a result of HPV vaccination [http://www.isdscotland.org/Health-Topics/Cancer/Cervical-Screening/].

Figure 9: Cervical Cancer Incidence (European Age Standardised Rates) Females of All Ages, Scotland: 1981-2018

1 European Age-Sex Standardised Rate (EASR), calculated using 2013 European Standard Population and using 5 year age groups 0-4, 5-9 up to an upper age group of 90+.

Detailed cervical cancer incidence and mortality data, lifetime risk, prevalence and survival statistics can be found on the cervical cancer statistics page of the Cancer website. Information on the most recent cancer incidence publication can be found here.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology</td>
<td>The study of cells. A description of the appearance, structure and function of cells taken from the cervix.</td>
</tr>
<tr>
<td>Dyskaryosis</td>
<td>Abnormal changes in cells. Their significance ranges from being of no consequence to suggesting a high risk of future cancer.</td>
</tr>
<tr>
<td>Low grade cell changes</td>
<td>Abnormal cell changes that are likely to resolve spontaneously but a minority progresses to more severe changes.</td>
</tr>
<tr>
<td>High grade cell changes</td>
<td>Abnormal cell changes that have a high risk of developing into cervical cancer.</td>
</tr>
<tr>
<td>Cervical screening test</td>
<td>A test which detects changes in the cells of the cervix (the neck of the womb) and helps to suggest what risk a woman has of developing cervical cancer.</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>A particular type of cancer that occurs in about 1 in 7 cases of cervical cancer.</td>
</tr>
<tr>
<td>Liquid Based Cytology (LBC)</td>
<td>A method of storing and transporting a cervical smear sample to the laboratory. It provides more accurate results than the earlier Papanicolaou (Pap smear) method.</td>
</tr>
<tr>
<td>Satisfactory/adequate screening test</td>
<td>A test that is of sufficient quality to enable results to be obtained.</td>
</tr>
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</table>

Cervical screening terms relating to the data within this publication can be found within our [Glossary](#) document on the [Cervical Screening](#) homepage.
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<td>Cervical uptake by deprivation</td>
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<td>Cervical uptake by HPV Vaccination Status</td>
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<td>Annual Workload</td>
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<td>Historical data:</td>
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<td>Percentage of unsatisfactory screening tests</td>
<td>Excel 33 Kb</td>
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<td>Screening test results by quarter (numbers)</td>
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<td>Screening test results by quarter (percentages)</td>
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<td>Crosstabulation by quarter</td>
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Further Information

Further information and data for this publication are available from the cervical screening section on our website.

The next release of this publication will be 7 September 2021.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

Rate this publication

Let us know what you think about this publication via the link at the bottom of this publication page on the PHS website.
Appendices

Appendix 1 – Background information

The use of cervical screening to detect changes in cells, which could develop to become malignant, has been shown to reduce cervical cancer incidence and mortality. The test involves analysing cells which have been taken from the neck area of the womb, also known as the cervix. Routine checks ensure that any changes in cells can be picked up, monitored and treated if necessary.

From Monday 6th June 2016, the age range for cervical screening changed from ages 20–60 years, to ages 25–64 years plus 364 days. The frequency of cervical screening continued to be every three years from age 25 to age 49, but changed to be every five years for women from age 50 to 64 plus 364 days of age. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) are now invited up to age 70 years plus 364 days of age (a change from previous arrangements up to age 68). Women under the age of 25 who had already been invited for a test as part of the screening programme continue to be invited for screening, regardless of whether her recall date was before or after she had reached 25 years and regardless of whether she had attended for screening or not.

Until May 2007, Cervical Cytology Statistics were collected quarterly from laboratories on form ISD(D)1Q and annually from health boards on form ISD(D)4, with data being compiled by ISD Scotland. More information can be found on our data sources page.

In May 2007, following a review of local call recall arrangements in Scotland, a new national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across NHS Scotland. Cervical screening data are currently collected by each of the laboratories in Scotland and retained on the Scottish Cervical Call Recall System (SCCRS). SCCRS collects information relating to each step as a woman moves through her screening episode. More information on SCCRS can be found on the National Services Division website at www.nsd.scot.nhs.uk.

For publication and management turnaround, ISD extracts data from SCCRS on cervical screening tests carried out in Scotland on a quarterly basis, for periods ending 31st March, 30th June, 30th September and 31st December. In addition to this, ISD also extract information on cervical screening uptake figures on an annual basis, for years ending 31st March. Until 31st March 2008, uptake rates for those women invited to attend cervical screening in the previous 3.5 years had declined year on year across Scotland. The majority of the decrease, almost 7%, occurred between 31st March 2007 and 31st March 2008. This decline coincided with the implementation of a new standardised recording system, which has improved the quality of the data collected and could explain some of the decrease.

For the 2013 publication onwards, it was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround
times for 95% of all screening tests processed in Scotland provide a more informative reflection of the time taken to turnaround samples than the mean figure (as published prior to 2013).

All analytical support of the Scottish Cervical Screening Programme is provided by ISD Scotland.
Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<td>Scottish Cervical Screening Programme Statistics 2019/20</td>
</tr>
<tr>
<td>Description</td>
<td>Annual and quarterly cervical screening statistics including uptake by age group, deprivation and HPV immunisation status, average reporting and laboratory turnaround times, number of cervical screening tests processed and results of tests, all reported by NHS Board/laboratory.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Conditions and Diseases</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Scottish Cervical Call Recall System (SCCRS) from 2007/08. Any data previous to May 2007 were collected from laboratories using ISD(D) forms 4 and 1Q.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>August 2020</td>
</tr>
<tr>
<td>Release date</td>
<td>September 2020</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data up to 31st March 2020. No delays between receipt and processing of data for publication.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Annual uptake figures (of females who had a record of a previous screening test taken within last 3.5 or 5.5 years) by NHS Board are reported for 2016/17, 2017/18, 2018/19 and 2019/20 only. Due to changes in the age and frequency and how the NHS Board has been allocated, uptake statistics are only presented for the latest two years. Further comparable trend data will be available in future publications. Annual workload data showing the number of cervical screening tests processed by NHS Board/laboratory are reported from 2008/09. Annual workload data showing the results and % results of cervical screening tests by NHS Board are reported for 2008/09. Annual workload data showing the results and % results of cervical screening tests processed in Scotland are reported from 2008/09.</td>
</tr>
</tbody>
</table>
Annual workload data showing the % of unsatisfactory screening tests by NHS Board/laboratory are reported from 2008/09.

Quarterly workload data on the number of cervical screening tests processed by NHS Board/laboratory are reported from 2006/07.

Turnaround times for completion of 95% of screening tests by quarter and laboratory are reported from 2009/10.

Number of cervical screening tests processed and turnaround times for completion of 95% of screening tests by quarter are reported on from 2009/10.

Historical quarterly data on the number of cervical screening tests processed and the corresponding results are reported on from 1999.

### Revisions statement
A national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across Scotland in May 2007 to standardise the recording of cervical screening information. The SCCRSC system has improved the quality of the data collected. Data included in this publication prior to May 2007 is compiled from legacy applications.

### Revisions relevant to this publication
There are no revisions to this publication.

### Concepts and definitions
Please see Cervical Screening FAQ and Glossary document found at the bottom of the Cervical Screening homepage.

### Relevance and key uses of the statistics
ISD’s Scottish Cervical Screening Programme statistics are designed for monitoring and evaluating the effectiveness of the Scottish Cervical Screening Programme. The statistics are used for a variety of purposes, including:

- informing Scottish Government planning, including NHS spending and the development of the Scottish cancer care action plan;
- informing NHS Boards’ planning and commissioning of cancer services;
- health services research and clinical audit;
- promoting changes in societal behaviour, such as increasing screening uptake rates; and
- providing information to compare with UK and international health data.
| **Accuracy** | All cervical screening data are subject to validation when entered onto SCCRS.

Further checks on figures are carried out by individual laboratories on a quarterly basis. Any inaccuracies are then reported back for investigation and correction, if necessary. |
| **Completeness** | At time of extraction, data for the most recent year are estimated to be complete. See above note on Revisions. |
| **Comparability** | Currently, cervical screening statistics are not generally compared with other areas of the UK. The eligible age range for invitation to cervical screening varies within the UK. |
| **Accessibility** | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |
| **Coherence and clarity** | All cervical screening tables are accessible via the Cervical Screening homepage. Cervical screening data are presented within Excel spreadsheets for each table. |
| **Value type and unit of measurement** | Number of cervical screening tests, results of tests and average turnaround times are reported as a count; uptake and % results are reported as a percentage. |
| **Disclosure** | The ISD protocol on Statistical Disclosure Protocol is followed. |
| **Official Statistics designation** | National Statistics |
| **UK Statistics Authority Assessment** | Assessment by UK Statistics Authority for National Statistics designation completed. |
| **Last published** | 3 September 2019 |
| **Next published** | 7 September 2021 |
| **Date of first publication** | 3.5 & 5.5 year uptake information by NHS Board of Residence is available from 1st January 1995. Annual workload information, for the number of cervical screening tests processed, is available from 1st January 1995. |
| **Help email** | nss.cancerstats@nhs.net |
| **Date form completed** | 19 August 2020 |
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Early Access for Management Information
These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:
Scottish Cervical Screening Programme National Coordinator and Programme Manager – National Service Division
Appendix 4 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.