



England

The current cervical screening programme and where we are now

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UKNSC webinar

30 September 2026

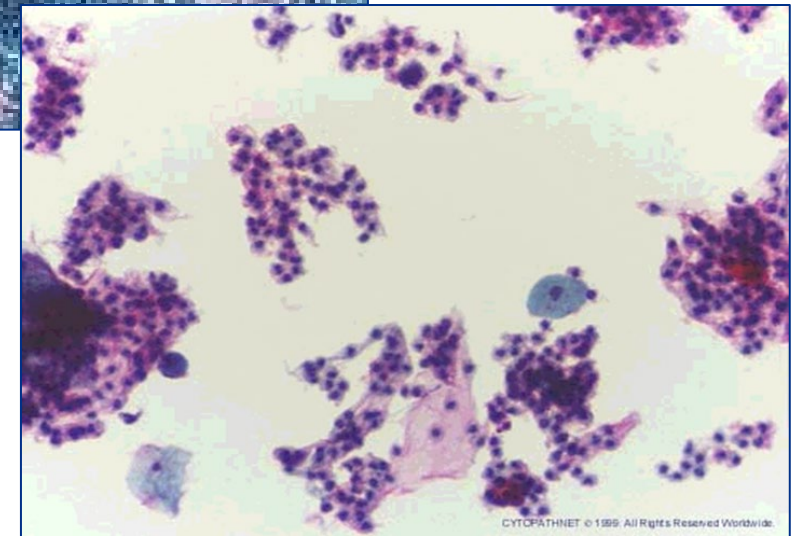
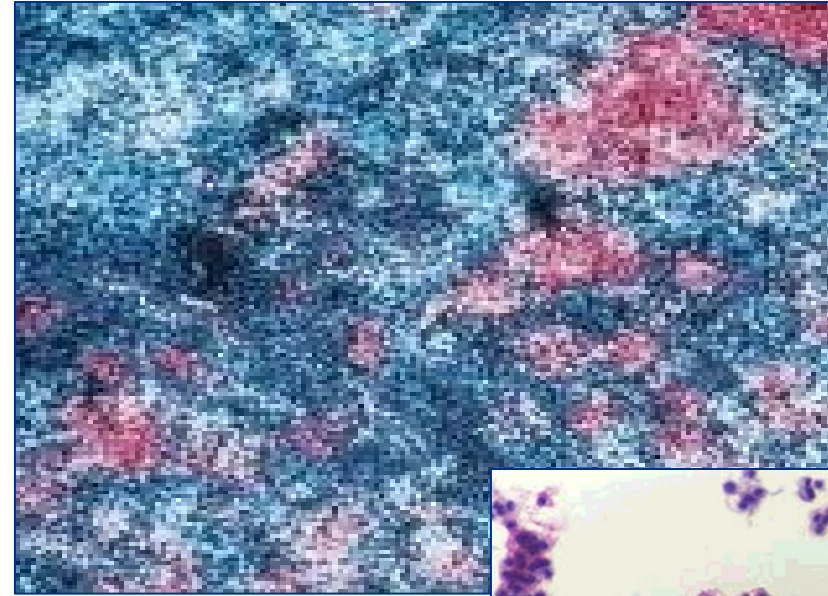
Cervical screening....how has it developed?



Screening is a balance of potential benefits and potential harms

In England, the cervical screening programme covers 16 million working age people – we have to get it right!

1988.... The “smear” test

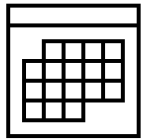


Almost 5,000 cervical cancer cases a year

2004... no more “smears”



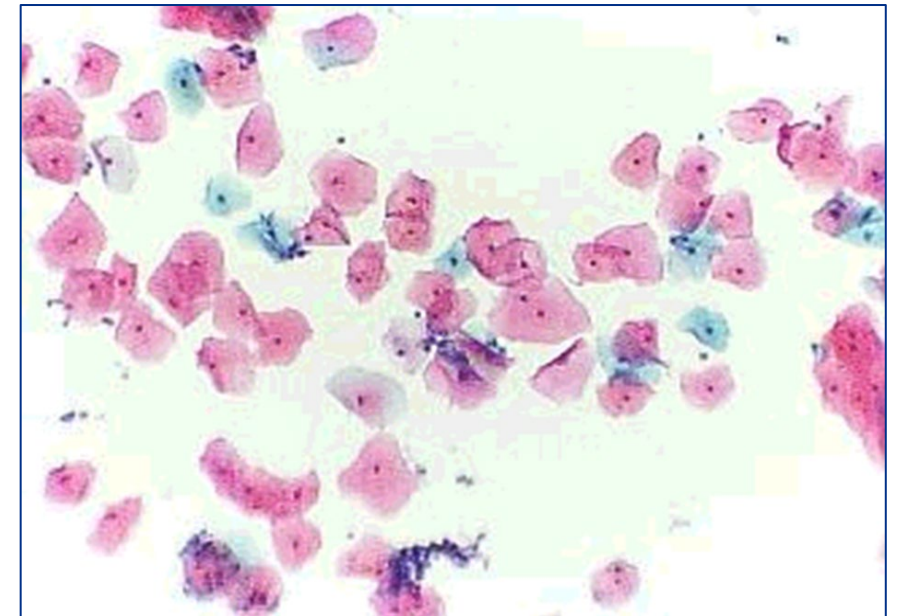
Significant laboratory
reconfiguration and reduction



25 - 49: 3 yearly
50 - 64: 5 yearly



Standardisation of invitation
and result letters and leaflets
in England



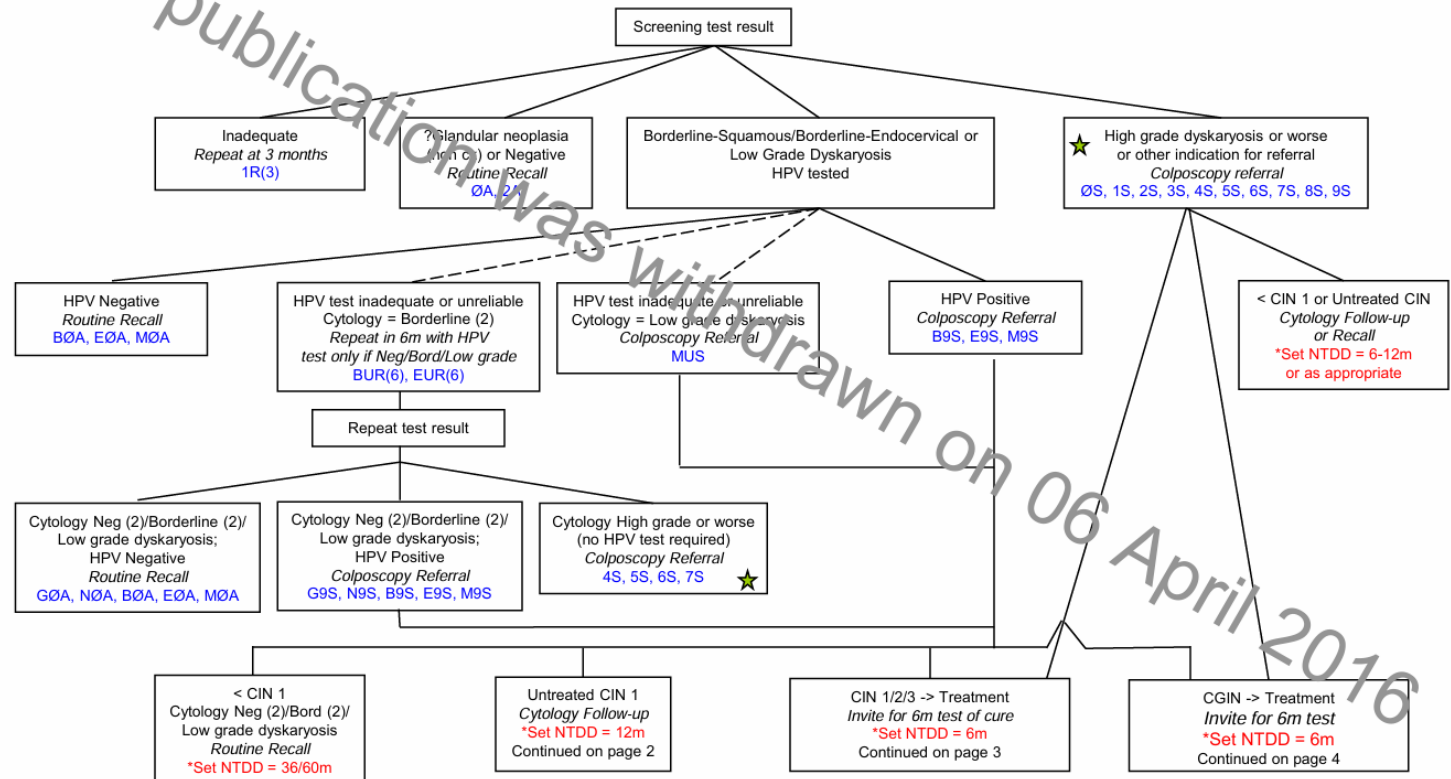
2014...HPV testing as triage and test of cure



Public Health
England

Cancer Screening Programmes

NHS Cervical Screening Programme Screening Protocol Algorithm for HPV Triage and TOC

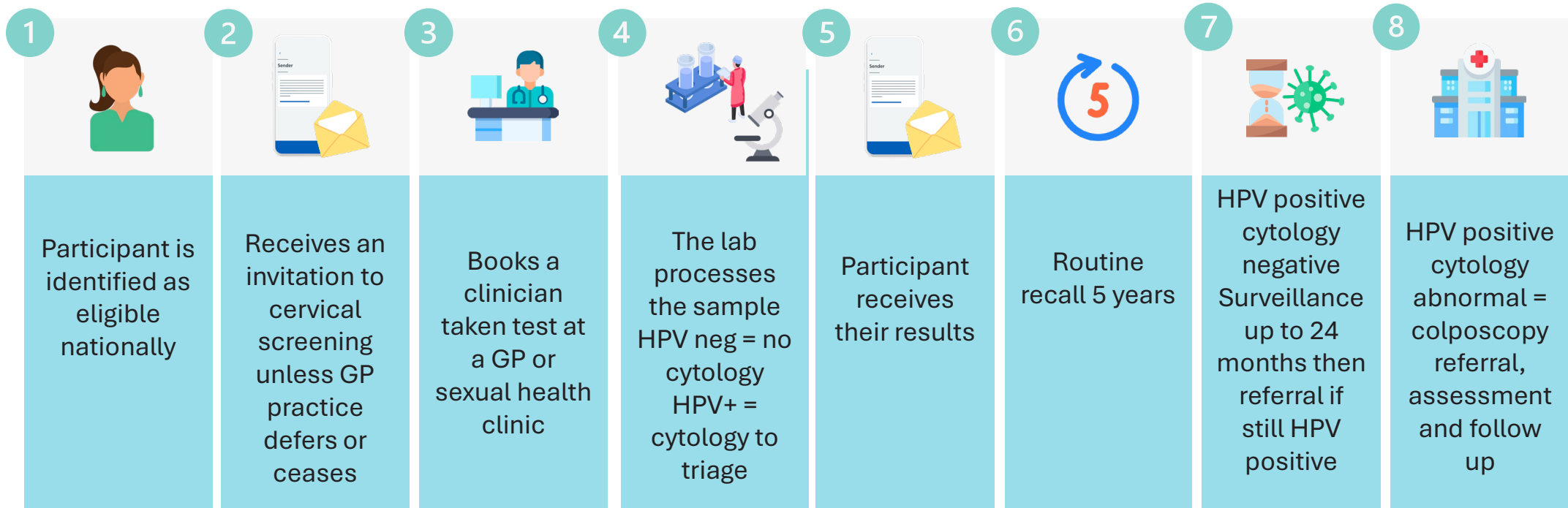


2019...HPV primary screening



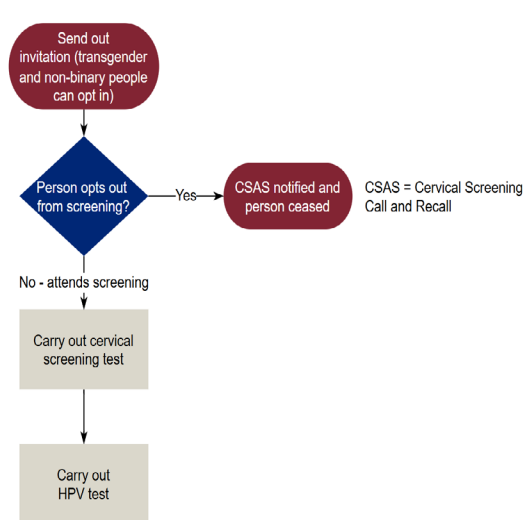
Even more laboratory reconfiguration and reduction – 60 labs down to 8 in England

Cervical screening programme pathway



Receives a programme reminder after 3 months
GP reminder at 6 months

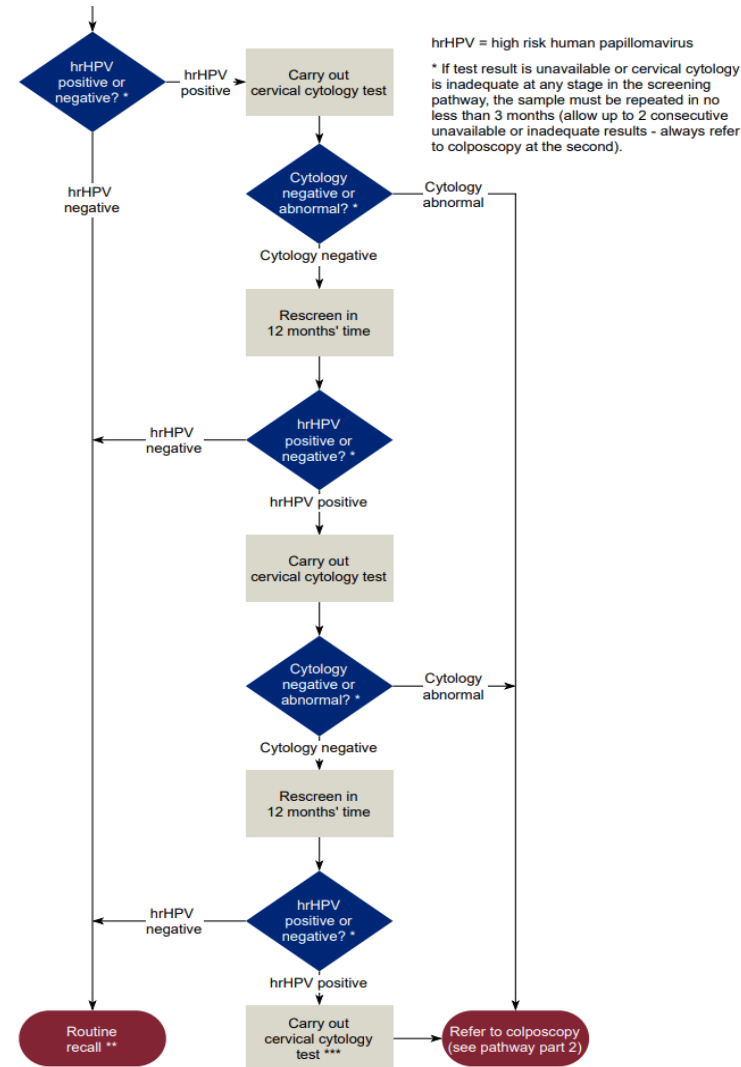
Cervical screening programme pathway in England



Guidance Cervical screening care pathway

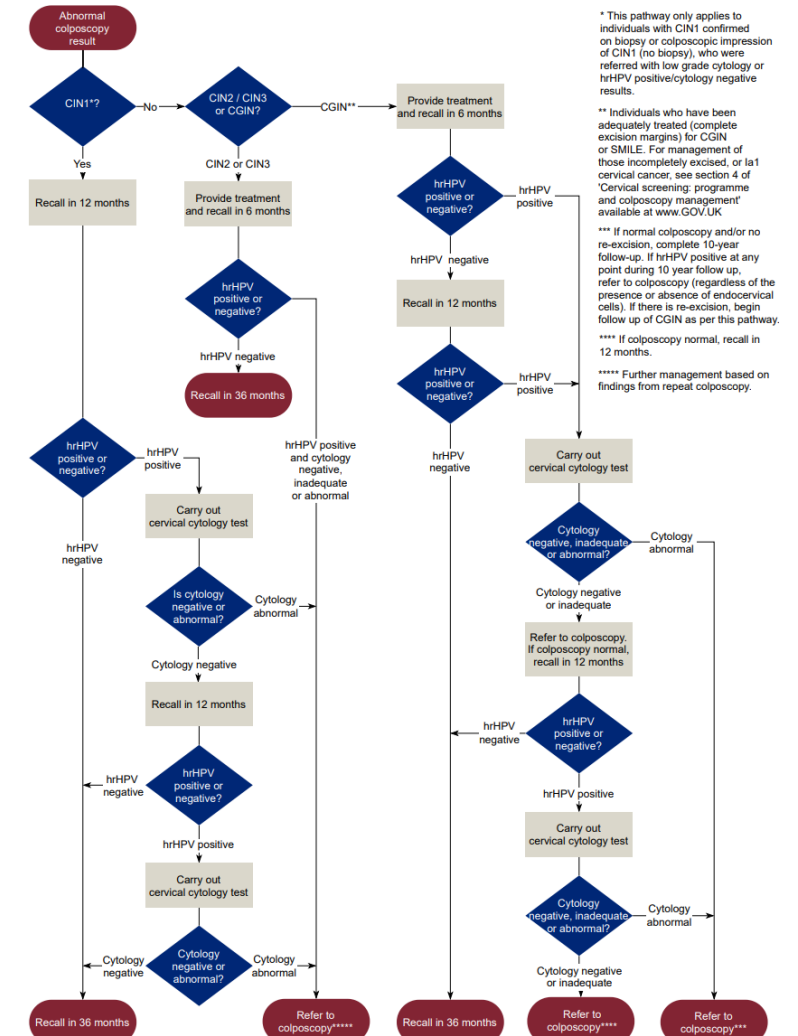
Updated 25 August 2026

Applies to England

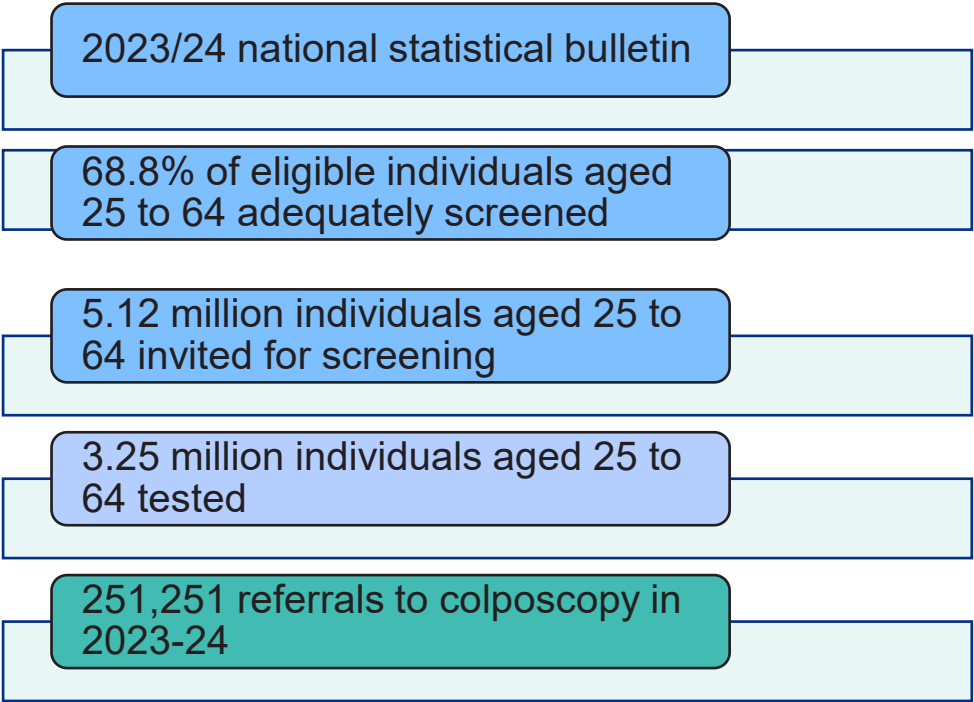
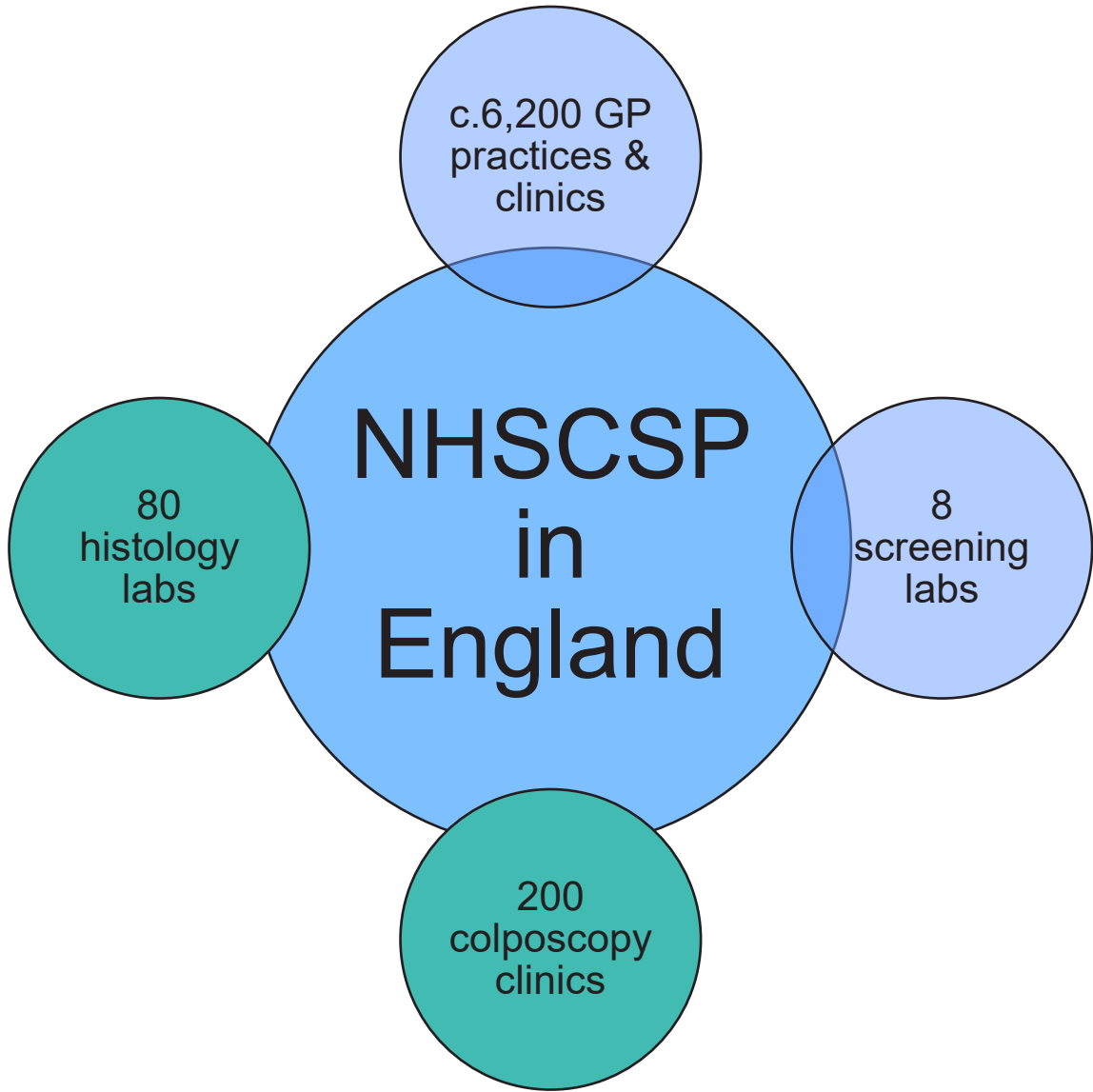


** 5 years all ages, except individuals under 50 whose last test was HPV positive, who are called at 3 years (see Extended Screening Interval Clinical Pathway protocol).

*** Whatever the result of this test, always refer to colposcopy as it is the third consecutive hrHPV positive test result.

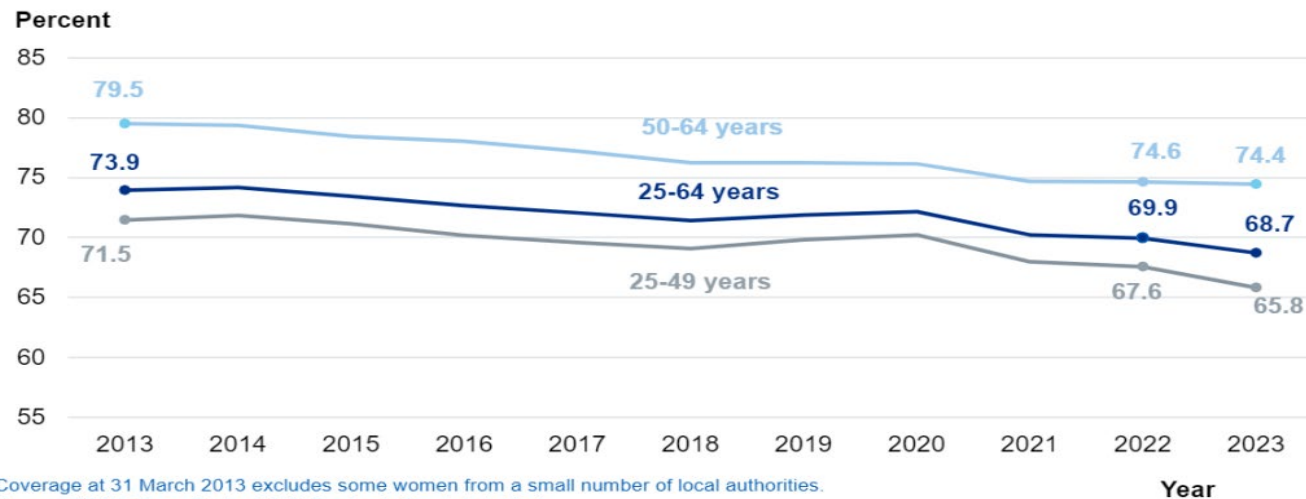


Cervical screening programme pathway in England



Are people attending?

National cervical screening coverage (age-appropriate) by age group, 31 March 2013 to 2023



Coverage at 31 March 2013 excludes some women from a small number of local authorities.
Source: PHOF, Open Exeter, NHS England. See data table 1.

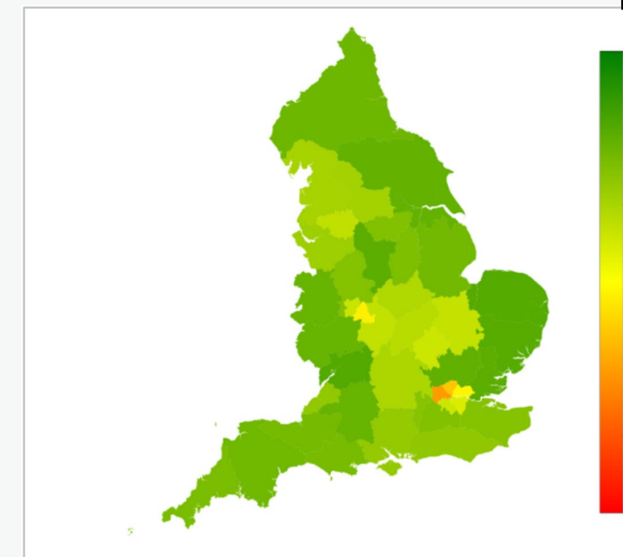
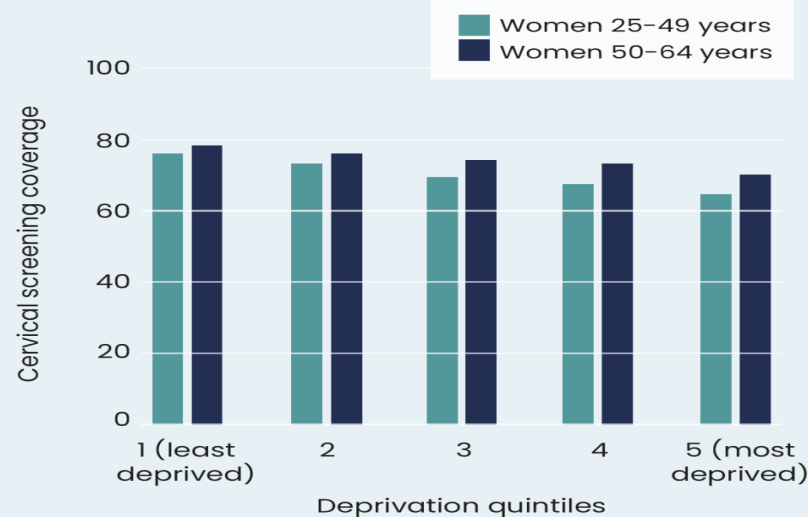


Figure 2 is a map of England showing variation in cervical screening engagement between ICBs, with some achieving more than 75% coverage and others below 65%.



Healthwatch – 2024 report

- Hesitancy
 - Physical discomfort
 - Embarrassment
 - Not sexually active/I don't need to go/I've been told I don't need to go
 - Previous bad experience
- Respect and need to feel in control
- Disabilities
- Cultural and deprivation influences
- Accessibility
 - Difficulty/expected difficulty in accessing GP appointments is off putting
- Don't want to know the answer

"Well, ... one of [the] staff, ... she didn't mean to, but she shouted at me ... because I think she was just stressed ... so she just shouted at me and ... She kept asking me, do you want to do it or not? I was like, "I don't know". I kept saying, "I don't know"."

– Woman with learning disabilities interviewed by Healthwatch Blackpool

"It is 100% societal influence, influence and the culture that we are from that women...don't really talk about it as much and we're shy about it. We feel like there's some guilt about it, like having your period or even pregnancy."

– Young South Asian woman interviewed by Healthwatch Greenwich.

Cervical cancer awareness week



If you remember
this Harry...

and you're excited
for this Harry...

it may be
time for your
cervical screening!



Cervical Screening Awareness Week

We've answered some frequently asked questions about cervical screening. With nearly [1 in 3 not attending their cervical screening test](#) we also want to share where to find information and support if you're worried about cervical screening or your screening results.

[More information about cervical screening](#)



Information and advice

Store

News and stories

Speak to an Ask Eve Nurse

Education and awareness

Research

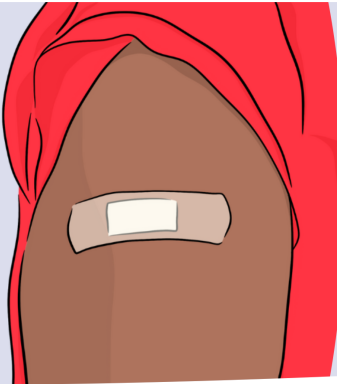
Get involved

About us

Donate

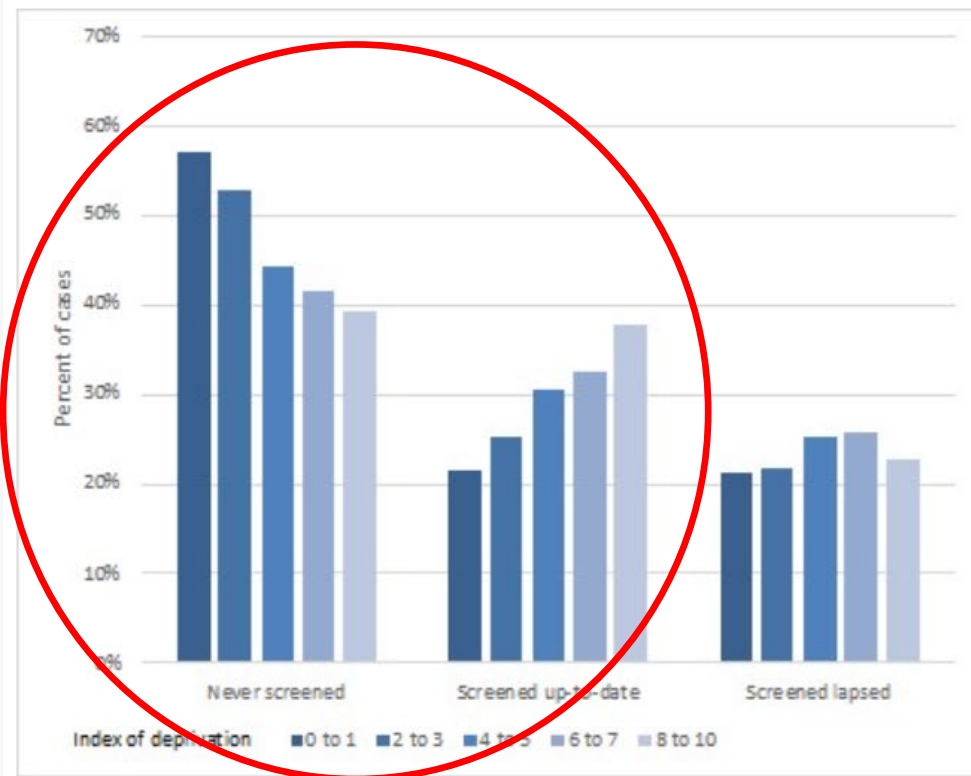
Cervical Cancer Prevention Week

19-25 January 2026



Why do the reductions in attendance matter?

Figure 16. Cervical cancer cases diagnosed between March 2016 and April 2019 aged 25 to 64 years, by deprivation quintile and screening history



Gov.uk: national
cervical cancer audit
report 2016-2019

c.4 million
people not up to
date with
screening in
England

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England

Self-sampling, elimination, and the future direction of the programme

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Eliminating cervical cancer by 2040



To save lives lost to cancer and improve women's health and wellbeing – Cervical cancer leads to approximately 685 deaths a year in England, nearly two women a day. Women are more likely to spend their lives in ill health which can lead to personal financial health costs.



Eliminating cervical cancer is more achievable than ever before – Studies in England show the HPV vaccine stops 90% of cervical cancer cases, while cervical screening saves approximately 5,000 lives a year.



Improve operational performance and address inequalities – HPV vaccination and cervical screening coverage have declined over recent years. Inequalities in vaccination uptake and screening coverage exist among certain communities – cervical cancer incidence rates are 65% higher in the most deprived quintile compared with the least.

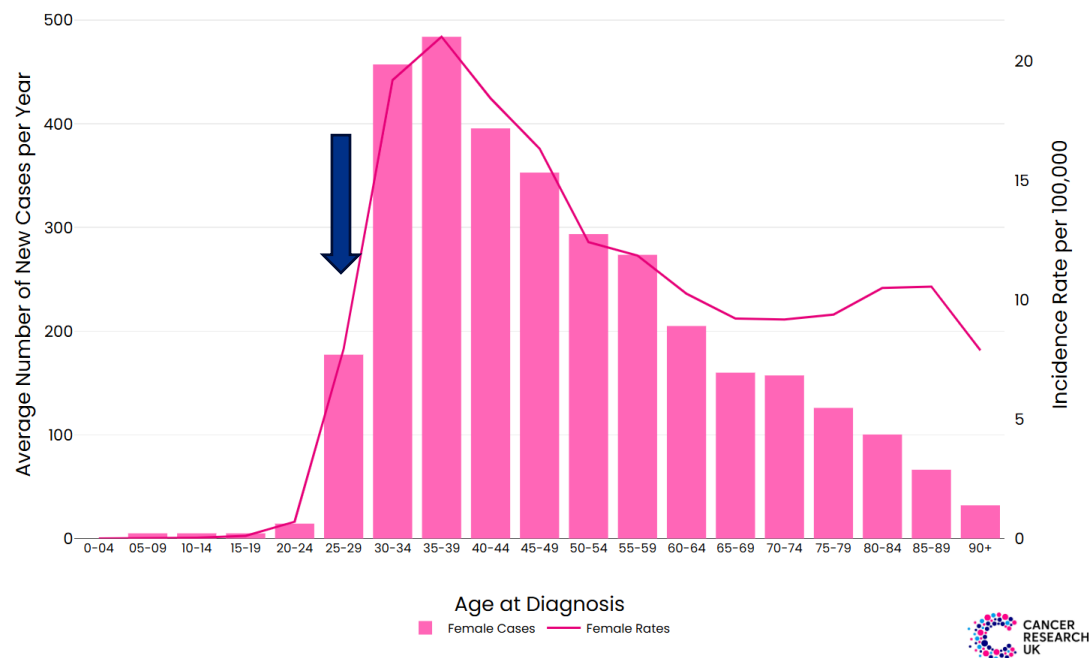


Reduce costs for patients and the NHS – Diagnosis at stage 2 or later can lead to personal costs of more than £1,000 a month and can cost the NHS approximately £19,261 per person.

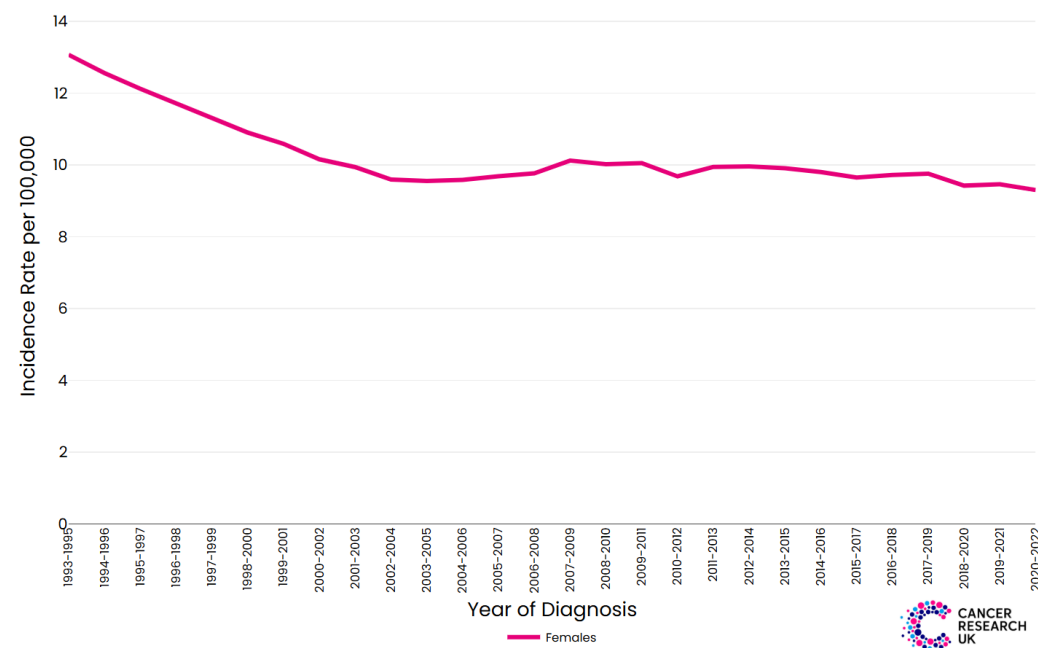
Cervical cancer

- Around 2,700 cases every year now – this is about half what it was before screening started in 1988
- In general, cancer rates increase with age – cervical cancer is a bit different!

Cervical Cancer (C53) Average Number of New Cases per Year and Age-Specific Incidence Rates per 100,000 Women, UK, 2019, 2021-2022

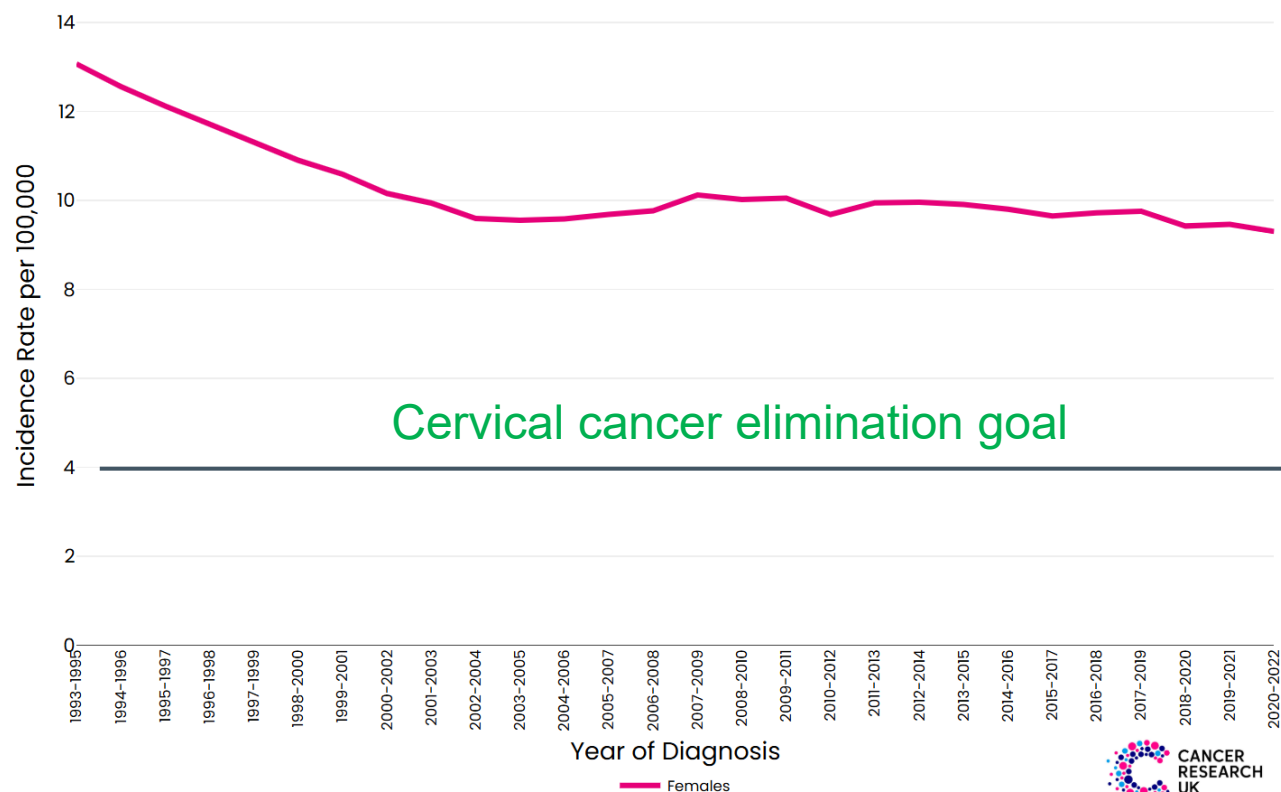


Cervical Cancer (C53), European Age-Standardised Incidence Rates per 100,000 Women, UK, 1993-2022



How close to elimination are we?

Cervical Cancer (C53), European Age-Standardised Incidence Rates per 100,000 Women, UK, 1993-2022



How we will achieve the ambition

Cross cutting theme

Activities

Increasing access



- Offer HPV self-testing as an option for under screened groups (if approved by UKNSC)
- Enable delivery of HPV vaccination catch-up in extended range of settings
- Promote opportunistic catch-up offer at GP clinics

Awareness raising



- Develop a cervical cancer elimination campaign - positive message of effectiveness of HPV vaccination and cervical screening
- Improve understanding and awareness HPV vaccination among boys and men

Reducing inequalities



- Build our understanding of barriers to and perceptions of HPV vaccination and cervical screening to develop inclusive materials
- Identify groups who may be more at risk of developing cervical cancer to inform targeted initiatives and local planning

Improved digital capabilities



- Develop a digital-first approach to cervical screening invitations and reminders – roll out commenced 09/06/25
- Partner with school-aged immunisation providers to implement a new digital product for school-age vaccinations

Strengthened workforce capacity

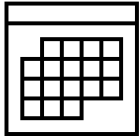


- Support cervical sample taking workforce (primarily nurses and GPs) to continue delivering patient centred offers
- Develop an agile cervical screening workforce that can respond to fluctuations in demand through workforce planning
- Explore opportunities to broaden responsibilities to offer HPV vaccination among healthcare staff

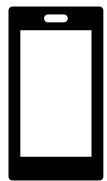
Underpinned by joint-delivery across HPV vaccination and cervical screening

Enabled through NHS Vaccination Strategy commitments

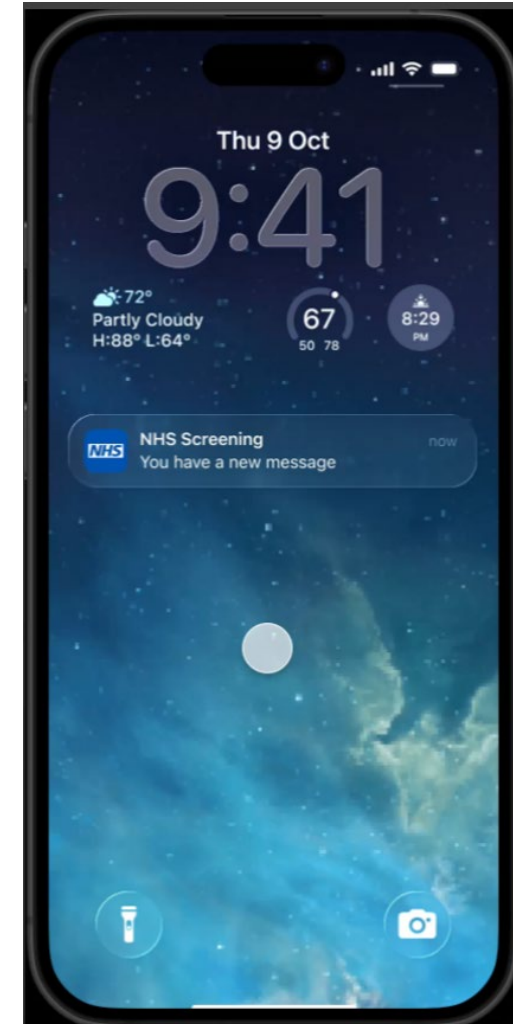
2025...



25 - 49: 5 yearly unless recent
HPV positive result
50 - 64: 5 yearly
Implemented at different times
across the UK



Digital communications in
England



2026... self testing for non-responders

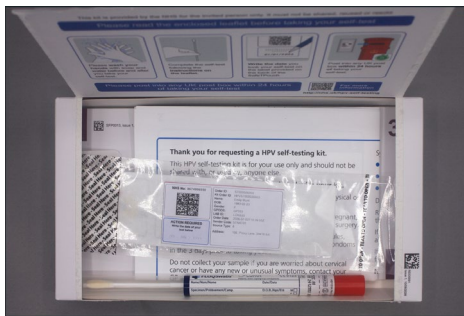
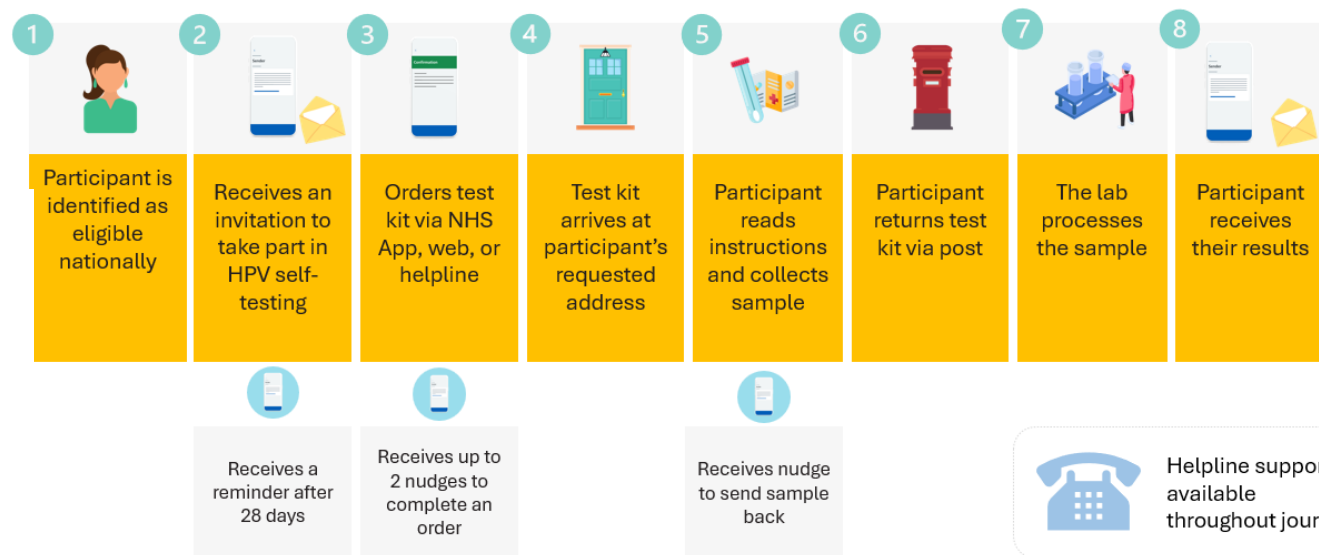
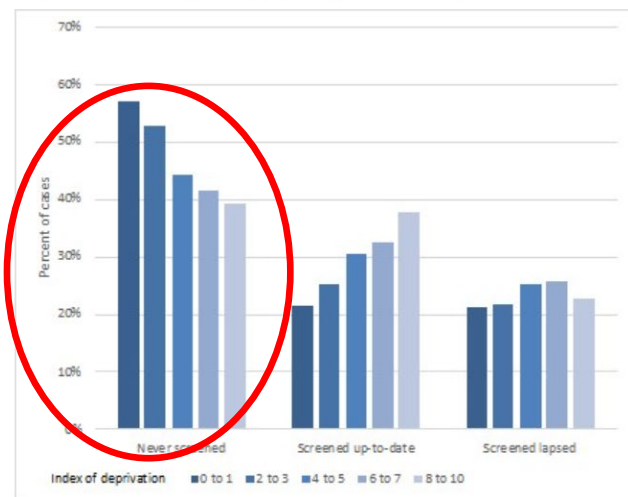


Figure 16. Cervical cancer cases diagnosed between March 2016 and April 2019 aged 25 to 64 years, by deprivation quintile and screening history



Different approaches across the UK so will be lots of learning

Communication will be key with self testing

- Informed choice
- Messages that try and reduce the risk of people actively choosing to become non-responders to access self testing
- **Clinician taken test follows HPV positive self test so may still be barriers for some**
- HPV self testing isn't the same as a cervical screen – they are different tests
 - Need to give confidence
 - Accuracy is important
 - Information needs to be accessible
 - Helpline/support for those that need it
- Opportunities to build on self testing offer to make it more accessible
 - Options for people who can't take the test themselves; increased reasonable adjustments
 - Opportunistic offers

Other potential developments



First/last invitation-specific content, digital appointment booking and links to HPV vaccination content to increase awareness



Evaluation of HPV self testing in non-responders and development of the offer



Inequalities toolkits and initiatives to encourage attendance at local level



Community champions in some parts of the UK



Reasonable adjustment digital flag – tailored information and support

Summary

- Women and people with a cervix who don't engage in cervical screening are more likely to be diagnosed with cervical cancer than those that do
- Achieving the elimination of cervical cancer means engaging with those that don't attend and weren't of an age to be vaccinated whilst keeping vaccination rates high
- Moving to more risk based screening alongside increased access opportunities and reasonable adjustments gives people more options and will help reduce inequalities



Thank You



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