This information is designed for healthcare professionals

Changes to the Northern Ireland Cervical Screening Programme

Information for primary care and sample takers

This booklet is designed for all those involved in taking cervical screening samples, as well as those who work in settings where patients attend for screening. The most common setting for cervical screening is within primary care. The booklet explains important changes that have occurred to the Cervical Screening Programme in Northern Ireland.

It also outlines who is eligible for cervical screening, considers who may need additional support to access screening, and includes some suggestions for how healthcare professionals can improve informed participation.

Purpose of cervical screening

The Northern Ireland Cervical Screening Programme is a population-based screening programme that seeks to prevent cervical cancer in women **who do not have any symptoms of the disease**. It does this by identifying and treating women with cervical abnormalities that could develop into cancer in the future if left untreated.

Each year, around 80 women in Northern Ireland are diagnosed with cervical cancer and 20 to 25 die from it.[1] Early detection and treatment can prevent around 8 out of 10 deaths from cervical cancer.[2]

The link between cervical cancer and HPV

Nearly all cervical cancers are caused by persistent infection with human papillomavirus (HPV). HPV is a very common virus – about 8 out of 10 people catch it at some time in their lives. The virus usually causes no symptoms and is mainly spread by skin-to-skin contact during sexual activity. The majority of HPV infections are cleared by the immune system.

There are hundreds of types of HPV but only some of these (referred to as high-risk HPV) have been identified as associated with the development of cancer. HPV16 and HPV18 are two high-risk types commonly associated with cervical cancers in Europe. At least 11 other high-risk types are known.[3] Cervical cancer is only linked to persistent infection with these high-risk types of HPV.

The HPV immunisation programme is designed to reduce the incidence of cervical cancer by providing protection against high-risk types of HPV. However, note that not all of the high-risk types of HPV are targeted by the available vaccine. Vaccinated women are still encouraged to participate in the screening programme.

Cervical Screening

Primary HPV screening

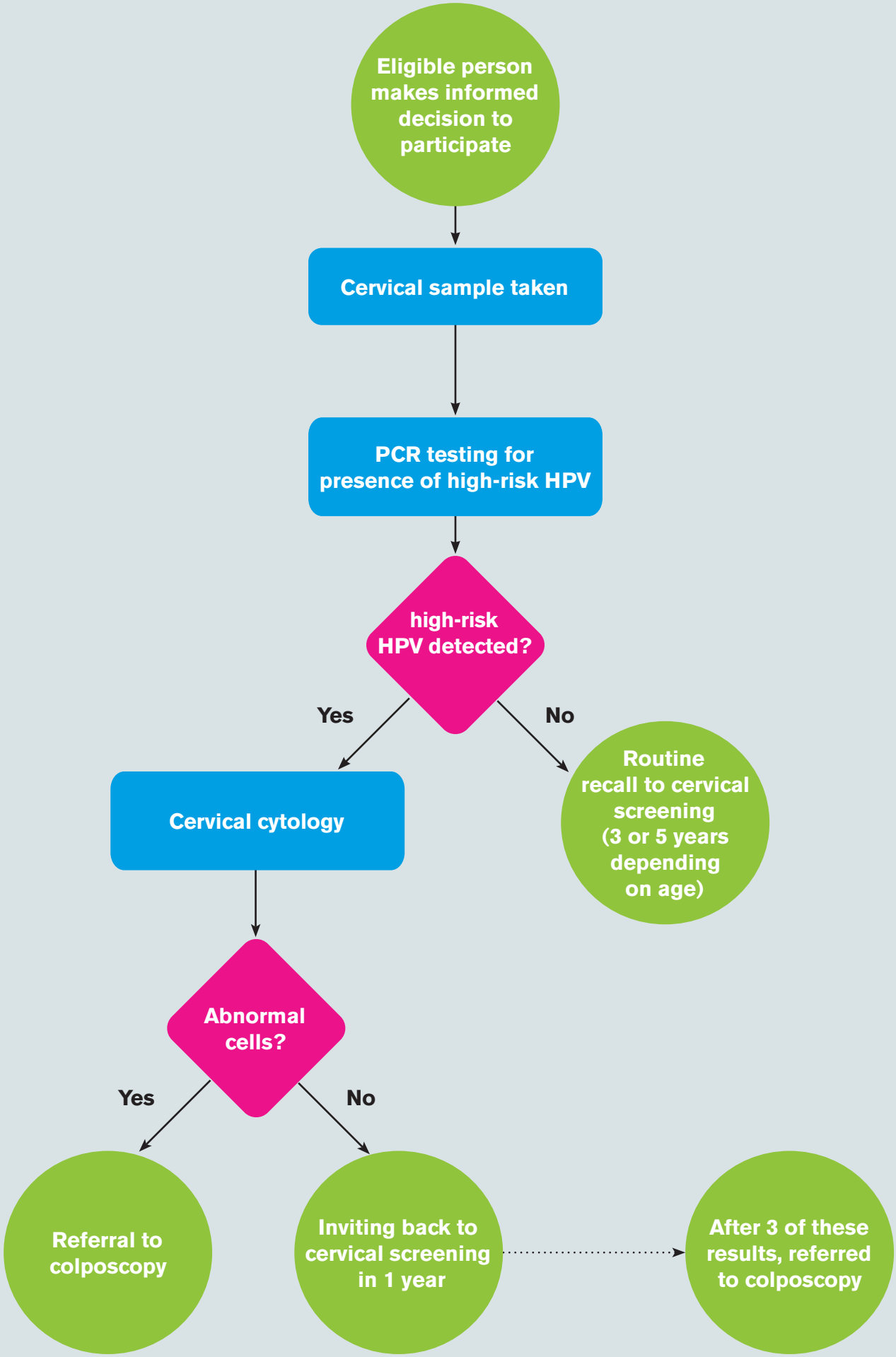
Primary HPV screening has now been introduced as part of the Cervical Screening Programme in Northern Ireland. Primary HPV screening involves the laboratory testing all cervical samples received as part of the screening programme for the presence of high-risk HPV (by PCR). If a sample tests positive for high-risk HPV, then traditional cytological examination (slide microscopy) is the next step to determine which samples contain the presence of abnormal cells. Patients who test positive for high-risk HPV and for whom abnormal cells are detected by microscopy are directly referred to the Colposcopy Service to enable further clinical assessment.

Now that the screening programme is using the primary HPV screening approach, high-risk HPV testing and cytology are conducted in series. **That is, cytology is only performed if the sample has initially tested positive for high-risk HPV**. Other approaches may be used in the laboratory for cervical samples that are not sent as part of the screening programme (ie where a sample is sent for a clinical indication).

Primary HPV screening is a more sensitive first step test for use in cervical screening than traditional screening by primary cytology. However, it is less specific – hence the requirement for cytology as a second step for those samples that are positive for high-risk HPV.

The figure overleaf outlines the pathways that are involved in primary HPV screening.

Pathways in primary HPV cervical screening



The key changes involved in primary HPV screening are at laboratory level. However, since screening programmes involve multiple connected elements, the move to primary HPV screening has been a significant process, involving coordinated change management across all the elements of the cervical screening programme.

It is important to note that primary HPV screening does not involve any changes to the clinical procedure for taking the cervical sample.

This change fulfils one of the specific actions stated in the 2022-2032 Cancer Strategy for Northern Ireland.[4] This change has also been a recommendation of the UK National Screening Committee. It has already been successfully introduced in the rest of the UK. The implementation of primary HPV screening means that we have now transitioned away from the contingency/co-testing arrangements that were in place from March 2023.

Cervical abnormalities and cervical cancer

Although cervical cancer is rare, cellular abnormalities of the cervix are common. For specimens that undergo cytology, abnormalities are categorised into low grade (mild or borderline) or high grade (moderate or severe) lesions. On rare occasions a possible invasive carcinoma may be identified. All individuals who test positive for high-risk HPV and for whom abnormal cells are identified are directly referred to colposcopy for further assessment.

At colposcopy, cell changes may be confirmed by a biopsy. Cell changes are referred to as cervical intra-epithelial neoplasia (CIN). A scale of 1 to 3 is used to describe the various stages of change.

- CIN 1 – only a third of the cells in the affected area are abnormal. These may be left to see if they return to normal themselves, or they may be treated.
- CIN 2 – up to two thirds of the cells in the affected area are abnormal. Treatment will usually be needed.
- CIN 3 – all the cells in the affected area are abnormal. Treatment will be needed.

Only very rarely will a biopsy show cell changes that have already developed into cancer.

Who should be screened?

In Northern Ireland, screening is aimed at all women and people who have a cervix aged 25–64. They will be routinely invited every three years if aged 25–49, and every five years if aged 50–64. Transgender patients who are aged 25 to 64 and have a cervix are eligible for cervical screening. However, if they are registered with their GP as male, they will not be routinely invited for screening and will need to arrange it directly with their GP practice.

Anyone who is 65 years or older and has never been for cervical screening can ask their GP for a cervical screening test.

Assessing women with abnormal vaginal bleeding

There is no clinical indication for a cervical screening test. Screening tests are not designed as diagnostic tests, and specimens should not be sent as part of the Cervical Screening Programme for women presenting with symptoms suggestive of cervical cancer, such as abnormal vaginal bleeding. The critical intervention is an immediate speculum examination to visualise the cervix. If the cervix looks abnormal and suspicious, a red flag referral to colposcopy is required. Also note the clinical practice guidance on the assessment of young women aged 20–24 with abnormal vaginal bleeding.[5]

Informed decision-making to participate

All women invited for screening should be supported to make an informed decision as to whether or not to participate. This information should be balanced, describing both the benefits and potential harms of screening, including the consequences of an abnormal screening result.

Patient information leaflets on the cervical screening programme (including translations) are available at **https://pha.site/cervical-screening-translations** This information should be made available to all women at the appropriate stage of the screening pathway, to support informed decision-making.

Other questions about eligibility

You may find that patients are unsure about whether they should be screened or not – see below for answers to some common questions which are also addressed in the patient leaflet.

Do I need to take the test if I've had the HPV vaccine?

Yes. The vaccine does not protect against all types of HPV and will not protect against any HPV infections which were picked up before the patient had the vaccine. So although the vaccine offers good protection, it's still important for women to attend for regular cervical screening tests.

Do I need to take the test if I'm in a long-term relationship?

Yes. Regular cervical screening is still important even if they've been with the same person for a long time. People can have HPV for many years without knowing it and they can get it during their first sexual contact.

Do I need to take the test if I have not been sexually active for a long time?

Yes. It's important to have regular cervical screening tests if the patient has ever been sexually active. Many people have HPV for months or years without knowing it.

Do I need to take the test if I've never had sex before?

While sexual history may influence someone's risk, it shouldn't determine whether or not they can have cervical screening. Someone who has never been sexually active has a lower chance of having HPV. However, it's important to remind them that being sexually active includes penetrative sex and other types of sexual contact, such as skin-to-skin contact of the genital area, or using sex toys.

Do I need to take the test if I only have sex with women?

Yes. The types of HPV that can cause changes in the cells of the cervix are passed on by any sexual contact, such as skin-to-skin contact of the genital area, or using sex toys.

Do I need to take the test if I've been through the menopause?

Yes. Post-menopausal women still need to have screening to check that the cervix is healthy. Sometimes the test may be more uncomfortable because of dryness in the vagina after menopause, so let them know that there are ways to make it more comfortable, such as using a smaller speculum or a different position.

Do I need to take the test if I'm a HIV-positive person?

Yes. Women living with HIV are invited for a cervical screening test every year. HIV infection affects the immune system and can mean it's not as able to get rid of the types of HPV that cause most cervical cancers.

Do I need to take the test if I'm a trans man or a non-binary person?

Possibly. This will depend on whether they have a cervix or not. If they are registered with the GP practice as male, they will not automatically be invited for screening and will need to arrange it directly with their GP practice. The PHA has a leaflet on screening for transgender, non-binary and gender fluid people available at **www.publichealth.hscni.net/publications/screening-information-transgender-non-binary-and-gender-fluid-service-users**

Do I need to take the test if I've had a hysterectomy?

Possibly. Someone who has had a hysterectomy may not need a test, depending on the type of surgery they had. If they still have a cervix, they should be invited to have cervical screening.

Do I need to take the test if I'm pregnant?

No. Cervical screening is not recommended during pregnancy. Advise patients to make an appointment for three months after their baby is born instead.

Patients who may need additional support

There are many reasons why a patient might need additional support to access cervical screening. Encourage patients to discuss their needs with the practice in advance.

Physical disability

Reasonable adjustments should be made for anyone with a physical disability. You will need to consider whether the building where screening takes place is accessible to them and whether adjustments need to be made inside, for example to the height of the couch. They may need a longer appointment.

Sensory impairment

Reasonable adjustments should be made for anyone with a sensory impairment. For example, you can arrange a sign language interpreter for someone who is part of the Deaf Community via the Regional Communication Support Service (more information is available here: **https://online.hscni.net/our-work/psds/rcss-programme/**).

You can find advice on supporting patients with a visual impairment on the RNIB website here (please note some resources may be specific to England): **www.rnib.org.uk/professionals/health-social-care-education-professionals/health-social-care-and-medical-professionals/**

Accessible Word documents of the leaflets suitable for people using screenreaders are available on the PHA website.

Learning disabilities

Support should be given for screening participants with learning disabilities who can consent to being screened. The GP can determine that it is not appropriate to offer cervical screening to someone in the following circumstances: if the participant is unable to consent to screening, and the situation is unlikely to ever change, and screening is not in their best interests.

English is not their first language

For patients who do not have English as their first language, you can arrange an interpreter through the BSO Interpreting Service (more information is available here: **https://bso.hscni.net/directorates/operations/regional-interpreting-service/**). Please note that the cervical screening patient information leaflets are also available in different languages, and these can be accessed at **https://pha.site/cervical-screening-translations**

Female genital mutilation (FGM)

Female genital mutilation (FGM) removes some or all of a girl's genitals. It's also known as 'female circumcision' or 'female genital cutting'. FGM is a crime in Northern Ireland. Regulated health care professionals must report any cases of FGM, including on adult women, if they are told by the woman that she has suffered FGM or if they see physical signs of FGM.

FGM can impact cervical screening in a range of ways: emotionally, physically, and culturally. Physically, it can be difficult, even impossible, to pass a speculum. Please take time to prepare, communicate and understand your patient's needs if they have experienced FGM.

Support after sexual violence

The thought of cervical screening can feel traumatic or distressing to a woman who has experienced sexual violence. Offering a double appointment can give them more time to become comfortable with the idea, and for the sample taker to provide reassurance. You could also suggest that they bring someone they trust to the appointment. Further information and advice on supporting patients who have experienced trauma can be found at the following links:

www.safeguardingni.org/aces-and-trauma-informed-practice/what-trauma-informed-practice

https://online.hscni.net/partnerships/regionaltraumanetwork/

Gender dysphoria

People with gender dysphoria may need additional support to access screening. For more information visit:

https://phescreening.blog.gov.uk/2019/04/10/reducing-cervical-screening-inequalities-for-trans-people/

Ideas for improving access and informed participation

Below is a range of suggestions that your practice could use to add value to existing work or may wish to try to optimise participation.

- Raising the issue in conversation.
- Making a proactive telephone call.
- Sending a targeted letter to someone who is overdue an appointment.
- Sending a targeted letter to someone who has never attended an appointment.
- Sending a targeted text message.
- Offering flexible appointments and options such as a 'pop-up' or drop-in clinic.

It's vital to consider engagement approaches even after a booked appointment to maintain high attendance to cervical screening. While cervical screening is a familiar procedure for experienced clinicians, for most people it's not a routine process (particularly if it's their first test, or first test after a period of non-attendance). Ensure best practice by making sure everyone is informed throughout. Everyone should understand the screening programme, know what to expect and have the opportunity to ask questions.

Other sources of information on this aspect of screening:

- Guidance from the UK government website on improving access and uptake: **www.gov.uk/guidance/cervical-screening-ideas-for-improving-access-and-uptake**
- National guidance on informed choice - **www.gov.uk/guidance/principles-of-population-screening/informed-choice**

Information governance

Depending on the screening result, the laboratory may retain samples for at least 10 years. The Northern Ireland Cervical Screening Programme regularly reviews screening records as part of the quality management process, and for training purposes. Patient identifiable information is treated as strictly confidential.

Useful websites specifically for healthcare professionals

- Cancer Screening Team (PHA site for healthcare professionals). This site contains a range of resources designed for those involved in taking cervical screening samples: **www.cancerscreening.hscni.net**

Useful websites to signpost members of the public to (also relevant for professionals)

- PHA Corporate site: **www.publichealth.hscni.net**
- NI Direct – Cervical Screening: **www.nidirect.gov.uk/articles/cervical-screening**
- NI Direct – HPV: **www.nidirect.gov.uk/conditions/human-papillomavirus-hpv**

Selected resources for health professionals from external sources

NHS guidance (endorsed by Northern Ireland)	• Clinical Practice Guidance for the Assessment of Young Women aged 20-24 with Abnormal Vaginal Bleeding (NHS 2010)
NICE guidance is available including NG197 and NG12.	• Shared decision making. NICE guideline [NG197]. Published: 17 June 2021. • Suspected cancer: recognition and referral. NICE guideline [NG12]. Published: 23 June 2015. Last updated: 15 December 2021
Accredited CPD article	• Talking about HPV. A guide for healthcare professionals. Pinnell I, Sanger K (2020) How to discuss the human papillomavirus infection with patients in primary care. Primary Health Care doi: 10.7748/phc.2020.e1666

References

1. Northern Ireland Cancer Registry. Cervical cancer: patients diagnosed 1993-2020. Belfast: NICR, 2023.
2. Landy R, Pesola F, Castañón A et al. Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case-control study. Br J Cancer 115, 1140–1146 (2016).
3. UK Health Security Agency. Immunisation against infectious diseases. Ch18a: Human papillomavirus (HPV). **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1163816/HPV-green-book-chapter-18a-June-2023.pdf**
4. Department of Health. A Cancer Strategy for Northern Ireland 2022-2032. Belfast: DoH, 2022.
5. NHS. Clinical practice guidance for the assessment of young women aged 20-24 with abnormal vaginal bleeding. **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/436924/doh-guidelines-young-women.pdf**

Contact information

- For questions about the cervical screening programme call-recall service, please contact BSO: 028 9536 3792 or email **screening.bso@hscni.net**
- For all other questions relating to the cervical screening programme, please contact the PHA cervical screening team: **Screening.Cervical@hscni.net**

Additional material was adapted from Cervical Screening Wales and Public Health Scotland, licensed under the Open Government Licence v3.0. This booklet was developed with assistance from Jo's Cervical Cancer Trust.

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