Cervical Cancer: Screening

Written Answers

Sarah Wollaston Chair, Health Committee

To ask the Secretary of State for Health, what steps he is taking to address the decline in cervical screening uptake in the 25 to 29 age group.

To ask the Secretary of State for Health, what recent assessment his Department has made of the barriers that prevent women from attending cervical screening.

To ask the Secretary of State for Health, what steps his Department is taking to increase cervical screening rates among (a) women with learning disabilities and (b) women in deprived communities.

Jane Ellison The Parliamentary Under-Secretary of State for Health

There is a range of work going on to understand the reasons for the decline in cervical screening uptake amongst women aged 25 to 29 and to try to address them. They include:

a) Data and information â€“ access to data, cleansing, benchmarking for providers, timely and useful information for commissioners; b) Behavioural insight â€“ communication with commissioners, providers, patients and public; c) Commissioning levers â€“ commissioning contracts in public health (S7a) and primary care; d) Partnership work â€“ relationships with commissioners and providers; and e) Sharing best practice â€“ what works well, evaluation and how to embed quality improvement

Public Health England (PHE) is working with colleagues in NHS England and Health and Social Care Information Centre to implement the Accessible Information Standard which is intended to improve access to services for vulnerable and disadvantaged groups. Through the re-development of cervical Information Technology systems opportunities will arise to review how to help improve uptake.

PHE supports providers to help meet the Accessible Information Standard through the provision of high quality information for people with learning disabilities or sensory loss. A national group of experts and service users has been set up to oversee this work and will be updating the existing easy read leaflets and developing new materials over the next 18 months.

PHE is aware that there are a range of factors which may act as barriers in hindering women from attending cervical screening. It is hoped that through the STRATEGIC (Strategies to Increase Cervical screening uptake at first invitation) interventions will be identified to help minimise barriers and assist women to attend screening whilst increasing uptake across all
quintiles. The STRATEGIC trial was completed in 2015 and researchers are expected to publish findings later this year.

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