ACCESS
International Consensus
Group on Cervical Cancer

TURNING THE TIDE

TACKLING INEQUALITIES AND BARRIERS IN CERVICAL SCREENING

A UK Expert Consensus Statement

March 2025

Contents

Background

Cervical cancer remains a significant public health issue, despite being both preventable and treatable if caught at an early stage. In the United Kingdom (UK), over 3,000 women are diagnosed with cervical cancer every year—around nine new cases every day—and around 850 women die from it annually.[1]

However, these numbers used to be much higher. Cervical screening, offered through an organised NHS programme since 1988, has been a highly successful public health intervention, achieving a 67% reduction in incidence and a 70% reduction in mortality.[2] Between 1988 and 2013, screening is estimated to have prevented approximately 65,000 cervical cancer cases in England alone,[3] and close to 2,000 premature deaths every year,[4] underscoring the critical role of screening in reducing the burden of this disease.[5] While HPV vaccination is starting to play an important role in preventing cervical cancer among young women, for all those who have not been vaccinated, because of their age or otherwise, screening will remain the only evidence-based intervention to prevent cervical cancer.

DECLINING SCREENING RATES

Concerningly, in recent years, screening participation rates in the UK have declined. In the beginning of the 2000's around 80% of all those eligible were screened as recommended but this had dropped to below 70% by 2022.[6] It has been estimated that if all those eligible attended screening, up to 83% of cervical cancer deaths could be prevented, which could reduce the number of cervical cancer deaths in England alone by another ~350 per year.[7] With a decreasing screening attendance, this is not achievable.

ECONOMIC COSTS

Early detection significantly reduces the number of women who require treatment of advanced-stage cancers. Side effects and long-term effects of treatment are reduced, improving the quality of life for women and their, often young, dependents. It also delivers significant economic benefits by enabling women to contribute economically through employment as well as through the unpaid and informal labour market roles that women disproportionately occupy. Recent research by the NHS Confederation showed that investing one pound in obstetrics and gynaecology services delivers an £11 return to the economy in "gross value added".[8] Thus, by investing in both HPV vaccination and regular cervical screening, national health authorities can reduce the burden on the healthcare system, support families, and keep women active in the workforce, ultimately contributing to economic growth.

HEALTH INEQUALITIES

In November 2023, NHS England announced a commitment to eliminate cervical cancer by 2040.[9] This ambition is very welcome but cervical cancer elimination requires high levels of uptake of vaccination and screening followed by treatment.[10] The current declining rates of cervical screening undermine efforts to eliminate cervical cancer and mean that more women, particularly those who have not been vaccinated, will be diagnosed with this preventable disease.

Participation in cervical screening in the UK shows significant variation, with lower rates particularly among women from minority ethnic groups and lower socioeconomic backgrounds.[11] Incidence rates are 65% higher in the most deprived quintile of the population compared to the least, and approximately 520 cervical cancer cases each year are linked to deprivation.[12]

BARRIERS TO SCREENING

There are many reasons for low participation rates. Some women may decide not to attend screening due to cultural or personal beliefs, concerns about the procedure or outcomes, or simply the lack of awareness of the importance of screening. Others may want to attend screening, but face barriers to access such as language, transport issues, chronic health conditions, lack of access to screening facilities, or because of caring or work responsibilities.[13] Addressing these challenges will require tailored approaches that consider the specific needs and constraints that different populations may face.

ACCESS CONSENSUS GROUP

Recognising the urgency, the Advancing Cervical CancEr ScreeningS (ACCESS) International Consensus Group[14] was established in 2023 as a coalition of leading clinicians, researchers, patient and women's advocates to advance women's health by increasing cervical screening participation among under-screened populations.

The ACCESS Consensus Group has developed the White Paper, "Turning The Tide: Recommendations To Increase Cervical Cancer Screening Among Women Who Are Under-Screened,"[15] which includes a series of recommendations to policymakers in high-income countries with established screening programmes. These holistic strategies include national elimination plans, education and awareness initiatives targeted at specific under-screened groups, ways to improve accessibility of screening, and support for healthcare professionals and patient advocacy groups involved in screening provision.

ABOUT THE UK CONSENSUS GROUP

Given this concerning trend in screening uptake in the UK, the ACCESS International Consensus Group convened a multi-disciplinary group of local experts (clinicians, researchers and patient advocates) to make recommendations for improving cervical screening participation across the four nations of the UK, to help meet the target set for the elimination of cervical cancer by 2040.

MEMBERS

- **Athena Lamnisos**, Chief Executive Officer, The Eve Appeal
- **Bridget Gorham**, Public Policy and Human Rights Specialist
- **Theresa Freeman-Wang**, Immediate Past President, British Society for Colposcopy and Cervical Pathology
- **Kate Lancaster**, Chief Executive Officer, Royal College of Obstetricians & Gynaecologists
- **Dr Aamena Salar**, General practitioner, GPSI Women's Health, Modality Partnership
- **Dr Matejka Rebolj**, Senior Epidemiologist, Queen Mary University of London

Recommendations to increase participation in cervical screening

In order to achieve the goal of cervical cancer elimination by 2040, it is critical that comprehensive and inclusive strategies are implemented across the UK.

The ACCESS UK Consensus Group on Cervical Cancer calls on the UK governments and healthcare authorities to:

Create National Cervical Cancer Elimination Plans

1. **Each of the nations of the UK should prioritise the immediate development of a well-funded national cervical cancer elimination plan, including equity targets focused on reducing cervical cancer rates in the most under-served groups.** The plans should establish effective national-level coordination of HPV vaccination and cervical screening, address screening efforts in vaccinated and unvaccinated cohorts, and specifically target populations at greatest risk of developing cervical cancer.

Implement targeted and culturally relevant education, information and awareness-raising initiatives, particularly focused on under-screened women

2. **NHS England and national health bodies in the devolved nations should provide local healthcare providers with public health data, including ethnicity and disability data, that enables them to identify and understand the needs of their under-screened populations. Data should also enable tracking of the patient journey beyond initial screening through the full pathway** to support comprehensive follow-up and intervention efforts. Screening participation that does not lead to appropriate clinical follow-up and treatment does not prevent cervical cancer.

3. **Local healthcare providers should engage local communities and work closely with community leaders and healthcare advocates to co-design culturally relevant and inclusive awareness and education initiatives. National bodies should consider what resources can be provided centrally for local use and for the evaluation of any such efforts to ensure their effectiveness and sustainability.**

4. **Early, comprehensive and timely HPV and cervical cancer prevention education should be integrated into Personal, Social, Health and Economic (PSHE) education,** ensuring children, parents and guardians are informed about HPV before vaccination is offered in Year 8. This should be positioned as a core component of health education and highlight the importance of regular screening as recommended depending on vaccination status.

   While vaccination provides significant protection, it does not cover all HPV strains, making regular cervical screening essential for detecting any cell changes early. It is also crucial to highlight the importance of vaccination for both boys and girls to reduce the overall transmission of HPV and protect against the various cancers linked to the virus.

   The Department of Health and Social Care and the Department for Education (and their equivalents in the devolved nations) should collaborate to create appropriate educational content that equips both children and their parents with knowledge about the importance of HPV vaccination and other interventions for cervical cancer prevention. These interventions are supported by a large body of scientific evidence, demonstrating their proven effectiveness in reducing cervical cancer incidence.

5. **National health authorities should aim to reframe the conversation on cervical screening by positioning it as a routine, essential health check.** Efforts should focus on normalising the procedure and empowering individuals with clear, accessible information about all available screening options, so they can make an informed choice that best suits their needs and preferences.

Improve accessibility of cervical screening

6 **National health authorities should modernise the screening invitation system by adopting a digital-first approach,** similar to the successful model in Ireland.[16] This will allow individuals to conveniently check their screening status, book appointments, and receive results online. **Additionally, communication should be tailored to population-specific needs, addressing language and cultural barriers and varying levels of health literacy.** Clear and consistent messaging around terms such as HPV testing and cervical screening should be maintained across all channels.

7 **National health authorities should seek to expand screening accessibility across all relevant healthcare settings, including primary care practices, community health centres, women's health hubs, sexual health clinics, and midwifery services. Providers should be encouraged to offer out-of-hours clinics and flexible appointment options** to ensure that working women and individuals from under-served communities can access screening at times and locations that are convenient to them.

To further strengthen patient care pathways, national health authorities should ensure there is adequate capacity for effective follow-up care for those testing positive including access to colposcopy and treatment services.

8 **The National Screening Committee is currently consulting on a recommendation that would enable self-sampling to be offered to under-screened women. We support that recommendation as a means to reach underserved groups who would otherwise not receive screening at all.**

It is essential to ensure that **the offer of self-sampling does not undermine the overall effectiveness of the national screening programme.** Given current uncertainty and concerns around the performance of self-sampling for detecting high-grade cervical lesions[17, 18, 19] and challenges with ensuring follow-up[20] for individuals who have received positive HPV self-test results, sampling by a healthcare professional should remain the preferred option for the majority of women, especially those who regularly attend clinician screening.

However, for those women who do not or cannot attend clinician-led cervical screening appointments, self-sampling is much better than no screening at all. The recent YouScreen trial in England showed that the targeted, opportunistic offer of HPV self-sampling by GPs in-clinic to women who were at least 6 months overdue for screening may help achieve an increase in screening uptake among this group if it can be effectively scaled to national level.[21]

When offered, self-sampling should be provided with appropriately worded information about its advantages and disadvantages in combination with education about the importance of cervical screening and follow-up care. Given the potential concerns around the accuracy of self-sampling, consideration should also be given to the length of the screening interval for those women who do undertake self-sampling.

If self-sampling is to be offered in a clinic, it will also be important to ensure that GP practices are supported sufficiently with additional resources to be able to effectively support women attending for the procedure. Women should also be made aware that they retain access to screening with clinician collection despite having been offered screening with self-collection.

Support healthcare professionals to increase participation in cervical screening

9 **The Department of Health and Social Care should review the financial incentives for primary care providers, including incentives in the Quality and Outcomes Framework, to**

prioritise increasing screening participation, particularly among under-served groups. These incentives should also support the offering of out-of-hours screening services, making it easier for individuals with work or caregiving responsibilities to access screening at more convenient times.

10 **National health authorities should allocate greater resources to expand training and support for a diverse health and community workforce dedicated to cervical screening.** This effort should include healthcare professionals, as well as community-based and patient organisations who can identify local barriers and help bridge gaps between patients and screening services. Primary care staff are particularly central to the screening process and training should involve not only clinicians but also receptionists and administrative personnel, ensuring they can effectively guide and support patients throughout the screening pathway.

11 **Comprehensive training should equip healthcare professionals to enhance sensitivity to the diverse needs and personal concerns of all women undergoing screening.** Training should focus on understanding and addressing individual perceptions of pain and discomfort, providing clear information, and offering choices that empower women to feel more in control of their screening experience. Healthcare professionals should be equipped with the skills to recognise and overcome any barriers that might discourage women from completing the screening process.

METHODOLOGY AND DATA COLLECTION

Members of the ACCESS UK Consensus Group were initially asked to provide their views on the content of the Consensus Statement via an online interview. The secretariat of the Consensus Group then produced the first draft of the Consensus Statement based on member feedback and additional desk research. Members of the Consensus Group contributed further to the content by providing written comments to the secretariat. Virtual meetings were also held to inform the content of the paper and discuss and debate the Group's recommendations. All members of the group reviewed and approved the final content of the statement.

ACKNOWLEDGEMENTS

The ACCESS UK Consensus Group expresses its deepest appreciation to Prof. Jo Waller, Wolfson Institute of Population Health, Queen Mary University of London, and Rebecca Curtayne on behalf of Healthwatch England for providing their expert insights during the development of the Consensus Statement.

FUNDING

The work of the ACCESS Consensus Group is supported by Hologic. Hologic has no editorial control over the content produced by the group. Members of the Consensus Group received no funding, fees or cost reimbursement for the development of the Consensus Statement.

REFERENCES

1. Cancer Research UK. Cervical cancer statistics. Available at: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer. Accessed: October 2024
2. Landy R, Pesola F, Sasieni P. Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case-control study. British Journal of Cancer. 2016;115, 1140-1146. doi: 10.1038/bjc.2016.290
3. Pesola F, Sasieni P. Impact of screening on cervical cancer incidence in England: a time trend analysis. BMJ Open. 2019;9:e026292. doi: 10.1136/bmjopen-2018-026292
4. Landy R, Pesola F, Sasieni P. Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case-control study. British Journal of Cancer. 2016;115, 1140-1146. doi: 10.1038/bjc.2016.290
5. UK Government. Cervical screening: helping you decide. Available at: https://www.gov.uk/government/publications/cervical-screening-description-in-brief/cervical-screening-helping-you-decide--2. Accessed: October 2024
6. NHS England. Cervical Screening (Annual). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual. Accessed: December 2024
7. Landy R, Pesola F, Sasieni P, Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case-control study. British Journal of Cancer. 2016;115, 1140-1146. doi: 10.1038/bjc.2016.290
8. NHS Confederation. Women's health economics: investing in the 51 per cent. Available at: https://www.nhsconfed.org/publications/womens-health-economics. Accessed: December 2024.
9. NHS England. NHS sets ambition to eliminate cervical cancer by 2040. Available at: https://www.england.nhs.uk/2023/11/nhs-sets-ambition-to-eliminate-cervical-cancer-by-2040/. Accessed: October 2024.
10. World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem. 2020. Available at: https://www.who.int/publications/i/item/9789240014107. Accessed: October 2024
11. Urwin S, Gillibrand S, Davies JC, Crosbie EJ. Factors associated with cervical screening coverage: a longitudinal analysis of English general practices from 2013 to 2022. Journal of Public Health. 2024; 46 (1):e43-e50. doi: 10.1093/pubmed/fdad275.
12. Cancer Research UK. Cervical cancer statistics. Available at: https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer. Accessed: October 2024
13. Greenley R, Bell S, Rigby S, Legood R, Kirkby V, McKee M; CBIG-SCREEN Consortium. Factors influencing the participation of groups identified as underserved in cervical cancer screening in Europe: a scoping review of the literature. Front Public Health. 2023; 11:1144674. doi: 10.3389/fpubh.2023.1144674.
14. ACCESS International Consensus Group on Cervical Cancer. Available at: https://accesscg.org/
15. Descamps P, Dixon S, Bosch Jose FX, et al. Turning the tide—recommendations to increase cervical cancer screening among women who are underscreened. Int J Gynecol Obstet. 2024; 166: 3-21. doi: 10.1002/ijgo.15600
16. Health Service Executive Ireland. Booking a cervical screening test. Available at: https://www2.hse.ie/conditions/cervical-screening/getting-a-test/booking-a-test/. Accessed: October 2024.
17. Aitken CA, Inturrisi F, Kaljouw S, et al. Sociodemographic characteristics and screening outcomes of women preferring self-sampling in the Dutch cervical cancer screening programme: a population-based study. Cancer Epidemiol Biomarkers Prev. 2023;32(2):183-192. doi: 10.1158/1055-9965.EPI-22-0712
18. Rebolj M et al. Widening The Offer of Human Papillomavirus Self-Sampling to All Women Eligible for Cervical Screening: Make Haste Slowly. International Journal of Cancer. 2022. doi: 10.1002/ijc.34358
19. Huntington S, Smith JS, Nuttall D, Polokaova A, Smith PM, Hamlyn-Williams C, Adams E. Evidence from Europe on implementation, participation and performance of self-collection for cervical cancer screening. Future Oncology. 1-12. doi: 10.1080/14796694.2024.2409625
20. Olthof EM, Aitken CA, Siebers AG, van Kemenade FJ, de Kok IM. The impact of loss to follow-up in the Dutch organised HPV-based cervical cancer screening programme. Int J Cancer. 2024;154(12):2132-2141. doi: 10.1002/ijc.34902
21. Lim AWW, Lawrence A, Cummings T, Julian C, Martin J, Parmar D, et al. Opportunistic offering of self-sampling to non-attenders within the English cervical screening programme: a pragmatic, multicentre, implementation feasibility trial with randomly allocated cluster intervention start dates (YouScreen). eClinicalMedicine. 2023;73:102672. doi: 10.1016/j.eclinm.2024.102672

ACCESS
International Consensus Group on Cervical Cancer

CONTACT

secretariat@accesscg.org

WEBSITE

accesscg.org