**Written evidence from Jo’s Cervical Cancer Trust**

**Key points**

- Jo’s Cervical Cancer Trust is the leading cervical cancer charity in the UK. We provide information, support and campaign for excellence in treatment, support and prevention.

- Cervical cancer is a largely preventable disease, with cervical screening preventing 75% of cases from developing. Unfortunately cervical screening attendance is declining and at a 20 year low with coverage in England at just 72%.¹ This statistic masks wide inequalities with many groups further underrepresented at screening, which includes 25-29 year olds where one in three do not attend and women from harder to reach groups.

- While the majority of cervical screening is delivered in primary care, sexual health² has historically been a key access point to the programme. However the service fell through the gap during the passing of the 2012 Health and Social Care Act and there is now no mandate or direct funding for the service to be included as part of sexual health commissioning.

- As a result the numbers of samples taken in sexual health has declined significantly from 117,028 in 2013 to 56,347 in 2016,³ with many services restricting the offer to certain groups or removing it all together.

- As cervical screening uptake is rapidly declining, every effort needs to be made to improve accessibility. Reduced access at sexual health services is exacerbating the problem.

- We call for Public Health, NHS England and local stakeholders to work together to create an arrangement for cervical screening to be a consistent and equitable service delivered at sexual health services.

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**Full evidence submission**

1. Cervical cancer affects women of all ages yet is one of the most common cancers in women under 35. Cervical screening is a preventative test providing the best protection against the disease by detecting cell changes (abnormalities) before they become cancerous.

2. The cervical screening programme saves approximately 5,000 lives per year⁴ and is usually carried out in general practices. Historically it has also been available at many sexual health

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² Refers to samples reported by NHS Digital as taken through NHS Community Clinics (mainly sexual health) and GUM

³ [www.jostrust.org.uk/access](http://www.jostrust.org.uk/access)

⁴ Peto et al., 2004. The cervical cancer epidemic that screening has prevented in the UK. Lancet 35, 249–
services allowing women to access the test with more flexibility and on an opportunistic basis. Provision through sexual health particularly benefits those unable to access their GP, women not registered with a GP and those who may not attend for a wide range of social and cultural reasons.

3. Since 2012, there has been no requirement for cervical screening to be included as part of sexual health service commissioning. With local authorities facing significant budgetary pressures, the service has been severely restricted or cut in many areas. As a result, the number of samples taken in sexual health has reduced 52% from 117,028 in 2013 to 56,347 in 2016.¹

4. Availability is patchy and geographically unequal. For example, in London just under 40,000 (39,621) samples were taken in 2013-2014 and this number has declined dramatically to just over 14,000 (14,375) in 2016-2017.² In the South West samples have remained fairly consistent (7,114 in 2013-14, 7,584 in 2016-17) yet in Yorkshire and Humber they have dropped two thirds (6,817 in 2013-14, 2,338 in 2016-17).

5. Jo’s Cervical Cancer Trust issued Freedom of Information requests to all local authorities in England between 2016 and 2017 and found the number offering cervical screening to all women decreased from 41 to 26 and the numbers not offering increased from 12 to 14.³

6. The remainder of local authorities offer it on an opportunistic basis, the definition of which varies from area to area and may include all women who present and are overdue or restricted to specific groups including women who are homeless, HIV positive or sex workers.

7. The decline is particularly concerning as there is a far higher proportion of abnormal samples taken in sexual health compared to in a GP setting. 5.2% of samples taken at a GP come back as abnormal rising to 8.1% in NHS Community Clinics (mainly sexual health services) and increasing considerably to 12.3% in GUM clinics.⁴ This clearly shows more at risk groups benefit from provision of the service and reductions could contribute to cervical cancer diagnoses.

8. Around four million women are invited for cervical screening each year in the UK, yet research shows one in eight find it difficult or even impossible to book a test at their GP and the last time they tried to booked 7% were told no appointments were available⁵. Reduced availability at GP surgeries coupled with declining access through sexual health will only contribute to declining cervical screening attendance and lead to greater diagnoses which could have been prevented.

9. As councils are not mandated to deliver cervical screening and there is no national budget or resource to facilitate provision, where local authorities choose to offer the service they are using different budget streams. For example Greenwich Council uses its public health budget to fund the service, in Derby an agreement with NHS England means the cost of

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¹ www.jostrust.org.uk/access
³ Jo’s Cervical Cancer Trust, ‘Cervical screening in the spotlight, 2018’: www.jostrust.org.uk/spotlight
⁵ www.jostrust.org.uk/access
cervical screening is included in the sexual health block contract and in Wigan there is a fully integrated primary care and sexual health service.

10. Without clear guidance, resourcing and funding for local authorities to include cervical screening in sexual health services, we may see further inconsistencies and declines in provision of this vital service. Ultimately it is women who will lose out with lives put at risk.

11. We urgently call for Public Health, NHS England and local stakeholders to work together to create an arrangement for cervical screening to be a consistent and equitable service delivered at sexual health services. This will require:

a. The development of a clear budget line, for example inclusion of sexual health within Section 7a agreement

b. Increased collaboration between local NHS and public health teams to provide a cervical screening programme fit for the needs of their population with multiple access points

c. Sharing of good practice and evidence from across the country

d. Sample taker training tailored for sexual health staff to ensure staff are appropriately trained