



Primary Care  
Women's Health Society

# 10 top tips for cervical screening

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## 10 top tips for cervical screening

# 1.

Understand the link between Human Papilloma Virus (HPV) and cervical cancer

Cervical screening aims to identify women at risk of cervical cancer; those infected with a high-risk strain of HPV or those with cervical cell changes which may progress to cervical cancer if left untreated i.e. Cervical Intraepithelial Neoplasia (CIN).

HPV infects approximately 80% of women during their lifetime. Most develop immunity within two years with no long-lasting effect, but women with persistent infection can develop cervical cell changes which may progress to CIN and occasionally to cancer. Finding these cell changes early improves outcomes.

A smear is a screening tool for cervical cancer in asymptomatic women – it is not a screening test for ovarian cancer or sexually transmitted infections. Women with symptoms need a full clinical assessment, not just a smear test.

# 2.

Know when screening starts and stops in your area and who might not be automatically recalled

In England<sup>1</sup> and Northern Ireland<sup>2</sup> screening invitations commence and, for those who screen HPV negative, are sent every three years from aged 25–49 and then five yearly until the age of 64.

In Scotland<sup>3</sup> and Wales<sup>4</sup> screening invitations are sent every five years from age 25–64.

Women with HIV should all have annual smears until the age of 64<sup>5</sup>.

Screening stops after the age of 64, with the exception of two groups:

- Those whose last smear test was abnormal.
- Anyone who has not been screened since the age of 50 – they can request a final test.

Trans men who have changed their gender marker to male but still have their cervix should be offered a smear test but may not be automatically recalled<sup>7</sup> (some variation depending on country of the UK) – have a system to recall manually, and empower these patients to know when their next smear is due and request it.

# 3.

Offer consistent advice

Make sure your whole team understands the screening programme and work with all members of the team, clinical and administrative, to explain the importance of attending and to look out for electronic smear reminders and action them.

Consider the use of posters or videos in the surgery to encourage attendance and support other national or local awareness efforts by offering extra appointments or awareness raising sessions.

Consider implementing a follow up system to target repeat non-responders to try and offer support to increase uptake.

# 4.

Understand the individual needs of the woman

Consider why women may not attend and identify ways to improve uptake by offering extended hours, providing interpreters, and encouraging women to bring a friend or partner with them if they prefer. Be flexible and recognise individual needs.

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### 5.

#### Be aware of personal history

It is important to be aware that some women will find smears harder than others. This could include sexual abuse survivors, trans men, women with a learning disability or physical disability and those who have experienced female genital mutilation.

Some women may need a longer appointment time and repeat appointments for reassurance and further explanation before consenting to a smear test.

Some women may prefer a smaller speculum, to lie on their left side, to bring a friend, to have the test at the beginning or the end of the day or to be referred to colposcopy to have it performed.

Be as flexible as possible to support individual women and always explain that the woman can ask you to stop at any point.

### 6.

#### Use vaginal oestrogen to facilitate smears after the menopause

Many post-menopausal women will suffer from genitourinary syndrome of the menopause and find speculum examination painful. Consider offering vaginal oestrogens<sup>8</sup> to use nightly for 2-3 weeks prior to the smear test, stopping seven days before the test.

### 7.

#### Use practical tips and tricks

- If the cervix is hard to find, try doing the smear from the end of the bed rather than the side or asking the woman to put her hands under her bottom to tilt her pelvis.
- Have a range of speculum sizes available but avoid mentioning that you are using the large or wide or small one unless the woman asks.
- Cutting both ends off the middle finger off a large glove and placing it over the speculum can help you to see the cervix in a woman with vaginal prolapse.
- Use 'vocal local', a friend or trained chaperone, as support during the procedure to help reduce anxiety.
- Perform as many smears as you can to maintain skills and ask a more experienced colleague if the woman is very anxious or has had a previous bad experience.

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# 8.

Know how to dispel the myths

Women who receive a smear result saying that they are HPV positive may worry that this is a recently caught STI and has implications for their relationship. Useful information to give includes the following:

- Most sexually active people will get HPV at some point – it doesn't imply infidelity.
- It can be spontaneously cleared and re-transmitted.
- It is not the same as HIV.
- If the previous smear predated universal HPV screening, then the fact that an HPV result wasn't given doesn't necessarily mean that the infection has been acquired since then.
- It can be transmitted by any intimate contact, not just penetrative sex.
- There is no need for any treatment or partner notification.

# 9.

Understand what comes next

Make sure that the woman understands the next steps, whether the smear is positive or negative<sup>9</sup>.

HPV positive smear:

- Sample sent for cytology.
- Cytology shows dyskaryosis – refer to colposcopy
- Cytology normal – repeat smear in one year. If positive HPV with negative cytology persists for three smears, refer to colposcopy.
- Any treatment needed as a result of the colposcopy assessment is arranged directly from the colposcopy clinic.

HPV negative smear:

- Sample discarded.
- Next smear in three or five years depending on age/ country of the UK, or in one year if the woman has HIV.

# 10.

Ask for help if something doesn't look right

Sometimes there are other abnormal appearances of the cervix that are not easy to diagnose, particularly if there is discharge or contact bleeding.

A sexually transmitted infection could be the cause and if there is a significant sexual risk then excluding that first might be necessary. But if the appearances are concerning, consider asking an experienced colleague to look with you or refer to your local colposcopy clinic using the fast-track pathway. Do not delay referral waiting for the smear results if cervical cancer is suspected.

### References

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5. NHSE. [Screening and management of immunosuppressed individuals](#). Sept 2024.
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