

Scottish Women's Convention
response to Healthcare Improvement
Scotland's consultation on:

Cervical Screening Standards



November 2024

Premise

The Scottish Cervical Screening Programme (SCSP) is a population-based screening programme, aiming to reduce mortality and rates of cervical cancer. This is carried out through cervical screenings, alternatively known as 'smear tests', which check a woman's cervix for the human papillomavirus (HPV). A routine screening is offered to any woman who lives in Scotland and is aged between 25 and 64 every five years. More information about cervical screening tests is available at the [NHS Inform website](#).

Ensuring that these screenings are carried out to a high standard, the guidance which medical professionals must adhere to are regularly reviewed, with the last review occurring in 2019. Healthcare Improvement Scotland have therefore released the following consultation to assess multiple elements of the Standards. Responses will then be assessed, with relevant alterations made where possible.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Standard 2: Attendance and Uptake

Do you agree with criteria for Standard 2?

Yes.

We strongly support the rationale and criteria included within Standard 2: Attendance and Uptake. In particular, we believe that improved knowledge is key in enhancing attendance and uptake rates, with some conversations held with women highlighting the misinformation surrounding cervical screening.

For example, LGBT+ women have stated that some members of their community believe cervical screenings to be only of value for those who have sex with men and have called for improved information. Additionally, some LGBT+ women who have engaged with medical professionals, have experienced discrimination and a lack of knowledge surrounding LGBT+ relationships, with lesbians stating that medical staff did not acknowledge their partners. This was seen as a significant barrier to access, worsening outcomes across the LGBT+ community.

- "...lesbians should be encouraged to attend cervical screenings. A lot of lesbians around me think the screenings are only for women who have sex with men, which is incorrect."
- "Some healthcare providers don't seem to recognise lesbian relationships."

Additionally, women who have not received the Human Papillomavirus (HPV) inoculation have raised concerns around their cervical health. During SWC activities, questions surrounding the new cervical screening timings were asked. Some women stated that changes made in 2020, whereby samples are checked for HPV rather than cell changes and are carried out every five years rather than three, has placed those without the HPV vaccine at risk. Some women have stated that they believed timing changes to be fuelled by the roll-out of the HPV vaccine, rather than changes to testing methods. This was followed by general anxiety and worry, and ultimately, eroded public trust in medical professionals.

- "Can I ask a question about cervical screening, because I'm not entirely sure...Has it gone up to five years in Scotland and is that because of the vaccination? So, I didn't get the vaccination, should it not be that people that are over 34 years old, that missed the vaccination, should still get one every three years?"
- "...it's been ages since my last smear test and I had said to one of my friends and it was her that said 'oh it's gone up to five years'. I like to think that I'm quite up to date with these things...I didn't know that had changed."

We would therefore recommend increased focus on spreading awareness of cervical screening through a widespread campaign, as well as improved education across schools in Scotland. Cervical screening is a vital way to improve the health of women across the country and should be highlighted throughout school-age years. Women

have also explained that information should be shared in an open, in-person environment, enabling question and answer sessions, rather than a reliance on online forums. This must include work with medical professionals and women within the community, to ensure a wider level of knowledge across age-groups.

- “The lack of education and I think the way they put some of this information out there needs to be looked at...we normally have a chance to do an in-depth session on cervical screening...and it gives them the chance to ask all these questions. I can tell you, from the sessions we've had, there is no way in a million years that some of the information they received they would be able to get on the NHS website, it's simply because we had the space to ask questions.”

Standard 3: Sample Taking

Do you agree with the criteria for Standard 3?

No.

We acknowledge the many positive elements of the criteria for Standard 3: Sample Taking, however feel that there is a significant omission: trauma-informed practice. There is usage of the term 'person-centred' which provides a level of consideration for those who have experienced trauma, however, with trauma taking many forms and manifesting itself in multiple ways, specific consideration is required.

To limit the impacts of trauma, we recommend providing service-users with a good level of knowledge prior to activity. We have heard from sexual assault survivors that attending cervical screening tests can be highly triggering, however, one survivor explained that through the prior knowledge that she can insert the speculum herself during appointments, her upset was minimised. This same survivor did state that she had to consistently ask to do this and was sometimes met with a lack of understanding from healthcare staff. She also explained that it was inappropriate that she had to disclose sexual trauma to access this and believed instead, that a trauma-informed approach should be taken from the outset of any healthcare experiences. At the SWC, we are highly supportive of this stance, and believe that through improved awareness surrounding cervical screening, for patients and professionals, women's health can be improved.

- “...as a woman who works with a lot of women who have been through sexual trauma, when I go to my smear test, I'll tell them that I will put the speculum in myself, and a lot of women don't realise that they can do that. That would make such a difference to me, it's our body, of course it's an option...a lot of women won't go to a smear test because it's retraumatising for them”
- “In all honesty, when I did do that the first time [asked to insert the speculum herself], I was faced with a nurse who was very confused, and I mean I didn't have to, but I burst into tears and disclosed my sexual trauma, because it seemed like the only way to get what I wanted, but I shouldn't have to.”

Standard 5: Colposcopy

Do you agree with the criteria for Standard 5?

No.

The criteria set out in Standard 5: Colposcopy, should provide a good level of support for women across Scotland with regards to cervical screening. In particular, the inclusion of robust referral times is valuable in ensuring quick and timely care for women. However, after consistent consultation with women residing in rural communities, we hold some concern that these are unlikely to be met, specifically the two weeks for urgent referrals. Through SWC Roadshow events held across the country over the past two years, which has included the Isle of Barra and Vatersay, Wick and the Isle of Skye and Kyle of Lochalsh, women have clearly stated that the centralisation of healthcare services has resulted in a reduction in good quality care for their communities. In each area, women are expected to travel considerable distances to access routine and emergency appointments, taking a toll on their mental and financial wellbeing. The expectation that women will be easily able to attend medical checks on short notice within these communities is naïve, with caring responsibilities and inability to gain time away from employment preventing women from accessing appointments. It is therefore vital that special consideration is given to women residing in rural communities, to ensure that the proposed timescales can be met. From women we have spoken with, this can only be achieved through the decentralisation of services, as well as a gendered approach to healthcare systems.

- “...I mean we have to go to Inverness for most things, and the public transport is not particularly reliable, so if you get an early appointment, you have to go the day before, but they don't take that into consideration when they're making appointments for you.”
- “...we know that women don't put themselves first, so we have women who will choose not to take the appointment because they need to feed their kids, so they won't get the help they need.”
- “...you're not going to go to your appointment then because you can't afford it...You can either put food on the table or you can get to Inverness to get your treatment”
- “To me, it's almost getting back to the services we used to have...the centralisation has killed it.”

Please Provide Further Comments:

Do you feel anything is missing from the standards?

Yes.

As stated, we believe it is vital a trauma-informed approach is taken throughout cervical screening in Scotland. Women have a myriad of reasons why they may feel unable to attend a screening appointment, however creating an environment which is safe and

friendly for all patients is a key duty of any healthcare provider. We would suggest carrying out a review of current practice and assessing how healthcare professionals can be trained to provide empathetic and quality care.

In addition, special consideration of rural women has to be taken, with the current standards omitting their unique circumstances. The rural aspect of their lives prevents women from easily accessing healthcare facilities, and increased centralisation has worsened healthcare gaps across the country. Ultimately, women are being prevented from basic levels of treatment, degrading outcomes and life quality. We would reiterate our stance that decentralisation of services is a must, and also believe that rural women should be consulted on changes to services to ensure the rural voice is not lost in decision-making.

Conclusion

Having listened to women, our three key recommendations on this topic are:

- Carry out awareness campaigns across Scottish society, to ensure all women are aware of the value of cervical screening.
- Trauma-informed practice must be embedded throughout cervical health checks, through improved training for staff.
- Further consideration of the additional barriers rural women in Scotland face should be taken, with measures taken to mitigate these.

The SWC is grateful for the opportunity to respond to Health Improvement Scotland's consultation on **Cervical Screening Standards**. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

For further information or to share your views, please contact:

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