NHS Cervical Screening Programme

National Programme Update

Thursday 12th June 2025

Alison Cowie (She/Her)

Head of Cervical Screening – Operations
Screening Sub Directorate
Primary Care, Community, Vaccination & Screening (PCVS) Directorate

NHS Cervical Screening Programme
National Programme Update

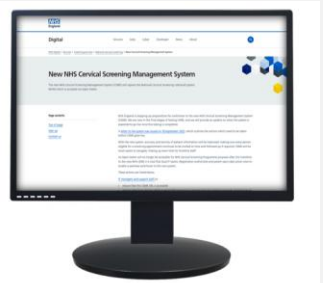
Agenda
NHS Cervical Screening Programme: The case for transformational change
Programme Transformation • *Extended Screening Intervals* • *Digitalisation of correspondence* • *Opt in process for transgender and non-binary people* • *HPV Self Sampling for under screened populations* ***(subject to UKNSC recommendation)***
Cervical Screening Administration Service (CSAS) • *Ceasing individuals from the programme*
Q&A
Webinar close

The case for transformational change

Evidence Based

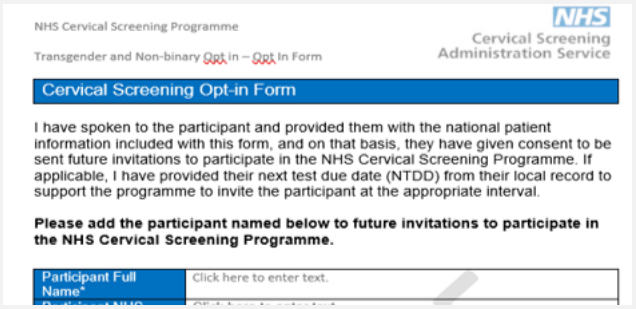
UK National Screening Committee

Digital



High Risk HPV Primary Screening

Inequalities


NHS Cervical Screening Programme

Transgender and Non-binary Opt in – Opt In Form

NHS Cervical Screening Administration Service

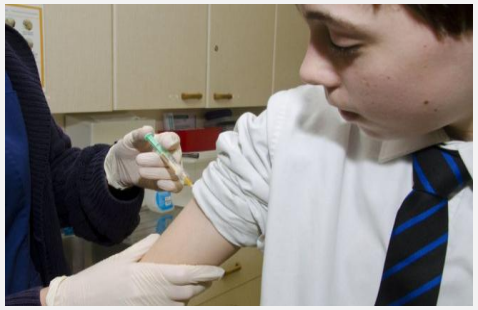
Cervical Screening Opt-in Form

I have spoken to the participant and provided them with the national patient information included with this form, and on that basis, they have given consent to be sent future invitations to participate in the NHS Cervical Screening Programme. If applicable, I have provided their next test due date (NTDD) from their local record to support the programme to invite the participant at the appropriate interval.

Please add the participant named below to future invitations to participate in the NHS Cervical Screening Programme.

Participant Full Name*	Click here to enter text.

Cervical Cancer Elimination



Cervical Cancer Elimination

On November 15 2023, NHS England outlined its ambition to eliminate cervical cancer by 2040, aligning world Health Organisation's (WHO) global initiative to achieve a below 4 per 100,000 cervical cancer incidence rate.

Achieving cervical cancer elimination is a long-term goal, which will involve aligned delivery across HPV vaccination and cervical screening programmes at national, regional and Integrated Care Board level.

Elimination Plan published 28th March 2025, outlines how the NHS will achieve this:

- **Increasing access**
  - **Subject to the UK National Screening Committee's (UK NSC's) recommendation and ministerial approval, introduce HPV self-sampling as an option for people who do not engage in the cervical screening programme**
- Raising awareness
- Reducing inequalities
- **Improving digital capabilities**
  - **Develop a digital-first approach to cervical screening communications**
- Strengthening workforce capacity

https://www.england.nhs.uk/long-read/cervical-cancer-elimination-by-2040-plan-for-england/

Extended Screening Intervals

Alison Cowie (She/Her)

Head of Cervical Screening – Operations
Screening Sub Directorate
Primary Care, Community, Vaccination & Screening (PCVS) Directorate

When will the extended screening intervals be implemented?

- From **1st July 2025**, the NHS Cervical Screening Programme will implement extended screening intervals in England for participants aged 25-49 who attend cervical screening on or after this date and test negative for hrHPV at their routine screen.

What’s changing and not changing

Those aged 25-49 who have a sample taken on or after 1st July 2025;

who test **negative** for hrHPV

- will be recalled in 5 years

unless

- they had a positive hrHPV result within the last 5 years (not followed by a negative test), which means they will be invited for screening in **3 years.** This is because those with recent evidence of an hrHPV positive result have a higher chance of this happening again and so will not move to a 5 year interval straight away.

who test **positive** for hrHPV and:

- negative on cytology ie, no cell changes, will be invited for screening again in 1 year; or
- positive on cytology ie, there are cell changes, are referred directly to a hospital clinic for a colposcopy to check the cervix more closely. Further follow up and treatment will depend on the colposcopy findings

What’s NOT changing

- **Next test due dates will not be changed retrospectively**; participants will be invited at the interval in which they were advised of at the time of their last test.
- Women and people with a cervix **aged 50-64 continue** to be **routinely recalled every 5 years**.
- **HIV positive individuals** will continue to be **screened annually**.
- Participants aged 24.5- 49 years whose last screening test was part **of an approved self-sampling evaluation** and were HPV negative will **remain on a 3 year recall interval** until routine intervals in relation to self-sampling as part of the NHS Cervical Screening Programme are agreed.
- **There will be no direct impact on providers in terms of activity until July 2028.**

Actions for Sample Takers, GP practice managers and screening providers:

- Please **ensure any patient-facing staff, such as GP practice and sexual health clinic receptionists and administrative staff are aware of the changes** so they can support screening participants.
- The suite of existing e-learning training modules for the NHS Cervical Screening Programme is being updated to incorporate the extended screening intervals pathway.
- **Encourage all staff to watch this webinar** – it will be available on https://future.nhs.uk/vaccsandscreening/view?objectID=41802384
- Sample takers are asked to **inform participants of the interval change during their appointments from 1st July 2025**. More detailed information on the management of screening participants can be found in the Extended Screening Interval Clinical Pathway Protocol guidance document.
- FAQs to help staff with these conversations is available on https://future.nhs.uk/vaccsandscreening/view?objectID=41802384
- If screening participants have questions sample takers or providers are unable to answer, please signpost to the NHS England Customer Contact Centre https://www.england.nhs.uk/contact-us/ . Eve Appeal and CRUK also have helplines, which are briefed on this issue and may be able to support patients.

Digitalisation of Correspondence

Chelsea Roughton (She/Her)

Project Manager

North of England Care System Support (NECS)

Digitalisation of Correspondence

- The Cervical Screening Administration Services (CSAS) began transitioning from paper-based communications to a more modern, digital approach using **NHS Notify and the NHS App, in May 2025 through private beta tests.**
- In June after successful testing both Invitations and Reminder communications permanently launched with NHS Notify using digital channels.

- There are many advantages to this transition, for both CSAS and the people we serve:
  - **Faster communications with participants,** reducing anxiety while waiting for results
  - **More accessibility** features when leveraging digital communications on personal devices, for patients who may have additional needs or requirements
  - **Additional languages** (28) will be available to participants over the next year
  - **Improved accuracy** and fewer returned letters through better data validation
  - **Modern digital channels** that reflect how people now expect to receive information
  - **More insight** — with visibility of when messages have been opened

- This is a step toward a **more agile, data-informed, and participant-centred service**.

Phased Approach

- The transition to NHS Notify, and Digital Communications has been designed to launch over the remainder of 2025, encompassing Private Beta testing phases to mitigate any large-scale risk.
- The Project and Programme teams will assess the relative success and challenges faced with each phase, and therefore the timeline has scope to both reduce or increase as required.
- **Future developments will take place to support testing the ability for participants to book directly and immediately via the NHS App (i.e. Ping and Book).**

Process for Communicating with Patients (from June 2025)

1. NHS App Communication sent
2. App Notification waits 72 hours to be ‘read’
3. If unread after 72 hours, a SMS is sent
4. If undelivered after 72 hours, a hard-copy letter is sent

- The patient communication journey is affected by factors such as whether:
  - The NHS App is **downloaded**
  - NHS App notifications are **turned on/off**
  - Is there a mobile number within PDS
  - The **time** when the communication is opened / read / unread / delivered
- Some users will automatically trigger SMS or Letter communications **only**
- **This flow is on invitations only with SMS removed for reminders.**

Process for Communicating with Patients (From later in 2025)

1. NHS App Communication sent
2. If NHS App notifications are 'OFF', a supplementary SMS is sent
3. App Notification waits 72 hours to be 'read'
4. If unread after 72 hours, a hard-copy letter is sent

- This flow will be implemented later in the summer for all communication channels onboarded and any moving in the future.
- The patient communication journey is affected by factors such as whether:
  - The NHS App is **downloaded**
  - NHS App notifications are **turned on/off**
  - The **time** when the communication is opened / read / unread

- Some users will automatically trigger Letter communications **only** and where they are unable to access technology or the NHS App, a letter will be sent as part of our failsafe process.

Help we need from services

- **Terminology**:
  - Participants will no longer receive LETTER ONLY correspondence, so literature will now be referred to as **Communications.** Some receptionists ask ‘Have you received your letter?’. Example of how to change this to ‘Have you been contacted by the screening programme?’. Remember, you can check eligibility on CSMS.
- **NHS App:**
  - Encouraging patients to **download the NHS App** and **turn on notifications** will allow them quicker access to communications from the NHS Cervical Screening Programme.
  - Note: a **QR code** is now added to cervical screening paper-based correspondence, encouraging patients to download the NHS App.
- **PDS / Patient Details:**
  - Communications will be affected by the **quality of the data in PDS**, such as their **demographic** information (mobile number, email address, physical address etc). Ensuring PDS details are updated quickly is important to ensure patients can access their digital and paper communications.
  - As we widen our scope of accessibility it is equally important to ensure the correct accessibility flags are marked within PDS i.e. Braille, alternative languages etc.

Contact & Support

- To **check and action PNLs,** practices should continue to log into the NHS Cervical Screening Management System (CSMS) daily
- To **cease, defer and reinstate** a patient outside of the PNL process online forms can be submitted via the CSAS website
- Patients **Next Test Due Date (NTDD)** and **test result** histories can be checked in CSMS
- Submit a **Gender Opt-in** via CSAS website
- General Enquiries can be submitted online

Opt in for Transgender and Non-binary People

Shona Auty (She/Her)

Equalities Manager,

Vaccination and Screening Equalities Team, NHS England

Screening information
Screening information is often not inclusive and can put trans and non-binary people off attending.

Booking problems
Confusion from reception staff or others around gender (both in person and over the phone).

Non inclusive environment
A trans or non-binary individual may find the environment is not inclusive and does not feel safe for them to undertake screening.

Being invited for cervical screening
Only those registered as female at their GP will be routinely invited for cervical screening.

Anticipation or fear of discrimination
Many trans and non-binary people have experienced discrimination in health care. The community will also communicate about bad experiences.

Dysphoria
The information, process and environment of cervical screening can induce dysphoria in trans and non-binary individuals.

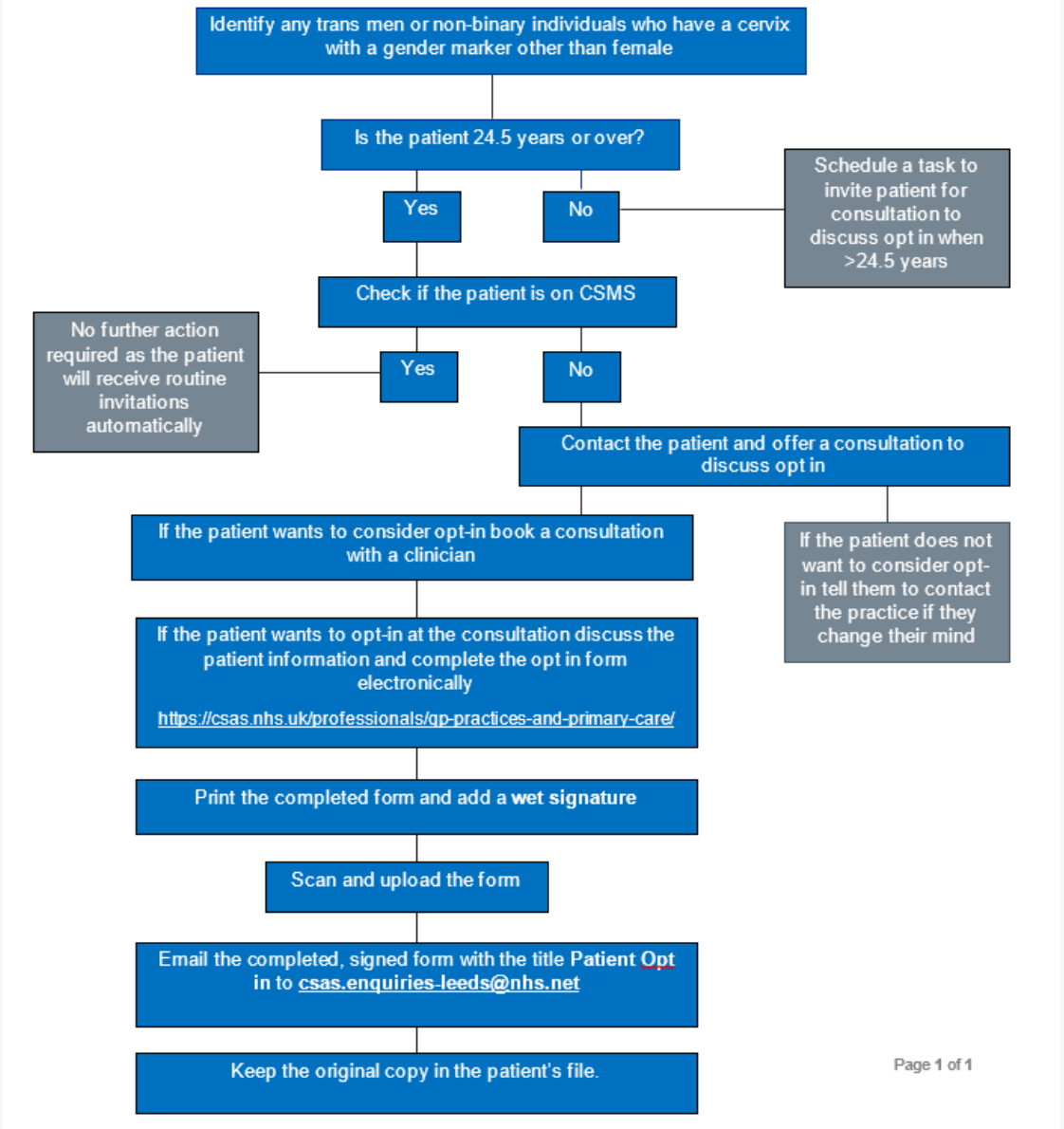
Lab problems
Rejection of samples due to assumptions about gender label/name.

Introduction of opt in for routine call/recall for Transgender and Non-Binary People

- Trans men and non-binary people with a cervix are eligible for cervical screening.
- On the previous IT system, individuals not registered as female could not receive automatic invitations, but their GP or practice nurse would arrange an appointment for individuals with a cervix.
- From 1st April 2025 functionality within the Cervical Screening Management System (CSMS) enabled trans men and non-binary people with a cervix (not registered with a GP as a female) to opt-in to receive routine automatic invitations for the NHS Cervical Screening Programme.
- The following healthcare providers can opt participants in for cervical screening by completing an opt in form and submitting to the Cervical Screening Administration Service (CSAS):
    - GP practices
    - Sexual Health Clinics
    - Transgender Services

Flow chart for the Opt-in process

- Ensure all staff are aware of the opt in function and the requirement of a discussion with the patient to gain consent to opt in
- Ensure no eligible patient is prevented from opting in or attending for cervical screening, if they wish to participate in the programme



Identification of eligible individuals

- Some patients will already be in CSMS as male or unspecified so no further action is needed

- Tips to identify eligible people:
    - Run searches on codes/key words i.e. transgender, issued testosterone, gender incongruence or gender dysphoria
    - Keep a register of patients who have changed gender
    - Search if registered sex matches assigned at birth
    - Search for patients on hormonal prescriptions

- Provide staff with more information to ensure correct gendering and terminology i.e. ask if patient is same gender as assigned at birth
- Allocate one member of clinical staff and one member of administrative staff to lead on transgender and non-binary patient management to ensure patients are easily identified and managed
- Undertake opportunistic consultations to enable eligible people to have the opportunity to opt in. For example, testosterone injection appointments, new patient appointments and opportunistic screening

Contacting eligible people

- Once you have identified eligible people you should contact them to offer them a consultation to discuss the offer of opting in to receive routine cervical screening invitations.

- For people who you have a good relationship with or have previously engaged with the NHS Cervical Screening Programme (but are not on CSMS) you could undertake a phone consultation to offer opt in.

- People who have not previously engaged with the NHS Cervical Screening Programme should ideally be offered a face-to-face discussion

Example letter to send to eligible patients

Practice letter head

Dear xxx

The NHS would like to offer you the option to opt-in to receive routine invitations for cervical screening. You can find more information about cervical screening for transgender and non-binary people here information for transgender and non-binary people about NHS screening programmes.

We would like to take this opportunity to invite you for a consultation with your GP/practice nurse to discuss the process of opting in to receive these invitations.

This consultation can be a face-to-face appointment or via the telephone, whichever one is most suitable and convenient. If you would prefer to discuss the opt in process with your local sexual health clinic or transgender service please contact them directly.

Some people feel understandably anxious about cervical screening. This may be because of a mental health condition, past traumatic experiences, sexual abuse or domestic violence. You can read our guidance for people who find it difficult to attend.

If you would like to take up this offer, please call the practice on xxxxx xxxxxx option x to arrange an appointment

Many thanks,

Practice Team

Opt-in consultation

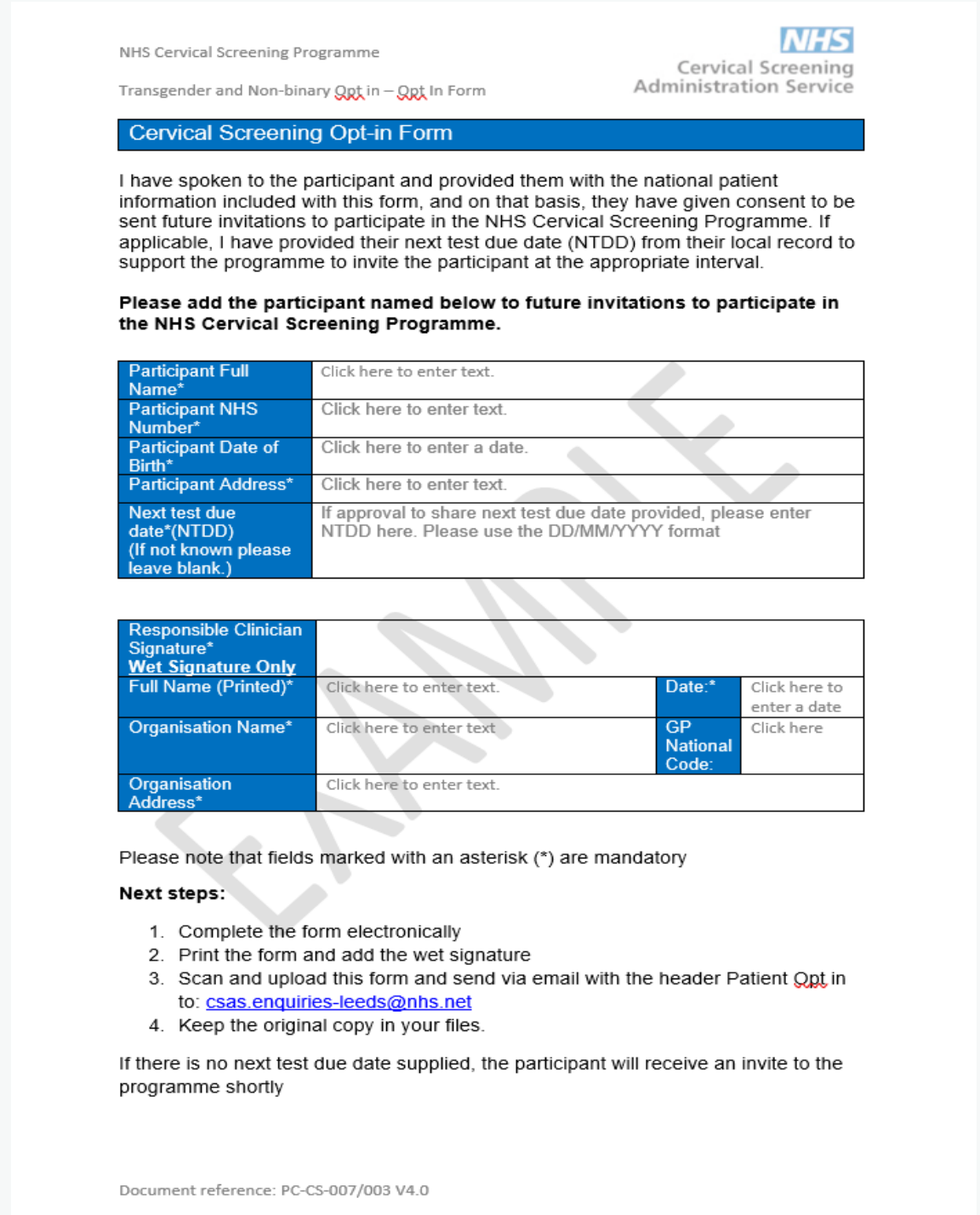
- During the consultation you should go through the important patient information on pages 2 and 3 of the opt-in form that you need to discuss with the patient before completing the opt-in form.
- The patient information contains the facts about this process which will also help you to respond to any questions they may have about opt-in and what will happen to their data. This will remain part of the form and should be used to aid the discussion with the individual and as a prompt.
- At the consultation the process for opt-in should be discussed and local options to access cervical screening should be covered. This includes other settings where the patient may access cervical screening including sexual health clinics and specialist Transgender services.
- If the patient consents to opt in to receive routine cervical screening invitations, you should complete the opt-in form and submit it.

The Opt-in Form

- The form is available on the CSAS website
- By completing the form and sending it to CSAS you are confirming that the patient has given their consent to opt-in and will receive routine cervical screening invitations.

Instructions for completion:

1. Please fill in the form electronically
2. Print the completed form to add the **wet signature**
3. Scan and upload the form
4. Email the completed, signed form with the title **Patient Opt in** to csas.enquiries-leeds@nhs.net
5. Keep the original copy in the patient's file.



NHS Cervical Screening Programme

Transgender and Non-binary Opt in – Opt In Form

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Please add the participant named below to future invitations to participate in the NHS Cervical Screening Programme.

Participant Full Name*	Click here to enter text.
Participant NHS Number*	Click here to enter text.
Participant Date of Birth*	Click here to enter a date.
Participant Address*	Click here to enter text.
Next test due date*(NTDD) (If not known please leave blank.)	If approval to share next test due date provided, please enter NTDD here. Please use the DD/MM/YYYY format

Responsible Clinician Signature* **Wet Signature Only**			
Full Name (Printed)*	Click here to enter text.	Date:*	Click here to enter a date
Organisation Name*	Click here to enter text	GP National Code:	Click here
Organisation Address*	Click here to enter text.		

Please note that fields marked with an asterisk (*) are mandatory

Next steps:

1. Complete the form electronically
2. Print the form and add the wet signature
3. Scan and upload this form and send via email with the header Patient Opt in to: csas.enquiries-leeds@nhs.net
4. Keep the original copy in your files.

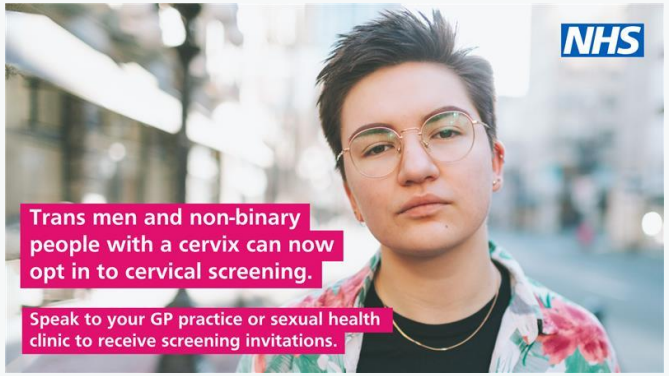
If there is no next test due date supplied, the participant will receive an invite to the programme shortly

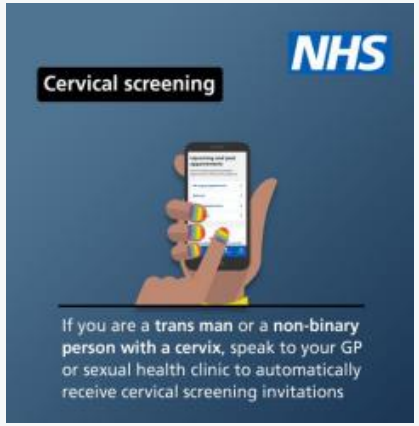
Document reference: PC-CS-007/003 V4.0

Key Resources

Improving access to the Cervical Screening Programme for eligible trans men & non-binary people

- Opt in form on CSAS website https://csas.nhs.uk/professionals/gp-practices-and-primary-care/
- Full recording of the Transgender and non-binary opt in webinar and resources are available on NHS Futures on the Cervical Screening page NHS Cervical Screening Transgender & non-binary Opt in - Vaccinations and Screening – Futures
- NHS population screening information for trans and non-binary people: https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people
- Cervical screening: support for people who find it hard to attend: https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend





HPV Self Sampling for Under Screened Populations

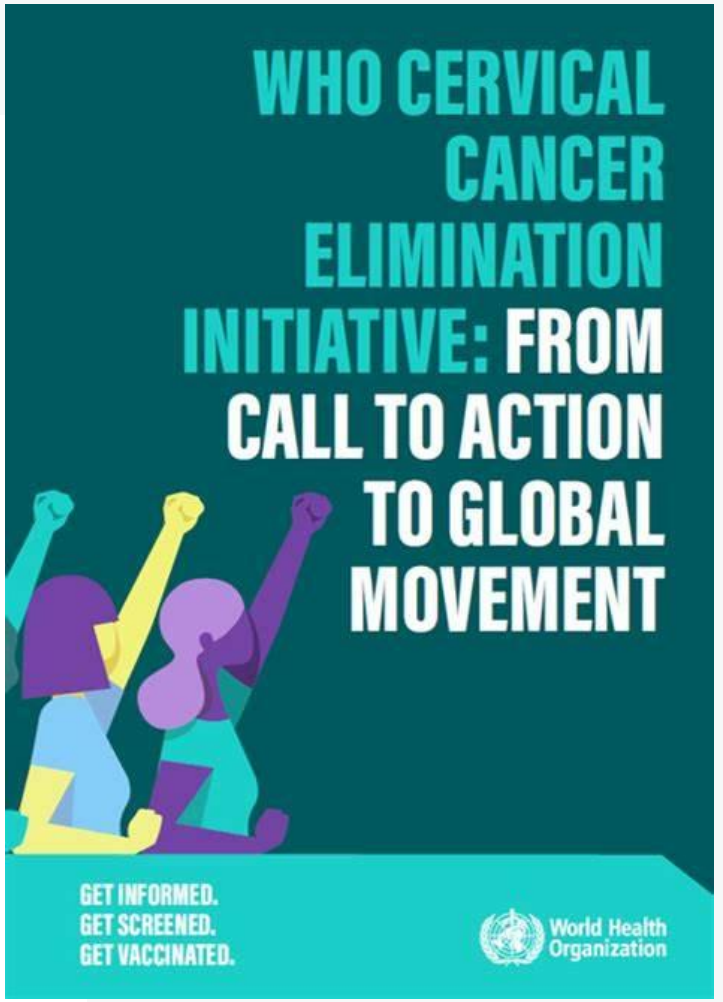
Philippa Pearmain (She/Her)

Consultant in Public Health
Cervical Screening Senior Clinical Lead
Primary Care, Community, Vaccination & Screening (PCVS) Directorate

Why do we need to do more?

Figure 16. Cervical cancer cases diagnosed between March 2016 and April 2019 aged 25 to 64 years, by deprivation quintile and screening history

Gov.uk: national cervical cancer audit report 2016-2019

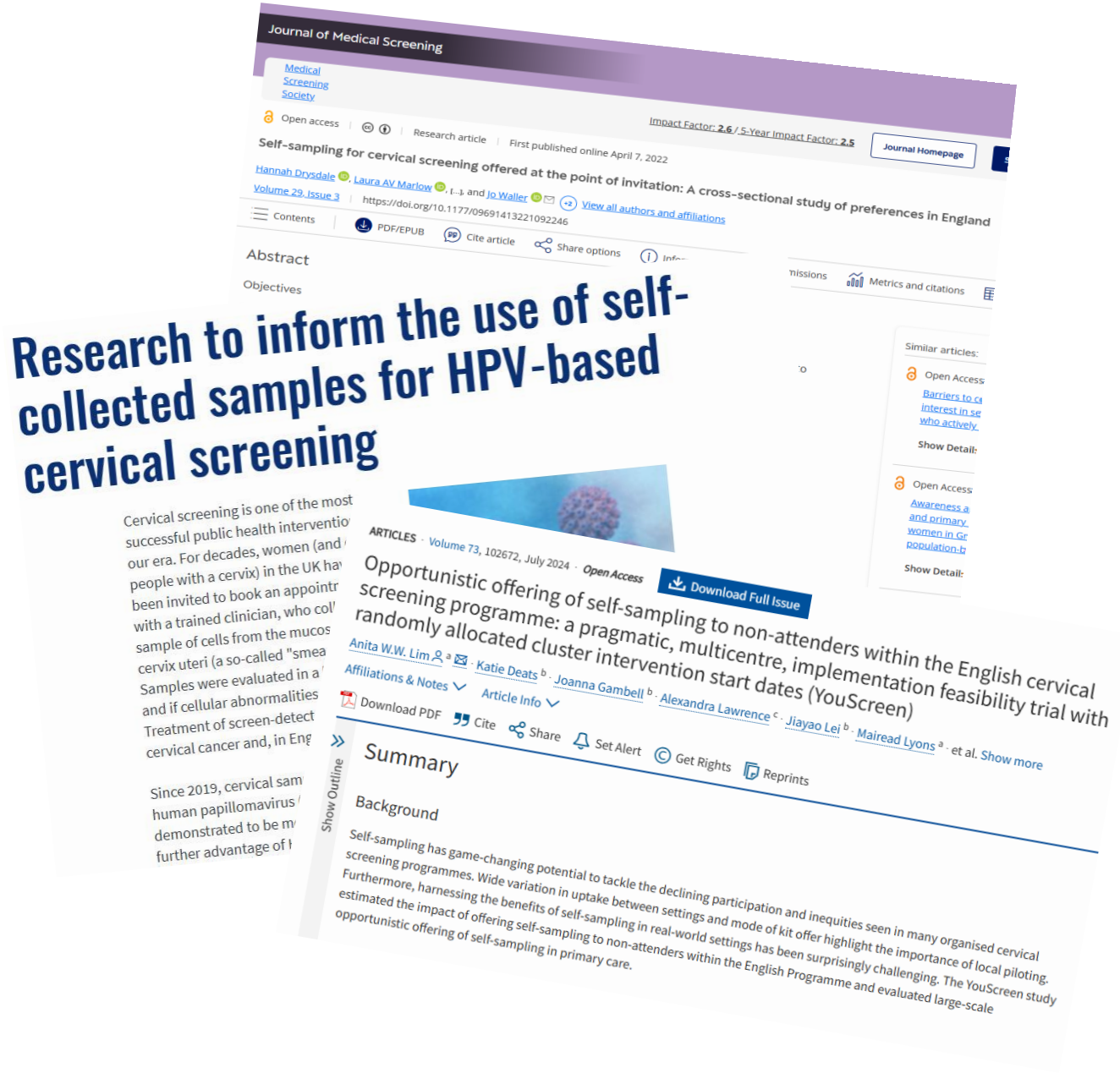


Evidence Base

- YouScreen (Lancet, 2024)
- HPValidate (QMUL, 2024)

UK NSC consults on offering HPV self-sampling option to under-screened people in cervical screening programme

Carolina Martinelli, 4 December 2024 - Cervical Screening



HPV high level self sample journey – subject to UKNSC

Research, Innovation and Development Advisory Committee (RIDAC)

If you have any questions about undertaking screening research, please contact the RIDAC team england.screening.research@nhs.net

Further information: https://www.gov.uk/guidance/nhs-population-screening-data-requests-and-research

Cervical Screening Administration Service (CSAS)

Angela Lydon Burgan (She/Her)

Operations Manager,

Cervical Screening Administration Service (CSAS)

Awareness

- Ensuring that updates to patient records are sent down the link and not just stored locally, this means that CSAS through CSMS will have the up-to-date patient details
- It is important that Practices are using CSMS and not just ICE to check for patient results
- Prior Notification List's being completed saves ensures patients receive the correct notifications and we avoid upset and confusion by not sending communications when they are not required
- Caution is being taken with inputting someone's gender on systems as it is leading to people being inappropriately brought into the programme and invited. CSAS are unable to delete these individuals from CSMS.
- Informing patients that they are not yet due when they have received an invite or insisting that the patient brings their invite letter in order to book an appointment
- Referring Patients to Eve Appeal for results and letters, they don’t have access to patient records
- Ceasing – various options available and what to send to the admin team. We will go into this in further detail on the next slide

Ceasing

There are different reasons for ceasing patients and the fall into 3 categories:

1. Due to Personal or Medical circumstances

which includes Female Genital Mutation (FGM)), Vaginismus, Cervical stenosis, Physical conditions and disabilities, Terminal illness, Mental capacity

2. Due to non-eligibility

Which includes Age, Absence of cervix, Hysterectomy - People who have undergone a total hysterectomy (including removal of the cervix) no longer require screening and should be ceased from recall, Radical trachelectomy (removal of the uterine cervix), Trans women registered as female, People who have undergone radiotherapy for cervical, bladder, rectal and other pelvic cancers (NB: all cases should be considered individually)

3. Informed choice

Which where a patient choses to opt-out of the programme, having considered the implications and information, either through contacting the CSAS team directly or as a request to their GP practice

Key Resources

NHS Cervical Screening Programme ceasing and deferring guidance:

https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme

Cease/Defer/Reinstate online forms and templates: https://csas.nhs.uk/support/

Online submission form for patients wishing to opt out

To opt out of the NHS Cervical Screening Programme, an Informed consent form requires completion. Once completed this should be submitted to CSAS by using the correct online form submission form the choice below.

- https://csas.nhs.uk/forms/screening-cease-opt-out-patient/ - To be completed if the Patient submitting their own Opt Out form
- Screening – Cease – Submitted by GP Practice / Colposcopy Clinics – NHS Cervical Screening Administration Service - To be completed by the GP practice if submitting Opt Out form on behalf of patient

Q&A

Alison Cowie (She/Her)
Head of Cervical Screening – Operations
Screening Sub Directorate
Primary Care, Community, Vaccination & Screening (PCVS) Directorate

NHS England

The slides and a recording of this webinar and collated questions and answers will be available on FutureNHS https://future.nhs.uk (login required).

Thank You

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