

Scottish Cervical Screening Programme Statistics 2016-17



Annual update to 31 March 2017

Publication date – 5 September 2017

Contents

Introduction	2
Main points.....	3
Results and Commentary.....	4
Screening Uptake Data.....	5
Age Appropriate Uptake.....	5
3.5 Year Uptake	6
5.5 Year Uptake	7
Uptake by Deprivation.....	8
Uptake rates by HPV Vaccination Status	9
Workload statistics.....	11
Trends in the number of cervical screening tests processed	11
Cervical screening results	13
Additional cervical screening statistics	14
Laboratory turnaround times	14
Invasive cervical cancer incidence.....	15
Unsatisfactory screening results	16
Glossary.....	17
List of Tables.....	18
Contact.....	19
Further Information.....	19
Rate this publication.....	19
Appendices	20
A1 – Background Information	20
A2 – Publication Metadata (including revisions details)	21
A3 – Early Access details (including Pre-Release Access)	24
A4 – ISD and Official Statistics	25

Introduction

Cervical screening was introduced in Scotland in the 1960s. Although large numbers of women were offered tests, the service at this time was not introduced as a population based programme. The national cervical screening programme was introduced in Scotland in 1988 with the aim of reducing the incidence of invasive cancer of the cervix.

From Monday, June 6th 2016, the age range for cervical screening changed from ages 20–60 years, to ages 25–64 years. The frequency of cervical screening continued to be every three years from age 25 to age 49, but changed to be every five years for women from age 50 to 64. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) are now invited up to age 70 years (a change from previous arrangements up to age 68). Women under the age of 25 who had already been invited for a test as part of the screening programme continue to be invited for screening, regardless of whether her recall date was before or after she had reached 25 years and regardless of whether she had attended for screening or not. The publication has been revised to reflect these changes.

Cervical screening is used to identify cell changes which could develop to become malignant, in women who otherwise have no symptoms; at this stage, any changes can be easily treated, and treatment is usually very effective.

Within Scotland (as part of the Scottish Cervical Screening Programme) data for publication and management information are compiled by ISD on a quarterly and annual basis. This release includes data on uptake by deprivation and Human papilloma virus (HPV) immunisation status, laboratory turnaround times, number of cervical screening tests processed and results. Information on deprivation and HPV immunisation status is being published for the first time. The cervical screening year runs from 1st April to 31st March; this current release includes data to 31st March 2017. The Scottish Cervical Screening Programme Statistics for 2016-17 is a [National Statistics](#) publication which has been assessed by the [UK Statistics Authority](#) as complying with the Code of Practice.

Eligible women are invited to attend cervical screening once every 3 or 5 years; uptake statistics are therefore based on women attending in the previous 3.5 or 5.5 years. The additional 0.5 year ensures that all data for women who have attended for screening within that 3 or 5 year time period are reported on.

ISD plan to carry out a consultation during 2017 for users to provide comments on the Scottish Cervical Screening Programme statistics.

Main points

At 31st March 2017

- The percentage of eligible women (aged 25 to 64) who were recorded as screened adequately within the specified period was 73.4%.
- Individuals living in the least deprived areas are more likely to accept an invitation to screening compared to those living in the most deprived areas.
- Cervical screening uptake is highest in HPV vaccinated women across all ages (21-25) when compared to the non-vaccinated women. This may be due to immunised women being more aware of risks involved after vaccinations thanks to the education during the immunisation programme.

In 2016-17

- 417,267 cervical screening tests were processed within the programme.
- Of all tests processed, 97.2% were of satisfactory quality. Of satisfactory results, 91.5% had a negative result, 7.5% had a low grade cell change and the remaining 1.0% had high grade cell changes.
- The quickest laboratory turnaround times for processing cervical screening tests was found in quarter 4 (January to March), when 95% of tests were processed within 22 working days.

Results and Commentary

This publication presents information about the NHS Cervical Screening Programme in Scotland in 2016-17. It includes statistics on women aged 25-64 who are invited for regular screening under the call and recall programme.

From 6 June 2016 [changes to the age range and frequency of screening](#) offered by the Scottish Cervical Screening Programme were implemented. Cervical screening is now routinely offered every three years to women aged between 25 and 49 years of age and every 5 years to women aged between 50 and 64. Women on non-routine screening (where screening results have shown changes that require further investigation/follow-up) will be invited up to age 70 years. These changes are featured in this publication.

Please note that the following tables and charts are based on the 2014 Health Board configuration. Figures for NHS Highland now include the Argyll & Bute area and figures for NHS Greater Glasgow now include the Clyde area. The Health Board is based on the patient's postcode at the time they had their screening test. Previously published analysis was based on the postcode at the time the data was extracted so comparisons should not be made.

Due to changes in the age and frequency and how the Health Board has been allocated uptake statistics are only presented for the latest year. Comparable trend data will be available in future publications.

Details of all cervical screening statistics included within this publication can be found on the [Cervical Screening](#) homepage.

Screening Uptake Data

Age Appropriate Uptake

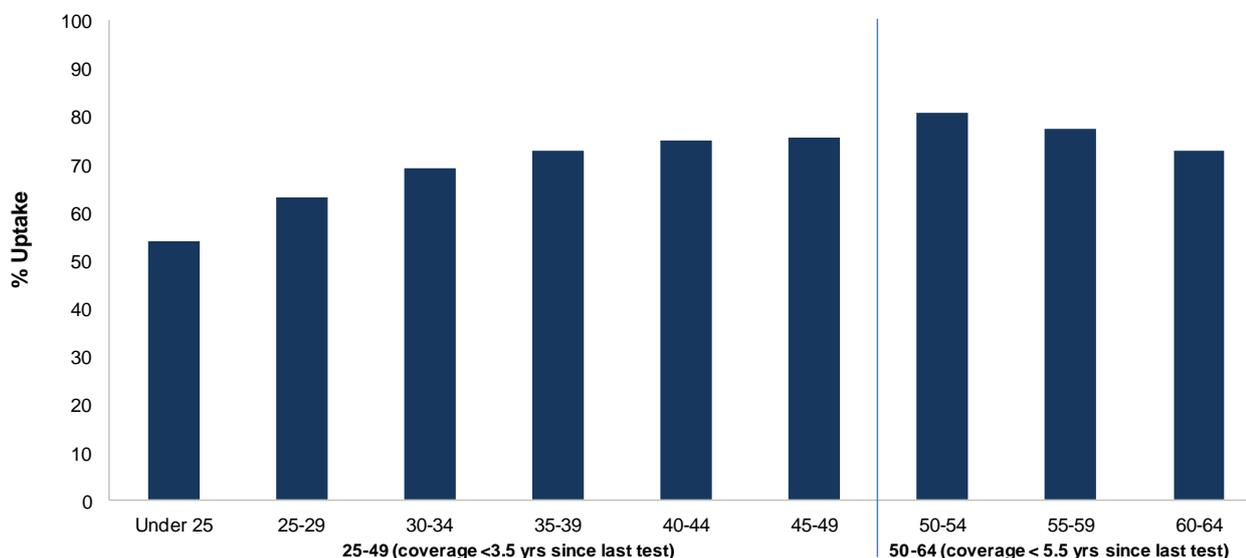
Uptake is defined as the percentage of women in a population eligible for screening at a given point in time who were [screened adequately](#) within a specified period. As the frequency with which women are invited for screening is dependent on age, as recommended by the UK National Screening Committee, uptake is calculated differently for different age groups. For the total target age group (25 to 64 years), 'Age-appropriate uptake' represents the most up to date definition and takes into account the frequency with which women of different ages are invited for screening. This defines uptake as the percentage of women in the population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, *according to age* on 31 March 2017.

The population denominator used for calculating uptake includes women aged 25-64 years (excluding medically ineligible women). The numerator is the number of these women with a record of a previous screening test in the last 3.5 (25-49) and 5.5 (50-64) years.

At 31 March 2017

- The percentage of eligible women (aged 25 to 64) who were recorded as screened adequately within the specified period was 73.4%.

Figure 1. Percentage uptake of females aged 25-64¹ with a record of a previous screening test taken within last 3.5 or 5.5 years by age group: Scotland, 1st April 2016 to 31st March 2017



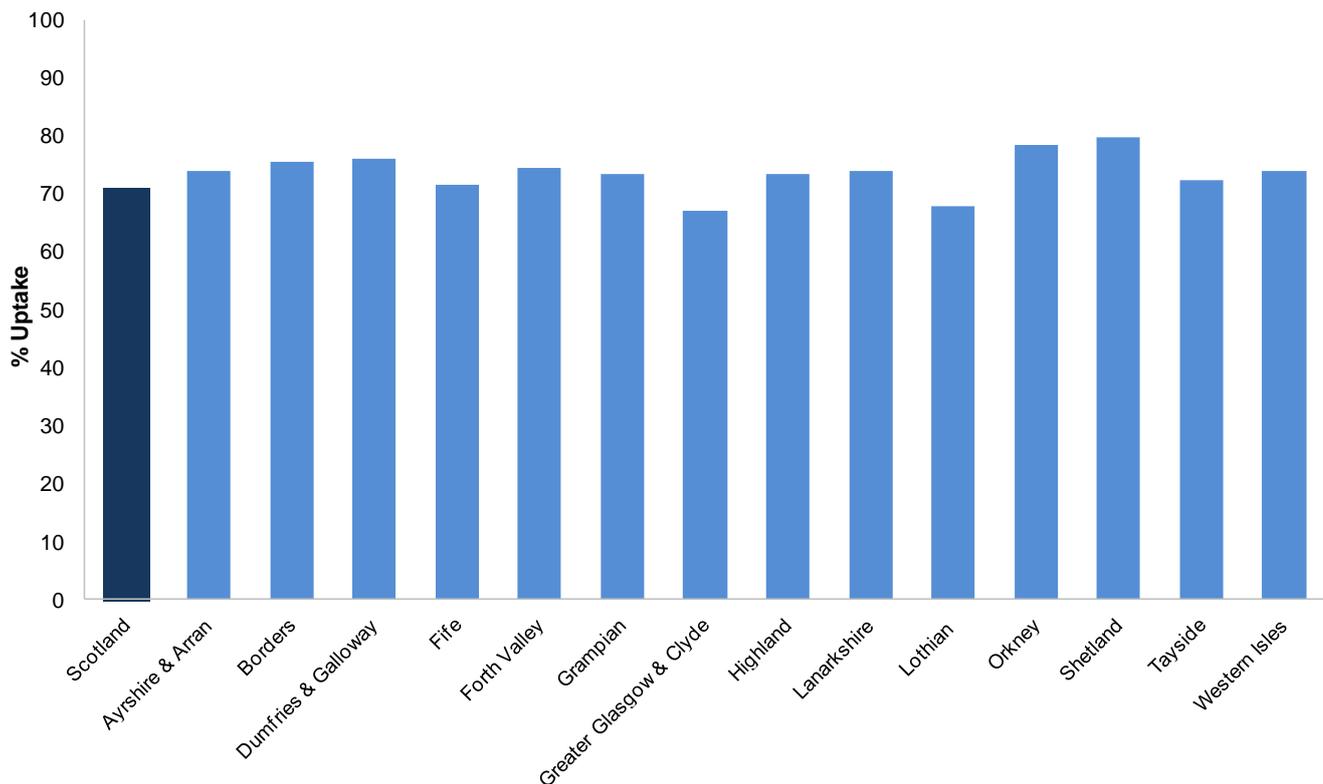
1. Based on the Scottish Cervical Call Recall System (SCCRS) population denominator (excluding medically ineligible women).

3.5 Year Uptake

For those aged 25-49, uptake is calculated as the percentage of women eligible for screening who have had an adequate screening test within the last 3.5 years on 31 March 2017.

- Of those screened in the previous 3.5 years, the uptake amongst women aged 25 to 49 years was 71.0% at 31 March 2017. In mainland NHS Boards this varied from 67.2% in Greater Glasgow & Clyde to 76.2% in Dumfries & Galloway.

Figure 2. Percentage uptake rates of females in Scotland aged 25 - 49¹ with a record of a previous screening test taken within the last 3.5 years, by NHS Board of Residence, 1st April 2016 to 31st March 2017



1. Based on SCCRS population denominator (excluding medically ineligible women).

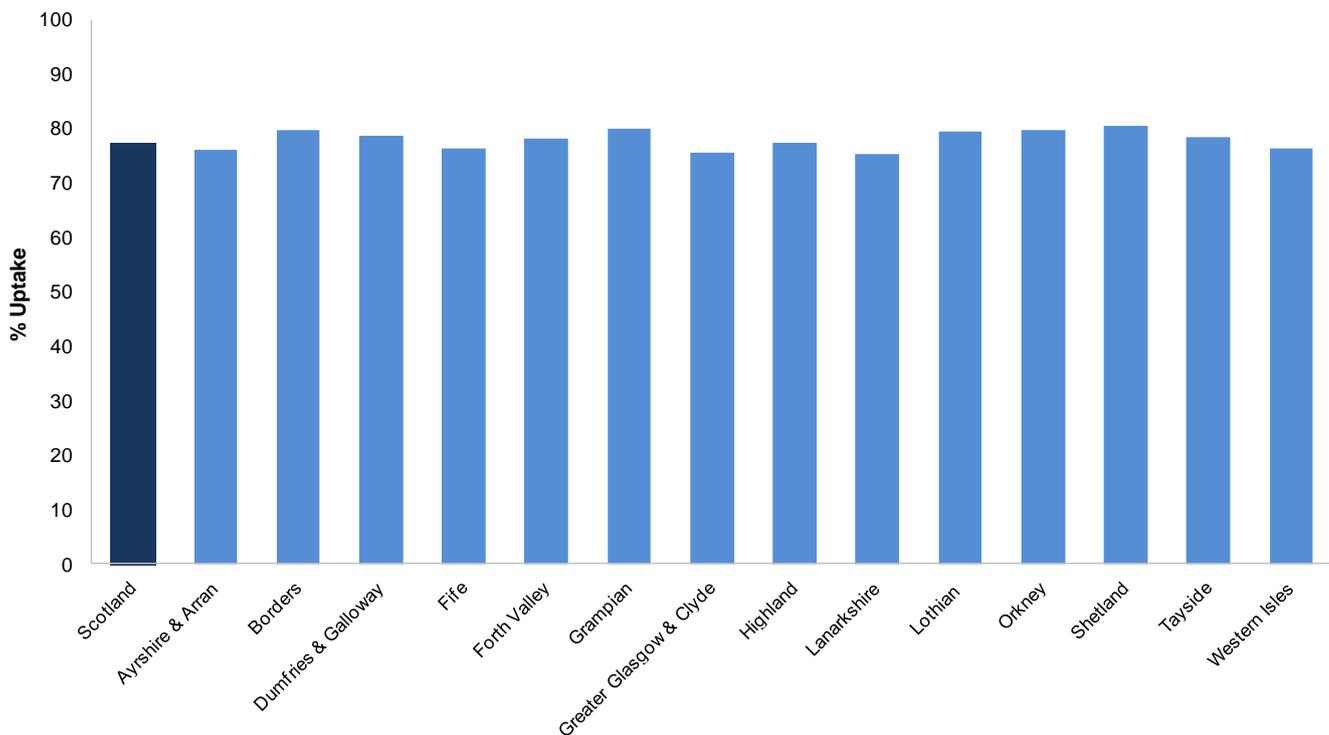
5.5 Year Uptake

For those aged 50-64, uptake is calculated as the percentage of women eligible for screening who have had an adequate screening test within the last 5.5 years.

At 31st March 2017

- Of those screened in the previous 5.5 years, the uptake amongst women aged 50 to 64 years was 77.4% at 31 March 2017. In the mainland NHS Boards this varied from 75.4% in Lanarkshire to 80.0% in Grampian.

Figure 3. Percentage uptake rates of females in Scotland aged 50 - 64¹ with a record of a previous screening test taken within the last 5.5 years, by NHS Board of Residence, 1st April 2016 to 31st March 2017



1. Based on SCCRS population denominator (excluding medically ineligible women).

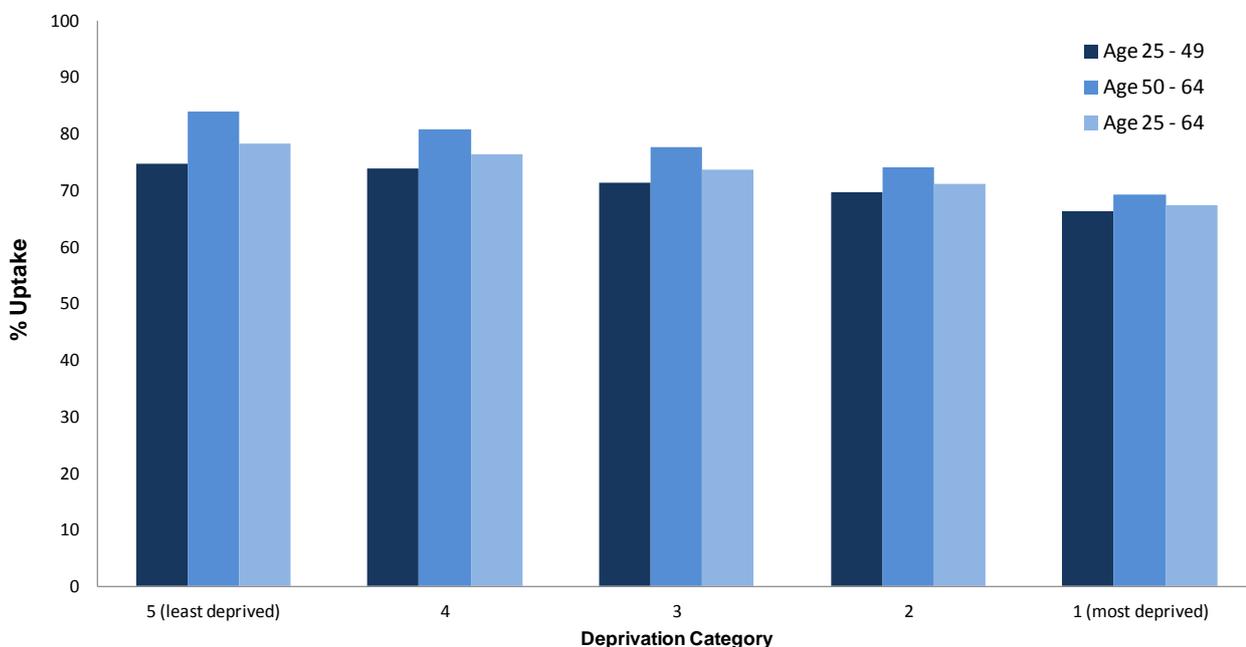
Uptake by Deprivation

- In women aged 25 – 64 years, the combined percentage uptake to 31 March 2017 fell with increasing deprivation from 78.3% in the least deprived category, to 67.4% in the most deprived category (Table 1 and Figure 4).

Table 1. Percentage uptake of females with a record of a previous screening test taken within last 3.5, 5.5 or combined years by deprivation: Scotland, 1st April 2016 to 31st March 2017

SIMD ² Deprivation Category	Percentage uptake ¹		
	Age group		
	25 - 49	50 - 64	25 - 64
5 (least deprived)	74.7	83.9	78.3
4	73.9	80.8	76.5
3	71.4	77.8	73.8
2	69.7	74.1	71.2
1 (most deprived)	66.4	69.4	67.4
Scotland	71.0	77.4	73.4

Figure 4. Percentage uptake of females aged 25-49, 50-64 & 25-64 by deprivation category: Scotland, 1st April 2016 to 31st March 2017



1. Uptake of cervical screening by deprivation category - percentage of people with a final outright screening test result for which a valid postcode is available, out of those eligible.

2. Scottish Index of Multiple Deprivation (Quintiles), most appropriate version of SIMD2016 applied to 2016-17.

Uptake rates by HPV Vaccination Status

Human papilloma virus (HPV) is a DNA virus that infects the deepest layer of the skin or genital surfaces (epithelium). Over 100 different types are recognised, some of which are known to be related to the development of cancer. The most common HPV-induced cancer is cervical cancer with HPV 16 and 18 responsible for 70% of cervical cancers worldwide. The remaining 30% of cervical cancers are caused by the other 16 high-risk HPV types.

Most significant changes in the cells of the cervix are caused by HPV passed on through intimate contact. HPV is very common, 8 out of 10 people in Scotland will contract it at some point in their lives. As there are usually no symptoms, many people have it for months or years without knowing it.

Scotland both screens from an early age (currently age 25 years) and has a highly organised and effective school-based immunisation programme. Uptake of vaccine in the catch-up cohorts (catch up programme ran from September 2008 to end of 2011 and targeted girls from their 13th birthday until their 18th birthday) was 65% overall, varying between 40% in school leavers and 80% in those still at school. Routine immunisation of girls aged 11-12, in S2, has an uptake of 90% or greater. The Immunisation Status of FULL indicates that the girl has completed her course of immunisations; INCOMPLETE indicates that one or more doses of vaccine have been administered but the course has not been completed, and NONE means that no vaccine has been given.

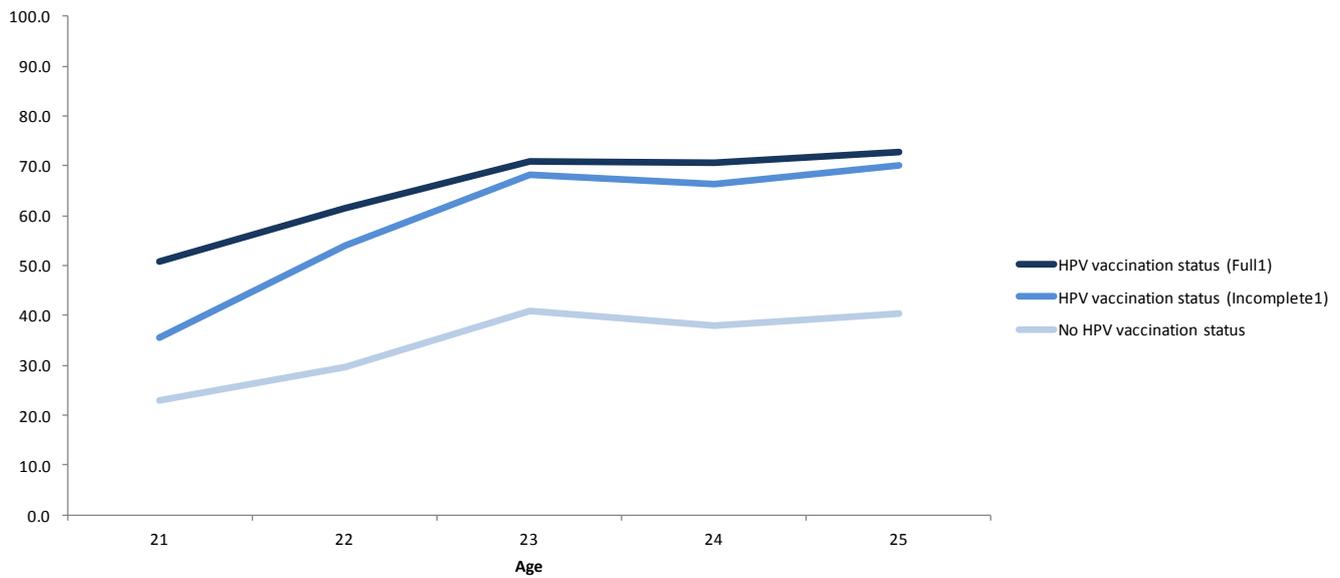
Girls immunised as part of catch up entered the screening programme at age 20 in 2010; those immunised routinely entered the programme in 2015. Following the change in age range in June 2016, no further routinely immunised women will start screening until 2021. Continued attendance for cervical screening after immunisation is important for many reasons. The HPV types covered by the vaccines currently account for between 75 and 90% of cancers in Scotland, depending upon the vaccine given. However, this leaves between 10 and 25% of tumours for which regular screening is still the only prevention.

- Cervical screening uptake is highest in HPV vaccinated women across all ages (21-25) when compared to non-vaccinated women. This may be due to immunised women being more aware of risks involved due to the education provided during the immunisation programme.

Table 2. Percentage uptake for Cervical Screening by HPV Immunisation Status¹: Scotland, 1st April 2016 to 31st March 2017

HPV Vaccination Status	Age				
	21	22	23	24	25
Immunised (Full)	50.9	61.5	70.9	70.7	72.7
Immunised (Incomplete)	35.4	54.0	68.2	66.4	70.0
Non-Immunised	22.8	29.6	40.8	37.9	40.3

**Figure 5. Percentage uptake of females aged 21-25² by HPV Immunisation Status¹:
Scotland, 1st April 2016 to 31st March 2017**



1. The Immunisation Status of FULL is where the individual has been Fully Immunised, i.e. had all HPV doses. Incomplete is where the individual has had at least one of the Immunisations but not all of them.

2. Based on SCCRS population denominator (excluding medically ineligible women) ages 21-25.

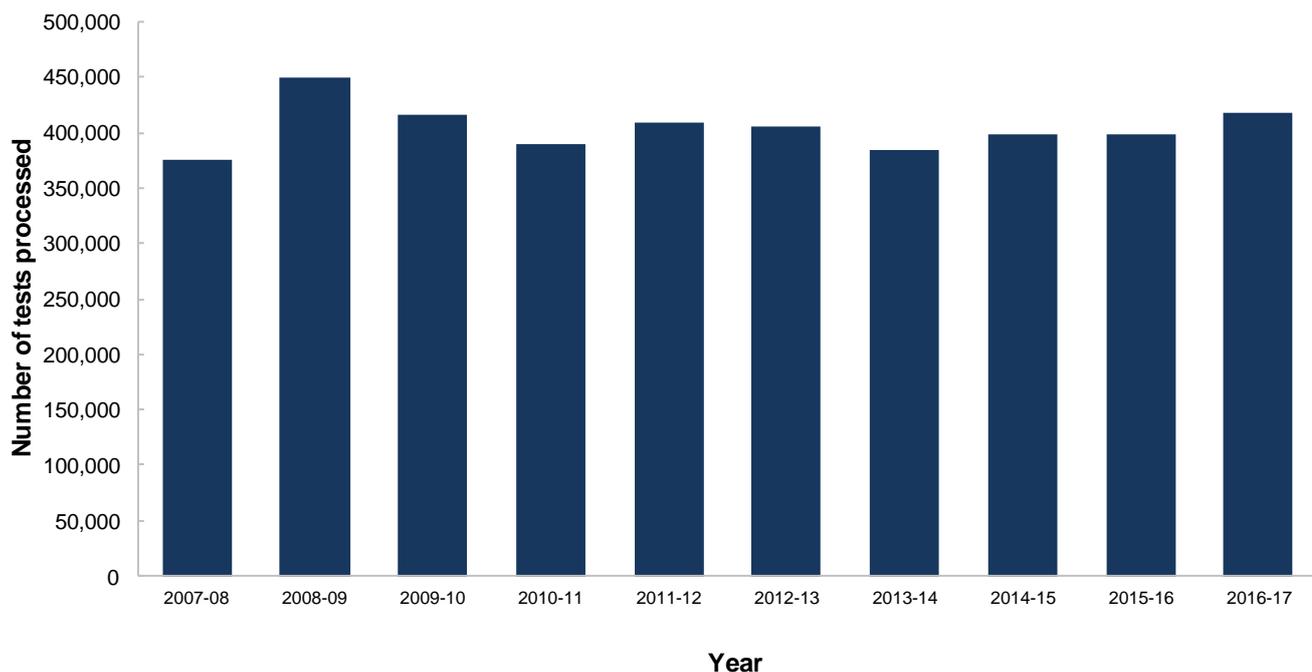
3. Numbers vaccinated in some NHS boards have very small numbers of incomplete vaccinations; this will affect the uptake percentage.

Workload statistics

Trends in the number of cervical screening tests processed

- In 2016-17, 417,267 cervical screening tests were processed within the programme (Figure 6).
- This 2016-17 increase in screening tests is due in part to the changes in age and frequency for cervical screening introduced from 6 June 2016. Women aged 20-24 who had already been invited prior to 6 June were included, and there has been a significant increase in women aged 61-64.
- The number of tests processed in the last 10 years has varied between around 375,500 and 417,300 with the exception of 2008-09 (450,500), which saw a sharp increase from preceding years most likely due to the impact of publicity surrounding the introduction of the HPV vaccination programme and the diagnosis and subsequent death of Jade Goody in March 2009 (Figure 6).

Figure 6. Number of cervical screening tests processed¹ at NHS laboratories: Scotland, 1st April 2007 to 31st March 2017²

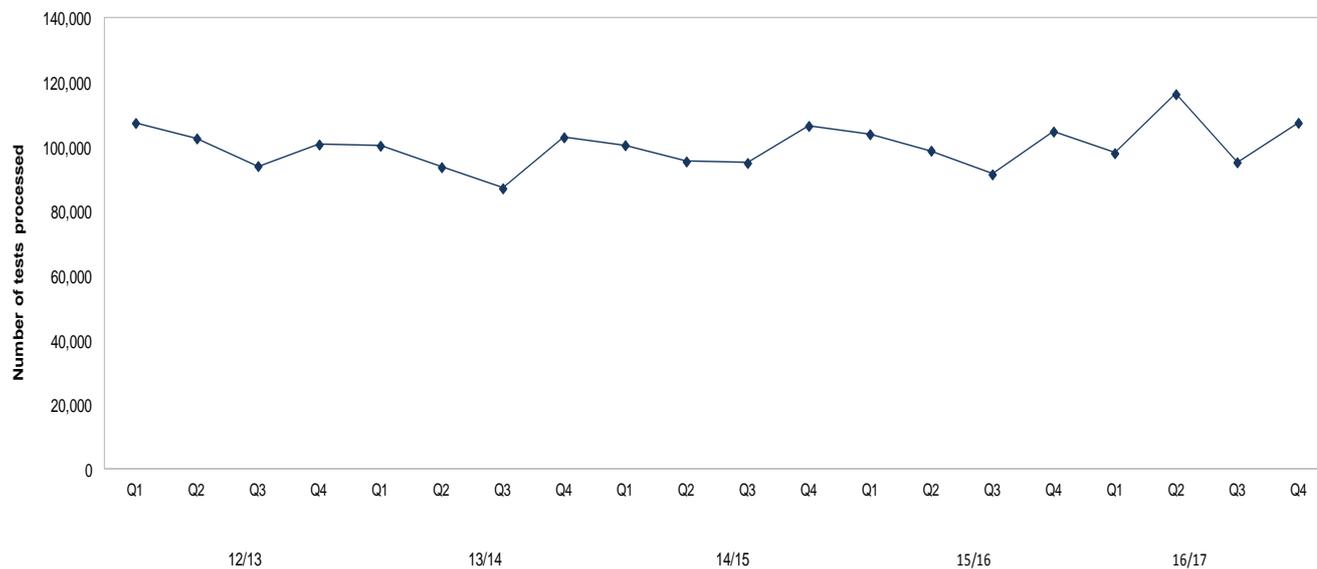


1. Data include unsatisfactory screening tests.

2. The increase in screening tests in 2016/17 may be due to changes to the age and frequency for cervical screening introduced from 6 June 2016.

- The highest number of screening tests processed in 2016-17 was in Q2 when 116,414 tests were processed.

Figure 7. Trends in the number of cervical screening tests processed¹ by quarter: Scotland, 1st April 2012 to 31st March 2017²



1. Data include unsatisfactory screening tests.
2. The increase in screening tests in 2016/17 may be due to the changes to the age and frequency for cervical screening introduced from 6 June 2016.

Cervical screening results

In 2012/13 changes were made to screening test result categories in accordance with those agreed by the British Association for Cytopathology. These have been incorporated in all tables and charts. Please see [glossary](#) for more information.

- The percentage of screening test results indicating high grade cell changes, which require a further examination, has remained low at around 1.0-1.4% since 2006-07, dropping to a new low of 1.0% in 2016-17 (Table 3).

Table 3. Total number of satisfactory screening tests and percentage results: Scotland, 1st April 2007 to 31st March 2017²

Year	Total satisfactory screening tests	Negative	Low grade cell changes ¹	High grade cell changes ¹
2007-08	364,842	92.3	6.4	1.3
2008-09	436,881	91.6	7.0	1.4
2009-10	402,905	91.3	7.4	1.3
2010-11	379,355	90.8	7.9	1.3
2011-12	398,858	90.9	7.8	1.3
2012-13	394,995	90.3	8.3	1.4
2013-14	374,047	90.6	8.0	1.4
2014-15	387,008	91.0	7.7	1.4
2015-16	389,004	90.8	7.9	1.3
2016-17	405,705	91.5	7.5	1.0

1. Please refer to the glossary on page 17 to see how low and high grade cell change are categorised.
2. The increase in screening tests in 2016/17 may be due to the changes to the age and frequency for cervical screening introduced from 6 June 2016.

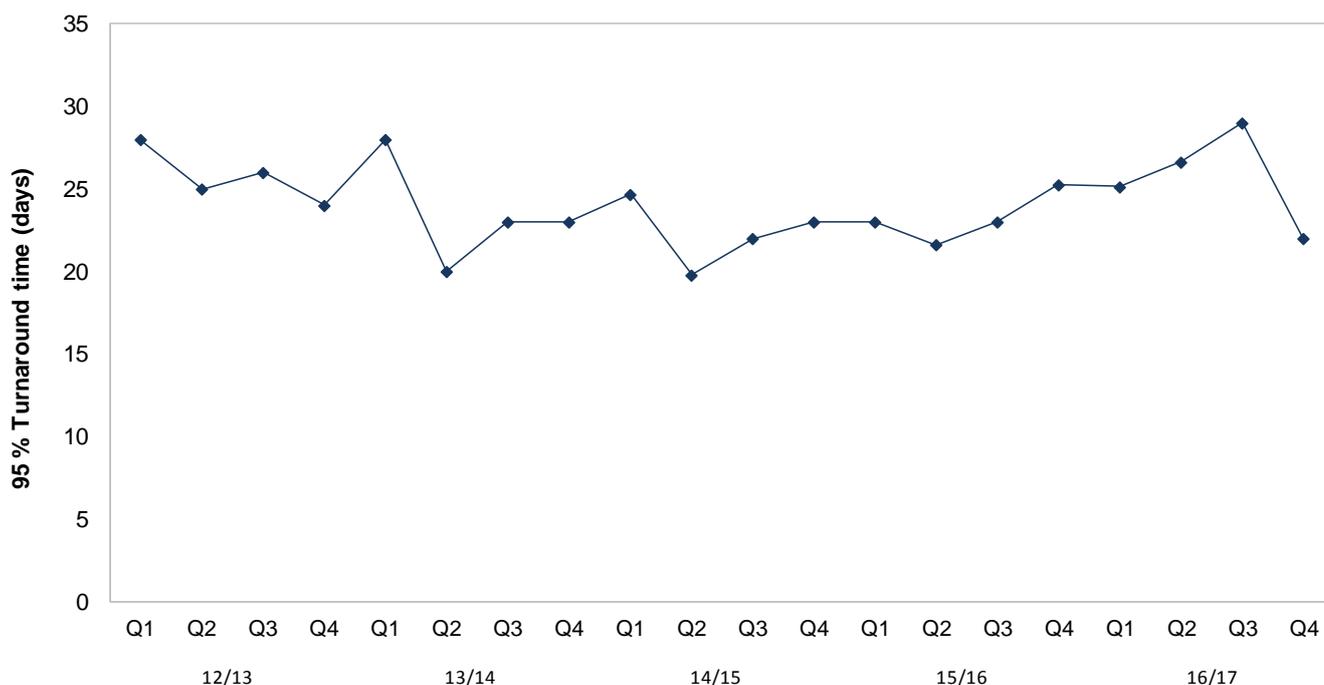
Additional cervical screening statistics

Laboratory turnaround times

It was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround times for 95% of all screening tests processed in Scotland provides a more informative reflection of the time taken to turnaround samples than the mean figure. This change in reporting has been implemented from the 2013 publication. Previously published mean turnaround figures are available [here](#).

- In 2016-17 the laboratory turnaround time for 95% of all cervical screening tests processed in Scotland ranged from 22 days in Q4 to 29 days in Q3 (Figure 8). The figures for 2016-17 show an increase in turnaround times in quarters 1, 2 & 3 when compared to 2015-16.
- The laboratory turnaround time of 29 days in Q3 for 2016-17, for processing 95% of cervical screening tests is the highest in the previous five years.

Figure 8. Turnaround times¹ (days) for 95% of all cervical screening tests processed by quarter: Scotland, 1st April 2012 to 31st March 2017

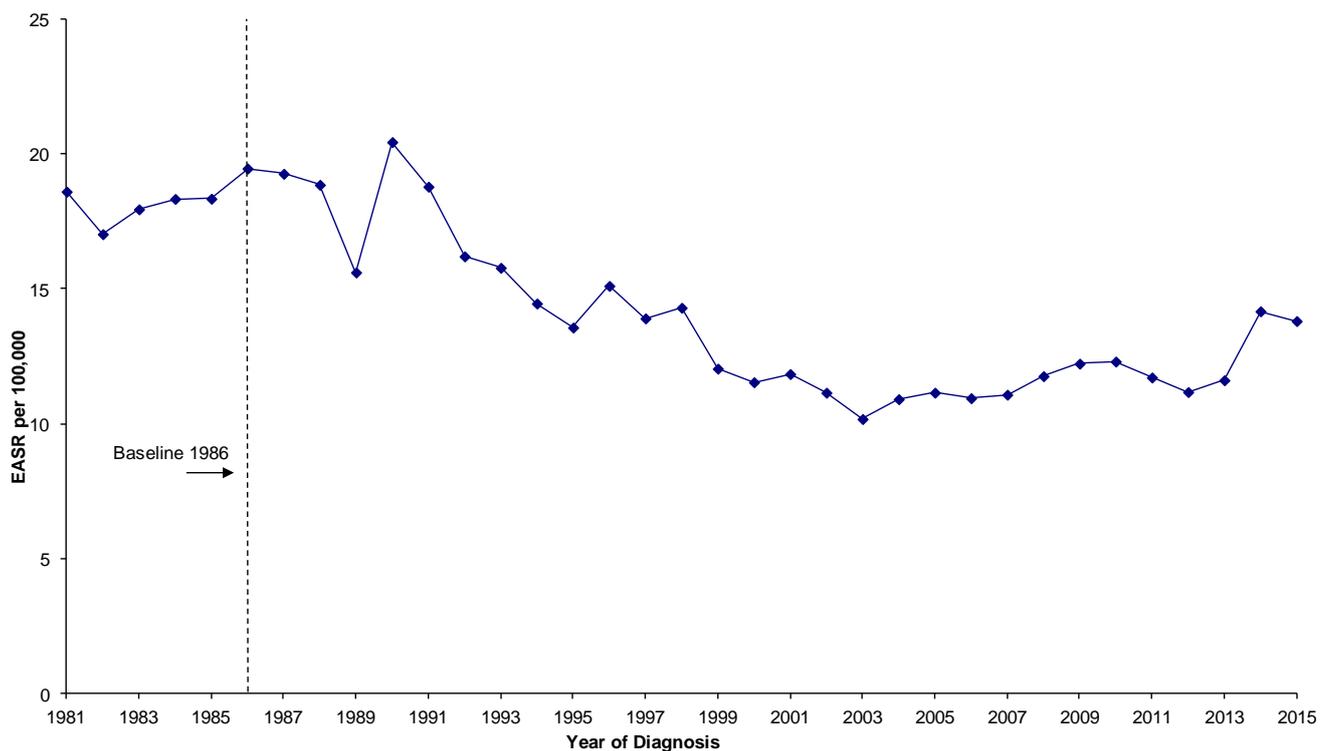


1. The turnaround time is defined as the number of days from the date the sample was received by the laboratory to the date the report was issued by the laboratory.

Invasive cervical cancer incidence

- Between 2014 and 2015 cervical cancer incidence decreased from 14.2 to 13.8 (European Age Standardised Rate per 100,000 females).
- Over the last 34 years, European age-standardised rates have fallen from 18.6 diagnoses of cervical cancer per 100,000 persons in 1981, to 13.8 in 2015 (Figure 9), this may be partly due to the continued efforts of the cervical screening programme.

Figure 9. Cervical Cancer Incidence (European Age Standardised Rates) (Standardised using the 2013 European Standard Population^{1,2}) Females of All Ages, Scotland 1981-2015



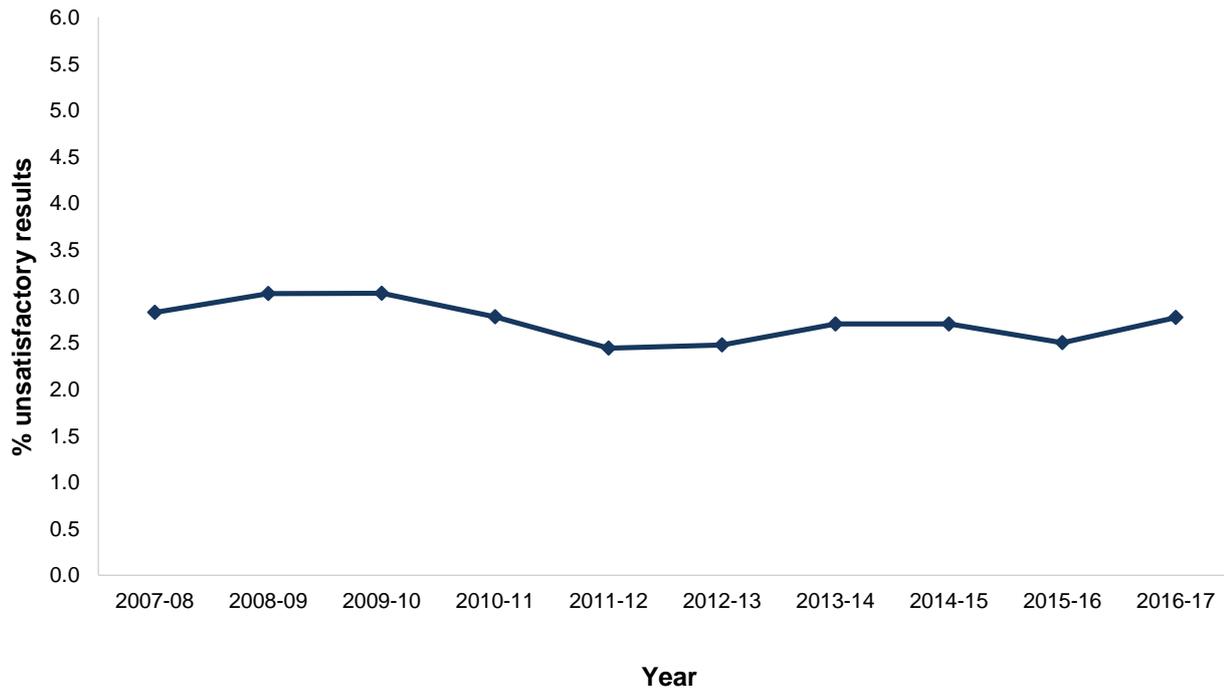
1. Incidence rates have been age-standardised to the European Standard Population and cover females of all ages.
2. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable.

Detailed cervical cancer incidence and mortality data, lifetime risk, prevalence and survival statistics can be found on the [cervical cancer statistics](#) page of the Cancer website. Information on the most recent cancer incidence publication can be found [here](#).

Unsatisfactory screening results

- In 2016-17 the percentage of unsatisfactory screening tests, where insufficient cells have been taken for testing, increased by 0.3 percentage points to 2.8% compared to 2015-16. The percentage of unsatisfactory screening tests has varied over the past 10 years (ranging from 2.4% to 3.0%).

**Figure 10. Percentage of unsatisfactory screening results:
Scotland, 1st April 2007 to 31st March 2017**



Glossary

Cytology	the study of cells
Dyskaryosis	cell changes which could develop to become malignant
Low grade cell changes	result grouping which covers borderline change in squamous cells/endocervical cells and low grade dyskaryosis results
High grade cell changes	result grouping which covers high grade dyskaryosis (moderate and severe), high grade dyskaryosis, invasive, glandular abnormality and endocervical adenocarcinoma results
Cervical screening test	a test which detects changes in the cells of the cervix and enables affected women to have treatment early
Adenocarcinoma	a particular type of malignant tumour arising from glands
Liquid Based Cytology (LBC)	a method of assessing cell changes
Satisfactory/adequate screening test	a test that is of sufficient quality to enable the cytopathologist to interpret the findings and provide a working diagnosis

Cervical screening terms relating to the data within this publication can be found within our [Glossary](#) document on the [Cervical Screening](#) homepage

List of Tables

Table No.	Name	Time period	
1	Annual Uptake	1 st April 2016 to 31 st March 2017	Excel [51kb]
2	Cervical uptake by deprivation	1 st April 2016 to 31 st March 2017	Excel [34kb]
3	Cervical uptake by HPV Vaccination Status	1 st April 2016 to 31 st March 2017	Excel [15kb]
4	Annual workload data	1 st April 2007 to 31 st March 2017	Excel [58kb]
5	Number of screening tests processed	1 st April 2007 to 31 st March 2017	Excel [31kb]
6	Turnaround times	1 st April 2009 to 31 st March 2017	Excel [50kb]
7	Reporting times	1 st April 2008 to 31 st March 2017	Excel [32kb]
8	Workload with turnaround times	1 st April 2009 to 31 st March 2017	Excel [19kb]
9	Percentage of unsatisfactory screening tests	1 st April 1999 to 31 st March 2007	Excel [33kb]
10	Screening test results by quarter (numbers)	1 st April 1999 to 31 st March 2007	Excel [274kb]
11	Screening test results by quarter (percentages)	1 st April 1999 to 31 st March 2007	Excel [296kb]
12	Crosstabulation by quarter	1 st April 1999 to 31 st March 2007	Excel [281kb]
13	Cervical cancer incidence and mortality	1 st January 1981 to 31 st December 2015	Excel [115kb]

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Further Information

Further information can be found in the [Scottish Cervical Screening Programme Statistics Publication](#) or on the [cervical screening section](#) of the ISD website.

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Appendices

A1 – Background Information

The use of cervical screening to detect changes in cells, which could develop to become malignant, has been shown to reduce cervical cancer incidence and mortality. The test involves analysing cells which have been taken from the neck area of the womb, also known as the cervix. Routine checks ensure that any changes in cells can be picked up, monitored and treated if necessary.

From Monday, June 6th 2016, the age range for cervical screening changed from ages 20–60 years, to ages 25–64 years plus 364 days. The frequency of cervical screening continued to be every three years from age 25 to age 49, but changed to be every five years for women from age 50 to 64 plus 364 days of age. Women on non-routine screening (where screening results have shown changes that require further investigation/follow up) are now invited up to age 70 years plus 364 days of age (a change from previous arrangements up to age 68). Women under the age of 25 who had already been invited for a test as part of the screening programme continue to be invited for screening, regardless of whether her recall date was before or after she had reached 25 years and regardless of whether she had attended for screening or not.

Until May 2007, Cervical Cytology Statistics were collected quarterly from laboratories on form ISD(D)1Q and annually from health boards on form ISD(D)4, with data being compiled by ISD Scotland. More information can be found on our Data Sources page.

In May 2007, following a review of local call recall arrangements in Scotland, a new national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across NHS Scotland. Cervical screening data are currently collected by each of the laboratories in Scotland and retained on the Scottish Cervical Call Recall System (SCCRS). SCCRS collects information relating to each step as a woman moves through her screening episode. More information on SCCRS can be found on the National Services Division website at www.nsd.scot.nhs.uk.

For publication and management turnaround, ISD extracts data from SCCRS on cervical screening tests carried out in Scotland on a quarterly basis, for periods ending 31st March, 30th June, 30th September and 31st December. In addition to this, ISD also extract information on cervical screening uptake figures on an annual basis, for years ending 31st March. Until 31st March 2008, uptake rates for those women invited to attend cervical screening in the previous 3.5 years had declined year on year across Scotland. The majority of the decrease, almost 7%, occurred between 31st March 2007 and 31st March 2008. This decline coincided with the implementation of a new standardised recording system, which has improved the quality of the data collected and could explain some of the decrease.

For the 2013 publication onwards, it was agreed by members of the Scottish Cervical Screening Programme Quality Assurance Reference Committee (QARC) that turnaround times for 95% of all screening tests processed in Scotland provide a more informative reflection of the time taken to turnaround samples than the mean figure (as published prior to 2013).

All analytical support of the Scottish Cervical Screening Programme is provided by ISD Scotland.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Scottish Cervical Screening Programme Statistics 2016-17
Description	Annual and quarterly cervical screening statistics including uptake by age group, deprivation and HPV immunisation status, average reporting and laboratory turnaround times, number of cervical screening tests processed and results of tests, all reported by NHS Board/laboratory.
Theme	Health and Social Care
Topic	Conditions and Diseases
Format	Excel workbooks
Data source(s)	Scottish Cervical Call Recall System (SCCRS) from 2007-08. Any data previous to May 2007 were collected from laboratories using ISD(D) forms 4 and 1Q.
Date that data are acquired	August 2017
Release date	5th September 2017
Frequency	Annual
Timeframe of data and timeliness	Data up to 31st March 2017. No delays between receipt and processing of data for publication.
Continuity of data	<p>Annual uptake figures (of females who had a record of a previous screening test taken within last 3.5 or 5.5 years) by NHS Board are reported from 2016/17 only. Information has been included for the first time on uptake by deprivation and HPV immunisation status.</p> <p>Due to changes in the age and frequency and how the Health Board has been allocated uptake statistics are only presented for the latest year. Comparable trend data will be available in future publications.</p> <p>Annual workload data showing the number of cervical screening tests processed by NHS Board/laboratory are reported from 2006/07.</p> <p>Annual workload data showing the results and % results of cervical screening tests by NHS Board are reported for 2006/07.</p> <p>Annual workload data showing the results and % results of cervical screening tests processed in Scotland are reported from 2006/07.</p> <p>Annual workload data showing the % of unsatisfactory screening tests by NHS Board/laboratory are reported from 2006/07.</p> <p>Quarterly workload data on the number of cervical screening tests processed by NHS Board/laboratory are</p>

	<p>reported from 2006/07.</p> <p>Turnaround times for completion of 95% of screening tests by quarter and laboratory are reported from 2008/09.</p> <p>Number of cervical screening tests processed and turnaround times for completion of 95% of screening tests by quarter are reported on from 2008/09.</p> <p>Historical quarterly data on the number of cervical screening tests processed and the corresponding results are reported on from 1999.</p>
Revisions statement	<p>A national IT system, the Scottish Cervical Call Recall System (SCCRS), was introduced across Scotland in May 2007 to standardise the recording of cervical screening information. The SCCRS system has improved the quality of the data collected. Data included in this publication prior to May 2007 is compiled from legacy applications.</p>
Revisions relevant to this publication	<p>There are no revisions to this publication.</p>
Concepts and definitions	<p>Please see Cervical Screening FAQ and Glossary document found at the bottom of the Cervical Screening homepage.</p>
Relevance and key uses of the statistics	<p>ISD's Scottish Cervical Screening Programme statistics are designed for monitoring and evaluating the effectiveness of the Scottish Cervical Screening Programme. The statistics are used for a variety of purposes, including:</p> <ul style="list-style-type: none"> • informing Scottish Government planning, including NHS spending and the development of the Scottish cancer care action plan; • informing Health Boards' planning and commissioning of cancer services; • health services research and clinical audit; • promoting changes in societal behaviour, such as increasing screening uptake rates; and • providing information to compare with UK and international health data.
Accuracy	<p>All cervical screening data are subject to validation when entered onto SCCRS.</p> <p>Further checks on figures are carried out by individual laboratories on a quarterly basis. Any inaccuracies are then reported back for investigation and correction, if necessary.</p>
Completeness	<p>At time of extraction, data for the most recent year are estimated to be complete. See above note on Revisions.</p>
Comparability	<p>Currently, cervical screening statistics are not generally</p>

	compared with other areas of the UK. The eligible age range for invitation to cervical screening varies within the UK.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	All cervical screening tables are accessible via the Cervical Screening homepage. Cervical screening data are presented within Excel spreadsheets for each table.
Value type and unit of measurement	Number of cervical screening tests, results of tests and average turnaround times are reported as a count; uptake and % results are reported as a percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Assessment by UK Statistics Authority for National Statistics designation completed.
Last published	6 th September 2016
Next published	4 th September 2018
Date of first publication	3.5 & 5.5 year uptake information by NHS Board of Residence is available from 1st January 1995. Annual workload information, for the number of cervical screening tests processed, is available from 1st January 1995.
Help email	nss.isdcancerstats@nhs.net
Date form completed	17 August 2017

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

- Scottish Cervical Screening Programme National Coordinator and Programme Manager – National Service Division

- NHS Board Cervical Screening Laboratory contacts

- Cervical screening Quality Assurance Reference Committee (QARC)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.