

Scottish Cervical Screening Programme Statistics 2016-17



Annual update to 31 March 2017

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About this release

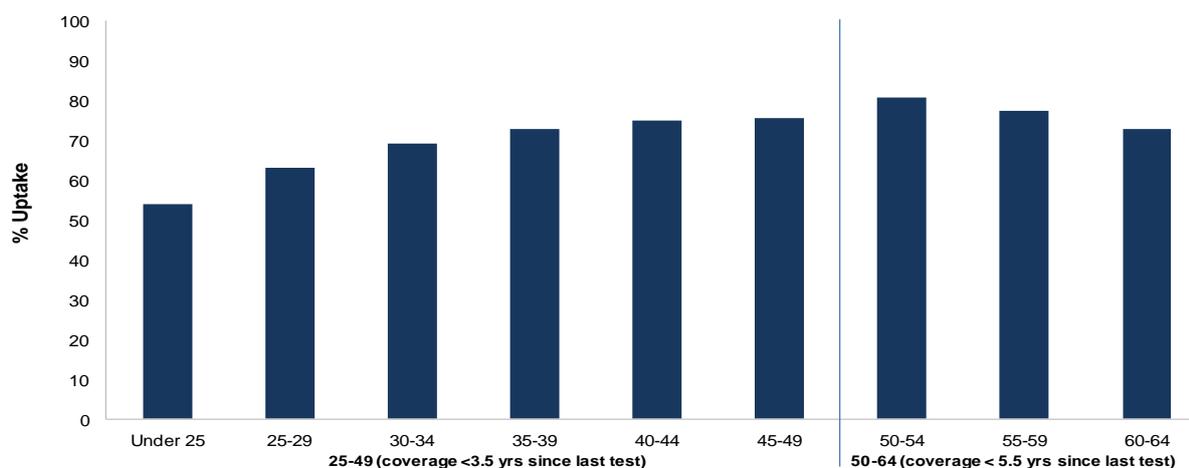
This publication by the Information Services Division provides annual and quarterly cervical screening statistics. The report includes uptake by age group, NHS Board, deprivation, Human papilloma virus (HPV) immunisation status, laboratory turnaround times, number of cervical screening tests and results of tests by NHS Board and laboratory. Uptake statistics by deprivation and HPV immunisation status are being published for the first time.

For the period reported, cervical screening was routinely offered to women aged 25-64 in Scotland; those aged 25-49 every three years and those aged 50-64 every five years.

Main Points

- 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 cervical screening in 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).

- Uptake was higher in areas of lower deprivation. Uptake for women aged 25 to 64 in the least deprived areas was 78.3% compared with 67.4% in the most deprived areas.
- Cervical screening uptake is highest in HPV vaccinated women across ages 21-25 when compared to non-vaccinated women. This may be partly due to immunised women being more aware of the risks involved following the education received during the immunisation programme.
- In 2016-17, 417,267 cervical screening tests were processed. Of all tests processed, 97.2% were of satisfactory quality i.e. there were enough cells in the sample.
- Of the satisfactory quality tests, 91.5% had a negative (normal) result, 7.5% had a low grade cell change and the remaining 1.0% had high grade cell changes.

Background

The aim of cervical screening is to identify cell changes in the cervix which could develop to become malignant, thereby reducing cervical cancer incidence and mortality. Changes in cells identified at an early stage can be easily treated and treatment is usually very effective.

Abnormal results are reported in two different ways:

- Low grade or borderline cell changes (low grade dyskaryosis)
- High grade cell changes which are moderate or severe (high grade dyskaryosis).

Dyskaryosis is a medical term to describe cell changes which could develop to become malignant.

Trend data is not available in this publication for uptake due to changes in [age and frequency](#). This will be available in future publications.

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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.

ISD and Official Statistics

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