Scottish Cervical Screening Programme Statistics 2017/18
Annual update to 31 March 2018

Publication date
4 September 2018

A National Statistics publication for Scotland
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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.

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.

From Monday 6th June 2016, the age range of 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 from the September 2017 publication onwards.

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 publication 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 by age group 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 2018. The Scottish Cervical Screening Programme Statistics for 2017-18 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 provides a window to allow for the appointment to have taken place after the invitation has been sent.

ISD carried out a consultation during 2017 for users to provide comments on the Scottish Cervical Screening Programme statistics. We have taken those comments into consideration and have provided updated tables by NHS Board of residence and deprivation quintiles including 5 year age group information. Further changes will be made to future publications. A summary of the responses we received to the consultation are the on the cancer website.
Main Points

• For women eligible as at 31st March 2018: 72.8% of eligible women (aged 25 to 64) were recorded as screened adequately in 2017/18.

• Uptake of screening is poorest in younger women and increases with age to a peak at 50-54 years.

• Uptake of screening was highest in women from the least deprived areas and fell with increasing deprivation.

• Cervical screening uptake is highest in HPV vaccinated women 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 2017/18

• 378,382 cervical screening tests were processed within the programme.

• Of all tests processed, 97.2% were of satisfactory quality. Of satisfactory results, 91.8% had a negative result, 7.2% 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 2 (1st July to 30th September), when 95% of tests were processed within 19 working days.
Results and Commentary

This publication presents information about the NHS Cervical Screening Programme in Scotland in 2017/18. It includes statistics on women aged 25-64 who are invited for regular screening under the call and recall programme.

From 6th 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 five 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.

Please note that the following tables and charts are based on the 2014 NHS Board configuration. Figures for NHS Highland now include the Argyll & Bute area and figures for NHS Greater Glasgow now include the Clyde area. The NHS 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 NHS Board has been allocated, uptake statistics are only presented for the latest two years. Further 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 2018.

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.

For women eligible as at 31st March 2018:

- The percentage of eligible women (aged 25 to 64) who were recorded as screened adequately within the specified period was 72.8%. This is down 0.6 percentage points when compared to the previous year.
- Uptake of cervical screening is lowest in women under 30 years old and increases with age to a peak of 80.3% at age 50-54 years. It then declines with age.

Figure 1: Uptake of cervical screening for women aged 25-64\(^1\) by age group, Scotland: 2016/17 and 2017/18

Source: Scottish Cervical Call Recall System

Notes:
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 2018. These data show:

- The uptake was 70.5% in Scotland. In mainland NHS Boards this varied from 66.3% in Greater Glasgow & Clyde to 76.1% in Dumfries & Galloway.
- Uptake decreased by 0.5 percentage points when compared with the 2016/17 figure.

Figure 2: Cervical screening uptake, women aged 25 - 49\(^1\), by NHS Board of residence: 2017/18

Source: Scottish Cervical Call Recall System

Notes:
1. Based on the Scottish Cervical Call Recall System (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 on 31 March 2018. For these data:

- Uptake in Scotland was 76.8%. In the mainland NHS Boards this varied from 74.9% in Lanarkshire to 79.2% in Grampian.

- Uptake has decreased by 0.6 percentage points when compared with the 2016/17 figure.

**Figure 3: Cervical screening uptake, women aged 50-64**, by NHS Board of residence: 2017/2018

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**Notes:**

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

- In women aged 25 – 64 years, the combined percentage uptake to 31 March 2018 fell with increasing deprivation from 77.8% in the least deprived category, to 66.8% in the most deprived category (Table 1 and Figure 4).
- The highest difference between the least deprived and most deprived areas is in the 50-64 age group with a 14.9% decrease in uptake.

Table 1: Combined percentage uptake by deprivation, Scotland: 2017/18

<table>
<thead>
<tr>
<th>SIMD² deprivation category</th>
<th>Percentage uptake¹</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Age Group</td>
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<tr>
<td></td>
<td>25-49</td>
</tr>
<tr>
<td>5 (Least Deprived)</td>
<td>74.2</td>
</tr>
<tr>
<td>4</td>
<td>73.5</td>
</tr>
<tr>
<td>3</td>
<td>70.7</td>
</tr>
<tr>
<td>2</td>
<td>69.1</td>
</tr>
<tr>
<td>1 (Most Deprived)</td>
<td>66.0</td>
</tr>
<tr>
<td>Scotland</td>
<td>70.5</td>
</tr>
</tbody>
</table>

Figure 4: Cervical screening uptake by age group and deprivation, Scotland: 2017/18

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 2017-18.
**Uptake 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 has a highly organised and effective school-based immunisation programme. Uptake of vaccine in the catch-up cohorts (the 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 ‘Non-Immunised’ 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 (21-26) 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 but there may be other factors, such as socio-economic deprivation, that influence both immunisation and screening behaviour.

<table>
<thead>
<tr>
<th>HPV Vaccination Status</th>
<th>Age</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Immunised (Full)</td>
<td>48.7</td>
</tr>
<tr>
<td>Immunised (Incomplete)</td>
<td>41.5</td>
</tr>
<tr>
<td>Non-Immunised</td>
<td>23.6</td>
</tr>
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</table>

Table 2: Percentage uptake for Cervical Screening by HPV Immunisation Status¹: Scotland, 1 April 2017 to 31 March 2018
Figure 5: Percentage uptake of females aged 21-26² by HPV Immunisation Status¹, Scotland: 2017/18

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 21-26.

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

4. The ages reported will expand once more time has passed to allow females who have been immunised for HPV to be eligible for screening.
Workload statistics

**Trends in cervical screening processing**

- In 2017/18, 378,382 cervical screening tests were processed within the programme (Figure 6).

- The number of tests processed in the last 10 years has varied between around 378,400 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).

- The reduction in the number of tests processed in 2017/18 will partly be due to the change in the age range and frequency from 6<sup>th</sup> June 2016. Women aged 50-64 years of age are now invited every five years instead of every three years.

**Figure 6: Number of cervical screening tests processed<sup>1</sup> at NHS laboratories, Scotland: 2008/09 to 2017/18**

1. Data include unsatisfactory screening tests.
• The highest number of screening tests processed in 2017/18 was in Q4 when 103,483 tests were processed.

Figure 7: Trends in the number of cervical screening tests processed\(^1\) by quarter, Scotland: quarterly from 1 April 2013 to 31 March 2018

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1. Data include unsatisfactory screening tests.
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 2017/18 the laboratory turnaround time for 95% of all cervical screening tests processed in Scotland ranged from 19 days in Q2 to 28 days in Q4 (Figure 8). The figures for 2017/18 show a decrease in turnaround times in quarters 1, 2 & 3 when compared to 2016/17.

- The laboratory turnaround time of 19 days in Q2 for 2017/18, for processing 95% of cervical screening tests is the lowest in the previous five years.

Figure 8: Turnaround times¹ (days) for 95% of all cervical screening tests processed by quarter: Scotland, 1 April 2013 to 31 March 2018

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.
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% over the last ten years, a low of 1.0% in 2017-18 (Table 3).

**Table 3: Total number of satisfactory screening tests and percentage results, Scotland: 2008/09 to 2017/18**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total satisfactory screening tests</th>
<th>Negative</th>
<th>Low grade cell changes¹</th>
<th>High grade cell changes¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>436,881</td>
<td>91.6</td>
<td>7.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2009/10</td>
<td>402,905</td>
<td>91.3</td>
<td>7.4</td>
<td>1.3</td>
</tr>
<tr>
<td>2010/11</td>
<td>379,355</td>
<td>90.8</td>
<td>7.9</td>
<td>1.3</td>
</tr>
<tr>
<td>2011/12</td>
<td>398,858</td>
<td>90.9</td>
<td>7.8</td>
<td>1.3</td>
</tr>
<tr>
<td>2012/13</td>
<td>394,995</td>
<td>90.3</td>
<td>8.3</td>
<td>1.4</td>
</tr>
<tr>
<td>2013/14</td>
<td>374,047</td>
<td>90.6</td>
<td>8.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2014/15</td>
<td>387,008</td>
<td>91.0</td>
<td>7.7</td>
<td>1.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>389,004</td>
<td>90.8</td>
<td>7.9</td>
<td>1.3</td>
</tr>
<tr>
<td>2016/17</td>
<td>405,705</td>
<td>91.5</td>
<td>7.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2017/18</td>
<td>367,821</td>
<td>91.8</td>
<td>7.2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

¹ Please refer to the glossary on page 18 to see how low and high grade cell change are categorised.
Unsatisfactory screening results

- In 2017/18 the percentage of unsatisfactory screening tests, where insufficient cells have been taken for testing, stayed the same at 2.8% when compared to 2016/17.

- 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: 2008/09 to 2017/18
Invasive cervical cancer incidence

- Between 2015 and 2016 cervical cancer incidence decreased from 13.9 to 12.3 (European Age Standardised Rate per 100,000 females).
- Over the last 35 years, European age-standardised rates have fallen from 18.6 diagnoses of cervical cancer per 100,000 persons in 1981, to 12.3 in 2016 (Figure 9). This may be partly due to the continued efforts of the cervical screening programme.
- There is, as yet, no clear indication of a change in invasive cervical cancer incidence among women aged 20-24 as a result of HPV vaccination [http://www.isdscotland.org/Health-Topics/Cancer/Cervical-Screening/]

Figure 9: Cervical Cancer Incidence (European Age Standardised Rates) Females of All Ages, Scotland: 1981-2016

1 The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable.
2 European Age-Sex Standardised Rate (EASR), calculated using 2013 European Standard Population and using 5 year age groups 0-4, 5-9 up to an upper age group of 90+.

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.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology</td>
<td>The study of cells. A description of the appearance, structure and function of cells taken from the cervix.</td>
</tr>
<tr>
<td>Dyskaryosis</td>
<td>Abnormal changes in cells. Their significance ranges from being of no consequence to suggesting a high risk of future cancer.</td>
</tr>
<tr>
<td>Low grade cell changes</td>
<td>Abnormal cell changes that are likely to resolve spontaneously but a minority progresses to more severe changes.</td>
</tr>
<tr>
<td>High grade cell changes</td>
<td>Abnormal cell changes that have a high risk of developing into cervical cancer.</td>
</tr>
<tr>
<td>Cervical screening test</td>
<td>A test which detects changes in the cells of the cervix (the neck of the womb) and helps to suggest what risk a woman has of developing cervical cancer.</td>
</tr>
<tr>
<td>Adenocarcinoma</td>
<td>A particular type of cancer that occurs in about 1 in 7 cases of cervical cancer.</td>
</tr>
<tr>
<td>Liquid Based Cytology (LBC)</td>
<td>A method of storing and transporting a cervical smear sample to the laboratory. It provides more accurate results than the earlier Papanicolaou (Pap smear) method.</td>
</tr>
<tr>
<td>Satisfactory/adequate screening test</td>
<td>A test that is of sufficient quality to enable results to be obtained.</td>
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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

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<td>Annual Uptake Age Group</td>
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<td>Cervical uptake by deprivation</td>
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<td>Cervical uptake by HPV Vaccination Status</td>
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Contact

John Quinn
Senior Information Analyst
Phone: 0131 275 6573
Email: nss.isdcancerstats@nhs.net

Douglas Clark
Information Analyst
Phone: 0131 275 7182
Email: nss.isdcancerstats@nhs.net

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.

The next release of this publication will be 3 September 2019.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – 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 6th June 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.
## Appendix 2 – Publication Metadata

<table>
<thead>
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<th>Metadata Indicator</th>
<th>Description</th>
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<td>Scottish Cervical Screening Programme Statistics 2017/18</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>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.</td>
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<tr>
<td><strong>Topic</strong></td>
<td>Conditions and Diseases</td>
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<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks</td>
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<tr>
<td><strong>Data source(s)</strong></td>
<td>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.</td>
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<td><strong>Date that data are acquired</strong></td>
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<td><strong>Release date</strong></td>
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<td><strong>Frequency</strong></td>
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<td><strong>Timeframe of data and timeliness</strong></td>
<td>Data up to 31st March 2018. No delays between receipt and processing of data for publication.</td>
</tr>
</tbody>
</table>
| **Continuity of data** | 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 for 2016/17 and 2017/18 only.  
Due to changes in the age and frequency and how the NHS Board has been allocated, uptake statistics are only presented for the latest two years. Further comparable trend data will be available in future publications.  
Annual workload data showing the number of cervical screening tests processed by NHS Board/laboratory are reported from 2008/09.  
Annual workload data showing the results and % results of cervical screening tests by NHS Board are reported for 2008/09.  
Annual workload data showing the results and % results of cervical screening tests processed in Scotland are reported from 2008/09.  
Annual workload data showing the % of unsatisfactory screening tests by NHS Board/laboratory are reported from 2008/09.  
Quarterly workload data on the number of cervical screening tests |
Processed by NHS Board/laboratory are reported from 2006/07. Turnaround times for completion of 95% of screening tests by quarter and laboratory are reported from 2008/09. Number of cervical screening tests processed and turnaround times for completion of 95% of screening tests by quarter are reported on from 2008/09. Historical quarterly data on the number of cervical screening tests processed and the corresponding results are reported on from 1999.

<p>| Revisions statement | 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 SCCRSC system has improved the quality of the data collected. Data included in this publication prior to May 2007 is compiled from legacy applications. |
| Revisions relevant to this publication | There are no revisions to this publication. |
| Concepts and definitions | Please see Cervical Screening FAQ and Glossary document found at the bottom of the Cervical Screening homepage. |
| Relevance and key uses of the statistics | 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: • informing Scottish Government planning, including NHS spending and the development of the Scottish cancer care action plan; • informing NHS 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 | All cervical screening data are subject to validation when entered onto SCCRSC. 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. |
| Completeness | At time of extraction, data for the most recent year are estimated to be |</p>
<table>
<thead>
<tr>
<th><strong>Comparability</strong></th>
<th>Currently, cervical screening statistics are not generally compared with other areas of the UK. The eligible age range for invitation to cervical screening varies within the UK.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>All cervical screening tables are accessible via the Cervical Screening homepage. Cervical screening data are presented within Excel spreadsheets for each table.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>National Statistics</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Assessment by UK Statistics Authority for National Statistics designation completed.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>5 September 2017</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>3 September 2019</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>3.5 &amp; 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.</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:nss.isdancerstats@nhs.net">nss.isdancerstats@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>1 August 2018</td>
</tr>
</tbody>
</table>
Appendix 3 – Early access details

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 Management Information

These statistics will also have been made available to those who needed access to ‘management information’, i.e. as part of the delivery of health and care:

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)
Appendix 4 – 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](#).