About this release

This release 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.

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

- 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.

Percentage uptake of cervical screening among women aged 25-64\(^1\) 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 2018

![Graph showing percentage uptake of cervical screening by age group and years](source: Scottish Cervical Call Recall System)
- 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. Of all tests processed, 97.2% were of satisfactory quality i.e. there were enough cells in the sample.
- 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.

**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.

Adequate screening is defined as when there are a sufficient number of cells for testing.

Only two years of trend data are available in this publication for uptake due to changes in the age range and frequency introduced in 2016.

Please see News and Updates section of our website for more details.

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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.

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

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**ISD and 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. Further information about our statistics.