Sexual Health Needs Assessment – cervical screening

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Defining the issue

The Public Health Outcomes Framework sets out our objectives of increasing healthy life expectancy and reducing differences in healthy life expectancy between communities. The prevention and early detection of cancer are crucial components of the public health agenda and the government recognises the important contribution made by cervical screening in this area.

Recent analysis has shown that the incidence of cervical cancer in England has decreased by a third over the last 20 years, whilst mortality has more than halved.[1] This reflects the long-term benefits of screening, as well as advances in treatment. There is, however, evidence that a higher incidence of, and mortality from, cervical cancer are still linked to disadvantaged groups.

The responsibility for commissioning the NHS cancer screening programme is held by NHS England. However, local authorities and within them the director of public health, hold a statutory duty to improve the health and wellbeing of the population for whom they are responsible.

Why is this important?

The exact cause of cervical cancer is not known. However, it is known that:

- Some types of Human Papillomavirus, in particular HPV 16 and HPV 18, are found in over 99% of cervical cancers. These are known as 'high risk' types. Other types (for example HPV 6 and HPV 11) cause genital warts. Those which cause genital warts do not place a woman at increased risk of developing cervical cancer. Other types of HPV appear to be harmless.
- Women with many sexual partners, or whose partners have had many partners, are more at risk of developing cervical cancer. This is because their behaviour is more likely to expose them to HPV. However, a woman with only one partner could contract HPV if that partner has previously been in contact with the virus.
- Women who are immunosuppressed (for example, those who are taking immunosuppressive drugs after an organ transplant, or women who are HIV positive) may be at increased risk of developing cervical cancer.
- Women who smoke are about twice as likely to develop cervical cancer as non-smokers. This may be because smoking is associated with high-risk health behaviours or because it suppresses the immune system allowing the

persistence of high-risk HPV infection. Stopping smoking appears to help clinical abnormalities to return to normal.

- Using a condom offers only very limited protection from transmission of HPV.
- Long-term use of oral contraceptives increases the risk of developing cervical cancer but the benefits of taking oral contraceptives far outweigh the risks for the majority of women.
- Women with a late first pregnancy have a lower risk of developing cervical cancer than those with an early pregnancy. The risk rises with the number of pregnancies.

Cervical cancer is the eleventh most common cancer among women in the UK, and the most common cancer in women under-35. In 2012, there were 3,044 new cases of cervical cancer in England.[2]

Implications of cervical screening

It is estimated that cervical screening can prevent around 75% of cancer cases in women who attend regularly. It supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year.[3] Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. Screening is one of the best defences against cervical cancer. Many of those who develop it have never been screened and the biggest risk factor is non-attendance.

After the NHS cervical screening programme started in the UK in the late 1980s cervical cancer incidence rates decreased considerably. In Great Britain, the age-standardised incidence rate almost halved from 16 per 100,000 women in 1986-1988 to 8.5 per 100,000 women in 2006 - 2008. However, between 2008 and 2009 incidence rates increased by more than 20% in the 25 to 34 age range (22% for women aged 25-29 and 21% for those aged 30-34).

The most up-to-date figures for 2012-13 show that:

- 4.24 million women were invited to come for cervical screening;
- 3.32 million of those women were tested; and
- almost 3.57 million cervical cytology samples were processed by cytology clinics (some women need repeat tests for clinical reasons).

Currently, 78.3% of eligible women have been screened at least once over the last five years.

Policy

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. The effectiveness of the programme can be judged by coverage. This is the percentage of women in the target age group (25 to 64) who have been screened in the last five years. If overall coverage of 80% can be achieved, the evidence suggests that a reduction in death rates of around 95% is possible in the long term. In 2010-11 the coverage of eligible women was 78.6%

Level of need in the population

In 2008, 759 women died from cervical cancer in England. Mortality rates generally increase with age with the highest number of deaths occurring in the 75-79 age group. Only about 7% of cervical cancer deaths occur in women under 35.

Cervical cancer mortality rates in 2008 (2.4 per 100,000 females) are nearly 70% lower than they were 30 years earlier (7.1 per 100,000 females in 1979). The latest relative survival figures for England show that around 67% of women diagnosed with cervical cancer between 2005 and 2009 were alive five years later.

Trends across Lancashire*

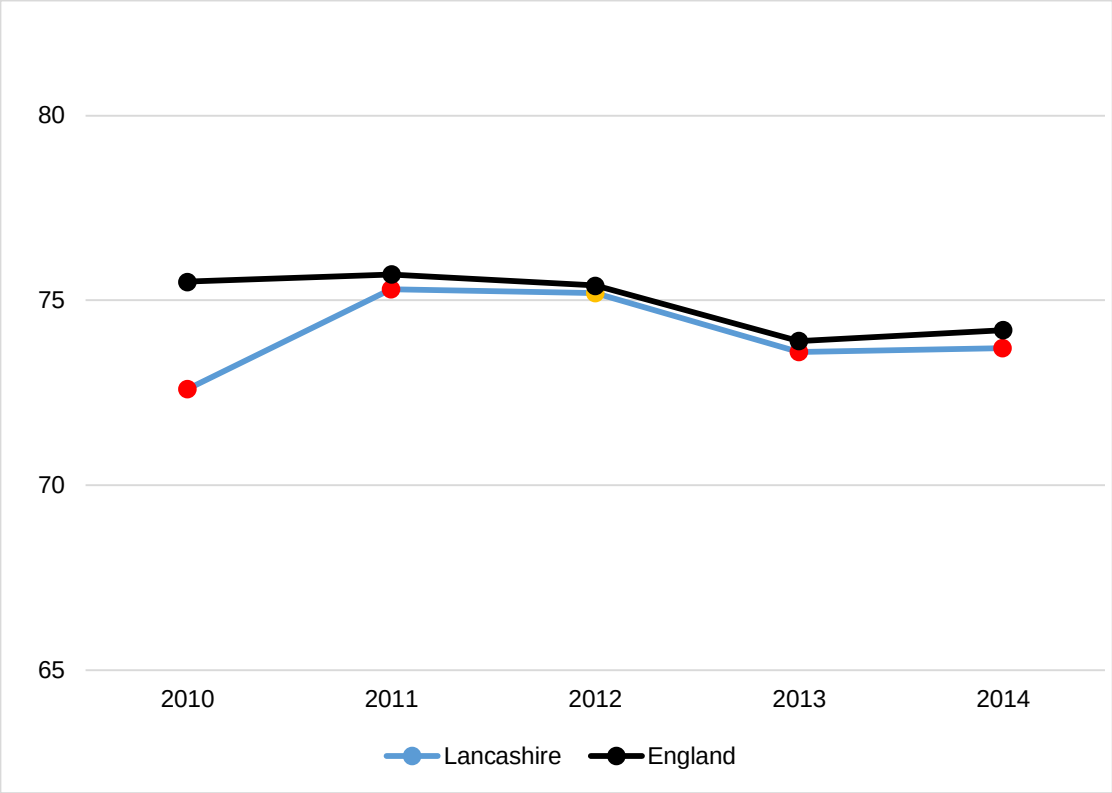
The latest cervical cancer incidence rates cover the years 2010-12 and reveal that there were 190 new cases of cervical cancer diagnosed across Lancashire during this period, with Preston reporting a significantly higher rate than the England average. The latest mortality figures (2011-13) show that the disease has accounted for 48 deaths over the three-year period examined, with almost half (42%) coming from just three districts: Burnley, Lancaster and Wyre.

In terms of the percentage of the eligible population being screened, figure 1 below shows the picture for Lancashire-12 and England. Of the total screened, the majority of the tests are undertaken in a primary care setting, with 3.4% (3,000 screens each year) being undertaken in sexual health services. When examining the cervical

* Lancashire refers to the 12 districts in the Lancashire County Council area. Lancashire-14 refers to the 12 districts and the two unitary authorities of Blackburn with Darwen and Blackpool.

screening coverage – with the exception of 2012 – Lancashire-12 remains significantly worse than the England average.

Figure 1: Percentage of eligible women screened adequately within the previous 3.5 or 5.5 years (according to age) on 31st March



Recommendations

Whilst the commissioning responsibility for cervical screening is held by NHS England, the recommendations relate to the needs as determined by the data within this HNA.

- It is important for the NHS cervical screening programme in Lancashire to continue its vital work engaging disadvantaged women at a local level.
- Increase the uptake in primary care.
- Maintain opportunistic screening in sexual health services.
- It is essential to ensure recall systems are effective.
- The introduction of digital technology to enable women to make bookings themselves online.
- It is paramount to continue the current success in turnaround times for results.

References

[1] Trent Cancer Registry in collaboration with the NHS Cervical Screening Programme, *Profile of Cervical Cancer in England: Incidence, Mortality and Survival*, October 2012.

[2] Cancer Research UK, http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer.

[3] Julian Peto et al, The Lancet 2004 (Vol.364: 249-56)

Other sources of information

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