healthwatch
Redbridge

# Women's Health: Cervical Screening Report

August 2025

# About the Healthwatch Redbridge Women's Health Project

The Healthwatch Redbridge (HWR) Women's Health Project was established in 2024, to engage with and hear from all women about their experience and understanding of women's health provision in Redbridge and use these insights to influence and affect change.

The research project has been designed in 3 phases over 2024 – 2025:

- Phase 1: Cervical Screening
- Phase 2: Breast Screening
- Phase 3: Perimenopause and Menopause

Our first report focusses on cervical screening. Healthwatch Redbridge will publish two further reports in Winter 2025 followed by a report launch and influencing event for stakeholders.

# Foreword

I am pleased to introduce the first in a three-part series from the Healthwatch Redbridge Women's Health Project, focusing on cervical screening and the experiences of women from diverse ethnic backgrounds and those living with disabilities. This report is grounded in the voices of women whose perspectives are too often missing from conversations about health service design and delivery. Their insights offer both a challenge and an opportunity: to do better, and to do so together.

The evidence shared in these pages reveals not only persistent inequalities but also systemic barriers that prevent many women from accessing timely, respectful, and culturally competent screening. From communication gaps and inaccessible facilities to cultural stigma and lack of trust, it is clear that we must take a more inclusive and informed approach. These are not just health issues — they are matters of equity and justice.

Our aim with this report is not simply to reflect what women have told us, but to influence real, measurable change. This is the beginning of a wider conversation about women's health and equity in Redbridge. As Chair, I see this report as both a mirror and a mandate — a mirror reflecting the lived realities of women in our community, and a mandate to ensure that their voices shape services moving forward.

As we move into the next phases of this project, examining breast screening and menopause, we remain committed to working with our health partners in Redbridge to act on these findings and ensure future care and provision is more inclusive, accessible, and meaningfully responsive to the needs of all women.

**- Gita Malhotra, Chair, Healthwatch Redbridge**

Gita Malhotra

# Acknowledgements

Healthwatch Redbridge extends heartfelt thanks to all the women who shared their experiences with us regarding cervical screening. We deeply appreciate their time and commitment to this important agenda, and their trust in us. Their voices were crucial for this report, helping us uncover additional findings. We are also grateful to the organisations that provided safe spaces for our engagement work, presentations and facilitated in the recruitment of participants and interviewees.

These organisations and events include:

- Black Women's Kindness Initiative
- Women's Inclusive Team
- One Place East
- VHP Hindu Centre
- Redbridge Children's Centres (7 in total)
- Clementswood Baptist Church
- Redbridge Disability Fair in the Park
- Community Action Redbridge Marketplace
- Redbridge Engagement Hubs
- Redbridge Rainbow

Our special thanks to the volunteers for their engagement support. We also thank Public Health and Healthwatch England for their assistance.

# Contents

# Executive Summary

In 2023 NHS England set a target to eliminate cervical cancer by 2040.

However, this ambitious target is set against a backdrop of a decline in cervical screening uptake in the UK, with an estimated 5 million women currently not up to date with cervical screening.[1]

In 2023 Healthwatch England (HWE) launched research using intelligence and evidence from local Healthwatch organisations to understand why women are hesitant to attend screenings and to make recommendations for improvement.

Healthwatch Redbridge (HWR) contributed to this national work, interviewing local women from diverse ethnic backgrounds, wheelchair users and women with learning disabilities. In September 2024 Healthwatch England published the national perspective report – **Cervical Screening, my way.**[2]

At HWR we believed that the important insights garnered from a small sample of women in Redbridge highlighted issues that warranted further examination.

Our research for Phase 1 consisted of extensive outreach and engagement work, visiting 17 community hubs to deliver presentations and awareness raising, collaboration with health professionals and 48 in-depth interviews with local women about their personal experiences of cervical screening.

## Report Findings

**Invitation to screenings:** The data collected from various global communities highlight significant disparities in cervical screening uptake. Our findings recorded much lower response rates amongst Learning Disabled (LD) women **(25%)** and wheelchair users **(40%)**

**Translated Information:** African/African Caribbean **(36%)**, Bengali **(22%)**, Romanian **(66%)**, Somali **(41%)**, stated they would want information in their own languages so they were more informed about the procedure and could make informed choices.

**Improvement to provision of information:** Over half of women **(55%)** from the LD community and wheelchair users reported there was lack of accessible information.

**Speculum Sizes:** A third of all women interviewed **(34%)** reported that they did not know that different speculum sizes were available which could improve their overall screening experience.

**Accessibility:** Women who are wheelchair users reported a lack of reasonable access within practices and poor understanding of their conditions when communicating with health professionals.

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[1] NHS England, NHS makes fresh uptake appeal as five million women not up to date with cervical screening

[2] Cervical screening, my way - report

**Health Literacy:** Most participants **(91%)** reported that health literacy was an issue, such as not knowing what Human Papillomavirus (HPV) was, and what the screening would look for.

**Patient experience:** Some individuals reported services having a poor approach to culturally sensitive beliefs and practices and lack of trauma informed care.

**Home Testing Kits:** Many participants **(39%)** reported they were willing to use home testing kits when they are rolled out by the NHS.

## Recommendations

### Improvement of access and person-centred service provision

- Ensure staff are well-trained in culturally sensitive, trauma-informed care and represent diverse communities.
- Tailor strategies to prevent women in temporary accommodation missing screenings due to relocations.
- Provide flexible appointment options for women, outside of standard working hours.
- Expand outreach to community-based services ensuring invitations reach eligible women from seldom heard communities in a timely way.
- Improve accessibility of clinics and equipment across health centres and GP surgeries.
- Promote home testing kits by running national and local campaigns to inform people about the availability and ease of using testing kits at home.

### Information & Awareness

- Improve information provision with feedback mechanisms in patient forums.
- Co-design materials and services for women with community organisations.
- Ensure translated materials readily available and use community health workers to engage with communities.
- Eradicate misconceptions through educational campaigns in community hubs, ensuring all women receive the necessary care.
- All communication in Redbridge must consistently include AIS-approved standard information to ensure equity of access and inclusion for all women.

### Data Quality

- Data recording needs to improve particularly in capturing information related to ethnicity and disability providing valuable insights into healthcare inequalities to ensure fair access to services and tailor interventions to meet the needs of diverse populations effectively.

# Introduction

The NHS invites women for cervical screening every three to five years depending on their age, or more frequently if the high-risk human papillomavirus (HPV) is detected. Since its inception in the 1980s the national screening programme has saved thousands of lives. However, there has also been a significant decline in cervical screening uptake in the UK, with only 70.2% of eligible individuals being up to date.

Healthwatch England launched its own research to understand why women are hesitant to go for screenings and to make recommendations for improvement. The research consisted of delivering a poll asking over 2400 women why they were hesitant about cervical screening and commissioning local Healthwatch organisations to carry out interviews with younger, disabled, or women from global communities.

Healthwatch Redbridge (HWR) was commissioned to contribute to this national research and interviewed 7 women (global community, wheelchair users & learning disabled). In September 2024 Healthwatch England published the national perspective report – **Cervical Screening, my way.**[3]

HWR extended this research focusing on a variety of health issues experienced by women locally. HWR developed a Women's Health Project, designed in three phases to improve women's health services locally:

- Phase 1: Cervical Screening (2024)
- Phase 2: Breast Screening (2025)
- Phase 3: Perimenopause & Menopause (2025)

Our research and this report seek to better understand the experiences and challenges faced by women in accessing cervical screening services.

Our recommendations will necessitate a comprehensive, system-wide approach by all stakeholders in Redbridge to improve access to and experience of cervical screening for all women.

## Research aims

The research aimed to:

- Understand the perspectives of women who are often marginalised and encounter barriers to accessing services.
- Identify factors such as personal or cultural beliefs, knowledge, and awareness of cervical cancer and screening, along with how services are provided.
- Examine previous cervical screening experiences.
- Delve into the experiences of disabled and global community women, who often face additional obstacles or show reluctance to attend screenings.
- Highlight key systematic changes or solutions that might increase participation in screenings.

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[3] Cervical screening, my way - report

# Context

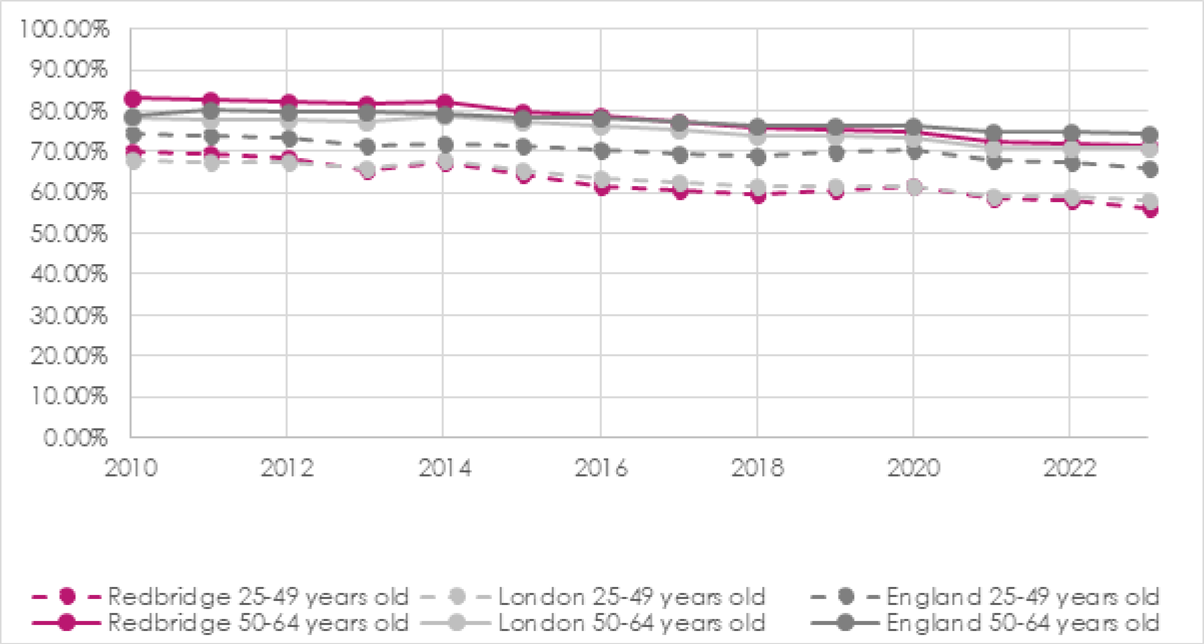
Cervical cancer ranks as the 14th most common cancer among women in the UK. Although regular screenings can significantly prevent this disease, the NHS has faced challenges in achieving its goal of screening 80% of eligible women over the past two decades. In 2023, almost one-third of eligible women in England did not attend their screenings.

Table 1 shows in Redbridge the rate of coverage for both 25–49-year-olds and 50–64-year-olds is lower than the London or England averages. There has been a steady fall in the proportion of those in Redbridge, London and England accessing screening, but this trend has been greater in Redbridge.

**Table 1: Local, regional and national proportion of eligible population accessing screening[4]**

| Cervical | Redbridge Coverage | London Coverage | England Coverage |
|---|---|---|---|
| 25-49 years old | 56.4% | 58.0% | 65.8% |
| 50-64 years old | 71.6% | 70.7% | 74.4% |

**Figure 1: Trends in Cervical screening uptake, Redbridge, London and England 2010 – 2023. There has been a steady decline in cervical screening uptake across England including in Redbridge.[5]**



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[4] Redbridge, Joint Strategic Needs Assessment, 2024

[5] Redbridge, Joint Strategic Needs Assessment, 2024

Healthwatch Redbridge's contribution to the national review Cervical Screening – My Way[6] highlighted the significant issue of declining cervical screening rates, which affected many women. Initially commissioned by Healthwatch England to conduct three interviews with a Somali woman, a wheelchair user, and a woman from the learning disability community in Redbridge, Healthwatch Redbridge ultimately interviewed seven women as more participants came forward to share their experiences.

Healthwatch Redbridge recognised the need for further work in Redbridge to understand a wider range of perspectives. Healthwatch Redbridge launched the Women's Health Project, which focuses on specific health issues faced by women and aims to provide detailed recommendations for improvement. We widened our reach to include additional participants, such as African/African Caribbean women, Romanian women, Bengali women, and Autistic women.

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[6] Cervical screening, my way - report

# Methodology and Approach

In June 2024, HWR began outreach efforts across Redbridge. We visited 17 different community hubs to deliver comprehensive presentations on the importance of cervical screenings, detailing the procedure and addressing any concerns attendees might have. During these sessions, we asked individuals if they would be interested in participating in confidential interviews to share their personal screening experiences. HWR also recruited many participants through outreach and engagement events held throughout the year.

48 interviews were conducted between July and August 2024, informing respondents that their data would be shared locally and with Healthwatch England to advocate for national and local-level change.

HWR recruited global community volunteers to create a trusted and culturally sensitive environment for participants taking part within the project. We collaborated with local trusted community hubs and places of worship to increase knowledge about the screening process. We developed a strong working relationship at a local polyclinic, located in the largest multicultural and deprived area of Redbridge assisting practice nurses and the lead GP to communicate the project to women accessing cervical screening and gather their experiences.

# Findings

During the interviews, participants reported a variety of issues. These have been distilled into key themes. We have included additional findings that emerged during this research project.

## Theme 1 - Understand the perspectives of women who are often marginalised and encounter barriers to accessing services.

### Invitation for cervical screening via GP

A significant number of respondents from most of the global communities we interviewed reported receiving cervical screening invitations from their GP, however, other groups reported lower invitation rates; Bengali women **(44%)** Women who use wheelchairs **(40%)** Women with learning disabilities **(25%)** Women from the learning-disabled community and wheelchair users faced additional barriers to screening. Many reported that family members and health professionals assumed they did not need screening due to a perceived lack of sexual activity.

**22%** of Bengali women reported receiving cervical screening invitations only after giving birth. Many of these women mentioned that they had no prior understanding of cervical screening or its importance in detecting cancer.

> "No, I think it was after I had got married and I was active in that sense, I was told by the GP to have it done, especially after I had my first child, right" **- Interviewee**

Some Bengali participants **(33%)** stated they did not receive any invitation and had to approach GP surgeries to book themselves in for a screening. Many stated that the subject of cervical cancer was not openly discussed within their culture or in their home country of Bangladesh and they only came to know this type of cancer existed once they came to the United Kingdom.

One participant highlighted that people living in temporary accommodation often slip through the net due to not having a permanent address, placing them at a higher risk of remaining undiagnosed. This issue underscores the importance of ensuring that screening appointments and follow-up efforts are inclusive and accessible to all, regardless of their housing situation.

> "Well, I was under the impression that if a person has never had sex, that they don't need to have [a] test done" **- Interviewee**

### Translated information

Women from global communities that were interviewed, emphasised the importance of having translated information to better understand the invitation letter and the screening process. They stated that information in their native languages would enable them to make informed decisions. Additionally, they mentioned that relying on family members for translation was often embarrassing, as it involved discussing sensitive parts of the human anatomy, leading to vital details being omitted. Many women interviewed expressed the need for translated information: Romanian: **66%** Somali: **41%** African/African Caribbean: **36%** Bengali: **22%.**

### Accessible Information

The Accessible Information Standard (AIS)[7] ensures that people with disabilities, impairments, or sensory loss can access information. Over half of women (**55%**) from the learning-disabled community and wheelchair users reported a lack of accessible information. Many reported that no extra support was available to help them to understand the importance of screening, the procedure itself, and the instructions provided. This lack of support made the screening process intimidating, leading to heightened fear and anxiety. The absence of clear, easy-to-read information about the procedure heightened anxieties among those from the learning-disabled community, making them unsure of what to expect.

## Theme 2 - Identify factors such as personal or cultural beliefs, knowledge, and awareness of cervical and screening, along with how services are provided.

### Improvement to provision of information

Many participants reported that information within healthcare settings was crucial for understanding the screening and assisting them to make informed choices. The importance of delivering information in various formats has been highlighted by the data collected throughout this project.

Participants stated barriers to receiving information and concerns about its quality. Within this project these were the main concerns that were lacking when it came to improving the information provision:

- Simplified language
- Visual Aids
- Personalised Communication
- Technology Utilisation
- Cultural Sensitivity
- Information sharing

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[7] NHS England, Accessible Information Standard

### Speculum sizes

A third of the women interviewed **(34%)** were unaware there were different speculum sizes available, which could have improved their screening experience. Many reported that their first screening was so painful and uncomfortable due to the large speculum size used, they were deterred from returning.

> “I haven’t attended as well and the reason why I haven’t attended is because I was very anxious. I actually witnessed my friends screening. I held her hand, I saw what was happening and the tools that they’re using. And it just felt so invasive and painful. I just didn’t feel that I needed as I’ve never been married. I’ve never had any sexual relations...I haven’t even used a tampon, so just the idea of that going inside of me is traumatising.” **- Interviewee**

One woman with a learning disability stated that due to past trauma, she was very scared of the speculum. She suggested that staff should take time to discuss whether it is a patient’s first screening and allocate more time for these conversations. She also emphasised the importance of staff being informed about any previous trauma or additional needs before the appointment.

> “It’s traumatic for some women, if they’ve been abused sexually, that’s the last thing we’re going to want to do, at least if she’s going for a professional, that professional can talk us through. It can relax, it can reassure her. ” **- Interviewee**

A Bengali participant highlighted that many women in her community avoid screenings due to a lack of education about speculum sizes and cultural taboos, such as the belief that screenings “break a woman’s virginity.” She suggested that using the smallest speculum size could help build trust and encourage women to get screened before marriage or childbirth.

> “I think it’s just the fear and not sort made fully aware there’s different kinds of, like sizes. We’re not being informed fully as to the options that are available. So these are the barriers.” **- Interviewee**

# Theme 3 - Experiences of disabled or global community women, who face additional obstacles or show reluctance to attend screenings

## Accessibility

Wheelchair users interviewed reported significant barriers to accessing cervical screenings. These included:

- **Inaccessible examination rooms:** Many women with physical disabilities face significant challenges due to examination rooms that are not wheelchair accessible.
- **Lack of adjustable examination tables:** The absence of adjustable tables makes it difficult for women to position themselves properly for the procedure.
- **Inadequate support:** There is often insufficient access for wheelchair users during the screening process.
- **Misreported refusals:** One woman was repeatedly misreported as refusing screening because the venues lacked appropriate examination tables, despite her consistent requests for accessible appointments.
- **Challenging clinic visits:** Another woman described her experience as particularly difficult. She struggled to get her wheelchair into the clinic, and the clinical room was extremely small. She couldn't manoeuvre her electronic wheelchair to position herself next to the examination table, making her feel like a burden to the staff who had to assist her. The cramped space also made it difficult for staff to work around her wheelchair.

> "Yeah. I got my letter for the first time recently. I'm in the middle of being medically retired. So they had wanted my medical records from the doctors and the doctors had written, I had refused cervical screening. And I wrote and said, 'No, I haven't refused. You've never invited me.'" **- Interviewee who is a wheelchair user**

## Health & Healthcare Literacy

Most participants **(91%)** reported issues with health literacy, such as not knowing what HPV is or what the screening would be looking for. Additionally, many participants believed that if a woman is not sexually active, she does not need a screening. Participants also stated that there were not enough strategies to assist in educating individuals that could improve and teach people about basic health concepts around screening and how to navigate the system.

Participants reported that providers do not use plain language and should avoid medical jargon. Participants from the global community and the LD community stressed that using visual aids could really assist in making complex information easier to understand.

# Theme 4 - Examine previous screening experiences

### Patient experience

Patient experience encompasses all interactions that patients have with the healthcare system. It covers the entire journey of a patient, from the initial contact to the final follow-up, some individuals reported that services lacked sensitivity towards cultural beliefs and practices, as well as trauma-informed care, including issues related to Female Genital Cutting (FGC), also referred to as Female Genital Mutilation (FGM)[8].

One woman from the learning-disabled community stressed that trauma informed care should be essential when dealing with women who have experienced sexual abuse. She felt that health professionals have no understanding of how to communicate or deal with this type of situation and often trigger individuals that have previously experienced a traumatic incident.

Some participants stated that their overall screening would be based around being asked about FGC and what had happened to them, making individuals feel victimised and trauma being rooted up again.

One woman from the learning disabled (LD) community mentioned that she brought a chaperone to her appointment, but the chaperone was denied access to the clinical room. This made her extremely anxious about the appointment. The staff member did not explain the process or support her in an empathetic manner.

Many women reported that the discomfort of the screening made them bleed. This left them anxious and fearful about attending further appointments. Participants also shared experiences of unhelpful behaviours and attitudes from staff during their appointments.

One woman from the African/African Caribbean community stated that although she had not been sexually active, the nurse assumed that she was and stated that she "should be used to it by now". She felt the nurse was very rough throughout the examination and she never went back to this surgery for screening again.

One woman with autism stated that the overall experience left her traumatised due to the lack of support and information given during the screening. She felt staff were extremely unhelpful which increased her anxiety. She was unable to ask any questions as the clinic was full, and the nurse had other patients to see to.

> "I chaperoned a friend for her screening and planned to book my own appointment afterward. However, seeing the size of the speculum frightened me, especially since I have never been sexually active and am apprehensive about the procedure." **- Interviewee**

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[8] NHS, Female Genital Mutilation (FGM)

# Theme 5 - Highlight key systematic changes or solutions that might increase participation in screenings

### Home testing kits

In the UK, home testing kits involve testing for the Human Papillomavirus (HPV), which can lead to cervical cancer. The NHS has been involved in trials of HPV home testing kits, including a Kings College London trial that found the kits could increase the number of women getting cervical screening.[9]

The NHS and the UK National Screening Committee are exploring how to roll out HPV self-screening more widely.  Private providers, like Superdrug Online Doctor, offer HPV home test kits that can be ordered online with results typically available within a week, but the results from these private tests are not recorded in the NHS screening record. Many participants **(39%)** reported they would be willing to use a home-testing kit, if it were available through the NHS.

### NHS Data

The lack of detailed NHS data on cervical screening, particularly concerning ethnicity and disability, is a recognised issue.[10] While the NHS collects extensive data on cervical screening coverage and performance, there are significant gaps in recording and analysing data related to ethnicity and disability.[11]

> "Unfortunately, the data we use within cervical screening publications doesn't have any breakdowns by ethnicity/ disability status, we only breakdown by age and geography." - **Enquiries Team (formerly of NHS Digital)**

Research has shown that ethnicity data is often poorly recorded, making it difficult to fully understand and address disparities in screening uptake among different ethnic groups. [12][13]

Similarly, there is limited data on how disability affects cervical screening rates, which hinders efforts to ensure equal access to screening services for all women.[14] Addressing these data gaps is crucial for identifying and mitigating inequalities in cervical screening uptake and outcomes. Efforts to improve data collection and analysis in these areas are essential for developing targeted interventions that can help increase screening rates and reduce the incidences of cervical cancer amongst underrepresented groups.

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[9] King's College London, Self-sampling HPV kits could screen an extra million people for cervical cancer, 2024
[10] Cancer Research, HPV self-sampling could help screen one million more women for cervical cancer, 2024
[11] GOV.UK, PHE Screening inequalities strategy
[12] Health Equity Evidence Centre, What works: Addressing inequalities in the uptake of cervical screening
[13] Health Equity Evidence Centre, Addressing inequalities in cervical cancer screening
[14] ARC. Factors influencing cervical screening uptake in some groups of women

# Conclusion

By investigating the barriers affecting some women's access to cervical screening in Redbridge, Healthwatch Redbridge has built trusted relationships, gathering insights from women who were typically hesitant in coming forward to discuss sensitive female issues.

The safe spaces created by HWR with the support of other trusted community organisations have encouraged women to not only share their experiences, but also to seek to understand the subject better and to share knowledge within their communities and promote the uptake of screenings.

Systematic changes are important for increasing the uptake of cervical screening within Redbridge. Participants openly discussed this issue throughout the research. It is crucial to recognise that "one size doesn't fit all" is emphasised, acknowledging that individuals and circumstances vary.

We know that this requires a systemwide approach in Redbridge and there is a role for everyone to improve access, experience and cultural competency in cervical screening. This includes primary care, general practice nurse workforce and the VCFSE sector.

By partnering with local health centres and community hubs, HWR have worked to raise awareness about the barriers to local cervical screening services, ultimately supporting the national goal of eliminating cervical cancer by 2040.

> "I believe that having some extra time, or having special equipment, and even specifically trained staff would help because I had difficulties transferring myself onto the couch and no one took into consideration I was a wheelchair user, like it doesn't take long to read my medical record to understand I have needs.
>
> "There should be more help given to people with disabilities and that I should have gotten the help I needed. I was not told any information regarding the appointment nor was I told I could bring anyone with me. I was treated as a normal able individual who had no additional needs. "**- Interviewee who is a wheelchair user**

# Recommendations

The recommendations outlined in this initiative should be advanced by stakeholders through a collaborative, system-wide approach. Stakeholders and partners across Redbridge - including healthcare providers, community organisations, and local authorities could implement meaningful changes by sharing expertise and resources. This approach can ensure that the recommendations are tailored to the specific needs of the local population, fostering sustainable improvements in healthcare accessibility and outcomes.

> "For instance, having that conversation, having that accessibility, having that support, having that understanding, you know, there's just so many things that don't cost no money, just basically, its that whole thing of being extremely supportive and understanding the person that's coming through that door." **- Interviewee**

## Improvement of access and person-centred service provision

**Recommendation 1- Staff Training, representation and practicing trauma-informed care:** Ensure healthcare staff are well-trained and representative of the diverse communities they are serving. Staff should practice trauma-informed care by being compassionate and culturally sensitive in all interactions.

**Recommendation 2 - Flexible Appointment Options:** Provide flexible appointment times to accommodate working professionals.

**Recommendation 3 - Women living in temporary accommodation:** Acknowledgement and additional support should be provided to ensure women in temporary accommodation are updated and connected to appropriate cervical screening information and appointments.

**Recommendation 4 - Screening Invitations:** Outreach efforts should expand into community-based services to ensure all eligible women, irrespective of their cultural background are invited at the appropriate time.

**Recommendation 5 - Accessible clinics & equipment:** Improve the standard of accessible clinics and readily available equipment throughout all health centres, GP surgeries.

**Recommendation 6 – Home testing kits:** Promote home testing kits by running national campaigns to inform people about the availability and ease of using testing kits at home.

## Information & Awareness

**Recommendation 6 - Improved Information Provision and community outreach:** Enhance the provision of information, including feedback mechanisms with patient forums, translated materials & interpreters and co-production of services with community organisations.

**Recommendation 7 - Eradicating Misconceptions:** Addressing misconceptions through education and campaigns about cervical screening is crucial for ensuring all women receive the care they need.

**Recommendation 8 - Accessible Information:** Offer appropriate information that is easily understandable and provided in a range of support options (easy read, large print, plain print, British Sign Language video etc).

> “So I think what needs to happen for screening is, better education. When you’re young, you think it will never happen to me. But sadly, because cancers are in the increase, we’re seeing an increase with young people now being affected too. So I think education for girls and boys sexual practices as well”**- Interviewee**

## Data Quality

**Recommendation 9 - NHS Data Recording:** Encourage improvements to the type of data recorded by the NHS to include ethnicity & disability information.

# Postscript

**Since completing our report, the NHSE has introduced some key changes with cervical cancer screening.**

### Human Papilomavirus (HPV) testing

More accurate human papillomavirus (HPV) testing will enable millions of women and people with a cervix in England to benefit from more personalised cervical screening from next month (July 2025).[15]

From July 2025, younger women (aged 25 to 49) who test negative for HPV, meaning they are at very low risk of cervical cancer over the next 10 years, will safely be invited at 5-year intervals rather than 3, in line with major clinical evidence. Those whose sample indicates the presence of HPV or who have a recent history of HPV, which causes nearly all cervical cancers, will continue to be invited to more frequent screenings to check HPV has cleared and if not, if any cell changes have developed.[16]

The move follows a recommendation by the UK National Screening Committee, and is the approach already used for women aged 50 to 64 in England.[17]

The NHS has this week (June 2025) rolled-out digital invitations and reminders for cervical screening via the NHS App, as part of a new 'ping and book' service to boost uptake and help save thousands of lives. Eligible women will first receive a notification through the app to alert them to book a screening appointment, followed by a text message if the app notification isn't opened. Letters will remain in place for those who need them.[18]

### Home testing kits

Women and people with a cervix who are overdue for cervical screening in England will be offered an at-home testing option, in plans to help boost participation in the life-saving cervical screening programme.

The new initiative, announced by the Department of Health and Social Care (DHSC), will offer women who haven't responded to a screening invite for six months a self-sampling kit to complete at home and return to a lab via pre-paid mail.

Anyone whose sample shows signs of high-risk HPV (human papillomavirus), the cause of almost all cervical cancers, will then be able to see a specialist for follow-up testing.

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[15] NHS Englad, NHS rolls out more personalised cervical screening for millions
[16] NHS Englad, NHS rolls out more personalised cervical screening for millions
[17] NHS Englad, NHS rolls out more personalised cervical screening for millions
[18] NHS Englad, NHS rolls out more personalised cervical screening for millions

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# Appendices

Appendix A
Invitation for participation flyer

WOMEN'S HEALTH PROJECT

healthwatch Redbridge

Healthwatch Redbridge are currently recruiting women from all communities to have their say about their experiences with Cervical Cancer Screening. We will take out private & confidential interviews. No personal data will be shared in any publication.

**Please complete this form if you are interested in taking part.**

**Name:**

**Tel:**

**Email:**

**Interpreter needed:**

**£15.00**
**FREE SHOPPING VOUCHER**

rafat@healthwatchredbridge.co.uk ✉
020 8553 1236/07936 541653 ☎

## Appendix B
Invitation for participation flyer

healthwatch Redbridge

# Women's Health Project

## Understanding your experiences of Cervical Screening

**Healthwatch Redbridge is an organisation that collects the views and experiences of local people using health and social care services.**

**We want to hear your views so we can help improve services for everyone.**

We recently spoke with groups of women about their experiences of cervical screening appointments.

Some women had found it hard to get a cervical screening (or smear test) appointment. In some cases, they had never been invited to have a smear test.

This has been more of a problem for some women from ethnic minorities, women with physical and learning disabilities. We want to understand any barriers you face and the affect they have on you being able to get screened.

## Tell us your story

We particularly want to hear from women within the following communities:

Somali or Bengali Women
Romanian Women
Black/Afro Caribbean & African Women
Wheelchair users
Learning Disabled or Autistic Women

**We are currently planning women only information events. For more details, contact Rafat**

## Listening to women

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