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For health professionals

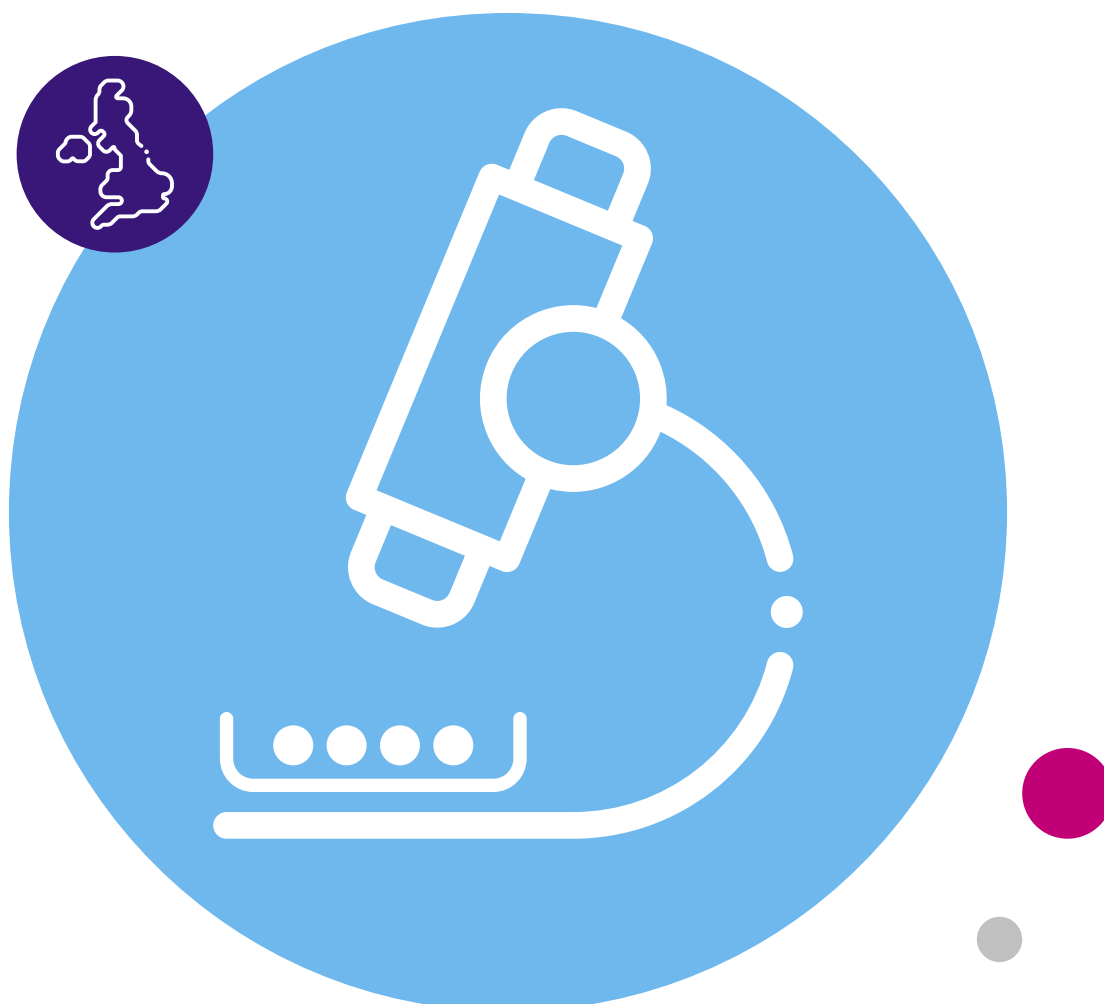


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Together we will beat cancer

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# Primary Care Good Practice Guide: Cervical Screening

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## Background

This resource has been developed to share good practice with primary care health professionals. The guide will provide details of tried and tested interventions that could be used in practice, to support people to access cervical cancer screening services and provide them with the relevant information for them to make an informed choice about participation.

## Cervical Screening Programme

Cervical screening saves at least 2,000 lives each year in the UK<sup>1</sup> and we can expect to see some further impact on lives saved where human papillomavirus (HPV) primary testing has been implemented<sup>2</sup>. The screening test facilitates the identification of changes in the cervix which, if left untreated, could develop into cancer.



### Eligible population:

- ✓ Cervical screening is available to anyone with a cervix aged 25–64 years in the UK. [Click here for further eligibility criteria.](#)
- ✓ Each nation's Cervical Screening Programme has a call-recall system that invites anyone registered as female on their GP records aged 25–49 every 3 years and 50–64 every 5 years. In Scotland and Wales, people are invited dependent upon their HPV status (every 5 years if HPV negative/no HPV found). [Read more about why the intervals are changing here.](#)
- ✓ Anyone with a cervix registered as male with their GP in these age groups are eligible for screening but will not be sent invitation letters automatically. They will need to request a screening appointment through their GP practice.

## Statement of intent

Cancer Research UK is committed to informed choice with respect to screening participation. Screening has both benefits and harms, and these must be communicated appropriately.

Cancer Research UK aims to share examples of good practice in this guide. It is up to each individual practice to explore what methods they wish to facilitate and to take responsibility to comply with data protection processes as appropriate.

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## Primary HPV testing in cervical screening

Human papillomavirus (HPV) is a common infection. Most sexually active people come into contact with HPV during their lifetime. But for most, the virus causes no harm and the infection clears on its own. However, in some cases, HPV infection can lead to cell changes that can progress into cervical cancer. 99.8% of all cervical cancer cases in the UK are caused by the HPV infection<sup>3</sup>

HPV primary screening is now embedded in primary care across England, Scotland and Wales\*. This means that instead of taking a sample of cells and sending them to a lab for testing, samples will be tested for HPV first. Only those that are HPV positive will be examined for changes in the cervical cells.

It has been estimated that HPV primary testing in England could reduce the number of cervical cancers in women aged 25–64 by 23.9%, saving even more lives and helping to avoid unnecessary procedures for women<sup>2</sup>.

\*Northern Ireland have committed to the introduction, but at present there's no clear timescale.

## HPV infection

It is important to address the level of misunderstanding that exists around HPV. Eight in 10 women will have some form of HPV infection in their lifetime but only very few who have specific high-risk types of the virus will go on to develop cancer. A survey carried out shows high levels of fear or shame associated with it. With the screening programme moving to testing for HPV first, it is important to normalise the virus to ensure people fully understand what it means to have it<sup>4</sup>.

More information on eligibility and HPV vaccination can be found under [eligibility](#)

## Cervical screening information specific to each UK nation

- England click [here](#)
- Wales click [here](#)
- Scotland click [here](#)
- Northern Ireland click [here](#)

## Cervical screening coverage in the UK

There has been a decline over the past 10 years in the number of women taking up their offer of cervical screening. Lower attendance is particularly evident in the youngest as well as the oldest age groups and in under-represented groups such as those from lower socio-economic and ethnic minority communities<sup>5</sup>

The reasons for non-attendance are complex and several factors may be at play, including lack of knowledge, communication difficulties, lack of perceived time or the inflexibility of practice appointment times. Understanding who is not attending screening and the **barriers** preventing them from participating is important when looking at ways to support engagement with the programme.

## Role of primary care in supporting informed participation

Studies have shown the positive impact that primary care engagement can have on increasing uptake of cancer screening with eligible populations.



### You can encourage informed participation in cervical screening by:

- ✓ Making sure people are aware of the programme and that it can help to prevent cervical cancer from developing
- ✓ Asking them if they have taken part, and encouraging them to participate, even if previous results have been normal
- ✓ Informing them about the **benefits and the harms** of screening, and encouraging them to read the information sent with the invitation\* carefully to help them make their decision
- ✓ Ensuring that any barriers to participation are minimised
- ✓ Consider taking proactive steps to identify and engage with non-responders

\*Patient information can be found for each nation in the [information specific to each nation earlier in the guide](#).

People may not be engaged in the programme, they might have never attended cervical screening, or may have made an informed choice not to attend their cervical screening. It's important that all decisions are respected, and no one should feel pressured to participate.

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## Incentivised schemes

In **England** and **Northern Ireland**, cervical screening uptake is incentivised through the Quality and Outcomes Framework (QOF) – practices need to ensure a high proportion of the target cohort undergo screening regularly to receive payment.

Additionally, in **England** the QOF Quality Improvement module on the early diagnosis of cancer provides an opportunity for GP practices to develop quality improvement plans for all screening programmes. Given the impact Covid-19 has had on screening programmes, NHS England has now revised this module to focus on restoring uptake of cervical screening and ensure patients are aware they can access primary care safely.

There are currently no other national incentive schemes operating in other parts of the UK, but this may change in the future. Even without such incentive schemes in place, it's important to remember the valuable role that primary care can play in helping to support informed uptake of screening, removing any barriers and working collaboratively with local partners to reach out to communities.

In **England**, there is also the Primary Care Network (PCN) GP Contract Requirements for the Early Diagnosis service specification where PCNs are asked to:

Contribute to improving local uptake of National Cancer Screening Programmes by working with local system partners to agree the PCN contribution to local efforts to improve uptake.

For more information see [CRUK's GP contract hub](#)



## Understanding the barriers to participation

There are several barriers that may prevent those eligible from engaging with the cervical screening programme.

Understanding who is not attending screening and the barriers preventing them from participating is important when looking at ways to support engagement with the programme. The reasons for non-attendance may be complex and several factors may be at play.

Some of these barriers may include:

- Feeling of embarrassment
- Intending to go but not getting around to it
- Fear of finding the procedure painful (incl. post-menopausal women)<sup>6</sup>
- Worry about what the test might find
- Previous negative screening experience
- Finding it difficult to arrange a convenient appointment time
- Perceived low risk of cancer or not needing screening, e.g. not currently sexually active or in a lesbian relationship<sup>7</sup>
- Lack of awareness and knowledge of the purpose and benefits of the test which can lead to fear or lack of trust<sup>8</sup>
- Worry about being perceived as promiscuous
- Fear due to previous assault or abuse
- Unable to access information due to language or mode of delivery

Some groups with lower participation include<sup>9</sup>:

- those aged 25–29 and those above 50
- those living in areas of high deprivation
- those with a learning or physical disability
- ethnic minority communities – note disparity varies by ethnic minority group
- lesbian and people who are bisexual<sup>7</sup>
- the transgender community<sup>10</sup>

You may be able to identify other people in your practice population who are less likely to participate in cervical screening.

**Access our reducing inequalities in cancer screening resource for some practical tips to help address inequalities, as well as signposting to further resources and information.**

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## Supporting people to access to screening

Below are a range of suggested approaches that you could use to help remove any barriers to participation. While cervical screening is a familiar procedure for primary care staff, for most people it's not a routine process. Particularly if it's their first test, or first test after a period of non-attendance.

It is useful to find out what other practices in your area may be doing in case there is an opportunity to work together, or to share good practice.

You could consider discussing cervical screening in conversation:

- at routine appointments
- at health visitor appointments
- at health checks, immunisation or phlebotomy appointments

Consider different options for reminding patients of their cervical screening appointment:

- Text
- Telephone call
- ✓ Making a proactive telephone call (see example [telephone script](#))
- ✓ Consider sending a targeted letter (see example [letter](#)) to someone who is overdue or who has never attended an appointment
- ✓ Sending a targeted text message, endorsed by the GP has seen an increase in uptake<sup>11</sup> (see example [text message](#))

For more details see [Cancer Research UK's Evidence and Intelligence Hub](#)

For some women, barriers to participation may be exacerbated by Covid-19 and practices may need to consider how they can proactively raise awareness of screening invitations and new practice processes to encourage informed participation.

See [CRUK's screening recovery guide](#) for health professionals for some useful tips for how your practice can support people to access cancer screening services.

## Practical tips and resources

### Training

- ✓ Undertake training to help staff understand and be able to explain the effectiveness of cervical cancer screening, and the benefits and harms of taking part. This will enable them to support people to make an informed choice about whether or not to participate.
- ✓ Make sure all sample takers are aware of CPD opportunities and programme updates.

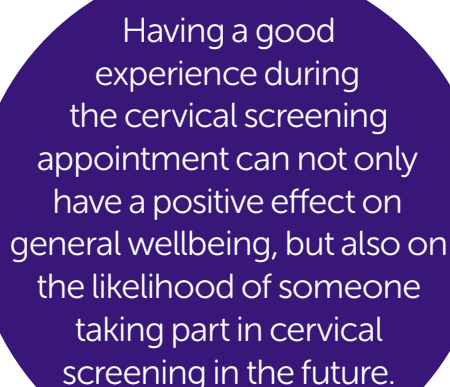
For more training appropriate to your nation, visit:

Click [here](#) for England

Click [here](#) for Wales

Click [here](#) for Scotland

Click [here](#) for Northern Ireland



Having a good experience during the cervical screening appointment can not only have a positive effect on general wellbeing, but also on the likelihood of someone taking part in cervical screening in the future.



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## Sharing information & resources

- ✓ Raise awareness of cervical screening within the practice (posters, opportunistic discussions, practice website).
- ✓ Ensure advice and educational material about cervical cancer and cervical screening are provided in accessible formats. You can find or request translated and easy read versions – see [cancer screening information specific to your nation](#)

Also see:

- Cancer Research UK [website](#)
- Jo's Cervical Cancer Trust [website](#)

- ✓ Consider displaying or signposting to this useful video produced by CRUK. It addresses practical issues and potential concerns about the test. Click [here](#)
- ✓ There are a few key questions or misunderstandings that can arise around who should take part in cervical screening and it is important that primary care team staff are equipped to provide information to patients– refer to [eligibility](#) section.

## Use of practice data

- ✓ Local cervical screening data is available. See how your area is performing
  - England: [PHE fingertips](#); [NHS digital/PHE Cervical Screening Dashboard](#)
  - Scotland: [ISD Scotland](#)
  - Wales: [Public Health Wales](#)
  - [Jo's Trust Statistics](#)
- ✓ Review your practice data to understand those that are eligible and are being invited for screening for the first time
- ✓ Review your practices' non-responders to understand the profile of those not attending their screening and then identify methods to engage with these people

Non-responder notifications are sent to practices if there is no record of the person attending for a test after having been sent an invitation and reminder letter.

Not all nations will receive these lists, but you can go into the call/recall system to review the lists

- ✓ Opportunistically check details at routine appointments to be sure that people are receiving their screening invitations
- ✓ Apply the correct clinical coding to every screening result and use a flag or alert system to identify non-responders

## Call and recall systems

Understanding the full functionality of the Cervical Call-Recall System can help practices identify where action to support cervical screening may be needed.

- ✓ It is helpful if someone leads on the call/recall system in your practice

For more information on the call/recall system appropriate to your nation:

- England click [here](#)
- Wales click [here](#)
- Scotland click [here](#)
- Northern Ireland click [here](#)

Functions of the system:

- ✓ Invite eligible patients at appropriate intervals
- ✓ Provides a list\* of people eligible for screening to GP practices
- ✓ Send out call and recall letters to patients eligible for cervical screening tests
- ✓ Notifying patients of test results once received these from laboratories
- ✓ Facilitate failsafe

\*may not be available in all nations



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## Informed dissent

If patients wish to opt out of cervical screening the opt out process is different for each UK nation however this guide provides some tips around informed dissent:

- Ensure the person has been given the relevant information that explains the benefits and harms
- Ensure the person is aware of the implications of consent or dissent
- Check the patient understands the information that has been provided. Arrange a best interest meeting if the person does not have the capacity to make the decision or communicate the decision to participate in screening.
- Ensure the person is aware that their decision to dissent can be changed at any time, as can a decision to consent

## Informed dissent should be clearly noted in the person's record

Discussions with patients about opting in or out of cervical screening needs to include information about the common cervical cancer symptoms and to get in touch with a health professional if they notice any changes that are not normal for them. The **most common symptoms** of cervical cancer include:

- unusual vaginal bleeding
- pain or discomfort during sex
- vaginal discharge
- pain in the area between hip bones (pelvis)

## Safety netting

Patients and health professionals should be aware that a previous normal cervical screening test result does not rule out cancer. If a patient has any symptoms or changes that are not normal for them they should contact a health professional.

Being aware of the **symptoms** of cervical cancer is important as a normal result does not mean the patient does not have and may still develop cervical cancer in the future.

## Future developments in cervical screening

### Extending cervical screening intervals

The recent change in the cervical cancer screening programme to test initially for human papillomavirus (HPV) infection is working well in practice and is more sensitive than cytology (smear) testing. Trials have shown that HPV screening leads to earlier detection of cervical lesions compared to liquid-based cytology<sup>12</sup>.

The UK National Screening Committee (NSC) has recommended the extension of the screening intervals from three to five years for individuals aged 25 to 49 who test HPV negative as part of their routine screen test.

Following this recommendation, Scotland and Wales have extended their screening intervals and we are expecting other nations to change theirs too in the future.

A study looking at the acceptability of an increased screening interval, highlighted the need to provide women with information about the safety and rationale for any change<sup>13</sup>. Communicating the long timeline from HPV exposure to cervical cancer may reassure women about the safety of any proposed interval change.

[Read CRUK's article explaining why Wales have extended their screening intervals here.](#)

### Self-sampling

Self-sampling is not routinely part of the cervical screening programme, however research is ongoing on the accuracy of home-tests and the feasibility of introducing them into the screening programme<sup>14</sup>.

Studies have shown that self-sampling could support an increase in the number of women taking up the offer of cervical screening. Self-sampling allows women to take a test in the comfort of their own home.



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## Further information on eligibility

There are a few key questions or misunderstandings that can arise around who is eligible to take part in cervical screening and it is important that primary care team staff are equipped to provide information to patients.



People with a cervix is an accurate and more inclusive way to refer to the population eligible for cervical screening. This is because there are some people who have a cervix who do not identify as women, and some women who do not have a cervix.

We recommend that you tailor your language to the needs and preferences of the person you are talking to.

		Eligible	Not eligible
People younger than 25	<p>We know from research that cervical cancer is very rare in those under the age of 25. Changes in the cervix are quite common in younger women, but these are unlikely to progress to cervical cancer.</p> <p>Evidence shows that screening younger women leads to more harms than benefits, which is why it is offered from age 25. This is also the age recommended by the National Screening Committee.</p>		
People from the age of 25 to 64 with a cervix who have never been sexually active	<p>When we talk about being sexually active, we mean:</p> <ul style="list-style-type: none"> <li>• having vaginal, anal or oral sex</li> <li>• touching in the genital area</li> <li>• sharing sex toys</li> </ul> <p>People who have never been sexually active will have a much lower risk of HPV infection, and therefore the balance of benefits and harms of cervical screening may be different. It's important to have a conversation with patients about this when discussing cervical screening.</p>		
People from the age of 25 to 64 who have not been sexually active for a long period of time	<p>HPV can remain dormant for many years and cell changes can also take many years to occur. This means that those who have not been sexually active for a period of time should still consider participating in cervical screening.</p>		
People with a cervix aged 65 or older	<p>Those aged 65 or older will not be invited for cervical screening if their last test was normal. This is because the likelihood of developing cervical cancer is low.</p>		
	<p>If they are aged 65 or over and have never had cervical screening, they are entitled to a test. They can speak with their GP surgery about booking an appointment.</p> <p>If they are 65 or older and have had abnormal results, they will be invited for cervical screening until there is no cause for concern.</p>		
People who have had a hysterectomy (no cervix)	<p>People who have had a total hysterectomy do not need to go for cervical screening.</p>		

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		Eligible	Not eligible
<p>People who have had a sub-total hysterectomy where cervical tissue remains</p>	<p>People who have had a hysterectomy but still have their cervix may still be at risk of developing abnormal cells and should still consider regular cervical screenings.</p> <p>People who have had a partial hysterectomy may still need to attend cervical screening.</p>		
<p>LGBTQ+ community*</p>	<p>All people with a cervix between age 25 and 64 should be invited to regular cervical screening, including; women who are sexually active with women, trans men and non-binary people assigned female at birth.</p> <p><b>Further considerations for trans men:</b></p> <p>When a patient registers as male at their GP surgery, they will no longer receive invitations from the cervical screening call and recall service. However if the person has not had a hysterectomy they are still eligible for screening and should be encouraged to participate.</p> <p>Where the individual chooses to continue to be screened, the GP practice is responsible for managing invitations and sample taking at the appropriate intervals and for notifying results. The practice should notify the cervical screening laboratory that the sample is from a male/non-binary person with a cervix either in advance or on the accompanying form and the results should be sent back to the practice and not to the call and recall service. When gender reassignment takes place, the call and recall service must send a copy of the individual's screening history to the GP practice in a sealed envelope marked 'Strictly Private and Confidential'.</p> <p>Your practice should be sensitive towards trans-men and non-binary people, as it may be distressing for them to continue to participate in the cervical screening programme. Sample takers are expected to provide as much support as possible to enable trans-men to be screened if they wish to do so.</p> <p><b>Further considerations for non binary people</b></p> <p>Non-binary patients may wish to be registered as 'I' (Indeterminate). For all patients registering as 'I', screening will become the responsibility of the practice if the person was assigned female at birth. Practices may need to make their patient aware of how this affects automatic invitations to screening.</p>		

\*This information has been produced in collaboration with [www.livethroughthis.co.uk](http://www.livethroughthis.co.uk)

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		Eligible	Not eligible
<b>Trans women and non binary people assigned male at birth*</b>	<p>When a patient registers as female at their GP surgery, they will be automatically entered into the call and recall system. In the case of a trans woman, if the screening team has not already confirmed that the patient does not have a cervix, the GP should send a cease request to CSAS as a trans woman does not have a cervix and is therefore not eligible.</p> <p>Your practice should be sensitive towards trans women, as it may be distressing for them to be told they are not eligible for the cervical screening programme.</p>		
<b>HPV vaccinated people</b>	<p>All children are routinely invited for their HPV vaccine between 11 and 13 years of age. People who were eligible for the HPV vaccine in school but who missed it can be vaccinated up to their 25th birthday. In 2019, the vaccine programme expanded to boys to provide further protection for girls against the virus by reducing the ability of the virus to spread, as well as against male HPV-related cancers.</p> <p>The vaccine is designed to protect against two high-risk types of HPV, HPV 16 and 18. Together, these two types cause about 7 out of 10 cervical cancers.</p> <p>However, the vaccine doesn't protect against all types of HPV, so regular cervical screening is still important. In the future, we may see further changes to the cervical screening programme as a result of the reduction in risk of cervical cancer from the HPV vaccine.</p>		
<b>People screened abroad</b>	<p>Local areas have reported that women originally from outside of the UK often return to their country of origin for their cervical screening. If abnormalities are detected, there may be challenges ensuring optimal patient care. It may be useful to reassure those who are eligible for cervical screening that the UK runs a high-quality programme and are introducing key technology through the move to using HPV primary testing.</p>		
<b>Timing of screening</b>	<p>Avoid routine screening during pregnancy. It is not advisable to sample the cervix until 12 weeks post-natal. Mid cycle is the optimum time to get a good sample. When a person is menstruating is not the best time to take a sample, but if this is the only opportunity then it can be taken.</p>		
<b>Trauma and abuse</b>	<p>People who have experienced sexual abuse or other sexual trauma such as rape may find it extremely difficult or distressing to participate in the programme. Sample takers are expected to provide as much support as possible to enable these people to be screened if they wish to do so. Each case must be considered individually and any decision to defer screening or be ceased from recall must be made with full informed consent.</p>		

\*This information has been produced in collaboration with [www.livethroughthis.co.uk](http://www.livethroughthis.co.uk)

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## Templates

### SMS text

Texts can be used as an alternative to letters for patients. Primary care can use it for engaging non-responders as well as using it for general promotion of the programme to all eligible patients. Some screening services will start to encourage the use of text reminders in practices. You may find it useful to look at [PHE's guidance on sending screening text message reminders](#).

### Sample text:

Dear <Patient Name>, we are contacting you to remind you that your cervical screening test (smear test) is overdue. Please phone the surgery if you'd like to make an appointment or to discuss any questions or concerns you have about the test.

## Example letter

<Insert GP letter-head including GP practice phone number>

Dear <insert patient name>

We are writing to remind you that your cervical screening test (smear test) is due.

Cervical screening is a way of finding changes in the cervix which, if left untreated, could develop into cancer.

Cervical screening saves 2,000 lives each year in the UK. The test takes 5 minutes and is a great way to reduce the risk of cervical cancer. For these reasons, we encourage you to consider booking an appointment to come in for the test.

Whether or not to take part in cervical screening is your choice, so you should read the information leaflet you were sent with your screening invitation to help you decide.

If you have access to the internet, further information about the test can be found here: <https://www.cancerresearchuk.org/about-cancer/cervical-cancer/getting-diagnosed/screening>

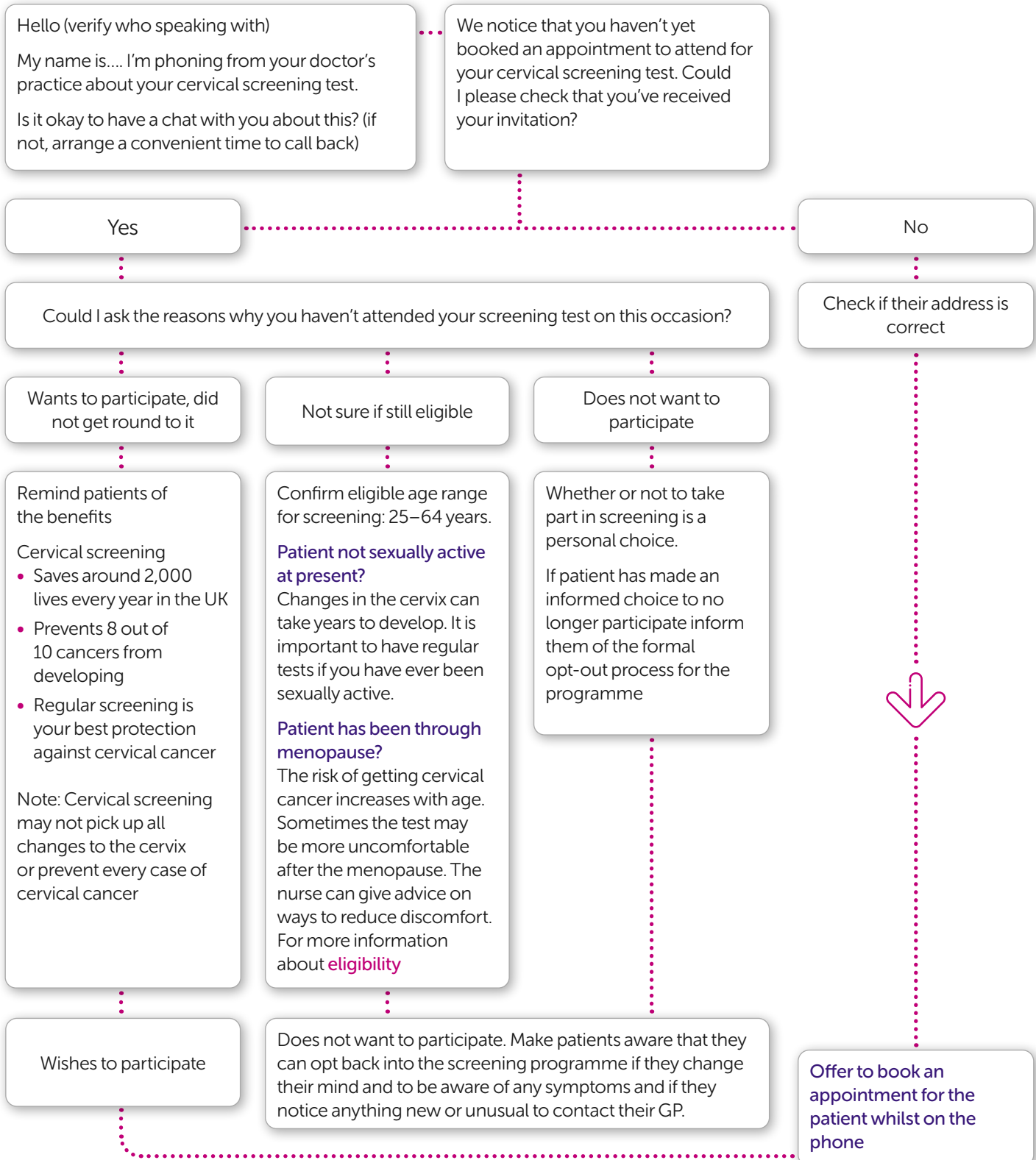
You can also contact the practice nurse who can talk to you about the test.

Yours sincerely,

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## Telephone script



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