

Cervical screening

Standards

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Introduction

Healthcare Improvement Scotland published cervical screening standards in 2019. In Autumn 2023, these standards were prioritised by the [National Screening Oversight Board](#) for review in 2024/25. This review incorporates recent changes to the cervical screening programme,¹ which include:

- the implementation of high-risk Human Papilloma Virus (HPV) as the primary test for cervical screening
- the change to the screening interval for women who test negative for HPV and have no recent history of abnormal results (now five years rather than three years).

The standards also reflect changes to the delivery of the cervical screening programme as a result of:

- restructuring of the laboratory service
- review of procedures for the national invasive cancer audit
- review of processes, systems and governance for exclusions from the national screening programme in Scotland.^{2,3}

Cervical cancer is preventable and curable with early detection and treatment.⁴ On average, six women in Scotland are diagnosed with cervical cancer each week and cervical cancer accounts for 2% of all new cancer cases throughout the UK.⁵ It is predicted that approximately 50% of women diagnosed with cervical cancer will survive the disease for ten years or more.⁵ In response the World Health Organization global strategy has called for action to accelerate the elimination of cervical cancer.⁴

Cervical screening is offered every five years to women and anyone with a cervix aged between 25 and 64. The term [women](#) is used in these standards and includes any person eligible for cervical screening including trans men and non-binary people. Cervical screening can be offered following a partial hysterectomy.

The main risk factor for cervical cancer is infection with HPV.^{6,7} The aim of cervical screening is to detect HPV and/or changes in cervical cells early to reduce the incidence of cervical cancer.⁸

An HPV immunisation programme started in Scotland in 2008 and is offered to all 12 and 13 year olds.⁹ A recent study has shown that no cases of cervical cancer have been detected in fully vaccinated women.¹⁰ As the HPV vaccine does not protect against all types of HPV that cause cancer or the small number of HPV-independent cancers, women who have been vaccinated should still attend for screening when invited.^{9, 11}

The use of self-sampling tests for HPV as a method for increasing participation in cervical screening is under review by the UK National Screening Programme.^{12, 13} Self-sampling is not part of the national cervical screening programme in Scotland at the time of publication of these standards. Organisations and staff involved in cervical screening should ensure they are following up-to-date national guidance and protocols which will reflect any changes to the national screening programme.

Information and resources

To support women to make informed decisions about cervical screening, information should be provided in a format and language that suits their needs. Support should be provided to enable informed decisions with opportunities for questions. Care should be compassionate, trauma informed, understanding and non-judgemental. Women should always be respected and supported in their choices and decisions.

The following resources and organisations are available to support women, their care partners and healthcare professionals:

- [BSCCP: Information about cervical screening and the prevention of cervical cancer](#)
- [Cancer Research UK: Cervical screening resources for healthcare professionals](#)
- [The Eve Appeal: Cervical screening for survivors of sexual trauma](#)
- [The Eve Appeal: Facts and tips for cervical screening](#)
- [NHS Inform: Cervical screening](#)
- [NHS Inform: HPV vaccine](#)
- [NHS Inform: Screening information for the transgender community](#)
- [Public Health Scotland: Cervical screening](#)
- [Royal College of Nursing: Cervical screening for physically disabled women and autistic women.](#)

Scottish cervical screening programme: governance

The Scottish cervical screening programme (SCSP) board is responsible for:

- the oversight and assurance of the quality and performance of delivery across the entire screening pathway¹⁴
- monitoring the effectiveness of the programme, including key performance indicators (KPIs) for waiting times, outcomes and complications.¹⁵

NHS boards deliver cervical screening services within their locality. This includes:

- call-recall for cervical screening
- invitation for colposcopy
- provision of colposcopy and appropriate treatment where required
- analysis of histopathology samples.

Primary care has responsibility for:¹⁶

- coordinating and booking screening appointments
- undertaking cervical screening.

Two national NHS processing laboratories have been commissioned to analyse and report screening test results (see [Appendix 4](#) for further information).

These standards apply to NHS Scotland services and staff delivering cervical screening services. NHS boards and primary care are responsible for implementing these standards to deliver cervical screening services within their locality.

Key performance indicators for SCSP

Key performance Indicators (KPIs) for the SCSP are developed, reviewed and monitored by the Quality Performance Monitoring Group. The KPIs are reported annually by Public Health Scotland.¹⁵ The KPIs provide a retrospective assessment of the effectiveness of screening, evaluating quality and performance. KPIs act as a driver for continuous improvement and direct specific review of any areas that appear to be underperforming.

These cervical screening standards do not reference the specifics of each KPI but should be read alongside the KPIs.

Related guidance and policy

All Healthcare Improvement Scotland standards are mapped to key national legislation, policy and standards.¹⁷⁻¹⁹ They are also aligned to the principles of person centred and trauma informed care, human rights and equality.²⁰⁻²²

These standards should be read alongside the following:

- [Healthcare Improvement Scotland: Core screening standards](#)
- [Healthcare Improvement Scotland: Review of processes, systems and governance for exclusions from the national cervical screening programme in Scotland](#)
- [National Services Scotland: A guide to national population screening in Scotland](#)
- [National trauma transformation programme](#)
- [Scottish Cervical Screening Programme statistics](#)
- [Scottish equity in screening strategy 2023-26](#)
- [Women's health plan](#).

Scope of the standards

These standards apply to women and anyone with a cervix who are eligible to take part in the national cervical screening programme. Further eligibility criteria can be found on [NHS Inform](#).

The standards cover:

- cervical screening invitation
- screening appointment
- laboratory services
- cervical screening result
- colposcopy.

Format of the standards

Healthcare Improvement Scotland standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standard means if you are a woman taking part in cervical screening
- what the standard means if you are a member of staff
- what the standard means for organisations
- examples of what meeting the standard looks like in practice.

Implementation

These standards have been developed by key stakeholders from across the cervical screening pathway. The standards support and inform organisational self-evaluation and improvement.

Implementation of the standards by the SCSP, NHS boards and primary care will ensure the delivery of safe, effective, person centred and trauma informed services across the cervical screening pathway.

These standards are a key component in supporting the SCSP's approach to quality assurance. Monitoring performance against these standards, at a local and national level, aims to improve the quality of the programme.

External quality assurance of screening programmes will be delivered using the [Healthcare Improvement Scotland quality of care approach and the quality framework](#). This approach specifies how Healthcare Improvement Scotland will design and deliver quality assurance activity to support improvement in healthcare.

The approach emphasises the importance of regular, open and honest self-evaluation of programmes using the quality framework as a basis, combined with other relevant data and intelligence, including performance against these standards.

Terminology

Wherever possible, we have used generic terminology which can be applied across all health and social care settings. All terminology used is defined in the [glossary](#).

Standards summary

Standard 1: Cervical screening invitation

Routine cervical screening is offered to all eligible women aged between 25 and 64 every five years.

Standard 2: Screening appointment

Cervical screening appointments are safe, effective, person centred and trauma informed.

Standard 3: Laboratory services

Cervical screening samples are processed in line with nationally agreed standards and protocols.

Standard 4: Cervical screening result

Cervical screening test results are accurate and reported in a timely manner.

Standard 5: Colposcopy

NHS boards ensure timely access to safe and effective colposcopy services.

Standard 1: Cervical screening invitation

Standard statement

Routine cervical screening is offered to all eligible women aged between 25 and 64 every five years.

Rationale

[Routine cervical screening](#) is offered to all eligible [women](#) aged between 25 and 64 every five years.²³ For some women, cervical testing may be more frequent and offered until the age of 70. This is known as non-routine screening and occurs where changes have been detected in a previous screening sample. Where a woman is pregnant or undergoing treatment which would impact sample taking, screening may be postponed for a specific period. Women would then be re-invited at a later stage if they remain eligible for screening.

An effective [call-recall](#) system ensures eligible women are invited to participate in the cervical screening programme. Invitations are managed nationally through the Scottish Cervical Call Recall System (SCCRS). The invitation includes information and a request to book an appointment with their GP practice. Women can request any additional support when arranging their appointment.

The SCSP and NHS boards have defined roles and responsibilities to ensure robust governance arrangements are in place for cervical screening invitations and uptake.¹⁴ This includes the performance of the programme and review of [screening incidents](#). The cervical screening programme should be monitored and reviewed in line with national KPIs,¹⁵ national protocols and the [Healthcare Improvement Scotland's core screening standards](#).

Inequalities in access to cervical screening should be addressed at both a national and local level.²⁴⁻²⁶ Through the use of Equality Impact Assessments, Islands Communities Impact Assessments and community engagement and consultation, organisations should understand and effectively reduce health inequalities and improve outcomes. Organisations should co-design and regularly review services with people with lived experience to ensure equality and equity in access.

Some women may not take up an invitation to attend for screening. Staff and services should identify the reasons for non-attendance and address this, for example through tailored information and support, where possible. Opportunistic screening may be appropriate for women who regularly miss invitations or appointments. Protocols and quality improvement programmes should be in place to increase access to screening for under-served populations.

Women can choose to opt-out of the cervical screening programme at any time by contacting their GP. National guidance on opt-out should be followed by staff.²⁷

NHS boards and primary care should ensure staff understand how to identify, document and correctly apply permanent exclusion from screening, in line with national agreed procedures and protocols.² Regular audit activity should be undertaken to monitor the appropriate use of permanent exclusion. Women should be fully informed about why they are no longer invited for screening.^{28, 29}

Staff should understand the implications of women being incorrectly excluded from the programme and be able to escalate concerns appropriately.^{3, 30}

Criteria

1.1 The SCSP uses the SCCRS system to:

- routinely invite all eligible women for cervical screening in line with nationally agreed intervals
- send reminders to women who have not scheduled an appointment.

1.2 The SCSP has systems and processes in place to ensure that women who opt-out of screening:

- remain on the call-recall system
- are aware of how they can opt in or make an appointment if their decision changes.

1.3 NHS boards and primary care have systems and processes in place to:

- deliver cervical screening in line with national KPIs, protocols and guidance^{14, 15}
- escalate issues or screening incidents relating to the call-recall process.

1.4 NHS boards ensure staff involved in call-recall are appropriately trained and knowledgeable in:

- the eligibility criteria for cervical screening including routine and non-routine pathways
- additional support that can be offered for a person's screening appointment
- where and how signpost women to information and support resources.

1.5 Staff follow national opt-out protocols for the application and documentation of exclusion from the cervical screening programme.²

1.6 NHS boards demonstrate their commitment to addressing health inequalities through:

- ensuring systems and processes are in place to maximise uptake and access to cervical screening for under-served groups
- undertaking population needs and impact assessments to inform local cervical screening provision
- meaningful engagement with women eligible for cervical screening
- improvement activities and service redesign
- participation in national improvement activities and implementation of the [Scottish equity in screening strategy](#).

1.7 Women can access appropriate information and support to enable informed choice, which may include:

- why cervical screening has been offered
- the intended health benefits and implications of cervical screening
- what to expect at the screening appointment
- how to access options for further support from primary care, for example, a longer appointment or a female staff member, where required
- what the results mean and when they will be received
- how to access further information in formats or languages appropriate to the person's needs.

1.8 The screening pathway, including uptake, is monitored, reported and reviewed in line with the SCSP KPIs,¹⁵ national protocols and [Healthcare Improvement Scotland's core screening standards](#).

What does the standard mean for women and people with a cervix?

- You will be invited to take part in cervical screening.
- As part of the invitation, you will receive information about cervical screening. You will be able to access information that is right for you.
- When you arrange your appointment, you can request additional support depending on your needs. For example, a female healthcare professional, translation or interpreter services or additional appointment time.
- You will be supported by staff who will treat you with respect and compassion. You will be listened to and fully supported to make informed choices.
- If you do not want to be invited for cervical screening, you can contact your GP so your wishes can be documented and to discuss rejoining at a later date.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting, understand:

- the eligibility criteria for cervical screening, including exclusion criteria
- the process for opting out and options to rejoin the screening programme at another time
- the call-recall system, protocols and pathways, including non-routine pathways
- support options available to people accessing cervical screening
- health inequalities within their local population and how to increase uptake
- failsafe procedures, including the escalation pathway.

What does the standard mean for the organisation?

SCSP ensures:

- robust governance arrangements are in place for the effective delivery of cervical screening
- an effective call-recall system is in place and regularly monitored in line with national protocols and KPIs
- identification and implementation of strategies to increase access and uptake of cervical screening and reduce health inequalities
- national protocols for the delivery of the programme are in place including eligibility criteria, exclusions and opt-out
- failsafe and escalation arrangements are in place to support NHS boards in the reporting of screening incidents or issues.

NHS boards and primary care:

- deliver local cervical screening for eligible women
- maximise uptake of cervical screening among their local population
- ensure staff are trained and knowledgeable in cervical screening programme protocols
- understand their roles and responsibilities in reporting and escalating any issues or screening incidents
- understand their roles and responsibilities in applying and documenting exclusions from the programme
- provide opportunities for women to opt-out in line with national protocols.

Examples of what meeting this standard might look like

- Evidence of adherence to national protocols including eligibility, opt-out and exclusions criteria.
- Collection and reporting of KPI data, including uptake of screening.
- Audit of documentation recording permanent exclusions.
- Evidence of adherence to failsafe processes and incident reporting.
- Protocols to maximise cervical screening attendance in under-served populations for example, women experiencing trauma, women in prisons, women who experience homelessness.
- Signposting to [NHS Inform](#) for information available in English and other languages, British Sign Language, audio, Easy Read and large print.
- Evidence of strategies to maximise uptake, including use of personalised letters and provision of pop-up clinics, as well as provision of specific arrangements for under-served groups.
- Demonstration of local equity action plans to increase uptake of cervical screening in local populations and under-served groups.

Standard 2: Screening appointment

Standard statement

Cervical screening appointments are safe, effective, person centred and trauma informed.

Rationale

All eligible women should have timely access to a person centred and trauma informed cervical screening appointment. Women should be informed of the purpose of cervical screening, possible results and when to expect the results. The principles of informed consent and shared decision making are central to supporting women who take part in screening. Consent for screening should be obtained in line with national guidance and local protocols.^{2, 31}

The person's comfort, safety and privacy should be supported during the screening appointment. As cervical screening is an intimate examination, women should be offered a chaperone in line with national guidance.³² Women should be offered additional support, where required.³³ This may include a female healthcare professional, different-sized equipment or a longer appointment. Cervical screening should take place in an appropriate and accessible healthcare setting with readily available equipment and consumables.²

Services should be [person centred](#) and [trauma informed](#). Staff should be trained in trauma informed care and practice and recognise the impact of trauma on attending cervical screening. Where a person has experienced sexual violence, they should be supported to access a specialist clinic, where appropriate.³⁴ Services should also be responsive to any additional support needs that trans men and non-binary people may have to access cervical screening.^{35, 36}

All relevant staff should be appropriately trained and knowledgeable in undertaking cervical screening.³⁷ Training and education should cover supporting women to make informed choices about screening, taking informed consent and person centred communication.

Staff should adhere to the national sampling taking guidance for cervical screening.² This includes following the national referral protocols and guidance where a woman presents with symptoms or signs of cervical cancer or the cervix appears abnormal. Women should be advised of the potential outcomes from screening. Staff should ensure all key information from the appointment is captured in SCCRS.

NHS boards should ensure workforce capacity and capability to deliver cervical screening. Processes should be in place to address local provision availability. For example, reciprocal arrangements with other GP practices or sexual health services.

Criteria

- 2.1** Eligible women are offered timely, accessible, person centred and trauma informed cervical screening appointments.
- 2.2** Women attending a cervical screening appointment:
- are informed of the purpose of the test including benefits and limitations
 - provide continual consent for the test
 - are aware they can pause or stop the appointment at any time
 - are given information on possible results and when to expect the results
 - are provided with an opportunity to ask questions or request additional support
 - are offered a chaperone who can act as an impartial observer
 - may be accompanied, where appropriate, by a relative, friend or advocate (in addition to a chaperone).
- 2.3** Primary care organisations have systems and processes in place to ensure availability of cervical screening appointments, which includes:
- reciprocal sample taking arrangements with other services, where required
 - appropriate escalation of issues relating to the availability of screening appointments to the local NHS board.
- 2.4** Cervical screening is undertaken in a safe and trauma informed environment, which maintains privacy throughout the appointment.
- 2.5** NHS boards and primary care ensure processes are in place to provide additional support where requested, which may include:
- equipment to support sample taking for example, hoists, different-sized speculums
 - extended appointments
 - opportunity to request a female healthcare professional
 - referral to specialist clinic for women who have experienced sexual violence.

2.6 Staff undertaking cervical screening:

- are registered healthcare professionals with competencies in sample taking techniques and the use of appropriate equipment, in line with national guidelines
- are trained in person centred and trauma informed communication and practice
- are compassionate and ensure women feel supported
- understand the impact of trauma and gender-based violence on cervical screening
- know who to refer women to for support or counselling who disclose trauma or abuse
- are responsive to the needs of trans men and non-binary people
- attend regular training and continued professional development, at least every three years, to maintain their knowledge and skills
- participate in relevant local and national professional forums to share learning
- contribute to quality assurance and improvement processes.

2.7 Staff undertake an assessment of the person prior to sample taking, which includes:

- understanding any factors that would make the test inappropriate or make it difficult to take a sample
- any symptoms or signs that would indicate that further investigation or referral is required
- capacity to consent, which is recorded and shared appropriately.³⁸

2.8 NHS boards and primary care ensure staff have access to training and relevant protocols on the SCCRS system, which includes:

- accurate recording of information from the screening appointment
- how to accurately complete the SCCRS request form.

2.9 NHS boards ensure equipment and peripherals used for cervical screening comply with national or regulatory specifications and infection prevention control.

2.10 NHS boards and primary care have systems and processes in place to monitor and review incidents in sample taking in line with national protocols, which cover:

- accurate completion of laboratory forms
- use of vials that are within the use by date
- samples that are insufficient for analysis or inadequately labelled
- failsafe processes, for example an alert to sample takers when a sample has not processed within national timeframes.

What does the standard mean for women and people with a cervix?

- You will be offered an appointment that meets your needs.
- Staff will do what they can to make sure you are comfortable.
- You will be able to go at your own pace.
- If you would like someone to attend the appointment with you or if you need additional support, staff will support you to arrange this.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- support women during cervical screening through providing compassionate, person centred and trauma informed responsive care^{20, 21}
- demonstrate the knowledge and skills required to provide safe and effective sample taking, including benefits and limitations of cervical screening, consent taking
- undertake regular training and continued professional development including mentoring and supervision
- ensure accurate documentation of discussions prior to sample taking, in line with national guidance²
- ensure accurate input of relevant information to SCCRS.

What does the standard mean for the NHS board and primary care?

NHS boards and primary care ensure that:

- sample taking is accessible to all eligible women who wish to participate in cervical screening
- facilities, equipment and staffing levels comply with nationally agreed standards and requirements for safe and effective cervical screening sample taking
- cervical screening samples are taken by registered healthcare professionals who have completed a recognised education programme for cervical screening
- opportunities are provided for additional supportive measures to undertake cervical screening, for example use of a hoist, different-sized speculum.

Examples of what meeting this standard might look like

- Evidence of provision of appropriate support for women to attend for cervical screening sample taking. For example, provision of a chaperone, translation services, longer appointments.
- Contingency plans or reciprocal arrangements between local GPs to undertake cervical screening.
- Local protocols for direct referral to colposcopy where clinically indicated.
- Evidence of pathways to support women with additional needs including specialist staff and equipment such as a hoist.
- Uptake of appropriate level of trauma informed training for staff relevant to their role and area of practice.
- Evidence of staff qualifications, competencies and continued professional development.
- Evidence of identification and management of samples that are insufficient for analysis, inadequately labelled or collected in containers that have exceeded their expiration date.

Standard 3: Laboratory services

Standard statement

Cervical screening samples are processed in line with nationally agreed standards and protocols.

Rationale

Cervical sample processing is undertaken by two nationally commissioned NHS laboratories hosted by NHS Greater Glasgow and Clyde and NHS Lanarkshire. Further information about the structure and functions of the laboratory service in Scotland is available in [Appendix 4](#).

Laboratories involved in cervical screening should demonstrate robust clinical governance and oversight as part of UKAS accreditation. The relevant national accreditation for HPV and cytology testing must be in place.³⁹ Accreditation ensures that cervical test results are accurate and reliably reported and processed within national timeframes. This includes a laboratory quality management system, participation in national KPI data collection, quality assurance schemes,^{15, 40-43} screening incident management and escalation processes.⁴⁴ A designated clinical lead has responsibility for supporting governance including feedback to the SCSP.

Laboratory staff are appropriately qualified and registered in line with national guidance and attend regular updates facilitated by the [Scottish Cytology Training School](#). This includes SCCRS data entry, sample storage and disposal, identification and escalation of screening incidents or issues.

Laboratories processing cervical screening samples should work collaboratively with other services to share learning. This includes colposcopy, gynaecology, histopathology, [Scottish HPV Reference Laboratory](#) and the [Scottish Cytology Training School](#). This supports shared learning through staff participation in multidisciplinary team meetings, the national invasive cancer audit and other relevant forums.

Criteria

- 3.1** Laboratories involved in processing cervical screening samples demonstrate:
- national accreditation to undertake HPV and cytology testing
 - implementation of an effective quality management system
 - monitoring, reporting and review of any screening incidents or issues
 - participation and satisfactory performance in the relevant national data audit and external quality assurance programmes
 - reporting of results within nationally agreed timeframes
 - accurate input of data to SCCRS.
- 3.2** NHS boards responsible for the nationally commissioned processing laboratories have:
- a designated clinical lead
 - staff who are trained and competent and undertake ongoing education, supervision and assessment
 - a workforce with expertise and skills mix in virology, molecular virology, cervical cytology and pathology.
- 3.3** Cervical screening samples are tested and reported in line with national protocols and guidance.
- 3.4** All laboratories work collaboratively with other services, to promote exchange of information and shared learning.

What does the standard mean for women and people with a cervix?

- You can be confident that your screening test sample will be analysed by appropriately trained staff.
- Your results will be highly accurate and reliable.
- You will receive information about what the results mean and where you can go for support if you need it.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- understand and work within the relevant national standards, protocols and guidance for HPV and cytology testing
- ensure the timely reporting of results including accurate data input to SCCRS
- work collaboratively as part of a wider multidisciplinary team
- are supported to attend regular training, continued professional development and education.

What does the standard mean for the NHS board?

NHS boards:

- have clinical governance processes in place to ensure that cervical screening tests are processed with high reliability and accuracy
- maintain adequate levels of staff and professional registration, in accordance with national guidance
- ensure that adequate supplies of sample taking consumables are maintained within specified expiry dates
- ensure accurate and timely communication of results to women
- ensure governance arrangements are in place for the effective delivery of the laboratory service
- ensure escalation procedures are in place, including action plans to manage identified issues or concerns.

Examples of what meeting this standard might look like

- Evidence of relevant laboratory accreditation.
- Evidence of quality assurance, quality management and risk management.
- Monitoring and reporting in line with service level agreements.
- Performance monitoring including HPV positive rates, unsatisfactory rates, HPV fail rates and performance of all staff who report cytology cases.
- Participation in quality assurance to monitor and implement service improvement.
- Regular reporting of internal quality control information and screening test performance within processing laboratories.
- Demonstration of procedures to detect, report and manage issues relating to quality.
- Evidence of staff qualifications, competencies and continued professional development.
- Regular data collection and audit of unsatisfactory (incomplete, spoiled or expired) samples, and actions taken.
- Evidence of regular audit of data entered to SCCRS.

Standard 4: Cervical screening result

Standard statement

Cervical screening test results are accurate and reported in a timely manner.

Rationale

The provision of timely and accurate results is important to the person undergoing cervical screening. The timeliness of providing results is important for both the woman's experience, and potentially, for individual and clinical outcomes. Women should be informed about who to contact if there is a delay to their results.

All completed cervical screening results and recommended management are recorded by laboratory staff on SCCRS. Women should be provided with additional information and signposting as appropriate. To support effective communication and clinical governance, the results should be automatically recorded into the woman's GP record.

Where no HPV has been found, and the woman has a normal screening history, the woman will remain in the cervical screening programme as long as they are eligible. Women should be encouraged to contact their GP should they experience any [symptoms or signs](#) for example, unusual discharge or bleeding after sex. Where HPV has been found, the person may be asked to attend earlier than routine testing or referred for further testing at a specialist clinic (see [Standard 5: Colposcopy](#)). Women with an unclear result may be asked to repeat the test.

Criteria

- 4.1** Laboratory staff ensure that cervical screening sample results are accurately recorded and issued within nationally agreed timeframes and protocols.
- 4.2** Where no HPV is found and there is a normal screening history, women:
 - receive a further invitation in five years' time in line with the eligibility criteria
 - are advised to contact their GP if they experience any symptoms between screening invitations.
- 4.3** Where HPV is found and/or cell changes are reported by laboratory staff, women will be referred for [colposcopy](#).
- 4.4** Where there is an unclear result, this should be managed in line with primary screening pathways.

What does the standard mean for women and people with a cervix?

- You will receive your results in a timely manner.
- You can be confident that you will be on the correct care pathway.
- You will receive [information](#) on what your results mean and what will happen next.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- can interpret the results and ensure the woman is placed on the appropriate pathway
- understand referral pathways
- can support women with information.

What does the standard mean for the NHS board?

NHS boards:

- ensure well-coordinated care referral pathways and protocols are in place
- ensure the provision of accessible and accurate information.

Examples of what meeting this standard might look like

- Provision of information leaflets.
- Data recording audit.
- Monitoring, review and escalation of incidents relating to results processing.
- Pathways of referral.

Standard 5: Colposcopy

Standard statement

NHS boards ensure timely access to safe and effective colposcopy services.

Rationale

NHS boards ensure timely referral and access to person centred and trauma informed colposcopy services. A woman may be referred to colposcopy if:

- the screening sample indicates cell changes
- HPV infection is present
- there are concerns about the cervix appearance or symptoms suggestive of cervical cancer
- repeated tests have been inconclusive.

Women should be provided with information about colposcopy in a format and language that meets their needs prior to the appointment.

Colposcopy clinics should provide an accessible, safe environment with areas for confidential consultation and assessment. Appropriate systems and equipment should be available to facilitate colposcopy for women with additional requirements. Procedures should exist to accommodate requests for a female colposcopist, a chaperone³² as well as to provide access to colposcopy within a specialist centre, if required.

Staff undertaking colposcopy should be registered and trained, in line with national protocols and guidance.^{45, 46} Staff should provide information on the procedure, potential results and what will happen if a biopsy or treatment is required. Staff should provide people with an opportunity to ask questions. Women should be supported to make an informed decision about colposcopy. Consent should then be obtained for colposcopy. Staff should be trained in person centred communication and trauma informed practice.

Biopsy samples should be analysed and reported by a UKAS accredited laboratory within nationally agreed timeframes. National referral pathways for further investigation and treatment are followed.⁴⁵

NHS boards should ensure colposcopy services contribute to all aspects of quality assurance, improvement and audit.^{15, 45-47} This includes regular multidisciplinary local and national forums to share learning and discuss complex cases.

NHS boards should ensure local protocols and processes are in place for follow-up of non-attendance at colposcopy.

The results of the colposcopy should be communicated in a timely manner to the woman. Relevant information and signposting should be provided, where required.

Criteria

5.1 Women referred for colposcopy are:

- informed of why colposcopy is required
- informed of what can be expected during the procedure
- offered pain relief if required
- informed that they can bring someone with them, and have a chaperone
- given information on possible results and when to expect the results
- given advice on what happens if treatment is needed
- provided with contact details to request additional support at colposcopy, if required.

5.2 NHS boards provide timely access and referral to colposcopy services in line with national guidance and timeframes.^{15, 45} This includes pathways for:

- routine follow-up
- urgent suspicion of cancer referrals.

5.3 Staff undertaking colposcopy:

- are registered healthcare professionals with competencies and recognised qualifications⁴⁸
- attend regular training and continued professional development to maintain their knowledge and skills
- are reaccredited every three years⁴⁶
- participate in relevant local and national professional forums to share learning
- contribute to regular colposcopy audit, quality assurance and improvement processes.

- 5.4** Staff working within colposcopy services:
- ensure women are placed on the relevant care pathway
 - receive training and updates in the use of SCCRS, appropriate to their roles and responsibilities
 - are trained in person centred communication and trauma informed practice
 - are compassionate and ensure women feel supported
 - understand the impact of trauma and gender-based violence on cervical screening
 - responsive to the needs of trans men and non-binary people.
- 5.5** Colposcopy clinics provide:
- an accessible, safe environment with areas for consultation, changing and assessment
 - person centred and trauma informed care.
- 5.6** Women can access additional support where requested, which may include:
- extended appointments
 - opportunity to request a female healthcare professional
 - support from specialist staff for women who have experienced sexual violence
 - equipment to support the colposcopy, for example, hoists.
- 5.7** NHS boards have protocols in place to ensure women who either cancel or have not attended for colposcopy are offered an alternative appointment, in line with their referral pathway.
- 5.8** NHS boards ensure timely communication of the colposcopy results to the woman and GP, that covers:
- details of further referral or treatment plans
 - information and support resources.

5.9 NHS boards ensure systems and processes are in place for colposcopy services to:

- support the designated clinical lead in their role and responsibilities
- facilitate audit and benchmarking at a local, board and national level as part of colposcopy quality assurance, KPI reporting¹⁵ and audit programmes
- implement a risk reporting system to investigate issues arising from colposcopy and/or as a result of identifying any significant outliers
- provide opportunities and protected staff time for the multidisciplinary discussion of cases.

5.10 NHS boards have a clinical lead with responsibility for providing clinical expertise and quality assurance of colposcopy services.

5.11 NHS boards ensure pathways and protocols are in place for onward referral, treatment and management of cervical cancer.

What does the standard mean for women and people with a cervix?

- If you need a colposcopy you will be referred for one. You will be offered colposcopy in a way that meets your needs. You can arrange to bring a friend or request additional support.
- You will receive information about what to expect at your colposcopy appointment.
- You can ask staff any questions colposcopy at any time.
- You will be supported to make an informed decision about proceeding with a colposcopy.
- Staff will do what they can to make sure you are comfortable during the procedure.
- You will be able to go at your own pace.
- You will receive the results of your colposcopy as soon as possible, together with information about any further treatment you may require.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- support women during colposcopy through providing compassionate, person centred and trauma informed care
- can demonstrate the knowledge and skills required to provide a safe and effective colposcopy service
- have undertaken training in trauma informed care²¹
- ensure women have information to make an informed decision and document discussions, where appropriate
- are encouraged to identify areas of improvement and report these within the appropriate governance framework
- provide timely results to the woman and the referring healthcare professional
- are provided with opportunities and protected time to attend multidisciplinary meetings and share learning.

What does the standard mean for the NHS board?

NHS boards:

- ensure timely access to safe, effective and trauma informed colposcopy services
- ensure governance arrangements are in place for the delivery of a safe and effective colposcopy service
- ensure that colposcopies are performed by appropriately trained and competent healthcare professionals
- have effective systems and processes in place to determine roles, responsibilities and lines of accountability, including for the management of screening incidents
- have failsafe and escalation procedures, including action plans for the management of identified issues or concerns
- ensure that the results of colposcopy and proposed treatment plans are communicated to the woman and referring healthcare professional within nationally agreed timeframes
- have effective systems for the audit of colposcopy outcomes
- have processes to follow-up women who do not attend their colposcopy appointment.

Examples of what meeting this standard might look like

- Audit of outcomes of women referred for colposcopy following abnormal cervical screening results including treatment, biopsy rates and follow-up.
- Documentation describing lines of accountability, roles and responsibilities and escalation of screening incidents.
- Uptake of appropriate level of trauma informed training for staff relevant to their role and area of practice.
- Evidence of systems for reporting, reviewing and learning from all types of screening.
- Measurement of performance against national standards.
- Evidence of participation in and learning from national audit systems, including national invasive cancer audit.
- Evidence of follow-up of women who do not attend for colposcopy.
- Records of staff attendance at multidisciplinary team meetings.

Appendix 1: Development of the cervical screening standards

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology.⁴⁹ This ensures the standards:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

The standards have been informed by current evidence, best practice recommendations, national policy and are developed by expert group consensus. The standards have been cocreated with key stakeholders and people with lived experience from across Scotland.

Evidence base

A review of the literature was carried out using an explicit search strategy developed by Healthcare Improvement Scotland's Research and Information Service. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, Public Health Scotland, NICE, SIGN, NHS Evidence and Department of Health and Social Care websites. This evidence was also informed by equalities impact assessments. Standards are mapped to a number of information sources to support statements and criteria. This includes, but is not limited to:

- government policy
- approaches to healthcare delivery and design, such as person centred care
- clinical guidelines, protocols or standards
- professional or regulatory guidance, best practice or position statements
- evidence from improvement.

Standards development

A standards development group, chaired by Allan Wilson, Consultant Biomedical Scientist, University Hospital Monklands, was convened in July 2024 to consider the evidence and to review the 2019 standards for cervical screening.

Membership of the development group is outlined in [Appendix 2](#).

Each standard is underpinned by the views and expectations of healthcare staff, third sector representatives and people participating in screening and the public. Information has been gathered from several sources and activities, including:

- two development group meetings in July and September 2024
- a six-week consultation period including a survey and stakeholder workshops
- a final development group meeting held on 25 January 2025
- two editorial panel meetings held in October 2024 and March 2025.

Consultation feedback and finalisation of the standards

Following consultation, the standards development group reconvened to review the comments received on the draft standards and make final decisions and changes. More information can be found in the consultation feedback report, which is available on request from the standards and indicators team.

Quality assurance

All standards development group members were responsible for advising on the professional aspects of the standards. Clinical members of the standards development group advised on clinical aspects of the work. The Chair had lead responsibility for formal clinical assurance and sign off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All standards development group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the standards development group's terms of reference. More details are available on request from his.screeningstandards@nhs.scot.

The standards were developed within the [Operating Framework for Healthcare Improvement Scotland and the Scottish Government \(2022\)](#), which highlights the principles of independence, openness, transparency and accountability.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit: [Healthcare Improvement Scotland](#) website.

Appendix 2: Membership of the cervical screening standards development group

Name	Position	Organisation
Allan Wilson (Chair)	Consultant Biomedical Scientist (Pathology)	NHS Lanarkshire
Julie Anderson	Portfolio Manager – Screening Services	NHS National Services Scotland
Julieann Brennan	Screening Coordinator	NHS Borders
Celia Briffa Watt	Consultant in Public Health	NHS Lanarkshire
Lucia Condon	General Practice Nurse and Programme Officer	Tweeddale Medical Practice and NHS Education for Scotland
Maggie Cruickshank	Professor in Gynaecology	NHS Grampian
Kate Cuschieri	Director Scottish HPV Reference Laboratory	NHS Lothian
Heidi Douglas	Consultant in Public Health	NHS Tayside
Sharon Hanley	Senior Lecturer (Public Health)	University of Aberdeen
Chloe Kelly (until August 2024)	Policy Adviser National Screening Programmes	Scottish Government
Athena Lamnisos	Chief Executive	Eve Appeal
Sari Lievonon	Programme Officer Practice Management Team	NHS Education for Scotland
Isabell MacInnes	Nurse Specialist Health Protection and Screening	NHS Western Isles
Diane Macmichael	Specialist Lead (General Practice Nurse Continued Professional Development) - Medical	NHS Education for Scotland

Name	Position	Organisation
Sue Mehew	Chairperson British Association for Cytopathology, Consultant Healthcare Scientist in Gynaecological Histology and Cytology, Director of Scottish Cytology Training School	NHS Lothian
Rosemary Millar	Consultant in Public Health, Board Coordinator for Cancer Screening Programmes	NHS Lothian
Alison Milne	Team Manager Cervical Screening Call Recall Team	NHS Lothian
Joanne Milne-Toner	Senior Programme Manager	NHS National Services Scotland
Rosalynn Morrin	GP	NHS Ayrshire & Arran
Jane Oliver	Health Improvement Manager (Screening)	Public Health Scotland
Lorna Porteous	Co GP Lead for Cancer and Palliative Care in Lothian Co-Chair of Scottish Primary Care Cancer Group	NHS Lothian
Aileen Primrose (until September 2024)	Programme Manager Screening and Immunisation	NHS Dumfries & Galloway
Liz Rennie	Programme Manager Child Health and Screening Dept	NHS Greater Glasgow and Clyde
Tasmin Sommerfield	Consultant in Public Health Medicine/National Clinical Advisor for Screening	NHS National Services Scotland
Hazel Somerville	Gender-Based Violence & Sexual Assault Service Lead	NHS Forth Valley
Catherine Thomson	Service Manager for Cancer and Adult Screening	Public Health Scotland

Name	Position	Organisation
Jennie Young	Psychological Therapies Team Lead	NHS Forth Valley

The standards development group, review and editorial panels (Appendix 3) were supported by the following members of Healthcare Improvement Scotland’s standards and indicators team:

- Stephanie Kennedy – Administrative Officer
- Carolyn Roper – Project Officer
- Lola Adewale – Programme Manager (until December 2024)
- Jen Layden – Programme Manager (from December 2024)
- Fiona Wardell – Team Lead

Appendix 3: Membership of the cervical screening standards review and editorial panels

Name	Position	Organisation	Panel
Athena Lamnisos	Chief Executive	Eve Appeal	Review
Jen Layden	Programme Manager (from December 2024)	Healthcare Improvement Scotland	Review and Editorial
Joanne Milne-Toner	Senior Programme Manager	NHS National Services Scotland	Review
Safia Qureshi	Director of Evidence and Digital	Healthcare Improvement Scotland	Editorial
Fiona Wardell	Team Lead	Healthcare Improvement Scotland	Review and Editorial
Allan Wilson	Consultant Biomedical Scientist (Pathology)	NHS Lanarkshire	Review and Editorial

Appendix 4: Structure of cervical screening laboratory service

Structure and functions of the cervical screening laboratory service

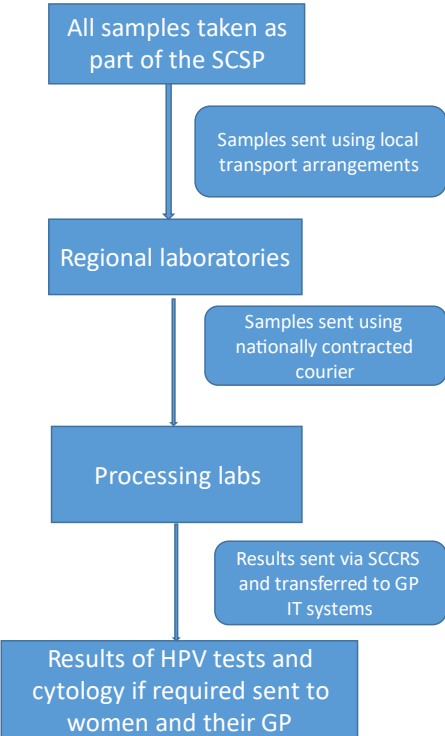
Following the introduction of HPV primary screening to the SCSP in 2020, the laboratory service was reconfigured to deliver the new primary test, with two laboratories (Monklands in NHS Lanarkshire and Queen Elizabeth in NHS Greater Glasgow and Clyde) designated as processing laboratories. The remaining five laboratories were designated as non-processing laboratories.

Processing laboratories

The two processing laboratories receive, process and report all samples taken as part of the SCSP. They also function as non-processing laboratories for their own health board.

Non-processing laboratories

The five non-processing laboratories forward samples taken within their NHS board to the processing labs for testing.



The role of non-processing laboratories is to:

- ensure timely ordering and delivery of sample taking consumables to distribution points, as well as distribution to sample taking locations
- enter relevant biopsy and hysterectomy information to SCCRS
- contact the processing laboratory to highlight cases of cervical cancer
- respond to the “biopsies not reported” notification and ensure all biopsies are entered on SCCRS
- escalate cases where the colposcopy event is not entered in SCCRS
- review histology material for presentation/discussion at multidisciplinary team meetings
- participate in the National Invasive Cancer Audit, including review of histology material
- separate cervical screening samples from other laboratory specimens and prepare for dispatch to the designated cervical screening laboratory
- retrieve and dispatch archival cytology material to the screening laboratories for review purposes.

HPV reference laboratory

The [Scottish HPV Reference Laboratory](#) provides expert advice on HPV testing, quality assurance, material and specialist testing to the two processing laboratories.

Glossary

Term	Definition
Accessible and timely	ensuring people can access care when and where they need it.
Call-recall	the process for inviting eligible people to attend for screening on a regular basis.
Cervix	the lower part of the uterus (womb) that connects the uterus to the vagina (birth canal).
Cervical screening	(previously known as a cervical smear) refers to the process of taking a sample from the cervix, which is examined in the laboratory for the presence of HPV. The process usually takes less than 15 minutes and can be performed at a cervical screening clinic or GP practice. If HPV is found, the same sample will be examined for cell changes.
Chaperone	a health professional who is an impartial observer. Their role is to be: <ol style="list-style-type: none"> a. sensitive and respect the person’s dignity and confidentiality b. alert to the person showing signs of distress or discomfort c. aware of the most appropriate route to raise concerns and do so if they are concerned about the medical professional’s behaviour or actions.
Colposcopy	a procedure performed to identify and treat abnormal cells in the cervix or vagina. It might be required after a routine cervical screening test.
Effective	providing care based on evidence and which produces a clear benefit.

Term	Definition
Eligibility criteria	<p>each national screening programme has defined eligibility criteria. Criteria include age and/or sex, or if the person has any conditions (for example diabetes) that may mean they are more likely to develop an illness or condition (such as diabetic eye disease).</p> <p>For cervical screening, this is women and anyone with a cervix aged between 25 and 64.</p>
Equitable	providing care that delivers equity of outcomes for everyone, and which recognises the different needs of protected characteristics.
Failsafe	refers to processes designed to ensure that all aspects of the screening process are safe and effective, and that there are appropriate mechanisms where an issue or screening incident occurs.
Human papillomavirus (HPV)	a common virus which usually does not produce symptoms and clears up quickly. Persistent infection with HPV increases the chance of developing certain types of cancer, including cervical cancer.
Non-routine screening	offered to women where screening results have shown changes that require further investigation or follow-up. Non-routine screening may be offered more frequently than routine screening and may be offered until the woman is 70.
Person centred and personalised	providing care that responds to individual needs and preferences, and ensures individuals are partners in its planning and delivery.
Primary care	describes community-based services provided by healthcare staff including GPs, community nurses.
Routine screening	offered every five years to women and anyone in a cervix who lives in Scotland and is aged between 25 and 64 years.

Term	Definition
Safe	ensures people using health and care services feel safe and the care they receive does not harm them.
Sample taking	involves the gentle insertion of a speculum into the vagina to softly brush cells from the cervix for collection and testing.
Screening incident	an adverse event that could have caused, or did result in, harm to a person or a group of people.
Trauma informed	<p>trauma informed practice is a way of working and delivering services that recognises that a person may have experienced trauma and understands the effects which trauma may have on the person. For services, it involves adapting processes and practices, based on that understanding of the effects of trauma and seeks to seek to avoid, or minimise the risk of, exposing the person to any recurrence of past trauma, or further trauma. Staff should refer to the national trauma transformation programme.</p> <p>For a service to know and state that it is trauma informed, it will be able to demonstrate the ways in which it has been informed by feedback from people with lived experience of trauma. A trauma informed system also supports workforce resilience and is underpinned by trauma informed leadership and systems.²¹</p>
Under-served groups	refers to people who experience social inequality, stigma, discrimination or lack of opportunity which makes it difficult for them to make an informed choice or access services. Many factors can contribute to people who use services being under-served. For example, if they are from a marginalised group, ethnic minority, homeless or experience issues associated with their mental health or socioeconomic status. People may fall into one or more under-served group.

Term	Definition
Women	refer to individuals with a cervix or part of a cervix, who access services and receive care or support across the cervical screening pathway. This includes women, transmen, non-binary and intersex people who are eligible for cervical screening.

References

1. Scottish Government: Chief Medical Officer Directorate. SGHD/CMO(2020)5: Implementation of HR-HPV primary testing. 2020 [cited 2025 Mar 18]; Available from: <https://www.publications.scot.nhs.uk/files/cmo-2020-05.pdf>.
2. National Services Scotland. Handbook for healthcare professionals taking cervical screening tests. 2024 [cited 2025 Mar 18]; Available from: <https://www.sccrs.scot.nhs.uk/wp-content/uploads/2024/06/National-Sample-Taker-Advise-2024-v9-Web-version.pdf>.
3. Healthcare Improvement Scotland. Review of processes, systems and governance for exclusions from the national cervical screening programme in Scotland. 2023 [cited 2025 Mar 18]; Available from: <https://www.healthcareimprovementscotland.scot/publications/review-of-processes-systems-and-governance-for-exclusions-from-the-national-cervical-screening-programme-in-scotland/>.
4. World Health Organisation. Cervical cancer elimination initiative. 2022 [cited 2025 Mar 18]; Available from: <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>.
5. Cancer Research UK. Cervical cancer statistics. 2021 [cited 2025 Mar 18]; Available from: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer>.
6. Bhatla N, Singhal S, Saraiya U, Srivastava S, Bhalerao S, Shamsunder S, et al. Screening and management of preinvasive lesions of the cervix: Good clinical practice recommendations from the Federation of Obstetrics and Gynaecologic Societies of India (FOGSI). *J Obstet Gynaecol Res.* 2020;46(2):201-14. Epub 20191209. 10.1111/jog.14168
7. EBSCO Medical Review Board. HPV DNA testing for cervical cancer screening. 2023.
8. Castanon A. Technological advances: Have they improved standards? Review of outcomes from the Welsh cervical screening programme. *J Med Screen.* 2021;28(2):80-7. <https://dx.doi.org/10.1177/0969141320918270>
9. Public Health Scotland. HPV immunisation. 2024 [cited 2025 Mar 18]; Available from: <https://publichealthscotland.scot/population-health/health-protection/immunisation-vaccine-and-preventable-disease/immunisations-by-vaccine/hpv-immunisation/overview/>.
10. Palmer JE, Kavanagh, K, Cuschieri, K, Cameron, R, Graham, C, Wilson, A, Roy, K. Invasive cervical cancer incidence following bivalent human papillomavirus vaccination: a population-based observational study of age at immunization, dose, and deprivation. *JNCI: Journal of the National Cancer Institute.* 2024;116(6):857–65. <https://doi.org/10.1093/jnci/djad263>
11. Canfell K, Kim JJ, Kulasingam S, Berkhof J, Barnabas R, Bogaards JA, et al. HPV-FRAME: A consensus statement and quality framework for modelled evaluations of HPV-related cancer control. *Papillomavirus Res.* 2019;8:100184. <https://dx.doi.org/10.1016/j.pvr.2019.100184>
12. UK National Screening Committee. HPVvalidate study summary. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/uk-nsc-hpvalidate-study-findings/hpvalidate-study-summary>.
13. Marlow LD, H. Waller, J. Attitudes towards being offered a choice of self-sampling or clinician sampling for cervical screening: A cross-sectional survey of women taking part in a clinical validation of HPV self-collection devices. *J Med Screen.* 2024;0. 10.1177/09691413241283356
14. National Services Scotland. National screening oversight: A guide to national population screening in Scotland. 2022 [cited 2025 Mar 18]; Available from: <https://www.scot.nhs.uk/wp-content/uploads/2022/03/2022-02-24-Guide-to-Screening-v1-3-FINAL.pdf>.
15. Public Health Scotland. Scottish cervical screening programme statistics. 2024 [cited 2025 Mar 18]; Available from: <https://www.publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/scottish-cervical>

- [screening-programme-statistics-annual-update-to-31-march-2022/](#).
16. Public Health Scotland. Scottish Cervical Screening Programme primary care resources. 2020 [cited 2025 Mar 18]; Available from: <https://www.publichealthscotland.scot/publications/scottish-cervical-screening-programme-primary-care-resources/>.
 17. Scottish Government. Patient rights and responsibilities charter: easy read version. 2020 [cited 2025 Mar 18]; Available from: <https://www.gov.scot/publications/charter-patient-rights-responsibilities-easy-read/documents/>.
 18. Scottish Government. National health and wellbeing outcomes framework. 2015 [cited 2025 Mar 18]; Available from: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>.
 19. NHS Inform. Realistic Medicine. 2022 [cited 2025 Mar 18]; Available from: <https://www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine>.
 20. NHS Education for Scotland. Person centred care. 2023 [cited 2025 Mar 18]; Available from: <https://www.nes.scot.nhs.uk/our-work/person-centred-care/#whatispersoncentredcare1>.
 21. NHS Education for Scotland. National trauma transformation programme. 2025 [cited 2025 Mar 18]; Available from: <https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme/>.
 22. Scottish Government. Human Rights. 2025 [cited 2025 Mar 18]; Available from: <https://www.legislation.gov.uk/asp/2024/1/contents/2024-01-17/data.html>.
 23. Public Health Scotland. Cervical screening. 2024 [cited 2025 Mar 18]; Available from: <https://publichealthscotland.scot/population-health/conditions-and-diseases/disease-screening/cervical-screening/overview/>.
 24. Scottish Government. Health screening: equity in screening strategy 2023 to 2026. 2023 [cited 2025 Mar 18]; Available from: <https://www.gov.scot/publications/scottish-equity-screening-strategy-2023-2026/>.
 25. Public Health Scotland. Cervical screening and health inequalities. 2024 [cited 2025 Mar 18]; Available from: <https://publichealthscotland.scot/population-health/conditions-and-diseases/disease-screening/cervical-screening/overview/cervical-screening-and-health-inequalities/>.
 26. NHS England. Cervical screening: ideas for improving access and uptake. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/guidance/cervical-screening-ideas-for-improving-access-and-uptake>.
 27. National Services Scotland. Opting-out from the Scottish Cervical Screening Programme: Guidance paper for healthcare professionals. 2022 [cited 2025 Mar 18]; Available from: <https://www.sccrs.scot.nhs.uk/wp-content/uploads/2023/06/2022-06-07-Opt-out-Guidance-update-for-HPV-Primary.pdf>.
 28. NHS England. Management of cases relating to pregnancy, menopause, contraception and hysterectomy. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/4-management-of-cases-relating-to-pregnancy-menopause-contraception-and-hysterectomy>.
 29. Cancer Research UK. Pregnancy, cervical screening and abnormal cervical cells. 2024 [cited 2025 Mar 18]; Available from: <https://www.cancerresearchuk.org/about-cancer/cervical-cancer/abnormal-cervical-cells/pregnancy>.
 30. NHS Inform. Cervical screening incident. 2024 [cited 2025 Mar 18]; Available from: <https://www.nhsinform.scot/healthy-living/screening/cervical-screening-smear-test/cervical-screening-incident/>.
 31. Healthcare Improvement Scotland. Core screening standards. 2023 [cited 2025 Mar 18]; Available from: www.healthcareimprovementscotland.scot/wp-content/uploads/2024/02/20230919-Core-Screening-STANF.pdf.
 32. General Medical Council. Intimate examinations and chaperones. 2025 [cited 2025 Mar 18]; Available from: <https://www.gmc-uk.org/professional-standards/the-professional->

- [standards/intimate-examinations-and-chaperones.](#)
33. Royal College of Nursing. Cervical screening for physically disabled women and autistic women. 2024 [cited 2025 Mar 18]; Available from: <https://www.rcn.org.uk/Professional-Development/publications/RCN-Cervical-Screening-for-Physically-Disabled-Women-and-Autistic-Women-uk-pub-011-821>.
 34. Healthcare Improvement Scotland - Right Decision Service. Disclosure of rape or sexual assault - Guidance document for healthcare professionals. 2025 [cited 2025 Mar 18]; Available from: <https://rightdecisions.scot.nhs.uk/disclosure-of-rape-or-sexual-assault-sarcs/>.
 35. Leven T. Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people. 2021 [cited 2025 Mar 18]; Available from: <https://www.stor.scot.nhs.uk/handle/11289/580332>.
 36. Public Health Scotland. Screening information for the transgender community. 2025 [cited 2025 Mar 18]; Available from: <https://www.nhsinform.scot/healthy-living/screening/screening-information-for-the-transgender-community/>.
 37. NHS Education for Scotland. Cervical screening education standards. 2021 [cited 2025 Mar 18]; Available from: <https://learn.nes.nhs.scot/61950/general-practice-education-hub/general-practice-nursing-gpn/cervical-screening/cervical-screening-education-standards-and-literature-search/cervical-screening-education-standards>.
 38. Scottish Government. Adult Support and Protection (Scotland) Act 2007: Code of Practice. 2022 [cited 2025 Mar 18]; Available from: <https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-code-practice-3/pages/1/>.
 39. UKAS. Medical laboratory accreditation - ISO 15189. 2024 [cited 2025 Mar 18]; Available from: <https://www.ukas.com/accreditation/standards/medical-laboratory-accreditation/>.
 40. NHS England. Cervical screening: gynaecological cytopathology EQA scheme. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/cervical-screening-gynaecological-cytopathology-external-quality-assessment>.
 41. British Association for Cytopathology. Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes. 2022 [cited 2025 Mar 18]; Available from: <https://www.britishcytology.org.uk/uploads/files/BAC-recommended-code-of-practice-for-cytology-laboratories.pdf>.
 42. NHS England. Cervical screening: technical external quality assessment (EQA) scheme. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/cervical-screening-cytology-samples-external-quality-assessment/cervical-screening-technical-external-quality-assessment-ega-scheme>.
 43. NHS England. Cervical screening: laboratories providing HPV testing and cytology services in the NHS Cervical Screening Programme. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/cervical-screening-laboratory-hpv-testing-and-cytology-services/cervical-screening-guidance-for-laboratories-providing-hpv-testing-and-cytology-services-in-the-nhs-cervical-screening-programme#clinical-governance>.
 44. NHS England. NHS Cervical screening programme: laboratory quality control and assurance for human papillomavirus testing. 2024 [cited 2025 Mar 18]; Available from: www.gov.uk/government/publications/cervical-screening-laboratory-testing-for-human-papillomavirus/nhs-cervical-screening-programme-laboratory-quality-control-and-assurance-for-human-papillomavirus-testing.
 45. National Services Scotland. Management pathways for HPV screening. 2024 [cited 2025 Mar 18]; Available from: <https://www.sccrs.scot.nhs.uk/wp-content/uploads/2024/01/2024-01-08-Management-Pathways-for-HPV-Screening-v1.0.pdf>.

46. BSCCP. Colposcopy reaccreditation. 2025 [cited 2025 Mar 18]; Available from: <https://www.bsccp.org.uk/colposcopist-reaccreditation>.
47. Healthcare Improvement Scotland. Cervical cancer clinical quality performance indicators: April 2022. 2022 [cited 2025 Mar 18]; Available from: www.healthcareimprovementscotland.scot/publications/cervical-cancer-clinical-quality-performance-indicators-april-2022/.
48. NHS England. Providing a quality colposcopy clinic. 2024 [cited 2025 Mar 18]; Available from: <https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/3-providing-a-quality-colposcopy-clinic>.
49. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards. 2018 [cited 2025 Mar 18]; Available from: <https://ieea.ch/>.

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