Cervical cancer is caused by human papillomavirus (HPV) which is a self-limiting asymptomatic infection of young men and women. HPV vaccination and cervical screening both prevent the development of cervical cancer and save women's lives.

Contents:
HPV vaccination for young adolescent girls (pages 2-3)
- Time trends (p. 2)
- Annual plans (p. 2)
- School uptake (p. 3)

Cervical screening (pages 4-8)
- Invitations and test results (p. 4)
- Learning disability (p. 5)
- Other cultures (p. 5)
- Lesbian and bisexual women (p. 6)
- Coverage (p. 7)
- Local variations (p. 8)

Referrals for colposcopy (page 9)

Cervical cancer (pages 10-11)

Opportunities to improve (page 12)

Appendix (page 13)

Key messages:
- The 2016/17 and 2015/16 schools HPV programmes did not achieve 90% uptake of the first dose within the school year.
- These plans should include additional talks to promote HPV vaccination with parents and pupils and gain consent for vaccination, and the delivery of catch-up sessions.
- There are likely to be benefits if the schools HPV programme in Cheshire East is moved to the spring rather than the summer term.

Key messages:
- There has recently been a marked and persistent increase in the incidence of invasive cervical cancer in South Cheshire CCG. This is being investigated.
- We know that cervical cancer screening uptake is lower in Crewe and so specific action is needed to improve this.
- Actions to increase cervical screening should take account of the needs of young women, women with learning disability, from other cultures, or who are lesbian or bisexual.
HPV vaccination for young adolescent girls

In 2014/15 the national HPV vaccination programme changed to a two-dose schedule for girls under the age of 15 years, as two doses at least 6 months apart was found to be sufficient to provide long lasting protection. The first dose continues to be offered to Year 8 girls (aged 12-13 years) however any girl who does not receive her first dose before her 15th birthday will require 3 doses, as the vaccine response is lower in older girls. In 2015/16, the immunisation programme in Cheshire East changed substantially. Both doses were scheduled to be given in the summer term of consecutive years, despite advice from Public Health England that “take-up of HPV is always lower in the summer term because many children are out of school”.

The schools HPV programme has not achieved 90% uptake of the first dose offered to Year 8 girls in either 2015/16 or 2016/17. Over two hundred unimmunised girls currently enter Year 9, and delays in giving their first dose may mean that the second dose may be given two years after the planned first dose. There is a high risk of the second dose not being given until Year 10, when girls will be turning 15. The potential to move the HPV vaccination programme to the Spring term has been discussed at the local Immunisation Steering Group although a firm decision has not yet been made by the provider.

The national HPV vaccination programme was introduced to protect women against cervical cancer. The Department for Health and Social care had announced that boys are to be included in the national vaccination programme for the first time as new evidence suggests that this is cost effective. The analysis of the Joint Committee on Vaccination and Immunisation concluded that a gender neutral programme would be cost effective and this has led to the decision to include boys within the programme.

As well as the change in timing of the vaccination sessions, there has also been some widely distributed negative publicity both locally, nationally and internationally. This may have affected parents decisions to provide consent, despite the research showing that the vaccination programme is already reducing the proportion of young women being infected with high risk HPV strains.
HPV vaccination is a school based programme and is offered to all Year 8 girls aged 12-13 years who attend schools in the Cheshire East area. This includes girls in private schools and special schools. Cheshire East girls who are educated outside the borough are vaccinated at the school that they attend.

Since 2011/12 there has been a gradual increase in the number of schools where final dose uptake has been below 90%. In the 2015/16 programme, where the completing dose was given in summer 2016, there were several schools where the final dose uptake was unexpectedly low for that school. These schools had generally had high uptake of the first dose.

In 2016/17 the first dose was given to Year 8 girls in the summer term of 2017. 13 schools had an uptake of under 90%, however 2 others achieved over 95%. Nationally published data shows Cheshire East with an initial uptake of 89.5%, lower than the 90.7% average across Cheshire, Warrington and Wirral.

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### HPV immunisation (% uptake) in School Year 8. All schools in Cheshire East.

(Private and special schools with small numbers are combined)

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<td>1877</td>
<td>1964</td>
<td>1902</td>
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<td>1787</td>
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<td>1776</td>
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<td><strong>Total numbers in Year Group</strong></td>
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<td>2041</td>
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<td>2035</td>
<td>1919</td>
<td>1839</td>
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<td><strong>England average completing dose uptake</strong></td>
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<td>85.1</td>
<td>87.0</td>
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</tbody>
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*1 There is a discrepancy between the 2015/16 published data, and the information supplied by the local school health provider. This has been raised with the commissioners of the service.

*2 Due to the timing of the first dose these are not the final uptake for this cohort. Expected uptake to reach 90.5%.
Invitations for screening
There were 97,684 female residents aged 25-64 in Cheshire East in 2015. Around 2,570 were permanently ceased from cervical screening, most having had a previous hysterectomy involving removal of the cervix. The remaining 95,114 women are eligible for cervical screening every three or five years depending on their age.

All eligible women who are registered with a GP automatically receive an invitation by mail. Women are first invited at age 24½ to ensure they can have their first screen by the age of 25. Trans men and non-binary people who were assigned female at birth but who are registered as male with their general practitioner will not receive invitations through the national cervical screening programme. If they still have a cervix (if they have not had a hysterectomy or have had a partial hysterectomy) they need regular cervical screening. This should be clearly documented in their general practice medical record, and the general practitioner should ensure that cervical screening is offered at the appropriate intervals.

What happens after the test
All women should receive their cervical screening test result by post within two weeks of the sample being taken. In 2015-16, 5.7% (1,162) women chose not to receive their result by post and obtained their result directly from their doctor or nurse. Where the test results were sent by post, 88.5% of women in Cheshire East received their result within 2 weeks, which is below the current national operational standard of 98.0%. The equivalent 2014-15 figures for England and the North West were 89.1% and 88.2% respectively.

Most women receive a normal result and will be recalled for another routine test in three or five years depending on their age. Where a test result shows abnormal cell changes, the sample is tested for the presence of high-risk HPV. Women whose samples test positive for HPV are referred directly to colposcopy. If the HPV test is negative the woman is recalled for screening in three or five years.

Some women may have more than one test during the year because of the need for a repeat test following an inadequate test. The local laboratory was unable to assess the cells in 2.4% of tests taken in 2015-16 (2.5% nationally) and these tests were considered inadequate. In such cases women are asked to return for a repeat test three months later.

Test results
In Cheshire East 20,532 women received a valid cervical screening test result during 2015-16. Of these 20,532 women, 19,201 (93.5%) had a negative result and 1,331 (6.5%) had a result categorised as abnormal (from borderline change through to potential cervical cancer). 311 (1.5%) of these women had a result showing a high-grade abnormality of the cervix. Within the target age range of 25 to 64, the percentage of results showing a high-grade abnormality decreases markedly with age, being highest at 3.4% for women aged 25-29 and reducing to 1.8% and 1.2% for women aged 30-34 and 35-39.

In a few women, the HPV virus can lie dormant in the cervix for many years and cannot be detected by cervical screening. The HPV infection can then reawaken when the woman is older and lead to abnormal changes that can be detected by cervical screening. This is why women continue to be offered screening even though they may have a series of negative tests. Above the age of 45, fewer than 0.5% of women have a high-grade abnormality.
Women with learning disability

It is estimated that there are around 1,690 women aged 25-64 years with a learning disability in Cheshire East who are eligible for cervical screening. In Cheshire East only 27.6% of women with a learning disability (25.8% ECCC and 29.1% SCCCG) have been screened for cervical cancer compared to 78.1% of women who are not registered on their GP’s Learning Disability register (NHS Digital LD Experimental Statistics 2016-17).

There are many ways of supporting access to cervical screening for women with a learning disability, including easy read leaflets and invitation letters, improving her understanding of cervical screening through rehearsing the screening process, and using letters for parents and carers to explain the importance of cervical screening.

If she cannot manage to have the test, there are other ways of keeping her safe from cervical cancer, including:

• if she needs to have a general anaesthetic in the future, having a cervical screening test done at the same time
• providing education for the woman, her family and/or carers about the signs and symptoms of cervical cancer

Women from other cultures

Poland has one of the highest cervical cancer death rates in Europe, over three times higher than in England (7.4 compared to 2.2 per 100,000 women) despite having a national programme to provide free screening for women every three years from age 25 to 59. For many women, pregnancy is the main motivation for visiting the gynaecologist and being screened.

Crewe has nearly two thousand women from Eastern European countries (mainly Poland) who are eligible for cervical screening. General practices in Crewe face many challenges in encouraging attendance by these women for cervical screening:

• language barriers needing use of interpreters or family, difficult in a sensitive situation
• high non-attendance rate, with preference for A&E rather than primary care
• different health seeking behaviours and engagement with screening
• particular difficulties reaching out to Romanian and Slovakian women
• the administrative process to record the test can prevent opportunistic tests from happening

We can provide leaflets in various languages, but to authoritatively promote screening we need to know how cervical screening works in other countries, and understand women’s beliefs and expectations about screening.

In some countries, women believe that if cervical cancer is detected, they will not receive adequate treatment and support. Being too anxious to face the potential problem, many women do not want to participate in screening.

The leaflet “NHS cervical screening: Helping you decide” has been translated into the following languages:

- Chinese
- Czech
- French
- Gujarati
- Hindi
- Latvian
- Lithuanian
- Nepalese
- Polish
- Portuguese
- Punjabi
- Romanian
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In some countries, women believe that if cervical cancer is detected, they will not receive adequate treatment and support. Being too anxious to face the potential problem, many women do not want to participate in screening.
Even if a woman has never had sex with a man, her partner (or a partner’s partner) may have. The HPV virus can be passed on during sex between women, and lesbian and bisexual women are no different to other women in being advised to have regular cervical screening tests.

However, there is a low level of awareness of the cervical cancer risks, among both healthcare staff and women themselves, with many incorrectly believing that lesbians are not at risk at all. Lesbian and bisexual women may also face questioning that would be more appropriate for heterosexual women when coming for cervical screening if their sexual orientation is not known and assumptions are made by the screening provider.

The “Are You Ready For Your Screen Test?” campaign run by the Lesbian, Gay, Bisexual and Transgender Foundation in 2010 aimed to dispel the myths around lesbian and bisexual women and cervical screening, and helped to raise awareness that lesbian and bisexual women do need regular cervical screening tests. Unfortunately, there have not been any recent campaigns, and the specific needs of lesbian and bisexual women are not mentioned in the new NHS cervical screening leaflet “NHS cervical screening: Helping you decide”.

### Estimates of the number of lesbian and bisexual women in Cheshire East

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<td>1088</td>
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<td>Self-identify as bi-sexual</td>
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<td>Lesbian and bi-sexual women</td>
<td>1688</td>
<td>449</td>
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<tr>
<td>% of women in Cheshire East</td>
<td>2.8%</td>
<td>1.3%</td>
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The table above illustrates the approximate number of women of screening age in Cheshire East who may currently identify themselves as being lesbian or bisexual, comprising around 1,688 (2.8%) women aged 25-49 years and 449 (1.3%) women aged 50-64 years.

Based on information from the third National Survey of Sexual Attitudes and Lifestyles, it can be estimated that there are around 4,600 women aged 25-49 in Cheshire East who have ever had same-sex experience with genital contact. Even if these women are no longer in any type of sexual relationship, they should be encouraged to attend for cervical screening.
National performance indicators show that there has been an ongoing decline in cervical screening coverage across the whole of England.

Where there are local variations in screening coverage, such as the decline in coverage in South Cheshire CCG relative to the trend for England as a whole, NHS England, Public Health England and local providers will be working together to tackle these variations and bring areas up to the performance of the best.

The graphs show cervical screening coverage, for women aged 25 - 64 years attending within the target period, for the two CCGs. The reason for the increase indicated between 2009/10 and 2010/11 is not known, however CCGs were not in place at that time and it is possible that the early data are not accurate.

Coverage rates have fallen by 3.5% in South Cheshire CCG but only by 2% in Eastern Cheshire CCG over the last 5 years. Both CCGs used to have similar coverage rates, however the gap between South Cheshire and Eastern Cheshire CCGs has been widening and coverage rates in South Cheshire CCG are reducing toward the national rate.

Data relating to the CCG graphs are included in the Appendix, with the link to the PHE fingertips data source.

**Coverage by age group**

Age appropriate coverage in Cheshire East was 75.6% of eligible women aged 25-64 to the end of December 2016. The equivalent figures for England were 72.1% in 2016 and 73.5% in 2015.

Coverage for women aged 25 to 49 years (measured at three and a half years) was 73.5% in December 2016 against 74.2% at the end of March 2015.

Coverage for women aged 50 to 64 years (measured at five and a half years) was 78.0% in December 2016 against 79.1% at the end of March 2015.
Data for year to December 2016
(PHE Fingertips, published and accessed August 2017)

The table illustrates the differences in coverage rates between the GP clusters and the CCGs. Rates in Crewe town are currently below 68% for women aged 25-49 years, and at least 6% lower than the other GP clusters in South Cheshire CCG.

Even within Crewe there are likely to be wide variations in coverage. This was identified in a previous JSNA that found high proportions of unscreened women aged 25-34 in the central parts of the town.

<table>
<thead>
<tr>
<th></th>
<th>Lower age range (25-49y)</th>
<th>Higher age range (50-64y)</th>
<th>Target age range (25-64y)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of women aged 25-49</td>
<td>Number of women screened</td>
<td>Coverage of women aged 25-49</td>
</tr>
<tr>
<td>Nantwich and Rural</td>
<td>4,852</td>
<td>3,679</td>
<td>75.8%</td>
</tr>
<tr>
<td>Crewe town</td>
<td>13,800</td>
<td>9,347</td>
<td>67.7%</td>
</tr>
<tr>
<td>SMASH</td>
<td>10,002</td>
<td>7,653</td>
<td>76.5%</td>
</tr>
<tr>
<td>South Cheshire CCG total</td>
<td>28,654</td>
<td>20,679</td>
<td>72.2%</td>
</tr>
<tr>
<td>Congleton &amp; Holmes Chapel</td>
<td>6,243</td>
<td>4,743</td>
<td>76.0%</td>
</tr>
<tr>
<td>Macclesfield</td>
<td>9,934</td>
<td>7,097</td>
<td>71.4%</td>
</tr>
<tr>
<td>Bollington, Poynton and Disley</td>
<td>4,625</td>
<td>3,676</td>
<td>79.5%</td>
</tr>
<tr>
<td>Chelford / Ald Edge / Wilm / Hand *</td>
<td>6,958</td>
<td>5,058</td>
<td>72.7%</td>
</tr>
<tr>
<td>Knutsford</td>
<td>3,462</td>
<td>2,715</td>
<td>78.4%</td>
</tr>
<tr>
<td>Eastern Cheshire CCG total</td>
<td>31,222</td>
<td>23,289</td>
<td>74.6%</td>
</tr>
<tr>
<td>Cheshire East total</td>
<td>59,876</td>
<td>43,968</td>
<td>73.4%</td>
</tr>
</tbody>
</table>

* Chelford data not supplied - suppressed due to small numbers
Colposcopy is a detailed examination of the cervix using a colposcope (a lighted, low-powered microscope that stays about 30cm outside the woman’s body). This allows the doctor or specialist nurse to look more closely at the cells lining the cervix and determine appropriate treatment. Treatment to remove abnormal cells from the cervix is an effective way of preventing cervical cancer from developing.

The usual treatment for abnormal cells in the cervix is to cut them away, taking care not to damage the healthy parts of the cervix. After having the abnormal cells removed, women are invited to have a cervical screening test sooner than usual to check that the treatment was successful. This is known as a test of cure and it provides the woman with a definitive answer about whether the treatment has been successful, in which case she can be returned to routine follow-up. Test of cure has replaced the years of annual follow-up that women previously used to undergo following treatment.

In the local cervical screening programme, women with abnormal screens are referred directly by the laboratory to a colposcopy clinic. Different clinics are used depending on the general practice that the woman is registered with. The table below provides some information for the colposcopy clinics that lie inside Cheshire East. Of the 1,695 women with a first appointment in 2014/15, approximately 1,310 are likely to be Cheshire East residents, as are 295 of the 393 women referred due to high-grade changes in their screening test (the clinics also provide a service to women from the Northwich and Winsford areas, which is part of Cheshire West and Chester local authority). Some women may be referred for colposcopy by their general practitioner because they have symptoms that may possibly be due to a cervical abnormality.

<table>
<thead>
<tr>
<th>Summary statistics for colposcopy clinics inside Cheshire East, 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women with first appointments during the year</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>East Cheshire NHS Trust</td>
</tr>
<tr>
<td>Cumberland House *</td>
</tr>
<tr>
<td>Mid Cheshire Hospitals NHS Trust</td>
</tr>
</tbody>
</table>

* Cumberland House clinic closed on 25th April 2015

Source: Cervical screening programme statistics for 2014-15. Table 26a
Cervical cancer is the most common form of cancer in women under 30, and the second most common cancer (after breast cancer) between ages 30 to 44.

The cervix is the lowest part of the uterus (or womb) and extends into the top of the vagina. It contains a “transformation zone” where the cells are particularly susceptible to developing precancerous changes following HPV infection. Cervical cancer is usually preceded by a long period of cellular abnormality, and during this time these pre-cancerous changes in the cells of the cervix can be detected by cervical screening and treated very effectively.

Women who are diagnosed with cervical cancer often experience typical symptoms prior to diagnosis, which may include:
- bleeding between periods, after sex, or after the menopause
- unusual vaginal discharge
- discomfort or pain during sex
- lower back pain

Although these symptoms don’t always mean that cancer is present, getting it diagnosed and treated early does increase survival. The key action to be taken by primary care clinicians for any woman with these symptoms is to look at the appearance of the cervix. The NICE guideline on recognition and referral for suspected cancer gives the following advice: “consider a suspected cancer pathway referral (an appointment within 2 weeks) for women if, on examination, the appearance of their cervix is consistent with cervical cancer”.

Young women aged 20-24
Abnormal vaginal bleeding is relatively common in this age group and it is estimated that in England between 7,500 to 15,000 women aged 20-24 will report abnormal vaginal bleeding each year – between 40 to 80 women in Cheshire East.

The cardinal symptom of cervical cancer in this age group is postcoital bleeding that occurs immediately after sexual intercourse, although persistent intermenstrual bleeding also requires attention. The critical intervention in the diagnosis of cervical cancer is an immediate speculum examination to enable a clear view of the cervix.

Across the whole of England, the number of women aged 20-24 years who developed cervical cancer was 66 in 2013 and 82 in 2014, although this number will soon begin to fall as a consequence of the national HPV vaccination programme. Women in this age group are not invited for cervical screening because of their high chance of having a false positive test and receiving unnecessary treatment.
The majority of new cases (81% in 2011-14) of invasive cervical cancer in Cheshire East are in women who are within the age range for cervical screening (aged 25-64). Most of the women who are diagnosed with invasive cervical cancer in Cheshire East are aged between 25 and 49, with peak incidence in women in their late twenties and thirties.

There has recently been a marked and persistent increase in the incidence of invasive cervical cancer in South Cheshire CCG.

Although both CCGs used to have broadly similar numbers of cases (5 or 6 a year), the number of women diagnosed with invasive cervical cancer has increased to around 8 or 9 new cases each year in South Cheshire CCG.

PHE have undertaken further investigation of the cases and found the highest incidence in the Nantwich and Rural area, particularly those aged 25-49 years. As the number of cases is small, the difference in rates is not statistically significant, nor does it appear to be associated with the lowest screening uptake area, which is Crewe town.
Opportunities for improvement / future developments

The schools HPV vaccination programme in Cheshire East should move so that girls are given their first dose in the spring term of Year 8.

There should be additional support and information provided to parents and girls in those schools where the first dose uptake has fallen below 90%. In recent years consent forms for around 4% of girls have not been returned to schools. Further contact with those girls and/or parents could lead to more girls being provided with consent to have the vaccine.

The HPV vaccination programme is to be extended to incorporate boys as well as girls.

Cervical screening should be promoted by health facilitators, other organisations (including the voluntary, community and faith sector) and cancer champions through the Action on Cancer initiative. Particular efforts are needed to engage women with learning disabilities and women from other cultures. GP practices should also work with individuals to identify reasonable adjustments that can be made to enable screening to be more accessible.

Specific action is needed to improve cervical cancer screening uptake in low uptake areas such as Crewe.

HPV primary screening is planned (pilot sites have been running in parts of England) although the timetable is unknown. HPV primary screening would affect all aspects of the programme pathway and would be a significant undertaking.

A pathway including HPV testing will be complex. Advice, referral and recall intervals will be more closely related to an individual's results, with the potential of extended call and recall intervals for those who are HPV negative.

What we don't know but would like to know...

- How schools currently promote the HPV vaccine
- There has recently been a marked and persistent increase in the incidence of invasive cervical cancer in South Cheshire CCG. This is being investigated

Version control

<table>
<thead>
<tr>
<th>Publication date</th>
<th>Changes made</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2018</td>
<td>New JSNA section created to replace the vaccination against cervical cancer and cervical cancer screening sections</td>
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</tbody>
</table>

Content sponsor: Charlotte Simpson (Public Health)

Sign-off: Tracey Wright (Service Delivery Manager, CCGs)

JSNA section contributors: Guy Hayhurst, Helen John, Sara Deakin, Matt Tyrer (Public Health)
Resources

- Findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal): http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62035-8.pdf
- Suspected cancer: recognition and referral. NICE guideline NG12. 2015
- Best interest guidance. North East and Cumbria Learning Disability Network
- Jo’s Cervical Cancer Trust: https://www.jostrust.org.uk/resources/materials/information

Definitions

- ‘Age-appropriate coverage’ represents the most up to date definition of coverage, and takes into account the frequency with which women of different ages are invited for screening. It defines coverage as the percentage of women in the population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to their age.
- **Tested.** A woman has been tested if she has had a cervical screening test, regardless of the result.
- **Screened.** A woman has been screened if she has had an adequate cervical screening test result. A woman who has had only an inadequate test has not been screened.

### CCG Cervical cancer screening coverage

<table>
<thead>
<tr>
<th>Period</th>
<th>NHS South Cheshire CCG</th>
<th>NHS Eastern Cheshire CCG</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>33,287</td>
<td>39,159</td>
<td>39,711</td>
</tr>
<tr>
<td>2010/11</td>
<td>33,216</td>
<td>39,955</td>
<td>39,752</td>
</tr>
<tr>
<td>2011/12</td>
<td>33,099</td>
<td>38,832</td>
<td>39,752</td>
</tr>
<tr>
<td>2012/13</td>
<td>32,634</td>
<td>37,732</td>
<td>39,752</td>
</tr>
<tr>
<td>2013/14</td>
<td>32,343</td>
<td>38,412</td>
<td>39,752</td>
</tr>
<tr>
<td>2014/15</td>
<td>32,602</td>
<td>38,569</td>
<td>39,752</td>
</tr>
<tr>
<td>2015/16</td>
<td>32,839</td>
<td>39,799</td>
<td>39,752</td>
</tr>
<tr>
<td>2016/17</td>
<td>33,156</td>
<td>39,711</td>
<td>39,752</td>
</tr>
</tbody>
</table>

These tables include the data used to produce the CCG graphs on page 7. This information was accessed from PHE Fingertips in June 2018: PHE Fingertips Cervical Cancer Screening

Significantly above England average

Source: Data were extracted from the NHAIS via the open Exeter system. Data were collected by the NHS Cancer Screening Programme.