Usdaw

Campaigning For Equality

Women's Equality

Women's Health – Cervical Cancer

An advice booklet for Usdaw Members

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Cervical Screening – It only takes a minute

This booklet looks at cervical screening.

Cervical screening can detect changes in the cervix which may develop into cervical cancer at some stage. These changes, if identified at an early stage, require simple treatment. This means that the development of more serious disease can be stopped.

The vast majority of cases of serious illness and death from cervical cancer are entirely preventable. All it needs is for an effective screening programme to be established and used.

There has been great progress in this direction over the past few years, due not least to the efforts of trade unionists who have campaigned hard for better National Health Service facilities, for time off for screening and who have been instrumental in getting the message over to women about the need for screening.

Action Now Saves Lives Later

Women's health is a trade union issue

Women's health is an important issue for Usdaw. There are about 200,000 women in membership. What happens in their lives is a concern for us all.

Getting the message across about screening services is an important job.

It can make a real impact. Thousands of women who have died from cervical cancer over the years never had a smear test in their lives. It is estimated that about 80% of women who die from cervical cancer are in this position.

According to statistics published by the National Institute for Clinical Excellence in 2007, the percentage of women who have been screened for cervical cancer at least once in the last five years has declined slightly to 79.2%. Previous figures published in 2005 showed that 79.5% of women had been screened at least once in the last five years. There has been a steady decline since 1997 when 82% of women were screened.

Free NHS cervical screening has been available for many years. It is important that we do all we can as Union members to make sure women have easy access to screening facilities by organising workplace-based facilities or by negotiating paid release from work to attend appointments. It is also an important job to ensure that women are reassured and encouraged to go for screening. While an increasing number of women are now going for smear tests, the fact still remains that a significant number, particularly working class and Black and Asian women, do not do so.

There is a range of reasons why this may be the case. (These are set out in Appendix 1, page 8). This makes it very important for trade unions to make information about cancer screening as accessible as possible to all groups of women and to negotiate arrangements that enable women to go for cancer screening with a minimum of fuss and with maximum support.

In recent years there have been a number of medical advances made in the prevention of cervical cancer including the introduction of a vaccine that guards against the Human Papilloma Virus (HPV) which aids the spread of cervical cancer.

It's estimated that the vaccine could save thousands of women's lives. It is to be targeted at young women and girls from between the ages of nine to 23 or before they become sexually active. Trials have shown that a jab can offer 100% protection against strains of HPV linked to about 70% of cervical cancers. The course of three injections over six months is estimated to provide lifelong protection against cervical cancer.

The jab is likely to save the NHS millions of pounds every year and this in turn may allow for financial resources to be channelled into other areas of cancer research.

The vast majority of cases of serious illness and death from cervical cancer are entirely preventable. All it needs is for an effective screening programme to be established and used.

The National Screening Programme

Cervical screening began in the 1960s. The operation of the programme and its scope have changed over the years. Trade unions have lobbied long and hard for major improvements in the scheme. The current programme, based on a computerised call and re-call system, was introduced in 1988.

How does the screening programme work?

- Health authorities identify women eligible for screening from registers of patients on General Practitioners' lists. The effectiveness of the screening programme depends on these registers being as accurate and complete as possible. It is therefore important for women to make sure that they register with a doctor and that any change of address is notified to the surgery or health centre so that their records can be updated.
- Eligible women should receive an invitation to go for a smear test at regular intervals. In some areas this will be every three years, in others every five years. The maximum time limit between smears should not exceed five years. According to the National Council for Clinical Excellence (NICE), in 2006 46% of District Health Authorities were screening women every five years. Some areas have taken the view that women should be screened every three years. This happens in 39% of areas. In the remaining areas, women are screened either every three years or five years, depending on age. For some women who have had a history of relevant health problems, the recall period may be shorter, perhaps every year.

The Trade Union Movement has been pressing for a number of years to reduce the time interval between smears.

- Smears may be necessary even after a hysterectomy. It is important that women are advised clearly about how they should look after themselves following a hysterectomy. This includes being aware of what screening may be necessary in the medium to long-term. This will depend on the type of operation and why it was necessary in the first place. One type of hysterectomy removes the uterus completely but leaves the cervix in place. It is uncommon, but means that cervical smears will still be necessary. It may be necessary to have a form of smear test if a hysterectomy took place to treat cancer. Clear information should be given so that women know when, where and how they will be called for smears in these circumstances and how they will be notified of the results.

What happens at the smear test?

The smear test can detect pre-cancerous changes in the cells of the cervix. The test can show up abnormal cell changes at a stage when they cause no symptoms, when they can be treated easily and before they develop into a serious condition.

A qualified nurse or doctor will carry out the test. It takes just a few moments. A small instrument is inserted into the vagina to allow the nurse or doctor to view the cervix. Then a smooth wooden or plastic spatula is wiped over the surface of the cervix to pick up a few cells. These are then put on a slide and sent away to a laboratory for examination under a microscope. The test may be uncomfortable, but it is not usually painful.

If you prefer to be examined by a woman, you can make this clear when you make the appointment.

When you have the test, make sure you find out how you will be told about the results and when they are likely to be available. Do not assume that 'no news is good news', make sure you get the formal result from the doctor or clinic.

You may be asked to go for another smear. This does not necessarily mean that there is a health problem. It could mean the sample was not adequate or that you have an infection which needs some treatment followed by a repeat smear to check that everything is okay.

If you have an abnormal smear, you may be asked to see your doctor or you may be referred straight to a hospital specialist. At the hospital you may have a colposcopy. This is a simple examination of the cervix through a high powered microscope.

The colposcopy will indicate where changes have occurred in the cells of the cervix and give more information to the specialist so that appropriate treatment options can be considered.

In the vast majority of cases treatment is a relatively minor procedure and, if done early enough, almost always leads to a complete recovery.

What does the smear test tell us?

The smear test tells us what is happening to the cells in the cervix.

The cervix is the bottom part of the womb (uterus). It is sometimes called the neck of the womb. Cancer of the cervix can take several years to develop, but before it does, the cells in the area start to change. This provides us with an early warning system. Providing these changes are picked up in the early stages they can be dealt with easily and completely. These changes can be detected if the cells are examined under a microscope. The medical term for the changes is Cervical Intra-Epithelial Neoplasia, usually shortened to CIN. The seriousness of the change is graded from CIN 1 – mild change to CIN 3 – severe change.

If abnormal cells are not spotted in the early stages, they can develop into a tumour which may require more extensive treatment.

In many cases of cervical cancer there are no apparent symptoms. The only way that change can be detected is by a smear test.

Treatment for cervical cancer

There are several different types of treatment for abnormal or pre-cancerous cells. These are usually straightforward. They include:

- **Laser treatment:** If the number of abnormal cells is small, laser treatment may be recommended. A high energy beam is trained directly onto the abnormal cells to destroy them. A local anaesthetic will be given. The treatment does not last long but it can be a little uncomfortable.
- **Cryocautery:** Gas is used to freeze and destroy the abnormal cells. It takes around 10 to 15 minutes. There may be some aching or a hot flushing sensation.
- **Cone biopsy:** This involves the surgical removal of a cone-shaped portion of the cervix, under a general anaesthetic. This will probably mean a stay in hospital. Only the tip of the cervix is removed.

None of these treatments should affect your ability to have children.

More advanced stages of cancer involve other forms of treatment. It can mean surgery, chemotherapy and/or radiation therapy. The treatment recommended will depend to some extent on the stage and type of the cancer, your age and general health, as well as on the preference of the consultant and the hospital's facilities.

What causes cervical cancer?

There is still not enough known about the disease to be able to answer this question. But we do know some things.

This information is set out in Appendix 4, Page 12.

What Usdaw can do...

About 2,000 women die from cervical cancer every year. Many of these deaths are entirely preventable through the early warning system that the smear test provides.

Sadly, some 80% of women who die from cervical cancer have never had a smear test in their lives.

The Union has played its part in encouraging and enabling more and more women to go for screening. But there is still much more to be done.

We all have a part to play. Our task is to:

- Ensure that Usdaw members have access to relevant information. Cancer screening is an issue for everyone. Whilst it has a direct impact on the lives of our women members, it has implications for all Usdaw members who have wives, partners, sisters, mothers, grandmothers, nieces, cousins, aunts and friends.
- Ensure that all members are covered by cancer screening agreements that secure paid release to attend screening and any follow-up treatment. This is as important for part-time workers as it is for full-time workers. A model agreement is set out in Appendix 5, page 14.
- Ensure that appropriate information about the national screening system is readily available to all members.
- Provide support to women going for screening and any follow-up treatment. It may be helpful to go with them or to assist in compiling a list of questions they may want to put to the nurse or doctor.
- Invite speakers on women's health to Union events. Usdaw's Equalities Officer or your Divisional Equalities Forum Co-ordinator and the Education Department can make suggestions about suitable speakers.
- Campaign in support of the National Health Service and the provision of quality, accessible, woman-friendly smear test facilities. See MPs and local councillors at surgeries. Lobby Health authorities. Write to the Secretary of State for Health and/or relevant ministers at the Scottish Parliament and the Welsh Assembly.

An effective cervical screening programme

An effective screening system requires Government to take a decision to fund and resource a national screening programme. At the moment it is left in the hands of individual GPs to decide whether they will provide this service. More needs to be done. Women need a comprehensive, accessible and quality screening system, backed up by a massive health education programme to get the message over to all groups of women about the necessity for cervical screening. But screening is not everything. Women also need the security of knowing that resources will be put into the back-up services that are needed. These include effective laboratory facilities to read the smears, the availability of the most efficient methods of follow-up detection, like colposcopy, and treatment, and the provision of support and counselling services for women undergoing diagnosis and treatment.

Usdaw works for women

Advice and support is available through the Equalities Section at Usdaw Central Office and your Divisional Equalities Forum. Please see the contacts in the back page of this booklet if you would like further information about cervical screening or the work of the Union.

Appendix 1

What reasons do women give for not having a smear test?

Research evidence published by the Health Education Authority shows that:

- The main reason women gave for not having a smear test was that they did not feel the need to have such a test. This accounted for 28% of all responses. But 37% of African-Caribbean women said they did not feel the need for the test.
- There is a lack of general information about what smears are all about. Almost 25% of women who responded said there was a lack of encouragement or information provided. Only 11% of African-Caribbean women said this was important. But for South Asian women, information appears to be a critical factor. When combining the proportions of South Asian women who report never to have been given an appointment for a test and those who report not to know what a test is, 35% of Indian women who have not been screened appeared to lack basic information about cervical screening. Amongst Pakistani women who have not been screened, this proportion rises to 48% and amongst Bangladeshi women, non-attenders number 52%.
- There also appears to be a lack of accurate information about who needs the smear test. 11% of women said they did not think they needed the test because they are not sexually active. For African-Caribbean women this reason accounted for 19% of responses.
- Most women, especially those in paid employment, full-time and part-time, lead very hectic lives. It may be almost impossible for some women to fit in an appointment at an NHS centre during the day or in the evening. For these women, screening facilities organised at the workplace can make a real difference. 13% of women responding to the survey said that they had been too busy to have the test. This is a particularly important reason for women aged 30 to 49.
- Some women may be so concerned at the prospect of having the test that they may 'put off' making an appointment.
- Some women do not like the idea of going for these appointments on their own.
- Some women believe that smears will be painful.
- Many women do not use health centres or family planning clinics, where there may be more readily accessible information about cervical screening.
- Many women will not go to male doctors and may not know that they can request to see a woman doctor or nurse to take the smear test.
- There may be particular cultural and religious barriers for some Black and Asian women in going for the smear test.
- There are issues about the ready availability of information for women whose first language is not English.

Appendix 2

Smear tests save lives

The report on the First Five Years of the NHS Cervical Screening Programme (1994) showed that eight out of 10 women aged 35 to 64 had been screened for cervical abnormalities. This is double the figure in 1989 when the programme started. It represents a UK coverage rate of about 80%. Health authorities say this reflects the introduction of the computerised call and recall systems and the target payments for General Practitioners. (See Appendix 3, page 11.) It undoubtedly also reflects the work that trade unions like Usdaw have done in getting the message over to women about the importance of smear tests and in negotiating cancer screening facilities.

And, whilst there have been significant improvements in the system, more needs to be done and there has been a small decline in the number of women being screened in the last few years.

In recent years there have been well documented cases about the problems with the follow-up to smears.

Smears have to be 'read' and the results interpreted correctly and then accurately relayed to the woman with appropriate advice about follow-up. There has been widespread concern over the years about the failure of the system to do this effectively.

There have been a number of instances where laboratories have been found to be using inadequately trained or inexperienced staff, where the technology has been inefficient and out-of-date, and/or where the results of screening have not been forwarded to the women, effectively preventing necessary follow-up treatment. In the face of widespread public concern about this, action is being taken by health authorities to ensure that standards of service and accuracy in dealing with smears is improved.

These include:

- Improving the accuracy of family health service authority population registers to ensure that invitations reach women.
- Developing the skills and competence of the family doctors and nurses who take the smear tests.
- Promoting training for the laboratory staff who read the smear tests.
- Producing 'fail-safe' guidelines to ensure that women who have had positive smear tests are properly followed up and treated.
- Developing colposcopy which is the method by which the cervix is examined after an abnormal smear.

Action to improve cervical cancer screening

In December 1997, the Department of Health introduced a far-reaching Action Plan to strengthen the cervical screening programme:

- All laboratories carrying out cervical screening must apply for accreditation (external audit).
- Where staff from laboratories do not meet key quality indicators, the Regional Director of Public Health will investigate the circumstances and staff will be required to be retrained.
- Progress of the Action Plan will be monitored by a high level Action Team including representatives of the Royal College of Obstetricians and Gynaecologists, Pathologists, General Practitioners, the Women's National Cancer Control Campaign and the National Co-ordinating Office of the Cervical Screening Programme.

Appendix 3

Operation of the computerised system

As from April 1990, the system of making payments to doctors taking smear tests changed. Doctors are not paid for screening patients until they have screened 50% of eligible women on their patients' list. If doctors manage to screen more than 80% of the eligible women, then they receive a much higher target payment. Although this may seem like a reasonable system, there are difficulties.

In inner-city areas under-resourced, over-worked doctors can face particular problems meeting the target. For example, the higher rate of turnover of addresses will make tracking down eligible patients more tricky and unless doctors can achieve the 50% target, they will not be paid anything. For some women this may mean that the service is not provided.

Despite a general improvement, there are still gaps in the system. There are particular issues around the take-up rates for working-class women and issues concerning coverage of Black and Asian women.

In some areas, particularly in the four Thames regions, cervical screening coverage falls well below the levels achieved elsewhere. This is likely to reflect a variety of factors, such as incomplete and inaccurate records of the local population, high population turnover in local communities, and lack of knowledge and information about screening and the screening programme.

There are important issues around getting the message across to some groups of Black and Asian women and persuading them to attend for screening, particularly if they think the screening will be carried out by a male doctor.

Information published by the Health Education Authority in 1994 indicates that there are particular issues for Black and Asian women. Whilst take-up amongst African-Caribbean women is very similar to the UK average, the figures for women from the South Asian communities are significantly lower. Amongst Indian women, 63% report to have had a smear test in the last five years and a further 3% longer ago than that. Amongst Pakistani women less than half (45%) have had a test in the last five years and amongst Bangladeshi women this figure falls to 33%. Uptake is particularly low in the youngest and oldest age bands of South Asian women. Amongst younger Indian women, 43% report never to have had a smear test; amongst the oldest group this figure is 38%.

There are important issues around getting the message across to some groups of Black and Asian women and persuading them to attend for screening, particularly if they think the screening will be carried out by a male doctor.

Appendix 4

What causes cervical cancer?

Cervical cancer is a disease that affects women who are or have been heterosexually active.

It affects more working-class women. Cervical cancer is five times more common in least well off women than it is in the most affluent women.

There could be many reasons for this. It is generally true that the poorer you are, the more likely it is that you will experience ill health. You may be less able to fight off bad health. The stress of trying to make ends meet on low wages can wear you out and can have a direct effect on your health. Women on low incomes may find it difficult to ensure that they get a balanced, nourishing diet and concentrate instead on ensuring that their children and family are well fed. This may make it much more difficult for them to fight off health problems when they appear.

Cervical cancer is 40% more common in the North West compared to the South East of England. This could reflect a variety of factors, including the historical concentration of industries in the North that are associated with an increased risk of cervical cancer in women. It is the biggest cancer killer of women in the Third World. This probably reflects the lack of screening facilities.

Risk factors

There are a wide variety of factors that are associated with increased risk of cancer of the cervix:

- **Age**
  Cancer of the cervix has always been a disease of older women, affecting predominantly women over the age of 50. But, over recent years, there has been an increased incidence in younger women. It is thought that having first sexual intercourse at a young age may play a part. The theory is that the cells of the immature cervix are particularly vulnerable to carcinogenic agents, which may include sperm, chemicals, dust or other environmental hazards. Barrier methods of contraception are especially important for young women as the cervix is more vulnerable because it is not fully developed.
- **Diet**
  Low levels of Vitamins A and C and folic acid have been found to be relevant to the incidence of cervical cancer. Both smoking and the contraceptive pill can reduce the levels of these vitamins in the body.
- **Smoking**
  The risk may be three to seven times greater than for non-smokers. If your partner smokes, this can increase the risk.

- **Contraception**
  Use of the contraceptive pill increases the risk (especially over a prolonged period of four years or more); barrier methods of contraception reduce the risk.

- **Occupational risks**
  Women married to men whose work involves contact with substances such as dust, metal, chemicals, asbestos, tar, machine oil and coal have been shown to have an increased risk of cervical cancer. This risk may be reduced if there are adequate washing facilities, including showers and time to use them at the workplace. It is essential that rigorous standards of personal hygiene are maintained, including washing hands before going to the toilet as well as after. Women's occupations are also a factor. Women who work in the textile industry, especially spinners, appear to be at increased risk.

- **Exposure to the genital wart virus**
  Women with genital warts and women whose partners have genital warts are at increased risk.

- **Herpes**
  If you or your partner have herpes, this may also be a risk factor.

- **Sexual intercourse**
  Cervical cancer appears to be a disease affecting only women who are or have been heterosexually active. Research has tended to focus on the sexual activity of women rather than the sexual activity of men. This has led some people to link cervical cancer with promiscuity and for women to feel somehow dirty or guilty when they have a positive smear. But there are a number of factors associated with cervical cancer and it must be remembered that the number of sexual partners in a man's life is just as important a factor as the number of sexual partners in a woman's life. Protecting ourselves against sexually transmitted diseases must be a responsibility equally shared between partners.

Appendix 5

Usdaw Model Cervical Screening Agreement

- The company and the Union are committed to the provision of a comprehensive health screening service for employees. This Agreement relates to the provision of cervical screening services.
- The company and the Union are committed to the establishment of a comprehensive education programme aimed:

– To get the message across to women about cervical screening.

– To encourage attendance for smear tests.

– To promote understanding about screening.

- The company agrees to consult their employees through the Union to determine the most appropriate screening facilities to establish:

  Either on-site screening using NHS services at no cost to the employee;

  or paid release from work for women to attend medical facilities in their own communities;

  or a combination of the two to ensure comprehensive access.

- Where requested and wherever possible, arrangements will be made to enable women to accompany each other when attending for screening.
- The facility will be available to all women workers, regardless of such factors as age or hours worked.
- The results of the screening process will strictly be a matter between the woman and the screening staff.
- The company agrees to paid time off for treatment following screening.
- The company agrees to investigate the provision of counselling services for women involved in the screening process and subsequent treatment. These facilities will also be available to men who wish to discuss issues concerning cervical cancer, screening processes and treatment available.
- The company agrees that the results of screening or treatment will in no way be detrimental to future employment prospects, training and promotion opportunities.
- The Union and the company agree to monitor the implementation of this Agreement and update as required.

Appendix 6

Useful Addresses

Family Planning Association (FPA)

The Family Planning Association provides a nationwide information, advice and referral service.

- FPA website: www.fpa.org.uk
- FPA email: general@fpa.org.uk (general enquiries)
- FPA helpline Northern Ireland: 0345 122 8687 (Monday to Friday 9am-5pm)

For written enquiries on any subject:

FPA UK Office:

23-28 Penn Street
London N1 5DL

Tel: 020 7608 5240

FPA Wales Office:

Siop Ogwen
33 Strud Fawr
Bethesda
Gwynedd LL57 3AN

Tel: 01248 605677

FPA Northern Ireland Offices:

Belfast
3rd Floor, Ascot House, 24-31 Shaftesbury Square, Belfast BT2 7DB
Tel: 028 90 316 100
Fax: 028 90 316 101

Derry
4th Floor, Northern Counties Building
22-24 Waterloo Place
Derry BT48 6BU

Tel: 028 7126 0016
Fax: 028 7136 1254

NHS Cancer Screening Programmes

Includes programmes for breast and cervical screening.

NHS Population Screening Helpdesk
Public Health England, Zone B
Floor 2, Skipton House
80 London Road
London SE1 6LH

Tel: 020 3682 0890
web: www.cancerscreening.nhs.uk

NICE (National Institute for Health and Clinical Excellence)

10 Spring Gardens
London SW1A 2BU

Tel: 0300 323 0140
Fax: 0300 323 0748
email: nice@nice.org.uk
web: www.nice.org.uk

Scotland's Health Improvement Agency

Gyle Square
NHS Health Scotland
1 South Gyle Crescent
Edinburgh EH12 9EB

Meridan Court
NHS Health Scotland
5 Cadogan Street
Glasgow G2 6QE

Tel: 0800 22 44 88
NHS Scotland Switchboard: 0141 414 2888
web: www.healthscotland.com

Health Promotion in Wales

Telephone the health promotion library on:

Tel: 029 2050 3460/0845 606 4050
email: hplibrary@wales.nhs.uk

MacMillan Cancer Support

Freephone helpline: 0808 808 0000
web: www.macmillan.org.uk

(You can also email them via their website).

CancerIndex

An internet guide to finding good quality information and links to specific cancer related information. Visit the guide at www.cancerindex.org.uk

Cancer Research UK

Angel Building
407 St John Street
London EC1V 4AD

Tel: 020 7242 0200
Fax: 020 3469 6400
web: www.cancerresearchuk.org

Breast Cancer Care

5-13 Great Suffolk Street
London SE1 0NS

Freephone helpline: 0808 800 6000
Textphone: 0808 800 6001
email: spc@breastcancercare.org.uk
web: www.breastcancercare.org.uk

Breast Cancer Now

5th Floor, Ibex House
42-47 Minories
London EC3N 1DY

Tel: 0333 20 70 300
web: www.breastcancernow.org

Socialist Health Association

22 Blair Road
East Chorlton
Manchester M16 8NS

Tel: 0161 286 1926
email: admin@sochealth.co.uk
web: www.sochealth.co.uk

Notes

Usdaw contacts

To find out more about the work of the Divisional Equalities Forums and Usdaw's equality work or about joining Usdaw contact:

South Wales and Western Division

Cardiff Office
Tel: 029 2073 1131
email: cardiff@usdaw.org.uk

Eastern Division

Waltham Cross Office
Tel: 01992 709280
email: walthamx@usdaw.org.uk

Midlands Division

Redditch Office
Tel: 01527 406290
email: redditch@usdaw.org.uk

North Eastern Division

Leeds Office
Tel: 0113 232 1320
email: leeds@usdaw.org.uk

Scottish Division

Glasgow Office
Tel: 0141 427 6561
email: glasgow@usdaw.org.uk

Southern Division

Morden Office
Tel: 020 8687 5950
email: morden@usdaw.org.uk

North West Division

Warrington Office
Tel: 01925 578050
email: warrington@usdaw.org.uk

Equalities Section

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188 Wilmslow Road
Manchester M14 6LJ
Tel: 0161 224 2804
email: equalitymatters@usdaw.org.uk

Improving workers' lives – Winning for members

www.usdaw.org.uk/equalities

Usdaw
Campaigning For Equality

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