NHS England

NHS Cervical Screening Programme

Improving access to cervical screening for transgender and non-binary people:

A practical guide for non-clinical staff

Developed in partnership with South West Vaccination and Screening Team

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Part 1: Terminology, Language and Pronouns

Understanding Terminology

First and foremost, it is important to understand the meaning of the terminology ‘transgender’ and ‘non-binary’:

Transgender (trans): An umbrella term to refer to anyone whose gender identity doesn’t completely match the gender they were given at birth, including trans women, trans men, and non-binary people.

Trans man: A person who was registered as female at birth but who lives and identifies as a man

Trans woman: A person who was registered as male at birth but who lives and identifies as a woman

Non-Binary: Non-binary includes anyone that doesn’t fit the traditional narrative of male or female, non-binary communities are incredibly diverse. Non-binary people may identify as both male and female or neither male nor female. They may feel their gender is fluid can change and fluctuate, or they don’t identify with one particular gender.

Gender identity: Is a way to describe a person’s innate sense of their own gender, whether male, female, or non-binary, which may not correspond to the sex registered at birth.

Gender identity should not be confused with registered sex at birth, or with sexuality or who someone is attracted to

Using the right language

Pronouns and the importance of getting them right

- Pronouns are words we use to refer to ourselves or others. They can be an important way to express gender identity. ‘I’, ‘me’, ‘she/her’, ‘he/him’ and ‘they/them’ are some examples of pronouns.

- Some trans and gender non-conforming people may use ‘they’, ‘them’ and ‘theirs’ as personal pronouns. ‘They’ is considered a gender-neutral pronoun, compared to pronouns like ‘he/him’ or ‘she/her’ which are generally perceived as gendered terms.

- Don’t refer to someone’s pronouns as ‘preferred’ . Someone’s pronouns, and their gender, are not preferred – they are an important part of who they are.

- If you realise you have made a mistake and got someone's pronouns wrong, apologise and move on – it is an honest mistake. If you are corrected, apologise and say thank you. If in doubt, use the person’s name.

- Do ask if they are happy for any written correspondence to use their pronouns. Some people may live with others who are not aware of their identity and may prefer to only have their name/initial and surname written.

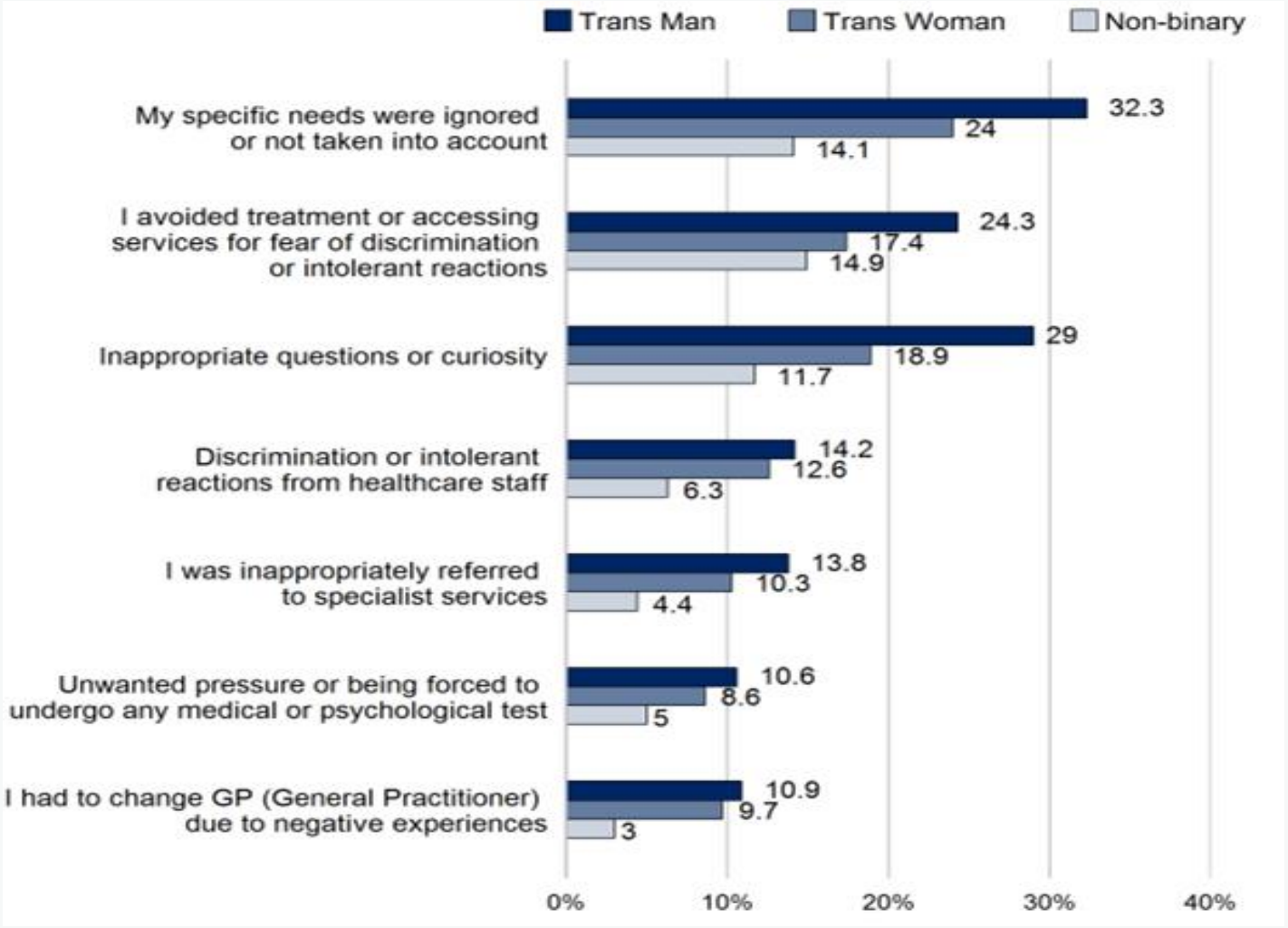
Part 2:
Uptake, barriers and challenges

Uptake, barriers and challenges

National LGBT Survey Findings:

In July 2017, the Government Equalities Office launched a survey to gather more information about the experiences of LGBT people in the UK. The survey response was unprecedented. Over 108,000 people participated, making it the largest national survey of LGBT people in the world to date.

The graph shows the experiences of trans and non-binary respondents who had accessed or tried to access public healthcare services in the 12 months prior to completing the survey.



National LGBT Survey – Summary Report, 2018

Uptake, barriers and challenges cont.…

A further study by Stonewall (2018) found that 14% of LGBTQ+ people and 37% of trans people fear discrimination when accessing healthcare services and choose to avoid them.

Research has shown that trans and non-binary people are less likely to be up to date with their cervical screening, so it is important that practices are well equipped to support individuals with the right information and in a respectful, dignified way.

A recent study into the attitudes of trans men and non-binary people to cervical screening identified several barriers and reasons for non-attendance:

- Male gender marker on healthcare records
- Experiences or anticipated stigma and discrimination
- Poor provider understanding of trans health
- Female centred screening information materials
- Dysphoria* related to the screening procedure, information, or correspondence

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Part 3: The NHS Cervical Screening Programme

Overview, Eligibility and the Cervical Screening Management System (CSMS)

Cervical Screening Overview

- NHS cervical screening helps prevent cervical cancer. It saves thousands of lives from cervical cancer each year in the UK.

- In England cervical screening currently prevents 70% of cervical cancer deaths. If everyone attended screening regularly, 83% could be prevented.

- Cervical screening looks for the human papillomavirus (HPV) which can cause abnormal cells to develop on the cervix. If HPV isn't found, the individual is at very low risk of developing cervical cancer at that time and so will be invited again for routine screening in 3 or 5 years time (if eligible).

- If HPV is found a cytology test is used as a triage, to check for any abnormal cells. If no abnormal cells are found, a follow up screen is arranged for 12 months' time. This will check to see if the immune system has cleared the virus.

- Most HPV infections are transient, and slightly abnormal cells often go away on their own when the virus clears. If HPV persists, abnormal cells can, if left untreated, turn into cancer over time.

- If abnormal cells are found, the individual will be referred to colposcopy.

- The NHS website has more information, including how cervical screening helps to prevent cancer, what HPV is and how HPV is spread

The screening test

HPV test

Cervical screening samples are tested for types of HPV that can cause cervical cancer.

Testing for HPV first, rather than looking at the cells down a microscope (cytology), is proven to be a more sensitive test. It will help to find more women with cervical cell abnormalities that may need treatment.

HPV testing will help to prevent more cases of cervical cancer.

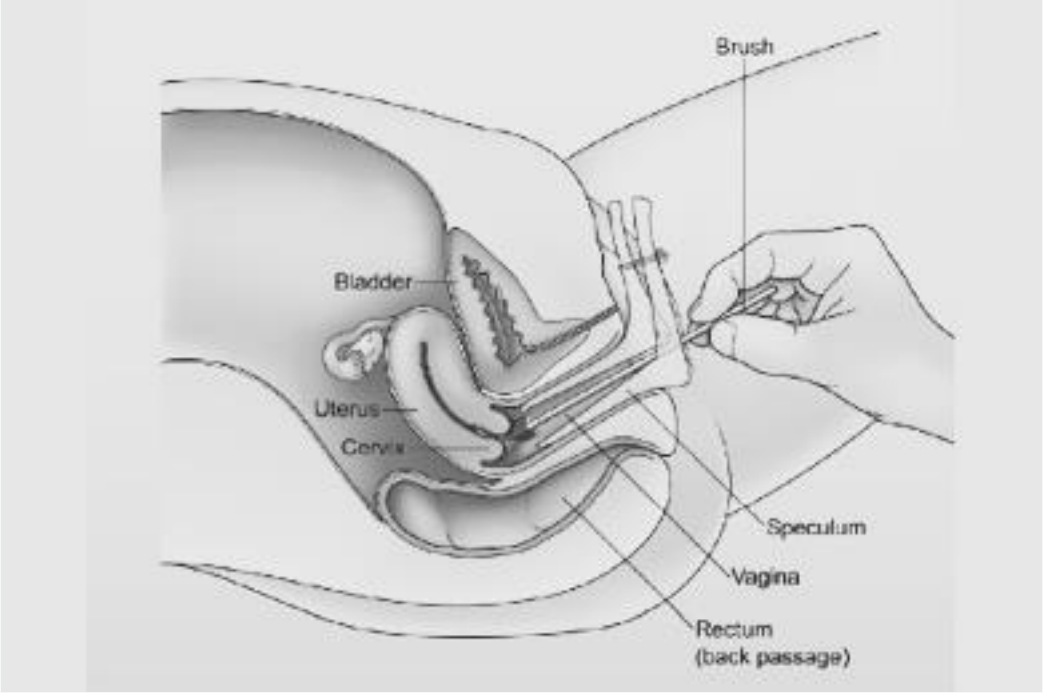

Diagram showing how a cervical screening sample is taken using a speculum and small soft brush. (Image © Jo's Cervical Cancer Trust.)

Eligibility

- Cervical screening is available to women and people with a cervix aged 25 to 64 in England
- Trans men and non-binary people with a cervix are eligible for the NHS Cervical Screening Programme and can be opted in
- The first invitation is sent to eligible people at the age of 24.5 years
- Subsequent routine invitations are sent every 3 years upto the age of 49 and then every 5 years
- Cervical screening is not recommended for anyone under 25 years old who has not been invited

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Part 4: Transgender and non-binary Opt in process

Introduction of opt in for routine call/recall for Transgender and Non-Binary People

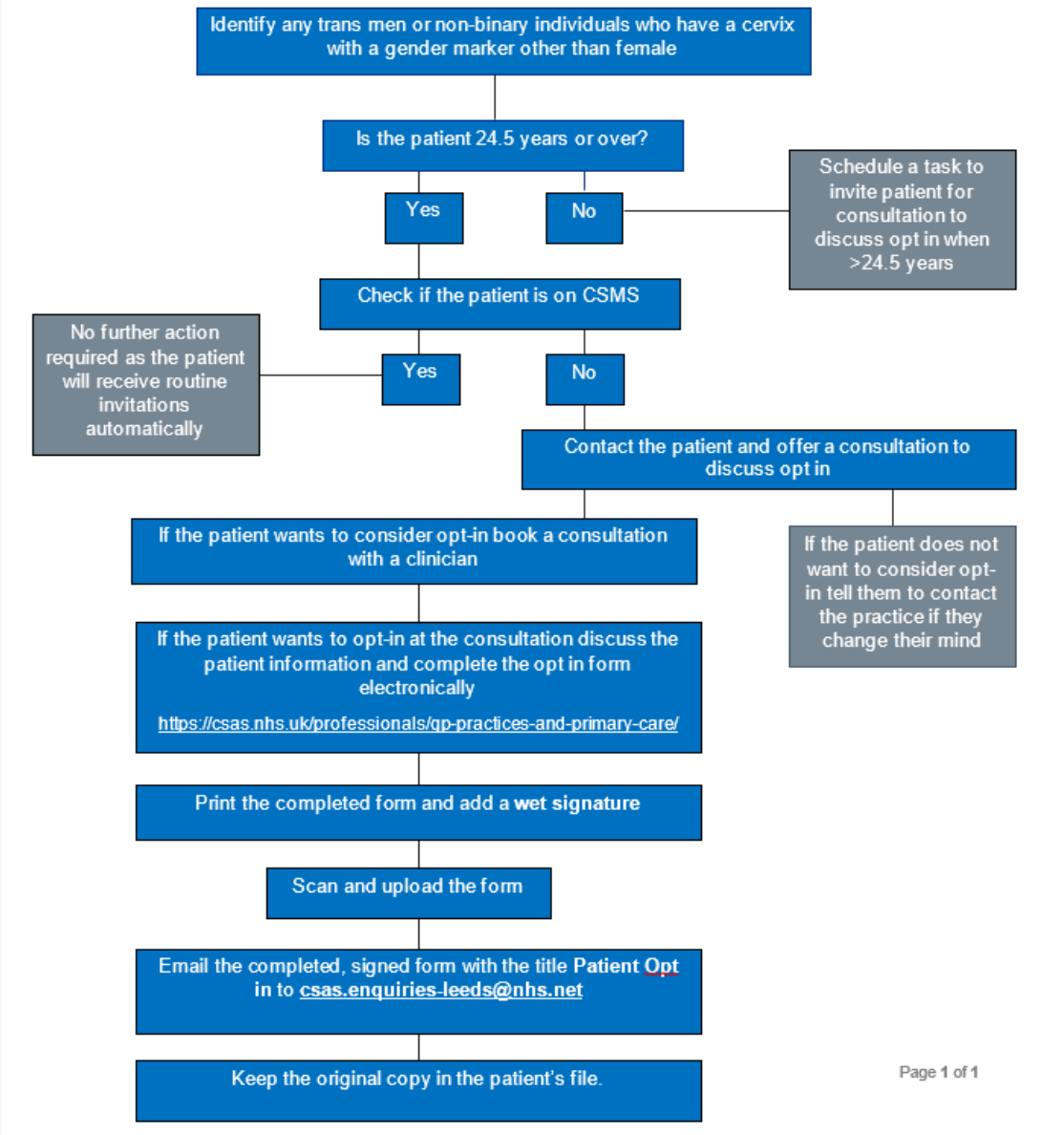
Improving access to the Cervical Screening Programme for eligible transgender & non-binary people

- Transgender men and non-binary people with a cervix are eligible for cervical screening.
- On the previous IT system, individuals registered as male could not receive automatic invitations, but their GP or practice nurse would arrange an appointment for individuals with a cervix.
- From **1st April 2025** there is the functionality within the Cervical Screening Management System (CSMS) that will ensure trans men and non-binary people with a cervix can **opt-in** to receive routine **automatic invitation** letters for the NHS Cervical Screening Programme.
- The following healthcare providers can opt participants in for cervical screening by completing an **opt in form** and submitting to the Cervical Screening Administration Service (CSAS):
    - GP practices
    - Sexual Health Clinics
    - Transgender Services

Flow chart for the Opt-in process

- Ensure all staff are aware of the opt in function and the requirement of a discussion with the patient to gain consent to opt in

- Ensure no eligible patient is prevented from opting in or attending for cervical screening despite identifying as male or non-binary if they wish to participate in the programme



Identifying eligible patients

Identifying eligible individuals

Patients who may already be in CSMS

Some patients will already be in CSMS as male or unspecified, for the following reasons:

- They have changed their gender on the GP system from female to male or unspecified after 24th June 2024
- They have not changed their NHS number
- They have screening history attached to the screening record linked to their NHS number taken before or after 24 June 2024
- They have transferred in from Wales, Scotland or Northern Ireland with NHS screening history
- They have had a recent test taken since 24th June 2024

No further action needs to be taken for these individuals if they are already on the CSMS.

Identification of eligible patients

Eligible patients who will NOT be in CSMS

Scenario 1

- patient has changed their gender on their GP system from female to male or unspecified
- patient has not changed their NHS number
- prior to 24th June 2024, patient has NHS CSP screening history recorded on GP system (as the previous IT system was unable to accept male test results)

Scenario 2

- patient has changed their gender on their GP system from female to male or unspecified,
- patient has changed their NHS number and as a result, no NHS CSP screening history is able to be transferred

Scenario 3

- patient has changed their gender on their GP system from female to male or unspecified,
- patient has not changed their NHS number
- there is no NHS CSP screening history on either CSMS or their GP system

Scenario 4

- A patient has transferred from another country (Non-UK resident) as male or unspecified with a cervix

Identification of eligible patients

Top tips from early adopter GP practices to search for eligible patients

1. Run searches on codes/key words i.e. transgender, issued testosterone, gender incongruence or gender dysphoria
2. Keep a register of patients who have changed gender
3. Search if registered sex matches assigned at birth

Examples of searches by Early Adopter GP practices:

Example 1:

- Create a search in GP system using the umbrella terms: “gender identity dysphoria” and “gender identity”
- Limit the age range to 24-64.
- Code each individual as cervix absent or cervix present.

Example 2:

- Search patients who have had hormonal prescriptions
- Check if they were referred to transgender services

Identification of eligible patients

Coding eligible patients

- When registering patients at the practice add a code to be able to easily identify for appropriate health screening i.e. EMIS code for transexual

- With patient consent use an alert in the medical record which states whether the patient was Assigned Female At Birth (AFAB) or Assigned Male At Birth (AMAB).

Practice activity to identify Transgender and non-binary patients

- Nominate a ‘practice champion’ i.e. most patients are known to the practice nurses due to requiring hormone injections.

- Include question on practice registration forms and/or at a new patient medical to widen options for patients to choose and to provide staff with more information to ensure correct gendering and terminology i.e. ask if patient is same gender as assigned at birth

- Allocate one member of clinical staff and one member of administrative staff to lead on transgender and non-binary patient management to ensure patients are easily identified and managed in practice

Contacting eligible individuals

Contacting eligible patients

- Once you have identified eligible patients you should contact them to offer them a consultation to discuss the offer of opting in to receive routine cervical screening invitations.
- For patients who you have a good relationship with or have previously engaged with the NHS Cervical Screening Programme (but are not on CSMS) you could undertake a phone consultation to offer opt in.
- Patients who have not previously engaged with the NHS Cervical Screening Programme should ideally be offered a face-to-face discussion
- Opt in consultations should be booked with clinicians and the opt in form needs to be completed and signed by a clinician

Example letter to send to eligible patients

Practice letter head

Dear xxx

The NHS would like to offer you the option to opt-in to receive routine invitations for cervical screening. You can find more information about cervical screening for transgender and non-binary people here information for transgender and non-binary people about NHS screening programmes.

We would like to take this opportunity to invite you for a consultation with your GP/practice nurse to discuss the process of opting in to receive these invitations.

This consultation can be a face-to-face appointment or via the telephone, whichever one is most suitable and convenient. If you would prefer to discuss the opt in process with your local sexual health clinic or transgender service please contact them directly.

Some people feel understandably anxious about cervical screening. This may be because of a mental health condition, past traumatic experiences, sexual abuse or domestic violence. You can read our guidance for people who find it difficult to attend.

If you would like to take up this offer, please call the practice on xxxxx xxxxxx option x to arrange an appointment

Many thanks,

Practice Team

Support with implementation

Improving access to the Cervical Screening Programme for eligible transgender & non-binary people

Key Resources

- The Eve Appeal have some resources for health professionals, services and patients: https://eveappeal.org.uk/gynaecological-cancers/tnbiinfo/

- NHS population screening information for trans and non-binary people: https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people

- Cervical Screening Care Pathway: https://www.gov.uk/government/publications/cervical-screening-care-pathway/cervical-screening-care-pathway

Part 5:
Creating inclusive environments

Creating a welcoming environment

Look around your practice and waiting rooms at the posters on your walls or leaflets in stands. Having displays which talk only about women and cervical screening can cause anxieties. You can find gender neutral materials at DHSC Campaign Resource Centre .

If your patient bathrooms are gender specific, discuss with your practice manager about changing at least one of them to gender neutral. This will provide a safe space for anyone who feels uncomfortable in a ‘gendered’ facility.

Having pronouns displayed on ID badges/lanyards shows inclusivity and welcomes patients to share theirs.

Key considerations for all staff

- Do not make assumptions about appearance and voice
- All patients can express how they wish to be named and referred to and these should be respected
- Refer to a person only by their current identity. Calling someone by the name they used before they transitioned is called ‘deadnaming’ and can be intentional or accidental - but it can be used to demean or deny a trans person’s identity
- Correct yourself and apologise if you use the wrong name or pronouns
- Ask respectfully for a person’s pronouns and commit to using them i.e. “How do you like to be referred to?”
- By introducing yourself using your pronouns (i.e. she/her, he/him) you can help to create a safe environment
- Be open and receptive to feedback from transgender and non-binary people about how your language makes them feel

Part 6:
Training and personal development

Training and Personal Development

All healthcare workers (clinical and non-clinical) should receive training in trans and non-binary awareness. Speak to your practice manager if you have not received any.

There are lots of resources that you can read, watch and listen to, to support your own personal and professional development and confidence in your role in addition to this learning module. A set of great resources and links can be found on the following slide

Further reading and resources

GOV.UK:
Cervical screening for lesbian and bisexual women
Information for Trans and non-binary people

LGBT Foundation:
How we can help you
Pride in Practice for Healthcare Professionals Publications

OUTpatients:
My Cervix My Service

Remove the Doubt

Cervical Screening Awareness Week

Resources for professionals

Macmillan Cancer Support:
Transgender and non-binary people and cancer

58 Dean Street:
Trans & Non Binary cervical smears

All about TRANS:
Transgender101

Minus 18:
LGBTQIA+ Youtube channel