

Experiences of Cervical Screening in Derbyshire and Derby City



Contents

About Us 2

Summary 3

Why we did this project 5

How did we do it? 6

Who did we hear from? 7

What did people tell us? 10

The interviews 26

Conclusion 33

Recommendations 34

What will happen next? 35

Thank you 35

Disclaimer 36

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About Us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



Summary

Cervical screening is a test to check the health of the cervix and help prevent cervical cancer. It used to be called a smear test. It is offered to women and people with a cervix aged 25 to 64.

Between February and April 2025, we collected the views of 294 people from Derbyshire and Derby City about cervical screening. We did this through an online survey. The survey was done alongside 11 semi-structured interviews.

We advertised the survey on social media, and it was shared on our website and in our e-bulletin.

We worked with Healthwatch Derby on this project to capture the views of people living in Derbyshire and Derby City.

For this project, we wanted to know:

- Whether people have attended a cervical screening appointment
- Their views on cervical screenings
- Their experiences of cervical screening appointments and suggestions for improvement
- Whether they've discussed related health issues with their GP, and their experiences of doing this.

Key findings

- 230 people (80%) said that they attended their cervical screening appointment when they received their last invite
- 260 people (92%) said they received their invitation by letter. Only 1% of people said that they have not been contacted at all about booking a cervical screening appointment
- 189 people said they had a very positive (36%) or positive (33%) experience at their last cervical screening appointment
- 32 people (12%) told us that booking a cervical screening is difficult
- 230 people (81%) told us that the information they received before their cervical screening appointment was extremely clear or very clear

- Some people told us that they would have liked more information before the appointment, so they would be better informed about what would happen at the appointment
- In our interviews, most people reported no significant barriers with booking appointments and accessing cervical screening
- Some people raised concern about limited appointment flexibility
- Many people said that making the cervical screening process more accessible and less intimidating would positively influence their decision to attend
- Most people said they are grateful to be invited to cervical screening appointments and feel fine about attending their next appointment
- Some people said that things could be put in place to make them feel more comfortable. Such as more information about the procedure before the appointment, and nurses suggesting positions or techniques to make the process more comfortable.

Key recommendations

- There should be more information in the invitation letter about what to expect and what will happen at the cervical screening appointment
- People should be given information during the appointment about things that might make them more comfortable, such as smaller speculums, having someone with them and lying in different positions
- Make sure there is the option to book appointments and view results on the NHS App, or use online booking whilst still having the option to receive results by letter
- Look at increasing the number of out-of-hours appointments for people who are working office hours
- There should be improved training around the menopause for GPs and nurses
- There should be the option for HPV (Human Papillomavirus) self-sampling for people who would rather self-test at home

- There should be training for staff who book appointments, such as receptionists, about other health conditions that could impact the experience of attending a cervical screening appointment
- Increase staff training for those who carry out cervical screening appointments. This should be around empathy and understanding that people attending appointments may be nervous, concerned or have additional needs or other health conditions that can make the appointment more challenging for them.

Terminology used in this report

All people eligible for cervical screening will have a cervix and will have been assigned female at birth.

291 people (99%) who completed the survey told us that they are female, two people said they were non-binary, and one person preferred not to say. 292 people told us that their gender is the same as was assigned at birth

Only three people who completed the survey said they were non-binary or chose not to share their gender. Because there were so few, we are not able to report the results by gender. Therefore, we have primarily used the term 'people' in this report.

Why we did this project

Our role is to listen to people who use health and social care services. We make sure that what people think and feel is heard by those who make decisions.

Healthwatch England published a report in September 2024 about cervical screening. The report was titled '[Cervical screening my way: women's attitudes and solutions to improve uptake of cervical screening](#)'.

One of the recommendations in this report was that screening providers should work with local Healthwatch to ask people in their areas about their experiences of cervical screening. The recommendation also said that services should use this feedback to help increase uptake.

We have received some comments about gynaecology and women's health more generally, but felt it was important to get feedback from the public about cervical screening appointments and how accessible these are.

How did we do it?

Between February and April 2025, we did an online survey to hear from women and people with a cervix in Derbyshire about their experience of attending cervical screening appointments.

The survey was designed with the Joined-Up-Care Derbyshire (JUCD) Cancer Prevention Group and Healthwatch Derby.

We included the survey in our E-bulletin and website. It was also shared widely on our social media channels, such as Facebook, X (Twitter), BlueSky, LinkedIn and Instagram.

We also wrote a column and an article to feature in the local media. 17 people completed the survey through our articles in the media. We also had the article on our news section on our website. We had 84 responses through our website.

Our social media promotion ran from 30 January 2025 to 20 April 2025. On Facebook, our posts about the survey reached 8,903 people and 150 people clicked on the link to the survey to complete.

The survey was also promoted amongst health and social care groups in Derbyshire.

One of the survey questions asked people if they had spoken to their GP about any other related health conditions such as endometriosis, PCOS (polycystic ovary syndrome) or menopause.

If they answered yes, they were then asked to provide their contact details if they were willing to answer further questions about accessing cervical screening and support for their other condition.

We asked these people to take part in an interview by telephone or on Microsoft Teams. We used this interview to learn more about their cervical screening survey answers and to understand more about their experiences of speaking to professionals about their related health condition.

We offered people the option of entering a prize draw for a £100 Love2shop voucher to encourage them to take part in the survey.

Feedback from the survey was sent anonymously to NHS Derby & Derbyshire Integrated Care Board (ICB), NHS England-Midlands, Derbyshire County Council

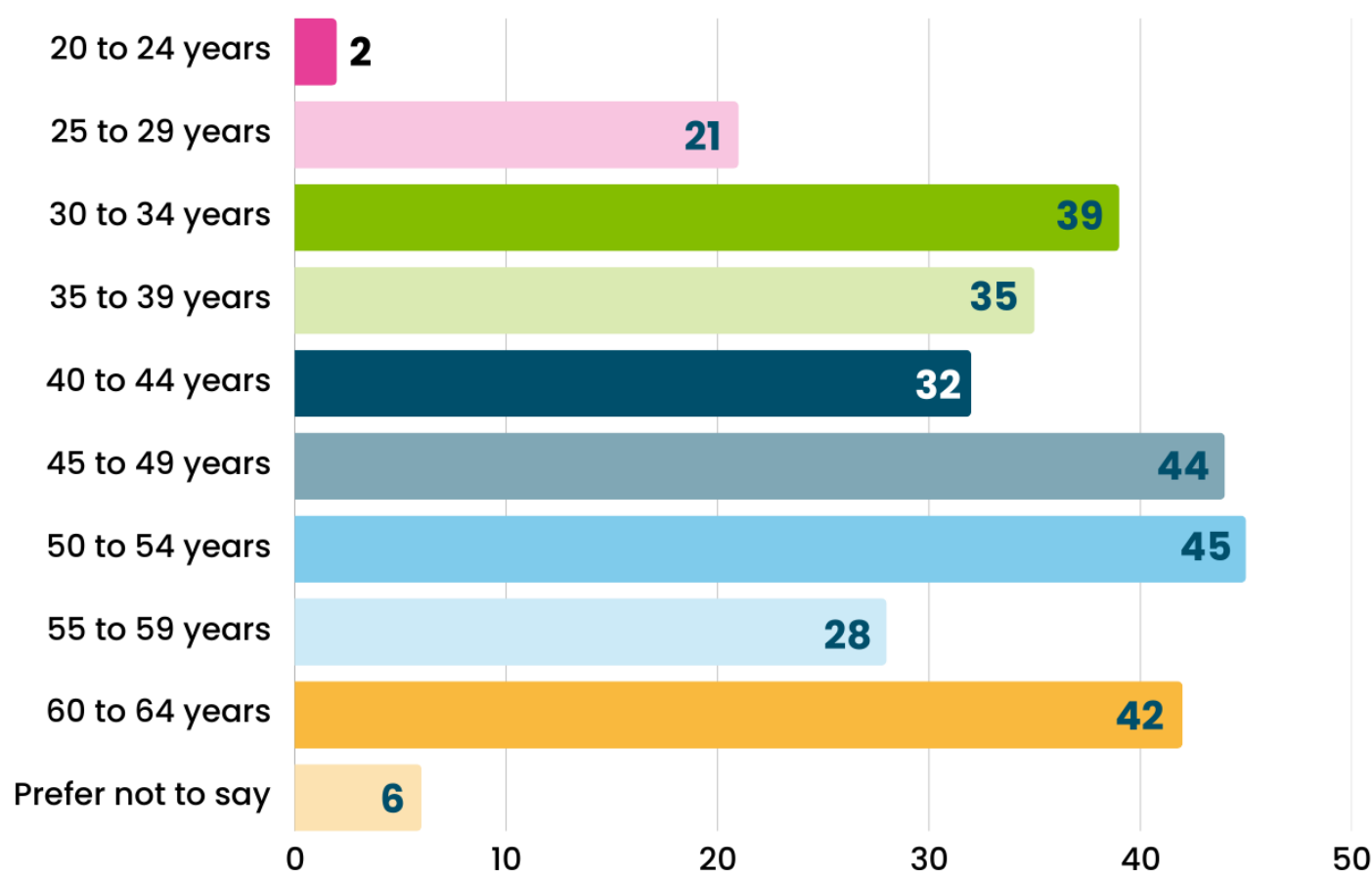
and Derby City Council. This is to help them understand what is working well for cervical screening and how the service could be improved in Derbyshire and Derby City.

Who did we hear from?

We heard from 294 people from across Derbyshire and Derby City.

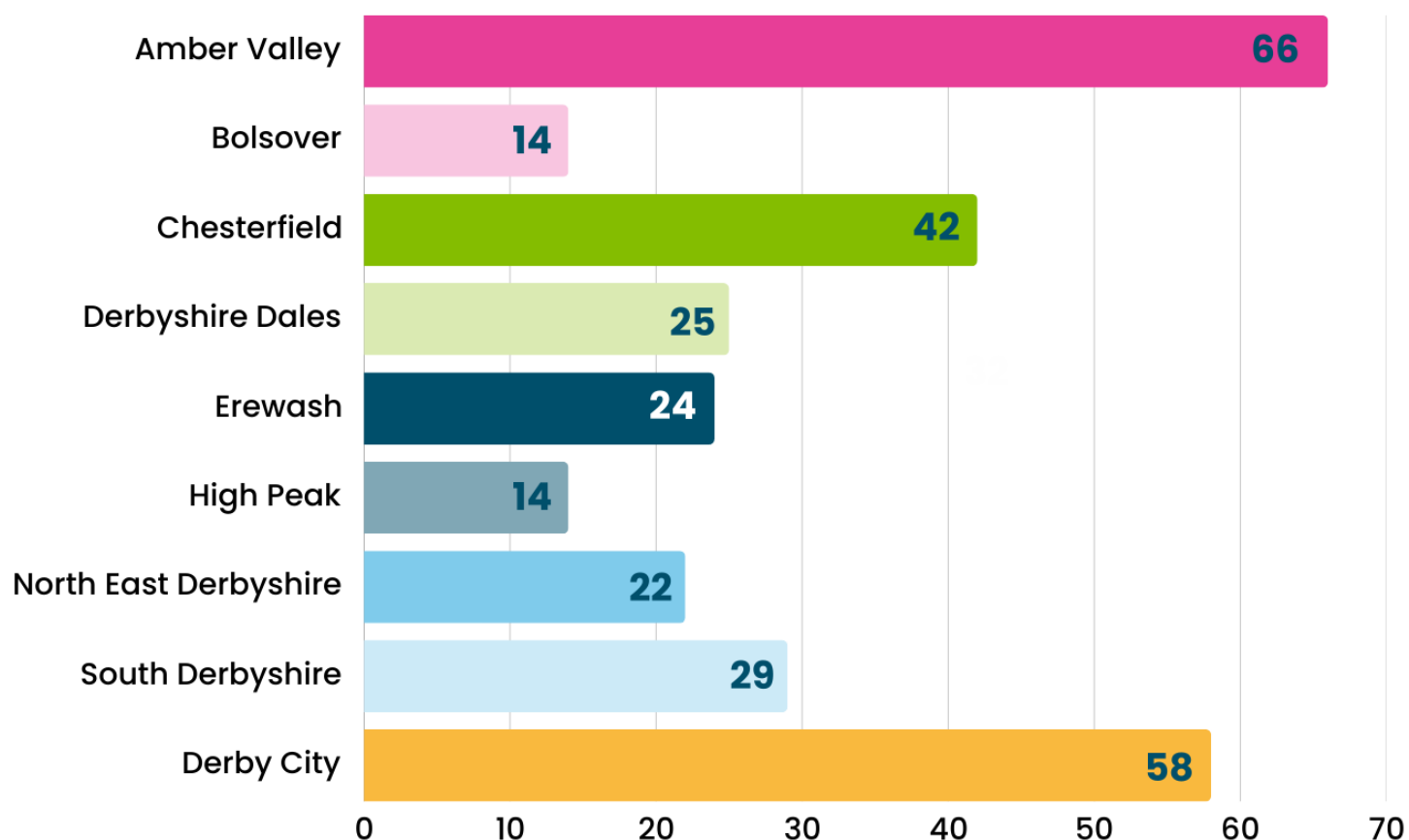
Age Ranges

We heard from a range of ages from 20 to 24 up to 60 to 64 years old, as cervical screening is not offered to people above the age of 65 years old.



Areas

The chart below shows where all the responses came from across the county.



Sexual orientation

This question was optional, and 261 people answered it. The responses were:

- 222 people (85%) identified as heterosexual/straight
- 14 people (5%) identified as bisexual
- 9 people (4%) identified as lesbian/gay women
- Five people identified as asexual
- Five people identified as Pansexual
- Three people preferred not to say
- Three people preferred to self-describe. Of these people, one person said that this information is not required, one person identified as demi-sexual, and another said that their sexual orientation is not clear due to trauma.

Long-term conditions and disabilities

There was an optional question asking whether people have a disability. 259 people answered this question, and 40 people responded yes.

27 of the people who answered yes provided further information about their disability. Some of the disabilities that people told us about are:

- Arthritis
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Ehlers-Danlos Syndrome
- Fibromyalgia
- Long COVID
- Multiple Sclerosis (MS).

There was also an optional question about long-term conditions. 259 people answered this question, and 87 said that they do have a long-term condition.

Of these 87 people, 54 gave information about their long-term condition. Some of the long-term conditions that people told us about are:

- ADHD
- Anxiety
- Arthritis
- Asthma
- Autism
- Diabetes
- MS
- Menopause
- Polycystic ovary syndrome (PCOS)
- Vaginismus.

We asked these questions to see whether people with disabilities and/or long-term conditions face any other difficulties with cervical screening. We can then look at what recommendations we can make to improve the service and make it easier for people to use.

Marital or partnership status

This question was optional, and 260 people answered it.

- 138 people (53%) said they were married

- 55 people (21%) said they were cohabiting
- 48 people (18%) said they were single
- 11 people (4%) said they were divorced or in a dissolved civil partnership
- Three people (1%) said they were separated
- Three people (1%) preferred not to say
- Two people said they were in a civil partnership.

Gender

This question was not optional.

- 291 people (99%) who completed the survey told us that they are female
- Two people are non-binary
- One person preferred not to say.

What did people tell us?

Attending cervical screenings

We asked people about whether they'd attended a cervical screening, or not.

- 230** people attended their most recent cervical screening when invited
- 25** people missed their last cervical screening but planned to book an appointment
- 2** people missed their last cervical screening but would attend if invited again
- 22** people had a cervical screening before but did not wish to have another
- 4** people had never had a cervical screening and do not plan to have one
- 5** people had never had a cervical screening but plan to attend when invited
- 1** person wasn't aware that they could have a cervical screening.

We also asked people to explain their answer.

The main things that came up when people explained their answers were around cervical screening being important, difficulties with booking appointments and cervical screenings being uncomfortable.

For people who responded negatively about their experience, many mentioned that screening is uncomfortable and raised concerns around booking appointments, accessibility and communication.

22 people said that they have had a cervical screening before but do not wish to have another. Seven of these people live in Amber Valley.

At least one person from each of the other areas, except Bolsover, said they had a cervical screening before but did not wish to have another.

Nobody who answered the question who lives in Bolsover told us that they have attended before but would not have another.

Most people who told us why they would not attend another appointment said that it was due to cervical screening being painful or embarrassing. One person said that they would rather do the test themselves at home.

Before the cervical screening appointment

We asked how people received their cervical screening invitation. 284 people answered this question.



260 people (90%) received their invitation by letter



38 people (13%) received their invitation in a text message from their GP surgery



Two people received an invitation via the NHS app



Three people told us they hadn't been contacted about cervical screening.

Of the 13 people who selected other, most said they could not remember how they received their invitation.

We asked people how they felt about receiving the invitation to book a cervical screening appointment. 99 people answered this question, and there was a mix of neutral, positive and negative answers.

The positive responses mentioned feeling "happy" and "relieved" as they understood why they were invited for the screening and were "eager to get it booked in."

14 people said that they feel "dread" when they receive the invitation, and 23 people said that they feel apprehensive or anxious. 24 people said that they feel nervous.



"As the experiences became worse, it was classed as the 'dreaded smear'."

"I felt my personal space had been invaded without my consent. In honesty, the letter was harsh and felt demeaning."



Most of the worries about cervical screening were about the screening itself. However, six people mentioned being concerned about booking appointments, the availability of appointments or the waiting room and location of the appointment rather than being worried about the actual cervical screening appointment itself.

Some people told us more about these concerns in response to the next question about how easy it was to book an appointment for a cervical screening.

For example, one person told us that she has, "No issues about having the screening. It's the difficulties in getting a convenient appointment."

We asked how easy it was to book an appointment for cervical screening, and 107 people answered this question.

Over half of the answers mention that it's difficult to book appointments at GP practices or that there is limited availability of appointments.

Many of the comments about the availability of appointments mention early morning, evening and weekend appointments. Some of these comments were positive.



"Weekend appointments were available which is very useful."

"I was unable to make a weekday appointment due to work commitments – my GP practice offered weekend nurse appointments which was incredibly helpful!"



However, most of the comments about booking appointments and the availability of appointments were negative.

The responses talked about wanting appointments in the evening or at weekends so they would fit in better around work commitments.



"Working full time makes it difficult to find time to ring up and also review available appointments to find the most appropriate time slot."

"There was not a lot of choice in times, no Saturday or evening appointments, so it does make it difficult for people who work."



Around a fifth of responses mentioned using online booking systems or the NHS App to book appointments.

Most of these responses said that they would prefer to use an online booking system or the NHS App to book an appointment, as they struggle to wait in the booking line queue when they call their GP practice due to work or family commitments.

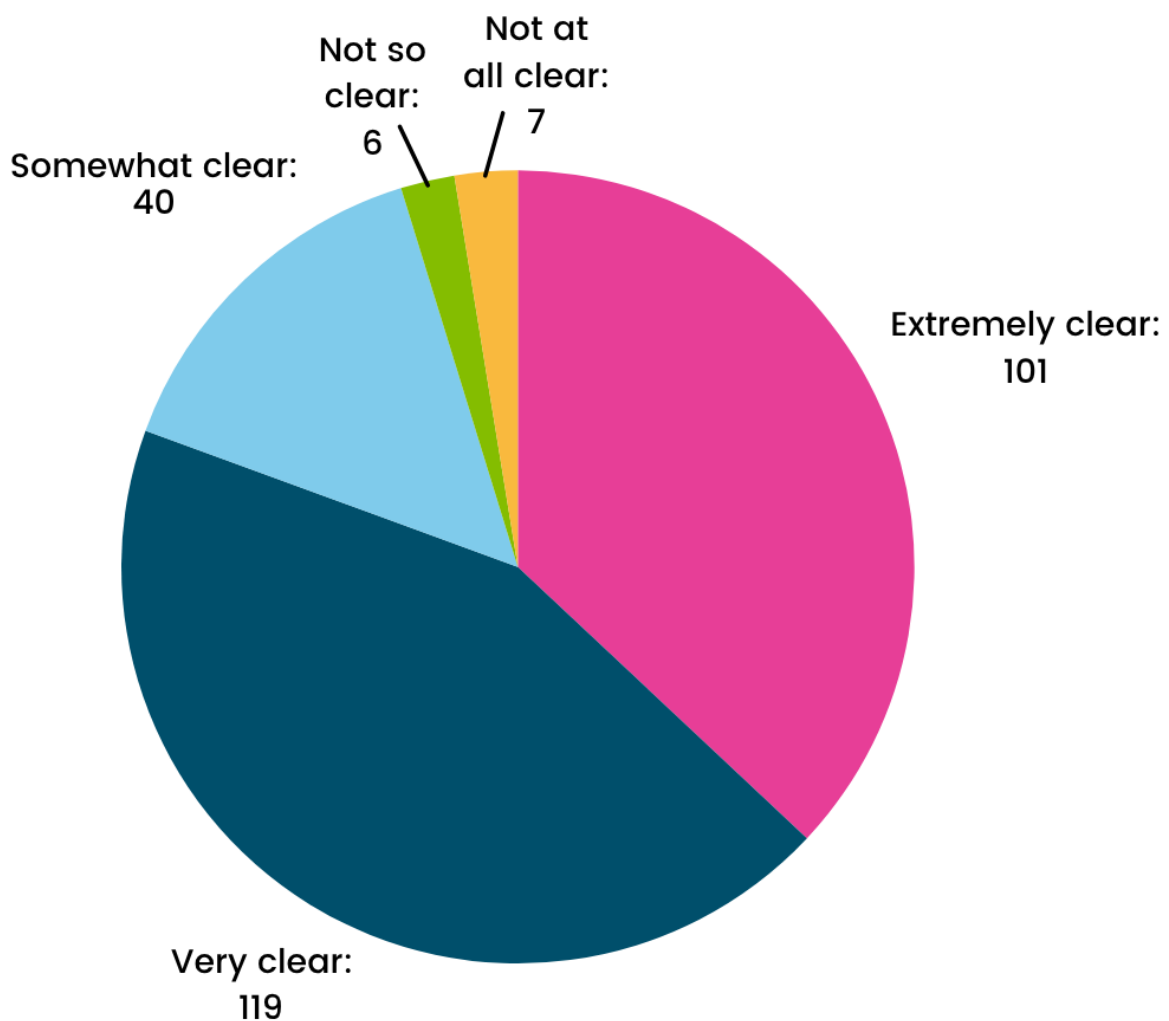


“[The] hardest thing is getting through to the GP surgery to book one.”

“It would be easier if one day this type of appointment could be made within the NHS App or online without the need to phone the surgery.”



We asked how clear the information was that people received before the appointment. The results can be seen in the graph below.



We asked if there was other information that people would like to receive before the appointment. This question was optional, and 48 people answered this question.

21 of these people said that they would have liked more information.

Many of these people mentioned they wanted more information about the appointment, such as what the screening involves, what medical instruments would be used, and what they will be asked to do during the appointment.



"[It would be good to know] whether there was an option for home testing and also explaining the reasonable adjustments you can ask, e.g. inserting speculum yourself, as this was not explained in info or by nurse, and I did not feel confident to ask."

"For people who are nervous or first attendees, then simplified information on what will happen and what you will be expected to do, in easy and not complicated language with diagrams too would be helpful."

"Information on the procedure itself. I am autistic and would have liked to have known step by step what was going to happen, what my options were."



Two people told us that they would have liked more information about HPV in the invitation letter.



"More information about HPV. I'm well educated on it but am aware others aren't, and it might put them at ease to understand what HPV is, and how the risks associated are notable but also quite rare."

"I don't understand the link with HPV. If my HPV is negative, why do I still need a smear test if I don't change sexual partner? How else would I catch it?"



A few people told us they would have liked more information about the practical aspects of cervical screening.

For example, two people said they didn't know they would be asked about the stage of their menstrual cycle, so they were not prepared with this information.

It's clear from this survey that the biggest problems people face before attending a cervical screening appointment are the difficulties in booking an appointment at their GP practice, and the availability of appointments.

People told us that they would like appointments early in the morning, during the evening or at weekends. This is so they can schedule their appointment around work and other commitments.

It was also clear that the invitation letter should include more information about the cervical screening appointment, especially what it is and how it is done.

During the cervical screening appointment

We asked people to describe their experience of their most recent screening appointment with the options of very positive, positive, neither positive nor negative, negative or very negative.

275 people answered this question, and 129 people explained their answer.



99 people found their experience very positive



90 people found their experience positive



50 people found their experience neither positive or negative



20 people found their experience negative



16 people found their experience very negative.

33 people mentioned the staff who did the cervical screening in their response to this question. 25 of these people said positive things about the staff, and eight had negative experiences with the staff.

Some of the positive or very positive responses we received:



"The nurse who did my appointment was amazing, she made me feel so calm and relaxed, she was so educated, and she educated me as well. I was really nervous, and I thought it was going to hurt, it was the quickest and painless thing, we had a good laugh about how scared I was after!"

"The nurse was fantastic and spent plenty of time talking to me before and after..."

"I felt the nurse who completed my screening appointment was very compassionate and explained the process in a good level of detail. "

"She ensured that I was comfortable throughout the appointment and answered any questions I had both before and after the smear was done".

"This professional also went above and beyond to ensure I was seen for a follow-up appointment due to concerns she had and attended this follow-up appointment alongside the GP (which was not mandatory practice)".

"I was so impressed with the care I received, that I requested future gynaecology-related appointments with the same lady."



The negative experiences that people spoke about were the attitude of staff, not feeling listened to, and appointments not being made accessible for those with additional needs.



"I was not listened to, the exam was extremely painful, and the consultant doing it was very dismissive."

"I have endometriosis which I did inform the surgery of prior, I feel this was (and always is) overlooked ... "

"I informed the nurse that I have been told by surgeons that I 'deviate to the left' and it is very hard to isolate my cervix."

"I position myself in a way that is helpful, as I have had examinations many times and I know what works for me. I did not simply mention this in order to be smart, but because my body does not need the additional trauma if it can be avoided."

"I don't appreciate being dismissed and as a result put through a large amount of pain."



In a separate question, we asked how people would describe the care from the staff at their most recent appointment. They had the options of excellent, very good, good, fair, or poor. This is what people told us:



155 people found the care from the staff excellent



58 people found the care from the staff very good



28 people found the care from the staff good



14 people found the care from the staff fair



17 people found the care from the staff to be poor.

272 people answered this question and over half said that the care was excellent. Most people (241 people, 88%) told us that the care was excellent, very good or good.



It is clear from the feedback about the appointment itself, that staff can make a huge difference to the overall cervical screening experience.

People need to feel listened to about their needs and other health conditions.

The positive experiences were from people who were made to feel calm and relaxed by the nurses or doctors doing the cervical screening.

Future screening appointments

We asked people how they feel about attending their next screening appointment. 267 people answered this question.

Most people felt fine about attending the next screening appointment, and many people said they were happy or grateful. Even if they were not looking forward to the appointment, they understood how important the screening was.



"I'm really grateful the service exists and am glad to be seen. I trust the staff at my GP surgery and know that they provide excellent, supportive care."



Over a quarter of people said they feel anxious, nervous or apprehensive about attending their next screening appointment.

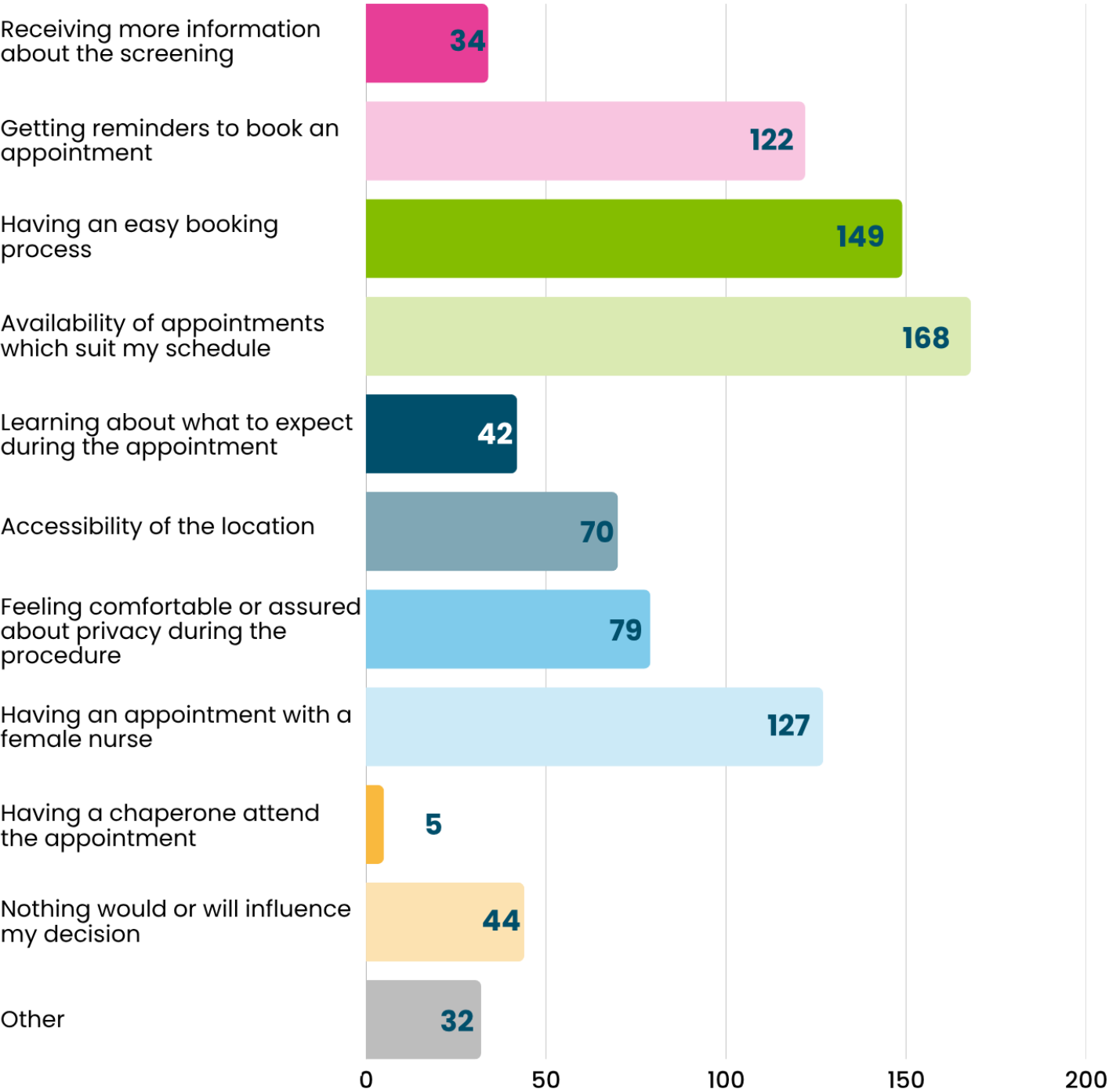
19 people said they wouldn't be attending their next appointment, even though they are eligible.

Most people did not give a reason why they wouldn't be attending their next appointment. One person told us that they no longer need it. Another said that they were too stressed about it to attend.

13 different people said they will not attend another appointment as they will be over 65 and no longer in the age range for screening. One person said that they

are sad that it will be the last, as they were concerned about the increased risk of cancer without regular monitoring.

We gave a list of possible factors that could impact people’s decisions about whether to book and attend a cervical screening appointment. Below are the answers to this question:



We asked people to explain their answer, and 88 people did this. Below are some of the themes that they spoke about.

Easy booking process

35 people told us that the booking process, availability of appointments and being able to book online would help them decide whether to attend a cervical screening appointment. Eight of these people said that they would prefer to book appointments online.

For some people, this would not influence their decision to attend, as they would always attend, but it would make attending much easier.



“Nothing could influence my decision in that I will always attend, but easy booking, lots of availability and making the screening as comfortable as possible at the time – kind, respectful clinicians – are my priorities.”



Female staff

Seven people told us that having a female nurse or doctor would make them feel more comfortable and more likely to attend a cervical screening.



“A female nurse is, I think, highly important for a smear test. I’ve had babies and don’t mind if a male or female nurse is there, but a smear test is different.”



Other factors that would influence the decision to attend

People told us that there are other factors that would influence their decision to attend. These included being aware that they can have a chaperone with them during the appointment and that there is the option to have a smaller speculum and they can ask for this. This information is on the NHS website.

One person told us that an irregular menstrual cycle, due to polycystic ovary syndrome, makes it harder for them to book an appointment as they do not always know when they will be on their period. Having to explain this in detail to the receptionist, especially if it is a male receptionist, makes them feel uncomfortable.

More training for reception staff about this and how to approach this subject with patients sensitively could make it easier for people to access cervical screening.

Nothing would influence their decision



"I would attend the appointment regardless of anything else."



It is clear from the answers about future appointments that people value being offered cervical screening and will attend even if it can be uncomfortable and painful.

There are, however, things that can be put in place to make this easier and more comfortable. Easy to book appointments at suitable times would likely increase uptake. As would more information about the appointment and the options available to patients, such as requesting a female nurse, a smaller speculum and being able to bring someone with them.

Further tests or investigations

We asked whether people had been asked to have further tests or investigations after their cervical screening. 281 people answered this question.

73% (205 people) said 'No', 19% (54 people) said 'Yes' and 22 people answered 'Not sure' or 'Not applicable'. We asked the people who said 'Yes' to give feedback about this experience.

The positive responses told us about how they felt informed about what was happening and what to expect. They also told us that the doctors and nurses were "professional and kind."



"I was treated with a great level of care when I attended a follow-up smear appointment, and the process was explained thoroughly to ensure I was informed about what to expect and the next steps. "





"All the staff at the hospital [Chesterfield Royal] were so friendly, told me what to expect, held my hand and talked to me during the procedure. I'm aware they have seen it all before, however this doesn't make it any easier."

"The talking to me, kindness and compassion was what helped the most. "



Negative experiences

Some people told us that they have had negative experiences when they had to have further testing following the cervical screening. People told us that the experiences were negative when they weren't given enough information about the process and why they needed further tests.

One person told us that they would have liked a phone call from the nurse when the results came back as it was her first cervical screening, so she was already very nervous. This would have helped her feel calmer about why she needed more regular screenings in the future.

Other people told us about the process of having further tests:



"Biopsy was terrifying. I didn't know exactly what was happening before I went.

The numbing injection pain is worse than the biopsy - why even bother? That experience alone is more than enough to put me off future smears.

I also received a phone call telling me the hospital had an appointment for me before I'd even had my smear results back.

There was no compassion; they didn't even tell me my results, they just said, 'We've had a cancellation if you'd like to come in tomorrow'. It was a shock!!"





It was scary! Being told there were abnormal cells and needing hospital treatment. There doesn't seem to be enough step-by-step information about what happens if they do find abnormal cells."



It is clear from the feedback about further investigations and tests that people really value being informed of the process. They want to know what is going to happen at each stage of the process, and that the staff giving this information are compassionate and friendly.

Further information gathered

We asked if people would like to tell us anything else about cervical screening. These are some of the things that people told us:

12 people mentioned whether there could be a different method of testing. One person said that they would not like to have a home testing kit.



"I know there are plans to develop a home kit, but I would not be confident about using this, that I was doing it properly, so I would always want to option to have it done by a professional, however horrific it might be."



However, other people told us that they would much rather do the test themselves at home.



"Please roll out the self-screening in Derbyshire!"

"Start introducing self-swab tests like Australia, some of Europe and Canada. There is absolutely no need for invasive smear tests when they only test for HPV which can be detected using a self-swab."

"It would be good for services to invest in self-administered cervical screening."



Other people told us that they would like the age ranges for cervical screening to be expanded or were not sure why the age range is from 25–65, and would like more information about this.



"I believe it should start at a lower age i.e. 18 years old, or when girls start their periods. I ended up having an early smear due to painful intercourse and bleeding. This is where my 'dodgy cells' were identified.

"If I had had to wait until 25, who knows what situation I would've been in, would the cells have been cancerous?"



Others said that social media campaigns can be useful to increase uptake, particularly for sharing information amongst young people.



"I found TikTok to be good to see videos of women who had colposcopies and their experiences."

"I feel to attract a younger demographic to encourage participation, social media using influencers would be the way forward. Most 15–30-year-olds do not read newspapers or watch live TV..."



The theme in the responses throughout our survey has been the availability and booking of appointments. This was mentioned in response to whether there is anything else that people would like to tell us about cervical screening as well.



"Please make it easier to get appointments. There're complaints from doctors all over the news about women not attending smears yet we desperately want to but we can't get appointments! Especially for people who work full time.

"People are still dying unnecessarily because we just can't get an appointment!"



58 people told us that they have a disability and/or long-term health condition and told us what this disability or condition is. Of these 58 people, most had a positive experience of cervical screening.

The suggestions for improvements were the same as discussed above, around ease of booking appointments and more information before appointments.

We cannot, therefore, give specific recommendations that would make cervical screening for people with different disabilities or long-term health conditions.

The interviews

Along with the survey, we did 11 semi-structured interviews. The interviews were with people who told us they had a related health condition in their survey response.

In the interviews, we asked people to tell us more about their experiences of cervical screening and if they had faced any barriers to attending their cervical screening. We also asked if they had faced any barriers in accessing care for the other condition that they have.

The 11 people that we spoke to told us that they have the following conditions:

- Five people we spoke to share their experiences of the menopause and perimenopause
- One person we spoke to has PCOS (Polycystic Ovary Syndrome)
- One person has experienced post-menopausal bleeding
- One person has long COVID
- One person has post-childbirth health issues
- One person has an underactive thyroid
- One person chose not to disclose their condition.

Cervical screening

Most of the people that we interviewed reported feeling nervous or apprehensive before their cervical screening, particularly when attending unfamiliar clinics or after previous negative experiences.

During the screening, empathetic and communicative staff who listened to the patient's needs led to the most positive experience.

This is similar to what people told us in the survey responses. Some people described the procedure as painful or emotionally distressing, particularly if staff lacked experience with the patient's additional needs or other health conditions.

For example, one person told us that due to previous abdominal surgery, the screening process can be uncomfortable, but using a smaller speculum makes this much less painful. This person told us that they feel comfortable asking for this and advocating for themselves, but this will not be the case for everyone.

This person told us that:

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"I would like to see nurses who do this procedure to have more training regarding people who may not fit into the norm so that the procedure is personalised.

It would be good if this was noted on people's medical records so that clinical and nursing staff doing cervical screening can see the details and know that adjustments will need to be made.

The staff should proactively ask people what adjustments are needed for everyone not wait for patients to ask for what they need.

I believe it should start at a lower age i.e. 18 years old, or when girls start their periods. I ended up having an early smear due to painful intercourse and bleeding. This is where my 'dodgy cells' were identified. "

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One person also told us that there is a difference in cervical screenings at the hospital and the GP. They said that they feel that nurses at the hospital have a greater understanding and experience and are better at using techniques to reduce pain, even where the patient's anatomy may be different due to a health condition or past surgery.

Most people told us that they felt relieved after their cervical screening and were glad that they were offered screening. Some people who have experienced discomfort or trauma said that they still had anxiety about future appointments after their most recent appointment.

We asked in the interviews if people had any suggestions about how cervical screening could be better.

The people we spoke to made the following suggestions:

More information about cervical screening

Wanting more information was mentioned by several people. Some people said that they would like more information on the invitation letter. Such as:



"Maybe a QR code that people can click onto with a video showing and explaining what happens would really help for the first time, and those who have had abdominal surgery. I believe it should start at a lower age i.e. 18 years old, or when girls start their period."



One person said that they would like to have had more information, including visuals. For example, pictures of what a speculum looks like, how you will be asked to position yourself, lighting, and how far the speculum will need to be inserted. They said reading that it may be a mildly uncomfortable procedure did nothing to help inform and to take ownership of what may be ahead.

It was also suggested that more information should be given about cervical screening during and after menopause. The person who suggested this wasn't aware what would happen in terms of cervical screening and the impact on sexual health after menopause.

Communication

There were a few different ways that people told us that communication could be better. Some of this was around communication campaigns to encourage people to attend appointments.

One person suggested that young people may not remember Jade Goody and perhaps need a person in the media to champion cervical screening to raise awareness of the importance of screening and inspire them to start the programme of regular screenings.

People also told us that they would like the communication to be better when receiving results. One suggestion for this was that the term 'abnormal' shouldn't be used without an explanation of what this means as it can be very concerning.

Availability and location of appointments

One person said that the availability of appointments has made them not want to attend their cervical screening in the past. This is very similar to what we heard in the survey responses.

This person told us that for many years she didn't have a smear test due to not being able to get an appointment. She said that when she calls her GP, they often have no appointments, and then she would put off calling again.

Another person said that they were able to have their cervical screening at the same time as their annual coil fitting check at Wheatbridge Health Village. They said that this was, "... very convenient. It just makes so much more sense to have multiple examinations at the same time, as it's such an uncomfortable thing to have to do."

The appointment

Some people made suggestions about how cervical screening appointments could be better.

One person said that everyone should have a choice of speculum and should know that there is the option of different size speculums. I should be able to say, "This is what I have, and it should be acted on". She said that, "We should have choice and control over what goes in our bodies".

Another person said that there needs to be more of an onus on the clinician to make the environment feel calmer. If they were friendly as soon as you walk in and recognise that it was on them to make the patient feel less anxious.

One person also said that it would be helpful if, at the start of the appointment, the health professional asks if there are any health issues, such as mobility issues, that they need to be aware of.

The person who suggested this has osteoarthritis in their hip and struggles to get into a comfortable position for healthcare professionals to do the cervical screening.

Training for staff

One person said that they would like there to be better training for carrying out the procedure, and videos of what happens for people to see what the experience looks like. They said that there are videos on the NHS website, but they need to be signposted to more.

One person suggested that it would be good if staff knew more stats about HPV and cervical cancer to tell people in the appointment, or if this information is included on the invite letter. For example, what percentages of the population have HPV, and what are the treatments if HPV is detected at the appointment?

One person who we interviewed identifies as LGBT+. She told us about her experiences of going for cervical screening appointments as a lesbian. She said that being gay initially stopped her from attending cervical screening appointments in the noughties. Although she was confident in her sexuality, it was not well talked about or normalised in society.

She has suggested several ways in which cervical screening and GP appointments in general could be more accessible for LGBT+ people. These are:

- Images of same sex couples on posters and in communications from GP practices
- Visible signs of support for the LGBT+ community, such as rainbow lanyards
- Training about inclusivity, especially for reception staff. She has suggested that this training should be around not being judgmental and not making assumptions about who people are and the relationships that they have.

In the interviews, one person told us that they appreciated having a printed letter confirming the results of cervical screening and worried that in the future, results would only be on the NHS App.

This is different to the survey responses, where lots of people told us that they would prefer to be able to book appointments and receive results on the NHS app.

A range of suggestions were made about how the cervical screening process could be better. The majority are around communication, being better informed and being better supported by staff during the appointment.

As with the main survey, suggestions were made about making it easier to book appointments and providing more information, both in the invitation letter and during the appointment.

Menopause

Five people that we interviewed told us that they have been through the menopause or are peri menopausal. We asked about their experiences of accessing care for this condition and if they have faced any barriers.

We also wanted to know if there were any improvements they would like to see in how this health condition is diagnosed or treated.

One person that we spoke to said that they had initially faced barriers when speaking to GPs about this, but that her GP practice has a menopause specialist who also works at the menopause clinic at Royal Derby Hospital. She said that being able to have appointments with her made accessing care for this condition much easier.

She said that menopause should be a compulsory module for medical students and more training about this should be available for GPs once qualified, including regular 'refresher training'.

She has found that there are different approaches taken by different GPs. For example, some GPs will do blood tests, but others won't, and a more consistent approach would help patients access menopause support.

Another person also mentioned that different GPs will often give differing opinions about the options available for menopause, and this concerns her. She also told us that the menopause seems to be, "A bit of a grey area in terms of knowledge and approach".

Another person told us that they would like there to be a women's health centre or clinic that women can go to for specific health issues, like menopause. It would also be good if there was clearer information about women's health that is easy to access.

All the people that we spoke to about menopause highlighted that they would like their GPs to know more about menopause and for the options offered to be more consistent across different GPs and GP practices.



"GPs need to have a better understanding and knowledge about the wide range of symptoms of menopause to be able to treat it accordingly and accurately."

"There needs to be more knowledge available to women about the wide range of symptoms so that they can query their symptoms with their GP, 'Could it be the menopause – can it be treated in line with the menopause'?"

"I do not think that if these health issues were had by men, then we would not have to keep asking for them or keep going back to the doctors. Women's health conditions should be prioritised and seen as important as men's health conditions."



Polycystic Ovary Syndrome (PCOS)

One person who we interviewed has PCOS. PCOS is a condition that affects how ovaries work, causing irregular periods, excess androgen (a hormone) and cysts on the ovaries. She said that there needs to be better staff training for those booking cervical screening appointments about this condition.

She said that it is harder to book appointments as the menstrual cycle is more irregular, so appointments may need to be changed if the cycle is not in the 'right place' for collecting a sample. She said that some receptionists can show a lack of understanding and empathy when explaining this whilst booking an appointment.

This person told us that it was difficult for her to get a diagnosis for PCOS as she 'did not tick all the clinical boxes and test results for a PCOS diagnosis'. She asked to be referred to a private clinician, and this was what led to her diagnosis.



"I would like there to be consideration (among health professionals) that not everyone fits into the stereotypical clinical presentation of PCOS, or any health condition."



There was a view from the people that we have spoken to that there are barriers in accessing care and support for their other conditions.

Many of the people we interviewed reported feeling unheard or dismissed by health care professionals, which led to delayed diagnosis and treatment. This has highlighted the need for better training and clearer referral and treatment pathways.

There is also a need for more empathetic communication from healthcare providers.

Conclusion

Most people told us that they understand that it is important to attend cervical screening appointments. They also said that they are grateful that these appointments are offered by the NHS.

Many people told us that they feel dread or anxiety about attending a cervical screening as they feel embarrassed, have had a bad experience at previous appointments or are worried about pain and discomfort during the screening.

Lots of people told us that they struggle to get an appointment due to the booking systems and would like to see more availability for appointments in the morning, evening and weekends.

Several people told us they would like to book appointments for cervical screening and receive their results via the NHS App. This would make it easier to book appointments and improve uptake.

We were also told that people would like more information about the cervical screening so they can be better prepared before appointments and more reassured during appointments. Some people also told us they would like more information about HPV and further testing if the results come back as abnormal.

In the interviews, people told us that they have faced barriers when accessing support from their GP for menopause and PCOS.

Most people who have experienced menopause told us that they would have liked their GP to be more knowledgeable about menopause and for GPs to take a more consistent approach.

We also interviewed one person who told us about her experiences of accessing cervical screening and GP services more generally as an LGBTQ+ person.

She suggested that posters in GP practices should have images of same sex couples, there should be better training about inclusivity and that visual signs of support, such as rainbow lanyards, can all make LGBTQ+ people feel more comfortable when accessing healthcare services.

Recommendations

- There should be more information in the invitation letter about what to expect and what will happen at the cervical screening appointment
- There should be training for staff who book appointments, such as receptionists, about other health conditions that could impact the experience of attending a cervical screening appointment
- There should be more information during the appointment about things that might make them feel more comfortable, such as smaller speculums and positions
- It would be beneficial to have the option to book appointments and results on the NHS App or use online booking whilst still having the option to receive results by letter

(It was announced in June 2025 that invites to screening appointments via the NHS App would be going live shortly, but direct booking in the NHS App is not yet available).

- Look at increasing the number of out-of-hours appointments for people who are working office hours
- There should be more training around menopause for GPs and nurses
- LGBTQ+ friendly comms and posters could increase uptake in that community
- There should be the option to have an option for HPV self-sampling for people who would rather self-test at home
- It is important to increase staff training for those who carry out cervical screening appointments. This should be around empathy and understanding that people attending appointments may be nervous, concerned or have additional needs or other health conditions that can make the appointment more challenging for them.

What will happen next?

This feedback is being shared with the decision-makers at the NHS Derby & Derbyshire Integrated Care Board (ICB), NHS England – Midlands, Derbyshire County Council and Derby City Council.

Thank you

Healthwatch Derbyshire would like to thank Healthwatch Derby for their support with this project.

We would like to thank everyone who took part in this survey. We would especially like to thank the people who took the time to talk to us and answer further questions.

We would also like to thank the ICB Cancer Prevention Group and our volunteers for helping us produce this survey.

Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all women and people with a cervix in Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of people's views as shared with Healthwatch staff and volunteers.

They are the genuine thoughts, feelings, and issues people shared with Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

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