



Department
of Health &
Social Care

*From Maria Caulfield MP
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The Rt Hon Sir George Howarth MP
By email to: george.howarth.mp@parliament.uk

4 April 2022

Dear Sir George,

Thank you for your correspondence of 13 January to Sajid Javid on behalf of a number of your constituents, about cervical cancer. Please accept my sincere apologies for the delay in replying.

Cervical cancer is extremely rare in women under 25. Evidence reviewed by the UK National Screening Committee (UK NSC) suggests that screening women under 25 would mean thousands of women undergoing tests and repeat tests without any prospect of benefit. Women often undergo natural and harmless changes in the cervix before 25, which screening would identify as cervical abnormalities. This is likely to trigger unnecessary tests and treatments for abnormalities that may not develop into cervical cancer and may resolve without intervention. These follow-up investigations carry a range of risks, including an increased risk of women subsequently suffering premature labour. In view of these risks, the UK NSC does not recommend cervical screening for women under 25. Further information is available at www.nhs.uk/conditions/cervical-screening.

However, as your constituents highlight, it is important that symptoms be investigated promptly and according to national guidance to confirm whether women have cervical cancer. Not all women with symptoms will have cervical cancer, but early detection means treatment can begin sooner for those who do. Women should not wait for an invitation for a routine screening test if they notice any concerning or unusual symptoms.

The guidance recommends that patients discuss concerns with their GP, who should refer them to a gynaecology clinic in accordance with National Institute for Health and Care Excellence (NICE) guidelines, regardless of their age or screening status. Symptoms of cervical cancer include:

- bleeding between periods, or after sex;
- pain or discomfort during sex; and/or
- vaginal discharge.

The guidelines can be found at <https://cks.nice.org.uk/topics/cervical-cancer-hpv>.

It is important to note that cervical screening is not used to investigate potential cervical cancer symptoms. The NHS cervical screening programme is one of the most important tools we have in ongoing work to eliminate cervical cancer, but it was never intended to be used with symptomatic women.

The purpose of screening is to detect conditions at an earlier and more treatable stage for those who appear healthy and have no symptoms, reducing mortality and morbidity from cancer and other conditions. It detects human papillomavirus, the cause of cervical cancer, or cell changes that might develop into cancer in women before symptoms are present. As set out above, it is important for women with symptoms to see their doctor or nurse as soon as possible and that GPs follow the appropriate guidance.

GPs are responsible for ensuring their own clinical knowledge remains up to date and for identifying learning needs as part of their continuing professional development. This activity should include taking account of new research and developments in guidance, such as that produced by NICE, to ensure that they continue to provide high-quality care to all patients.

All UK-registered doctors are expected to meet the professional standards set out in the General Medical Council's (GMC) *Good medical practice*. In 2012, the GMC introduced revalidation, which supports doctors in regularly reflecting on how they can develop or improve their practice, gives patients confidence doctors are up to date with their practice, and promotes improved quality of care by driving improvements in clinical governance.

The training curricula for postgraduate trainee doctors are set by the relevant medical Royal College and must meet the standards set by the GMC. While curricula do not necessarily highlight specific conditions for doctors to be aware of, they emphasise the skills and approaches that a doctor must develop in order to ensure accurate and timely diagnoses and treatment plans for their patients.

We are embarking on the first Government-led women's health strategy for England. The strategy will set an ambitious and positive new agenda to improve the health and well-being of women across England and marks a turning point in how the Government approaches women's health – making women's voices heard and placing women's voices at the centre of this work.

To ensure that the strategy reflects what women identify as priorities, we issued a call for evidence, which closed on 13 June 2021. The evidence gathered will inform the content and actions of the strategy. The call for evidence received nearly 100,000 responses from women across England. We have responded to the call for evidence and will publish the full strategy later this year. Further information can be found at www.gov.uk by searching for 'women's health strategy'.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Maria'.

MARIA CAULFIELD