Royal College of Nursing

Cervical Screening for Physically Disabled Women and Autistic Women

CLINICAL PROFESSIONAL RESOURCE

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Notes

Health care services may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates, student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document.

The RCN recognises and embraces our gender-diverse society and encourages this guideline to be used by and/or applied to people who identify as non-binary, transgender or gender-fluid.

The RCN also recognises that not all those born female, or male will identify with the same gender nouns. For ease of reading we have used the term woman and acknowledged non-binary terms where appropriate.

1. Introduction and background

Cervical screening (also known as the smear test or pap test) is a health assessment that helps prevent cervical cancer. A small sample of cells is taken from the cervix and tested for high-risk human papillomavirus (HPV), which is responsible for most cervical cancer cases (Cancer Research UK, 2023). If high-risk HPV is detected, the sample is examined under the microscope to identify the presence of abnormal cells (dyskaryosis). The screening programme identifies women at risk of cervical cancer and ensures that women with abnormal cells are given treatment to prevent development of the disease.

In the UK, cervical screening is available free of charge to all women and people who have a cervix aged 25 to 64 under the national NHS Cervical Screening Programme (CSP). Women are usually invited every 3 or 5 years, depending on their age and cervical screening history. It is estimated that if everyone attended screening regularly, 83% of cervical cancer cases could be prevented (Public Health England, 2019). At present, the national uptake falls below that level, at 68.7% (NHS Digital, 2023). The Faculty of Sexual and Reproductive Healthcare (2022) has published the Hatfield Vision, which is a strategy to reduce inequalities in women's health by 2030. Goal 13 aims to increase the uptake of cervical screening to 80% in **every local authority by 2025**. This RCN guidance contributes to that ambition by providing advice on meeting the needs of two underrepresented groups.

There is evidence that physically disabled women experience significant barriers when accessing screening, resulting in up to 33% lower uptake (Choi et al., 2021; Chan et.al., 2022). Pre-existing disability is associated with a higher risk of breast and cervical cancer (Lezzoni et al., 2021) and women with disabilities, particularly severe disabilities, are diagnosed at later stages, receive less treatment and have a higher risk of mortality (Choi et al., 2021). This guidance aims to address this health care inequality by supporting best practice.

There is also emerging evidence that autistic women may also experience significant difficulties when accessing screening. This guidance includes practical solutions to encourage the uptake of screening among autistic women. **autism-unlimited.org/blog/autistic-reflections-on-the-cervical-screening-experience**

The guide does not address cervical screening for those with learning disabilities, as a range of excellent resources are already available, some are listed in **Appendix 1**. However, we would like to acknowledge that although these resources are incredibly useful, the uptake of screening among this population remains very low. It is therefore vitally important that nurses discuss cervical screening with people with learning disabilities and their carers if appropriate. Nurses undertaking annual reviews for people with learning disabilities are well placed to do this.

This clinical guidance provides resources for registered nurses, midwives and nursing associates (NAs) who are responsible for providing cervical screening in any setting. The main intention is to encourage and facilitate the uptake of cervical screening for women and those with a cervix who have a physical disability and/or are autistic.

The RCN acknowledge that with increasing awareness and understanding of the best language to use, our language choices endeavour to be as inclusive and accurate as possible, and is constantly under review.

This guide covers provision of accessible information, practical adjustments and problem

solving. It supplements the RCN's resource on *Human Papillomavirus (HPV), Cervical Screening and Cervical Cancer*: **rcn.org.uk/Professional-Development/publications/rcn-cervical-screening-uk-pub-011-051** (RCN, 2023). This provides clinical guidance on HPV (including the current vaccination recommendations), information about the national CSP and colposcopy, and key facts on cervical cancer. An overview of the national CSP can be found here: **gov.uk/guidance/cervical-screening-programme-overview** (NHS England, 2024a).

The RCN recognises that NAs carry out cervical screening, in line with national standards. Service and education providers should be confident that appropriate and relevant training and supervision is in place and bear in mind that extra training may be required. This should be in line with the *RCN Position Statement on Nursing Associates (NAs) Training in Cervical Screening*: **rcn.org.uk/Professional-Development/publications/rcn-position-statement-on-nursing-associates-training-in-cervical-screening-uk-pub-011-651** (RCN, 2024b).

The role of nurses and midwives in cervical screening

Nurses and midwives have a duty of care to ensure they are sufficiently prepared and competent to provide the best care for individuals, regardless of their circumstances. Under the NMC code of practice (NMC, 2018), they are responsible for working within their scope of practice to deliver the highest standards of individualised care. This includes developing understanding of a wide range of abilities and conditions to support best practice.

The responsibilities of sample-takers are clearly outlined in the CSP professional guidance (NHS England, 2024d). However, all members of the nursing team have an important role to play in providing a welcoming environment, offering the screening test and contributing to individual needs assessments.

One of the key roles of all health care professionals is to listen to women and work collaboratively to achieve the best outcome for them. It is the responsibility of nurses to interpret the needs of the person in front of them, taking account of verbal and non-verbal cues that may suggest anxiety, stress or a lack of understanding. It is also important to acknowledge that the woman herself will have the best understanding of her own disability and abilities and the support she needs to cope with a different/difficult environment.

Nurses and midwives also have a leadership role to play in supporting best practice. They must ensure that all staff they work with know how to support women who may be struggling to access cervical screening. They should be familiar with the needs of the local population, identify specific local barriers, and work within their setting to address these. It is particularly important to understand what local support is available, especially from charities and support groups. These may be able to provide much-needed advice and help, such as offering evening or drop-in appointments, providing opportunities for women to discuss their concerns or participating in cervical screening awareness campaigns.

Routine cervical screening is not carried out during pregnancy or for 12 weeks after giving birth, as changes in the cervix during pregnancy may result in false positive results

and cause unnecessary anxiety and intervention. However, midwives should ask about cervical screening at booking appointments, recording any abnormal cervical screening results and reinforcing the importance of cervical screening during the postnatal period. Midwives provide intimate care and are ideally placed to provide information and dispel common myths about cervical screening.

Screening uptake

Current rates of screening uptake are the lowest in 20 years, with short-term increases linked to press coverage of individuals with cervical cancer and national campaigns. Fewer than 70% of eligible women take up the offer of cervical screening across the UK, with higher uptake in women over 50 years of age. Women living in the most socioeconomically deprived communities are 11% less likely to take up the offer of cervical screening compared with women in the most affluent areas (King's Fund, 2020).

There is evidence that white British women are more likely to attend screening that those from ethnic minority backgrounds (Marlow et al., 2015).

Self-sampling

Vaginal HPV self-sampling could be a potential way of increasing uptake among women who do not/cannot attend for screening. Self-sampling involves the woman (or her partner/carer) using a swab to take a sample from the vagina, either at home or at the GP practice. Loopik et al. (2020) demonstrated a similar level of accuracy from self-collected samples to clinician-led screening and emerging evidence suggests self-sampling can improve cervical screening uptake, with the highest levels of participation recorded when the kits are offered in-person.

The 2021 YouScreen study (Lim et al., 2024) highlighted that providing speculum-free options, such as vaginal self-sampling, could help to eliminate cervical cancer. It aimed to assess how self-sampling could be incorporated into the NHS CSP and estimate any associated change in screening uptake and coverage. The study demonstrated that self-sampling could improve cervical screening access, particularly when offered through primary care.

However, Costa et al. (2023) have pointed out that many of the barriers to attending clinician-led screening are also present for those requiring follow-up after an HPV-positive result via self-sampling. These barriers could include anxiety about a speculum examination, and a lack of time or understanding. For some women with physical disabilities and/or are autistic, self-sampling may not be a solution to all the issues they face.

The growing evidence around self-sampling is helpful, although so far no data have been collected regarding the acceptability of self-sampling for women with physical disabilities and/or those who are autistic. The results of the YouScreen survey suggest that opportunistic offering of self-sampling to non-attenders within the English CSP may help to improve uptake. The NHS is now working with the CSP to explore the feasibility of a roll-out programme.

Providing a home visit for cervical screening

It may be necessary to provide a home visit for women who are unable to visit the clinic. This should be undertaken by an experienced cervical sampler who is confident performing the procedure.

Additional indemnity insurance should not be required; however, this may depend on the employer and should be clarified before a pathway for home visits is considered.

A planning conversation should take place in order to assess risks, plan an appropriate chaperone if required, and discuss the practicalities of supporting the patient onto a bed or sofa to enable the sample to be taken. As with any home visit, nurses should consider the wider practicalities, which include appropriate equipment, infection prevention measures, handwashing facilities and safe disposal of waste. A head torch should be used to provide sufficient lighting to take the sample. It may also be appropriate to consider the use of a professional interpreter.

Education and training

All nurses and NAs who are sample-takers will have taken part in additional cervical screening training and assessment to become accredited, as outlined in the CSP. They are required to update their training every three years. Training addresses the importance of conducting individualised assessments, meeting specific needs and ensuring the patient has access to help and support if screening cannot proceed.

Cervical screening training across the UK

In England, training and continuing professional development (CPD) for professionals working in the NHS CSP can be found here: **gov.uk/guidance/cervical-screening-education-and-training**

The three-yearly update is provided by the e-learning NHSE elfh Hub: NHSE elfh Hub (**e-lfh.org.uk**)

In Scotland, training is provided by the Scottish Cytology Training School: **nhsggc.scot/staff-recruitment/staff-resources/laboratory-medicine/pathology-mortuary-services/scottish-cytology-training-school**

In Wales, the Screening Division of Public Health Wales delivers training on national screening programmes: **phw.nhs.wales/services-and-teams/screening/community-training-and-education/**

In Northern Ireland, education and training for cancer screening is provided by the Public Health Agency: **cancerscreening.hscni.net/cervical-screening/education-and-training/**

Learning disability and autism training

In England, where it is statutory to have appropriate learning disability and autism training, the Oliver McGowan Mandatory Training on Learning Disability and Autism is the preferred option. It can be accessed here: **hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism**

In Wales, the Paul Ridd Foundation offers non-statutory training: **paulriddfoundation.org/elearning/**

There is currently no equivalent training for Scotland or Northern Ireland.

The National Autistic Society provides useful resources for professionals: **https://www.autism.org.uk/advice-and-guidance/professional-practice/** (National Autistic Society, 2024b)

Intersectionality

Intersectionality refers to the complex way in which multiple forms of discrimination, such as racism, sexism and classism, combine or overlap to compound disadvantage and marginalisation. Disabled women may also experience other forms of discrimination that affect their experience of health care, and this must be recognised in order to address inequalities in how health care is delivered.

It is important to understand cultural and religious nuances, being particularly mindful that services are frequently designed without the involvement of the diverse communities they serve. This may mean they are particularly difficult for people in marginalised communities to access.

Information resources must be culturally relevant and available in different languages to ensure equitable access to care. Nurses and midwives have a key role to play in ensuring the availability of independent trained interpreters for patients to overcome language barriers. The use of friends and family members to interpret may not be appropriate and could impede the patient's ability to access person-centered care.

Physical disability and autism intersect with other factors affecting health: for example, 24% of disabled adults live in poverty in the UK (Kirk-Wade, 2024).

It is important to consider the specific needs of people from the trans community who may require cervical screening, recognising that they are also often marginalised.

Sample-takers should:

- understand and acknowledge that not everyone attending for screening will be a woman
- use the patient's preferred pronouns and use words that enable them to feel safe
- expect trans and non-binary people to access services and treat them with respect, like any other patient

- look for ways to make trans and non-binary people feel comfortable or access the service in a different way (Linfield, 2019).

Topic 4 of the NHS cervical sample-taker training programme focuses on some of the issues associated with equality of access: **gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/4-equality-of-access-to-cervical-screening**

Principles of care

A key principle of care is to recognise that the lived experience of every woman is unique, and her experience of disability will be highly individual. The patient is an expert on their own condition and nurses must listen to them in order to put a collaborative plan in place. Nurses should maintain dignity and respect, use the pronoun of the patient's choice, and create a comfortable environment in which to hold a personal conversation.

Patients should be offered cervical screening and asked sensitively about any reasons for non-engagement in the programme, so that a personalised plan can be developed. It may be useful to have a planning appointment to build a trusting relationship, address concerns, discuss the procedure and allow time to plan practicalities such as how the patient can be assisted onto the gynaecology couch.

As with all areas of practice, **trauma-informed care** (RCN, 2024) should be practised when carrying out cervical screening. For example, women who have experienced female genital mutilation (FGM) may find it beneficial to be referred to an FGM clinic or specialist cervical screening FGM resource.

In 2022, the Survivors Trust and Eve Appeal launched their *#CheckWithMeFirst* campaign (**thesurvivorstrust.org/checkwithmefirst**), which supports adjustments that make health care more accessible to survivors of rape, sexual abuse and sexual violence. This includes guidance on cervical screening for health care professionals.

> "Triggering elements of screening can include: the invasive and intimate nature of the examination; the language used; the sense of an unequal power dynamic between healthcare professional and patient; physical pain; and much more. This can lead to severe distress, dissociation and can further re-traumatise this individual."
> (The Survivors Trust and Eve Appeal, 2022).

An initial appointment to discuss the screening procedure and outline the equipment should be considered. The procedure should ideally be carried out by the same nurse who attended the planning appointment to ensure consistency. Patients should be offered the opportunity to bring a friend, relative or personal assistant with them if this would be helpful. A double appointment should be offered to enable plenty of time to get into a suitable position.

The nurse should be guided by the patient as to what position they would find most comfortable. This may include offering the left lateral position if appropriate. The patient should be offered the opportunity to insert their own speculum if they prefer.

The procedure should be documented in line with local policy and any specific adjustments made should be noted to offer consistency for the next procedure. This should include physical assistance, psychological support, the position used and the type

of speculum used. This information should also be provided to the woman for use at her next assessment and documented on her care passport if she has one.

If the care setting does not have the necessary equipment, such as a gynaecology couch with leg supports/hoist/stand aids, the nurse should refer on to secondary care, providing detailed information on the patient's care needs.

In some cases, there is a need to explore the option of screening under a general anaesthetic or sedation. The risks of the procedure must be assessed versus the outcome, and for some women, the risks of anaesthetic outweigh the benefits of screening. However, it is important for women to be made aware of this option where appropriate and for an individual risks-versus-benefits conversation to be held in each case.

If the cervix cannot be visualised with the speculum, then the sample should not be taken, and the patient should be referred to colposcopy for further investigation. In circumstances where the cervix is partially but not fully visualised, or fewer than 5 360-degree rotations have been used to take the sample, the laboratory will accept the sample for HPV testing. However, the patient should be informed, and this should be clearly indicated on the request form. In these circumstances, a negative high-risk HPV test will be reported as HPV-U (HPV unavailable). If cytology is required, it will be reported as an inadequate sample. Please refer to NHS England's *Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities*: **gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories/guidance-for-acceptance-of-cervical-screening-samples-in-laboratories-and-pathways-roles-and-responsibilities** (NHS England, 2024c).

After adjustments have been made, and the risks and benefits have been explained, some women may decide to decline cervical screening. In such cases, they may give their permission to be removed from the register: **gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations** (NHS England, 2024b). This should be raised carefully within either primary or secondary care settings, so that women do not feel pressured to choose this option.

In cases where women who are not yet included in the screening programme present with symptoms, the clinical assessment pathway for abnormal vaginal bleeding in women under 25 should be followed for assessment and investigations: **gov.uk/government/publications/abnormal-vaginal-bleeding-in-women-under-25-clinical-assessment** (Public Health England, 2010).

Suggested questions

- I can see you have an impairment/condition that might make a smear test challenging. What has worked well for you in the past?
- I notice that you haven't had a smear test. I wondered if there is a particular reason that you would like to share?
- Sometimes it is difficult for disabled women to physically get into a position to take the sample. Do you think that is something that has an impact on you?
- Some women with a disability who are sexually active may be in a higher risk group for cervical cancer and you are entitled to a smear test to help prevent that risk. I would really like to support you in having the screening. What could I do to make that easier for you?
- I can see that you have limited mobility. Is there anything I can do to help you get onto the couch?
- I am so sorry that your last screening was such a poor experience, and I can understand why you haven't been since. Would you be willing to talk to me about it so that we could plan a way to take the sample comfortably this time?
- Can I offer a smaller speculum?

2. Physically disabled women

Physical disability has been recognised as a specific need when supporting women to access and complete cervical screening. The evidence suggests that approximately 4.2 million women of screening age have a physical disability (Kirk-Wade et al., 2024). This group are 33% less likely to attend screening (Andiwijaya et al., 2022) and have a higher risk of cervical cancer and mortality (Lezzoni et al., 2021), which illustrates the urgent need to address access to cervical screening.

A physical disability is defined by the Equality Act (2010) as a limitation on a person's physical functioning, mobility, dexterity or stamina that has a substantial and long-term negative effect on their ability to do normal daily activities (UK Government, 2024). The Equality Act applies only to England, Wales and Scotland. Northern Ireland is governed by the Disability Discrimination Act (1995).

Some temporary or permanent physical disabilities may be less well defined or may not fit this medical model of care definition. They include issues associated with long-term conditions, chronic pain, fibromyalgia or vaginismus.

Improving access to cervical screening for physically disabled women

Table 1 overleaf outlines some of the key challenges and enablers in supporting physically disabled women to access cervical screening.

Ongoing research from the University of Sheffield and Keele University, funded by the National Institute for Health and Care Research, aims to improve access to cervical screening for physically disabled women. The ultimate goal is to increase early detection of cervical cell changes and reduce high-grade disease and associated invasive treatment and deaths from cervical cancer. With a team of Patient and Public Involvement (PPI) stakeholders, researchers have co-designed a survey for physically disabled women with impairments, conditions or differences that make cervical screening challenging. This will enable them to better understand the barriers faced and explore a range of solutions, including HPV self-sampling (which can be taken at home). Data is currently being collected. For further information, which will be updated as the project develops, please see the Open Science Framework (OSF) project space: **osf.io/ufx8r/**)

Table 1 Challenges and enablers

	Challenges	Enablers
General	Intersection with other dimensions of inequality, e.g. other types of disability, gender identity, etc.	Drawing on relevant guidance, e.g. for women with learning disabilities (**see Appendix 1**)
	Previous bad experience of cervical screening	Discussing the woman's needs, being open to finding different solutions, allowing enough time and offering reassurance
	Disabled people are more likely to have experienced sexual abuse than those without disabilities	Being aware of this possibility and using a trauma-informed approach
	Fear of pain	Discussion of management strategies eg pain control, vaginal moisturisers, a course of vaginal oestrogen or stopping procedure if uncomfortable
Environment	Transport to appointments	Being aware of local services, including referral to secondary care
	Lack of movable couch Lack of handrails Lack of space to move Lack of hoist/manual handing equipment	Providing mobility equipment
	Poor lighting	Using a movable lamp/head torch
	Inaccessible building	Offering a home visit
Information and communication	Limited information in relation to specific needs	Treating the patient as an expert in their own condition, asking what has/has not worked in the past, and making them aware of options, eg a smaller speculum
	Digital poverty	Providing information in different formats
	Lack of time	Offering double-length appointments
Attitudes	Assumption that certain methods will work or are the only options	Discussing the woman's needs and preferences and tailoring care accordingly, e.g. left lateral position, antispasmodic medication
	Assumption that the patient is not sexually active	Asking open questions and conducting a thorough assessment
	Assumption that not being sexually active means screening is not required	Providing information and advice on risks, and supporting women to decide
	Encouragement to opt out of cervical screening	Supporting women to decide without pressuring either way
	Referral to secondary care before taking time to find a solution	Making use of planning appointments Providing opportunities to discuss the risks on an individual basis, weighing up the impact of the screening procedure against the benefits

3. Autistic Women and Cervical Screening

"Autism is a lifelong developmental disability which affects how people communicate and interact with the world. More than one in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK." (National Autistic Society, 2024a)

This guidance uses the term "autistic women" to include all autistic spectrum conditions. The RCN acknowledges that there are many terms and labels used by neurodivergent individuals, particularly in relation to autism, and supports the right of individuals to choose their own terms (RCN, 2022).

Table 2 below outlines some of the key challenges and enablers in supporting women with autism to access cervical screening.

Table 2 Challenges and enablers

	Challenges	Enablers
General	Pain: hyper and hyposensitivity **Interoception**: understanding what the body is feeling (**www.autism.org.uk**) Alexithymia: difficulties in noticing and identifying feelings (Poquérusse et al., 2018) Autism and gender identity: there is some evidence to suggest that autistic people may be more likely than others to experience gender dysphoria Previous trauma	Taking a person-centred approach and asking the person, or those who know them well, what will make their health appointment work best for them Providing information and explaining things clearly Allowing plenty of time Ensuring access to appropriate literature in the woman's own language; offering an interpreter where necessary; considering issues with literacy and the level of access to digital information Considering and supporting sensory overload Considering specific needs regarding pain thresholds Allowing for reasonable adjustments under the Equality Act (2010) Taking a trauma-informed approach Considering aftercare: the woman might prefer to leave straight away, or might want to have a debrief or the opportunity to sit in a quiet room

Environment	Waiting times and waiting environments Lack of understanding of the process and equipment Too many people in the room Sensory overwhelm: the feel of the bed, sheets, speculum and brush; smells; lights; noise. This can result in shutdowns or meltdowns	Offering an initial orientation appointment Discussing the process and visiting the room before the appointment Discussing the woman's needs with them and personalising their care accordingly Ensuring the clinic is quiet and lighting is soft/dimmed Carrying out a home visit, by considering the benefits of being at home and the risks associated with it such as safety and liability. It should include a documented risk assessment Showing the equipment that will be used Offering a quieter appointment time at the end of clinic
Information and communication	Patient has difficulty processing information when anxious Poor understanding of preferred communication methods Poor understanding of masking behaviours	Providing information in the right language/offering access to interpreters Taking time for clear explanations Ensuring access to appropriate literature Ensuring access to digital information Offering a pre-consultation to discuss preferred communication methods Agreeing a sign/signal to stop Enabling women to write questions down or receive answers in written form, if preferred Enabling women to use Augmentative and Alternative Communication (AAC), eg text-to-speech apps, if preferred Giving the option of having accompanied support Allowing space for the autistic woman to self-regulate (stimming, e.g. rocking or pacing); validating their experience of being autistic

Attitudes	Assumption that the patient is not sexually active Assumption that the patient does not have capacity to decide Poor understanding of autistic women's needs	Asking open questions and conducting a thorough assessment Providing information and advice on risks Supporting women to decide for themselves Taking part in relevant training Role modelling for best practice will support other practitioners to understand what is required Contacting the learning disability team for support, if appropriate

4. Good practice checklist

The checklist below may be used to enhance the care provided.

Suggestion	Notes
Written information on cervical screening available in relevant languages	
Information on cervical screening available on service website	
Cervical screening posters displayed in waiting room	
Posters representing disabled people available	
Easy Read/accessible information available As well as written material, this could include: • video testimonials from women with physical disabilities/autistic women, sharing their experience of cervical screening • videos explaining what to expect at the appointment and giving examples of reasonable adjustments that can be facilitated	
Facility for double appointments	
Facility for discussion/planning appointments	
Service is wheelchair-accessible	
Service offers a gynaecology couch with leg rests	
Service offers a range of mobility aids, including a hoist (and if not, has identified a referral pathway)	
Service offers opportunity for home visits	
Head torches available	
Full range of speculum sizes available and offered	
Access to learning disability nurse	
Service conducts audits of cervical screening uptake among women with a physical disability or autism	
Service runs cervical screening initiatives	
Service provides sensory-reduced “quiet appointments” at the end of clinic	
Sample-takers have received additional training in meeting complex needs; for example, awareness of and training in left lateral position, antispasmodic medication	

5. Conclusion

Physically disabled women and autistic women are disproportionately affected by cervical cancer, and this represents an unacceptable health inequality. Nurses are uniquely positioned to address this by carefully assessing needs, individualising the screening process and overcoming organisational barriers.

This clinical guidance is designed to encourage and facilitate the uptake of cervical screening for women and those with a cervix who are physically disabled and those who are autistic. It includes a list of resources available for women with learning disabilities. The guidance can be applied by registered nurses, midwives, NAs, managers and commissioners with responsibility for providing cervical screening in any setting.

The ultimate aim is to improve the lives of those affected by offering a positive screening experience.

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Useful resources

Eve Appeal – Cervical cancer symptoms and signs (**eveappeal.org.uk**)

National Autistic Society (**autism.org.uk**)

eLearning for healthcare module on NHS Cervical Screening Programme (**e-lfh.org.uk**)

Transformation Partners in Health and Care cervical screening resources (**transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/ed-screening/cancer-screening-resource-directory/cervical-screening-resources**)

nurses.co.uk blog: Everything You Need To Know About Cervical Screening (**nurses.co.uk/blog/everything-you-need-to-know-about-cervical-screening**)

Appendix 1 – Resources for women with learning disabilities

It is worth checking with local learning disability teams, as many have useful resources and pathways to support local needs.

Easy Health (2024) *Cervical Screening Myth Busting: Calli's story*, 16 July. Available at: **easyhealth.org.uk/resources/category/35-cervical-cancer** (accessed 8 October 2024)

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This clinical guidance provides resources for registered nurses, midwives and nursing associates who are responsible for providing cervical screening in any setting. The main intention is to encourage and facilitate the uptake of cervical screening for women and those with a cervix who have a physical disability and/or are autistic.

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Evaluation

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