

Summary of MOD Cervical Screening Arrangements

March 2015



1. Background

- NHS England to commission cervical screening for serving members of the Armed Forces (AF) in England with effect from April 2015. NHS England West Midlands contract for overseas on behalf of Defence Medical Services (DMS).
- DMS Cervical Screening services to become part of the NHS Cervical Screening Programme (NHSCSP) and to be quality assured via Public Health England (PHE) Screening Quality Assurance Teams (QA).
- Defence Primary Health Care (DPHC) is based in many Medical Centres (MCs) around the world.
- England-based (local) AF arrangements:
 - AF personnel to be integrated into existing local commissioning arrangements (i.e., cytology, colposcopy) via NHS England Area / Sub Regional Teams.
 - DMS practices to be incorporated into local Screening Programme Board governance arrangements (i.e., local policies, incident management, sample transport and training arrangements) via Screening & Immunisation Teams.
- Overseas* AF arrangements:
 - AF personnel to be integrated into existing NHS England contract with Coventry & Warwickshire Pathology Service (CWPS) via the NHS England- Arden, Herefordshire & Worcestershire Area Team (AHW) / West Midlands Sub Region.
 - DMS practices to be incorporated into AHW Screening Programme Board governance arrangements under the umbrella of the Coventry & Warwickshire Cervical Screening Programme Board.

**Note: For the purpose of the present slides, this should be read as 'non-England-based' personnel (pending confirmation of arrangements with devolved administrations).*

2. Roles and Responsibilities

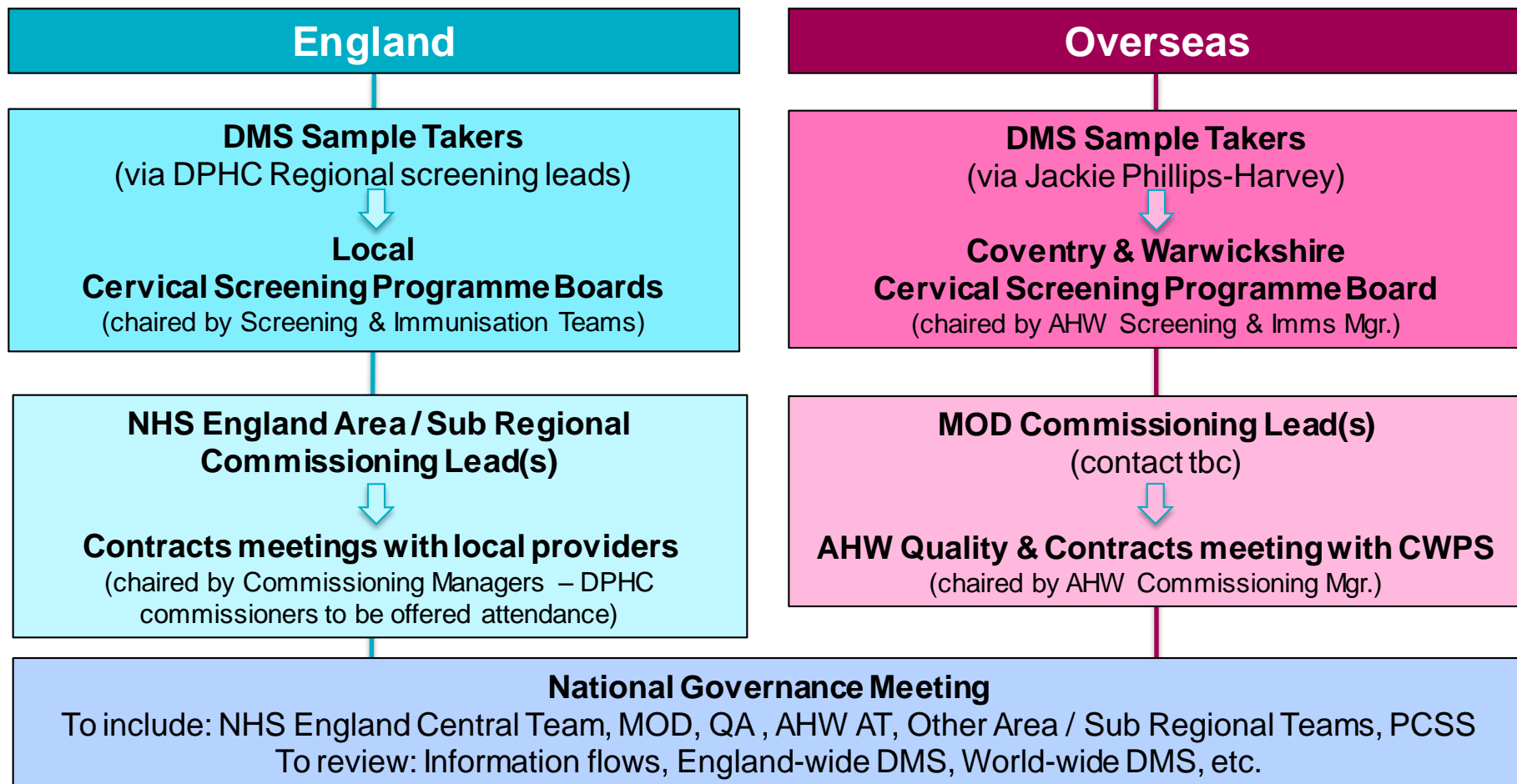
Commissioning:

- **NHS England, Area Teams / Sub Regions:** Responsible Commissioners of local NHSCSP services with exception of DPHC sample taking and transport.
- **MOD:** Responsible Commissioner of overseas NHSCSP services and local DPHC.
- **NHS England, Arden Herefordshire & Worcestershire Area Team (AHW) / West Midlands (WM) Sub Region:** Co-ordinating and hosting Commissioner of overseas NHSCSP laboratory services, responsible commissioner of local AHW NHSCSP services.
- **Public Health England, Screening Quality Assurance:** Ensure local & overseas Cervical Screening arrangements are in line with national NHSCSP policy and standards.
- **Local Screening & Immunisation Teams (SITs)-** PHE staff embedded in NHS England: System leadership of local pathways (Screening Programme Boards, local policies, sample taker performance monitoring and training arrangements).

Service Provision:

- **Local laboratories and colposcopy departments:** Providers of local NHSCSP services.
- **Coventry & Warwickshire Pathology Service (CWPS):** Provider of Cervical Screening laboratory services (LBC & HPV testing) for overseas and AHW samples.
- **England-based and Overseas DMS Practices:** Providers of sample taking; liaison role with AF personnel, PCSS and laboratory (+ overseas colposcopy).
- **PCSS (Preston Office):** Provider of AF Cervical Screening Call/Recall services.

3. Governance Arrangements



4. Incident Management

Incident Type	England	Overseas
Practice-level	<p>DPHC Regional Screening Lead to:</p> <ul style="list-style-type: none"> - ensure SMO carries out investigation - report incident to local SIT and regional Screening QA via incident form - lead local investigation as required <p>Local SIT to manage incidents / SIs in partnership with DPHC commissioners and with QA advice</p>	<p>Overseas DMS Lead to:</p> <ul style="list-style-type: none"> - report incident to AHW SIT and WM QA via incident form. <p>Senior Medical Officer to lead local investigation as required</p> <p>AHW SIT to manage incidents /SIs SIs in partnership with Overseas DMS commissioners and with QA advice</p>
Call/Recall	<p>PCSS Preston Office to:</p> <ul style="list-style-type: none"> - report incident to Manchester SIT and NW Screening QA via incident form - PCSS to lead local investigation as required <p>?tbc to manage incidents / SIs with QA advice</p>	<p>PCSS Preston Office to:</p> <ul style="list-style-type: none"> - report incident to Lancashire SIT and NW Screening QA via incident form - PCSS to lead local investigation as required <p>?tbc to manage incidents / SIs with QA advice</p>
Lab	<p>Local lab to:</p> <ul style="list-style-type: none"> - report incident to local SIT and relevant regional Screening QA via incident form - lead local investigation as required <p>SIT to manage incidents / SIs with QA advice</p>	<p>CWPS lab to:</p> <ul style="list-style-type: none"> - report incident to AHW SIT and WM Screening QA via incident form - lead local investigation as required <p>SIT to manage incidents & SIs with QA advice</p>
Colposcopy	<p>Local colposcopy department to:</p> <ul style="list-style-type: none"> - report incident to local SIT and relevant regional Screening QA via incident form - lead local investigation as required <p>SIT to manage incidents /SIs with QA advice</p>	<p>TBC</p> <p>QA & MOD to work together to quality assure overseas colposcopy departments</p>

5. QA Standards & Process

Cervical Screening KPIs and Standards

- KPI targets and QA Standards as per National CSP Service specification (see NHSCSP Publication 20 for a complete list of QA standards).
- 14-Day-TAT:
Calculated as 'date sample taken' to date results letter printed' + 1 day added for delivery; can use this formula for overseas monitoring, knowing that delivery of results letter may take longer
- Coverage:
KC53, as per national process
- Colposcopy Targets:
 - 2-wk-waits for moderate or worse
 - Appointments within 6 weeks (date of reporting to date of first offered appointment)

QA Process

- As per local protocol with the exception of overseas colposcopy
- QA & MOD to work together to quality assure overseas colposcopy departments

6. Screening Pathways

1- COHORT IDENTIFICATION

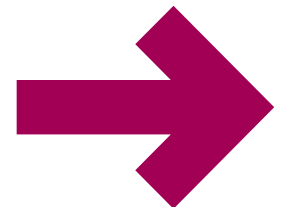
- Via PCSS Preston
- PNLs (Prior Notification Lists) to be sent to Medical Centres (MCs) via Open Exeter (OE)
- ⇒ Need hard copy backup for some overseas areas where internet connection is not reliable

2- INVITATION OF ELIGIBLE POPULATION

- Generated by MCs based on PNL
- Invite sent out by MCs (not PCSS) to individuals 4-6 weeks after PNL
- Reminder notification to DNAs at 8 weeks via MCs
- Final non-responder list after 16 weeks (PCSS to MCs; MCs to contact patients)
- 8wk and 16wk process apply to overseas as well as to England-based Centres

3- INFORMATION

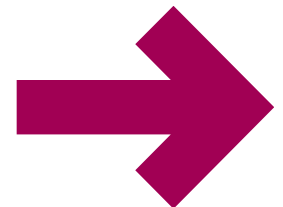
- Letter + current NHSCSP leaflet
- MOD to ensure availability of current NHSCSP leaflets in all MCs



6. Screening Pathways (cont'd)

4- SCREENING (Sample Collection)

- Sample Taker Training:
 - England-based sample takers to join local training in line with local policies and funding arrangements
 - Overseas sample takers to participate in CWPS-delivered training
 - Responsibility for training: MCs (in line with NHS GPs' responsibilities)
 - Overseas and AHW-based sample takers to follow AHW Sample Taker policy
 - CWPS to issue specific MOD PIN numbers (M + 5 digits)
 - ⇒ Need overseas alternative for lab visit (e.g., use of detailed training video?)
- Laboratory Request Forms:
 - Use of HMR101 form as preferred method, FMed 900 as alternative option
- Sample Transport:
 - Overseas Samples: Overseas to UK (BFPO)- MOD responsibility; BFPO to Lab- MOD responsibility as per existing arrangements.
 - ⇒ MOD responsible for distribution of envelopes to overseas bases
 - Local Samples: Transport to be agreed locally (e.g., courier vs. postal service, depending on volume of samples).



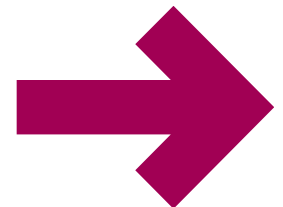
6. Overseas Screening Pathways (cont'd)

5- SAMPLE ANALYSIS

- Lab sample acceptance criteria:
 - NHSCSP Sample Acceptance Policy to be published in due course
 - Timing of sample if screening due date coincides with deployment:
 - First test: to be deferred rather than brought forward (e.g., at age 25.5 instead of 24.5)
 - Subsequent tests: only to be brought forward, where practical and appropriate (e.g., 6 month repeat can't be brought forward 6 months; inadequate repeat can't be brought forward earlier than 3 months after previous test), if previous abnormal result, otherwise to be deferred

6- REFERRAL TO COLPOSCOPY

- Overseas patients may attend overseas colposcopy departments or return to UK for colposcopy under local MOD processes



6. Overseas Screening Pathways (cont'd)

6- REFERRAL TO COLPOSCOPY (cont'd)

England-Based

- **Direct Referral process:**
 - A) Local lab sends result to MC
 - Local lab-to-colposcopy direct referral
 - Colposcopy sends appointment to MC
 - MC contacts patient
- B) Local lab sends results to PCSS (Preston)
 - PCSS generate abnormal result letter and sends to MC for onward provision to patient
- Colposcopy outcomes to be communicated by local colposcopy department to local lab

Overseas

- **Referral via Medical Centres (MCs):**
 - A) CWPS lab send result forms to MC
 - MC responsible for making referral to colposcopy in consultation with patient
- B) CWPS lab sends results to PCSS (Preston)
 - PCSS generate abnormal results letter and send to MC for onward provision to patient
- Colposcopy outcomes to be communicated by MC to CWPS lab