

Guidance for providing cervical screening within extended access services who send cervical samples to Norfolk and Norwich (NNUH) cervical screening lab

NHS England– East of England

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Setting up extended access services to provide cervical screening.

1. Ensure your local Screening and Immunisation Team is aware that you are setting up this clinic (see section 8 for SIT contact details).
2. Ensure your local laboratory is aware (see section 7 for lab contact details).
3. Ensure all your sample takers are up to date on their training (more information in section 2.3).
4. Ensure all sample takers have access to the Cervical Screening Management System (CSMS).
5. Ensure all sample takers who will be sending samples to the NNUH Laboratory are registered on the NNUH Cervical Screening Taker Database (CSTD)
6. Ensure all sample takers use the appropriate Sample Taker Code (STC) on all samples that are sent to the lab. (This code is given to sample takers when registering on the CSTD.
7. Ensure all sample takers are aware that if a sample is taken and it is rejected by the lab, then the rejection letter will be sent to the patients registered GP practice. (Please see section 6 for further detail).
8. Ensure all sample takers are aware they should keep a record of all samples they have taken and regularly check CSMS to make sure the patient has received a result.

1. Introduction

This guidance has been written to support GP extended access service providers to safely provide increased access for eligible people to the NHS Cervical Screening Programme. This guidance will also be used by other non-GP practice providers of cervical screening such as initiatives for improving access to cervical screening for homeless people or those in long term mental health facilities.

The extended access offered by GP practices/PCNs etc provides an opportunity for people to attend screening who have previously found it hard to access screening during standard GP hours. This initiative should have a positive impact on uptake and coverage of the screening programme. There are several other barriers that people experience in accessing cervical screening and the aim of this initiative is to increase GP capacity to focus on providing additional support to more vulnerable people.

There are several key considerations when setting up cervical screening within extended access services to ensure quality and safety, which this guidance will address.

The extended access service can offer increased hours to all GP practice patients. These appointments are booked via the patient's registered practice. It is assumed that all GP practices within the extended access service routinely send all their cervical samples to the same laboratory.

2. Responsibilities of the extended access service

2.1 Memorandum of Understanding

A Memorandum of Understanding (MoU) should be created between the extended access service and all participating practices to ensure provision of strong clinical leadership, clear lines of accountability and quality of work to NHS Cervical Screening Programme standards and policies. All staff involved in the service must be fully aware of their roles and responsibilities. The MoU should include:

- Joint agreement between all providers regarding failsafe mechanisms that are required to ensure safe and timely processes across the whole screening pathway.
- A robust system to ensure the patient's registered practice is informed when a sample is taken.
- The use of secure email (nhs.net) for all communications.
- Consultation with the ICB Information Governance (IG) team to ensure full compliance with UK IG, EU General Data Protection Regulations (GDPR), national and other local IG policies.
- Agreement and documentation of roles and responsibilities both within participating practices and for the extended access provision relating to all relevant elements of the screening pathway, particularly as regards to training and failsafe.
- Robust auditing and monitoring processes in place to ensure safety and quality in the service delivered.
- Access to screening results for the extended access sample takers in line with national auditing and failsafe requirements.
- Agreed transport and supply chain routes. Samples must be sent to the cytology laboratory through existing transport links.

2.2 Application for Cervical Screening

Once the MoU has been established, the local Screening and Immunisation Team (SIT), cytology laboratory and Cervical Screening Admin Service (CSAS) must be informed that the service plans to offer cervical screening (see below for contact details). Six weeks' notice is required before the 'go live' date. This is to allow time for laboratories to configure codes, set up locations on the CSTD or equivalent and perform end-to-end testing. Testing includes sample receipt, result reporting, transmitting results to CSAS, and direct referrals to colposcopy and laboratory failsafe processes. A supply route for consumables and transport route for samples from the extended access service to the lab must be created.

The extended access service should identify a primary contact who will be responsible for leading on cervical screening. A deputy should also be assigned for instances of leave or sickness.

2.3 Staff

Sample takers must be professionally registered nurses, registered nursing associates, doctors, midwives, or physician associates.

The extended access service must ensure that sample takers have undertaken all required training and are registered on the local Cervical Sample Taker Database (CSTD) with the lab/s.

In addition to initial novice training with a recognised provider, sample takers are recommended to undertake 3-yearly update training, either in person or via the online eLearning hub module (<https://portal.e-lfh.org.uk/Dashboard#>) and be aware of relevant professional guidance for cervical screening. The laboratory cannot process any samples that do not meet the national acceptance criteria: <https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories>.

Sample takers should be familiar with the operational procedures relating to cervical screening within each extended access GP practice/hub. This includes the storage and use of consumables such as the laboratory transport bags and the collection system for ensuring samples are dispatched in a timely fashion on the next transport collection. A local Standard Operating Procedure (SOP) may be beneficial, especially if there are complicated pathways or several different labs to which samples could be sent.

2.4 Cervical Screening Management System - CSMS (formerly known as Open Exeter)

The sample taker **must** be able to access the patient's cervical screening information on CSMS when taking the sample. This is in order to check a patient's eligibility for screening and to print a pre-populated sample request form (formerly known as HMR101) to accompany the sample to the lab. NB: GPs sending to the NNUH laboratory currently use a combination of CSMS to check patient eligibility and WebICE/ICE-NI to generate the electronic request and print request forms. Extended access sample takers that have no access to WebICE/ICE-NI should use CSMS to check eligibility, history and print sample request forms.

CSMS is accessed using a smartcard. Local registration authority team processes must be followed for sponsoring an individual for CSMS access, alongside allocation of CSMS Access permissions to an individual's profile in Care Identity Service (CIS).

CSMS access permissions can be allocated to clinical staff that require CSMS access identifying to the service. Where smartcards are not in use that identify to the enhanced access service, or clinical staff already have CSMS access at a GP Practices that is related to the service, please see details below. If a CSMS user has access permissions for more than one organisation, they will need to select the correct organisation when logging into CSMS.

For sample takers, trainers and mentors who are working across multiple GP practices, for example Primary Care Networks, GP Federations, GP Alliances and Enhanced Access Hubs, the Information Governance framework allows users to log into the NHS Cervical Screening Management System using any one of the relevant ODS codes and to access the patient details for any patient associated within the group of GP practices, assuming that they have a legitimate relationship with that patient. Users do not need to have an ODS code on their Smartcard for every GP practice within the group.

The ODS code for a GP Practice is needed for any clinical staff to access Notifications in CSMS for the GP Practice.

If sample takers join the extended access service who do not already have an CSMS account, the sample taker will need to contact the local Registration Authority (RA) to gain the relevant access.

It is essential that the location of where the sample has been taken is recorded on the sample request form/HMR101 accompanying the vial. This can be done by completing box 6, 'name and address of sender if not GP'. This is to ensure the cytology laboratory is aware that the

sample has been taken at an extended access service and can liaise with the service should there be any issues with the sample.

2.5 Clinical Notes

The sample taker must also have access to the patient's clinical notes from their registered practice at the consultation. They must be able to document that a sample has been taken and any other relevant information.

2.6 Reporting and Managing Incidents

It is extremely important that all incidents that occur in the cervical screening programme are reported to the Screening and Immunisation Team. All incidents should be reported as soon as they have been identified. Examples of incidents are as follows:

- Incorrect patient details sent on sample to lab
- Patient has been incorrectly ceased from the screening programme
- Patient received wrong test result

All providers of local NHS screening services in England should apply this guidance. This includes NHS trusts, NHS foundation trusts, general practitioners, and private providers. It covers managing safety concerns, safety incidents and serious incidents in screening programmes and sets out accountabilities for reporting, investigation, and management.

It should be read alongside NHS England's [NHS England » Patient Safety Incident Response Framework](#) (2022).

Cervical screening safety incidents must be reported in line with the national 'Managing Safety Incidents in the NHS Screening Programmes policy guidance' (<https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>). A Screening Incident Assessment Form (SIAF) (see Appendix 1) must be completed and sent to your local SIT.

This guidance is for staff working in NHS funded local screening services, organisations that host these services, commissioners of screening, NHSEI, screening and immunisation teams, the screening quality assurance service (SQAS), national screening programme teams, NHSEI regions and centres and local authority directors of public health.

3. Responsibilities of Registered Practices

The **registered practice** continues to have the following responsibilities:

- Ensuring the Prior Notification List (PNL) is completed weekly on CSMS.
- Providing cervical screening for people who wish to have samples taken in their registered practice.
- Booking appointments at the extended access clinics.
- Checking and acting on results.
- Contacting non-responders as per the PNL – this can be via text, letter or phone call
- Maintaining current relationship with local colposcopy unit, including direct referrals e.g. Two-week waits.
- Maintaining current relationship with laboratory.
- Following up DNAs (non-responders) to colposcopy and extended access appointments and rebooking appointments as required.

- Any failsafe enquires from the laboratory or colposcopy clinic.
- Identifying vulnerable people who might require additional support to access screening such as: those with language barriers, physical and learning disabilities, people who have been sexually assaulted, transgender patients who have a cervix.
- Promoting screening programmes to the practice population.

If a sample has been rejected by the lab, the lab will send a rejection letter to the GP practice. It is then the patients registered GP practice responsibility to inform the patient that the test has been rejected. They also need to inform the patient that another sample cannot be taken for another 3 months from the date the rejected sample was taken. The practice should ensure the patient has an appointment booked at least 3 months from the previous sample date.

4. NNUH Cervical Sample Taker Database (CSTD) and Extended Access (EA) Sample Takers

All sample takers in the East of England region must be registered on the NNUH CSTD by their main employer. EA managers should contact the CSTD helpdesk to set up their site on the database to register as the lead employer.

EA managers must check with each sample taker that they are registered and are using their unique CSTD Sample Taker Code for all cervical screening samples. The same CSTD Sample Taker Code must also be used for all samples taken at EA clinics. By using the same CSTD Sample Taker Code, sample takers can provide EA managers with their personal comprehensive CSTD performance report reflecting the quality of their sample taking.

If a sample taker is not registered on the CSTD, the sample taker must ensure their main employer (not EA manager) registers them as soon as possible.

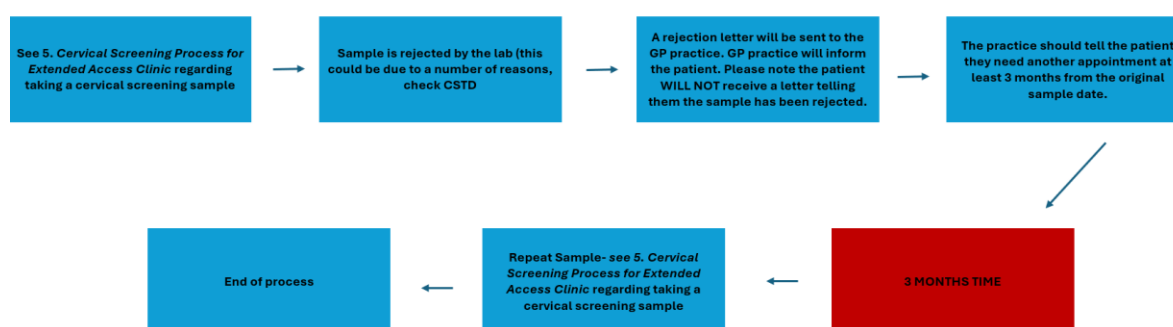
In the event that the sample taker is solely employed by the EA manager within the East of England region, the EA manager should contact the NNUH CSTD Helpdesk for assistance to acquire a CSTD code.

For all enquiries, please contact the CSTD Helpdesk: CSTDhelpdesk@nnuh.nhs.uk

5. Cervical Screening Process for Extended Access Clinic



6. Rejected Results



7. Contact Information for Laboratories, Open Exeter and the Cervical Screening Administration Service (CSAS)

The Norfolk and Norwich University Hospital Lab (covering most practices in the East of England)	Telephone: 01603 286035 Email: nnu-tr.Cytology@nhs.net
CSMS	Website: Cervical Screening Platform Cervical Screening Management System
	Contact: Contact your local RA agent to access. Practice managers should also be able to give access.
CSAS	Website: https://www.csas.nhs.uk
	Contact: https://www.csas.nhs.uk/contact-us/

8. Contact information for local Screening and Immunisation Teams

Screening and Immunisation Team	Email
East Anglia	england.ea-phsi@nhs.net
Essex	england.essexatscreening@nhs.net
Herts BLMK	england.cancerscreening@nhs.net

Appendix 1

Managing safety incidents in national screening programmes

[Managing safety incidents in NHS screening programmes - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Screening Incident Assessment Form



Screening_incident
__assessment__form

[Screening incident assessment form 2023 07 06 002 .odt \(live.com\)](https://live.com)

Please note that all cervical screening incidents should be declared to the Screening and Immunisation team as soon as it has been identified. Please see contact details for your screening and immunisation team on Page 7.

Further helpful guidance

[Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Cervical screening: cervical sample taker training - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Cervical screening: call and recall administration best practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[NHS Cervical screening: cervical sample taker training - GOV.UK \(www.gov.uk\)](https://www.gov.uk)