**Introductory Cervical Screening Drop-in – FAQs 22 June 2023**

1. **Please can we have a copy of the slides? And when is the next meeting/ how regular will the meetings be?**

The next meeting is scheduled for Wednesday 4th October at 1pm. Currently sessions are planned to run quarterly. Please find the slides for the first drop-in session here:



1. **Are there certificates for the cervical screening drop-in sessions?**

There won’t be any certificates available for attending these drop-in sessions. The sessions are not sample taker training, or part of your 3 yearly update training/CPD.

1. **Which internet browser should I use to access Open Exeter?**

From 15 June 2022, Internet Explorer 11 (IE11) will no longer be supported by Microsoft or NHS Digital. If you're still using this browser to access Open Exeter, you should switch to a modern alternative such as Microsoft Edge or Google Chrome.

All aspects of Open Exeter are compatible with modern browsers, with the exception of the use of smart cards for login. Due to the planned decommissioning of Open Exeter, the ability to login using a smartcard is being removed. If you currently use a smart card to login, please contact the Helpdesk for advice on alternatives by email: exeter.helpdesk@nhs.net or telephone: 0300 303 4034.

For further information, please visit: <https://digital.nhs.uk/services/nhais/open-exeter>

1. **Since starting work for out of hours PCN I have not been able to get access to either ICE-NI or Open Exeter?**

All sample takers need access to Open Exeter, regardless of the sample taking location.

PCNs do not need to have access to ICE-NI to request cervical samples, this can be done using the forms on Open Exeter.

Please see below guidance on how Open Exeter Primary Users can set up new users in Open Exeter.

Setting up a user:

* The primary user for your organisation can create an account within Open Exeter for other members of staff.
* Follow the below link, which explains how to create a new user:  
  [**How to manage Organisation Maintenance**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcse.england.nhs.uk%2Fmedia%2F2219%2F5-how-to-manage-organisation-maintenance.pdf&data=05%7C01%7Colivia.morgans%40nhs.net%7C63a56ab364284fb3b5f708db2e8b545d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638154948162582651%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=6IT80X304UCp8fweGrzXs%2BVxdWfm5Guhb9QUlPJvIKE%3D&reserved=0)
* Once the new user account is created, Open Exeter generates an email to PCSE, notifying us of the new user. PCSE then authorises the new user and issues them with a password
* If you are unsure who your primary user is or need a new primary user you can go here (you can check your primary user here or set a new one up):  
  [**Screening Access - Primary Care Support England**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcse.england.nhs.uk%2Fservices%2Fopen-exeter%2Fscreening-access%2F&data=05%7C01%7Colivia.morgans%40nhs.net%7C63a56ab364284fb3b5f708db2e8b545d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638154948162582651%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zWSKX7G%2BZ%2F0qOYsHyTDrK%2Fr2IX7lySoI7j5BjbLGZ88%3D&reserved=0)

1. **I need a sample taker code; how do I get one?**

The Cervical Sample Taker Database (CSTD) is a regional database (launched by NNUH cytology lab) to register all cervical screening sample takers in the East of England who send samples to NNUH.

The purpose of the database is to improve the quality and safety of the cervical screening programme.

The database offers the sample taker/employer a simple way to monitor sample reporting profiles, workload, and error rates (e.g., incomplete patient identity details/rejected samples).

The CSTD will record NMC/GMC registered professionals who are eligible to take cervical screening samples. Each sample taker will have their own secure individual account to which they can upload documentation, credentials and review their own performance.

At Stage 1: Lead Clinician/Practice Manager / Deputy Administrator must register themselves as Admin users of the CSTD.

At Stage 2: Sample Taker Registration

Once the Practice Manager has received confirmation of their registration, they can add their Sample Takers to the CSTD.

*The CSTD helpdesk will assist with*:-

* Issuing sample takers with a new, unique sample taker (ST) code.
* Issuing an email asking them to log on to the CSTD to check their details and upload training certificates; and to start using their new ST code immediately on all sample requests. The Practice Manager [‘requestor’] will receive a confirmation email when each new ST is set up.

Performance reporting will normally be available to view, the month following sample taker registration and the sample taker starting to use their new ST code; sample takers will be able to see anonymised results of the samples they have taken and use this to audit their individual performance.

[cstdhelpdesk@nnuh.nhs.uk](mailto:cstdhelpdesk@nnuh.nhs.uk)

1. **Is there a home-screening service available for eligible patients who are house-bound, or wheelchair bound?**

There are no house bound screening services available.

*‘GP practices have a duty of care to provide reasonable adjustments to allow all women and people with a cervix to participate in cervical screening. A risk assessment must be undertaken on a case by case basis to determine what support the service can provide locally. Consider arrangements for onward referral where needed.’*

We would advise that the practice does everything they can to be able to offer the screening in the practice clinical setting.

There are considerations regarding taking a cervical sample (i.e. visualising the cervix) on a patient’s own bed/own home rather than on an examination couch in a clinical setting. If you assessed that a person should be screened at home, then it would be up to yourselves as a practice to make that visit or arrange/commission it.

The following guidance is helpful:

[Topics 7 and 8: anatomy, physiology, and taking cervical samples - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topics-7-and-8-anatomy-physiology-and-taking-cervical-samples)mainly section 2, Topic 8: the practical aspects of taking cervical samples

[Cervical screening pathway requirements specification - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-pathway-requirements-specification/cervical-screening-pathway-requirements-specification)

It is also necessary to consider the ethics of screening someone who may not be able to complete the pathway. If the person has an abnormal result, then they will be offered colposcopy/may require further treatment. Colposcopy is a procedure that will need to be carried out in a clinical setting and it is important that the person is made aware of this before consenting to cervical screening.

There would be little benefit in having a cervical sample undertaken at home if they would not be able to attend hospital for further investigation or treatment.

1. **Only one person per surgery is able to have the login for Open Exeter therefore making it really hard to check smear recalls?**

Every person that takes cervical samples should have access to Open Exeter. One person per surgery is allocated as the ‘Primary User’. Primary users are able to add the sample takers in that surgery to Open Exeter and they will be given their own login details.

Setting up a user:

* The primary user for your organisation can create an account within Open Exeter for other members of staff.
* Follow the below link, which explains how to create a new user:  
  [How to manage Organisation Maintenance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcse.england.nhs.uk%2Fmedia%2F2219%2F5-how-to-manage-organisation-maintenance.pdf&data=05%7C01%7Colivia.morgans%40nhs.net%7C63a56ab364284fb3b5f708db2e8b545d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638154948162582651%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=6IT80X304UCp8fweGrzXs%2BVxdWfm5Guhb9QUlPJvIKE%3D&reserved=0)
* Once the new user account is created, Open Exeter generates an email to PCSE, notifying us of the new user. PCSE then authorises the new user and issues them with a password
* If you are unsure who your primary user is or need a new primary user you can go here (you can check your primary user here or set a new one up):  
  [Screening Access - Primary Care Support England](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcse.england.nhs.uk%2Fservices%2Fopen-exeter%2Fscreening-access%2F&data=05%7C01%7Colivia.morgans%40nhs.net%7C63a56ab364284fb3b5f708db2e8b545d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638154948162582651%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zWSKX7G%2BZ%2F0qOYsHyTDrK%2Fr2IX7lySoI7j5BjbLGZ88%3D&reserved=0)

I have been locked out of Open Exeter and need help:​​​​​​​​​​​​​​

* Your primary user is able to reset your password. Here is a link to a guide to show them how to do this: [1-how-can-you-reset-my-password.pdf (england.nhs.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcse.england.nhs.uk%2Fmedia%2F2356%2F1-how-can-you-reset-my-password.pdf&data=05%7C01%7Colivia.morgans%40nhs.net%7C63a56ab364284fb3b5f708db2e8b545d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638154948162582651%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Ce6yVjWIs3tyqsF%2BXyEZylZUB8a0GvDGudiqwv%2BFpI4%3D&reserved=0)
* If you are unable to find who your primary user is - please see the previous advice, or email: [pcse.openexeter@nhs.net](mailto:pcse.openexeter@nhs.net)

1. **Please can you share the previous EoE cervical screening updates?**



Latest version:



1. **Please share Locum guidance for cervical sample takers.**



1. **Screening and Immunisation Teams contact details:**

* East Anglia
  + Screening: [england.ea-phsi@nhs.net](mailto:england.ea-phsi@nhs.net)
  + Immunisations: [england.eaimms@nhs.net](mailto:england.eaimms@nhs.net)
* Essex-
  + Screening: [england.essexatscreening@nhs.net](mailto:england.essexatscreening@nhs.net)
  + Immunisations: [essexatimms@nhs.net](mailto:essexatimms@nhs.net)
* HBLMK
  + Cancer screening:[england.cancerscreening@nhs.net](mailto:england.cancerscreening@nhs.net)
  + Non cancer screening: [england.screening1@nhs.net](mailto:england.screening1@nhs.net)
  + Immunisations: [england.immsqa@nhs.net](mailto:england.immsqa@nhs.net)
* Further information can be found- [NHS England — East of England » Useful contacts](https://www.england.nhs.uk/east-of-england/useful-contacts/)

1. **Does it matter who has access to Open Exeter and uses it for admin tasks e.g. checking patients history, PNLs etc**

Admin staff can have access to Open Exeter to complete administrative tasks linked to the cervical screening programme, however it should always be someone clinical making any clinical decisions regarding cervical screening.

1. **If we work across multiple surgeries will we need to be added to Open Exeter separately at each surgery? Can we use the same sample taker code?**

Sample takers will need Open Exeter access at each location they work at to enable them to see the patients registered at that location – so they need to be added by each GP practice primary user.

The same cervical sample taker code (issued by the lab) should be used across locations.

1. **We can’t use ICE in our extended access service so we use the forms from Open Exeter, will there be an alternative on the new system?**

The NHS Cervical Screening Management System (CSMS) and NNUH ICE/-NI system will still be separate systems. Extended access can continue to use request forms from CSMS.

1. **Who at the surgery will receive information on patients sent from colposcopy? I haven’t been receiving any information.**

If you aren’t receiving information from colposcopy, please contact the relevant colposcopy service to ensure they have the correct contact details for your surgery and they are sending the information to the correct nominated person within your surgery.

1. **Will the new CSMS include call and recall for transgender patients?**

The new system will allow people registered as non-female with their GP practice to opt-in to the programme and be added to call/recall system.

1. **Who should be dealing with failsafe letters? Should it be a smear taker?**

Yes, sample takers are responsible for dealing with failsafe letters/enquiries from the lab. More information on failsafe processes can be found here: [Cervical screening: cytology reporting failsafe (primary HPV) - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cytology-reporting-failsafe/cervical-screening-failsafe-guidance#failsafe-in-primary-care)

1. **If a patient had a positive HPV test and was asked to have a repeat smear in 12 months and turned up 2 months before the due date can the smear be taken?**

2 months early is acceptable. Samples taken more than 3 months before an individual’s next test due date will be considered out of programme and rejected by the lab if they are:

* a routine recall
* an early repeat test in 12 months following an HPV positive/cytology negative test
* a follow up test after colposcopy or treatment

1. **I was given a smear code in 2008 and have not used it in sometime, and now it is no longer accepted. Do I need to re-train and get a new code?**

Please see guidance on returning to sample taking after an extended period of absence:

[Education pathway - GOV.UK (www.gov.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcervical-screening-cervical-sample-taker-training%2Ftraining-for-cervical-sample-takers-education-pathway%23%3A~%3Atext%3DRequired%2520update%2520training%2520for%2520cervical%2Cprogramme%2520requirements%2520for%2520update%2520training.&data=05%7C01%7Colivia.morgans%40nhs.net%7C9229a6f32a824f007a6908db1e625f73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638137180066523597%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=p8uQc9%2By99P5Eqv2mqGomx7BC%2FjS3NzSqCMrGpYczFU%3D&reserved=0)

Upon returning to practice, the healthcare professional trained in cervical screening (sample taker) should contact the cervical screening laboratory to check the status of their pin or code number and if there has been any subsequent change to the liquid based cytology (LBC) system previously employed. They should then follow the relevant course of action detailed below.

**For an absence of 12 months and less than 5 years**

The sample taker must:

* complete the [cervical screening update eLearning](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-lfh.org.uk%2Fprogrammes%2Fnhs-screening-programmes&data=05%7C01%7Colivia.morgans%40nhs.net%7C9229a6f32a824f007a6908db1e625f73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638137180066523597%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NUTBQt0DMhyi2cgx7y2HfOk7W4jRvjA%2BXqMkyzqiKWo%3D&reserved=0) which provides information on the entire programme pathway including failsafe responsibilities and pathway changes
* complete [eLearning for health primary HPV screening for sample takers](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-lfh.org.uk%2Fprogrammes%2Fnhs-screening-programmes%2F&data=05%7C01%7Colivia.morgans%40nhs.net%7C9229a6f32a824f007a6908db1e625f73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638137180066523597%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4S9FpvnjD2dpLQ7TZbZRiPyQluhSDKdX5oSkvLULBT0%3D&reserved=0)
* have 2 sample-taking sessions peer reviewed to confirm competency

**For an absence of 5 years or more**

The sample taker must:

* complete the [cervical screening update eLearning](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-lfh.org.uk%2Fprogrammes%2Fnhs-screening-programmes%2F&data=05%7C01%7Colivia.morgans%40nhs.net%7C9229a6f32a824f007a6908db1e625f73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638137180066523597%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4S9FpvnjD2dpLQ7TZbZRiPyQluhSDKdX5oSkvLULBT0%3D&reserved=0) which provides information on the entire programme pathway including failsafe responsibilities and pathway changes
* complete [eLearning for health primary HPV screening for sample takers](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.e-lfh.org.uk%2Fprogrammes%2Fnhs-screening-programmes%2F&data=05%7C01%7Colivia.morgans%40nhs.net%7C9229a6f32a824f007a6908db1e625f73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638137180066523597%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=4S9FpvnjD2dpLQ7TZbZRiPyQluhSDKdX5oSkvLULBT0%3D&reserved=0)
* have 5 sample-taking sessions peer reviewed to confirm competency

An experienced sample taker who meets national standards and fulfils their professional obligations for CPD can undertake peer review. The sample taker’s employer should manage any concerns raised in connection with meeting competency requirements.

You will need to speak to the laboratory to ensure you are using the correct code or are given a new one. You will also need to ensure you have the correct access to Open Exeter. More details above.

**Cervical Screening Drop-in Session- Wednesday 4th October 2023- Q&A**

Please note for reference:

CSTD- Cervical Sample Taker Database

CSMS- Cervical Screening Management System

1. **Are there further sessions like this planned?**

Answer 1- These sessions are planned to be every 3 months, the next session is planned for Wednesday 7th February, dial in details for event is included in the drop-in session flyer.

1. **- How long before a cervical sample is taken does a patient have to stop vaginal pessary?**

Answer 2- We appreciate that the ‘Helping you Decide’ leaflet states 2 days and the guidance from NNUH lab is 2 weeks. NNUH guidance is based on advice from Gynaecologists for best practice. Generally, patients are advised to use the topical oestrogen treatment for 2-4 weeks and leave a gap of 1-2 weeks before taking a sample. The effect of the oestrogen treatment lasts for weeks, and the gap is advised to help avoid contamination in the screening samples.

1. **-Can you confirm what date Open Exeter will finish and if the safe facility for checking a pts last smear result and if they are eligible.**

Answer 3- Clear communication will be sent to all sample takers on when Open Exeter is no longer in use. The Cervical Screening Management System (CSMS) will immediately replace Open Exeter. The current plan is for the CSMS to be up and running March/April 2024. Furter communication will be sent out closer to the time. In the meantime, please carry on using Open Exeter and checking patients’ history and eligibility for screening.

1. **- Is it acceptable to just use water as lubricant when taking a cervical screening sample?**

Answer 4- Yes. The NNUH Cytology guidance states Lubricate the speculum with warm water (if further lubrication is required, a pea sized amount of **Comfigel, KY jelly or PELIjelly** can be used on the body of the speculum only, Aqua Gel, Sutherlands and Optilube MUST NOT be used as they block the processing filters and detrimentally affect the quality of the sample, Surgigel and Medilube are untested for use in cervical screening and therefore should not be used).



***Please note this document is regularly updated and you can find the most up to date documents on the CSTD.***

1. **Is there a minimum number of cervical samples that a sample taker needs to take per year to maintain competence?**

Answer 5- No there is no minimum number of samples that need to be taken per team to maintain competence. However, there is guidance on maintaining competencies- [NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers#trained-sample-takers)

A screenshot of a test

Description automatically generated

There is also guidance for ‘Returning to sample taking after a period of absence’ See section 3.23 of the [Education Pathway - Returning to sample taking after an extended period of absence](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway#education-pathway).

1. **Can practice nurses refer patients to gynae team if a polyp is seen during cervical screening?**

Link to guidance- [Topics 7 and 8: anatomy, physiology, and taking cervical samples - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topics-7-and-8-anatomy-physiology-and-taking-cervical-samples)

A white background with black text

Description automatically generated

1. **How do I set up a log in for the CSTD?**

Answer 7- the practice manager should be able to set up all sample takers on the CSTD. Please see presentation for further information on the CSTD. For further help and support to get set up please contact [cstdhelpdesk@nnuh.nhs.uk](mailto:cstdhelpdesk@nnuh.nhs.uk)

1. **Has there been any changes to who can take cervical samples?  Can health care assistants undertake the training?**

Answer 8- currently the guidance states the following individuals can train in sample taking:

* registered nurse
* registered nursing associates\*
* registered midwives
* physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR)
* registered healthcare professionals working in integrated sexual health (ISH) clinics.
* registered paramedics working in primary care\*\*
* General Medical Council (GMC) registered medical doctors licenced to practice in the UK.

please refer to section 3.1 for further guidance: [Education pathway - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway)

1. **How do I access the training for sample taking?**

Answer 9- There are several training courses across East of England, we recommend contacting your training hub who will identify training in your area.

1. **Should the cervical screening brushes that are provided by NNUH free of charge be all the sample takers would need, when would they need to use Cervex-Brush (these are purchased by the practice)**

Answer 10- please refer to [Topics 7 and 8: anatomy, physiology, and taking cervical samples - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topics-7-and-8-anatomy-physiology-and-taking-cervical-samples)

A screenshot of a computer

Description automatically generated

1. **Will the CSTD have patients cervical screening history and information on it, or will we still need to check Open Exeter?**

Answer 11- The CSTD does not hold patients’ history, sample takers will need to check Open Exeter (CSMS from April 2024) for patients’ history and eligibility check.

1. **Do I need to get a sample taker code as a practice nurse taking cervical samples or is my NMC number enough? if so, how do I do this?**

Answer 12- we advise all sample takers to use the sample taker code that is generated when a sample taker is registered on the CSTD. This is so all samples that are taken under the sample taker code can be audited via the CSTD by the sample taker, practice manager or the lab. You are issued a sample taker code once you are registered on the CSTD. Your practice manager will be able to register all sample takers on the CSTD. If your practice manager is unaware of how to do this, please share the CSTD presentation with them or contact [cstdhelpdesk@nnuh.nhs.uk](mailto:cstdhelpdesk@nnuh.nhs.uk) for further help.

1. **As the training provider, we issue the CSTD code after the 2-day training - is this ok or does this need to be the PM?**

Answer 13- Either a training provider or a practice manager can register a trainee sample taker on the CSTD.

1. **I have been registered on this site for a long time and have never had any reports added to my page, is this due to our admin not adding them?**

Answer 14- If sample takers are not able to see any data/report available to their profile it is because they are not using their correct code. There is a report available ‘Practice Performance Report’ for Practice Managers /Administrator via ‘Data Uploading/ Reports Practice manager –it provides the details of all the sample takers who are not using the correct code.

1. **Can we have more than one Admin account for the CSTD?**

Answer 15- Yes- We recommend two people in the practice set up in the CSTD as Administrators [Practice Manager + a ‘nominated deputy’]. Deputy Administrator can also apply for self- access to the link [https://cstd.ice-ni.nnuh.nhs.uk](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcstd.ice-ni.nnuh.nhs.uk%2F&data=05%7C01%7Cleanne.mann3%40nhs.net%7C31c6de78f92a4f29d3b408dbe1d32df2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638352069348927825%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=G%2FpZ2%2FmIib1vClZdqL5L1WQyWFT9zeJoSlzhOtx0O54%3D&reserved=0) . They will be notified via an email notification once their account is approved.

1. **Will the CSTD dashboard work in the same way for a hub that has patients from several surgeries attending?**

Answer 16- There is no patient information available on CSTD – Sample Takers can view their performance report if they are using valid CSTD code, regardless of whether they are working at a GP practice or an extended access clinic.

**Cervical Screening Drop-in Session- Wednesday 7th February 2024- Q&A**

Call/ Recall

Q – One of my patients is over 50 and is being recalled after 3 years following negative smear results?

A - These flowcharts (illustrations and text descriptions) describe the care pathway for NHS cervical screening: Cervical screening care pathway - GOV.UK (www.gov.uk)

If you are unsure whether your patient has received the correct recall, please raise a general query via CSAS’s website here: [Contact-us · CSAS](https://www.csas.nhs.uk/contact-us/)

Cervical Screening Management System (CSMS)

Q - We currently have no practice to sort requirements for the CSMS, can you send the info to all practice staff?

A - You can sign up for CSMS updates and notifications here:

<https://crm.digital.nhs.uk/clickdimensions/?clickpage=7z7ifdayeey25gaisacecg>

Guidance on the CSMS can be found here: [Guidance for system users - NHS Digital](https://digital.nhs.uk/services/screening-services/national-cervical-screening/new-cervical-screening-management-system/actions-for-system-users?_cldee=EOxo2e4LO0_t7L1YyPRU9slr-CDZAxD-LKm-GUiy4MBivxfN4cMwam9UP-yjZMXh&recipientid=contact-e1b56044ceeeeb1194ee000d3a87413f-17373104a2544937bf9289abf3c0b69d&esid=ec68aa9d-18cf-ee11-9079-002248c6ac26#csms-access-check-)

The CSMS is not yet live, and you should continue to use Open Exeter to ensure patients are eligible for screening and review their history. But, you can now check your access to the new system here: [Cervical Screening Platform | Cervical Screening Management System](https://cervicalscreening.nhs.uk/?_cldee=EOxo2e4LO0_t7L1YyPRU9slr-CDZAxD-LKm-GUiy4MBivxfN4cMwam9UP-yjZMXh&recipientid=contact-e1b56044ceeeeb1194ee000d3a87413f-17373104a2544937bf9289abf3c0b69d&esid=ec68aa9d-18cf-ee11-9079-002248c6ac26#/).

Should you have any questions or require further assistance, please contact the CSMS Implementation Team at [screening.implementation@nhs.net](mailto:screening.implementation@nhs.net)

Q - Is there specific training for admin staff for the CSMS?

The training for both administrative staff and Sample Takers will be made available on the NHS Learning Hub soon.

Q - Will sample takers be emailed directly regarding training?

A – If you are signed up for CSMS updates, you will receive information about training directly. The most recent update on training was sent out this week, and said:

*All staff who deliver NHS Cervical Screening Programme services and need to use the system, now need to take two key actions:*

1. ***carry out a check to confirm if you can access CSMS****. The access check will not enable you to use CSMS yet, it is to check you have the right permissions to access it when it does go live. You can check your access* [***here***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Felinkeu.clickdimensions.com%2Fc%2F7%%2FvHTw2FQ0MMzDEen9U3KXUg&data=05%7C02%7Colivia.morgans%40nhs.net%7C1fa30549b22c4d74c60f08dc3d1cef17%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638452441683626166%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=jo8baO1XXgByEu8OlnSDrpiftuNbDV55nY2t3x23Nco%3D&reserved=0) *and this* [***guidance***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Felinkeu.clickdimensions.com%2Fc%2F7%_X2NsZGVlPVgzeFlIWHcyS2JZd1ZQNEd3dXpPX2JHWWZfaEkycW92U2ctMWVLTU40NVpPMG9lYncxTjlYQVNaQldGSmlBQzUmcmVjaXBpZW50aWQ9Y29udGFjdC1lMWI1NjA0NGNlZWVlYjExOTRlZTAwMGQzYTg3NDEzZi01MmU1MzU3MGRkMjc0OWYzODM1ODk1OGM2NGY2ZGIxZSZlc2lkPTEyMDc1MGE0LWQ5ZGEtZWUxMS05MDRkLTAwMjI0OGM4NzcyOCJ9%2FHKoE2NCHaMnIMEjZQbID6g&data=05%7C02%7Colivia.morgans%40nhs.net%7C1fa30549b22c4d74c60f08dc3d1cef17%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638452441683631985%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Wj5MOjc5bfYWI%2B8v2xK0pJSs7VgQwKbO%2BcW%2FGVOutak%3D&reserved=0) *will support you.*
2. ***complete CSMS training*** *– the first of two modules is now live on the* [***Learning Hub***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Felinkeu.clickdimensions.com%2Fc%2F7%2FeyJhaSI6NTgyNTUzNzksImUiOiJvbGl2aWEubW9yZ2Fuc0BuaHMubmV0IiwicmkiOiJjb250YWN0LWUxYjU2MDQ0Y2VlZWViMTE5NGVlMDAwZDNhODc0MTNmLTUyZTUzNTcwZGQyNzQ5ZjM4MzU4OTU4YzY0ZjZkYjFlIiwicnEiOiJwMS1iMjQwNjUtN2IyOTNiYTlhNzMyNDA0ZWI3MjYzY2RlNDk5YWNkZDUiLCJwaCI6bnVsbCwibSI6ZmFsc2UsInVpIjoiMiIsInVuIjoiIiwidSI6Imh0dHBzOi8vbGVhcm5pbmdodWIubmhzLnVrL1Jlc291cmNlLzQ3NDg1L0l0ZW0_X2NsZGVlPVgzeFlIWHcyS2JZd1ZQNEd3dXpPX2JHWWZfaEkycW92U2ctMWVLTU40NVpPMG9lYncxTjlYQVNaQldGSmlBQzUmcmVjaXBpZW50aWQ9Y29udGFjdC1lMWI1NjA0NGNlZWVlYjExOTRlZTAwMGQzYTg3NDEzZi01MmU1MzU3MGRkMjc0OWYzODM1ODk1OGM2NGY2ZGIxZSZlc2lkPTEyMDc1MGE0LWQ5ZGEtZWUxMS05MDRkLTAwMjI0OGM4NzcyOCJ9%2FLaRmV3RGPnOJm-F7TEQXcg&data=05%7C02%7Colivia.morgans%40nhs.net%7C1fa30549b22c4d74c60f08dc3d1cef17%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638452441683637970%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=EFGbmFbChi0mPYlaqnJxXOuIh1ER3%2BH0FSfgdWeETVc%3D&reserved=0) *(you can use your e-Learning for Health login to access).  Training must be completed before using the new CSMS. For more information please visit the* [***website***](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Felinkeu.clickdimensions.com%2Fc%2F7%%2FYsvDpJqLiGuhbnHT0B2Z4Q&data=05%7C02%7Colivia.morgans%40nhs.net%7C1fa30549b22c4d74c60f08dc3d1cef17%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638452441683645555%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=lRX4rRkwNBNhelW9xm0ysdr9iefaJ0J7Ip4dsOE%2FUtk%3D&reserved=0)*.*

There will be formal communications confirming when Part 2 of the training is available on the NHS Learning Hub.

Q - How long will the training be live for?

A – Part 2 of the training will be made available approximately 5 weeks before CSMS goes live.

Q - Do we need a current Open Exeter login to be able to access the CSMS?

A - All areas should have Open Exeter already, however if not in place for when CSMS is up and running, this will not stop you from getting access.

If you do not have access to Open Exeter, please visit the PCSE website here [Open Exeter user management cervical screening | PCSE (england.nhs.uk)](https://pcse.england.nhs.uk/services/open-exeter/open-exeter-user-management-cervical-screening)

You can log in to Open Exeter here <https://nww.openexeter.nhs.uk/nhsia/index.jsp>

Q - Which role will users need to access the Notifications? Clerical Access or Admin?

A - Both clerical and admin roles can access Notifications on CSMS, as long as the ODS code for the practice is on their smartcard associated with cervical screening.

Q - Can CSMS identify transgender patients or will it still be the GPs responsibility to call these patients in for screening

A – A solution which will allow a non-female participant to be added to call and recall via the CSMS is being trialled.

Novice Sample Taker Training

Q – Please can you provide the training provider details for sample takers?

**A - Novice cervical screening/ cytology training providers in the East of England**

**The EoE Screening and Immunisation Teams do not fund or endorse any of these courses, we advise you do your own research.**

(sometimes cervical screening is part of a ‘fundamentals in practice nursing’ course)

**Anglia Ruskin University**

[University courses at ARU | Anglia Ruskin University - ARU](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.aru.ac.uk%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861751068%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=brz2GWUU6yfZXYtKV%2FQy%2Fo%2F1XmA8lCo%2BuX6ka7AsYtg%3D&reserved=0)

**University of Essex**

[Fundamentals of General Practice Nursing - Level 6 | University of Essex](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.essex.ac.uk%2Fshort-courses%2FHS568%2F6%2Ffundamentals-of-general-practice-nursing&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861751068%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Ffe9%2Bb%2FxiheXtxKPCwfvYGazcuColJSj17CsFqQG3lU%3D&reserved=0)

**University of Hertfordshire**

[University of Hertfordshire (herts.ac.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.herts.ac.uk%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861751068%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ECQfSbPBOb9Ep7Vgki%2FyIkfooO0o0eyq3btq%2FM4XkF4%3D&reserved=0)

**Clinical Training ltd**

[Training for nurses | Clinical Training Ltd.](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.clinicaltrainingltd.co.uk%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861751068%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=PpmV0sXHuyXQ1pJlgAg3O%2FE4lD7jsk8HdBJLM1V%2BzOw%3D&reserved=0)

**North of England Pathology Screening and Education Centre**

[NEPSEC – North of England Pathology and Screening Education Centre](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nepsec.org.uk%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861907317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Un%2Fhw6vZ5d%2FFuUQQ7flrzBq3JkZcjdgKhJvjYyF9BM0%3D&reserved=0)

**Equip**

[www.essexequip.co.uk](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.essexequip.co.uk%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861907317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=TTMbgsRlSIbnikuxbTsh9QDogCr%2BmMeqafQ3qynXJEo%3D&reserved=0)

**Suffolk GP Fed**

[GP Federation Suffolk Events | Eventbrite](https://www.eventbrite.com/o/gp-federation-suffolk-51716336873)

**London Regional Cytology Training Centre**

[Cytology Courses | LRCTC](https://gbr01.safelinks.protection.outlook.com/?url=http%3A%2F%2Flrctc.org.uk%2Fcourses%2F&data=05%7C02%7Chayley.mccarthy%40nhs.net%7Cc37de9d7abc34fabde1908dbfff08e73%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638385180861907317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=7HcepwHBAZiXp8WTJURvDwflBEcNUY7fDTkQmq3muog%3D&reserved=0)

Q - Can a TNA student start Cervical Screening Training before they are qualified?

A - 3.1 Eligibility of health professionals to train as sample takers here: [Education pathway - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway)

Cervical Screening Newsletter

Q - How do we get access to the cervical screening update newsletter?

A - The newsletter is sent to your ICB for further dissemination. Please ensure your ICB has up to date contact details for your practice.

Previous cervical screening newsletters:

      

Previous cervical drop in session Q&As

 

**Q and A’s from cervical screening drop-in support session 15/05/2024**

**Cervical Screening Management System (CSMS)**

1. *When is CSMS go live?*

A – The exact go-live date has not yet been announced but is scheduled for late June. As soon as it is confirmed this will be communicated to everyone through the usual routes. You can also sign up for CSMS updates here: <https://crm.digital.nhs.uk/clickdimensions/?clickpage=7z7ifdayeey25gaisacecg>

1. *When is the second part of the CSMS training going to become available?*

A – Part 2 is now live, all sample takers must complete the CSMS training – [Part 1 Introducing the new CSMS](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flearninghub.nhs.uk%2FResource%2F47485%2FItem&data=05%7C02%7Clucy.blatch%40nhs.net%7Cb990d45e2eea447250be08dc7b3c6b9c%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638520746630728069%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=%2FIIEtAUi9bRUm9gXoqQaYS%2Fjx3XzmNEQvcKodkcZ8Ig%3D&reserved=0) and [Part 2 Using the new CSMS](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Flearninghub.nhs.uk%2FCatalogue%2FUsing-The-New-NHS-Cervical-Screening-Management-System&data=05%7C02%7Clucy.blatch%40nhs.net%7Cb990d45e2eea447250be08dc7b3c6b9c%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638520746630735456%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=EP7pR0L%2FRaCLRyHnggUhN4lNiJvvonlS8kNVvQSYuo4%3D&reserved=0) on the Learning Hub (to access, use your e-Learning for Health login). Training must be completed before using the new CSMS.

1. *Can we get support with setting up with CSMS - our manager is not sure about how to get this organised in terms of logins and allowing access with smartcards?*

A - The team at [screening.implementation@nhs.net](mailto:screening.implementation@nhs.net) can help with CSMS set up

1. *Q - We have an IT issue at present with ICE -NI [Norfolk and Norwich] and cannot print the purple forms. They are looking to rectify it but we are having to print the Open Exeter form to send with the samples. What do we do when Open Exeter is decommissioned and can no longer print the forms if this happens again.*

A - You will be able to print pre-populated HMR101/ smear request forms in CSMS if you are having problems with ICE/ICE-NI. Please ensure the reason for using a HMR101 form is included.

1. *Q - How do we check that we are all set up ready for the CSMS go live?*

A - You can check your access at : <https://digital.nhs.uk/services/screening-services/national-cervical-screening/new-cervical-screening-management-system/cervical-screening-management-system-access-check>

1. *Q - If you work for PCN outside of normal work area – how will this affect access to CSMS?*

A - There is no segregation (other than defence medical services) so patient information can be accessed regardless of area.

1. *Q - If the CSMS go live/ update happens over a weekend how will this affect screening over the weekend and access to systems?*

A - No information at present but will communicate this before Go live.

***CSMS training***

1. *Q - When will training for CSMS be available? –* See question 2
2. *Q - if you have an eLFH account is it the same access details for NHS Learning Hub?*

A – yes, can access here - [Catalogue (learninghub.nhs.uk)](https://learninghub.nhs.uk/catalogue/Introducing-the-new-NHS-Cervical-Screening-Management-System)

**Cervical Sample Taker Database and unique codes for NNUH lab**

1. *Contact for help with obtaining CSTD codes or adding people?*

A - please contact [CSTDhelpdesk@nnuh.nhs.uk](mailto:CSTDhelpdesk@nnuh.nhs.uk)

**Other**

**Lubricants**

1. *We have been using PELIjelly as lubricant, but I notice it has Carbomer in it which I thought could cause problems on the slides-we haven't had any problems with our samples as far as I know-can you advise please- do you have a list of preferred lubricants that you advise us to use?*

A – Ideally lubricate the speculum with warm water however if further lubrication is required, a pea sized amount of Comfigel, KY jelly or PELIjelly can be used on the body of the speculum only. Aqua Gel, Sutherlands and Optilube MUST NOT be used as they block the processing filters and detrimentally affect the quality of the sample, Surgigel and Medilube are untested for use in cervical screening and therefore should not be used.

**Smear pot holder**

1. *Where can we get smear pot holders from?*

A - Request by sending details to [sara.casson@nnuh.nhs.uk](mailto:sara.casson@nnuh.nhs.uk).

1. *What do people advise regards oestrogen gel? do you say use up to the day of cervical screening or stop a few days prior?*

We are aware that the “helping you decide “ leaflet advises stopping for 2 days before the sample but the lab guidance suggests 2 weeks. This guidance is historical advice from gynaecologists as best practice to avoid contamination of the screening sample. The lab would not reject a sample on this basis however it is advised that patients use topical oestrogen treatment for 2-4 weeks and leave a gap of 1-2 weeks before taking a sample. The effect of the oestrogen treatment lasts for weeks.

1. *Q - The transport bags have recently changed at NNUH cytology lab. When will new Cytology bags be supplied? NORFOLK AND WAVENEY AREA ONLY*

A - The cytology transport bags changed in April **for the Norfolk & Waveney area only**. All N&W surgeries should now have received a supply of the purple bags. The lab have been contacting practices regarding incorrect bag usage & giving details on how to get the new colour bags. The drivers should also have a supply. Can be ordered by e-mailing [NNUHCytologyConsumables@nnuh.nhs.uk](mailto:NNUHCytologyConsumables@nnuh.nhs.uk)

(See pic below)

A collage of several samples of samples

Description automatically generated with medium confidence

**Domiciliary Screening**

1. *Q – Would you offer home visiting for house bound women needing cervical screening?*

A - The official line from the NHS Cervical Screening Programme [NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers#equality-of-access-to-cervical-screening) is as follows:

*‘GP practices have a duty of care to provide reasonable adjustments to allow all women and people with a cervix to participate in cervical screening. A risk assessment must be undertaken on a case by case basis to determine what support the service can provide locally. Consider arrangements for onward referral where needed.’*

We would advise that the practice does everything they can to be able to offer the screening in the practice clinical setting.

There are considerations regarding taking a cervical sample (i.e. visualising the cervix) on a patient’s own bed rather than on an examination couch in a clinical setting. If you have assessed that a person should be screened at home, then it would be up to yourselves as a practice to make that visit or arrange/commission it.

It is also necessary to consider the ethics of screening someone who may not be able to complete the pathway. If the person has an abnormal result then they will be offered colposcopy/may require further treatment. Colposcopy is a procedure that will need to be carried out in a clinical setting and it is important that the person is made aware of this before consenting to cervical screening. There would be little benefit in having a cervical sample undertaken at home if they would not be able to attend hospital for further investigation or treatment.

There are resources available to support the screening of patients who are particularly anxious for any reason- please see: [Cervical screening: support for people who find it hard to attend - GOV.UK (www.gov.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcervical-screening-support-for-people-who-find-it-hard-to-attend&data=05%7C01%7Chayley.mccarthy%40nhs.net%7C848c57ebfdc04d2a47b108dac87fa413%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638042747778515523%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bOVbcrNaUJtjtKY8Rvka6RLMvp%2FyIP1GNlig0Mt4KIo%3D&reserved=0)

1. *Can you please tell me how to ask for referral to alternative colposcopy clinic if screening shows it is needed?*

A – The GP surgery needs to make the referral to the alternative colp unit if requested.

1. *Would it be the Practice manager to access Open Exeter to check and ensure correct email address for surgery? I have logged onto Open Exeter and can’t find where to see if we have correct email address?*
2. Please contact PCSE for any Open Exeter queries: [Contact us | PCSE (england.nhs.uk)](https://pcse.england.nhs.uk/contact-us)
3. *I was told I should keep a personal audit of samples I have taken, is this really necessary as results are coded and updated to the patient notes by admin team?*

All sample takers should keep a record of patients they have screened and ensure that results are entered onto the call and record system. If you are concerned that a patient’s samples has not been reviewed, you should follow-up with the lab.

**Q and A’s from Cervical Screening Drop-In Support Session 25/09/2024**

Discussion at the drop in sessions included:

* **SIT Intro and Housekeeping Reminders.**
* **Service Update and Reminders**
* **Suffolk GP Federation- increasing the uptake of cervical screening across Suffolk and North East Essex.**

**Questions and Answers from the drop in session**

***1.Please could you advise on how to cease patients from invitation, has it changed since introduction of CSMS?***

* There has been no change to ceasing since the CSMS was rolled out. There is guidance on ceasing- [Ceasing and deferring women from the NHS Cervical Screening Programme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme)
* You can cease a patient two ways; via your PNLs or via an upload to the CSAS website.
* If a patient would like to opt out of cervical screening due to ‘Patient informed Choice' an online form for patients to cease themselves can be found at: <https://www.csas.nhs.uk/forms/screening-cease-opt-out-patient/#:~:text=If%20you%20are%20a%20patient%20and%20wish%20to%20submit%20your>
* There is also a form that can be submitted by GP practices to cease patients:

[Screening - Cease/Opt Out - Submitted by GP Practice / Colposcopy Clinics - NHS Cervical Screening Administration Service (csas.nhs.uk)](https://www.csas.nhs.uk/forms/screening-cease-opt-out-gp-practice-colp/)

***2: There was a trial for patients to self-testing. Was this as sensitive? Likely to be rolled out?***

* We are still awaiting results of the national trial to validate self-sampling devices. There will be a further national self-sampling study starting later in the year/early next year.
* The results of a London HPV self-sampling study can be found here - [Self-sampling HPV kits could screen an extra million people for cervical cancer | King's College London (kcl.ac.uk)](https://www.kcl.ac.uk/news/self-sampling-hpv-kits-could-screen-an-extra-million-people-for-cervical-cancer)
* Once we have a further update on self-sampling we will have a dedicated drop in session.

**3. *Could you please advise on how to work with the list under 'Patients to Review/Ceased'?***

* A user guide for CSMS can be found on their website. Specifically, there is guidance for ceasing patients and reviewing patient lists at [Notifications - NHS England Digital](https://digital.nhs.uk/services/screening-services/national-cervical-screening/new-cervical-screening-management-system/user-guide/notifications).

***4. Does condom use completely protect against HPV transmission or does the intimate skin to skin contact still lead to transmission?***

* Studies have shown that condoms reduce the risk of HPV infections but are not completely protective. Condoms do not provide complete protection against HPV because they do not cover all the possible infection sites, which include the genital area, anus and mouth. This does not mean they should not be used. While condoms are not fool proof, they provide the best available protection, especially for those who have multiple sexual partners.

**5. You mention invitation letters are sent out 6 weeks before they are due. Previously the labs have advised a test can be done 12 weeks before they are due. Has this now changed to 6 weeks?**

* The laboratory checks on CSMS if the GP surgery has been notified via PNL. This is usually around 12 weeks before the next test due date.  The laboratory would accept the sample (with the exception of previous inadequate results which repeat screening must be a minimum of  3 months since last test). There has been no change to practice at Norfolk and Norwich cytology lab.

**6. If women are with a long term partner- then is it passed on between partners? How do they stop passing it between themselves?**

* Most sexually active couples share HPV until the immune response suppresses the infection.
* Partners who are sexually intimate only with each other are not likely to pass the same virus back and forth.
* When HPV infection goes away the immune system will remember that HPV type and keep a new infection of the same HPV type from occurring again. However, because there are many different types of HPV, becoming immune to one HPV type may not protect you from getting HPV again if exposed to another HPV type. (Response from National Cervical Cancer Coalition).

***7*. Can patients be a carrier of HPV?**

* HPV can lay dormant for many years after you contract it, and you may never experience symptoms. It is so common that most people who are sexually active will get it at some point and not realize they have it.
* Most cases of HPV clear within 1 to 2 yrs. as the immune system fights off and eliminates the virus from the body. After that, the virus disappears and it can’t be transmitted to other people.
* In extreme cases, HPV may lay dormant in the body for many years or even decades. During this time, the virus is always reproducing within cells, and it can spread even if there are no symptoms. [[Human papillomavirus (HPV) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/human-papilloma-virus-hpv/#:~:text=You%20can%20get%20HPV%20from:%20any%20skin-to-skin%20contact%20of%20the)]

**8. What percent of people with high-risk HPV go on to get cancer?**

* Monitoring and tracking this data would be difficult and inaccurate but there is some information in the Green Book: [Green Book Chapter 18a Human papillomavirus (HPV) (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/649032b6b32b9e000ca969a7/HPV-green-book-chapter-18a-June-2023.pdf)

***9.* Can a patient that has never been sexually active in any form or had a partner be at risk of HPV?  Do they need a cervical screen?**

* While sexual history may influence someone’s risk, it shouldn’t determine whether or not they can have cervical screening. All eligible people should be invited.

***10.* Do we know if vaccination has made any difference to hrHPV carrying and progression?**

National research is being completed on this subject and we will feedback once available.

**11. Do you offer the 3 yearly update training in Suffolk?**

* There are a number of providers that provide the cervical sample taker update training within the East of England. We do not fund or endorse any particular provider but can provide a list of these providers if requested.
* In Suffolk particularly, there is a three yearly face to face update course that can be booked.
* Please note there is also 3 yearly update training that can be accessed online, this is currently on e-learning for health [NHSE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/603477)

**12. If a patient is discharged from colposcopy with the recall of a 6-month test of cure at the GP surgery, will they be sent an invitation from CSAS?**

* Yes that is the correct process.

**13. Can you suggest a good patient friendly leaflet re HPV (used to use Jo’s Trust)?**

* The Eve Appeal is the leading UK national charity funding research and raising awareness into the five gynaecological cancers – womb, ovarian, cervical, vulval and vaginal. There is a lot of information on this website. <https://eveappeal.org.uk/news-awareness/hpv-has-no-gender/>
* The Screening and Immunisation Team are also hoping to produce a leaflet that you will be able to use in practice. This is currently being developed.

**14. Why are women who have had multiple births more at risk of HPV?**

* Hormonal changes throughout pregnancy are thought to weaken the immune system temporarily, leaving women more at risk of any infection.
* Cervical cancer risk is 15% higher in women who have had 1 full-term pregnancy compared with those who have had none, a pooled analysis showed; the risk increases with number of full-term pregnancies [Cervical cancer risk | Cancer Research UK.](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer/risk-factors#heading-Seven)

**15. If a patient has had HPV and then tests negative, can she test positive in the future if same sexual partner?**

* It might be possible for this to happen. This is because different people can have different levels of natural immunity to HPV. Natural immunity is where your immune system remembers a virus from when you had it naturally in the past. It means if you get that virus again, your body can destroy it quickly before it causes any problems.
* Some of us have low natural immunity to HPV, so it might be possible for you to get the same HPV type more than once.
* Cervical screening helps to find HPV early. The HPV vaccine protects against the HPV types that cause 7 in 10 cervical cancers. Immunity from the vaccine is stronger than natural immunity.

**16. At what age are vaccinations started?**

* Boys and girls aged 12-13 years old (school year 8) will be offered one dose of HPV vaccination at school. A robust catch-up programme is also run for individuals who miss the first session/clinic or patients can present at their GP for vaccination up to the age of 25.
* Different HPV vaccine schedules are in place for patients with HIV and MSM (men who have sex with men) [HPV vaccine - NHS (www.nhs.uk).](https://www.nhs.uk/vaccinations/hpv-vaccine/)

**17. Women who have never been sexually active-do they need screening?**

* If you've never had any kind of sexual contact with a man or woman, you may decide not to go for cervical screening when you're invited. But you can still have a test if you want to.
* It is important to remember that you do not need to have penetrative sex to spread HPV. You can get HPV from any skin to skin contact of the genital area, vaginal, anal or oral sex and sharing sex toys. It's very common. Most people will get some type of HPV in their life.

**18. Please can I ask if patient shows HPV on sample, no cytology taken as she has discharge, hence inadequate, would you recommend thin prep and a cytobrush next time?**

No. If the patient is peri/postmenopausal local oestrogen treatment may help clear inflammation. The cytology report may sometimes suggest investigate for infection and treat. See Lab User Manual (see bottom of document for link) section 13 for use of endocervical brushes

Further guidance from Gov.uk on Endocervical brush guidance: [**Topics 7 and 8: anatomy, physiology, and taking cervical samples - GOV.UK (www.gov.uk)**](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topics-7-and-8-anatomy-physiology-and-taking-cervical-samples)

**5.1 Taking an additional endocervical sample**

The endocervical brush should be used only in a very few circumstances, and always in conjunction with a Cervex-Brush™/ broom.

Consider taking a second sample using an endocervical brush only if:

* there is difficulty inserting the Cervex-Brush™ / broom into the os, for example if the os is narrow or stenosed
* the person is being followed up for previous borderline changes in endocervical cells
* the person is being followed up for a previously treated endocervical glandular abnormality (usually when the person has not had a hysterectomy or radiotherapy) when a previous sample was inadequate because of the absence of endocervical cells

Sample takers should take the endocervical sample after the Cervex-Brush™ / broom sample:

1. Insert the endocervical brush gently into the os, with the lower bristles remaining visible, and rotate clockwise through one whole turn.
2. Fix both samples in the same vial, and clearly note on the cytology request form the use of 2 sampling devices and the reason why.

**19. I have a young lady with learning difficulties, who could really do with a swab to check HPV as we were unable to take a screen as she did not want the speculum inserted. We have worked with her family and her Key Worker, but we could not get the screen done.  Tried twice. Will the HPV swab screening be coming in soon?**

* We are still awaiting results of the national trial to validate HPV self-sampling devices. There will be a further national self-sampling study starting later in the year/early next year.
* The results of a London HPV self-sampling study can be found here - [Self-sampling HPV kits could screen an extra million people for cervical cancer | King's College London (kcl.ac.uk)](https://www.kcl.ac.uk/news/self-sampling-hpv-kits-could-screen-an-extra-million-people-for-cervical-cancer)
* Once we have a further update on self-sampling we will have a dedicated drop in session.

**20. Can you sample when ladies are still on their period?**

* Blood can obscure cells if a patient is HPV positive so ideally patient should be booked when not on their period. However, if a patient is experiencing ongoing bleeding issues, a sample can be taken and the lab should be advised of this on the sample request form. Patient should be advised that the result may be inconclusive.

**21. Patient has concerns regarding sampling affecting virginity as culture disagrees with cervical screening.**

* Cervical screening does not affect a patients virginity however if a patient hasn’t had sex, they are still entitled to have cervical screening and you shouldn’t take that decision away from them. Virginity is constructed around a sexual or intimate experience, whereas cervical screening is a health test.

**22. How long after a coil fitting can a patient have a test of cure smear?**

* There should be a 3-month gap after any clinical intervention, for example a hysteroscopy or the fitting or removing of a coil, to allow sufficient time for the cervical epithelium to regenerate.
* [Topics 7 and 8: anatomy, physiology, and taking cervical samples - GOV.UK (www.gov.uk)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcervical-screening-cervical-sample-taker-training%2Ftopics-7-and-8-anatomy-physiology-and-taking-cervical-samples&data=05%7C02%7Cleanne.mann3%40nhs.net%7C3623021efca84ec8592108dce8817e5d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638640890080330442%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=gKuH5zndSBmbgahV6yN0Ky9mUUkuItoQxi5LWjcJ7Tk%3D&reserved=0)

**23. Why do Trans-women still get invited? I thought the CSMS system was designed to lessen this?**

* All patients who are registered as female on CSMS will be invited for cervical screening if they are within the eligible age. Patients need to have a cervix to be eligible for screening. If the patient does not have a cervix then they will need to be ceased from the cervical screening programme due to ‘No Cervix’ [Ceasing-from-the-Cervical-Screening-Programme-1.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.csas.nhs.uk%2Fwp-content%2Fuploads%2F2024%2F05%2FCeasing-from-the-Cervical-Screening-Programme-1.docx&wdOrigin=BROWSELINK) this form needs to be completed and submitted to CSAS. If the patient does have a cervix then they are eligible for screening and should continue being part of the programme.
* Practices have the responsibility to update CSMS reflecting their population and their needs.
* Further information on this can be found- [NHS population screening: information for trans and non-binary people - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people#cervical-screening)

**24. I have a lot of women tell me they were once told they have a tilted uterus or cervix. Is this a real condition or is it just a way of describing that the cervix was tricky to find as they do (and supposed) to move up/down etc?**

* [Anteverted and retroverted cervix refer to the position of the uterus](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bing.com%2Fck%2Fa%3F!%26%26p%3Daee6268500fb1998JmltdHM9MTcyODAwMDAwMCZpZ3VpZD0wMWE1YTc3ZC02ODk0LTYwZTMtMWE5NS1iNGQyNjkyZjYxMzAmaW5zaWQ9NTg4OQ%26ptn%3D3%26ver%3D2%26hsh%3D3%26fclid%3D01a5a77d-6894-60e3-1a95-b4d2692f6130%26psq%3Dretroverted%2Bor%2Banteverted%2Bcervix%26u%3Da1aHR0cHM6Ly93d3cuaGVhbHRobGluZS5jb20vaGVhbHRoL3dvbWVucy1oZWFsdGgvYW50ZXZlcnRlZC11dGVydXM%26ntb%3D1&data=05%7C02%7Cleanne.mann3%40nhs.net%7C3623021efca84ec8592108dce8817e5d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638640890080348253%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Umdfk1GmZfe3yisV2HJy7izBWzcr6b3BtISM3KodOeQ%3D&reserved=0). [Anteverted uterus tilts forward at the cervix, toward the abdomen. Most women have this type of uterus](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bing.com%2Fck%2Fa%3F!%26%26p%3D4490a9109fa2179cJmltdHM9MTcyODAwMDAwMCZpZ3VpZD0wMWE1YTc3ZC02ODk0LTYwZTMtMWE5NS1iNGQyNjkyZjYxMzAmaW5zaWQ9NTg5Mg%26ptn%3D3%26ver%3D2%26hsh%3D3%26fclid%3D01a5a77d-6894-60e3-1a95-b4d2692f6130%26psq%3Dretroverted%2Bor%2Banteverted%2Bcervix%26u%3Da1aHR0cHM6Ly93d3cuaGVhbHRobGluZS5jb20vaGVhbHRoL3dvbWVucy1oZWFsdGgvYW50ZXZlcnRlZC11dGVydXM%26ntb%3D1&data=05%7C02%7Cleanne.mann3%40nhs.net%7C3623021efca84ec8592108dce8817e5d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638640890080361033%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=A5qaq36PUlHYMBZDOD2IsRrtqyYuDO9%2FziturNT1X0w%3D&reserved=0)
* [Retroverted uterus tilts backward at the cervix. This condition is less common than an anteverted uterus and doesn't usually cause any health problems](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bing.com%2Fck%2Fa%3F!%26%26p%3D01460974dca7c3e7JmltdHM9MTcyODAwMDAwMCZpZ3VpZD0wMWE1YTc3ZC02ODk0LTYwZTMtMWE5NS1iNGQyNjkyZjYxMzAmaW5zaWQ9NTg5NA%26ptn%3D3%26ver%3D2%26hsh%3D3%26fclid%3D01a5a77d-6894-60e3-1a95-b4d2692f6130%26psq%3Dretroverted%2Bor%2Banteverted%2Bcervix%26u%3Da1aHR0cHM6Ly93d3cuaGVhbHRobGluZS5jb20vaGVhbHRoL3dvbWVucy1oZWFsdGgvYW50ZXZlcnRlZC11dGVydXM%26ntb%3D1&data=05%7C02%7Cleanne.mann3%40nhs.net%7C3623021efca84ec8592108dce8817e5d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638640890080375919%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=nsZCP%2B%2Be6jFZFeGgF67mRoKuYlgE%2FQXG2HaBj1XEyQo%3D&reserved=0)
* [People with a retroverted uterus can sometimes feel more discomfort during sex and menstruation](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bing.com%2Fck%2Fa%3F!%26%26p%3Dacd781cc541db599JmltdHM9MTcyODAwMDAwMCZpZ3VpZD0wMWE1YTc3ZC02ODk0LTYwZTMtMWE5NS1iNGQyNjkyZjYxMzAmaW5zaWQ9NTg5Nw%26ptn%3D3%26ver%3D2%26hsh%3D3%26fclid%3D01a5a77d-6894-60e3-1a95-b4d2692f6130%26psq%3Dretroverted%2Bor%2Banteverted%2Bcervix%26u%3Da1aHR0cHM6Ly9teS5jbGV2ZWxhbmRjbGluaWMub3JnL2hlYWx0aC9kaXNlYXNlcy8yMjU2OS1hbnRldmVydGVkLXV0ZXJ1cw%26ntb%3D1&data=05%7C02%7Cleanne.mann3%40nhs.net%7C3623021efca84ec8592108dce8817e5d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638640890080388676%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=LxNOc0dd%2F%2Bvwkp%2Bkv41ZUekbRMszuC7IxENQlR6%2FLak%3D&reserved=0).
* Tilted cervixes can be anteverted or retroverted, meaning it either points down to the spine or points back towards the belly button. They can also point to the left or the right, or double over and tilt back on itself. You may have been told that your cervix is ‘hiding’, which means the same thing. There’s no way to know this unless you’ve had a speculum examination,
* The most common way to make this better is by making fists with your hands, and then putting them under your bum. This makes your bum higher so that your sample taker can get a better view of your cervix. (Jo’s Trust)

A diagram of the uterus

Description automatically generated

**25. I have a lady who was a non-responder for her cytology test and therefore her next invite has been put back to 2027.  How can she go about having her cervical screen sooner than this please?**

* Patient is overdue so can attend at any time. The patient just needs to book in for a screening test. The sample will be accepted by the laboratory.
* Non responders do not need to wait for another invitation letter if they have not attended.
* You can double check patients next test due dates on the CSMS to double check.

**26. What about pessaries and HRT gel?**

48 hours after a pessary the patient can attend for cervical screening.

**27. Can we only cease and defer on CSMS if they are still on the lists. If it is after this time we have to complete the form on the links sent above. Just checking we cannot search a pt and then cease and defer on CSMS?**

* You can only cease/defer automatically on CSMS if the patient is appearing on Prior Notification Lists (PNLs) or Non Responder list.
* If a patient appears on the PNLs or Non Responder list you can action as appropriate. This is the best way to defer patients as you know they are due and you are actioning in ‘live’ time.
* You can cease a patient via the CSAS website using a ceasing form, it is good practice to do this for patients who have had a Total Hysterectomy. Once you have received the discharge letter from the hospital (and you are certain the patient has had a TOTAL Hysterectomy) then complete the form and upload to the CSAS website. [Ceasing-from-the-Cervical-Screening-Programme-1.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.csas.nhs.uk%2Fwp-content%2Fuploads%2F2024%2F05%2FCeasing-from-the-Cervical-Screening-Programme-1.docx&wdOrigin=BROWSELINK)
* Please remember that if a patient has had a sub total hysterectomy they are still eligible for screening and do not need to be ceased from the programme.

**28. How soon can a smear be taken post trans vagina scan ?**

* This is slightly trickier as I difficult to find definitive guidance around this and there are mixed messages, I would tend to say that anything that potentially disturbs and passed through the os then cervical screening should be delayed for 12 weeks as can disturb cells and offer a potentially inaccurate sample result. Other thoughts are a trans vaginal scan is no more invasive than intercourse or sex toys and potentially delaying screening because of a potential risk
* I would always signpost to ring lab and document advice - so I think they would be best placed to answer the question – I would appreciate if you could let me know if you find out anything please?

**29. if a patient has missed their routine HPV vaccinations and is following the catch-up programme, will they need the two extra vaccines?**

If someone presents who has been vaccinated once with HPV (but started on a 3 dose schedule) one dose is now a complete schedule. If they are immunocompetent they do not need further vaccinating. Please see healthcare practitioner guidance [**HPV vaccination guidance for healthcare practitioners - GOV.UK (www.gov.uk)**](https://www.gov.uk/government/publications/hpv-universal-vaccination-guidance-for-health-professionals/hpv-vaccination-guidance-for-healthcare-practitioners#:~:text=The%20purpose%20of%20this%20guidance%20is%20to%20provide%20information%20for)

**30. I had a lady that had HPV positive twice and her next recall was given as 3 years? this is a mistake yes and how do we rectify this?**

Check patient history and if still concerned check with the laboratory. It is likely the patient is following untreated CIN1 pathway: [https://www.gov.uk/government/publications/cervical-screening-pathway-requirements-specification/cervical-screening-pathway-requirements-specification](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcervical-screening-pathway-requirements-specification%2Fcervical-screening-pathway-requirements-specification&data=05%7C02%7Cleanne.mann3%40nhs.net%7C436b723d5d1045ae684f08dce7a3370b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638639935408253795%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=DAErlfhOpME8d4QEqeHnVDHu2%2BNacwRe9k3jrL9uApw%3D&reserved=0)

Please see flow chart below (bottom left)- follow up for untreated CIN1.. on the second ‘hrHPV positive / Cytology negative’ sample, a repeat in 3 years is recommended. The rationale is these patients have been seen in colposcopy to exclude high grade abnormality and whilst in follow up they may not have cleared the virus their cytology is negative. Prior to HPV Primary screening algorithms these patients would have been advised R36.

A diagram of a medical procedure

Description automatically generated

**31. Patient had x3 years HPV positive - should they need to be referred?**

Usually Cyto Negative/ HPV+ve x3 triggers a referral.  See above scenario. Check patient history and if still concerned check with the laboratory.

**32. I am concerned re non responders, if a woman is over 60, does this mean her recall will be ceased without having her last smear? From your slide this is now GP’s responsibilities to continue audit & to invite?**

* A person who attends for routine cervical screening on or after their 60th birthday will be automatically ceased from recall if their last test result is normal with routine recall and they have had no recent abnormal results. This is because their next routine test would be due after their 65th birthday.
* People who have previously had abnormal cervical cells are only automatically ceased from recall when they have completed the relevant follow up. Those who have not completed relevant follow up continue to be invited for non-routine cervical screening after the age of 65 if necessary.
* People who have been ceased automatically due to age after non-attendance can request a final routine test at any time regardless of age. If the result of the final routine test is normal, the person is ceased from recall again automatically. If the result of the final routine test is abnormal the person is returned to recall until all necessary follow-up tests have been completed.
* Further guidance- [Ceasing and deferring women from the NHS Cervical Screening Programme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme)

**33. Post termination, how soon for smear?**

Cervical Screening should be delayed for 12 weeks.

**End of Questions**

**Norfolk and Norwich Lab Sample Taker User manual**

The Lab Sample Taker User manual covers many different scenarios, this can be found on the Cervical Sample Taker Database (CSTD). Please note that this is a live document and will be updated regularly.

Most up to date document-



**Q and As from Cervical Screening Drop-In Support Session 15/01/2025**

Discussion at the drop-in sessions included:

* **SIT Intro and Housekeeping Reminders.**
* **Service Update and Reminders**
* **Lived experience - cervical screening**
* **When to take a sample**

**Questions and Answers from the drop in session**

***1.If a patient is on a 12-month recall and becomes pregnant during this period should another sample be taken during pregnancy?***

* If an individual has been called for routine screening and they are pregnant, the test should be deferred. An individual referred with an abnormal screening test should have colposcopy in late first or early second trimester unless there is a clinical contraindication. This needs to be discussed with the patient for them to make an informed decision.
* If a previous colposcopy was abnormal and in the interim the individual becomes pregnant, then the colposcopy should not be delayed.
* If a pregnant individual requires colposcopy or a screening sample after treatment (or follow up of untreated cervical intraepithelial neoplasia grade 1 (CIN1)), their assessment may be delayed until after delivery.
* The Colposcopist may wish to perform colposcopy only at a follow up appointment scheduled during pregnancy. If a repeat screening sample is due, and the individual has missed or defaulted their appointment prior to pregnancy, a screening sample or colposcopy during pregnancy can be considered.
* Further guidance on this can be found- [5. Management of cases relating to pregnancy, menopause, contraception and hysterectomy - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/4-management-of-cases-relating-to-pregnancy-menopause-contraception-and-hysterectomy)

***2.How many cervical samples does a practitioner need to take a year to maintain competence?***

* There is no current mandated amount within the guidance, but it is suggested that 20 samples is best practice to maintain competence. We would always advise each practitioner to keep up to date with guidance and CPD as competence levels vary between practitioner to practitioner. As per national guidance, all sample takers should undertake 3 yearly update training, this should be a minimum of 3 hours and can be done with a training provider or can be done via the free eLearning for health training. [NHSE elfh Hub](https://portal.e-lfh.org.uk/Component/Details/478343)
* There is guidance in regard to sample takers returning to work after a period of absence from cervical sample taking.

A white text with black text

Description automatically generated

Link to guidance section 3.23- [Education pathway - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway)

***3. If a patient has had a private sample taken with no concerns (either within the UK or abroad) would a sample be delayed once due?***

* No, the patient is still eligible and should be invited for their NHS cervical screening test.

A close up of a screen

Description automatically generated

* This is the same for tests taken abroad. Link to guidance section 8- [Topic 1: the NHS Cervical Screening Programme (NHSCSP) - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topic-1-the-nhs-cervical-screening-programme-nhs-csp)

***4. If there is a patient with severe PTSD/anxiety and cannot manage a cervical screen who has requested sedation, can this be done?***

* The decision would be with the practice to prescribe or to speak to the local colposcopy unit to discuss any possible reasonable adjustments for them to attend colposcopy and have the sample taken. Please note this would only be considered for extreme circumstances.
* There is guidance on how to support people who feel anxious about attending. [Cervical screening: support for people who feel anxious about attending - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend/cervical-screening-support-for-people-who-feel-anxious-about-attending)

***5. A transgender male patient is on the Cervical Screening Management System (CSMS) to be invited for a screen, but the patient has not requested this. Why would this happen?***

* Check with the patient to see if they are eligible for screening. If they are, make sure you have discussed with the patient the benefits of screening. If they are not sure if they want a screening test, then the patient should remain on the CSMS national call/recall system. If the patient is not eligible e.g. doesn’t have a cervix or is certain they never want cervical screening (and understand the risks of this) then they can be removed from the national call/recall system by completing a ‘patients informed choice’ or ‘no cervix’ ceasing form. Information on this can be found on Cervical Screening Administrative Service (CSAS) website- [Cease/Defer/Reinstate Support - NHS Cervical Screening Administration Service](https://www.csas.nhs.uk/support/) Please make sure the patient knows that if the patient signs a ‘patient informed choice’ form that they are aware that once this has been actioned, they will no longer be invited for cervical screening when they are due.
* The patient may be on the system and not due yet. The patient will appear on your prior notification lists (PNLs) when they are due for screening.

***6. If someone is over 50 and has been referred for colposcopy and then returned to a routine recall is this 3 or 5yrly recall*?**

* Colposcopy discharge patients to 3 yrs (not 5 yrs) irrespective of age. This is a failsafe, and patient should be called as per CSMS states.

***7. If the practice is unclear whether a patient has a total or subtotal hysterectomy, what would they do?***

* We suggest contact with the consultant/team who performed the hysterectomy for confirmation before anyone is ceased from the programme, check the discharge letter from the trust that should be in the patients notes. Please contact the hospital on the first instance, if you still not sure then please let your local Screening and Immunisation team know.

***8. If a patient is a non-responder and has had a recall letter, can they have a screen even if the newest recall date is not appearing on CSMS?***

Yes, if they are overdue they are to be encouraged to attend as soon as possible. The call/recall system will re set a patients next test due date (NTDD) if they are a non-responder. The patient does NOT need to wait for another invitation to have their screening.

***9. Why can’t practices use the CSMS sample requesting forms?***

* Using ICE-NI/ICE electronic cervical sample requesting is recommended as it advises the lab to expect a sample, therefore if a sample should go missing it can be identified quickly. Using electronic requesting also speeds up the sample being processed and the result being back with patient/GP practice.
* If ICE-NI/ICE is not working, or you are taking a sample in an extended access setting then please use the CSMS request forms.

***10. Is it correct that if a patient has had a subtotal hysterectomy, they should be referred to gynae for a vault smear?***

* Correct, vault samples should be performed by gynae if required. It will be stated in the discharge letter if vault smears are required.

***11. Can you confirm whether ABNORMAL private screening tests are not to be further investigated on the NHS? Are we to turn those people away or say wait until their next smear test is due if they say they can't afford private colposcopy?***

* The results of non-NHS tests will not necessarily use standard NHS reporting categories for HPV infection or cytology classification or follow standard NHS screening protocols. This means that non-standard results or non-protocol code combinations may arise which cannot be accommodated by the call and recall system.
* If an individual has an abnormal non-NHS test that necessitates a follow-up test or colposcopy referral, **this may be offered privately or by the NHS following a primary care consultation and referral.**
* Further guidance on this can be found section 6.10**-** [Cervical screening: guidance for call and recall administration best practice - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-call-and-recall-administration-best-practice/cervical-screening-call-and-recall)

***12. Can a patient with family history of cervical cancer (sister died aged 29) have a smear if under 25?***

Family history would not be a reason to screen under the age of 24.5 yrs.

We do not invite people under the age of 24.5 for cervical screening because:

* cervical cancer is very rare in people under 25
* infection with high-risk human papillomavirus (hrHPV) is very common in people under 25 and may cause abnormal cell changes of the cervix; for most people, these cervical abnormalities will regress as the immune system clears the HPV infection
* Screening people under 25 can lead to over-treatment and could lead to an increased risk of early (premature) birth if they were to get pregnant in the future
* the International Agency for Research on Cancer (IARC) recommends that people should not start cervical screening before the age of 25 in 2012, the UK NSC advised the NHSCSP that screening under 25 does more harm than good and recommended a consistent screening age across the whole of the UK (from June 2016 all 4 nations screen from age 25)

Guidance states that:

Additional tests are not needed for someone because they:

* are attending for contraceptive advice or services
* are attending for advice on hormone replacement therapy
* are pregnant or attending for postnatal services
* have genital warts
* have vaginal discharge
* have an infection
* have had multiple sexual partners
* are heavy smokers
* have a family history of cervical cancer

Further information on the sample acceptance policy can be found here- [Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities - GOV.UK](https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories/guidance-for-acceptance-of-cervical-screening-samples-in-laboratories-and-pathways-roles-and-responsibilities)

***13. A 70 yr old patient, last sample taken was 20 years ago. The patient is on the CSMS list to be invited for smear. Does the patient require a screen, or should they be ceased because of age?***

* If the patient would like to be screened the lab will accept the sample. Please check with the patient before any action is taken. If the patient does want a sample taken then once you have taken the sample, please state on the request form that patient requested and not been recently screened.
* Anyone who did not respond to their final screening invitation which was sent on or after their 60th birthday can change their mind and request a screening test at any time even if they have been ceased from recall due to age.
* For further information please see section 5.3- [NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK](https://www.gov.uk/government/publications/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers)

***14. Had a patient over 64 who never had a smear (came recently to UK) and received invitation letter. Do we still carry out the screen?***

* If the patient would like to be screened the lab will accept the sample. Please check with the patient before any action is taken. If the patient does want a sample taken, then once you have taken the sample, please state on the request form.
* Anyone who did not respond to their final screening invitation which was sent on or after their 60th birthday can change their mind and request a screening test at any time even if they have been ceased from recall due to age.
* For further information please see section 5.3- [NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK](https://www.gov.uk/government/publications/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers)

***15. We have patients that are undergoing treatment to change their gender, one is about to be due for smear, but we cannot find that pt on the cervical screening portal that the pt will be invited. and the other is also not on the portal but has had hysterectomy and needs to be removed from recalls. But both are not on the portal. do they need to be added to the recalls?***

Please ensure the patient who has a cervix is offered the screening, if the patient decides to have their cervical screening, please use a blank request form from CSMS and highlight on the request form that the patient is a trans man, so the lab know why they are receiving a sample from who is registered as male. Once a sample has been recorded on the CSMS the patient will then receive invites, and you should be able to do a prepopulated form.

A trans woman is ineligible for screening as she has no cervix. The GP practice should ensure that the individual is ceased from the screening programme for the correct reason. This can be done as soon as her registration gender is changed (or a new registration is created under the new gender), or when the woman appears on a screening prior notification list (PNL). You can cease a patient for no cervix on the CSAS website, using a ceasing form- [Ceasing-from-the-Cervical-Screening-Programme-1.docx](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.csas.nhs.uk%2Fwp-content%2Fuploads%2F2024%2F05%2FCeasing-from-the-Cervical-Screening-Programme-1.docx&wdOrigin=BROWSELINK) guidance on this can be found- [Cease/Defer/Reinstate Support - NHS Cervical Screening Administration Service](https://www.csas.nhs.uk/support/)