

NHS London SelfScreen Opportunistic HPV Self-Sampling Pathway: Professional Guidance for Primary Care



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Version Control

Version	Author/ Change(s) made by	Date	Summary of Change(s)
V1.0	NHSE	11 th September 2025	N/A – first version
V1.1	NHSE	19 th September 2025	EMIS User Instructions updated
V1.2	NHSE	15 th October 2025	SystmOne User Instructions inserted into guidance (Appendix C) Clarification that patient does not need to be directly supervised in taking the sample
V1.3	NHSE	11 th February 2026	Healthcare professionals eligible to offer self-sampling updated. Age threshold for eligibility updated. Guidance on samples rejected by CSL updated to clarify that patients will not be informed directly. Appendix F tQuest screenshots updated.
V1.4	NHSE	9 April 2026	Self-sampling at home
V1.5	NHSE	24 April 2026	Telephone consultations
V1.6	NHSE	02 June 2026	Updated reference to at home testing



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V1.7	NHSE	6 July 2026	tQuest form Instructions for ‘no correspondence’
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Acronyms

CSMS: Cervical Screening Management System

CSL: Cervical Screening London

CSP: Cervical Screening Programme London

HPV: Human papillomavirus

HSL: Health Services Laboratory

MHRA: Medicines and Healthcare products Regulatory Agency

RIDAC: Research, Innovation and Development Advisory Committee

SQAS: Screening Quality Assurance Service

Introduction

NHS England London received approval from the national NHS Cervical Screening Programme and Research, Innovation and Development Advisory Committee (RIDAC) to implement an opportunistic programme to offer HPV self-sampling, otherwise known as cervical self-screening, for under- or never-screened women and people with a cervix registered at participating primary care and other cervical screening provider sites in London. This is following positive results from the YouScreen research study that found increased uptake of cervical screening among women in London when offered HPV self-sampling. This service improvement is part of the NHS commitment to eliminate cervical cancer by 2040, which is dependent on improving cervical screening coverage rates to 70% (London had 63% coverage in 2023).

Phase one of the programme recruited 97 sites across the region in 2025, which are opportunistically offering self-screening to 20,000 women and people with a cervix. In phase two of this programme, an additional 50,000 women and people with a cervix will be offered self-screening opportunistically in participating general practices and other cervical screening providers.

Self-screening is undertaken in participating general practices and other cervical screening providers, with kit logistics, testing and reporting undertaken by the Cervical Screening London (CSL) laboratory. In order to offer HPV self-sampling, the eligible cohort must be correctly identified by participating sites. A service evaluation will be conducted to assess how effective the initiative is in terms of improved screening attendance across the target population.

This professional guidance outlines the background to the offer, detail on the pathway, testing and results, logistics, and error or harm reporting.

Background

Cervical cancer is highly preventable via screening and HPV vaccination, yet in England there are still over 2,600 cases annually.¹ Over half of cases arise in individuals who are under- or never-screened, providing a strong rationale to ensure high screening participation.² Screening coverage in London fell twice as fast as the national decline observed between 2011 and 2022 (-12% vs -6%) and is below 50% in some boroughs. In addition, many cancers are detected at more advanced stages, with this rate being higher in London. With the aim to eliminate cervical cancer by 2040, screening rates must increase.

More than 95% of cervical cancers are caused by Human Papillomavirus (HPV) (70% by HPV types 16 & 18). HPV is one of the most common viral infections, infecting 80% of the population at some point. Cervical cancer is curable if detected early and adequately treated and 99.8% of cervical cancer cases are preventable. Unscreened and under-screened women and people with a cervix are at the highest risk of developing cervical cancer.³ ⁴ HPV self-sampling has already been introduced into screening programmes in other countries but is yet to be introduced in the UK. Globally, 17 countries recommend the use of HPV self-sampling.⁵ Evidence shows that HPV self-sampling increases uptake in non-attenders (generally across sociodemographic groups), has similar accuracy to clinician-taken samples (conventional cervical screening), and is highly acceptable. HPV self-sampling addresses many screening barriers by enabling women and people with a cervix to take their own vaginal sample, in private. Offering a self-screen has been shown to be acceptable to under-screened women who may face barriers to clinician-collected HPV cervical screening, including those with symptoms of pain and discomfort, those with learning difficulties, and victims of sexual violence.

¹ Cervical Cancer Incidence Statistics | Cancer Research UK," accessed April 7, 2025, <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/cervical-cancer/incidence#heading-Zero>.

² Rebecca Landy et al., "Impact of Cervical Screening on Cervical Cancer Mortality: Estimation Using Stage-Specific Results from a Nested Case–Control Study," *British Journal of Cancer* 2016 115:9 115, no. 9 (September 15, 2016): 1140–46, <https://doi.org/10.1038/bjc.2016.290>.

³ Marc Arbyn et al., "Detecting Cervical Precancer and Reaching Underscreened Women by Using HPV Testing on Self Samples: Updated Meta-Analyses," *BMJ* 363 (December 5, 2018): 4823, <https://doi.org/10.1136/BMJ.K4823>.

⁴ Tomasz Tatara et al., "The Influence of Vaginal HPV Self-Sampling on the Efficacy of Populational Screening for Cervical Cancer-An Umbrella Review," *Cancers* 14, no. 23 (December 1, 2022), <https://doi.org/10.3390/CANCERS14235913>.

⁵ B. Serrano et al., "Worldwide Use of HPV Self-Sampling for Cervical Cancer Screening," *Preventive Medicine* 154 (January 1, 2022): 106900, <https://doi.org/10.1016/J.YPMED.2021.106900>.

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The YouScreen study was a clinical trial offering HPV self-sampling to non-attenders within the NHS Cervical Screening Programme in North East and North Central London. This investigated an end-to-end pathway for HPV self-sampling within the NHS cervical screening programme in England, providing evidence for how best to implement HPV self-sampling at scale in England. It found:

- HPV self-sampling was highly acceptable to participants and delivery feasible in primary care,
- Self-screens were returned from 65.5% of those who accepted an opportunistic offer in primary care,
- HPV self-sampling resulted in a 22% increase in non-attenders screened per month,
- HPV self-sampling being offered in this way can address inequalities and reach an ethnically diverse population,
- Opportunistic offering of HPV self-sampling to non-attenders is an effective strategy for improving uptake in under-screened individuals.

Evidence, including that from the HPVValidate study, also suggests that there is agreement in results between clinician-acquired samples and HPV self-sampling. In addition, the high relative sensitivities in these studies (range 94.2-97% from across several studies) demonstrate that a high proportion of people who truly have HPV are correctly identified by HPV self-sampling compared to clinician-collected samples. The relative specificity range of 91.3–99.3% demonstrates that the vast majority of negative results correctly identify those who do not have the disease.^{6 7 8}

More details on the national and local background, the YouScreen, and HPVValidate studies can be found in Appendix A.

⁶ [Performance and pre-analytical stability of self-collected samples versus clinician cervical samples for the detection of HPV16, HPV18 and a pool of 12 other HPV types on the Roche Cobas 8800 System - PubMed](#)

⁷ [Analytical performance of HPV assays on vaginal self-collected vs practitioner-collected cervical samples the SCoPE study](#)

⁸ gmul.ac.uk/fmd/media/smd/documents/research/hpv-self-collection-test-accuracy-report-hpvalidate-lot1.pdf

Key Principles of the Offer

- This is an offer to under- and never-screened women and people with a cervix to complete an HPV self-sample – full inclusion and exclusion criteria are outlined on page 10.
- The offer is largely opportunistic, but participating general practices may also proactively identify and invite eligible women and people with a cervix. This should be arranged locally.
- Healthcare professionals who make the offer must be trained to do so and have access to tQuest for requesting the self-screen sample.
- The woman or person with a cervix should be offered the choice between a self-screen and routine clinician sampling of cervical cells using a speculum.
- The trained healthcare professional making the offer is responsible for the entire pathway, including making the offer, ensuring the woman or person with a cervix is able to take a sample, and proactive follow up and action of results. The failsafe responsibilities of the offer-maker are covered in [Cervical screening: cytology reporting failsafe \(primary HPV\) - GOV.UK](#) (section 5).

Preparing for the Offer

Healthcare Professional Eligibility and Readiness

Doctors and registered nurses working at participating settings are eligible to make an offer of HPV self-sampling, provided that they have completed the HPV self-sampling training, irrespective of whether they are a Cervical Screening Programme sample-taker. The following additional healthcare professional groups are also eligible to offer HPV self-sampling within participating sites, **provided that they are trained Cervical Screening Programme sample takers with a valid PIN recorded in the London Cervical Sample Taker Database** and have completed the HPV self-sampling training:

- Nursing and Midwifery Council (NMC) registered nursing associates*
- NMC registered midwives
- physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR) or with the General Medical Council (GMC)
- registered healthcare professionals working in integrated sexual health (ISH) clinics
- registered paramedics working in primary care

Qualified sample takers should ensure that they have completed the required 3 yearly training updates to maintain competency and meet their clinical and professional responsibilities for continuing professional development and revalidation. [NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK](#)

* Existing delegation arrangements for registered nursing associates who are cervical sample takers also apply to the HPV self-sampling programme^{9,10}. This means that a doctor or registered nurse must be present on-site when a registered nursing associate is making an offer of self-sampling to a patient and when this self-sampling is undertaken, to indirectly supervise their practice.

In order to offer HPV self-sampling, **healthcare professionals must have completed the [HPV Self-Sample training and self-assessment](#)**. The certificate of completion must be provided to the site's HPV self-sampling lead.

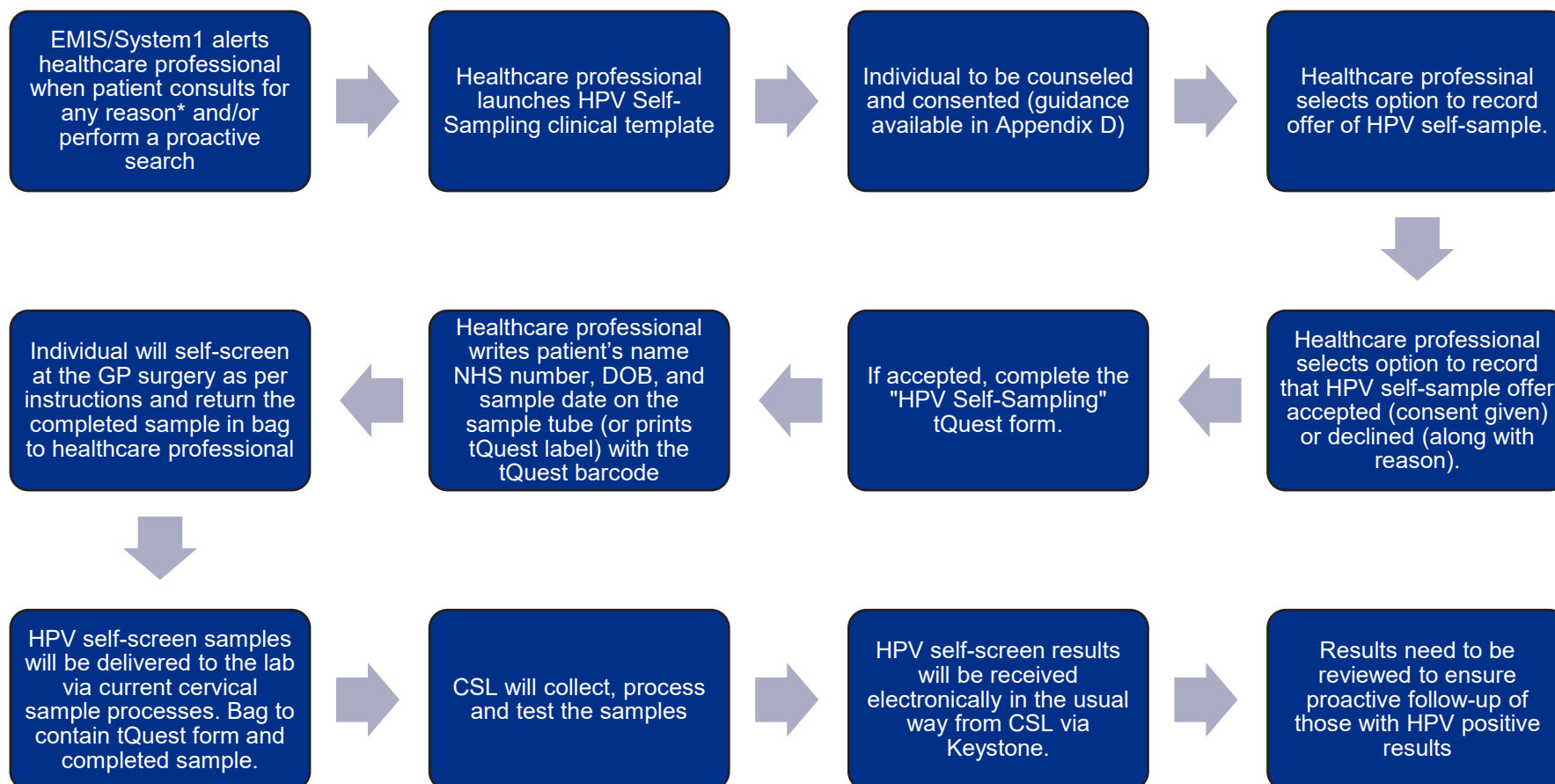
⁹ [NHS Cervical Screening Education Pathway](#)

¹⁰ [RCN Position Statement on Nursing Associates \(NAs\) Training in Cervical Screening](#)

IT System Readiness

The offer of HPV self-sampling must **only be made either in response to a pop-up alert on EMIS/SystemOne informing the healthcare professional that the woman or person with a cervix is eligible (opportunistic offer), or based on the [CSMS Non-Responder List](#)**. It should not be offered in any other way. The pop-up alert and clinical template for HPV self-sampling will be uploaded to your system. These tools are described in Appendix B (EMIS) and Appendix C (SystemOne).

HPV Self-Sampling Pathway in General Practices



* The Cervical Screening Management System (CSMS) should be checked to ensure the woman or person with a cervix is eligible for the HPV self-sampling offer. * If you do not have access to CSMS, please ask a colleague to check this

Patient eligibility and Exclusion Criteria

The eligibility criteria are as follows:

- Registered with a London GP,
- Any woman and person with a cervix at least 6 months overdue screening :
 - Aged 25.5 years to 64 years or aged 65+ and not screened since age 60; and
 - Not ceased from the cervical screening programme.

Exclusion criteria are:

- No cervix,
- Has had a cervical screening result in the last 3.5 years for those aged 25-49, or 5.5 years in those aged 50-64,*
- Known to be on an early-recall pathway,
- Known to be on a test-of-cure pathway,
- Known to be pregnant,
- Less than three months after giving birth,
- New to cervical screening in England (to be eligible for this pathway it must be at least six months since they became eligible for cervical screening in England),
- Ceased/suspended

*Cervical screening intervals have been extended to five years for individuals aged 25 to 49 who test negative for HPV following routine clinician sampling. **Cervical screening intervals for individuals who test negative following HPV self-sampling remain at three years.** This interval will be reviewed in the future.

Making the Opportunistic Offer in General Practice

When consulting the woman or person with a cervix, a pop-up will appear on EMIS or SystmOne informing the healthcare professional that the patient is eligible to complete an HPV self-sample. They can then be opportunistically offered to self-screen.

Whilst the system aims to accurately identify women and people with a cervix who are eligible, it is up to the healthcare professional to ensure the eligibility criteria are met. It is best practice to check the patient's screening history on CSMS to ensure eligibility for the HPV self-sampling offer. If you do not have access to CSMS, please ask a colleague to check this.

Once eligibility is confirmed, the healthcare professional should launch the clinical template "HPV Self-Sampling (NHSE London)." This includes guidelines on how to counsel the woman or person with a cervix, including:

- Checking eligibility and exclusion criteria
- Information about the offer
- Any temporary criteria which may preclude the woman or person with a cervix from taking part (e.g., menstruation, recent sexual intercourse)
- Information about the sample collection itself
- Offering the choice between HPV self-sampling and routine clinician sampling of the cervix
- The steps after the sample has been taken, including if the sample is negative, positive, or insufficient
- Risks and benefits
- The use of the collection device being used off-label (as the swab is being transported dry)

To ensure the self-sample is of sufficient quality for testing, please familiarise yourself with the [Patient instructions for collecting self-screen sample](#) (Appendix G) and encourage patients to follow the guidance given in the instruction sheet.

Detailed guidance on what should be included in this discussion is provided in Appendix D.

The clinical template also includes links to several documents, including this guidance, the training webinar, the patient instruction leaflet, and the patient information leaflet.

Always offer the woman or person with a cervix the choice of:

1. Self-collection
2. Routine clinician sampling of the cervix
3. Assistance in taking the self-sample, should they require it

Implementation Suggestion: If a woman or person with a cervix wants more time to think about the self-collection, offer them an appointment at another time (or in another clinic slot run by a healthcare professional who is trained to make the offer). This allows them to consider the offer and another opportunity to ask questions.

They can also be given an electronic or hard copy version of the '[HPV Self-Screening for Cervical Screening](#)' leaflet developed by NHS England.

If the woman or person with a cervix is offered HPV self-sampling, the following SNOMED code should be logged: "Human papillomavirus self-sample screening offered" (code: 1091941000000105).

If the woman or person with a cervix accepts and the self-sample will be completed during the same attendance in which the offer was made, the following SNOMED code should be logged: "Human papillomavirus test consent given" (code: 391144006).

If the woman or person with a cervix declines, the SNOMED code should be recorded that they have declined the offer – "Human papillomavirus self-sample screening declined" (code: 1091931000000101).

A full list of SNOMED codes can be found in Appendix E.

If the woman accepts, the healthcare professional should then complete the tQuest form entitled "HPV Self-Sample." Information is electronically sent to the lab, in the same way as healthcare professional taken samples in the Cervical Screening Programme.

Healthcare professionals will complete the tQuest request form and **print off the form (and label if your practice is able to print tQuest labels)**. The minimum information needed on the request form are:

- NHS number
- Full name (first and last name)
- Date of birth
- Address
- Name and address of GP
- Date of sample collection

Screenshots of the tQuest form are provided in Appendix F. The sample-taker PIN will not be required, as this is a self-collected sample.

Making the Proactive Offer in General Practice

To enable the proactive offer, a search on the Cervical Screening Management System (CSMS) can be carried out, using the non-responder list. A new bespoke report (Non-Responder List V3.0) has been developed that practices can run to identify all non-responders eligible for HPV self-sampling. The non-responders report contains individuals who:

- Have not responded to their most recent cervical screening invitation and are now more than 6 months overdue
- Have been ceased due to age but were non-responders at the time of ceasing and are still under 65 years old and so remain eligible for their last screening test.

Details on the report and how it is run can be found in the [CSMS user guide](#). For support with CSMS please go to [CSMS help](#).

Otherwise, the same principles as the opportunistic offer apply. However, the offer will be made to women and people with a cervix on a pre-defined list, based on the eligibility criteria.

Self-collection at home

To mitigate against patient harm and comply with Manufacturer instructions and NHSCSP standards, HPV self-sampling testing needs to be ordered and overseen by a healthcare professional.

Where patients are attending general practice for any reason, collection while in the practice should be encouraged as sample collection is considered more likely in this context.

To maximise participation in cervical screening, collection of the sample can occur in any setting that the healthcare professional ordering the test believes is appropriate. This will be subject to patient choice and informed consent.

- Samples collected in alternative settings, e.g. at home, must be returned to the general practice within 72 hours of self-collection for transportation to the lab.

Telephone consultations

HPV self-sampling can be offered opportunistically or proactively during a telephone consultation by a trained health care professional. The same principles described above apply including checking patient eligibility on CSMS, providing information about HPV self-sampling, the risks and benefits, the self-collection process and offering a choice between self-sampling and clinician sampling. The clinical template should be used and testing ordered using t-Quest.

The Sample

The 'grab bag' of consumables will contain the instruction leaflet, the vaginal self-screen swab, a plastic sample collection tube, and a sticky label for the healthcare professional to complete (if applicable, please see below). The swab is the breakable FLOQswab 5E160N01, which is CE marked for HPV self-sampling. This bag should be stored at 2-30°C to ensure the swab can meet the intended specification. The bag in which the consumables arrive will also act as the transport bag.

Some key information about the swab:

- It does not contain any animal products
- Use with caution if allergic to nylon fibre and ABS (Acrylonitrile butadiene styrene) material
- The swab is not suitable for collecting alternative sample types or for the collection and transport of viruses or other microorganisms, other than those which have been verified by the testing laboratory
- This is for HPV ONLY and not suitable for collecting cells for cervical cytology (microscopic) assessment.

The instruction leaflet will have a website link as well as a QR code that allows the text to be read in multiple languages. This is found in Appendix G. Practices will also be given several laminated copies of the leaflet in the available languages.

Once the offer of HPV self-sampling has been accepted, depending on the participating site, the healthcare worker will need to either:

1. Attach the tQuest label to the collection tube, or
2. Hand-write the following information on the sticky label that is in the grab bag, then attach it to the collection tube:
 - The patient's name (first and last name)
 - Date of birth on the tube
 - Date of sample on the tube

The tQuest form should be kept by the healthcare professional when the individual is completing their self-sample.

The woman or person with a cervix will then complete the self-sample. **The woman or person with a cervix does not need to be in the same room as you to**

complete the sample – please provide them with a private space to take the sample. This can be the consultation room, a toilet, or other private space.

Once the sample is completed, the individual will hand this back to the healthcare professional in the 'grab bag.' The printed tQuest form **must** then be inserted into the document pouch on the 'grab bag' to ensure this is sent to the lab with the sample.

Ensure the details on the tQuest form match the details on the tube. Ensure the swab is in the correct, labelled container and none of the waste (e.g., the snapped off part of the swab, the search which contained the swab) is in the Grab Bag.

This is a dry swab therefore there is no need for the healthcare professional to suspend the sample in cell preserving liquid.

Transport to the Lab

'Grab bags' with:

- The labelled sample container, including patients name, date of birth, date of sample (either printed or handwritten – see information above),
- The tQuest request form

should be placed into the same purple bags as samples from the Cervical Screening Programme (picture below). Details can be found here: [Cervical screening samples | Health Services Laboratories](#).

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Please ensure a CSL barcode is placed on the purple bag before it is transported to the lab.



It is **essential** the sample goes into the purple collection bag – not doing so may result in the sample not being tested.

Samples should arrive at the lab within 14 days of the sample being taken to allow effective resuspension and to ensure results are valid.

Implementation Suggestion: Place a purple collection bag in the room of each healthcare professional who is making this offer. This ensures the sample goes into the correct bag straight away. At the end of each day or when collection takes place, combine these into one bag.

Results

Details of how healthcare providers and patients receive results can be found here: [Cervical screening results | Health Services Laboratories](#).

Women and people with a cervix will receive self-screen results via the routes used by the national Cervical Screening Programme.

HPV self-screen results will be sent electronically to general practices in the same way as in the Cervical Screening Programme via Keystone.

It is the responsibility of the healthcare professional making the offer to ensure that results are received and proactively review results to ensure follow-up of those with an HPV positive or unavailable/insufficient results.

The full responsibilities of the offer-maker are outlined in Section 5 of [Cervical screening: cytology reporting failsafe \(primary HPV\) - GOV.UK](#).

Once the healthcare professional has the result, the correct SNOMED code should be included in the patient's GP record:

- For hrHPV Not Detected - Human papillomavirus self-sample test negative - 1091741000000108
- For hrHPV Detected - Human papillomavirus self-sample test positive - 1091911000000109
- For hrHPV Unavailable or Unreliable - Human papillomavirus self-sample insufficient – 1094051000000107

A full list of SNOMED codes can be found in Appendix E.

Women and people with a cervix who have a **hrHPV Detected** result on a self-screen will be advised in their results letter to book a follow-up appointment at their general practice to have a standard screening test taken by healthcare professional (HPV primary screening test), as cells from the cervix are not exfoliated in self-screen collection. The follow-up test (standard cervical screening test) should be taken as soon as possible with proactive follow-up of results. There is no need to

wait for three months before the standard screening test. **This follow up screening test should be performed at the same location as the self-screening test offer.**

The genotyping will **not** be provided to the healthcare professional or the NHS Cervical Screening Administration Service (CSAS).

A **hrHPV Not Detected** result will lead to a change in next test due date in the Cervical Screening Programme.

Participants aged 25.5-49 years old and who are HPV negative on the self-sample will **remain on a 3-year recall interval** until routine intervals in relation to self-sampling for this age cohort are reviewed by the NHS Cervical Screening Programme are reviewed.

If the self-sample returns a result of **hrHPV Unavailable or Unreliable**, the individual is advised to return to the general practice to repeat the self-sample. This can be done at any time – there is no need to wait. Please note that all invalid HPV samples are HPV tested again. An unavailable/unreliable test result is only issued if two invalid HPV results are obtained on the same sample.

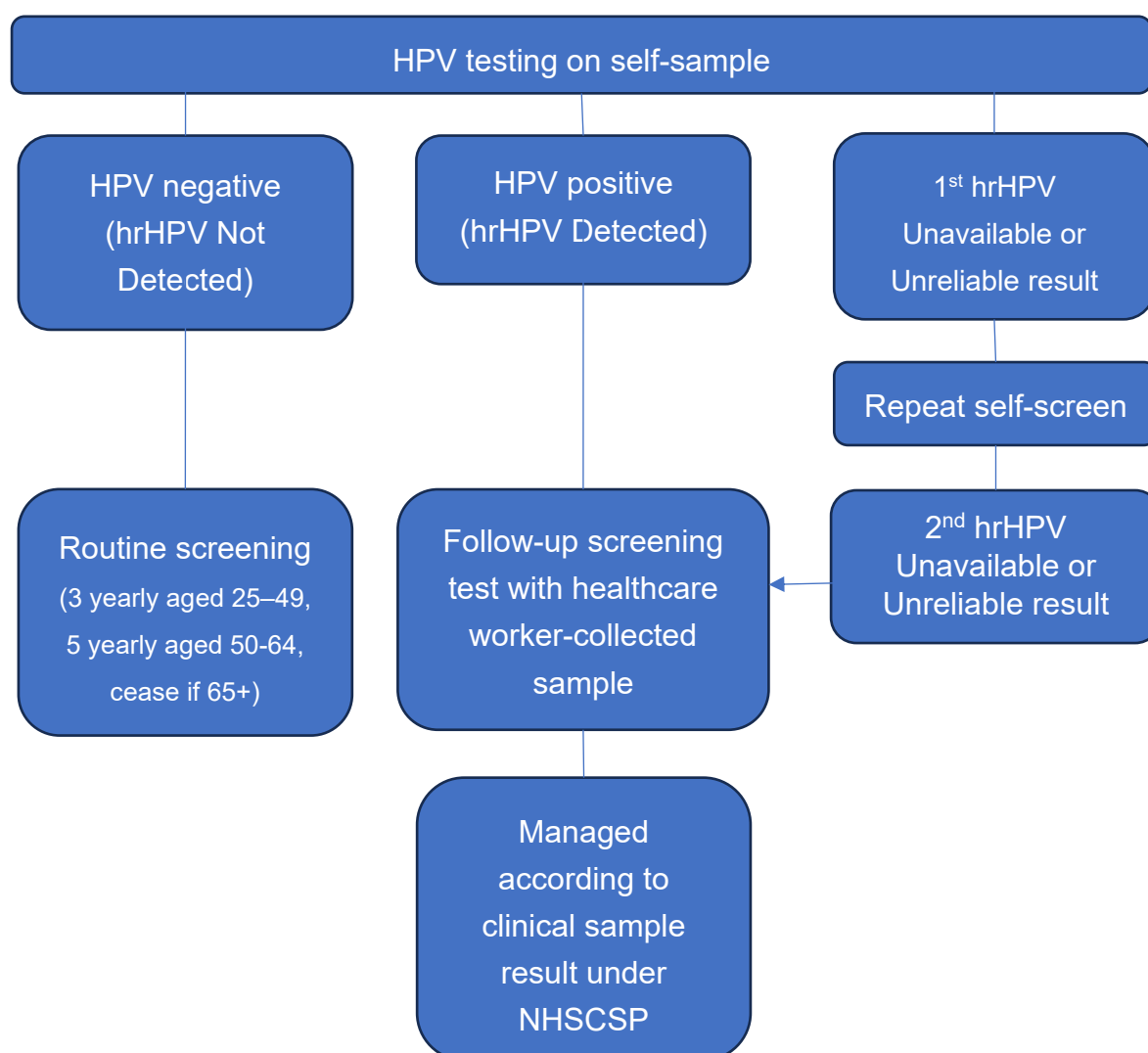
If there is a second HPV unavailable or insufficient result (following a second self-sample), the individual will receive a letter inviting them to attend the general practice for the usual/routine healthcare worker taken sample. This can be done at any time – there is no need to wait.

Women and people with a cervix will be informed via post or NHSApp notification and asked to contact the practice in the following scenarios:

- repeat HPV self-sampling after a first insufficient/unavailable result
- book a standard clinician screening appointment after a second insufficient/unavailable result
- book a standard clinician screening appointment following an HPV self-sampling positive result

It is, however, **the responsibility of the healthcare professional who made the offer, to proactively follow-up these patients to ensure that the subsequent screening test is completed if the patient so chooses.** The failsafe responsibilities of the offer-maker are outlined in Section 5 of [Cervical screening: cytology reporting failsafe \(primary HPV\) - GOV.UK](#).

It is advised that healthcare professionals make a record of all offers of self-sampling to ensure that results are returned and actioned.



Cervical Screening Management System (CSMS)

To facilitate this offer, changes have been made to the Cervical Screening Management System (CSMS) to allow self-screening results to be recorded on the system. Appendix H outlines the standard result and action codes used on CSMS.

Ordering Grab Bags

Participating settings can order supplies (ThinPrep vials, brooms, supply bags and bar code labels) via the online order page at:

https://pathologyforms.formstack.com/workflows/hpv_surgery_supplies

Please do not try to order supplies via telephone or email.

Supplies will be delivered by ParcelForce; please allow 5 days for delivery.

For queries about sample taker supplies, please contact:

ls.helpdesk@hslpathology.com or phone 020 7307 9440.

Rejected Samples

CSL operate strict sample acceptance criteria in line with National Guidance:

[Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities - GOV.UK](#)

The error codes used alongside the outcomes (e.g., whether a result is issued or not) by the lab are in Appendix I.

The laboratory will inform the requesting healthcare professional via the electronic reporting system for general practices, outlining the reason(s) for rejecting the sample (including error code) and next steps necessary. **Women and people with a cervix will not be directly informed that the sample has been rejected, and they should be proactively followed up by the healthcare professional who made the offer.** They should also be invited to book a standard screening test if they prefer.

Reporting Harm or Safety Issues

HPV self-sampling harms, safety issues and incidents should be managed and reported in the same way as the national NHS cervical screening programme.

Please see [national screening incident guidance](#).

As per the guidance, ensure NHS England (england.londonscreening-incidents@nhs.net) and the screening quality assurance service (SQAS) are informed (england.cervicalqa@nhs.net), as well as the ICB patient safety or quality team.

Please report any device-related adverse events, incidents or concerns to the MHRA via the Yellow card scheme. Please see guidance [Yellow Card | Making medicines and medical devices safer](#)

Resources

The following resources are available to deliver the pathway (please click on the links to access):

[Patient Information Leaflet](#) (information about the pathway, in Multiple Languages)

[Patient Swab Instruction Sheet](#) (English)

[Patient Swab Instruction Sheet](#) (Multiple Languages)

[Patient Instruction Video](#) (Multiple Languages)

Queries

Points of contact for queries related to the London HVPV self-sampling pathway are as below:

General Pathway Queries	
NHS London commissioning team	england.ypa@nhs.net
HPV Self-Screening Clinical System Template and Alerts/Protocol Queries	
EMIS & SystmOne	nclibc.itandsystems@nhs.net
HPV Self-Screening Searches	
WNL ICB	nclibc.itandsystems@nhs.net
NEL ICB	nelibc.gpittraining@nhs.net
SEL ICB	ICT@selondonics.nhs.uk
SWL ICB	Raise a ticket on the self-service portal or telephone: 0203 513 6464 https://itservicedesk.swlondon.nhs.uk/CherwellPortal/SupportHubICB/CherwellLogin
General IT Queries	
Your local GP IT Service Desk	

Appendices

Appendix A: Further background to HPV self-sampling

In England, cervical screening currently prevents around 70% of cervical cancer deaths, but approximately 3 in 10 people do not take up the offer of screening. It could prevent many more deaths if everyone invited was able to attend screening regularly. Data indicate that screening coverage in London fell twice as fast as the national decline between 2011 and 2022 (-12% vs -6%) and is below 50% in some boroughs. The proportion of cervical cancers diagnosed via the programme and those diagnosed at stage 1 (when prognosis is significantly more favourable) is declining at rates faster than national levels. London consistently has the lowest cervical screening coverage nationally (65.6% versus 72.6% across England in 2018/2019) with declining coverage since 2012. In 2023, London had the lowest cervical screening coverage in the country (63% in 2023). In 2023, the NHS committed to the elimination of cervical cancer by 2040 through achieving:

- Cervical screening rates of 70%
- HPV vaccination rates of 90%

To meet this in London, we would need to screen an additional 65,000 people every year in London, an annual increase in coverage of 2%.

YouScreen

The YouScreen study was a clinical trial offering HPV self-sampling to non-attenders within the NHS Cervical Screening Programme in North East and North Central London. This investigated an end-to-end pathway for HPV self-sampling within the NHS cervical screening programme in England providing evidence for how best to implement HPV self-sampling at scale in England. The study had 2 aims:

- Test a new pathway for the implementation of HPV self-sampling for non-attenders within the NHS cervical screening programme in England.
- Provide the evidence-base that HPV self-sampling can improve cervical screening coverage in England and can increase detection and treatment of high grade CIN (CIN2+).

The target population was women aged 25-64 years who are at least 6 months overdue cervical screening, and all GP practices in Barnet, Camden, Islington,



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Newham and Tower Hamlets were invited to participate (these boroughs had the lowest screening coverage across NCL and NEL). Eligible women were identified via an opportunistic offer as well as direct mail-out. Samples were collected vaginally using a flocked swab (Copan FLOQSwab®) and tested for HPV by the Cervical Screening Laboratory for London (CSL). Samples were transported dry at room temperature.

YouScreen found that HPV self-sampling was highly acceptable to participants and primary care, and that screening being offered in this way can address inequalities and reach an ethnically diverse population. There is a social gradient in both cervical screening coverage and (in the opposite direction) in cervical cancer mortality. Similarly, Black women are less likely to participate in screening and more likely to die from cervical cancer than White women.

- Self-samples were returned from 65.5% of those who accepted an opportunistic offer and was much more efficient than direct mail out of kits.
- HPV self-sampling was highly acceptable and managed to capture underserved populations (e.g. transmen, women with a history of mental illness, abuse, or learning difficulties). Responders were representative of the ethnically diverse and deprived underlying non-attender population.
- HPV self-sampling resulted in a 22% increase in non-attenders screened per month.
- Coverage increased by 1.6% at participating versus non-participating practices equating to 7.4% over a 3 year screening round.

Results showed that opportunistic offering of HPV self-sampling to non-attenders is an effective strategy for improving uptake in under-screened individuals.

General Practices were able to easily make the offer without unduly prolonging the consultation, using embedded software in their IT systems to identify the correct cohort, process the offer according to CSP guidelines and ensure high compliance to clinical follow-up. General practices expressed a strong desire to:

- allow administrative staff to offer HPV self-sampling kits.
- allow dedicated practice staff who already call lists of women overdue screening to be able to offer kits during these calls.

HPVValidate

HPVValidate was a national study that set out to investigate if vaginal self-samples were as accurate at identifying HPV as clinician taken screening tests in the NHS Cervical Screening Programme in England.

The study recruited >6000 eligible people from General practices and colposcopy clinics. People who participated were invited to take a self-sample using a vaginal swab or brush. Those recruited in General practices also had their standard clinician sample taken when they attended their routine appointment. The laboratories tested both samples (self-taken and clinician-taken) so the results could be compared. The study used 3 different collection devices (Evalyn Brush (Rovers Medical), Self-Vaginal Floqswabs (Copan) and Aptima Multitest (Hologic)) and 2 HPV tests used by laboratories in the UK for testing cervical screening samples at the time (Cobas HPV Test (Roche) and the Aptima HPV Assay (Hologic)).

The study found that 4 combinations of self-collection device and HPV tests worked well. These were

- Evalyn Brush and Cobas
- FLOQswabs and Cobas
- FLOQswabs and Aptima
- Aptima Multitest and Aptima

The findings of this study can inform the choice of HPV self-sampling kits and testing platforms to use if HPV self-sampling is offered to 'under-screened' people (who have never or rarely attended cervical screening). The results can also be evaluated further in future scientific studies to help determine if HPV self-sampling could be introduced effectively as a future option to all screening participants.

A substudy assessed individuals' experience of HPV self-sampling and their attitudes towards this in the future. It found that the experience of people completing a self-sample in a primary care setting was overwhelmingly positive. Most participants said the overall experience of using a self-sample was excellent (75%) or good (23%). If offered a choice, 69% said they would choose HPV self-sampling while 19% would prefer to have the test done by a clinician. All 3 devices used in HPVvalidate were deemed as valid consideration for future use from an acceptability perspective

Appendix B: EMIS user resources

1. EMIS HPV SS alerts – bottom right-hand of screen

Status	Alert displayed text	Detailed text if hover over alert	Alert
Eligible, 6m overdue & No offer	"Offer HPV Self-Sampling"	"Patient is due for Cervical Screening and is eligible for HPV Self-Sampling"	MOUSE, Minnie (Ms) ⚠ Offer HPV Self-Sampling
Offer coded but no outcome ie either declined or result	"HPVSS Was Offered"	"Cervical HPV self sampling has been offered but no outcome coded"	MOUSE, Minnie (Ms) ⚠ HPVSS Was Offered
Offer declined coded not subsequent code	"HPVSS Was offered and Declined"	"HPVSS Latest code entry was Declined"	MOUSE, Minnie (Ms) ⚠ HPVSS Was offered and Declined
Latest result code is HPVSS positive	"HPVSS result was POSITIVE"	"HPVSS Positive Result - Requires screening by clinician"	MOUSE, Minnie (Ms) ● HPVSS result was POSITIVE
Latest result code is HPVSS inadequate	"HPVSS test result was INADEQUATE"	"HPV Self-sampling result was inadequate - if 1st HPVSS inadequate repeat self sampling. If 2nd screen by clinician."	MOUSE, Minnie (Ms) ● HPVSS test result was INADEQUATE

There is no pop-up for negative as this does not need opportunistic action.

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2. Screenshots of EMIS Template

HPV Self-Sampling (NHSE London) v1.0 - Template Runner

MOUSE, Minnie (Ms) Born 01-Jan-1999 (26y) Gender Female
EMIS No. 516899 Usual GP SEYMOUR, Craig (Dr)

Template Runner

Pages «

Main Page - Assessment & Offer

Optional - Health Data Entry

Eligibility Criteria - Info

Risks and Benefits - Info

Offer and Test - Info

Results - Pathway & Data entry

Resources

HPVSS Process

Please ensure you have completed the HPV self-screening training before making this offer - see the link to the training in the "Resources" tab

To offer the cervical screening kit:

1. Check eligibility (please see 'Eligibility Criteria' page)
2. Ascertain the following - if any of these are present, then suggest another time to complete the self-sample:
 - a) Recent gynaecological operation or in the case of unusual bleeding or pelvic pains.
 - b) In the 3 days prior to self-collection, was there use of vaginal ovules, creams or washes, vaginal contraceptives or condoms
 - c) In the 2 days prior to self-collection, was there sexual intercourse or ultrasound scans or gynaecological examinations
3. Briefly explain the self-sampling pathway.
 - a) Explaining the offer and test (please see 'Offer and Test' page)
 - b) Explaining the steps after the test (please see the 'Results' page)
 - c) Explaining the risks and benefits and off-label use (Please see the 'Risks and Benefits' page)
 - d) Offering the opportunity to ask questions.

2.1 Main Page – Assessment & Offer

Main Page - Assessment & Offer

HPVSS Process

Please ensure you have completed the HPV self-screening training before making this offer - see the link to the training in the "Resources" tab

To offer the cervical screening kit:

1. Check eligibility (please see 'Eligibility Criteria' page)
2. Ascertain the following - if any of these are present, then suggest another time to complete the self-sample:
 - a) Recent gynaecological operation or in the case of unusual bleeding or pelvic pains.
 - b) In the 3 days prior to self-collection, was there use of vaginal ovules, creams or washes, vaginal contraceptives or condoms
 - c) In the 2 days prior to self-collection, was there sexual intercourse or ultrasound scans or gynaecological examinations
3. Briefly explain the self-sampling pathway.
 - a) Explaining the offer and test (please see 'Offer and Test' page)
 - b) Explaining the steps after the test (please see the 'Results' page)
 - c) Explaining the risks and benefits and off-label use (Please see the 'Risks and Benefits' page)
 - d) Offering the opportunity to ask questions.
4. Record the kit offer below and complete the tQUEST form.
5. Complete the sample tube label and stick on the collection tub.
6. Print the tQUEST form.
7. Individual takes their sample at the Practice
8. Insert the tQUEST form in to the collection bag with the sample.
9. Leave samples in the usual CSL Collection bag.

Resources for healthcare professionals and patients can be found in the 'Resources' page

Past HPVSS offers

Any Previous HPVSS?	
Last HPVSS offer:	24-Jul-2025 »
Last HPVSS declined:	No previous entry
Last inadequate HPVSS:	27-May-2025 »
Last HPVSS or HPV Test Result:	No previous entry

NHS London Opportunistic HPV Self-Sampling: Professional Guidance

Assessment	
☐ Last menstrual period -1st day	28-Jul-2025
Text:	
Text: 3 Qs for Recent Gynae History	
Abnormal Bleeding?	
Symptoms of vaginal discharge	
Text:	
Text Entry: Symptoms of vaginal atrophy or dryness	
Text:	
☐ Has Pain on sexual intercourse?	No previous entry
Text Entry: Vaginal oestrogen use?	
Text:	
Text Entry: Further history/comments (including HRtuse/current contraception)	
☐ Text: Risks & Benefits of 'Off-label' ie 'Dry' use of swab explained:	
If the patient chooses to have a NORMAL sample by a sample-taker please 1) Code the Offer & Decline on this template & save & then 2) PLEASE USE YOUR NORMAL CERVICAL SCREENING TEMPLATE not this one.	

This HPVSS Offer	
Did the woman or person with a cervix accept the kit? Please select the correct option below and complete the free text box: If "Yes" Tick "Yes" box and Explain use of kit If "No" Tick "NO" box & ALSO tick the DECLINED Box & Record the reason in the text box.	
☐ Offer of self-sampling kit - Was the Kit Accepted? "YES"	Text: Was the HPVSS Kit Accepted? "YES"
☐ Offer of self sampling kit - Was the kit accepted? "NO"	Text: Was the kit accepted? "NO"
☐ TICK THIS BOX IF HPVSS DECLINED	Text: Reason for declined?
Explain the HPVSS Results Pathway to Patient Explain the HPVSS results pathway to the Patient (see Results Pathway Page)	
☐ Informing patient of test result process	Text: HPV Self-sampling Results pathway explained to patient -
☐ Text: Patient understands they may need to return for sample taker test if result is positive	Text:
Cancel	

2.2 Optional – Health Data Entry Page

HPV Self-Sampling (NHSE London) v1.0

Pages «

- Main Page - Assessment & Offer
- Optional - Health Data Entry**
- Eligibility Criteria - Info
- Risks and Benefits - Info
- Offer and Test - Info
- Results - Pathway & Data entry
- Resources

Safeguarding

☐ Advice given about domestic abuse Text

☐ Had discussion about female genital mutilation Text

Other screening

☐ Text: Patient is Breast Aware Text

Breast Screening

☐ Text: Patient Bowel Cancer Aware Text

Bowel Cancer Screening Information

HPV Vaccination History

HPV vaccination history

☐ Text: Patient states has had HPV vaccination course Text

Common Health Data

O/E - blood pressure reading / Text

Smoking Status

Smoking Cessation advice

Alcohol status

Alcohol Advice

Body weight kg

Standing height cm

Body Mass Index Text

2.3 Eligibility Criteria - info Page

Pages «

- Main Page - Assessment & Offer
- Optional - Health Data Entry
- Eligibility Criteria - Info**
- Risks and Benefits - Info
- Offer and Test - Info
- Results - Pathway & Data entry
- Resources

Eligibility Criteria

NHSE London HPV Self Sampling Pilot Eligibility Criteria

- Registered with a London GP Practice accredited as participating in the HPVSS

AND

- Any woman and person with a cervix who is:
 - a) aged 24.5 years to 64 years AND at least 6m overdue screening.
- OR**
- b) aged 65+ AND not screened since 60.
- OR**
- c) has yet to meet the criteria to be ceased from the programme AND at least 6m overdue screening

AND

- To reiterate At least 6m overdue screening

AND

- Has NOT had a cervical screening result in the last 3.5y for 25-49yo or 5.5 years for aged 50-64

AND

- NOT on an early-recall pathway

AND

- NOT on a test-of-cure pathway

AND

- NOT known to be pregnant or less than 3m after given birth

AND

- NOT new to cervical screening in England (to be eligible for this pathway it must be at least 6m since they became eligible for cervical screening in England)

AND

- NOT ceased/suspended

2.4 Risks & Benefits – Info Page

Pages

«

Main Page - Assessment & Offer

Optional - Health Data Entry

Eligibility Criteria - Info

Risks and Benefits - Info

Offer and Test - Info

Results - Pathway & Data entry

Resources

Explain Benefits & Risks

Benefits

- Ensures the individual has screening (self-screening is better than no screening)
- Can detect an entirely preventable cancer
- No need for a healthcare professional to be in the room with you
- Can be done quickly now

Risks

- Healthcare professional collected screening is most effective, but this offer is a very good alternative for people who do not wish to have the usual screening test which is undertaken by a doctor or nurse. Evidence shows no difference in outcomes and is being used widely in other countries
- Swab breaking however this is very unlikely unless excessive force applied

Explain the 'off-label' use

For example you could say...

"I just need to make you aware - usually these swabs are sent to the lab in a liquid but we will be sending the swab without a liquid.

However, as long as the swab gets to the lab within 14 days, evidence suggests the sample will remain stable. Therefore, once you have finished collecting your sample, please put it in the empty tube."

2.5 Offer & Test – Info Page

Pages

«

Main Page - Assessment & Offer

Optional - Health Data Entry

Eligibility Criteria - Info

Risks and Benefits - Info

Offer and Test - Info

Results - Pathway & Data entry

Resources

Offer & Test

Explain the offer:

- Explain that the person is overdue their cervical screening
- This practice is offering people who are overdue their cervical screening by at least 6 months the opportunity to do the screening themselves.
- This would be in place of the usual screening test done by a nurse or doctor.

Explain the test:

- The test is taken themselves in private.
- It should be done here in the clinic/practice
- It should be a painless test and easy to do.
- There are full instructions in the pack, as well as the container to insert the swab into once completed.
- Once collected, the patient gives it back to us.
- Once we have sent to the laboratory, they will look for human papillomavirus (HPV) on the sample, which is a known cause of cervical cancer.
- Reiterating that healthcare professional collected screening is most effective, but this offer is a very good alternative if women and people with a cervix do not wish to have a healthcare professional collected sample.
- They can also choose to have a healthcare professional collected sample today - explain the choice is theirs

If the patient chooses to have a NORMAL sample by a sample taker please

1) Code the Offer & Decline on this template & save

& then

2) PLEASE USE YOUR NORMAL CERVICAL SCREENING TEMPLATE not this one.

Cancel

2.6 Results – Pathway & Data Entry Page

HPV Self-Sampling (NHSE London) v1.0

Pages < Results

Main Page - Assessment & Offer
Optional - Health Data Entry
Eligibility Criteria - Info
Risks and Benefits - Info
Offer and Test - Info
Results - Pathway & Data entry
Resources

REMEMBER: It is the clinician's responsibility to follow up and act on the results of this self-screening.

Explain the next steps to the patient:

1st HPVSS - Comes back Negative for HPV

- If **no HPV is found** on the self-collected sample, the individual will **return to routine recall** and be invited again for screening in 3 or 5 years, depending on their age. (Please note for 25-50yo new intervals do not apply to self-screening).

1st HPVSS Comes Back Positive for HPV

- If **HPV is found** on the self-collected sample, the individual **will need to have a "usual" screening test undertaken by a sample-taker nurse or doctor.**
- This sample-taker 2nd sample will be tested again for HPV.
- If **no HPV is found on this 'sample-taker' 2nd sample** the individual will **return to routine recall** and be invited again for screening **under the new recall schedule.**
- If **HPV is found on this 'sample-taker' 2nd sample**, the sample will be checked for abnormal cells. If this **test finds cell changes**, the patient will be invited for a **colposcopy.**
- If the test by the nurse or doctor finds **HPV but no cell changes**, the patient will be invited to have **another HPV screening test in one year** to make sure no cell changes have occurred.

1st HPVSS Comes back Inadequate

- If the 1st self-sample comes back as **inadequate** the patient will be offered a 2nd HPV self-sample.
- If this 2nd HPVSS also comes back **inadequate** then the patient should have a sample done by a sample-taker.

Latest HPVSS results

Last HPVSS or HPV Test Result: 25-Jul-2025

HPVSS Result to enter coding: 28-Jul-2025

Text: Comment:

2.7 Resources Page

HPV Self-Sampling (NHSE London) v1.0

Pages < Resources

Main Page - Assessment & Offer
Optional - Health Data Entry
Eligibility Criteria - Info
Risks and Benefits - Info
Offer and Test - Info
Results - Pathway & Data entry
Resources

Links to useful resources:

Information for Healthcare Professionals:

- [London HPV self-screening webpages](#)
- [HPV SelfScreen Professional Guidance](#)
- [HPV SelfScreen training webinar for healthcare professionals](#)

Information for Eligible Patients:

- [Patient instruction leaflet](#)
- [Patient instruction video](#)
- [Patient Information Leaflet](#)

Template version

Template Version HPVSS (NHSE London) v1.0 08-Aug-2025

3. **If you took Part in YouScreen** – you may need to deactivate a YouScreen protocol that launches when the self-sampling 'offered' code is entered.

3.1. **Test this by entering the code 'HPV self-sampling offered'** code into a test/dummy patient.

3.1.1. If a YouScreen Lab consent for automatically launches then you need to deactivate their protocol

3.1.2. If nothing happens then there is no action needed.

3.2. **How to de-couple the 'Offered' code** from the Youscreen Lab consent form in EMIS

3.2.1. Resource publisher

3.2.2. Protocols & templates

3.2.3. Search 'Youscreen'

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Protocols and templates	Name	Description	Resource Size	Type	Published	Date Modified	Status
• All items	• YouScreen - Print Data Opt-Out Notification Form Protocol_V1	Imported item.	4.73KB	Protocol	No	11-Nov-2020	Active
• All Medicines (M&T)	• YouScreen - Print Lab Consent Entry Protocol_V1.0_20NOV20	YouScreen - Print Lab Consent Form Protocol_Version 1.0_13	1.65KB	Protocol	No	11-Nov-2020	Active
• Blood Pressure (BP) Data Entry	• YouScreen - Self-sample results entry protocol_V1.0_30OCT20	Imported item.	5.5KB	Protocol	No	11-Nov-2020	Active
• Breast Screening Template	• YouScreen - Self-sample results template_V1.0_30OCT20	Imported item.	10.21KB	Clinical Template	No	11-Nov-2020	Active
• Central Team ATN							
• Childhood Immunisation Project F12							
• CORD							
• Corona Virus							
• COVID PRINCIPLE							
• COVID-19							
• Digital Central Team							
• Dr IQ							
• Flu Vaccination							
• Hanley							
• ICF							
• ISL Templates							
• Letters							
• Nurin							
• Orphaned Migrated Protocols and Templates							
• PCS Templates							
• Practice Template							
• Protocols							
• PSDs							
• QIST							
• Repeat Dispensing RD Protocol F12 Key							
• Research/Study							
• Screening							
• Sensitive Codes							
• Smear							
• SMOCKED prep							
• Superadmin							
• Test							
• YouScreen							
• Email Library							
• Clinical Guidance							

3.2.4. Select 'YouScreen – Print Lab Consent Form Protocol...'

3.2.5. Right click

3.2.6. Select 'Status'

3.2.7. Select 'Deactivate'

3.3. **Refresh Resource publisher and re-enter the 'offered' code** to check it has now deactivated.

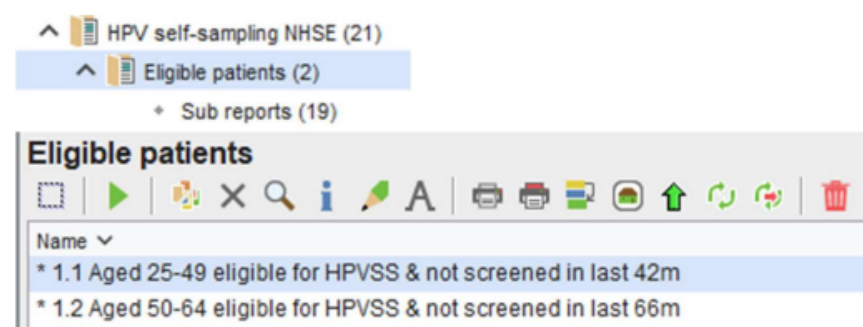
Appendix C: SystmOne user resources

A number of clinical system tools have been created to support practices in locating eligible patients (searches, alerts) and simplifying the required coding (data entry template). In order to access these tools, as these are only available to participating sites, you must join the Organisation Group first. To do so, you must approve a Task which has been sent to your practice called "Organisation Group Membership Invitation". This Task will likely be in your Unassigned Tasks folder. To join the group and gain access the tools, right click on this Task and select Action. Once Actioned, restart your SystmOne (F11 and shutdown). When you next open SystmOne, the tools will be visible to all in your practice.

For technical support, contact the NW London IT Service Desk on nhsnw.servicedesk@nhs.net

Searches

HPV self-sampling NHSE > Eligible patients (2)



Alert

Offer HPV self-sampling swab (NHSE) 25-49y ♀
Offer HPV self-sampling swab (NHSE) 50-64y ♀

Text appears on patient home: "Offer HPV self-sampling swab (NHSE)"

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Template: NWL HPV Self-Sampling (NHSE London)

Access via Autoconsultations > 19 Sexual Health > NWL HPV Self-Sampling (NHSE London)

NWL HPV Self-Sampling (NHSE London)

Assessment & offerResultsHealth data entryInfo - processInfo - eligibilityInfo - risks & benefitsInfo - Offer & testDisclaimer

HPV self-sample screening: Assessment

North West London

This template is for practices taking part in the NHSE London HPV self-sample swab screening programme. Please ensure that you have completed the HPV self-screening training before making this offer - see the link to the training on the right-hand side. The self-sample process can be viewed on the 'Info - process' tab, or click [here](#). The eligibility criteria can be viewed on the 'Info - eligibility' tab, or click [here](#)

Assessment

Date of last menstrual period - 1st day

Obtain the patient's recent gynaecological history.

- Has the patient had a recent gynaecological procedure?
- In the last 2 days, has the patient had sexual intercourse, USS or gynae examination?
- In the last 3 days, has the patient used vaginal ovules, creams or washes or vaginal contraceptives or condoms?

Abnormal bleeding?

Symptoms of vaginal discharge

Symptoms of vaginal atrophy or dryness

Has pain on sexual intercourse

Does the patient use vaginal oestrogen?

- Check whether the patient has used vaginal oestrogen in the last 2-3 days
- If patient uses vaginal oestrogen and this was not withheld prior to the appointment, discuss the risk of a repeat sample if 'inadequate' result

PMH (including HRT use / current contraception)

Explain the risks & benefits of 'off-label' i.e. 'dry' use of swab.

If the patient chooses to have a 'normal' cervical screening sample by a sample-taker please:

- Code below that the swab was offered and that it was declined and save this template
- Use your usual cervical screening template & process

Offer, decline & consent

Human papillomavirus self-sample screening offered

Human papillomavirus self-sample screening declined

[Use pencil icon to record reason for decline](#)

Human papillomavirus test consent given

Only tick 'consent given' if patient is able to complete self-sample on the day

Clinician resources:

- [Cervical screening resources](#)
- [HPVSS Professional Guidance](#)
- [HPVSS training webinar](#)

Patient resources:

- [Patient instruction leaflet](#)
- [Patient instruction video](#)
- [Patient information leaflet](#)

Contraception

☒ Show recordings from other templates

☐ Show empty recordings

InformationPrintSuspendOkCancelShow Incomplete Fields

(Tip: Click the button "HPVSS eligible patient search" on the tab Info - process to see if the patient record currently open is eligible for this service)

Appendix D: Suggested guidelines for counselling patients

The following points need to be covered when counselling a patient on the HPV self-sampling offer.

- Eligibility check:
 - Registered with a London GP,
 - Any woman and person with a cervix aged 25.5 years to 64 years; aged 65+ and not screened since age 60; or who have yet to meet the criteria to be ceased from the programme,
 - At least 6 months overdue screening,
 - Has NOT had a cervical screening result in the last 3.5 years for those aged 25.5-49, and 5.5 years in those aged 50-64,
 - NOT on an early-recall pathway,
 - NOT on a test-of-cure pathway,
 - NOT known to be pregnant and less than three months after giving birth,
 - NOT new to cervical screening in England (to be eligible for this pathway it must be at least six months since they became eligible for cervical screening in England),
 - NOT Ceased/suspended.
- Explain the offer:
 - Explain that the person is overdue their cervical screening.
 - This setting is offering people who are overdue their cervical screening by at least 6 months the opportunity to do the screening themselves.
 - This would be in place of the usual screening test done by a healthcare professional.
- Ascertain the following – if any of these are present, then suggest another time to complete the self-sample:
 - Recent gynaecological operation.
 - Currently menstruating.
 - Use of vaginal ovules, creams or washes, vaginal contraceptives or condoms in the 3 days prior to self collection.
 - Sexual intercourse, ultrasound scans or gynaecological examinations in the 2 days prior to self collection.
- If the person is experiencing unusual vaginal bleeding or pelvic pain, they should be reviewed clinically and the cause of their symptoms investigated as appropriate.
- Explain the test:
 - The test is taken themselves in private.
 - It should be done here in the clinic.
 - It should be a painless test and easy to do.
 - There are full instructions in the pack, as well as the container to insert the swab into once completed.
 - Once collected, the patient gives it back to us.

NHS London Opportunistic HPV Self-Sampling: Professional Guidance

- Once we have sent the sample to the laboratory, they will look for the 14 high-risk human papillomavirus (HPV) types on the sample, which are known causes of cervical cancer.
- **Reiterating that healthcare professional collected screening is most effective, but this offer is a very good alternative if women and people with a cervix do not wish to have a healthcare professional collected sample.**
- **They can also choose to have a healthcare professional collected sample today – explain the choice is theirs.**
- Explain the next steps:
 - The results will be issued to the patient in the same way as the Cervical Screening Programme.
 - If HPV is found on the self-collected sample, the individual will need to have a “usual” screening test undertaken by a healthcare professional. This sample will be tested again for HPV. If HPV is found, the sample will be checked for abnormal cells. If this test finds cell changes, they will be invited for a colposcopy.
 - If the test by the healthcare professional finds no cell changes, they will be invited to have another HPV screening test in one year to make sure no cell changes have occurred.
 - If no HPV is found on the self-collected sample, the individual will return to routine recall and be invited again for screening in 3 or 5 years, depending on their age.
 - It's important to note that extended intervals will not apply to people aged 25-49 years of age who test HPV negative on HPV self-sampling. They will be recalled after three years.
- Explains benefits and risks:
 - Benefits
 - Ensures the individual has screening (HPV self-sampling is better than no screening)
 - Can detect an entirely preventable cancer
 - No need for a healthcare professional to be in the room with you
 - Can be done quickly now
 - Risks
 - Healthcare professional collected screening is most effective, but this offer is a very good alternative for people who do not wish to have the usual screening test which is undertaken by a healthcare professional. Evidence shows no difference in outcomes and self-sampling is being used widely in other countries.
 - Swab breaking, however this is very unlikely unless excessive force applied.
- Explain the off-label use – for example, “I just need to make you aware - usually these swabs are sent to the lab in a liquid but we will be sending the swab without a liquid. However, as long as the swab gets to the lab within 14 days, evidence suggests the sample will remain stable. Therefore, once you have finished collecting your sample, please put it in the empty tube.”



NHS London Opportunistic HPV Self-Sampling: Professional Guidance

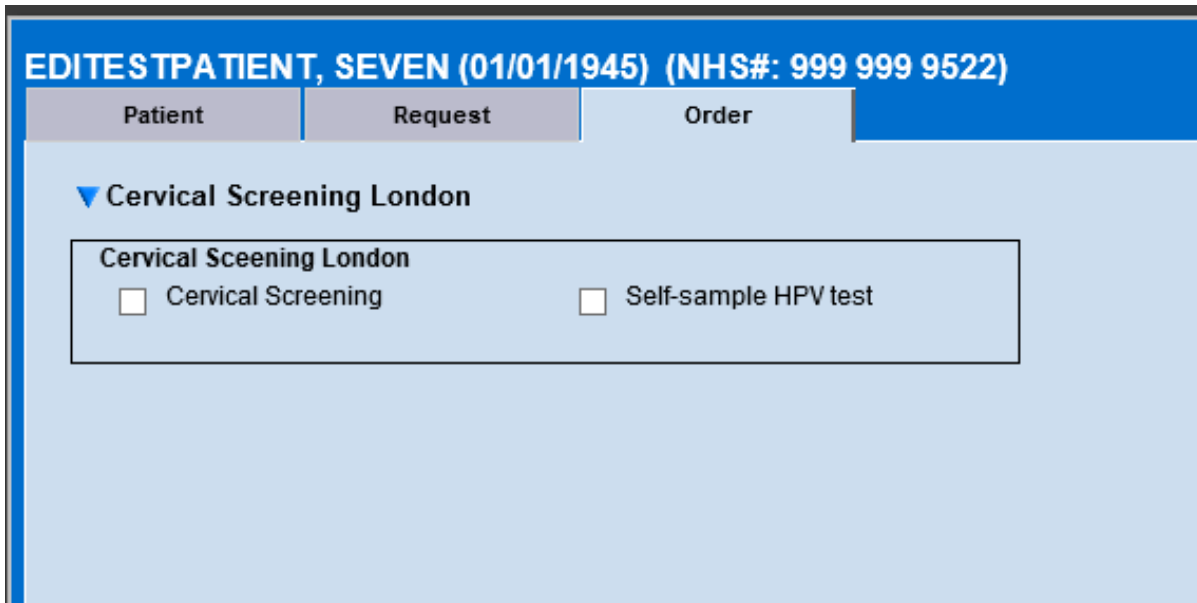
- Do you have any questions?
- Are you happy to take up the HPV self-sampling offer?

Appendix E: SNOMED codes for HPV self-sampling

Scenario	Code Name	Code Number
Individual offered HPV self-sampling	Human papillomavirus self-sample screening offered	1091941000000105
Individual accepts the HPV self-sampling offer and it will be completed during the same attendance in which the offer was made	Human papillomavirus test consent given	391144006
Individual declines the HPV self-sampling offer	Human papillomavirus self-sample screening declined	1091931000000101
Result is HPV positive (hrHPV Detected)	Human papillomavirus self-sample test positive	1091911000000109
Result is HPV negative (hrHPV Not Detected)	Human papillomavirus self-sample test negative	1091741000000108
Insufficient or inadequate sample, so no result available (hrHPV Unavailable or Unreliable)	Human papillomavirus self-sample insufficient	1094051000000107

Appendix F: tQuest HPV self-sample form

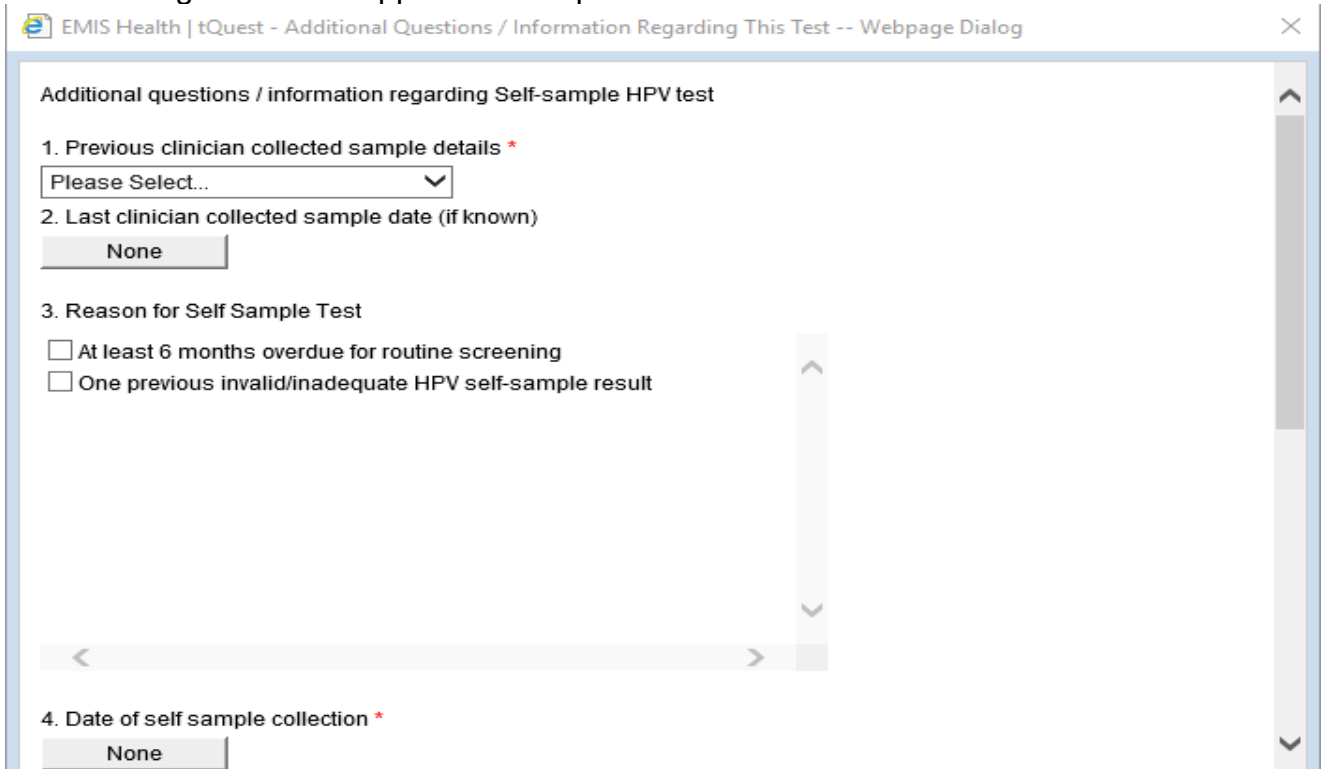
All participating practices should be presented with these options. Please select “Self-sample HPV test.”



EDITESTPATIENT, SEVEN (01/01/1945) (NHS#: 999 999 9522)

Patient	Request	Order
▼ Cervical Screening London Cervical Scceening London ☐ Cervical Screening ☐ Self-sample HPV test		

The following screen will appear for completion.



EMIS Health | tQuest - Additional Questions / Information Regarding This Test -- Webpage Dialog

Additional questions / information regarding Self-sample HPV test

1. Previous clinician collected sample details *
Please Select... ▼
2. Last clinician collected sample date (if known)
None
3. Reason for Self Sample Test
 - ☐ At least 6 months overdue for routine screening
 - ☐ One previous invalid/inadequate HPV self-sample result
4. Date of self sample collection *
None

EMIS Health | tQuest - Additional Questions / Information Regarding This Test -- Webpage Dialog

Additional questions / information regarding Self-sample HPV test

1. Previous clinician collected sample details *

Please Select...

Known (please add date below) (If known)

Unknown

Never screened

3. Reason for Self Sample Test

☐ At least 6 months overdue for routine screening

☐ One previous invalid/inadequate HPV self-sample result

4. Date of self sample collection *

None

EMIS Health | tQuest - Additional Questions / Information Regarding This Test -- Webpage Dialog

Additional questions / information regarding Self-sample HPV test

1. Previous clinician collected sample details *

Please Select...

2. Last clinician collected sample date (If known)

None

3. Reason for Self Sample Test

☐ At least 6 months overdue for routine screening

☐ One previous invalid/inadequate HPV self-sample result

4. Date of self sample collection *

None

Calendar -- Webpage Dialog

December 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Any Cancel Select

5. Patient acknowledges sample collection instruction? *

☐ Yes ☐ No

6. Ethnic Origin

☐ White

☐ Asian

☐ Black

☐ Mixed

☐ Other

☐ Unknown

7. Correspondence to patient's home address? (Y/N) *

☐ Yes ☐ No

8. Please provide an alternative address for correspondence if no is selected above.

128 characters remaining

Cancel Save

Question 7 is mandatory – please select Y/N

Question 8- if the response to Question 7 is 'No', please provide the preferred correspondence address in this field. If an address is not provided, the patient's results letter will be sent to the practice.

Appendix G: Patient instructions for collecting self-screen sample

Long version provided in Grab Bag



HPV SELF-COLLECTION PACK

This pack contains the materials required for sample self-collection.

Important information

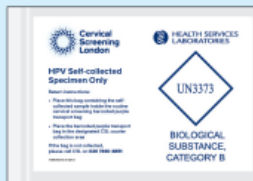
- Please read these instructions carefully and completely before attempting to collect your sample.
- If the instructions are followed you should experience minimal discomfort and no pain.
- Sample collection should not be performed: during menstruation (your period), during pregnancy, in the three months after giving birth, if you recently had a gynaecological operation, or in case of unusual bleeding or pelvic pain.
- Sample collection should not be performed if you have used vaginal ovules, creams or washes, vaginal contraceptives or condoms in the 3 days before.
- Sample collection should not be performed if you have had sexual intercourse, ultrasound scans or gynaecological examinations in the 2 days before.
- If you have problems, feel unwell/lightheaded, please pause or consult with your healthcare professional.
- The swab does not contain material of animal origin.

Sample pack contents

Please check that the pack contains all of the items outlined below. Do not proceed with sample taking if any items are missing or damaged, contact your healthcare professional for assistance.



Vaginal swab and collection tube



Sample return bag



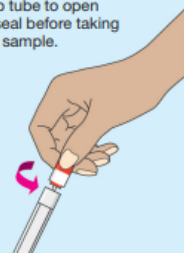
Sample label

PATIENT INSTRUCTIONS – SWAB SAMPLE

- 1** Wash your hands in warm soapy water. Open the pack containing the swab and collection tube. Take the cap off the collection tube and leave it to one side.



- 2** It is important to maintain a comfortable balance during sample collection. You can take your sample in a standing position. Twist the cap of the swab tube to open the seal before taking your sample.



- 3** Take the swab out of the tube and hold it in your fingers at the red mark in the middle of the stick to take your sample. **Do not hold it by the red end cap.**
- Please do not let the white swab tip touch any surfaces during sample collection. If the swab does touch a surface at any point, please request a new pack.**
-

- 4** Hold the swab straight when inserting into or removing the swab from your vagina. With your other hand, gently spread the skin outside the vagina. Insert the tip of the swab into the vagina opening. Point the tip towards your lower back and relax your muscles.
-

- 5** Insert the swab into your vagina as shown. If the swab does not slide easily, gently rotate it as you put it in. Your fingers on the red line will stop you going in too far. If it is too difficult, do not attempt to continue.
-

- 6** Rotate the swab for 10-30 seconds, making sure it touches the walls of your vagina, then carefully remove the swab.
-

- 7** Carefully put the swab into the collection tube. Holding the tube steady, snap the stick off at the red line. Discard the stick end of the swab, leaving the cotton end.
-

- 8** Screw the cap back onto the collection tube tightly.
-

Now you are ready to hand the swab back to your healthcare professional. They will complete the procedure required for your sample before it is sent for testing.

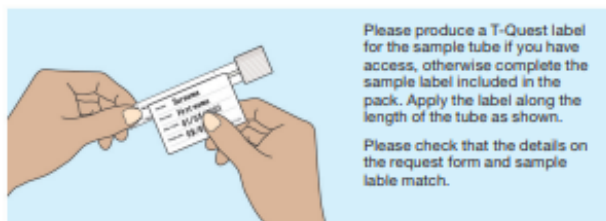
Hand the swab collection tube, clear sample bag, sample label and this instruction sheet to your healthcare professional.



To view these instructions in other languages please visit:
www.hslpathology.com/cervical-screening-self-collection

HEALTHCARE PROFESSIONAL INSTRUCTIONS

- Please make sure that the details on the request form and the swab collection tube match correctly.
- The swab collection tube should only contain the swab end.
- Swab samples should only be returned through the cervical screening pathway, not with general pathology.



IMPORTANT CHECKLIST

Before you return the sample please do the following:

- ☐ Place the completed request form into the outer sleeve of the sample return bag
- ☐ Make sure that the swab collection tube is labelled and place it into the sample return bag
- ☐ Seal the sample return bag and place it in the purple transport envelope with your cervical screening samples for collection

Warnings and precautions

- This pack is designed for use by persons aged 25 and over and upon request of a healthcare professional or healthcare organisation.
- The pack should not be used by individuals lacking the physical or mental capacity to correctly follow the self-collection instructions.
- Sample collection should not be performed during menstruation (your period), during pregnancy, in the three months after giving birth, if the patient recently had a gynaecological operation, or in case of unusual bleeding or pelvic pain.
- Sample collection should not be performed if vaginal ovules, creams or washes, vaginal contraceptives or condoms have been used in the 3 days before.
- Sample collection should not be performed if sexual intercourse, ultrasound scans or gynaecological examinations have occurred in the 2 days before.
- This pack is not suitable for collecting alternative sample types or for the collection and transport of viruses or other microorganisms, other than those which have been verified by the testing laboratory.
- Samples arriving at the laboratory which show evidence of the below may not be tested:
 - Different swab type/brand to the one supplied
 - General damage
- Use with caution if allergic to nylon fibre and ABS (Acrylonitrile butadiene styrene) material. If any problems arise during the sample collection process please contact your healthcare organisation.
- The accuracy of your results may be compromised if you do not read and follow the instructions in full.
- Samples arriving at the laboratory which show signs of degradation or general damage or arrive after 14 days of sample taking may not be tested.
- This collection pack is for HPV ONLY and not suitable for collecting cells for cervical cytology (microscopic) assessment.

Materials required but not provided

- **Test request form.** This will be provided by your healthcare professional or healthcare organisation.

Laboratory Tests

- The tests and procedures undertaken by Health Services Laboratories are verified and performed in line with supplier product instructions for use and supported by additional validation data for use with self-collection procedures.
- Test results are provided in line with clinically approved results pathways, agreed between Health Services Laboratories and the patients designated healthcare professional or healthcare organisation.

Assembled by Cervical Screening London (CSL)

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TAP5696/15-07-25/V6



HPV SELF-COLLECTION PACK

This pack contains the materials required for sample self-collection.

Important information

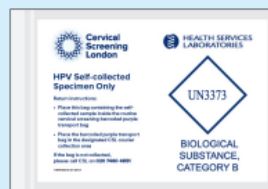
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- If you have problems, feel unwell/lightheaded, please pause or consult with your healthcare professional.
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Sample pack contents

Please check that the pack contains all of the items outlined below. Do not proceed with sample taking if any items are missing or damaged, contact your healthcare professional for assistance.



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Sample return bag



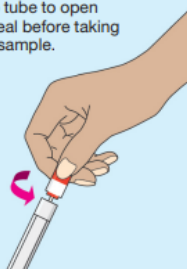
Sample label

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If the swab does touch a surface at any point, please request a new pack.

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- 7 Carefully put the swab into the collection tube. Holding the tube steady, snap the stick off at the red line. Discard the stick end of the swab, leaving the cotton end.

- 8 Screw the cap back onto the collection tube tightly.

Now you are ready to hand the swab back to your healthcare professional. They will complete the procedure required for your sample before it is sent for testing.
Hand the swab collection tube, clear sample bag, sample label and this instruction sheet to your healthcare professional.



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TAP5692/17-07-25/V8

Appendix H: Standard result and action codes

Self-Sample Result Code	Result/Action
X0A	No cytology result. HPV not detected. Action: Routine Recall
X9R	No cytology Result. HPV detected Action: Early Recall
XUH	No cytology result. HPV unavailable. No change to recall

Appendix I: CSL error codes for rejected samples

The table below has been amended from the '*NHS Cervical Screening Programme Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities, September 2024*'.

Error code	Action
S1 Self- sample received without form	Contact sender and ask for form. If no form received reject the sample and request repeat test to be taken. No test result.
S2 Form received without self-sample	Contact sender and check a sample was taken. If not request repeat test to be taken. No test result.
S3 Self-sample is unlabelled	Inform sender. Reject sample and request new sample to be taken. No test result.
S4 Patient details on form and self-sample do not match	Device only partially labelled but unacceptable: Significant data inconsistencies require a repeat sample. Inform sender. Reject sample and request new sample to be taken. No test result. Device only partially labelled but acceptable Follow guidance for minor labelling: A minor discrepancy may be a: • minimal spelling difference • specimen or form labelled with the person's maiden or previous name while the corresponding form/specimen is labelled with her current surname • single digit error in date of birth with all other identifiers matching In these circumstances, the laboratory is confident of the patient's identity despite the discrepancy. The laboratory will book in and report such samples. Check details via the

	CSMS application. Record the discrepancy and remedial action taken in the laboratory error log and inform the sender of the discrepancy. Explain any discrepancy in the report. Result issued. Multiple minor discrepancies constitute a major discrepancy and are dealt with accordingly.
S5 Self-sample device is damaged	Process sample. If hrHPV DETECTED report and advise clinician-based sample to be taken. Test result issued. Process sample. If hrHPV NOT DETECTED / Invalid. Reject sample and inform sample taker. No test result
S6 Out of date device	Reject sample. Inform sender. Ask sender to check stock and return any out-of-date devices to the laboratory for safe disposal. No test result.
S7 Out of programme – too young to old.	Inform sender and reject sample. No test result.
S8 Already had an LBC test in programme	Inform sender and reject sample. No test result.
S9 Self-sample issue – other	Inform sample taker request repeat sample. No test result.
S10 Patient details differ from past records	Contact sender and ask for correct information to be confirmed in writing. If correct information not received reject the sample and request repeat test to be taken. No test result.
S11 Sample received >14 days after self-collection	Process sample. If hrHPV DETECTED report and advise clinician-based sample to be taken.

	Test result issued. Process sample. If hrHPV NOT DETECTED / Invalid. Reject sample and inform sample taker. No test result
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