

## GUIDANCE PACK TO DEFER/CEASE WOMEN WITHOUT CAPACITY TO CONSENT TO CERVICAL SCREENING

The attached guidance has been created using guidance from the Mental Capacity Act (MCA) to assist screening practitioners and carers when considering the appropriateness of deferring a woman, without the capacity to make their own decision about cervical screening.

The pack will help you ensure that your organisation meets its legal duties, as set out in the Equality Act 2010, equality of provision for women who lack capacity.

Evidence shows that women with disabilities, including learning disabilities are significantly less likely to access the cervical screening programme than non-disabled women. Therefore, it is important to establish what additional, or different, support and preparation may enable the woman, who lacks capacity, to access the screening programme. The pack provides materials and advice on how to make Reasonable Adjustments. If you have made Reasonable Adjustments and your patient still demonstrates a lack of capacity to consent to screening, you will need to have a Best Interest (BI) discussion with the patient and someone who knows her well to decide if a deferral is appropriate and is in the patient's best interest.

The decision on whether to attempt screening should be taken by screening staff in consultation with the woman (if this is possible). The woman's family, a carer or close friend should also provide input into the decision where practicable and appropriate. Screening of a woman incapable of giving (or withdrawing) consent either verbally or behaviourally should only be undertaken in her best interests.

'Best interests' go beyond medical interests, and include factors such as previous wishes or beliefs (e.g. before a loss of capacity to express these), current wishes, general well-being, and spiritual or religious welfare.

A Best Interest Decision should be made by a GP in consultation with others who know her well. Someone nominated under a Lasting Power of Attorney or any deputy appointed by the Court of Protection can make care and treatment decisions, which must be accepted as if made by the individual lacking capacity. However, somebody with the power of attorney for health would be expected to consult with medical professionals around any medical decision.

It should be remembered that the individual responsible for the decision to proceed with (or withhold) screening in someone's best interests must be able to justify the decision should it be challenged. To this end, any decision to screen or withhold screening due to a Best Interests Decision should be clearly documented, including detailed information on why the decision was considered to be in the individual's best interests.

If a woman is unable to articulate consent to screening and it has been decided that it would be in her best interest to attempt screening, behavioral consent to procedure may be accepted. Behavioral consent is implied if a woman cooperates with the screening procedure without displaying signs of any undue anxiety or distress. It is important that carers or family members who understand how the woman communicates her feelings are

able to give guidance to the screening practitioner. If a woman withdraws consent either verbally or behaviourally during the screening examination, this should be accepted as withdrawing consent on that occasion and the screening procedure should be stopped.

It is important for screening staff to recognise that refusal on one occasion to undertake or complete a screening examination does not necessarily indicate that a woman should be permanently removed from the recall programme.

When a best interest decision has been made not to screen, every effort should be made to ensure the woman remains in the call recall programme.

Screening practitioners should adhere to the requirements of the Mental Capacity Act 2005 (MCA), and correspondingly have regard to the MCA's Codes of Practice. The British Medical Association has provided appropriate guidance, The Mental Capacity Act – Guidance for Health Professionals, which is available to download at [www.bms.org.uk](http://www.bms.org.uk).

Any decision to defer a woman from screening will require the MCA Deferral Form to be completed and returned to the NHS England –South (South West) as detailed on the form. The form will need to document any Reasonable Adjustments undertaken and be signed by the patient's GP.

In the instances where a GP deems it appropriate to cease from cervical screening, they should contact NHS England – South (South West) Screening and Immunisation Lead: [julie.yates7@nhs.net](mailto:julie.yates7@nhs.net) c.c. [Jayne.stewart@nhs.net](mailto:Jayne.stewart@nhs.net), [lynne.benton@nhs.net](mailto:lynne.benton@nhs.net)

*Suggest that this document is separate to the form and included with the template letter, the useful advice for best interest decision and the 2 colourful guides. And NHSCSP leaflet 'An Easy guide to Cervical Screening'*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/433757/easy-guide-cervical-screening.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/433757/easy-guide-cervical-screening.pdf)



## NHS England - South (South West)

### **Cervical Screening Pathway for Ceasing or Deferral under the Mental Capacity Act 2005 (Bristol, North Somerset, Somerset and South Gloucestershire and Devon and Cornwall)**

This pathway does not replace the South West Best Practice Guidance (2011) but supplements it by including an additional local failsafe step to ensure that ceasing or deferral for those without the capacity to consent to cervical screening is appropriate.

#### **1. All eligible women should receive an invitation for cervical screening**

Prior Notification Lists of eligible women are sent out to practices to ensure women are called for cervical screening appropriately. At this stage it is good practice for the GP practice to be able to identify women with a learning disability or a mental capacity issue and to contact the family/carer and advise that an invitation will shortly be issued by Call/Recall.

No action will be taken by Call/Recall regarding ceasing or deferral at this stage.

#### **2. What to do when a woman is not able to have a sample taken**

Reasons for a women not being able to have a cervical sample taken should be reviewed in line national guidance and the local cervical screening policy.

Once a Best Interest Decision has been made between the relevant parties that it is not appropriate for a cervical sample to be obtained, the relevant ceasing/disclaimer form should be completed and emailed to the NHS England – South (South West) Screening and Immunisation Lead: [julie.yates7@nhs.net](mailto:julie.yates7@nhs.net) c.c. [Jayne.stewart@nhs.net](mailto:Jayne.stewart@nhs.net), [lynne.benton@nhs.net](mailto:lynne.benton@nhs.net)

The Screening and Immunisation Lead will review the deferral/ceasing form to ensure the action taken is appropriate. The GP practice and Call/Recall will receive a response within 2 weeks.

#### **3. Call/Recall actions**

All eligible women will receive an invitation letter 5 to 6 weeks prior to their due date. If this is not responded to a second invite letter will be sent 18 weeks following the initial letter. If this is not responded to then the women will be deferred from screening for 3 to 5 years depending upon her age. In those instances where deferral is appropriate within 18 weeks; Call/Recall will not action this until the appropriate documentation has been received. If the woman is already at non-responder stage no action will be taken at Call/Recall as the case can be revisited at the time of the next invitation.

This documentation will be retained indefinitely and used for audit purposes.

## MCA DEFERRAL FORM FOR CERVICAL SCREENING

(Bristol, North Somerset, Somerset and South Gloucestershire and Devon and Cornwall)

Patient name	
Date of birth	
NHS number	

### Reason for postponement (*please tick*)

Physically cannot manage.	
Does not understand and would find the procedure distressing	
Unable to understand enough to co-operate	

### Reasonable adjustments made (*please tick*)

Was an accessible letter and information made available to the patient?	
Was a preparation appointment offered to explain the process and procedure using accessible information?	
Was a longer appointment offered?	

Is your patient likely to regain capacity?  
*If 'yes' by when might she have regained capacity?*

Are there any previously recorded indications (verbal/written/behavioural) about her wishes?  
*If yes, please specify*

The name/names of those involved in **the best interest** discussion and their relationship to the patient.

Have you talked to your patient, family members or carers about the signs and symptoms of cervical cancer that should trigger a visit to the surgery?

\*Appointee with Lasting Power of Attorney, Deputy appointed by the Court of Protection or Independent Mental Capacity Advocate (IMCA)

I confirm that I have read the [name] guidance pack and this decision has been taken in line with the MCA. Please retain a copy of this form in your patient's notes

	Name	Signature	Date
GP			
Relative/Carer (Specify relationship)			

Please return this form to:  
Jayne Stewart  
Screening & Immunisation Manager  
South West House  
Blackbrook Park Avenue  
Taunton  
TA1 2PX  
Or email [england.bnsssg.screening@nhs.net](mailto:england.bnsssg.screening@nhs.net)

(Practice stamp)

GP code,  
GP\_name  
Surgery\_name  
address1  
location1  
post\_code1

## NHS England - South (South West)

### **Cervical Screening Pathway for Ceasing or Deferral under the Mental Capacity Act 2005 (Bristol, North Somerset, Somerset and South Gloucestershire and Devon and Cornwall)**

This pathway does not replace the South West Best Practice Guidance (2011) but supplements it by including an additional local failsafe step to ensure that ceasing or deferral for those with Mental Capacity issues (including learning difficulties) is appropriate.

#### **1. All eligible women should receive an invitation for cervical screening**

Prior Notification Lists of eligible women are sent out to practices to ensure women are called for cervical screening appropriately. At this stage it is good practice for the GP practice to be able to identify women with a learning disability or a mental capacity issue and to contact the family/carer and advise that an invitation will shortly be issued by Call/Recall.

No action will be taken by Call/Recall regarding ceasing or deferral at this stage.

#### **2. What to do when a woman is not able to have a sample taken**

Reasons for a woman not being able to have a cervical sample taken should be reviewed in line with national guidance and the local cervical screening policy.

Once a decision has been made between the relevant parties that it is not appropriate for a cervical sample to be obtained, the relevant deferral form should be completed and emailed to the NHS England – South (South West) Screening and Immunisation Lead:

[julie.yates7@nhs.net](mailto:julie.yates7@nhs.net) c.c. [Jayne.stewart@nhs.net](mailto:Jayne.stewart@nhs.net), [lynne.benton@nhs.net](mailto:lynne.benton@nhs.net). In the instances where a GP deems it appropriate, that a woman should be ceased, please email NHS England – South (South West) Screening and Immunisation Lead for further guidance.

The Screening and Immunisation Lead will review the deferral form to ensure the action taken is appropriate and notify Call/Recall within 2 weeks.

#### **3. Call/Recall actions**

All eligible women will receive an invitation letter 5 to 6 weeks prior to their due date. If this is not responded to a second invite letter will be sent 18 weeks following the initial letter. If this is not responded to then the women will be deferred from screening for 3 to 5 years depending upon her age.

In those instances where deferral is appropriate within 18 weeks; Call/Recall will not action this until the appropriate documentation has been received. If the woman is already at non-responder stage no action will be taken at Call/Recall as the case can be revisited at the time of the next invitation. This documentation will be retained indefinitely and used for audit purposes.