NHS Cervical Screening Programme

NHS England, South Region, South West Cervical Screening Policy

2015

This policy cover the NHS England Area teams formerly known as Devon Cornwall and Isles of Scilly and Bristol, North Somerset, Somerset, South Gloucestershire, Area Teams

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Local Cervical Screening Policy

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1 Policy Statement

Policy Summary

1.1 The national recommendations are that all women aged 24.5-64 with a cervix, irrespective of sexual activity or any other factor should be invited into the Cervical Screening Programme at the following intervals:

- 24.5 - 49 years at three yearly intervals
- 50 - 64 years at five yearly intervals

In the NHS it is recommended that cytology testing should be restricted to:

- the recommended screening programme
- women with mild abnormalities undergoing cytological surveillance
- the follow up of women after the treatment of CIN
- women over the age of 25 who have never been screened or not been screened in the last three to five years

Changes to the age group and screening intervals were rolled out across the South West from April 2004.

1.2 Invitations will be sent 5 to 6 weeks before a woman’s 24.5th birthday. Recall will be at an interval of 36 months from the date of the last cervical test for women under the age of 49 and 60 months thereafter, when the last test was normal.

1.3 Women will automatically be removed from the screening programme if their next test due date takes them over the age of 65 and their previous test was negative.

1.4 All women should be informed of the result of their cervical tests within fourteen days of the date of test, whatever the result.

1.5 Non responders with abnormal cervical sample test results will be contacted in accordance with the local protocol and failsafe procedures.

1.6 To minimise the anxiety for those receiving abnormal test results, all women undergoing cervical screening should be provided with detailed information (both verbal and printed) at all stages of screening both before and after the test. NHS Cervical Screening Programme The ‘NHS Cervical Screening’ leaflets can be ordered from the Department of Health publication order line: 0300 123 1002, www.orderline.dh.gov.uk

1.7 Local Call/recall services (on behalf of NHS England South West Sub Region, will run a computerised call/recall programme supplying GPs with information on women due for call and recall.

1.8 The call/recall services, Cytology Laboratories and the Colposcopy and Primary Care Units all run failsafe programmes.

1.9 The laboratories are responsible for supplying the call/recall services, with the results of the cervical test reports within ten days of the laboratory receiving the sample.
1.10 The laboratory providers will comply with NHSCSP monitoring and standards

1.11 The colposcopy providers will comply with NHSCSP monitoring and standards

1.12 Each of the cervical screening programmes is coordinated by local multi-disciplinarily groups. These groups are accountable and responsible for setting and monitoring the standards for service users and are chaired by the Screening and Immunisation Lead in each of the NHS England Regional Screening & Immunisation Teams

2 Introduction

Aim of National Cervical Screening Programme

2.1 The aim of the NHS Cervical Screening Programme is to reduce the incidence of and mortality from, cervical cancer by delivering a systematic, quality assured population-based screening programme for eligible women.

This will be achieved across the whole programme by delivering evidence-based, interventions that will:

- identify the eligible population and ensure efficient delivery with maximum coverage
- be safe, effective, of a high quality, equitable, externally and independently monitored, and quality assured
- lead to earlier detection of cervical abnormalities, appropriate subsequent treatment of cervical intraepithelial neoplasia (CIN), and improved outcomes

2.2 Screening is not diagnostic; however, every attempt should be made to increase sensitivity and specificity.

Scope of the Programme

2.3 The programme includes all tests and investigations up to and including colposcopy.

Policies

2.4 This document sets out policies for the delivery of the NHS Cervical Screening Programme to the population served by NHS England, South West, South West Region.

Local Policy

2.5 This document sets out the roles and responsibilities of organisations and individuals involved in the Cervical Screening Programmes across NHS England - South (South West). Its purpose is to:

- act as a guide as to the correct procedures relating to the Cervical Screening Programme
- provide a comprehensive description of the local services which contribute to the running of the Cervical Screening Programme across NHS England - South (South West).
- draw together the national guidance documents which set standards for the NHS Cervical Screening Programme
• agree local variation from the national standards where appropriate
• provide a basis for agreement between NHS England, Public Health England, Acute Trusts, Primary Care and the Primary Care Support Service on the provision of the Local Cervical Screening Programme
• raise awareness of current national recommendations and standards amongst all health professionals involved in the Cervical Screening Programme

Changes to the Policy

2.6 This is a controlled document that will be updated in line with changes made to the National Screening Programme. Any changes will be agreed by the local cervical screening governance groups.

3 Quality Assurance

NHS Cervical Screening Programme Quality Assurance Services.

3.1 The quality of the Cervical Screening Programme is monitored by the NHS Cervical Screening Programme Quality Assurance Service.

3.2 The NHS Cervical Screening Programme provides a regional system of quality assurance for the programme. Regional co-ordination has been set up to:
• set quality assurance standards (Appendix 1)
• monitor and review performance against these quality assurance standards
• identify training needs and advise on how they should be met identify research needs
• advise the programme on professional matters

NHS Cervical Screening Programme Documents

3.3 Quality assurance guidelines have been published by the NHS Cervical Screening Programme and are available on their website www.cancerscreening.nhs.uk or can be ordered by telephone: 0300 123 1002.

3.4 Local policies are derived from the NHS Cervical Screening Programme documents which detail the quality assurance and standards to be achieved within the programme.

4 Programme Management

4.1 The Cervical Screening Programme is managed at national, regional and local levels. Service provision is commissioned by NHS England - South (South West).

National Management

4.2 The National Cervical Screening Policy is set by the Department of Health
and guided by the NHS Cervical Screening Programme.

**Regional Management**

4.3 The NHS England - South (South West) is responsible for ensuring that population screening is carried out across local communities. These organisations have an overall responsibility for securing provision of the population screening programme and maintaining its effectiveness by monitoring the quality of the service and identifying emerging issues.

4.4 The services which make up the NHS England - South (South West) Cervical Screening Programme are detailed in Appendix 2.

4.5 Cervical Screening Quality Assurance Services have been set up regionally to monitor the annual performance of the programme, make recommendations and support the delivery of the service by collecting programme data, providing regional guidance, carrying out multidisciplinary visits and advising on protocols and procedures. The South Quality Assurance monitors the performance across the South West.

**Local Management**

4.6 The Screening and Immunisation Team (NHS England, South West, South West Region), maintains the responsibility for the delivery of the Cervical Screening Programme.

4.7 The designated Screening and Immunisation Lead is responsible for maintaining close links with the South West Quality Assurance Reference Centre and for convening and chairing the multi-disciplinary region wide Cervical Screening Governance Groups and support the local delivery of the programme.

**5 Providers of the Service and Main Responsibilities**

**Main Providers**

5.1 The service is primarily provided by:
- sample takers within NHS England - South (South West) namely Practice Nurses, GPs, and Doctors and Nurses working in colposcopy service
- ‘call/recall services
- cytopathology and histopathology services
- colposcopy services
- screening and commissioning lead to co-ordinate the service

**Other Providers**

5.2 A number of cytology tests are performed in the private sector. However a private cervical test does not remove a woman’s right to be invited for a cervical cytology test as part of the NHS Cervical Screening Programme. All eligible women will continue to be invited as part of call/recall.
Roles and Responsibilities of Service Providers

5.3 The main roles and responsibilities are detailed in Appendix 3.

6 The Call and Recall System

6.1 The call/recall services are commissioned to provide a call and recall service on behalf of **NHS England - South (South West)**.

**Call and Recall Processes**

6.2 The call and recall system was created in 1988. It uses the population database (National Health Applications and Infrastructure services System) held by the call/recall services which holds details of all patients registered with an NHS GP located within the **NHS England - South (South West)**.

**Who is Eligible for the Call and Recall Programme Routine Screening Interval?**

6.3 All women between the ages of 24.5 and 64 years are eligible for a free cervical cytology test every three to five years depending on age (see Table 1 below).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency of Screening</th>
</tr>
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<tbody>
<tr>
<td>24.5</td>
<td>First invitation</td>
</tr>
<tr>
<td>25-49</td>
<td>Three yearly</td>
</tr>
<tr>
<td>50-64</td>
<td>Five yearly</td>
</tr>
<tr>
<td>65+</td>
<td>If any prior abnormality detected</td>
</tr>
</tbody>
</table>

**Cervical Tests for Younger Women**

6.4 It is a national recommendation that women under 24.5 years are not screened even if they are immuno compromised. Guidance on the management of young symptomatic women is provided in Clinical Practice Guidance for the Assessment of Young Women aged 20-24 with Abnormal Vaginal Bleeding produced by the NHS Independent Advisory Committee on Cervical Screening (ACCS), 2010.

6.5 The lower screening age limit has been controversial. However, research has found that screening women under 24.5 may do more harm than good. This is because:

- cancer of the cervix is very rare under the age of 24.5 years
- sexually active women under 24.5 are quite likely to have cellular changes that are transient
- there is no proven benefit from having transient changes detected or treated
- it is not certain whether screening can prevent the rare cases of cancer in women under 24.5

Screening women under 24.5 therefore results in many young women having the anxiety of an abnormal result and having unnecessary treatment without a...
proven benefit from these changes being detected and treated.

**Electronic Prior Notification Lists**

6.6 To ensure that all women receive appropriate and timely call/recall information all GP Practices receive electronic prior notification lists from the local call/recall service. Electronic Prior Notification Lists have been in place since October 2010 and to access these lists all GP Practices must be signed up to the National Health Applications and Infrastructure Services Open Exeter system (NHAIS). Electronic Prior Notification Lists (ePNLs) are produced on a weekly basis. GP practices can access their lists via the Open Exeter NHAIS system. The ePNLs contain details of women who are due for cytology testing. The details should be checked against the patient’s records to confirm the invitation is appropriate. For example, she may have had a sample test result which is not included on the database or there could be a reason why she should not receive an invitation. If there are any amendments to the list of women who are to be invited, the ePNLs should be returned to the call/recall service within 21 days from the date of receipt.

6.7 The Electronic Prior Notification Lists also provide an option to record a reason to defer a woman from the call/recall system e.g. pregnancy, recent test, under treatment relevant to screening etc together with several options to remove a woman's name from the call/recall system for specified reasons.

6.8 Failure to return the ePNLs by the due date may result in women being invited to attend for cervical screening inappropriately.

6.9 Amendments to Prior Notification Lists must be authorised by a Clinician. This task can be delegated within the practice, but the responsibility for these amendments is retained by the clinician.

**How is the Call/Recall System Updated and Maintained**

6.10 The call/recall services maintain the call/recall system by updating the computer screening details from the electronic copy of the cervical sample report that is forwarded from the cytology laboratory to the call/recall service.

6.11 The laboratory is responsible for the electronic transfer of results to the call/recall service. The local call recall service in turn is responsible for accepting and monitoring the electronic and paper transfer of results from the laboratory. This ensures that cervical sample results are recorded on the Exeter System exactly as the laboratory reported them. By recording the screening date and result of the sample, the woman is given a recall date. This date is when her next screening is due. The recall date is a key date that is used in the call/recall cycle. For the initial and routine recall procedures and the management of test results see Appendix 4.

6.12 The call/recall service receives batches of results daily, result letters are issued daily. These result letters contain nationally recommended wording. The local call/recall services will dispatch all result letters on a daily basis.

**No Trace Cervical Sample Reports**

6.13 When call/recall services receive a screening report and the patient’s details
cannot be traced on the computer database, the details are checked with the laboratory and if necessary the national tracing system is used to find the patient.

6.14 In order for a test result to be issued, the call/recall service will enter the woman's details onto a 'Dummy' registration system on the Exeter system, providing the patient address is within that database’s responsibility. This ensures that the result letter is issued to the address provided at the time the sample was taken and recall is maintained.

**New Patients**

6.15 Call/recall services use the National Health Applications and Infrastructure Services System (NHAIS) to transfer cervical cytology data between call/recall registers. When a woman registers with a doctor in NHS England South West Region, an application is made via the network for her screening medical record. This ensures that the cervical cytology history is normally updated on the computer quickly and often before the medical records is received. The system operates in reverse for women leaving the area and registering with a GP practice elsewhere in the country.

6.16 For women changing their GP within NHS England - South (South West), the cervical test result information remains on the local recall system.

**Foreign and Private Cervical Tests**

6.17 National guidance states that when a woman has been screened as part of a private health screening/consultation in the United Kingdom or abroad, the screening should not be considered part of the NHS call/recall programme. For example a woman under the age of 50 who has had NHS cervical screening in July 2009 and a private screening in July 2010 should still be invited for an NHS screening in July 2012. Although the results from private screening are recorded the original recall date remains unchanged. Women will be offered screening in accordance with the recall policy.

However, any private cytology test results which are abnormal (high grade) will be managed according to NHSCSP protocols. Women with mild and borderline results will be offered re-testing with HPV triage either immediately (if her screening history is not up-to-date), or in 6 to 12 months (if well screened). Subsequent management is according to NHSCSP protocols (Appendix 9).

Private HR-HPV test results should not be recorded on NHAIS, as this facility is currently not comprehensive. Management of HR-HPV tested women should be based on cytology results alone.

6.18 The Call Recall Screening Office will invite all eligible women registered with an NHS GP in the normal way regardless of whether they have had an overseas or private test.

6.19 For women tested privately and resulting in a negative, normal result (code 2H), the sample taker will be responsible for informing the patient of the result. There will be no letters sent by the call recall service as these samples will have been taken outside of the NHS Cervical Screening Programme.

6.20 If the woman does not wish to attend for an NHS test, she may need to
complete a deferral form (see section 9). If she does not complete a form she will receive a reminder eventually as an NHS non responder her due date will be moved on 3 to 5 years depending on her age.

**Women Not Registered with a GP**

6.21 There are instances where women may be removed from a GP list either at the request of the GP or the patient. Or a woman may not be registered with a GP but request a cervical cytology test at an NHS provider site. In any of these situations the responsible NHS England Regional Team will maintain a responsibility to ensure the women are invited appropriately and receive notifications of test results in writing.

Women not registered with a GP will be registered with local call/recall service on the Exeter system ‘Dummy database. This will ensure that the woman is invited appropriately as part of routine call/recall and that her results are sent out in writing. This will continue until either the cervical screening invitation letter is returned as undelivered (indicating that the woman no longer lives at the address provided) or the final non responder stage following a negative routine recall test is reached and the woman may be deducted from the system.

In some instances a permanent address is not known for the woman. In these instances when a woman attends for a cervical test at a clinic i.e. Family Planning or GUM Clinic the result will be sent to the woman at the address provided at the time of consultation. In these situations the sample taker will be responsible to ensure the woman receives notification of her result.

**Screening Outside the Standard Screening Programme**

6.22 The inappropriate use of screening tests in the investigation of symptomatic women together with their unjustified use in various clinical situations results in a significant extra workload for cytology laboratories with no particular benefit. Cervical screening aims to detect precancerous conditions and these do not produce symptoms.

6.23 Providing the woman is in the eligible age group and has had a screening test within the appropriate time period additional screening tests are not justified in any of the following situations:

- on taking or starting to take an oral contraceptive
- on insertion of an intra-uterine contraceptive device
- on taking or starting to take hormone replacement therapy
- in association with pregnancy, neither antenatally or postnatally, nor after termination
- in women with genital warts
- in women with infection
- in women with vaginal discharge
- in women who have had multiple sexual partners
- in women who are heavy cigarette smokers
7 Screening and Management of Immunosuppressed Women

Women with immunosuppression may be at greater risk of cervical cancer and may require additional screening (Appendix 5).

This group includes those women with:

- Renal failure requiring dialysis or awaiting transplantation
- Rheumatological disorders starting immunosuppressant medication – biologics or anti TNF drugs – also may be used in other autoimmune disorders e.g. psoriasis and gut disorders (Crohns)
- Multifocal disease
- HIV infection (see below)

Women on maintenance immunosuppression post transplantation or cytotoxic chemotherapy for non-genital cancer, long-term steroids and oestrogen agonists (e.g. tamoxifen) should be screened in accordance with the national schedule. Methotrexate does not warrant extra screening.

To ensure samples taken from immunosuppressed women are not rejected by the laboratory as out of schedule, it is imperative that accompanying HMR101 forms state either ‘Transplant’ or ‘Enhanced surveillance’, otherwise the sample may be rejected by the laboratory as ‘out of schedule’.

A summary of the local screening pathway for women with immunosuppression, how to mark HMR101 forms is provided in Appendix 10

This is a complex area and full guidance can be found in Section 11 of NHSCSP Publication 20 Colposcopy and Programme Management (2nd Ed, 2010).

8 Screening Women with Lack of Capacity to Make Decisions

8.1 National legislation specifies that health care organisations have a duty to ensure equality of service (Discrimination Act 2005) and that ‘Reasonable Adjustments’ are made so as not to discriminate against people with disabilities (2006 Public Sector Disability Equality Duty). In 2006, the NHSCSP produced a guide ‘Equal Access to Breast and Cervical Screening for Disabled Women’ which describes good practice to ensure that disabled women have the same rights of access as all other women eligible for cervical screening.

Learning Disabilities

8.2 Learning disabilities alone are not a reason for ceasing women from the programme. Materials are now available to assist women with learning disabilities to make an informed choice about whether to participate in the programme. See www.cancerscreening.nhs.uk

Good practice involves identifying women with learning difficulties when practices receive their ePNLs. This will allow time to meet and discuss carefully and explicitly their need for a cervical screening test.

8.3 There will however be a small number of women who are unable to consider
8.4 The process for ceasing and deferring women from the cervical screening programme is currently under review. Currently each of the call/recall services operates a different process for ceasing and deferring women from the programme. Please contact your local call recall service for more information.

<table>
<thead>
<tr>
<th>Call recall service</th>
<th>Contact details</th>
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<tr>
<td>NHS Shared Business Services</td>
<td>01380 733708</td>
</tr>
<tr>
<td>NHS PCS, Surbiton</td>
<td>0208 335 1380</td>
</tr>
<tr>
<td>Avon</td>
<td>0117 9002452</td>
</tr>
</tbody>
</table>

9 Ceasing from Call and Recall

9.1 Women cannot be ceased from recall without a valid reason for ceasing being recorded on the National Health Applications and Infrastructure Services System (NHAIS). See Table 2 below.

National policy states that women will only be ceased from recall under the circumstances outlined in the table below. With respect to age, ceasing may be automatic if a women's next test due date is after her 65th birthday.

Table 2: Acceptable Reasons for Ceasing from Call/Recall

<table>
<thead>
<tr>
<th>Reason</th>
<th>Acceptable Reasons</th>
<th>Unacceptable Reasons</th>
<th>Initiated By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Persistent non responders once over 60 years of age following first test after 60th birthday</td>
<td>Women under 65</td>
<td>GP informs the call/recall service using Ceasing Form or via Open Exeter ePNLS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women with recent abnormal results</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Cervix</td>
<td>Women with congenital absence of cervix</td>
<td>Partial/subtotal hysterectomy</td>
<td>GP informs the call/recall service using the appropriate ceasing form for that call/recall service or via Open Exeter ePNLS</td>
</tr>
<tr>
<td></td>
<td>Total hysterectomy for any reason including gender reassignment surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some women may require further followup (Appendix 8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>Women who have undergone radiotherapy to the cervix and the consultant caring for this patient has recommended follow-up should be clinical rather than through cervical screening may be ceased from the programme as a code 77</td>
<td></td>
<td>GP informs the call/recall service using the appropriate ceasing form that call/recall service.</td>
</tr>
</tbody>
</table>
The local call/recall service will only be able to cease women who request not to be included in the programme on receipt of a completed informed disclaimer signed by the woman but her name will remain in the eligible population when coverage rates are calculated.

The local call/recall service advised that a woman does not want screening (no signed withdrawal form)

Women who have never had sex with a man

Women who have been circumcised

Women who have physical or learning disability is no justification

Request to cease for unspecified ‘clinical’ or unspecified ‘medical’ reasons

GP informs the call/recall service using the appropriate ceasing form for that call/recall service.

Women who lack mental capacity may be ceased from the programme. There are clear guidelines to follow before ceasing under the Mental Capacity Act. This may include women with dementia, learning disability, mental health problems, stroke or head injuries.

GP or carer cannot request to cease a woman without consultation.

GP in line with MCA guidance
Forms are available within the Regional MCA guidance

Mental Capacity Act SW Region Guidance.

**Hysterectomy – Ceasing from the Programme**

9.2 The ceasing rules relating to vault samples following hysterectomy were reviewed and updated by the NHS Cervical Screening Programme in May 2010. This guidance states that the call/recall system will not issue results or reminder notifications for vault samples.

Guidance on follow-up post hysterectomy will be provided to GP practices and other sample takers, by the woman’s gynaecologist, and will be based on regional policy. Regional recommendations and local algorithms for the management and follow up of women post hysterectomy are detailed in Appendix 6.

All results and further follow up are the responsibility of the sample taker. GP practices are responsible for notifying call/recall when a woman has had a total hysterectomy to ensure that she is removed from call recall.

9.3 All results and the follow up of women who have had a total hysterectomy is ultimately the responsibility of the sample taker. However the consultant gynaecologist who performed the operation should inform colposcopy and the GP post hysterectomy as to the detailed follow-up guidance. The follow up will then be undertaken in the colposcopy clinic with a comprehensive failsafe mechanism in operation across cytology, histology and
colposcopy linking with other aspects of the programme. Secondary care providers should have local protocols in place to ensure that these women are notified of their results and follow up (Appendix 6).

9.4 When the local call/recall service has been notified that a woman has had a total hysterectomy and does not have a cervix, her name will be removed from call/recall. An acknowledgement letter is sent to the woman explaining that no further reminder notifications will be issued.

**How to Cease Women from Call/Recall**

9.5 Ceasing women from the NHSCSP has the effect of stopping all invitations being sent to a woman and removing her name permanently from the programme.

9.6 Practices wishing to cancel a patient's recall must submit details on the relevant documentation with an authorised signature. A woman with a cervix can ask to be reinstated to the programme again at any time. National policy states that women will only be ceased from recall under the circumstances below:

- For women ceased i.e. due to no cervix, age, informed choice or under the guidance of The Mental Capacity Act 2005 a confirmation letter will be generated and an electronic notification will be sent to the registered GP. Women ceased for no cervix, age and radiotherapy will be excluded from the eligible population when calculating coverage.

- Women will only be excluded when the ePNLs are returned or the appropriate paperwork is received by the Call/Recall Service. The process for requesting this is currently different across the local call/recall services. For further information practices should contact their local call recall service. However the processes for disclaiming are currently under review with the expectation that all call recall services will be aligned.

- Women ceased due to informed choice or under the guidance of The Mental Capacity Act 2005 will continue to be included in the eligible population for purposes of the monitoring programme coverage and performance against national targets.

**Disclaimers/Informed Dissent**

9.7 Women can request NOT to be included in the National Call/Recall Programme. If a woman requests to be removed from being invited for screening, she can still request a cytology test at any time (in accordance with the routine scheduling). In these instances, when the results of the sample have been recorded by call/recall services the woman will then be automatically be returned to call/recall.

**Postponement**

9.8 Women with a temporary, clinical reason not to be called or recalled should not be ceased from recall but postponed. The practice should give a date on which recall should resume, which would not normally be more than 12 months from postponement. Valid reasons for postponement are:
• Pregnancy. Women who are pregnant and have a negative screening history should defer routine screening tests, provided the last one was within three years.

• If there is a clinical reason for recall due to previous abnormal results, the clinician will set the recall period. However, NHS SBS span a variety of different policies in the region. When dealing with e-PNLs, if no deferral re Pregnancy period is given, our rule is between 3 and 6 months depending on the area.

• If a woman wishes to defer her invitation to the practice should inform the local call/recall service and call/recall will send documentation to the patient to complete. Call recall will also send documentation to the patient to complete should the practice or patient request this.

• If a woman is undergoing treatment relevant to screening or has been discharged by Colposcopy, recall can be deferred on receipt of the monthly Colposcopy Discharge spreadsheets.

**Inappropriate Cervical Cytology Screening**

9.9 Cervical cytology is a screening tool and not a diagnostic test. The aim of the cervical screening programme is to detect pre-cancerous conditions, not cervical cancer. It is specifically an inappropriate test in symptomatic women and other tests are more appropriate for diagnosing cancer or infection. Regional guidance on the management of women with gynaecological symptoms is provided in publication ‘Information and Guidance for Cervical sample Takers – Best Practice’ (South West Region QA Reference Centre, December 2008).

The inappropriate use of cervical screening tests results in a significant extra work load for cytology laboratories with no particular benefit. Provided that the woman has been screened at the appropriate screening intervals, additional tests are not justified in any of the following situations:

• On taking or starting to take an oral contraceptive
• On insertion of an IUCD
• On taking or starting to take hormone replacement therapy
• In association with pregnancy - neither antenatally nor postnataally, nor after termination
• In women with genital warts (human papilloma virus HPV)
• In women with vaginal discharge
• In women with infection
• In women who have had multiple sexual partners
• In women who are cigarette smokers
• Abnormal vaginal bleeding e.g. post-coital (particularly in women over 40 years), post-menopausal or intermenstrual, or persistent vaginal discharge, should always be investigated and the woman referred for a specialist opinion (and onward referral for colposcopy if cancer is suspected) (NHSCSP Publication No 20, 2nd Ed).

**Physical Disabilities**

9.10 Some women's physical disabilities may prevent them from achieving a position
where the cervix can be visualised and a cervical sample can be taken. This may include women with severe arthritis or very obese women. In these circumstances it is recommended that the situation should be explained to the woman individually. However she should only be ceased from the programme at her request with her informed, written consent.

**Unacceptable Samples**

9.11 Samples taken outside of the national schedule in relation to age and frequency will not be accepted by the laboratory but held for 21 days before discarding, unless sample return is requested by the sender (for private processing), in accordance with regional policy ‘Information and Guidance for Cervical sample Takers – Best Practice’ (South West Region QA Reference Centre, December 2008).

Samples submitted with incomplete or poor labelling may not be accepted. Those received in an out-of-date pot will be reported as inadequate, unless abnormal cells are detected.

Samples received in the wrong container or an out of date pot (or with brush – head in the vial) will be processed but reported as inadequate, unless abnormal cells are detected.

Details of tests not accepted (rejected) are not transferred to call-recall, the Practice should contact the woman as appropriate (NB cytology should not be repeated within 3 months).

Guidelines for the management of inadequate samples are detailed in Appendix 7.

**10 Information Leaflets – National Recommendations**

10.1 The National Screening Programme has produced the information leaflet ‘NHS Cervical Screening’. It must be included with all invitations that are issued. Women should be asked prior to having the screening whether they have read the leaflet as this forms part of the ‘informed consent’ procedures.

10.2 There are two further leaflets available ‘What your abnormal result means’ and ‘The colposcopy examination’. The colposcopy examination is sent with all results to women who have had an abnormal cervical test and require colposcopy. Both leaflets give information on what happens if the woman has an abnormal result and requires further screenings or treatment. Supplies of all leaflets are available from Department of Health Publications order line on 0300 123 1002.

**11 Invitation Letters**

**National Policy**

11.1 All eligible women should receive a written invitation to attend for screening
11.2 Women have the right to choose where the sample is taken. They also have the right to opt for a female sample taker and to be offered a chaperone. Valid informed consent must be obtained before the sample is taken. This includes checking that the woman:

- has read and understands the information in the ‘NHS Cervical Screening’ leaflet sent with the invitation letter
- is aware of the reasons for performing the screening, its benefits and limitations
- knows the meaning of a negative result
- understands the possible reasons for being recalled
- is aware of the processes in place should the result be abnormal
- knows when she is likely to receive her written result
- is aware that slides are kept for 10 years and may be used for audit and training purposes

### Invitation letters

11.3 Call/recall services produce invitations on a weekly basis as women become due for a cytology sample test. All invitations will be sent out directly to women, including the ‘NHS Cervical Screening’ leaflet.

11.4 Standard worded invitation letters are used throughout the programme. The letter text was last updated by the National Programme in September 2005 and came into use locally from 1st September 2012.

- nationally recommended text for letters produced by the local call/recall service
- specimen letter codes and types of letters
- scheduling of invitation and recall letters

### GP Responsibility

11.5 Some women may be discharged from colposcopy when further follow up cytology is required. In these instances the woman will be informed in writing by the colposcopy unit to attend her GP practice for the follow up test. A notification will also be sent to the GP. The colposcopy unit will also notify the call/recall service via a preferably weekly spreadsheet of those women whose recall dates need to be amended.

11.6 Pre-populated cytology forms can be downloaded via Open Exeter. This will ensure that when a woman attends for screening, the patient’s NHS number and demographic details are clearly identifiable.

### Non Responders

11.7 Electronic non responder notifications are sent to the woman’s GP practice at specific time intervals and in line with national guidance (appendix 7).

11.8 Non responders with a normal test result are bought back into the recall system after 36/60 months depending on age.
11.9 It is the GP’s responsibility to ensure that all efforts are made to track down and encourage non responders to attend.

12 Result Letters/Notifications

National Policy

12.1 National policy states that the sample taker is responsible for ensuring that all women are informed of the results of their cervical screening test in writing as per ‘A practical Guide for Health Authorities’ published by the NHS Cervical Screening Programme 1997. However this responsibility is devolved to the call/ recall services to send out result letters across Bristol, North Somerset, Somerset, and South Gloucestershire and Devon Cornwall & Isles of Scilly.

12.2 Since 2010, local screening programmes have been required to work towards all women receive their results in writing within 14 days of their sample being taken (Cancer Reform Strategy, 2007). The national minimum standard for this a minimum of 98% of women to receive results within 14 days.

Result Letter/Notification to Patients

12.3 All results produced by the National Health Applications and Infrastructure services System (NHAIS) and sent out by the local call/recall service follow a standardised letter format generated when a result and action code is entered onto the Exeter System. Each action code will have an associated letter identification code.

*Table 3: Result Letters by Action Code*

<table>
<thead>
<tr>
<th>Code</th>
<th>Action</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Routine recall</td>
<td>System sets next test date at routine intervals from last test result</td>
</tr>
<tr>
<td>R (months)</td>
<td>Early recall at interval, specified by laboratory</td>
<td>The interval is specified by the laboratory and depends on the test result and previous cervical sample test history</td>
</tr>
<tr>
<td>S</td>
<td>Suspend from recall pending investigation treatment or follow up</td>
<td>Used to suspend those women with 'referral recommended’ from call and recall for the duration of the investigation, treatment and follow up by the colposcopy clinic. The period of suspension for: Negative referral recommended tests is a maximum of 24 months. Default for all other referral results have a maximum of 12 months from the date that the test result is added to the woman’s screening history and goes on until another test result is added</td>
</tr>
</tbody>
</table>

*Note:* The code 'S' is used to suspend women from recall pending investigation, treatment or follow up. The period of suspension for negative referral recommended tests is a maximum of 24 months. Default for all other referral results have a maximum of 12 months from the date that the test result is added to the woman’s screening history and goes on until another test result is added.
12.4 These operational procedures ensure all women are recalled appropriately. The standardised process for the production of letters and the associated letter codes. Should practices wish to see the standard letter texts; these can be obtained from the local call/recall service.

12.5 Sample takers are responsible for the clinical management of women with abnormal test results and for offering appropriate counselling following an abnormal or inadequate test result.

13 **Management of Test Results**

13.1 The cytology laboratory department reports samples in accordance with a document published by the NHS national Cervical Screening Programme called ‘Achievable standards, Benchmarks for reporting and Criteria for evaluating cervical cytopathology’. This document is commonly referred to as the ABC3 guidelines (3rd Ed.).

13.2 Result codes and action codes are detailed in Appendix 8. Since autumn 2012, additional codes have been introduced to enable reporting on screening samples that are also tested for high-risk HPV (Appendix 9). These use three alpha-numeric characters in the following code order:

Cytology result code; HPV test result code; Action code

The previous coding system (cytology result code / action code) will be used if the sample is not eligible for HPV testing.

**Screening results including HPV triage and management**

13.3 Laboratory recommended management of test results and referral pathways is detailed in Appendix 10. This incorporates the HPV triage protocol introduced in April 2012. Although these are the usual recommendations from the laboratory, individual cases may be treated differently depending on the clinical indications.

**Screening Results Following Referral to Colposcopy Leading to Treatment and Test of Cure**

13.4 For women referred to colposcopy, the colposcopy units will determine when their follow-up cervical screening sample is due and inform call/recall services of their screening interval (to be entered on NHAIS). Woman will then be invited at the correct time:

- If nothing abnormal was seen at colposcopy, the woman may be returned to routine recall (3 or 5 years).
- If CIN1 was present but treatment was unnecessary, her repeat test may be in 12 months.
- If CIN (any grade) was treated, she should have a repeat cervical sample at 6 months after treatment. Women who do not have a high-grade cytology result will have HR-HPV testing for Test of Cure.

Test of Cure screening was introduced in April 2012 for the first follow-up cytology after treatment of CIN, and was rolled out in April 2013.

The recommended management of Test of Cure screening and women with high-grade results (not HR-HPV tested) is detailed in Appendix 9. This excludes invasive carcinoma. Management following hysterectomy is detailed in Appendix 4.

**GP Referral Process**

13.5 It is the sample taker’s responsibility to ensure an appropriate referral for colposcopy assessment and follow up is made. To support a smooth service to women, local laboratories operate a ‘direct referral’ system to colposcopy units. As a routine, laboratories will referral women directly to the appropriate colposcopy and a notification letter will be sent to the GP. The direct referral processes are outlined in Appendix 11a, 11b and 11c.

**Direct Referral Process**

13.6 A direct referral process is operated by the providers detailed in table 4:

*Table 4: Direct Referral Process by Provider*

<table>
<thead>
<tr>
<th>Sampling laboratory</th>
<th>Colposcopy Clinic Operating the System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Devon &amp; Exeter Hospital Trust</td>
<td>RD&amp;E Colposcopy Unit (including Tiverton) Musgrove Park Hospital, Taunton North Devon District Hospital Torbay Hospital</td>
</tr>
<tr>
<td>Royal Cornwall Hospital</td>
<td>Royal Cornwall Plymouth Hospital Trust, Derriford North Devon District Hospital, Barnstaple</td>
</tr>
<tr>
<td>Southmead laboratory</td>
<td>Southmead and St Michaels colposcopy units</td>
</tr>
<tr>
<td>Somerset – South West Pathology Services, Taunton</td>
<td>Musgrove Park Hospital GRACE Centre, Taunton</td>
</tr>
<tr>
<td>Somerset (Mendip Patients) Royal United Hospital, Bath</td>
<td>RUH Bath Colposcopy Unit, Frome Community Hospital Colposcopy Suite</td>
</tr>
</tbody>
</table>

For the direct referral to colposcopy pathway for each Trust see Appendix 10a, 10b and 10c

**Follow up Management of Abnormal Test Results**

13.7 The follow up management of abnormal test results is in accordance with laboratory recommended guidance. See Appendix 9 for management pattern for abnormal sample test results. However, individual cases may be treated differently depending on clinical indication.

Page 23 of 69
13.8 High grade abnormalities will be referred directly from the laboratory to colposcopy. Colposcopy direct referral processes are detailed in Appendix 10a, 10b and 10c.

14 **Audit and Data Collection**

14.1 All areas involved in the NHS Cervical Screening Programme have a responsibility to audit the quality and efficiency of their local service and local plans should exist outlining these arrangements. All areas of the NHS Cervical Screening Programme are formally audited on a rolling basis by the South West Quality Assurance Reference Centre.

14.2 The Screening and Immunisation Team, NHS England South West Hub Region will monitor the following information:

- the number of women screened by the Primary Care Trust/practices as a percentage of the population
- the number of normal samples taken by practices
- the number of inadequate samples taken by practices
- the number screened under 25 years of age by practices
- inadequate and coverage rates

15 **Complaints**

15.1 Complaints should be managed in accordance with the local providers’ complaints policy.

16 **Incidents and Potential Problems**

16.1 It is the responsibility of all staff working in the programme to flag potential problems in the NHS Cervical Screening Programme. All incidents should be managed in accordance with local policy and the South Quality Assurance Services guidelines.

16.2 Full guidance can be obtained from the South West Quality Assurance Reference Centre or the publication ‘Managing Incidents in National NHS Screening Programme, Interim Guidance, September 2013’.

17 **General Medical Services Contract**

17.1 Under the terms of the 2015/16 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF), cervical screening in general practice is provided as an ‘additional service’.

17.2 Cervical screening is part of the quality outcome framework with quality points
being awarded for undertaking certain pieces of work. Below (table 5) is a summary of the quality points that can be awarded for cervical screening.

Table 5: Summary of the quality points awarded for cervical screening.

Cervical screening (CS)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Points</th>
<th>Achievement thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS001. The contractor has a protocol that is in line with national guidance agreed with NHS CB for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>CS002. The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years</td>
<td>11</td>
<td>45–80%</td>
</tr>
<tr>
<td>CS004. The contractor has a policy for auditing its cervical screening service and performs an audit of inadequate cervical screening tests in relation to individual sample-takers at least every 2 years</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

CS Indicator 001

The contractor has a protocol that is in line with national guidance agreed with NHS England for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates

CS 001.1 Rationale

If a robust system for the management of cervical screening is not in place then this is an area of great risk for general practice. The policy may have been drawn up outside the practice and is recommended to be in line with national guidance.

See guidance on exception reporting in section CS 002.1 contractor guidance.

The contractor’s protocol could be in the form of a written policy covering the issues outlined in the indicator wording.

CS 001.2 Reporting and verification

See indicator wording for requirement criteria.

The relevant practice staff are to be aware of the policy and commissioners may require that the contractor can demonstrate how the systems operate.
CS indicator 002

The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years

CS 002.1 Rationale

This indicator is designed to encourage and incentivise contractors to continue to achieve high levels of uptake in cervical screening.

The contractor may be required to provide evidence of the number of eligible women, aged 25 or over and under the age of 65, who have had a cervical screening test performed in the last five years/60 months.

This indicator differs from all the other additional service indicators in that a sliding scale will apply between 45 and 80 per cent, in a similar way to the clinical indicators.

Exception reporting (as detailed in the clinical domain) will apply and specifically includes women who have had a hysterectomy involving the complete removal of the cervix.

The exception reporting rules regarding criteria A require that three separate invitations are offered to the patient before that patient can be recorded as 'did not attend'. Therefore:

- in those areas where the first two invitations are sent via the central screening service, then contractors are responsible for offering the third invitation before exception reporting patients as DNA; or
- where the central screening service sends out only one letter, then contractors are responsible for offering the second and third invitations before exception reporting patients as DNA.

The exception reporting criteria is not applicable to contractors that have opted to run their own call/recall system. These contractors will still be required to offer all three invitations directly in order to meet the DNA criteria. Copies of the letters sent by the contractor may be required for assessment purposes.

Women can choose to withdraw from the national screening programme. As the indicator requires that screening is delivered every five years, in order for a woman to be exception reported for this period, criteria G which requires that a discussion has taken place between the patient and the practitioner before 'informed dissent' can be recorded.

Women who withdraw from cervical screening call/recall will receive no further offers of screening from the central screening service.

England. NHS Cancer Screening Programme.

CS 002.2 Reporting and verification

See indicator wording for requirement criteria.

Commissioners may require that the contractor can provide a computer print-out showing the number of eligible women on the contractor list, the number exception reported and the number who have had a cervical screening test performed in the preceding five years. Contractors can exception report patients in the same way as the clinical indicators and commissioners may enquire how patients who are exception reported are identified and recorded.

CS indicator 004

The contractor has a policy for auditing its cervical screening service and performs an audit of inadequate cervical screening tests in relation to individual sample-takers at least every 2 years

CS 004.1 Contractor guidance

In this audit the criteria, the results, corrective action, the results of the re-audit and a discussion of them needs to be presented. The standard or level of performance against which the criterion is judged would usually involve looking for sample-takers who are obvious outliners in relation to the reading laboratory's average for inadequate samples.

CS 004.2 Written evidence

See indicator wording for requirement criteria.

Commissioners may require that an audit of inadequate samples is recorded.

Commissioners may also request a discussion takes place with sample-takers covering the audit and any educational needs which arose and how these were met.

18 Inappropriate Cervical Cytology Screening

18.1 Cervical cytology is a screening tool and the aim of the NHS Cervical Screening Programme is to detect pre-cancerous conditions, not cervical cancer. It is specifically designed to detect pre-cancerous conditions that do not produce symptoms and is inappropriate to be used for symptomatic women.

18.2 The inappropriate use of cervical screening tests results in a significant extra work load for cytology laboratories with no particular benefit.

18.3 Cervical tests should not be taken from women under the age of 24.5 years even if they are immunocompromised.

18.4 Provided that the woman has been screened at the appropriate screening intervals, additional tests are not justified in any of the following situations:

- on taking or starting to take an oral contraceptive
- on insertion of an Intra Uterine Contraceptive Device (IUCD)
- on taking or starting to take hormone replacement therapy
- in association with pregnancy - neither antenatally nor postnatally, nor after termination
• in women with genital warts (human papilloma virus)
• in women with vaginal discharge
• in women with infection
• in women who have had multiple sexual partners
• in women who are cigarette smokers

18.5 A cervical screening test is not a diagnostic test and other tests are more appropriate for gynaecological investigations or infection. In some situations this may require referral to specialist opinion. The document Information and Guidance for Cervical Sample Takers Best Practice (December 2008) provides guidance on the management of women with gynaecological symptoms. Clinical symptoms and abnormal looking cervix should be referred to gynaecology. In these situations please refer for specialist opinion.

18.6 Further information about best practice is detailed in the document ‘Guidance for Good Practice in Primary Care (South West Region QA Reference Centre, revised November 2011).

19 Failsafe
National Recommendations

19.1 Cervical Screening Programmes operating within NHS England - South (South West), follow the guidelines for the follow up of Cervical cytology reports in line with national recommendations (NHS Cervical Screening Programme Publication No 21 Guidelines on actions for the follow-up of cervical cytology reports, December 2004) which state:

• a failsafe mechanism must exist to ensure those women who fail to attend or consciously refuse to attend for investigation or follow up, after having abnormal cervical test results, are informed of the need to attend. If they choose not to be involved in the screening process, they have a right to refuse
• all parties involved in the screening process have a responsibility to participate in the failsafe procedures. These include:

  ➢ call and recall system
  ➢ laboratory failsafe
  ➢ colposcopy clinics
  ➢ primary care failsafe
  ➢ the failsafe procedures are interlined between organisations, thus ensuring a dual loop is in place

Local Failsafe Policy

19.2 Each area of the Cervical Screening Programme is required to undertake failsafe.

Call and Recall Failsafe

19.3 Under the NHS Cervical Screening Programme, women who are still suspended from recall 12 months after an abnormal screening will be re-invited for screening by the Call/Recall Services. To ensure women are
invited appropriately, before an invitation is sent to a woman a Prior Notification List will be sent to her registered practice and it is the responsibility of the practice to notify the Call/Recall Services if the woman has either already received a further screening or her GP has indicated that an invitation should not be issued at this time.

19.4 The call/recall software provides a further mechanism for ensuring that if a woman whose last test result was abnormal moves out of the area she shall be included in the new area’s screening programme to ensure her care is continued.

Laboratory Failsafe

19.5 The laboratory ensures that a referral for colposcopy has been made and that there is a known outcome.

19.6 It is the responsibility of the Hospital Based Programme Co-ordinator to ensure that the laboratory operates failsafe procedures for women who require referral to colposcopy.

19.7 The laboratories have failsafe systems in place to ensure GPs (or responsible clinician) are notified of test results that require urgent referral for colposcopy. This failsafe system follows the guidance set out in NHS Cervical Screening Programme Publication No 21 Guidelines on actions for the follow-up of cervical cytology reports, December 2004.

Colposcopy Failsafe

19.8 When a woman attends for colposcopy the Colposcopist is responsible for treatment, arranging follow up and informing the responsible clinician and laboratory of attendance and results for colposcopy failsafe process (Appendix 10a, 10b and 10c).

Failsafe in Primary Care

19.9 Primary Care are responsibility for the follow up of women with abnormal cytology and ensure practice systems are in place to ensure women are contacted appropriately regarding these results.

GPs and others requesting tests have a responsibility to:

- maintain a register of tests taken
- ensure a system is in place for notifying women of results
- check that test results have been obtained for each test taken
- act on non-responder notifications and respond to laboratory failsafe enquiries
- give urgent results
- refer to colposcopy if required
- act on non-responder notifications for women who have not responded to invitation for a routine test
- act on non-responder notifications for women who have not responded to invitation for an early repeat test and respond to laboratory failsafe enquiries
- act on non-responder notifications from the colposcopy clinic for women
20 Sample Taker Training Requirements

20.1 The delivery of a high quality cancer screening service in primary care is dependent upon having suitably educated sample takers. GP practice professionals play a key role in providing this service. To fulfil this responsibility a high standard of knowledge and skills need to be developed and maintained.

20.2 NHS England - South (South West) requires that all sample takers attend a recognised cervical cytology training course prior to taking cytology samples. All professionals are bound by their code of professional conduct. For nurses this clearly sets out that each nurse is personally accountable for her actions and is required to acknowledge the limits of her professional competence and only undertake practice and accept responsibility for those activities in which she is competent (NMC 2002) referenced in NHS Cervical Screening Programme publication 23.

20.3 The national programme states that at a minimum, sample takers should update their knowledge and skills every three years. Full details of the local training policy can be found in Appendix 12

21 Confidentiality and Disclosure

21.1 The NHS Cancer Screening Programmes place a very high importance on the confidentiality of information held on patients and processed by the NHS. In 2008, the Health and Social Care Act was revised and the National Information Governance Board for Health and Social Care (NIGB) was established.

21.2 NIGB (under Section 251 of the Health and Social Care Act) allows the NHS Cancer Screening Programmes to access patient identifiable information without individual patients’ consent. This exemption is allowed subject to the programme’s implementation and sign-up to specified national policies.

21.3 All staff involved (practices, community trusts, laboratories, colposcopy clinics, call/recall services and screening and immunization teams) with the cervical screening programme must be compliant with the NHSCSP Confidentiality and Disclosure policy section and Information Security Policy. A declaration of this understanding and compliance is required to be recorded annually in a local register.

22 Retention of Records

22.1 The screening community follows the guidance on minimum periods of retention of personal health records laid down in Health Circular (89) 20. The guidance
states that personal health records should be retained for at least 8 years after the end of treatment, but that destruction should be subject to consultation with the appropriate health professional.

22.2 Any document that results in a change to the NHAIS System database is retained for audit purposes for specific periods of time. These include:

- Postponed documents – are filed in yearly order and are kept until after the date of postponement.
- Ad-hoc information from GPs – five years
- Informed dissenter documentation - indefinitely
- All ceased documentation must be retained indefinitely.

Information is updated onto the NHAIS system by NHS Shared Business Services and the paper information is kept as above.

**Laboratory**

*Cervical test reports and slides*

22.3 All sample slides are retained by the laboratory for at least 10 years in line with the Royal College of Pathologists guidelines. The request forms are retained for one month. Information on the request forms is transferred to the lab computer system.

**23 National Guidance**

23.1 For further information and national guidance about cancer screening programmes: [www.cancerscreening.nhs.uk/index.html](http://www.cancerscreening.nhs.uk/index.html)
## APPENDIX 1

### National Performance Standards for Cervical Screening

<table>
<thead>
<tr>
<th>Objective</th>
<th>Standard</th>
<th>Reporting period</th>
<th>Source of report (provided by QA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>To ensure efficiency of cytology reporting Laboratory workload should be within national standards</td>
<td>&gt;35,000 cytology samples p.a from GP and community clinics</td>
<td>Annually</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>To minimise the incidence of invasive cancer of the cervix</td>
<td>Screen eligible women aged 25-49 every three years and women aged 50-64 every 5 years</td>
<td>Quarterly and annually</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>To reduce test waiting times along the whole pathway and to reduce non-attendance</td>
<td>Waiting times to 1st appointment-all referrals 99% within 6 weeks</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

- **Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of possible invasion >=90%**
  - Quarterly | KC65 Part A.
  - Adhoc reports until KC65 Part A is revised.

- **Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of high-grade dyskaryosis (severe) or worse >=90%**
  - Quarterly | KC65 Part A.

- **Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of high-grade dyskaryosis (moderate) >=90%**
  - Quarterly | Submitted to QARC by Colposcopy units.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4 | To ensure that women receive accurate results in a timely manner | Proportion of women to receive cytology results within 2 weeks from date of primary screen $\geq 98\%$  
Proportion of women to receive colposcopy/biopsy results within 4 weeks from date of test $\geq 90\%$ (100% within 8 weeks) | Monthly  
Quarterly  
VSA15–run monthly on Exeter system.  
KC65 Part D–run by clinics and submitted to QARC. |
| 5 | ABC3 measures of Referral Value, mean CIN score and PPV (ranges published each year by the HSCIC) | n/a  
Within national standards (calculated normal range 5$^{th}$ to 95$^{th}$ percentile) | Annual  
KC61 Part C. – submitted to QARC by labs. Available from 8 weeks after end of year. To allow time for follow up of cases, data is available a year in arrears e.g. final histological outcome is reported in 2014 for women with cytology taken in 2012/13. |
| 6 | Laboratory sensitivity for all abnormalities  
Laboratory sensitivity for high grade abnormalities | ($>90\%$)  
($>95\%$) | Annually  
Report run by laboratory and submitted to QARC. |
| 7 | To reduce test waiting times along the whole pathway and to reduce non-attendance | Proportion of women failing to attend for first or subsequent colposcopy appointment <15% | Quarterly  
KC61 Part B. – submitted to QARC by colposcopy units. Available from 8 weeks after end of quarter. |
## APPENDIX 2

### Services That Make up the NHS England South West Sub Region Cervical Screening Programmes

The elements of the programme and how they are provided locally are summarised in the table below.

### Table 1: Services that make up the NHS England South West Sub Region Cervical Screening Programmes

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Clinics and GP Practices</th>
<th>RD&amp;E Foundation Trust</th>
<th>North Devon Healthcare Trust</th>
<th>Torbay Care Trust</th>
<th>NHS Plymouth Trust</th>
<th>Royal Cornwall Trust</th>
<th>Avon</th>
<th>NBT Foundation Trust</th>
<th>UHB Foundation Trust</th>
<th>Weston Area Healthcare Trust</th>
<th>Bath NHS Trust</th>
<th>Taunton &amp; Musgrove NHS Trust</th>
<th>Yeovil District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call/Recall (issue invitations and reminders)</td>
<td>GPs &amp; FPC, GUM services</td>
<td>NHS SBS</td>
<td>NHS SBS</td>
<td>NHS SBS</td>
<td>NHS SBS</td>
<td>Avon</td>
<td>Avon</td>
<td>Avon</td>
<td>Avon</td>
<td>NHS SBS</td>
<td>NHS SBS, Surbiton</td>
<td>NHS PCS, Surbiton</td>
<td></td>
</tr>
<tr>
<td>Cytology testing¹</td>
<td>GP Practices (FPC, GUM services across ……)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Reporting cytology tests (cytopathology)</td>
<td>RD&amp;E</td>
<td>RD&amp;E</td>
<td>RD&amp;E</td>
<td>Truro</td>
<td>Truro</td>
<td>NBT</td>
<td>NBT</td>
<td>NBT</td>
<td>R U</td>
<td>Sth West Pathology</td>
<td>Sth West Pathology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colposcopy services</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting of biopsies (histopathology)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Yes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Sth West Pathology</td>
<td></td>
</tr>
</tbody>
</table>

¹The majority of cervical screening samples are taken in general practice, a minority are taken in hospital gynaecology and colposcopy clinics, in genito-urinary medicine (Genito-Urinary Medicine) clinics, and in family planning clinics.
APPENDIX 3

Local Screening Programme Roles and Responsibilities

1. Screening & Immunisation Teams, Public Health England/Area Team

Each Screening & Immunisation Team will nominate a lead individual to oversee the co-ordination, quality and effectiveness of the cervical screening programme for the resident population of women.

Role

- ensures the Screening & Immunisation Team takes account of NHS Cervical Screening Programme Guidelines
- agrees contract specification with Hospital Based Programme Co-ordinators and other providers including that for the links between sample takers, laboratories and colposcopy and the timeliness of treatment
- monitors population morbidity and mortality
- agrees specification for Call and Recall services
- agrees health promotion target groups
- chairs the local Cervical Screening Group and acts as a centre for communications about the programme
- agrees links with regional initiatives on managerial quality
- working with other public health colleagues, as appropriate, supporting the Cervical Screening Programme to identify health needs and address inequalities

2. Hospital Based Programme Coordinator

Each hospital will nominate a named individual to ensure the co-ordination, quality and effectiveness of the hospital elements of the screening programme including colposcopy, cytology, histology and gynaecology. His/her role is specified below:

Role

- implement the requirement of the screening specification covering cytology and histology services
- co-ordinate the implementation of the screening specification for colposcopy services
- provide information to the trust management to negotiate the screening contract
- help to ensure that the quality of services provided to GPs and other sample takers are of the highest standard
- provide timely information to the call/recall register
- provide quarterly activity, quality and monitoring information for the NHS England – South (South West) Cervical Screening and Commissioning Lead
- collate laboratory data for an annual summary for the screening programme in a timely fashion
Failsafe Requirements

- ensure that arrangements are in place for failsafe action for all women with test results and that records are kept of all failsafe actions
- the arrangements should be integrated with other failsafe procedures operating within the screening programme
- review annually the overall failsafe procedures in discussion with other providers and report to their respective Cervical Screening Governance Groups

3. Call/recall Services

Call/Recall Function

- identify all eligible women in the screening programme, and ensure invited appropriately
- record screening results and send all results letters to women
- ensure that information on the database is accurate and up to date, encouraging GP practices to update prior notification lists in a timely manner.
- transfer the screening status record of women who have moved to or from a new area

Quality Standards

Update the call/recall database on a daily basis.

Failsafe Requirements

- operate agreed components of the failsafe system
- return all women to routine call/recall in accordance with the locally agreed intervals
- assist in the follow up of women with abnormal test results who may have moved

4. General Practitioners

NHS Cervical Screening Programme recommendations are given here for information.

Ideally there should be at least one individual in each practice who is responsible for all aspects of the screening programme. GPs/sample takers who participate in the NHS Cervical Screening Programme have the roles described below:

Role

- take cervical samples or organise other health professionals to take samples for their practice population
- all sample takers should undertake appropriate training as per national policy to ensure they are competent
• provide information to women about the benefits and limitations of screening
• ensure that women give informed consent
• ensure that test results are received by the practice and actioned accordingly
• encourage women who have not been screened to have a cervical test opportunistically
• support the follow up of non-responders to call/recall
• ensure all reports for tests performed in the practice have been received and actioned if required
• update Prior Notification Lists in a timely manner, deal with non-responder notifications in a timely manner

Quality Requirements

• ensure that women fully understand the benefits and limitations of the screening programme before a sample is taken
• ensure that all staff taking samples have undergone appropriate training (in line with the NHS Cervical Screening Programme standards)
• provide the choice of a female sample taker where possible and chaperone id required
• achieve at least 80% coverage of the target women on the practice list
• ensure that samples are sent for to their local cytology laboratory on a daily basis
• ensure that more than 80% of samples obtained from women aged 25-50 contain metaplastic and/or endocervical cells
• provide post-result counselling for women with abnormal test results
• ensure that groups with special requirements are included in the screening programme (e.g. consider a domiciliary visit to the disabled)
• provide health advocacy if needed because of language, mental or physical disability

Failsafe Requirements

• check that all cervical test reports have been received
• contact women who do not attend for further investigation when they have an abnormal test result and convey the reason for non-attendance to Hospital Based Programme Co-ordinator when requested. Ensure that women who refuse are appropriately counselled, preferably by a female member of the practice clinical team

5. Other Sample Takers Role

Community Clinics

• take cervical samples
• provide training and supervision for sample takers
• provide information to women about the benefits and limitations of screening
• take a repeat sample if recommended
• refer a woman to her GP for further investigation
• check that all reports for samples performed in the clinic have been received
• ensure that women receive the results of tests taken by the clinic
• ensure that follow up care is provided for a woman with an abnormal test result
• keep the GP informed wherever possible

Hospital (Gynaecological Services)

• take cervical samples
• provide training and supervision for sample takers
• provide information to women about the benefits and limitations of screening
• check that all reports for cervical tests performed in the clinic have been received
• ensure that follow up care is provided for a woman with an abnormal test result
• undertake further assessments and treatment, if required
• keep GP informed

Quality Requirements

• ensure that women understand fully about the benefits and limitations of the screening programme before a sample is taken
• provide post-result counselling for women with abnormal test results
• provide the choice of a female sample taker and chaperone if required
• ensure that all staff taking samples have undergone appropriate training
• ensure that samples are sent for analysis to the local cytology laboratory on a daily basis
• ensure that more than 80% of samples from women aged 25-64 contain metaplastic and/or endocervical cells
• provide health advocacy if needed because of language or mental or physical disability

6. Cytology Laboratories

The cytology laboratories should be accredited by CPA (UK) Ltd, comply with national guidance and provide a comprehensive cytopathology service. Ideally the cytology, histology and colposcopy should take place where there is a close clinical relationship between disciplines and this is facilitated by their being in close geographical proximity. The cytology laboratories should have a named consultant in charge and who is responsible for the cytology service.

Role

• analyse the samples sent to the laboratory
• monitor the inadequate sample rates, advising on appropriate action to
keep these to a minimum
- send results to the sample taker and GP (if different) and notify
call/recall services of results via electronic links
- audit all cases of invasive cancer
- link test results with colposcopy and histology information
- produce activity reports as requested by the Screening and Immunisation Team
- Produce annual KC61 returns

Quality Requirements

The laboratory should work to the standards and practices defined in the current ABC documents.

Failsafe Requirements

- maintain a register of test results requiring further investigation
- operate a failsafe system for all women who have been referred to
colposcopy
- the arrangements should be integrated with other failsafe
procedures operating within the Screening Programme
the arrangements should be documented and agreed with
Screening and Immunisation Lead, NHS England - South (South West)
- undertake an annual review of failsafe procedures
- notify the Screening and Immunisation Lead of any women who have
refused follow up tests, referral or are not able to be traced

7. Histology Laboratory

The histology laboratory should be accredited by CPA (UK) Ltd and
provide a comprehensive histology service to support the cytology service.
Ideally the cytology, histology and colposcopy should take place where
there is a close clinical relationship between disciplines and this is facilitated
by their being in close geographical proximity. The histology laboratory should
carry out the roles described below:

Role

- process and report the biopsy LLETZ loop excision, laser or cone
biopsies taken by the colposcopy service
- send results to the originating clinician and to the cytology laboratory if
located in a different healthcare organisation
- provide histology results to cytology and to the cancer registers (in line
with Caldicott Guidance)
- contribute to multidisciplinary case discussions auditing histology findings

Quality Requirements

- undertake internal and external quality control measures in
accordance with published standards
• take part in audit of all cases of invasive cervical cancer occurring to women within the programme run from the laboratory
• notify biopsy results to the originating clinician in a timely manner
• ensure that staff providing the service have undergone appropriate training
• make histology results available to cytology laboratory to ensure that complete screening histories are available
• follow NHS Cervical Screening Programme /Royal College of Pathologists histopathology reporting guidelines

Failsafe Requirements

Histology labs should ensure that all results are passed to the cytopathology laboratory in a timely fashion.

8. Colposcopy Clinic

Ideally the cytology, histology and colposcopy should take place where there is a close clinical relationship between disciplines and this is facilitated by their being in close geographical proximity. Whether colposcopy services are provided from GP Surgeries, Community Hospitals, Genito-Urinary Medicine Clinics or Gynaecology Clinics, they must meet the standards defined in NHS Cervical Screening Programme Colposcopy and Programme Management Publication 20.

Role

• provide a colposcopic service to provide a high quality diagnosis for women with abnormal test results
• maintain a comprehensive electronic information system to support accreditation failsafe, clinical audit and return of KC65
• have good information handling and check that histology reports for colposcopies performed in the clinic have been received
• determine the status of women referred for colposcopy included in the annual returns for whom a definite diagnosis is not recorded
• inform women of the results of the colposcopy biopsy within four weeks of getting the result
• ensure that results are linked to screening histories and cancer surveillance databases
• inform the GP of the results of the test
• initiate further treatment if required

Quality Requirements

Ensure that the colposcopy service operates within the parameters set out in NHS Cervical Screening Programme Colposcopy and Programme Management Publication 20.
Failsafe Requirements

Every three months, inform the Hospital Based Programme Coordinator of women for whom all attempts at follow up have failed and why, to enable the Programme Coordinator to decide whether further follow up action is possible.
**APPENDIX 4**

**Timings for Standard Notifications to patients from Call/recall services**

**Standardised Schedule (introduced 29 August 2014)**

<table>
<thead>
<tr>
<th>Notification</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Notification List to GP</td>
<td>10 weeks prior to test due date</td>
</tr>
<tr>
<td>First invitation letter to patient for:</td>
<td></td>
</tr>
<tr>
<td>Routine recall</td>
<td></td>
</tr>
<tr>
<td>Early recall repeat advised</td>
<td>4 weeks after PNL (6 weeks prior to test due date)</td>
</tr>
<tr>
<td>Suspended recall referral recommended</td>
<td></td>
</tr>
<tr>
<td>Second letter (reminder) to patient for:</td>
<td>18 weeks after first invitation letter (12 weeks after test due date)</td>
</tr>
<tr>
<td>Routine recall</td>
<td></td>
</tr>
<tr>
<td>Early recall repeat advised</td>
<td></td>
</tr>
<tr>
<td>Suspended recall referral recommended</td>
<td></td>
</tr>
<tr>
<td>First non-responder notification to GP for:</td>
<td>14 weeks after reminder letter</td>
</tr>
<tr>
<td>Routine recall</td>
<td></td>
</tr>
<tr>
<td>Early recall repeat advised</td>
<td></td>
</tr>
<tr>
<td>Suspended recall referral recommended</td>
<td></td>
</tr>
<tr>
<td>Second non-responder notification to GP for:</td>
<td>No longer will be issued</td>
</tr>
<tr>
<td>Routine recall</td>
<td></td>
</tr>
<tr>
<td>Early recall repeat advised</td>
<td></td>
</tr>
<tr>
<td>Suspended recall referral recommended</td>
<td></td>
</tr>
<tr>
<td>Cut off period for producing result letters</td>
<td>3 months after test date</td>
</tr>
</tbody>
</table>

**What do GP Practices need to do?**

Practices that follow up patients who have not responded after the second non-responder notification should ensure that this follow up is now commenced after the first non-responder notification.
Cytology screening and management of immunosuppressed women aged 25-64 years

(Process initiated by secondary care)

1 Source: Chapter 11, NSCCSP Publication 20 (2nd ed), May 2010
2 Annual audit of renal letters to monitor concordance with guidance
3 Borderlines to be managed as per national guidelines
4 Histologically proven LGT pre-cancer of squamous epithelium at >1 site occurring simultaneously or at intervals
5 Methotrexate, lefunomide, cyclophosphamide, mycophenolate, azathioprine, high dose IV/oral steroids etc.
6 For those instances where more frequent screening (outside of routine recall) “Enhanced surveillance” must be written on form HMR101 (so samples will not be rejected by lab) and advise GP & patient that she will continue to receive (inappropriate) recall letters from the local screening programme. Also see note 8
7 "Transplant" (or “Enhanced surveillance”) must be written on form HMR101 so samples will not be rejected by lab and, for renal patients only, 4 week referral is made for mild abnormalities. Advise GP & woman that she will continue to receive (inappropriate) recall letters from the local screening programme.
**MANAGEMENT FOLLOWING TOTAL HYSTERECTOMY**

**Recommendations for taking Cytology samples outside of the screening programme**

- **Sub Total Hysterectomy**
  - Normal screening programme.
  - Cervix still in-situ

- **Total Hysterectomy / Wertheim's**
  - No CIN in specimen and previous cytology was action code A—these will be returned to n routine recall
  - No vault sample

  - No CIN in specimen and previous cytology was action code R or S—not on routine recall
  - Vault sample in 6 months

- **Total Hysterectomy / Wertheim's**
  - Containing CIN in specimen. ( Completely excised).
  - Vault sample at 6 & 18 months following hysterectomy

  - Contains CIN in specimen. (Incompletely excised).
    - CIN 1
      - Vault sample at 6, 12, & 24 months
    - CIN 2 or 3
      - Vault sample at 6 & 12 months then annually for 9 years

**GP Responsibilities**

Following a total hysterectomy, women should be ceased form the NHS CSP. Once the practice has been informed by the gynaecologist that a woman has had a total hysterectomy, it is the responsibility of the GP practice/ sample taker to cancel recall; the laboratory is not able to do this.
Guidelines for the Management of Inadequate Cervical Samples

Inadequate Results

The NHS Cervical Screening Programme recommends that following an inadequate cervical cytology result, the sample is repeated three months later. If the sample was inadequate for technical reasons it may be repeated as soon as convenient. If three consecutive inadequate samples occur, for whatever reason, the patient should be referred for Colposcopy.

Sample takers should keep an individual annual record of the number of inadequate samples they have taken. If the percentage of inadequate samples for an individual sample taker is significantly different from the local laboratory rates then advice on sampling technique should be sought from the gynaecologist or laboratory.

Reasons for Inadequate (or rejected) Samples

- cervix not visualised (stated on the request form)
- poor fixation
- brush head in the vial
- vial past its expiry date
- unlabelled sample vial
- sample leaked in transit
- scanty sample
- sample obscured by polymorphs
- sample obscured by blood

General Measures to Help Reduce Inadequate Samples

- ensure that the cervix has been visualised (sample taker to inform laboratory on the HMR101 form, see box 20)
- to ensure fixation, the sample should be put into the sample vial solution immediately and washed thoroughly until no sample remains on the cervix brush
- the sample vial should be labelled with three identifiers, that is the full name and DOB or NHS number.
- ensure that the sample vial cap is tightened so that the torque line passes the torque line on the vial to avoid the sample leaking in transit.
- ensure that the sample is taken applying ‘pencil pressure’ using a cervix brush. Rotate the cervix brush in a CLOCKWISE direction and if a wide ectropion is present, another cervix brush may be used. (Note: All samples must be put in the same sample vial). Using the correct sampling technique will help achieve a higher cellular yield. Other factors such as Cytolysis which is a normal physiological process may also contribute to a scanty sample. This may be avoided by taking the sample at midcycle.
- samples obscured by polymorphs are generally outside the control of the sample taker however it is important to gently remove or push aside the mucus plug and avoid putting this into the sample vial.
- the laboratory is usually able to remove fresh blood from a liquid based cytology sample but cannot remove menstrual blood. Ensure that samples are taken at mid-cycle.
References

### Result Codes and Action Codes

#### Result Code (no HPV test)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inadequate Specimen</td>
</tr>
<tr>
<td>2</td>
<td>Negative</td>
</tr>
<tr>
<td>3</td>
<td>Low Grade (Mild) Dyskaryosis</td>
</tr>
<tr>
<td>4</td>
<td>High Grade (Severe) Dyskaryosis</td>
</tr>
<tr>
<td>5</td>
<td>High Grade Dyskaryosis / ? Invasive Carcinoma</td>
</tr>
<tr>
<td>6</td>
<td>?Glandular Neoplasia</td>
</tr>
<tr>
<td>7</td>
<td>High Grade (Moderate) Dyskaryosis</td>
</tr>
<tr>
<td>8</td>
<td>Borderline Changes</td>
</tr>
<tr>
<td>9</td>
<td>Borderline Changes (Endocervical)</td>
</tr>
<tr>
<td>0</td>
<td>?Glandular Neoplasia (Non-Cervical)</td>
</tr>
</tbody>
</table>

#### Result codes if tested for HPV

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Negative</td>
</tr>
<tr>
<td>B</td>
<td>Borderline</td>
</tr>
<tr>
<td>E</td>
<td>Borderline Changes (Endocervical)</td>
</tr>
<tr>
<td>M</td>
<td>Low Grade (Mild) Dyskaryosis</td>
</tr>
<tr>
<td>G</td>
<td>?Glandular Neoplasia (Non-Cervical)</td>
</tr>
</tbody>
</table>

#### HPV result codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not detected</td>
</tr>
<tr>
<td>9</td>
<td>Present</td>
</tr>
<tr>
<td>U</td>
<td>Result unavailable / unsatisfactory</td>
</tr>
</tbody>
</table>

#### Action codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Routine recall</td>
</tr>
<tr>
<td>H</td>
<td>Recall date should not be changed from previous recall date e.g. because the smear was not examined at the laboratory, due to a recent previous negative smear, or it was a private smear</td>
</tr>
<tr>
<td>R</td>
<td>Woman requires an early repeat smear, not as part of routine recall</td>
</tr>
<tr>
<td>S</td>
<td>For Referral or under gynaecologist (Suspended from recall)</td>
</tr>
</tbody>
</table>
## APPENDIX 9

### Management of invitations reminders and results letters (Revised Autumn 2012 onwards)

Tests are coded (result code, infection code, action code) using the coding schemes described in the notes at the end of this table. Results where there is no infection code are shown using a ‘-‘ e.g. 1-S for inadequate, no infection reported, refer for colposcopy.

<table>
<thead>
<tr>
<th>4-char letter ref.</th>
<th>Page no. (&amp; prev. ref)</th>
<th>Letter type</th>
<th>10.1.1.1 Letter purpose/content</th>
<th>Result code</th>
<th>Infect code</th>
<th>Action code</th>
<th>Leaflet(s) to be included</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>XA-1</strong> (a)</td>
<td>6 (A-1)</td>
<td>Invitation</td>
<td>routine call/recall test OR early recall test (including inadequate)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The Facts HPV factsheet</td>
</tr>
<tr>
<td><strong>XA-1</strong> (b)</td>
<td>7 (A-1)</td>
<td>Invitation</td>
<td>routine call/recall test OR early recall test (including inadequate)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>NHS cervical screening</td>
</tr>
<tr>
<td><strong>XA-2</strong> (a)</td>
<td>8 (A-2)</td>
<td>Reminder</td>
<td>routine call/recall test OR early recall test (including inadequate)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The Facts HPV factsheet</td>
</tr>
<tr>
<td><strong>XA-2</strong> (b)</td>
<td>9 (A-2)</td>
<td>Reminder</td>
<td>routine call/recall test OR early recall test (including inadequate)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>NHS cervical screening</td>
</tr>
<tr>
<td><strong>XØ-A</strong></td>
<td>10 (C-3)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (not HPV tested); routine recall</td>
<td>Ø</td>
<td>-</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td><strong>XØ-C</strong></td>
<td>11 (C-3)</td>
<td>Result &amp; cease/age</td>
<td>negative cytology but non-cervical ?glandular neoplasia (not HPV tested); cease due to age</td>
<td>Ø</td>
<td>-</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td><strong>XØ-R</strong></td>
<td>12 (C-4)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (not HPV tested); early recall</td>
<td>Ø</td>
<td>-</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td><strong>XØ-S</strong></td>
<td>13 (C-5)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (not HPV tested); refer for colposcopy</td>
<td>Ø</td>
<td>-</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td><strong>XGØA</strong></td>
<td>14 (G-2)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV negative); routine recall</td>
<td>G</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td><strong>XGØC</strong></td>
<td>15 (G-2)</td>
<td>Result &amp; cease/age</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV negative); cease due to age</td>
<td>G</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td><strong>XGØR</strong></td>
<td>16 (G-1)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular</td>
<td>G</td>
<td>Ø</td>
<td>R(36)</td>
<td></td>
</tr>
<tr>
<td>XGØS*</td>
<td>17 (new)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV negative); refer for colposcopy</td>
<td>G</td>
<td>Ø</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>----</td>
<td>-------------</td>
</tr>
<tr>
<td>XG9S</td>
<td>18 (J-2)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV positive); refer for colposcopy</td>
<td>G</td>
<td>9</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>XGUR</td>
<td>19 (J-7)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV result unavailable); 3 month recall</td>
<td>G</td>
<td>U</td>
<td>R(3)</td>
<td></td>
</tr>
<tr>
<td>XGUS*</td>
<td>20 (J-8)</td>
<td>Result</td>
<td>negative cytology but non-cervical ?glandular neoplasia (HPV result unavailable); refer for colposcopy</td>
<td>G</td>
<td>U</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>X1-R</td>
<td>21 (C-1)</td>
<td>Result</td>
<td>inadequate; 3 month recall</td>
<td>1</td>
<td>-</td>
<td>R(3)</td>
<td></td>
</tr>
<tr>
<td>X1-S</td>
<td>22 (C-2)</td>
<td>Result</td>
<td>inadequate; refer for colposcopy</td>
<td>1</td>
<td>-</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>X2-A</td>
<td>23 (C-3)</td>
<td>Result</td>
<td>negative (not HPV tested); routine recall</td>
<td>2</td>
<td>-</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>X2-C</td>
<td>24 (C-3)</td>
<td>Result &amp; cease/age</td>
<td>negative (not HPV tested); cease due to age</td>
<td>2</td>
<td>-</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>X2-R</td>
<td>25 (C-4)</td>
<td>Result</td>
<td>negative (not HPV tested); early recall</td>
<td>2</td>
<td>-</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>X2-S</td>
<td>26 (C-5)</td>
<td>Result</td>
<td>negative (not HPV tested); refer for colposcopy</td>
<td>2</td>
<td>-</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>XNØA</td>
<td>27 (G-2)</td>
<td>Result</td>
<td>negative (HPV negative); routine recall</td>
<td>N</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XNØC</td>
<td>28 (G-2)</td>
<td>Result &amp; cease/age</td>
<td>negative (HPV negative); cease due to age</td>
<td>N</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XNØR</td>
<td>29 (G-1)</td>
<td>Result</td>
<td>negative (HPV negative); 3 year recall</td>
<td>N</td>
<td>Ø</td>
<td>R36</td>
<td></td>
</tr>
<tr>
<td>XNØS*</td>
<td>30 (new)</td>
<td>Result</td>
<td>negative (HPV negative); refer for colposcopy</td>
<td>N</td>
<td>Ø</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>XN9S</td>
<td>31 (J-2)</td>
<td>Result</td>
<td>negative (HPV positive); refer for colposcopy</td>
<td>N</td>
<td>9</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>XNUR</td>
<td>32 (J-7)</td>
<td>Result</td>
<td>negative (HPV result unavailable); early recall</td>
<td>N</td>
<td>U</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>XNUS*</td>
<td>33 (J-8)</td>
<td>Result</td>
<td>negative (HPV result unavailable); refer for colposcopy</td>
<td>N</td>
<td>U</td>
<td>S</td>
<td>Colposcopy</td>
</tr>
<tr>
<td>X3-R</td>
<td>34 (E-1)</td>
<td>Result</td>
<td>low grade dyskaryosis (not HPV tested); early recall</td>
<td>3</td>
<td>-</td>
<td>R(m)</td>
<td>Abnormal results</td>
</tr>
<tr>
<td>X3-S</td>
<td>35 (E-6)</td>
<td>Result</td>
<td>low grade dyskaryosis (not HPV tested); refer for colposcopy</td>
<td>3</td>
<td>-</td>
<td>S</td>
<td>Abnormal results Colposcopy</td>
</tr>
<tr>
<td>XMØA</td>
<td>36 (E-2)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV negative); routine recall</td>
<td>M</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XMØC</td>
<td>37 (E-2)</td>
<td>Result &amp;</td>
<td>low grade dyskaryosis (HPV negative); cease due to</td>
<td>M</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XMØR</td>
<td>38 (E-3)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV negative); early recall</td>
<td>M</td>
<td>Ø</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>XMØS*</td>
<td>39 (new)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV negative); refer for colposcopy</td>
<td>M</td>
<td>Ø</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XMØS</td>
<td>40 (E-5)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV positive); refer for colposcopy</td>
<td>M</td>
<td>9</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XMUR</td>
<td>41 (E-8)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV result unavailable); early recall (3 months)</td>
<td>M</td>
<td>U</td>
<td>R(3)</td>
<td></td>
</tr>
<tr>
<td>XMUS</td>
<td>42 (E-7)</td>
<td>Result</td>
<td>low grade dyskaryosis (HPV result unavailable); refer for colposcopy</td>
<td>M</td>
<td>U</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XS4</td>
<td>43 (F-1)</td>
<td>Result</td>
<td>high grade dyskaryosis (severe) (not HPV tested); refer for colposcopy</td>
<td>4</td>
<td>-</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XS5</td>
<td>44 (F-2)</td>
<td>Result</td>
<td>high grade dyskaryosis ?invasive squamous carcinoma (not HPV tested); refer for colposcopy</td>
<td>5</td>
<td>-</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XS6</td>
<td>45 (F-3)</td>
<td>Result</td>
<td>?glandular neoplasia of endocervical type (not HPV tested); refer for colposcopy</td>
<td>6</td>
<td>-</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XS7</td>
<td>46 (F-4)</td>
<td>Result</td>
<td>high grade dyskaryosis (moderate) (not HPV tested); refer for colposcopy</td>
<td>7</td>
<td>-</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XS8-R</td>
<td>47 (D-1)</td>
<td>Result</td>
<td>borderline/squamous (not HPV tested); early recall</td>
<td>8</td>
<td>-</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>XS8-S</td>
<td>48 (D-6)</td>
<td>Result</td>
<td>borderline/squamous (not HPV tested); refer for colposcopy</td>
<td>8</td>
<td>-</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XBØA</td>
<td>49 (D-2)</td>
<td>Result</td>
<td>borderline/squamous (HPV negative); routine recall</td>
<td>B</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XBØC</td>
<td>50 (D-2)</td>
<td>Result &amp; cease/age</td>
<td>borderline/squamous (HPV negative); cease due to age</td>
<td>B</td>
<td>Ø</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>XBØR</td>
<td>51 (D-3)</td>
<td>Result</td>
<td>borderline/squamous (HPV negative); early recall</td>
<td>B</td>
<td>Ø</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>XBØS*</td>
<td>52 (new)</td>
<td>Result</td>
<td>borderline/squamous (HPV negative); refer for colposcopy</td>
<td>B</td>
<td>Ø</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XBØS</td>
<td>53 (D-5)</td>
<td>Result</td>
<td>borderline/squamous (HPV positive); refer for colposcopy</td>
<td>B</td>
<td>9</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>XBUR</td>
<td>54 (D-7)</td>
<td>Result</td>
<td>borderline/squamous (HPV result unavailable) early recall</td>
<td>B</td>
<td>U</td>
<td>R(m)</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Result</td>
<td>Details</td>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>XBUS*</td>
<td>55 (D-8)</td>
<td>Result borderline/squamous (HPV result unavailable) refer for colposcopy</td>
<td>B U S Abnormal results Colposcopy</td>
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<td></td>
<td></td>
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<tr>
<td>X9-R</td>
<td>56 (D-1)</td>
<td>Result borderline/endocervical (not HPV tested); early recall</td>
<td>9 - R(m) Abnormal results</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>X9-S</td>
<td>57 (D-6)</td>
<td>Result borderline/endocervical (not HPV tested); refer for colposcopy</td>
<td>9 - S Abnormal results Colposcopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEØA</td>
<td>58 (D-2)</td>
<td>Result borderline/endocervical (HPV negative); routine recall</td>
<td>E Ø A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEØC</td>
<td>59 (D-2)</td>
<td>Result borderline/endocervical (HPV negative); cease due to age</td>
<td>E Ø A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEØR</td>
<td>60 (D-3)</td>
<td>Result borderline/endocervical (HPV negative); early recall</td>
<td>E Ø R(m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEØS</td>
<td>61 (new)</td>
<td>Result borderline/endocervical (HPV negative); refer for colposcopy</td>
<td>E Ø S Abnormal results Colposcopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XE9S</td>
<td>62 (D-5)</td>
<td>Result borderline/endocervical (HPV positive); refer for colposcopy</td>
<td>E 9 S Abnormal results Colposcopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEUR</td>
<td>63 (D-7)</td>
<td>Result borderline/endocervical (HPV result unavailable); early recall</td>
<td>E U R(m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XEUS*</td>
<td>64 (D-8)</td>
<td>Result borderline/endocervical (HPV result unavailable); refer for colposcopy</td>
<td>E U S Abnormal results Colposcopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* these results are not part of the standard HPV triage protocol but the code combinations may be required in exceptional circumstances. If the code combinations are used but no result letters are defined then no letters will be produced and the error will be reported on the district list.

Notes

1. At the ‘test of cure’, results of 3-8S or N9S may be recorded – these will appear to NHAIS the same as tests that led to the first referral. If the result letter text is not appropriate but the ‘sender code’ is such that a result letter will be produced, it will be necessary to suppress or otherwise manage result letters individually.
2. Any test taken at colposcopy which is coded NØR36 will appear to NHAIS the same as one taken at the ‘test of cure’ with the same result. As above, if the result letter text is not appropriate but the ‘sender code’ is such that a result letter will be produced, it will be necessary to suppress or otherwise manage result letters individually.

3. Tests carried out in the colposcopy clinic may be coded S for action to continue a suspension from recall if the colposcopy clinic will handle the woman’s follow-up. These and other tests from a ‘hospital sender’ will not usually result in a result letter from the NHAIS system. Tests coded S will, however, reset a woman’s NTDD according to local settings which are subject to the following limitations:

   Negative results (coded 0S, G0S, G9S,GUS, 2S, NØS, N9S or NUS) – NTDD a maximum of 15 months from date of last test

   Inadequate or abnormal results (coded 1S, 3S, 4S, 5S, 6S, 7S, 8S, BØS, B9S, MØS, M9S) - NTDD a maximum of 12 months from date of last test.

4. No result letters are specified for inadequate tests which are HPV-tested. HPV testing may not be carried out on inadequate tests.

5. It is assumed that all laboratories are operating direct referrals for colposcopy, and result letters are worded accordingly.

The new ABC3 cytology result of ?glandular neoplasia (non cervical) is NOT part of the screening programme and cases are to be managed outside NHSCSP protocols. This means that the same letters can be used for code 0 results as for code 2, and the same letters for code G results as for code N.
**APPENDIX 10**

**HPV Triage and Test of Cure**

- **Screening test result**
  - **Inadequate**
    - Repeat at 3 months
      - 1R(3)
  - **?Glandular neoplasia (non cx) or Negative Routine Recall**
    - 0A, 2A
  - **Borderline-Squamous, Borderline-Endocervical or Low Grade Dyskaryosis**
    - HPV tested
  - **High grade dyskaryosis or worse or other indication for referral**
    - Colposcopy referral
      - ØS, 1S, 2S, 3S, 4S, 5S, 6S, 7S, 8S, 9S
  - **HPV Negative**
    - Routine Recall
      - ØA, EØA, MØA
  - **HPV test inadequate or unreliable**
    - Cytology = Borderline (2)
      - Repeat in 6m with HPV test only if Neg/Bord/Low grade
        - BUR(6), EUR(6)
  - **HPV Positive**
    - Colposcopy Referral
      - B9S, E9S, M9S
  - **< CIN 1 or Untreated CIN**
    - Cytology Follow-up or Recall
      - *Set NTDD = 6-12m or as appropriate*
  - **CIN 1/2/3 -> Treatment Invite for 6m test of cure**
    - *Set NTDD = 6m*
      - Continued on page 3
  - **CGIN -> Treatment Invite for 6m test**
    - *Set NTDD = 6m*
      - Continued on page 4

- **Repeat test result**
  - **Cytology Neg (2)/Borderline (2)/Low grade dyskaryosis; HPV Negative Routine Recall**
    - ØA, NØA, BØA, EØA, MØA
  - **Cytology Neg (2)/Borderline (2)/Low grade dyskaryosis; HPV Positive**
    - Colposcopy Referral
      - G9S, N9S, B9S, E9S, M9S
  - **Cytology High grade or worse (no HPV test required)**
    - Colposcopy Referral
      - 4S, 5S, 6S, 7S

- **4S, 5S, 6S, 7S**
  - < CIN 1
    - Cytology Neg (2)/Borderline (2)/Low grade dyskaryosis
      - Routine Recall
        - *Set NTDD = 36/60m*

- **Untreated CIN 1**
  - Cytology Follow-up
    - *Set NTDD = 12m*
      - Continued on page 2

- **Continued on page 2**

- **Continued on page 3**

- **Continued on page 4**
Management of Untreated CIN 1

(i) The management of women with abnormal cytology at this second 12 month follow up test will mirror that at the first 12 month repeat test.
Test of Cure Following Treatment for CIN

CIN 1/2/3 → Treatment Invite for 6m test of cure
*Set NTDD = 6m

Test of cure

- Cytology Neg (2)/Bord (2)/ Low grade dyskaryosis; HPV test inadequate
  Repeat at 3 months
  GUR(3), NUR(3), BUR(3), EUR(3), MUR(3)

- Cytology Neg (2)/Bord (2)/ Low grade dyskaryosis; HPV Negative
  3 Year Recall
  GØR36, NØR36, BØR36, EØR36, MØR36

- Cytology Neg (2)/Bord (2)/ Low grade dyskaryosis; HPV Positive
  Colposcopy Referral
  G9S, N9S, B9S, E9S, M9S

- Cytology High-grade dyskaryosis or worse (No HPV test)
  Colposcopy Referral
  4S, 5S, 6S, 7S

Follow up test

- Restart screening protocol algorithm

See note (ii)

(ii) Women referred back to colposcopy (at TOC following treatment for CIN) due to borderline, low-grade dyskaryosis or negative cytology, who are HR-HPV positive, and who then have a satisfactory and negative colposcopy, can be recalled in 3 years.
Management of women adequately treated for CGIN

CGIN -> Treatment (iii)
Invite for 6m test
*Set NTDD = 6m

Test of cure with or without colposcopy (local preference)

- Cytology Neg (2); HPV test inadequate: Repeat at 3 months GUR(3), NUR(3)
- Cytology Neg (2); HPV Positive: Colposcopy referral if not already performed. Normal colposcopy – repeat test at 12 months N9S, G9S or N9R12, G9R12
- Cytology Neg (2), HPV Negative: Repeat at 12 months N0R12, G0R12
- Cytology abnormal: Colposcopy referral if not already performed. 3S, 4S, 5S, 6S, 7S, 8S, 9S Complete 10 year cytology follow up

Follow up test

Restart screening protocol algorithm

iii) Women who have been adequately treated (complete excision margins) for CGIN or SMILE will follow the management in this protocol algorithm. Women receiving annual surveillance tests following treatment for CGIN or SMILE in the past may also be tested in line with this policy at their next two tests. Woman treated for cervical cancer are excluded from this management policy.
KEY TO CODES & ABBREVIATIONS

Action codes
A routine recall
Rm early repeat in 'm' months
S suspend from recall

PROVISIONAL Result codes
Ø * ?glandular neoplasia (non cervical)
G * ?glandular neoplasia (non cervical) (HPV tested)
1 inadequate
2 negative (not HPV tested)
N negative (HPV tested)
3 low grade dyskaryosis (not HPV tested)
M low grade dyskaryosis (HPV tested)
4 high grade dyskaryosis (severe)
5 high grade dyskaryosis ?invasive squamous carcinoma
6 ?glandular neoplasia of endocervical type
7 high grade dyskaryosis (moderate)
8 borderline change in squamous cells (not HPV tested)
B borderline change in squamous cells (HPV tested)
9 borderline change in endocervical cells
E borderline change in endocervical cells (HPV tested)
* non-cervical neoplasia treated as negative for CSP management
(2) Used to denote both categories of negative result (negative and ?glandular neoplasia (non cervical)) or both categories of borderline result (borderline change in squamous cells and borderline change in endocervical cells.)

Infection codes
Ø (zero) HPV negative
9 (nine) HPV positive
U HPV result inadequate/unreliable
Miscellaneous
NTDD Next Test Due Date
BLUE indicates codes used on NHAIS in format
Cytology result – HPV infection code – Action code
RED indicates manual action required to reset NTDD
★ colposcopy referral without HPV test
Colposcopy & Failsafe Process: RD&E, Barnstaple, Taunton and Torbay

**Laboratory Sends Cytology Results To:**
Primary Care Support Service & the GP/sample takers. PCSS sends patient result letters as part of the centralised letter process.

**Laboratory**
All cytology results with action code ‘S’ sent to Colposcopy Central Administration at RD&E, Barnstaple or Taunton
Weekly report for audit sent to Exeter, Barnstaple & Taunton administration for audit.

**Laboratory**
Processes Samples and Generates Results

**DIRECT REFERRAL INITIATED**
For all result codes with action codes ‘S’

**Exeter, Barnstaple, Taunton and Torbay Colposcopy Administration:**
Will generate a first appointment and send to patient, on behalf of the colposcopy Unit and notify laboratory of appointment date.

**Patient Does Not Attend 1st DNA**

**Second Appointment Sent**

**Patient Does Not Attend 2nd DNA**

**Laboratory Failsafe Initiated**
No outcome at 6 months laboratory generates 1st letter sent to GP/sample taker

**GP Informed**
No outcome after a further 7 months laboratory generates 2nd letter to GP/sample taker

**No outcome after a further 7 months laboratory generates 3rd letter to Commissioner/Public Health Lead and GP/sample taker**

**Patient Attends Colposcopy Unit**

**GP requests to halt/delay Direct Referral**

**Biopsy or LLETZ Sample to Laboratory**

**Attendance data to laboratory from central administration**

When a result indicates glandular neoplasia (6) or invasive ca (5) the laboratory will inform the GP by phone.
Direct Referral initiated by Cytology at Royal Cornwall Hospital

Cytology issues a report stating "Direct referral to Colposcopy has been arranged"

The colposcopy unit referred to is dependent upon the location of the sender

An automated email is generated and sent to the colposcopy unit giving the referral details

A hard-copy of the report and/or electronic access to the report is available to Colposcopy

The result is sent to the Call-Recall unit

The cytology report is sent to the GP and sender if different. [Lab phones GP if result is invasive]

Colposcopy acknowledges receipt of the referral

Colposcopy send an appointment letter to the woman

The letter includes an option to change the appointment

Call-Recall post a result letter to the woman
Summary of Failsafe at RCHT cytology / PHNT and RCHT Colposcopy following Direct Referral

- **woman attends colposcopy**
  - colposcopy sends details to the cytology lab and GP
  - database at lab is updated
  - Failsafe closed

- **woman Does Not Attend**
  - colposcopy sends details to lab and GP
  - database at lab is updated
  - If no outcome at 4-6 months the lab sends a first Failsafe letter to the GP
  - If no outcome at 12 months, the lab generates a final Failsafe letter for the GP and closes failsafe

- **2nd appt sent to woman**
  - woman DNA

There may be some variations depending on grade of cytology and clinical details.

Laboratory Failsafe also includes quality assurance procedures to:
- ensure all test results are sent to and received by the Call-Recall unit.
- ensure all tests with Direct Referral have been included the protocol.
### Summary of actions on Discharge from Colposcopy

<table>
<thead>
<tr>
<th>Colposcopy</th>
<th>Call-Recall</th>
<th>GP Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• a discharge letter is sent to the GP</td>
<td>• receives discharge sheet from colposcopy</td>
<td>• receives discharge letter from colposcopy</td>
</tr>
<tr>
<td>• a discharge sheet is sent to Call Recall, confirming that the woman attended colposcopy and giving her a new recall interval</td>
<td>• amends the date the woman's next cytology test is due</td>
<td>• may view the woman's details in Open Exeter - the Report Page shows the 'next test due' date and will indicate if updated with information from Colposcopy</td>
</tr>
</tbody>
</table>

An automated email is generated and sent to the colposcopy unit giving the referral details. Colposcopy acknowledges receipt of the referral and send an appointment letter to the woman. The letter includes an option to change the appointment. A hard copy of the report and/or electronic access to the report is available to Colposcopy. The result is sent to the Call-Recall unit who post a result letter to the woman. The cytology report is sent to the GP and sender if different. [Lab phones GP if result is invasive?](#) The colposcopy unit referred to is dependent upon the location of the sender.
Clinical Guideline
COLPOSCOPY FAILSAFE GUIDELINE – ST MICHAEL’S HOSPITAL

SETTING
Division of Women’s and Children’s Services / Colposcopy

FOR STAFF
Medical, Nursing Staff and Administrative staff

PATIENTS
Those that are invited to attend a colposcopy appointment

The purpose of the colposcopy failsafe procedure is to ensure that:

- All women identified by the laboratory and any other referral source needing a referral to colposcopy or a follow up in colposcopy are sent an appointment.

- Women who do not attend are then given a second appointment to attend.

- If a woman does not attend these two appointments a letter is sent out to her, her GP and any other referral source with a copy to the Public Health Screening and Immunisation Lead (SIL), stating that no further appointments will be sent.

- To ensure the call and recall office (PCSA) are aware of women discharged from our service that requires a cervical screening test (smear) in 6months or 3-5 years.

1 Colposcopy Clinic Appointments Office

The Colposcopy appointments office receives notification to offer an appointment, either in the form of faxed cytology report form from the laboratory, or referral from her GP or other clinician – either for tests reported elsewhere, or clinical reasons, or requesting a follow up.

- First appointment is sent by colposcopy office to the woman enclosing a Local Colposcopy Clinic information leaflet and Map

2 Colposcopy clinic DNA

- If any patient fails to attend for their 1st appointment a letter is sent to the woman by the colposcopist with a copy to the GP and other referral source and the laboratory including a 2nd appointment.

- If patient fails to attend the 2nd appointment then a letter is sent to the woman stating that no further appointments will be sent. This letter is copied to the GP and other referral source, Cytology laboratory and SIL. A month later a letter is sent to the GP reminding them they have responsibility for further Cervical Screening.
3  Colposcopy failsafe for women discharged to primary care for 6 month or 3-5 year recall.

- To send via email to the PCSA a record of all women who require a recall cervical screening test in 6 months or 3-5 years.

- This will be performed on a weekly basis.

- A copy and a receipt that the PCSA has received this document will be kept by the colposcopy office.

RELATED DOCUMENTS
DOH, service specification N0:25, cervical screening Nov 2013.
SouthWestRegionalGuidanceonFailsafe2013[1].pdf.
NHSCR May 2010 Non attenders.doc.
SW QARC Colposcopy Discharge Process
Good Practice Guide – Issued February 2012

SAFETY QUERIES
Colposcopy service, St. Michael’s Hospital. 0117 3425811
Email: ubh-tr.Colposcopy@nhs.net
Sample Taker Training Policy

**1. Training Requirements for Sample Takers**

1.1 The NHS Cervical Screening Programme (NHSCSP) guidance recommends that only doctors and nurses who are professionally trained and who have undertaken appropriate training in line with NHS Cervical Screening Programme guidance should undertake cervical cytology testing.

**Core Foundation Training**

1.2 All cervical sample takers must have completed a two day Core Foundation (initial) training course followed by a period of supervised practical training, in accordance with the guidelines in NHS Cervical Screening Programme Publication No 23 (April 2006) ‘Taking Samples for Cervical Screening - Resource Pack for Trainers’. Appendix 1 provides an outline of these requirements.

**Update Training**

1.3 The NHS Cervical Screening Programme recommends that all cervical sample takers attend a minimum of one half day update training on the programme and its developments, every three years and that all sample takers should conduct continuous self-evaluation to ensure continuing competence in accordance with their professional codes of conduct. Appendix 1 provides an outline of these requirements.

1.4 Sample takers should also audit their individual adequate and inadequate test result rates in comparison with the rates reported by the local laboratory.

**Workload and Audit**

1.5 The Regional Cervical Screening Quality Assurance Team, Public Health England recommends that all sample takers undertake an audit of 20 consecutive samples each year.

1.6 GPs may screen very few women each year, however opportunistic cervical screening in non/lapsed attendees is strongly encouraged. Therefore the South West Quality Assurance Reference Centre position is that for GPs only, if they carry out less than 20 samples per year, their annual individual audit should cover 20 consecutive samples taken and should demonstrate the reason for being taken, i.e. that the woman is within the eligible age range and parameters for the NHS Cervical Screening Programme, and is overdue for screening. It is good clinical governance that all sample takers carry out an annual audit, regardless of professional background. All sample takers need to be up to date with the requirements of the programme.
2. Commissioning Responsibilities

2.1 The NHS England South Region, South West maintain a duty of care to ensure that all sample takers are trained and competent to undertake this role in line with national guidance.

The commissioning responsibilities include:

Providing Access to Sample Taker Training

- NHS England South Region, South West, Screening & Immunisation Team has a responsibility to ensure that the training provided meets with nationally agreed standards; sufficient training is available to meet demand, and that registers are available to identify all trained professionals working within the Cervical Screening Programme.

- the sample taker’s employer has a responsibility to ensure professionals can access recognised validated training to meet NHS Cervical Screening Programme standards

Validating Training Courses

2.2 Validated training refers to those training courses approved by the local Screening and Immunisation team. This will ensure that the skills of all health care professionals working within the cervical screening programme are deemed to be competent and able to demonstrate that their skills meet the standards set out by the NHS Cervical Screening Programme (NHS CSP Publication No 23 April 2006).

Specifying Local Policy

2.3 The NHS England South Region, South West, Screening and Immunisation Team will specify their cervical sample taker training and working requirements, in line with NHS Cervical Screening Programme guidance as a minimum standard. These will be documented in the local cervical screening policy document which will also specify the procedure for reminding sample takers where training update is overdue and the process for removal from the register when these requirements are not met.

Maintaining an Active Training Register

2.4 NHS England South Region, South West is required to maintain a sample taker register. To remain on the register sample takers will be required to have undertaken Core Foundation Training and undertake formal update training every three years. If a sample taker has undertaken training outside of the region, then evidence will be required to ensure that the training meets national recommendations.
3. **Cytology Sample Taker Training**

**Aim**

3.1 To ensure that the skills of all doctors and nurses who are professionally trained and working within the NHS cervical screening programme are deemed to be competent and able to demonstrate their skills to meet the standards set out by the NHS Cervical Screening Programme. (Publication No 23 April 2006).

3.2 The responsibility for training lies with:

- the individual professional – to understand their limitations and competence
- the employing organisation to ensure professionals have recognised validated training to meet NHS Cervical Screening Programme standards
- NHS England South Region, South West, Screening and Immunisation Team will approve suitable training providers as a ‘Quality Provider’ that registers are maintained to identify all trained professionals working within the cervical smear programme.

4. **Requirements to Become Approved as a Competently Trained Sample Taker**

**Who Can Perform Cytology Tests?**

4.1 Doctors and nurses who are professionally registered and working across NHS England South Region, South West who have successfully completed a NHS Cervical Screening Programme training programme and attended formal three yearly updates.

**Registering as Trained Sample Taker**

4.2 To be recognised as a trained sample taker and remain on the NHS England - South (South West) Screening and Immunisation Team’s register, sample takers must have attended a training course approved by the team, provide course details with dates of training along with a statement of competence from the training provider. This information should be provided to the contacts detailed below:

<table>
<thead>
<tr>
<th>Contact</th>
<th>Title</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilie Chedzoy</td>
<td>Team Administrator BNSSSG Screening and Immunisation Team NHS England South West House Blackbrook Park Avenue Taunton Somerset TA1 2PX</td>
<td><a href="mailto:england.bnsssg.screening@nhs.net">england.bnsssg.screening@nhs.net</a></td>
<td>01138255084</td>
</tr>
</tbody>
</table>
4.3 On completion of training, sample takers will be given a unique identification code and held on a central register by the designated Screening and Immunisation Team. The identification code should be used on all correspondence with the laboratory.

Requirements for GPs

4.4 It is acknowledged that the extensive training that GPs undertake is likely to cover many elements of the core foundation training. There is currently no national recommendation for GPs to undertake formal sample taker training. However, it is hoped that GPs will maintain their knowledge of local policy and national requirements/policies as they are introduced by the National Cervical Screening Programme.

All sample takers are required to have a sample takers code which should be entered onto all cytology request forms. GPs moving into the area; should request a code from the Screening & Immunisation Team for NHS England - South (South West) england.bnsssg.screening@nhs.net. At the time of issuing the code the GP will also be provided with details of available training across the area. Once a code has been issued the GP sample taker will be included on the NHS England - South (South West) sample takers register.

Maintaining Registration with NHS England South Region, South West

4.6 All sample takers performing cytology testing should ensure they undertake an approved training programme in line with local policy:

- participate in three yearly updates by a provider validated by NHS England South Region, South West, Screening and Immunisation Team in conjunction with the regional QARC
- participate in continuous self-evaluation to ensure continuing competence
- be held on a register of trained sample takers with NHS England South Region, South West Screening and Immunisation Team
- provide evidence of training and annual self-audit for Quality Outcome Framework (QOF) visits

Removal from the NHS England South Region, South West Sample Takers’ Register

4.7 In those instances where a professionally trained nurse has not maintained the required training and competencies outlined above; the Director of Nursing, NHS England- South (South West) will be notified and requested to inform your organisation.

4.8 Should the required training not be completed then the sample taker will be suspended from the central register and requested to stop taking samples until
such time that the appropriate training has been completed. The Director of Nursing, NHS England- South (South West) will notify the individual sample taker’s organisation that this action has been taken.

4.9 In the event that sample takers continue to practice once removed from the register; the Screening and Immunisation Team will seek guidance from the Director of Nursing, Nursing and Quality Team, NHS England- South (South West).

5. **Training Providers**

5.1 To be recognised as a quality training provider, providers must be approved by NHS England- South (South West) Screening and Immunisation Team. Currently approved quality training providers are:

- South West Region Cytology Training School (based at Southmead Hospital): Foundation and Update Training
- Professional Development International (PDI): Foundation and Update training
- Dr Clare Seemark: Update training
- Dr Sarah Gray: Update Training

5.2 Course information will be advertised via the Regional GP Bulletins, LMC websites and training provider flyers or directly by approved training providers.

5.3 Sample takers are not limited to the training courses detailed above. Any course which has been accredited by the NHS Cervical Screening Programme will be recognised.

**Approved Training Courses**

5.4 Trainers involved in all types of training courses covered by this policy will be expected to have in place a memorandum of understanding with NHS England-South (South West).

6. **Practical Assessment**

6.1 Trainee sample takers will be required to make arrangements with an approved assessor (external to the individual’s place of work) for sessions of practical observation and training. Approved external assessors will have fulfilled the requirements as set out by the NHS Cervical Screening Programme and be registered on the NHS England- South (South West) cervical sample takers register.

**Becoming an Approved External Assessor**

6.2 It is a requirement that approved external assessors will:
• have been taking samples for a minimum of two years following successful completion of an approved training course
• maintain accreditation with NHS England South Region, South West
• participate in continuous self-evaluation to ensure continuing competence
• attend assessor updates in line with local policy

6.3 Sample takers fulfilling the above criteria and interested in becoming assessors should contact the approved training providers directly.

Screening & Immunisation Team

28 August 2015