

Welcome to the latest edition of your PCSE cervical screening bulletin

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Ceasing forms for use in GP practices

We have been working with Public Health England (PHE) to agree a standardised ceasing form for use in GP practices. We are now in the final stages of agreeing the process which we hope to have in place by January 2018.

Whilst work to complete this progresses, please continue to follow the process you currently have for notifying PCSE of any ceasing requests. If you don't have a form that you already use locally for ceasing women from the programme, please email pcse.enquiries@nhs.net and put 'Screening request for ceasing form' in the subject header.

Please ensure the form is fully completed, includes all the relevant information and is signed by the required signatories to enable us to update the system accurately.

Planned downtime of Exeter systems

In early November, NHS Digital began a programme of work to carry out essential NHAIS server maintenance in 28 specific areas across England.

The work is ongoing and will continue during 2018. A list of areas that will be affected and the proposed dates that the work will be carried out in each location is available on the [PCSE website](#).

If your area is affected, the Exeter system will be unavailable for up to three days starting from 7pm on the start date until 12pm on the end date. During this time you will not be able to access the system for any screening administration tasks such as downloading the HMR101/5 form or sending result files. The downtime will also have a small impact on timescales for PCSE processing new patient registrations and de-registrations for practices.

The work to date has been running smoothly.

Please check the PCSE website for the [latest schedule and updates](#).

Christmas opening times: Customer Support Centre (CSC)

The normal opening hours for the Customer Support Centre are:

08.00 – 17.00 Monday – Friday.

Over the Christmas period the contact centre will be open as usual with the exception of **Monday 25** and **Tuesday 26 December 2017** and **Monday 1 January 2017**, when we are closed for the bank holidays.

British Association of Cytopathology Conference

We recently attended the British Association of Cytopathology conference in York where we had the opportunity to share our plans to transform the cervical screening administration service, as well as listen to feedback and answer queries.

We were pleased that the majority of delegates were aware of the plans for transformation next year. You can read more about the plans later in this bulletin and also find updates on the [What's Changing](#) section of the PCSE website.

Representatives from our National Engagement Team were on hand to answer questions and the Head of Screening Operations also fielded queries after the event. We listened to feedback from laboratory staff about the current service, in particular about being able to raise real time queries about samples and results. In response to this, we can advise that laboratories can email time-sensitive queries to the PCSE office that provides support to their lab using either:

Leeds - pcse.screeninglabs@nhs.net

Clacton - essexcontractorservices.screening@nhs.net

Preston - pcse.screening-preston@nhs.net

These email addresses should only be used for laboratories to raise immediate queries about results and samples that are time-sensitive. Any other emails received in to these mailboxes cannot be actioned.

Contacting the customer support centre (CSC) - laboratories and clinics

In order for PCSE to securely respond to questions and queries from laboratories and clinics, staff within those settings need to be registered as authorised service users on our Customer Relationship Management (CRM) system.

To make this process as simple as possible our National Engagement Team will be emailing all labs and clinics asking them to identify users who should be added to CRM. Once the system has been updated, these users will be able to contact the Customer Support Centre (CSC) with enquiries.

This process has already commenced in the south of England, thank you to those who have returned their forms. We will continue to gather the information from across the rest of the country in the coming weeks. Please look out for the email from your NET representative.

PCSE operations update

Vault samples

Women who have the no cervix marker set on the Exeter system but who subsequently have a vault sample taken are not included in the cervical screening call and recall programme.

Any samples taken after the hysterectomy marker has been set will be rejected by the call and recall system.

Tests that fall into this category will be sent from the laboratory to PCSE. We will then write an exception letter to be sent with the rejected result back to the woman's GP who has responsibility for notifying her. The exception letter will advise the GP practice that:

- The result has not been recorded
- No result or recall has, or will be generated by the NHAIS call recall system
- Appropriate notification and subsequent recall is the responsibility of the sample taker.

National Operational Review meeting

We are looking forward to hosting the next National Operational Review meeting on 19 December at PCSE's office in Leeds.

We welcome the attendance of representatives from laboratories, NHS England Public Health teams, colposcopy clinics and Screening and Immunisation Team members. The meeting will provide an opportunity to share updates, give feedback and respond to questions. It will be in person and lunch will be provided.

It will be in person, from 12 to 4pm and lunch will be provided. If you are unable to travel to the meeting, a dial-in option is available to join the meeting by teleconference between 1pm and 3pm.

More members are welcome to join so to register your interest, find out more or receive the teleconference details, please contact Lee Dobbins at lee.dobbins@nhs.net

PCSE's office is located at Arlington Business Centre, Millshaw Park Lane, Leeds, LS11 0NE

Meeting timescales for the delivery of result letters

We were recently made aware of a result letter being received outside of the agreed timescales. To find out why this had happened, we tested our processes to ensure the result letters we produce are sent out on time.

We are pleased to report that the test showed our processes are working effectively and that results letters are being produced and posted by PCSE within the agreed timeframe. Any delays to letters being delivered to the recipient are outside of PCSE's control; once PCSE has printed and provided the letters to the postal service for onward delivery to recipients, we cannot control those timescales.

We will continue to carry out these tests on a regular basis around all parts of England so that we are assured our processes are working consistently and as expected.

Future service developments – latest update

We are continuing to work with NHS England and Public Health England on plans to transform the cervical screening administration service.

The transformation programme will introduce new IT systems that support cervical screening. The most noticeable difference will be the replacement of the NHAIS database and Open Exeter interface with a single, national database.

It will bring benefits to all those who provide cervical screening to patients. See the table at the end of this bulletin for further details about [what difference the new developments will make](#).

Work to develop the new system is well underway. In the early part of 2018 we plan to contact all those people who volunteered to support system testing and provide them with further information about what will be required.

Launch plans are yet to be agreed with NHS England. This information will form part of our communications activity which will be disseminated in a timely way to allow users to register with PCSE Online in preparation.

Registration for PCSE Online will give users the appropriate access to the new system which will be essential for them to be able to perform their usual screening tasks. We will be sending out further information over the coming months, including the IT specification required to access PCSE Online and how to register to use the new service.

Opportunities for PCSE to tell you more about transformation plans

We recently shared information about the transformation plans at the National Association of Primary Care conference and we have also presented to Regional Sexual Health Facilitators at PHE, a national SILs conference and London-based SILs and colposcopy events.

We are keen to talk to different user groups and would welcome forthcoming dates for any relevant local, regional and national meetings and sample taker training sessions. Where possible we would offer to join training sessions to deliver a short overview of our transformation plans. We would also be able to share training slides and signpost the latest information that we have available.

If you are interested in including PCSE transformation in your sample taker training or any other relevant event, please contact Karen Burgess: karen.burgess@nhs.net

Further information can be found on the [‘What’s Changing’](#) section of the PCSE website.

Best wishes

Primary Care Support England

What difference will the new developments make?

The new PCSE Online service will...	The benefit is...
Provide a nationwide database accessed via a single log in (according to the users' appropriate permissions).	<ul style="list-style-type: none"> No need to access multiple NHAIS databases via the Open Exeter system because screening histories will be on one database.
Offer a more flexible way for GP practices to manage ceasing, deferring and delaying notifications.	<ul style="list-style-type: none"> The opportunity to update screening records at any point during the screening cycle, not just at Prior Notification List (PNL) or Final Non Responder (FNR) time as currently happens in Open Exeter.
Give users the ability to upload ceasing and deferral forms online, including those requiring patient signatures.	<ul style="list-style-type: none"> A more timely, secure and traceable process to update screening records. An auditable record of when the request was submitted. Reduced print and postage costs.
Provide an automated system for sending lab file receipt reports and exception reports back to laboratories.	<ul style="list-style-type: none"> The system will automatically generate email notifications back to labs to notify them of missing test results and lab files. Results that fail processing can be identified and returned to labs to be investigated and then re-submitted more quickly. The safety of the screening programme will be enhanced due to this earlier identification of anomalies.
Colposcopy will be able to upload discharge notifications to PCSE.	<ul style="list-style-type: none"> A secure, safer and traceable process providing a more timely way of updating screening records. An audit of discharge notifications being uploaded. Reduction in print and postage costs.
Greater flexibility to manage and amend PNLs	<ul style="list-style-type: none"> GP practice staff will have the option to 'save' when working through PNLs and amend them after submission.
Remove the risk of screening and HPV vaccination histories being separated from a woman's record if she relocates within England.	<ul style="list-style-type: none"> Quicker ability to trace a patient's record because all screening histories will be held and maintained on one database.
Enable Defence Medical Services (DMS) to view and upload HPV vaccinations for patients in military families from age 11 years.	<ul style="list-style-type: none"> A new function that will help build the immunisation record of patients within military families for future reference.
Give Integrated Sexual Health Services (CASH/GUM clinics) the facility to view screening records of women attending their clinics.	<ul style="list-style-type: none"> A new function for CASH/GUM providing a clearer picture of a woman's screening history.
Child Health Information Services will have the ability to upload HPV vaccination data	<ul style="list-style-type: none"> Improved patient matching, reducing the number of rejected vaccinations that require additional checks and re-submission.