Cervical Screening Protocol

Document Details		
Title		Cervical Screening
Main points		The aim of the protocol is to ensure national guidance and practice for the management of cervical screening, including staff training, management of patient call/recall, incident management, rejected samples, exception reporting and regular monitoring of inadequate cervical screening rates is being adhered to in practice.
Who is the document aimed at?		Cervical Smear Takers and Administrators
Author		Lisa Nolan
Approval process		
Approved by (Clinician/Manager)		EMT
Most recent approval date		December 2023
Category		Clinical situations
Sub Category		
Next review date		December 2024
Distribution		
Who the policy will be distributed to		All staff
Document Links		
Required by CQC		
Other		
Amendments History		
No	Date	Amendment
1		
2		
3		
4		
5		

Trained Cervical sample takers: -

Are responsible to the clinical lead for following this protocol.

Practice manager: -

Is responsible to the clinical lead for ensuring all staff taking cervical samples are adequately trained, that they are trained in locally used LBC (liquid-based cytology) system and updated as per programme requirements. Requesting evidence of training on appointment to a post or locum post, adding and deducting appropriately qualified clinicians to the Cervical Sample Taker Database http://cstd.mft.nhs.uk/admin/ To advise the cervical screening lead within the practice of patients who have become final non responders. To carry out individual sample taker audits of inadequate cervical screening samples least every two years, this information can be accessed via the CSTD.

What is cervical screening: -

Cervical screening is not a test for cancer it is a method of preventing cancer by detecting and treating early abnormalities which if left untreated could lead to cancer of the cervix. In the practice a liquid based cytology (LBC) system is used. The cervical screening test involves brushing cells from the neck of the womb and sending them for analysis as per manufacturer's instruction. The sample is tested for the presence of high-risk Human Papillomavirus (hrHPV). For any samples that test positive for hrHPV, a representative sample of the cells are deposited onto a slide. The slide is examined under the microscope by a cytologist, who will classify the result and suggest further management.' For samples that test hrHPV negative the woman can be returned to routine recall.

Who is tested: -

Patients between the ages of 24 ½ - 64 years of age are offered cervical screening at intervals defined nationally.

First call aged 24 ½ years

25-49 years screened every 3 years

50-64 years screened every 5 years

Patients aged 65+ are only to be screened if they have never been screened or have had a recent abnormal test result. For patients who have had a **total hysterectomy** please refer to consultant's request in discharge letter for further screening however **all vault cytology should be referred to colposcopy.** Patients who have had a sub total hysterectomy should remain in the screening programme. The practice is responsible for ceasing patients from call/recall following a total hysterectomy.

The call/recall system: -

This is managed by a commissioned provider. The prior notification list is sent to the practice, a nominated person who is aware of programme requirements will check the list (for correct patient details) and if screening is appropriate return this within the specified time to ensure the correct patients get invited at the correct time. Following a patient's attendance for a sample the result letter will be sent by the commissioned provider, if they are required to attend colposcopy for further investigation this will be completed automatically via direct referral.

If a patient fails to respond to the two invitations sent by the commissioned provider they will become a final non responder, details of these patients will be sent to the practice electronically via a practice electronic card, at this point the practice is responsible for sending the patient a third invite. The third invite at the practice is done via

telephone or letter. This is recorded within the patients notes as 3rd invite. Alerts will be added to the patient's notes so that each time they attend or contact the practice a reminder can be given to them from all practice staff in relation to their overdue screening test. It is best practice to invite eligible patients who are final non responders on an annual basis prior to them re appearing on the PNL

Procedure for taking the Cervical Sample: -

- A 20 minute appointment is to be made with a sample taker who is adequately trained and updated and registered on the CSTD
- The sample taker confirms the patients name, address, DOB and the cervical screening sample is due and or overdue (Open Exeter will enable this) prior to taking a clinical history
- Following history taking and prior to obtaining the sample the sample taker will check the expiry date on the vial, ensuring the vial is in date and has at least 14 days left before it expires (the time period left must be at least equivalent to the laboratory average turn around time). Expiry date format is Year/Month/Date
- The sample taker should offer a chaperone and ensure informed consent is gained. Ensuring privacy and dignity are maintained throughout and making the procedure as comfortable as possible for the patient
- Once the sample has been obtained it must be transferred into the liquid present in the LBC vial as per manufactures instruction, tightening the cap so that the black torque line on the cap passes the black torque line on the vial. This will prevent leakage. The vial is then placed into the appropriate specimen bag attached to this is the A4 electronic request sheet
- The sample taker must label the vial whilst the patient is present (do not place label over expiry date) and complete the cervical sample request form electronically via the ICE intraop within the clinical system or Ice desktop. The patient will confirm the details on the form and vial are correct prior to them leaving the consultation room. The sample taker must complete the Ardens template on the patient's computer records
- The patient must be advised how and when they will receive the result and to contact the practice if they have not received them in 2 weeks (or current TAT please check CSTD)
- The sample must then be placed in the designated specimen collection point in the practice for collection and transportation to the processing laboratory. Samples MUST NOT be stored in a fridge

The laboratory: -

- Receive the sample which will be HPV primary screened
- Results, further management and referral is suggested on the results sent back to the GP. Direct referral to colposcopy is completed (if appropriate) by the laboratory
- Reports on biopsies (samples of tissue taken at colposcopy) and provides a histological diagnosis.
- Cervical Screening samples are screened at the hospital's pathology department. A consultant pathologist has overall responsibility.
- Incidental findings of infections are not part of the NHS screening programme

Cervical Screening Results

On receipt of a cervical screening result the designated person, normally the practice nurse, will review and the patient's records updated accordingly. The appropriate snomed code must be added to the patient's clinical records within practice using the ardens template **Cervical Smear Template.**

Failsafe: -

The practice adheres to failsafe responsibilities (Appendix 1)

Patients withdrawing from NHS Cervical Screening Programme: -

The practice will not influence any patient to withdraw from the screening programme however there a small number of patients who do not wish to have a sample. In these circumstances the patient must be offered an appointment with an experienced sample taker or a GP within the practice and a discussion in relation to the screening programme held. This will allow the patient to make an informed choice in relation to the test. If the patient wishes to be removed from the programme a form supplied via Call and recall service will be completed and signed by both the patient and the GP https://www.csas.nhs.uk/support/ This will be scanned into the patients notes and coded and the original sent to call and recall service. On receipt the call and recall service will write to the patient asking for confirmation that ceasing from the programme is correct and is their decision, once they receive written confirmation back they will arrange for cessation of call/recall.

At any point up to the age of 64 years patients can request a sample and can re-join the programme

Patients who are HIV Positive: -

National programme guidance states that patients who are HIV positive should have annual cervical screening tests. In order to achieve the correct recall and prevent samples from being rejected, sample takers are required to provide details of the HIV positive status in the clinical details on the cervical screening request form. The details of the HIV status should be recorded as **retroviral infection RVI.**

All HIV Positive patients from April 2019 who attend for a cervical screening test will be automatically recalled in 12 months (providing the sample taker highlights retroviral infection (RVI) within the clinical details on the sample request form.

Patients who have failed to attend post April 2019 will need to be invited on an annual basis by the practice. These patients will also be called 3 or 5 yearly depending on age via the PNL, once they have attended and if hrHPV-ve, a 12 month recall will automatically be set.

Transgender: -

Following a change of gender, the individual will be recorded as male on the GP registration system and will no longer receive invitations from the call and recall service. It is not necessarily the case that the individual will have undergone gender reassignment surgery. If the individual has not undergone a hysterectomy which included the removal of the cervix they are still eligible for screening and should be encouraged to attend.

Where the individual chooses to continue to be screened, the GP practice is responsible for managing invitations and sample taking at the appropriate intervals and for notifying results.

Following the sample being taken and processed, the result will **ONLY** be sent to the requesting GP. It remains a sample taker responsibility to ensure the trans man attends/calls for the result of the test as **no result letter will be sent**.

If there is an abnormality that requires further investigation under the care of colposcopy a direct referral will be completed by the processing laboratory and the patient will receive a letter with an appointment date and time directly from the colposcopy unit.

The practice must maintain a register of all trans people including non-binary people who have a cervix insitu and ensure they call and recall eligible patients for screening as per age or previous test result.

Learning Disability and Autism

Patients with a learning disability or autism will be invited by the national call and recall system like every other eligible patient. The call/recall system is unaware of patients that have a learning disability or autism, therefore it is important that the practice actively discuss cervical screening with the patient and carer at annual health checks, identifying and ensuring reasonable adjustments are put in place to encourage screening. Practice invitations should be tailored to the individuals needs and supported with easy read materials. In some cases the learning disability team may be contacted for extra support and or advice in order to support screening.

Monitoring of results: -

The practice manage or nominated person will run a search on a monthly basis to identify outstanding cervical screening results, test taken - no result. Details will be passed to the lead practice nurse to investigate further with the processing laboratory. They will also ensure all cervical screening tests taken at an extended access service have a result received.

In addition individual sample takers as best practice should keep a record of samples they have taken and ensure a result has been received for all, investigating further if no result within specified turn around time

Monitoring of inadequate cervical screening: -

All cervical sample takers are required to register on the CSTD http://cstd.mft.nhs.uk/ Currently sample takers are required to monitor their inadequacy rate annually and compare this to the lab average. If it is above lab average, then a discussion around the reasons is to be arranged with the lead nurse and if appropriate supervised practice.

Inadequate Cervical Screening Samples -

If a patient has 2 consecutive inadequate cervical screening results she will be directly referred to the gynaecologist via direct referral.

Novice Training: -

Nurses and GP's can access cervical sample taker training via North of England Pathology and Screening Education Centre – www.nepsec.org.uk

Update Training: -

Sample takers will complete a minimum of one half day's update training every three years; this can be face to face training or free online update training http://www.e-lfh.org.uk/programmes/nhs-screening-programmes/

The sample takers will keep updated by reading regular research based articles, and national and local guidance and standards. Evidence of completion of update training must be uploaded onto the CSTD.

Ceasing Women: -

The practice is responsible for ceasing patients who have under gone a **Total hysterectomy** this can be completed by informing Call and recall service in writing that the patient has undergone the procedure and is to be ceased no cervix or completed on the PNL. Patients who have undergone radiotherapy of the cervix should also be ceased from the programme https://www.csas.nhs.uk/support/ The practice is also responsible for completing the ceased audit which Call and recall service should facilitate on an annual basis. This involves checking patient's paper/electronic records to ensure they have been correctly ceased.

Incidents: -

Any suspected incidents within the programme should be discussed with the Screening and Immunisation Team, who can be contacted via England.gmsit@nhs.net, and the national incident investigation forms completed if required along with a practice level internal investigation and RCA. Learning from any incident should be shared within an LTI

Rejected samples: -

The laboratory operate a National sample acceptance policy (Appendix 2), if any sample submitted does not fulfil the correct requirements it will be rejected prior to processing. The woman will therefore **NOT** receive a result. In the unfortunate event of this happening the laboratory will write to the practice.

It then remains the sample takers responsibility to contact the woman and advise her of the reason why she will not be receiving her result letter and the need for her to re attend in no less than 3 months for a repeat test (or later if the next test due date is at a later date). In the case of rejected samples being taken in an extended access service, it is the patients registered practices responsibility to inform the patient and rebook the appointment.

Samples SHOULD NOT BE TAKEN on patients under 24 ½ years OR on patients under 25 with ABNORMAL BLEEDING – these patients should be referred to gynaecology for further investigation on a 2 week wait

Appendix 1

https://www.gov.uk/government/publications/cervical-screening-cytology-reporting-failsafe/cervical-screening-failsafe-guidance

GPs providing cervical screening services

GPs that provide cervical screening services in accordance with the GMS contract are responsible for:

- making sure that the woman is provided with the necessary information and advice to assist her in making an informed choice about whether to participate
- respecting the wishes of women who wish to be ceased from screening, supporting them in making their decision, and notifying the call and recall service where necessary
- acting on non-responder notifications for women who have not responded to an invitation for a routine test or early repeat test
- inviting women who have not responded to their centrally produced invitation and reminder letters (sending a third invitation)
- making sure that women no longer eligible for screening (due to absence of cervix) are notified to the call and recall service promptly
- reviewing prior notification lists from call and recall services and revising accordingly

- making arrangements for taking an appropriate cervical screening sample in line with programme guidance and according to the woman's circumstances
- arranging for a woman to be informed of her test result (1)
- discussing the test result in person with the woman if required for cases of high-grade dyskaryosis/?invasive squamous carcinoma or ?glandular neoplasia of endocervical type
- giving a woman her test result in person where an urgent referral is required for ?glandular neoplasia (non-cervical)
- ensuring that arrangements are made for women who fall outside the call and recall system to receive their test results
- making sure that the test result is known and followed up appropriately
- for intersex individuals with a cervix, female to male transgender (trans) men, and for individuals who identify as male but require cervical screening, the GP should take responsibility for the screening process and notify the laboratory that the results should be returned to the practice directly and not the call and recall service
- referring a woman for further investigation and treatment where necessary (for example, a woman needing colposcopy who has moved from another area, or a woman who has been discharged following a previous non-attendance at colposcopy) (2)
- acting on the non-responder notification from the colposcopy clinic for women who have not attended for colposcopy
- cooperating promptly with failsafe enquiries from the laboratory about a woman who requires further investigation and treatment (3)

(1) Although it remains the responsibility of the GP to make sure women are informed of their test result, this function is provided automatically by the call and recall service once a valid result or action code is received.

(2) All laboratories operate a direct referral system for colposcopy in conjunction with their local colposcopy clinics. In areas using this system, the GP still has a responsibility to make sure that colposcopy has taken place.

(3) It should be noted that failure by providers to respond to failsafe enquiries should be considered as a clinical governance issue.

Appendix 2

https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories/guidance-for-acceptance-of-cervical-screening-samples-in-laboratories-and-pathways-roles-and-responsibilities

NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK (www.gov.uk)