

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Cervical Screening		Doc No	PCS017
Scope	Sefton Practices	All Practice Clinical and Administrative Staff	Sefton Practices	
Purpose	This protocol provides a procedural framework for the operation of a cervical screening programme in general practice outlining individual roles and responsibilities. Cervical Screening is to screen for high risk HPV (human papilloma virus) and detect abnormal cells which require treatment to prevent/reduce the risk of cervical cancer. If the sample is HPV negative then a cell cytology test is not performed. The results and management recommendations will be included in the screening reports.			
Guidelines	<p>All women between the ages of 25 and 64 in England are offered cervical screening at intervals defined nationally. Currently, the screening intervals are:</p> <ul style="list-style-type: none">• First call – Age 25 (patients may be invited up to 6 months before their 25 birthday).• Age 25 – 49 - Screened every three years• Age 50 – 64 - Screened every five years• Age 65+ - only screen those who have not been screened since age 50 or have had recent abnormal tests. <p>Client Group – Inclusion: (In accordance with National Guidelines)</p> <ul style="list-style-type: none">• Consenting patients between the ages of 25 and 64 with an intact uterus or partial hysterectomy where the cervix has been left in place• Women being followed up for a previous HR HPV positive or abnormal sample as per local guidelines• This includes lesbian and bisexual women (<i>NHSCSP Colposcopy & Programme management Publication No 20 (2010)</i>) <p>See Exclusions and Exemptions later in document.</p> <p>Sefton Primary Care General Practices use the ThinPrep method for liquid based cytology (from 1st December 2019).</p>			

PROCEDURE	RESPONSIBILITY
<p>1</p> <p>The Primary Care Team.</p> <p>Includes the Clinical Staff (General Practitioner (GP), Practice Nurse (PN), Advanced Nurse Practitioner (ANP) and ALL of the practice staff.</p> <p>All staff are responsible for encouraging women to have cervical screening when they are due and clinical staff should inform them about the different stages of the screening programme.</p> <p>All staff should answer questions and concerns that women may have regarding test results, follow-up and treatment as appropriate to their role.</p> <p>For direct colposcopy referrals – the designated practice administrator is responsible for checking the colposcopy referral has been received.</p> <p>All practice staff are responsible for coding all verbal invites for cervical screening.</p> <p>All sample takers are responsible for ensuring samples they have taken are recorded on the sample excel form.</p>	<p>Clinical, Administrative staff and Designated Administrator.</p>
<p>2</p> <p>Screening Lists.</p> <p>On receipt of the Prior Notification List (PNL) of women from Primary Care Support England (PCSE) due for screening from the national programme, the designated administrator checks the records for correct name and address, recent tests and recall dates. The clinical record is updated if necessary. The records are also checked for any reason why it might not be appropriate for the patient to be screened (see exclusions and exemptions). Women who have had a hysterectomy as a result of a malignancy remain under a secondary care consultant gynaecologist and have their follow up at the hospital. All clinical queries are referred to the GP.</p> <p>The target for returning amended lists is within 3 weeks of the date on the printout by the designated administrator.</p> <p>The designated administrator checks Open Exeter weekly for any further additions.</p>	<p>Designated Administrator.</p>

	<p>New Patient Registrations.</p> <p>All newly registered patients at the practice should have a new patient health check to ascertain their cervical screening status. On receipt of new patient records into the practice, the records should be checked to ensure that previous cervical screening results have been coded correctly.</p>	<p>Designated Administrator</p>
3	<p>Invitation for Cervical Screening.</p> <p>The designated practice administrator is responsible for checking that cervical screening appointments have been made and that contact is made with the women to encourage attendance.</p> <p>PCSE send the first letter to women as soon as they are 24 years and 6 months and the second reminder letter. The designated administrator is responsible for sending the 3rd reminder letter if required, Cervical Screening Standard Recall Letter (template letter appendix 1).</p> <p>The Designated Administrator prints lists on an annual basis from EMIS searches of non-attenders and non-responders for the last 5 years and will invite annually</p> <p>The PN works through the list to ensure that reminder calls are made to these women and this activity should be coded accordingly.</p>	<p>Designated Administrator.</p> <p>Practice Nurse</p>
4	<p>Performing Cervical Screening</p> <p>Normally cervical screening will be performed by the Practice Nurse although in some instances the GP may take the sample. All staff performing cervical screening must keep their clinical practice up to date through regular approved training which is mandated 3 yearly, additional updates will be required if changes in the programme or other processes occur.</p> <p>A woman can choose to have her cervical screening performed in the GP Extended Access Service.</p> <p>Although the NHS Screening Programme in conjunction with PCSE operate the patient call and recall system, the Clinician will also notify any patients whose results indicate that their cervical screening should be repeated sooner than normal via the normal practice process when checking any results.</p>	<p>Clinician</p>

[illegible]

	<p>The cervical screening sample taker must update the locally held spreadsheet "Cervical Screening Failsafe." (This must be completed when cervical screening is taken and again when results are received back into the practice.</p> <p>N.B. If the GP views any cervical screening results they are also responsible for ensuring this information is coded.</p> <p>The Practice Nurse will ensure that the following three elements are recorded on the cervical screening failsafe spreadsheet:</p> <ul style="list-style-type: none"> ➤ HPV result ➤ Cervical Screening Result ➤ Recall Date 	<p>Practice Nurse</p> <p>Clinician</p> <p>Practice Nurse</p>
6	<p>Non-Responder Cards.</p> <p>Open Exeter should be checked weekly for non-responders with outstanding cervical screening. The designated administrator views Open Exeter for women have failed to respond to invitations for screening. The patient's computer clinical record is updated, including the addition of a cervical screening reminder Read Code. The records are also checked for any reason why it might not be appropriate for the patient to be screened. All clinical queries are referred to a GP.</p> <p>The Cervical Screening Non-Responder letter is sent to the patient (Template letter Appendix 2).</p>	<p>Designated Administrator</p>
7	<p>Failsafe Notification.</p> <p>Failsafe is a backup mechanism. This makes sure that if something goes wrong in the screening pathway, processes are in place to identify what has gone wrong and what action should follow to ensure a safe outcome.</p> <p>A failsafe notification comes via a systematic process or IT system protocols should be in place to ensure that all processes are closed within an appropriate timescale.</p> <p>On viewing Open Exeter weekly as a failsafe process the designated administrator will check the records for correct name and address, recent tests and recall dates.</p>	<p>Designated Administrator</p>

	<p>If, after 2 reminders and a subsequent 3rd invite from the practice, and if the patient has still not responded, the designated administrator will task the practice nurse who will telephone the patient. An alert will be added to the patient's electronic record by the practice nurse so that any future clinician accessing the record will be alerted to the fact that a cervical screening sample is overdue.</p> <p>NB Reminder Letters: The 3rd reminder standard recall letter will be sent from the practice by the designated administrator (Appendix 1).</p> <p>The cervical screening Non-Responder letter will be sent by the designated administrator (Appendix 2).</p>	<p>Clinician</p> <p>Designated Administrator</p>
8	<p>Patients Requesting Withdrawal from Cytology Screening.</p> <p>A clinician must always have a consultation with any woman before she withdraws from the National Screening Programme to ensure the patient is fully aware of the associated risks and is making an informed decision. Best practice would be a face to face consultation however in some circumstances the clinician may deem a telephone conversation appropriate.</p> <p>If a patient notifies the practice that they wish to withdraw from the programme the Cervical Screening Removal from Programme Letter (Appendix 3) will be sent to the patient inviting them to make an appointment with the Practice Nurse or GP.</p> <p>Patients must sign the "Request to Postpone/Withdraw from the Programme" declaration form stating that they wish to opt out of the screening programme. The form can be found within EMIS and the link to the form can also be found in appendices (Appendix 4).</p> <p>The signed form must be scanned into the patient records.</p> <p>Patients who withdraw from the cytology screening programme will be written to by the NHS Screening Programme advising them that they will not be contacted again during their recall period. Recall dates should be set for the agreed timeframe (e.g. 3 years or 5 years dependant on age).</p> <p>The link below is guidance for the ceasing and deferring of women from the NHS cervical screening programme.</p>	<p>Clinician</p> <p>Designated Administrator</p>

	https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme	
9	<p>Routine Database Searches</p> <p>The Designated Administrator will run weekly EMIS searches to identify outstanding cervical screening and outstanding cervical screening results in conjunction with taking lists from Open Exeter. The practice nurse will receive this information via workflow. The Practice Nurse will then contact the cytology department regarding results that remain outstanding after 3 months.</p>	Designated Administrator
10	<p>Exceptions / Exemptions</p> <p>The following criteria are exceptions and exemptions :</p> <ul style="list-style-type: none"> • Those falling outside the NHS Screening Programme age range. • Those who have made an “informed choice” in writing. • Women aged 65 and over who have had three consecutive negative results in the last 10 years are taken out of the call and recall system. • Hysterectomy. For women who retain a cervix, the consultant gynaecologist will advise whether these patients should continue to be invited. • Women aged 65 and over who have had a recent HR HPV Positive result and or cervical cytology abnormality will continue to be followed up. • Woman over 65 who's previous cervical screening have been normal and negative HPV can be ceased from recall. • Male to Female sex change – no cervix is present therefore they should be excluded from the programme on this basis. • Female to male who have had a total hysterectomy- cervix removed. • For women never sexually active, evidence shows that the chance of developing cervical cancer is very low indeed. The invitation for screening may be declined for this reason. • If a woman is not currently sexually active but has had partners in the past, the recommendation is that she continues under the screening programme. • Following the first test after their 60th birthday only when their last three consecutive tests have all been negative. • Women who have undergone radiotherapy for cervical cancer. 	

	<p>The following women should not automatically be ceased from cervical screening call and recall women who:</p> <ul style="list-style-type: none"> • Have never had sex with a man. • Are terminally ill. • Have been circumcised. • Have physical disabilities. • Have learning disabilities. • When 'clinical' or 'medical' reasons alone are cited. <p>NB: Refer to PC24 Capacity to Consent Policy (UPOL37).</p>	
11	<p>Inadequate cervical screening Monitoring/Audit</p> <p>On receipt of the inadequate cervical screening statistics back into the practice, these will be discussed individually with the cervical screening sample takers and incorporated into an historical record of inadequate cervical screening to enable a trend to be produced.</p> <p>The results will be discussed at a reflective clinical meeting whereby any amendments to the procedure or refresher training needs may be identified.</p> <p>The "cervical screening Failsafe" locally held spreadsheet should also be checked as these women should be listed on this for recall reminder as well as the recall reminder coded in the clinical record.</p>	PN

References

<https://pcse.england.nhs.uk/services/cervical-screening/screening-for-gps-and-nurses/>

<https://www.nhs.uk/conditions/cervical-screening/when-its-offered/women>

(NHSCSP Colposcopy & Programme management Publication No 20 (2010)

<https://www.nhs.uk/common-health-questions/sexual-health/should-trans-men-have-cervical-screening-tests/>

<http://extranet.urgentcare24.co.uk/administration/cms/documents/UC24POL37%20Capacity%20to%20Consent%20Policy%20%28002%29.pdf>

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

<https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme>

Appendix 1

Cervical Screening Standard Recall Letter



PC 24
cervical-screening-st

Appendix 2

Cervical Screening Non-Responder Letter



PC 24
cervical-screening-n

Appendix 3

Cervical Screening Removal from Programme Letter



PC 24
cervical-screening-re

Appendix 4

Link to form: Primary Care Support England – Informed Consent for withdrawal from the National Cervical Screening Programme.

<https://www.csas.nhs.uk/support/pc-cs-007-002-cease-informed-consent-v3>

NB: This template can also be found within EMIS

Appendix 5

Main Read Codes

Cervical smear taken	7E2A2
Cervical neoplasia screen	6859
Cervical smear: negative	4K22
Cervical smear result	4K2
Cervical smear: inadequate spec	4K21
Cerv.smear: borderline changes	4K29
Cervical smear refused	685L
Vaginal vault smear	7E2A3
Vaginal vault smear negative	4KA1
Cervical smear-no inflammation	4K31
Vaginal vault smear-inadequate	4KA2
Cervical smear overdue	685M
Cervical smear result NOS	4K2Z
Smear Abnormal Patient Told	9O89
Smear normal - pt. notified	9O8R
Cervical smear defaulter	9O8S
[V]Routine cervical smear	ZV762-2
Cervical smear transformation zone cells absent	4K2E
Cervical smear - 1st recall	9O85
Cervical smear - action needed	4K4
Cx. smear: colposcopy needed	4K48
Vaginal vault smear result	4KA
Vaginal vault smear abnormal	4KA4
Vaginal vault smear NOS	4KAZ
Cervical smear due	685F
Cervical smear information leaflet given	8CEA
Cervical smear - 2nd recall	9O86
Cervical smear - 3rd recall	9O87
Smear inadequate - 2nd recall	9O8N
Smear inadequate - 3rd recall	9O8O
Cerv.smear disclaimer received	9O8Q
No cervical smear required - no uterus	9O8Y
Smear NAD: no endocervic cells	4K22-1
Cervical smear endocervical cells absent	4K2B
Smear NAD - no endocervical cells	4K2C
Cx. smear: repeat after treat.	4K41
Cx. smear: repeat 1 month	4K42
Cx. smear: repeat 3 months	4K43
Cx. smear: repeat 4 months	4K44
Cx. smear: repeat 6 months	4K45
Cx. smear: repeat 9 months	4K46
Cx. smear: repeat 12 months	4K47

Cervical smear repeat at 36 months	4K4B
Cervical smear repeat at 60 months	4K4C
No smear - not sexually active	685G
No smear - benign hysterectomy	685H
No smear – hysterectomy	685H-1
No smear-amputation of cervix	685I
Vaginal vault smear due	685J - no longer used
No smear - no cervix	685K
Smear of buccal mucosa	75360
Cervical smear not indicated	8I6K
Cervical smear - 1st call	9O81
Cervical smear - 2nd call	9O82
Cervical smear - 3rd call	9O83
Cervical smear - call deleted	9O84
Cervical smear - recall deleted	9O88
Smear abnormal patient notified	9O89-1
Abnormal smear - 1st recall	9O8A
Abnormal smear - 2nd recall	9O8B
Abnormal smear - 3rd recall	9O8C
Smear inadequate - 1st recall	9O8M
Smear inadequate - recall del.	9O8P
Cervical smear to continue post hysterectomy	9O8W
Cervical smear - suspend recall	9O8X
Cervical smear every 12 months for life	9O8a
Cervical smear disclaimer sent	9O8b
Cervical smear screening first letter	9O8c
Cervical smear screening second letter	9O8d
Cervical smear screening third letter	9O8e
Cervical smear screening verbal invitation	9O8f
Cervical smear screening telephone invitation	9O8g
Cervical smear screening appointment reminder	9O8h
Annual cervical smear required	9O8i
HPV – Human papillomavirus Test positive	4K3D or 685P
HPV – Human papillomavirus test Negative	4K3E or 685Q
HPV changes: cervical smear	4K36-2
HPV test declined	6850

Appendix 6

Cervical Smear Failsafe Spreadsheet



Cervical Smear
Failsafe Spreadshee

STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Cervical Screening SOP		Doc. No.	PCS017
Version	v2.0			
Approving Managers/Committee	Head of Service/Medical Director			
Date Ratified	29/01/2019			
Department of Originator	Sefton Practices			
Responsible Executive Director	Director of Service Delivery			
Responsible Manager/Support	Head of Service			
Date Issued	03/01/2020			
Review Date	03/01/2021			
Target Audience	Sefton GP Practices			
Version	Date	Control Reason	Accountable Person for this Version	
1.0	20/12/2019	New SOP	Sefton Practices Service Manager	
2.0	07/01/2019	Updated to reflect guidance from CCG	Medical Director	
Reference documents		Electronic Locations	Locations for Hard Copies	
		Primary Care 24 Intranet SOPs Operations	Standard Operating Procedures File in Reception	
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