

**Call/recall in the
NI Cervical Screening Programme**

Guidance for primary care

Introduction

Ensuring that all individuals who are eligible for screening receive appropriate invites to participate in a timely manner is a fundamental principle of any screening programme.

This is an administrative process and often referred to as the call/recall function where:

- Call is the initial invite to participate in screening for the first time;
- Recall is the invitation to participate in future rounds of screening at appropriate intervals dictated by programme policy.

A regional call/recall system has been in place in Northern Ireland to support this function since the programme was introduced in 1988. The IT system was upgraded in 2006 and the programme now uses the cervical cytology module on the Exeter System to do this. This has the benefit of a direct electronic link to the demographic data on the GP registration database (FPS) and is operated by the BSO cervical screening office, based in Franklin Street, Belfast.

This guidance has been produced to clearly set out for primary care practices how the regional call/recall process works for cervical screening. It also clarifies the roles and responsibilities of the primary care practice and others with regards to this function.

The Call/Recall Process

Call/recall involves a number of steps:

- Identifying the eligible population for invite
- Issuing the invitation to participate
- Providing appropriate supporting resources to allow the individual to make a fully informed decision about participation
- Issuing reminders to those who have not responded
- Recording the response to the invite on all individuals
- Recording the result of the screening test for responders
- Setting appropriate next 'test due date' based on results.
- Ensuring robust failsafe mechanisms are in place to minimise errors in the process.

All of these functions are undertaken by the regional call/recall service.

The Eligible Population

Ages 25-49: Invited every three years

Ages 50-64 Invited every five years

What you need to know:

- Cervical screening should not be offered to women under the age of 25 unless they have had a previous abnormal smear which requires follow up.
- Women under 25 should not be offered a cervical smear as a diagnostic investigation for abnormal vaginal bleeding – examine and refer if clinically indicated.
- Post-natal smears are not routinely required and should only be done if the next smear is due.
- Women aged over 64 are automatically ceased from recall, if the previous test was normal.
- Women do not need an 'exit' smear from the programme – eg. a last normal smear at aged 61 is acceptable.
- Vault smears are not part of the screening programme and should only be carried out and followed up on the specific advice of a gynaecologist.

Identifying the Eligible Population

The women who are due to be invited for screening each month are identified from the Exeter System. This is based on the age of the woman, or the 'test due date' which has been set against her record. The list of eligible women is issued to the practice in advance.

The Prior Notification List (PNL)

A list of women due to be called for a cervical smear test in the next 3 months.

PNL's are sent out by BSO cervical screening office in DX bags to practices on a monthly basis.

What you need to do:

- Make any amendments to the PNL – these must be signed off by either a GP or Practice Nurse
- Return the amended PNL to the BSO cervical screening office within **one month** of issue.
- The complete PNL must be returned as pages with amendments as they have to be scanned - do not cut up into small pieces.

How to complete the PNL

Absence of cervix	Any woman who has had a total abdominal hysterectomy and does not require further smears, will be ceased from cervical screening.
Patient deferred	If a patient deferral is requested, this patient will be deferred from the current round of cervical screening. <ul style="list-style-type: none"> - 25-49 The deferral will last for three years - 50-64 The deferral will last for five years
Pregnancy	The woman will be deferred for six months from the date of confinement – her due date should be included in the deferral request.
Physical /Learning disability	This woman is managed as a deferral and will not be ceased permanently from cervical screening <ul style="list-style-type: none"> - 25-49 deferral will be for three years - 50-64 deferral will be for five years
Terminal Illness	Will be deferred from screening for 12 months.
Over 64: “Repeat smear advised”	GP to advise BSO cervical screening office on continuing screening women after 64 where the previous cervical smear was inadequate/abnormal.

Issuing the invites

BSO now issue invites to all women – call, normal recall and those requiring a repeat test (previous inadequate).

On timely receipt of a completed PNL, the screening database is amended. Invitation letters are then issued to the amended list of women, **4 weeks** in advance of their screening due date.

The invitation letter is a standard text, advising the woman that she is due a screening test and she should contact her GP practice. The letters are issued under the letterhead logo of the NI Cervical Screening Programme and ‘signed’ by the woman’s GP. All invitation letters are accompanied by the leaflet ‘Cervical Screening: It’s best to take the test’.

Timeline

3 Months

PNL sent to GP

2 Months

Amended PNL returned to BSO

4 Weeks

Invitation letter sent to woman

0 - TEST DUE DATE

12 Weeks

Reminder letter sent to woman

24 Weeks

Final non responder card sent to GP and woman returned to appropriate routine recall (test due date set at 3yrs or 5yrs depending on age)

The Exeter System has an electronic link to the laboratory system, LabCentre, for results. If no cervical cytology sample is received in the lab within 12 weeks of the 'test due date', a reminder letter is sent to the woman.

Non-responder cards

- Non-responder cards are sent to practices on a monthly basis
- Non-responder cards are sent to practices detailing women who did not respond to their two invitations.
- Practices can return the non-responder cards with additional information eg the patient has had a total abdominal hysterectomy or is currently pregnant. The woman will be ceased or the next 'test due date' reset according to this information.
- If no additional information is returned the next 'test due date' will default to 3/5 years' time according to age.

Call/recall and QOF

Cervical screening is included in the public health domain of the QOF indicators CS001-CS004. Practices that use the regional call/recall system are still entitled to achieve relevant QOF points.

CS001: The contractor has a protocol that is in line with national guidance...for the management of cervical screening

Use of the regional system to manage patient call/recall is acceptable and in line with national guidance.

CS002: the percentage of women aged 25 or over who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.

Exception reporting applies to this indicator under criteria A. This states that 3 separate invitations must be offered to the patient before they can be recorded as 'did not attend'. Where the first two invitations are sent out by the regional screening service, contractors are only responsible for offering the third invitation before exception reporting patients as DNA.

What you need to do:

The regional call/recall service will issue the first and

second invites directly to patients. Practices only need to undertake the third contact with the women who do not respond to these invites. So, **practices only need to take action on receipt of a 'Final non-responder card'**. This fulfils the requirements of the QOF indicator.

Informed dissent

While women can choose to withdraw from cervical screening, this is not usually a permanent status and only relates to the current screening round, as her circumstances may change in future. Asking women to sign a form to stop further invitations/reminders during the current round of screening is discouraged and should not be routine practice. This should only be undertaken in exceptional circumstances, with the woman having received the leaflet 'Cervical Screening: It's best to take the test' and been given the opportunity to fully discuss the implications of this decision.

Reminder letters

The NI screening programme and QOF require all eligible women to be invited (with up to three contacts) every 3 or 5 years. There is no need to continue to send reminders to non-responders on a regular basis. After three contacts women are returned to routine recall at the appropriate interval.

GPs that opt out of the regional call/recall service

It is important for all GPs to know if they are opted into or out of the regional call/recall service. This is done at individual GP level, rather than at practice level.

GPs that are opted in, should not continue to send out their own invitations for smears as this will lead to duplication and women receiving numerous letters from two different sources, causing potential confusion.

GPs that are opted out of the regional call/recall service do not receive PNLs from BSO and, therefore, are responsible for all steps in the call/recall pathway. Their practice protocols should follow current regional policy and national guidelines, with women invited for screening at appropriate intervals and receiving information to allow them to make a fully informed decision on participation.

Failsafe

The regional call/recall system has a number of automatic failsafe processes built into its operation, to ensure that women are followed up appropriately. The electronic link with LabCentre allows the lab to apply a management code to every smear result and this dictates the next 'test due date' allocated to that woman. A discrepancy between the smear result and the

management code is automatically rejected and this result is returned to the lab for resolution (eg an abnormal smear result with a return to routine recall management code). Automatic defaults are applied to women who are referred to colposcopy so that they are returned to recall after 15 months if no further information becomes available. These failsafe mechanisms minimise the risk of error and of women being lost to follow up.

Coverage data

Primary care practices produce data as part of the QOF evidence on the percentage of women aged 25-64 who have had a screening test in the preceding five years. The denominator excludes those women who are ineligible and those who have been exception reported (eg sent 3 invites but did not attend).

It should be noted that the above analysis is not calculated in the same way as the coverage data produced for the programme at regional level. This excludes those who are ceased on clinical or age grounds but includes all other eligible women, whether they attended or not. The rates produced using the QOF method will always be higher, and should not be directly compared with regional coverage data.

Summary of roles/responsibilities

	Opted in GPs	Opted out GPs
identification of eligible population	BSO with GP checking and amending this through the PNL	GP
issue of initial invite to woman on routine recall	BSO	GP
issue of 1 st reminder to non-responders	BSO	GP
issue of 2 nd reminder to non-responders	GP (on receipt of final non-responder card from BSO)	GP
issue of invite to woman on repeat/abnormal follow up	BSO	GP (on receipt of R1 letter from BSO)
issue of 1 st reminder to woman on repeat/abnormal follow up	BSO	GP (on receipt of R2 letter from BSO)
issue of 2 nd reminder to women on repeat/abnormal follow up	GP (on receipt of Final non-responder card from BSO)	GP
informing women of the result	GP	GP
Setting next 'test due date'	BSO	GP

Contact details

Queries on the call/recall process, including individual patient queries, should be directed to:

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