23 February 2018

<<INSERT NAME OF PRACTICE>>

Practice Protocol for Cervical Screening

<<insert date>>

This template protocol for delivering cervical screening within a primary care practice has been developed by the Young Person and Adult Screening Team of the Public Health Agency, in collaboration with colleagues in Portrush Medical Centre, colleagues in Integrated Care in the Health and Social Care Board and the Regional Primary Care Quality Assurance Advisory Group for Cancer Screening.

It is designed for use by practices in Northern Ireland and is aligned with current national and regional policy, standards and guidance for cervical screening. Please note that this is a generic template, and as such modifications may be required at individual practice level.

The template will be regularly reviewed and updated in the event of any changing policy or practice. Any primary care practice using the template should ensure that they access the most recent version at www.cancerscreening.hscni.net

Any questions about the content of the template should be directed to:

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Version Control

Version	Author/s	Date drafted	Approved
Draft 0.1	Catherine Bane/ Dr Tracy Owen	21 April 2017	
Draft 0.2	Catherine Bane	26 July 2017	
Draft 0.3	Tracy Owen	3 August 2017	
Draft 0.4	Catherine Bane	8 August 2017	
Draft 0.5	Tracy Owen	20 September 2017	
Draft 0.6	Catherine Bane	25 September 2017	
Version 1.0	Tracy Owen/ Catherine Bane	21 February 2018	23 February 2018

Review Date: 1 March 2021

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1 INTRODUCTION

The Northern Ireland Cervical Screening Programme is a population-based screening programme that seeks to reduce the incidence of, and mortality from, cervical cancer by detecting disease at an early stage of its development.

1.1 AIM

It is the aim of this Practice to facilitate the delivery of the cervical screening programme to all eligible patients in line with the current Department of Health policy and standards in Northern Ireland. As such, the Practice adheres to the guidelines set down by the Public Health Agency, and, where appropriate, national guidance produced by Public Health England.

1.2 OBJECTIVES

As a primary care practice that performs cervical sampling for screening purposes, we undertake:

- To provide eligible women with the necessary information and advice to make an informed decision regarding whether to participate in cervical screening or not;
- To ensure that the address and personal details provided to the cervical screening programme is up to date for all women;
- To provide the necessary timely information to the regional call/recall service operated by the Business Services Organisation to ensure that women are called and recalled appropriately for screening tests;
- To provide a cervical sample taking service to eligible women within the Practice
- To maintain a register of all tests performed, by patient;
- To operate a failsafe process to ensure that a test result is received from the laboratory for every cervical sample taken within the Practice;
- To have in place a system which informs all women of their test results in writing in a timely manner;
- To act on final non-responder notifications for women who have not responded to an invitation for routine tests, repeat tests or colposcopy referral;
- To respond to failsafe enquiries from laboratories;
- To ensure that all staff involved in delivering the cervical screening programme within the Practice have received appropriate induction, training and regular updates relevant to their role;
- To contribute to the quality assurance of the Northern Ireland Cervical Screening Programme by auditing the performance of sample takers (eg regular audit of inadequate samples) and processes within the Practice;
- To report and take appropriate action on any adverse incidents or learning events relating to the cervical screening programme.

1.3 PURPOSE OF THIS DOCUMENT

This document sets out how this Practice delivers the primary care elements of the cervical screening programme. Links to local and national guidance, standards and best practice

documents for health professionals in primary care are provided throughout this document. However, readers are directed to the relevant websites to source the most up to date versions of all documents.

2 ROLES AND RESPONSIBILITIES

2.1 PRACTICE LEAD FOR CERVICAL SCREENING

<<Insert name>> is the Practice Lead for cervical screening and is responsible for overseeing all aspects of the screening service within the Practice. The Practice Lead's key responsibilities include communication, performance review, staff training arrangements and failsafe systems relating to cervical screening.

2.2 CERVICAL SCREENING ADMINISTRATOR

<<Insert name and job title>> is responsible for all administrative tasks associated with cervical screening as provided by the Practice. This includes:

- completion and return of Prior Notification Lists (PNL) to BSO;
- entering screening results on the GP system (including resetting next test due date following colposcopy discharge);
- issuing appropriate results letters to patients;
- issuing Practice reminder letters to patients on receipt of final non-responder cards from BSO;
- recording exception reporting as appropriate;
- providing timely response to laboratory failsafe letters and enquiries;
- providing timely response to call and recall service letters and enquiries;
- management of Practice based failsafe procedures.

2.3 CERVICAL SAMPLE TAKERS

The following staff are appropriately trained and currently eligible to perform cervical sample taking within the Practice:

<<List names, job titles NMC/GMC codes >>

Name	Job title	Sample taker code (ie. NMC code for nurses/midwives, GMC code for doctors)

Sample takers are responsible for:

- ensuring that all women attending for cervical screening have received information on the screening programme in an appropriate format to support them to make an informed choice;
- providing a welcoming, reassuring and private environment for cervical screening;
- taking cervical samples as set out in national guidance documentation (Session G, pages 37-47);
- accurately completing the request form in line with local laboratory instructions and requirements;
- recording the sample taker identification code on the request form as appropriate;
- documenting the consultation;
- verifying the sample labelling and request form and sending these to the laboratory in a timely manner;
- advising the patient on when and how she will receive her result;
- ensuring that a result is received on all samples submitted to the laboratory;
- ensuring that all patients are informed of their results and any required follow up actions are taken.

2.4 KEY LOCAL CONTACTS

Position:	Name:	Contact details
Local Laboratory contact	<<insert name>>	<<insert details>>
Screening Manager, BSO (call/recall)	Maura Wilson	maura.wilson@hscni.net Tel: 028 9536 3788
QA and Commissioning Manager, Breast and Cervical Screening, PHA	Nicola Kelly	nicola.kelly@hscni.net Tel: 028 9536 1499

3 TRAINING

Cervical screening is only provided within the Practice by doctors (GMC Registered) or nurses/midwives (NMC Registered) who are registered to practice in the UK.

3.1 PRACTICE NURSES

All practice nurses have a clinical supervisor who oversees their work, provides training when appropriate and carries out their annual appraisal.

New practice nurses are required to successfully complete a novice education programme in cervical screening sample taking before undertaking this role. The Practice will ensure that the training course attended meets the minimum requirements as set out in *Northern*

Ireland Standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking, as endorsed by the Chief Nursing Officer for Northern Ireland. The Practice will require the participant to provide a Transcript of Training as evidence of successful completion of the programme.

3.2 Doctors

All doctors who are sample takers are expected to have completed an adequate level of theoretical and practical training as part of their specialist training curriculum. Doctors involved in cervical screening who are not formally trained in gynaecology or genitourinary medicine, or who have not received instructions in smear taking on a sexual and reproductive health course, are also recommended to undertake a recognized training course for cervical screening.

3.3 Maintaining competence and audit

All cervical sample takers (both nurses and doctors) are required to undertake the equivalent of a minimum of one half day's update training every three years to maintain and update skills and knowledge.

The Practice carries out an annual audit of individual sample taker performance. This is undertaken in line with PHA guidance. The Practice will discuss any concerns about performance with the reporting laboratory in the first instance and take forward any advised actions.

3.4 Induction of new employees in practice

For new employees whose role incorporates duties within cervical screening, the Practice includes in their induction a check of suitable previous compliant training and, where appropriate, their competence in the liquid-based cytology (LBC) system used within the Practice (ie. currently ThinPrep).

3.5 Sample Taker Return to Practice

It is the sample taker's responsibility to ensure they are competent and up to date with the Cervical Screening Programme. If a sample taker has had a period of not practicing (usually more than a year) they will take all reasonable steps to access training and/or ask for supervision and observation to ensure that they have sufficient knowledge and skills to start taking samples again.

3.6 Registering as a cervical sample taker

All trained sample takers within the practice are registered with the Public Health Agency to facilitate the use of individual sample taker codes on laboratory request forms. This allows the Practice to receive annual performance data on all sample takers, for audit purposes.

4 THE CALL/RECALL PROCESS

The Business Services Organisation (BSO) provides the call/recall service for the Northern Ireland Cervical Screening Programme. This involves:

- Identifying the eligible population for invite;
- Issuing Prior Notification Lists (PNLs) to Primary Care Practices and updating the cervical screening system based on these returns;
- Issuing the invitations to participate;
- Providing appropriate supporting resources to allow the individual to make a fully informed decision about participation;
- Issuing first reminders to those who have not responded;
- Recording the response to the invite for all individuals;
- Recording the result of the screening test for responders (obtained via an electronic link with the laboratories);
- Setting appropriate next 'test due date' based on results;
- Ensuring robust failsafe mechanisms are in place to minimise errors in the process.

4.1 THE ELIGIBLE POPULATION

All eligible women aged 25-64, are offered regular cervical screening tests. Women aged 25-49 are invited every three years, while those aged 50-64 are invited every five years.

The BSO identify the women who are due to be invited for screening each month 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.

It is noted that vault smears are not part of the Cervical Screening Programme. Vault smears are only undertaken at the request of a gynaecologist and are managed outside this protocol.

4.2 COMPLETING THE PRIOR NOTIFICATION LIST

Each month, the Practice receives a Prior Notification List (PNL) from BSO of all women to be called for a cervical screening test in the next 3 months.

The Practice:

- reviews the list
- makes any necessary amendments to the PNL (signed off by either a GP or Practice Nurse)

The Practice uses the Clinical Computer System to facilitate the review of the eligible women identified on the PNL.

The Practice amends the PNL as necessary, using the categories noted below. The stated READ codes are added to the patient's record.

Please verify patients' contact details (address, telephone number etc.) and update if necessary.		**For Practice use:**
Category	**Explanation**	**READ code**
Absence of cervix	Any woman who has had a total hysterectomy and does not require further tests, will be permanently ceased from cervical screening.	685K 'No smear-no cervix'
Patient deferred	If a patient deferral is requested, this patient will be deferred from the current round of cervical screening. - 25-49 The deferral will last for three years - 50-64 The deferral will last for five years	816K 'Cervical smear not indicated' Use for a temporary reason to defer a screening test. The reason and duration of the exclusion should be recorded.
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 normally be ceased permanently from cervical screening - 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.	

The Practice returns the PNL with the relevant amended pages sent intact (not cut) to the BSO cervical screening office within one month of issue.

The BSO will issue invites to all women on the amended list, four weeks in advance of their test due date. This includes women being called for the first time, those on normal recall and those requiring a repeat test (previous inadequate). All invitation letters are accompanied by the current leaflet *'Cervical Screening: It's best to take the test'.* Detailed regional guidance on the call/recall process is available here.

4.3 IMMUNOSUPPRESSED WOMEN

Generally, women who are immunosuppressed do not need increased surveillance, but should be screened according to guidelines for the general population. This includes those receiving cytotoxic chemotherapy, long term biologic agents, oestrogen antagonists such as tamoxifen, and immunosuppression medication after transplant.

All women aged 25-64 years with renal failure requiring dialysis or any other disease with a high chance of needing organ transplantation must have cervical screening at or shortly after diagnosis.

Annual screening is recommended for women (aged 25-64) who are diagnosed with HIV infection, as there is a higher incidence of CIN in this group. As this clinical information may not be available to the laboratory to inform recall recommendations, responsibility for ensuring that these women are offered annual screening must be agreed between the Practice and the HIV physician.

5 NON-RESPONDERS

The Exeter System maintains an electronic link to Labcentre (the laboratory management system). If no cervical screening sample is received in the lab within 12 weeks of the 'test due date', the woman is sent a reminder letter by BSO.

The Practice receives final non-responder cards for women who did not respond to their invite or first reminder letter. These are issued by BSO, when a cervical screening sample has not been received in the laboratory within 24 weeks of the 'test due date'. These women are returned to the appropriate routine recall interval depending on age.

The Practice reviews these non-responder cards and can return them to BSO with additional information if now available (eg. the patient has had a total hysterectomy, is currently pregnant, or has notified the Practice of a change of address). BSO will manually cease the woman or reset the next 'test due date' according to this information.

5.1 EXCEPTION REPORTING

All eligible women aged 25-64 are sent three separate invitations to attend for cervical screening every screening round, before they are recorded as 'did not attend'. As the invitation and the first reminder are issued by BSO, **the Practice is only responsible for offering the third invitation.**

On receipt of the final non-responder card the Practice will send a 2nd reminder letter to the patient.

The issue of this letter is recorded using the READ code 9083 (Cervical smear – 3rd call). The Practice uses a standard reminder letter and retains a note of the dates between which each version has been used.

Where someone has not responded to their total of three invitation letters (ie. two from BSO and one from the Practice), they are recorded as a defaulter using READ code 908S (cervical smear defaulter)

Where someone has declined a screening test they are recorded using READ Code 685L Cervical smear refused).

The Practice is not required to issue further reminders or annual invitations to patients who have not responded to, or refused, a screening round. They can be exception reported, and will be recalled for screening again in 3/5 years' time according to their age.

5.2 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 circumstances may change in future.

Patients are only asked to sign a form to stop further invitations/reminders during the current round of screening in exceptional circumstances. This is only undertaken when the woman has 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. A temporary suspension of screening due to informed dissent should only last for the period of the current screening round (ie. 3 or 5 years depending on age).

These women are recorded using the READ code 908Q (cervical smear disclaimer received) and can be exception reported.

5.3 OPPORTUNISTIC SCREENING

The Practice will take opportunities to discuss and offer cervical screening to non-responders, during other appropriate patient contacts. Opportunistic screening will only be carried out on women within the eligible age range and where a screening test is overdue.

5.4 OUT OF PROGRAMME TESTING

Cervical samples taken outside the recommendations of the screening programme are termed 'out of programme testing'. This includes samples taken on patients outside the eligible age range, those taken earlier than the next test due date, and those which are deemed to be clinically indicated.

The national accepted advice is that cervical cytology is not a diagnostic test and should not be offered to women outside their scheduled screening intervals. Women presenting with symptoms should be examined and referred as appropriate.

Anyone undertaking an out of programme test must be mindful of any undue anxiety it may cause to the patient and be aware of the potential false reassurance a negative result may provide.

The Practice adheres to the NHS Clinical Practice Guidance for the Assessment of Young Women aged 20-24 with Abnormal Vaginal Bleeding. The result of an out of programme test is added to a woman's screening history and her next test due date is altered by BSO accordingly.

6 TAKING THE CERVICAL SAMPLE

Cervical samples are taken in line with best practice, ensuring the dignity and privacy of patients is maintained at all times.

The sample taker will:

- Check the expiry date on vials
- Ensure all sample pots and request forms are labelled correctly and for the right patient
- Avoid the use of lubricants as far as possible
- Ensure timely transport of samples to the laboratory
- Provide the patient with the leaflet 'Cervical screening test – your results explained'
- Inform the patient of how and when she will receive her result

When a screening sample is taken from a patient, this is recorded by entering the Read Code 6859 (Ca cervix - screen done).

7 RESULTS

7.1 RECEIVING AND REVIEWING RESULTS

All results are received by the Practice electronically from the reporting laboratory. A summary of results and the actions required are included in the Appendix. The screening pathway in Northern Ireland includes testing for high risk humanpapilloma virus (HR-HPV) as both a triage tool for low grade cytology abnormalities, and for test of clearance following treatment at colposcopy.

<<Describe processes within the practice for managing results - including who reviews these>>

<<Describe processes within the practice for recording cervical screening results on the practice clinical information system>>

The following standard READ codes can be used to record cervical screening results.

Result - cytology	READ code
Inadequate (any reason)	4K21
Negative	4K22
Borderline changes	4K29
Mild dyskaryosis	4K23
Moderate dyskaryosis	4K28

Severe dyskaryosis	4K24
Severe dyskaryosis with features of invasion	4K25
Glandular lesion	4K26

Result – HR-HPV	**READ code**
HPV positive	4K3D
HPV negative	4K3E

7.2 Informing the patient

All patients who attend for cervical screening are informed of their result in writing at the earliest opportunity.

These are recorded within the Practice using the following READ codes:

908R smear normal – patient told

9089 smear abnormal – patient told

<<Describe any additional procedures within the Practice for contacting women with abnormal results>>

7.3 Management of sample discrepancies and/or rejected samples

<<Describe Practice procedures for dealing with any sample discrepancy queries from the laboratory or managing samples rejected by the laboratory>>

8 Colposcopy

8.1 Referral to Colposcopy

Women are referred to colposcopy by the reporting laboratory via direct referral protocols. The laboratory failsafe officer is responsible for ensuring all referrals are made and for following up women who do not attend for their colposcopy appointment. Routine cervical screening is suspended (for a default period of 15 months) while the patient is under colposcopy review.

The direct referral to colposcopy is recorded within the Practice using the READ code 4K48 (Cx smear – colposcopy needed)

The Practice will respond in a timely way to any queries from the laboratory to facilitate these failsafe processes.

8.2 COLPOSCOPY DISCHARGE

Around six months after treatment for CIN women will usually be offered a cervical screening test again to check that treatment has been successful. This test will be carried out at the hospital clinic.

Test of clearance for HR-HPV is carried out on these samples if the cytology result is normal/mild/borderline. Those who remain HR-HPV positive are reviewed by the colposcopy service while those who are negative for HR-HPV can be discharged to routine recall. There is no need to undertake repeated, frequent cervical testing on these women.

The practice reviews all colposcopy discharge letters and updates the Practice computer system with the next screening test due date as per the colposcopy discharge advice. This will also be reflected in the regional call/recall system.

9 REPORTING ADVERSE INCIDENTS AND LEARNING EVENTS

The Practice adheres to the regional requirements for reporting Serious Adverse Incidents, including those involving the Cervical Screening Programme.

In addition, events which have potential implications for regional learning or discussion within the screening programme structure can be advised to the Public Health Agency through the NI CSP Learning Event Reporting Protocol.

10 FURTHER INFORMATION

Key documents and further information may be accessed using the following links:

Section	Sources of Information
Introduction - • **NI Cervical Screening Programme** • **NHS Cervical Screening Programme (England)**	• http://www.cancerscreening.hscni.net • https://www.gov.uk/guidance/cervical-screening-programme-overview
Training	Northern Ireland specific • Public Health Agency, Northern Ireland Cervical Screening Programme, Training and Audit Requirements for Cervical Sample Takers, May 2016. • Public Health Agency, Northern Ireland Standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking, December 2016.

	Other • Royal College of Nursing, Cervical Screening RCN Guidance for Good Practice, revised July 2013. • Cervical Screening: Professional Guidance • Public Health England, NHS Cervical Screening Programme, Guidance for the training of cervical sample takers, November 2016.
The Call/Recall Process	• Public Health Agency, Call/recall in the NI Cervical Screening Programme, Guidance for Primary Care, updated July 2015.
Patient Information	• Cervical Screening Leaflets – (available in multiple languages) • Information film about Cervical Screening .
Results	• HPV Triage and Test of Cure Protocol • HPV FAQs • Template patient results letters
Colposcopy	• Public Health England, NHS Cervical Screening Programme, Colposcopy and Programme Management, NHSCSP Publication 20, 3rd edition, March 2016.
Maintaining Competence & Audit	• Public Health Agency, NI Cervical Screening Programme, Audit of Sample Takers in GP Practices - Guidelines and Proforma • Public Health Agency, NI Cervical Screening Programme, A Guide to Understanding Sample Taking Performance Data, May 2016. • NI Cervical Screening Programme, annual laboratory reporting profiles
NI CSP Learning Event Reporting Protocol	Public Health Agency, Northern Ireland Cervical Screening Programme, Learning Event Reporting Protocol, May 2016.

APPENDIX 1

Laboratory results

The routine results and management of the majority of women are outlined below. **However, it should be noted that the management recommended by the laboratory should always be followed and will be reflected in the 'next test due' date assigned by the regional call/recall system.** This may differ depending on the woman's previous screening history.

Cytology result	HR-HPV result	Action by practice	Comment
Inadequate		Inform patient of result	BSO will issue invitation letter in 3 months.
Negative		Inform patient of result	BSO will return to routine recall.
Borderline changes	HR-HPV negative	Inform patient of result	BSO will return to routine recall.
	HR-HPV positive	Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.
Mild dyskaryosis	HR-HPV negative	Inform patient of result	BSO will return to routine recall.
	HR-HPV positive	Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.
Moderate dyskaryosis		Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.
Severe dyskaryosis		Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.
Severe dyskaryosis with features of invasion		Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.
Glandular lesion		Inform patient of result	Direct referral from lab to colposcopy. Suspended from screening.

<<Practice may want to specify which patient result letter they issue against each result>>

APPENDIX 2

<< Practice may want to include copies of the patient results letters they use. Templates are available here>>.