**Cervical Screening Policy**

|  |  |  |  |  |
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# Introduction

## Policy statement

Cervical screening aims to reduce the incidence of, and mortality from, cervical cancer through a systematic, quality assured population-based screening programme for eligible women.[[1]](#footnote-1) Sheerwater Health Centre will support the NHS Cervical Screening Programme (NHSCSP) ensuring that all eligible patients are called and recalled for screening.

## Principles

All screening is an individual choice and all eligible patients must be given the opportunity to make an informed choice about whether or not to be screened. The decision should be based on an understanding of:[[2]](#footnote-2)

* Why they are being offered screening
* What happens during the test
* The benefits and risks of screening
* The potential outcomes
* What happens to their screening records

If a patient is given the above information and then opts not to attend for screening, this is defined as a valid choice and this decision must be respected.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees, partners and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

## Why and how it applies to them

This document details the programme objectives and the processes used to call patients for screening at Sheerwater Health Centre. It applies equally to clinical and administrative staff and should be read in conjunction with the referenced publications and local directives.

# Definition of terms

## Cervical screening

Cervical screening checks the health of the cervix. A sample of cells is taken from the cervix and checked for certain types of human papillomavirus (HPV) that can cause changes to the cells of the cervix.[[3]](#footnote-3)

## Cervical cytology

The programme uses liquid-based cytology (LBC) to collect samples of cells from the cervix. The laboratory will examine these samples under the microscope to look for any abnormal changes in the cells.

## Human Papilloma Virus (HPV)

HPV is the name of a very common group of viruses. They do not cause any problems in most people but some types can cause genital warts or cancer. Many types of HPV affect the mouth, throat or genital area and are easy to catch. Patients do not need to have penetrative sex and can get HPV from:

* Any skin-to-skin contact of the genital area
* Vaginal, anal or oral sex
* Sharing sex toys

HPV is very common and most people will get some form of HPV during their lifetime.

# Policy[[4]](#footnote-4)

## Purpose of the screening programme

The NHS public health functions agreement 2019-20 [Service specification number 25](https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.25-Cervical_Screening.pdf) explains in detail the NHS Cervical Screening Programme. The screening pathway is comprised of seven stages:

1. Identification
2. Invitation
3. Inform
4. Test
5. Diagnose
6. Treatment/intervention
7. Monitor outcomes

Each stage will be explained in detail below. All information is taken from the aforementioned service specification.

## Identification of target population

The target population for screening and frequency of screening is as follows:

|  |  |
| --- | --- |
| **Age** | **Type and frequency of screening** |
| <25 years | May be referred for a test by their GP should the GP deem it appropriate.This is not routine and will only be considered on a case-by-case basis. |
| 24.5 years of age | Initial |
| 25 – 49 years | Three yearly screening |
| 50 – 64 years | Five yearly screening |
| 65+ years | For those not screened since age 50, or those who have not met the criteria to be ceased from the programme |

## Invitation and Inform

It is the responsibility of NHS England and NHS Improvement to commission the call and recall system for the delivery of cervical screening and for monitoring the effectiveness of the system. The call and recall service has the responsibility to:

* Issue the women invited with the information they require, in an accessible format, so they can make an informed choice about whether or not to participate in the screening programme
* Invite all eligible women for screening six months before their 25th birthday in accordance with the programme guidance and
	+ Then at three-yearly intervals from the previous test recommending routine recall between ages 25 – 49 years
	+ Thereafter, between the ages of 50 and 64, women are to be invited at five-yearly intervals from the date of the previous test
* Ensure women who no longer require further screening are ceased after the date of their 60th birthday as, due to age, they will be over the age of 65 at their subsequent screening
* Invite those women who need more frequent follow up screening in accordance with programme guidance and also in accordance with the HPV Primary Screening pathway
* Invite those over the age of 65 who remain eligible as part of the screening pathway
* Retain all supporting evidence for any woman who is ceased from the programme, thereby ensuring a full screening history is maintained
* Adhere to the national guidance on the routine ceasing of women
* Support and/or conduct annual audits of ceased women
* Ensure results of screening are issued to women within 14 days (meeting the national standard of 14-day turnaround)
* Support GP practices with the checking of eligible patients through the registration process in order to provide assurance that women are screened appropriately

The call and recall process for Sheerwater Health Centre is detailed at [Annex A](#_Annex_A_–). Should a patient wish to withdraw from the programme, the template for this letter can be found at Annex E.

## Testing (sample taking)

At Sheerwater Health Centre, the following qualified staff are authorised to carry out cervical screening:

Wendy Mayne (Practice Nurse)

Wendy Mayne is responsible for checking the eligibility of patients before any samples are taken.

Sample takers must be aware of the barriers to cervical screening as these are issues which can make it difficult for eligible patients to attend the programme. Known barriers are:[[5]](#footnote-5)

* Accessibility, including the availability and/or time to attend appointments
* Fear of the test, due to embarrassment, the thought of the test being painful, poor previous test experiences, post-natal concerns or a history of sexual assault
* Experiencing pain or discomfort during the test (this is a particular issue for post-menopausal patients)
* Lack of understanding of the screening programme
* Cultural, religious or language barriers, community or social pressure and stigma
* Gender-related issues (i.e., lesbian women being told they do not need screening)

At Sheerwater Health Centre, sample takers will:

* Work with patients to discuss any issues and put the patient at ease
* Ensure they support patients’ needs (physically and psychologically)
* Provide patients with all the necessary information enabling them to make an informed choice
* Try at all times to ensure the patient has a positive screening experience
* Discuss with the patient their results and take appropriate action where required
* Discuss treatment options should the results be abnormal
* Ensure follow-up/treatment/referral is recommended and initiated in line with national guidance

Staff will ensure, so far as is reasonably practicable, that the screening experience is not negative as this can result in patients being anxious about subsequent screening which may prevent them from re-attending in the future.

Transgender (trans) men who still have a cervix are eligible for screening and those trans men registered with Sheerwater Health Centre will receive automatic screening invitations. Those registered as males will not receive an invitation but they are still entitled to screening and are to be encouraged to arrange an appointment with Sheerwater Health Centre every three to five years (as appropriate) for screening.

Those patients between the ages of 24 and 64 years of age who have never had sexual contact with a male or female are eligible for screening and should be encouraged to attend.

Sheerwater Health Centre will not conduct additional tests if patients are:

* Attending for contraceptive advice
* On hormone replacement therapy
* Pregnant or attending postnatal services
* Displaying symptoms of infection, have vaginal discharge or genital warts
* Concerned regarding having multiple sexual partners
* Heavy smokers
* Have a family history of cervical cancer

The rationale for the above is that the laboratory will not accept unscheduled samples and will reject the test (in accordance with national guidance on [sample acceptance](https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories)).

It is the responsibility of NHS England and NHS Improvement for commissioning and monitoring the laboratory services in support of the NHSCSP. Samples taken at Sheerwater Health Centre are sent to [insert laboratory name/hospital name] by [insert method i.e. courier].

## Diagnose

Results are sent from the laboratory to Sheerwater Health Centre and the call and recall system electronically. Results and required actions (where appropriate) are detailed below:

* Normal/negative for high-risk HPV – no abnormal cell changes, continue with routine programme
* Normal/positive for high-risk HPV – no abnormal cell changes but evidence of high-risk HPV, attend for a follow up in 12 months
* Inadequate – no cause for concern, may require repeat screening in three months
* Borderline or low grade dyskaryosis/negative for high-risk HPV – some abnormal cell changes are noted, continue with routine programme
* Borderline or low grade dyskaryosis/positive for high-risk HPV – some abnormal cell changes and evidence of high-risk HPV, consider referral for colposcopy
* Moderate or high grade dyskaryosis/negative for high-risk HPV – abnormal cell changes noted, refer for colposcopy
* Moderate or high grade dyskaryosis/positive for high-risk HPV – abnormal cell changes are noted, evidence of high-risk HPV, refer for a colposcopy

## Treatment and follow up

It may be necessary, depending upon the results, to refer a patient for further treatment or procedures such as a colposcopy. At Sheerwater Health Centre, this is done using the Electronic Referral System (ERS).

## Monitor outcomes

It is the responsibility of NHS England and NHS Improvement to monitor the effectiveness of the NHSCSP, ensuring it continues to meet patient need.

# Failsafe arrangements

A failsafe arrangement is a means to ensure that, should something go wrong, there are processes in place to identify the issue(s) and timely actions are taken to resolve these thereby ensuring a positive outcome. To comply with the service specification,5 Sheerwater Health Centre is required to:

* Include appropriate failsafe mechanisms across the whole screening pathway
* Ensure routine staff training on failsafe procedures takes place
* Maintain a record of tests taken
* Check that results are received from the laboratory for every sample
* Ensure women whose samples they report will be notified of results (either by the practice, colposcopy clinic or call and recall)
* Ensure required colposcopy referrals are made and outcomes recorded
* Ensure that the colposcopy service is responsible for informing the call and recall service regularly of the next test due date by completing the discharge template for all women discharged from colposcopy
* Act on non-responder notifications
* Respond to failsafe enquires from the laboratory
* Report incidents in line with screening incident guidance

Should a screening incident occur, Sheerwater Health Centre will adhere to the PHE Managing safety incidents in NHS screening programmes document, accessible [here](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672737/Managing_safety_incidents_in_National_screening_programmes.pdf).

Incidents are to be reporting using the screening incident assessment [form](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638428/Screening_incident__assessment__form.docx).

All failsafe mechanisms are linked thus ensuring maximum efficiency and optimal patient safety. The call and recall is the first element of the failsafe arrangements. This enables practices to review patients to be invited for call and recall, ensuring those undergoing medical treatment or those who have left the practice are not recalled, whilst also ensuring no patients are missed from the recall process.

# SNOMED CT codes

Every stage of the process is recorded using the following SNOMED CT Codes:

|  |  |
| --- | --- |
| **Description** | **Code** |
| Cervical smear due | 171164006 |
| Cervical smear overdue | 390930009 |
| Cervical smear 1st call | 185599003 |
| Cervical smear 2nd call | 185600000 |
| Cervical smear 3rd call | 185601001 |
| Cervical smear 1st recall | 185603003 |
| Cervical smear 2nd recall | 185604009 |
| Cervical smear 3rd recall | 185605005 |
| Cervical smear first letter | 711561000000100 |
| Cervical smear second letter | 711571000000107 |
| Cervical smear third letter | 711591000000106 |
| Cervical smear screening appointment reminder | 711551000000103 |
| Cervical smear screening email invitation | 1083381000000103 |
| Cervical smear screening invitation SMS text | 836441000000104 |
| Cervical smear screening telephone invitation | 711581000000109 |
| Cervical smear screening verbal invitation | 711611000000103 |
| Cervical smear non-responder | 275982002 |
| Did not attend cervical smear  | 201761000000101 |
| Cervical smear disclaimer sent | 198351000000105 |
| Cervical smear disclaimer received | 185625009 |
| No cervical smear required – no uterus | 416099005 |
| Informed consent for smear given | 206231000000105 |
| Cervical smear sample (specimen) | 276446009 |
| Cervical smear not indicated | 413812009 |
| Cervical smear report received | 918571000000107 |
| Cervical smear inadequate specimen | 168402006 |
| Abnormal cervical smear | 309081009 |
| Cervical smear borderline changes | 168410007 |
| Cervical smear low grade dyskaryosis | 880941000000101 |
| Cervical smear mild dyskaryosis | 269959007 |
| Cervical smear moderate dyskaryosis | 269961003 |
| Cervical smear severe dyskaryosis | 269960002 |
| HPV deoxyribonucleic acid test positive, high risk on cervical specimen | 720005005 |
| Annual cervical smear required | 494911000000104 |
| Cervical smear repeat at 12 months | 168435001 |
| Cervical smear repeat at 24 months | 877711000000109 |
| Cervical smear repeat at 36 months | 247571000000100 |
| Cervical smear repeat at 48 months | 809621000000109 |
| Cervical smear repeat at 60 months | 247581000000103 |
| Cervical smear to continue post hysterectomy | 416419004 |
| Cervical smear suspend recall | 416480007 |

Additional read codes can be found by accessing the [SNOMED CT Browser](https://termbrowser.nhs.uk/).

# Staff competency and training

## Training

At Sheerwater Health Centre, it is essential that Public Health England’s (PHE) training guidelines[[6]](#footnote-6) are followed for new, existing and returning sample takers. Only those staff who have completed this accredited training and only staff from the following professional groups are eligible (when trained) to undertake the role of a cervical sample taker:

* Registered nurses
* Registered nursing associates
* Registered midwives
* Physician associates who are registered on the Physician Associate Managed Voluntary register (PAMVR)
* General Medical Council (GMC) registered medical doctors
1. New sample takers

Should not be taking samples without completing three hours of classroom or virtual initial training and not without supervision until sign off by the cervical screening mentor

1. Returners to practice

Must contact the laboratory to check their pin/code number status and for any changes to the liquid-based cytology (LBC) system previously employed

1. All sample takers

Must update the following skills for an absence of over 12 months and five years and over:

* Complete the [cervical screening update eLearning](https://generalpracticebulletin.cmail19.com/t/d-l-qlkykx-trdttyijdt-c/) (if over 12 months)
* Complete [eLearning for health primary HPV screening for sample takers](https://generalpracticebulletin.cmail19.com/t/d-l-qlkykx-trdttyijdt-a/) (if over 12 months)
* Have two sample-taking sessions peer reviewed (if over 12 months – five sessions if over five years)
1. Peer reviewing

Experienced sample takers who meet the national standards and fulfil their professional obligations for Continuous Professional Development (CPD) can undertake peer review.

## Maintaining competence

All sample takers at Sheerwater Health Centre must maintain the competency requirements in accordance with their respective professional codes of conduct and must:

* Undertake continuous self-evaluation
* Review and reflect on samples that are rejected. This includes samples deemed inadequate for cytology and any abnormal test results

Sample takers must also undertake a minimum of three hours of update training every three years and PHE recommends sample takers use the [national eLearning resource for sample takers](https://www.e-lfh.org.uk/programmes/nhs-screening-programmes/) to complete this training.

# Invitation and recall letters

Annexes B to E provide templated letters for those patients who are being invited to, recalled for or withdrawn from the cervical smear programme.

Annex F is a disclaimer form template.

[Annex B](#_Annex_B_–) – Reminder letter

[Annex C](#_Annex_C_–) – Second reminder letter

[Annex D](#_Annex_D_–) – Non responder letter

[Annex E](#_Annex_E_–) – Withdrawal from programme letter

[Annex F](#_Annex_F_–) – Disclaimer form

# Support for people who feel anxious about attending

PHE have provided guidance for those patients who feel anxious about attending cervical screening. Patients may feel anxious about attending for a number of reasons, including but not limited to:

* Mental health issues
* Previous traumatic experience
* Sexual abuse

The PHE guidance can be [accessed here](https://www.gov.uk/government/publications/cervical-screening-support-for-people-who-find-it-hard-to-attend/cervical-screening-support-for-people-who-feel-anxious-about-attending) and includes a number of links to organisations that can support patients such Jo’s Cervical Cancer Trust, The Havens, Samaritans and SANE.

To support the patient and to help the sample taker who is carrying out the screening, a checklist is available at [Annex G](#_Annex_G_–) which helps patients to provide details of why extra support may be required during the screening process.

# Audit

There is a requirement to audit the cervical screening process within Sheerwater Health Centre every two years. The audit will include the following information:[[7]](#footnote-7)

* Title
* Reason for the audit
* Criterion or criteria to be measured
* Standard(s) set
* Preparation and planning
* Results
* Description of change(s) implemented
* Reflections

An audit template can be found at [Annex H](#_Annex_G_–).

# Summary

The aim of the NHS Cervical Screening Programme is to reduce the number of people who develop invasive cervical cancer and the number of people who die from it.[[8]](#footnote-8)

Sheerwater Health Centre will support the NHSCSP by offering screening to those patients who are eligible and by adhering to the referenced guidance.

# Annex A – Call and recall process

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Initiator of notification | Notification type | Timing | Frequency | Comment | Action |
| Open Exeter | PNL | 10 weeks prior to screening date | Received weekly | Received via email  | [Practice nurse or administrator] to review list, cross referencing dates & patient details |
| Cervical Screening Administration Service (CSAS) | Invitation letter  | 6 weeks prior to screening date | Daily | Generated by Cervical Screening Administration Service | Letter sent directly to patient |
| Sheerwater Health Centre | First reminder letter  | 18 weeks after first invitation letter | Weekly | Generated by practice (Annex B) | [Practice nurse or administrator] |
| Sheerwater Health Centre | Second reminder letter sent | 14 weeks after first reminder letter | Weekly | Generated by organisation (Annex C) | As above |
| Open Exeter | Non-responder notifications | 16 weeks after invitation letter | Received weekly | Received via email | [Practice nurse or administrator] to review list, cross referencing dates & patient details |
| Sheerwater Health Centre | Non-responder letter  | As above | Weekly | Every attempt must be made to contact the patient (Annex D) | Practice nurse |
| CSAS | Result letters | Daily | Daily | Sent to patient | Follow up as required |

# Annex B – Reminder letter

Dear [insert patient name],

We wrote to you on [insert date] to invite you to come for cervical screening as your next test is due on [insert date] but we have not received a response. It is important for you to continue to have regular checks.

Please can you contact the practice on [insert number] to make your appointment with the practice nurse. If you have recently made an appointment or have already had your test then please ignore this letter.

Information about cervical screening and the recall process are included in the enclosed leaflet that you are advised to read before coming for the test.

Cervical screening does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding please consult with your GP.

If you have any further questions, please do not hesitate to contact the practice to speak with the practice nurse or your GP.

Please make sure that you inform us of any change of name or address as this will enable us to keep your records up to date.

You should receive your test result in writing within 14 days of your test.

Yours sincerely,

# Annex C – Second reminder letter

Dear [insert patient name],

We wrote to you on [insert date] and again on [insert date] inviting you to come for cervical screening as your next test is/was due on [insert date] but we have not received a response. It is important for you to continue to have regular checks.

Please can you contact the practice on [insert number] to make your appointment with the practice nurse. If you have recently made an appointment or have already had your test then please ignore this letter.

Information about cervical screening and the recall process are included in the enclosed leaflet that you are advised to read before coming for the test.

Cervical screening does not find every abnormality of the cervix. If you have any unusual symptoms like discharge or irregular bleeding please consult with your GP.

If you have any further questions, please do not hesitate to contact the practice to speak with the practice nurse or your GP.

Please make sure that you inform us of any change of name or address as this will enable us to keep your records up to date.

You should receive your test result in writing within 14 days of your test.

Yours sincerely,

# Annex D – Non-responder letter

Dear [insert patient name],

We wrote to you on [insert dates] to invite you to come for cervical screening as your next test was due on [insert date] but we have not yet received a response. It is important for you to continue to have regular checks.

Please can you contact the practice on [insert number] to make your appointment with the practice nurse. If you have recently made an appointment or have already had your test then please ignore this letter. We will continue to invite you for screening until we receive a response. Should you wish to withdraw from the programme, please contact us and you will be invited to discuss this with either the practice nurse or your GP.

Information about cervical screening and the recall process are included in the enclosed leaflet that you are advised to read before coming for the test. Should you need additional information, please contact the practice and ask to speak to the practice nurse or, alternatively, arrange an appointment with your GP.

Yours sincerely,

# Annex E – Withdrawal from programme letter

Dear [insert patient name],

I understand that you do not wish to be invited for future cervical smears for which you are eligible as part of the NHS cervical screening programme. Cervical screening is a free and confidential service offered by the NHS to all women aged 25 to 64. Screening takes place every three years for women aged 25 to 49 and every five years for women aged 50 to 64.

I enclose for your information a leaflet explaining the benefits of cervical screening and the risks associated with withdrawal from the programme. If you are still unsure and require further information, please do not hesitate to contact the practice nurse or your GP.

In order to allow us to remove your name from the list of eligible women, your written direction is needed to ensure that there is no misunderstanding. Please sign and return the enclosed disclaimer confirming that you wish to be removed from the programme.

We will of course restore you to the screening programme at any time should you wish.

It is advised that you retain this letter for future reference.

Yours sincerely,

# Annex F – Disclaimer form

To: Sheerwater Health Centre

Please do not send me any further invitations to participate in the NHS Cervical Screening Programme. I assume full responsibility for my decision and confirm that I have read and understood the statement about the associated risks and benefits and the importance of screening in reducing cervical cancer deaths.

I understand that I can be restored to the screening programme at any time, by contacting the practice.

Name:

Address:

Postcode:

NHS No.:

Date of Birth:

Signature:

Date:

**Please return this form to the practice as soon as possible.**

# Annex G – Extra support checklist

I feel anxious about attending for my cervical screening appointment and may need extra support because of the following (tick any boxes that describe your situation):[[9]](#footnote-9)

 I have a mental health condition

 I hear voices

 My medication makes me shake

 I find it hard to leave my house

 I sometimes find it hard to process information

 I don’t like to feel exposed or naked

 I am embarrassed about my body

 I have scars

 I feel judged

 I feel like a burden

 I am afraid it will hurt

 I may start to cry or freeze up

 I may pass out or faint

 I may have a panic attack

 I get distressed during a physical examination

 I have had a bad smear test experience in the past

 I have experienced trauma

 I am a survivor of sexual violence/abuse

 I am a survivor of female genital mutilation (FGM)

 I want to be warned before the nurse touches me

 Waiting rooms make me nervous or my symptoms worse

 The following words can trigger attacks or flashbacks (please list those words here):

 Other – please state:

# Annex H – Audit template

**[insert title here]**

**Aim –** to assess the effectiveness of the cervical screening process within Sheerwater Health Centre, identifying the number of inadequate samples taken during [insert date range]

**Criteria –** the cervical screening audit will determine:

* The number of women screened
* The number of normal samples taken
* The number of inadequate samples taken
* Coverage uptake rates

**Standard –** to ensure the PHE target of 80% screening is met

**Preparation and planning –** insert search criteria here – discuss with all audit participants, i.e. the audit will be completed using [insert name] report function. The report will, using read codes, identify the number of women screened, the number of samples taken, the number of inadequate samples taken and the overall uptake rate for the practice.

**Results –** for ease of reading, results can be populated in table form as illustrated below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinician** | **Number of samples taken**  | **Number of normal samples taken** | **Number of inadequate samples taken**  |
| Clinician A | [insert figures] | [insert figures] | [insert figures] |
| Clinician B | [insert figures] | [insert figures] | [insert figures] |
| Clinician C | [insert figures] | [insert figures] | [insert figures] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

The total number taken as a percentage for the organisation during the date range specified was [insert %].

**TRENDS IDENTIFIED**

The number of inadequate samples taken was [insert figure], the most common reasons for inadequate samples were:

1. [insert reason]
2. [insert reason]
3. [insert reason]

**GENERAL COMMENTS**

It was also identified during the audit that:

* [insert any issues] i.e. samples were taken but not read coded appropriately

**CHANGES**

As a result of the findings, the following actions are required:

|  |  |  |
| --- | --- | --- |
| **Action** | **Timeframe** | **Individual responsible** |
| Ensure sample takers are aware of the read code process | <1 week | Senior GP |

**CONCLUSION**

Write a conclusion of the audit here, adding any lessons learnt. It is also feasible to add any further changes for future audits here.

# Annex H – Cervical Screening Protocol

**DAILY**

The Practice Nurse will check all online EMIS cervical screening results to enter results and file.

**WEEKLY**

VIA OPEN EXETER:

**PRIOR NOTIFICATION LISTS**– Check patients listed against EMIS records for the following:

Appointment already booked?

Pregnancy? Enter EDD – defer to 3 months after EDD (Expected Date of Delivery)

Hysterectomy? Cease

Relevant issues, under treatment – check hospital letters

If patient not for deferring – tick and submit patient details.

**PRACTICE ELECTRONIC CARDS** – (all patients will have not responded to 2 x invites this is the 3rd invite)

Check patients as above

For any ceased patients – just submit

If not for deferring, issue relevant invite for patient to book appointment – using AccuRx template.

Submit Patient details

**TWICE MONTHLY**

Work from patient search for ‘Not had smear in last five’ – contact patients by AccuRx or telephone invite. Record any patients that decline invite.

**QUARTERLY**

Mjog approximately ¼ of pt search ‘not had smear in last five years’ with invite to book appointment. Liaise with Nurses re scheduling extra clinics specifically to book these invited patients.

**DNA’S**

Nurses to ring or send AccuRx to patients who have DNA’d cervical screening appointments within their clinics.

**CEASED PATIENTS**

**Cervical Screening Administration Service – CSAC**

[Screening - Cease/Opt Out · CSAS](https://www.csas.nhs.uk/contact-us/screening-cease-info/)

Download and complete relevant cease/defer/reinstate form (available on CSAS website)

(must be signed by clinician)

Upload and submit request to CSAS to cease patient from call/recall

**Cervical smear AccurX template**

Our records show that you are overdue for your cervical screening test.  Current guidelines are that all women should continue to attend their routine/overdue screening tests where offered.  Please be assured that all precautions are being taken to provide a safe environment for the screening.  Please request an appointment via our new website  <https://sheerwaterhealthcentre.nhs.uk/?s=cervical>+

The link will take you to the cervical screening page with all the information and video links in both English and Urdu and allow you to request an appointment via Footfall.

1. [NICE Cervical screening: Summary](https://cks.nice.org.uk/topics/cervical-screening/) [↑](#footnote-ref-1)
2. [PHE Service Specification no.25 NHS Cervical Screening Programme](https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.25-Cervical_Screening.pdf) [↑](#footnote-ref-2)
3. [NHS(E) What is cervical screening](https://www.nhs.uk/conditions/cervical-screening/) [↑](#footnote-ref-3)
4. [NHS Service Specification no.25 NHS Cervical Screening Programme](https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.25-Cervical_Screening.pdf) [↑](#footnote-ref-4)
5. [GOV.UK NHS Cervical Screening Programme (NHSCSP)](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topic-1-the-nhs-cervical-screening-programme-nhs-csp#aim-of-the-nhs-cervical-screening-programme-nhscsp) [↑](#footnote-ref-5)
6. [PHE Guidance Cervical Screening: cervical sample taker training](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/training-for-cervical-sample-takers-education-pathway) [↑](#footnote-ref-6)
7. [RCGP Clinical Audit](https://gpexcellencegm.org.uk/resources/rcgp-quick-guide-clinical-audit/#.XzTyoS2ZNhE) [↑](#footnote-ref-7)
8. [NHSCSP](https://www.gov.uk/government/publications/cervical-screening-cervical-sample-taker-training/topic-1-the-nhs-cervical-screening-programme-nhs-csp#aim-of-the-nhs-cervical-screening-programme-nhscsp) [↑](#footnote-ref-8)
9. Template adapted from [PHE Cervical screening: extra support required](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/983184/Cervical_screening_extra_support_checklist.pdf) [↑](#footnote-ref-9)