WEST YORKSHIRE AREA TEAM
CERVICAL SCREENING

PROGRAMME GUIDE

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Contents

1. Introduction and Purpose of the Document

The NHS Cervical Screening Programme (NHSCSP) was implemented in England in 1988. A series of guidance documents have been produced since then to support uniform delivery of the programme. This document provides an overall guide to the local cervical screening programme within West Yorkshire. It incorporates the requirement to produce a local "cervical screening protocol" and provides useful information to all staff involved in the delivery of the programme. The document is a concise description of the local programme and contains links to existing regional and National guidance. Details are also provided on any local arrangements for delivery of the programme.

This document was produced with the support of the North East, Yorkshire and The Humber Quality Assurance Reference Centre (NEYHQARC). All regional and National documents are available from their website:

http://www.neyhqarc.nhs.uk/CervicalScreening.aspx

References to the location of relevant documents are given in appendix 1. This guide is correct as of the stated Issue date. However, please be aware that any new guidance issued since the last revised date will not be included. The Cervical Screening Programme Board will be responsible for ensuring that this document is kept up to date, and is made readily available to all staff working within the local programme. The Quality Assurance Reference Centre (QARC) will signpost, where possible, any new guidance and where in this document this fits.

2. Aims, Limitations & Guiding Principles of Screening and the NHSCSP

Screening is intended for healthy individuals who do not believe themselves to have the disease that they are being tested for. It is therefore extremely important that any screening test offered delivers more potential benefit than harm to those being tested. It is essential that screening programmes are evidence-based, and deliver a systematic intervention which produces a positive outcome against the target disease. The general principles of screening can be described using the Wilson and Jungner criteria given in appendix 2.

2.1. Effectiveness of cervical screening

A working group of the World Health Organization's International Agency for Research on Cancer (IARC) has concluded that:

- There is sufficient evidence that screening for cervical cancer by cytological examination of Pap smear cell samples does prevent death
- In an organised programme with quality control of every key step of the entire process, it is estimated that an 80% reduction in mortality can be achieved if women are screened between the ages of 25 and 64 every 3-5 years. For more information see http://www.who.int/cancer/detection/en/
- Advances such as improved handling of the cell samples and use of computers for cytological analysis could also reduce the incidence of invasive cervical cancer and death from the disease
- Two major determinants of the effectiveness of public health screening programmes are high coverage of the target population and quality of the total

screening episode, including the primary screening test and follow up of those with positive test results
- Once an organised system is in place, opportunistic (or unscheduled) screening should be discouraged unless the woman did not attend for her previous sample.
- There is minimal benefit and substantial harm in screening women below age 25
- Women who have always tested negative in an organised screening programme should cease screening once they attain the age of 65; there is little benefit in screening women over the age of 65 who have had at least two negative tests in the last 10 years
- For women over age 50, a five year screening interval is considered appropriate
- For women aged 25-49, a three year rather than a five year interval might be considered in countries with the necessary resources
- Annual screening is not recommended at any age

Based on these recommendations, the English Cervical Screening Programme screens the following women:

- First invitation is sent to woman aged 24.5 years
- Aged 25 – 49 (every 3 years)
- Aged 50 – 64 (every 5 years)
- 65 plus (only those who have not been screened since age 50 or have had recent abnormal tests)

The UK National Screening Committee (NSC) is funded by the Health Departments in each of the UK countries. The UK NSC is responsible for providing advice on screening to each of the four countries: http://www.screening.nhs.uk/england.

In England, the programme is delivered by the NHS Cervical Screening Programme http://www.cancerscreening.nhs.uk/cervical/. This programme is being delivered locally within the English national programme, and to the quality standards set by that programme.

2.1.1. Ensuring Population Coverage

It is important for all involved in the cervical screening programme to ensure access is available for all eligible women. Some groups of women may find it particularly difficult to access cervical screening services e.g. those in prisons, gypsies and travellers, those not registered with a GP practice. Every effort should be made to reach these women through initiatives as the effectiveness of the screening programme can also be judged by coverage.

Coverage is the percentage of women in the target age group (25 to 64) who have been screened in the last five years. If overall coverage of 80 per cent can be achieved, the evidence suggests that a reduction in death rates of around 95 per cent is possible in the long term. In 2008/9 the coverage of eligible women was 78.9 per cent.

Uptake is the proportion of women invited for screening for whom a test result is recorded.

2.1.2. Increasing uptake and coverage through Social Marketing

It is vital to take in to account the makeup of population in each geographical area across West Yorkshire. Social Marketing is a concept utilised within the Cervical

Screening programme to improve attendance of women. A joint project was undertaken by the Primary Care Trusts and NHS Yorkshire and the Humber the outcomes of which can be downloaded from:

http://cervicalscreeningproject.com/

2.1.3. Equality & diversity

Within the West Yorkshire area the population includes a diverse population. This requires practices to engage with their local needs. West Yorkshire Cervical Screening Programme (WYCSP) recognises that all individuals are different and operate within different and variant parameters. As such providers and commissioners will take cognisance of aspects pertaining to cultural, faith, religion or religious beliefs, disabilities, ethnicity, age, gender and sexual orientation. They will ensure that individuals are treated with respect, based upon the principles of Equity, and operate within the confines of respecting and valuing differences. Understanding the populations who do not attend and barriers to attending may be demonstrated through useful tools such as Equality Impact Assessment and Health Equity Audit.

2.1.4. Vulnerable Groups

It is necessary to proactively seek and build continuous and meaningful engagement with the public and patients to promote screening take-up, to shape services (particularly promoting integration of screening, diagnosis and treatment services) whilst ensuring equity in uptake and reductions in health inequalities. (Collaborative Commissioning Of National Screening Programmes, DOH, Dec 2007). In addition to this sample takers should:

- Provide information and services in a culturally sensitive manner at an appropriate level of learning.
- Provide written information about screening in different formats and appropriate languages.
- Provide language support, if appropriate, for women during sample taking.

2.1.5. Top tips for engaging groups

Some of the Top Tips for increasing uptake include:

- Ask GP practices to ensure an alert is added to the practice system to show on screen when screening is due
- 3rd letter to be tailored (use social marketing website templates- see phase 2 validation)
- Use posters and National leaflets in sites of screening/community venues
- Remind Health Professionals to discuss screening (send up-to-date information regularly to them)
- Text messaging reminders for appointments via nhs.net

The UK National Screening Committee have produced some helpful Top Tips for engaging groups in Screening. These cover all programs and are available http://www.screening.nhs.uk/equality/tips and include:

Black and minority ethnic communities:

- Use pictorial/visual invitations in letters or as a method of communication.

- Ensure translated letters are available. These can be downloaded from http://www.cancerscreening.nhs.uk/cervical/publications/the-facts-other-languages.html

Gypsy/Travellers
- It is vital to use lay/community networks with links to the Gypsy/Travellers community to build trust, disseminate information,
- An invitation alone is unlikely to have much impact on uptake rates.

Individuals with learning disabilities
- Do not make assumptions about individuals;
- Just because someone has a disability, do not make judgments about what they can and cannot do.

Lesbian/gay women:
- Ensure that all staff are promoting cervical screening with lesbian women and are aware that it is necessary
- Staff training in communication and the use of non hetero-normative questioning

Transgender:
- The main issue for people within the transgender group is fear of negative attitudes from screening staff.
- Ensure that all staff have adequate training.
- It is also important to make sure that staff uses the right pronoun when talking to an individual.
- If in doubt, ask the individual how they prefer to be addressed.

2.2. Who is included in the Programme?

Cervical samples can be undertaken in a variety of settings, including GP Practices, Sexual Health Services and GUM clinics. All women between the ages of 25 and 64 are eligible for a free cervical screening test as part of the NHSCSP every three to five years. Women are invited for screening at intervals relevant to their screening history and age. Further details on invitation processes and recall intervals are given in section 5.2.

2.2.1. Non-registered women

Any woman not currently registered with a GP practice will not be on the Exeter system. Women not registered with a GP practice will not routinely receive invitations for screening but are eligible should they attend opportunistically for a sample.

2.2.2. Private Samples

Cervical samples are often undertaken in the private sector on private premises e.g. private hospitals (via a Gynaecologist, Colposcopist). A private test does not remove the woman's right to be invited for a test as part of the NHSCSP; a negative test should therefore be coded as "H" for transfer to call recall and the woman should be recalled appropriately according to NHSCSP guidance. A private test resulting in an abnormal test result will be managed in line with NHSCSP guidance.

Providers should contact Public Health England Quality Assurance for advice on private HPV tests.

2.2.3. Women moving into England from other areas of the UK

The age range applies to women resident in England, and differs from some of the other UK countries, which commence at age 20. For women under 25 who have already had a sample and move into England from the other countries with a negative history, their next test due date will be adjusted to their 24.5 years.

2.2.4. Women who lack capacity to consent for cervical screening

The WYCSP is committed to meeting the needs of the population. It acknowledges that some women do not have the capacity to consent for cervical screening, and encourage practitioners to use the **NEYHQARC Best Practice Guidance for the Management of Women who Lack Capacity to consent to the NHS Cervical Screening Programme**. Where a GP practice feels a women should be ceased under best interest decision, they should liaise with WYCSA to provide the necessary evidence to allow a decision to be made with regards to ceasing the woman.

2.2.5. Prisons

WYCSP includes the HMP Newhall service, Wakefield. The incidence of cervical cancer can be around 10 times higher amongst female prisoners, and it is important to ensure that they receive screening and treatment. Cervical cytology screening service is available on this site. Patients are referred to Mid Yorkshire Hospital for Colposcopy if required.

2.2.6. Lesbian and Bisexual women

Historically lesbian women have been advised by health workers or other lesbians that they do not need screening as they don't have sex with men. Research showed that between 3% and 30% of lesbians are infected with HPV, which can lead to cervical cancer, so these women are at risk. The NHS Cancer Screening Programme confirmed in December 2009 that, regardless of their sexual orientation, women should be offered screening and consider attending.

2.2.7. Immunosuppressed women

Women on immunosuppressing medication, transplant recipients and all other forms of immunosuppression should be screened and managed in line with the Colposcopy and Programme Management guidelines dependant on their condition (see appendix 1 for current version).

2.2.8. HIV positive women

All women newly diagnosed with HIV should have cervical surveillance performed by, or in conjunction with, the medical team managing the HIV infection. Annual cytology should be performed. Women are not automatically referred to colposcopy when someone is newly diagnosed with HIV, but instead only referred if cytology makes this necessary. Subsequent Colposcopy for cytological abnormality should follow national guidelines. The age range screened should be the same as for HIV negative women.

2.2.9. Quality and Outcomes Framework (QOF) and Exception reporting

The QOF includes indicators for a number of clinical areas. GP practice achievement for many of these indicators is measured according to the percentage of relevant

patients who are treated in a certain way, or who have certain outcomes resulting from care provided by the practice. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. For cervical screening this includes the recording of those who have been through due process of invitation including a third (invitation/reminder) letter sent from the GP practice but declined/not responded and therefore a QOF point is assigned.

When a woman is subject to General Practice Exception reporting this does not preclude her from receiving call and recall invitations from the Exeter system. These women should remain part of the programme unless they choose to sign a disclaimer removing themselves from the programme.

2.3. What does the NHSCSP not cover?

Women are normally excluded from the NHSCSP and should not routinely be invited to attend for screening if:

- They are under the age of 24 and half years (Unless they are already in the programme).
- Women with symptoms should be managed according to NHSCSP guidance with the appropriate referral dependent upon symptoms.
- The woman's next test is due when she is over 64, and she has a suitable normal screening history (these women are automatically ceased from the system).
- Aged 60 without having ever attended for a test.
- Ceased from the programme at own request.
- They have no cervix having undergone:
    - Total hysterectomy.
    - Vaginal hysterectomy
    - Laparoscopy assisted vaginal hysterectomy.
    - Removal of uterus via vaginal route.
    - Wertheim's hysterectomy.
    - Radical hysterectomy.
    - Pelvic clearance.
    - Doderlein's hysterectomy where there is confirmation of the cervix removal.
- Congenital absence of cervix.
- Removal of cervix (trachelectomy).
- Male to female gender reassignment. Any male patients whose gender is reassigned as female will receive invitations to participate in the cervical screening programme at the normal intervals until they are ceased from the programme by their GP.
- Radiotherapy of the cervix.
- If the woman lacks the mental capacity to consent to screening and a decision has been made appropriately that it is in her best interests to remove her from the screening list.
- Women who request samples more than 6 months before their recommended recall date should not be screened. Their recall date should be checked and the woman asked to return at that time.

Information related to how women are ceased from the programme is detailed in section 5.15.

2.3.1. Vault Samples

Vault samples are not part of the NHSCSP. Women who require follow-up should be managed in line with the advice of the Consultant Gynaecologist. Any follow up remains the responsibility of the Consultant Gynaecologist. GP practices should liaise with their CCGs to establish whether vault samples are undertaken in primary or secondary care.

2.4. Symptomatic women

Cervical Screening is not a diagnostic test. All women presenting with symptoms should be referred to a clinician. It is not appropriate to take a cervical cytology sample in this event and usual clinical practice should be adhered to. For younger women with symptoms, additional guidance was issued in 2010. A copy of the guidance is available from:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113553.pdf

2.5. Opportunistic samples

An opportunistic sample is one taken not in response to a screening invitation or not within six months of the woman receiving the invitation letter. Opportunistic samples should not be taken if the woman attended for her last sample (e.g. a woman should not be sampled if she is on routine recall and her last sample was 12 months previous).

As it is recognised that women do not always attend promptly for screening, opportunistic samples are permitted where the woman **missed** her last sample (e.g. a woman aged 50 – 64 who has not been sampled for over six years). Sample takers should ensure they review the screening history prior to agreeing to take a sample to ensure it is appropriate. All the labs are processing the samples through and issuing the report with comments. This practice may change depending on the sample acceptance guidance document.

2.6. Female to Male Gender Reassignments

When WYCSA are notified that a woman has undergone gender reassignment, steps are taken to amend the registration details on the Exeter system. It is not necessarily the case that these individuals have undergone full gender reassignment surgery and may therefore still have a cervix. Once the Exeter system has been updated to show the sex as male and the title as Mr, it will not be possible for WYCSA to generate cervical screening letters to the patient. Prior to recording the necessary changes to the system, registration/ screening staff should print a copy of the woman's screening record. This should then be sent to the GP practice explaining that the person will no longer be invited to attend for screening by the screening programme and that the GP practice should arrange any further tests if appropriate. Letters are sent to the GP in an envelope marked Private and Confidential. GPs should manage the screening for this population using the **NEYHQARC Female to Male Gender Reassignments** guidance.

2.7. Testing for sexually transmitted infections

Testing for sexually transmitted infections is not part of the NHSCSP. If the sample taker feels it is clinically warranted the appropriate swabs should be taken and the

process of providing women with their results or referral to GUM should be managed by the clinician. Women with suspected or confirmed STIs (excluding HIV) should not be offered a cervical screening test outside of their recall. Women with symptoms should be referred to the appropriate service.

3. Description of the Co-ordination of the Programme

The following section details the roles and responsibilities of the key organisations and professionals delivering the NHS Cervical Screening Programme.

3.1. Key organisations delivering the NHSCSP

Within the NHSCSP there are a number of organisations who have key roles and responsibilities in ensuring it is delivered to a high quality. The departments/organisations can be summarised as follows:

NHS Cancer Screening Programmes: The breast, bowel and cervical cancer screening programmes of England are nationally coordinated by the NHS Cancer Screening Programmes. The National team develop guidance and standards and evaluate new developments and technologies and their use within the programmes.

Public Health England: Are responsible for providing advice and guidance on the delivery of the screening programme to NHS England.

NHS England: Has overall responsibility for ensuring that cervical screening is commissioned and delivered appropriately. This is undertaken by the Area Teams. The ***Screening and Immunisation Teams*** is the responsibility of the Screening and Immunisation Team (SIT) to ensure that the programme is commissioned to national standards and guidance. The SIT is part of the Area Team specialising in screening and immunisation programmes.

Provider Organisations: Provider organisations are departments who deliver aspects of the programme. They are commissioned to undertake these roles to the National, Regional and local guidelines. This includes primary care and other organisations providing sample taking, providers of call & recall, cytology, HPV testing and histopathology laboratory services, colposcopy, transport services, training providers, and sample taker mentor providers.

Quality Assurance Reference Centre (QARC): QARC is responsible for addressing quality standards, and ensuring that there is regular QA of the programme. Quality Assurance aims to maintain minimum standards while encouraging the continued striving for excellence. The process of quality assurance ensures the quality systems are in place and that set standards are met. http://www.neyhqarc.nhs.uk/CervicalScreening.aspx

CCGs: Are responsible for ensuring services are appropriately commissioned for their population. CCGs are responsible for commissioning systematic colposcopy and have responsibility quality improvement within their area.

Local Authorities: Are responsible for ensuring the needs of their population are met. They have an assurance role with regards to the provision of NHSCSP in their area.

3.2. Key professionals within the NHS Cervical Screening Programme

There are a wide range of individuals who contribute towards the overall delivery of the programme. These can be summarised as follows:

National Director of NHS Cancer Screening Programmes has overall responsibly for the delivery of the NHS Cervical Screening Programme in England.

Screening and Immunisation Lead is responsible for the programme within their Area Team. This is undertaken with the support of a team of Screening and Immunisation Managers and Coordinators.

The **Call/Recall Screening Office Manager** is responsible for ensuring the invitation and result letter processes are undertaken in line with the National, Regional and Local guidelines.

Within sample taking locations, the overall responsibility for cervical screening lies with the GP partners or lead clinician as the employers. Within each practice the responsibility for the programme should be devolved to a **Sample Taking Co-ordinator** for day to day management which includes monitoring the performance of the **Sample Takers**. Sample takers should ensure they maintain their competence all times.

The **Lead Cytopathologist** has overall responsibility for ensuring the quality of the cytology provision. This is devolved on a day to day basis to the **Head Biomedical Scientist/ Laboratory Manager (Cytology)**.

The **Lead Colposcopist** has overall responsibility for ensuring the quality of the colposcopy provision within the Trust. Where there are multiple units within the Trust day to day management of the service within the units may be devolved to the local **Lead Clinician**.

The **Lead Histopathologist** has overall responsibility for ensuring the quality of the histopathology provision. This is devolved on a day to day basis to the **Head Biomedical Scientist/Laboratory Manager (histopathology)**.

Each NHS Trust delivering one or more aspect of the cervical screening programme is required to have a **Hospital Based Programme Co-ordinator**. They have responsibility for ensuring all departments deliver services in line with the guidelines and are accountable to the Trust board. In addition to this Trusts undertaking HPV testing are required to have a nominated **HPV Pathway Manager.** This person acts as the coordinator for the delivery of the HPV testing across organisational boundaries.

The **Regional Directors of Quality Assurance** has overall responsibility for the QARC and highlighting areas of concern to the relevant professionals. They are accountable to the National Director of NHS Cancer Screening Programmes. Day to day delivery of the programme is devolved to the **QA Coordinator** and the **QA audit and administration staff**.

3.3. West Yorkshire Cervical Screening Programme Board (WYCSPB)

The WYCSPB has been established to steer and oversee the NHS Cervical Screening Programme in West Yorkshire. The reporting arrangements, membership,

responsibilities and frequency of meetings are detailed within the WYCSPB Terms of Reference.

3.4. Details of other relevant meetings to support the co-ordination of the Programme

In addition to the WYCSPB, a number of other meetings are held to support the delivery of the programme. These are detailed in the table in appendix 3. Professionals/departments should ensure they are regularly represented at the required meeting. Attendance is monitored via the minutes. All disciplines are recommended to regularly attend the relevant Quality Assurance (QA) meetings. Regional MDT guidance has been developed by the QA Reference Centre the location of which can be found in appendix 1. Where services are consistently not represented at the above meetings, this will be escalated through the appropriate contracting route.

4. Outline of the Programme Area Covered

The WYCSP covers the West Yorkshire population. Appendix 4 includes a map of the geographical area for reference. There are often major inequalities in relation to accessing screening services according to deprivation, ethnicity, age, disability, and sexual orientation. The public health observatory link provides demographic details of each local authority in West Yorkshire:

http://www.apho.org.uk/default.aspx?RID=49802

The service is provided by the following departments:

Table : Screening departments

Aspect of the programme	Organisations
CCG	Airedale, Wharfdale and Craven Bradford City Bradford District Calderdale Greater Huddersfield Leeds North Leeds South and East Leeds West North Kirklees Wakefield
Local Authorities	Bradford Calderdale Kirklees Leeds Wakefield
Call/Recall functions	West Yorkshire Central Services Agency
Sample Taking Locations	CASH Colposcopy GP practices Gynaecology Prison settings
Transport systems	CCG Transport is used to transport all cervical samples to the cytology laboratory
Cytology Laboratories (Cellular Pathology)	Leeds Teaching Hospitals NHS Trust (Based at St James's site)

Aspect of the programme	Organisations
HPV testing Laboratories	Leeds Teaching Hospitals NHS Trust (Based at LGI site)
Colposcopy clinics	Airedale District General Hospital Bradford Royal Infirmary Calderdale Royal Hospital Dewsbury & District Hospital Holme Valley Hospital Huddersfield Royal Infirmary Pontefract General Infirmary St James University Hospital Wharfdale General Hospital White Rose Surgery
Histology laboratories	Airedale District General Hospital Bradford Royal Infirmary Calderdale Royal Hospital Dewsbury & District Hospital Doncaster Royal Infirmary Leeds Teaching Hospitals NHS Trust
Sample taker training	Basic sample taker training delivered by: Bradford University University of Huddersfield University of York Update training delivered by Leeds Metropolitan University
Cytology Laboratory training	East Pennine Cytology Training Centre
Sample Taker Mentor service	LOCALA for Calderdale, Kirklees and Wakefield York Hospital Trust for Leeds, Bradford and Airedale

A full list of useful contacts and is provided in appendix 4. General practices/sample taking locations are available from the West Yorkshire Area Team.

5. Screening Procedures

The following section contains details of the processes for delivering the NHS Cervical Screening Programme within West Yorkshire. All departments commissioning or delivering the service are required to do so in line with this and the relevant service specifications.

5.1. Management of women's screening history when moving in & out of geographical area

WYCSA searches for women who have entered the area with no call date assigned to their record on a weekly basis. Such women then enter the programme by a Prior Notification List (PNL) being produced, which is sent to her GP for action. No women will be registered with a GP for more than 2 months without having had an invitation letter, if appropriate.

Women moving in or out with any cytology record

Once the woman has registered with a GP practice, WYCSA is notified electronically by her previous healthcare provider of her cytology status. WYCSA will notify the new GP practice of her recall status i.e. if on early recall following an abnormality via a card notification.

Women moving with no cytology record

WYCSA searches for women who have entered the area with no call date assigned to their record on a weekly basis. These women then enter the programme by the production of a PNL, which is sent to her GP for action. No women will be registered with a GP practice for more than 2 months without having had an invitation letter, if appropriate.

5.2. Management of Prior Notification Lists (PNLs)

PNLs are used by the Call/Recall service to ensure they invite the appropriate women for screening. These listings are sent 3 months in advance. The GP practice then has 4 weeks to action which gives them the opportunity to stop or defer the invite going to the patient unnecessarily.

5.2.1. Paper PNLs

GP who wish to postpone or cease a woman must use one of the following:

Postpone and cease recall – if recall is ceased the woman will be removed permanently from the call/recall programme.

If an invitation is appropriate – no further action is required. Do not return the Prior Notification List to WYCSA. WYCSA will automatically invite.

Valid response for ceasing women on a PNL – No cervix (see ceasing guidelines, Appendix 22)

Valid reasons for postponing a woman's recall on PNL:

- Pregnancy – postpone for 3 months after date of delivery
- Recent Test – postpone for 6 months
- Under treatment – postpone for 6 months

Please note: Any amendments must include a **signature** of the person responsible within the practice. If providing details of a screening test, please attach a copy of the report to the PNL.

5.2.2. Electronic PNLs (ePNLs)

ePNLs are produced by WYCSA around the 12/13th of every month. The Primary Contact and the ePNL user will be sent an email informing them there are patients to be viewed on Open Exeter. GP Practices will be given exactly 4 weeks to update and return via Open Exeter; the cut-off date is clearly indicated in red at the top of the page. All patients not updated before the cut-off date has expired will be automatically invited for cervical screening. Patients cannot be viewed or updated on Open Exeter once the cut-off date has passed.

Valid response for ceasing women on a ePNL:

- 6 – Due to age
- 7 – No cervix
- 9 – Other reason

Valid reasons for postponing a woman's recall on PNL:

- 1 – Recent Test
- 2 – Current pregnancy
- 4 – Undergoing relevant treatment

- 5 – Administrative reason

5.3. Invitation and Non-responder processes

Women are invited for screening at timed intervals as detailed in section 2.1. They will receive their first screening invitation inviting them to attend for a sample at 24 ½ years. This is intended to encourage first attendance by the age of 25. Sample Takers and laboratories should ensure that samples processed are in line with this guidance. Women aged 25-49 with negative history will receive invitations every 3 years and women aged 50-64 will receive an invitation every 5 years.

After the 1st invite and 2nd reminder letter goes to the woman a trigger occurs on the call/recall system if there is no test result recorded. A final non responder is sent to the practice. Practices using Open Exeter will receive this electronically. WYCSA issue invitation letters approximately 6 weeks before a test is due. Invitations are run on a weekly basis on a Monday. If a cervical sample isn't received within 18 weeks a reminder letter is sent to the patient. All invitations and reminders have the 'NHS Cervical Screening leaflet' sent with the letter.

Final Non Responder (FNR) – an invitation and reminder letter has been sent by WYCSA and a subsequent cervical sample has not been received from the laboratory. The woman's recall date has been moved on for 1, 3 or 5 years dependant on age and history (3 years if under 50, 5 years if over 50, 1 year if on follow up for abnormal).

GP practices should check for a valid reason for nonattendance and update WYCSA using the same criteria as the PNLs. If the woman is a genuine non-attender then the FNR should be used as a prompt to send a "personalised' letter from the practice asking her to attend for a test as soon as possible.

Table : Invitation letter timings

Notification	Timing
Prior notification list	10 weeks prior to test due date
D1 -1st notification to patient	5-6 weeks prior to test due date
D2- 2nd notification to patient	12 weeks after test due date (18 weeks after invitation)
D4 – 2nd Non Responder	14 weeks after reminder letter.

5.4. Ceasing

Women participating in screening should do so with the knowledge of the inherent benefits and disadvantages. This is to enable women to make an informed choice about whether or not to take up a screening invitation. Women should be ceased in line with NHSCSP guidelines. The circumstances for ceasing individuals within the screening programme target population are as follows:

- If the woman does not have a cervix (e.g. total hysterectomy, congenital absence of cervix)
- If the woman is outside of the screening age range
- If the woman has made her own informed decision that she no longer wishes to be invited for cervical screening

- If the woman has undergone radiotherapy of the cervix
- If the woman lacks the capacity to consent to screening and a decision has been made appropriately that it is in her best interests to remove her from the screening list.

Ceased cards are produced as and when a patient is ceased from recall. The GP practice should check each patient to ensure she has been ceased appropriately. If the woman has been incorrectly ceased the practice should notify WYCSA immediately. Please be aware that women are also notified by letter when their recall has been ceased.

If a previous result was abnormal an abnormal follow up card is sent for information only and to highlight that the woman's last test was not normal and she has reached the non-responder stage.

5.5. Sample taking

Sample takers are required to undertake the samples in line with all National guidelines and regional guidelines as indicated within appendix 1. Within West Yorkshire samples are undertaken using the Sure Path Liquid Based Cytology technique. Sample takers and their employers are responsible for ensuring all practitioners are trained (as detailed in section 6 of this document) and undertaking samples to the required standard.

Sample taking locations should ensure they are registered on the CSTD web-based system from which they are able to access the relevant performance information, publications and unique sample taker codes. The CSTD web-based system can be accessed via the NEYHQARC website:

http://www.neyhqarc.nhs.uk/CervicalScreening/SampleTaking/SampleTakerWebbasedSystem.aspx

5.6. Transporting samples

The CCG funded sample transport is used for transporting cervical cytology samples to the cytology laboratory.

Within the Leeds hospitals NHS trust samples for HPV testing are transported between sites using internal transport.

5.7. Processing and Reporting Samples within the Cytology Laboratories

Cervical cytology samples are processed and reported in line with the recommendations given in NHSCSP publication 1: Achievable standards, Benchmarks for reporting and Criteria for evaluating cervical cytology (version 3).

5.8. Informing Sample takers and GP Practices of sample taker results

Within the area there a mixture of surgeries who receive either results electronically, on paper or both.

5.9. Sending cytology result letters to women

Result letters are posted 1st class Monday to Friday with the exception of Bank Holidays and for source code 7 senders. (Except Craven District who send result

letters 2nd class). GP practices should be aware that the result letters are sent to all women by WYCSA. If the result is abnormal and was not HPV tested the patient also receives a 'what your abnormal result means' leaflet.

When a woman is not registered on WYCSA's system they will try to forward the result to the appropriate Call/Recall system. If they are unable to locate the woman they are entered onto the system under the dummy GP in order to produce a result.

WYCSA will contact the GP practice when results are returned because the woman is no longer at the address. The GP practice then has 6 months to inform WYCSA of a new address of the patient, after which, they will be removed from the GP practice list.

5.10. HPV Triage

All samples reported as either borderline changes or low grade dyskaryosis are automatically triaged by High risk HPV (HR-HPV) test. Those with negative HPV test results are returned to normal recall, whilst those with a positive test are directly referred to the local colposcopy service. Where an initial HPV test is invalid at triage, the repeat sample will be HPV tested if negative, borderline or low grade. All other results will lead to referral.

5.11. Results and Referral processes

Table 3 details the recommended follow-up for each result.

Table : Cervical screening results and outcomes

Cytology result	Actions
Inadequate	Repeat in 3 months
Third consecutive inadequate	Refer to colposcopy
Negative	Normal recall
Borderline changes – squamous or endocervical	Triage with HPV test □ If HR-HPV detected, refer to colposcopy □ If HR-HPV not detected, normal recall □ If unsatisfactory, repeat in 6 months - If repeat sample is negative, borderline or mild triage with HR-HPV testing required. If positive refer to colp, if negative - normal recall.
Low grade dyskaryosis	Triage with HPV test □ If HR-HPV detected, refer to colposcopy □ If HR-HPV not detected, normal recall □ If unsatisfactory, refer to colposcopy - If repeat sample is negative, borderline or mild triage with HR-HPV testing required. If positive refer to colp, if negative - normal recall.
High grade dyskaryosis (Moderate/Severe)	Refer to colposcopy
High grade dyskaryosis/ ?invasive carcinoma	Urgent referral to colposcopy
?Glandular Neoplasia endocervical type	Urgent referral to colposcopy
?Glandular Neoplasia – non cervical	Urgent referral to gynaecology

All trusts operate daily direct referral systems to colposcopy and where appropriate gynaecology. Direct referrals are made from: -

Table : Cytology departments and associated Colposcopy services

Cytology laboratory	Colposcopy Units
Leeds Teaching Hospitals	Calderdale Royal Hospital Huddersfield Royal Infirmary Holme Valley Hospital
	Airedale General Hospital Bradford Royal Infirmary St James University Hospital Wharfdale General Hospital
	Dewsbury and District Hospital Pontefract General Infirmary White Rose Colposcopy Unit

Where a cytology result indicates probable invasion or glandular neoplasia the GP practice is contacted by phone and informed of the result and advised to contact the patient to discuss the result. A letter is then sent to the GP practice to confirm the result and the details of the phone notification.

5.11.1. Referral process for non-cervical abnormalities

The cases are identified in the laboratory and referred by the lab to the gynaecology or colposcopy outpatients clinic.

5.12. Treatment and biopsies in Colposcopy Services

All Colposcopy units in West Yorkshire are working to the NHSCSP publication 20: Colposcopy and Programme Management version 2. They maintain local colposcopy protocols with details of management processes.

Waiting time for colposcopy are as follows:

- women with low grade cervical samples should be seen within 6 weeks of referral date.
- women with high grade (moderate) cervical samples should be seen within 4 weeks of referral date.
- women with high grade (severe), ?invasive/?glandular cervical samples should be seen within 2 weeks of referral date.

Table : Appointment and non-attender processes

Colposcopy Unit	Process
Airedale	• Appointments are generated.

Colposcopy Unit	Process
District General Hospital	• All action taken must be documented for all non-attenders. • The colposcopy administrator must send a first offender letter to the patient and copy to the GP practice. • All defaulting patients must be offered another appointment, check the patients address details before sending out appointment. • The medical notes of the defaulting patient must be sent to the appropriate colposcopist for review. The outcome of this review must be recorded in the medical notes and all action taken. • The GP practice must be notified of the non-attending patient. • If the patient defaults a second time then a letter must be sent to the GP practice with an accompanying explanation letter regarding the DNA appointments and our willingness to see the patient again should she comply. • Whenever possible the patient should be contacted directly and the importance of attending the appointment explained. • Third appointments must be sent for patients who have a moderate smear result or worse and those with histological proven CIN requiring treatment. • If the patient fails to attend a third time then an WCI audit form should be submitted documenting the nonattendance.
Bradford Royal Infirmary	• The first appointment goes out with national colp leaflet and the colp clinic leaflet • Second reminder letter goes out • A copy of the letter goes out to GP practice • If the woman DNAs twice, she is discharged to GP practice • Third letter is sent as a discretion depending on situation
St James' University Hospitals and Wharfdale General Hospital	• Appointments are generated. • The first appointment letter goes out with the national colposcopy leaflet and the colposcopy clinic leaflet. • All defaulting patients/their GP surgeries are contacted by telephone to ensure that we have the correct patients' details and a record of this is made in the medical notes. • All defaulting patients are offered a second appointment and the patient being informed of the new date by letter. They are also sent a first offender letter separately with a copy of it sent to GP. • If the woman DNAs twice, she is discharged to GP, with an advice to contact the clinic/GP to arrange another appointment. Copy of this letter is sent to GP. • Patients who repeatedly DNA should be brought to the attention of the Consultant responsible and an additional letter/appointment may be sent at his/her discretion depending on the situation. • Non-attendance is registered on PAS. • A cancellation initiated by either patient or clinic will result in another appointment being made and the patient being informed of the new date by letter.
Calderdale Royal Hospital and Huddersfield Royal Informary	• Appointments are generated • Leaflet goes out with the letter • A copy of the letter goes to GP practice • Text is also sent to the patient re appointment • High grade, send appointment • Low grade, the woman rings up for appointment • 2nd DNA; second letter goes out and a copy to GP practice • If the woman DNAs twice: high grade write to woman and ask to contact the team. Also write to GP to chase the woman.
Holme Valley	• If a patient DNA's an appointment, admin send a DNA letter.

Colposcopy Unit	Process
Hospital	• A recall is then put on the system for two weeks. • If patient still hasn't contacted for appointment the patient information is given to the Lead Colposcopist who dictates a letter to the GP to discharge.
Dewsbury and District Hospital and Pontefract General Infirmary	• Appointments are generated • Leaflet goes out with the letter • A copy of the letter goes to GP practice • Clinic list identifies non attendance • DNA at clinic followed by reminder letter & appointment (appointment sent separately, which may help if the first letter is not received) • Clinic list identifies non attendance • Second DNA followed letter discharging to GP practice • Additional letter/appointment may be sent at discretion of colposcopist for higher grades of referral result.
White Rose Surgery	• Appointment letter sent to patient along with colposcopy leaflet • Appointment reminder letter sent to patient a week prior to appointment • If patient fails to attend appointment, colposcopy nurse phones patient on the day to attend **First non-attendance** • All new patients who default on their first appointment are automatically sent a second appointment and the GP practice/referrer is informed • All follow up patients with high grade cytological abnormalities are automatically sent a second appointment and copy letter is sent to the G.P/Referrer **Second Non-attendance** • All patients who default on their second appointment either new treatment, or follow up are discharged back to the GP practice/Referrer. G.P. to follow failsafe follow-up criteria. A letter is then sent to the patient and a copy letter is sent to the Manager of the Regional Screening Office and the Failsafe Coordinator Cytology Screening Laboratory Dewsbury. **Failure to attend following Treatment** • First default – one further appointment or at the discretion of the Colposcopist. • Letter sent to Patient and GP practice. • Second nonattendance – discharged to GP/referrer – copy letter to inform the Manager Screening Office and the Failsafe Coordinator Cytology Screening Laboratory of the recommended recall

All Colposcopy units offer treatment and biopsy options in line with NHSCSP publication 20: Colposcopy and Programme Management version 2 and HPV Triage and Test of Cure publications. Further information can be obtained from the relevant Colposcopy clinic.

5.13. Reporting Histopathology results

All biopsies are sent to the local histopathology laboratory where they are reported in line with the guidance in NHSCSP publication number 10 (second edition 2012). MDT processes vary a little between trusts, but all occur within the guidance set out within NHSCSP publication 20. Histology results are sent to senders electronically and paper copies are also provided.

5.14. Failsafe

A failsafe system is a "mechanism to ensure that a process reverts to a danger free condition in the event of breakdown". Failsafe arrangements for the Cervical Screening Programme should ensure that women receive appropriate clinical follow-

up for abnormal screening results which triggered a referral to Colposcopy. The value of any screening programme will be diminished if appropriate action is not always taken on a screening test with an abnormal result. However, samples may be taken in many different situations by many different categories of doctors and nurses. This general statement of responsibility therefore needs to be backed up by failsafe systems to ensure that communication of sample results has occurred and follow-up action has been taken. Despite every endeavour some women will always escape follow-up, either because they consciously refuse to have further investigation or because they cannot be traced. Therefore guidelines are needed to define the point when all reasonable action has been taken and then attempts to follow-up can cease.

The HBPC in each trust is responsible for ensuring failsafe systems exist in their trust.

Cytology laboratories will operate failsafe systems for all patients whose cytology report recommends referral to either colposcopy or gynaecology. The laboratory will send two reminders to the GP practice. After the second letter, the lab will close failsafe and make no further attempts to ascertain what has happened. If the patient has not attended the GP practice should flag the patient notes. It is the GP practice's responsibility to ensure that a patient attends for colposcopy even if there is a direct referral system in place.

Once the patient has attended colposcopy the responsibility for failsafe is that of the colposcopy clinic. If a patient does not attend the clinic will send one appointment letter and two reminders. At the last reminder the clinic discharges the responsibility for failsafe back to the gp. It is then the GP practice's responsibility to ensure colposcopy takes place.

Patients for whom no satisfactory outcome can be recorded are brought to the attention of the local area team on a monthly basis. The area team has a robust system of receiving the failsafe reports from all the laboratories of the last Friday of each month. The women's details are captured on a spreadsheet for the West Yorkshire area. This piece of work entails double checking the woman's details, date of Birth, NHS number, address, GP practice address, also checks are done to see if the woman has moved area or moved abroad and the latest test history. Once all the checks are done letters are sent to GP practice. The women who have moved out of area are followed up with call and recall team, Screening and Immunisation Coordinators in other areas and GP practices depending on the need of information to track the woman.

Any issues regarding failsafe's are picked up in operational group meetings and the WYCSPB.

6. Training

Across the disciplines undertaking cervical screening, there are recommendations with regards to training. These are agreed at a National and Regional level and departments delivering the programme are expected to adhere to those indicated within the relevant publications and guidance.

6.1. Sample taker training

Sample takers are advised by Skills for Health that they should meet the 'CHS37 Obtain cervical cytology samples from individuals' prior to commencing sample

taking. This standard is for qualified practitioners who have completed a recognised training programme for taking samples for cervical screening. Sample takers should maintain their competence in line with NHSCSP publication 23: Taking Samples for Cervical Screening: A Resource Pack for Trainers, NHSCSP Good Practice Guide No. 2: Interim Good practice guidance for cervical sample takers and the NEYHQARC guidance.

The update training will be run by LOCALA as from March 2014. This will be open to sample takers across West Yorkshire. The training is delivered collaboratively by LOCALA, the Area Team, the laboratories and WYCSA.

6.2. Cytology Laboratory training

Non-medical cytology staff are required to undertake training as detailed in the NHS Cervical Screening Programme: Requirements for Training in Cervical Cytopathology guidance. All staff who intend to primary screen cervical samples in the NHSCSP must obtain the City & Guilds Level 3 Diploma in Cervical Cytology or hold previous equivalents (IBMS certificate of competence, BSCC certificate of competence or the NHSCSP certificate of competence in cervical cytology). Non-medical professionals acting as consultant biomedical scientists in Cervical Cytopathology are required to hold the Advanced Specialist Diploma in Cervical Cytopathology. All Biomedical Scientists are required to maintain registration with the Health Care Professions Council. Non-medical staff are required to attend three days update training (consisting of a minimum of 50% microscopy) in each three year period.

Medical professionals reporting Cervical Cytology samples are required to have completed the MRCPath examination in Cytopathology and undertaken the relevant training in surepath LBC technology.

Professionals changing the LBC technology they screen/report are required to undergo a one day conversion course. The NEYHQARC also require professionals to successfully complete a test set of 220 slides provided and marked by the East Pennine Cytology Training Centre.

6.3. Colposcopy training

NHSCSP colposcopy should only be conducted by BSCCP a certified practitioner. All practising colposcopists (Consultant and Nurses Colposcopists) must be able to demonstrate that they have received adequate training. The evidence required depends on when their training began:

- for those who began training after April 1998 – BSCCP/RCOG Diploma in Colposcopy
- for those who began training before April 1998 but had not completed it by April 1998 – BSCCP Completion of Training Certificate
- for those completing training before April 1998 – self-certification. There will be no self-certification after 1 January 2010. NEYHQARC requires evidence of the support of a professional society.

The BSCCP/RCOG training programme is currently the only recognised colposcopy training and certification programme for colposcopists who wish to practise within the NHSCSP and commenced training after April 1998.

All Colposcopy units should ensure the primary nurse is a registered nurse trained in counselling. Nurses supporting a Colposcopy service should have undergone a detailed in-house training programme to support them in undertaking their role.

7. Required Audits, Quality Standards and Objectives

Internal and External Quality Assurance are imperative in ensuring high standards and encouraging improvement in delivery. The process of quality assurance ensures the quality systems are in place and that set standards are met. Professionals working within the NHSCSP have a duty to participate in regular internal and external audits.

7.1. Primary Care performance information

All sample taking locations should utilise the CSTD web-based system described in section 5.4 to monitor the performance of their practice via the practice profiles. This should be reviewed on a quarterly basis, and areas of concern highlighted to the Screening and Immunisation Team. In addition to this sample taking locations should maintain a list of compliance with section 251. All practices are required to have a practice protocol which is regularly reviewed and accessible to all staff.

7.2. Sample taker performance information

All sample taking locations should utilise the CSTD web-based system described in section 5.4 to monitor the performance of their sample takers. This includes reviewing their inadequate, transformation zone (TZ) sampling and abnormal rates. This should be reviewed on a quarterly basis, and areas of concern highlighted to the Screening and Immunisation Team.

7.3. Call/Recall requirements

Call/Recall services within the WYCSP are required to participate in the following:

- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- NHSIA annual audits
- Production of the KC53 returns
- Support the NEYHQARC in undertaking the Invasive Audit and Cancer Categorisation processes
- Provide the relevant information and data to support the maintenance of the CSTD web-based system
- Complete aspects of the Key Performance Indicators relevant to the service
- Ensure the department is represented at the relevant local groups and regional Quality Assurance Group
- Support all other ad-hoc requests from the NEYHQARC
- Audits agreed at WYCSPB Meeting

7.4. Cytology Laboratory requirements

Cytology laboratory services within the West Yorkshire are required to participate in the following:

- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales

- Maintain CPA accreditation and report all changes in accreditation status to the NEYHQARC and the commissioner within two weeks
- Ensure all staff participate in the External Quality Assessment Scheme for Gynaecological Cytopathology
- Participate in the External Quality Assessment Scheme for the Evaluation of Papanicolaou Staining in Cervical Cytology (only applicable to LBC processing sites)
- Production of the KC61 returns
- Support the Hospital Based Programme Coordinator in undertaking the Invasive Audit
- Provide the relevant information and data to support the maintenance of the CSTD web-based system
- Complete aspects of the Key Performance Indicators relevant to the service
    - Sensitivity
    - Positive predictive value
    - Referral Value
    - Mean CIN score
    - Total predictive value
    - Abnormal predictive value
    - Inadequate rate
- Ensure the department is represented at the relevant local groups and regional Quality Assurance Group
- Undertake the audit of failsafe with the Hospital Based Programme Coordinator
- Support all other ad-hoc requests from the NEYHQARC
- Undertake Internal Quality Assurance
- Audits agreed at the WYCSPB Meeting

7.5. Histopathology Laboratory requirements

Histopathology laboratory services within the West Yorkshire are required to participate in the following:

- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- Maintain CPA accreditation and report all changes in accreditation status to the NEYHQARC and the commissioner within two weeks
- Ensure all reporting staff participate in a recognised External Quality Assessment Scheme
- Support the Hospital Based Programme Coordinator in undertaking the Invasive Audit
- Report cancers and CIN3 biopsies to NYCRIS
- Complete aspects of the Key Performance Indicators relevant to the service
- Ensure the department is represented at the relevant local groups
- Support all other ad-hoc requests from the NEYHQARC
- Undertake Internal Quality Assurance
- Audits agreed at the WYCSPB Meeting

7.6. Colposcopy requirements

Colposcopy services within the West Yorkshire are required to participate in the following:

- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- Ensure Colposcopists practising within the NHSCSP see at least 50 new abnormal cytology referrals per year
- Ensure Colposcopists practising within the NHSCSP adhere to the BSCCP re-certification process
- Ensure Colposcopists practising within the NHSCSP attend at least one BSCCP recognised colposcopy meeting every three years
- Production of the KC65 returns
- Support the Hospital Based Programme Coordinator in undertaking the Invasive Audit
- Participate in the NEYHQARC Patient Satisfaction Questionnaire and address identified weaknesses
- Complete aspects of the Key Performance Indicators relevant to the service
- Ensure the department is represented at the relevant local groups and regional Quality Assurance Group
- Undertake Internal Quality Assurance and regular internal audits
- Audits agreed at the WYCSPB Meeting Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- Ensure the department is represented at the relevant local groups
- Support all other ad-hoc requests from the NEYHQARC

7.7. HPV reporting laboratory requirements

Laboratory services undertaking HPV testing within the West Yorkshire are required to participate in the following:

- Participation in HPV testing EQA
- Operation of a system of IQC compliant with NHSCSP Good Practice Guide 3
- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- Attend the relevant local groups and regional Quality Assurance Group
- Support all other ad-hoc requests from the NEYHQARC
- Audits agreed at the WYCSPB Meeting

- Ensuring laboratory policies and procedures are in place for transportation, processing, IQA, EQA and reporting of HPV samples.

- Ensuring that women whose samples are processed through the laboratory services of the network follow the appropriate care pathway in a timely manner and to the correct quality standards.

7.8. HBPC requirements

Hospital Based Programme Coordinators within the West Yorkshire are required to participate in the following:

- Undertake the audit of failsafe with the support of the cytology laboratory
- Audit all services providing Cervical Screening within the Trust to ensure they are delivered in line with the NHSCSP guidelines
- Undertaking the Invasive Audit in line with the National timescales
- Attend the relevant local groups and regional Quality Assurance Group

- Support all other ad-hoc requests from the NEYHQARC
- Audits agreed at the WYCSPB Meeting

- Producing annual reports for Trust/Area Team and QA

7.9. Screening and Immunisation Team requirements

Screening and Immunisation Team Leads within the West Yorkshire are required to participate in the following:

- Quality Assurance visits in line with the requirements of the NEYHQARC including addressing recommendations to the given timescales
- Review failsafe enquiries with the support of the Hospital Based Programme Coordinator and the cytology laboratory
- Audit all services providing Cervical Screening within the Trust to ensure they are delivered in line with the NHSCSP guidelines
- Utilise the CSTD web-based system described in section 5.4 to monitor the performance of their sample takers
- Attend the relevant local groups and regional Quality Assurance Group
- Support all other ad-hoc requests from the NEYHQARC

8. Potential and Confirmed Issues, Incidents and Serious Incidents

The overarching definition of a Serious Incident which will be familiar to both provider and commissioner organisations have been described in the NPSA guidance as:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public.
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm).
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.
- Allegations of abuse.
- Adverse media coverage or public concern about the organisation or the wider NHS.
- One of the core set of 'Never Events' as updated on an annual basis

However, in addition to the NPSA definition of a Serious Incident there is a wider definition for Serious Incidents in screening programmes:

"An actual or possible failure at any stage in the pathway of the screening service, which exposes the programme to unknown levels of risk that screening, assessment or treatment have been inadequate, and hence there are possible serious consequences for the clinical management of patients. The level of risk to an individual may be low, but because of the large numbers involved the corporate risk may be very high."

The complexity of the programme means that problems are not always easy to identify. The term 'incident' in the NHSCSP means any failure by a cervical screening

service which puts women at risk of inadequate screening, assessment or treatment. Complex screening pathways often involve multidisciplinary teams working across several NHS organisations in both primary and secondary care, and inappropriate actions within one or more area, or communication failures between providers, can result in serious incidents.

Serious incidents in a national screening programme affect the whole pathway and not just the local department or provider organisation in which the serious incident occurred or was identified. There will be potential for a large number of individuals / users to be affected, loss of reputation of the programme, a decrease in public participation and that the issue is also occurring elsewhere.

There are numerous and in some cases overlapping systems for reporting problems and incidents in the NHS. Each organisation involved in the provision of cervical screening service will have local protocols for managing such events. Cervical screening services must operate in accordance with the local protocols established by their organisation for risk management and for reporting incidents.

Providers and commissioners should refer to Managing Safety Incidents in NHS Screening Programmes – updated interim guidance (March 2015) for further guidance. The requirements set out in this guidance are in addition to the reporting requirements of the Department of Health, NHS England, Public Health England or the local Trust. Any organisation providing cervical screening services must adhere to this guidance irrespective of whether it is a general practice, community clinic, NHS Trust, Foundation Trust or private provider.

Providers must inform NHS England (West Yorkshire) within 24 hours of identifying a potential screening incident.

The Public Health England QA Team (Screening) can offer support to providers and commissioners to determine the potential seriousness of the problem by making an initial assessment.

Appendices

Appendix 1: Relevant Publications and location of documents

National Publications documentation:

All current National publications are available from the Public Health England QA Team (Screening) website at:

http://www.neyhqarc.nhs.uk/CervicalScreening/RegionalProtocolsandGuidance/NHSCSPNationaldocumentation.aspx. Professionals working within the NHSCSP have a responsibility to ensure they familiarise themselves with the current version.

Interventions to reduce inequity and inequality in accessing national screening programmes: A report for the UK National Screening Committee, 20th October 2008, Dr Tom Porter
http://www.screening.nhs.uk/publications#fileid9431

Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods.
http://www.cancerscreening.nhs.uk/cervical/publications/lesbian-bi-literature-review.html

Regional relevant documentation:

All current National publications are available from the Public Health England QA Team (Screening) website at:

http://www.neyhqarc.nhs.uk/CervicalScreening/RegionalProtocolsandGuidance.aspx.

Professionals working within the NHSCSP have a responsibility to ensure they familiarise themselves with the current version.

Appendix 2: General Principles of Screening

The general principals of screening programmes can be described using the following Wilson and Jungner criteria (1968):

1. The condition sought should be an important health problem
2. There should be an accepted treatment for patients with recognised disease
3. Facilities for diagnosis and treatment should be available
4. There should be a recognisable latent or early symptomatic stage
5. There should be a suitable test or examination
6. The test should be acceptable to the population
7. The natural history of the condition, including development from latent to declared disease, should be adequately understood
8. There should be an agreed policy on whom to treat as patients

9. The cost of case finding (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole

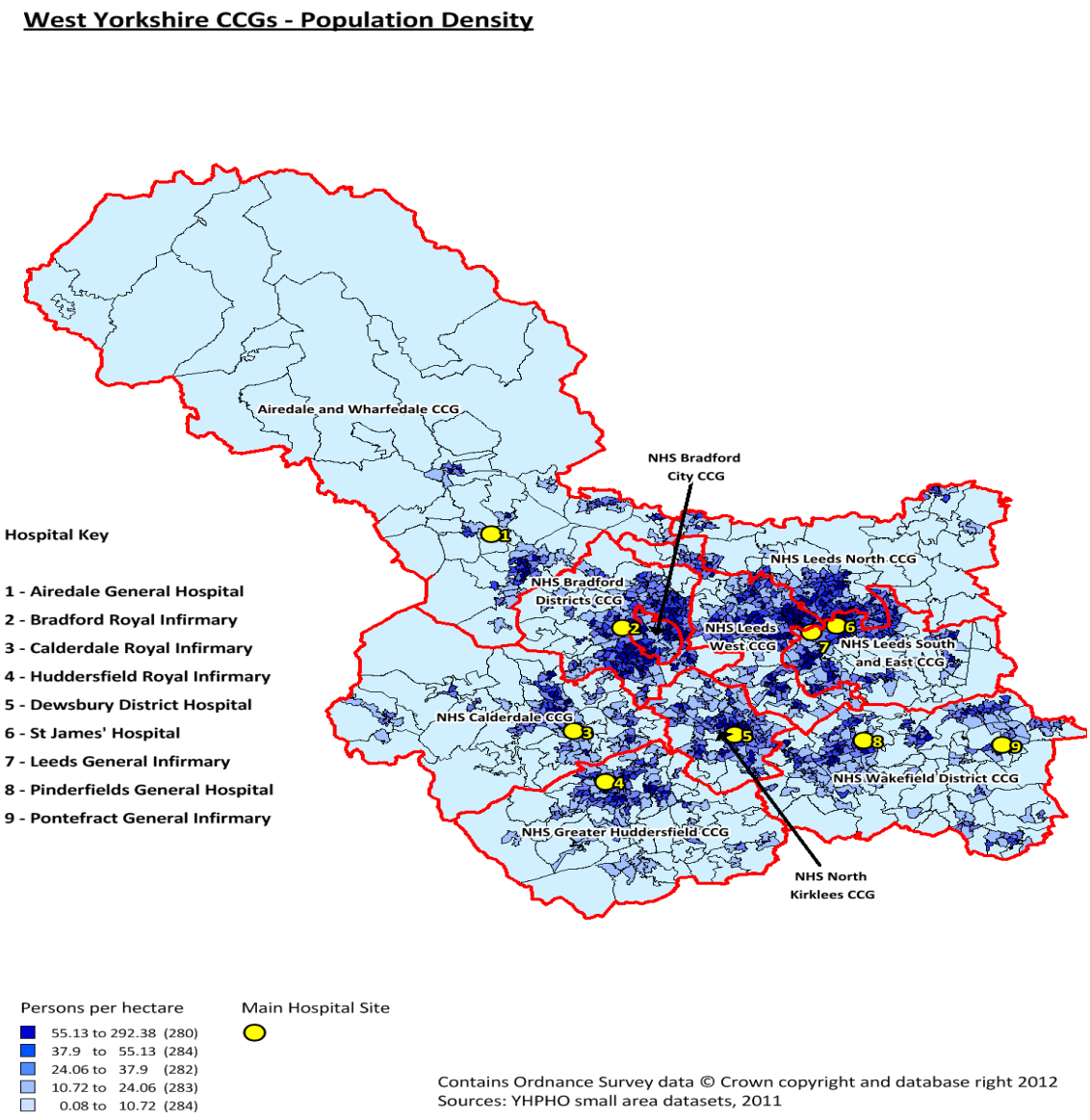
10. Case finding should be a continuing process and not a 'once and for all' project

Appendix 3: Details of other key meetings and membership within the West Yorkshire programme

Meeting Name	Host Organisation	Frequency	Required attendance
West Yorkshire Cervical Screening Programme Board	NHS England Area Team	Quarterly	NHS England/SIT WYCSA Lead Pathologists Chief BMS Hospital Based Programme Coordinators Lead Colposcopists Mentor Leads Training Providers GP representation LMC representation CaSH representation PHE QA Team
Colposcopy Correlation Meeting	The Trust	Monthly	Pathologist Colposcopists Cytology Histopathologist Obs and Gynae Service administrator
Trust based cervical screening operational meetings	Trust	Quarterly	HBPC Lead Cytologist Lead colposcopist Chief BMS Lead Colp Nurse Cell Path management rep Womens dept management rep

Meeting Name	Host Organisation	Frequency	Required attendance
Multidisciplinary Meeting	Mid Yorks Leeds Bradford Airedale CHFT	Monthly Two a month Monthly Every two months Monthly	All colposcopists , A Histopathologist A Cytopathologist/BMSC
Public Health England QA Team (Screening) Call/Recall Quality Assurance Group	QARC	2 per year	Screening Office Manager
Public Health England QA Team (Screening) Sample Taker Education and Training Quality Assurance Group	QARC	2 per year	Mentor providers Training Providers
Public Health England QA Team (Screening) Laboratory Quality Assurance Group	QARC	2 per year	Lead Cytopathologist Head Biomedical Scientist
Public Health England QA Team (Screening) Hospital Based Programme Coordinator Quality Assurance Group	QARC	2 per year	Hospital Based Programme Coordinators
Public Health England QA Team (Screening) Colposcopy Quality Assurance Group	QARC	1 per year	Lead Colposcopist Lead Clinicians
Public Health England QA Team (Screening) Colposcopy Nurses Quality Assurance Group	QARC	1 per year	Nurse Colposcopist Lead Colposcopy Nurse
Public Health England QA Team (Screening) Joint Colposcopy and Colposcopy Nurses Quality Assurance Group	QARC	1 per year	Lead Colposcopist Lead Clinicians Nurse Colposcopist Lead Colposcopy Nurse
Cervical Screening Leads Quality Assurance Group	QARC	2 per year	QA Director Representative from Screening and Immunisation Team.
West Yorkshire Screening and Immunisation Oversight Group	NHSE	Quarterly	West Yorkshire DsPH NHS England West Yorkshire DsPH QA PHE Patient and Public representation

Appendix 4: Details of the geographical area of the West Yorkshire programme



Appendix 5: List of useful contacts

Role	Name	Contact details
Chief BMS	David Bilton	david.bilton@midyorks.nhs.uk
Senior BMS	Antonia Tweed	antonia.tweed@cht.nhs.uk
Chief BMS	Hazel Eager	h.eager@nhs.net
BMS	Peter Heptinstall	peter.heptinstall@nhs.net
HBPC	Sarah Knight	Sarah.Knight@cht.nhs.uk
HBPC	Dawn Gulliford	Dawn.Gulliford@anhst.nhs.uk
HBPC	Suzanne Taylor	suzanne.taylor@bthft.nhs.uk
HBPC	Vanessa Jackson	vanessa.jackson@leedsth.nhs.uk
WYCSA Screening Team Leader	Karen Cogley	k.cogley@wycsa.nhs.uk
NEYHQARC Quality Assurance Facilitator	Sarah Whitley-Ainsworth	neyhqarcleeds@phe.gov.uk
NHS England Screening and Immunisation Managers	Caroline Burnley	caroline.burnley@nhs.net caroline.burnley@nhs.net
	Kate Horsfall	k.horsfall1@nhs.net
	Mary Law	marylaw@nhs.net
NHS England Screening and Immunisation Coordinators	Sarah McMurray	sarah.mcmurray@nhs.net
	Sarah Wighton	sarah.wighton@nhs.net
	Arshad Hussain	arshad.hussain@nhs.net
Educational Lead	Leeds Beckett University	t.oldfield@leedsbeckett.ac.uk
Educational Lead	University of Huddersfield	m.rogers@hud.ac.uk
Educational Lead	University of Bradford	j.pansini-murrell@bradford.ac.uk
Mentor Lead	LOCALA Calderdale, Kirklees and Wakefield	emmafawcett@nhs.net
Mentor Lead	York HT Leeds and Bradford	Post vacant

Appendix 6: Responsibilities for Failsafe Actions

Interval from date of abnormal test result	Laboratory	Call/ Recall	Colposcopy Clinic	Screening and Immunisation Team	GP
0 months	Laboratory failsafe starts	Suspend from routine recall	Colposcopy appointment sent (direct referral) to patient & copy to the Laboratory		
			If does not attend colposcopy twice, a letter is sent to woman and GP and return of responsibility to GP		GP flags notes and contacts woman directly
6 weeks	Checks that appointments have been made				
3 months	Checks to see if follow up has taken place *				
	Sends FS1 failsafe enquiry to GP if no colposcopy outcome				GP responds to FS1 failsafe enquiry
6 months	Information regarding women not followed up sent to Screening and Immunisation Team			Information received from laboratory	
				Screening and Immunisation Lead writes to GP	
12 months		Return woman to recall and re-invite for screening			

*As part of the laboratory failsafe system, checks are made on the following systems to see if appropriate follow up has taken place – has there been a further test, has a colposcopy result been noted, has individual moved area, are registration details correct:

- Laboratory computer
- Exeter system / Call/Recall computer system
- Colposcopy clinic computer system