

Better Access

Cervical Screening Protocol

Version	1
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RENEWAL DATE	February 2026

Aims	<ul style="list-style-type: none"> • 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. • The NHS Cervical Screening Programme (NHSCSP) is nationally coordinated and locally managed. It involves: <ul style="list-style-type: none"> ○ Primary human papillomavirus (HPV) screening ○ Liquid based cytology to detect abnormalities of the cervix. ○ Colposcopy to diagnose cervical intraepithelial neoplasia (CIN) and differentiate high-grade lesions from low-grade abnormalities. <p>The North East and Yorkshire (NEY) Cervical Screening Centre delivers the service for GP surgeries in the North East and Yorkshire area. For their guidance please see link: https://www.thepathologycentre.org/pathology-services/north-east-and-yorkshire-cervical-screening-centre/</p> <p>Standards and guidance for healthcare professionals can be found at: https://www.gov.uk/government/collections/cervical-screening-professional-guidance</p>
Objective	<ul style="list-style-type: none"> • To encourage all eligible ladies to attend for cervical screening • To promote understanding and awareness of the procedure- allowing opportunity for conversations to take place prior to coming in if needed • To ensure patients understand the screening process and provide with patient information leaflets detailing results and how follow up to conducted • To perform the smear test effectively, ensuring dignity and minimizing distress to the patient • To promote sexual health opportunistically
Client Group- Inclusion As per national Guidelines	<ul style="list-style-type: none"> • Consenting woman between the ages of 24 ½ and 64 with an intact uterus or partial hysterectomy where the cervix has been left in place • Women being followed up after treatment/ abnormal smear as per guidelines (appendix A) • Only screen those who are 65+ who have not been screened since the age of 50 or have had recent abnormal tests • This includes lesbian and bisexual women • Anyone with cervix – trans men registered still as female will be automatically invited for screening • Trans men registered as male will not receive an invitation but are entitled to screening and should arrange an appointment with their GP practice (Gov.uk PHE 29.9.21- Cervical screening: programme and colposcopy management)

	<p>Additional information is available for sample takers screening women with learning disabilities</p> <p>https://www.gov.uk/government/publications/cervical-screening-supporting-women-with-learning-disabilities</p>
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Client Group Exclusion	<ul style="list-style-type: none"> • Women who have had a full hysterectomy (see NEY guidelines for vault samples) • Woman under 24 ½ years • Woman who attend on or after their 60th birthday if their last result is routine recall and they have had no recent abnormal results – the result letter includes an explanation why • Follow policy for ceasing woman NHS Cervical Screening Programme NHS Cervical Screening: Call and Recall Guide to Administrative Good Practice. Withdrawing from the NHS Cervical Screening Programme: interim guidance, NHSCSP October 2009
Staff Requirements	<ul style="list-style-type: none"> • All nurses who are registered with the NMC and working within the NMC code of conduct are eligible to train to be a sample taker • All nurses need to attend a recognised course and be assessed with a qualified cervical screening mentor within the practice. They must then complete the required amount of smears adequately and complete the portfolio before being deemed competent • They must be registered with CSTD and have a smear takers code • All smear takers must complete an update 3 yearly - either face to face or e-learning package on cervical screening and HPV modules • Smear takers to complete an audit of their results
Resources	<ul style="list-style-type: none"> • Lockable Room • Couch- adjustable height • Movable spotlight • Assorted sizes of speculums • Patient information leaflets • Gloves • Disposable sheet or couch roll for modesty • LBC sample takers kit- ensuring in date • Printer for ICE form label or zebra printer if available.

Clinical Aspects to Consider

<p>Action:</p> <ul style="list-style-type: none"> • Conduct yourself in a manner that maintains dignity, privacy and safety of the patient • Access Open Exeter to ensure eligible and to ascertain previous results • Explain and discuss procedure, including rationale, results and follow up procedure • Offer a chaperone • Adhere to the infection control policy 	<p>Rationale:</p> <ul style="list-style-type: none"> • To maintain the patient's dignity and confidence in the procedure and screening programme • To protect the dignity and rights if the patient and to protect the healthcare professional from any complaints • To ensure understanding • To obtain informed consent • To protect self, lab and patient from contamination
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Taking the Sample

<p>Action:</p> <ul style="list-style-type: none"> • Take a history • Explain why we screen • Explain results and follow up procedure • Take sample as per training • Full visualisation of the cervix • Sampling of transformation zone is captured in 360 sweep 5 x full rotations • If difficulties whilst performing smear to seek help/guidance from another smear taker or GP if available. If still unable to see cervix task GP surgery to inform them and ask the patient to make another appointment. • If there is a clinical suspicion of cervical disease, a cervical screening test i.e an HPV test is not the appropriate test to investigate the symptoms. The woman should be referred urgently for further investigation under the two-week-wait (2ww) rule. The 2ww referral can be commenced using the communications icon on System One, then task the patients GP surgery to complete and send it. Also send a task to Heartbeat Alliance to inform a 2ww referral has been made. They will then ensure the referral has been sent. You can also ask for advice from the remote GP support. 	<p>Rationale:</p> <ul style="list-style-type: none"> • Ensure adequate sample is taken to enable efficiency of screening programme • To obtain adequate sample • Ensure equipment is in date • To ensure follow up is completed.
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Advice and Referral

<p>Action:</p> <ul style="list-style-type: none"> • Give reassurance and give the opportunity to discuss any concerns or worries • Explaining results and signpost to further advice/support. Advise to ring GP surgery if the result doesn't come in the post after 6 weeks. 	<p>Rationale:</p> <ul style="list-style-type: none"> • To minimise anxiety and maximise confidence in the screening programme
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Record keeping

<p>In accordance with NMC recommendations written and electronic records will be maintained including relevant history</p> <ul style="list-style-type: none"> • Post coital bleeding • Intermenstrual bleeding • Post-menopausal bleeding • Unusual vaginal discharge • Appearance of cervix • HPV counselling • Pregnancy risk assessed • Chaperone offered and outcome • Patient made aware to report any abnormal symptoms to GP 	<p>To protect the welfare of the patients</p>
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Dispatching of Samples

<ul style="list-style-type: none"> • Ensure all details are correct for the patient and ICE request form is completed • Ensure label is attached to LBC vial and placed in specimen bag • Ensure a tracking form is filled out and placed in the pink collection bag with the samples • At Harewood Better Access place the collection bag in the pink collection box and leave in front of Harewood Practice reception shutters • At Friarage Better Access place the collection bag in the pink collection box and leave at the main Outpatient reception desk • At other Better Access clinics enquire where to leave the samples in the collection bag 	<p>To ensure patients samples are labelled correctly for arrival in the lab and it is easily identified if a sample is misplaced</p>
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Commented [DA(MC1)]: initiates the ICE form?

Audit

<ul style="list-style-type: none">• All sample takers should be registered on CSTD (cervical sample takers database)• All sample takers should audit their own smear results and inadequacy rates• Use your own sample takers code on all requests• Receive feedback from lab and act accordingly	For sample takers to monitor personal performance
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Commented [DA(MC2): What happens if there is a high inadequacy rate?

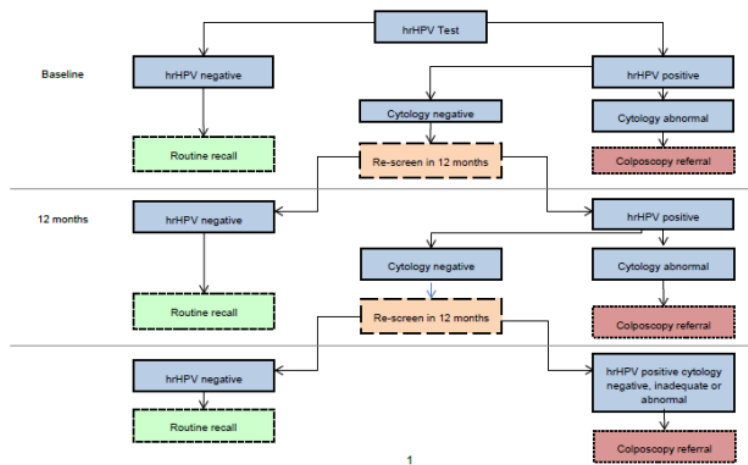
Systems

<p>Systems need to be in place for safe practice</p> <ul style="list-style-type: none">• Practices are responsible for receiving the results and that they are filed correctly• The patient will receive the result or colposcopy appointment, if required, from NEY Cervical Screening Service• Practices should have their own system in place to monitor abnormal results and that the patient has been seen in Colposcopy.• Smear takers to monitor own samples taken and chase up missing results if not received after 6 weeks• Discuss results with patients if required• Liaise with practices as requested	Responsibility and accountability
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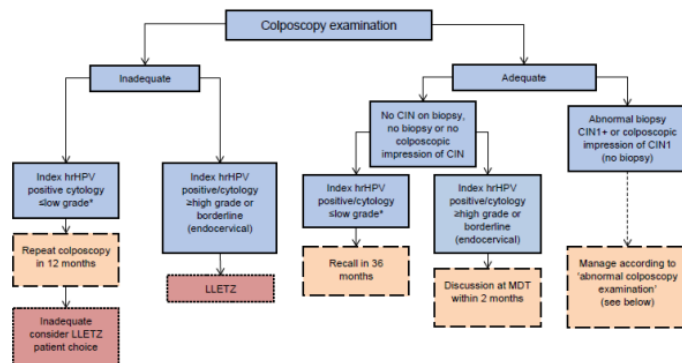
Commented [DA(MC3): Do we audit this in someway (we probably should)

Appendix A

Cervical screening protocol



Cervical screening colposcopy management recommendations



*excludes borderline change in endocervical cells

