NHS
North East London

North East London Primary Care Cervical Cytology Guidance

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With huge thanks to NHSE South West region for sharing their 'Practical Guide to Cervical Screening in Primary Care' which has been used throughout this document.

CONTENTS

Section 1

Practice Roles and Responsibilities

1. Introduction and aims of guidance

Northeast London (NEL) Primary Care Nursing Strategic Leadership Delivery Group commissioned this cervical cytology project, to review cervical cytology guidance, policies, updates to make this information accessible and available to all Practices and staff working in NEL.

This guidance is designed to:

- describe the sample taker's responsibilities in the NHS Cervical Screening Programme (NHSCSP)
- promote good practice that is consistent with national policy and guidance
- outline the training requirements for sample takers in the NHSCSP
- set out the existing roles and responsibilities of general practices involved in the NHSCSP
- outline the audit and documentation requirements for sample takers in the NHSCSP
- advise on some of the issues that may arise during a consultation.

Please note you will find some document templates at the end of the relevant sections for you to adapt and use at practice level.

2. Definition of terms

2.1. Cervical Screening Administration Service (CSAS)

The CSAS supports the National Cervical Screening Programme by providing prior notification lists (PNLs) of patients eligible for screening to primary care practices , sending out call and recall invitations to patients eligible for cervical screening tests and notifying patients of test results once received from laboratories.

2.2. Cervical screening

The purpose of cervical screening is to assess the health of the cervix. It is not itself a test for cancer but a test that helps detect early cellular changes that can develop into cancer. 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.

2.3. 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.

2.4. Chaperone

A chaperone is an impartial observer, who has completed appropriate chaperone training, who is present during an intimate examination of a patient. The chaperone will usually be the same sex as the patient[1]. The exact responsibilities vary according to the clinical situation.

3. Cervical Screening Management Service (CSMS)

The Cervical Screening Management Service (CSMS) is the national database where all information about a person's screening history is held. All cervical sample takers and all those supporting the local delivery of the cervical screening programme should have access to the system.

Cervical sample takers should use the system to access a person's history prior to performing any cervical samples to ensure the person is due for screening. They can also use it to access the HMR101 form which can be used as a request form in the absence of other clinical systems like ICE or T-Quest.

All staff involved in cervical screening and cervical screening administration need to complete the introduction to and using of the new CSMS training , which is available on the learning hub here: Resource details (learninghub.nhs.uk) (introduction) and here Catalogue (learninghub.nhs.uk) (Using). To access the learning hub staff can use their e-LFH log in if they have one, if they do not then they can sign up using their NHS email address. Both eLFH and the learning hub are free to use.

The Cervical Screening Management Service can be accessed using an up to date and activated smart card. To access the new CSMS you will need to follow the steps outlined in the guidance that can be found here Guidance for registration authorities - NHS England Digital.

4. The cervical screening programme[2]

Two people with a cervix die every day from cervical cancer, yet it is one of the most preventable cancers. Around 2,700 people with a cervix in England are diagnosed with cervical cancer each year and it is the second most common cancer amongst people with a cervix under 35[3].
Cervical screening is not a test for cancer. Cervical screening helps prevent cervical cancer by:

- Checking for high-risk human papillomavirus (HPV) which causes nearly all cervical cancers
- This is the best way to find out who is at higher risk of developing the cervical cell changes that over time could potentially lead to cervical cancer.

[1] MDU Medical Defence Union

[2] https://www.gov.uk/guidance/cervical-screening-programme-overview

[3] Office for Health Improvement & Disparities (OHID) (2022) Cervical Screening Awareness Campaign. OHID Depart of Health & Social Care.

- Treating precancerous cell changes, thereby preventing cervical cancer

It has been estimated that in England cervical screening prevents 70% of cervical cancer deaths and that if everyone attended screening regularly, 83% of cervical cancer deaths could be prevented[4]

4.1. Purpose of the screening programme

The NHS public health functions agreement 2019-20 Service specification number 25 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. Results
6. Treatment/intervention
7. Monitor outcomes

Further details on each of these stages are explained throughout this document. All information is taken from the service specification.

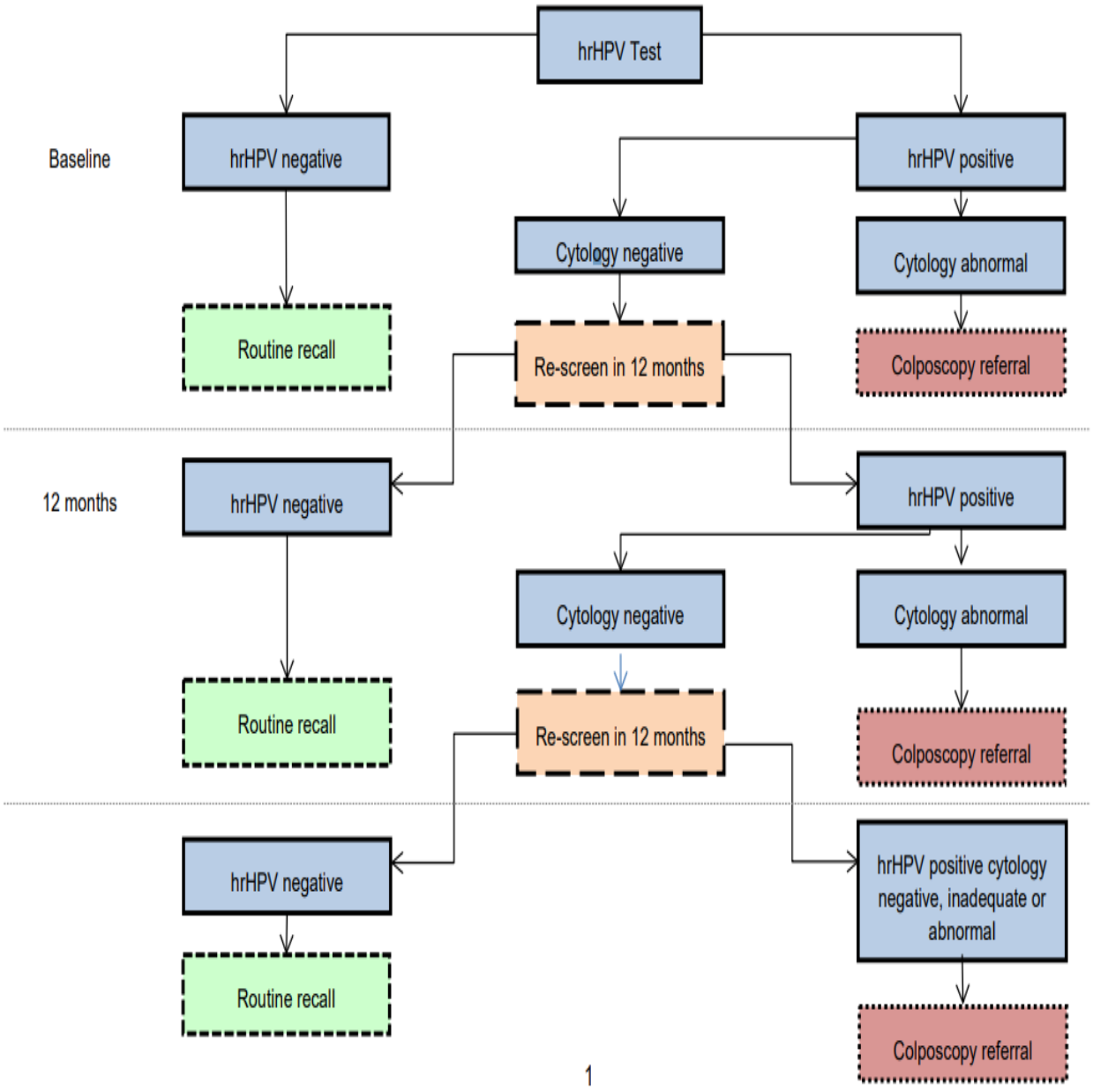
The screening programme focuses on primary Human Papilloma Virus (HPV) screening. HPV is a common infection transmitted through sexual contact. Most sexually active people encounter HPV during their lifetime. However, for most, the virus causes no harm, and the infection clears on its own. However, some high-risk sub-types of HPV (HR-HPV) are linked to the development of abnormal cells that can progress into cervical cancer.

In 2013, English pilots of primary HR-HPV screening began, and in 2015 the first report confirmed the feasibility of use and improved performance of primary HPV screening within the NHSCSP. Following an evidence review and public consultation the UK National Screening Committee (UK NSC) recommended the implementation of primary HR-HPV testing. HR-HPV testing has higher sensitivity than primary cytology. This means using primary HR-HPV testing to screen people will help us identify more patients at risk of developing cervical cancer in the future. This will ultimately save lives by determining an individual's risk earlier. HR-HPV testing also has a lower false negative rate than cytology.

[4] Landy, R., Pesola F., et al., Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case–control study. British Journal of Cancer volume115, pages1140–1146 (25 October 2016). Available from: https://www.nature.com/articles/bjc2016290?foxtrotcallback=true

Cervical screening: colposcopy and programme management

Cervical screening protocol



Source:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/856972/Screening_and_colposcopy_pathways.pdf

The impact of HPV vaccination

Studies have shown that the HPV vaccine dramatically reduced cervical cancer rates by almost 90% in 20-year-olds who were offered the vaccine at 12-13 years old[5]. Cancer Research UK highlights that this research shows the potential for the combination of HPV vaccination and cervical screening to reduce cervical cancer to the point where almost no one develops it[6]

Primary HR-HPV testing is therefore more appropriate for vaccinated individuals because the incidence of Cervical Intra-epithelial Neoplasia (CIN - abnormal cells found on the surface of the cervix) will be lower. Cytology will be reserved for those considered to be at higher risk who test HR-HPV positive[7].

Under current UK guidance the eligibility criteria for HPV vaccination are as follows:

Individuals who:

• are aged 12 to 13 years in the birth cohort for school year 8.
• are females born on or after 1 September 1991 and males born on or after 1 September 2006 and are less than 25 years old
• Transgender females and transgender males, in birth cohorts eligible for the girls' programme from 1 September 2008, may be vaccinated in accordance with the London PGD[8] as appropriate

First cervical sample screening appointments may be an opportunity to alert unvaccinated people of their eligibility for vaccination, if they still fulfil the eligibility criteria detailed above.

4.2. Responsibilities

General practice is responsible for encouraging individuals to attend for screening and taking cervical cytology samples, including:

- Attaching a message to the patient's clinical record and making sure screening is raised at the next appropriate visit
- Clinicians should discuss the benefits of screening
- GP reception staff should have access to appropriate up to date training[9] and be informed of any changes to the screening programme
- Targeting population groups or communities
- Screening awareness weeks
- Appointment call and recall at appropriate intervals
- Managing List of Patients Due to be Invited (LDPI)
- Failsafe processes
- Ensuring patients receive their results and appropriate follow up takes place
- Completion of the screening test and its associated documentation
- Safe transport of screening specimens to the cytology laboratory

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5 https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02178-4/fulltext

6 https://news.cancerresearchuk.org/2021/11/03/the-power-of-science-hpv-vaccine-proven-to-dramatically-reduce-cervical-cancer/

7 https://www.gov.uk/guidance/cervical-screening-programme-overview#:~:text=Cervical%20screening%20is%20available%20to,receive%20an%20invitation%20by%20mail

8 https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2023/08/NHSE-UKHSA-HPV-PGD-v06.00.pdf

9 https://learninghub.nhs.uk/search/results?term=CSMS

The laboratory is responsible for:

- Performing HPV testing and screening cervical samples.
- Sending results to the patient's GP and ensuring that all abnormal results are followed up.

The colposcopy service is responsible for[10]:

- Accepting direct referrals from the laboratory and the GP practice.
- Investigating and treating people with a cervix with abnormal results.
- Following up treatment with further investigations as appropriate.
- Discharging the individuals back to the call and recall system.
- Running a fail-safe system to ensure follow-up of all individuals who have been treated

4.3. Identification of target population and referral

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

Age	Type and frequency of screening
<24.5 years	Cervical screening is not recommended for anyone under the age of 24.5 years as cervical cancer is very rare in this age group (less than 1% with an average of 0 deaths). Research suggests that the risks of offering cervical screening to those under 25 outweighs the benefits as this can lead to patients receiving unnecessary treatment[11]
24.5 years of age	Initial
25 – 49 years (who have been hrHPV negative for the previous 5 years)	Five yearly screening
25 - 49 years (who have had any hrHPV positive results in the previous 5 years)	3 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

[10] Cervical screening | Health topics A to Z | CKS | NICE

[11] NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK

People with a cervix who are not sexually active

People who have never been sexually active (which includes any skin-to-skin contact in the genital region) have a very low risk of HPV infection. This is not 'no risk,' only very low risk. In these circumstances, an individual might choose to decline the invitation for cervical screening. For people who are not currently sexually active but have had sexual partners in the past, it is recommended that they continue to attend for screening.

LGBTQ+

All people with a cervix between age 25 and 64 are eligible for regular cervical screening, no matter their sexual orientation or gender identity.
Most cervical cell changes and cervical cancers are caused by persistent infection with HPV. As HPV can be passed on through any skin-to-skin contact in the genital area, people having any kind of sex are at risk of transmission.
Current national IT systems do not have the facility to include individuals registered with the NHS as 'male', and current registration systems are unable to record the gender category of 'non-binary'. For eligible people not registered under the categories 'female' or 'indeterminate', screening should be offered by the person's GP practice or, where appropriate, a gender clinic healthcare team.

- Transgender men are eligible for, and entitled to, screening, if they still have a cervix.
- Transgender men registered as male are able to opt in for call and recall. An opt in form available on CSAS here must be completed to ensure ongoing routine recall is commenced.
- Transgender women registered as female will receive automatic screening invitations, until they are ceased by their GP. (**See Section 2 sub-section 1.3 for ceasing details)**

Immunosuppressed people with a cervix

People on immunosuppressant medication, transplant recipients and all other forms of immunosuppression should be screened and managed in line with the Colposcopy and Programme Management guidelines[12] depending on their condition.

HIV positive people with a cervix

All newly diagnosed people with HIV should have cervical surveillance performed by, or in conjunction with, the medical team managing the HIV infection. Annual screening should be performed.

People with a cervix moving into England from other areas of the UK

[12] Cervical screening: programme and colposcopy management - GOV.UK (www.gov.uk)

The age range applies to people resident in England. For people under 25 who have already had a sample taken and move in England from another country with a negative history, their next test due date will be adjusted to 24.5 years.

Self-referral into the programme

Individuals not registered with an NHS GP practice (for example, people experiencing homelessness) do not receive an invitation for cervical screening automatically. They can choose to self-refer for screening at the routine intervals if they satisfy the age and are eligible for NHS treatment, and this should be encouraged. Self-referrals can be undertaken in a GP practice as a temporary resident or other settings (such as community and sexual health. When this happens the sample taker must make sure they:

- confirm the individual's eligibility for screening in line with national sample acceptance guidance
- record accurate information about the individual's identity
- record accurate contact information (for provision of results)

This will ensure that the individual can be followed up if necessary. Individuals screened through this route must be informed by the sample taker that their contact details, including registered address, will be kept on record by the call and recall services and used to contact them for future screening invitations as well as to provide test results. The programme does not support anonymous screening.

Unscheduled screening tests

If an eligible person has had a test within the previous routine screening interval (three to five years), additional tests **should not** be carried out as part of the NHS cervical screening programme**.** Unscheduled samples will not be accepted by the laboratory. The sample taker should explore the reason(s) for the individual requesting screening.

Non-NHS cervical screening tests

Tests carried out privately or abroad do not affect a person's entitlement to NHS screening. The NHS has no responsibility for the quality of non-NHS tests. The results of a non-NHS screening test must not be recorded in an individual's NHS screening record but can be recorded on their patient records. Historic non-NHS test results may appear in a screening record if they were provided to the call and recall service and recorded prior to 2020.

Symptomatic patients

Opportunistic screening is not appropriate for individuals who present with symptoms. Cervical screening is not a diagnostic test, therefore for symptomatic individuals, appropriate gynaecological referral pathways should be followed.

In addition, the following referral arrangements are in place as appropriate:

Type and frequency of screening	
Individuals who are symptomatic	Should be referred for colposcopy using the 2ww pathway
Individuals with cervical stenosis or a cervix that cannot be visualised	Should be referred for colposcopy
During pregnancy	Routine screening should be rescheduled until the person is at least 12 weeks post-partum If a previous test was abnormal and in the interim the person becomes pregnant, colposcopy should not be delayed
Low risk for HPV	Should be returned to routine recall
High risk for HPV	Should be managed depending on cytology results
Individuals who are high risk positive and receive a negative cytology report	Should have the HPV test repeated at 12 months If HPV testing is negative at 12 months, individuals can be safely returned to routine recall Individuals who remain high risk HPV (HR-HPV) positive, cytology negative at 12 months should have a repeat HPV test in a further 12 months Individuals who become HR-HPV negative at 24 months can be safely returned to routine recall Individuals who remain HR-HPV positive, cytology negative or inadequate at 24 months should be referred to colposcopy
Individuals who remain HR-HPV positive with cytology reported as borderline dyskaryosis or worse at 12 or 24 months	Should be referred to colposcopy
All individuals who are HR-HPV positive and have abnormal cytology	Should be referred to colposcopy
Inadequate or Unavailable Result	The sample will need to be repeated. The repeat test should be no sooner than 3 months after the initial sample (if this is a 2nd consecutive of this result– refer to colposcopy)

Further details of the practice's responsibility relating to the screening programme can be found on the national screening programme website and includes details on the following[13]:

- Objecting to data processing
- Taking the sample
- Management of individuals with symptoms
- Treatment and follow up
- Ceasing
- Failsafe arrangements
- Testing
- Inadequate samples
- Results
- Monitor outcomes
- Deferral

4.4. Screening Intervals

Routine screening intervals can be found in the tables in section 4.3 above, however we are aware that there is often confusion about how early a sample can be sent to the lab and accepted. Cervical Screening London Laboratories have clarified the following:

- Routine recall samples may be sent up to 3 months before the test is due.
- 12-month recalls may be sent up to 3 months before the test is due.
- 6-month test of cure samples should not be taken early.

5. Staff competency and training requirements

All practices are responsible for ensuring that any staff members, including locum, bank, new contracted staff, or staff returning to practice who will be providing cervical cytology sample-taking services at their practice are competent and have been trained to the appropriate standard. These checks should take place prior to that staff member commencing any cervical cytology clinical sessions.

The following guidance will provide details on the minimum standards of training and competence that are required, including details of:

- Initial training (including the requirement for external assessment)
- Cervical cytology sample takers code
- Update training

Additionally, practices should ensure that protocols and procedures consistent with national screening guidance are in place to ensure sample takers are able to adhere to the requirements of the screening programme[14]

Practices are reminded that as part of a Care Quality Commission (CQC) regulatory assessment, the inspection team may review the provision of a cervical screening service. The review will reflect the practices effectiveness and compliance against the following:

- Regulation 10: Dignity and respect

[13] Cervical screening: professional guidance - GOV.UK

[14] https://www.gov.uk/government/publications/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers/nhs-cervical-screening-programme-good-practice-guidance-for-sample-takers

- Regulation 11: Need for consent
- Regulation 17: Good governance
- Regulation 18: Staffing

The assessment will also include a review of:

- How the programme is managed
- Access and support for patients
- The number of individuals screened on time as a percentage of individuals who were eligible
- If staff had the skills, knowledge, and experience to deliver effective care, support, and treatment
- How the provider is addressing any barriers that prevent individuals attending for screening
- Whether the provider is following failsafe responsibilities as specified in the contract

5.1. Training

Only those staff who have completed accredited training and who are in possession of a full sample takers code issued by the London Cervical Sample Takers Database (CSTD) 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 (Taking cervical samples is a delegated activity and the nursing associate works within the remits of their professional code, the RCN position statement and guidance on this can be found here)
- registered midwives
- physician associates who are registered on the Physician Associate Managed Voluntary Register (PAMVR)
- registered healthcare professionals working in integrated sexual health (ISH) clinics
- registered paramedics working in primary care (Applies to registered paramedics working in primary care where cervical sample taking is relevant to their clinical practice)
- General Medical Council (GMC) registered medical doctors licensed to practice in the UK[15].

All the aforementioned staff must complete a recognised theoretical course followed by a period of supervised training as described in the NHS (England) Education Pathway Guidance as directed in October 2024 (NHS England, 2024). The NHS

[15] Education pathway - GOV.UK

CSP recommends as best practice that qualified medical doctors undertake the cervical screening training as described in this guidance to enhance their specialist training (NHS England, 2024).

All UK registered health professionals involved in cervical screening must keep up to date with developments in the programme and meet their professional obligations for continuing professional development.

For additional guidance and information, you can refer to the standards and guidance for healthcare professionals and managers working in the NHS Cervical Screening Programme.

5.1.1. New sample takers

The initial theoretical training course is a robust programme, and students are expected to follow the extensive guidelines. There is also some directed pre-course reading (allow approximately three hours for this).

Theoretical training must cover all the competencies outlined in the Skills for Health competency framework and all topic areas described in this guidance.

The initial training must take place in a classroom setting and include an element of practical sample taking using a teaching pelvic model and range of specula over a period of 12 hours contact time to include the eight topic areas:

- Topic 1: The NHS CSP
- Topic 2: Background to cervical screening
- Topic 3: Organisation of the NHS CSP
- Topic 4: Equality of access to cervical screening
- Topic 5: Cervical screening sample requests
- Topic 6: Understanding the test results
- Topic 7: Anatomy and physiology of the pelvic organs
- Topic 8: Practical aspects of taking cervical samples

The cervical screening laboratory has oversight of the sample taker database for its locality. The trainee will need to obtain a trainee sample taker number, which is unique to them, from the appropriate laboratory.

The trainee should be familiar with the consultation and screening process before starting their supervised practice.

People attending the clinic for their cervical screen must consent to the presence of the trainee before the consultation starts. It is important to inform patients in advance that the individual who is observing the procedure or taking their sample (as applicable) is:

- A qualified professional
- Undergoing specialist training under supervision
- Being assessed

Having completed the theoretical training outlined above, the trainee must complete the cervical sample takers skills schedule provided by their training provider. This skills schedule outlines the steps that must be completed in

order to be deemed competent to take cervical samples. The skills schedule will include documentation for the following:

- Confirmation of theoretical training completion
- Colposcopy clinic visit
- Laboratory visit
- Documentation for 2 observed samples (trainee observes their supervisor taking 2 cervical samples)
- Documentation for 5 supervised samples (the trainee is supervised obtaining 5 cervical samples)
- Initial Assessment – completed in conjunction with the corresponding eLFH module available here
- Documentation for 20 unsupervised sampled
- Final External Assessment

The trainee observes and documents at least two samples taken by their mentor. The mentor must directly supervise the trainee taking a minimum of five samples in the first practical sessions (the mentor must document this). Both the mentor and trainee must be able to fully view and assess the cervix and full sample taking technique.

Prior to unsupervised clinical practice, the trainee must undertake an the initial sample taker assessment this is available on the e-learning for health (elfh) website here and complete it successfully. This assures the mentor and training provider that the sample taker is confident and safe to proceed with their unsupervised clinical practice.

Once the initial assessment has been completed and passed, the trainee must then undertake 20 unsupervised samples. They must receive results for all 20 samples, there can be no inadequate results. They should review their first 20 unsupervised cervical samples and discuss the results with their mentor. If the review identifies any rejected samples, including those inadequate for cytology, the trainee must write a reflective learning account and discuss this with the mentor. Both parties must agree an action plan and notify the training provider at the earliest opportunity.

The trainee can take up to five additional samples to meet the target of 20 acceptable samples (there must be no further rejected samples) before proceeding to the final external assessment.

The trainee and assessor plan and arrange a formal evaluation session. Once it is agreed that all elements of the training have been completed a final external assessment is then arranged. Please Note, that this assessment MUST NOT be carried out by any person involved in the sample takers' training, including supervisors and assessors, and they should be external to the practice, please see section 3 for further details.

The trainee must provide evidence of having taken and reviewed 20 acceptable cervical samples before proceeding to the final clinical assessment. The assessor observes and assesses the trainee taking a minimum of three samples.

The training provider reviews the trainee's completed portfolio and final clinical assessment report. The training provider checks the portfolio for completeness and accuracy and determines whether or not the trainee has achieved the required standard of knowledge and understanding.

The training provider raises any record keeping issues with the trainee if their portfolio is incomplete. The trainee must address these issues before the training provider can validate their training record.

Assessment decisions must be valid and reliable. Following a successful final clinical assessment:

- The assessor confirms the trainee as being competent and proficient in cervical screening clinical practice
- The training provider confirms the trainee has achieved the required level of knowledge and understanding of cervical screening theory
- The training provider confirms the trainee is eligible to request their pin code is updated (to remove 'trainee' status)

The training provider should make sure the entire sign off process is documented. Sign off confirms that the trainee is proficient in the competencies outlined in the CHS37 – obtaining cervical cytology samples framework and is capable of safe and effective practice.

If the trainee has not passed the final clinical assessment, the training provider must notify the local cervical screening laboratory of the training outcome at the earliest opportunity.

From the start of the 12 hours initial theory training the trainee has a total of 9 months to complete all elements of the training outlined above including the final external assessment. Failure to complete the training in the designated 9 months will require the trainee to apply for an extension which will be for a maximum of 3 additional months if granted.

5.1.2. Returners to practice

Those individuals returning 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.

For an absence of 12 months and less than five years:

The sample taker must:

- Complete the cervical screening update eLearning which provides information on the entire programme pathway including failsafe responsibilities and pathway changes
- Complete eLearning for health primary HPV screening for sample takers
- Have two sample-taking sessions peer-reviewed

For an absence of five years or more:

The sample taker must:

- Complete the cervical screening update eLearning which provides information on the entire programme pathway including failsafe responsibilities and pathway changes

- Complete eLearning for health primary HPV screening for sample takers

- Have five sample-taking sessions peer-reviewed to confirm competency.

5.1.3. Update training

Sample takers must undertake a minimum of 3 hours update training every 3 years. The national eLearning resource for sample takers meets the programme requirements for update training (this module equates to approximately 3 hours of learning).

Where face to face update training takes place, it must equate to a minimum of 3 hours of learning and fulfil the requirements of this guidance in addition to any local training requests. Training providers should link to their local screening and immunisation teams for the purposes of local update training.

Update training must cover:

- current developments in the NHS CSP (national and local)
- recent guidance updates relevant to cervical sample taking
- changes to screening policies and procedures (national and local)
- identification of personal learning needs to meet professional obligations for CPD and revalidation
- learning from incidents in the programme (common national and local themes)

To be eligible for the update training, sample takers must have completed their initial training. Then every 3 years they must complete an update as outlined in this guidance. Sample takers can download a certificate once they have completed the eLearning, or if the update was face-to-face, they will receive a certificate from the training provider. The sample taker must provide evidence of the update to the cervical screening laboratory that holds the sample taker register for their locality (NHS England, 2024).

Please note 3 yearly updates must occur before previous training certificates expire. For example, if your last training was on 23/9/2023, your next training must be completed before 23/9/2026 to keep your PIN active.

Peer reviewing

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

Further reading can be sought from the NHS England (Updated 10 October 2024).
Education pathway - GOV.UK

5.1.4. Demonstration of competence

Through their initial training sample takers must complete the competency framework provided by the national screening programme, and which should be provided by the accredited training provider delivering their initial training. The competency document can be accessed here: Education pathway - GOV.UK

5.1.5. Locum and agency sample takers

It is the practices responsibility to ensure ALL locum and agency staff employed to undertake cervical samples have completed the training detailed above and have been deemed competent to take cervical cytology samples. To do this the practice MUST ensure that they have checked/received copies of the following prior to the locum or agency staff carrying out their first clinic at the practice:

- A copy of the sample takers initial training certificate
- A copy of the sample takers most recent update certificate (if 3 years since their initial training)
- A copy of their unique sample takers code
- Checked the sample takers database (see section 5.2) to review the sample takers inadequacy rate, check the validity of the data provided and to ensure the database has been updated with the latest training information

5.2. Cervical sample takers database

It is the practice's responsibility to facilitate all sample takers to, on completion of their cervical sample taker training, register the completion of their training with the London sample takers database, to ensure their unique sample takers code is moved from a training code to a full sample takers code.

The contact details for the London cervical sample taker database administrator is: *hsl.csl.cstd@nhs.net*.

They will ensure that the information on the database is updated and utilise the facilities to monitor performance. As per the audit and sample taker responsibilities within this guidance the sample takers will ensure that any performance concerns highlighted on the database are reported and acted upon.

The database can be accessed https://loncstd.england.nhs.uk/

5.2.1 Registering with the cervical sample takers database

The following documents must be uploaded to the London Cervical Sample Takers Database (LonCSTD) in order to obtain a qualified sample taker PIN.

- Completion of the following courses on the e-learning for healthcare portal (https://www.e-lfh.org.uk/)
- Primary HPV Screening e-Learning course for sample takers
- Sample taker training: the initial assessment (as directed by your training provide /mentor)

- Evidence of attendance of 2-day theoretical training should have been added during registration
- Evidence of completion of training / final sign off / competency

Once registered it is the sample takers responsibility to ensure that the information held on the database remains up to date. Sample takers must inform the LonCSTD Administration team at csl.cstd@nhs.net if any of the following occur:

- Change in lead employer details
- Change to email address
- Change to name
- Leaving the profession/no longer taking cervical sample
- No longer working in the London region/sending samples to CSL
- Professional registration has lapsed or expired
- Has a fitness to practice (FTP) hearing, caution, or condition against their professional registration
- Has an extended leave or period of absence for greater than 2 months (for example, sabbatical, maternity leave, long term sickness)

For a practical guide on accessing the database and the registration process please see appendix 1

5.2.2 Registering as a sample taker with tQuest

Once sample takers have met the requirements of the sample takers database and have been issued with their temporary sample takers code, they will be required to register with tQuest in order to send samples across NEL. Sending non-tQuest samples to the laboratory increases the processing time of samples and therefore increases the waiting times for our patients, so this must be avoided at all costs. To register with tQuest please contact CSL The Doctors Laboratory It team at helpdesk@tdlpathology.com or call on 020 7307 7365. Staff who are awaiting access to T-quest can temporarily use the HMR101 form available on the Cervical Screening Management System (CSMS)

5.2.3 Using the sample takers code

Once sample takers have met the requirements of the sample takers database and have been issued with their full sample takers code it is the responsibility of that sample taker to use the code accurately with every sample. Samples will not be processed by the lab unless the following conditions are met:

- Codes must be written/typed exactly as they appear on the database, this means that:
  - Where capital letters have been used in the code these must be present on each sample
  - The code must be written in the exact order they appear on the database
  - The code must not be entered with any additional characters. This means there should be no punctuation or spaces included with the code.

- All sample takers codes must match the name of the person requesting on electronic systems such as tQuest, as this can lead to confusion over who actually took the sample.
- Under no circumstances should sample takers let other health care professionals use their sample takers code. This can be identified by the labs as they are able to see the mismatch between the name attached to the code and the person processing the sample on the practice clinical systems.
- Where codes are handwritten these must be clearly legible.
- All codes must include the exact characters as they appear on the database, for example, do not use a letter O where the code includes the number zero and vice versa.
- All samples must include the name and sample taker code of the sample taker.

If you are unsure or would like to clarify the details of your code, please do contact the CSL cervical screening database administrator on the contact details shown in section 5.2 or your training provider.

5.2.4 Reducing sample taker code errors and the zero tolerance policy

Once sample takers have met the requirements of the sample takers database and have been issued with their full sample takers code it is the responsibility of that sample taker to use the code accurately with every sample. Samples will not be processed by the lab unless the meet the conditions outlined in section 5.2.3.

If you are unsure or would like to clarify the details of your code, please do contact the CSL cervical screening database administrator on the contact details shown in section 5.2 or your training provider.

5.2.5 Implementation of Section 6.12 of NHS Cervical Screening Programme (NHSCSP) guidance and reducing sample taker code errors

Cervical Screening London (CSL) – The Doctors Laboratory, the laboratory responsible for processing all cervical samples in London. Cervical Screening London rejects high numbers of samples every day due to sample taker errors, meaning that people with a cervix are having delays in their results and having to undergo an intimate procedure again unnecessarily.
To address this issue they will be enforcing Section 6.12 of NHS Cervical Screening Programme (NHSCSP) guidance * for the acceptance of samples in laboratories, from 1st January 2025. All cervical sample takers must be registered practitioners, as described in Section 5.1. All sample takers must be registered with the London cervical sample takers database as described in section 5.2.3.
Once all requirements are fulfilled and a sample taker code has been issued it is then the sample taker's responsibility to ensure this is provided with every sample in the correct format.

What does this mean for cervical sample takers in London?

- Ensure you know your London Cervical Sample Taker Database (LonCSTD PIN). If you are already registered and use your valid LonCSTD PIN, no further action is required.

- If you have not previously registered on the LonCSTD or forgotten your password, visit this link LonCSTD to complete the appropriate registration form or “forgotten password” button. Please do not re-register.
- LonCSTD provides registration advice for Medically Trained, Qualified and Trainee Sample Takers.

How do I check if I have a correct or valid LonCSTD PIN?

- Your LonCSTD will always be in the following format: XNNNL X =Letter N = Number L = London XNNNLT T = Trainee sample taker
- If you access the LonCSTD your PIN will be visible within your profile, allowing you to check

How will this impact my practice?

- Samples with an absent or invalid PIN will be reported in line with the national guidance* above.
- This may mean as a sample taker your ‘HPV Unavailable’ and /or ‘Cytology Inadequate’ rates will increase.
- This will increase the number of your patients who need a repeat test or referral to colposcopy as a result of consecutive ‘HPV Unavailable ‘and / or ‘Cytology Inadequate’ results. See section 4.1. Management and referral guidelines for colposcopy - GOV.UK

What happens if I don’t use my LonCSTD PIN?

- CSL will contact the practice as soon as possible after sample receipt in the laboratory to notify the practice of the error.
- If the practice can confirm a valid LonCSTD PIN the sample will be processed using the routine pathway.
- If no response is received, or, a valid PIN cannot be provided within 2 working days of receiving the sample the sample will be reported in accordance with the guidance above.
- See flow chart below re Management process for Cervical Screening Test Request Forms with no, or invalid London Cervical Sample Taker Database (LonCSTD) PIN, from 01 Jan 2025

What if I am already registered on another Sample Taker Database?

- Each cervical screening laboratory is required to maintain a database of sample takers in their region.
- If you work outside London region you will need to register with the relevant regional database.

Process for the Implementation of 6.12 of NHS Cervical Screening guidance for the acceptance of screening samples in laboratories from 01 Jan 2025 .

NHS England London

Sample Taker (ST) ensures informed consent:
Explains cervical screening test, procedure and **possible outcomes**.
Acknowledges & addresses woman's concerns & anxieties.

Sample Taker (ST) obtains cervical screening sample & sends to CSL Laboratory

CSL laboratory receives sample and checks:
- ST London Cervical Sample Taker Database (LonCSTD) PIN
- Sample, Form & 3 identification details, including key patient identifiers.

Invalid LonCSTD PIN | Not registered on LonCSTD | Incorrect LonCSTD PIN

1. ST contacted by CSL re. non-compliance with LonCSTD PIN.
2. **ST to cease cervical sample taking with immediate effect.**
3. ST to register, correct LonCSTD PIN or incorrect details with CSL ≤2 days.
4. CSL inform Practice Manager & ICB Quality Lead /Chief Nurse (*Initial notification).

No response from ST

Women's sample is HrHPV tested by CSL

HrHPV Not Detected (negative) | HrHPV Detected (positive)

Reported **Inadequate** **Repeat test ≥3 calendar months**

No abnormal cytology identified. Reported **Inadequate** **Repeat test ≥3 calendar months**

Abnormal cells identified - **Direct Referral to Colposcopy**

SAMPLE TAKER ACTION re Woman's screening sample
1. Ensure sample repeated ≥3 calendar months by ST registered with LonCSTD PIN.
2. Inform patient of result & reason for repeat screen.

SAMPLE TAKER ACTION re Non-Compliance with LonCSTD PIN
1. **Cease cervical sample taking with immediate effect.**
2. CSL inform Practice/Clinic Manager & Trust/ ICB designated Lead of non-compliance.
3. Register with LonCSTD to acquire PIN ≤ 4 weeks from *Initial notification.

ESCALATION: Continued ST Non- Compliance within 4 weeks
1. CSL report screening safety incident (SIAF form) to SQAS & NHSE commissioners with ST's GP Practice/Clinic or Trust details.
2. On completion of SIAF (sections 2&3) commissioners to circulate to Practice or Clinic Manager, and Trust/ICB designated Lead with **agreed timescales for resolution.**
3. ICB to f/up with ST performance management if incident not resolved ≤ agreed timescales.

Flow Chart Key:

Sample Taker (ST) responsibilities & actions

Cervical Screening London (CSL) responsibilities & actions

References:

Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities - GOV.UK

6.12 Personal Identification number (PIN) absent or invalid
- ST PIN should be present & valid to confirm ST is appropriately trained & competent in cervical sample taking.
- Absence of a valid ST PIN on sample request requires investigation before reporting.
- If the ST PIN information can be confirmed, the sample can be reported.
- Sample takers must not use a PIN belonging to someone else.
- Trainee STs must use a unique PIN that identifies them as a trainee.
- If the ST PIN is invalid or not provided, the sample should be HrHPV tested and reported as HPV inadequate (HPV-U) if the HPV test is negative.
- If HrHPV is positive, then cytology should be examined and reported as cytology inadequate unless abnormal cells are identified.

7. Laboratory management advice re tests requiring a repeat sample
- Please repeat in no less than 3 months from initial sample. Do not repeat immediately as the cervical epithelium needs time to regenerate and the test result may be unreliable.

Cervical screening: programme and colposcopy management - GOV.UK
2. Management and referral guidelines for colposcopy - GOV.UK

4.2 Inadequate samples
Individuals who have 2 consecutive HPV unavailable or inadequate cytology results, in any combination, are referred to colposcopy.

Screening incident Management
Potential screening incidents are to be reported to **using the SIAF to** SQAS - england.cervicalqa@nhs.net
& NHSE public health commissioning teams - england.londonscreening-incidents@nhs.net
All providers of local NHS screening services should apply this guidance **- NHS**

NHSE London region - Jan 2025 – Implementation of national cervical screening guidance. Final version 20250123.

5.3. Sample taker responsibilities

The sample taker is responsible for making sure they:

- Complete appropriate and accredited initial training as per the standards set out above and in the national screening programme training requirements.
- Have achieved all competencies required and obtained certification for their cervical cytology training
- Registered their training and any future updates with the London cytology database and be in possession of a full cervical cytology sample takers code
- Understand how the screening programme operates and their responsibilities within it
- Keep themselves updated on programme developments and policy to avoid taking inappropriate tests (it is recommended this is best conducted through three-yearly updates)
- Audit their practice routinely and proactively seek advice should they identify any issues
- Ensure safe use of the transportation fluid, this will enable you to safely manage any spillages or splash injuries. You can do this by familiarising yourself with the thin prep sample transportation fluid data sheet available here.
- Ensure that you check the expiry date on the thin prep pot. CSL The Doctors Laboratory will not accept samples sent in pots that are within 14 days of their expiry date, this is to ensure that the solution remains in date should there be a delay between sending and testing.

5.4. Incidents

Screening safety incidents are defined as:

- any unintended or unexpected incident(s), acts of commission or acts of omission that occur in the delivery of an NHS screening programme that could have or did lead to harm to one or more people participating in the screening programme, or to staff working in the screening programme
- harm or a risk of harm because one or more people eligible for screening are not offered screening

Serious incidents are defined as:

An incident where the consequences or risks are so significant to people, carers, and families; organisations and staff, populations, or represent significant potential learning for the NHS that a heightened response is required.

Managing incidents

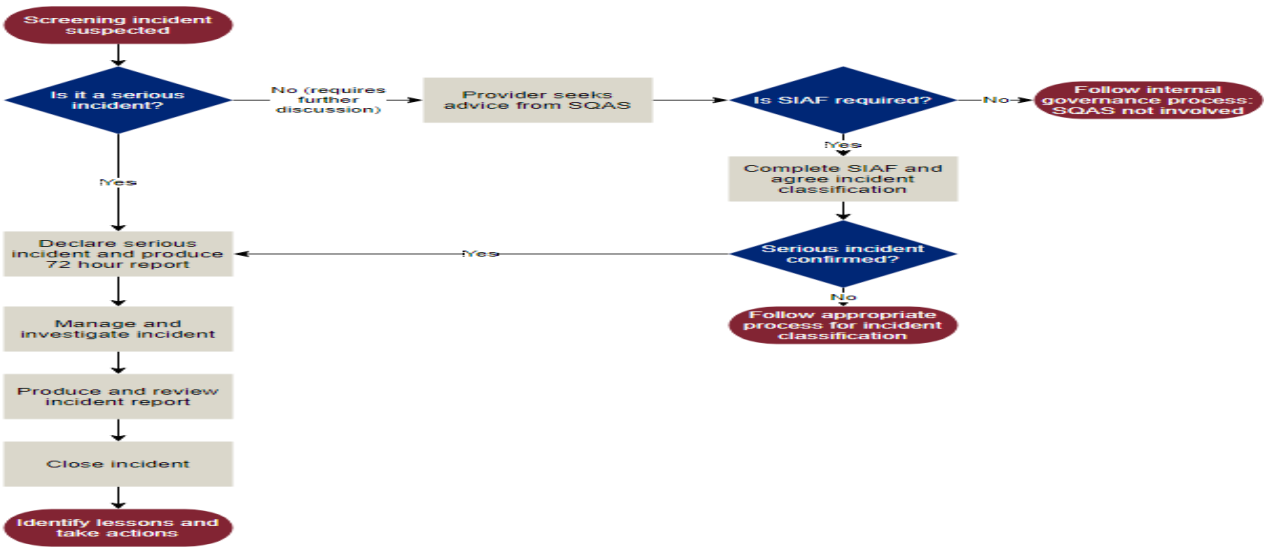
All confirmed or suspected incidents and suspected incidents should be reported to Primary Care Quality Lead NEL ICB who will then support you to report it to the NHS England Screen Quality Assurance Service (SQAS) team who will advise and support you further.

SQAS ensures national screening programmes are safe and effective by ensuring that national standards are met and that the screening programme is delivered in accordance with national guidance. SQAS provide advice on incidents and support investigations. If a problem is confirmed, the provider will be asked to complete a Screening Incident Assessment Form (SIAF) with full details to initiate an investigation. SQAS and the commissioning team will consider the information provided, provide advice, and request any further actions.

Incident management in the NHSCSP may involve other agencies within or outside the NHS. Cooperation and collaboration with other agencies are therefore key to understanding what went wrong and learning how the risk of similar incidents occurring in the future can be reduced.
For further information please refer to the dealing with incidents in the NHS Cervical Screening Programme guidance

Escalation

The process for escalation of the incident by the SQAS can be found in the diagram below:



Further guidance on escalation is available here:

Cervical_screening_quality_assurance_process_210609.pdf (publishing.service.gov.uk)

Cervical screening: escalation process for non-submission of evidence - GOV.UK (www.gov.uk)

5.5. NEL training providers

Training providers are responsible for making sure trainee cervical sample takers have access to specialist training. Appropriately qualified and experienced staff must provide the training to the standard described in the NHSE guidance.

A training provider can be:

- a training organisation in the public or private sector
- a training department within the public sector
- An individual trainer or federation that operates independently

Training providers must:

- be registered under the Data Protection Act (DPA) with the Information Commissioner's Office if operating independently
- have employee and public liability insurance (includes vicarious liability)
- have a clear governance structure and quality systems which meet local and National commissioning, and Screening Quality Assurance Service (SQAS) requirements
- work with local commissioners to make sure there is sufficient training course provision to the required standard as described in this guidance
- check that sample taker trainees are UK registered healthcare professionals and eligible to train to undertake the role of cervical sample taker
- provide the mechanism to make sure trainee sample takers are registered on the local cervical screening laboratory database
- check that cervical screening mentors and assessors meet the eligibility criteria described in this guidance and are sufficiently prepared to carry out their respective roles
- take full responsibility for the content of their training programmes (including accuracy and relevance of theoretical content and its provision)
- Training providers must operate within a quality framework. The key elements of a quality framework are:
- management systems
- physical resources (training environment and equipment)
- staff resources

Training Requirements:

- Cervical sample taker trainees must be registered professionals as detailed in Section 5.1.
- Be working in an environment where the objectives of the course can be fulfilled in six months.
- Have a mentor in practice who has had 12 months continual experience following initial cervical sample training.

- Have a mentor in practice who has taken a minimum of 50 successful cervical samples.
- Have a mentor in practice who (if appropriate) has attended / completed a cervical training update within the last three years.
- Have a mentor who is a practicing sample taker.
- Cervical sample taker trainees must be available with their completed skills workbook by the external assessor date provided.

Training providers:

For details of available training providers please go to the NEL Training Hub Website here

6. Further information

The following contacts can provide additional guidance and support to this clinical guidance document:

Contacts	Details
Laboratory Service is:	Cervical Screening London https://www.hslpathology.com/2019/10/25/cervical-screening-london/

The following are links to various supporting documents and contacts:

- Cervical Screening Programme Overview
- Cervical Screening Professional Guidance
- Cervical Sample Taker Training
- NHS Digital - Cervical Screening Management System User Guidance
- National Cervical Screening Administration Service

7. 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 (mortality). It does this by offering regular screening to people aged 24.5 to 64 who have a cervix.[16]

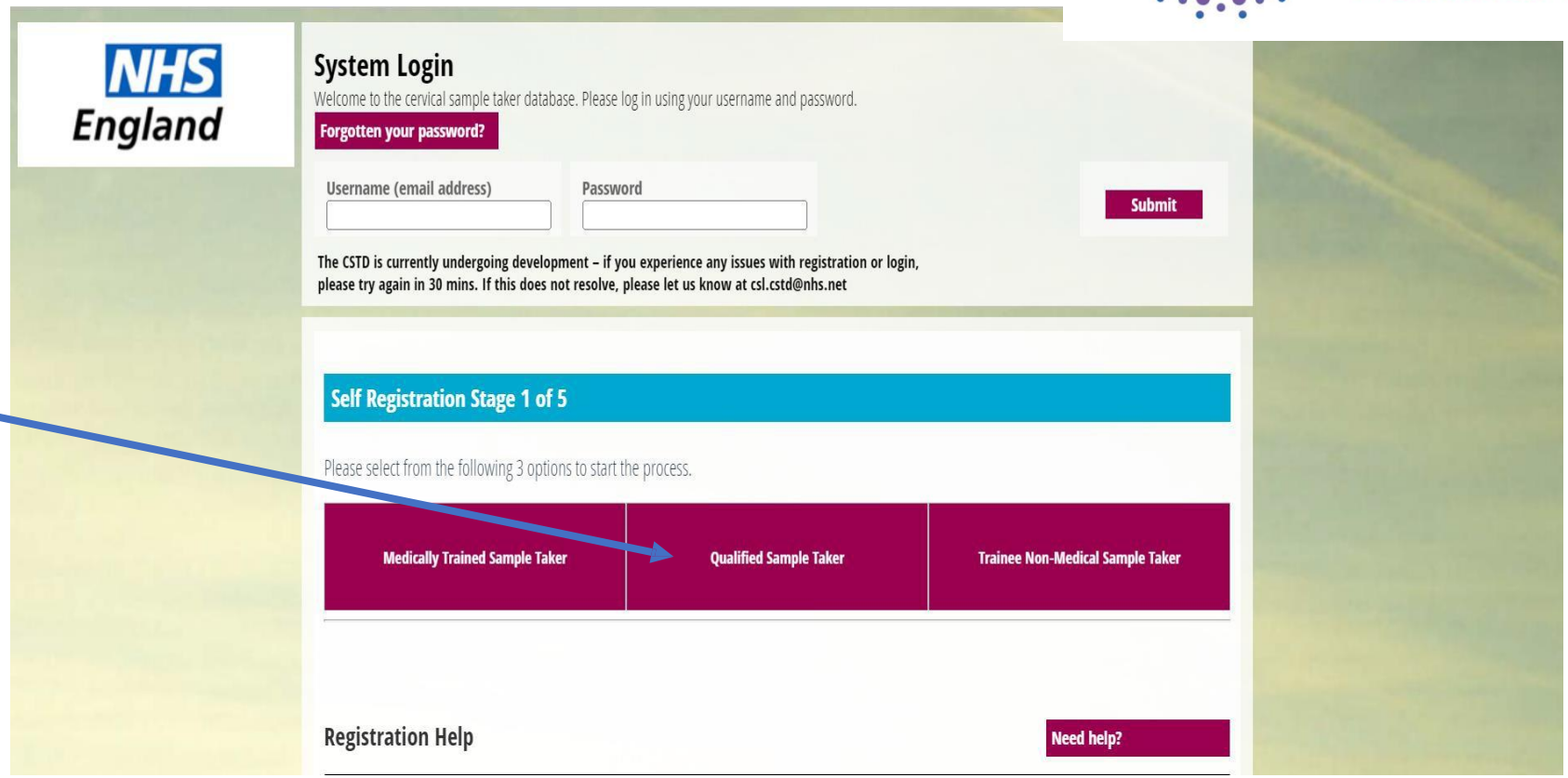
Every practice within North East London will support the NHSCSP by offering screening to those patients who are eligible and by adhering to the referenced guidance

[16] NHSCSP

Cervical Screening London

Appendix 1 – CTSD Registration Process

Step 1: Select ‘Qualified Sample Taker’



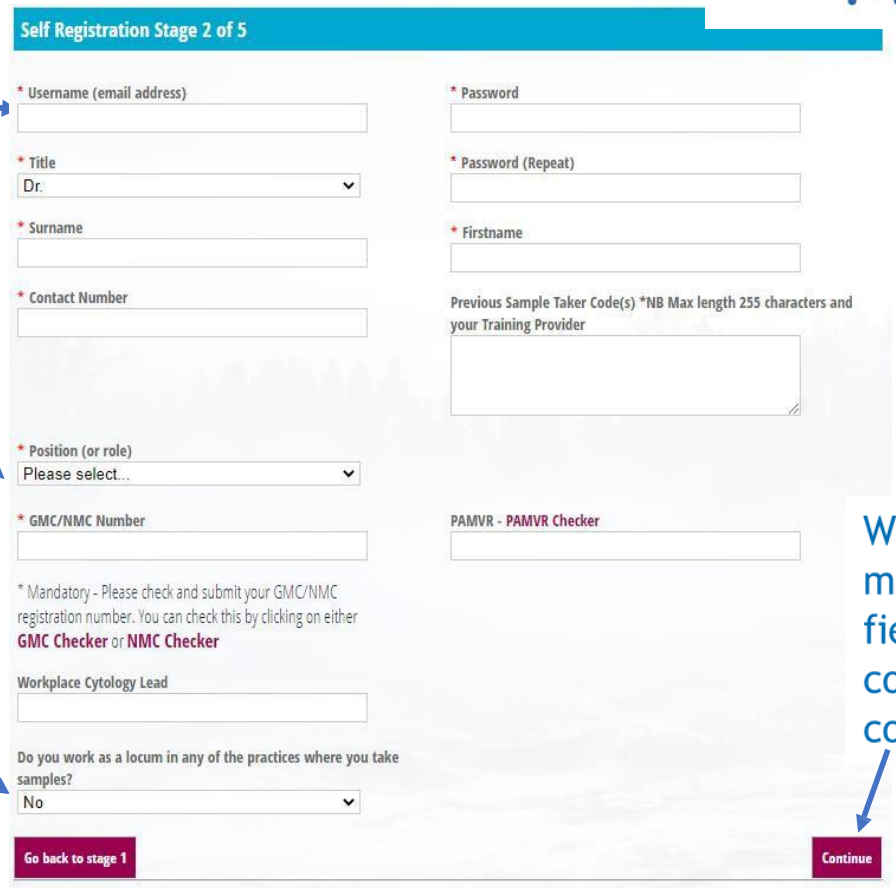
Registration for Qualified Sample Takers (2)

Step 2: Complete all mandatory/applicable fields.

Please note: The email address/ username **MUST** be your nhs.net email address or your official trust email address

Please select the position/role using the drop down list
(Medically qualified sample takers should follow the process describe in sides 8- to 15)

Sample Takers working as a locum should select 'Yes'
Please enter the details of all locations where cervical samples are taken



When all mandatory/applicable fields have been completed select continue.

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Registration for Qualified Sample Takers (3)

Step 3: Complete details of cervical sample taker training.

Evidence of completion will be required at the next stage.

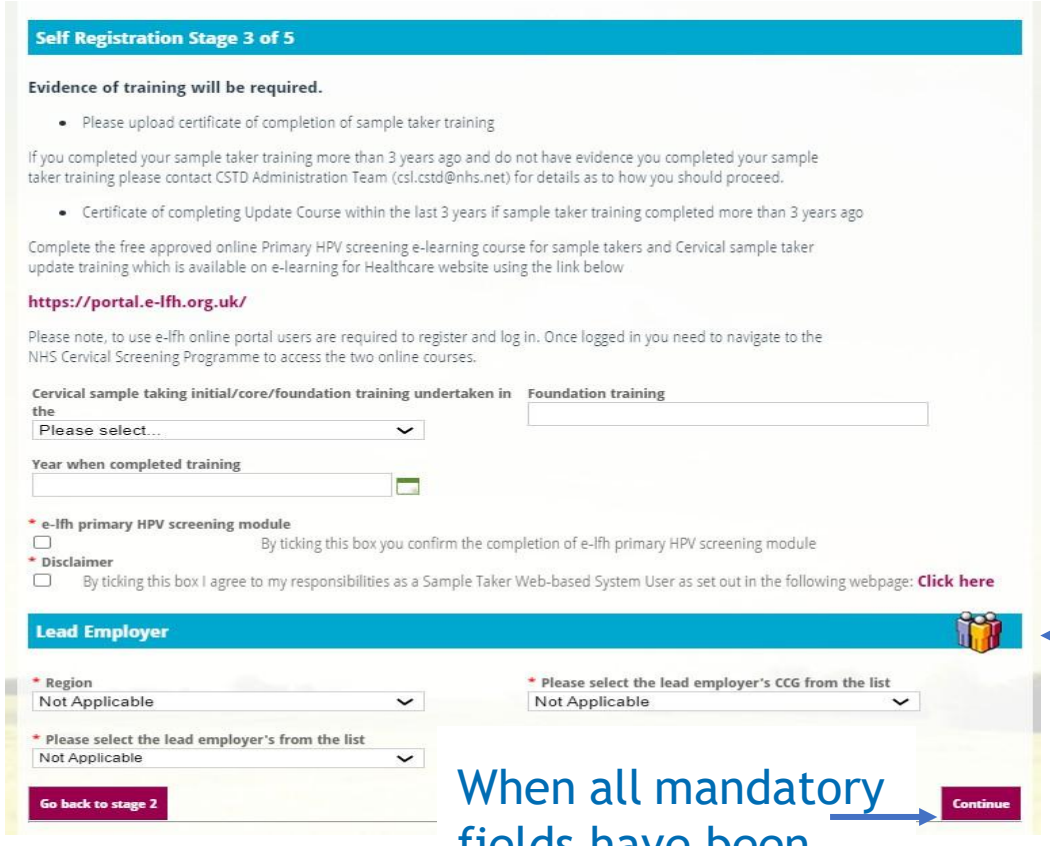
Sample takers who

1. completed sample taker training more than 3 years ago

and / or

2. are unable to provide evidence of completion of cervical sample taker training

should **stop** the registration at this point and contact csl.cstd@nhs.net for details on how to proceed



Complete all mandatory fields, including the lead employer section

When all mandatory fields have been completed select

NHS
North East London

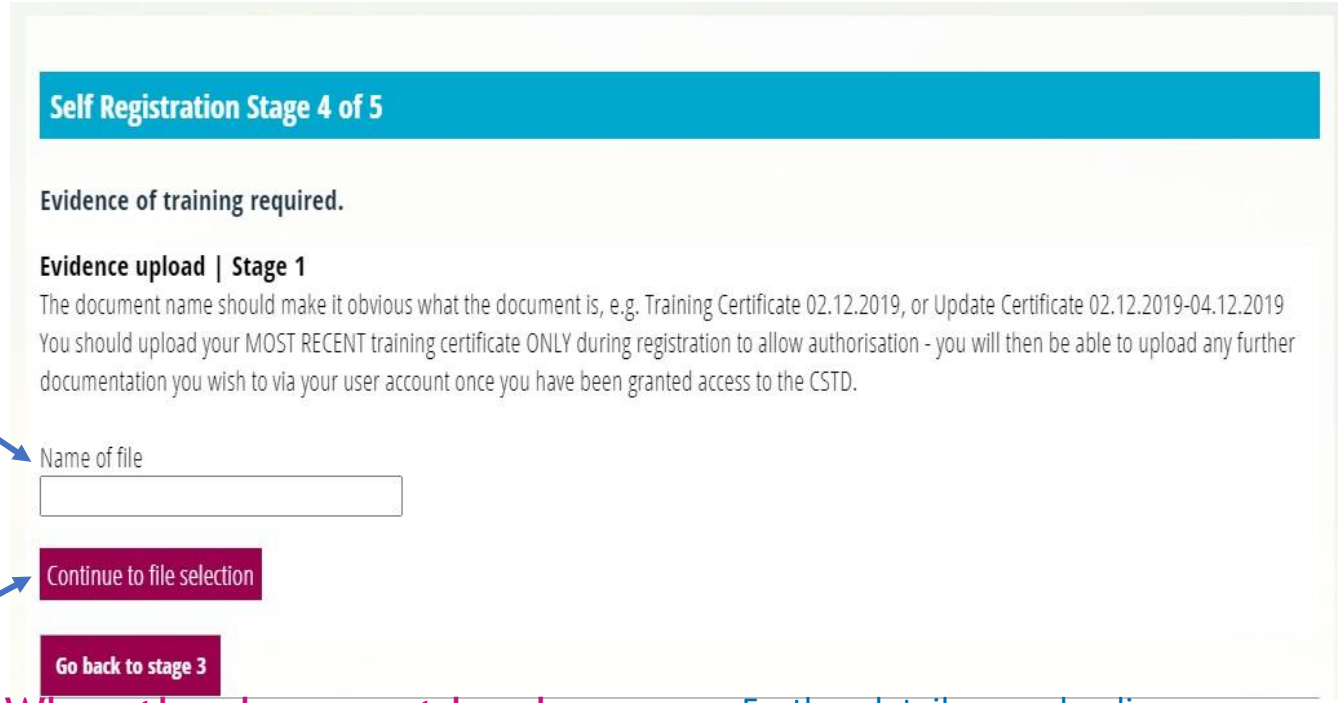
Cervical Screening London

Step 4:
Upload evidence of completion of cervical sample taker training.

This stage must be completed to continue with the registration.

Please note: the document name must be typed in to the ‘name of file box’
The document name should clearly indicate what the document is.

Click on ‘continue to file selection’ which will allow you to select the relevant file saved on your device



When the document has been uploaded, the database will automatically continue to the final stage.

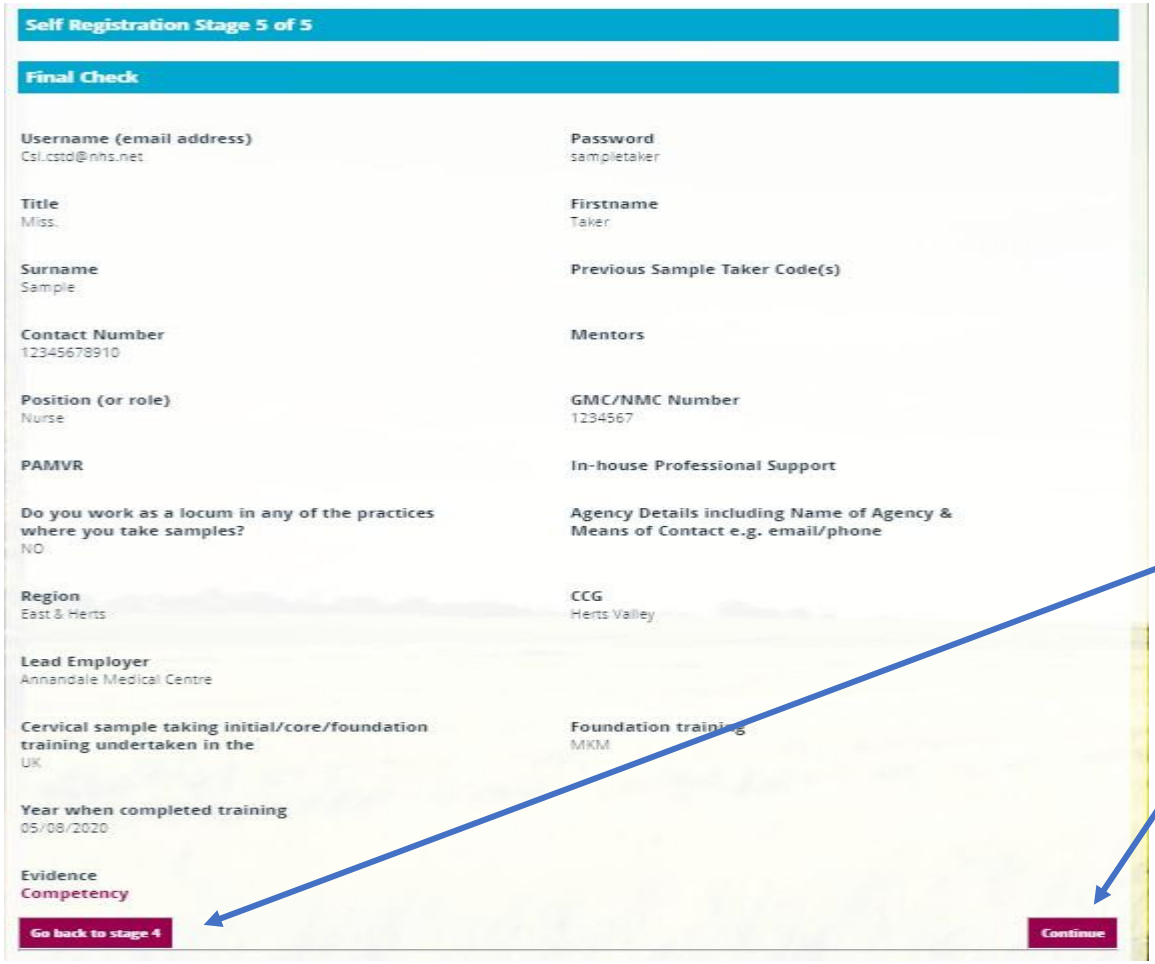
Further details on uploading documents can be found within the Database Navigation section

NHS
North East London

Cervical Screening London

Step 5:
The final check will display your credentials.

Please ensure you make a note of your password.



Please note:
To make an amendment to any information click the “go back” button.

Once you have made the final check click continue.

Step 6: Upon successful registration qualified sample takers should log in to their account to complete uploading the required documentation (slide)

NHS North East London

Cervical Screening London

Step 7:

When all documentation has been uploaded the LonCSTD administrators will verify the registration with the appropriate professional register and check the uploaded documentation fulfils the training requirements.

The team will contact the sample taker directly using the email address provided.

Your sample taker PIN will be issued within 5 working days of verification of the training documents.

Section 2

Maximising Screening Uptake

There are many factors that determine whether individuals will attend for cervical screening:

- *Education, knowledge, and health literacy:* This relates to people's perception of the relevance of screening, knowledge of risk and the role of screening in preventing cancer. Knowledge is lower in individuals who have never attended. Some people give low priority to their health needs and may need regular, repeated encouragement to attend for screening and advice.
- *Accessibility:* For some it is difficult to find time to attend or get an appointment at a time that is convenient. Some people may not be entitled to have time off work for appointments.
- *Fear:* People may fear the test being painful or have had a previous bad experience of screening. Some may have experienced a personal trauma such as traumatic birth, history of sexual assault, rape, or female genital mutilation (FGM).
- *Embarrassment:* because of the intimate nature of cervical cytology. There maybe other factors such as body image or personal beliefs.
- *Pain:* Those who experience pain or discomfort during the test could result in non-reattendance. This is particularly important for post-menopausal people.
- *Cultural beliefs and social influences:* Some may perceive that screening is not relevant based on their marital status or sexual activity or they may fear the sample taker may be male or known to the patient. Friends, family and community attitudes and social pressure influence whether people will attend. Older family members may hold false beliefs about screening.

1. Systematic approach to maximising coverage

Evidence shows that simple interventions delivered through primary care have a significant impact on improving participation in screening and can overcome some of the barriers or inequalities experienced by different groups[17][18]. There is also evidence that the quality of the experience is key to ensuring that individuals return for screening at regular intervals. Encouragement and endorsement by primary care practice staff, particularly GPs, is effective at providing a positive experience. Below are some examples of interventions GP practices can implement to improve access, quality, and acceptability of cervical screening[19].

1.1. Role of practice cancer screening lead

Designate a Practice Cancer Screening Lead to oversee and steer cervical screening and ensure that:

- protocols and processes which follow national guidance are in place to ensure a systematic approach throughout the practice
- all staff, including non-clinical staff:
  - know the importance of cancer screening and how the programme works locally
  - can give correct information
  - are confident in opening a conversation about cervical screening

[17] PHE Screening inequalities strategy - GOV.UK

[18] Equitable access to screening: statutory duties under Equality Act - GOV.UK

[19] Cervical screening: support for people who feel anxious about attending - GOV.UK

- sample takers are properly trained, and training is current.
- the quality of service is kept under review to ensure convenient access and a positive experience
- sample taker inadequate sample rates are monitored, and staff supported to improve this when necessary
- each cervical sample taken has an associated result, coded properly on the clinical record and there is a robust failsafe in place
- practice coverage and exception rates are monitored closely, and action taken to improve
- screening participation is routinely endorsed by the practice through texts, emails, letters, phone, and face-to-face contact
- there is proactive management of non-responders: o patient notes are flagged when screening is due and when non-responders are reported
- promotion of cancer screening takes place within the practice on an on-going basis
- activities/materials are tailored, and adaptations made to encourage people from population groups with low coverage, for example people with learning disabilities or from ethnic minority backgrounds
- patient removals from the programme are managed in accordance with national guidance i.e., patients are invited to discuss this with an experienced nurse, nurse practitioner or GP
- screening incident management: The Cancer Screening Lead for the setting, in conjunction with Sample takers, should review any rejected samples. This should always include any sample where the laboratory has had to reject the test due to insufficient and or conflicting information, or because it was taken inappropriately.
- Sample takers should reflect on such events, make sure they are formally recorded internally, and reported as necessary according to practice or clinic clinical governance policies. For situations that fulfil the criteria of a ‘screening incident,’ manage them in line with national screening incident guidance.
- recording, auditing, and reporting errors is important to identify any problems in the local sample taking process. This reduces the risk of potential incidents and gives an opportunity for learning and quality improvement

1.2 Practice list maintenance

Ensure the practice list is accurate with correct/current address and telephone numbers by checking each time a patient attends or books an appointment.
Note that “Ghost” patients will negatively affect the practice’s reported coverage rate.

- When carrying out a new patient check on a patient in the eligible age range, ask them when they last participated in cervical screening.
- Check their cervical screening status on Cervical Screening Management System (CSMS):
    - if this is available and their screening is due or overdue, highlight this while they are with you, and offer to book an appointment for them there and then
    - if their details are not available, advise them that they will be invited for screening when due and encourage them to attend. Add a reminder on their patient record prompting other staff to discuss screening with them.

1.3 List of Patients Due to be Invited (LPDI)

Practices have a responsibility to provide assurance that the right individuals are being offered screening. The list of participants due to be invited (LPDI) formally known as the Prior Notification List (PNL), identify participants who are due to be invited for cervical screening. They are an essential part of the call/recall programme and should be completed by GP practices each week to ensure that participants are invited for screening at the appropriate time. The lists can be viewed via the cervical screening system 10 weeks before a participant's next test due date. This allows GP practices four weeks to check their lists and submit a response.
The Cervical Screening Administration Service (CSAS) invites eligible participants for cervical screening on behalf of GP practices. This is done on two occasions. Non responder notifications are sent to practices if there is no record of a participant attending for a test after having been sent invitation and reminder letters. A third invitation is then undertaken by the practice.
Practices have an important role in managing both this list and the non responder list to ensure participants are invited for screening appropriately. Screening participants can be deferred from the programme for specific reasons which may include already having a recent test, a current pregnancy, a participant wishes to defer, a patient already being treated relating to screening and discharge from colposcopy. Patients can also be ceased from the programme because of their age or because of no cervix. If the participants on the lists are not reviewed regularly, they will be invited but this means there may be a risk some some participants may be invited inappropriately.

The list of participants should also be checked carefully to ensure all 'ghost' patients are removed and addresses are correct.

Ceasing due to non-eligibility[9] (please see reference for further information)	
Ceasing due to age:	Automatic ceasing at age 60 and over
	Ceasing at age 65 or over (for those who have had previous cervical abnormality)
	People who do not have a cervix are not eligible for cervical screening and should be ceased from recall permanently.

Ceasing due to absence of cervix:	Hysterectomy People who have undergone a sub-total hysterectomy (where the cervix is not removed) remain eligible for recall and should continue to be offered screening. People who have undergone a total hysterectomy (including removal of the cervix) no longer require screening and should be ceased from recall.
	Trachelectomy People who have undergone a radical trachelectomy (removal of the uterine cervix) for cervical cancer no longer require screening and should be ceased from recall.
Transgender (trans) people:	Anyone who has a cervix and who falls within the screening age range is eligible for screening. A trans woman who is registered as female does not require screening and should be ceased from recall. People registered as male (including trans men) do not receive cervical screening invitations. However, the GP practice should arrange screening for individuals (with a cervix) who would like to have it.
Ceasing due to radiotherapy:	It is difficult to accurately report samples from people who have undergone radiotherapy for cervical, bladder, rectal and other pelvic cancers. All cases should be considered individually, and people who are unsuitable for screening should be ceased from recall.

CSAS are required to audit annually the records of people who are ceased from recall. This is to ensure that all people who are ceased have been managed

correctly. All documentation related to individual ceasing requests must therefore be retained in a secure and accessible location.

As part of the audit, GP practices are asked to verify the status of any individuals whose date of ceasing falls within the timeframe of the audit. This can include people who were ceased before they were registered at the current practice. Practice staff should verify the records of individual people in a timely manner to ensure that no-one is returned to recall inappropriately.
Following screening, GPs receive copies of the result sent to patients – see 1.8 Managing Results and Failsafe

1.4. Appointments

When setting up and offering appointments for cervical screening then in order to maximise uptake, practices should consider the following:

- Offering choice and ensure patients can book well in advance (at least 6 weeks and ideally 2 months)
- Considering whether appointment times are appropriate and sufficiently flexible.
- Offering early morning appointments as well as some evenings and weekends: many individuals prefer to attend early in the day for hygiene reasons
- Offering the opportunity to book online as well as by phone or in person if possible
- Consider the needs of different patients (e.g., collecting children from school, working hours etc.)
- Consider whether you could offer ‘two for the price of one’ appointments e.g., mothers with small children attending for childhood immunisations; older patients attending for a long-term condition or health check
- Remind patients of their appointment e.g., by text/SMS message
- Ensure practice staff are aware that an eligible individual can book at any time during their cycle for cervical screening, except when they have heavy menstrual bleeding (if a person presents with light bleeding, a sample can still be taken but there is a risk that too much blood in the sample would prevent the sample being processed). If a person is post-menopausal, they will still need to attend regular cervical screening appointments until they become 65.
- Ensure that eligible patients, particularly those from specific communities/population groups, are aware that the sample can be taken by a female doctor or nurse and that they can have a chaperone.

1.5 Sample taker specific responsibilities

The sample taker plays a crucial role in the individual's experience: a positive experience is a key factor in an individual's decision to re-attend at the next invitation. Sample takers must:

- Keep up to date with training, changes in the programme and current best practice
- Follow all national and local guidelines for sample taking.
- Ensure they have a sample taker code on the Sample Taker Register (See Section 1 for more guidance on this.

Sample takers should undertake continuous self-evaluation to help ensure continued competence in accordance with their professional codes of conduct. They should audit and reflect on their own rates of inadequate tests and abnormal test results compared with the rates reported by the local laboratory.

The sample taker should:

- Only take a sample if you have been properly trained, are up to date with your skills and knowledge and have a valid code
- Ensure that the environment is appropriate: private and relaxed, screened for privacy
- where possible, offer a room with a lockable door - this may help people to attend in the knowledge of complete privacy
- Provide enough time, normally a 20-minute appointment
- Ensure you have appropriate equipment to maximise privacy, dignity, and comfort, including a range of different sized specula, lubricant, disposable modesty blankets, tissues etc.
- Offer all patients the opportunity to have a chaperone, irrespective of sample taker's gender
- Explain the purpose of screening what will happen at each step of the procedure. Patients, especially those attending for the first time, may need a more detailed explanation especially of the speculum and sampling device. Give time for questions.
- Provide those patients experiencing vaginal dryness with an opportunity to discuss treatment and management options prior to screening. Vaginal dryness which is left unmanaged is likely to lead to increased pain and discomfort during the procedure.
- Ensure that the patient has received the Cervical Screening leaflet and understood the procedure (note this is also available in a number of alternative languages)
- Obtain informed consent including discussion about HPV testing before taking the sample
- Allow patients time and privacy to remove their lower clothes, get onto the couch and cover themselves before the sample is taken.
- During the procedure, explain what you are doing and what to expect.

Visualising the Cervix and Sampling the Transformation Zone (TZ)

The laboratory has reported a worrying increase in the number of sample forms received stating cervix not visualised or women who have had a hysterectomy but where the nurse is unsure if the cervix is still in situ.

The whole cervix must be visualised in order to obtain a satisfactory sample.

Sample takers must visualise and assess the cervix and interpret what is seen when taking a sample and make sure the whole of the TZ has been sampled (the laboratory cannot be certain that the full circumference of the cervix has been sampled by the cellularity or cell content of the sample).

If an experienced sample taker is unable to visualise the cervix, the person should be referred to a colposcopy clinic for investigation.

- If the sample taker has any concerns about the person's health when the cervix is visualised, they should seek appropriate clinical advice.
- If the cervix bleeds with clinical suspicion of malignancy, and a clinician considers the cervical appearance is suspicious of malignancy, they must refer the person to a gynaecologist urgently through the cancer wait times (CWT) '2-week wait' pathway. **Do not take a sample.**
- Cervical screening is a screening test, not a diagnostic tool. If a person presents to their GP practice with cervical cancer symptoms, the GP should refer them to a gynaecologist.

1.6 Test request forms

Sample takers are responsible for correct completion of the sample test request form. Incorrect completion of forms is the biggest reason for rejection of samples which results in anxiety and distress for patients, who must be recalled for repeat cervical screening 3 months later. When a patient has their cervical sample test, the sample taker must complete. the correct cervical sample request form.

1.8 Managing results and failsafe

- Results should be processed, and people informed of their result within 14 days of the sample being taken. Advise patients that if they have not received their results within the specified 14 days, they should contact the practice.
- Results are sent to the practice electronically from the laboratory, which also informs CSAS.
- CSAS sends the results to the patient. Individuals who need to attend for colposcopy will be notified by CSAS but will also be sent an appointment directly by the colposcopy department
- The practice should have a clear protocol for dealing with rejected samples and patient recall in accordance with national guidance.
- Each sample taker within the practice is professionally responsible for providing a failsafe by:
    - maintaining a list of the samples they have taken
    - recording results on the list and any follow up required
    - checking the list regularly and ensuring that a result has been received from the laboratory for each sample taken
    - following up missing results
- checking that patients have attended for follow up appointments as required; following up on any patients who have not responded or attended follow up appointments
- ensuring that arrangements are made for patients who fall outside the call/recall system (e.g., temporary residents, those with no home address or those requesting 'no correspondence') receive their results
- ensuring that the taking of the sample and the results are entered onto the patient's electronic record and appropriately coded
- Recording the taking of the sample and the results on the patient's electronic record and code appropriately.
- Giving patients test results in person when urgent referral is required

- Having a process in place to act on non-responder notifications for patients who have not responded to invitations for an early repeat test have not attended for colposcopy
- Responding to failsafe enquiries by laboratories

Adherence to cervical screening result Turn Around Time (TAT)

In line with the cervical screening programme standard CSP-S03, the majority of individuals should expect to receive their screening results in writing within 14 days from the date of the sample being taken.

To achieve this timeline, the samples should be sent to the lab with the next available specimen collection courier and as close to the day the sample is taken as possible so they are received by the lab in a timely way. In some cases, laboratories are receiving a sample after 14 days of the sample taken and so it is impossible to achieve the above14-day TAT of cervical screening results.

Samples must be analysed in a timely manner to identify whether an individual is HPV positive and whether they need a colposcopy referral. Furthermore, any delay in receiving screening results may lead to individuals experiencing additional anxiety. This negative screening experience could mean they are less likely to attend when they are due their next cervical screen.

2. Actions to encourage screening awareness and uptake

To determine whether your current cervical screening practice is meeting the needs of your local and patient demographic, you need to understand the patients you are trying to make the test more accessible for.

Think about the population in your local area:

- What is the age demographic?
- Which ethnicities are represented?
- Which languages are spoken?
- Which cultures are represented?
- Are there any other demographics that you need to note (for example, working mothers)?
- Does a person from that culture traditionally go back to their country of origin to be screened? (These screens do not count under the NHS Screening Programme and so additional information may need to be provided to these patients to explain why the NHS screening programme does not acknowledge these tests. (See section on non-NHS cervical screening tests)

Now consider the following:

→ What are the current numbers of patients attending cervical screening?

→ What are current numbers of patients overdue for cervical screening?

Encouragement and endorsement by primary care practice staff, particularly GPs, is effective in improving participation in cancer screening programmes

Take a systematic approach to maximise cancer screening coverage by:

- encouraging all staff to be opportunistic and pro-active in encouraging screening
- sending endorsement communications to patients signed by their named GP
- adding reminders/messages on repeat prescription slips
- involving the practice in national screening and cancer awareness campaigns e.g., Be Clear on Cancer, Cervical Cancer Awareness Week, Cervical Screening Awareness Week
- running targeted initiatives to prioritise new invitees who missed their appointments and the “never screened”
- sending out text reminders to minimise DNAs

2.1 Actively manage non-responders:

- Undertake regular searches (at least quarterly) to identify non-responders
- Add electronic alerts on patient records for DNAs/non-response, enabling ALL practice staff to encourage screening participation whenever patients contact the practice
- Ensure that the issue is raised at the next appropriate visit to the practice and the individual is fully informed of the benefits of regular screening
- Send a personalised non-responder invitation signed by the patient’s named GP
- Consider sending a timed appointment with this third invitation, giving the patient the opportunity to rearrange if they cannot make it
- Use a different colour paper (e.g., pink) to make reminder, endorsement and non-responder letters stand out
- Bear in mind that younger patients may prefer communication via text/SMS
- Ask patients for feedback on what prompts them to, or stops them from, attending to inform your action plan
- Have visible cues about cancer screening such as messages on electronic display screens, posters, and leaflets in easy-to-read locations such as notice boards, waiting rooms, practice website etc. Use the cues to reinforce: benefits of screening, early detection
- options available to clients such as changing cervical screening appointments
- availability of information in other languages, role of female staff etc.
- weekly texts, extra on-the-day appointments, walk-in clinics
- Consider a practice campaign, for example. Social media targeted at the under 35 age group.

Some practices have run an “In the Pink” event for a month including balloons, posters, for a defined time period.

2.2 Promoting uptake in key groups

2.2.1. People who feel anxious about attending

NHS Health Security Agency (NHSHSA) 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 NHS UKHSA (PHE) guidance can be accessed here and includes a number of links to organisations that can support patients such as: 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 Section 4 Template D which helps patients to provide details of why extra support may be required during the screening process.

If the patient would prefer to access a specialist service, we have the following available locally: https://mybodybackproject.com/cervical-screening-clinics/

2.2.2. Patients who have been affected by sexual assault and/or sexual violence

Each person who has been affected by sexual assault and/or sexual violence will have very specific barriers to cervical screening and therefore very specific support needs. For more information on how to support your patients you can access a range of resources through the 'My body back project' https://mybodybackproject.com/resources/

The 'My body back project' also provide a cervical screening service for people with a cervix affected by sexual assault and/or sexual violence, bookings can be made here: https://mybodybackproject.com/book-an-appointment/

2.2.3. Cultural, religious and community barriers to screening

Cultural, religious or language barriers, community or social pressure and stigma may Impact a person's ability to access screening. More detailed information on improving access can be found here: Health matters: making cervical screening more accessible - GOV.UK (www.gov.uk)

- Ensure visual cues/promotional materials in the practice promote:
  - availability of information in other languages
  - availability of female staff to be involved in screening
- Use pictorial/visual invitations or as a method of communication.
- Ensure that the service is culturally sensitive and that a female staff member is available and trained to offer information and guidance where language barriers exist.
- Be aware of cultural barriers to intimate examinations. Depending on culture, consider:

    - ensuring that patients (and their partners) are aware that the sample may be taken by a female doctor or nurse and that they can have a chaperone
- that their sample can be taken in a lockable room so there is no risk of anyone else entering
- Consider timing of appointments, ensuring they do not coincide with e.g., Friday prayers.
- Consider how you will access interpretation services if required.
- Ensure translated leaflets are available – translated leaflets can be downloaded here
- Send GP endorsement communications in the patient's first language wherever possible.

2.2.4. Physical disability

Practices have a duty of care to ensure all individuals have access to cervical screening. People with a physical disability made find it hard or impossible to attend for cervical screening due to lack of wheelchair access, problems getting onto the examination couch or previous misunderstandings, dismissal, and negative experiences of cervical screening.

In line with the Equality Act 2010, the practice has a legal duty to make reasonable adjustments for disabled people and the Accessible Information Standard should be met.

Practices may consider investing in equipment to assist, e.g., a hoist or adjustable couch or explore referring to the local colposcopy department or another practice.

If cervical screening is offered on home visits, the practice should carry out an appropriate risk assessment on an individual basis. This is to ensure the individual is supported by other services if they need treatment, follow up or hospital referral.

2.2.5. Learning disability

People with a learning disability and autistic people are almost four times less likely to attend for screening. Sample takers should be aware of the appropriate reasons not to screen and provide screening where appropriate.

Barriers to attendance may include:

- Lack of routine
- Lack of easy-read invitations
- Difficulties using the appointment system
- Time pressures
- Mobility issues
- Communication difficulties

NHS UKHSA (PHE) has published guidance on supporting people with a cervix with learning disabilities to access cervical screening. This includes resources and guidance for health professionals, social care staff and family members to help someone with learning disabilities to attend their cervical screening appointment.

Communication is important for the success of the cervical screening experience. Carers may need to be consulted to understand how the person communicates. The person may need an interpreter or signer at the screening appointment.

Practice staff may also consider offering longer appointment times and pre-appointment visits. These can help to familiarise patients with the practice and staff.

Public Health England's easy guide to cervical screening helps people with learning disability to decide if they want to attend.

Sample takers can also direct people who cannot read or do not like written words to the Beyond Words cervical screening picture story. This includes a suggested storyline for family members, carers, or health professionals to refer to.

An editable, easy read version of the cervical screening invitation is available for use as a template. It can be used to invite people who have a learning disability. If requested, the easy read invitation should be sent with the easy guide instead of the standard invite and leaflet.

We also have the following resources available to support people with a cervix who have a learning disability to access cervical screening and engage in conversations about their wider sexual health https://www.mencap.org.uk/resource/sexuality-and-relationship-resources

2.2.6. Transgender (trans) or non-binary people

Screening invite systems rely on the gender that an individual is registered as in their GP records. Every person who has a cervix and is within the screening age range is eligible for NHS cervical screening. This is regardless of their gender identity.
A trans man still registered as a female (or non-binary) who has a cervix will automatically be included in the screening programme. However, a trans man registered as a male who has a cervix will not be routinely invited for screening by the national programme. However, From 1/4/2025 opt in for call and recall for trans and non-binary people with a cervix is now possible. A discussion should take place with the patient to explain that this is now an option and to ascertain whether they would like to routinely participate in the cervical screening programme. If the patient consents then an opt in form available via CSAS should be completed by the healthcare professional on the patients behalf and is available here.

Trans men who are registered as female automatically receive invitations for screening. A trans man who wishes to withdraw from cervical screening does not have to mention he is trans if he does not wish to (it is not necessary for anyone to provide a reason for withdrawing).

56 Dean Street provide dedicated cervical screening clinics for trans and non-binary people. More details, including help and advice for healthcare professionals can be found here. There is also a leaflet available for trans and non-binary people in preparation for screening available here.

2.2.7 Non-responders and Self-Sampling

The UK National Screening Committee (UK NSC) has recommended that women and people with a cervix who never or rarely attend their routine cervical screening

appointments should be offered an HPV self-sampling option. NHS England will roll out HPV self-sampling from early 2026.

Specific eligibility criteria will be set out in due course as the offer is developed.

Sampling will be restricted to this group until further studies, to consider whether self-sampling could be used across the whole population are carried out. This is because there is uncertainty about whether self-sampling is as good as clinician-taken sampling for those who already regularly attend screening. For those who do not attend their appointments, any test is better than no test.

The self sampling kits work in the following way:

- A sample of cells will be self-collected from the vagina, which is a different method to a clinician-taken sample from the cervix.
- The self-sampling method tests for the presence of HPV only.
- People who test positive for HPV will still need to go for a clinician taken sample to get cytology (an examination of the cells of their cervix).

The self sampling kit will be offered to the identified eligible cohorts, once determined, in the following way:

- Those eligible will initially be contacted via the NHS App. They will be able to request an HPV self-sampling kit and receive it through the post.
- If the person does not have the NHS App, the invitation will be sent using another form of communication, to ensure no one is excluded.
- Patients may need encouragement to download the NHS App and ensure notifications are switched on.

As part of the future roll out, we are also exploring offering kits in other ways including:

- an opportunistic offer from a healthcare professional – where eligible individuals are offered a self-sampling kit when they attend a primary care setting
- a direct mail-out – where eligible individuals are sent a kit directly to their home
- a combination of both approaches

The Cervical Screening Programme is currently in the design phase of this initiative and it's subject to change. Further details about the new HPV self-sampling offer will be made available in due course.

2.3 Knowing your practice's data

Coverage measures the percentage of the total eligible population which has been screened over a defined time. For cervical screening this is 3.5 years for the younger age range (25 to 49) and 5.5 years for the older age range (50 to 64).
The Cervical Screening Management System (CSMS) is the key source of data used to assess population coverage of the cervical screening programme. Latest available coverage and coverage data can be found on CSMS.
Practices often think their coverage is higher than it really is. This is because they look at their Quality and Outcomes Framework (QOF) data which has a different definition of who is included in the denominator. Quarterly CSMS coverage is widely published on GOV.UK at practice and place based level for both the younger and

older cohorts. This coverage is reviewed nationally by National Screening Committee and NHSE.
NHS Digital has launched an online interactive dashboard which presents quarterly cervical screening coverage data obtained from the CSMS system.
NHS UKHSA's (PHE) fingertips tool provides profiles on cancer services at individual GP and CCG level. Data is collated by the National Cancer Registration and Analysis Services (NCRAS) and are an effective way to review your Primary Care Network (PCN) data and identify improvements which can be made in practices of your PCN. The profiles provide reports on screening coverage and can identify health inequality populations in your area.
Please watch the navigation guide on how to use the Fingertips profiles to their full potential.
Look at your practice-level screening coverage and coverage rates and whether you meet the targets and how your rates compare with other practices. If rates are low, discuss with your Screening and Immunisation Team and formulate a plan to improve.

3 Cervical screening resources and further reading

Cervical Cancer Information

- Cancer Research UK provides general information about cancer generally and can be accessed here.

Information for Patients

- Cervical Screening leaflets for those considering screening in multiple languages

Improving Coverage

- Cervical screening: support for people who find it hard to attend - GOV.UK

Working with Minority and Hard to Reach Groups

- NHS UKHSA (PHE Screening and Inequalities Strategy - GOV.UK
- Equitable access to screening: statutory duties under Equality Act - GOV.UK
- Reducing cervical screening inequalities for trans people – NHS UKHSA (PHE) Screening

Manage capacity assessment and best interest decisions

- Mental Capacity Act Code of Practice

Cervical Screening Management System

- Queries regarding call/recall and ceasing please contact Cervical Screening Administration Service (CSAS). Information is available on their website: https://www.csas.nhs.uk/support/

Template A - Call and recall process

Initiator of notification	Notification type	Timing	Frequency	Comment	Action
CSMS	List of DPI	10 weeks prior to screening date	Received weekly		
Cervical Screening Administration Service (CSAS)	Invitation Patients Due to be Invited (LPDI)	6 weeks prior to screening date	Daily		
Cervical Screening Administration Service (CSAS)	First reminder	18 weeks after first invitation where no test has been received	Weekly		
CSMS	Non-responder notifications	14 weeks after reminder	Received weekly		
CSAS Cervical Screening Administration Service (CSAS)	Result	To be received within 14 days of having the test	Daily		

Recall Team [insert practice name here]	Non-Responder Notification and EMIS Searches and diary entries	As the person becomes available	Weekly Using in-house searches and diary entries **Example only** [insert details of practice process here]	People with a cervix to be contacted via text or telephone to book an appointment for their cervical screening **Example only** [insert details of practice process here]	If they decline or appear hesitant the Recall team member will place the patient in a Nurse call back slot to discuss concerns and support the person to make an informed decision **Example only** [insert details of practice process here]
Practice Nursing Team	EMIS Search and maintained database	Monitored Quarterly	Quarterly	Men with a cervix and non-binary persons with a cervix will be called by member of the Nursing team to discuss their upcoming cervical screening **Example only** [insert details of practice process here]	[Insert details of practice process here]

Template B - Withdrawal from programme letter

Dear [insert patient name],

I understand that you do not wish to be invited for future cervical screening appointments 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 people with a cervix aged 24.5 to 64. Screening takes place every three to five years for people with a cervix aged 25 to 49 and every five years for people with a cervix 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 people, 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,

Template C - Disclaimer form

To: [insert practice name here]

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.

Template D - 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):[20]

- ☐ 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:

[20] Template adapted from PHE Cervical screening: extra support required

Template E – Practice annual audit

There is a requirement for every practice that carries out cervical cytology sampling an audit of samples and sample takers is carried out on an annual basis[21]

[insert title here]

Aim – to assess the effectiveness of the cervical screening process within [insert practice name], identifying the number of inadequate samples taken during [insert date range]

Criteria – the cervical screening audit will determine:

- The number of people screened
- The number of normal samples taken
- The number of inadequate samples taken
- Coverage uptake rates

Standard – to ensure the NHS 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 people 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 practice 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:

[21] RCGP Clinical Audit

a) [insert reason]
b) [insert reason]
c) [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.

SECTION 3

Cervical Cytology External Assessor Guidance

1. Expectations and process

As an external assessor, you must be able to demonstrate the following:

- You are registered with the NMC with an active PIN with no conditions attached
- You have been a cervical cytology sample taker for at least 3 years with a permanent sampler-taking code
- You have maintained your cervical cytology training with updates every three years
- You have taken a minimum of 50 samples in practice with an inadequacy rate below 1.2% - you must email CSTD with your cytology sample taker PIN to gain this
- You have continuously taken cytology samples in the last 12 months
- You are a certificated trained assessor
- You have an electronic copy of your signature available
- You are not the subject of any disciplinary process with your current or any other employer
- Please provide evidence of certification prior to booking any external assessments to mary.clarke13@nhs.net
- You will be matched to a trainee cervical cytology sample taker and an introductory email will be sent you both. At this point you will be able to go on to arrange the assessment within the trainee sample takers host practice.

2. Arranging the final assessment

- Familiarise yourself with the final assessment document
- The external assessor will email the trainee cervical cytology sample taker to arrange a date to assess/observe the trainee take 3 samples.
- The external assessor should agree a date and outline the structure of the assessment session [Appendix 1]
- The external assessor must provide a date, at least 5 days before the assessment for the trainee cervical cytology sample taker to provide an electronic copy of the:
  - Copy of the e-lfh HPV certificate
  - The completed initial assessment
  - The completed skills schedule that is signed off by the supervisor
  - A blank copy of the final assessment document
- Confirm the date with the practice, supervisor, and trainee cervical cytology sample taker once all of the above is received and you are satisfied with the content. Attend as agreed (If point 1.4 is not satisfied by the trainee without explanation, the assessor can contact the practice, supervisor, and trainee cervical cytology sample taker to cancel the session)

3. Following the final assessment

- Complete the final assessment document with the trainee cervical cytology sample taker and ensure the trainees sections is complete.
- Sign each Practical Record Sheet for the three samples observed.
- Complete the assessor checklist for final clinical assessment.
- Complete the assessors' comments free text box adding their signature and date. Email a copy to the trainee cervical cytology sample taker and named supervisor.
- The assessor must then email CSTD to confirm the external assessment has been completed including the Trainee, Supervisor and the NEL Head of Primary Care Nursing, in the email. The trainee cervical cytology sample taker code should be provided in the email [Appendix 2] and sent to CSTD: csl.cstd@nhs.net
- Await response from CSTD with confirmation of receipt of documents and confirmation that the sample taker may continue to take samples on their trainee cervical cytology sample takers code – following this response, the trainee cervical cytology sample taker will be able to resume sample taking in Practice.
- It is the trainees' responsibility to submit their portfolios to their university in accordance to university guidelines for submission dates and times.

4. Invoicing for the assessment

- Following completion of the assessment and confirmation from CSTD you may invoice the practice for the session. Please note: all assessors are responsible for paying their own tax and NI to HMRC https://www.gov.uk/self-assessment-tax-returns
    - Please include the following on your invoice:
- Address to [obtain details from the practice]:
- Trainee cervical cytology sample takers name
- Trainees Host Practice
- Date and Location of assessment
- Invoice reason 'Cervical Cytology Trainee Sample Taker External Assessment'
- You are conducting this assessment outside of your employed/salaried hours and that you are not being paid by any other employer or organisation during the hours you are claiming.

5. Key contact details

Dr Mary Clarke CBE - Head of Primary Care Nursing NEL ICB
mary.clarke13@nhs.net

Template F External assessment service level agreement.

Service Agreement (the "Agreement") dated ……..
BETWEEN
NHS Northeast London
9th Floor,
20 Churchill Place,
Canary Wharf,
London E14 5HJ

(the "Customer")

- AND –

External Cervical Cytology Assessor: ……..

(the "supplier")

For the provision of Cervical Cytology External Final Assessment

Background

- The Customer believes the Supplier has the necessary qualifications, experience, and abilities to provide services to the Customer.

- The Supplier is agreeable to providing such services to the Customer on the terms and conditions set out in this Agreement.

- **IN CONSIDERATION OF** the matters described above and of the mutual benefits and obligations set forth in this Agreement, the receipt and sufficiency of which consideration is hereby acknowledged, the Customer and the Supplier (individually the "Party" and collectively the "Parties" to this Agreement) agree as follows:

Services provided

- The Customer hereby agrees to engage the Supplier to provide the Customer with services (the "Services") which are described in detail in Schedule 1 to this Agreement and accompanying documents.

- The Services will also include any other tasks which the Parties may agree on. The Supplier hereby agrees to provide such Services to the Customer.

Term of agreement

- The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full force and effect until .....
- In the event that either Party wishes to terminate this Agreement, that Party will be required to provide 30 working days' notice to the other Party.
- Except as otherwise provided in this Agreement, the obligations of the Supplier will end upon the date set at the top of this agreement.

Performance

- The parties agree to do everything necessary to ensure that the terms of this Agreement take effect.
- The Supplier must prepare and give to the Customer the reports stated in Schedule 1, by the due dates set out in Schedule 1.

Charges

- For the services rendered by the Supplier as required by this Agreement, the Customer will provide compensation (the "Charges") to the Supplier as described within Schedule 2 of this Agreement.
- The charges as stated in this Agreement are Inclusive of Value Added Tax.
- The Supplier is responsible for all income tax liabilities or similar contributions relating to the Charges and the Supplier will indemnify the Customer in respect of any such payments required to be made by the Customer.
- The Customer will be invoiced as set out in Schedule 2.
- Invoices submitted by the Supplier to the Customer are due within 30 working days of receipt.

Reimbursement of expenses

- The Supplier will not be reimbursed for any expenses incurred by the Supplier in connection with providing the Services of this Agreement.

Confidentiality

- Confidential information (the "Confidential Information") refers to any data or information relating to the business of the Customer which would reasonably be considered to be proprietary to the Customer including, but not limited to, accounting records, business processes, and Customer records and that is not generally known in the industry of the Customer and where the release of that Confidential Information could reasonably be expected to cause harm to the Customer.

- The Supplier agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any Confidential Information which the Supplier has obtained, except as authorised by the Customer. This obligation will survive indefinitely upon termination of this Agreement.

- All written and oral information and material disclosed or provided by the Customer to the Supplier under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Supplier.

Intellectual property

- This Agreement does not affect the ownership of any Intellectual Property (IP) in any Background or in any other technology, design, work, invention, software, data, technique, Know-how, or materials that are owned or controlled by any Party prior to commencement of or independently of this Agreement, and which the owning Party contributes or uses during the performance of this Agreement. No licence to use any Intellectual Property is granted or implied by this Agreement except the rights expressly granted in this Agreement.

- Each Party grants the other a royalty-free, non-exclusive licence to use its Background IP for carrying out this Agreement, but for no other purpose. Neither party may grant any sub-licence to use the other's Background Intellectual Property

- The Customer will own the Intellectual Property that is developed or produced under this Agreement.

Return of property

Upon the expiry or termination of this Agreement, the Supplier will return to the Customer any property, documentation, records, or Confidential Information which is the property of the Customer.

Capacity of independent supplier

In providing the Services under this Agreement it is expressly agreed that the Supplier is acting as an independent Supplier and not as an employee. The Supplier and the Customer acknowledge that this Agreement does not create a partnership or joint venture between them and is exclusively a contract for service.

Notice

- All notices, requests, demands or other communications required or permitted by the terms of this Agreement will be given in writing and delivered to the Parties of this Agreement as set out in Schedule 1 or to such other address as any Party may from time to time notify the other.

- Any notice or communication shall be deemed to have been received:

    - If delivered by hand, on signature of a delivery receipt or at the time the notice is left at the property address.

- If sent by pre-paid first-class post or other next working day delivery service, at 9.00am on the second Business Day after posting or at the time recorded by the delivery service.

- This clause does not apply to the service of any proceedings or other documents in any legal action or, where applicable, any arbitration or other method of dispute resolution.

Indemnification

Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the other Party, and its respective affiliates, officers, agents, employees and permitted successors and assigns against and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective affiliates, officers, agents, employees and permitted successors and assigns that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.

Dispute resolution

In the event a dispute arises out of or about this Agreement, the Parties will attempt to resolve the dispute through friendly consultation, and with the involvement of the Northeast London training hub.

If the dispute is not resolved within a reasonable period, then any or all outstanding issues may be submitted to mediation in accordance with any statutory rules of mediation. If mediation is unavailable or is not successful in resolving the entire dispute, any outstanding issues will be submitted to final and binding arbitration in accordance with the laws of England and Wales. The arbitrator's award will be final, and judgment may be entered upon it by any court having jurisdiction within England and Wales.

Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

Time of the essence

Time is of the essence in this Agreement. No extension or variation of this Agreement will operate as a waiver of this provision.

Assignment

The Supplier will not voluntarily or by operation of law assign or otherwise transfer its obligations under this Agreement without the prior written consent of the Customer.

Entire agreement

It is agreed that there is no representation, warranty, collateral agreement, or condition affecting this Agreement except as expressly provided in this Agreement.

Enurement

This Agreement will ensure to the benefit of and be binding on the Parties and their respective heirs, executors, administrators, successors and permitted assigns.

Titles and headings

Headings are inserted for the convenience of the Parties only and are not to be considered when interpreting this Agreement.

Gender

Words in the singular mean and include the plural and vice versa. Words in the masculine mean and include the feminine and vice versa.

Governing law

It is the intention of the Parties to this Agreement that this Agreement and the performance under this Agreement, and all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of England and Wales, without regard to the jurisdiction in which any action or special proceeding may be instituted.

Severability

If any of the provisions of this Agreement are held to be invalid or unenforceable in whole or in part, all other provisions will nevertheless continue to be valid and enforceable with the invalid or unenforceable parts severed from the remainder of this Agreement.

Waiver

The waiver by either Party of a breach, default, delay, or omission of any of the provisions of this Agreement by the other Party will not be construed as a waiver of any subsequent breach of the same or other provisions.

Acceptance

In signing this Contract each Party acknowledges that it has read and agrees to be bound by it.

Signed for and on behalf of NEL ICB
Name:
Position:

Signature:
Date:

Signed for and on behalf of External Assessor
Name:
Position:
Signature:
Date:

Appendix 2 – Description of Services Form Schedule 1

Description of Services Form

Start Date	.....	Reference clause 3
End Date	.....	Reference clause 3

Contract Managers Reference clause 11		Contract Manager	Supplier's Contract Manager
	Name:		.....
	Title / position:		.....
	Address:		.....
	Phone:		.....
	Email:		.....

Addresses for Notices Reference clause 11		Customer address	Supplier's address
	For the attention of:		.....
	c.c. Contract Manager		.....
	Delivery address:		.....
	Postal address:		.....
	Email:		.....

Description of Services Reference: clause 2 and clause 4
External final assessment £150 inclusive of VAT PAYMENT TERMS: Within 30 days of receipt of invoice ADDITIONAL/SPECIAL TERMS: If sessions are cancelled the following charges apply: ▪ 4 weeks or more notice No Charge ▪ Less than 4 weeks' notice 50% is payable ▪ Less than 2 weeks' notice 75% is payable ▪ Less than 1 week the full amount is payable

Appendix 3 – Description of Services Form Schedule 2

Charges are the total maximum amount payable to the organisation/person. Charges include ***Fees***. The charges for this Contract are set out as follows:

Fees **Reference: Clause 5**	Total cost for external assessment £150 inclusive of VAT Total: £150

Invoices
Reference clause 5

On the following dates subject to completion of the relevant Deliverables/Milestones:

Deliverable/Milestone	Due date	Amount due (plus, VAT)
30 days from invoice date		£150
		£150 inc VAT

Address for invoices
Reference clause 5 .5

	Customer's address
For the attention of:	Finance Team
Postal address:	**NHS Northeast London** **4th Floor – Unex Tower** **5 Station Street** **London E15 1DA.**
Email:	

Insurance **Reference Clause 12**	It is the Supplier's responsibility to ensure its risks of doing business are adequately covered whether by insurance of other means.

Template G - Introductory email for external assessment

Please copy the following in to this email: Add in generic email address

Dear [insert trainee name here]
I am happy to confirm the date and time of your final cervical sample taker assessment below:
Date: [insert date]
Location: [insert practice details]

Please send the following documentation by the very latest [insert date] otherwise we will have to cancel this assessment.

- e-lfh HPV certificate,
- Initial assessment,
- Completed and signed skills schedule/portfolio
- Final assessment document

Please ensure your clinic has been arranged and is set-up in the following way, as we will need 30-minute for each appointment, below is an example of what this would look like:
09:30 – Introduction, room set up, equipment check
10:00 - 1st Patient
10:30 - 2nd Patient
11:00 - Blocked slot to catch up and feedback (gather your thoughts a little!!)
11.30 - 3rd Patient
12:00 - 4th Patient
12:30 - 5th Patient
13:00 – 13:30 - Feedback and paperwork

I will arrive at **09:30 am** to ensure that there is ample time to have an initial discussion about what to expect from the assessment before the first patient arrives. The patients need to be informed by reception at booking that you are being assessed and that there will be a second person in the room - This allows the patient to decide whether that is acceptable to them or not and will reduce the risk of patients declining on the day. Asking the receptionists to share with the patient that you are at the end of your training and that this is your final assessment is often helpful and puts the patients mind at rest that you have some experience.

Please ask your practice team to call the patients the night before to confirm their attendance.
Please ensure your room is set up well with all of the potential equipment you may need and that your light and your couch work so as to reduce any stress. You will also need to make sure you have your final assessment paperwork available and ready to go.

Kind Regards

[insert assessor name here]

Template H - Email to Cervical Sample Takers Database

PLEASE copy the following into the email:

Add in generic email address

Title: Confirmation of External Assessment for Cervical Cytology

Dear Carolina/CSTD,

I hope this finds you well.

This email is to confirm that on [insert date]I carried out the final external assessment on trainee sample taker [insert trainee name here] (sample taker code – [insert sample taker code here])

I am pleased to say that they have passed this assessment and will just need to wait for formal completion of the module through **City St George's, University of London** prior to getting their final cervical sample takers code.

I understand that as they have now passed this assessment, they should be able to continue to take samples on their trainee code in the interim.

Please could you confirm by return email that [insert trainee name here] is now able to continue to take samples on their trainee code pending formal completion.

If you need any further information including a copy of the assessment please do let me know.

Kind regards
[insert assessors name and details here]