



Guidance for providing cervical screening within extended access services

NHS England and NHS Improvement – East of England

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1. Introduction

This guidance has been written to support GP extended access providers to safely provide increased access for eligible women to the NHS Cervical Screening Programme. This guidance could also be used by other non-GP practice providers of cervical screening such as initiatives for improving access to cervical screening for homeless people or those in long term mental health facilities.

The extended access offered by GP Practices provides an opportunity for women who have previously found it hard to access screening during standard GP hours. This initiative should have a positive impact on uptake and coverage of the screening programme. There are several other barriers that women experience in accessing cervical screening and it is hoped that this initiative might increase GP capacity to focus on providing additional support to more vulnerable women.

There are several key considerations when setting up cervical screening within extended access services to ensure quality and safety, which this guidance will address.

The extended access service can offer increased hours to all GP practice patients. These appointments are booked via the patient's registered practice. It is assumed that all GP practices within the extended access service routinely send all their cervical samples to the same laboratory.

2. Responsibilities of the extended access service

2.1 Memorandum of Understanding

A Memorandum of Understanding (MoU) should be created between the extended access service and all participating practices to agree to ensure provision of strong clinical leadership, clear lines of accountability and quality of work to NHS Cervical Screening Programme standards and policies. All staff involved in the service must be fully aware of their roles and responsibilities. The MoU should include:

- Joint agreement between all providers regarding failsafe mechanisms that are required to ensure safe and timely processes across the whole screening pathway.
- A robust system to ensure the patient's registered practice is informed when a sample is taken.
- The use of secure email (nhs.net) for all communications.
- Consultation with the CCG Information Governance (IG) team to ensure full compliance with UK IG, EU General Data Protection Regulations (GDPR), national and other local IG policies.
- Agreement and documentation of roles and responsibilities both within participating practices and for the extended access provision relating to all relevant elements of the screening pathway, particularly as regards training and failsafe.
- Robust auditing and monitoring processes in place to ensure safety and quality in the service delivered.
- Access to screening results for the extended access sample takers in line with national auditing and failsafe requirements.
- Agreed transport and supply chain routes. Samples must be sent to the cytology laboratory through existing transport links.



2.2 Application for Cervical Screening

Once the MoU has been established, the local Screening and Immunisation Team (SIT), cytology laboratory and Cervical Screening Admin Service (CSAS) must be informed that the service plans to offer cervical screening, (see below for contact details). Six weeks' notice is required before the 'go live' date. This is to allow time for laboratories to configure codes and perform end-to-end testing. Testing includes result reporting, transmitting results to CSAS, and direct referrals to colposcopy and laboratory failsafe processes. A supply route for consumables and transport route for samples from the extended access service to the lab must be created.

The extended access service should identify a primary contact who will be responsible for leading on cervical screening. A deputy should also be assigned for instances of leave or sickness.

2.3 Staff

Sample takers must be professionally registered nurses, registered nursing associates, doctors, midwives or physician associates.

The extended access service must ensure that sample takers have undertaken all required training and are registered on the local cytology sample taker register (if required) with the lab/s. The laboratory are unlikely to accept samples from sample takers who are not on the sample taker register, and therefore the sample may be rejected.

In addition to initial novice training, sample takers are recommended to undertake 3-yearly update training, either in person or via the online eLearning for Health module (<https://portal.e-lfh.org.uk/Dashboard#>) and be aware of relevant professional guidance for cervical screening. The laboratory cannot process any samples that do not meet the national acceptance criteria: <https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories>.

Sample takers should be familiar with the operational procedures relating to cervical screening within each extended access GP practice/hub. This includes the storage and use of consumables such as the laboratory transport bags and the collection system for ensuring samples are dispatched in a timely fashion at the next transport collection. A local Standard Operating Procedure (SOP) may be beneficial, especially if there are complicated pathways or a number of different labs to which samples should be sent.

2.4 Open Exeter

The sample taker must be able to access the patient's cervical screening information on Open Exeter when taking the sample. This is in order to check a patient's eligibility for screening and to print a pre-populated sample request form/HMR101 to accompany the sample to the lab.

The extended access service needs to be registered as an organisation on Open Exeter to access the information for all women within the geographical areas. The extended access service needs to identify a primary contact who will oversee the administration of the system.

All clinical staff that are registered with an Open Exeter account will be able to use their existing log-in details and switch between their registered GP profile and extended access profile to view the appropriate patient screening information. The extended access primary contact will



need to collate all the sample taker user codes for CSAS to add them to the extended access organisation.

If sample takers join the extended access service who do not already have an Open Exeter account, the primary contact will need to set them up with the relevant access.

It is essential that the location of where the sample has been taken is recorded on the sample request form/HMR101 accompanying the vial. This can be done by completing box 6, 'name and address of sender if not GP'). This is to ensure the cytology laboratory is aware that the sample has been taken at an extended access service and can liaise with the service should there be any issues with the sample.

2.5 Clinical Notes

The sample taker must also have access to the patient's clinical notes from their registered practice at the consultation. They must be able to document that a sample has been taken and any other relevant information.

2.6 Reporting and Managing Incidents

Cervical screening safety incidents must be reported in line with the national 'Managing Safety Incidents in the NHS Screening Programmes policy guidance' (<https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>). A Screening Incident Assessment Form (SIAF) (see Appendix 1) must be completed and sent to your local SIT.

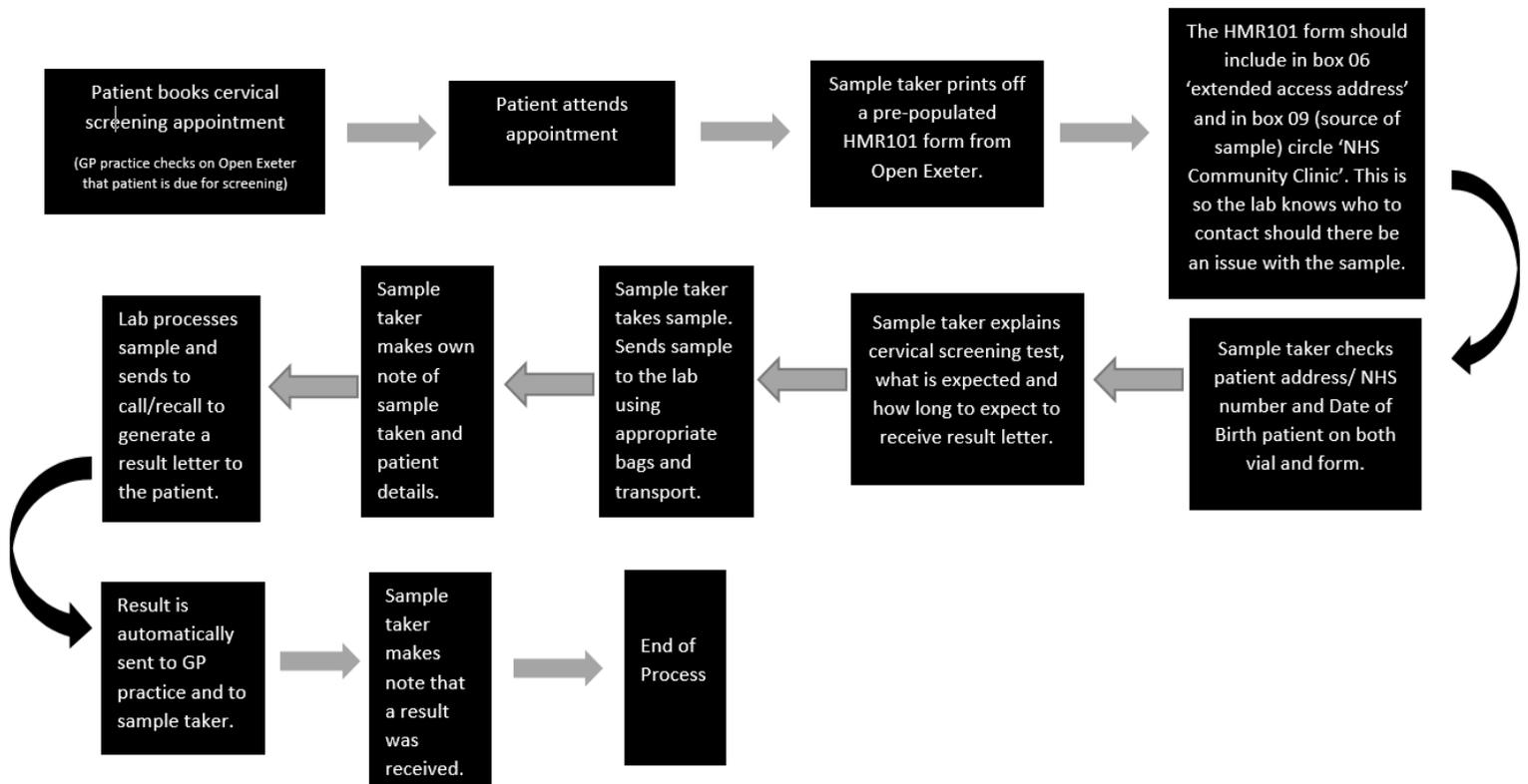
3. Responsibilities of Registered Practices

The **registered practice** continues to have the following responsibilities:

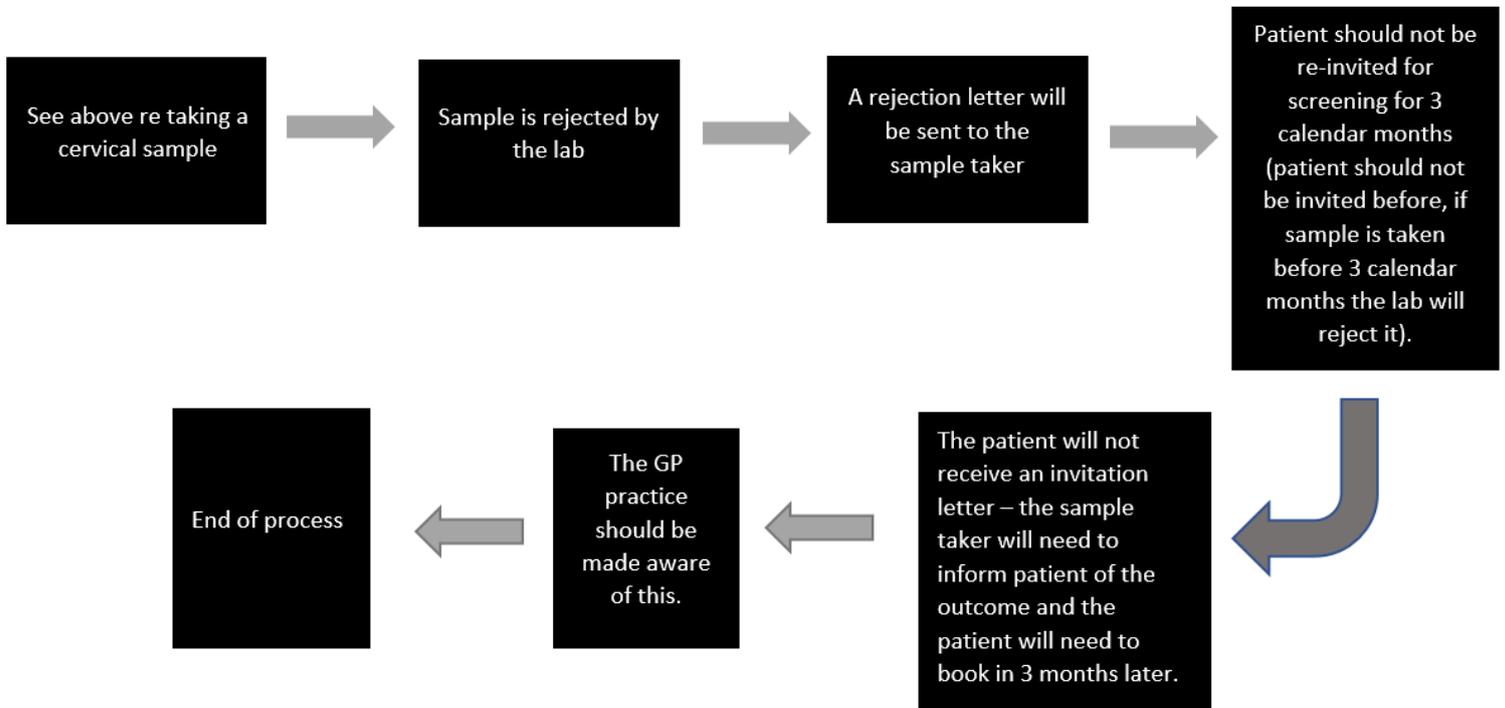
- Ensuring the Prior Notification List (PNL) is completed weekly
- Providing cervical screening to women who wish to have it in their registered practice
- Booking appointments at the extended access clinics.
- Checking and acting on results
- Contacting non-responders as per the PNL – this can be text, letter or phone call
- Maintaining current relationship with local colposcopy unit, including direct referrals e.g. Two-week waits
- Maintaining current relationship with laboratory
- Following up DNAs (non-responders) to colposcopy and extended access appointments and rebooking appointments as required
- Identifying vulnerable women who might require additional support to access screening such as: those with language barriers, physical and learning disabilities, women who have been sexually assaulted, transgender patients who have a cervix
- Promoting screening programmes to the practice population



4. Cervical Screening Process for Extended Access Clinics



5. Cervical Screening Process – rejected samples





6. Contact Information for Laboratories, Open Exeter and the Cervical Screening Administration Service (CSAS)

The Norfolk and Norwich University Hospital Lab (covering most practices in the East of England)	Telephone: 01603 286035 Email: nnu-tr.Cytology@nhs.net
Cervical Screening London (CSL) (covering most of the practices in London and some in Essex and Herts)	Telephone: 020 7460 4851 Email: UCLH.NCLCytology@nhs.net Website: www.hslpathology.com/csl
Open Exeter	Website: https://pcse.england.nhs.uk/services/open-exeter/
	Contact: pcse.registrations-preston@nhs.net pcse.openexeter@nhs.net
CSAS	Website: https://www.csas.nhs.uk
	Contact: https://www.csas.nhs.uk/contact-us/

7. Contact information for local Screening and Immunisation Teams

Screening and Immunisation Team	Email
East Anglia	england.ea-phsi@nhs.net
Essex	england.essexatscreening@nhs.net
Herts BLMK	england.screening1@nhs.net



Appendix 1

Managing safety incidents in national screening programmes

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672737/Managing_safety_incidents_in_National_screening_programmes.pdf

Screening Incident Assessment Form



Screening_incident
_assessment_form

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639505/Screening_incident_assessment_form.pdf