



Cervical Screening Policy

The purpose of this document is to provide direction as to how NICS supports the Practices of North West Surrey in the NHS Cervical Screening programme, which aims to reduce the prevalence of and mortality from cervical cancer. This is achieved by delivering an efficient, quality assured screening programme for eligible women.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time.

DEFINITION

Cervical screening is a method of preventing cancer by detecting and treating abnormalities of the cervix.

CERVICAL CYTOLOGY

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

HUMAN PAPILLOMA VIRUS (HPV)

Human papillomavirus (HPV) is a common virus transmitted through sexual contact. In most cases, a woman's immune system will clear the infection without the need for treatment. Early detection and treatment can prevent 75% of cancers developing.

Cervical Screening Administration Procedure

Patients own GP practice will book the patient into the NICS cervical screening clinic. NICS staff will trace patient and synchronize patients PDS on the national spine. Results will return to NICS EMIS workflow. NICS Admin will copy and paste results and send to patients own GP generic email address and request an acknowledgement of receipt.

CERVICAL SCREENING CLINICAL PROCEDURE

Only qualified NMC registered Nurses are authorised to perform cervical sample taking. At NICS, the following staff are authorised and trained to undertake the screening procedure:

Insert Staff names/ grades



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They are supported by NICS Service Administrator who completes the administrative elements of the screening programme within NICS.

RESULTS

Results are sent directly to the patient by Open Exeter. NICS will forward results via NHS mail to patients own GP and will request an acknowledgement of receipt. The following are classifications of results:

- Normal – no abnormal changes found, continue with routine programme
- Inadequate – patient may require a repeat test as a result of insufficient cells being collected, cells were not seen clearly enough or an infection is present
- Abnormal – low-grade dyskaryosis or high-grade dyskaryosis
- HPV – the result for this will be either positive or negative

The follow up procedure for the result depends upon the classification. An outline is provided below: This will be done by patients own practice.

- Normal – call as per national screening programme
- Inadequate – patient will be notified that a further sample will be required and the timescale given
- Abnormal – patient will be notified that a further procedure will be required and referred for colposcopy.
- HPV positive – repeat tests or referral for colposcopy as clinically indicated

RECORDING CERVICAL SCREENING

Results will be recorded by patients own practice and coded

FAILSAFE ARRANGEMENTS

A failsafe arrangement is a means to ensure that if something goes wrong, it can be identified and actions taken to resolve the issue(s) in a timely manner. The NHS CSP failsafe arrangements cover the:

- call / recall system
- laboratory procedures
- colposcopy clinics

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



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TRAINING

Cervical Screening update training course every three years – mandatory

All training is recorded on NICS training database by the Service Manager.

AUDIT

There is a requirement to audit the cervical screening process within NICS every two years. The audit will include the following information:¹

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

AUDIT TEMPLATE

Aim – to assess the effectiveness of the cervical screening process within NICS identifying the number of inadequate samples taken during

Criteria -The cervical screening audit will determine:

- the number of women screened
- the number of normal samples taken
- the number of inadequate samples taken
- coverage uptake rates

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

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

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

¹ [RCGP Clinical Audit](#)



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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:

- 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.



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SUMMARY

The NHS Cervical Screening Programme was introduced in the 1980's and since then, there has been a reduction in the number of cervical cancers cases of circa 7% per year. It is estimated that approximately 5000 cases of cervical cancer are prevented annually.² Adhering to this guidance will ensure eligible patients are routinely screened and more cases of cancer prevented.

² [Cervical Screening - NHS](#)