

Hello from Cervical Screening London (CSL). As expected, 2022 has started with the traditional spike in workload.

Two new campaigns to improve coverage commenced in February as data reveals nearly 1 in 3 don't take up the offer of cervical screening.

Jo's Cervical Cancer Trust is also planning a cervical screening awareness week in June (20-26) to promote the benefits of cervical screening and better understand the reasons for non-attendance. Click on the link below to view Jo's Cervical Cancer Trust webinars, discussions and tips to help those who find cervical screening difficult.

Visit Jo's Cervical Cancer Trust here: jostrust.org.uk

A new survey released today shows embarrassment was the most common reason for not booking a screening appointment (42%) and almost two-thirds (63%) said they were nervous when they did attend. To read more, click on this link: https://www.gov.uk/government/news/ new-national-cervical-screening-campaign-launches-asnearly-1-in-3-dont-take-up-screening-offer

Turnaround times and reporting delays

The introduction of HPV technology and highly automated platforms has enabled large volumes of samples to be tested and HPV-negative results to be reported within 3–5 days of receipt in the laboratory.

- CSL received and reported close to 712,000 cervical samples in 2021, with 89% being reported within 14 days
- 85% of samples are HPV negative, and are reported within 3–5 days of receipt in the laboratory
- 15% of samples are HPV positive, and require a reflex cytology test

The cytology arm of the testing remains a manual and resource-intense process, requiring a team of highly skilled and experienced cytologists to screen and report HPV-positive/cytology-negative cases. 40% of HPVpositive cases show a cytological abnormality and are reported by consultants. CSL has a three-week delay in reporting abnormal cases.

The following table shows the average turnaround for England is 70.8%. All provider laboratories in England are experiencing similar reporting delays due to increasing activity. National turnaround times February 2022 (measuring % achieved against the 14-day target)

| | Feb turnaround % |
|----------|------------------|
| England | 70.8 |
| London | 83.2 |
| Midlands | 65.8 |
| South | 81.6 |
| North | 58.4 |
| | |

CSL continues to work closely with our Group Medical Director and Laboratory Director to create additional sustainable reporting capacity to manage the backlog during this busy period.

Getting it right first time – rejected samples

Rejected samples create anxiety for the individuals who have had a cervical sample taken. They also create stress and additional work for sample takers and the laboratory.

We can reduce anxiety levels and workload by negating the need for repeat appointments.

In Q3 2021/22, CSL rejected a total of 1,558 samples; 1,107 of these were out of programme samples which had been taken too early.

Here are some helpful tips to reduce the number of rejected samples, ideally when an individual phones to book a cervical screening appointment:

- If in doubt, check if the individual has received an invitation letter
- Check Open Exeter to determine 'Next Test Due Date' before a sample is taken and check that the details on the sample and form have been fully completed before sending



Reminder - samples will be rejected if:

- Cervical samples have been taken more than THREE months BEFORE the due date
- Samples have been repeated in less than THREE months after an inadequate/unreliable result
- Sample is unlabelled/insufficiently labelled sample/ request form
- LBC vial is out of date check before sending

Handwritten forms

CSL discourages the use of handwritten forms and, where possible, prefers tQuest or pre-printed HMR101 forms. If you are using handwritten forms, please ensure the details are clear and accurate. We are reliant on the information provided by the sample taker.

CSAS rejection rates are higher when incorrect or illegible information is provided.

Practice Manager alert

- Since 2019, there has only been one cervical sample testing laboratory in London based at the Halo Building on Euston Road.
- Only place cervical samples in CSL purple transport bags (shown below) and ensure the bag is sealed prior to courier collection.



- Ensure that samples are collected by TDL Collect company to avoid delayed or missing samples. Numerous courier providers now exist across London, which can be confusing for sample reception staff. We have incidents whereby samples have been misplaced and sent to local hospital trusts.
- Clinic and reception staff continue to place noncervical samples, e.g. blood, swabs etc., into this bag. These samples should be directed to local pathology laboratories for testing. Misdirected samples are usually compromised and need repeating. This is creating additional workload for your practice/clinic by having to arrange repeat appointments.

CSL is willing to join any local training initiatives to support learning and understanding of the sample pathways. Please email margaret.morgan@ tdlpathology.com if you would like further information or advice.

Cervical Sample Taker database

CSL manages the CSTD on a day-to-day basis, providing unique PIN codes to new sample takers who meet training requirements and can demonstrate training and competency. Please upload your documents onto the database if you have not already done so.

If you experience any problems, email CSTD administration csl.cstd@nhs.net

CSTD serious incident

CSL continues to work closely with NHSEI, ICS nursing leads and the medical directorate (NHSE) to support a London-wide investigation into a serious incident involving the CSTD. An incident was raised when it came to light that some sample takers had not completed training and were continuing to take samples, whilst others appear not to have uploaded the correct information onto the database.

CSL has been tasked with the clean-up of the 8,000-plus records contained in the database to ensure it acts as an up-to-date document of all active sample takers in the London area. Work has started on this and progress is being made. However, one of the main challenges CSL faces is the apparent lack of engagement from sample takers when contacted by CSTD administration. It is very important, so please help us complete the audit by responding to our queries.

Details on how to register on the database are on a separate page (see attached). Please familiarise yourself with these instructions as an individual sample taker or as an employer, and cascade details to all staff involved in taking cervical samples.

CSL is also involved with ongoing work with training providers, mentors and assessors to help support the training needs of our highly valued sample takers.

Welcome back

CSL still adheres to Covid-safe working practices but is delighted to be welcoming sample takers on site at the Halo Building, 1 Mabledon Place, London. We have had over 70 trainee sample takers visit the laboratory.

Email csl.queries@nhs.net if you would like to arrange a visit.

Trans and Non-Binary Cervical Screening Information: Support Materials Available

The National Cervical Screening Programme is highly effective; it was estimated that approximately 65,000 cancers were prevented between 1988 and 2013 as a result of screening in the UK.

Access issues are a limitation of any screening programme and this is particularly the case for cervical screening when considering the LGBTQIA+ community and more specifically, trans men and non-binary people. A trans man or non-binary person born with a cervix, but no longer medically registered as female, will not receive an invitation to the National Cervical Screening Programme – they have to actively request to be screened. Trans men and non-binary patients often report high levels of stress, anxiety and discomfort when attending cervical screening.

Primary care plays an extremely important role in supporting these patients, both in identifying and ensuring they are invited to screening, but also signposting them to patient information.

RMP Cancer Alliance has

developed a support guide for primary care, providing practical steps on how to identify eligible trans men and non-binary people for screening and providing best practice examples. The guidance can be accessed and downloaded here: https://rmpartners. nhs.uk/wp-content/ uploads/2022/02/Cervical-Screening-in-trans-men-



#MYCERVIXMYSERVICE is a partnership between the charity Live Through This and SELCA, empowering trans men and non-binary people to share their experience of cervical screening. A patient video highlighting the services available to patients in South East London has been developed and is available here: https://livethroughthis.co.uk/my-cervix-my-service/.



No Barriers

The 'No Barriers' Cervical Screening project saw the creation and promotion of the first dedicated cervical screening clinic for trans men and non-binary people in England in 2019 at the 56 Dean Street sexual health clinic. The project was a collaborative effort with partners RM Partners West London Cancer Alliance, Tavistock Gender Identity Clinic London, Jo's Cervical Cancer Trust and the LBGT Foundation.

A patient video explaining the service 56 Dean Street provides to patients can be found here: https://www.youtube.com/watch?v=dMyf8AgMPug&t=12s.



and-non-binary-people-with-a-cervix-FINAL.pdf.

South East London Cancer Alliance (SELCA)

and **RMP Cancer Alliance** have worked with charities, patients and sexual health clinics in developing patient support videos for trans men and non-binary people.

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NHS England and NHS Improvement

