

In our first issue for 2021 we ask for your assistance to address some important issues that continue to affect outcomes for women accessing the cervical screening programme in London



Firstly, we would like to say thank you – we've achieved record screening numbers despite lockdown!

We might still be in lockdown but women are responding to their invitations to screen in record numbers – which is great news!

CSL is currently receiving 3,500–4,000 samples per day, evidence that the recruitment campaigns run by PHE and Jo's Trust have helped women feel confident and safe in their continued participation.

Of course campaigns are of no use without the support of all you sample takers!

Great work everyone, and sincere thanks to all involved from the CSL and NHSE/I teams!

Are you up to date with the national sample acceptance policy?

CSL can only accept samples that meet the criteria set out by the National Screening Programme and described in the document accessed via the link below:

<https://www.gov.uk/government/publications/cervical-screening-accepting-samples-in-laboratories/guidance-for-acceptance-of-cervical-screening-samples-in-laboratories-and-pathways-roles-and-responsibilities>

Please make sure you are familiar with this policy. Sending out-of-programme samples causes unnecessary anxiety to women and wastes your valuable appointment time.

Is the sample really Test of Cure?

For the overwhelming majority of patients the answer to this question will be 'No'.

However, many tQuest users are incorrectly answering 'Yes' in the Test of Cure section of the electronic request registration screen. On investigation, it is clear that this has been done in error.

Only samples from patients attending for their 6-month cytology screen, post-treatment for CIN or CGIN, should be identified as Test of Cure.

Your assistance with the correct identification of true Test of Cure samples is greatly appreciated.

Are you discussing with women what to expect if a sample tests positive for hrHPV?

While most screening samples will return a negative result, women may become anxious if they are not informed what to expect if their sample tests positive for hrHPV.

The sample taking appointment is the ideal time to prepare women for what will happen should they test positive for hrHPV and have abnormal cytology. In this case, a direct referral to colposcopy will be made by the laboratory. CSAS will send the result to the woman and tell her that an appointment will be made for colposcopy. The colposcopy service will confirm the date and time of the appointment.

Prior knowledge, and the opportunity to ask any questions, can significantly decrease anxiety amongst women referred on to colposcopy teams.

Do you know what to do if a woman wishes to cease or defer screening recall?

Participation in the cervical screening programme is voluntary. A woman may request to defer or cease recalls for reasons such as screening no longer being clinically appropriate, or she no longer wishes to participate.

However, because cervical screening is such an important preventative health measure, it is important she makes an informed choice.



Sample takers are encouraged to discuss this decision with the individual woman to ensure:

- she's made aware of the benefits of screening
- she can ask questions and be reassured should she have any concerns about participation
- she fully understands her choice to defer/cease and is aware she can rejoin the programme at a later date should her circumstances change.

If a woman opts to stop or defer screening, CSAS must be informed using the online forms available at:

<https://www.gov.uk/government/publications/cervical-screening-removing-women-from-routine-invitations/ceasing-and-deferring-women-from-the-nhs-cervical-screening-programme>

If a woman makes an informed choice to be permanently removed from call/recall, where possible, her request should be submitted in writing.

More information on the ceasing procedure can be found at: <https://www.csas.nhs.uk/support/>

What have we learned from investigation of recent incidents?

CSL, NHSE/I and the London Screening Quality Assurance Service (SQAS) investigate all incidents in the cervical screening programme to see what can be learned, and to ensure incidents do not recur.

Occasionally samples are taken in primary care that do not reach the laboratory. We would like to reinforce the following recommendations for primary care packaging and transport of CSL samples.

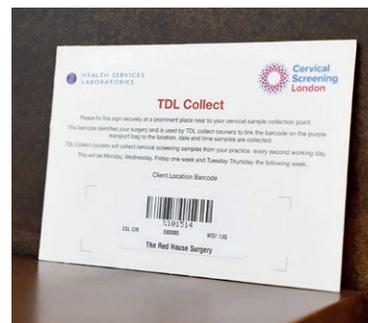
To reduce the risk of sample loss practices should:

- 1 **Ensure ONLY CSL SAMPLES are packed in purple CSL transport bags.** CSL continues to receive over 400 samples a month that are not cervical screening samples. Many are general pathology samples that must be recollected resulting in a delay in samples reaching appropriate processing laboratories. It is disappointing that this practice continues and we ask that you **inform all staff** at your practice to **never pack non-CSL samples in CSL purple transport bags.** This is a serious issue and CSL are working with CCGs and Cancer Alliances to identify practices who continue to ignore this advice.

- 2 Keep a record of the barcode ID attached to the purple transport bag and details of the samples packed in each bag.



- 3 Ensure purple transport bags are properly sealed before being placed out for pick up.
- 4 Ensure the TDL location barcode for your practice is clearly visible and accessible for couriers to scan. NB: even if there are no samples to collect, couriers are required to scan the location code and note that no samples were available for pickup.



- 5 Provide a safe, clearly designated area for couriers to access CSL sample collection bags put out for collection.
- 6 Record the date and time of CSL sample transport bag collections by TDL Collect couriers.
- 7 Conduct local practice failsafe checks to ensure all CSL samples have results returned within 14 days. If a result has not been received contact the laboratory on 020 7460 4851.

CSL tQuest – an important step in reducing errors

The use of CSL tQuest ordercomms is critical in making sure patient details are accurate and samples can be correctly and clearly identified.

While most practices are now connected and using tQuest, a few continue to submit manual or non-CSL tQuest forms.

Please help us to improve the accuracy and reliability of your screening service by connecting to CSL tQuest using the guides available on our website www.hslpathology.com/csl or by contacting our IT support team by email at helpdesk@tdlpathology.com or by calling 020 7307 7365.

An update on HPV self-sampling

Interest in HPV self-sampling continues with recent reports on UK self-sampling studies in the media.

At present self-sampling is not part of the screening programme and cannot be routinely requested. It is currently being trialled through the London-based YouScreen study, where it is offered to select women fitting strict criteria. The first samples from this trial have been processed at CSL over the past few weeks.

Plans are also underway to validate a variety of sampling devices with different testing platforms.

We will keep you updated with both these important initiatives.

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