

Greater Manchester SIT Newsletter – Cervical Screening



The Greater Manchester Screening and Immunisation Team would like to thank you for your continued hard work and commitment to the NHS Cervical Screening Programme. If you have any queries regarding the programme please contact us at england.gmsit@nhs.net

News:

- The lab is receiving around 10000 samples a week, which is more than this time last year – thank you for your hard work in catching up women who did not attend during the first phase of Covid 19.
- Many women are still hesitant to attend due to Covid 19. We recommend contacting non responders to discuss any concerns and reassure patients of measures taken within the practice to ensure the safety of patients
- From Spring 2021, NHS digital will be launching a replacement to the current Open Exeter system. The system will require all users to have an NHS Smartcard – you will receive further communications on access and training over the coming weeks and months
- CSAS have launched a new FAQ section on their website, it can be found at:
<https://www.csas.nhs.uk/faq/>
- When a practice notifies CSAS that a woman should be ceased from the Prior Notification List (PNL), a marker is set on NHAIS and CSAS will cancel the patient from the Call/Recall programme. The practice will then receive a Cease notification via Open Exeter. CSAS does not require cease/defer forms

in addition to this. The practice would not receive notification back for a deferral but would be able to see that this had been actioned via Open Exeter.

- Some Primary Care Networks are implementing cervical screening on a PCN footprint – if this is something you are interested in please contact us for further information and guidance
- From 1st October 2020, any patients seen in colposcopy for treated CIN or untreated CIN 1 will be discharged from colposcopy have their follow up routine cervical sample taken in primary care, in line with national guidelines. Please be aware that patients with a next test due date of 1st April onwards will now be appearing on your PNLs, these women should not be deferred unless there is another reason to do this (such as pregnancy).
- Coloposcopy units across Greater Manchester are reporting an increase in referrals for patients who have received a result of hrHPV positive, cytology negative. If this is the patients first or second hrHPV positive, cytology negative result they do not require referral to colposcopy. If the result remains the same on the third screen (at 24 months), the laboratory will initiate a direct referral to colposcopy in line with current guidance.
- Reminder that from April 2019 all HIV positive women who attend for a cervical screening test (if negative result) will have a recall set at 12 months. They will automatically then be called/recalled by CSAS. To ensure the sample is **NOT** rejected under the sample acceptance policy (zero tolerance) the sample taker, within the clinical details section of the online test request should record “**retroviral infection**”

Rejected Samples

Overview of Rejected Samples across Greater Manchester under the Sample Acceptance Policy over a 4 month period

E1 - Vial, No form	1
E10 - Illegible patient details on form or vial	5
E11A - Patient under 24 1/2 years old	2
E11 - Patient over 65 years old	8
E11C - Early repeat	65
E11E - Sample Taken post Radiotherapy Treatment	1
E12 - Out of date vial	170
E2 - Form, No vial	10
E3 - Unlabelled vial	39

E4 - Partially Labelled Vial	12
E5 - Discrepant details on vial and form	25
E6 - Insufficient patient ID on form	1
E9A - Vial leaked, no fluid	4
E9B - Incorrect sample container used	1
Grand Total	344

We have also seen instances where women have had a repeat sample taken too early after an initial rejected sample, leading to them having a second sample rejected.

In order to support the reduction of rejected samples across GM it is best practice for all sample takers to:

- Check the expiry date of vials prior to use, routinely review all clinic rooms to ensure stock is in date, and prioritise the use of equipment with a shorter date
- Have access to Open Exeter to ensure the sample is due to be taken
- Request the woman checks her details on the vial prior to her leaving the consultation room
- Ensure the black line on the thin prep vial passes the black line on the lid to prevent leakage
- Request cervical samples electronically via the Interop

To avoid rejection of “Early Repeats” access to Open Exeter is essential

- Ensure you are fully up to date with the latest guidance for the cervical screening programme, which can be found here <https://www.gov.uk/government/collections/cervical-screening-professional-guidance>
- **Laboratory Contact** for Clinical queries 0161 276 5111

The GM Screening and Immunisation team are developing an escalation policy to help reduce the number of samples rejected, this will be shared once finalised.

Sample Acceptance Policy

From 1st May 2021 the Manchester University NHS Foundation Trust Processing Laboratory will be implementing the following guidance.

In October 2020 Public Health England published updated national guidance for acceptance of cervical screening samples in laboratories, pathways, roles and responsibilities. In addition to the previous guidance, please see below review of changes that will affect sample takers:

1. Sample vial is in date and has at least 14 days left before its expiry (the time period left must be at least equivalent to the average waiting time for results, sample takers responsibility to check). Please note expiry date format is Year/Month/Date for example 2022 11 01.
2. Samples taken more than **3 months** (previously 6 months) before an individual's next test due date should be considered out of programme if they are:
 - i. a routine recall
 - ii. an early repeat test in 12 months following an HPV positive/cytology negative test
 - iii. a follow up test after colposcopy or treatment

Please note, if a women is attending for her first test, this can only be done from 24 years and 6 months, following the receipt of her first invitation letter.

3. Sample takers should report and discuss any rejected samples, with the clinical lead. This should always include any sample where the laboratory has rejected the test due to insufficient or conflicting information, or where it has been taken inappropriately. Reflect on the incident, formally record it internally and report it as necessary according to local clinical governance policies. It may be useful for nurses to reflect as part of NMC requirements.

In addition, the national guidance requires that all sample takers (Registered Nurse or Doctor) have a valid sample taker PIN, this will be the NMC or GMC number.

Sample takers must be registered on the Cervical Sample Taker Database (CSTD) with an up to date training record to validate their sample taker PIN. Sample taker PIN's are unique to the individual and must not be shared.

<https://www.gov.uk/government/collections/cervical-screening-professional-guidance>

Electronic Requesting

All sample takers should use Interop or ICE desktop to request cervical screening samples. Electronic requesting should be used for all samples – even if you are working in an extended access clinic or are covering in a different practice.

If you are unsure how to access Interop or ICE desktop, please speak to your practice manager in the first instance. Below you can find guides for both EMIS and Vision systems. The lab can also provide technical support, please contact 0161 276 4079 labs.sd@mft.nhs.uk

Currently 89% of samples in GM are requested electronically, please let us know what support you need to get this to 100%.



EMIS WEB - Adding new Trading Partner
VISION-Test-Request
f ing-User-Guide.pdf

