Direct Referral

Protocol for direct referral to colposcopy for GP practices in Eastern Cheshire CCG

Cheshire, Warrington and Wirral Screening and Immunisation Team
NHS England (Cheshire and Mersey)

June 2015
Direct referral protocol
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Prepared by:

Dr Helen Lewis-Parmar
Screening and Immunisation Lead


Content approved by Direct Referral Implementation Task and Finish Group Chaired by J Coulton, Screening and Immunisation Co-ordinator.
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1 Introduction

The recommended pathway within the NHS Cervical Screening Programme is for the cervical screening laboratory to directly refer women to colposcopy services on the basis on their cervical sample result/cervical screening history. The implementation of direct referral has been recommended by the Public Health England Screening Quality Assurance Service within their three yearly review of the local cervical screening pathway. Eastern Cheshire CCG is the only area in the North West of England not to have direct referral in place with colposcopy referrals still being undertaken by the woman’s general practitioner. This can lead to a delay in referral time and a mixed approach has been seen as to whether women are referred routinely or urgently on the basis of their cervical screening result.

All NHS cervical screening samples taken within GP practices within Eastern Cheshire CCG are sent to the cytology laboratory provided at the Royal Stoke University Hospital which is part of the University Hospital of North Midlands NHS Trust (previously known as University Hospital of North Staffordshire). The direct referral process to be implemented for Eastern Cheshire CCG practices will follow the process already in place within this laboratory which has been approved by the West Midlands Screening Quality Assurance Service.

Direct referral has been shown to improve service quality and reduce waiting times for colposcopy. It can also reduce non-attendance. Direct referral will be in place for all grades of cervical screening abnormality requiring colposcopy referral. Cervical screening results severe?invasive (result code 5) and ?glandular neoplasia (result code 6) will also be under direct referral as per national guidance. In these cases the laboratory will continue to contact the woman’s General Practitioner (GP) directly and ensure they are in receipt of the report and have contacted the women prior her receiving the colposcopy appointment.

This information pack is designed to be used by all cervical sample takers across Eastern Cheshire CCG working in primary care, contraception services, genitourinary and any other settings where cervical cervical sample samples are being taken as part of the NHS CSP including HMP Styal. It describes the direct referral process from the pathway perspective. Further detail on the laboratory and colposcopy processes to support direct referral are available within the Standard Operating Procedures of these providers.

Please note that this protocol outlines the process within colposcopy for the unit at East Cheshire NHS Trust (Macclesfield Hospital). The colposcopy element of the process for units in Greater Manchester will follow the Greater Manchester Direct Referral Process as outlined within the Greater Manchester Protocol. Copies of this protocol are available on request.
2 Aims and objectives of the Direct Referral process

The overall aim of the direct referral process is to improve service quality and reduce the time between cervical screening and colposcopy review to improve outcomes for women.

The objectives of the direct referral process are to:

- Support the delivery of the 62 day delivery of the 62 day pathway (Cancer referral to treatment start date Going Further on Cancer Waits REF 6.7)\(^1\).

- Ensure that the national NHS Cervical Screening Programme waiting time standards for colposcopy appointments (as outlined within the national service specification\(^2\) and within the Screening Quality Assurance Standards\(^3\)) are met, by direct notification to the colposcopy clinic from the cytology laboratory via the Call/Recall Agency of those women who require further investigation by colposcopy.

- Reduce the number of women who fail to attend for colposcopy appointments by improving information, communication and patient choice.

- Reduce the administrative workload for primary care staff in arranging colposcopy appointments.

- Reduce the variation in the referral process (cancer 2 week wait versus routine referral) progressed by sample takers/GPs.

- Improve the failsafe arrangements within the local referral process.

- Improve governance by removing reliance on individual practitioners to make the referral.

- Maintain the need for direct contact with the women by the sample taker/GP for urgent referral cases (severe dyskaryosis/invasive carcinoma, glandular endocervical neoplasia).

- Increase the proportion of women that are referred to NHS colposcopy units following cervical screening. Private colposcopy services are not required to meet the national quality assurance standards for the NHS Cervical Screening programme.

- Reduce incidents within the NHS CSP.
3 Summary of the direct referral process in Eastern Cheshire CCG

Direct referral for colposcopy will be rolled-out within an agreed implementation timeline in Eastern Cheshire CCG as follows:

- The direct referral process will include women registered with Eastern Cheshire CCG practices who have NHS cervical samples within primary care or other settings in Eastern Cheshire.

- The direct referral process will include all women who have NHS cervical samples within HMP Styal irrespective of their GP registration status.

- Each GP practice will be linked to a nominated colposcopy department following consultation between the practice and NHS England. All general practitioners will have been contacted directly prior to the introduction of direct referral to nominate a colposcopy clinic. This will be based upon their historic referral patterns and their geographical location. The laboratory has agreed to support direct referral to the following colposcopy departments:
  - East Cheshire NHS Trust (Macclesfield District General Hospital)
  - Stockport NHS Foundation Trust (Stepping Hill Hospital, Stockport)
  - Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital, Crewe)
  - University Hospital of South Manchester NHS Foundation Trust (Wythenshawe)

- This nominated colposcopy unit will receive all direct referrals for patients screened at that practice unless it is otherwise indicated on the cervical screening request form by the sample taker on an individual patient basis.

- If a woman has been directly referred, the test result will still be sent to the sample taker/GP but the sample taker/GP will no longer need to arrange referral to colposcopy.

- The laboratory will issue the result to the Call/Recall Agency who will issue a result letter by first class post. The result letter will advise the woman that a referral to colposcopy has been made and that they should expect an appointment letter from colposcopy. The result letter will advise them to contact their GP/sample taker if they do not receive this appointment within 10 days.

- The laboratory will make the referral to the nominated colposcopy unit. The colposcopy unit will send a letter with a pre-arranged appointment to the woman by second class post. This appointment letter will also provide contact details to allow the woman to re-arrange the appointment and advise that the appointment should be cancelled referral to an alternative centre has been arranged by the sample taker/GP. The cervical screening test result will indicate which colposcopy unit the woman has been referred to.
The colposcopy unit will issue the appointment in line with the expected colposcopy waiting times within the NHS Cervical Screening programme national service specification and the national Quality Assurance Standards. For cervical screening results of high dyskaryosis or worse this will be within two weeks. For all other cervical screening results this will be within six weeks.

If a woman prefers to attend a colposcopy unit other than the nominated unit this needs to be indicated on the cervical screening request form. The laboratory are able to implement an alternative direct referral pathway to NHS colposcopy units where they have an agreed pathway in place. These include the colposcopy units:
- East Cheshire NHS Trust (Macclesfield District General Hospital)
- Stockport NHS Foundation Trust (Stepping Hill Hospital, Stockport)
- Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital, Crewe)
- University Hospital of South Manchester NHS Foundation Trust (Wythenshawe)

And in areas including North Staffordshire, Stoke on Trent, South Staffordshire, Shrewsbury and Telford areas that they also provide cytology services. If the sample taker/GP needs to check if a direct referral process is available to the preferred alternative NHS colposcopy unit they should contact the laboratory using the contact details listed below.

If a women prefers to attend colposcopy to either a unit to which the laboratory does not have an agreed direct referral pathway or she wishes to be seen privately this will need to be arranged by the GP/sample taker. Under the direct referral failsafe process referral will remain in place to the nominated colposcopy unit. The appointment issued by the nominated colposcopy unit will need to be cancelled when alternative referral has been made.

If the cervical sample is taken within a Family Planning Clinic (FPC) or Genito-Urinary Medicine (GUM) clinic or within the Integrated Sexual Health Service in Eastern Cheshire direct referral will still be made according to nominated colposcopy service based on the woman's registered GP (unless alternative centre requested by sample taker on the cervical screening request form on an individual patient basis).

For results requiring urgent referral high grade dyskaryosis/?invasive disease (Grade 5) and glandular neoplasia of endocervical origin (Grade 6) the result is not detailed within the results letter. These results will remain under direct referral. The laboratory will contact the sample taker/GP by phone and fax to facilitate their prompt clinical discussion with the patient. This should ideally be completed within 48 hours to prevent patient anxiety.

Urgent referral cases for glandular neoplasia of non cervical origin will require urgent gynaecology referral by the GP on the cancer 2 week wait pathway. The laboratory will contact the GP by phone and fax to advise them of the...
need for referral. These cases will remain under the laboratory failsafe process.

- All women requiring colposcopy referral following cervical screening within HMP Styal will be directly referred to the colposcopy unit at East Cheshire Hospital Trust (Macclesfield Hospital). If the women is no longer at HMP Styal it is the responsibility of the sample taker / prison health care provider to ensure that colposcopy referral/follow-up information is passed onto the relative authorities.

- In all but exceptional situations it is recommended that the direct referral process will NOT include women with other concurrent gynaecological problems, these women should be referred back their own GP with advice on further referral to the appropriate clinic. (NHS “Recommendations for Service Provision and Standards in Colposcopy”, 2010)³.

- If the sample taker/GP requires any further information concerning direct referral processes they should contact the laboratory using the contact details listed below:

  nos-tr.cytologyshared-uhns@nhs.net
  Tel: 01782 674951

- Information about the local direct referral pathway is also available from the Screening and Immunisation Team using the contact details listed below:

  England.cww-imms@nhs.net
  Tel: 0344 225 1295 Option 1 – 3 - 1
4 Responsibility of the Sample Taker / GP

- It is the sample taker’s responsibility to inform the woman that if her test result advises referral to colposcopy she will be sent her results letter and sent a pre-arranged appointment by the nominated colposcopy clinic.

- This is a positive change to improve the quality of the cervical screening service that women are receiving. The direct referral process mean that women are offered timely appointments following the issue of cervical screening result within the nominated colposcopy unit. However, the sample taker should explain that the patient can opt out of the usual direct referral pathway if she prefers referral to either another NHS unit or private referral.

- If the women requests referral into the private sector she should be advised that private colposcopy services are not required to meet the necessary standards required for the participation within the NHS Cervical Screening Programme and that private colposcopy referral is not recommended. If she still wishes to attend private colposcopy services the sample taker needs to record this on the cervical screening request form. Private colposcopy referral would need to be arranged by the sample taker/GP and the referral into the nominated colposcopy unit would need to be cancelled.

Please note that the direct referral failsafe process will still refer her along the usual referral pathway based on nominated colposcopy clinic. This appointment will need to be cancelled when private referral has been arranged. The need to cancel the NHS referral appointment due to private referral preference will also be included within the appointment letter issued by the local colposcopy unit.

- If the woman does not wish to attend the nominated colposcopy clinic and would prefer to attend one of the other local NHS units that the laboratory provides direct referral to the sample taker should indicate this on the cervical screening request form.

The local NHS colposcopy units available for direct referral are:

- East Cheshire NHS Trust (Macclesfield District General Hospital)
- Stockport NHS Foundation Trust (Stepping Hill Hospital, Stockport)
- Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital, Crewe)
- University Hospital of South Manchester NHS Foundation Trust (Wythenshawe)

If any of the local NHS colposcopy units as listed above are preferred to the nominated unit and the preference is listed on the cervical screening request
form the laboratory will implement this alternative referral pathway. The laboratory result form will indicate which unit the women has been directly to.

If the requested alternative referral pathway has **not been implemented** (to the units listed above only) the sample taker should contact the laboratory on the nos-tr.cytologyshared-uhns@nhs.net or phone number 01782 674951. The laboratory will ensure that the correct referral pathway has been implemented, reissue result including advice on correct direct referral unit and investigate why the pathway had not been revised despite inclusion on the cervical screening request form.

- If the women does not wish to attend the nominated colposcopy clinic and wants to attend an **alternative NHS colposcopy clinic** then the sample taker need to indicate this on the cervical screening request form. The laboratory only has processes in place for direct referral to the agreed units as listed above. **Referral to another NHS unit would need to be arranged by the sample taker and the referral into the nominated colposcopy unit would need to be cancelled.** The laboratory also has direct referral pathways in place for North Staffordshire, Stoke on Trent, South Staffordshire, Shrewsbury and Telford areas. If referral into colposcopy units in any of these areas are preferred, please contact the laboratory to discuss further on the contact number provided below.

Please note that the direct referral failsafe process will still refer her along the usual referral pathway based on nominated colposcopy clinic. **This appointment will need to be cancelled when alternative referral has been arranged.** There will be a reminder to cancel the local colposcopy unit appointment included in the appointment letter issued if referral to alternative unit is preferred.

- If the sample taker/GP requires any further information concerning direct referral processes they should contact the laboratory using the contact details listed below:

  nos-tr.cytologyshared-uhns@nhs.net

  Tel: 01782 674951

- It is important to note that **laboratory failsafe is NOT affected by direct referral**, so if a patient does not attend the colposcopy department the patients GP will still receive a laboratory failsafe enquiry letter and must act on this in the usual way.
4.1 Mental capacity for consent

National guidance should be followed in relation to consent within the NHS Cervical Screening Programme (Consent To Cancer Screening (January 2009). If the women lacks the mental capacity to consent to the Direct Referral Process, then the sample taker should make a decision in the ‘patient’s best interests’ as per the Mental Capacity Act 2000.

4.2 Patients requiring an interpreter or with a learning disability

As best practice, it remains the sample takers responsibility to explain to the woman how and when she will receive her results and the follow up process if any abnormalities are detected. Therefore if a support worker or translator was required this would be identified at the point the sample was taken. It would then remain the sample takers responsibility to ensure the patient and or carer requested further support at the time they received their appointment date and time.
5 Cervical Screening Call and Recall

5.1 Inclusion criteria
Primary Care Support (Liverpool Office) NHS England* currently manages cervical screening call & recall (including the sending of result letters) for all women who are:
- registered with a GP in Eastern Cheshire CCG
- not currently registered with a GP and are resident in Eastern Cheshire
The arrangements for women resident within HMP Styal are outlined in Section 18.

5.2 Prior notification
A Prior Notification List (PNL) is sent to all GPs to determine whether it is appropriate to invite women for cervical screening. Upon receipt of the PNL the Call/Recall Screening Agency sends out cervical screening invitation letters to all eligible women. There is a failsafe system in place to flag up women who do not attend for screening within a specified time period.

5.3 Issue of results
Once the woman has attended for screening her cytology sample is reported by the North Midlands Cytology Laboratory at University Hospital of North Midlands and the test result is sent to the GP (for registered women) and the source of the sample, if this is not the GP, and electronically to the Call/Recall Agency.

For all cases being directly referred a spreadsheet containing patient details, the test result and details of the referral are sent to the Call/Recall Agency and colposcopy clinic by the laboratory. Both the Call/Recall Screening Agency and the colposcopy clinic must confirm receipt of this email and the number of patient records on it. Direct referral result letters will be sent to the patient by the Screening Call/Recall Agency in 1st class post, Monday to Friday (Example letter Appendix 1).

Primary Care Services staff are not qualified to speak to patients about their results. If a patient phones PCS office to discuss her result she will be asked to contact the person who took her test.

5.4 The results letter
The Call/Recall Screening Agency sends a standard result letter to the woman by first class post Monday to Friday (example included in Appendix 1). The leaflet “The Colposcopy Examination” and the leaflet “What your abnormal result means” (if appropriate) will also be inserted with the result letter.

Where a colposcopy is required, the result letter informs the woman that she will receive direct correspondence from the colposcopy clinic, informing her of the appointment.

The letter will also advise the woman that if she has not heard from the colposcopy clinic within the next ten days she should contact her GP. It will then be the GPs responsibility to arrange the appointment at the appropriate colposcopy clinic. The
GP is advised to contact the laboratory should they be unsure as to where the referral originally was originally sent.

*NHS England is currently undertaking a procurement process for national recommissioning of primary care services including cervical screening call and recall. Provider transfer of responsibility is expected during 2015/16 with continuity of cervical screening call/recall as outlined within the primary care services national service specification.

6 Women not registered with a GP

If a woman who is a resident of East Cheshire receives cervical screening but does not have a registered GP, she would be directly referred to the colposcopy clinic linked with location where the sample was taken, (usually the sample will have been taken within Integrated Sexual Health Services, a Family Planning Clinic (FPC) or Genito-Urinary Medicine (GUM) clinic). The sample taker is to act as point of contact for further information and advice for the woman.

The result letter from the Call/ Recall Agency will advise the woman that if she has not heard from the colposcopy clinic within the next ten days she should contact the person who did her test. It would then be the sample taker’s responsibility to arrange the appointment at the appropriate colposcopy clinic.

If a woman with no GP needs referral to colposcopy but is not directly referred, it would be the sample taker’s responsibility to make the referral. The sample taker should advise the women to register with a GP.
7 Cervical samples taken within Integrated Sexual Health Services

- Direct referral for women registered with GP practices in Eastern Cheshire CCG will follow the usual direct referral process to the nominated colposcopy clinic irrespective of where the cervical sample has been taken. Sample takers within Integrated Sexual Health Services (including Family Planning Centre and GUM) need to inform women at the time of sampling of the usual direct referral process.

- Sample takers in sexual health services need to follow the same processes as outlined within Section 2 – responsibility of sample taker/GP.

- It should be usual practice that full information including name, DOB, address and registered GP should be provided by women receiving cervical screening within sexual health services however in exceptional circumstances certain vulnerable women may not wish to disclose their identify or may request that the results from the attendance are not shared with their GP. Women may attend for cervical screening in sexual health services who are not registered with a GP or who are registered with GP services outside of the area e.g. in Midlands or Greater Manchester. The process that will be followed within each of these situations will be outlined as below:

  7.1 Non-disclosure of GP/request that results are not provided to GP

If a woman does not disclose her GP/requests that her result are not provided to her GP but provides sufficient and correct identifiers (address, date of birth) the laboratory would issue her result to the sample taker in sexual health services and the call/recall agency. The laboratory would not issue the result to the GP. The sample taker should indicate clearly on the request form if result copy to the GP has been refused by the patient. When the call/recall agency receive the result they will check for GP registration. If she is registered with a GP the usual process would be followed for issue of results letter and update to the screening record on HSCIC Exeter. If the women is not registered with a GP or she is not able to be identified from the information provided the process outlined below will be followed. The failsafe responsibility will remain with the sample taker if the women has no registered GP.

If a woman states that she does wish any results from tests taken within sexual health services to be shared with her registered GP there needs to be a discussion about this request as the cervical screening result would usually be included on her screening record so should be considered separately.
7.2 Women attending sexual health services under an assumed identity

If a woman is screened within sexual health services but does not disclose her full identity sufficient information needs to be included on the sample form to meet the North Midlands cervical screening acceptance policy in order for the sample to be processed. Correct details are needed in order for the failsafe processes within the NHS Cervical Screening Programme. If she does not use her registered address an alternative contact address can be provided for the issue of the results letter. In these cases the results would be provided to the sample taker and the screening call/recall agency would issue a letter to the contact address provided so long as this is clearly indicated on the cervical screening request form. If direct referral is required this will be to colposcopy unit at East Cheshire NHS Trust (Macclesfield District General Hospital) unless otherwise indicated for all sexual health services in East Cheshire. The sample taker will have failsafe responsibility around attendance at colposcopy in the absence of a known registered GP.

7.3 Women attending sexual health services not registered with a GP

If a woman is not registered with a GP attends for cervical screening in sexual health services if she provides a contact address this will be used by the screening call/recall agency for the issue of a results letter. If she is seen within Sexual Health Services In East Cheshire the direct referral route would be into East Cheshire Hospital NHS Trust (Macclesfield) colposcopy unit unless otherwise indicated on the cervical screening request form. If no address is provided it will be the responsibility of the sample taker to discuss the result with the women. Failsafe responsibility will remain with the sample taker. The women should be encouraged to register with a GP.
8 Cervical samples taken within HMP Styal

Women requiring direct referral to colposcopy following cervical screening within HMP Styal will be directly referred to East Cheshire NHS Trust (Macclesfield) colposcopy unit.

8.1 GP registration

A high proportion of women within prison are either not registered with a GP or may be registered with a GP anywhere in the country. This precludes call/recall by Primary Care Support. It is the responsibility of the Health care provider within HMP Styal to determine which women require cervical screening based upon available information. The sample taker should inform the woman of the usual direct referral process for women sampled within HMP Styal. This should include patient responsibility for the chase of their cervical screening result in the case of release or transfer if the woman is not registered with a GP.

8.2 Issue of results letter

The laboratory will forward the screening results for women sampled within HMP Styal to call/recall but a results letter will not be issued and it will be the responsibility of the lead nurse or GP to let the woman know her result. The sample taker will be responsible for informing the women that she requires referral to colposcopy. On receipt of results from the laboratory for women resident within HMP Styal the Call/recall agency will attempt to identify them on HSCIC Exeter and forward their results to the appropriate screening agency for inclusion within the screening record but there will be no issue of results letter.

8.3 Liaison with colposcopy

The laboratory will refer the women to East Cheshire NHS Trust (Macclesfield) colposcopy unit using the usual process. Colposcopy will liaise with the HMP Styal to determine if the woman is still resident within HMP Styal to determine suitable arrangements for the appointment and aim to comply with two week wait requirements. This should be within the usual recommended waiting times. If the women has been transferred to another prison it is the responsibility of the lead nurse or GP within HMP Styal to ensure that the need for referral is passed onto the health care provider within the current establishment. If the woman is released the information should be given to the registered GP is this is known. The results will have also been issued to the registered GP via the screening call/recall agency but as part of failsafe arrangements the sample taker should inform the GP is this information is available. If a woman is released and she is not registered with a GP and a forwarding address is not available, the sample taker will be unable to give the result or discuss the need for referral unless the woman contacts the prison medical centre. The forwarding address should be used by the sample taker in the absence of any other means of contact. This protocol will be supported by a Standard Operating Procedure within the prison detailing their responsibilities.
9 Arrangements between Eastern Cheshire CCG and other areas

This protocol only covers samples that have been taken by providers sending cervical screening samples to the University Hospital of North Midlands. These include GP practices within Eastern Cheshire CCG and local Integrated Sexual Health Services (including Family Planning and GUM).

9.1 Women registered within Eastern Cheshire CCG attending for screening outside of area

If a woman registered with a GP practice within Eastern Cheshire CCG has cervical screening in an out of area provider e.g. sexual health services in Greater Manchester they would be outside of this direct referral process. In such cases the cervical screening sample would be processed within the usual cytology laboratory for that provider. The processing laboratory would issue the screening result to the registered GP/ and or sample taker who will then be responsible for making the referral. The processing laboratory would issue the result to their linked screening call/recall agency who would forward it to screening agency covering the area of residence for issue of results letter.

9.2 Women attending for cervical screening within Eastern Cheshire registered elsewhere

If a woman attends for cervical screening within Eastern Cheshire but is registered with GP outside of East Cheshire CCG the sample would be processed within University Hospital of North Midlands as usual. The result would be issued to the sample taker and the registered GP. The call/recall agency would forward the result to relevant screening agency for inclusion on the screening record and issue of results letter. Direct referral would usually be into the East Cheshire NHS Trust (Macclesfield District General) colposcopy unit unless she registered within another CCG which the University Hospital of North Midlands has a direct referral route in place in which case the referral pathway will follow that of her registered GP. These areas include Vale Royal CCG, South Cheshire CCG, North Staffordshire, Stoke and Trent, South Staffordshire, Shrewsbury and Telford. Further information can be provided by the laboratory via nos-tr.cytologyshared-uhns@nhs.net or phone number 01782 674951 if needed for individual cases. The sample taker should indicate on the cervical screening request form the preferred colposcopy unit as outlined in Section 2 of this protocol. It will be the responsibility of the sample taker to arrange alternative referral and the appointment to the local colposcopy unit should be cancelled if this is not needed. The appointment letter issued by ECHT colposcopy unit will advise the women to contact the unit to cancel the appointment if local referral is not required.
10 Urgent Referral Cases – Grade 5 and 6

Urgent referral cases are those cervical cytology tests with results **high grade dyskaryosis/?invasive disease (Grade 5) and glandular neoplasia of endocervical origin (Grade 6)** are included within the direct referral process. These cases (together with all results of high grade dyskaryosis or worse) are within the PRIORTY TYPE 2 (urgent classification) within cancer waiting times guidance and should be seen within two weeks of referral. The nominated colposcopy clinic will remain the usual pathway of referral.

These women receive a results letters indicating that they have an abnormal cervical screening result that requires urgent referral. The cervical screening result is not detailed. The direct referral process will ensure that these women are seen within colposcopy within the two week wait recommended timeline. GP responsibility to contact these women about their screening result is unchanged within direct referral however the streamlined pathway with the prioritisation of referrals within colposcopy services can mean that appointments might be made available within 48 hours of referral. This means that is essential that the GP practice can provide support and advice about this referral in a timely fashion. The number of results within this cervical screening result category are low at around five per year across the locality therefore the impact upon general practice workload is expected to be minimal.

The process followed by the laboratory for urgent referrals (grades 5 and 6) is outlined below:

- Specimens reported as **high grade dyskaryosis/?invasive disease (Grade 5) and glandular neoplasia of endocervical origin (Grade 6)** require urgent referral to colposcopy.

- Request forms for urgent referral to colposcopy are given directly to the cervical cytology pathway coordinator/failsafe officer or cytology failsafe support officer at the laboratory.

- Urgent referral to colposcopy reports are emailed to colposcopy and faxed to the patients GP along with a letter (Appendix 2) explaining that the patient should be informed personally of their result.

- Prior to faxing the report and letter the sender should be informed via telephone that a copy of the report is to be faxed and that a Consultant BMS will contact the responsible GP/Clinician to give a full explanation of the report. The name of the GP/clinician that is responsible for receiving this result will be taken and the letter will be addressed to this named individual.

- Once the letter and report have been faxed to the sender they are handed to a Consultant BMS with the contact number of the sender. It is then their responsibility to ensure that the sender is contacted.

- The named individual, date and time the report was faxed will be recorded in the patient incident log at the laboratory.
• All urgent referrals to colposcopy are highlighted in red on the direct referral search list.

• The cervical cytology pathway coordinator/failsafe officer retains a copy of the report and letter for failsafe purposes.

11 Cases requiring urgent gynaecology referral – glandular neoplasia (Grade 0)

Abnormal cells of non-cervical origin e.g. endometrial, ovarian or metastatic lesions beyond the genital tract can sometimes be identified within the cervical screening sample. These are reported within the free text of the screening report and are fall under the Glandular Neoplasia (non cervical) Grade 0 category. These results require urgent two week wait cancer referral to gynaecology rather than colposcopy. These referrals are outside of the direct referral process. The laboratory contacts the GP/sample taker by phone and fax to ensure that the GP/sample taker is aware of the need for urgent referral. These cases remain under the laboratory failsafe process. As the aim of the NHS cervical Screening Programme is to identify cervical abnormalities currently the results letter for such tests will advise the woman that her cervical screening test is negative (this under national review).

The process followed by the laboratory for urgent referral to gynaecology (grade 0) is outlined below:

• Glandular abnormalities of endometrial or extracervical origin require ‘urgent referral to a gynaecologist’. The report does not specify which gynaecology unit this should be to as this is at the discretion of the GP and patient.

• Request forms for urgent referral to a gynaecologist are given directly to the cervical cytology pathway coordinator/failsafe officer or cytology failsafe support officer at the laboratory.

• Urgent referral to a gynaecologist reports are faxed to the patient’s GP along with a letter (Appendix 3).

• Prior to faxing the report and letter the sender will be informed via telephone that a copy of the report is to be faxed and that a Consultant BMS will contact the responsible GP/Clinician to give a full explanation of the report. The name of the GP/clinician that is responsible for receiving this result will be taken and the letter will be addressed to this named individual. Once the letter and report have been faxed to the sender they are handed to a Consultant BMS with the contact number of the sender. It is then their responsibility to ensure that the sender is contacted.

• The named individual, date and time the report was faxed will be recorded in patient incident log at the laboratory.

• The cervical cytology pathway coordinator/failsafe officer retains a copy of the report and letter for failsafe purposes.
12 Exclusions from Direct Referral

- **Referral to a gynaecologist advised.** At the discretion of the laboratory, referral to a gynaecologist may be suggested in view of the clinical details given e.g. abnormal looking cervix, abnormal haemorrhage. These patients require clinical review to determine if urgent gynaecological referral is required. In these cases the relevant NICE guidance including recommendations for the urgent referral of possible gynaecological cancer should be followed.

- All samples that are excluded from direct referral will be clearly indicated on the results sent to the GP and/or sample taker. It will remain the responsibility of the GP to refer to colposcopy unless informed subsequently that direct referral has taken place (for example within the arrangements for out of area issues, see section 7). For women not registered with a GP this responsibility will lie with the sample taker.
13 HPV Triage of Borderline and Mild Dyskaryosis

High risk HPV testing for women with borderline and low grade dyskaryosis results is effective in identifying which women may need treatment, and significantly reduces the time to referral within the screening pathway. Women who test positive for high risk HPV are referred to colposcopy immediately by direct referral, whilst women who are high risk HPV negative can be safely returned to routine recall.

Women who fail to attend for colposcopy following referral for borderline or low grade dyskaryosis associated with high risk HPV but attend for subsequent cervical sample that is reported as negative will still require colposcopy referral and will remain within the direct referral pathway. Their results letter will indicate that they have been directly referred to colposcopy.

Women will be invited for Test for Cure (TOC) HPV test, following treatment for confirmed CIN 1,2 or 3 if their subsequent test result shows:

- negative
- low grade
- borderline change in squamous cells
- Borderline changes in endocervical cells

If the HPV test is positive then the patient will be directly referred to colposcopy.

In addition women adequately treated for completely excised CGIN are invited for a 6 month test TOC (with or without colposcopy) HPV test; if their test result is negative and the HPV test is negative their next test will be in 12 months.

In such cases if the HPV test is positive the patient will be directly referred to colposcopy.
14 Compliance with cancer waiting times guidance

Direct referral to colposcopy supports the delivery of the 62 day pathway (Cancer referral to treatment start date Going Further on Cancer Waits REF 6.7)¹.

All patients with high grade dyskaryosis or above will be included within the 62 day screening pathway. This includes the following cytology categories:
- Possible invasive cancer;
- Possible endocervical glandular neoplasia;
- High Grade dyskaryosis

These referrals for colposcopy indicate at least cervical intraepithelial neoplasia (CIN) or a suspicion of cancer.

Referrals direct from the cervical screening service should be identified as follows:
- High grade dyskaryosis or worse cytology (i.e. abnormalities within the scope of the standard) – should be referred with a PRIORITY TYPE 2 (urgent),
- Low grade dyskaryosis with high risk HPV positive; borderline in squamous cells with high risk HPV; Borderline in endocervical cells with high risk HPV, cytology (i.e. abnormalities not covered by this standard – cancer not suspected/likely) – should be referred with a PRIORITY TYPE 1 (routine) and patients would be covered by the 18 week standard.

These routine referrals could be upgraded to the 62 day period if a consultant (or authorised member of the team) suspected cancer.

The 62 day screening standard is only applicable to patients with high grade dyskaryosis or above. There are no national standards for the timescales for delivering colposcopy as part of this standard. However, if the internal Quality Assurance standards and waiting times outlined with the national service specification for the cervical screening programme are met, the vast majority of patients diagnosed with cervical cancer via the screening programme would be able to receive their first treatment within 62 days of the receipt of the referral if they were clinically fit and wanted to be treated within this timescale.
15 Colposcopy

15.1 Role of the Colposcopy Clinic Co-ordinator

Each colposcopy department will have a dedicated clinic co-ordinator to ensure the provision of a smooth, seamless service.

The colposcopy clinic co-ordinator will work alongside colposcopy staff including administration staff, with particular responsibility for:

- Ensuring that the referrals received daily from the Laboratory are graded promptly with regard to appointments
- Ensuring that the weekly failsafe list is checked against the daily referral lists and providing assurance that all referrals have been received and actioned
- Ensuring that women are sent appointment letters within 48 hours of the confirmation of the daily direct referral list from the laboratory.
- Monitoring the progress of the service by collating and evaluating data – this will include support for a post implementation audit of the direct referral process as well as the usual audit cycle as part of the quality assurance process for the service.
- Liaising with patients to arrange their appointment, including DNA’s
- Copying details of the colposcopy outcome letters to the relevant GP
- The clinic co-ordinator has access to the Cytology department computer to enquire on cervical sample reports and see the patient’s cervical cytology and cervical histology history

15.2 Daily notification process from laboratory to colposcopy clinic

The cytology screening laboratory emails the colposcopy unit the list of cytology referred cases for direct referral (‘Daily Direct Referral list’) together with the relevant cervical screening results attached in a PDF file. A separate daily email of laboratory cytology for women under care of colposcopy is also sent and this is not part of the direct referral process.

The cytology screening laboratory emails the generic NHS.net email address for the colposcopy unit.

The colposcopy unit reviews the ‘Daily Direct Referral list’ to ensure that the emailed patient list and reports match:

- patients present on the patient list but reports have not been received
- reports received but patients not present on the list

The colposcopy unit should contact the laboratory if there is a mismatch between the daily direct referral patient list and the reports issued as soon as this is identified.

The laboratory will issue a report daily to colposcopy whether or not there are direct referrals generated. The main body of the message of the email will include the following text:

- ‘Please find attached direct referrals for (insert date)’
‘Please note that there are no direct referrals for INSERT UNIT name’

Email confirmation of receipt of the daily direct referral list and content needs to be sent to the laboratory by colposcopy. This should be **within 24 hours Monday to Friday and on the next working day after Bank Holiday/weekend.**

If no response is received by the laboratory within one week the laboratory would reissue the confirmation including the message ‘If confirmation is not received within 24 hours this matter will be escalated to the cytology lead BMS’. If confirmation is not received within 24 hours the Lead BMS is informed who will take further action and notify the commissioner if a satisfactory outcome is not achieved.

**15.3 Weekly failsafe check of referrals received**

Every Monday (next working day for Bank Holidays) the laboratory will run a check against all direct referrals in the previous week as a failsafe to ensure that all direct referrals have been notified to the relevant colposcopy clinic.

This information will be sent to the generic email address for the colposcopy clinic with the following text **‘Please find attached weekly failsafe for direct referrals (insert Monday-Sunday’s date).**

The weekly failsafe list should be checked against the daily referral lists to ensure that all referrals have been received and appointments issued. The same process for confirmation of daily email list should be followed. If it is identified that a patient has not been referred colposcopy should progress this as a matter of urgency. The laboratory should also be contacted to ensure that there has not been a failure within their systems.

**15.4 Colposcopy issue of appointment letter**

Following the colposcopy confirmation to the laboratory of the direct referral list and associated reports it is the responsibility of the Colposcopy Clinic Co-ordinator or their nominated deputy to undertake the following process for issue of results letter:

- Save the cytology referred cases onto the S.Drive Colp Admin (File: Direct Referral Appointments)
- Print off the referral list and the cytology report.
- Cases will be triaged into urgent (2 weeks) and routine (six weeks) in compliance against the guidelines within the national service specification (see Section 16).
- Authorisation from the Colposcopy Clinical Nurse Specialist/Consultant Gynaecology is required before the referral is processed.
- Colposcopy secretary to arrange the schedule of the appointments
- An appointment letter will be sent to the patient by second class post. The appointment letter should be issued within 48 hours of the confirmation of receipt of email from the laboratory.
- A colposcopy patient information leaflet will be sent with the appointment letter.
- When the appointment letter has been issued the cervical sample results will be sent to the hospital records department for inclusion within the patient record.

15.5 Urgent colposcopy referral cases (results Grade 5 and 6)

Women with a results **high grade dyskaryosis/?invasive disease (Grade 5)** and **glandular neoplasia of endocervical origin (Grade 6)** require an urgent appointment within two weeks. Their results letter will not contain their result and they should have been contacted by their GP/sample taker concerning their result and the need for urgent referral (see section 10). The following processes will be followed within colposcopy for these patients:

- Triage to urgent with early colposcopy referral slot identified.
- Issue of appointment letter to attend a Colposcopist clinic.
- The colposcopy administration staff will telephone the patient to confirm the appointment (within 3 working days) and document this on the colposcopy referral report.
- If the colposcopy Administration staff cannot contact the patient a telephone call will be made to the patients GP to confirm address and telephone details. If all contact details are correct, and the patient is not contactable by telephone, the Administration staff will notify the Clinical Nurse Specialist/ Consultant to ensure that they are aware of this on the day of the appointment

15.6 Colposcopy process for patients who fail to attend

**High Grade Abnormal Results**
To be given two further colposcopy appointments as per process above

- Patient to be contacted with letter copied to GP.
- New appointment letter to be sent.
- If the patient fails to attend on a second occasion, the patient is discharged back to the care of their GP with advice to contact her GP if she wishes to be referred back to the service.

**Low Grade Abnormal Results**
To be given one further colposcopy appointment as per process above

- Patient to be contacted with letter copied to GP.
- New appointment letter to be sent.
- If the patient fails to attend on a second occasion, the patient is discharged back to the care of their GP with advice to contact her GP if she wishes to be referred back to the service.
Protocol for allocation of colposcopy appointments

The national service specification for the NHS cervical screening programme outlines the following waiting times for the allocation of colposcopy appointments:

**Urgent referral (High grade dyskaryosis or worse) – two weeks**
- High grade dyskaryosis/?invasive disease (Grade 5)
- Glandular neoplasia of endocervical origin (Grade 6)
- High grade dyskaryosis (severe)
- High grade dyskaryosis (moderate)

**All other referrals – six weeks**
- Low Grade Dyskaryotic (High Risk HPV Detected)
- Borderline in squamous cells (High Risk HPV Detected)
- Borderline in endocervical cells (High Risk HPV Detected)
- Negative (High Risk HPV Detected)
- Referral due to previous non attendance
- Three consecutive inadequates

The QA standards for colposcopy referrals can be found at (NHSCSP Publication no 20 pages 14-15): www.cancerscreening.nhs.uk/cervical/publications/nhscsp20.html. The standards include that at least 90% of women:

- referred for colposcopy after one test reported as possible invasion should be seen urgently within two weeks of referral;
- referred for colposcopy after one test reported as possible endocervical glandular neoplasia should be seen urgently within two weeks of referral;
- with a test result of high grade dyskaryosis should be seen in a colposcopy clinic within two weeks of referral.
- with a test result of low grade dyskaryosis with high risk HPV positive; Borderline in squamous cell with high risk HPV; Borderline in endocervical cells with high risk HPV should be seen in a colposcopy clinic within eight weeks of referral. The non-attender default rate should be less than 15%

Whilst these are the current version of the QA standards for colposcopy referrals they do not fully reflect the waiting standards within the national service specification No. 25 for the NHS CSP which is updated annually (https://www.gov.uk/government/publications).

It is expected that the QA standards for referral will be revised in line with those outline within the national service specification. Colposcopy units are expected by NHS England commissioners to be working toward achieving the waiting times standards. The KPI standards within the national service specification are outlined in Appendix 4.
17 Discharge from colposcopy

Colposcopy units are required to follow the Screening Quality Assurance Service recommended process at discharge. This is to ensure that the local Screening Call/Recall Agency are notified when the patient is discharged from colposcopy. It is important that the local Screening Call/Recall Agency are notified when a patient is discharged from Colposcopy. The clinician responsible for discharging the woman must also indicate the date when the next test is due. This notification will ensure that the woman receives an invitation for that repeat cervical sample at the appropriate interval.

This form must be completed at the time of discharge and sent to the appropriate Screening Call/Recall Agency either electronically or as hard copy.

18 Notification of incidents

All potential incidents within the direct referral process need to be notified to the Screening Quality Assurance Service and the NHS England commissioner as a matter of urgency. All incidents within the NHS Cervical Screening Programme are managed according to the national guidance.4
19 Failsafe

The direct referral process has failsafe processes at each stage of the pathway.

These are summarised below:

Communication between laboratory and colposcopy unit
- Use of secure generic email contact with confirmation of receipt and content
- Weekly failsafe sweep within laboratory to ensure that all referrals have been included on daily lists from the laboratory
- Failsafe process with escalation within laboratory if confirmation of receipt not received from colposcopy within five days of issue

Sample taker request for alternative referral pathway
- Referral into usual nominated colposcopy unit maintained with cancellation of appointment when alternative referral confirmed
- Unit of referral included on cervical screening results to inform sample taker of referral
- Defined laboratory processes with audit trail within the Laboratory Standard Operating Process for response to request for alternative referral pathway and allocation of incorrect colposcopy unit

Sample taker/GP and patient responsibility
- All results letters issued for women on the direct referral pathway include instruction to contact the sample taker if they have not received an appointment within 10 days.
- The sample taker/GP should (if necessary) check the referral route (via the laboratory) and ensure that referral has been received with appointment offered.

Additional measures for urgent referrals grade 5/6/0
- Direct communication with audit trail between laboratory and sample taker/GP to ensure that there is communication with the women about the need for urgent referral

NHS CSP pathway arrangements
- Call/recall screening agency failsafe processes for issue of results and update on HSCIC Exeter
- Laboratory failsafe process – follow up to ensure that all samples identified as requiring referral have had subsequent tests recorded with contact with GP/sample taker to confirm referral if these are not available on the system
- Colposcopy failsafe usual processes – including DNA policy and notification to sample taker/GP of non-attendance.
Appendix 1: Sample direct referral results letter

Dear «PAT_TITLE» «PAT_SURNAME»

Thank you for coming for NHS cervical screening.

Your sample was tested for abnormal cervical cells. This test is called cytology. It showed that there are changes to some of the cells in your cervix called low-grade dyskaryosis. Finding cell changes in the cervix is not unusual.

Because of your test results we would like you to come for a further examination. The examination is called colposcopy, and it is very similar to having the cervical screening test. An appointment will be arranged for you. Leaflets are enclosed that tell you about screening results and about having colposcopy.

The Colposcopy Clinic will arrange this for you and contact you with details of your appointment. If you have not been contacted within 10 days of receiving this letter, please notify your GP Practice and they will query this with Colposcopy on your behalf.

Cervical screening, like other medical tests, isn’t perfect. If you have any unusual symptoms such as a discharge, or bleeding between periods or after sex, then please speak to a GP. Cervical screening is not a test for symptoms.

If you have any questions about your test result or would like more information about cervical screening or HPV testing, please contact a GP or the person who did your last test. If they are not available, please contact NHS Direct on telephone number 111.

If you change your address, please notify your GP as soon as possible.

Yours sincerely

G Kinsella
Miss G Kinsella
Screening Manager
Sent on behalf of your local NHS England Sub Regional Team.

«PAT_SURNAME»
«PAT_FORENAME»
NHS Number: «PAT_NHS»
Birth Date: «PAT_DOB»

Last recorded test: «PAT_LTEST_DATE»
GP Code: «GP_LOC_CODE»
GP Name: «GP_NAME»
Appendix 2:
Laboratory letter colposcopy urgent referral
(Result Grades 5/6)

University Hospitals of North Midlands NHS

Department of Cytology
Pathology Department Floor 2
Royal Stoke University Hospital
Main Building
Newcastle Road
Stoke on Trent
ST4 6QG

Date:

Re:  
Patient Name  
Date of Birth  
Patient Address  
Unit Number/NHS No.  
Specimen Number

The above patient’s cervical specimen has been screened and shows:

This lady needs to be informed of her results on a personal basis and that she will be contacted by the colposcopy department at UHNK-Royal Stoke with appointment details for an urgent referral for further investigation.

This patient should be seen within two weeks of referral.

A member of our clinic team will contact you to discuss this.

Yours sincerely,

Consultant Pathologist/Advanced Biomedical Scientist Practitioner
Appendix 3:
Laboratory letter gynaecology urgent referral (Results Grade 0)

University Hospitals of North Midlands NHS

Department of Cytology
Pathology Department Floor 2
Royal Stoke University Hospital
Main Building
Newcastle Road
Stoke on Trent
ST4 6QG

Our ref
Date:

Re:
Patient Name
Date of Birth
Patient Address
Unit Number/NHS No.

Specimen Number

The above patient’s cervical specimen has been screened and shows:
Insert text from report

This lady needs urgent referral to a gynaecologist via a two week wait proforma and needs to be informed of her result on a personal basis.

This patient should be seen within two weeks of referral.

A member of our clinic team will contact you to discuss this.

Yours sincerely,

Consultant Pathologist/Advanced Biomedical Scientist Practitioner
## Appendix 4: Key Performance Indicators for Colposcopy
NHS CSP Service Specification No.25

<table>
<thead>
<tr>
<th>KPI standard</th>
<th>Limit</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting times to 1st appointment-all referrals</td>
<td>99% within 6 weeks</td>
<td>Adhoc reporting quarterly as not yet part of KC65</td>
</tr>
<tr>
<td>Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of possible invasion</td>
<td>&gt;=90%</td>
<td>Quarterly KC65</td>
</tr>
<tr>
<td>Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of high-grade dyskaryosis (severe) or worse</td>
<td>&gt;=90%</td>
<td>Quarterly KC65</td>
</tr>
<tr>
<td>Proportion of women who are offered a colposcopy appointment within 2 weeks of referral due to cytological report of high-grade dyskaryosis (moderate)</td>
<td>&gt;=90%</td>
<td>Quarterly KC65</td>
</tr>
<tr>
<td>Proportion of women who are offered a colposcopy appointment within 6 weeks of referral due to a positive HPV test and cytological report of low-grade or borderline dyskaryosis</td>
<td>&gt;=99%</td>
<td>Adhoc reporting quarterly as not yet part of KC65</td>
</tr>
<tr>
<td>Proportion of women having definitive treatment for high grade CIN within four weeks of the colposcopy clinic receiving a diagnostic biopsy report</td>
<td>&gt;=90%</td>
<td>Annual</td>
</tr>
</tbody>
</table>
References

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2. NHS Public Health Functions Agreement 2015-16
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