Worcestershire Acute Hospitals NHS Trust

Cervical Screening sampling policy

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Approved by:	Gynaecology Governance Meeting	
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Key Amendments

Date	Amendment	Approved by
26th January 2019	Documents extended for 3 years	Mr Hughes
14th December 2020	Documents extended for 3 years	Alex Blackwell
29th December 2023	Document extended for 6 months whilst under review Owner updated	Alex Blackwell
20th August 2024	Document extended for 6 months whilst under review.	Alex Blackwell
10th January 2025	Updated to include inclusive language as NHSCSP policy, the change from Open Exeter to the Cervical Screening Management System and transportation of samples to RWT instruction	Gynaecology Governance Meeting

Introduction

This policy covers the procedure of obtaining a cervical screening sample. It covers sample takers (and the appropriately experienced staff assisting them) responsibility regarding their own competence and when taking a cervical screening sample their responsibility in:

- The correct identification of the woman/person with a cervix and that they are eligible for a test.
- Taking the sample in accordance with The NHSCSP cervical screening sample training guidance
- Completion of cervical cytology request form (HMR 101) along with correct labelling of cytology sample pot and guidance is followed to ensure the safe transport of the screening sample to the cytology laboratory at the Royal Wolverhampton Trust (RWT).
- The sample takers responsibility regarding follow up and management of results and reporting of any rejected samples and incidents

Aim

To outline the cervical screening sample takers responsibility when obtaining a cervical screening test and to reduce the risk/potential risks in the sample taking process.

Sample takers responsibilities

1. Demonstration of competence

It is the sample takers responsibility to ensure that they:

- Have a unique personal identification number (PIN) for cervical cytology sample taking which is issued by RWT. (rwh-tr.HPVScreening@nhs.net) This **must not** be used by anyone else.
- Have received appropriate initial training to take the cervical screening sample
- Understand how the cervical screening programme works and their responsibilities within it
- Keep themselves updated on programme developments and policy to avoid taking inappropriate tests (By doing 3 yearly update training, this can be found on the following link https://www.elfh.org.uk/programmes/nhs-screening-programmes)
- Audit their practice routinely and are proactive in seeking advice should they identify any issues

2. Eligibility of woman/person with a cervix for test

The sample taker must establish that the woman/person with a cervix is eligible for a test (invited from age 24.5 to 64 for routine tests) and that a test is now due (or overdue). Some women/people with a cervix outside the standard screening age range can be eligible for screening if:

- they have a routine recall date allocated because of a previous test
- they are under surveillance or follow-up because of a previous abnormality
- they did not respond to their last invitation and now wish to be tested
- Women/people with a cervix who are known to be HIV positive are eligible for annual cervical screening. When completing the HMR 101 cervical cytology request form the code **RVI** should be included in the clinical data section to alert the laboratory that annual recall is required.

The sample taker should be aware of when not to take a sample and what/when other investigations are appropriate for women/people with a cervix with symptoms of abnormal bleeding

3. Sample request forms

Sample takers should preferably use the prepopulated HMR 101 cervical cytology request forms available via the Cervical Screening Management System (CSMS). Only this version has the full screening history. Use of other versions may result in delays due to the laboratory checking the full history on CSMS or the risk of issuing an inappropriate management recommendation by the laboratory.

Pre-populated forms from CSMS can be obtained from the colposcopy administration team on extensions 45739, 45762 or 42003. Alternatively, they can be emailed on wahtr.colposcopyadminteam@nhs.net. All sample takers may have access to CSMS via their smartcards if requested.

4.Taking the sample

The aim of the cervical sampler is to get an adequate sample for assessment with the minimum of distress and discomfort to the woman/person with a cervix. Ensure a positive environment which will encourage them to attend for future screening. It is important that the woman/person with a cervix fully understands the procedure and what to expect; including taking the sample, the possibility of HPV testing, receiving the results and what will happen if the results are abnormal

4.1. Prior to sample

a. Check identity

The sample taker is responsible for ensuring that the sample and request submitted relate to the correct patient. It is essential that the sample taker checks with the woman/person with a cervix that the details on the downloaded request form are correct. Such as:

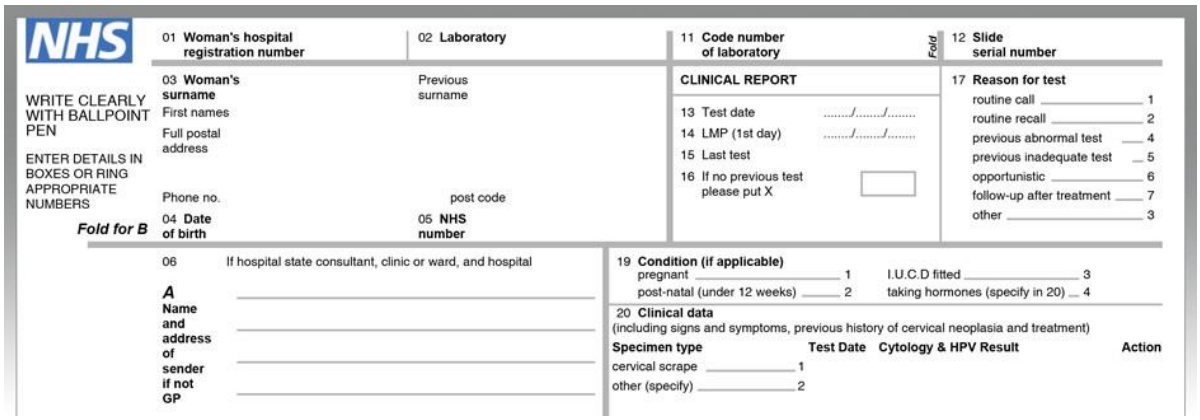
- Full name
- Date of birth

- Address
- NHS number

It is the sample takers responsibility to ensure that the woman/person with a cervix is contactable so that they can be advised on any further tests or investigations that may be required based on the cervical sample result

b. Fill out test request form. Including any clinical and screening history to include

- Date of test/reason for test
- History of abnormal results/treatment
- LMP
- Any abnormal bleeding
- Contraception/if using IUD
- If taking HRT/Tamoxifen



NHS

01 Woman's hospital registration number | 02 Laboratory | 11 Code number of laboratory | Fold | 12 Slide serial number

WRITE CLEARLY WITH BALLPOINT PEN

ENTER DETAILS IN BOXES OR RING APPROPRIATE NUMBERS

03 Woman's surname | Previous surname

First names

Full postal address

Phone no. | post code

Fold for B

04 Date of birth | 05 NHS number

CLINICAL REPORT

13 Test date ...../...../.....

14 LMP (1st day) ...../...../.....

15 Last test

16 If no previous test please put X

17 Reason for test

routine call 1
routine recall 2
previous abnormal test 4
previous inadequate test 5
opportunistic 6
follow-up after treatment 7
other 3

06 If hospital state consultant, clinic or ward, and hospital

A Name and address of sender if not GP

19 Condition (if applicable)

pregnant 1
post-natal (under 12 weeks) 2
I.U.C.D fitted 3
taking hormones (specify in 20) 4

20 Clinical data

(including signs and symptoms, previous history of cervical neoplasia and treatment)

Specimen type | Test Date | Cytology & HPV Result | Action

cervical scrape 1

other (specify) 2

c. Informed consent

Informed consent must be obtained from the woman/person with a cervix. Make sure they understand:

- The risks and benefits of screening
- They can stop the procedure at any point
- They do not need to give written consent, but this should be recorded in the notes

d. Chaperones

All women/people with a cervix should be offered a chaperone

- Document the woman/person with a cervix has been asked and name of chaperone if used

e. Equipment

Equipment for cervical sample taking should include

- Good light source
- Different size specula
- Disposable non-latex gloves

- Cervix broom/brush
- Endocervix brush
- Thin prep fixative vial. **The vial should be checked to ensure it has not passed its expiry date and it has at least 14 days remaining as HPV testing cannot be carried out on expired vials**
- RWT small purple specimen bag
- Packaging for transporting sample to laboratory (Wolverhampton laboratory large blue bag for cervical screening samples from colposcopy and large purple bag for other areas)

4.2 Take the sample

A cervical screening test should be taken in accordance with programme sample taker training guidance. It remains the sample takers responsibility to fully visualise and sample the cervix appropriately

a. Fixing the sample

Samples must be put in the LBC vial immediately

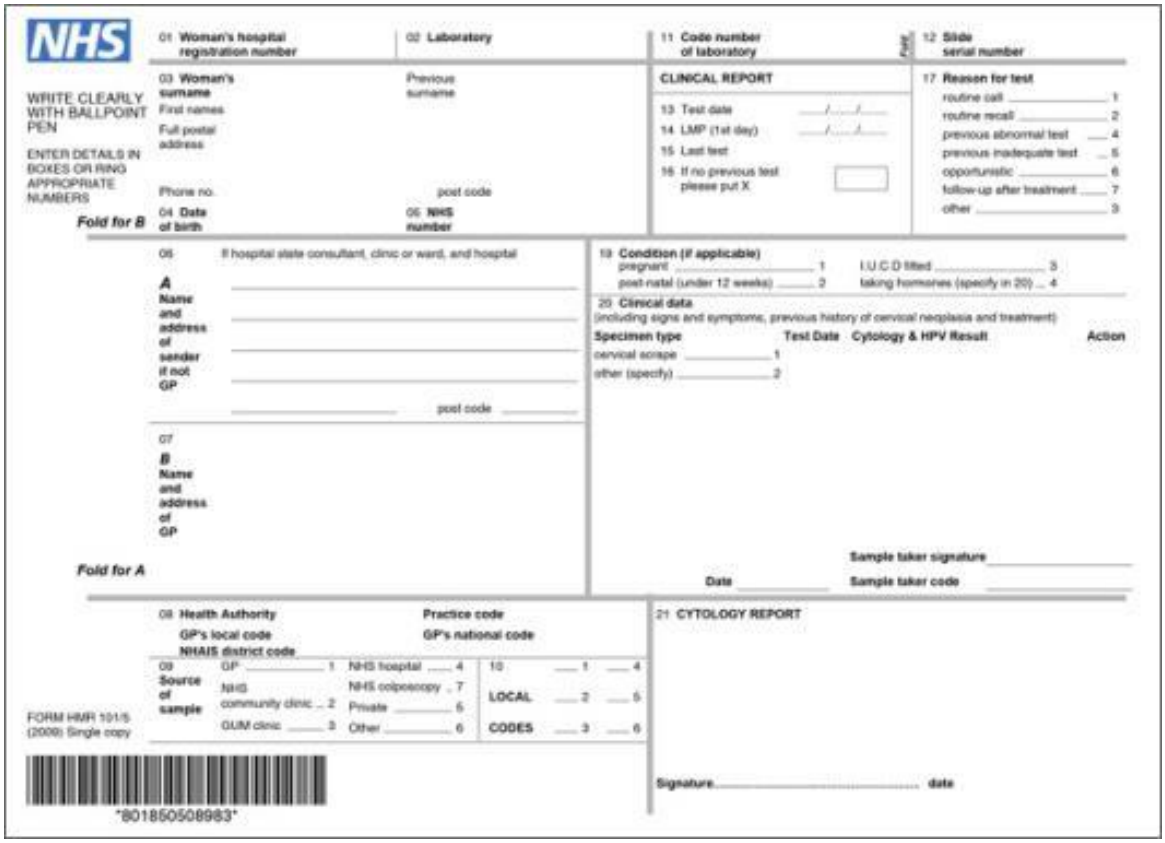
- Use a vigorous swirling motion to rinse the brush in the fixative liquid in the vial
- Push the brush into the bottom of the vial at least 10 times, forcing the bristles apart with firm pressure
- Remove any remaining residual material by passing the brush over the edge of the fixative vial
- Close the lid so the torque line passes the torque line on the vial
- If there is any material at the edge of the vial, give it a shake to mix it up

b. Finish completing request form

The test request form and vial should be completed with relevant patient information. It is essential for the laboratory receiving the request form and the vial that the two can be matched to each other and that all appropriate information is given to ensure that the test can be processed and reported.

Complete request form

- Including source of sample (NHS)
- Specimen/sampler type
- Date
- Signature
- Cervical sample taker PIN



c. Label the fixative pot

Where a sticky label is used with the patient's details it should not obscure the expiry date or the clear area between each end of the label already on the vial; this interferes with the labs processor's ability to read the level of the fluid in the vial

The diagram details the key identifying requirement for cervical samples

Make sure all details are completed, and it matches the HMR 101 request form

4.3 End of consultation

Sample takers should take steps to assure themselves of the process by which the samples they take, and accompanying request forms are passed to sample transport provider to ensure that this is safe, prompt and that the request forms and vials do not become disassociated with one another

- For samples taken in colposcopy sample and request form to be put together in purple specimen bag and then to go in blue Wolverhampton cervical screening sample bag for transport to Wolverhampton lab. The bag must be sealed with a security tag. Each sample should be logged on the RWT Specimen Tracking Form which once completed should be placed inside the blue bag.

Cytology Department, Royal Wolverhampton Trust

Specimen Tracking Form

COLP/GYNAE NAME (not initials please)	Date Sent:

PATIENT NAME/DOB/NHS NUMBER (Or patients ID label including the above)	Blue bag packed in clinic Name and Signature (COLP/GYNAE UNIT)	Blue bag received in Lab Name and Signature (RWT LABORATORY)

- Samples taken in other areas such as GOPD/theatres should be put together in the small purple specimen bag and then into the larger purple transport bag.

AHR – Place in box in Reception, Women's Health Unit, 1st Floor, where they are collected by courier
KTC – Place in grey box in office behind maternity reception, Level 2, where they are collected by courier
WRH – Place in red Wolverhampton transport box opposite post room, Level 0, for collection by courier

4.4 Results of samples

Sample takers should ensure that there is a failsafe system in place where they can assure themselves that a cervical sample result comes back for every test they take, that the woman/person with a cervix is informed of their result and that the appropriate action is taken when necessary.

When samples are taken within the hospital setting it is the sample takers responsibility to inform the woman of her result and arrange onward referral if required. They will not receive the result from the NHSCSP call/recall system.

4.5 Incidents

Sample takers should report and discuss any rejected samples. This should always include any sample where the laboratory has had to reject the test due to insufficient/conflicting information or when it has been taken inappropriately. Such events should be reflected on, formally recorded internally and reported as necessary according to clinical governance policies. Only situations which fulfil the criteria of a screening incident should be managed in line with the national screening incident guidance.

https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes

Any suspected incidents should be reported to the Cervical Screening Provider Lead for the trust.

Sample takers should take responsibility for communicating events leading to rejection of a sample to the woman/person with a cervix concerned in an honest and sensitive manner and advise them when another sample should be taken. Repeat samples should not be taken within 3 months of a previous test to allow sufficient time for the cervical epithelium to regenerate otherwise a false result may be obtained

4.6 Summary of sample takers responsibility

Sample takers should ensure that:

- they are adequately trained in line with programme guidance to take the test
- they have and use a unique PIN and do not share this number
- they have adequate and up to date knowledge about the test, results and management
- they can download a request form from CSMS or get someone with access to do this for them
- they have checked that the woman/person with a cervix is eligible for a test
    - Are they 24.5 to 64 years of age?
    - Are they aged 65 or over, and under surveillance or follow up?
    - Have they been invited for a test?
    - Are they due for a test?
    - Is the test appropriate or is referral to gynaecology, colposcopy or sexual health/genitourinary medicine (GUM) clinic more appropriate?
- the sample vial is in date, and has at least 14 days left before expiry
- the patient details on the request form and vial match, are correct and that all necessary information is given
- the registration of the patient's address is correct
- the woman/person with a cervix receives the appropriate follow up and management
- adverse events and incidents are recorded, discussed and investigated
- they communicate appropriately with the woman/person with a cervix if the sample is rejected