

NHS Cervical Screening Programme – Sample Taking Initial Guidance during the coronavirus (Covid-19) pandemic

Version 1.0 (6th April 2020)

| Version Control | |
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1. Purpose

In the light of the continuing COVID-19 incident, NHS England and NHS Improvement as the commissioner of the NHS Cervical Screening Service has worked with Public Health England and other clinical experts to develop initial guidance. This document is to support NHSEI regional public health commissioners with conversations they are having with providers of sample taking services, e.g. GP practices and sexual health services, commissioned as part of the NHS Cervical Screening Programme.

This is initial guidance based on the situation as at 6th April 2020. It will be reviewed regularly and updated as necessary in light of the emerging situation.

2. Scope

Sample taking services should aim to sustain a normal cervical screening service. Services are responsible for determining local arrangements for use of personal protective equipment (PPE). This will be informed by national guidance for use of PPE by health and social care workers on COVID-19 <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> and recommended PPE for primary, outpatient and community care https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

3. Services Unable to Sustain Normal Service – Frequently Asked Questions

The following set of frequently asked questions aim to provide support NHSEI public health commissioners with conversations with services **who are unable to sustain** a normal cervical screening service due to the Covid-19 pressures and social distancing requirements. The information applies to all those eligible for cervical screening and is based on the situation as at 3rd April 2020 and will be reviewed regularly and updated as necessary in light of the emerging situation.

Should existing cervical screening appointments be cancelled?

GP practices should reschedule existing cervical screening appointments rather than cancelling, to avoid losing individuals from the system. A practice may wish to reschedule routine screening for up to 6 months and up to 3 months for eligible women on early repeat or screening needed following treatment.

The table below covers the individuals that should be given priority if screening is requested, at the GPs discretion, during the Covid-19 Period however there may be individual cases that do not fall into these categories and GP's can take clinical decisions on managing these and prioritising them on a case by case basis.

| Primary Care – priority women that should be seen on request during COVID-19 period | |
|--|--|
| Description | Suggested guidance |
| Women at risk due to history of abnormal results who have failed to attend colposcopy and remain on early recall. | Should be prioritised for screening where this is available. |
| Cases where a delay to screening would significantly raise levels of anxiety and have a detrimental effect on the mental health and wellbeing of the woman | Should be prioritised for screening where this is available. |

What action should be taken with Prior Notification Lists (PNL) that are in progress / have been received?

Individuals listed on the PNL should be deferred using the 'Practice Invitation' option. A 6 months deferral is required for routine screening and 3 months for individuals on early repeat or screening needed following treatment. This will enable monitoring of those deferred due to the current situation.

Do we need to offer appointments to women who have recently received their invitation?

We expect that all GP practices will be limiting non-essential contact with patients until national requirements for social distancing are lifted. To support this approach while reducing the risk of women missing their screening opportunity, we recommend that appointments are offered for a future date. We suggest that you do not cancel appointments without arranging a new date.

Will laboratories accept the samples we have recently taken?

Samples already taken awaiting collection should be sent to the laboratory without undue delay (within 5 days) to ensure that they can be tested within the vial storage time limit. If local sample collection services are disrupted, you may be asked use alternative methods of transport advised by the cytology service provider.

All samples currently in the system will be reported and result letters will be issued to women as usual.

If individuals pass their 65th birthday whilst waiting for a screening invitation/appointment during the current period of social distancing, will their sample be rejected by the laboratory?

Sample takers should be aware that women who have passed their 65th birthday while waiting for a screening invitation/appointment remain eligible for cervical screening and samples from such women will be accepted by laboratories.

What action should be taken if individuals need a colposcopy referral due to their cervical screening result?

All individuals requiring referral as a result of their screening test will be referred directly as usual. In light of the current Government advice on Coronavirus, social distancing and the need to support hospital services at this time, colposcopy appointments in some instances may take longer than usual. However, this position will be reviewed on a regular basis.

We are receiving telephone calls from individuals who are concerned about the risks associated with delaying their cervical screening test, what advice can we give them?

Cervical screening is not a test for cancer, it looks for the [human papillomavirus \(HPV\)](#) which can cause abnormal cells on the cervix, which in time could develop into cervical cancer (10+ years). Delaying a routine screening test for a short time is highly unlikely to affect most individual outcomes.

Please signpost to the national cervical screening leaflet '[Helping you decide](#)' for more information.

What steps should be taken for symptomatic individuals?

It is important to remember that cervical screening is not a diagnostic test for investigating symptoms and is not appropriate.

If individuals report symptoms such as bleeding between periods, during or after sex, after the menopause or changes to vaginal discharge, which are assessed as symptomatic of cervical cancer, an urgent referral must be made.

What happens if a test result is received for a patient with “?glandular neoplasia (non-cervical)”

Women who have had a screening test with a result of “?glandular neoplasia (non-cervical)” require an urgent gynae referral. The GP practice remains responsible for ensuring that a referral has been made even if gynae referrals are usually done directly. GP or direct referrals for these cases must be made immediately.

If an individual requires a referral to colposcopy (due to cervical screening result) will laboratories continue to make referrals?

Screening laboratories will continue to make direct referrals to colposcopy and carry out failsafe activities as usual (please see guidance issued previously to NHSEI Regional Public Health Teams - Colposcopy Specific Guidance).

What alternatives are available to women who don't want to delay their screening test?

Most NHS screening venues, including any local sexual health clinics, will be unavailable during the period of social distancing. It is likely that private screening providers will also be suspending services, although the purchase of home HPV testing kits could continue. We do not endorse any non-NHS screening services and we recommend that women do not undertake any test that could lead to anxiety or require a follow-up GP consultation at this time.

What should happen for novice sample takers in training and unable to complete within the specified timeframe?

Training course providers will need to extend, where necessary, their timeframes to enable individuals to attend and complete rescheduled courses and obtain the necessary clinical practice required. Initially, this would be for up to 6 months. Training providers will be required to review this on a case by case basis in light of evolving events.