

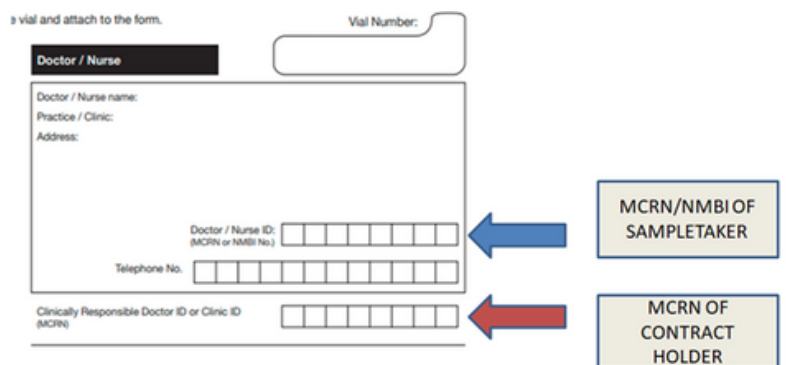
HPV CERVICAL SCREENING NEWSLETTER

July 2022

Screening form: importance of identifying clinically responsible doctor

When filling out the screening form it is really important to:

- Fill in the MCRN/NMBI of the sampletaker who takes the test beside the BLUE ARROW
- Fill in the clinically responsible doctor (CRD) ID or Clinic ID number at the RED ARROW



The diagram shows a form with the following fields and labels:

- Doctor / Nurse** (black box)
- Val Number:** (text box)
- Doctor / Nurse name:** (text box)
- Practice / Clinic:** (text box)
- Address:** (text box)
- Doctor / Nurse ID: (MCRN or NMBI No.):** (10-digit grid) with a blue arrow pointing to it from a box labeled **MCRN/NMBI OF SAMPLETAKER**.
- Telephone No.:** (10-digit grid)
- Clinically Responsible Doctor ID or Clinic ID (MCRN):** (10-digit grid) with a red arrow pointing to it from a box labeled **MCRN OF CONTRACT HOLDER**.

The CRD is the CervicalCheck contract holder and the signatory on the sampletakers Qualified Persons Registration Form.

When a sample arrives at the lab the CRD number is checked first to allow the sample to be processed and the notification added to the Cervical Screening Register.

If the incorrect number is entered, the lab cannot safely identify the contracted doctor. It will not proceed with the processing of this sample until the contracted GP is identified. Identifying the CRD takes time and can slow down the result notification process for your patient. Correctly filling in the CRD reduces the number of calls you get from programme staff requesting clarification of details.

By entering the correct CRD number you are ensuring:

- The correct clinically responsible doctor is identified for the test
- The CRD will get paid for the test
- The result of the test will be returned to the correct CRD
- There are no delays in processing of the sample

If more than one doctor holds a contract with CervicalCheck each sampletaker must complete a Sampletakers Qualified Persons Registration Form with each of the contracted doctors. This ensures the sample taker can be linked to the CRDs in the lab for safe and timely processing of each sample.

Responding to failsaferequests

If a person does not attend for a recommended repeat cervical screening test or a colposcopy appointment, we will write to their GP or clinic. This is to follow-up and check if the person has:

- Been referred to colposcopy
- Attended their recommended screening test
- Changed their address
- Changed their doctor, if known
- Received a follow-up call from their doctor

We call this a **failsafe request**. It is to try and ensure that a person attends their recommended follow up if they have a result that is positive for HPV or abnormal cell changes. It is also to make sure that reasonable efforts are made to contact the person to remind them of the recommended action. Their doctor should make at least two recorded efforts to contact them. We will also write to the person to remind them.

A doctor or nurse can use [this page](#) to respond to a failsafe request. You will need:

- Your doctor or clinic ID - use only the ID that appears on the failsafe request
- The person's cervical screening programme (CSP) ID

You will find both of these ID numbers on the failsafe request that we sent to you. If you are completing a failsafe request for another doctor and you input your own ID instead of the ID on the failsafe request, you will not be able to process the failsafe request online.

We will ask you to inform us if the person has:

- Been referred to a colposcopy clinic
- Received a follow-up from the doctor
- Changed their address

Guidance for management of did not attend (DNA) participants in colposcopy clinics document



We are developing a national recommended approach to women who do not attend for scheduled colposcopy appointments. This guidance document will assist you in talking to women about their attendance at colposcopy appointments.

Please be aware this is a guidance document only and the process may not always apply. Local processes based on clinical judgement will supersede any recommendation in the guidance document, available to view [here](#).

Guidance for Management of Did not Attend (DNA) Appointments in Colposcopy Clinics

Purpose:

To provide guidance to colposcopy clinics to ensure a standardising approach to reduce and manage appointments where a woman does not attend (DNA) in all CervicalCheck funded colposcopy clinics.

Quality Requirement:

CervicalCheck Quality Requirement 4.29 states: Number of appointments defaulted prior to discharge following a number of attempts to contact the woman and GP (including by telephone), and except in exceptional circumstances no more than two appointments must be offered before discharging due to DNA.

Guidance:

- In advance of appointment
 - A proactive approach should be taken by colposcopy clinics to contact women in advance of appointment to minimise the DNA rate. Following issue of appointment letter and where the technology is available, a text messaging reminder is recommended three days before the appointment date.
- After DNA
 - Where a woman does not attend, a further appointment must be offered with a copy of the appointment details sent to the referring doctor.
 - Where a second appointment is not attended the case should be reviewed by a senior colposcopist and an individual risk assessment carried out.
 - For patients assessed as low risk, two appointments should be offered before discharging due to DNA.
 - For patients assessed as high risk, direct contact with the patient (preferably by phone) is recommended. The referring doctor must be notified of the risk assessment and it is appropriate to request their assistance (or the patients GP if different, and consent is given) in making contact with the patient to encourage attendance.
- At all times relevant information and decision regarding management should be recorded on the women's healthcare record and relevant IT system.

Multidisciplinary Team meeting guide document for colposcopy units in development

We are developing a national standardised approach to colposcopy MDTs. These meetings are to discuss and formulate management plans for complex cases. The protocol for these meetings includes ensuring that GPs are informed of the outcome and clinical decisions made. These MDT outcome documents will be for your information only and will not require action on your part. It will be of benefit to you should the woman present with any questions or queries about her care. We acknowledge the key role that GPs and practice nurses carry out in helping patients to have full understanding of their clinical information.

The guide document is available to view [here](#).

Webinar on the National Consent Policy

Recently NSS staff attended a webinar on the HSE Consent Policy (2022) by Marie Tighe, Project Manager of the National Office for Human Rights and Equality Policy. You can watch the webinar [here](#). It examines:

- What is decision-making capacity?
- Making decisions if a person lacks decision-making capacity
- What can staff do to support consent/decision making?

Some documents for your reference include:

- [Consent policy](#)
- [e-learning module](#)
- [Assisted Decision Making](#)

Please contact CervicalCheck's access officer Aedín Shiels at Aedin.Shiels@screeningservice.ie if you have questions on consent. We would encourage all healthcare professionals to read the HSE Consent Policy 2022, and complete the consent e-learning modules on HSELand.

Reminder - CervicalCheck in Practice module

We would like to remind our sampletakers to complete the CervicalCheck in Practice module every 3 years. The aim of this programme is to provide instruction and information on how CervicalCheck works in practice and the role that Primary Care have in the prevention of cervical cancer.

More information can be found on nssresources.ie

Giving blood following treatment for cervical CIS

The Irish Blood Transfusion Service (IBTS) has updated its online information to confirm that people can donate blood if they have been returned to routine screening following treatment for cervical carcinoma in situ (CIS). More information can be found [here](#).



Correct use of colposcopy referral form

Please follow the steps listed below when referring your patient to colposcopy.

Using the correct form speeds up the referral process:

- Use the PREFILLED colposcopy referral form (version 11) to refer your patients to colposcopy. The prefilled form is issued to you a few days after the electronic result.
- Do **not** refer the woman directly to colposcopy. This can create duplicate appointments and unnecessary waiting times. If you are urgently concerned about a patient, we request that you contact the colposcopy by phone.
- Check these are correct on the pre-filled form legibly and accurately:
 - Consent for text reminder
 - First language
 - Special needs assistance
 - Referral General Practitioner details section
 - Referral information section
 - The telephone number is completed on referral to facilitate local processes and ensure best care for women.

Staying up to date

We are aware that some healthcare professionals do not receive regular CervicalCheck updates. If your colleagues wish to be added to our stakeholder list, email communications@screeningservice.ie with their name and MCRN.

The image shows a digital form for colposcopy referrals, divided into three main sections. The top section is titled 'Patient Details' and includes fields for Surname, First Name, Date of Birth, Address, Mobile, Landline, Consent to text reminder (checkboxes for Yes/No), First Language, Interpreter Required (checkboxes for Yes/No), Special Needs Assistance (checkboxes for Yes/No), PPSN, CSP ID, Mother's Maiden Name, and Surname at Birth. The middle section is titled 'Referring General Practitioner Details' and includes fields for Name, Address, Telephone, GP Signature, MCRN, and Date. The bottom section is titled 'Referral Information' and includes a 'Reason for Referral' section with a checkbox for 'Abnormal Cervical Screening Test', a 'CervicalCheck Cervical Screening Test' section with a checkbox for 'Yes' or 'No', 'Referral Cervical Screening Test Details' (Date of Cervical Screening Test, Result of Cervical Screening Test, Accession Number, Reporting Laboratory), a note to 'Please attach copy of the Cervical Screening Test report with this referral.', 'Previous Cervical Screening Test History', 'Previous Colposcopy' (checkboxes for Yes/No, Where), 'Previous Treatment' (checkboxes for Yes/No), 'Comments', 'Reason for Referral: Clinical Indication' (checkbox), 'Clinical Findings (details)', 'Past Medical History', 'Past Surgical History', 'Medications', 'Allergies', and 'Smoking status' (checkboxes for Current smoker, Ex-smoker, Non-smoker). Yellow arrows point to the 'Patient Details' header, the 'Referring General Practitioner Details' header, and the 'Referral Information' header.

- Attach the full test result, not a summary report. This should include the lab name, specimen number, date of test and full result.
- Contact your IT support if your software package is not generating the full report.
- Send the colposcopy prefilled form and the result to your local colposcopy unit.
- **DO NOT REFER TO MORE THAN ONE UNIT.** The programme automatically forwards referrals where there are lengthy waiting time to units in the same geographical area, with the aim of all women being seen within standard waiting times
- Do **not** take a sample if there is a clinical suspicion of cervical cancer. Please contact your colposcopy department immediately, where the woman will be seen within two weeks.

LGBT+ resource HSELand module



This module will give you an understanding of LGBT+ identities and relevant health issues, and provide tips on how to be more inclusive of LGBT+ participants. You can also access activities for your workplace, resources to develop your knowledge, and tools to help you support LGBT+ people on HSELand [here](#).

Schedule of learning events

July 2022	Learning Event	Duration
Thursday 7th July 1-2pm	Principles of screening <i>[This webinar has been cancelled. We will announce a rescheduled date in the coming weeks]</i>	1hr
Wednesday 13th July 1-2pm	CervicalCheck, the National Screening programme	1hr
August 2022	Learning Event	Duration
Thursday 4th August 1-2pm	The Cervix: Recognising the normal and abnormal cervix	1hr
Wednesday 10th August 1-2pm	Sampletaking in non-primary screening settings: Gynae, Colposcopy, GUM and SATU	1hr

The Screening Training Unit (STU) team have begun their lunchtime webinars with great vigour. June's webinars saw 'HPV infection and Cervical Cancer' and 'Cervical Cancer Treatments and Support' discussed. If you missed the June webinars you can watch them back [here](#).

More information regarding July and August's dates and topics can be found [here](#).

We are in the process of planning the September to December webinar series and will share the dates in our next newsletter. If you have any ideas or wish to see particular topics, please contact the screening training unit on stu@screeningservice.ie

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Did you know you can access all previous newsletters on the CervicalCheck website [here](#).