

# **Liverpool, Sefton and Knowsley (Huyton)**

## **Direct Referral for Colposcopy Protocol**

(Amended Protocol October 2014)

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## 1. Summary

Direct referral for colposcopy has been aligned across Liverpool, Sefton and Knowsley – Huyton (LSK) since 2010. This was necessary to reduce the risks associated with manual intervention and streamline the previous ‘choose and book’ pathway whilst allowing for the complexity within provider integrated pathways. This document contains information regarding the direct referral process implemented across LSK.

The LSK Direct Referral process is in line with recommendations from the North West Cervical Screening Quality Assurance Reference Centre (NWCSQARC) and the NHS CSP Colposcopy and Programme Management (2010) and is based on good practice from across the North West.

The pack is designed to be used by all cervical sample takers across LSK working in primary care, contraception services, genitourinary medicine and any other settings where cervical cytology samples are being taken as part of the NHS CSP.

Direct referral to colposcopy following an abnormal cervical cytology result replaces the traditional referral route via primary care. It has been shown to improve service quality and reduce waiting times. Direct referral is in place for all grades of cytological abnormality requiring colposcopy referral. Cases requiring urgent referral for results: high-grade (severe)/ ?invasive (code 5 S) and ?cervical glandular neoplasia (code 6 S) will also be under direct referral as per guidance from NWCSQARC (2010). 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 prior to the woman receiving the result. It is expected that the GP will discuss the result and the need for urgent referral directly with the woman. The referral will have been already made with arrangements in place for the woman to receive a suitable appointment date and time.

Reports suggesting a non-cervical glandular abnormality (code ‘O A’) fall outside of the NHSCSP and direct referral pathway. These women should be referred to a gynaecology clinic. The GP must make an urgent referral through the ‘two week wait’ pathway. In these cases the laboratory will contact the woman’s General Practitioner (GP) directly and ensure they are in receipt of the report prior to the woman receiving the result.

## **2. Introduction**

The traditional pathway for the referral of women to colposcopy, following a cervical cytology test can be a lengthy administrative process. It involves the responsible clinician, usually the general practitioner, contacting the colposcopy department and requesting an appointment for the woman.

The concept of direct referral to colposcopy was first suggested in the late 1990s and where this process has been introduced, significant improvements to the quality of the service have been experienced with colposcopy departments reporting improved turnaround times for appointments and reduced non-attender rates.

### Reducing patient anxiety

“Fast tracking” a woman through the referral process to colposcopy has been proven to be the only way of reducing the anxiety associated with an abnormal cytology result.

### Attendance rates

It has been shown elsewhere that allowing women a choice in the date and time of their appointment also reduces the non-attender rates.

The Director of the National Health Service Cervical Screening Programme, Mrs Julietta Patnick, has endorsed the process of direct referral to colposcopy from the cytology laboratory.

**See Appendix A for a summary of the Direct Referral Route**

### 3. Aims and objectives of the Direct Referral process

The aims and objectives of direct referral are to:

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

All women with high-grade (moderate) or worse cytology will be included within the 62 day screening period. This includes the following cytology categories:

- high-grade (severe) / ?invasive cancer;
- ?cervical glandular neoplasia;
- high-grade (severe) dyskaryosis;
- high-grade (moderate) 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 (moderate) or worse cytology (i.e. abnormalities within the scope of the standard) – should be referred within 2 weeks as per NHS England's Service Specification 25 (Cervical Screening),
- Low risk cytology (i.e. abnormalities not covered by this standard – cancer not suspected/likely) – should be referred within 6 weeks (routine) and women 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 women with high-grade (moderate or severe) cytology. There are no national standards for the timescales for delivering the colposcopy as part of this standard. However, if the internal quality assurance standards for the cervical screening programme are met, the vast majority of women 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.

2. Ensure that the current national NHS Cervical Screening Programme waiting time standards for colposcopy appointments are met, by direct notification to the colposcopy clinic from the cytology laboratory of those women who require further investigation by colposcopy.

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](http://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 high-grade (severe) /?invasion should be seen urgently within two weeks of referral;
- referred for colposcopy after one test reported as cervical glandular neoplasia should be seen urgently within two weeks of referral;
- with a test result of high-grade (moderate or severe dyskaryosis) should be seen in a colposcopy clinic within two weeks of referral.
- with a test result of borderline changes or low-grade dyskaryosis should be seen in a colposcopy clinic within 6 weeks of referral.

The non-attender default rate should be less than 15%

3. Reduce the number of women who fail to attend for colposcopy appointments by improving information, communication and patient choice.
4. Reduce the administrative workload for primary care staff in arranging colposcopy appointments.
5. Improve governance by removing reliance on individual practitioners to make the referral. Urgent referral cases (high-grade (severe) dyskaryosis/?invasive , cervical glandular neoplasia) will also be included within direct referral. Non-cervical glandular abnormalities are not covered by direct referral.

#### 4. Summary of Liverpool, Sefton and Knowsley (Huyton) Direct Referral Protocol

1. The direct referral process will include women who receive their result letter from Primary Care Support Merseyside (PCS), call recall agency. It will apply when the sample was taken anywhere in Merseyside. (See section 10 for details of which women receive their result letter from the PCS.)
2. Each woman, irrespective of where the sample was collected, will be linked to a specific colposcopy unit based on their home address post code (appendix B).
3. If a woman requests not to attend the default colposcopy unit selected for Direct Referral, she should be advised to contact her GP at the point of referral to organise referral to the preferred unit and cancellation of the original appointment. If she does not have a GP, she will need to contact the sample taker (responsible clinician) to arrange this.
4. 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 to their own GP with advice on further referral to the appropriate clinic. (NHS “Recommendations for Service Provision and Standards in Colposcopy”, 2010)
5. All cervical cytology reported under the direct referral scheme are marked **‘\*\*\*\*DIRECT REFERRAL TO COLPOSCOPY ACTIONED\*\*\*\*’**.
6. If a woman has been directly referred, the test result will still be sent to the sample taker and GP, but the sample taker/GP will no longer need to arrange referral to colposcopy. Instead, the laboratory will at the same time send an electronic copy of the referral and cytology result to PCS. The woman will receive her result letter from PCS by first class post. The letter from PCS will advise the woman that they will be contacted by their local colposcopy unit’s Patient Access Centre to arrange an appointment directly. The colposcopy unit will telephone the woman to arrange this appointment, confirming the agreed date and time by post following receipt of the spreadsheet of direct referral cases from the cytopathology laboratory. This appointment letter will also provide contact details to allow the woman to re-arrange the appointment. This will speed up the referral process and reduce the amount of administrative work for staff in general practice and community clinics.

## 5. Responsibility of the Sample Taker / GP - Summary

- It is the sample takers responsibility to inform the woman that if her test result advises referral to colposcopy she will be contacted and sent a pre-arranged appointment by the nominated colposcopy unit.
- If the woman does not wish to attend the selected colposcopy unit, then she should be advised to contact her GP at the point of referral to organise referral to the preferred unit and cancellation of the original appointment.
- The GP will be responsible for checking the result from the laboratory to ensure that it is marked to state that Direct Referral has taken place. Where there is a '**Gynaecological referral outside of the NHSCSP is indicated.**' comment, it will be up to the GP to make the gynaecological referral. All tests reported under the direct referral scheme are marked '**\*\*\*\*\*DIRECT REFERRAL TO COLPOSCOPY ACTIONED\*\*\*\*\***'.
- Although the colposcopy unit will be responsible for sending out a pre-arranged appointment, as an additional failsafe, the result letter from PCS will advise the woman that if she has '**not heard from the colposcopy unit within the next five days she should contact her GP as soon as possible**'. It will then be the GPs responsibility to contact and/or arrange the appointment at the appropriate colposcopy unit. The GP is advised to contact the laboratory should they be unsure where the referral originally was or should have originally been made.

Liverpool Clinical Laboratories  
Cytopathology Department  
**0151 – 706 – 4583/4**

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

### 5.1 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 woman lacks the mental capacity to consent to the Direct Referral Process, then the sample taker should make a decision in the 'woman's best interests' as per the Mental Capacity Act 2005.

## **6. Cervical cytology samples taken within Contraceptive Services, Family Planning Clinics (FPC), Genito-Urinary Medicine (GUM) and Integrated Sexual Health Services**

- If a woman who receives her result letter from PCS following attendance at any Integrated Sexual Health Service (ISIS), FPC or GUM within Merseyside, the direct referral will be made to the colposcopy clinic linked her post code.
- If a woman who receives her result letter from Primary Case Support outside of Merseyside e.g. Lancashire, Cheshire etc. attends any Integrated Sexual Health Service (ISIS), Abacus or GUM within Merseyside, the direct referral will be made to the Liverpool Women's Hospital (Crown Street) colposcopy unit.
- Sample takers in FPC and GUM must ensure that women are aware of which colposcopy clinic they would be directly referred to if colposcopy is required, (in case they need to contact their GP about the referral). If the women requests that they are referred to an alternative colposcopy clinic the sample taker should advise the woman to contact her GP at the point of referral to organise referral to the preferred unit and cancellation of the original appointment. If the woman is not registered with a GP then she should contact the sample taker to make the necessary arrangements.

## **7. Exclusions from Direct Referral**

- **Referral to a gynaecologist advised.**  
Women receiving a report of 'non-cervical glandular abnormality' are not covered by the direct referral process as this type of lesion is out with the NHSCSP. The woman's GP is responsible for making an urgent gynaecological referral.
- At the discretion of the consultant reporting the cytology test, referral to a gynaecologist may also be suggested in view of the clinical details given e.g. abnormal looking cervix, abnormal haemorrhage. These women require clinical review to determine if urgent gynaecological referral is required.
- 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 women not registered with a GP this responsibility will lie with the sample taker.



## 8. Urgent Referral Cases – Grade 5 and 6

Urgent hospital referral cases are those cervical cytology tests with a result of **high-grade (Severe)/ ?invasive disease**, or **cervical glandular intraepithelial neoplasia**, these will still be included within the direct referral process. These cases will also be tracked under Cancer Two Week Wait Guidance (Going Further on Cancer Waits).

1. The laboratory will notify the GP (or responsible clinician) of test results that require urgent referral for colposcopy. This involves telephoning them to explain that an urgent report is being sent, then sending the report by fax and a letter detailing the previous conversation. If the laboratory fails to speak to a GP or practice nurse a copy of the report and letter detailing the GP's responsibility to the woman will be faxed. Laboratory failsafe procedures ensure that these cases are closely followed up. It is the responsibility of the GP to ensure that the woman has received an appointment. If the woman is not registered with a GP then responsibility will fall to the sample taker (or responsible clinician).
2. If the sample is taken in another service e.g. Integrated Sexual Health Service, GUM or Family Planning, both the sample taker and the GP will receive a copy of the result but it will remain the responsibility of the GP to refer the women unless she is not registered with a GP when responsibility will fall to the sample taker.
3. The GP (or sample taker if the woman is not registered with a GP) should then contact the woman to offer an appointment to discuss her results in person. They should also ensure that she has received an appointment from the colposcopy clinic.
4. PCS will send a direct referral result letter as normal stating:

*'Your screening 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.*

*These cell changes need looking at more closely, and will usually need treatment. This means that you need an urgent appointment for another examination, called colposcopy. Colposcopy is very similar to having the cervical screening test. The enclosed leaflet tells you about having colposcopy.'*

## 9. Urgent Referral Cases – Grade '0' – Non-cervical glandular abnormality

Urgent hospital referral cases are those cervical cytology tests with a result of '**Non-cervical glandular abnormality**'; these will still be excluded from the direct referral process. However, they will remain in the Cancer Two Week Wait Guidance (Going Further on Cancer Waits).

1. The laboratory will notify the GP (or responsible clinician) of test result that require urgent referral for gynaecology. This involves telephoning them to explain that an urgent report is being sent, then sending the report by fax and a letter detailing the previous conversation. If the laboratory fails to speak to a GP or practice nurse a copy of the report and letter detailing the GP's responsibility to the woman will be faxed. The laboratory will continue to monitor that these women are referred appropriately albeit this group of women fall outside of NHSCSP failsafe procedures. It is the responsibility of the GP to ensure that the woman has

received an appointment. If the woman is not registered with a GP the responsibility will fall to the sample taker (or responsible clinician).

2. If the sample is taken in another service e.g. Integrated Sexual Health Service, GUM or Family Planning, both the sample taker and the GP will receive a copy of the result but it will remain the responsibility of the GP to refer the women unless she is not registered with a GP when responsibility will fall to the sample taker.
3. The GP (or sample taker if the woman is not registered with a GP) should then contact the woman to offer an appointment to discuss her results in person. They should also ensure that she has received an appointment from the gynaecology clinic.
4. PCS will send a result letter stating:

“I am writing to inform you that your recent cervical screening result was normal.”

## **10. Primary Care Support Merseyside (Call / recall agency)**

Primary Care Support Merseyside (PCS) currently manages cervical screening call & recall (including the sending of result letters) for women who are registered in any of the Merseyside, Wirral, St. Helens & Knowsley and Cheshire CCGs.

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, PCS 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.

Once the woman has attended for screening her cytology sample is reported by the Laboratory at Liverpool Clinical Laboratories based at the Royal Liverpool & Broadgreen University Hospital 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 PCS.

For all cases being directly referred a spreadsheet containing woman's details, the test result and details of the referral are sent to the allocated colposcopy clinic by the laboratory. The colposcopy clinic must confirm receipt of this email and the number of records on it. PCS will issue a result letter to the woman.

### **The Result Letter**

PCS sends a standard result letter to the woman by first class post (example included in Appendix C).

***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 five 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 or should have originally been made.

If the woman is not registered with a GP, the result letter will advise the woman that if she has not heard from the colposcopy clinic within the next five days she should contact the person who did her test.

## **11. Cytology Laboratory Notification of Direct Referral Cases**

The Hospital Based Programme Co-ordinator will set up a distribution list on the NHS net secure email server which can be accessed by all relevant staff and a distribution list to include at least two members of staff in each colposcopy department. This is to ensure that if a member of the colposcopy staff is not available, a colleague can process the information.

1. The cytology laboratory will send a daily email to a generic NHS Net email address for the colposcopy unit which can be accessed by the designated colposcopy staff. The email will contain a list of all women to be referred to Colposcopy. This is sent in Excel spread sheet form. The spread sheet title will be ***Hospitalnameabnormalsmears.XLS***
2. The Excel spread sheet will give the following information:
3. The woman's name, address incl. post code, DOB, NHS number, GP name, GP address, Lab case number, date case collected, date case signed out, cervical cytology report code.
4. The Colposcopy administrator will save the Excel spread sheet as ***Hospitalnameabnormalsmears.XLS*** and print out the spread sheet
5. If the email or hospital IT computer systems are down, the cytology laboratory will printout and fax the Excel spread sheet or if the Lab computer system is down the individual womans cervical cytology reports will be faxed to the corresponding colposcopy unit.
6. Hard copy (paper) reports will be sent to the colposcopy unit separately.

## **12. Colposcopy Clinic**

### **a. 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 co-ordinator will work alongside colposcopy staff, with particular responsibility for:

- *Ensuring that the referrals received daily from the cytology laboratory are graded promptly with regard to appointments*
- *Ensuring that women receive appointments within 3 working days of getting their result letters (this may be extended to 5 working days if the patient access centre fails to contact the woman by telephone).*
- *Monitoring the progress of the service by collating and evaluating data*
- *Liaising with women to arrange their appointment, including DNA's*
- *Copying details of the colposcopy outcome letters to the relevant GP*

## **b. Colposcopy protocol**

1. On receipt of the direct referral work list from the cytology laboratory the colposcopy administrator will confirm receipt of the list of women and the number of women to the referring laboratory by email/fax.
2. The referral letter will be generated by Microsoft Word as a mail merge document using *Hospitalnamedirectreferraltocolposcopy.doc* and printed from the Excel spread sheet information on a designated printer in colposcopy.
3. The Colposcopy administrator will highlight on the referral the reason for the referral by ticking the correct box e.g. Low-grade dyskaryosis. Any cytology result that does not match the results listed should be referred to a clinician for advice.
4. The colposcopy clinic will allocate the appropriate appointment based on the cytology report (see appendix D – Colposcopy referral form,).
5. The colposcopy unit/patient access centre (PAC) will attempt to contact the women by telephone if they have their contact details. The PAC can access the NHS Spine IT system to gain a woman's contact details. If the telephone number is not available the colposcopy unit will approach the woman's GP to request the appropriate telephone number.
6. When contact is made with the woman, she will be informed of the cytology result and reason for a colposcopy. She will then be offered a suitably timed appointment. (see appendix E – Booking script)
7. A letter confirming the appointment will be sent and will inform the woman she has a choice to cancel the appointment and re-book at another hospital and the woman will also be sent an information leaflet on colposcopy (see appendix F - Colposcopy invite letter).
8. The colposcopy unit/PAC will attempt to contact the woman by telephone three times. If direct contact is not possible, the colposcopy/PAC unit will write to the woman offering her an appointment.
9. If the woman refuses the offer of an appointment or requests to attend a colposcopy unit outside of the area, the colposcopy unit/PAC should write to the woman's GP advising them of this request. It should be stated that it is GP responsibility to manage the woman / refer her to the colposcopy unit of her choice.

## **13. Protocol for allocation of colposcopy appointments**

### **1. Urgent Referral Cervical Cytology Results**

- Severe dyskaryosis /? Invasive carcinoma
- ?Glandular neoplasia

These women will be seen within 2 weeks of the report being issued.

## **2. High-grade cytological abnormalities**

- High-grade (Severe) Dyskaryosis
- High-grade (Moderate) Dyskaryosis

These women will be seen in within 2 weeks of the report being issued.

## **3. Non Urgent Referral Cervical Cytology Results.**

- Low-grade Dyskaryosis (High Risk HPV Detected)
- Borderline (High Risk HPV Detected)
- Repeated cytological inadequate / invalid HPV test (x3)
- 3 abnormal cytology reports (any grade) in 10 year period

These women will be seen within 6 weeks of the report being issued.

## **14. Discharge from colposcopy**

Colposcopy units are required to follow the NWQARC process at discharge. This is to ensure that PCS are notified when the woman is discharged from colposcopy. The clinician responsible for discharging the woman must also indicate the date when he/she expects the woman to attend for her next cervical cytology test. This notification will ensure that the woman receives an invitation for that repeat cervical cytology test at the appropriate interval (see appendix H – colposcopy discharge sheet).

This form **must** be completed at the time of discharge and sent to the appropriate PCS either electronically or as hard copy. If you are unsure of the contact details for your local office please contact the North West QARC at [nw.csqarc@lwh.nhs](mailto:nw.csqarc@lwh.nhs) or on 0151 702 4281 for assistance.

Colposcopy units have also been requested to provide additional information summarising the treatment, result and attendance to the RLBUHT Cytology Laboratory. All information provided should follow appropriate information governance measures and Caldicott guidance.

## **15. Failsafe**

The laboratory sends a daily email list of all women to be referred to the colposcopy unit. This is sent to the designated colposcopy booking staff as an Excel spread sheet. If there is a problem with the NHS Net e-mail network, a paper copy of the spread sheet can be printed by the laboratory staff and faxed to the colposcopy unit.

The colposcopy clerk will email the laboratory to confirm receipt of the list of women and the number of women on the list. If the list is faxed the clerk will fax a reply stating the number of women on the list

The laboratory will generate a failsafe list of those women referred to that particular unit. The list will be sent by secure e-mail or post, in the event of an issue with NHS Net, to the designated staff in colposcopy unit. The list will be used by the colposcopy staff to ensure that all women have been offered an appointment. The list should be issued every two weeks to the colposcopy unit. The colposcopy unit should acknowledge

receipt of the list. If any anomalies identified the colposcopy unit should contact the laboratory immediately to initiate an investigation.

The laboratory will send a copy of all abnormal cervical cytology results to the woman's GP / responsible clinician.

The PAC/Colposcopy administrator will inform the GP of the appointment made for the woman.

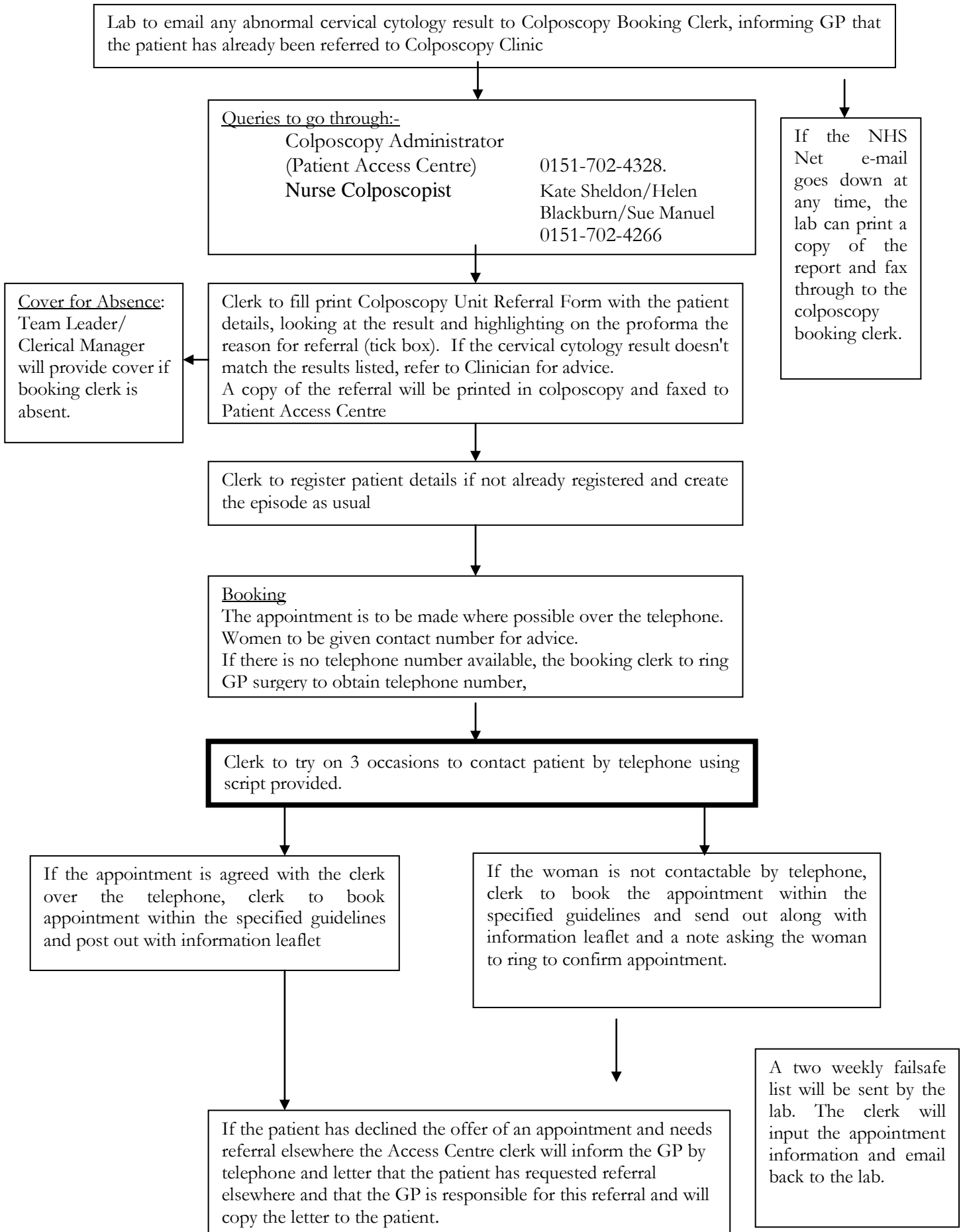
If the woman has declined the offer of an appointment and requests referral elsewhere the PAC/Colposcopy Administrator will inform the GP by telephone and letter of this request. The GP is responsible for this referral and will copy the letter to the woman.

If a woman does not attend her appointment, a letter should be sent directly to the woman with a copy of letter to the GP, explaining that no further appointments will be sent. The letter must include a contact phone number for the PAC so that the woman can call directly to make another appointment, if she wishes to do so. Should she fail to contact the PAC, further responsibility lies with her GP to encourage her to attend the colposcopy unit (see appendix G – DNA letter).

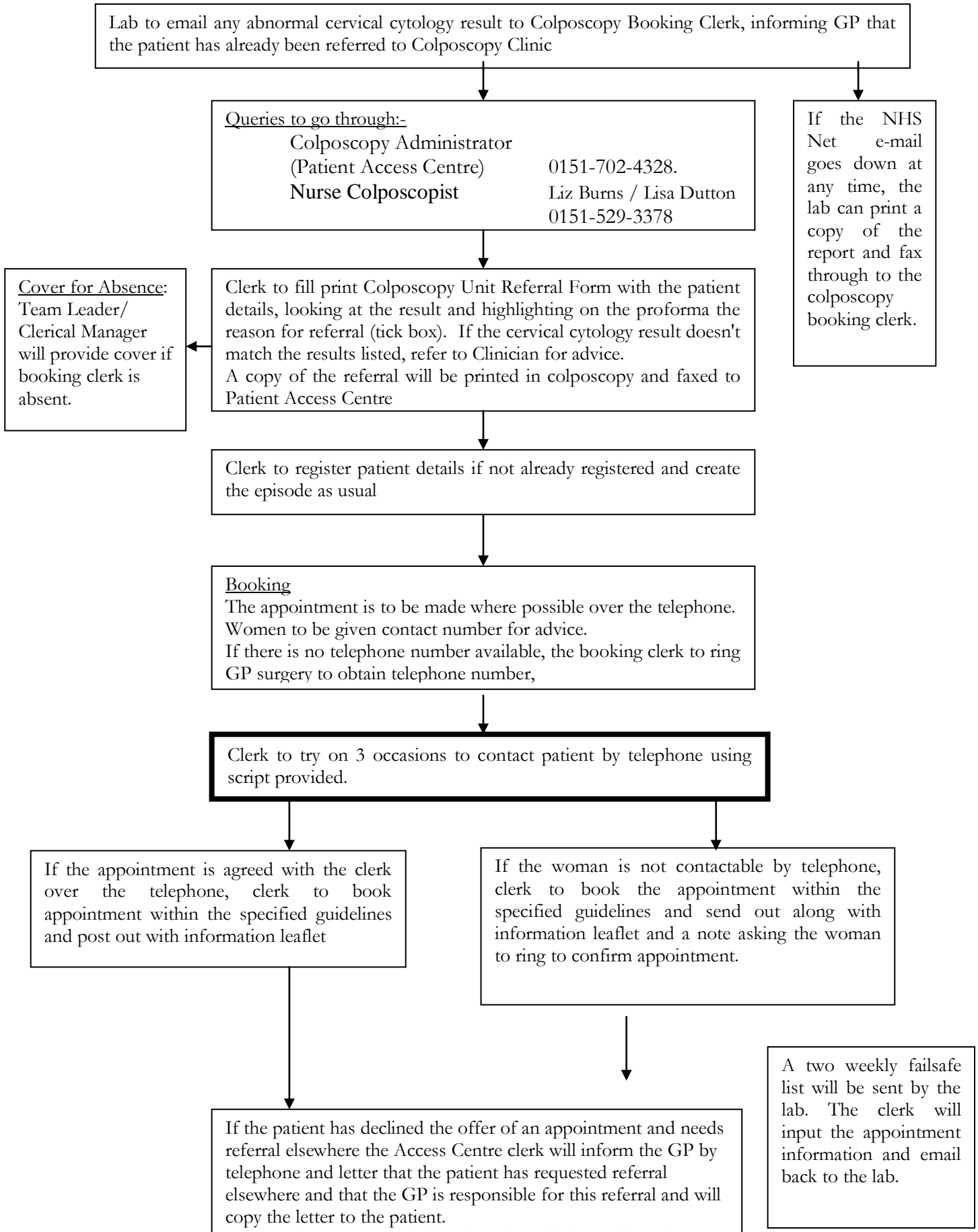
At Aintree and Liverpool Womens Hospitals a secondary failsafe mechanism to ensure that referrals are received by the Access Centre and women have been sent appointments, will be carried out by the Colposcopy Unit administrator and Access Centre clerk on a daily basis.

## Appendix A:

### DIRECT REFERRAL ROUTE FOR REFERRAL TO COLPOSCOPY – Liverpool Women’s Hospital (Crown Street)

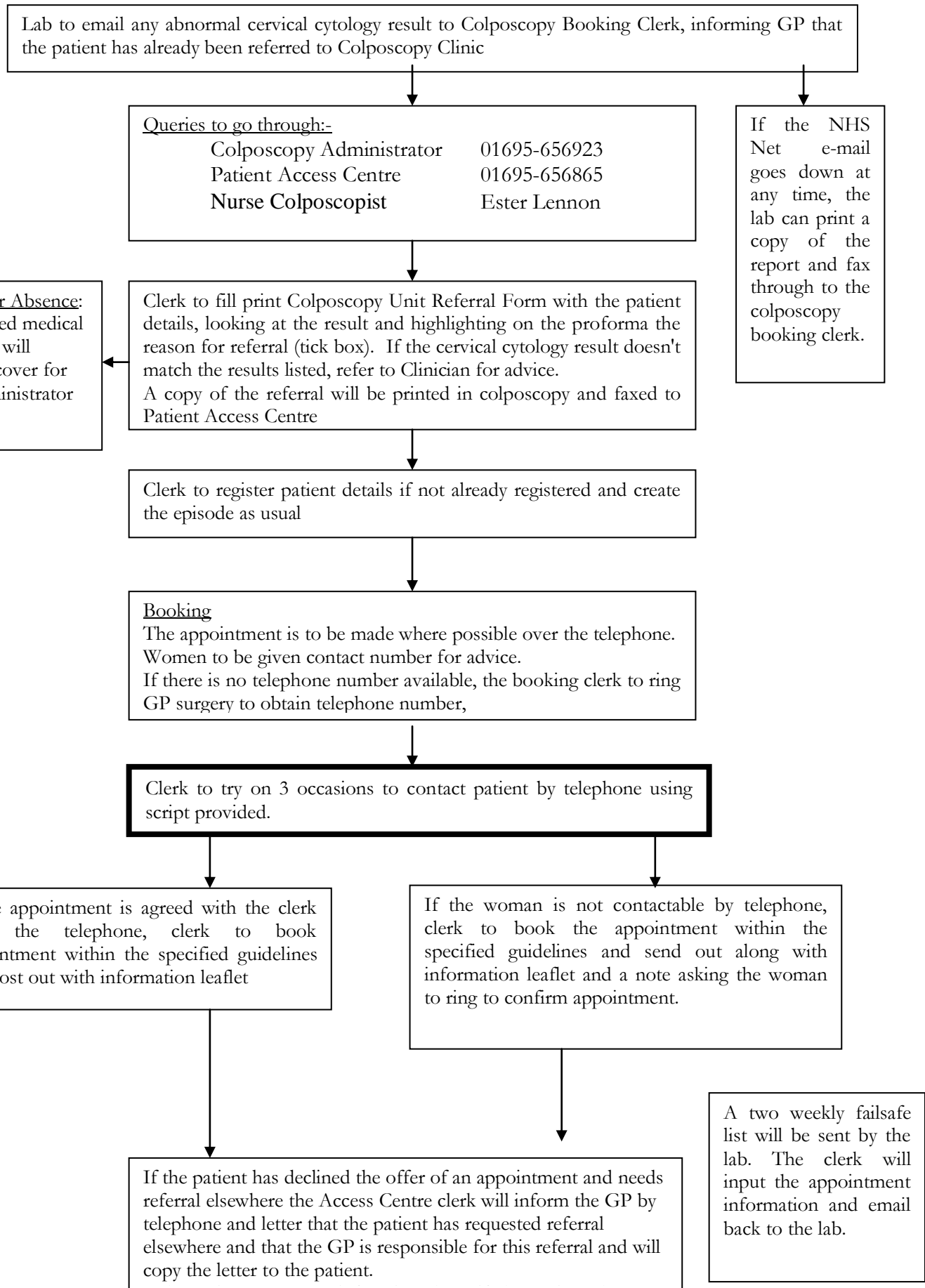


**DIRECT REFERRAL ROUTE FOR REFERRAL TO COLPOSCOPY – Liverpool Women’s Hospital (University Hospital Aintree Site)**





**DIRECT REFERRAL ROUTE FOR REFERRAL TO COLPOSCOPY – Southport District General Hospital**



## Appendix B

### Liverpool, Sefton & Knowsley Direct Referral Path - December 2014 Allocation of Default Colposcopy Unit

Women will be allocated their referral centre based on their home postal code.

Liverpool Womens' Hospital – Crown Street	Liverpool Womens' – Uni. Hospital Aintree	Colposcopy Unit Southport & Ormskirk DGH
L 1	L 9	L37
L 2	L 10	L 38
L 4	L11	L 39
L 5	L 12 (Fir Tree M/C – Croxteth Park)	PR 8
L 6	L 20	PR 9
L 7	L 21	
L 8	L 22	
L 12	L 23	
L 13	L 30	
L 14	L 31	
L 15	L 32	
L 16	L 33	
L 17		
L 18		
L 19		
L 25		
L 26		
L 27		
L 28		
L 34		
L 35		
L 36		
All other women		

## Appendix C – Example of a cervical cytology result letter - High Grade



Primary Care Support  
Liverpool Office  
Bevan House  
65 Stephenson Way  
Wavertree Technology Park  
Wavertree, Liverpool  
L13 1HN

Tel Number: 0151 296 7166

«DEST\_NAME»  
«DEST\_ADD1»  
«DEST\_ADD2»  
«DEST\_ADD3»  
«DEST\_ADD4»  
«DEST\_POSTCODE»

Dear «PAT\_TITLE» «PAT\_SURNAME»

Thank you for attending your recent cervical screening test.

The report from the laboratory showed that your cervical screening result was abnormal. There were changes to some of the cells of your cervix called high grade dyskaryosis. It is unlikely that you have cancer but these changes need investigation and the appropriate treatment. Please read the enclosed leaflet, What your abnormal result means, for more information.

A further investigation called colposcopy is needed to determine what treatment will be needed. Colposcopy is a detailed examination of your cervix and it takes place at a hospital outpatient clinic. The procedure is very similar to the cervical screening test. The enclosed leaflet, The Colposcopy Examination, gives more information.

You may have already been contacted by Colposcopy, or will be in the next few days; if you have not been contacted within the next 10 days, please call the appointments centre on 0151 702 4328 (**01695 656816 – NHS Sefton women**)

It is important that your cervix is checked in more detail to make sure there are no cell changes which could become serious in the future. If colposcopy shows you need treatment, you will usually be treated as an outpatient and there will be no need for you to stay in hospital overnight.

If you have any questions about your result or would like more information about anything mentioned in this letter please contact your 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 Area Team.*

**Appendix D – Colposcopy Referral Form**  
**COLPOSCOPY REFERRAL FORM**

Patient Name	GP Name
Patient Address	GP Address
DOB	Lab case number
NHS No.	Date of Referral
Patient Landline tel No. Mobile tel No.	Date cervical cytology collected Cervical cytology result code

REASON FOR REFERRAL – please tick appropriate box

CYTOLOGY DATE        /    /

Abnormal cytology result code	Time scale when pt to be seen by	Date of appointment
Low-grade Dyskaryosis (CIN1P) <input type="checkbox"/>	6 weeks	
High-grade (Mod) Dyskaryosis (CIN2) <input type="checkbox"/>	2 weeks	
High-grade (Severe) Dyskaryosis (CIN3) <input type="checkbox"/>	2 weeks	
High-grade/ ?Invasive (INV) <input type="checkbox"/>	2 weeks	
Borderline (squamous) (BLINEP) <input type="checkbox"/>	6 weeks	
Borderline (endocervical) (BLENCXP) <input type="checkbox"/>	6 weeks	
Cervical Glandular Abnormality (CGIN) <input type="checkbox"/>	2 weeks	
Inadequate (INADx3) <input type="checkbox"/>	6 weeks	
Negative (NEGP) <input type="checkbox"/>	6 weeks	

Notes:

P – denotes High-risk HPV detected at cytology Triage / HPV Test of Cure

T – T prefix to any report code denotes failed High-risk Test of Cure

## COLPOSCOPY REFERRAL FORM (HPV Primary Screening)

Patient Name	GP Name
Patient Address	GP Address
DOB	Lab case number
NHS No.	Date of Referral
Patient Landline tel No. Mobile tel No.	Date cervical cytology collected Cervical cytology result code

REASON FOR REFERRAL – please tick appropriate box

CYTOLOGY DATE        /    /

Abnormal cytology result code	Time scale when pt to be seen by	Date of appointment
Low-grade Dyskaryosis (PCIN1) <input type="checkbox"/>	6 weeks	
High-grade (Mod) Dyskaryosis (PCIN2) <input type="checkbox"/>	2 weeks	
High-grade (Severe) Dyskaryosis (PCIN3) <input type="checkbox"/>	2 weeks	
High-grade/ ?Invasive (PINV) <input type="checkbox"/>	2 weeks	
Borderline (squamous) (PBLINE) <input type="checkbox"/>	6 weeks	
Borderline (endocervical) (PBLINEENCX) <input type="checkbox"/>	6 weeks	
Cervical Glandular Abnormality (PCGIN) <input type="checkbox"/>	2 weeks	
Inadequate (PINADx3) <input type="checkbox"/>	6 weeks	
Negative (PNEG) <input type="checkbox"/>	6 weeks	

## Appendix E – Colposcopy booking script

### Cultural, Mobility and Impairment Issues

What is the patient's preferred first language?

Does the patient require Translation or Interpretation Services? YES / NO

Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems)

Is Disabled Access Required? YES /NO

### **Colposcopy Booking Script**

My name is....., I am ringing from Southport and Ormskirk Hospital.

Could I ask you what is your preferred language?

Do you require interpretation services?

You may recall that you recently had a smear and your result has suggested that you need further examination at our colposcopy clinic.

This is nothing to be worried about. I can agree your appointment over the telephone and will send you a leaflet that will explain everything in more depth.

We are booking your appointment at Southport/Ormskirk Hospital. Is this ok? If you would like to be seen elsewhere you can go to your GP and ask them to refer you.

Cultural/Mobility and Impairment Questions to ask the patient (these should be filled in on the Colposcopy Unit Referral Form and attached to the smear result)

I just need to ask you a few other questions that will help us with your appointment

- Do you have any visual or hearing impairment requiring specialist help? (sign language, braille)
- Do you require disabled access?

#### **Commonly asked questions:**

1) What is Colposcopy?

An examination of the neck of the womb using a microscope.

2) Why am I being referred?

- a) You have had a smear taken and this shows that further examination is needed.
- b) You have been referred by GP/other clinician regarding the appearance of the neck of the womb or because of contact bleeding.

3) What happens if I need treatment?

You will have the chance to discuss any treatment plan in clinic and information leaflets will be available to you. You will only receive treatment at your first visit after full consultation with the Colposcopist and only if you are happy to proceed at that time.

4) What preparations are needed before clinic?

It is advisable for you to have a light breakfast or lunch before attending. If you would like a partner or friend to accompany you this is possible.

5) Can I attend on a period?

If you are due a period at the time of your appointment, you can visit your GP and request medication to delay your period. Alternatively, if you are on the oral contraceptive pill you may continue this until after you have attended your appointment.

*If the patient cannot attend*

**It is important that the patient does attend their appointment.**

- They can't attend on the date given or they need to cancel and rebook:

If the patient has a holiday booked or other engagements which means they cannot attend within the booking guidelines, book the appointment that they were first offered and cancel it "by patient –deferred" then book the next earliest possible appointment. This will log on the system that an appointment has been offered to the patient within the agreed guidelines but the patient chose to delay the appointment. This will not be recorded as a breach. The patient should inform us if they are unable to attend any appointments.

- They do not wish to be seen at all:

Take a contact number and tell them a nurse will give them a ring to discuss the appointment and why they need to come. Speak to the colposcopy nurse or Nurse Colposcopist and explain why the patient does not wish to be seen.

## Appendix F - Example Colposcopy Invite Letter – Liverpool Women’s Hospital

Letter 1

Liverpool Womens Hospital   
NHS Foundation Trust

Date as postmark

Dear Patient,

Following our recent telephone conversation, please find enclosed your appointment at our Colposcopy clinic. If you need to rearrange this appointment, you can contact our booking clerk on 0151 xxx xxxx.

We have also enclosed an information leaflet which answers some commonly asked questions. If you have any further queries you can contact our Nurse Colposcopists on 0151 xxx xxxx. If you leave a message on the answering machine they will call you back as soon as they can.

Yours sincerely

Colposcopy Appointment Clerk



## Appendix E - Example Colposcopy Invite Letter – Southport & Ormskirk DGH

Colposcopy Appointment Letter – Southport and Ormskirk NHS Trust

Dear

Thank you for attending your recent cervical screening (smear test) at your GP/ Practice Nurse / smear takers request.

You have been referred to the colposcopy clinic for an examination of your cervix. Colposcopy is an investigation using an instrument called a colposcope (which is similar to a microscope). The colposcope allows the doctors to look closely at the surface of the cervix in order to detect any changes. If there are any abnormal areas, a biopsy (a tiny piece of tissue) may be taken. In some cases, it is possible to treat this area during this appointment, if you agree.

This examination will take 10 – 15 minutes and you will be able to go home afterwards. Results from the examination will be sent to you within 4 - 6 weeks.

You are welcome to bring a family member or friend with you if you wish, and should treatment be required, this will enable us to consider treatment on the day, but this is not essential.

An appointment has been made for you on ..... at .....

***Please note the Consultation room is situated on the 1st floor and involves a flight of stairs. If this presents a problem to you, please contact the patient access centre and a new appointment will be made.***

It is important that you contact the patient access centre on 01695 656865 to confirm this appointment. You can also change the appointment to a more convenient time if you wish. If you are due your period at the time of your appointment, you can visit your GP and request medication to delay your period. Alternatively if you are on the oral contraceptive pill you may continue this until after you have attended your appointment.

If you have any queries about the procedure, please contact the colposcopy nurse on 01695 656923.

Cc: GP

**Appendix G – Example –DNA letter (did not attend)**

DNA letter - Southport and Ormskirk NHS Trust

Dear

We are writing to you as you did not attend your appointment in the colposcopy clinic on the  
.....

Therefore, we are not making you a further appointment.

It is very important that you contact your GP to discuss follow up of your abnormal smear test result. Your GP will be able to arrange a further appointment at the colposcopy clinic. (If you do not have a GP, contact the person who did your smear test.)

It is very important that you attend for colposcopy as you may require treatment for the abnormality detected on your smear. Without treatment, there is a risk of future serious problems.

Your GP will wish to be confident that you fully understand the importance of attending for colposcopy. If you have not yet discussed this with someone from your practice, they will try to contact you. (If you do not have a GP, it will be the person who took your smear test.)

If you have questions or concerns, please feel free to contact the colposcopy nurse on 01695 656923.

Cc: GP

## Appendix H - Colposcopy Discharge Sheet



### Cancer Screening Programmes

North West Cervical Screening Quality Assurance Reference Centre

Notice of Patient Discharge from Colposcopy

It is important that the local Screening (Call/ Recall) Office is notified when a patient is discharged from Colposcopy. The clinician responsible for discharging the woman must also indicate the date when he/she expects the woman to attend for a follow up smear. This notification will ensure that the woman receives an invitation for that repeat smear at the appropriate interval.

This form must be completed at the time of discharge and sent to the appropriate Screening (Call/ Recall) Office either electronically or as hard copy. If you are unsure of the contact details for your local office please contact the North West QARC at [nw.csqarc@lwh.nhs](mailto:nw.csqarc@lwh.nhs) or on 0151 702 4281 for assistance.

Name of Colposcopy

Unit.....

	Surname	Forename	NHS No.	Date of birth	Next test date (dd/mm/yy)	Laboratory * Information code
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Colposcopy units are requested to provide information for the laboratory at discharge using the agreed codes. Information concerning these codes will be distributed separately in line with Caldicott guidance.

## Appendix I Colposcopy Unit Contact Details

<p>Kate Sheldon Colposcopy co-ordinator Colposcopy Liverpool Women's Hospital – <b>Crown Street, L8</b></p> <p>Tel: 0151 – 702-4266</p> <p>Patient Access Centre: 0151-702-4328</p>	<p>Liz Burns Colposcopy co-ordinator Colposcopy Liverpool <b>Women's Hospital – University Hospital Aintree Site, L9</b></p> <p>Tel: 0151-529-3378</p> <p>Patient Access Centre: 0151-702-4328</p>
<p>Valerie Speers Colposcopy co-ordinator Colposcopy <b>Southport &amp; Ormskirk DGH</b></p> <p>Tel: 01695 656923</p> <p>Patient Access Centre: 01695 656865</p>	

