Liverpool, Sefton and Knowsley (Huyton)

Direct Referral for Colposcopy Protocol

(Amended Protocol September 2017)
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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 Screening Quality Assurance Service (SQAS) 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 NSCSP publication 21 – guidelines on failsafe actions (2004). 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.

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 standards include that at least 93% 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.

The standards include that at least 99% of women:
• with a test result of borderline changes or low-grade dyskaryosis and Hr-HPV Positive should be seen in a colposcopy clinic within 6 weeks of referral.
• after three consecutive Hr-HPV positive / cervical cytology negative.
• after three consecutive inadequate samples.

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 England (PCSE), 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 PCSE.)

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 PCSE. The woman will receive her result letter from PCSE by first class post. The letter from PCSE 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 PCSE 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.

- It is important to note that laboratory failsafe is NOT affected by direct referral i.e if a woman does not attend the colposcopy unit, the woman’s GP will continue to receive a laboratory failsafe enquiry letter and must respond accordingly.

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 women
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 and Sexual Health Services (CASH) and Genito-Urinary Medicine (GUM)

- If a woman who receives her result letter from PCSE following attendance at any CASH or GUM within Merseyside, the direct referral will be made to the colposcopy clinic linked to 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 CASH 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 Waiting Time standards.

1. The laboratory will notify the GP (or responsible clinician) of test results that require urgent referral for colposcopy. This involves writing a letter explaining that an urgent report and referral appointment is being sent. 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. CASH or GUM, 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) be prepared to respond to queries from the woman about their urgent referral. They should also ensure that she has received an appointment from the colposcopy clinic.

4. PCSE will send a direct referral result letter to the woman 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, the 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 will be faxed. The laboratory will continue to monitor that these women are referred appropriately albeit this group of women fail 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. CASH or GUM, 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. PCSE will send a result letter a stating:

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

10. Primary Care Support England (Call / recall agency)

PCSE currently manages cervical screening call & recall (including the sending of result letters) for women all women accessing the NHSCSP.

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, PCSE 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 PCSE.

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. PCSE will issue a result letter to the woman.

The Result Letter

PCSE 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 Hospital\namedirectreferraltocolposcopy.doc and printed from the Excel spreadsheet 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 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 SQAS process at discharge. This is to ensure that PCSE 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 screening test. This notification will ensure that the woman receives an invitation for that repeat cervical screening test at the appropriate interval (see appendix H – colposcopy discharge sheet).

This form must be completed at the time of discharge and sent to PCSE either electronically or as hard copy.

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)**

Lab to email any abnormal cervical cytology result to Colposcopy Booking Clerk, informing GP that the patient has already been referred to Colposcopy Clinic

**Queries to go through:**
- Colposcopy Administrator
  - (Patient Access Centre) 0151-702-4328.
  - Sue Manuel/Catriona Bhavra 0151-702-4266

**Cover for Absence:**
- Team Leader/Clerical Manager will provide cover if booking clerk is absent.

Clerk to fill print Colposcopy Unit Referral Form with the patient details, looking at the result and highlighting on the proforma the reason for referral (tick box). If the cervical cytology result doesn't match the results listed, refer to Clinician for advice.

A copy of the referral will be printed in colposcopy and faxed to Patient Access Centre

Clerk to register patient details if not already registered and create the episode as usual

**Booking**
- The appointment is to be made where possible over the telephone.
- Women to be given contact number for advice.
- If there is no telephone number available, the booking clerk to ring GP surgery to obtain telephone number,

Clerk to try on 3 occasions to contact patient by telephone using script provided.

If the appointment is agreed with the clerk over the telephone, clerk to book appointment within the specified guidelines and post out with information leaflet

If the woman is not contactable by telephone, clerk to book the appointment within the specified guidelines and send out along with information leaflet and a note asking the woman to ring to confirm appointment.

If the patient has declined the offer of an appointment and needs referral elsewhere the Access Centre clerk will inform the GP by telephone and letter that the patient has requested referral elsewhere and that the GP is responsible for this referral and will copy the letter to the patient.

If the NHS Net e-mail goes down at any time, the lab can print a copy of the report and fax through to the colposcopy booking clerk.

A two weekly failsafe list will be sent by the lab. The clerk will input the appointment information and email back to the lab.
DIRECT REFERRAL ROUTE FOR REFERRAL TO COLPOSCOPY – Liverpool Women’s Hospital (University Hospital Aintree Site)

Lab to email any abnormal cervical cytology result to Colposcopy Booking Clerk, informing GP that the patient has already been referred to Colposcopy Clinic

Queries to go through:

Colposcopy Administrator
(Patient Access Centre) 0151-702-4328.
Nurse Colposcopist
Liz Burns / Lisa Dutton 0151-529-3378

If the NHS Net e-mail goes down at any time, the lab can print a copy of the report and fax through to the colposcopy booking clerk.

Cover for Absence:
Team Leader/Clerical Manager will provide cover if booking clerk is absent.

Clerk to fill print Colposcopy Unit Referral Form with the patient details, looking at the result and highlighting on the proforma the reason for referral (tick box). If the cervical cytology result doesn't match the results listed, refer to Clinician for advice. A copy of the referral will be printed in colposcopy and faxed to Patient Access Centre

Clerk to register patient details if not already registered and create the episode as usual

Booking
The appointment is to be made where possible over the telephone. Women to be given contact number for advice. If there is no telephone number available, the booking clerk to ring GP surgery to obtain telephone number,

Clerk to try on 3 occasions to contact patient by telephone using script provided.

If the appointment is agreed with the clerk over the telephone, clerk to book appointment within the specified guidelines and post out with information leaflet

If the woman is not contactable by telephone, clerk to book the appointment within the specified guidelines and send out along with information leaflet and a note asking the woman to ring to confirm appointment.

If the patient has declined the offer of an appointment and needs referral elsewhere the Access Centre clerk will inform the GP by telephone and letter that the patient has requested referral elsewhere and that the GP is responsible for this referral and will copy the letter to the patient.

A two weekly failsafe list will be sent by the lab. The clerk will input the appointment information and email back to the lab.
DIRECT REFERRAL ROUTE FOR REFERRAL TO COLPOSCOPY – Southport District General Hospital

Lab to email any abnormal cervical cytology result to Colposcopy Booking Clerk, informing GP that the patient has already been referred to Colposcopy Clinic

Queries to go through:
- Colposcopy Administrator 01695-656923
- Patient Access Centre 01695-656865
- Nurse Colposcopist Ester Lennon

If the NHS Net e-mail goes down at any time, the lab can print a copy of the report and fax through to the colposcopy booking clerk.

Cover for Absence:
Designated medical secretary will provide cover for colp administrator absence

Clerk to fill print Colposcopy Unit Referral Form with the patient details, looking at the result and highlighting on the proforma the reason for referral (tick box). If the cervical cytology result doesn't match the results listed, refer to Clinician for advice. A copy of the referral will be printed in colposcopy and faxed to Patient Access Centre

Clerk to register patient details if not already registered and create the episode as usual

Booking
The appointment is to be made where possible over the telephone. Women to be given contact number for advice. If there is no telephone number available, the booking clerk to ring GP surgery to obtain telephone number,

Clerk to try on 3 occasions to contact patient by telephone using script provided.

If the appointment is agreed with the clerk over the telephone, clerk to book appointment within the specified guidelines and post out with information leaflet

If the woman is not contactable by telephone, clerk to book the appointment within the specified guidelines and send out along with information leaflet and a note asking the woman to ring to confirm appointment.

If the patient has declined the offer of an appointment and needs referral elsewhere the Access Centre clerk will inform the GP by telephone and letter that the patient has requested referral elsewhere and that the GP is responsible for this referral and will copy the letter to the patient.

A two weekly failsafe list will be sent by the lab. The clerk will input the appointment information and email back to the lab.
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.

<table>
<thead>
<tr>
<th>Liverpool Womens’ Hospital – Crown Street</th>
<th>Liverpool Womens’ – Uni. Hospital Aintree</th>
<th>Colposcopy Unit Southport &amp; Ormskirk DGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 1</td>
<td>L 9</td>
<td>L 37</td>
</tr>
<tr>
<td>L 2</td>
<td>L 10</td>
<td>L 38</td>
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<tr>
<td>L 3</td>
<td>L11</td>
<td>L 39</td>
</tr>
<tr>
<td>L 4</td>
<td>L 12 (Fir Tree M/C – Croxteth Park)</td>
<td>PR 8</td>
</tr>
<tr>
<td>L 5</td>
<td>L 20</td>
<td>PR 9</td>
</tr>
<tr>
<td>L 6</td>
<td>L 21</td>
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<td>L 7</td>
<td>L 22</td>
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<td>L 8</td>
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<td>L 12</td>
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<td>L 13</td>
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<td>L 14</td>
<td>L 32</td>
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<td>L 15</td>
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<td>L 28</td>
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<td>L 34</td>
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<td>L 35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L 36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Example of a cervical cytology result letter - High Grade

P49S
High-grade dyskaryosis, HPV pos, refer colp

Dear

Thank you for coming for NHS cervical screening.

Your screening sample was tested for the human papillomavirus (HPV), and evidence of the virus was found. This is called an ‘HPV positive’ result.

HPV is a common virus – most women will be infected by it at some point in their life. HPV can be passed on through any type of sexual activity with a man or woman and it can infect the cervix without causing any symptoms at all. You or a partner could have had an infection for some time without knowing. In most cases, the body’s immune system can get rid of the virus without you ever knowing you had it. But sometimes, long-lasting HPV infections can cause cervical cancer.

Your sample was also 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 high-grade (severe) dyskaryosis.

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

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.
Appendix D – Colposcopy Referral Form

**COLPOSCOPYREFERRAL FORM**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>GP Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address</td>
<td>GP Address</td>
</tr>
<tr>
<td>DOB</td>
<td>Lab case number</td>
</tr>
<tr>
<td>NHS No.</td>
<td>Date of Referral</td>
</tr>
<tr>
<td>Patient Landline tel No.</td>
<td>Date cervical cytology collected</td>
</tr>
<tr>
<td>Mobile tel No.</td>
<td>Cervical cytology result code</td>
</tr>
</tbody>
</table>

**REASON FOR REFERRAL – please tick appropriate box**

<table>
<thead>
<tr>
<th>CYTOLOGY DATE</th>
<th>/</th>
<th>/</th>
<th>Abnormal cytology</th>
<th>Time scale when pt to be seen by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-grade Dyskaryosis (CIN1P)</td>
<td>□</td>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-grade (Mod) Dyskaryosis (CIN2)</td>
<td>□</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-grade (Severe) Dyskaryosis (CIN3)</td>
<td>□</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-grade/ ?Invasive (INV)</td>
<td>□</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borderline (squamous) (BLINEP)</td>
<td>□</td>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borderline (endocervical) (BLENCXP)</td>
<td>□</td>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Glandular Abnormality (CGIN)</td>
<td>□</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate (INADx3)</td>
<td>□</td>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative (NEGP)</td>
<td>□</td>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>GP Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address</td>
<td>GP Address</td>
</tr>
<tr>
<td>DOB</td>
<td>Lab case number</td>
</tr>
<tr>
<td>NHS No.</td>
<td>Date of Referral</td>
</tr>
<tr>
<td>Patient Landline tel No.</td>
<td>Date cervical cytology collected</td>
</tr>
<tr>
<td>Mobile tel No.</td>
<td>Cervical cytology result code</td>
</tr>
</tbody>
</table>

**REASON FOR REFERRAL – please tick appropriate box**

<table>
<thead>
<tr>
<th>CYTOLOGY DATE</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal cytology appointment result code</td>
<td>Time scale when pt to be seen by</td>
<td>Date of</td>
</tr>
<tr>
<td>Low-grade Dyskaryosis (PCIN1)</td>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>High-grade (Mod) Dyskaryosis (PCIN2)</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>High-grade (Severe) Dyskaryosis (PCIN3)</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>High-grade/ ?Invasive (PINV)</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>Borderline (squamous) (PBLINE)</td>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>Borderline (endocervical) (PBLINEENCX)</td>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>Cervical Glandular Abnormality (PCGIN)</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>Inadequate (PINADx3)</td>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>Negative (PNEG)</td>
<td>6 weeks</td>
<td></td>
</tr>
</tbody>
</table>
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 breech. 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 1: Colposcopy Discharge Notification Template

Colposcopy Discharge List

<table>
<thead>
<tr>
<th>Data supplied by (Trust Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Colposcopist Name</td>
</tr>
<tr>
<td>List Sequential Number or Date Range</td>
</tr>
</tbody>
</table>

The following women have been managed in the Colposcopy clinic and can now be returned to recall in line with screening protocol. The patient’s GP has been informed of the future management of the women

<table>
<thead>
<tr>
<th>NHS Number</th>
<th>Surname</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Date Seen in Clinic</th>
<th>Next Test Due Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(It is good practice to copy the laboratory into this communication)

Colposcopist Signature

Date
### Appendix I Colposcopy Unit Contact Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Hospital</th>
<th>Address</th>
<th>Tel</th>
<th>Access Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Manuel</td>
<td>Colposcopy co-ordinator</td>
<td>Liverpool Women’s Hospital</td>
<td>Crown Street, L8</td>
<td>0151 – 702-4266</td>
<td>0151-702-4328</td>
</tr>
<tr>
<td>Liz Burns</td>
<td>Colposcopy co-ordinator</td>
<td>Liverpool Women’s Hospital</td>
<td>University Hospital Aintree Site, L9</td>
<td>0151-529-3378</td>
<td>0151-702-4328</td>
</tr>
<tr>
<td>Valerie Speers</td>
<td>Colposcopy co-ordinator</td>
<td>Southport &amp; Ormskirk DGH</td>
<td></td>
<td>01695 656923</td>
<td>01695 656865</td>
</tr>
</tbody>
</table>