



DIRECT REFERRAL TO COLPOSCOPY POLICY DOCUMENT

Includes procedures to be followed when a cervical screening result recommends referral to colposcopy for further investigation

Greater Manchester
Lancashire
Cumbria

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1 Summary

This information pack is for use by cervical sample takers in primary care, contraceptive and sexual health (CASH) services, and genito-urinary medicine (GUM) services in Greater Manchester, Lancashire and Cumbria.

Manchester Cytology Centre has successfully provided direct referral to colposcopy since 2007. The direct referral policy has been updated to reflect the centralisation of National Health Service Cervical Screening Programme (NHSCSP) cervical cytology and virology services in Greater Manchester, Lancashire and Cumbria which is due to commence in April 2016, provided by Central Manchester University Hospitals NHS Foundation Trust.

The direct referral processes operate in line with recommendations from the North West Screening QA Services (SQAS) and the NHSCSP Colposcopy and Programme Management 2010 guidelines and is based on good practice from across the North West.

Direct referral from the laboratory to colposcopy following cervical screening, with a test result indicating further investigation is required, is known to improve service quality and reduce waiting times.

Women with suspected cancer or cervical glandular abnormalities

The laboratory contacts the woman's GP/sample taker prior to authorisation of the cytology report to discuss the result and therefore ensure the woman is aware of her screening result before receives the result letter from Primary Care Support Services (PCSS) in Preston.

These women require an urgent colposcopy appointment under the two-week-wait ruling. The GP/sample taker will contact the woman and discuss the cytology report and its significance, and explain that an urgent colposcopic examination is required. The woman will be directly referred to colposcopy by the laboratory.

2 Introduction

The concept of direct referral was first suggested in the late 1990's and where the process was implemented, significant improvements to the quality of the service were experienced with colposcopy units reporting improved turnaround times for appointments and a reduction in non-attender rates.

Reducing anxiety

"Fast-tracking" a woman through the referral process to colposcopy has been shown to be only way to reduce anxiety associated with an abnormal cervical screening result.

Attendance rates

Allowing women a choice in the date and time of their appointment also reduces the non-attender rate.

Direct referral applies to all tests reported at the Manchester Cytology Centre where both of the following criteria are met:

1. The sample is taken in a GP, CASH or GUM setting in the Health Authority areas covered by PCSS (Preston)
2. The woman receives her result letter from PCSS (Preston)

Important: see Section 8 for actions to be taken if these criteria are not met

3 Aims and objectives of the direct referral process

- a) Support the delivery of the 62-day pathway for urgent referrals from the NHSCSP for suspected cancer to first treatment.

The standard = 90% (*Ref: Improving outcomes: a strategy for cancer 2011*).

All women with high-grade (moderate or severe) dyskaryosis, suspected invasive cancer or suspected endocervical glandular neoplasia will be included in the 62-day pathway as these referrals indicate at least cervical intraepithelial neoplasia (CIN) 2 or a suspicion of cancer.

All women who test positive for high-risk human papillomavirus (HR-HPV) and whose cytology shows low-grade dyskaryosis or borderline changes in squamous or endocervical glandular cells are also directly referred to colposcopy and are included in the 18-week pathway. If high-grade disease or cancer is subsequently suspected, women will be upgraded to the 62-day pathway.

- b) Ensure that the current NHSCSP waiting time standards for colposcopy appointments are met by direct notification to the colposcopy unit via the laboratory and PCSS of all women who require referral for further investigation following a cervical screening test.

The quality assurance standards for colposcopy referrals are given in NHSCSP publication No. 20 – Colposcopy and programme management.

The standards require that at least 90% of women referred to colposcopy

- With one test result of suspected cancer are seen urgently within 2 weeks
 - With one test result of suspected cervical glandular neoplasia are seen urgently within 2 weeks
 - With one test result of high-grade (moderate or severe) dyskaryosis are seen within 4 weeks
 - With an HR-HPV positive result and low-grade dyskaryosis or borderline changes in squamous or endocervical glandular cells are seen within 8 weeks of referral
- c) To reduce the number of women who fail to attend for colposcopy by improving information, communication and patient choice
 - d) Improve governance by removing reliance on individual practitioner to make the referral to colposcopy

4 Direct referral and the 62-day pathway

[Reference: “Going Further on Cancer Waits” Version 6.5]

Direct referral to colposcopy supports the delivery of the 62-day pathway. This guidance document indicates that all patients with high-grade dyskaryosis or above will be included within the 62-day screening pathway until cervical cancer is diagnosed or excluded. If cancer is excluded the woman transfers onto the 18-week pathway.

PRIORITY TYPE 2 REFERRALS (Urgent) includes all cases of high-grade dyskaryosis or worse. This includes the following cytology categories:

- High-grade dyskaryosis (moderate)
- High-grade dyskaryosis (severe)
- Suspected invasive cancer
- Suspected endocervical glandular neoplasia

These referrals for colposcopy indicate at least CIN (Cervical Intraepithelial Neoplasia) or a suspicion of cervical cancer.

PRIORITY TYPE 1 REFERRALS (Routine) are covered by the 18-week standard and includes:

- Low-grade dyskaryosis/high-risk HPV positive
- Borderline changes in squamous cells/ high-risk HPV positive
- Borderline in endocervical cells/ high-risk HPV positive

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 patients with high-grade dyskaryosis or above. There are no national standards for the timescales for delivering colposcopy as part of this standard. However, if the internal QA standards and waiting times outlined with the national service specification for the cervical screening programme are met, the vast majority of patients 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.

5 Direct referral protocol

- 5.1 All women attending for screening in primary care i.e. GP, CASH or GUM services in Greater Manchester, Lancashire or Cumbria, who receive their result letter from PCSS (Preston), are directly referred to colposcopy.
See section 7 for 'out of area' arrangements.
- 5.2 Each GP, CASH or GUM location is associated with a named colposcopy unit and all women who have samples taken in that location are referred to the same colposcopy unit.
- 5.3 If a woman requests to attend a different colposcopy unit, she should be advised to contact her GP who will organise referral to the preferred unit and cancel the original appointment. If she does not have a GP, she must contact the sample taker to arrange this.
- 5.4 All reports that recommend colposcopy investigation are flagged within the text of the report as follows:

*******COLPOSCOPY IS ADVISED***** Action is required only if direct referral is not in operation for this patient**
- 5.5 The GP/sample taker receives a copy of the cervical screening report from the laboratory but no action is required when direct referral is in operation.
- 5.6 Every weekday morning and before 10:00am, the laboratory sends an email to PCSS (Preston) via secure nhs.net email. Attached to the email are individual lists; one for each colposcopy unit giving details of the women requiring colposcopy referral and their test result.
- 5.7 Result letters are compared to each colposcopy list and quality control checks are undertaken.
- 5.8 The result letter that is sent to the woman from PCSS indicates how an appointment will be made.
- 5.9 After the result letter has been sent out to the woman by first class post, PCSS forward the spreadsheet to the colposcopy unit before 2:00pm. This ensures that the colposcopy unit is notified of women requiring further investigation only after the result letter has been sent. This is the 'master' list to be used by colposcopy to ensure all women receive an appointment and attend.
- 5.10 Colposcopy units will implement their local protocol for arranging an appointment.

6 Responsibility of the GP/sample taker

It is the sample takers responsibility at the point of taking the test to inform the woman how she will receive her test result and if she requires referral to colposcopy, how the appointment will be made.

6.1 Opting out of direct referral

It should also be explained that the woman could opt out of the direct referral process if she wishes to be referred elsewhere. Upon receipt of her result letter, if the woman does not wish to attend the nominated colposcopy unit she should be advised to contact her GP/sample taker to organise referral, by the GP/sample taker to the preferred colposcopy unit and cancellation of the original referral.

The GP/sample taker is responsible for checking every test result from the laboratory even when direct referral is in operation as the report may contain advisory notes within the text.

The GP/sample taker must be aware of how the woman will receive her result letter, as only women who receive their result letter from PCSS (Preston) are included in direct referral. See the two inclusion criteria on page 5, section 2.

*****Women who do not receive their result letter from PCSS (Preston) are NOT INCLUDED IN DIRECT REFERRAL from Manchester Cytology Centre*****

Laboratory failsafe: If a woman fails to attend her colposcopy appointment, the laboratory will generate a failsafe enquiry letter to the GP/sample taker. The GP/sample taker must respond to this letter even when direct referral is in operation as he/she may have information that is not available to the laboratory.

6.2 Women who are not registered with a GP

Women who are not registered with a GP will be directly referred to the colposcopy unit linked to the location where the sample was taken e.g. CASH or GUM service. The 'responsible clinician' [Ref: NHSCSP publication No 21, Guidelines on failsafe actions...] within the service will be the point of contact for further advice and information if the woman requires it.

Women requiring colposcopy who do not meet the two criteria on page 5, section 2 must be referred by the responsible clinician to an appropriate colposcopy unit.

Failsafe letters from the laboratory are sent to the responsible clinician.

6.3 Mental capacity for consent

National guidance should be followed in relation to consent within the NHSCSP [Ref: Mental Capacity Act 2005]. If the woman lacks the mental capacity to consent to the direct referral process then the sample taker should make a decision in the "patient's best interests" as per the Mental Capacity Act 2005.

6.4 Patients requiring an interpreter or with a learning difficulty/disability

As best practice, it remains the sample taker's responsibility to explain to the woman how and when she will receive her screening test result and the follow-up process if colposcopy referral is required. Therefore, if a support worker or translator is required this should be identified at the time the sample is taken. It then remains the sample takers responsibility to ensure the patient &/or carer request further support at the time the appointment is made.

7 **Responsibilities of the CASH and GUM service sample takers**

Women attending for cervical screening at any of the CASH or GUM services within Greater Manchester, Lancashire or Cumbria will be directly referred to the colposcopy unit linked to that service e.g. a woman who lives in Bolton but who attends a CASH service in Blackpool will be directly referred to the Blackpool Victoria Hospital colposcopy unit.

Sample takers in CASH and GUM services must ensure that women are aware which colposcopy unit they will be directly referred to if further investigation is required. If the woman requests referral to a different colposcopy unit the sample taker must advise her to contact her GP to make the alternative arrangements and cancel any appointment that may have been generated. If the woman is not registered with a GP, the sample taker in CASH or GUM must make the alternative arrangements.

Sample takers in CASH or GUM have responsibility for the follow-up of women without a GP and must respond to laboratory failsafe letters.

8 **Arrangements between PCSS (Preston) and other areas**

All women who are resident in Greater Manchester, Lancashire or Cumbria receive their cervical screening result letter from PCSS (Preston) and will be included in direct referral if the test is taken in primary care (GP, GUM, CASH) in Greater Manchester, Lancashire or Cumbria.

Women registered with PCSS (Preston) who attend for screening 'out of the area'

If a woman attends for screening outside of Greater Manchester, Lancashire and Cumbria the reporting laboratory (**not MCC**) will send the test result to the registered GP & sample taker who will be responsible for making the referral. The test result will be sent by the reporting laboratory to the local PCSS and redirected by them to PCSS (Preston) if the woman is registered with a GP in Greater Manchester, Lancashire or Cumbria.

The Preston PCSS will send the relevant result letter and as a failsafe will contact the GP to check that a referral for colposcopy has been made. They also contact the local colposcopy unit to notify them that the GP will be making a referral to colposcopy.

Women registered with a PCSS other than PCSS (Preston)

If the woman is registered with a PCSS outside of Greater Manchester, Lancashire and Cumbria she will not receive her result letter from PCSS (Preston) and the sample taker must make the referral arrangements.

The relevant PCSS and its associated NHAIS Exeter databases are identified by the laboratory based on the GP practice postcode. If GP details are not given, the result is sent to PCSS (Preston) and they will redirect the result to the correct PCSS.

9 Exclusions from direct referral

9.1 Suspected non-cervical glandular abnormalities

Occasionally, abnormal cells are identified in cervical samples although they have not originated from the cervix i.e. they may have arisen from the endometrium or ovary for example. These are an incidental finding and the test is reported according to the presence or absence of abnormal cervical cells. In such a sample if the cervical cells appear normal, the result category '0' is used and the woman receives a 'normal result' letter from the PCSS. The laboratory contacts the sample taker to explain that an urgent referral to gynaecology is recommended under the 'two week wait' rule for suspected cancer.

9.2 Clinical details indicating a potential abnormality

At the discretion of the cytologist reporting the test, and in accordance with laboratory protocols, referral to gynaecology may be advised in view of the clinical details given by the sample taker e.g. abnormal looking cervix, abnormal bleeding. These women require clinical correlation to determine the correct patient management which may include referral to gynaecology &/or colposcopy.

10 Urgent referral cases – “Two week rule”

Urgent referrals are those cases where cervical cancer (category 5 result) or possible cervical glandular neoplasia (category 6 result) is suspected. In every case, the laboratory will contact the GP/sample taker to discuss the cytology result prior to the woman receiving her result letter from PCSS.

These cases are tracked closely by the laboratory failsafe protocol to ensure that a referral has been made:

1. The laboratory telephones the GP/sample taker to discuss the result and explain that an urgent colposcopy appointment is required under the two-week wait ruling and the woman will be directly referred by the laboratory to colposcopy
2. The GP/sample taker is advised to contact the woman as soon as possible to discuss the result
3. The report is faxed to the GP/sample taker
4. The PCSS will issue the standard result letter for category 5 and 6 results, which states:

“You should already have been contacted to discuss your results, as the report from the laboratory showed that your cervical screening result was abnormal. This means you need an urgent hospital referral. If you haven't yet got your colposcopy appointment, please make an appointment as soon as possible to see your GP or the person who did your test to discuss your results and hospital referral”

11 Referral of suspected non-cervical glandular abnormalities

The aim of the NHSCSP is to identify cervical abnormalities that may require treatment.

On occasion, the test may reveal abnormal cells that have originated from a site other than the cervix. When the cervical cells in the sample appear normal, the test is reported using the national result category '0' and this generates a 'normal result' letter from the PCSS.

The cytology report will state that the cervical cells are normal. It will record the presence of abnormal non-cervical cells and advise urgent gynaecological referral.

The laboratory uses a standard proforma as part of the failsafe record. See Section 8. It is the GP/sample takers responsibility to arrange an urgent referral to gynaecology in all such cases.

CERVICAL SCREENING	
AUDIT PROFORMA FOR NON-CERVICAL GLANDULAR NEOPLASIA REFERRALS	
Patient name:	_____
Cytology number:	_____
Date of test:	_____
Name of person at GP surgery	_____ Fax: No: _____
Name of person @ MCC making the phone call	_____
Date/time of phone call	_____
Advise of the following:	<input type="checkbox"/> sample taker is responsible for referral <input type="checkbox"/> <input type="checkbox"/> 2-week rule applies <input type="checkbox"/> <input type="checkbox"/> Woman will receive a normal result letter <input type="checkbox"/> <input type="checkbox"/> Receipt of the faxed report MUST be acknowledged <input type="checkbox"/> <input type="checkbox"/>
Ask which hospital woman will be referred to	_____
Gynaecology contacted to notify of referral	Yes/No [<input type="checkbox"/>] Details: _____
[Office use]	
Report faxed	Yes/No [<input type="checkbox"/>]
Receipt of fax acknowledged	Yes/No [<input type="checkbox"/>]
Details entered into diary for failsafe	_____ (date in diary) [<input type="checkbox"/>]
<i>(initial in brackets [])</i>	
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12 Laboratory notification to PCSS of direct referral cases

All communications between the laboratory and the PCSS must follow information governance principles and Caldicott guidance to ensure confidentiality of patient identifiable data.

Secure nhs.net email addresses are used routinely for data sharing. Generic email addresses are used by the laboratory and the PCSS, allowing a team of dedicated staff to process the direct referral information.

Similar arrangements are set up within colposcopy for receipt of patient data from PCSS.

1. Each weekday the laboratory searches the cytology database for new cases that meet the criteria for inclusion in direct referral. These are:
 - a. Samples taken as part of the NHSCSP in GP, CASH and GUM services in the Health Authority areas covered by PCSS (Preston).
 - b. Referral to colposcopy is advised in the cytology report.
2. An Excel spreadsheet is generated which gives the following data fields:
 - a. Date and time of report authorisation
 - b. Health Authority area (to identify the 'Exeter' box)
 - c. Patient full name
 - d. Date of birth
 - e. NHS number
 - f. Specimen number
 - g. First line of patient address
 - h. Name of GP
 - i. Date of test
 - j. Date of report
 - k. National result category of screening result
 - l. Management recommendation
 - m. Colposcopy unit for referral
3. The spreadsheet is processed by a "macro" to split the spreadsheet by colposcopy unit and individual spreadsheets are generated for each colposcopy unit.
4. A quality control check is undertaken to ensure the same number of women appear on the individual sheets, compared to the 'master spreadsheet'.
5. As a failsafe, a blank spreadsheet will be generated for any colposcopy unit that has no referrals on a particular day.
6. The master spreadsheet and individual sheets are kept as the laboratory record and stored in date order.
7. The individual spreadsheets are emailed to PCSS (Preston) via nhs.net email.
8. The email is sent before 10:00am each weekday and indicates the number of women listed for each colposcopy unit.
9. The PCSS must contact the laboratory if the email is not received after 10:00am.
10. As a failsafe, an email is sent every day to PCSS even if there are no referrals for that day.

13 PCSS notification to colposcopy of direct referral cases

PCSS (Preston) receives cervical screening test results electronically from the cytology laboratory several times each day and uploads these results onto the patient's screening record on the Exeter system. Women requiring colposcopy investigation will appear on spreadsheets attached to an email from the laboratory.

PCSS will notify the individual colposcopy units of the women who are being referred to them AFTER the result letter has been issued to the woman. This is to ensure that no woman receives a colposcopy appointment before she has seen her result letter. Staff at PCSS are not qualified to discuss test results with patients. If a patient calls PCSS with a query about her screening test result, she will be advised to contact the person who took the test.

1. The Manchester Cytology Centre sends several files each day to PCSS (Preston) via an electronic link from the laboratory to PCSS.
2. The file is processed and the screening result is updated onto the woman's cervical screening record held on the Exeter system.
3. The result letters are generated.
4. The PCSS receives a daily direct referral spreadsheet from the laboratory before 10:00am detailing women who require referral to colposcopy. The list is broken down by colposcopy unit into separate spreadsheets, thus indicating to which colposcopy unit the woman is being referred.
5. The result letters are checked against the direct referral spreadsheets to ensure the wording of the letter is correct.
6. The letters for any women not registered with a GP are checked and manually altered if necessary to ensure the wording reflects the colposcopy unit protocol for arranging an appointment.
7. All result letters are sent by first class post, Monday to Friday.
8. The leaflets "The colposcopy examination" and "What your abnormal result means" (if appropriate) will also be included with the letter if the woman requires colposcopy.
9. PCSS then forwards the individual spreadsheets to the named colposcopy units via secure nhs.net email addresses before 2:00pm each weekday, advising that the result letters have been sent out by first class post on that day.
10. The colposcopy unit arrange an appointment according to their local protocol.

14 Colposcopy appointments

14.1 Colposcopy clinic co-ordinator

Each colposcopy unit will have a dedicated clinic co-ordinator who works alongside clinical staff in colposcopy:

- Prioritising referrals from the laboratory with regards to appointments
- Arranging appointments in a timely manner according to local protocols
- Liaising with patients with regards to their appointments, including women who do not attend their given appointment
- Monitoring the progress of the colposcopy service by collating and evaluating data
- Providing details of the colposcopy outcomes to the GP
- Providing details of the colposcopy outcomes to the cytology laboratory for failsafe
- Providing details of the 'next test due' date to PCSS to recommence the screening cycle
- Accessing cervical screening results from the laboratory database
- Accessing cervical histology results from the laboratory database

14.2 Waiting time standards in colposcopy

[Ref: NHSCSP Publication no.20: colposcopy & Programme Management]

The quality assurance standards for colposcopy referrals are given in NHSCSP publication No. 20 – Colposcopy and programme management.

The standards require that at least 90% of women referred to colposcopy

- With one test result of suspected cancer are seen urgently within 2 weeks
- With one test result of suspected cervical glandular neoplasia are seen urgently within 2 weeks
- With one test result of high-grade (moderate or severe) dyskaryosis are seen within 4 weeks
- With an HR-HPV positive result and low-grade dyskaryosis or borderline changes in squamous or endocervical glandular cells are seen within 8 weeks of referral

14.3 Arrangement of colposcopy appointments

The colposcopy unit receives an email each day from PCSS listing all women who require an appointment under direct referral. Colposcopy must confirm receipt of the email.

If the email is not received by 2:00pm, the colposcopy unit must contact PCSS to enquire.

The colposcopy unit will follow its own protocol for arranging appointments, as there may be local variation to the recommended procedure. Essentially, there are two routes to making an appointment:

1. The result letter from PCSS advises the woman to contact the colposcopy unit to arrange a convenient appointment. The failsafe is that the colposcopy unit will send out an appointment if the woman does not make contact within the specified interval.
2. The result letter from PCSS advises the woman that she will be sent an appointment by the colposcopy unit. The letter from colposcopy is sent by second-class post to ensure it does not arrive before the woman receives her result letter from the PCSS. If the appointment is inconvenient, the woman is advised she can contact colposcopy to make alternative arrangements.

Some colposcopy units may contact the woman by telephone if they have a contact number, after allowing sufficient time (three days) for the result letter to have been received.

If women do not attend their first appointment, colposcopy will liaise with the GP to confirm her contact details are correct and send a second appointment.

Failure to attend a second appointment will result in referral back to the GP. The GP and woman will be informed by letter.

The GP then takes responsibility for referring the woman back to colposcopy.

15 Discharge from colposcopy

Colposcopy units are required to follow the regional SQAS process at the point of discharge from colposcopy. This involves notifying PCSS and the laboratory that the woman's investigations are complete.

A standard proforma is used which may be sent electronically via secure nhs.net email address or as a paper copy. The clinician responsible for discharging the patient must indicate the date when the next screening test (cytology or virology) is due. PCSS will use this information to reset the date on the Exeter system so that an invitation letter is generated at the correct time and the woman returns to the recall cycle.

Colposcopy units have been requested to provide additional information summarising the treatment, results and attendance to the cytology laboratory to support closure of failsafe and eligibility for test of cure etc.

16 Colposcopy discharge proforma

The proforma was devised by NW SQAS and is used by colposcopy at the point a woman is discharged back to her GP. It should be sent to PCSS and the laboratory.

Background: It is important that the local PCSS (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 cervical screening test. This notification will ensure that the woman receives an invitation for that repeat test at the appropriate interval.

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

If you are unsure of the contact details for your local office please contact the North West Screening QA Services on 0161 234 9604 for assistance

Name of colposcopy unit _____

	Surname	Forename	NHS Number	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.

17 Laboratory Information Codes

Colposcopy units are requested to provide the laboratory with the following information at discharge using the codes below. The reference for these codes is kept separately in line with Caldicott guidance.

Code	
NET	Non-excisional treatment performed to the cervix
UCIN1	Untreated CIN1 protocol
DNA	Patient did not attend colposcopy appointment
CNAD	Colposcopy satisfactory and normal
HNAD	Histology showed no evidence of CIN

18 Colposcopy unit contact details

Trust name	North Cumbria University Hospitals
Hospital name	Cumberland Infirmary, Carlisle West Cumberland Hospital, Whitehaven
Lead colposcopist	Dr Sheila Pearson
Lead colposcopist's phone number	01228 814220
Lead colposcopist's email	sheila.pearson@ncuh.nhs.uk
NHS.net email	sheila.pearson4@nhs.net
Lead colposcopy nurse	Corene Veitch
Lead colposcopy nurse's phone number	01228 814220
Lead colposcopy nurse's email	corene.veitch@ncuh.nhs.uk
NHS.net email	
Colposcopy co-ordinator	Alison Irving - Clinic Bookings Carol Corson - Secretary
Co-ordinator's phone number	Alison – 01228 814245 Carol – 01228 814220
Co-ordinator's email	alison.irving@ncuh.nhs.uk
NHS.net email	alisonirving@nhs.net
Colposcopy HBPC	Dr Sheila Pearson
HBPC's phone number	01228 814218 / 01228 814220
HBPC's email	sheila.pearson4@nhs.net
Colposcopy nhs.net email for direct referral contact	carol.corson@nhs.net alisonirving@nhs.net

Trust name	Pennine Acute Hospitals NHS Trust
Hospital name	Fairfield General Hospital
Lead colposcopist	Dr Shivani Batra
Lead colposcopist's phone number	0161 778 3865
Lead colposcopist's email	shivani.batra@pat.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Ann Greenall
Lead nurse colposcopist's phone number	0161 778 2349
Lead nurse colposcopist's email	ann.greenall@pat.nhs.uk
NHS.net email	ann.greenall@nhs.net
Colposcopy co-ordinator	Gail Howarth Julie Bone
Co-ordinator's phone number	0161 778 2349
Co-ordinator's email	gail.howarth@pat.nhs.uk julie.bone@pat.nhs.uk
NHS.net email	gail.howarth@nhs.net julie.bone@nhs.net
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	pah-tr.Bury-Colposcopy-Referrals@nhs.net

Trust name	Wrightington, Wigan & Leigh NHS Foundation Trust
Hospital name	Leigh Infirmary
Lead colposcopist	Mr Naweed Shahid Rahamatulla Latheef from end March, early April 2016
Lead colposcopist's phone number	01942 264091
Lead colposcopist's email	naweed.n.shahid@wwl.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Karen Blackwood
Lead nurse colposcopist's phone number	01942 264694
Lead nurse colposcopist's email	karen.blackwood@wwl.nhs.uk
NHS.net email	k.blackwood@nhs.net
Colposcopy co-ordinator & Secretary	Carole Fairhurst
Co-ordinator's phone number	01942 264 091
Co-ordinator's email	carole.fairhurst@wwl.nhs.uk
NHS.net email	carolefairhurst@nhs.net
Colposcopy HBPC	Mr Naweed Shahid (temporary until new consultant commences in March 2016)
HBPC's phone number	01942 264 091
HBPC's email	
Colposcopy nhs.net email for direct referral contact	wwl-tr.colpwigan@nhs.net

Trust name	Pennine Acute Hospitals NHS Trust
Hospital name	North Manchester General Hospital
Lead colposcopist	Ms Birgit Schaefer
Lead colposcopist's phone number	0161 604 5815
Lead colposcopist's email	birgit.schaefer@pat.nhs.uk
NHS.net email	bschaefer@nhs.net
Lead nurse colposcopist	Sara Marsden
Lead nurse colposcopist's phone number	0161 720 2757
Lead nurse colposcopist's email	sara.marsden@pat.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Margaret Carroll
Co-ordinator's phone number	0161 720 2757
Co-ordinator's email	margaret.carroll@pat.nhs.uk
NHS.net email	margaretcarroll@nhs.net
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	pah-tr.Colposcopy-NMGH@nhs.net

Trust name	Central Manchester University Hospital NHS Foundation Trust
Name	Palatine CASH/Hathersage @ Withington Community Hospital
Lead colposcopist	Dr Asha Kasliwal
Lead colposcopist's phone number	0161 701 1535 (Barbara Millward sec)
Lead colposcopist's email	asha.kasliwal@manchester.nhs.uk barbara.Millward@cmft.nhs.uk
NHS.net email	asha.kasliwal@nhs.net barbara.millward@nhs.net
Lead nurse colposcopist	Theresa Flynn
Lead nurse colposcopist's phone number	0161 701 1555
Lead nurse colposcopist's email	theresa.flynn@cmft.nhs.uk
NHS.net email	
Colposcopy co-ordinator	Halina Miller
Co-ordinator's phone number	Direct Line: 0161 217 3136
Co-ordinator's email	halina.miller@cmft.nhs.uk
NHS.net email	
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	cmm-tr.palatinecashcolposcopy@nhs.net

Trust name	University Hospitals of Morecambe Bay NHS Trust
Hospital name	Royal Lancaster Infirmary Furness General Hospital Westmorland General Hospital
Lead colposcopist	Alison Sambrook
Lead colposcopist's phone number	01524514247
Lead colposcopist's email	alison.sambrook@mbht.nhs.uk
NHS.net email	alison.sambrook@nhs.net
Lead nurse colposcopist	Christine Winder
Lead nurse colposcopist's phone number	01524512338
Lead nurse colposcopist's email	christine.winder@mbht.nhs.uk
NHS.net email	
Colposcopy co-ordinator	Claire Thornton Sarah Mason
Co-ordinator's phone number	01524 512 338 01229 403 616
Co-ordinator's email	claire.thornton@mbht.nhs.uk sarah.mason@mbht.nhs.uk
NHS.net email	claire.thornton@nhs.net sarah.mason11@nhs.net
Colposcopy HBPC	Viv Beavers
HBPC's phone number	01524 514 247
HBPC's email	viv.beavers@mbht.nhs.uk
Colposcopy nhs.net email for direct referral contact	mbh-tr.Colposcopydirectreferral@nhs.net

Trust name	Lancashire Teaching Hospitals NHS Foundation Trust
Hospital name	Royal Preston Hospital
	Chorley and South Ribble Hospital
Lead colposcopist	Nick Wood
Lead colposcopist's phone number	01772 524442
Lead colposcopist's email	nick.wood@lthtr.nhs.uk
NHS.net email	n.wood@nhs.net
Lead nurse colposcopist	Julie Byrne
Lead nurse colposcopist's phone number	01257 245120
Lead nurse colposcopist's email	julie.byrne@lthtr.nhs.uk
NHS.net email	Julie.byrne7@nhs.net
Colposcopy co-ordinator	Ashley Lankstead
Co-ordinator's phone number	01257 245194
Co-ordinator's email	ashley.lankstead@lthtr.nhs.uk
NHS.net email	
Colposcopy HBPC	Julie Byrne
HBPC's phone number	01257 245120
HBPC's email	julie.byrne@lthtr.nhs.uk
Colposcopy nhs.net email for direct referral contact	lthtr.colposcopy@nhs.net

Trust name	Pennine Acute Hospitals NHS Trust
Hospital name	Rochdale Infirmary
Lead colposcopist	Dr Hisham Abouzeid
Lead colposcopist's phone number	0161 656 1561 (sec)
Lead colposcopist's email	hisham.abouzeid@pat.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Sara Marsden
Lead nurse colposcopist's phone number	0161 720 2757
Lead nurse colposcopist's email	sara.marsden@pat.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Wendy Collins
Co-ordinator's phone number	01706 906129
Co-ordinator's email	wendy.lever@pat.nhs.uk
NHS.net email	w.lever@nhs.net
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	pah-tr.Colposcopy-RI@nhs.net

Trust name	Royal Bolton Hospitals NHS Foundation Trust
Hospital name	Royal Bolton Hospital
Lead colposcopist	Mr Kehinde Abidogun
Lead colposcopist's phone number	
Lead colposcopist's email	kehinde.abidogun@boltonft.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Nichola Yearsley
Lead nurse colposcopist's phone number	01204 390769
Lead nurse colposcopist's email	nichola.yearsley@boltonft.nhs.uk
NHS.net email	nichola.yearsley@nhs.net
Colposcopy co-ordinator	New appointment in the New Year
Co-ordinator's phone number	01204 390769
Co-ordinator's email	
NHS.net email	
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	boh-tr.Colposcopy@nhs.net

Trust name	Pennine Acute Hospitals NHS Trust
Hospital name	Royal Oldham Hospital
Lead colposcopist	Mr Saad Ali
Lead colposcopist's phone number	0161 627 8646 (sec)
Lead colposcopist's email	saad.ali@pat.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Gill Barnes
Lead nurse colposcopist's phone number	0161 625 1931
Lead nurse colposcopist's email	gill.barnes@pat.nhs.uk
NHS.net email	gill.barnes@nhs.net
Colposcopy apt clerk	Lesley Carter
Colp clerk phone number	0161 627 8076
Colp clerk email	lesley.carter@pat.nhs.uk
NHS.net email	lesleycarter2@nhs.net
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	pah-tr.colposcopy-troh@nhs.net

Trust name	Salford Royal NHS Foundation Trust
Hospital name	Salford Royal Hospital
Lead colposcopist	Mr Jim Wolfe
Lead colposcopist's phone number	0161 206 4433
Lead colposcopist's email	jim.wolfe@srft.nhs.uk
NHS.net email	jim.wolfe@nhs.net
Lead nurse colposcopist	Debbie Cain
Lead nurse colposcopist's phone number	0161 206 0852
Lead nurse colposcopist's email	debbie.cain@srft.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Shirley Smethurst
Co-ordinator's phone number	0161 206 4433
Co-ordinator's email	shirley.smethurst@srft.nhs.uk
NHS.net email	shirley.smethurst@nhs.net
Colposcopy HBPC	Mr Jim Wolfe
HBPC's phone number	As above
HBPC's email	As above
Colposcopy nhs.net email for direct referral contact	srh-tr.salfordcolp@nhs.net

Trust name	Southport & Ormskirk NHS Trust
Hospital name	Southport Hospital.... andOrmskirk Hospital
Lead colposcopist	Dr Helen Bradshaw
Lead colposcopist's phone number	01695656923
Lead colposcopist's email	h.bradshaw@nhs.net
NHS.net email	h.bradshaw@nhs.net
Lead nurse colposcopist	Esther Lennon
Lead nurse colposcopist's phone number	01695 656964
Lead nurse colposcopist's email	elennon@nhs.net
NHS.net email	elennon@nhs.net
Colposcopy co-ordinator	Val Speers
Co-ordinator's phone number	01695656923
Co-ordinator's email	val.speers@nhs.net
NHS.net email	val.speers@nhs.net
Colposcopy HBPC	
HBPC's phone number	
HBPC's email	
Colposcopy nhs.net email for direct referral contact	val.speers@nhs.net

Trust name	Central Manchester Hospitals NHS Foundation Trust
Hospital name	St Mary's Hospital
Lead colposcopist	Dr Ursula Winters
Lead colposcopist's phone number	0161 701 1902
Lead colposcopist's email	ursula.winters@cmft.nhs.uk
NHS.net email	N/A
Nurse colposcopists	Donna Roberts/Joanne Wood
Nurse colposcopist's phone number	0161 276 5485
Nurse colposcopist's email	donna.roberts@cmft.nhs.uk joanne.wood@cmft.nhs.uk
NHS.net email	N/A
Colposcopy co-ordinator	Yvonne Carter
Co-ordinator's phone number	0161 276 6365
Co-ordinator's email	yvonne.carter@cmft.nhs.uk
NHS.net email	
Colposcopy HBPC	Joanne Wood
HBPC's phone number	0161 276 5485
HBPC's email	joanne.wood@cmft.nhs.uk
Colposcopy nhs.net email for direct referral contact	cmm-tr.ColposcopySMH@nhs.net

Trust name	Stockport NHS Foundation Trust
Hospital name	Stepping Hill Hospital
Lead colposcopist	Dr Suku M George
Lead colposcopist's phone number	0161 419 5540
Lead colposcopist's email	suku.george@stockport.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Gillian Clarke
Lead nurse colposcopist's phone number	0161 419 5876
Lead nurse colposcopist's email	gillian.clarke@stockport.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Janet Parfitt Elaine Knott (Office administrator)
Co-ordinator's phone number	0161 419 4762 (Janet) 0161 419 4671 (Elaine)
Co-ordinator's email	janet.parfitt@stockport.nhs.uk elaine.knott@stockport.nhs.uk
NHS.net email	elaineknott@nhs.net
Colposcopy HBPC	Gillian Clarke
HBPC's phone number	As above
HBPC's email	As above
Colposcopy nhs.net email for direct referral contact	snt.tr.colposcopy1@nhs.net

Trust name	Tameside & Glossop Acute Services NHS Trust
Hospital name	Tameside General Hospital
Lead colposcopist	Mr Kyle Gilmour
Lead colposcopist's phone number	
Lead colposcopist's email	kyle.gilmour@tgh.nhs.uk
NHS.net email	kyle.gilmour@nhs.net
Lead nurse colposcopist	Cecilia Bell
Lead nurse colposcopist's phone number	0161 922 6168
Lead nurse colposcopist's email	cecilia.bell@tgh.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Emma Cunningham
Co-ordinator's phone number	0161 922 6167
Co-ordinator's email	emma.cunningham@tgh.nhs.uk
NHS.net email	No
Colposcopy HBPC	Mr Kyle Gilmour
HBPC's phone number	As above
HBPC's email	As above
Colposcopy nhs.net email for direct referral contact	rmp.colposcopy@nhs.net

Trust name	Central Manchester Hospitals NHS Foundation Trust
Hospital name	Trafford General Hospital
Lead colposcopist	Mr Anthony Nysenbaum
Lead colposcopist's phone number	0161 746 2213 (sec)
Lead colposcopist's email	anthony.nysenbaum@cmft.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Suzanne Johnson
Lead nurse colposcopist's phone number	0161 746 2129
Lead nurse colposcopist's email	suzanne.johnson@cmft.nhs.uk
NHS.net email	No
Colposcopy co-ordinator	Amanda McAllister
Co-ordinator's phone number	0161 746 2129
Co-ordinator's email	amanda.mcallister@cmft.nhs.uk
NHS.net email	No
Colposcopy HBPC	Mr Anthony Nysenbaum
HBPC's phone number	As above
HBPC's email	As above
Colposcopy nhs.net email for direct referral contact	colposcopy.trafford@nhs.net

Trust name	University Hospital of South Manchester NHS Foundation Trust
Hospital name	Wythenshawe Hospital
Lead colposcopist	Mr Sean Burns
Lead colposcopist's phone number	0161 291 2560 (sec)
Lead colposcopist's email	sean.burns@uhsm.nhs.uk
NHS.net email	No
Lead nurse colposcopist	Jo Pennington
Lead nurse colposcopist's phone number	0161 291 5446
Lead nurse colposcopist's email	jo.pennington@uhsm.nhs.uk
NHS.net email	jo.pennington@nhs.net
Colposcopy co-ordinator	Sandra Phillips
Co-ordinator's phone number	0161 291 5446
Co-ordinator's email	sandra.phillips@uhsm.nhs.uk
NHS.net email	sandra.phillips3@nhs.net
Colposcopy HBPC	Mr Sean Burns
HBPC's phone number	As above
HBPC's email	As above
Colposcopy nhs.net email for direct referral contact	smu-tr.WythColps@nhs.net

19 Direct referral flowchart



