

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

Version 1.0 (31st March 2020)

Version Control	
1.0 (31st March 2020)	Initial Guidance for NHSEI Regional Public Health Commissioners
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1. Purpose

In the light of the continuing COVID-19 incident NHS England and NHS Improvement as the commissioner of the Cervical Screening Service has worked with Public Health England and other clinical experts to develop following initial guidance relating to colposcopy services commissioned as part of the NHS Cervical Screening Programme.

This guidance is initial guidance based on the situation as at the date above. It will be reviewed regularly and updated as necessary in light of the emerging situation and as further guidance becomes available.

The Coronavirus situation will mean that services need to be flexible. In some circumstances, this may mean a deviation from standard screening programme guidance. Where this is the case, it should be documented and agreement obtained from NHS England as the commissioner. The Public Health England (PHE) Screening QA Service will provide advice on quality and safety issues that may arise.

2. Scope

We are aware that providers are taking decisions in relation to colposcopy services that would impact on the clinical safety and recovery of the NHS CSP. We expect providers to deliver service in line with national NHS CSP clinical guidelines and to maintain at least a minimum colposcopy service. Where changes need to be made, the guidance below should be taken into account in order to maintain clinical safety.

3. Suggested clinical prioritisation of referrals within colposcopy

Suggested text for inclusion in letters is shown in Appendix 1 but referred to here for ease.

All individuals identified as requiring referral to colposcopy following abnormal screening results, but appointment has not yet been issued	
Description of referral	Suggested guidance
Individuals referred following a positive HR-HPV test and inadequate cytology at the 24 month repeat test	Write to patient with appointment deferred up to 6 months (letter 1)
Individuals referred following 2 consecutive HR-HPV test unavailable or inadequate cytology results or combination of the two	Write to patient with appointment deferred up to 6 months (letter 1)
Problem taking a screening test in a primary care setting	Write to patient with appointment deferred up to 6 months (letter 1)
Individuals referred following a persistent positive HR-HPV test and negative cytology	Write to patient with appointment deferred up to 6 months (letter 1)
Individuals referred following a positive HR-HPV test and borderline changes in squamous cells or low-grade dyskaryosis	Write to patient with appointment deferred up to 3 months (letter 1)
Individuals referred following a positive HR-HPV test and high-grade dyskaryosis (moderate and severe) or ?invasion	Need to be seen and treated. Suggest see and treat policy (letter 3)
Individuals referred following a positive HR-HPV test and borderline endocervical and ?glandular neoplasia of endocervical type	Need to be seen and treated. Suggest see and treat policy (letter 3)
Individuals with symptoms or if the appearance of the cervix is suspicious	Need to be seen within 2 weeks. Clinical triage by telephone may be possible (letter 3)

Existing screen positives and referrals already in the system	
Description of referral	Suggested guidance
Individuals already referred and appointments issued following a positive HR-HPV test and inadequate cytology at the 24 month repeat test	Appointment to be rescheduled. Defer up to 6 months (letter 2)
Individuals already referred and appointments issued following 2 consecutive HR-HPV test unavailable or inadequate cytology results or combination of the two	Appointment to be rescheduled. Defer up to 6 months (letter 2)
Problem taking a screening test in a primary care setting	Appointment to be rescheduled. Defer up to 6 months (letter 2)
Individuals referred following a persistent positive HR-HPV test and negative cytology	Appointment to be rescheduled. Defer up to 6 months (letter 2)
Individuals referred following a positive HR-HPV test and borderline changes in squamous cells or low-grade dyskaryosis	Appointment to be rescheduled. Defer up to 3 months (letter 2)
Individuals referred following a positive HR-HPV test and high-grade dyskaryosis (moderate and severe) or ?invasion	Appointment to continue as planned (two-week wait) (letter 3)
Individuals referred following a positive HR-HPV test and borderline endocervical and ?glandular neoplasia of endocervical type	Appointment to continue as planned (two-week wait) (letter 3)
Individuals with symptoms or if the appearance of the cervix is suspicious	Need to be seen within 2 weeks Clinical triage by telephone may be possible (letter 3)

Management for referrals already within colposcopy	
Management	Suggested guidance
Women with a biopsy result indicating treatment. This includes the CGIN cases with incomplete margins that require re-excision	Continue management as planned with the programme pathway. This includes the CGIN cases with incomplete margins that require re-excision see : https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/3-colposcopic-diagnosis-treatment-and-follow-up (letter 3)
Women with a biopsy result indicating discharge from colposcopy or follow up in 12 months	Continue management as planned (letter 3)
Women being followed-up in colposcopy for a cervical screening test	Write to patient with appointment deferred up to 6 months (letter 4)
Women being followed-up in colposcopy for a colposcopy assessment for a previous high-grade referral not confirmed at first colposcopic appointment	Continue management as planned (letter 3)
Women being managed conservatively for CIN II	Continue management as planned (letter 3)

The above covers the main categories however there will be individual cases that do not fall into these categories. These will need to be managed and prioritised on a case by case basis.

Overall, local providers should prioritise activity taking into account the general principles above and the local situation. Providers will be aware that rescheduling appointments carries with it the risk that a small number of individuals may have a delay in diagnosis, which could be clinically significant. Changes to services locally should be documented on the provider risk registers and have medical director, or equivalent approval, in addition to being agreed with NHSEI commissioners.

4. Clinical management

In the current situation, 'see and treat' colposcopy practice should be considered in the first instance, where clinically appropriate, due to the risk of not being able to provide adequate follow up. The multi-disciplinary team (MDT) meetings function will continue to be required based on case prioritisation. Suitable arrangements will be needed to ensure these can take place remotely where necessary.

Colposcopy providers should consider carefully if a screening sample is required at the time of colposcopy assessment and avoid this where possible due to the issues of transferring the sample to the remote (in most cases) screening laboratory.

5. Staffing

A minimum of the colposcopist and supporting nurse or health care assistant will be required in the clinic for both patient and professional safety reasons during this period.

6. Failsafe and administration

Colposcopy failsafe must continue to ensure daily safe receipt of referrals and confirmation to laboratories of this receipt even when there are no referrals.

Colposcopy providers will need to review all letters sent to patients and update them to clarify the situation and any deviation from normal practice. Templates that can be used for this purpose are included at Appendix 1 and the relevant letter reference is shown in the clinical prioritisation tables above.

Colposcopy providers must contact individuals by letter, with a copy to their GP, to defer initial assessment or re-arrange appointments. Colposcopy providers must offer a further appropriately timed appointment if patients do not attend or cancel their appointments during this period of service disruption (letter 5).

Colposcopy providers need to have an electronic system to record details of appointments that have been deferred, the date letters were sent, and the date the future appointments must be scheduled.

Colposcopy providers must continue to send colposcopy discharge lists to the Cervical Screening Administration Service (CSAS) so the next test due date can be added to the call and recall system. The next test due date should be calculated as normal with the exception that next test due dates should be no earlier than 6 months. This will avoid individuals being invited for a test in primary care when it is possible that they may not be able to access the service due to actions being taken for Coronavirus.

7. Responsibilities

Colposcopy providers will continue to hold responsibility for managing the appointments for those referred, making the clinical decision on individual patient management and ensuring that there are systems in place to ensure no individual referred is lost to the system.

Colposcopy providers are responsible for determining local arrangements for use of personal protective equipment and assessment of the health of patients attending hospital. This will be informed by local provider arrangements and national guidance for hospitals on COVID-19.

Appendix 1

Suggested additional text for inclusion within existing letters from colposcopy clinics

Letter 1: Rescheduling patients who have not yet been sent appointments (new referrals)

In light of the current Government advice on Coronavirus, social distancing and the need to support our hospital services at this time, we are scheduling your appointment for <DATE AND TIME>. Please be reassured that we have looked at your screening test result carefully when planning your appointment date. We will be regularly reviewing the position and will contact you if we are able to offer you an earlier appointment.

If you experience any symptoms, such as bleeding in between periods, bleeding after intercourse or bleeding after the menopause please contact us for advice.

If you need to talk to a member of staff, please phone <XXXX> on <XXXX>. However, please be aware that there could be a delay in being put through or being able to respond to you due to the current pressures of Coronavirus.

I apologise for any inconvenience caused.

Letter 2: Rescheduling patients who have already received appointments (new referrals):

In light of the current Government advice on Coronavirus, social distancing and the need to support our hospital services at this time, we are re-scheduling your appointment for <DATE AND TIME>. Please be reassured that we have looked at your screening test result carefully when planning your rearranged appointment date. We will be regularly reviewing the position and will contact you if we are able to offer you an earlier appointment.

If you experience any symptoms, such as bleeding in between periods, bleeding after intercourse or bleeding after the menopause please contact us for advice.

If you need to talk to a member of staff, please phone <XXXX> on <XXXX>. However, please be aware that there could be a delay in being put through or being able to respond to you due to the current pressures of Coronavirus.

I apologise for any inconvenience caused.

Letter 3: Patients being seen as planned

Please find enclosed your appointment for <DATE AND TIME>.

We understand that in light of the current Government advice on Coronavirus and social distancing, you may be concerned about attending for your appointment.

I must stress the importance of you attending the colposcopy clinic to reduce the chances of you developing cancerous changes in your cervix.

If you need to talk to a member of staff, perhaps due to concerns about underlying health conditions or attending the hospital at this time, please phone <XXXX> on <XXXX>. However, please be aware that there could be a delay in being put through or being able to respond to you due to the current pressures of Coronavirus.

Letter 4: Rescheduling patients who need to be seen again in colposcopy:

In light of the current Government advice on Coronavirus, social distancing and the need to support our hospital services at this time, we are re-scheduling your appointment for <DATE AND TIME>. Please be reassured that we have looked at your previous results carefully when planning your rearranged appointment date. We will be regularly reviewing the position and will contact you if we are able to offer you an earlier appointment.

If you experience any symptoms, such as bleeding in between periods, bleeding after intercourse or bleeding after the menopause please contact us for advice.

If you need to talk to a member of staff, please phone <XXXX> on <XXXX>. However, please be aware that there could be a delay in being put through or being able to respond to you due to the current pressures of Coronavirus.

I apologise for any inconvenience caused.

Letter 5: Patients who do not attend (re-issue suitably timed appointment)

We understand that in light of the current Government advice on Coronavirus and social distancing, you may have chosen not to attend.

I must stress the importance of you attending the colposcopy clinic to reduce the chances of you developing cancerous changes in your cervix.

A new appointment has been scheduled for you for <DATE AND TIME>.