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1. Introduction and Who Guideline applies to

This guideline is for all clinical, administrative and management staff working within the Colposcopy Service.

This guideline is to ensure that all women referred to colposcopy are seen and treated within the recommended time frames In accordance with NHSCSP (Document 20 September 2024)

The purpose of this guideline is to provide a robust process for ensuring that all women are allocated a colposcopy appointment in accordance with PHE Quality assurance waiting times.

2. COLPOSCOPY SERVICE PERSONNEL

The Colposcopy Team consists of Medical and Nursing Staff performing colposcopy assisted by Health Care Assistants (HCA's). The team are supported by dedicated administrative and secretarial staff as well as data and audit coordinators.

Colposcopy Team Clinical Positions
Lead Clinical Colposcopist
Deputy Clinical Colposcopist
Cervical Screening Programme Lead
Consultant Colposcopist
Gynaecology Matron
Lead Nurse Colposcopy & Hysteroscopy
Colposcopy Clinical Nurse Specialists
Colposcopy Staff Grade Doctors

Associated patient information leaflets available on: [YourHealth](#)

3. CLINIC ACCOMMODATION

Reception area

- The Colposcopy clinic is accessed from Coleman Road and patients and visitors report to the Reception desk on arrival. There is seating for patients and friends/relatives and disabled access for wheelchair users. There is a coffee shop directly outside of the gynaecology clinics.

Treatment rooms

- The 4 colposcopy treatment rooms are equipped for colposcopy with adjustable couches, colposcopes, punch biopsy and loop diathermy equipment. TV monitors are present in 2 of them.

Changing rooms

- Within the Colposcopy Clinic, the changing accommodation for patients is within the treatment room behind privacy curtains; gowns are provided.

Recovery area

- There is a recovery room with reclining chairs for patients to recover after their procedure if required (recovery room is used for other clinics including hysteroscopy). Hot drinks and water are available if required.

WC

- There is a WC and washbasin with disabled access and safety handrail.

Clerical accommodation

- The administrative/secretarial staff are situated in offices off the clinic corridor at LGH. The audit and data co-ordinators are also based within this area with desk space available for clinical staff.

4. COLPOSCOPY ADMINISTRATIVE STAFF ROLES & RESPONSIBILITIES

Data & Audit Co-ordinator

- To update the database with details of the patient attendance, laboratory results, management plan etc.; Colposcopists who are using the data system do this.

- To prepare and undertake the production of the KC65 quarterly and annual returns, individual colposcopy returns, and other ad-hoc audits as required for submission to the West Midlands Cervical Screening QA Reference Centre and other national bodies.
- To operate the failsafe system in respect of overdue results, missing management plans, admission for inpatient procedures etc.
- To aid in preparation of the monthly MDT meetings and record the outcomes of discussions at the meetings.

Administrative staff

Appointment Booking Co-ordinators.

There are 2 colposcopy booking co-ordinators responsible for booking all direct referrals. They also provide administrative support for all activity within the Colposcopy Service; managing clinic sessions to ensure optimal use of available slots and ensuring that the appropriate supportive paperwork is available. They ensure all clinical outcomes are captured within the Hospital HISS system and appointments are also entered in to the MASEY database. The individuals in the team have been trained to cover each other's roles if necessary in the event of absence.

Clinic Reception Co-ordinators

The individual responsibilities are as follows:

- To undertake receptionist duties acting as first point of contact to welcome patients, colleagues and members of the public into the department.
- To manage telephone enquiries, referring to the nursing staff where appropriate.
- To make or change appointments where requested by patients
- To liaise with medical staff in respect of clinic cancellations, alterations etc. and to ensure that the nursing staff are aware of these events.
- To ensure that case notes and referral information are always available when patients attend clinic appointments
- To provide administrative support to the Colposcopy Service by producing personalised data sheets and clinic lists.
- To assist the Booking Co-ordinators and Secretaries in providing administrative support to the nursing staff.

Medical Secretaries

- To type letters to patients and referrers following attendance at clinic and communicating results, management plans etc.
- To assist reception staff in providing support to nursing staff in respect of obtaining case notes, laboratory results etc.
- To assist the Data and Audit Co-ordinators where appropriate.
- To assist with requesting case notes for patients on the monthly Colposcopy MDT Meeting and the monthly Invasive Disease Audit; disseminating these notes back to the appropriate Clinician for result letters after the meeting.
- Assist the Clinicians with management of colposcopy results. See [appendix 3](#)

5. **MANAGEMENT OF REFERRALS**

(Please also refer to [Appendix 1](#))

Referrals to the Colposcopy Service are received from the following sources:

Direct referrals

- A list of women with abnormal cytology results are sent by the Derby Laboratory to the colposcopy direct referral mail box: uho-tr.uhlcolpreferrals@nhs.net
- Once the appointment is made the details of this are sent back to the Derby Laboratory to their cytology mail box: dhft.cytology@nhs.net
- The direct referral mailbox is checked every day and arrangements are in place for administration staff that work across site. All appointments are made in accordance with the NHSCSP number 20 guideline specification.
- Choose & Book - for out-of-area screening related issues, clinical abnormalities/suspicious symptoms, requests for routine cytology to be performed, removal of polyps and other
- non-screening related problems
- Gynaecology outpatient tertiary referrals

Other appointments are managed by the Direct Referrals Team. Choose & Book referrals are screened by the Lead Colposcopy Consultant or CNS, for inappropriate referrals. In the event of a patient requiring referral to a different clinic, e.g. gynaecology outpatients, the administrator will arrange for the appropriate appointment to be sent. The patient and GP will be advised of any changes to an appointment.

Advice and guidance for colposcopy related queries are dealt with by a member of the colposcopy clinical team (included in their job plan) on the E-Referral system (ERS) on a weekly basis.

Referrals from GP's/community clinics by letter or fax are managed by the Direct Referrals Team.

In the event of a query regarding the appropriate prioritisation of a referral the Team will refer to the Nurse Colposcopist for advice.

Referrals received from other departments within the hospital are managed by the Direct Referrals team. The appointment is made from the clinic outcome form if there is adequate information, if not the administrator will contact the consultant's secretary in order to clarify the requirements and avoid a delay in sending out the appointment.

All appointments will be confirmed to the patient in writing, enclosing the appropriate information leaflet about the clinic and the procedure. Information regarding how to access the clinic, transport links and parking is included.

Fail Safe Procedure

Once referrals have been received from the laboratory the list of patients is printed and cross-checked by the Direct Referrals Team to ensure that no patients have been missed.

Prioritisation of Referrals ([Appendix 2](#))

UHL has a robust process to ensure women are offered an appointment within the colposcopy clinic in accordance with (NHS CSP document 20. 2024). The process is outlined in detail in [appendix 2](#).

Benign endometrial cells in cervical samples:

- Benign endometrial cells are only reported in samples tested as HRHPV positive from individuals aged 45 or over. Management recommendations made by the programme are based only on the cervical abnormalities.
- The significance of cytologically benign endometrial cells in cervical cells varies with the phase of the menstrual cycle, medication, clinical history and age of the individual. However, this information is not always available in the screening programme.
- If there is any history of abnormal vaginal bleeding, referral to a Gynaecologist should be considered.

Individuals with symptoms:

The cervical screening programme is a population based screening programme, designed to reduce the incidence of and mortality from cervical cancer by detecting disease at an early stage of its development. Individuals presenting with symptoms of cervical cancer, post coital bleeding or persistent vaginal discharge that cannot be explained by infection or other causes are not suitable candidates for screening.

If common causes for these symptoms have been excluded in general practice the individual must be referred for examination by a Gynaecologist experienced in the management of cervical disease.

In UHL GPs can refer these women through the Prism PCB pathway. There are 2 clinics per week for PCB run by accredited Colposcopists.

Management of cancellations and DNAs:

- In the event of a patient contacting clinic to cancel her appointment, a further date will be given over the telephone and confirmed in writing. This information is added to the Direct Referrals appointments excel sheet and communicated to the DAC to update in the database.
- If a patient defaults from her first appointment, a second appointment will be routinely sent. In the event of a further default, no further appointment will be made but a letter sent to the GP to advise that no further action will be taken unless the surgery or patient contacts the clinic to make a (new referral) further appointment.
- If the referral is for a high grade smear, suspected malignancy or other urgent indication, a letter is sent to alert the GP to the fact that the patient has failed to attend. It will also be documented in the colposcopy database.
- If the default is for a treatment appointment following the diagnosis of CIN, a letter will be sent to the patient with a further appointment and copied to the GP. In the event of further default a letter will be sent to the GP to advise that no further action will be taken unless the surgery or patient contacts the clinic to make a further appointment.
- When the default is for a follow up cytology appointment a letter will be sent to the GP asking the surgery to follow up the patient with cytology in the surgery and no further appointment sent unless requested by the patient or the GP.
- Following default from a follow up colposcopy appointment where there is concern that the patient may be lost to follow up, a letter will be sent to the GP. A further

appointment will be offered following a request from the GP or patient. They will be also added to the GP discharge data as a failsafe if needing further smears.

- 2x DNA – the patient is discharged back to the care of the GP. A letter is dictated to the GP stating that the patient has failed to attend on two separate occasions and as per hospital policy is discharged back to the care of the GP.

6. RESULTS MANAGEMENT AND FAILSAFE PROCEDURES

(Please also refer to; [Appendix 3](#))

The standards set by the NHSCSP (Document 20 September 2024) state best practice is that 90% of patients and referrers to receive their results within 4 weeks of attendance at clinic. The minimum standard is 100% within 8 weeks.

The Colposcopy Database incorporates failsafe reports that indicate missing data and potential failure to meet these standards. Patient data are added to the database once the patient referral record has been created. The system is updated with results and the date of communication to the patient and GP. The date of discharge and subsequent follow-up screening interval are included to enable to production of the spreadsheet which is sent monthly to, the call-recall centre (CSAS)

Data Input, Management of Results and Failsafe – ([Appendix 3a](#))

Please refer to [appendix 3a](#) for detailed information regarding Data input results management and Failsafe protocols

DISCHARGE FROM THE COLPOSCOPY CLINIC

Patients will be discharged from the Colposcopy Service when they have:

- Undergone successful treatment for CIN and have been referred back to the community for screening follow up 6 months later
- Referred with HPV Positive Negative, Bline squamous, LG Dysk, Adequate Colposcopy, LG Colposcopic opinion or biopsy can be discharged for Cervical screening with GP in 12 month's time.
- Referred with HPV positive Negative, Bline Squamous, LG Adequate normal colposcopy can be discharged back to GP for screening in 3 years.
- Completed the follow up regime for CGIN and have been referred back to the community for routine recall.
- Completed Conservative management of CIN.
- been diagnosed with cancer and referred to the Gynae-Oncology Team for ongoing management
- repeatedly defaulted (see management of default)

At the time of discharge it is essential that GP be fully informed of the patient's current status and what further follow up is required. The summary should also clearly state that if a further cytological abnormality arises, the patient should be referred back for reassessment.

The patient should be advised by letter that she is being discharged from the clinic and advised where and when the next screening test is due.

The CSAS should be informed monthly of all patients being discharged, with full details of the required screening follow up. This is routinely done by the colposcopy Data Coordinators and checked by the Lead Nurse Colposcopist.

7. Education and Training

None

8. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Guideline and record of waiting time statistics are available to be shared with PHE and Screening Committee to provide evidence.	Colposcopy Database	Lead Colposcopy Nurse	3 months	QA and Screening Committee
Timeframes will be recorded and monitored via quarterly KC65 data.	Colposcopy Database	Lead Colposcopy Nurse	3 months	QA and Screening Committee
Statistics to be discussed at the Colposcopy Operational meeting and the Colposcopy Business meeting.	Colposcopy database	Lead Colposcopist and Lead Colposcopy Nurse	4 months	QA and Screening Committee

9. Supporting References

<https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management> (September 2024)

<https://www.gov.uk/government/collections/cervical-screening-professional-guidance> (February 2024)

10. Key Words

Cervical screening, Gynaecology

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

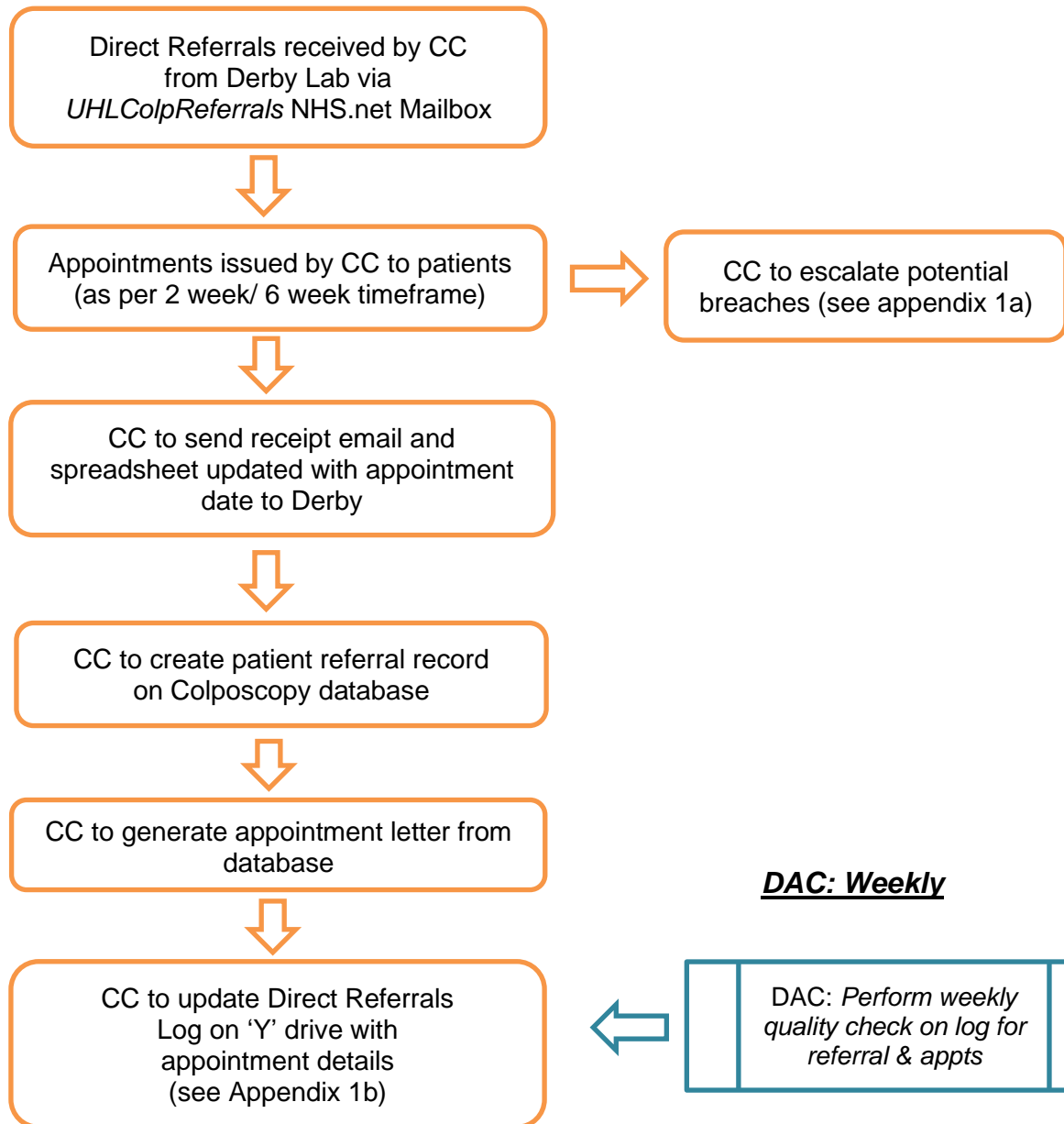
Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Hannah Ball – Lead Nurse Colposcopist & Hysteroscopist			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
February 2025	1	UHL Gynaecology Governance	New document

Appendix 1: COLPOSCOPY PATHWAY PROCESS MAP NEW DIRECT REFERRALS

CC: Daily Process



DAC: Weekly

DAC: Perform weekly quality check on log for referral & appts

CC: As and When

CC to update database with appointment cancellations/DNAs details

DAC: Fortnightly

DAC: Send fortnightly email to CC with direct referral new cases for Colposcopists

Key

CC = Clinic Co-ordinator(s)

DAC = Data and Audit Co-ordinator(s)

Clinic Co-ordinator Checkpoints

- Check mailbox and action on a daily basis.
 - Escalate any issues to Team Leader.
- Cross-check patients details from referral reports against the Derby referrals spreadsheet to ensure patient details are correct and to identify any discrepancies.
 - Check details on spreadsheet against reports received prior to booking appointments.
 - If any discrepancies found, immediately check with Derby team and action appropriately.
 - Inform and provide Data & Audit Coordinators of details of discrepancy and action taken by email or face-to-face. Inform on day of occurrence or as soon as possible.
- Update Direct Referrals Log on the Y Drive on a daily basis.
- Monitor the number of individual Colposcopists cases to ensure fair distribution of new referrals appointments (to enable annual targets to be met for the BS CCP Colposcopist caseload target).
- All emails in mailbox to be retained and filed away in the correct folders once actioned.
 - *Do not delete any emails as this is part of our audit trail.*
- Ensure receipts sent for each email actioned (with updated Derby spreadsheet) and acknowledgement receipt sent for emails with no direct referrals.
 - Download and save Derby spreadsheet to Gynaecology Data drive with correct date in the filename. Update spreadsheet with Appointment Date and save.
 - Insert spreadsheet attachment in the receipt email to send to Derby via NHS.net shared mailbox. Ensure correct spreadsheet attached to receipt email.

Team Leader Checkpoints

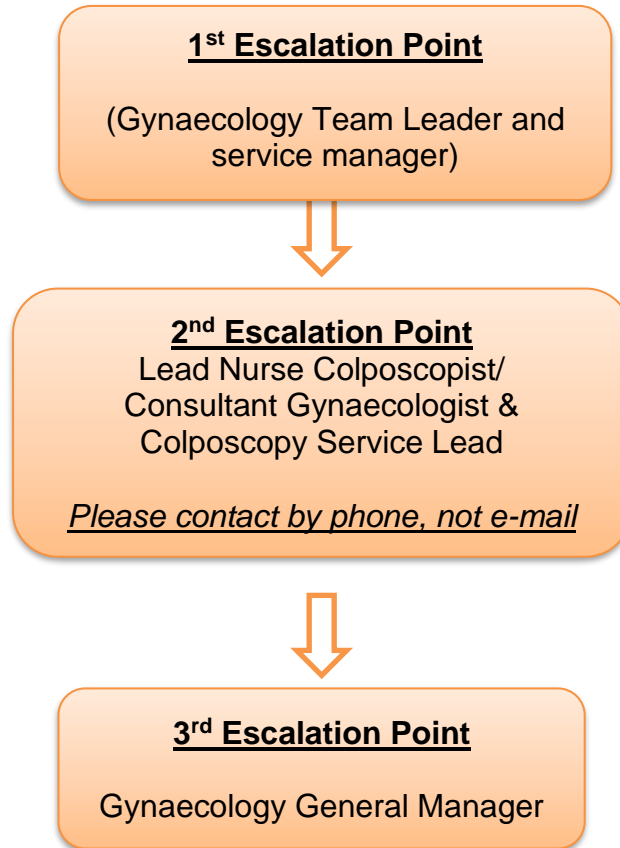
- Ensure daily cover in place.
- Ensure emails in mailbox actioned on a daily basis.
- Inform Data & Audit Co-ordinators if any e-mails not actioned and reason why.

Data and Audit Co-ordinator Checkpoints

- Perform weekly quality check on Direct Referrals log for referral & appointments
- Provide data to CCs on direct referral new cases for Colposcopists on a fortnightly basis.

Appendix 1a – Escalation Procedure

In case of any potential breaches, Clinic Coordinators should notify the following individuals as per the escalation procedure:



It is important to ensure timely escalation since potential breaches may have financial implications where the Trust is liable to pay £5000 fine for each breach. It may also have service implications since if the service is deemed to perform below standard, it could be decommissioned.

Appendix 1b – Direct Referrals Log

File Location: Y:\ColpReferrals

	A	B	C	D	E	F	G	H	I
1	DIRECT REFERRALS LOG								
2									
3	November 2019								
4									
5	Date of Referral Email	Patient S Number	Referral Cytology Result	Appointment Date	Site (LGH/LRI)	Clinic	Referral & Appt added on database	Actioned By	Date Actioned
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

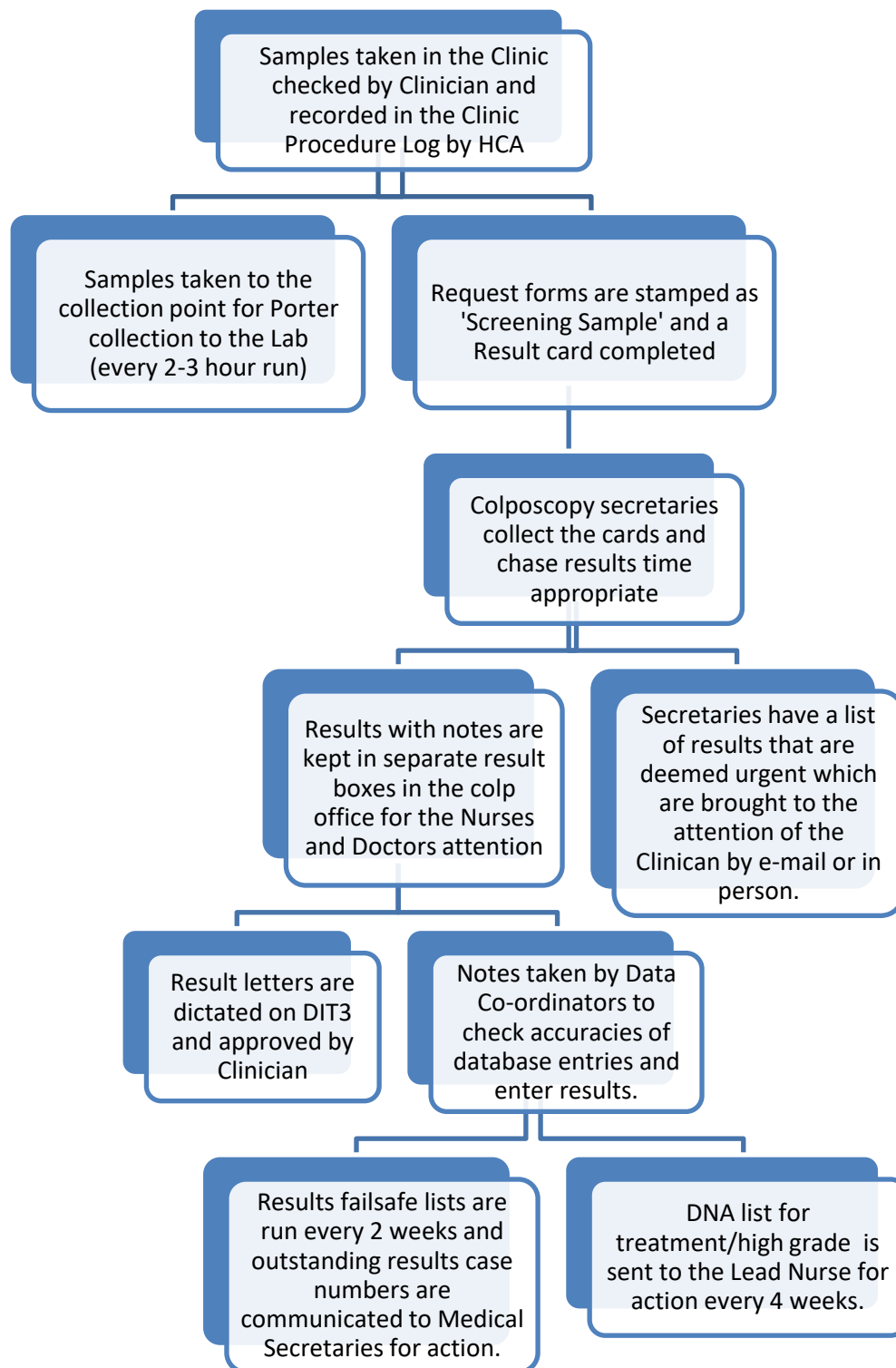
Appendix 2: Prioritising Referrals and monitoring and Maintaining Waiting Times

Referral Criteria	Waiting Time target
Possible Invasion	2 weeks
HR HPV Positive High Grade Dysk (Mod / Severe	2 Weeks
HR HPV positive Possible Glandular neoplasia	2 weeks
HR HPV positive Borderline in Endocervical	2 Weeks
Suspicious Cervix / individual with symptoms	2 weeks
HR HPV Positive Borderline in squamous cells	6 weeks
HR HPV positive LG Dyskaryosis	6 weeks
X3 HR HPV positive Negative Cytology	6 weeks
X3 HR HPV positive Inadequate cytology	6 weeks
HR HPV positive Negative Cytology (TOC)	6 weeks

Process:

1. Colposcopy Lead Nurse meets weekly with the Gynaecology Service Administration Manager.
2. Colposcopy clinic templates are reviewed for all Colposcopists ensuring that there are no capacity issues.
3. If the Colposcopy booking team have any capacity issues then they must be highlighted to the lead nurse colposcopist and the admin manager.
4. If extra colposcopy capacity is required this is discussed with head of service and operational manager.
5. All colposcopy booking team are fully trained and aware of the standard waiting times as per table above.
6. All non-screening referrals including PCB referrals are triaged electronically by Colposcopy team.
7. The Colposcopy Data coordinator monitors referrals and appointments and informs the lead nurse colposcopist.
8. The lead Nurse Colposcopist meets weekly with Colposcopy data Coordinator to ensure waiting times are met.

Appendix 3: COLPOSCOPY RESULTS PATHWAY



Appendix 3a: Process for ensuring women receive histology results in line with national standards

Process

- Patient referral details and demographics are entered into the database once the first clinic appointment has been booked for the patient.
- Following attendance at clinic data regarding the examination and any investigations performed are entered into the database record.
- Case notes remain in the Colposcopy office “awaiting results” box from the laboratories. If the notes are removed from clinic before the results are received, an RBS tracer card is placed in the box to maintain the failsafe system.
- Results are chased and pinned to patients notes by secretaries and put in clinicians admin box for dictation.
- As nurses have largest clinical case load often they will print own results.
- All high grade biopsy /cytology results are placed by medical secretaries in an ‘Urgent box’ located within the colposcopy office which is checked daily by the Nurse colposcopists.
- Result letters are dictated or self-typed by clinicians using DIT 3 system.
- Letters return to clinician for approval
- Urgent letters are sent Dictated but not signed to improve clinical wait times for treatment.
- Letters then require printing and dissemination by colposcopy secretaries.
- Lead nurse colposcopist/ Data co coordinators uses database to print out all outstanding results.
- If a biopsy result or screening test result has not been received within 14 days of attendance at clinic, this is chased with the laboratory. Individual Colposcopists may do this if they are awaiting a result and have an opportunity. Further chasing takes place if necessary.
- The database also has a failsafe to identify patients who have had the outcome “treatment appointment”, “inpatient waiting list” or “day surgery waiting list” and have not been treated as an outpatient or admitted for their procedure within 3 months.
- A monthly spreadsheet is produced by the Data Co-ordinators and sent to CSAS to advise them of the screening interval for each patient following discharge from clinic.

Rationale:

To ensure that women receive their results in line with national guidance.

Standard is monitored quarterly as part of the KC65 submission.

Standard achieved is available to be shared with PHE.

Standard is monitored by lead nurse colposcopist and and problems arising are discussed with Lead colposcopist and the colposcopy team.