



NHS Cervical Screening Programme

Specification for Call/Recall Service Provision

1.0 Purpose

1.1 The purpose of this document is to provide a model service specification for the provision of the call/recall function of the NHS Cervical Screening Programme (NHSCSP).

In particular it describes: -

- a) The scope of the service and elements contained (2.0);
- b) The communication channels with the different organisations involved in the recall process which are required to enable this service to operate (3.0);
- c) Conformance with NHSCSP recommendations (4.0);
- d) Conformance with Information Governance (5.0);
- e) Risk Management (6.0);
- f) The PCT dependencies (7.0);
- g) The detailed tasks involved in the provision of the service (8.0);
- h) The information which should be made available routinely to the Primary Care Trust both about the contractors and on the performance of the service provider in delivering the service (9.0);
- i) Change control (10.0);
- j) The work required prior to the transfer of the service from a PCT (11.0).

Whilst this document aims to specify the functions expected of the call/recall function of the NHS Cervical Screening Programme the National Cancer Reform Strategy¹ identifies improvements that it would like to see to the NHSCSP which may result in a modification of this specification. Changes envisaged by the Cancer Reform Strategy include improvements in the use of Information Technology, the development of larger call/recall offices which would reduce turnaround times and assist the achievement of the standard that all women will receive their result within fourteen days of their sample being taken and allow better facilities to improve coverage such as telephone help lines.

2.0 Scope of Service

2.1 The service covers the call and recall of women and notification of results as part of the NHS Cervical Screening Programme (NHSCSP)(2.3)

Recall is arranged by individual woman and is based upon the woman's age and her previous screening results. All invitations and result letters must be issued by the service provider.

2.2 The service comprises of 8 main elements: -

- a) Receipt, recording and notification of test results;
- b) Identifying and including all women into the screening programme from the age of 25;
- c) Checking the appropriateness of invitations with the women's registered GP practices;
- d) Call/Recall of all women aged 25 – 49 at 3 yearly interval and women aged 50 –64 at 5 yearly intervals as directed by the NHSCSP or at an earlier interval if specified by the laboratory. Ensuring all invitations are sent to women 5-6 weeks before their test due date;
- e) Having failsafe systems in place to ensure that GP practices are notified of women failing to attend for screening and that these women are returned to the recall cycle at the appropriate interval;
- f) Arranging for transfer of screening history records for any woman who moves between areas;
- g) Ensuring that appropriate actions are taken in response to requests to cease recall and that confirmation of ceasing is sent to both the woman and her registered GP practice;
- h) Provision of information including the statutory KC53 returns.

¹ Cancer Reform Strategy. Department of Health Dec 2007

3.0 The Communication Channels

3.1 There are 7 types of communication channels involved in the Cervical Screening Programme: -

- a) GP Practice
- b) Pathology Laboratory
- c) Colposcopy Clinic
- d) PCT
- e) Patient
- f) Regional Cervical Screening QA
- g) NHSCfH

a) **The GP Practice** – The service provider will make a check with the GP practice to ensure the invitation is appropriate prior to inviting any woman to attend for screening. In the same way GP practice will be notified of any of their patients who have failed to attend for screening despite having been sent 2 invitation letters. Women are included in the cervical screening programme for the age of 25 to 64 however a GP practice may advise that screening is no longer appropriate for a specified woman. In such cases the service provider will cease recall for that woman and will confirm with the GP practice and the woman that this has been done.

There are 3 ways these arrangements can work: -

- i. Forms/lists could be sent from the service provider to the PCT via courier post where they could be forwarded to the GP practice in the same way medical records are transferred. GP practices would use the same method to send communications to the PCT who would forward them to the service provider via the courier post;
- ii. The service provider could send notifications to GP practices via Royal Mail and provide practices with pre addressed envelopes to use for all screening communications;
- iii. If the service provider is also providing a medical records service for the customer then all screening documents will be transferred between practices and the service provider using the same method as that used for medical records.

Given the content of these communications it is preferable that all communications are direct between the service provider who will be processing the work and GP practices to ensure information is made available in line with Caldicott requirements on a need to know basis.

The following points are to be noted with regard to communications with GP practices: -

- i. The service provider must work with practices to establish electronic communications wherever possible taking advantage of current facilities already available together with any new developments as they become available.

b) **Pathology Laboratory** – The pathology laboratory will send result details to the service provider. These are either send electronically or paper copies of the test report are sent.

Results transferred electronically will continue to be sent to the PCT NHAIS system and service provider staff will process these using remote access if appropriate.

Where results are sent on paper the service provider will provide the laboratory with pre-addressed envelopes to send the copies direct to the service provider. It is expected however that the service provider will work with laboratories to establish electronic links.

c) **Colposcopy Clinics** – If a system of Direct Referral is in place service provider staff will contact the colposcopy clinic staff to confirm details of women for whom the laboratory have recommended referral.

- d) **PCT** – All PCTs should have a designated public health lead for screening services. PCTs also host multi- disciplinary meetings of all parties involved in the screening programmes. The service provider will provide a named contact for communications with the PCT lead and will also ensure attendance at local multi-disciplinary group meetings.
- e) **Patients** – The service provider will be responsible for sending out screening invitation letters to women and for notifying women of their test results. These letters can be sent in the name of the woman’s GP practice, the PCT or the service provider. This should be agreed with the PCT. It is however strongly recommended that if letters are sent out in the name of the service provider they should include the words ‘Working on behalf of xxxPCT’. This will ensure any queries are raised direct with the service provider. Obviously if queries are related to the wider screening programme rather than simply the letter which the woman has received these must be referred to the PCT lead.
- f) **Regional Cervical Screening QA** – The Regional QA office communicate with both PCT leads and PCT screening managers. All communications with the screening manager would be directed to the service provider.
- g) **NHSCfH** – NHSCfH are responsible for the NHAIS system development. They are also responsible for collecting and collating the KC53 statutory returns. The service provider will make these returns available to NHSCfH. An annual audit by NHSCfH staff is carried out for Cervical Screening. This audit will be undertaken with the service provider and PCTs provided with full copies of audit reports. Following an audit the service provider will be expected to produce an action plan detailing all recommendations and provide monthly progress reports to the PCT until all outstanding actions are complete.

4.0 Compliance with NHSCSP Recommendations

- 4.1 The service provider will ensure that all working practices /procedures are fully compliant with recommendations made in all relevant NHS Screening Programme publications. In the case of cervical screening then all working practices in use must adopt the recommendations in NHSCSP Publication 18 – Cervical Screening Call and Recall – Guide to Administrative Good Practice.

5.0 Information Governance

- 5.1 The data held within the cervical screening application of the NHAIS system is perhaps the most sensitive of the data types held. The service provider must place a great deal of importance on information governance and carry out a self-assessment on each version of the NHS information governance toolkit.
- 5.2 It is expected that the service provider will operate using an information governance framework for handling personal and sensitive information in a legal, secure, efficient and effective manner to appropriate ethical and quality standards in a modern health service.
- 5.3 This information governance framework should encompass the following:-
- Information Governance Management
 - The Confidentiality NHS Code of Practice
 - Data Protection Act 1988
 - Information Security
 - Information Quality
 - Records Management
 - Freedom of Information Act 200
- 5.4 **Controlled Access** -Strict controls must be in place to ensure that screening data is available only to those staff directly involved in the processing of screening related work.

The service provider must also ensure that access to key screens within the NHAIS system which control screening parameters are restricted to 'read only'.

- 5.5 The service provider must ensure the use of dedicated printers for production of screening letters.
- 5.6 **Transfer of Patient Identifiable Information** – The service provider must fully comply with NHS standards regarding the transfer of patient identifiable information. This will include:-
- Use of NHS mail for electronic communications
 - Use of file encryption/password protection on files being transferred
 - Use of tamper evident envelopes for transfer of paper records
 - Protocols in place to confirm receipt of any files transferred
 - Checks on files received electronically from the laboratory to confirm all files received and correct number of results received
- 5.7 **Data Quality** – The service provider should adopt working practices which will help to ensure data quality. These will include:-
- A 100% check on any results which are recorded manually
 - Random sampling of work and reporting on error rates
 - More comprehensive audits will need to take place when staff is new to screening.
- 5.8 **Staff Training and Awareness** - All service provider staff involved in screening work must be fully aware of the confidentiality requirements and procedures must be fully compliant with the Data Protection Act and the Caldicott recommendations.
- 5.9 **Staff training plans** – All staff should have a comprehensive training plan, an example of a cervical screening individual staff training plan can be found in the NHSCSP publication 18, "Guide to Administrative Good Practice for the Cervical Screening Call & Recall programme". However, as this document was produced in 2004 this should not be considered an exhaustive list of tasks to be included in training plans.
- 5.10 **PIAG** - All staff must be fully aware of the PIAG Section 60 approval and comply with the NHSCSP confidentiality and disclosure policy. Information is only shared as part of the agreed data flows involved in ensuring women are invited and subsequently recalled for screening.
- 5.11 **Disclosure of Information** – The service provider will ensure that any requests for screening information including requests from staff within the customer PCT are approved by the PCT Caldicott Guardian before that information can be released. The service provider will notify the PCT Caldicott Guardian of any requests for information received from an external source.
- 5.12 **National Cancer Audit** – The service provider will respond to requests from hospital based coordinators /laboratory leads to provide the standard printout from the NHAIS system (CRUK) for specified patients to support national audit. The service provider will also send the download produced from the NHAIS system to the regional QA office.
- 5.13 **NHSAIS** - NHAIS audits should take place on an annual basis the audit is designed to highlight areas which will go towards reducing risks in the administration of the Exeter call/recall system. It will advise on issues such as security and training.
- 6.0 Risk Management**
- 6.1 The service provider must have a risk management policy which includes Disaster Recovery and Business Continuity Plans.
- 7.0 PCT Dependencies**

7.1 In order for the service provider to deliver an efficient service the PCT will ensure the following: -

- All changes to the PCT performer list are made and the NHAIS system updated as soon as the change has been confirmed at the PCT;
- The GP 'DHA' code within the NHAIS system is used by the cervical screening application to determine content and frequency of letters to patients etc. The PCT will ensure this code is accurately recorded against each GP.

It is recognised that failure to ensure the above could result in women being inappropriately excluded from the screening programmes or receiving inappropriate correspondence.

8.0 Detailed Procedures / Work Instructions

8.1 The service provider should have documented work instructions/ procedure notes covering each task involved in the call and recall programme. Appendix A lists a sample of the individual tasks which must be undertaken as part of this service together with the performance standard for each of those tasks. The performance standards will generally relate to the number of days between receipt of the work until the completion of processing. In addition to work instructions (Appendix B) other information may be held for each task, appendix B1 gives an example of what data may be included for individual tasks if your service was contracted out.

9.0 Information Provided to PCTs

9.1 The PCT will require the service provider to make information on the service available electronically and updated on a monthly basis. The information requirements will fall into two categories:-

1. **Performance monitoring** on the service provider performance including:-
 - a. Performance against agreed standards (Appendix A);
 - b. Results of random sampling.
2. **Contractor Performance** information to enable the PCT to monitor the cervical screening programme across the PCT This information should be made available at both PCT and practice level by the 10th working day of each month. With the agreement of all PCTs the PCT level data should be presented such that it shows comparative data for other PCTs served by the service provider and so enables benchmarking type comparison at PCT level. The PCT should be provided with same information at practice level as that provided at PCT level but restricted to the PCTs own practices. Examples of the information which should be provided are shown at Appendix C.

The KC53 statutory return must also be made available.

9.2 In addition to the routine information provision the service provider must be able to produce further ad hoc information at the request of the PCT to support monitoring of the programme and if appropriate incident investigation.

10.0 Change Control

10.1 Any variation to this specification must be agreed through a formal change control protocol. This will enable a controlled environment to be maintained during the period of change and provide an audit trail of changes to be available for future reference. This will also enable all changes to be communicated to interested parties and workload implications identified.

11.0 Transfer of Services

11.1 Any transfer of services to another service provider must be carefully managed to ensure business continuity throughout the transfer period. The following table shows the actions required before transfer services from the PCT to the service provider can take place.

Action
a) A detailed project plan to be produced and agreed by all parties
b) Regional QA Director to be informed of proposed transfer
c) Communications agreed to inform all organisations involved in the delivery of the screening programme
d) PCT and service provider to nominate lead staff to manage the transfer

The individual tasks which make up the Cervical Screening Call /Recall Service

This should not be considered an exhaustive list of the tasks required to run the cervical screening programme. The individual providers should use this list as an example of how to record the tasks required to provide their programme.

Receive, record and notify cervical screening sample results

Task ID	Task Description	Performance Standard (days)
SCR0665	Set up details of senders for the Cervical Screening Programme	1
SCR0652	Process incoming cervical cytology pathology report forms	1
SCR0653	Record test result from pathology report from path forms	1
SCR0654	Process results relating to women not registered in the PCT area	5
SCR0656	Process cervical screening results rec'd via link from other areas	1
SCR0657	Process cervical screening results rec'd on cards from other areas	3
SCR0658	Process cervical screening results rec'd electronically from lab	3
SCR0659	Process results indicating invalid return to normal recall	1
SCR0660	Print result letters for tests taken at a GP's surgery or a clinic.	1
SCR0662	Check and despatch result letters for tests taken at a GP's surgery or clinic.	1
SCR0663	Process results notifications returned undelivered by the Royal Mail	5
SCR0669	Produce a list of outstanding logged smears	3

Include all women in the screening programme for the age of 25

Task ID	Task Description	Performance Standard (days)
SCR0641	Identify women to be called for cervical screening	1
SCR0758	Process cytology integrity checks on the NHAIS system	2

Call/Recall women for screening

Task ID	Task Description	Performance Standard (days)
SCR0670	Process Electronic Prior Notifications.	5
SCR0642	Produce, print and despatch Prior notification Lists for Cervical Screening	5
SCR0643	Process returned Prior Notification lists for cervical screening.	5
SCR0644	Process notification to postpone cervical screening recall	5
SCR0645	Process notification to cease cervical screening recall	5
SCR0646	Process notification of hysterectomy	5
SCR0647	Produce, print and despatch invitations and reminders for cervical screening	5

SCR0648	Action prints other than invitation letters produced by invitation run (AJ-RP)	5
SCR0649	Process cervical screening invitation letters returned undelivered	5
SCR0676	Seek confirmation in writing that GPs sending out their own cervical screening result letters have notified the result	30
SCR0664	Amend details when male patient showing to have call date set	5
SCR0666	Process requests from GP for inclusion of free text in letters	5
SCR0667	Process requests from GP to include telephone number in letters	1

Notify GP practices of women failing to attend for screening

Task ID	Task Description	Performance Standard (days)
SCR0650	Produce and despatch Non Responder cards	5
SCR0651	Process returned cervical screening Non-Responder cards.	5
SCR0678	Provide PCT programme coordinator with confirmation of registration/recall status	5
SCR0679	Provide PCT programme coordinator with copies of screening history	5

Arrange transfer of screening histories for women who move area

Task ID	Task Description	Performance Standard (days)
SCR0668	Transfer screening history for women moving to another area	1
SCR0674	Process confirmation of receipt of cervical screening record from other PCT	3
SCR0675	Send reminders for any outstanding receipts of screening history	3
SCR0677	Send GP details of newly registered patients who are on early recall	3
SCR0680	Obtain written confirmation that women moving to another area have been included in their recall programme	28
SCR0681	Process Cytology Failsafe Colposcopy Correspondence	5

Provision of information including KC53 return

Task ID	Task Description	Performance Standard (days)
SCR0701	Provide update report for PCT cytology group	10
SCR0702	Provide KC53 return for cervical cytology	10
SCR0714	Produce listings for cervical cytology	6

Reference: 003		SS SCREENS (Screening Services)		
When do you run this job? (Frequency) Not applicable		Who is responsible for it? Screening Manager Screening Supervisor		
KEY DATES				
Creation Date:-		Last reviewed		
Purpose				
The SS screens contain general information relating to individual GPs. There are a total of twelve SS screens; each screen contains information which is used by the call/recall system for the production of letters and other notifications.				
Target	Frequency	Associated Tasks	Preceding Tasks	Following Tasks
Screens are updated to reflect the correct information.	As and when	AJ-SSCY, AJ-RP, AJ-CP, DD FD	GD	
Impacts on the following –		Quality Indicator:-		
Generation of letters		To ensure the efficient and accurate running of the Call/Recall programme.		
Publishing History/Feature Faxes				
Issue No	Date issued	Author	Description of Amendment	
RELEVANT REGULATIONS/POLICIES				
External documents (regulations)		Cervical Screening System Reference Manual (Version 2.10) Section 2		
internal documents (local policy)		Procedures manual		

Detailed Information held for each Task at

Type of Data	Data Held
Task References	Reference number of the task
	Title of the task
	Task description
	Version number of the task
Task Links	The Business area of the task
	The Process within the Business area where the task resides
	The Sub Process within the process where the task resides (if applicable)
	The Step within the process where the task is undertaken
	List of task/s to be done prior to this task within the process
	List of task/s to be done after this task in this process
	Tasks to be reviewed when this task is updated (i.e. associated tasks)
	Task order in the SLA document
Doing the Task	Detailed instructions for carrying out the task
	Checks within the instructions to carry out the task
	If instructions are the agreed regional standard i.e. best of breed
	If task data is accessible by all sections (or just the section doing the task)
Training on the Task	Number of staff to be trained on the task (standard is 3)
	Actual number of staff trained in each version
	Names of staff trained in carrying out each version of the task *
Auditing the Task	Date of last Compliance Audit
	Conclusions from the Compliance Audit
	Date actions completed from last Compliance Audit
	Complexity of task
Task Activity	What is counted for this task
	Budgeted annual volume to be processed per year
	Budgeted monthly volume (equal 12 th , phased or defined to suit frequency)
	Frequency with which the task is carried out
	Number received per month for processing
	Number processed each month
	Level of work in progress at the end of each Month
Task Performance	Target for completion of the task (days)
	'Customer Impact' or 'Internal Process' task
	Number processed per month within target
	No. processed per month which failed the target
	No. processed per month outside target due to service provider (with reasons)
	No. processed per month outside target due to dependencies (with reasons)

Type of Data	Data Held
PCT Interface	PCTs for whom this task is not done
	Data required from the PCT to do this task
	When the data is required from the PCT
	Why the data is required from the PCT
	What is the effect of late receipt of the data
	What information is provided to the PCT as output from the task
Relevant Documents	List of documents that relate to the task
Task History	Whether the task is current (i.e. live) or inactive (i.e. no longer undertaken)
	Date the task was created
	Name of the person who created the task
	For each version - Date of update to the task
	For each version – Changes from the previous version
	For each version - Name of person who created that version of the task

* From the data held about which staff can undertake each task, it is possible to list for each staff member, the list of tasks on which they have been trained and hence create their individual training log.

ANALYSIS OF SCREENING RESULTS FOR TESTS TAKEN BY GP PRACTICES
YEAR ENDING JULY 2007

	Routine		Early Repeat		Medical Follow-up		Inadequate	
	No.	%	No.	%	No.	%	No.	%
A PCT	12759	76.5	2929	17.6	666	4.0	322	1.9
Total A PCT	12759	76.5	2929	17.6	666	4.0	322	1.9
'B PCT	7464	81.5	1296	14.1	289	3.2	114	1.2
Total B PCT	7464	81.5	1296	14.1	289	3.2	114	1.2
C PCT	5262	71.3	1682	22.8	343	4.6	91	1.2
Total C PCT	5262	71.3	1682	22.8	343	4.6	91	1.2
D PCT	13295	77.3	3032	17.6	450	2.6	419	2.4
Total D PCT	13295	77.3	3032	17.6	450	2.6	419	2.4
Area 1 – E PCT	10628	77.4	2264	16.5	492	3.6	346	2.5
Area 2 –E PCT	4836	74.5	1235	19.0	250	3.8	173	2.7
Area 3 – E PCT	5049	78.1	1107	17.1	234	3.6	75	1.2
Total E PCT	20513	76.9	4606	17.3	976	3.7	594	2.2
Area 1 -F PCT	0	0.0	0	0.0	0	0.0	0	0.0
Area 2 – F PCT	7549	80.0	1583	16.8	280	3.0	26	0.3
Total F PCT	7549	80.0	1583	16.8	280	3.0	26	0.3
Area 1 – G PCT	13059	78.9	2600	15.7	665	4.0	227	1.4
Area 2 – G PCT	6359	80.9	1151	14.6	270	3.4	81	1.0
Total G PCT	19418	79.5	3751	15.4	935	3.8	308	1.3
Area 1 – H PCT	2734	73.3	778	20.9	169	4.5	49	1.3
Area 2 H PCT	5263	78.5	1231	18.4	197	2.9	11	0.2
Area 3 -H PCT	4962	74.0	1393	20.8	311	4.6	42	0.6
Total H PCT	12959	75.6	3402	19.8	677	3.9	102	0.6
All communities	99219	77.5	22281	17.4	4616	3.6	1976	1.5

*

CERVICAL CYTOLOGY COVERAGE RATES FOR THE PERIOD ENDING JULY 07

	No. of women aged 25 - 64	Number ceased	Screened within 3 years	Screened within 5 years	% screened within 5 years
A PCT	82243	10004	49405	58074	80.4
Total A PCT	82243	10004	49405	58074	80.4
B PCT	40843	3035	24269	29088	76.9
Total B PCT	40843	3035	24269	29088	76.9
C PCT	38583	3042	19217	26538	74.7
Total C PCT	38583	3042	19217	26538	74.7
D PCT	72191	4741	45923	54055	80.1
Total D PCT	72191	4741	45923	54055	80.1
Area 1 –E PCT	58844	5280	37245	43654	81.5
Area 2 – E PCT	33266	2468	17019	23186	75.3
Area 3 – E PCT	29650	3159	17594	21014	79.3
Total E PCT	121760	10907	71858	87854	79.3
F PCT	48938	5061	27412	35211	80.2
Total F PCT	48938	5061	27412	35211	80.2
Area 1 G PCT	65574	5563	41018	47972	79.9
Area 2 G PCT	34634	3074	20733	25076	79.5
Total G PCT	100208	8637	61751	73048	79.8
Area 1 – H PCT	18243	1643	10181	13309	80.2
Area 2 – H PCT	33620	3296	17422	23039	76.0
Area 3 – H PCT	31946	2759	17895	23815	81.6
Total H PCT	83809	7698	45498	60163	79.0
All communities	588575	53125	345333	424031	79.2

Analysis of Screening Results for tests taken by GP Practices

(Period Ending: 31/01/2007)

PRACTICE CODE	PRACTICE NAME	ROUTINE		EARLY REPEAT		MEDICAL FOLLOW-UP		INADEQUATES		TOTAL
		No.	%	No.	%	No.	%	No.	%	
P00001	Dr. Smith & Partners	2	50.0	1	25.0	1	25.0	0	0.0	4
P00002	Dr. Jones & Partners	400	80.0	80	16.0	19	3.8	1	0.2	500
P00003	Dr. Bloggs & Partners	102	81.6	20	16.0	3	2.4	0	0.0	125
P00004	The Health Centre	106	84.8	17	13.6	0	0.0	2	1.6	125
P00005	The Medical Centre	194	77.6	46	18.4	7	2.8	3	1.2	250
TOTALS		804	80.1	164	16.3	30	3.0	6	0.6	1004

Cervical screening coverage rates

(Year Ending: 31/12/2006)

Test PCT

PRACTICE CODE	PRACTICE NAME	POPULATION (WOMEN AGED 25-64)	NUMBER CEASED	NUMBER SCREENED 3 YRS	NUMBER SCREENED 5 YRS	% SCREENED WITHIN 5 YRS
P80000	Dr C Jones	2927	261	1875	2200	82.5
P7000	Dr M Smith & ptrns	1532	115	1000	1173	82.8
P60000	Dr A Ash	1185	16	645	805	68.9
P81000	Dr A Smythe & ptrns	776	100	458	540	79.9
P90000	Dr AJ Green	2697	219	1631	1957	79.0
TOTALS		9117	711	5609	6675	79.4