MANCHESTER CYTOLOGY CENTRE
DIRECT REFERRAL FOR COLPOSCOPY

Policy Document
Version 1.1

Janet Marshall
Hospital Based Co-ordinator
Manchester Cytology Centre

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1 Members of the Manchester direct referral working group

**Manchester Cytology Centre**  
Janet Marshall, Hospital Based Co-ordinator  
Wyn Bailey, Office/Failsafe Manager

**North Manchester General Hospital**  
Dr Noreen Khan, Community Gynaecologist  
Dr Birgit Schaefer, Consultant Gynaecologist  
Margaret Carroll, Colposcopy Clinic Co-ordinator

**South Manchester Hospitals**  
Dr Peter Hirsch, Consultant Gynaecologist, Withington  
Sharon Ludlow, Colposcopy Clinic Co-ordinator, Withington

Jo Pennington, Nurse Colposcopist, Wythenshawe  
Sandra Phillips, Colposcopy Clinic Co-ordinator, Wythenshawe

**Central Manchester Hospitals**  
Sister Anne Tomlinson, Nurse Colposcopist, St Mary’s  
Yvonne Cross, Colposcopy Clinic Co-ordinator, St Mary’s

**Palatine Centre**  
Dr Asha Kasliwal, Community Gynaecologist  
Penny Miller, Senior Administrator

**Manchester PCT**  
Dr John Hughes, GP, Local Medical Committee representative  
Julie Pickford, Screening Co-ordinator

**Manchester PCT Call/Recall Agency**  
Jane Cook, Screening Manager
2 Introduction

The traditional pathway for the referral of women to colposcopy, following a cervical cytology test can be a lengthy administrative process. It involves the responsible clinician, usually the general practitioner, contacting the colposcopy department and requesting an appointment for the patient. This appointment may not necessarily be convenient to the woman due to personal circumstances, and anecdotally we are aware that women may not keep the appointment that they have been given, resulting in wasted clinic slots and increased waiting times for other patients.

The concept of direct referral to colposcopy was first suggested in the late 1990s. Where this process has been introduced significant improvements to the quality of the service have been experienced with colposcopy departments reporting improved turnaround times for appointments and reduced non-attender rates.

The Manchester Cytology Centre, in conjunction with St Mary's colposcopy department and the Palatine Centre ran a very successful pilot of the direct referral process, commencing in December 2005 and running for just under one year. The scheme has now been rolled out across the Manchester Primary Care Trust catchment area and includes all General Practices, Community Clinics and Sexual Health Clinics in Manchester. Women who are registered with Manchester PCT Call and Recall Agency are covered by the scheme.

2.1 Aims and objectives of the direct referral process

1. To ensure that the current national NHS Cervical Screening Programme waiting time standards for colposcopy appointments are met, by direct notification to the colposcopy clinic from the cytology laboratory of those women who require further investigation by colposcopy.

   The current standards are:
   - Women with persistent inadequate results, borderline nuclear changes or mild dyskaryosis should be seen within 8 weeks of the test result
   - Women with moderate dyskaryosis or severe dyskaryosis should be seen within 4 weeks of the test result

2. To reduce the number of women who fail to attend for colposcopy appointments by improving information, communication and patient choice.

   The current standard is:
   - Non-attenders default rate should be less than 15%

3. To reduce the administrative workload for primary care staff in arranging colposcopy appointments.
3  Exclusion of possible cancer cases from direct referral

Urgent hospital referral cases are those cervical cytology tests with a result of possible invasive disease, or possible glandular neoplasia.

A woman whose test result falls into the possible glandular neoplasia category may have a cervical or a non-cervical abnormality. If the smear findings indicate that the glandular abnormality may be of non-cervical origin, the laboratory will recommend referral to a gynaecologist, rather than a colposcopist. Direct referral to colposcopy would not be appropriate for these women.

The pilot group agreed that test results of possible invasive disease and possible cervical glandular neoplasia should NOT be included in the direct referral pilot scheme for the reasons given below:

3.1  Rationale

1. Recommendations in the Guidelines on Failsafe Actions for the Follow-up of Cervical Cytology Reports, NHSCSP Publication No 21, December 2004 are:

“The Department of Health waiting time standard for patients with suspected cancer (1) of a maximum wait of two weeks for an urgent outpatient appointment applies to these women”

“The recommendation is that a woman with either of these test results should be given her result on a personal basis in a manner that is appropriate for her individual circumstances. This should be undertaken either by her GP (if the cervical sample was taken in the GP’s practice) or by the responsible clinician (if the cervical sample was taken by an alternative GP or in a community or hospital gynaecological or GUM clinic). National guidance on giving information to women about cervical screening (2) is currently being updated.”

2. The laboratory currently has a system in place for notifying the GP (or responsible clinician) of test results that require urgent referral for colposcopy or gynaecology. This involves telephoning the sample taker to explain that an urgent report is being sent, then sending the report by fax. Laboratory failsafe procedures ensure that these cases are closely followed up.

3. The Manchester FHS Shared Services (PCT Agency) who notify women of their test results will check with the sample taker that the result has been received by the practice before sending out a result letter to the woman that 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 will need an urgent hospital referral. If you have not already made arrangements, please contact your GP or the person who did your test as soon as possible to discuss your result and hospital referral”

4. The direct referral scheme will not guarantee, and has not been designed to ensure, that a woman will be seen within the maximum two-week waiting time.

References:

1  The NHS Cancer Plan. Department of Health 2000
2  Improving the quality of the Written Information Sent to Women about Cervical Screening. NHS Cervical Screening Programme, 1997 (NHSCSP Publication No 5, being revised)
4 Traditional route for referral to colposcopy

- Sample taken
  - Cytology
    - Report to GP/sample taker
      - Result discussed with patient
        - GP or sample taker contacts colposcopy & appointment is arranged
          - Colposcopy send appointment to patient
            - Patient attends colposcopy

- Sample taken
  - Cytology
    - Report to PCT Agency
      - Result letter to patient
        - Patient contacts GP or sample taker
          - Result discussed with patient
            - GP or sample taker contacts colposcopy & appointment is arranged
              - Colposcopy send appointment to patient
                - Patient attends colposcopy

Issues:
- Reduces choice
- High DNA rates
- Anxiety levels high
- Waiting times
5 Direct Referral route for referral to colposcopy

Issues:
- Improves choice
- Reduces non-attender rate
- Reduces anxiety
- Reduces waiting times
- Patient can discuss concerns with specialist staff

Sample taken → Cytology → Report to GP/sample taker → Report to PCT Agency → Result letter to patient with contact details for colposcopy → Patient phones colposcopy to make appt → Patient attends colposcopy
6 ‘Choose and book’ versus ‘direct referral’

This extract is taken from the British Society for Clinical Cytology Newsletter, October 2005 and addresses some of the queries regarding ‘Direct Referral to Colposcopy’ versus ‘Choose and Book’

Following concerns expressed from some Units attempting to implement Rapid or Direct Referral for Colposcopy appointments, and the concerns that this would cut across the DoH Choose and Book strategy, Mrs Julietta Patnick allayed some of those fears with the following statement

"Further to our recent conversation about "choose and book” and direct referral I have had discussions with Department of Health colleagues and am now writing to clarify the position.

Where a GP refers a patient for colposcopy as a first outpatient appointment, "choose and book" would apply. However, there is no requirement that colposcopy referrals following cervical cytology must go via a patient's GP.

Direct referral is defined as referral directly from the pathology laboratory to colposcopy. It is a specialist referral and as such "choose and book" is not applicable. Direct referral has a number of advantages including the speeding up of the patient journey and facilitating better management of clinics thus reducing waiting lists. Where direct referral is used the patient must be given clear instructions on how the appointment may be easily changed if it is not convenient.

The move to direct referral is encouraged by this office and supported by the "choice" and "cancer" teams at the Department of Health. During discussions earlier this year with the BMA GPC the move to direct referral was also encouraged by that body. Many parts of the country are introducing this system as a service improvement for both patients and clinicians.

I hope this clarifies the situation for you.

Yours sincerely
Julietta Patnick CBE
Director
NHS Cancer Screening Programmes “
7 Information for practices participating in the direct referral scheme

All general practices, community clinics and sexual health (genitourinary medicine) clinics in Manchester are part of the direct referral scheme. In order for the process to operate smoothly each GP, Community Clinic and GUM clinic is linked to a single colposcopy department. In general, women who are resident in Manchester and attending a Central Manchester surgery or clinic are referred to St. Mary’s Hospital. Those attending a North Manchester surgery of clinic are referred to North Manchester General Hospital, and those attending a South Manchester surgery or clinic are referred to either Withington Hospital or Wythenshawe Hospital. There are a couple of exceptions to this general rule.

The Manchester screening co-ordinator contacted each surgery and clinic prior to the introduction of the scheme to agree which colposcopy department they would be linked to. This required some surgeries to change their usual referral arrangements but overall most surgeries and clinics were linked with their usual colposcopy department.

Once the associations were agreed, the screening co-ordinator notified the Manchester Cytology Centre (MCC). The MCC computer has been updated to link an individual surgery/clinic to a single colposcopy department. The purpose of this is to enable the MCC to provide the correct colposcopy department details to the Manchester PCT Agency, as the Agency sends out a blank appointment card to the woman along with her result letter.

7.1 Responsibilities of the sample taker

1. The direct referral process will include women who are resident in Manchester AND whose cervical cytology tests are taken in Manchester general practices and Manchester community clinics. Women who are not resident in Manchester should be referred using the traditional ‘paper’ route as they receive their result letter from their local PCT call/recall agency who may not participate in a direct referral scheme at present.

2. It is the sample takers responsibility to inform the woman that if her test result advises referral to colposcopy then she will be required to contact the colposcopy department herself to make a convenient appointment. This is a positive change to improve the quality of the cervical screening service that women are receiving in Manchester.

3. If the test is taken at a family planning clinic and the woman does not attend or keep her appointment(s), her GP will be responsible for referral in the traditional manner.

4. It is important to note that laboratory failsafe is NOT affected by direct referral, so if a patient does not attend the colposcopy department the sample taker will still receive a laboratory failsafe enquiry letter.

5. All tests reported under the direct referral scheme will be stamped in red ink “Direct Referral from Laboratory”. Any reports that are not stamped should be referred in the traditional way.

6. The direct referral process will NOT include those cases where the laboratory recommends referral to a gynaecologist.

7. The direct referral process will NOT include those women whose cytology report suggests possible invasive disease or possible glandular neoplasia (see separate sheet for explanation).
8. The direct referral process will **NOT include** those women who request ‘No correspondence to their home address’.

9. The Manchester FHS Shared Services (PCT Agency) will include a copy of the leaflet entitled ‘The Colposcopy Examination’ with all result letters that recommend colposcopy and the leaflet entitled ‘What your abnormal result means’ with all abnormal cytology results.
8 **Cytology laboratory protocol**

The laboratory includes the following cases in the direct referral scheme; all cytology tests taken from women who are **resident in Manchester** and **attending a Manchester GP surgery, FPC or GUM clinic**, where the laboratory has made a recommendation of ‘Refer for colposcopy’ in the test result. This includes tests falling into the following categories:

- Persistent inadequate reports (3 consecutive inadequate reports)
- Persistent borderline nuclear changes (3 reports within a 10-year period)
- Borderline nuclear changes, high-grade dyskaryosis cannot be excluded
- Borderline changes in endocervical cells
- Dyskaryosis of any grade, i.e. mild, moderate or severe
- Negative cytology following a previous high-grade cytology where no colposcopy assessment has taken place

8.1 **Exclusions from direct referral**

1. The direct referral process will NOT include those cases where the laboratory recommends *referred to a gynaecologist*.

2. The direct referral process will NOT include those women whose cytology report suggests possible invasive disease or possible glandular neoplasia.

3. Those tests where the woman has refused correspondence to her home address.

8.2 **Notifying the colposcopy department and the PCT Agency**

The Cytology office manager has a distribution list set up on email for at least two members of staff in each colposcopy department. This is to ensure that if a member of staff is not available, a colleague can process the information.

1. Each weekday, the cytology office manager or her deputy runs a computer search to identify all the cases that meet the criteria for inclusion in the direct referral scheme. As a result of this search a spreadsheet is produced.

2. A paper copy of the spreadsheet is printed and kept as the laboratory record.

3. A copy of the spreadsheet is emailed to the colposcopy staff on the distribution list and also to the screening manager at the Manchester PCT Agency.

4. The spreadsheet is sent BEFORE midday each weekday.

5. If there are no referrals for a particular day an email is still sent to notify the colposcopy departments and the screening manager at the PCT Agency.

6. If the colposcopy department or the PCT Agency does not receive the spreadsheet or email they should contact the cytology office manager or her deputy to enquire.
The cytology office staff stamp all paper copy cytology test results that are included in the direct referral scheme i.e. all those results appearing on the spreadsheet:

**Direct Referral from Laboratory**

### 8.3 Direct referral spreadsheet from cytology

This spreadsheet contains the patient information that is produced each weekday by the Manchester Cytology Centre. It should be noted that we have to **exclude** any women who:

- Have a test reported as possible invasive cancer or possible glandular neoplasia. Women with these potential cancer diagnoses should be seen at the hospital within a 2-week period and the direct referral process will not ensure this.

- Have requested that no correspondence regarding their test result be sent to their home address. These women do not receive a result letter from the PCT Agency and so they must be referred using the traditional ‘paper’ referral, by the responsible clinician.

For all other women who require colposcopy, the spreadsheet provides the following information:

- Patient forename and surname
- Patient date of birth
- Patient NHS number
- Location where sample was taken
- The colposcopy department the woman should contact for an appointment
- The laboratory specimen number
- A brief description of the result category
- The date the test was reported
- The PCT Agency that sends out the result letter
9 Manchester PCT Call/Recall Agency (FHS Shared Services) protocol

The Manchester PCT Call and Recall Agency is based at Gateway House in Piccadilly, Manchester. Each day it receives cervical cytology test results from the Manchester Cytology Centre. Results are sent electronically and a paper copy of the report is sent by courier to allow quality control checks to be carried out before the result letter is sent to the woman.

The following procedures are followed by the Manchester PCT Agency:

1. An email is received daily from the Manchester Cytology Centre (MCC) attaching a spreadsheet that lists the women who are to be directly referred for colposcopy. The spreadsheet also indicates which colposcopy department the woman should be referred to based on the location where the cervical sample was taken.

2. Electronic results are received daily from MCC via the ‘lab link’ system.

3. The lab link file is processed by the Agency and the results are updated on the patient’s cytology screen on the Exeter system.

4. The analysis job to produce the result letters is run via the Exeter system.

5. In order to perform quality control checks, the Agency wait for paper copies of the results that have been received by the lab link (received the next working day).

6. Result letters are printed and quality control checking takes place by the Screening Manager at the Agency.

7. All direct referral result letters are checked for the appropriate wording and against the spreadsheet and the hard copy report, which should be endorsed in red by MCC to state “Direct Referral From Laboratory”.

8. If the sample was taken at a GP surgery, Family Planning Clinic or Genito-Urinary Medicine clinic in Manchester, a referral card is inserted with the result letter advising the woman to contact the colposcopy department to arrange an appointment within the next 10 days. The referral card gives contact details and opening times for the colposcopy department.

9. Direct referral result letters are sent by 1st class post but no letters are posted on Friday. This will prevent a woman receiving a result letter when she may be unable to contact her GP or the clinic to discuss the result. Letters are not posted to arrive over a bank holiday weekend.

10. A leaflet called “The Colposcopy Examination” and an interpretation leaflet is also inserted with the result letter.

11. The Agency updates the laboratory spreadsheet with the date that the direct referral result letter has been posted out to the woman. The updated spreadsheet is forwarded to the colposcopy departments at St. Mary’s Hospital, Withington and Wythenshawe Hospitals, North Manchester General Hospital and the Palatine Centre.
10 Colposcopy department protocol

The process of direct referral to the colposcopy departments at St Mary’s Hospital, Wythenshawe Hospital, Withington Hospital, North Manchester General Hospital and the Palatine Centre provides a direct link between the cytology service and the colposcopy department, eliminating the need for the GP to routinely refer patients with a test result that requires further investigation.

Direct referral provides choice for patients, which reduces the number of unattended colposcopy appointments and in turn reduces the waiting times. Since the introduction of the scheme the non-attendance rates have fallen to single figures for directly referred women.

10.1 Role of the clinic co-ordinator

Each colposcopy unit has a dedicated clinic co-ordinator to ensure the provision of a smooth, seamless service. The co-ordinator will work alongside colposcopy staff, with particular responsibility for:

- Ensuring that the referrals received daily from the cytology department are graded promptly with regard to appointments
- Monitoring the progress of the service by collating and evaluating data
- Liaising with patients to arrange their appointment
- Copying details of the colposcopy outcome letters to the relevant GP and the cytology laboratory failsafe manager
- The clinic co-ordinator has access to the Cytology department computer to enquire on smear reports and see the patient’s cervical cytology and cervical histology history

10.2 Protocol

1. The cytology laboratory will forward any abnormal results directly to the colposcopy clinic co-ordinator on a daily basis. If an email with attached spreadsheet giving patient details is not received by 12 noon, the clinic co-ordinator will contact the cytology laboratory to enquire.

2. The Manchester PCT agency will write to the patient informing them they need a colposcopy examination. They will also ask the woman to contact the colposcopy department on the number provided on the appointment card that is enclosed with the result letter.

3. The woman should contact the colposcopy department and choose a mutually convenient appointment.

4. A confirmation of the appointment will then be sent to the woman.

5. If the woman does not contact the colposcopy department within 10 days from the date of her result letter, an appointment date will be sent by post.

6. If the woman does not respond to the appointment she will be referred back to the GP and the GP will be informed in writing.

7. The GP then takes responsibility for referring the woman back to colposcopy.
11 Protocol for the allocation of colposcopy appointments under the direct referral scheme

There are national standards for turnaround times for women who require colposcopic assessment following their cytology test; these are 2 weeks for possible cancer cases, 4 weeks for high-grade dyskaryosis and 8 weeks for low-grade dyskaryosis.

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<th>Priority</th>
<th>Appointment</th>
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<td>Moderate dyskaryosis</td>
<td>Soon</td>
<td>within 4 weeks</td>
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<tr>
<td>Severe dyskaryosis</td>
<td>Soon</td>
<td>within 4 weeks</td>
</tr>
<tr>
<td>Mild dyskaryosis</td>
<td>Routine</td>
<td>within 8 weeks</td>
</tr>
<tr>
<td>Persistent borderline nuclear changes</td>
<td>Routine</td>
<td>within 8 weeks</td>
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<tr>
<td>Third consecutive inadequate sample</td>
<td>Routine</td>
<td>within 8 weeks</td>
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11.1 Exclusions from direct referral

1. Possible cancers. Those women whose cervical cytology tests are reported as showing severe dyskaryosis with features suggestive of possible invasive carcinoma, and those whose tests show changes suspicious of a glandular neoplasia should be referred urgently for colposcopy i.e. they should be seen by a specialist within two weeks.

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<th>Cytological pattern</th>
<th>Priority</th>
<th>Appointment</th>
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<tr>
<td>Severe dyskaryosis/?invasive carcinoma</td>
<td>Urgent</td>
<td>within 2 weeks</td>
</tr>
<tr>
<td>Possible glandular neoplasia</td>
<td>Urgent</td>
<td>within 2 weeks</td>
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2. No correspondence home. Women who have requested that no correspondence regarding their test result are sent to their home address. These woman do not receive a result letter from the Manchester PCT Agency and so do not receive an appointment card

3. Referral to a gynaecologist. At the discretion of the consultant reporting the cytology test, referral to a gynaecologist may be advised in view of the clinical details given e.g. abnormal looking cervix, abnormal haemorrhage. These cases are also excluded from the direct referral process, as the women should be seen in a gynaecology clinic in the first instance.
12 Frequently Asked Questions

Q. Will the woman be informed about the colposcopy procedure prior to the appointment date?

A. Yes. All women will receive information about the colposcopy procedure when confirmation of their appointment date is sent out.

Q. If patients do not receive information about the procedure straight away, what about concerned patients who are too scared to call and make the appointment?

A. We aim to put patients’ minds at ease as soon as possible. Women will get the opportunity to talk to someone in the colposcopy department about the procedure when they call to make the appointment. Talking about it is often more reassuring for the patients than receiving a leaflet. However, if they are too scared to make the call, they will receive the information leaflet with the appointment letter, which will be sent automatically if they do not contact the department. If the need for a colposcopy is urgent, the patient will be allocated an appointment, so they are given every opportunity to attend.