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NHSCSP Call and Recall QA Group
NHSCSP Colposcopy QA Coordinating Group
NHSCSP Laboratory QA Coordinating Group
NHSCSP Primary Care QA Coordinating Group
1. INTRODUCTION

1.1 Purpose of guidance

National guidance on failsafe actions for the cervical screening programme was first published in 1992 as *Failsafe Actions for the Follow-up of Cervical Cytology Reports*. The health authorities that existed at the time were responsible for the implementation of the guidance, and this resulted in a variety of different local failsafe arrangements. Since then, there have been changes in responsibilities for commissioning cervical screening services and in organisational arrangements for operating the call and recall system. Continued development of the National Health Applications and Infrastructure Services (NHAIS) software system (often called the Exeter system) used for the administration of call and recall has meant that reliable (but differing) failsafe measures are mostly in place. However, additional failsafe measures by laboratories and colposcopy clinics are needed for women whose test results require referral for investigation or treatment by colposcopy.

This new guidance is designed to ensure that reasonable and effective failsafe measures are applied consistently across the NHS Cervical Screening Programme (NHSCSP) while avoiding unnecessary duplication of administrative effort. This guidance updates and replaces the 1992 guidance.

1.2 Target audience

The guidance is aimed at:

- primary care trusts (PCTs) that commission cervical screening services
- call and recall agencies that operate the cervical screening call and recall system on behalf of PCTs
- general practitioners (GPs) who provide cervical screening services
- clinicians in community clinics, genitourinary medicine (GUM) clinics and other settings who provide cervical screening services
- doctors and nurses in primary care and other settings who take samples for cervical screening tests
- cytology laboratories
- colposcopy clinics
- hospital-based cervical screening programme coordinators.

The publication is also of relevance to strategic health authorities (SHAs), which manage the performance of PCTs and trusts, and to cervical screening quality assurance directors (QADs), who are responsible for assuring the quality of local cervical screening programmes.

1.3 Summary of responsibilities for cervical screening

1.3.1 Primary care trusts

PCTs are responsible for commissioning cervical screening services. They may discharge their responsibilities through a lead PCT that acts on behalf of a consortium of PCTs. They are responsible for ensuring that:
Failsafe Actions for the Follow-up of Cervical Cytology Reports

- women are invited for cervical screening tests at the appropriate ages and intervals
- women are provided with the necessary information to make an informed decision about whether to participate or not
- arrangements are in place for taking samples for cervical cytology
- arrangements are in place for reporting the samples
- women are informed in writing of their test results
- test results are recorded in the woman’s screening history
- failsafe systems are in place to ensure that test results are followed up appropriately
- the woman’s GP is notified if the woman does not respond to an invitation for a cervical test.

1.3.2 Call and recall agencies

Call and recall agencies operate the cervical screening call and recall computer system on behalf of a PCT or, more usually, a consortium of PCTs. The call and recall system is administered using the NHAIS system (the Exeter system). The system provides a means of:

- inviting eligible women for cervical screening tests at the appropriate interval*
- sending women information to assist them in making an informed choice about whether to participate or not*
- informing women in writing of their test results*
- recording the test results
- notifying GPs if women do not respond to invitations for cervical screening tests
- operating a failsafe system that ensures that women are invited for screening again, even if no other action is taken (see Chapter 2).

*Some general practitioners and some laboratories may wish to make their own arrangements for inviting women and/or for informing them of test results. When this is the case, the responsible PCT should ensure that these arrangements comply with national guidelines and are adhered to reliably.

1.3.3 General practitioners providing cervical screening services

GPs who provide cervical screening services in accordance with the new general medical services (GMS) contract are responsible for:

- ensuring that the woman is provided with the necessary information and advice to assist her in making an informed choice about whether to participate or not*
- making arrangements for taking a cervical sample
- arranging for a woman to be informed of her test result†
- ensuring that the test result is followed up appropriately
- referring a woman for further investigation and treatment when necessary‡
- cooperating with failsafe enquiries about a woman who requires further investigation and treatment§.

*The call and recall system provides the usual means for inviting women and for informing them of test results. Some GPs may wish to make their own arrangements for inviting women and/or for informing them of their test results. When this is the case, the responsible PCT should ensure that these arrangements comply with national guidelines and should satisfy themselves that the arrangements are adhered to reliably.
†The GP or sample taker has a responsibility to check that the woman’s address on the test request form is up-to-date. If a woman has requested “no correspondence”, the GP
or sample taker should agree with the woman on an appropriate arrangement for her to collect her test result.

‡ Many laboratories now operate a direct referral system for colposcopy in conjunction with their local colposcopy clinics. In cervical screening programmes that use this system, the GP still has a responsibility to ensure that colposcopy has taken place.

§ It should be noted that failure to respond to failsafe enquiries should be considered a clinical governance issue.

Under the new GMS contract, some GPs may choose not to provide cervical screening services. When this is the case, the responsibility for providing the service remains with the PCT. The PCT should make alternative arrangements with another practice or health care provider to provide cervical screening services. This includes the requirement for the alternative provider to ensure that an abnormal test result is followed up appropriately and to refer a woman for further investigation and treatment when necessary, as described in section 1.3.3 above.

Cervical screening services may be provided in other settings, including community clinics and genitourinary clinics. Clinicians responsible for requesting cervical screening tests are responsible for:

• ensuring that the woman is provided with the necessary information and advice to assist her in making an informed choice about whether to participate or not
• making arrangements for taking a cervical sample
• arranging for the woman to be informed of her test result*
• arranging for the woman’s GP to be notified of the test result†
• ensuring that the test result is followed up appropriately
• referring the woman for further investigation and treatment when necessary (when the clinician has responsibility for the woman’s clinical care, eg in a GUM clinic, or when the clinician is providing a cervical screening service because the woman’s GP has opted out)
• cooperating with failsafe enquiries about a woman who requires further investigation and treatment.

* The responsible clinician or sample taker must check that the woman’s address on the test request form is up-to-date. If a woman has requested ‘no correspondence’, the responsible clinician or sample taker should agree with the woman on an appropriate arrangement for her to collect her test result.

† Unless a woman attending a GUM clinic has requested anonymity.

With respect to call and recall, cytology laboratories are responsible for:

• transferring test results and recommendations for management to the call and recall system using standard result and action codes*
• notifying the sample taker and GP or responsible clinician of test results and recommendations for management
• informing GPs and responsible clinicians about women who require urgent referral for colposcopy
• setting up a failsafe system for women who require further investigation and treatment (see Chapter 3)
• notifying the local hospital based programme coordinator and PCT screening commissioner of women who fail to respond to follow-up (see Chapter 3).
Some laboratories have arrangements for making direct referral to colposcopy. These arrangements should be organised in liaison with the PCT to ensure that they comply with national guidance.

*The call and recall system provides the usual means for inviting women and for informing them of test results. Some laboratories may wish to send result letters directly to women. If this is local policy, it is the responsibility of the PCT to ensure that the arrangements comply with national guidance and to satisfy themselves that the arrangements are adhered to reliably.

1.3.7 Colposcopy clinics

With respect to call and recall, colposcopy clinics are responsible for:

- sending invitation letters (partial bookings) or appointments to women referred for colposcopy
- sending reminder letters or second appointments to women who do not attend
- notifying GPs and responsible clinicians of women who do not respond to invitation letters or appointments
- informing women of the results of investigation or treatment and discharging them back to their GP or the responsible clinician
- responding to and acting on failsafe enquiries from laboratories.

1.3.8 Hospital based cervical screening programme coordinators

Hospital based cervical screening programme coordinators may be based in a cytology laboratory or in a colposcopy clinic. They are responsible for ensuring that:

- arrangements are in place to transfer test results and recommendations for management to the call and recall system, and to notify sample takers and GPs or responsible clinicians
- histology results are collated with cytology results
- arrangements are in place to initiate laboratory failsafe enquiries about women who require further investigation and treatment.
Failsafe Actions for the Follow-up of Cervical Cytology Reports

2. CALL AND RECALL SYSTEM

2.1 Primary care trust responsibilities for call and recall

PCTs are responsible for commissioning the call and recall system for the local cervical screening programme and for monitoring its effectiveness. The call and recall system is provided by primary care organisations on behalf of a consortium of PCTs, and is administered using the NHAIS system (the Exeter system). This is a computer software package that records the screening history for women registered with a GP in England and Wales. The system is under review as part of the National Programme for Information Technology in the NHS (NPfIT) and is likely to change, but is expected to continue to offer the same functions as the current arrangements. These include the facility to generate a series of notifications including:

- invitation letters to women due for a test at the routine screening interval
- result letters to women for whom a test result has been entered on the system
- non-responder notifications to the woman’s GP if no test result has been entered on the system after the test due date.

The sequence of notifications is determined by action codes that are allocated by cytology laboratories to each test result. These are described in more detail below. The wording and timing of notifications can be modified locally. There is also a facility to suppress the generation of invitation letters and some, or all, types of result letter if local policy allows some GPs or laboratories to send their own letters to women.

2.2 Opting out of the call and recall system

If local policy allows some GPs to send invitation letters and/or result letters to women, it is the responsibility of the PCT to ensure that the arrangements comply with national guidance and that the arrangements are adhered to. Similarly, if local policy allows laboratories to send some types of result letters directly to women, it is the responsibility of the PCT to ensure that the arrangements comply with national guidance and are adhered to, and that adequate failsafe measures are in place which are equivalent to those described in this document.

2.3 Action and result codes

Each time a woman has a cervical screening test as part of the NHSCSP, a standard set of details is notified by the cytology laboratory to the call and recall system using the HMR101 reporting form. The preference is for this to be done electronically but some laboratories may still use a paper version of the form. The details are added to the woman’s cervical screening history that is held on the system. The details must include a result code and an action code.

The result codes are:

1. inadequate
2. negative
3. mild dyskaryosis
4. severe dyskaryosis
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5. severe dyskaryosis ? invasive
6. glandular neoplasia
7. moderate dyskaryosis
8. borderline.

The national standard action codes are:

- A, routine recall
- H, record result but do not change previous actions
- R(m), early recall at interval (m, months) specified by the laboratory
- S, suspend from recall pending investigation, treatment or follow-up.

Negative test results (result code 2) can be coded A, R, S or H, depending on previous test history. Mild and borderline abnormal test results (result codes 3 or 8) can be coded either R or S. Moderate or worse abnormal test results (result codes 7, 4, 5 and 6) can be coded only as S. Inadequate tests (result code 1) can be coded R, S or H. Detailed guidance on the use of action codes and allowable combinations of action and result codes was published in 2000.5

2.4 Failsafe provisions

The action code determines the woman’s status in the call and recall system, and the sequence and timing of subsequent notifications. Failsafe provisions come into effect automatically if test results are not entered onto the system after the test due date or to return a woman to recall following a period of suspension following an S action code being entered.

2.4.1 Action code A (routine recall)

Action code A is used for normal test results to recall a woman at the routine screening interval (three or five years). The call and recall system sets the woman’s next test due date at the routine screening interval from the most recent test. The woman will be included on a prior notification list (PNL) at the appropriate time (no more than 16 weeks before the test due date). The invitation letter for routine screening is generated and must be sent no more than 12 weeks before the test due date.6

As a failsafe measure, the call and recall system generates the following notifications if no test result is recorded on the system after a defined number of weeks from the test due date. More detailed guidance on the timing of notifications is given in NHSCSP Good Practice Guide No 2.7

1. If no test result is recorded, a reminder letter to the woman is generated.
2. If a test result is still not recorded, a first non-responder notification (first non-responder card) to the woman’s GP is generated.
3. If a test result is still not recorded, a second non-responder notification (final non-responder card) to the woman’s GP is generated. This stage is optional.
4. If a test result is still not recorded, another next test due date is set at the routine screening interval from the previous test due date.
The system continues to include the woman on the PNL at the appropriate interval and to send her an invitation letter for a test at the routine screening interval* until either:

- a test result is recorded for the woman (in which case the system is reset from the most recent test result date), or
- the woman becomes ineligible for screening in line with the guidance given in NHSCSP Good Practice Guide No 1.8

*The recommended screening intervals for the following age groups are: 25 years, first invitation; 25–49 years, three-yearly; 50–64 years, five-yearly.

Action code H is used to record a normal or inadequate test result without affecting the previously set next test due date. It is intended to be used to record the results of non-NHS cervical screening without affecting the woman’s NHS recall date. Abnormal test results will be coded R or S (see below).

The call and recall system sets the woman’s next test due date at the routine screening interval from the date of her most recent (NHS) test. The system continues to include the woman on the PNL at the appropriate interval and to send her an invitation letter for a test at the routine screening interval until either:

- a (NHS) test result is entered for the woman (in which case the system is reset from the most recent test result date), or
- the woman becomes ineligible for screening.8

2.4.3 Action code R (early recall)

Action code R is used for test results when an early repeat test is recommended before the routine screening interval. The interval is specified by the laboratory and depends on the test result and the woman’s previous screening history. The call and recall system sets the woman’s next test due date to the screening interval specified by the laboratory. The woman is included on a PNL and is sent an invitation letter for an early repeat test at the appropriate time. The wording of the letter is determined by the previous screening history, according to national guidance and local protocols.

As a failsafe measure, if no test result is recorded on the system after the test due date, the call and recall system generates the notifications shown below. The timing of the notifications is determined locally. More detailed guidance on the timing of notifications is given in NHSCSP Good Practice Guide No 2.7

1. If no test result is recorded, a first reminder (early repeat) letter to the woman is generated.
2. If a test result is still not recorded, a first non-responder (early repeat) notification (first non-responder card) to the woman’s GP is generated.
3. If a test result is still not recorded, a second non-responder (early repeat) notification (final non-responder card) to the woman’s GP is generated. This stage is optional.
4. If a test result is still not recorded, another **next test due date is set at an interval of 12 months** from the previous test due date.

The system continues to set the next test due date at an interval of 12 months from the previous test due date. The woman is included on a PNL and sent an invitation letter for another test until either:

- a test result is recorded for the woman (in which case the system is reset from the most recent test result date), or
- the woman becomes ineligible for screening.  

### 2.4.4 Suspend from recall (action code S)

Action code S is used to suspend a woman from the call and recall system for the duration of investigation, treatment and follow-up by the colposcopy clinic. The period of suspension is from the date that the test result is added to the woman’s screening history and continues until another test result is added. As a failsafe measure, if no further test result is recorded within a maximum period of 24 months, the system defaults to return the woman to recall. The period of suspension can be set to a shorter period than 24 months, depending on local settings and previous screening history, but in no circumstances can it exceed 24 months.

1. If no test result is recorded after the maximum period of suspension period, a *reminder (abnormal result) letter* to the woman is generated.
2. If a test result is still not recorded within a locally specified period, a *first non-responder (abnormal result) notification* (first non-responder card) to the woman’s GP is generated.
3. If a test result is still not recorded, another **next test due date is set at an interval of 12 months** from the previous test due date.

The system continues to include the woman on a PNL at the appropriate interval and send her an invitation letter for a test at an interval of 12 months until either:

- a test result is recorded for the woman (in which case the system is reset from the most recent test result date), or
- the woman becomes ineligible for screening.

During the period of suspension, responsibility for ensuring that the test result is followed up appropriately passes to the GP or clinician who is responsible for sending the test. The cytology laboratory and colposcopy clinic also have responsibilities (see Chapters 3–5), but the final responsibility rests with the GP or other clinician who arranged the cervical screening test.

### 2.5 Validation checks

The call and recall system also provides an additional failsafe for women who have previous abnormal results but who may have been incorrectly assigned an action code for return to routine recall. The system validates test results in line with the guidance on allowable combinations of action and result codes to ensure that a woman cannot be returned to routine recall after an abnormal test result until at least three negative test results that are at least six months apart have been recorded. If the
system rejects tests because they have failed validation checks then the call and recall agency should notify the laboratory in writing and ask for the test result to be reviewed and resent. For a woman who requires early recall and who moves to reside in a different PCT, the call and recall system includes an automatic check that her screening history has been transferred to the new PCT when she re-registers. In addition, a card is generated for the new PCT to send to the new GP as an alert that the woman is on early recall.6

2.6 Women who move

A woman retains her next test due date even if she moves to a different part of the country*. If the woman re-registers with another GP in an area covered by a population register that is administered by a different call and recall agency, the receiving agency becomes responsible for her call and recall. If the woman has not re-registered, the original agency remains responsible for holding the woman’s screening record until the woman either:

- re-registers, or
- becomes ineligible for screening.8

The agency to which the test result is notified is responsible for sending the test result to the address given by the woman when the sample was taken.

*England only. Arrangements for women who move to other parts of the UK depend on local agreements but are being considered as part of NPfIT.

2.7 Women who request ‘no correspondence’

The call and recall system provides failsafe measures by returning women to recall if they have not attended for an early repeat test or have been suspended from recall. If a woman has requested that no correspondence be sent to her about cervical screening then she cannot be covered by these failsafe measures. In these circumstances, it is the responsibility of the GP (or clinician responsible for requesting the test) to ensure that alternative arrangements are made to give the woman her test result, and to refer her for investigation or treatment if recommended. The GP (or responsible clinician) must ensure that the woman understands that by requesting ‘no correspondence’ she takes on the responsibility for collecting her test result and for responding to any recommendation for further tests or investigations. She must also be told that she will not receive invitation letters for routine screening and must therefore accept responsibility for requesting a further test at the screening interval appropriate for her age.
3. LABORATORY FAILSAFE

3.1 Laboratory responsibilities for failsafe procedures

Laboratories must operate failsafe procedures for women who require referral for colposcopy. Guidance on test results that require referral for colposcopy is given in the colposcopy guidelines. All test results that are subject to laboratory failsafe have an action code S (suspend from recall). Laboratory failsafe procedures should operate during the period of suspension from recall (a maximum of 24 months – see section 2.4.4).

3.2 Women who need urgent referral

Evidence about informing women of the results of cervical screening has found that it is not appropriate to use a standard result letter to notify a woman of a test result that has a recommendation of urgent referral for colposcopy. The Department of Health waiting time standard for patients with suspected cancer of a maximum wait of two weeks for an urgent outpatient appointment applies to these women. The test results are severe dyskaryosis invasive (result code 5) or glandular neoplasm (result code 6). These results account for less than 0.5% of all samples. 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 is currently being updated.

3.3 Notification of urgent referrals

Laboratories must set up a system for notifying the GP (or responsible clinician) of test results that require urgent referral for colposcopy. The laboratory should notify the result to the call and recall system in the usual way. In addition, the pathologist or advanced practitioner (ideally the person who reports the sample) must:

- inform the GP (or responsible clinician) in person by phone or fax as soon as possible that urgent referral is required
- request the GP (or responsible clinician) to inform the woman on a personal basis that she needs an urgent referral for further investigation (note that no result letter will be sent to the woman by the call and recall system)
- request the GP (or responsible clinician) to make the urgent referral to the colposcopy clinic
- make the referral (if arrangements for direct referral to colposcopy are in place) and inform the GP (or responsible clinician) that this has been done.

The waiting time standard for patients with suspected cancer of two weeks from the date of referral to being seen by a specialist applies to these women.
The laboratory should follow the phone call or fax to the GP (or responsible clinician) with a letter confirming that:

- urgent referral is required
- responsibility for making the referral rests with the GP (or responsible clinician) (unless direct referral arrangements are in place)
- responsibility for informing the woman rests with the GP (or responsible clinician).

The laboratory should also initiate a failsafe enquiry four weeks after the date of the test result to confirm with the GP (or responsible clinician) that an urgent referral to a colposcopist has been made (unless a direct referral by laboratory has been made). When a direct referral system is in place there should be arrangements for checking that referrals have been received by the colposcopy clinic.

Six weeks after the date of the test result, the laboratory should:

- confirm with the colposcopist that the woman has been seen and record the diagnosis for audit purposes
- contact the GP (or responsible clinician) if the woman has not attended to ascertain the reason and agree further action depending on the woman’s circumstances.

The laboratory should keep the failsafe enquiries open for at least six months after the date of the test result. The call and recall system will provide a final failsafe by returning the woman to recall after a maximum period of 24 months from the date that the test result is recorded.

Laboratory failsafe is not required for test results when the recommendation is for an early repeat test before the routine screening interval. This means that laboratory failsafe no longer applies to test results in the following circumstances:

- one or two consecutive tests reported as inadequate (1R)
- one or two consecutive tests reported as negative following a previous abnormal test result (2R)
- one or two tests reported as borderline (8R)
- one test reported as mild dyskaryosis (3R).

The call and recall system provides a failsafe for women who are recommended for an early repeat test by generating the following notifications if no test result is entered after a defined number of weeks (see section 2.4.3):

- a first reminder (early repeat) letter to the woman
- a first non-responder notification to the GP
- a final non-responder notification to the GP
- setting another next test due date at an interval of 12 months from the previous test due date.

The timing of notifications is determined locally.
The call and recall system also provides validation checks as an additional failsafe for women who have previous abnormal results but who may have been incorrectly assigned an action code for return to routine recall (see section 2.5).

Responsibility for ensuring that a laboratory failsafe system is in place rests with the hospital based programme coordinator.

The laboratory must:

- keep a record of all test reports that are subject to laboratory failsafe
- ensure that the woman’s GP (or responsible clinician) is notified as soon as possible of test results that require urgent referral
- record colposcopy attendance and outcome such as histology results for tests that are subject to laboratory failsafe
- initiate failsafe enquiries of the woman’s GP (or responsible clinician) if no colposcopy attendance or outcome is notified to the laboratory
- keep a record of all failsafe enquiries (letters, phone calls, e-mails)
- send the GP (or responsible clinician) a closure letter when laboratory failsafe actions are closed
- audit the laboratory failsafe procedures on an annual basis.

The purpose of the laboratory failsafe enquiry is to check that an appropriate referral has been made for a woman whose test result requires investigation by colposcopy. Occasionally, referral is required to gynaecology for abnormalities other than those of the cervix. The laboratory may wish to apply failsafe procedures to such referrals, but this is optional.

If the laboratory has no information about the outcome from colposcopy after an agreed interval (normally three to six months from the date of the test result, but this may depend on local waiting times), failsafe enquiries should be made to the GP (or responsible clinician) and, depending on the response, the colposcopy clinic and the histology laboratory. The enquiries may be made in writing or by phone but the laboratory must keep a record of all enquiries and the response to them. The usual procedure is a letter and questionnaire to the GP (or responsible clinician). **A single enquiry in writing is sufficient.** If there is no response, the laboratory should check that the enquiry has been received, but failure to respond to a failsafe enquiry is a clinical governance issue that should be raised with the relevant PCT, community trust or hospital trust (see also sections 4.3 and 5.1).

The enquiry should seek answers to the following questions, explaining that the information is required to check that an appropriate referral has been made and to correlate cytology results with histology results for quality assurance purposes:

### 3.6 Laboratory failsafe procedures

### 3.7 Laboratory failsafe enquiries
### Failsafe Actions for the Follow-up of Cervical Cytology Reports

#### A. Referral for colposcopy has been made

**When and where was the referral made?**

- **Did the woman attend her colposcopy appointment?**
  - **If yes**, then the laboratory should record the outcome and histology result for audit purposes. The laboratory should make enquiries of the colposcopy clinic, the histology laboratory or the GP (or responsible clinician) to confirm the outcome and histology result.
  - **If no**, then no further action should be taken if the local colposcopy clinic has agreed to take on responsibility for failsafe of women referred to them and has its own failsafe system. Otherwise, the laboratory should inform the GP (or responsible clinician) that laboratory failsafe has been closed and that it is their responsibility to make sure that the woman has been given another appointment and has been adequately informed about the reasons for the recommendation.

#### B. Referral for colposcopy has been delayed

**Why has the referral been delayed?**

- The woman is pregnant.
- The woman is temporarily away from home.
- The woman is undergoing other treatment.
- Other (please specify).

**When and where is the referral likely to be made?**

- The laboratory should record the reason for the delay and make further enquiries of the GP (or responsible clinician) after the appropriate interval.

#### C. Referral for colposcopy has not been made

**Why has the referral not been made?**

- The woman is known by the GP or responsible clinician to have moved away.
- The woman is no longer registered with the GP.

The laboratory should note the reason and inform the PCT screening commissioner that the woman has moved and that laboratory failsafe is closed.

- The woman is having treatment for another condition such that colposcopy is clinically inappropriate (eg total hysterectomy for benign reasons).
- The woman has died (information should be provided as to whether or not death was related to cervical cancer).
- The woman has declined further investigation.

The laboratory should note the reasons and close the failsafe enquiry.

#### 3.8 Closure of laboratory failsafe

The purpose of laboratory failsafe is to confirm that a referral for colposcopy has been made and a clinic appointment has been sent to the woman. If the woman does not attend, responsibility for taking any further action rests with the GP (or responsible clinician) who has knowledge of the
woman’s individual circumstances. The laboratory should inform the GP that no further failsafe action will be taken by the laboratory.

If the woman is known to have moved or is no longer registered with the GP, the laboratory should inform the PCT screening commissioner that no further failsafe action will be taken by the laboratory. It is the responsibility of the PCT to ensure that enquiries are made through the Open Exeter facility on the call and recall system or through the NHS tracing service to ascertain the woman’s new GP and transfer her screening records if she re-registers.

If the woman has been referred back to her GP (or responsible clinician) for an early repeat test after colposcopic investigation but does not attend then the call and recall system will generate a reminder letter and a non-responder notification to the GP (see section 2.4.3). Responsibility for taking any further action rests with the GP (or responsible clinician), who has knowledge of the woman’s individual circumstances. No failsafe action by the laboratory is required.

Laboratory failsafe enquiries should be initiated within six months from the date of the test result that gives rise to failsafe. Enquiries should be continued for a period of 12 months from the date of the test. If no outcome can be established in that time or the woman cannot be contacted at her last known address then the hospital based programme coordinator should inform the GP (or responsible clinician) in writing that laboratory failsafe is closed. The call and recall system provides a final failsafe by returning the woman to recall.

3.9 Women for whom follow-up cannot be established

As part of the annual audit of the laboratory failsafe system, laboratories should keep a record of all women notified to the PCT screening commissioner because a colposcopy attendance and outcome could not be established. The PCT should use the information to monitor the performance of the programme and identify practices, geographical areas or groups of women in order to target screening initiatives.
4. COLPOSCOPY CLINICS

4.1 Referrals for colposcopy

Responsibility for referring a woman for colposcopy rests with the GP (or the responsible clinician), unless local arrangements have been agreed for the laboratory to make a direct referral to colposcopy. If the woman attends for colposcopy, the colposcopist to whom she is referred becomes responsible for her treatment, for arranging further follow-up (either in the clinic or in the community) and for informing the laboratory and the GP (or responsible clinician) of the outcome.

4.2 Outcomes of colposcopy

Colposcopy clinics must have a system for notifying laboratories of colposcopy attendance and the results (such as histology results). They must also notify the GP (or responsible clinician). It is recognised that this may be a complex task when there are many primary care providers who send samples to different laboratories and refer to any one of a number of colposcopy clinics. NPfIT is expected to ease the task of reporting.

4.3 Responsibilities for failsafe

Colposcopy clinics must have a system for sending reminders to women who do not attend either for a first appointment or for a follow-up appointment for colposcopy. They must:

- send a reminder letter or second invitation to all women who do not attend for their first appointment
- send a non-responder notification to the GP (or responsible clinician) and the laboratory if a woman does not attend a first appointment for colposcopy
- send a non-responder notification to the GP (or responsible clinician) and the laboratory if a woman does not attend a follow-up appointment for colposcopy
- respond to failsafe enquiries by laboratories.

The failure to respond to laboratory failsafe enquiries should be addressed by the hospital-based programme coordinator as a clinical governance issue.
5. FAILSAFE IN PRIMARY CARE

5.1 Primary care trusts

Primary care trusts are responsible for ensuring that laboratories operate a failsafe system for all test results that require suspension from recall. They should ensure that laboratory failsafe systems are coordinated with the failsafe provisions of the call and recall system and with failsafe systems operated by colposcopy clinics. They should require laboratories to notify them of women for whom a colposcopy outcome cannot be established and to audit their failsafe systems annually. PCTs should satisfy themselves that all reasonable steps have been taken by GPs (or responsible clinicians) and colposcopy clinics to contact women who are the subject of laboratory failsafe enquiries. The failure of a GP (or responsible clinician) to respond to a laboratory failsafe enquiries should be dealt with by the PCT as a clinical governance issue.

5.2 General practitioners and other clinicians responsible for requesting tests

All GPs (or other clinicians responsible for requesting tests) are responsible for:

- maintaining a register of tests taken
- ensuring that there is a system for notifying women of their test results in writing (this may be through the routine call and recall system administered by the primary care agency)
- ensuring that arrangements are made for women who fall outside the call and recall system (e.g., temporary residents, women not registered with a GP and women requesting 'no correspondence') to be given their test results
- checking that a test result has been received from the laboratory for every sample taken
- acting on non-responder notifications for women who have not responded to an invitation for a routine test
- acting on non-responder notifications for women who have not responded to invitations for an early repeat test
- giving a woman her test result in person when urgent referral is required
- referring a woman for colposcopy if required
- acting on the non-responder notification from the colposcopy clinic for women who have not attended for colposcopy
- responding to failsafe enquiries by laboratories.
6. SUMMARY OF FAILSAFE ACTIONS

Summaries of failsafe actions for are shown in Tables 1 and 2.

Table 1  Women who are suspended from recall

<table>
<thead>
<tr>
<th>Interval from date of test result</th>
<th>Laboratory</th>
<th>Call and recall</th>
<th>Colposcopy clinic</th>
<th>General practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 months</td>
<td>Laboratory failsafe until woman returned to recall</td>
<td>Suspend woman from routine recall</td>
<td>Colposcopy appointment (within two weeks for urgent referral)</td>
<td>†Refer woman for colposcopy</td>
</tr>
<tr>
<td>6 weeks</td>
<td>If urgent referral, confirm that woman has been seen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td></td>
<td>*First reminder letter to woman if DNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months</td>
<td></td>
<td>*Non-responder notification to GP if woman still DNA</td>
<td>‡GP flags notes and contacts woman directly</td>
<td></td>
</tr>
<tr>
<td>4 months</td>
<td>*Failsafe enquiry to GP if no colposcopy outcome</td>
<td>*Close colposcopy episode and return responsibility to GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Close laboratory failsafe and inform colposcopy clinic and GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*24 months (maximum)</td>
<td>Return woman to recall and send her another invitation for screening</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Locally determined interval.
†The referral may be made by the responsible clinician if the sample was taken at a clinic, or by the laboratory if a direct referral system is in place.
‡This element of failsafe does not apply to women who request ‘no correspondence’ (see section 2.6)
DNA, did not attend.
### Table 2: Women who require an early repeat test

<table>
<thead>
<tr>
<th>Interval from test due date</th>
<th>Laboratory</th>
<th>Call and recall</th>
<th>Colposcopy clinic</th>
<th>General practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 months</td>
<td>Laboratory failsafe not required</td>
<td></td>
<td></td>
<td>Repeat test due date</td>
</tr>
<tr>
<td>1 month</td>
<td></td>
<td>*First reminder letter to woman if DNA for repeat test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td></td>
<td>*First non-responder notification to GP if woman still DNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 months onwards</td>
<td></td>
<td>*Final non-responder notification to GP if woman still DNA</td>
<td>GP flags notes and discusses non-attendance with woman if she attends the surgery</td>
<td>GP amends PNL if necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Woman included on PNL (16 weeks before next test due date)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Send woman invitation for test (12 weeks before next test due date)</td>
<td></td>
</tr>
<tr>
<td>12 months from previous test due date</td>
<td></td>
<td></td>
<td></td>
<td>Next test due date</td>
</tr>
</tbody>
</table>

*Locally determined interval.
REFERENCES

11. *Improving the Quality of the Written Information Sent to Women about Cervical Screening*. NHS Cervical Screening Programme, 1997 (NHSCSP Publication No 5, being revised).