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Dear Colleague

SCOTTISH CERVICAL SCREENING PROGRAMME

The Scottish Cervical Screening Programme commenced in 1988, with the aim of reducing the incidence of invasive cancer of the cervix.

In Scotland over 390,000 cervical smear samples are taken each year and there is good evidence that the quality of smear taking improves the effectiveness of the screening programme and of patient outcomes.

Throughout the UK the GMS contract places a responsibility on practices both as providers and employers to be satisfied that sample takers are fully competent and appropriately trained in sample taking.

To support practices to deliver this and to ensure that smear taking in Scotland is of the highest quality the Scottish Government, NHS Education for Scotland, Healthcare Improvement Scotland and a number of expert clinicians are working together to provide quality assured training courses and training standards for sample takers in Scotland.

Although the majority of smear samples in Scotland are taken by practice nurses, it is important that all practitioners taking cervical smears undertake regular training. The Royal College of Nursing and NHS Cancer Screening Programmes standard for training, which has been in place since 1998, recommends that training should be undertaken every 3 years.

From the Chief Medical Officer Sir Harry Burns MPH FRCS(Glas) FRCP(Ed) FFPH

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Addresses

For action NHS Board General Practitioners

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In addition to undertaking regular training, it is the responsibility of General Practices to ensure that all sample takers are competent in speculum examination. In particular General Practices must ensure that:

- all sample takers fully visualise the cervix when taking a smear
- all sample takers recognise that visualisation of the cervix is essential to ensure that the correct cells are being collected from the transformation zone and that they are able to identify and report visible changes to or abnormalities of the cervix as early as possible.
- all sample takers are informed that following the introduction of Liquid Based Cytology, adequate cell samples count cell numbers only and not cell type. Adequate samples are audited for each GP practice.

To help sample takers identify abnormal tissue, the Cervix Chart for Sample Takers in Primary Care (NHSCSP publication) is available and copies are currently being procured for Scotland. These will be available to all NHS Boards shortly.

If visualisation of the cervix is not possible by the sample taker, GPs should ensure that sample takers refer patients in the first instance to the GP and subsequently to colposcopy if required, as set out in the current referral guidelines.

Yours sincerely

Harry Burns

HARRY BURNS





