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# FORM FOR CEASING / POSTPONING FROM CERVICAL SCREENING PROGRAMME

To: Cervical Screening Manager, North East Primary Care Services Agency (NEPCSA), South Office, The Old Exchange, Barnard Street, Darlington DL3 7DR

Patient's Name :				
Address:				
NHS Number :				
Date of Birth :				
1.	PATIENT INFORMED CHOICE (not exception reporting)			
	□ The pa	atient is to be ceased fro	om the programme and has given informed consent:	
	cervical scr explains the I understan	reening tests. I have rea e benefits and disadvan nd that I will receive no f	(woman's name) do not want to be invited for future ad the leaflet - Cervical Screening the Facts, which tages of screening.  urther cervical screening invitations.  to the screening programme by requesting a test.	
2. REMOVAL DUE TO AGE				
	☐ I confirm	m the patient is over 65	and does not require further cervical screening tests.	
3. REMOVAL DUE TO NO CERVIX				
			adical trachelectomy (cervix removed), congenital male to female gender reassignment	
4.	REMOVAL DUE TO RADIOTHERAPY			
	□ I confir	rm that the patient has h	ad radiotherapy to cervix for cervical cancer.	
5.	POSTPONE FROM CERVICAL SCREENING			
	The maximum	tient is to be postponed in time is three / five ye earlier by requesting a te	ars depending on age). A woman can be returned to	the
Pati	ent signature:	:	(required for patient choice)	
Clin	ical practition	ner signature:		
Practice Address and Stamp:			Date	

#### NOTES

**Ceasing:** Once ceased a woman will receive **no** further invitations for screening. The NHSCSP now only accepts the following indications for ceasing:

## 1. Patient informed choice

All women need to be offered clear and accurate advice in order to make an informed choice. Supporting leaflets should be used. Once a request for ceasing is received a letter of acknowledgement is sent to the GP and the patient.

## 2. Age

Women over the age of 65, still in the programme, who have not completed the required follow up after an abnormal result, can be cancelled from the screening programme at the discretion of a clinician.

#### 3. No cervix

The follow up for women undergoing total hysterectomy, remains unchanged and is detailed in the local protocol. Responsibility for inviting these women to have a vault test, if required, now lies with the treating gynaecologist or the GP when she is discharged to primary care.

## 4. Radiotherapy

Women undergoing (or who have undergone) radiotherapy treatment for cervical cancer should remain under the care of the gynaecological oncologist. Cervical cytology is inappropriate, as radiotherapy may produce changes which mimic dyskaryosis.

### **Postponing**

When a woman is postponed, she will not receive invitations, until after the postponement period, providing that the GP surgery does not postpone again when the next PNL is due. Using the prior notification list (PNL) or waiting for a woman to go into non-responder phase may be an alternative easier method of postponing call/recall.

A woman over the age of 60, with normal negative results should not be postponed as this will result in her being reintroduced to the programme inappropriately

## **Disability**

- Disability alone is not a reason to cease or postpone a woman from recall.
- Disabled women should be invited for testing and given information and support to decide whether or not to attend.
- If a woman attends and withdraws consent behaviourally, then she should be reinvited in three-five years depending on age.
- A picture booklet, "An easy guide to cervical screening", for learning disabled women, is available from the NHSCSP.
- If a woman lacks mental capacity to make this decision and her carer or clinical practitioner feel it is in her best interest to be ceased from the programme then contact the NEPCSA Office directly for further information.
- See "equal access to breast and cervical screening" and "consent to cancer screening" NHS Cancer series No. 2 March 2006 and number 42008 for further details.