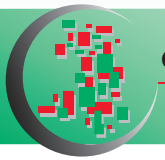


# Transformation Zone



Cervical Screening **Wales**  
Sgrinio Serfigol **Cymru**

October 2003

## Cervical Screening - The Departing Director's Perspective

Dr Cerilan Rogers was Director of Cervical Screening Wales from its inception in 1999 until April 2003, when she left to take up her new role as Director of the National Public Health Service Wales. Dr Hilary Fielder, formerly our Head of Information, has been appointed as the new Director of Screening Services. Dr Rogers will still be involved with all the Welsh screening programmes, since she remains Director of the Public Health Division of Velindre NHS Trust, of which Screening Services form a part. Recently Dr Rogers agreed to be interviewed for the Transformation Zone.

***In the four years since its beginning, can you sum up the difference Cervical Screening Wales has made?***

A. I believe it has brought clarity, consistency and an identity to the cervical screening programme in Wales. We're now providing a more seamless service with the promotion of consistent standards across Wales (although there's always room for improvement.) CSW has raised the profile of cervical screening, and hopefully increased the perception of its value so that it's no longer seen as a Cinderella service. I hope it has made everyone in the programme feel they're part of something worthwhile and that they feel better supported in their work.

***Q. What are you proudest of regarding CSW?***

A. That it happened! I'm immensely proud of the whole CSW team, across all the areas and disciplines. Developing and managing CSW has taught me a huge amount and I've enjoyed it greatly. It was the right thing to do, the right time to do it and it worked. I'm proud that CSW exists and does its job, and I know it will continue getting better.

***Q. What is the main lesson you've learned?***

A. Patience! I'm very impatient, and I've had to learn to curb that. (You may have noticed that I don't always succeed!) Other valuable lessons have been the importance of valuing everyone's contribution, of having a strategic vision, of persistence and of pacing myself (again, not always successfully!)

***Q. What message would you like to send to everyone in CSW?***

A. I'd like to say 'thank you- it's been a real privilege and pleasure. Everybody's worked really hard and I'm proud to have been associated with you all. I'm glad I don't have to give up all my links with the programme; in fact you may see more of me now than before- you have been warned!'

I'd also like to say that I'm sure you'll give Hilary all your support now that she has succeeded me as Director.



INVESTOR  
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*Goodbye, and thank you* to: **Dr Cerilan Rogers. Mark Dickinson** and **Emma Van Os** have also taken up posts in the NPHS, as Director of Operations and Strategy and PA to the Director, respectively.

## Brain teaser!

### ACTINOMYCES LIKE ORGANISMS ON SMEARS

- 1) Pt A's smear result is negative, but the lab have noted actinomyces in the 'specific infections' box . Pt A is using a copper bearing IUCD for contraception. Should you:
  - a) Ignore the finding;
  - b) Wait for Pt A to contact you- she'll get a letter from Cervical Screening Wales informing her of the problem;
  - c) Contact Pt A yourself.
- 2) What should you advise Pt A regarding treatment, future contraception and cervical smears?
  - a) She should have a course of antibiotics and a repeat smear to check that the infection has cleared;
  - b) She should have the IUCD removed and a repeat smear to check that the infection has cleared;
  - c) She should have the IUCD changed, no repeat smear is necessary;
  - d) She may choose to leave the IUCD in place, but should return for a check up every 6 months. No repeat smear is necessary.
- 3) What if Pt A was using the LNG-IUS (Mirena)?
  - a) She should be treated the same as if she had any other intrauterine device;
  - b) No action is necessary.

Answers to the Brain teaser are on the back page.

## Smear Taker Training

*Smear taker training courses have been arranged for 2004:*

Mid & West Wales: March & September - Dates to be confirmed

Cardiff: February 10th, 11th, 12th July 6th, 7th, 8th

Swansea: April 20th, 21st, 22nd November 16th, 17th, 18th

Gwent: May 17th, 18th, 19th December 6th, 7th, 8th

North Wales: January 12th, 13th, 14th- (Wrexham)  
June 21st, 22nd, 23rd (Glan Clwyd.)

*These courses are suitable for new smear takers, or smear takers who feel they lack a basic grounding in the theory and practice of cervical screening. The course is accredited by the University of Wales for 10 CATS points, and a fee of £150 is payable. For more information or to book a place, contact:*

Linda Lewis,

Training Coordinator, Cervical Screening Wales, School of Nursing and Midwifery Studies,  
Grounds of St Cadoc's Hospital, Caerleon. NP18 3XR Tel: 0781 3667 318

*Update training for current smear takers is being developed. Contact your local Nurse Coordinator for details.*

# Hot Topics

## THE NEW SMEAR REQUEST (HMR101) FORM

We have recently introduced an updated form, which differs from the old form in the following ways:

- Each form carries a reminder that cervical screening is not diagnostic, and that smear results shouldn't be relied upon in the management of symptomatic women;
- There are boxes for the smear taker's name, CSW ID code and signature;
- There is a place for the smear taker to say whether they sampled the transformation zone or not;
- The smear taker is asked to specify whether the sample is from the cervix or vaginal vault, and to state which sampler they used;
- A new category of result, borderline changes in endocervical cells, is included. Please refer to the 'smear takers' guide' for information on managing this result.
- A new category of suggested management, direct referral to colposcopy, is included. When this is recommended, the necessary action will be taken at the CSAD. If gynae referral is recommended, though, referral remains the smear takers' responsibility.

If you have any comments about the new design, please contact your local programme coordinator, who would be pleased to hear from you.

## WOMEN WHO REQUEST NO HOME CONTACT

Occasionally, women having a smear ask that they are not sent a result letter. In these instances the smear taker should

- Clearly mark the request form 'no home contact'.
- Arrange with the woman how she will get her result. The result will be sent to the smear taker, who is then responsible for ensuring that it reaches the woman.
- Inform the woman that she will be contacted if;
- the result is abnormal and a colposcopy referral is generated; or
- a repeat smear is recommended but no smear is received in the CSAD within three months of the repeat smear being due.

## WOMEN WHO REQUEST THAT THEIR GP IS NOT INFORMED WHEN THEY HAVE A SMEAR

Very occasionally, women who have chosen to have a smear taken outside their GP's practice ask that their GP isn't informed of the smear. These women should be advised that it is not possible to guarantee this, since the woman's details, including the details of her most recent smear will appear on lists generated for administrative purposes, such as the PNL (patient notification list) when she is next due to be invited.

## SMEARS CONTAINING ENDOMETRIAL CELLS AS AN INCIDENTAL FINDING

Where endometrial cells are seen on smears, action may be required to exclude endometrial pathology. In these cases, the responsibility for action rests with the GP. CSW recommends:

- endometrial cells should be ignored if the woman is pre-menopausal (regardless of day of cycle, hormone therapy or pregnancy), or if she is post-menopausal but on hormone replacement therapy.
- Women who are not on hormonal treatment and whose last period was more than one year ago, need urgent gynaecological referral. In future, women in this situation will receive a letter from CSW advising them to contact their GP

## TRACKING SAMPLES

A recent incident has highlighted the importance of practices logging whose smears they have taken, and when. A large number of samples 'disappeared' while in transit between two hospitals. Efforts to contact the women concerned and advise them that their samples had been lost were hampered by difficulty in identifying whose samples were involved. Many practices had no way of checking whether any of their patients were likely to have been involved. CSW advises all smear takers to keep a log of their work, and to check that a result has been received for every smear taken.

## Leaflets available from Cervical Screening Wales

Screening Wales produces a range of leaflets, which are available free of charge. Contact your local CSAD to order copies.

- Cervical screening: the facts
- The smear that needs to be repeated
- Investigating an abnormal smear
- Investigating an inadequate smear
- Your colposcopy appointment
- Should women who are virgins have cervical smears?
- After your hysterectomy
- Do you have a complaint about Cervical Screening Wales?
- Our pledges to you.
- How we use information about you
- Treatment following an abnormal smear

## The Improvement Zone

### An Update - Smears taken from women aged under 20

CSW policy aims to minimise harm and maximise benefit from screening. One example is the restriction of screening to women aged twenty and over.

In Wales, there were no cases of cervical cancer in women aged under 20 in the ten years 1992-2001, and only 18 cases in women aged 20-24, (1% of the total). Non- negative smears are common in this age group. 25% of smears taken in Wales in teenagers were abnormal in 2001-2, compared with 7.7% for all ages. These results reflect normal developmental changes and high rates of transient HPV infection. Screening women under 20 exposes them to harm (in the form of anxiety, unnecessary repeat smears and unnecessary treatment) for no benefit. CSW policy is that they must not be screened.

The number of smears taken from women under 20 has declined since CSW set this policy, from 5,889 in 1998-9 to 1,170 in 2001-2, a huge reduction. We hope that this trend will be continued, and that screening teenagers will soon be a thing of the past.

## Brainteaser Answers

- 1 b and c** - the patient will get a letter from Cervical Screening Wales telling her she has an infection. If she doesn't respond to this letter, you may wish to contact her yourself.
- 2 c and d** - Current advice from the Faculty of Family Planning and Reproductive Health Care is that the woman may continue with the IUCD but should be warned to report pelvic pain, fever and vaginal discharge, as they may indicate active infection. If she feels more comfortable having her copper device removed and replaced, this is acceptable. You should review her every six months, with a pelvic examination to detect tenderness. No repeat smear is required.
- 3 b** - Users of the LNG-IUS (Mirena) have a very low risk of infection and there is no indication for replacing the device in asymptomatic women. However, women using the LNG-IUS should be aware of the possibility of infection and warned to report symptoms as above.

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Comments on this newsletter, or suggestions for topics for future editions, are welcome. They should be sent to:

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