



# The London-wide transition to HPV testing is taking shape!

## How is the transition to HPV primary screening at CSL progressing?

Since our last update we have been working closely with existing providers to transition the current workforce to the new compliment required for CSL. The move to analyser-based HPV testing requires a significant reduction in staff numbers, which is a challenging situation for those who have dedicated their careers to cervical screening, and one that we are handling in an open, respectful and sensitive manner.

We have also been gathering critical information from existing screening providers about important aspects of the programme, such as sample volumes, direct referrals, MDT meetings and key contacts. This information is guiding our plans for the new service. We will share specific details in future updates.

## What do I need to do now?

### 1 Set up tQuest at your practice

Thank you to everyone who has already set up tQuest for their site.

Many practices are yet to respond. **With over 1500 sample taker sites across London, it is extremely important that you set up tQuest as soon as possible to ensure you are able to order cervical screening tests and receive results after December 2, 2019.**

An information sheet outlining how to set up tQuest was distributed electronically and in hard copy with our first update in September. This has been included again along with an additional sheet detailing where to find the information you will be asked to provide. For any queries, please contact our CSL IT team via [helpdesk@tdlpathology.com](mailto:helpdesk@tdlpathology.com) or **020 7307 7365**, clearly indicating you are enquiring about tQuest setup for CSL.

### 2 Fill in and return the included sheet with details about your practice

From December 2, 2019 cervical screening samples will be picked up directly from your practice by TDL Collect couriers. In order to coordinate these courier collections, we need some important information about your practice opening times, and whether cervical screening samples are collected on any day, as part of routine practice work, or are only done on specific days at scheduled times.

### 3 Access available training

CSL will provide face-to-face sample taker training sessions during November to support the online education provided by Public Health England. If you have not yet completed your online training, you can access it via <https://portal.e-lfh.org.uk/Component/Details/559150>.

A notice of the sample taker training sessions is included – please respond as soon as possible to ensure a place at your preferred session.

### 4 Watch out for our next update

Our next update will provide details on how you will receive your sample taker supplies, such as vials and brushes, how you can access our online ordering system, and how to pack your samples for collection by our TDL Collect couriers.

## More information about the new cervical screening protocols

### What happens to women after they are sent to colposcopy? Should they come back to their GP or nurse for follow up?

In our first update we included the primary HPV screening protocol (available at [www.hslpathology.com/csl](http://www.hslpathology.com/csl)).

The two connected flowcharts overleaf show what will happen to women who are referred for colposcopy.

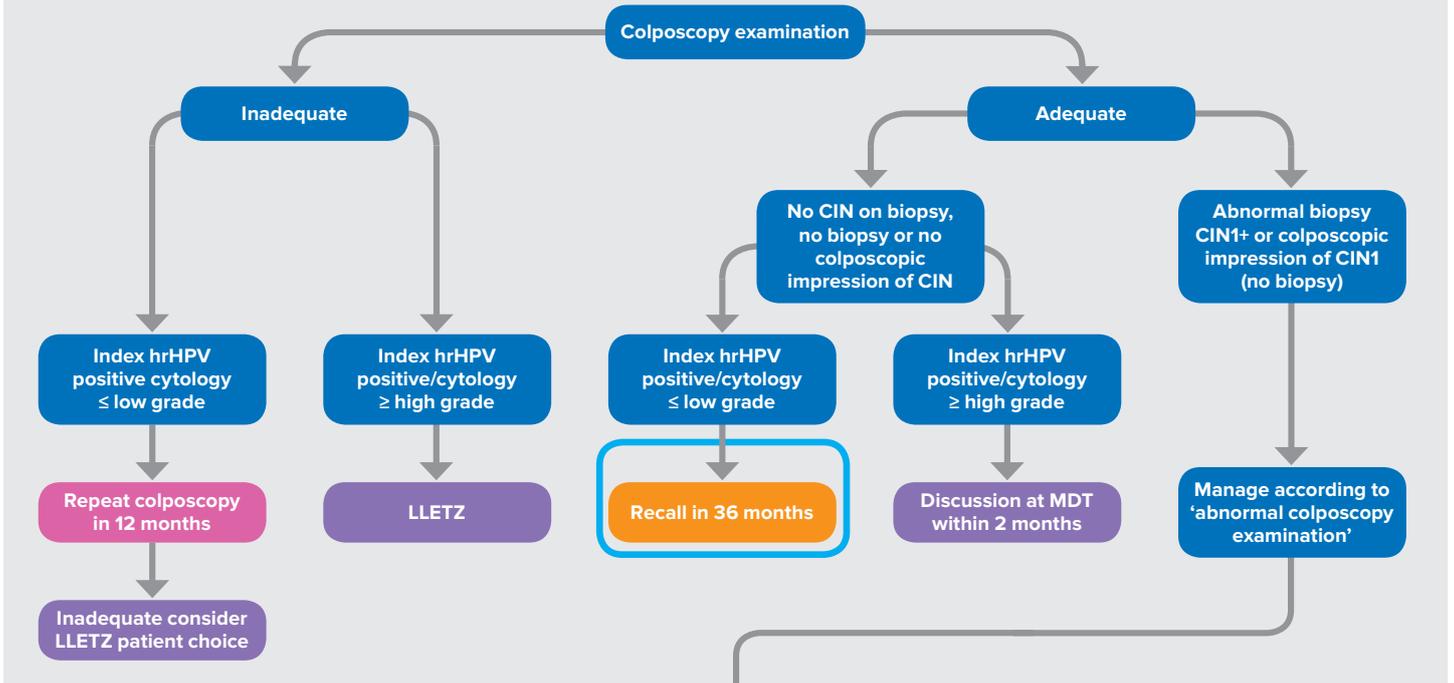
Data from pilot sites shows that the introduction of HPV primary screening will lead to an increase in colposcopy referrals. To reduce the impact on colposcopy clinics, it is important to note that where hrHPV testing is indicated in the management pathway, the samples should be collected at primary care sites. The exceptions may be women in follow up for glandular abnormalities (CGIN) or those with complicated clinical histories.

The flowcharts overleaf indicate the sections of the pathways where women can safely be referred back to primary care for the collection of samples for follow up hrHPV testing.

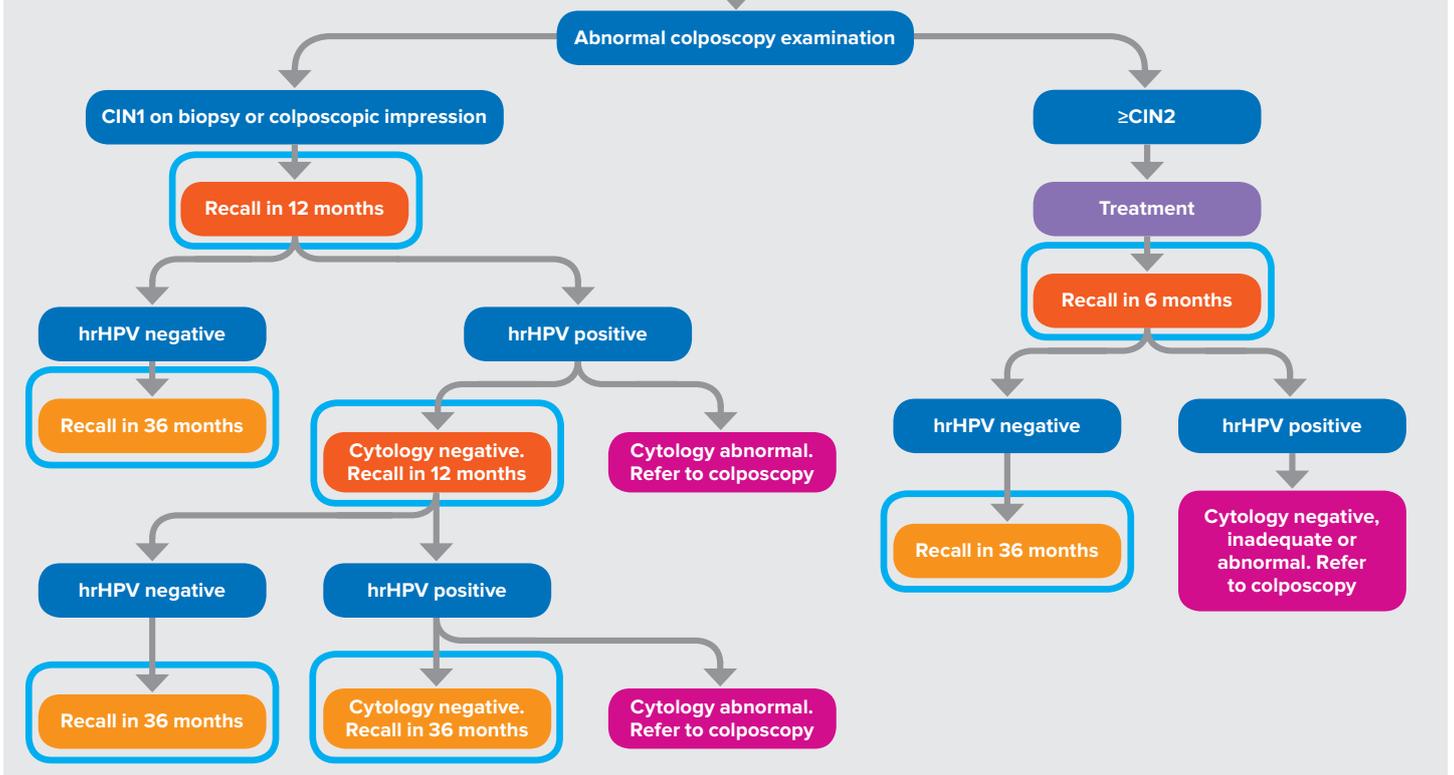


# Cervical screening colposcopy management recommendations

Indicates collection of hrHPV sample in primary care is appropriate.



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Cervical Screening London, The Halo Building, 1 Mabledon Place, London WC1H 9AX  
 T: 020 7307 9400 E: [csl@hslpathology.com](mailto:csl@hslpathology.com) W: [www.hslpathology.com/csl](http://www.hslpathology.com/csl)