


(redacted)

5. Briefing – 11 June


Health Protection Division
11 June 2021

Minister for Public Health, Women's Health and Sport

CERVICAL SCREENING INCIDENT - TIMING OF LETTERS TO AFFECTED PARTICIPANTS AND FINANCIAL SUPPORT TO HEALTH BOARDS

Purpose

1. To update the Minister on the timing of letters to be sent to affected participants, and financial support to Health Boards most affected by the incident. This submission follows the submission on 7 June, sent by (redacted).

Priority

2. Routine; however, an early decision on additional financial support would help the three Health Boards with the largest numbers of women affected to make arrangements to see them promptly in gynaecology.

Timing of Letters

3. Officials are discussing with NSD the viability of sending the letters to affected participants on Tuesday, 22nd June. (Redacted)
4. The AEMT has recommended that letters to women requiring colposcopy appointments should include appointment dates, in order to reduce anxiety. (Redacted)
5. Comms are of the view that it is important for the affected women to be informed as soon as practically possible. Preferably, letters should be sent prior to the statement, so women have the best possible chance of receiving the information individually before hearing about the incident in Parliament. (redacted)
6. Comms has identified that having a helpline established to coincide with the letters being sent would be useful, to field any immediate queries from the public. As noted in the previous submission of 7th June, Jo's Cervical Cancer Trust is prepared to assist in providing a helpline.
7. DCMO has expressed that, from a patient point of view, it would be appropriate to issue letters prior to any Ministerial statement. This is on the basis that any delay in informing those potentially affected, if a public announcement is made, risks causing anxiety to the public.

Financial Support to Health Boards Most Affected

8. The three NHS Boards most affected by the incident are requesting financial support for their response. This will cover, for example, creating dedicated weekend clinics and other additional appointment times with consultants, so that appointments can be offered quickly to affected participants, and administrative costs associated with sending the letters. We do not at this stage anticipate further requests from the less affected Boards.
9. The requests received are:
- a. Lanarkshire: £28,000
 - b. Greater Glasgow and Clyde: £5,000
 - c. Lothian: TBD (anticipate this amount will be no more than the amount requested for Lanarkshire, given numbers of affected participants)
10. Additionally, Jo's Cervical Cancer Trust, who will help support the response with their Helpline, will require £6,000 per month. Officials propose to budget for 2 months of this helpline support (total of £12,000), with a review of the requirement near the end of the first month. Jo's Trust will monitor call activity for the incident.
11. Officials have determined there is availability within the Scottish Government screening budget to accommodate these asks. If this funding is not provided, there is a risk that affected participants will not be provided with an appointment sufficiently quickly (i.e. during July).

Recommendation

12. (redacted) officials recommend requesting Health Boards to send the letters in advance of the planned Parliamentary Statement.
13. Officials recommend providing financial support from the SG screening budget to the Boards listed above.

Conclusion

14. The Minister is invited to:
- consider the recommendation to request Health Boards to send the letters in advance of the Parliamentary Statement planned for 24 June.
 - confirm if you are content for financial support to be provided to Boards, for the purposes of responding to the cervical screening incident, from the SG screening budget.

Health Protection Division
11 June 2021

(redacted)

6. Briefing – 24 June

ENGAGEMENT TITLE: MINISTERIAL STATEMENT: CERVICAL SCREENING

<i>Date and Time of Engagement</i>	Thursday 24 June 1400-1430
<i>Where</i>	Scottish Parliament, the Chamber
<i>Key Purpose / Message</i>	To set out the details of the cervical screening incident in full to the Scottish Parliament.
<i>Media Handling</i>	<i>(Please confirm if Comms official attending and provide contact numbers, both mobile and office)</i>
<i>Suggested tweet</i>	N/A
<i>Official Support</i>	(redacted) [REDACTED] (redacted)

Briefing Contents

Annex A	Summary
Annex B	Background
Annex C	Information Flow After Hysterectomy
Annex D	Communications
(redacted)	(Redacted)
(redacted)	(redacted)
(Redacted)	(redacted)
Annex H	Participant Invites and Apology Letters
Annex I	Letters to GP Practices
Annex J	Patient FAQ
Annex K	GP FAQ

SUMMARY

There is a large scale, national incident in the Scottish cervical screening programme involving individuals being incorrectly excluded from the programme.

Work to resolve it currently has three elements:

- Work to contact and provide a care pathway for 456 individuals who had subtotal hysterectomies after 1997, and who have been identified as likely to have been wrongly excluded;
- Work to audit around 500 records of individuals who had subtotal hysterectomies before 1997 and about whose exclusions there is considerable doubt; and
- Work to consider the management of around 168,000 exclusions, the vast majority of which are likely to be correct.

National information materials and personalised letters to the individuals who had subtotal hysterectomies after 1997 and were wrongly excluded will be issued by NHS Boards on Tuesday 22 June.

- The situation was identified when an NHS Board, in the course of conducting its annual audit into invasive cervical cancers, discovered that (redacted) women who were excluded from the screening programme over 20 years ago following hysterectomies have subsequently developed cervical cancer. (redacted)
- The Board also audited a wider number of cases and found evidence of other inappropriate exclusions.
- The Board alerted NSD of the incident in March 2021 and following a Problem Assessment Group, a formal Adverse Event Management Team (AEMT) was established (chaired by NSD) and met for the first time on 9 March 2021 to assess the implications for the wider screening programme and determine further action. Scottish Government officials were in attendance.
- Immediate control measures have been put in place to prevent any new exclusions from being applied incorrectly.
- No other Boards are aware of any similar findings of individuals developing invasive cervical cancer during their own audits.
- The Cervical Cancer Screening Programme has conducted an urgent national audit and identified a number of other individuals who were also excluded in error.
- This is a complex review and has taken some time to complete, but arrangements are now being made to ensure that everyone identified so far is contacted directly by their NHS Board.

- On Tuesday 22 June, NHS Boards will issue personalised letters to around 500 women who have been excluded from the programme in error, to offer an explanation and apology, and to provide personalised advice.
- Each of these individuals will be prioritised for screening at their local GP practice, or an appointment at gynaecology where appropriate.
- Scottish Government is providing additional funding to Health Boards, where required to provide additional gynaecology clinics and appointments, to ensure there is no disruption to regular services.
- Further work is being coordinated by the Scottish cervical Cscreening programme to complete an audit of records of individuals who had subtotal hysterectomies before 1997, and to determine the risk of anyone else having ever been incorrectly excluded on the grounds of hysterectomy.
- It is important to stress in the meantime that the overall risk of developing cervical cancer remains low and individuals should not be unduly alarmed. Communications about the incident will reiterate that it remains important for everyone, whether affected by this issue or not, to be alert for symptoms of cervical cancer. (The message is that anyone who is experiencing unusual discharge or bleeding after sex, between periods or after the menopause, should not wait for their cervical screening appointment, but should contact their GP practice straight away. These symptoms are not usually caused by cervical cancer, but it's important to have them checked.)

BACKGROUND

Discovery of Incident

- Invasive cervical cancer audits are carried out in all Boards to review the cervical screening history of all patients diagnosed with cervical cancer.
- In December 2020 a single NHS Board (redacted) discovered (redacted) recently diagnosed cases of cervical cancer, where the women concerned had been excluded from the screening programme more than 20 years ago (redacted) following hysterectomy procedures, and on the basis of having no cervix. Their records showed they had been incorrectly excluded as they had undergone sub-total hysterectomies (meaning all or part of the cervix remained), not total. Unfortunately, one of the women has since died, while the other continues to receive treatment for advanced disease.
- Officials were made aware of this incident on 9 March 2021, and Ministers were informed the same day.
- Work done to date has confirmed that exclusions have been wrongly applied across Scotland.

Investigation Into Causes of Exclusions

- A small audit of records performed by (redacted) following the discovery of the (redacted) wrongful exclusions suggested a potentially systemic problem, and an AEMT was established. It comprises stakeholders from across Scotland including clinical and public health experts, screening programme managers and primary care representation. It has met several times, most recently on 3 June.
- The Scottish Cervical Screening Programme began in 1988 and routinely invites all individuals with a cervix aged between 25 years and 65 years (extended up to 70 years for individuals on a non-routine pathway). Prior to the 6 June 2016 the age-range was 20-60 years (up to 68 years for non-routine pathway).
- National guidance states that individuals who have had a total hysterectomy (i.e. complete removal of cervix) can be excluded from screening but those who have had a sub-total hysterectomy must continue to be screened regularly.
- In cases where women who are eligible for screening have a total hysterectomy and therefore no longer have a cervix, they are excluded from screening using either a 'no further recall (NFR)' or a 'no cervix' code.
- Until this incident was uncovered, "No Cervix" Exclusions could be opened by two routes - either by the cervical laboratories following receipt of hysterectomy information, or by GP practice. These exclusions were generally added by pathology laboratory staff following pathological examination of the hysterectomy sample. GPs could also exclude participants,

for example for those who have moved into Scotland and had a hysterectomy performed elsewhere.

- Nationally agreed procedures exist for staff applying exclusions. For example, if a GP opens the “No Cervix” exclusion the screening call-recall office will contact the GP to confirm that the patient has had a total hysterectomy if no laboratory information about the hysterectomy is present on the Scottish Cervical Call-Recall System (SCCRS). Lab staff also have a protocol to follow and, since the implementation of HPV screening in 2020 are expected to audit a percentage of their exclusions each year.
- Many of the exclusions discovered thus far are historical and were transferred across from the Boards’ legacy cervical screening IT systems into SCCRCS when it was implemented in 2006.
- The chart in Annex C shows the flow of information following a hysterectomy, including the points at which an exclusion will be opened.

Potential Sources of Error

- There are potentially 4 points where errors appear to have occurred:
 - a. *Mismatch between the operation proposed and the operation done.*
This is usually for technical reasons which occur during the surgery. As a consequence, a proposed total hysterectomy becomes a sub-total. This fact may not be noted in the discharge summary and instead, the discharge summary letter will be based on the theatre list i.e. the planned operation. The GP will see this and request removal from call/recall.
 - b. *Sub-total procedures may be incorrectly coded in theatre* again reflecting a mismatch between the proposed and the actual operation or simply a misunderstanding of what a subtotal procedure actually is.
 - c. *Incorrect coding in labs* – e.g. sub-total specimens may contain some cervical tissue and be incorrectly coded as total hysterectomies when these patients are being considered for continuation on call/recall.
 - d. *The patient is removed from call recall, despite accurate information being conveyed to primary care following surgery* where the cervix is retained.
- (Redacted).

Table 1 Range of hysterectomy codes

Code	Description
Q071	Abdominal Hysterocolpectomy And Excision Of Periuterine Tissue
Q072	Abdominal Hysterectomy And Excision Of Periuterine Tissue Nec
Q073	Abdominal Hysterocolpectomy Nec
Q074	Total Abdominal Hysterectomy Nec
Q075	Subtotal Abdominal Hysterectomy
Q076	Excision Of Accessory Uterus
Q078	Other Specified Abdominal Excision Of Uterus
Q079	Unspecified Abdominal Excision Of Uterus
Q081	Vaginal Hysterocolpectomy And Excision Of Periuterine Tissue
Q082	Vaginal Hysterectomy And Excision Of Periuterine Tissue Nec
Q083	Vaginal Hysterocolpectomy Nec
Q088	Other Specified Vaginal Excision Of Uterus
Q089	Unspecified Vaginal Excision Of Uterus
Q058	Excision Stump

Immediate Control Measures

- Until a fuller assessment of the safety of exclusions can be carried out, steps have been taken to ensure no others are added in error.
- All laboratories involved in adding hysterectomy detail have been informed that they need confirmation from the operating gynaecologist that the cervix was completely removed before they add the hysterectomy type which then, if appropriate, triggers SCCRS to open the “No Cervix” exclusion.
- GP exclusions have been temporarily suspended. Journal entries are being added to SCCRS so that they can be managed appropriately at a future date.

Initial Investigations

- The Scottish cervical Call-Recall System (SCCRS) was searched to identify all individuals with either a “No cervix” and/or “No further recall” open exclusion. This generated around 200,000 individuals.
- The AEMT agreed that the immediate priority should be to ensure that none of the excluded individuals had undergone a sub-total hysterectomy.

Investigation into the cohort with sub-total hysterectomy codes

- As a matter of priority, a data linkage exercise was therefore undertaken by Public Health Scotland (PHS) to match the CHI numbers identified from SCCRS with operation codes indicating a sub-total hysterectomy. This was performed using two of the Scottish Morbidity Record datasets (SMR01 - General/ Acute Inpatient and Day Case and SMR02 - Maternity Inpatient and Day case).
- The initial exercise looked back to procedures carried out from 1997 onwards and used OPCS 4.9 operation codes which identified around 1,000 individuals.

- A second linkage using historical SMR01/02 datasets was then performed to look at operations carried out pre-1997 and found a further 500 individuals. This used OPCS-3 operation codes.
- As records before 1997 are more difficult to interrogate, results are currently only available for the post 1997 cohort.
- The linkage exercises generated a list of individuals on SCCRS with a “No cervix” and/or “No Further Recall” exclusion who **also** had a sub-total hysterectomy operation code recorded on either the SMR01 or SMR02 dataset.
- NHS Board Coordinators (Consultants or Specialists in Public Health) were sent details of the individuals identified within their Board for audit. Boards were asked to establish multi-disciplinary teams to review each of the following information sources in each patient’s record (electronic plus paper notes if required, including notes from other Boards if necessary). A reporting template was provided to ensure that consistent information was recorded for each person:
 - Other codes recorded on SMR01/02
 - SCCRS records (including journal notes)
 - Operation note
 - Hospital discharge letter
 - Pathology Report
 - GP records
- From the information sources above and NHS Board Clinical input / advice, Boards were asked to assign one of the following categories, or ‘cohorts’ to each individual, which would determine their care pathway. The management of the cohorts were agreed by the AEMT.
- In addition to the above data linkage exercise, the total “No cervix/No further recall” cohort on SCRRS was linked to the Scottish Cancer Registry to identify any individuals who had a diagnosis of cervical cancer or cervical cancer in situ added 30 days or more after their exclusion from screening.

Results

- The table below shows a breakdown of affected individuals across all Health Boards who had subtotal hysterectomies after 1997, as well as the cohort that they fall into.

Table 2 Number of affected individuals in each cohort

Cohort	Description	Action	No. of Affected Individuals
Cohort 0	Individuals have been correctly excluded as they have no residual cervical tissue ¹	No action required	380
Cohort 1	Individuals, within the eligible age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present	Reinstate and invite for screening in primary care	198
Cohort 2	Individuals where records cannot be found (including those who have moved in from out with Scotland) or are inconclusive (including out with age range)	Invite for a gynaecological examination to ascertain the presence of a cervix followed by a cervical screening test where appropriate.	177
Cohort 3	Individuals, outwith the age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present	Invite for a gynaecological examination and / or screening at Colposcopy / Gynaecology.	81
Cohort 4	Individuals who are no longer residents of Scotland where it is been confirmed that a subtotal hysterectomy has been carried out (including out with age range) or where records cannot be found or are inconclusive (including outwith age range)	Attempt to trace within UK (this will be actioned at a national level as opposed to NHS Board level)	7
Cohort 5	Individuals who are deceased	A full audit of cause of death for deceased individuals should be carried out and any concerns (i.e. cause of death cervical cancer) escalated to the programme.	144
Total			988

- A further seven participants have transferred out of Scotland. Where their residence is known, arrangements will be made with the relevant health authorities for care as required. Where residence is unknown, the exclusion code will be removed from their record, so that they will be recalled to the screening programme if they return to Scotland.
- As only 198 women will be redirected to primary care, it is not expected that this will place an undue burden on practices. Practices will be informed of any patients affected and asked to make appointments for screenings as soon as possible.
- The same audit of the pre-1997 hysterectomy cohort is currently underway and is expected to be completed in July. The AEMT agreed that completion of this

¹ The "no further action" cohort (Cohort "0") definition was later extended to include individuals who had the exclusion applied when they were already over the upper screening age-limit (previous to 6th June 2016 ages 20 – 60 years plus 364 days for routine pathway and up to the age 68 years plus 364 days of age for non-routine pathway then from 6th June 2016 ages 25-64 years plus 364 days for routine pathway and up to the age of age 70 years plus 364 days of age for non-routine pathway).

part of the audit should not delay the active management of the post-1997 cohort.

- CHI numbers of individuals who had a cervical cancer/cervical cancer in situ diagnosis 30 days or more after their exclusion was added have been sent to Boards for case note review. The results of the data linkage between the Cancer Registry and the full cohort are in the table below.

Table 3 Cancer Registry Linkage to Full Cohort

Description	Number
Total with a cervical cancer diagnosed at any point	2,943
Total with cervical cancer diagnosed more than 30 days after exclusion	30
- and deceased	19
- and deceased with cervical cancer on death certificate	16
Total with a cervical carcinoma in situ diagnosed at any point	2,498
Total with cervical carcinoma in situ diagnosed more than 30 days after exclusion	<5*
- and deceased	0
- and deceased with cervical cancer on death certificate	0

Management Plan

- NSD has been liaising with Board Coordinators and Lead Colposcopists around the resource requirements to manage the individuals appropriately. Discussion has also taken place with primary care. Fortunately, the numbers requiring primary care input are small and spread widely across practices.
- Personalised letters and information materials will be posted by NHS Boards first class on Tuesday 22 June.
- The AEMT has also recommended that, in order to try to minimise their anxiety, affected individuals who require a gynaecology appointment should be seen within 4 weeks of receiving their letter to advise them of the incident. Wherever possible, appointment times will be included with the letters (which should also provide reassurance to individuals and reduce the number of enquiries received). For the cohort being reinstated into cervical screening, GP practices have been asked to prioritise these individuals so that they are seen promptly.
- All affected individuals will receive a bespoke letter for their specific cohort (signed by the Board Coordinator), along with a list of “frequently asked questions” and a cervical screening information leaflet. Those requiring to be seen at a colposcopy / gynaecology clinic will also receive a clinic information leaflet.

- An incident helpline is being provided by Jo's Cervical Cancer Trust and will be available from 23 June 2021 (the day after letters are posted and before the Parliamentary statement).
- To support all affected health professionals, the AEMT has developed a FAQ on the situation; potential risks; and arrangements in place to respond. Board Coordinators, as signatories on the letters, will be the principal point of contact within Boards but it is hoped that provision of a detailed FAQ list along with access to a dedicated helpline will reduce the number of calls received. Clinical staff in Boards may have to respond to specific enquiries.
- Scottish Government is leading on communications and will ensure that all territorial board communications teams are fully briefed. Media enquiries should be referred to SG. NSS's media relations team are also closely involved.

Investigation Of Wider Cohort

- Further data analysis is ongoing on the wider cohort (circa 168,000), i.e. individuals on SCCRS with either a "No Cervix" and/or "No further recall" open exclusion who do **NOT** have a sub-total hysterectomy code on SMR01/02, and were over the age range for screening at the time of exclusion.
- The majority of these are from the last 30 years, but dates go back as far as 1959.
- It should be noted that:
 - Historically, the 'no further recall' code was used for participants who had hysterectomies, and the 'no cervix' code was introduced later. It is therefore necessary to include the 'no further recall' code, though this can signify exclusions that have been applied for reasons other than having no cervix.
 - Around 30,000 participants included in these records are now deceased. These records will be checked to ensure that cervical cancer was not a main or contributory factor as a cause of death for those participants who have died.

(redacted)

- The analysis will inform an options appraisal that will be considered by the AEMT. This will then be escalated to wider stakeholders (gynaecologists, RCOG, Medical Directors, Board Chief Execs and SG CMO Team) to consider the most appropriate management of this cohort.

(redacted)

Work in the coming weeks will therefore focus on: (redacted)

- It is hoped that this analysis will provide a clearer understanding of the extent of the errors and the potential risks, and thereby enable a robust options appraisal to be carried out on the way forward. However, while work will progress as quickly as possible, the complexities of the procedures; the difficulty of locating and interpreting paper records; and the pressures already

facing clinicians and Health Boards mean that it may take a number of weeks to complete.

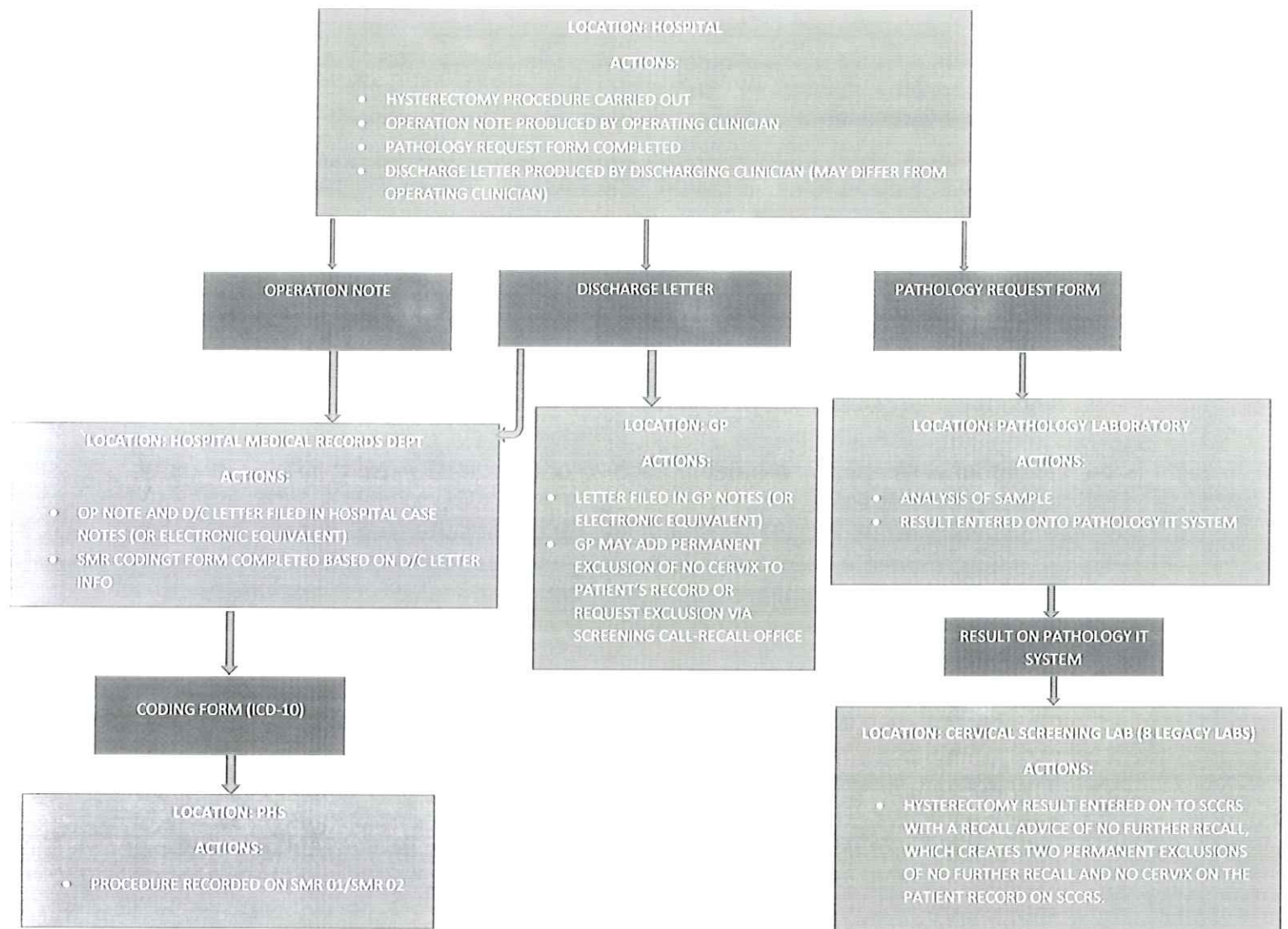
- The AEMT will continue to meet and we will provide further update on the progress and potentially early findings of the micro audit as soon as possible.

(Redacted)

Financial Support to Health Boards Most Affected

- The four NHS Boards most affected by the incident are requesting financial support for their response. This will cover, for example, creating dedicated weekend clinics and other additional appointment times with consultants, so that appointments can be offered quickly to affected participants, and administrative costs associated with sending the letters. We do not at this stage anticipate further requests from the less affected Boards.
- The requests received are:
 - Lanarkshire - £28,000
 - Lothian - £8,098
 - GGC - £5,000
 - Fife: £2,700
- Additionally, Jo's Cervical Cancer Trust, who will help support the response with their Helpline, requires roughly £7,700 per month. Officials are budgeting for 2 months of this helpline support, with a review of the requirement near the end of the first month. Jo's Trust will monitor call activity for the incident.
- Officials have determined there is availability within the Scottish Government Screening budget to accommodate these asks.
- The Minister for Public Health, Women's Health and Sport is content with this funding being provided from the SG Screening budget.

Information Flow After Hysterectomy



COMMUNICATIONS

Contact with those affected

(redacted)

Letters to those affected

- Letters to those in the first cohort who have been affected will be issued by Health Boards on 22 June.
- While this would not guarantee all women have been informed by letter before the Parliamentary statement (if, for example, there is a postal delay, or letters are unopened or recipients are away from home), it provides the best possible chance that those affected will hear of the incident individually, before it is announced in Parliament or covered in the media.
- Three letter templates are being used to contact the following three groups of affected participants:
 - Individuals, within the eligible age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out.
 - Individuals where records cannot be found (including those who have moved in from outside Scotland) or are inconclusive (including outwith age range).
 - Individuals, outwith the age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out.
- The letters will inform those affected that they have or may have been wrongly excluded from the cervical screening programme following the error. The letters will include information about the incident and offer an apology on behalf of the Scottish cervical screening programme for the error and for any anxiety that it may cause.
- The letters will either offer an appointment for a hospital gynaecology clinic or will ask them to call their GP Practice to book a cervical screening appointment as soon as possible.
- The letters will ask people to be aware of the symptoms of cervical cancer and to contact their GP practice immediately if they experience any of them. The letters will also provide reassurance that safeguards have been put in place to ensure that this does not happen again and will signpost people to various sources of support including the helpline run by Jo's Cervical Trust and online resources.

Telephone and Email Helplines Provided by Jo's Cervical Cancer Trust

Jo's Cervical Cancer Trust is the UK's leading cervical cancer charity providing information and support to those affected by cervical cancer, cervical cell changes and prevention concerns, as well as campaigning for the

best care for patients. Given their expertise, they are in an ideal position to provide the appropriate information and support to patients at this time via its established services.

- Additional funding has been provided by SG to ensure that there are adequate resources to support higher than usual levels of enquiries to the charity's helpline
- A callback service is also available. Helpline callers are automatically offered a callback which allows Jo's Trust to provide further support to callers at a later point. This means that if the caller is awaiting results or appointments, they know they will have someone to talk things through with.
- Jo's Trust is also offering an Email Helpline, which can meet the needs of individuals who are unable to access the main Helpline. This will allow people to access helpline support digitally, and will use bespoke email templates related to the incident.
- The helpline will be ready to accept calls on this issue from 23 June 2021.

Informing Other UK Nations

- NSD and officials have been in contact with screening and policy counterparts in the other UK nations.
- A briefing on the incident has been shared with the other UK screening leads and cervical programme leads.
- CMO will write formally to the other Nations' CMOs, enclosing a copy of the briefing.

Communications with Health Boards, Primary Care and the Royal Colleges

- Officials and NSD have worked closely with Health Boards since March 2021 to respond to this incident. A full briefing on the incident was provided to NSD to Medical Directors and Directors of Public Health on Friday 11 June.
- The Scottish General Practitioners' Committee of the British Medical Association received bespoke briefing on Friday 18 June.
- Health Boards are emailing communications about the incident directly to affected GP practices on Tuesday, 22nd June. This will include details of their affected participants, a copy of the letter each affected individual will receive, and a bespoke FAQ for GPs.
- The Royal College of Obstetricians and Gynaecologists has been fully briefed on the situation by the SG's Senior Medical Officer, Maternity and Women's Health, Dr Corinne Love.

Supportive Quotes from External Stakeholders

Jo's Cervical Cancer Trust

"For those affected this may be an incredibly difficult time and we are here for anyone who needs support through our Helpline. NHS Scotland have acted quickly to contact everyone who may have been wrongly excluded from cervical screening, however swift action must be taken to identify what went wrong and ensure it cannot happen again. Cervical screening remains an important test and it's important that women and people with a cervix, including those who have had a sub-total hysterectomy, continue to have access to them."

PARLIAMENTARY STATEMENT

Provided as a separate attachment

(redacted)

PARTICIPANT INVITES AND APOLOGY LETTERS

1. Individuals, within the eligible age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present. Proposed management: to reinstate and invite for screening in primary care

Dear [screening participant]

Cervical screening – excluded in error

NHS Scotland has recently reviewed your clinical record and found you were removed from the cervical screening programme after your hysterectomy. This was an error. Your record shows the type of hysterectomy you had did not fully remove your cervix. This means you should still be invited for regular cervical screening (smear tests).

On behalf of the Scottish cervical screening programme, we apologise for this error and any worry this may cause you. It's important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime. Please be assured your risk of developing cervical cancer is still low.

What does this mean for you?

Please call your GP practice to book a cervical screening appointment as soon as you can.

Your GP practice knows about the situation. When you book an appointment, please let your GP practice know your letter has the heading 'cervical screening – excluded in error'. This will help to make sure you're offered an appointment as soon as possible.

Please be assured that we have added you back into the cervical screening programme. This means you'll be automatically invited for cervical screening from now on.

Be aware of symptoms

If you have bleeding after sex, between periods or after the menopause, or unusual discharge, you should contact your GP practice to discuss these symptoms. **Do not wait for your cervical screening appointment.** These symptoms are not usually caused by cervical cancer, but it's important to have them checked.

What we're doing to make sure this error does not happen again

We've put measures in place to reduce the likelihood of this error happening in the future. We now check extra sources of information about the type of hysterectomy carried out and the need for ongoing cervical screening. You can get more information about the cervical screening incident in the information leaflet we sent with this letter.

Getting support

We understand getting this letter may be worrying. You can get more information, advice and support by contacting the free Jo's Cervical Cancer Trust helpline on **0808 802 8000** or by emailing helpline@jostrust.org.uk. This helpline has been set up in partnership with NHS Scotland and Jo's Cervical Cancer Trust. Please be

aware Jo's Cervical Cancer Trust does not have access to your NHS records so will not be able to provide you with clinical information about your screening history or hysterectomy.

You can read more about cervical screening in the enclosed leaflet. Or you can visit www.nhsinform.scot/cervicalscreening, where we also have videos. You can also visit the Jo's Cervical Cancer Trust website at: www.jostrust.org.uk

Yours sincerely

2. Individuals where records cannot be found (including those who have moved in from outside Scotland) or are inconclusive (including outwith age range). Proposed management: Invite for a gynaecological examination to ascertain the presence of a cervix followed by a cervical screening test where appropriate.

Dear [screening participant]

Cervical screening – possible exclusion in error

NHS Scotland has recently reviewed your clinical record and found **you may have been excluded from the cervical screening programme in error** after your hysterectomy. It's unclear, from looking at your clinical record, whether your cervix was completely removed during your hysterectomy. If any part of your cervix remains, it's important to continue to be invited for cervical screening (smear tests).

On behalf of the Scottish cervical screening programme, we apologise for this possible error and any worry this may cause you. It's important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime. Please be assured your risk of developing cervical cancer is still low.

What does this mean for you?

Please find enclosed an appointment for a hospital gynaecology clinic. If the date or time is not suitable, please contact the hospital to rearrange the appointment. The contact details are on your appointment letter.

We'd like you to attend a hospital appointment, where a gynaecologist can talk to you about what's happened and offer you a clinical examination and cervical screening test if appropriate. It's important you discuss your situation with a gynaecologist, even if you're over the usual age cervical screening would stop. Your GP practice knows about the situation.

Be aware of symptoms

If you have bleeding after sex, between periods or after the menopause, or unusual discharge, you should contact your GP practice to discuss the symptoms. **Do not wait for your clinic appointment.** These symptoms are not usually caused by cervical cancer, but it's important to have them checked.

What we're doing to make sure this does not happen again

We've put more control measures in to reduce the likelihood of this error happening in the future. We now check extra sources of information about the type of hysterectomy carried out and the need for ongoing cervical screening. You can get more information about the cervical screening incident in the information leaflet we

sent with this letter.

Getting support

We understand getting this letter may be worrying. You can get more information, advice and support by contacting the free Jo's Cervical Cancer Trust helpline on **0808 802 8000** or by emailing helpline@jostrust.org.uk. This helpline has been set up in partnership with NHS Scotland and Jo's Cervical Cancer Trust. Please be aware Jo's Cervical Cancer Trust does not have access to your NHS records so will not be able to provide you with clinical information about your screening history or hysterectomy.

You can read more about the clinic appointment and cervical screening in the enclosed leaflets. Or you can visit www.nhsinform.scot/cervicalscreening, where we also have videos. You can also visit the Jo's Cervical Cancer Trust website at: www.jostrust.org.uk.

Yours sincerely

3. Individuals, outwith the age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present. Proposed management: to invite to a gynaecology clinic for examination and / or screening.

Dear [screening participant]

Cervical screening – excluded in error

NHS Scotland recently reviewed your clinical record and found you were excluded from the cervical screening programme after your hysterectomy. This was an error. Your record shows the type of hysterectomy you had did not involve the complete removal of your cervix. This means you should have still been invited for cervical screening (smear tests).

On behalf of the Scottish cervical screening programme, we apologise for this error and any worry this may cause you. It's important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime. Please be assured your risk of developing cervical cancer is still low.

What does this mean for you?

Please find enclosed an appointment for a hospital gynaecology clinic. If the date or time is not suitable, please contact the hospital to rearrange your appointment. The contact details are on the appointment letter.

We'd like you to attend a clinic appointment, where a gynaecologist can talk to you about what's happened and offer you a clinical examination and cervical screening test if appropriate. It's important you discuss your situation with a gynaecologist, even if you're over the usual age that cervical screening would stop. Your GP practice knows about the situation.

Be aware of symptoms

If you have bleeding after sex, between periods or after the menopause, or unusual discharge, you should contact your GP practice to discuss the symptoms. **Do not wait for your clinic appointment.** These symptoms are not usually caused by cervical cancer, but it's important to have them checked.

What we're doing to make sure this does not happen again

We've put more control measures in to minimise the likelihood of this error happening in the future. We now check extra sources of information about the type of hysterectomy carried out and the need for ongoing cervical screening. You can get more information about the cervical screening incident in the information leaflet we sent with this letter.

Getting support

We understand getting this letter may be worrying. You can get more information, advice and support by contacting the free Jo's Cervical Cancer Trust helpline on **0808 802 8000** or by emailing helpline@jostrust.org.uk. This helpline has been set up in partnership with NHS Scotland and Jo's Cervical Cancer Trust. Please be aware Jo's Cervical Cancer Trust does not have access to your NHS records so will not be able to provide you with clinical information about your screening history or hysterectomy.

You can read more about the clinic appointment and cervical screening in the leaflets you got with this letter. Or you can visit www.nhsinform.scot/cervicalscreening, where we also have videos. You can also visit the Jo's Cervical Cancer Trust website at: www.jostrust.org.uk.

Yours sincerely

LETTERS TO GP PRACTICES

1. Individuals, within the eligible age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present Proposed management: to reinstate and invite for screening in primary care

Dear GP

Cervical screening – excluded in error

Following an adverse clinical event in the Scottish cervical screening programme, a review of one of your patient's clinical records has identified they have been excluded from the programme in error. Their records indicate the type of hysterectomy procedure that was carried out means they are still eligible for cervical screening, however, the 'no cervix and/or no further recall' exclusion was opened in error in the Scottish cervical call recall system (SCCRS).

Please find attached a copy of the letter your patient has received, inviting them to make an appointment for cervical screening.

How this affects your patient

When your patient phones the GP practice, please ensure a cervical screening appointment is offered as soon as possible. The exclusion from cervical screening will now be closed by the programme, therefore your patient will be invited for cervical screening from now on. They will appear on your next recommended call list if a sample has not been taken before this.

It is fully appreciated your patient may be worried by this error, however, it is important to stress the overall risk of developing cervical cancer remains low. It is important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime.

Please continue to remind patients to come forward for checks with any unusual discharge, or bleeding after sex, between periods or after menopause. Similarly, **should any patient affected by the incident contact you with symptoms, they should be assessed immediately and referred to gynaecology as per usual processes, rather than have a cervical smear.**

Further information

If you have any questions about this, please do not hesitate to contact your NHS Board Cervical Screening Coordinator. A patient helpline has been set up in partnership with Jo's Cervical Cancer Trust and can be contacted for free on 0808 802 8000 or by emailing helpline@jostrust.org.uk, Please be aware Jo's Cervical Cancer Trust does not have access to NHS records so will not be able to provide patients with clinical information about their screening history or hysterectomy.

Cervical screening information and leaflets are available on NHS Inform www.nhsinform.scot/cervicalscreening.

Yours sincerely

2. Individuals where records cannot be found (including those who have moved in from out with Scotland) or are inconclusive (including outwith age range): Proposed management: Invite for a gynaecological examination to ascertain the presence of a cervix followed by a cervical screening test where appropriate.

Dear GP

Cervical screening – possible exclusion in error

Following an adverse clinical event in the Scottish cervical screening programme, a review of one of your patient's clinical records has identified they may have been excluded from the programme in error.

The information available shows a hysterectomy procedure was carried out, but it is inconclusive as to whether any of the cervix remains after the procedure. It may mean they are still eligible for cervical screening, or were, if they are now above the eligible age range for screening. However, the 'no cervix and/or no further recall' exclusion was opened in the Scottish Cervical Call Recall System (SCCRS). Please find attached a copy of the letter your patient has received.

How this affects your patient

Your patient is being invited to a gynaecology clinic to discuss this and will be offered an examination to check for the presence or absence of a cervix and, if appropriate, they will be offered a cervical screening test. If, following this, it is clinically confirmed screening is still appropriate, your patient will be brought back into the programme. Those over the upper age limit for screening will be managed individually depending on the examination.

It is fully appreciated your patient may be worried by this potential error, however, it is important to stress the overall risk of developing cervical cancer remains low. It is important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime.

Further information

If you have any questions about this, please do not hesitate to contact your NHS Board Cervical Screening Coordinator. A patient helpline has been set up in Partnership with Jo's Cervical Cancer Trust and can be contacted for free on 0808 802 8000 or by emailing helpline@jostrust.org.uk. Please be aware Jo's Cervical Cancer Trust does not have access to NHS records so will not be able to provide your patient with clinical information about their screening history or hysterectomy. Cervical screening information and leaflets are available on NHS Inform www.nhsinform.scot/cervicalscreening.

Yours sincerely

3. Individuals, outwith the age range for screening, where it has been confirmed a subtotal hysterectomy has been carried out i.e. residual cervical tissue is present. Proposed management: to invite for a gynaecological examination and / or screening at Gynecology clinic.

Dear GP

Cervical screening – excluded in error

Following an adverse clinical event in the Scottish cervical screening programme, a review of one of your patient's clinical records has identified they were excluded from the programme in error. Their records show the type of hysterectomy procedure carried out means they were still eligible for cervical screening, however, the 'no cervix and/or no further recall' exclusion was opened in error in the Scottish cervical call recall system (SCCRS). Please find attached a copy of the letter your patient has received.

How this affects your patient

As your patient is now above the eligible age range for screening, they are being invited to a gynaecology clinic to discuss this and will be offered an examination and, if appropriate, a cervical screening test. Their future management will be decided following the results of their examination and/or cervical screening test.

It is fully appreciated your patient may be worried by this error, however, it is important to stress the overall risk of developing cervical cancer remains low. It is important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime.

Further information

If you have any questions about this, please do not hesitate to contact your NHS Board Cervical Screening Coordinator. A patient helpline has been set up in partnership with Jo's Cervical Cancer Trust and can be contacted for free on 0808 802 8000 or by emailing helpline@jostrust.org.uk. Please be aware Jo's Cervical Cancer Trust does not have access to NHS records so will not be able to provide your patient with clinical information about their screening history or hysterectomy. Cervical screening information and leaflets are available on NHS Inform www.nhsinform.scot/cervicalscreening.

Yours sincerely

PATIENT FAQ

Further information about the cervical screening incident

This information leaflet aims to give you more details about cervical screening and the cervical screening incident. We hope it helps to answer any questions you may have.

What is cervical screening?

The cervical screening test (sometimes called a smear test) is designed to check the cervix (neck of the womb) for the human papillomavirus (HPV). If HPV is found, we then look at the same sample for cell changes.

The aim of the cervical screening programme is to reduce the chance of developing cancer of the cervix by detecting cell changes which, if left untreated, may go on to develop into cervical cancer.

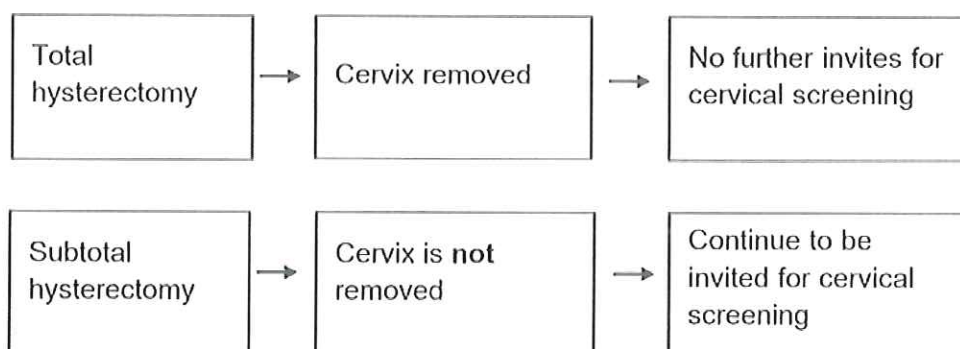
Who's invited for cervical screening?

Cervical screening is routinely offered to women and anyone with a cervix in Scotland between the ages of 25 and 64 years. People aged over 64 may still be invited up to age 70 for non-routine cervical screening to follow up a result which needs further tests or treatment.

If I've had a hysterectomy, do I still need to be invited for cervical screening?

This depends on the type of hysterectomy you've had.

- If you've had a total hysterectomy, your uterus and cervix will have been completely removed. Your consultant gynaecologist will ensure you have the necessary follow up, if needed. You will be removed from the cervical screening programme, so you'll no longer receive invitations.
- If you've had a subtotal hysterectomy, only your uterus will have been removed. This means you should still be invited for cervical screening as part of the Scottish cervical screening programme.



What happened in the cervical screening incident?

Every year, the NHS in Scotland reviews all cervical screening records of people who have been diagnosed with cervical cancer. This is called the national invasive cervical cancer audit. While we were doing this, we found a very small number of people (fewer than five) who had recently been diagnosed with cervical cancer had been excluded from the cervical screening programme many years ago after having a hysterectomy.

An investigation showed these people had a subtotal hysterectomy, which means their cervix was not removed. These people should not have been excluded from the cervical screening programme. The people affected have been contacted and told about the error.

To make sure this issue had not affected anyone else, we carried out a review of records held on the screening IT system. This showed some issues that needed further investigation.

What further investigation was carried out?

We identified everyone who had been excluded from screening who had a record of having had a subtotal hysterectomy. We checked their hospital records, laboratory records, GP records and screening records to make sure each person had been correctly excluded from the programme.

What did the investigation find?

- **Some records showed a total hysterectomy had taken place and their cervix had been removed during the operation.** This means these people had been correctly excluded from the screening programme. No further action was needed for this group.
- **Some records showed a subtotal hysterectomy had been carried out, which means their cervix had not been removed during the operation.** This means these people should not have been excluded from the cervical screening programme. This group of people will receive an apology letter and an invitation to contact their GP practice to make an appointment for cervical screening if they're within the eligible age range for screening. For those over the eligible age range, they'll be invited to attend a medical appointment with a gynaecologist to find out whether or not they need to have cervical screening.
- **In some records, it was not clear what type of hysterectomy had been carried out, which means it was not possible to know if their cervix had been removed during the operation.** This means these people will be invited to attend a medical appointment with a gynaecologist to find out whether or not they need to have cervical screening.

Information for people affected by this incident

We're very sorry you've been affected by this cervical screening incident. It's important to know that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime. Please be assured your overall risk of developing cervical cancer is still low. You may have some questions, or you may be worried about accepting your appointment invitation and what this incident means for you. We've tried to answer some of the questions and concerns you may have in this information leaflet. If you need further information, advice or emotional support, please see **Where can I get more information?** at the back of this leaflet.

How do I find out if I had a total or subtotal hysterectomy?

Your letter will tell you if you've had a subtotal hysterectomy and were incorrectly removed from screening, or if we do not know for sure what type of hysterectomy you had.

The following sections explain what happens next for you, depending on the type of hysterectomy you've had.

I've been told I had a subtotal hysterectomy and was incorrectly excluded from the cervical screening programme. Why did this happen?

You were incorrectly removed from the cervical screening programme. This should not have happened and we're sorry for this error. This may have happened because:

- incorrect information about your operation was communicated from the hospital to the cervical screening programme, **or**
- correct information was communicated from the hospital but a mistake was made when it was received and entered into the cervical screening programme.

The programme had checks in place to try to stop this from happening, but these did not work properly. We have now put in place stronger safety checks to reduce the chance of this happening again. We now check extra sources of information about the type of hysterectomy carried out and the need for ongoing cervical screening.

What happens now?

If you're aged 70 years or under

As explained in your letter, you've been invited to contact your GP practice and make an appointment for a cervical screening test. Please tell your GP practice you've been affected by this incident so they know to give you an appointment as quickly as possible. The enclosed leaflet will tell you about the cervical screening test. Further information can be found on NHS inform or by calling Jo's Cervical Cancer Trust. You can find full contact details in the **Where can I get more information?** section at the back of this information leaflet.

If you're aged 71 years or over

As explained in your letter, we'll arrange for you to have an appointment to see a gynaecologist for a discussion and, if you agree, an examination. An examination is usually carried out in a hospital and takes about 15–20 minutes.

During the examination, the gynaecologist will look to see whether your cervix has been removed. If it has not been removed, the gynaecologist will check your cervix is healthy, which may include taking a cervical screening test (also called a smear test).

Further information on the test can be found in the enclosed leaflet, on NHS inform or by calling Jo's Cervical Cancer Trust. You can find full contact details in the **Where can I get more information?** section at the back of this information leaflet.

If I'm over 70 years old, why do I still need to have an examination/screening test?

You were incorrectly excluded from screening in the past, which means you have not had the opportunity for regular checks to make sure your cervix is healthy.

It's important to check you do not have HPV or any cell changes in your cervix which may require further treatment.

I've been told you do not know for sure what type of hysterectomy I had so cannot tell me whether I still need cervical screening. Why do you not know?

Unfortunately, the information in your medical records does not clearly show what type of hysterectomy you had or say for certain whether your cervix was removed. We've now put additional procedures in place to make sure full details of hysterectomies, including whether the cervix was removed, are recorded clearly and communicated to the cervical screening programme.

What happens now?

As explained in your letter, we'll arrange for you to receive an appointment to see a gynaecologist for a discussion and, if you agree, an examination. An examination is usually carried out in a hospital and takes about 15–20 minutes.

During the examination the gynaecologist will look to see whether your cervix has been removed. If it has not been removed, the gynaecologist will check your cervix is healthy, which may include doing a cervical screening test (also called a smear test). If your cervix has been removed, no further action or screening is needed.

Further information on the test can be found in the enclosed leaflet, on NHS inform or by calling Jo's Cervical Cancer Trust. You can find full contact details in the **Where can I get more information?** section at the back of this leaflet.

What happens if I do not want to go for an examination or cervical screening?

You can choose not to go for an examination or cervical screening. We understand going to appointments can be worrying. Your GP, nurse or gynaecologist will be there to support you and answer any questions you may have.

If you'd like to bring a friend, or need an interpreter, you can ask for this when making your appointment. You can also ask for a female doctor or nurse.

If you're looking for ways to make the appointment better for you, there are lots of things you can try. Some of these can be found on the Jo's Cervical Cancer Trust website, type in 'cervical screening tips'.

If you'd like to discuss this further, please contact Jo's Cervical Cancer Trust. You can find full contact details in the **Where can I get more information?** section at the back of this leaflet.

I cannot make the appointment time you sent me. How do I change it?

Please check the letter to find out what to do if you need to change the date, time or place of your appointment.

What if the examination finds something of concern?

Your GP practice or gynaecologist will give you information after your examination about when to expect any test results and any further follow up you may need.

What is my risk of having cancer or something being wrong?

The overall risk of developing cervical cancer remains low. In the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime.

However, it's important for everyone, whether they're affected by this issue or not, to be aware of the symptoms of cervical cancer. If you have unusual discharge, or bleeding after sex, between periods or after the menopause, contact your GP practice to discuss these symptoms. These symptoms are usually caused by something other than cancer but it's important to have them checked.

I know other people who have had hysterectomies but have not received a letter, why is this?

The first piece of work carried out has only looked at people recorded as having had a subtotal hysterectomy. This is because people who've had subtotal hysterectomies should not have been excluded from the programme.

We're still working to investigate the records of people recorded as having other types of hysterectomies and find the best way to manage these findings. Most hysterectomies carried out are total hysterectomies, which means most people who've had hysterectomies do not require screening.

Where can I get more information?

- Further information about cervical screening can be found at: www.nhsinform.scot/cervicalscreening
- If you have any general questions about cervical screening, cervical examinations or hysterectomies, you can contact Jo's Cervical Cancer Trust. You can visit their website at www.jostrust.org.uk, call their free helpline on 0808 802 8000 or by emailing helpline@jostrust.org.uk. This helpline has been set up in partnership with NHSScotland and Jo's Cervical Cancer Trust. Please be aware Jo's Cervical Cancer Trust does not have access to your NHS records so will not be able to provide you with clinical information about your screening history or hysterectomy.

GP FAQ

Further information about the cervical screening incident

Information for health professionals

This information leaflet aims to give you more details about the cervical screening incident. We hope it helps answer any questions you may have. What happened in the cervical screening incident? The 2020 invasive cancer audit carried out in one NHS Board identified a very small number of individuals (fewer than five) who developed cervical cancer and were found to have been excluded from the cervical screening programme due to the 'no cervix/no further recall' exclusion being opened on their Scottish Cervical Call Recall Screening (SCCRS) record after a hysterectomy. An investigation found the cervix had not been fully removed and the 'no cervix/no further recall' exclusion was incorrectly applied. The individuals affected have already been contacted and informed about the error.

To make sure this issue had not affected anyone else, a review of records held on SCCRCS was carried out. This showed some issues that needed further investigation.

What further investigation was carried out?

The further investigation involved identifying everyone who had been excluded from screening who had a record of having had a subtotal hysterectomy. Their hospital records, laboratory records, GP records and screening records were checked to make sure each individual had been correctly excluded from the programme.

What did the investigation find?

- **Some records showed a total hysterectomy had taken place, i.e. the cervix had been removed during the operation.** This means these individuals had been correctly excluded from the screening programme. No further action was needed for this group.
- **Some records showed a subtotal hysterectomy had been carried out, i.e. the cervix had not been removed during the operation.** This means these individuals had been incorrectly excluded from the cervical screening programme. They will receive a letter of apology and an invitation to contact their GP practice to make an appointment for cervical screening if they are within the eligible age range for screening. For those over the eligible age range for screening, these individuals will be invited to attend a clinic appointment with a gynaecologist to find out whether they need to have cervical screening.
- **Some records showed it was unclear what type of hysterectomy had been carried out, i.e. it was not possible to tell if the cervix had been completely removed during the operation.** This means these individuals will be invited to attend a clinic appointment with a gynaecologist to find out whether they still have a cervix and whether they need to have cervical screening.

If someone has had a hysterectomy, do they still need to attend for cervical screening?

This depends on the type of hysterectomy they have had.

- If they have had a total hysterectomy, the uterus and cervix will have been completely removed. The individual's consultant gynaecologist will ensure the necessary follow up. The individual should be removed from the cervical screening programme, so they no longer receive invitations.
- If they have had a subtotal hysterectomy, only the uterus will have been removed. This means the individual should continue to be invited for cervical screening as part of the Scottish cervical screening programme.

What guidance should I give to people who have not received a letter, but have had a hysterectomy, and would like to know if they have been wrongly excluded from screening?

Please provide reassurance that the overall risk of developing cervical cancer is low and that, in the UK, fewer than 1 in 100 (under 1%) women and people with a cervix will develop cervical cancer in their lifetime.

Advise the first piece of work carried out has only looked at people recorded as having had a subtotal hysterectomy as those individuals should not be excluded for screening and are therefore at most risk. The programme is still working to investigate the records of people recorded as having other types of hysterectomies and find the best way to manage these findings.

It should be noted that most hysterectomies carried out are total hysterectomies, meaning those individuals do not require screening.

How can the 'no cervix' exclusion be added to a patient's cervical screening record?

- **Cervical laboratories.** The exclusion is opened on SCCRS when staff at the cervical screening laboratories enter hysterectomy information received from pathology. Entering a total hysterectomy or cervical amputation procedure on the system will automatically open a 'no cervix' exclusion on SCCRS and the individual will no longer be invited for cervical screening. The individual's GP practice will receive an alert that the hysterectomy procedure has been added by the laboratory.
- **GP practices.** The exclusion can be opened manually by GP practices. It is vital for practices to confirm the type of hysterectomy that has been carried out to ensure it is appropriate to open the exclusion as the individual will no longer be invited for cervical screening. Each time the 'no cervix' exclusion is opened on SCCRS by GP practices an alert is sent to call recall in the Health Board. If there is no laboratory information on SCCRS relating to the hysterectomy procedure, call recall will contact the GP practice to confirm the exclusion is appropriate. A journal note is then added to SCCRS.

What happens now?

Pathway 1	Pathway 2	Pathway 3
Record shows total hysterectomy (Removal of uterus and cervix)	Record shows subtotal hysterectomy (Removal of uterus only)	Unclear record (It is not known if the patient has had a total or subtotal hysterectomy)
Correctly excluded from cervical screening	Incorrectly excluded from cervical screening	Potentially excluded incorrectly from cervical screening
No further action required	<p>Actions:</p> <p>Patient receives apology letter from Health Board</p> <p>If patient is within screening age range (70 years and under):</p> <ul style="list-style-type: none"> • Patient invited to call GP and advise receipt of letter • GP practices to offer cervical screening appointment as priority • Patient record updated by the programme • Patient added to cervical screening recall <p>If patient is over screening range (71 years and over):</p> <ul style="list-style-type: none"> • Follow pathway 3 	<p>Actions:</p> <p>Patient receives apology letter from Health Board</p> <p>Patient invited to attend gynaecological examination (and to ascertain presence of cervix if appropriate)</p> <p>If cervix present (subtotal hysterectomy):</p> <ul style="list-style-type: none"> • Offer cervical screening test. Patient record updated <p>If patient is within screening age range (70 years and under):</p> <ul style="list-style-type: none"> • Patient added to routine cervical screening recall <p>If patient is over screening age range (71 years and over):</p> <ul style="list-style-type: none"> • Clinical management will be decided following appointment <p>If cervix is not present (total hysterectomy):</p> <ul style="list-style-type: none"> • No further action is required. Patient record updated

How do GPs find out if they have patients affected by the incident?

Your NHS Board Cervical Screening Coordinator will have emailed your practice and provided you with the details of patients affected.

Where can I get more information?

If you have any questions about this, you can:

- Contact your NHS Board Cervical Screening Coordinator.

You can signpost your patients to the following websites and helplines for further information if they have any questions or concerns.

- Visit NHS inform www.nhsinform.scot/cervicalscreening
- Visit Jo's Cervical Cancer Trust www.jostrust.org.uk
- Call the helpline for free on 0808 802 8000. This helpline has been set up in partnership with NHS Scotland and Jo's Cervical Cancer Trust. Patients can contact the helpline for information and advice. Please be aware Jo's Cervical Cancer Trust does not have access to NHS records so will not be able to provide your patient with clinical information about their screening history or hysterectomy.