

Indicator	Query	Response	Date
Cervical Screening CS1	What are the rules on exception reporting for achievement under CS1, cervical screening?	As all Boards are now moving onto a central call/ recall system for cervical screening (only Lothian to complete transition), the interval for call recall is set by the National Screening Programme (NSP). This involves one invitation and two reminders PER SCREENING CYCLE, ie 3 years. Practices are not asked to exception report these patients manually for the NSP. For other exceptions to call/ recall, practices are asked to check a list each month and return reasons to NSP. Exception reporting coding, including those refusing 3 invitations, in QMAS is set up to be extant for 5 years - English practices therefore are only exception reporting every 5 years. It has been agreed that Scottish practices therefore do not need to send out extra letters to their defaulting patients over and above those sent through the screening programme. Practice achievement against CS1 requirements is sent to QMAS by the NSP based on coverage at 1 January of that financial year. This has been accepted as within the terms of the QOF by SEHD and SGPC in April 2007 and supersedes previous guidance.	June 2007
CS1	Is there any change to the system of reporting cervical screening exclusions since the advent of SCCRS? Do practices need to record exclusions from the call/recall electronically and if so, should they use the QMAS codes?	<p>There is no change to the need for electronic coding for CS1 since the move to SCCRS.</p> <p>This query is addressed under FAQ CS1 June 2007 with information on the system of reporting in Scotland.</p> <p>Call and recall for cervical screening in Scotland is administered by the National Screening Programme (NSP), through SCCRS, and Practices are paid under QC indicator CS1 through a report from SCCRS, not through QMAS. Exception report directly to the NSP and thus coding under the QMAS system is not necessary for payment purposes.</p> <p>Practices may nevertheless wish to electronically code reasons for excluding women from the call- recall, as sent to NSP, and the use of the QMAS Read codes would be acceptable. It will not however affect payment under CS1.</p>	25.09.07
CS7	What happens if a patient is unfit mentally or physically to come for a smear and has defaulted on a number of occasions? Is there a letter that their carer can sign on their behalf or is there	In this case, the patient can be exception reported under the criteria stated on page 3 in the Blue Book: "patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty" or "where a patient has a supervening condition which makes treatment of their condition inappropriate e.g. screening." These are	June 2007

	another option?	clinical judgements which would not necessitate a signature from the patient or the carer. However, people with learning disabilities should not be automatically excluded on these grounds and all efforts should be made to accommodate them as appropriate.	
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