



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT
GTN (2915)

filed

Your reference:

Our reference:

EL(88)P/206
FPCL 142/88

Regional General Managers
District General Managers
General Managers of the Special
Health Authorities for the London
Postgraduate Teaching Hospitals
Administrators of Family Practitioner
Committees

M.R.H.A. - ADMIN.	
RCVD. - 5 DEC 1988	
FOR ACTION BY	<i>emo</i>
COPIES SENT TO:-	
	<i>MUR.</i>
1 December 1988	

Dear Sir

CERVICAL CANCER SCREENING - REVISED NATIONAL REQUEST/REPORT FORM HMR 101/5

1. The national request/report form for cervical or vaginal cytology, HMR 101/5, has now been revised as was foreshadowed in HC(88)1. An example of the two versions of the revised national form is attached together with notes of guidance for completion, HMR 101/5/A.
2. The form has been revised by a widely representative Working Party of the Committee on Gynaecological Cytology, chaired by Professor R E Cotton of the City Hospital, Nottingham with support from the Department and the Exeter FPS Computer Unit.
3. The Working Party adopted the following principles:
 1. the form should be simplified and all data not needed nationwide should be eliminated (while retaining space for local use);
 2. the form should provide all relevant information for national Korner statistical requirements;
 3. information provided should be compatible with computer systems, particularly the Exeter FPS system;
 4. "reason for smear" should be included, so that smears in association with routine call/recall could be clearly identified;
 5. the form should reflect the recommendations in the Report of the Intercollegiate Working Party on Cervical Cytology Screening* as to terminology and management of abnormalities;
 6. the practice of attempting to predict histology from cytology was potentially inaccurate and should not be reflected in the formal data requirements.

* circulated with HC(88)1

4. The following have been omitted from the revised form as unnecessary or providing information which may be open to misinterpretation:

1. Husband's occupation
2. Marital state
3. Pregnancies
4. Appearance of cervix

5. The following have been added:

1. GP's FPC code;
2. Code number of laboratory (national code number);
3. Reason for smear (see above).

6. The following have been subject to major revision:

1. Source of smear (to meet Korner requirements);
2. Cytological pattern (to reflect the Intercollegiate Working Party report).

7. The form is now available in two versions:

1. A multi-copy version, which now includes copies for GP, sender, FPC and laboratory;
2. A single - copy version to be used where laboratories send out computer - printed reports.

8. The attached revised notes of guidance for completion of the form, HMR 101/5/A, will be distributed with the form for a short time after 1 April 1989. They should be brought to the attention of all who may have to complete the form and should be retained for reference. The left hand side of the revised form should normally be completed by the clerk or nurse; the upper right hand side (clinical report) by the doctor or nurse; and the lower right hand side (cytology report) by the laboratory. Fold lines on the revised form allow for the use of window envelopes (HMSO code 26-164 or equivalent) and the special window envelope KFD 690 will not be supplied after 1 April 1989.

9. Both versions of the revised form incorporate on the reverse side guidance on taking a cervical smear and the separate guidance card HMR 101/5/B will not be available after 1 April 1989.

10. Supplies of the revised form may be obtained gratis from:

Mersey Regional Health Authority Central Store
Lister Road
Astmoor West Industrial Estate
Runcorn
Cheshire
WA7 1SW

Please make clear whether you need the multi-copy or single-copy version of the form.

11. District Health Authorities and Family Practitioner Committees are expected to use the revised form from 1 April 1989, after which date the current version of the form should not be used. In order to facilitate the collection of comparable statistics, they are asked to ensure that the revised national form is now brought into general use in all areas. Family Practitioner Committees are asked to bring the contents of this letter to the attention of general medical practitioners.

Yours sincerely



MISS P M C WINTERTON
Health Services Division

This letter (but not the form) will be cancelled and deleted from the communications index on 1 April 1991.

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