

Ceasing from Cervical Screening Programme

This form should be used if a woman is to be permanently removed from the NHS Cervical Screening Programme (NHSCSP) due to ineligibility.

Please indicate the reason for the removal and ensure that the woman is being removed in accordance with NHSCSP guidelines, i.e. age, no cervix, radiotherapy. Primary Care Support England, following instructions from NHSCSP, will carry out audits to ensure that women are correctly ceased.

Once the woman's name has been removed from the screening list the woman will receive no further invitations or correspondence from the screening programme except a letter to confirm the removal (excluding radiotherapy to cervix).

Patient Name	
Patient NHS Number	
Patient Date of Birth	
Patient Address	

Reason for ceasing due to:

Age (over 65 with no recent abnormal test results)

Radiotherapy (to the pelvic area which affects the cervix)

No cervix (congenital absence, total hysterectomy or trachelectomy for any reason)

DOCTOR/NURSE/CLINICIAN signature: _____

NAME (printed): _____ DATE: _____

PRACTICE NAME/ HOSPITAL TRUST NAME: _____ GP NATIONAL CODE: _____

PRACTICE/HOSPITAL TRUST ADDRESS: _____

Next Steps
 Next steps for Practices: Once completed and signed, please upload this form via the PCSE website. You should use the online enquiry form on the 'Contact Us' page and select the 'Screening – Cease/defer/reinstate' option. Keep the original copy in your files.

Next steps for Colposcopy/Gynaecology Clinics: Once completed and signed, please upload this form via the PCSE website. You should use the online enquiry form on the 'Contact Us' page and select the 'Screening – General Enquiry' option, adding 'Cease Request' in the 'Type of query' text field. Keep the original copy in your files.