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NHS

Transgender & Non-Binary Cervical Screening

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Transgender and non-binary opt in/out system for screening. V1.0

Purpose

Cervical screening is a preventative health measure. It is not a test for cancer itself, but rather a way to detect early cellular changes that could potentially lead to cervical cancer.

The primary focus is on detecting Human Papillomavirus (HPV). HPV is a common virus and a major cause of cervical cancer. Identifying its presence early allows for closer monitoring and timely intervention. Early detection is crucial. In the event of abnormal cell change findings, treatment is enabled to mitigate cancer, significantly reducing the risk of serious illness.

NHS England identified a group of patients incorrectly monitored for cervical screening due to gender markers in their medical records.

The purpose of this Standard Operating Procedure (SOP) is to establish a consistent approach to ensure that patients with female anatomy receive screening invitations, regardless of having a different or no gender marker in their medical records.

This SOP establishes a consistent, legally compliant, safe and efficient process to identify eligible patients and support informed decisions to opt in or out of the screening programme. It should be applied in conjunction with other organisational policies e.g. Infection Prevention and Control.

Scope

This SOP applies to all healthcare professionals and administrative staff involved in the delivery, coordination, and support of cervical screening services. It covers every stage of the screening process, including:

- Patient Identification and Eligibility Assessment
- Including those who are:
    - Trans men (assigned female at birth)
    - non-binary individuals
    - Intersex individuals with a cervix
    - Trans women (assigned male at birth) who do not have a cervix (excluded from this screening)
- Scheduling and Conducting Screening Appointments
- Informed Consent and Patient Communication
- Sample Collection, Labelling, and Transport
- Results Management and Follow-Up Care
- Record-Keeping and Data Security

It ensures compliance with:

- Gender Recognition Act 2004
- Equality Act 2010
- NHS England's Public Health Screening Inclusion Guidance
- General Medical Council (GMC) and Nursing & Midwifery Council (NMC) guidelines on inclusive practice.

The scope includes procedures for patients of all gender identities, ensuring compliance with the Gender Recognition Act 2004 and relevant national screening guidelines. It also outlines the responsibilities of staff in maintaining clinical standards, safeguarding patient privacy, and delivering equitable and respectful care.

Responsibilities

Cervical Admin Team

- Identifying patients whose gender differs from their sex assigned at birth, to support their decision to opt in or out of the cervical screening programme using appropriate clinical coding.
- Flag patients for opt-in discussion and ensure confidentiality.
- Send invitation letters/emails using inclusive language.

General Practitioner or Designated Clinician

- Conducting informed discussions with eligible transgender or non-binary patients, explaining the cervical screening process, addressing any concerns, and ensuring each patient is fully prepared to begin the procedure.
- Offer an opt-in or opt-out pathway based on anatomy and preference.
- Provide trauma-informed, respectful care, using correct names and pronouns.

Nursing Team

- Enrolling or withdrawing patients from the cervical screening programme, performing the screening, and managing the results.
- Deliver the screening with sensitivity and dignity.
- Use trauma-informed practices.
- Ensure all communications and documentation use inclusive language.

Process

This section describes the step-by-step process for cervical screening. Specifically, it includes the necessity to follow all usual processes and ensure the approach is considered and adjusted to meet the needs of each individual.

Step 1: Cervical Admin Team

The cervical screening administrative team will conduct regular searches to identify patients whose gender identity differs from their sex assigned at birth, including those who identify as non-binary. Appropriate clinical codes should be added as necessary, in full compliance with the Gender Recognition Act 2004. Identified patients will then be offered a scheduled telephone appointment with their regular or choses general practitioner, at a time convenient to them, to discuss their options - such as opting in if they are female-to-male (F>M), or opting out if they are male-to-female (M>F)

Step 2: General Practitioner

During the scheduled telephone call, the General Practitioner /designated clinician will explain the cervical screening process in detail and address any questions or concerns the patient may have. If the patient chooses to proceed, a screening appointment should be arranged, with additional time allocated if needed to ensure comfort and understanding.

Step 3: Nursing Team

The nursing team will conduct the procedure, which involves collecting a sample of cells from the cervix. They will also provide patient education, emotional support, and ensure accurate documentation.

Subsequently, they will track results to confirm appropriate follow-up and schedule further interventions if required. Ensuring these are completed.

Additional Steps as necessary

Schedule a follow-up appointment upon patient request to discuss the results.

Quality Control

This section details the assurance steps required to ensure compliance and high-quality care.

Staff Training and Competency

Staff who participate in the activities detailed in this SOP will have training available which includes LGBTQ+ inclusivity and trauma-informed care.

All clinical staff involved with cervical screening receive training, hold validated certification and are up to date with national guidelines. Refresher courses and competency assessments for those performing the procedure or managing results will be in place.

Standardised Protocols

National and local cervical screening protocols, including eligibility criteria, sampling technique, and patient communication standards will be deployed.

Clinicians and administrators will use up-to-date checklists to ensure every step of the screening process is followed accurately.

Equipment Calibration and Maintenance

Regularly inspect and maintenance of all equipment used for sample collection and transport will be as standard.

All single-use instruments will be disposed of correctly. Reusable equipment will be sterilised according to infection control guidelines.

Audit and Review

Checks will be in place to ensure samples are correctly labelled, managed, and transported to the laboratory within the required time limit. This will include:

- Tracking and reviewing inadequate or rejected samples to identify trends and areas for improvement.
- Conducting periodic internal audits of the screening process, documentation, and outcomes.
- Reviewing feedback from patients and staff to identify opportunities for service improvement.

- Considering inclusivity, equality and diversity in audits.
- Encouraging feedback from transgender and non-binary patients.

Documentation and Record Keeping

All cervical screening activities must be accurately documented to ensure correct patient care, follow-up, and compliance with healthcare regulations.

Electronic Health Records (EHR)

All patient information related to cervical screening—including patient demographics, consent, screening results, and follow-up actions—entered promptly and securely into the electronic health record system. This ensures data accuracy, confidentiality, and easy access for authorised healthcare professionals.

Screening Logs

Maintain a dedicated screening log, either electronic or paper-based, to track all screenings performed. This log should include patient identifiers, date of screening, staff involved, and any relevant notes. This helps monitor screening activity and audit compliance.

Consent and Information Forms

Copies of signed consent forms and patient information sheets retained in the patient's record. These documents verify that the patient was fully informed and agreed to the procedure.

Result Tracking and Follow-Up

Results should record systematically in the patient record, with clear documentation of any abnormal findings and the recommended follow-up. A system should be in place - either automated reminders or manual logs - to ensure timely follow-up appointments or additional testing.

Confidentiality and Data Security

In addition to all data management practices, all co-owners must treat all gender identity-related information as sensitive under GDPR. And, should be mindful to prevent unintentional disclosure through correspondence or communication

Records must reflect correct names and pronouns.

Version Control

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