



Government of **Western Australia**
North Metropolitan Health Service
WA Cervical Cancer Prevention Program



Recall and reminder letter templates for cervical screening and follow-up

January 2020

Contents

Part A: Guide for the use of adaptable letter templates	2
Overview	2
Recall and reminder requirements	2
Tailoring letters to suit your audience	2
Letter timeframes	2
Confidentiality and record-keeping	2
Use of the National Interpreter Symbol	3
Selecting a 'PROVIDER' term	3
Engaging with patients that are under-screened	3
Additional information about cervical screening	3
National Cancer Screening Register	4
Part B: Overview of letter template types	5
Part C: Letter templates	6
Letter 1: Courtesy letter – rescreen in five years	6
Letter 2: Routine reminder – low risk	7
Letter 3: Courtesy letter – rescreen in 12 months	8
Letter 4: Recall – intermediate risk	9
Letter 5: Recall – intermediate risk 2 nd contact	10
Letter 6: Recall - intermediate risk 3 rd contact (REGISTERED POST)	11
Letter 7: Recall - higher risk	12
Letter 8: Recall - higher risk 2 nd contact	13
Letter 9: Recall - higher risk Third contact (REGISTERED POST)	14
Letter 10: Recall - unsatisfactory outcome recommendation from laboratory	15
Letter 11: Recall - unsatisfactory outcome recommendation from laboratory 2 nd contact	16
Letter 12: Recall - unsatisfactory outcome recommendation from laboratory 3 rd contact (REGISTERED POST)	17
Letter 13: Reminder - under-screened participant	18

Part A: Guide for the use of adaptable letter templates

Overview

The National Cervical Screening Program (NCSP) is a population-based screening program that aims to reduce the incidence and mortality of cervical cancer in Australia.

Recall and reminder notifications from healthcare providers to patients, in alignment with the NCSP, are important to support the timely completion of cervical screening and follow-up tests.

To assist healthcare providers with the implementation of effective recall and reminder systems, a suite of standardised and tested letter templates has been developed (see [Part C](#)). This document offers guidance regarding the use of these letter templates.

Recall and reminder requirements

- Requirements for patient follow-up systems are outlined in the [RACGP Standards for general practices](#).
- These standards require general practices to have a 'rigorous' follow-up system to achieve accreditation.
- While there is no legal obligation for general practices to have a reminder system, GPs do have a legal duty to recall patients to inform them about clinically significant test results.

Tailoring letters to suit your audience

- The letter templates have been informed through consultation with consumers and health professionals. They can be used as a guide and adapted as needed.

Letter timeframes

- Timing of recall and reminder correspondence is at the discretion of the practice, however should align with recommended timeframes outlined in the [National Cervical Screening Program Guidelines \(2016\)](#).
- A description of each template and suggested timings for sending letters/notifications are outlined in [Part B](#).

Confidentiality and record keeping

- Plain envelopes marked as 'private and confidential' should be used and addressed to the patient.
- Ensure a copy of the letter is saved in the patient's health record.

Use of the National Interpreter Symbol

- The National Interpreter Symbol is a national public information symbol developed by Victoria in partnership with the Commonwealth, state and territory governments.
- Displaying this symbol on patient letters can be a helpful way to show that your health service offers language assistance.
- The National Interpreter Symbol can be [downloaded online](#) along with the [Interpreter Symbol: guidelines for use](#).



Selecting a 'PROVIDER' term

- Feedback from consumers and health professionals has shown that terms such as 'healthcare provider' are not always understood.
- Depending on the audience, alternative terms such as 'doctor' or 'nurse' may be more relevant or easier to understand, particularly for people with low literacy.
- When the letter template refers to [PROVIDER], consider your patient cohort and select the term that would be most relevant or easily understood.
- Some options to consider may include: doctor, nurse, GP, healthcare provider, Aboriginal health practitioner

Engaging with patients that are under-screened

It is recommended that letters sent to under-screened patients (i.e. those that are more than two years overdue for a Cervical Screening Test) are complimented with other recruitment strategies, for example making follow-up telephone calls or offering opportunistic cervical screening to patients attending for other appointments.

Self-collection of a human papillomavirus (HPV) sample can also be offered as an alternative screening option for eligible under-screened women. For more information about self-collection:

- Refer to the [NCSP Clinical Management Guidelines](#)
- Contact the WA Cervical Cancer Prevention Program on (08) 6458 1740 or email cervicalscreening@health.wa.gov.au
- Contact your practice's pathology laboratory

Additional information about cervical screening

A wide range of cervical screening resources for consumers and health professionals are available to download or order.

For more information contact the WA Cervical Cancer Prevention Program on (08) 6458 1740 or email cervicalscreening@health.wa.gov.au

National Cancer Screening Register

The National Cancer Screening Register (the Register) is a national electronic infrastructure for the collection, storage, analysis and reporting of screening program data.

The Register currently supports the National Cervical Screening Program by:

- Maintaining a national database of cervical screening records
- Providing a participant's cervical screening history to laboratories and healthcare providers to inform screening and clinical management recommendations
- Inviting eligible persons to commence cervical screening when they turn 25 years of age
- Providing a 'safety net' by:
 - reminding participants when they are due and overdue for cervical screening
 - supporting participants who are at risk and have not attended further testing, by prompting them (and their healthcare providers) to have follow up tests

While the Register provides a 'safety net' function for cervical screening and follow-up, it is still important that healthcare providers maintain their own recall and reminder systems.

To request a patient screening history call the National Cancer Screening Register on 1800 627 701.

For further information on the use of these letter templates or for general information about cervical screening, please contact the WA Cervical Cancer Prevention Program on 13 15 56 or (08) 6458 1740.

Part B: Overview of letter template types

Letter type	Description	Recommended timing for delivery *
1. <u>Courtesy letter – rescreen in five years</u>	Letter advising participant that their recent Cervical Screening Test result was negative (HPV not detected) and they are due to rescreen in five years	Following a low risk Cervical Screening Test result
2. <u>Routine reminder – low risk</u>	Letter advising participant to return for a Cervical Screening Test, following a previous low risk (i.e. normal) test result	When due to screen
3. <u>Courtesy letter – rescreen in 12 months</u>	Letter advising participant that their recent Cervical Screening Test detected HPV (not 16/18) and they are due for a repeat test in 12 months	Upon confirmation of an intermediate risk test result, if unable to contact by phone
4. <u>Recall – intermediate risk</u>	Letter advising participant to return for a follow-up test, following a previous intermediate risk result	When due for a follow-up test
5. <u>Recall – intermediate risk 2nd contact</u>		Four weeks post due date if no appointment has been made
6. <u>Recall – intermediate risk 3rd contact (Registered post)</u>		Eight weeks post due date if still no appointment has been made
7. <u>Recall – higher risk</u>	Letter advising participant to return to discuss test result (and receive referral to a specialist), following a higher risk test result	Upon confirmation of a higher risk test result, if unable to contact by phone
8. <u>Recall – higher risk 2nd contact</u>		Four weeks post due date if no appointment has been made
9. <u>Recall – higher risk 3rd contact (Registered post)</u>		Eight weeks post due date if still no appointment has been made
10. <u>Recall – unsatisfactory outcome recommendation from laboratory</u>	Letter advising participant to return for a retest in six weeks, following an unsatisfactory test result	Upon confirmation of an unsatisfactory test result, if unable to contact by phone
11. <u>Recall – unsatisfactory outcome recommendation from laboratory 2nd contact</u>		Four weeks post due date if no appointment has been made
12. <u>Recall – unsatisfactory outcome recommendation from laboratory 3rd contact (Registered post)</u>		Eight weeks post due date if still no appointment has been made
13. <u>Reminder – under-screened participant</u>	Letter sent to participant advising to return for a Cervical Screening Test	When patient is more than two years overdue for a Cervical Screening Test

* Action taken when there is no knowledge and/or evidence of the patient having undertaken their test elsewhere.

Part C: Letter templates

Letter 1: Courtesy letter – rescreen in five years

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Thank you for having your Cervical Screening Test. Your test results show that human papillomavirus (HPV) was not found.

This means you will be due for your next Cervical Screening Test in five years.

At any time, if you have symptoms such as abnormal bleeding, discharge or pain, it is important you speak with your [PROVIDER].

If you have any questions about your test result, please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER].

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 2: Routine reminder – low risk

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your Cervical Screening Test is now due.

Please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER] to book your appointment.

In Australia, the Pap smear has been replaced with a more accurate five-yearly Cervical Screening Test. It is important to have regular cervical screening, even if you have had the human papillomavirus (HPV) vaccination. Regular cervical screening is your best protection against cervical cancer.

If you have recently had your Cervical Screening Test or have had a hysterectomy, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 3: Courtesy letter – rescreen in 12 months

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Thank you for having your Cervical Screening Test.

Your test results show that you are due for a repeat test in 12 months.

If you wish to discuss your test results, please call [CLINIC NAME/PERSON] on [CLINIC NUMBER] to book an appointment.

At any time, if you have symptoms such as abnormal bleeding, discharge or pain, it is important that you call the clinic on [CLINIC NUMBER] to book an appointment.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 4: Recall – intermediate risk

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your repeat Cervical Screening Test is now due.

Please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER] to book an appointment.

If you have recently had your follow-up test or have had a hysterectomy, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

**Letter 5: Recall – intermediate risk
2nd contact**

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your repeat Cervical Screening Test is now overdue.

Please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER] to book an appointment.

Human papillomavirus (HPV) causes cervical cell changes and most cervical cancers. It is important that you attend for your repeat test to ensure that HPV is no longer present.

If you have recently had your repeat test or have had a hysterectomy, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 6: Recall - intermediate risk
3rd contact (REGISTERED POST)

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your repeat Cervical Screening Test is now overdue.

To book an appointment, please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER].

Human papillomavirus (HPV) causes cervical cell changes and most cervical cancers. It is important that you attend for your repeat test to ensure that HPV is no longer present.

If you have recently had your repeat test or have had a hysterectomy, please let us know so that we can update our records.

This is our third attempt at contacting you via letter and is the final reminder that we will send. Please contact us as soon as possible.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 7: Recall - higher risk

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your Cervical Screening Test results show that further investigation is needed.

It is important that you discuss these results with your [PROVIDER].

To book an appointment please call [CLINIC NAME] on [CLINIC PHONE NUMBER].

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

**Letter 8: Recall - higher risk
2nd contact**

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your Cervical Screening Test results show that further investigation is needed.

It is important that you discuss these results with your [PROVIDER].

To book an appointment, please call [CLINIC NAME] on [CLINIC PHONE NUMBER].

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 9: Recall - higher risk
Third contact (REGISTERED POST)

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your Cervical Screening Test results show that further investigation is needed.

It is important that you discuss these results with your [PROVIDER].

To book an appointment, please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER].

This is our third attempt at contacting you via letter and is the final reminder that we will send. Please contact us as soon as possible.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 10: Recall - unsatisfactory outcome recommendation from laboratory

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Please book to repeat your Cervical Screening Test.

The laboratory that examined your Cervical Screening Test could not provide a result. This means the test needs to be repeated in six weeks.

Please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER] to book an appointment to repeat your test.

If you have had your repeat test, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

**Letter 11: Recall - unsatisfactory outcome recommendation from laboratory
2nd contact**

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your repeat Cervical Screening Test is overdue.

The laboratory that examined your Cervical Screening Test could not provide a result, meaning a repeat test is needed.

Please call [CLINIC NAME] on [CLINIC PHONE NUMBER] to book an appointment to repeat your test.

If you have had your repeat test, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

**Letter 12: Recall - unsatisfactory outcome recommendation from laboratory
3rd contact (REGISTERED POST)**

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your repeat Cervical Screening Test is overdue.

The laboratory that examined your Cervical Screening Test could not provide a result.

Please call [CLINIC NAME] on [CLINIC PHONE NUMBER] to book an appointment to repeat your test.

If you have had your repeat test, please let us know so that we can update your records.

This is our third attempt at contacting you via letter and is the final reminder that we will send. Please contact us as soon as possible.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Letter 13: Reminder - under-screened participant

[PATIENT DETAILS]

[DATE]

Dear [NAME]

Your Cervical Screening Test is overdue.

In Australia, the Pap smear has been replaced with a more accurate five-yearly Cervical Screening Test. Regular cervical screening is your best protection against cervical cancer.

Please call [CLINIC NAME/PERSON] on [CLINIC PHONE NUMBER] to discuss your cervical screening options and book an appointment.

If you have recently had your Cervical Screening Test or have had a hysterectomy, please let us know so that we can update our records.

Yours sincerely

[PROVIDER NAME]

[PROVIDER TITLE]

Feedback welcome

Suggestions to improve this resource are encouraged to be directed to the WA Cervical Cancer Prevention Program.

Please email any feedback to cervicalscreening@health.wa.gov.au or alternatively call (08) 6458 1740.

This project was undertaken in collaboration with the WA Primary Health Alliance and Cancer Council WA.



This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.