

## Top Tips for Practices Taking Part in the HPV Self-Sampling Initiative

HPV self-sampling is an important opportunity to improve access, increase informed choice and support patients who may not otherwise attend for cervical screening. The success of the initiative will depend on confident staff, accurate eligibility checks, clear communication, good documentation and robust follow-up.

### Make this a whole-practice offer

HPV self-sampling should not sit with one person alone. Reception teams, care navigators, nurses, HCAs, NAs, PAs, Pharmacists, GPs and administrators all need to understand the offer, who is eligible, and how to signpost patients appropriately.

### Complete the required training

All healthcare professionals making the offer should complete the HPV self-sampling training and self-assessment before offering kits to patients. This ensures consistent messaging, safe practice and accurate recording.

### Know who is eligible

Check eligibility before making the offer. The pathway is aimed at women and people with a cervix who are overdue for cervical screening, with eligibility and exclusions confirmed through the clinical system and CSMS where available.

### Use every contact as an opportunity

Eligible patients may attend for many different reasons, including blood tests, chronic disease reviews, contraception, immunisations, or routine GP/nurse appointments. Use EMIS/SystemOne alerts, searches and templates to identify patients opportunistically.

### Keep the conversation simple and reassuring

A helpful explanation might be:

“You are overdue for cervical screening. We are now able to offer some eligible patients the option to take their own vaginal swab here at the practice. The test checks for HPV, which is linked to cervical cancer. If HPV is found, you would be invited for a follow-up cervical screening test with a clinician.”

### Offer choice, not pressure

HPV self-sampling should be framed as an additional option. Some patients may still prefer a clinician-taken cervical screening sample. Others may welcome the privacy, control and flexibility of self-sampling.

### Be mindful of symptoms

HPV self-sampling is for screening, not for investigating symptoms. Patients with unusual vaginal bleeding, pelvic pain or other concerning symptoms should be clinically reviewed and managed through the appropriate pathway.

### **Make privacy easy**

Ensure there is a clean, private space where the patient can complete the sample. Provide clear written instructions and check that the patient understands what to do before they begin.

### **Record the offer accurately**

Use the correct HPV self-sampling template and coding to record whether the offer was made, accepted or declined, including the reason for decline where appropriate. Accurate recording supports follow-up, reporting and programme evaluation.

### **Build a clear local process**

Agree who will:

- Identify eligible patients
- Make the offer
- Support completion of the sample
- Check documentation and labelling
- Send samples
- Monitor results
- Follow up HPV positive or insufficient/unavailable results

### **Sample collection**

Make sure you clearly explain to the patient how to take the sample correctly using the patient information leaflet supplied. This is to ensure the sample can be processed and reduce the risk of repeat sample collection.

### **Check labelling before the patient leaves**

Before the sample is sent, ensure the sample tube and request form are completed correctly, including patient identifiers and date of birth. This helps reduce rejected or insufficient samples.

### **Home sample collection**

If the patient has been given the kit to complete at home, ensure you clearly explain that this must be returned to the practice within 72 hours of the sample being taken. This is to ensure the lab receives the sample in time for processing. Remember to ask the patient to ensure their details are clearly written on the sample tube, including the date the sample was collected.

### **Do not forget results follow-up**

Practices must have a robust system to check that results are received and acted upon. HPV positive results require follow-up with a clinician-taken cervical screening sample. Insufficient or unavailable results also need active follow-up.

### **Think about inequalities**

Self-sampling may help reduce barriers for people who find clinician-taken cervical screening difficult, including those with previous trauma, embarrassment, pain, learning disabilities, mental health needs, cultural concerns or access barriers.

### **Use inclusive language**

Use “women and people with a cervix” where appropriate. Avoid assumptions about gender identity, sexual orientation, ethnicity, language, disability or previous screening experiences.

### **Promote the offer visibly**

Use waiting room information, text messages, website updates, patient leaflets, staff huddles and practice meetings to raise awareness. Ensure all patient-facing staff know what HPV self-sampling is and who to direct patients to.

### **Break the offer into manageable patient cohorts**

Practices do not need to contact all eligible patients at once. A more workable approach is to break the eligible cohort into smaller, manageable groups and invite patients in phases. This supports safer delivery, avoids overwhelming the team, and allows practices to monitor uptake, kit use, results and follow-up.

For example, practices may wish to start with:

- Patients who have never attended for cervical screening
- Patients who are six months or more overdue
- Specific age cohorts, such as younger patients where uptake is lower
- Patients from ethnic groups or communities where screening uptake is known to be lower
- Patients with previous declined or non-attendance history
- Patients identified through local searches, alerts or opportunistic contact

This phased approach allows practices to test and refine their process, understand what messaging works best, and focus resources where they are most likely to reduce inequalities and improve access. Using the WSIC dashboard will help support this phased approach.

### Useful links:

- [NHS England — London » Cervical screening resources](#)
- Primary Care Guidance for HPV self-sampling – [https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/HPVSS-Professional-Guidance\\_PRIMARY-CARE\\_v1.5\\_24042026.pdf](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/04/HPVSS-Professional-Guidance_PRIMARY-CARE_v1.5_24042026.pdf)
- HPV self-sampling FAQ – <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2026/02/HPV-SS-Frequently-Asked-Questions-for-Webpage.pdf>
- HPV self-sampling training webinar – <https://learninghub.nhs.uk/Resource/70305/Item>
- HPV self-sampling communication tool for general practice – [NHS-London-SelfScreen-Communications-Toolkit-for-primary-care-phase-2-v1.pdf](#)
- Written patient information in various languages – [HPV Self-sampling patient collection instructions | Health Services Laboratories](#)
- Video patient information in various languages - [HPV self screening - multiple languages - YouTube](#)

### Useful contacts:

- General pathway queries – [england.ypa@nhs.net](mailto:england.ypa@nhs.net)
- EMIS related IT queries – [nclcb.itandsystems@nhs.net](mailto:nclcb.itandsystems@nhs.net)
- SystemOne related IT queries – [nhsnwl.pcssystemdev@nhs.net](mailto:nhsnwl.pcssystemdev@nhs.net)
- RM Partners Cancer Alliance Prevention and Screening Team – [rmpartners.prevention\\_screening@nhs.net](mailto:rmpartners.prevention_screening@nhs.net)
- NCL Cancer Alliance – [uclh.nclcanceralliance@nhs.net](mailto:uclh.nclcanceralliance@nhs.net)