

Cervical Screening: a quick reference guide

Cervical screening prevents cervical cancer by detecting human papillomavirus (HPV), the main cause of the disease. If HPV is detected, then cytology is automatically performed on the same sample. HPV and cytology results together inform management which may include treatment to prevent cervical cancer developing.

Patient Care

Identify patterns in individuals who are under-screened or who have never been screened, e.g. age, cultural background, location, employment, disability status. This may assist your practice in identifying a cohort or patients that you could follow-up and offer tailored screening.

Does your practice support an environment that is inclusive and culturally safe? Ensure staff and appropriately trained and able to provide appropriate care and advice for all patients.

Team Approach

Patients who are reminded by their primary care provider to attend screening and more likely to screen. General practice performs around 85% of cervical screening in NSW. Taking a whole-of-team approach enhances patient outcomes and ensures the team feels involved. Utilising clinical and non-clinical champions can enhance motivation within the team.

- **Role of GP:** Perform screening. Provide clinical advice (including explaining the choice of self-collection or clinician collection), manage results, set recalls/reminders, and act as a clinical champion.
- **Role of nurse:** Perform screening (if accredited), data cleansing, and provide patient education and counselling. Consider a nurse-led clinic.

- **Role of management/admin:** Oversee systems improvement, reminders, and awareness raising. Connect to the National Register.

Quality Improvement

Practices participating in the Quality Improvement (QI) Practice Incentive Program (PIP) can target efforts to increase screening. Use the Readiness Checklist to identify what your practice is already doing and then work through QI cycles.

Data and Systems

Good data and systems provide insight and understanding about your practice population. Recalls and reminders are essential to effective screening. Utilise clinical audit tools to identify and manage under- and never-screened patients. Your PHN can assist with data and systems management.

Why focus on cervical screening?

More than **70%** of cervical cancers occur in people who have never been screened or are lapsed screeners.

Most people with HPV are **asymptomatic**. Detecting HPV and treatment of any high-grade abnormalities prevents cancers.

Four in 10 people are overdue for screening or have never screened.

Readiness Checklist	Yes	No
Is there an active focus on cervical screening in your practice?		
Do clinicians feel confident in performing cervical screening, as per clinical guidelines?		
Are regular data cleaning activities undertaken to establish up-to-date lists (registers) of patients eligible for cervical screening?		
Do health assessments include prompts to discuss cervical screening?		
Does the practice have a standard list for coding cervical screening recalls and reminders and are all staff compliant with the list?		
Does the practice manage cervical screening results, recalls and reminders in a way that allows for data extraction?		
Is the practice connected to the NCSR and has integrated into the Practice software system?		
The practice utilises HealthPathways for clinical guidelines, management and referral?		

Model for Improvement: (Example)

STEP 1: Involves answering the three Fundamental Questions – “The thinking part”.

1. What are we trying to achieve?

By answering this question, you will develop your GOAL for improvement. This should be time specific and measurable.

The overall goal is to support eligible patients to participation in the National Cervical Screening Program (NCSP) and increase screening rates within the practice

2. How will we know that a change is an improvement?

By answering this question, you will develop the MEASURES to track the achievement of your goal.

We will be able to monitor changes by extracting baseline data to identify the number of never screened and under screened patients and monitor changes in data each month.

3. What changes can we make that will lead to an improvement?

List your small steps/ideas, by answering this question you will develop the ideas that you can test to achieve your goal.

Level 1 QI Activity (introductory level): Perform a data clean-up within clinical software, e.g. marking relevant patients as ‘inactive’, deleting or updating all reminders/recalls once complete, creating a defined list of cervical screening reminder codes.

Level 2 QI Activity Idea (clinical level): Run a cervical screening clinic (run by nurses who are trained to provide cervical screening or GPs) that is easily accessible and supportive for women to get screened (see APNA for information on nurse-led clinics).

Level 3 QI Activity Idea (whole of practice level): Create a supportive practice environment that encourages people with a cervix to have cervical screening through promotional information within the practice (e.g. posters/letters/SMS reminders) and conversations with clinicians.

STEP 2: Involves testing the change in real work settings – “The doing part”.

IDEA: Describe the idea you are testing; refer to the third Fundamental Question.



- Select an idea from question 3 in above and test the idea in the PDSA template.

PLAN: What, who, when, where, predictions & data to be collected.



- What do you plan to do? E.g. data audits/cleansing (utilising PEN/POLAR), recalls and reminders.
- What do you hope to achieve? Discuss the measurements that will be used and how they will be tracked.
- How are you going to do this? Discuss how you will monitor data and benchmark improvements made.
- Who will be involved? Designate tasks, and ensure there is a team approach.
- When will this take place? Specify timeframes for tasks.

DO: Carry out the plan, collect data, and document observations.



- Write down observations that are made during the implementation of the idea.
- Describe whether the team worked together well, if there were difficulties with assigned tasks, if patients had a good experience and note any feedback.
- Did everything go to plan or were there unexpected outcomes?

STUDY: Was the plan executed? Document any unexpected events or problems.



- Write down your reflections of what happened and document any unexpected events or problems.
- Will you implement the change on a larger scale, refine the idea or test a different idea?

ACT: What will you take forward from this cycle? (What is your next step/PDSA cycle?)



- Utilising the findings from this PDSA cycle, what will you do next?
- Document what you have learnt, whether a change has been made, if the measure was achieved, or what could be done differently.
- Plan your next PDSA cycle.