



## Increasing Cervical Screening Rates

This workflow will guide your practice through practical steps to identify eligible patients, support informed screening choices, and improve your cervical screening coverage.

### PIP QI metrics this workflow can be used for

Females 25-74yrs with up-to-date cervical cancer screening NOT recorded.

This document refers to “females” due to the restrictions inherent in practice software coding.

### Background

Cervical cancer is one of the most preventable cancers and regular cervical screening is a key step in early detection and prevention. The Cervical Screening Test (CST) checks for Human Papillomavirus (HPV) which causes nearly all cases of cervical cancer (Cancer Australia, 2024).

Routine cervical screening starts at aged 25. Patients with a cervix can choose either self-collection or clinician-collection for their cervical screening. Both options are safe and equally effective at detecting HPV. See the Cancer Institute's [Self-collection key messages](#) for more information.

### How to use this workflow

Use this workflow alongside the Data Management Tool and if you have selected the cervical screening metric in Step 1b: Basic data level audit.

### Tools Required

- [Data Management Tool](#)
- Practice management software (e.g., Best Practice, Medical Director, Helix, or similar)
- PenCAT/CAT4 (or equivalent data management tool) for data extraction and analysis
- Sentinel Practices Data Sourcing Project (SPDS) Blue Manual
- [National Cancer Screening Register](#)
- HealthPathways login
  - ▶ [Illawarra Shoalhaven HealthPathways](#)
  - ▶ [ACT & SNSW HealthPathways](#)

For support to implement this workflow, contact your [COORDINARE PHN Health Coordination Consultant](#). They can help with reports, planning ideas, resources, and ongoing support.

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# Workflow Instructions

## Identify females 25-74yrs with up-to-date cervical screening not recorded

### Step 1: Data cleansing

Complete Step 1a: Basic data level cleansing in the Data Management Tool.

### Step 2: Identify patients

Follow the instructions in the Blue SPDS Manual to identify “Females 25-74 years with up-to-date cervical cancer screening NOT recorded.”

1. Refer to page 73 for Best Practice
2. Refer to page 72 for Medical Director

Note your figure (number of patients and %) in Step 2: The Improvement Plan’s “Baseline measure” and complete The Improvement Plan.

#### Please note the following:

- ▶ “HPV” refers to the new cervical screening test introduced in 2017. For more information: [Cervical Screening - CAT GUIDES - PenCS Help](#)
- ▶ Some patients in the “Ineligible” segment of the graph may be incorrectly coded in your practice software or need to return to screening. Regularly review your “Ineligible” list in PenCAT and cross-check it against your clinical software and the National Cancer Screening Register (NCSR). This is an important step in this workflow that should not be skipped. Instructions are detailed in the “[PenCS Ineligible Patients](#)” section of this workflow.
- ▶ This graph will not identify patients with a cervix who do not identify as female in your practice software.

### Step 3: Select your target group

Your search may generate a large patient list. For practical purposes, it is recommended to narrow your target group.

Consider focusing on groups listed in the “[Priority populations and groups that require additional attention](#)” section. Or narrow your patient list based on factors such as age, ethnicity, condition, or the patient’s primary doctor. For example, you might choose to focus on first-time screeners, under screened populations, or busy mothers.

Consider focusing your efforts on a target group that aligns with your professional interests, patient needs, and staff enthusiasm.

## Priority populations and groups that require additional attention

Priority populations face unique barriers to cervical screening, including language differences, cultural sensitivities, limited accessibility, disability-related challenges, and low awareness. Tailored support and inclusive approaches, such as multilingual resources, culturally appropriate messaging, and accessible screening options, are essential to improving participation and outcomes in these communities.

See resources below to support your priority populations.

### Aboriginal and Torres Strait Islander

- ▶ [Aboriginal or Torres Strait Islander... - Cancer Screening Hub](#)
- ▶ [Resources for Aboriginal and Torres Strait Islander women – National Cervical Screening Program | Australian Government Department of Health, Disability and Ageing](#)

### Culturally and linguistically diverse communities

- ▶ [Culturally and linguistically diverse... - Cancer Screening Hub](#)
- ▶ [Translations | Australian Government Department of Health, Disability and Ageing](#)

### People with a disability

- ▶ [People With Disabilities - Cancer Screening Hub](#)
- ▶ [Just Checking | Family Planning NSW](#)

### LGBTQIA+

- ▶ [LGBTIQ+ communities - Cancer Screening Hub](#)

### Patients with a cervix who do not identify as female

Patients with a cervix who do not identify as female may not be automatically captured in **PenCAT search results**, which could result in missed screening opportunities.

To ensure equitable access to cervical screening, practices should:

- ▶ **Proactively identify** patients who require screening beyond gender-based search tools.
- ▶ **Use inclusive language** on new patient forms to accurately reflect healthcare needs.
- ▶ **Create a safe and welcoming environment** where patients feel respected and supported.
- ▶ **Train GPs and nurses** in gender-affirming conversations about cervical screening.
- ▶ **Offer self-collection options** to improve accessibility and comfort.

### Considerations in cases of early sexual activity (prior to age 14)

For individuals who have experienced sexual activity before age 14 (consensual or non-consensual/related to abuse) and who did not receive the HPV vaccine before sexual activity, a single HPV test may be considered between ages 20 and 24 on an individual basis. For more information, see the [Cancer Council Australia Clinical Guidelines](#).

#### To identify patients who require early screening:

PenCAT cannot be utilised to search for this cohort as its definition of eligibility is 25-74 years. This search age range cannot be changed even when it is manually modified.

To identify patients who require early screening, practice staff need to be aware of patient history and offer patient screening from age 20. Consider adding a reminder in the practice software to offer HPV screening at age 20.

Consider informing your mental health clinicians to recommend discussion with GP when history is disclosed.

Consider the following situations that indicate early sexual activity or history of sexual abuse:

- ▶ Medical termination of pregnancy
- ▶ STI report, screening, or treatment
- ▶ History of sexual abuse

### Preparing first time screeners

Consider preparing patients for their first screening at age 25. Conduct a PenCAT search for patients in the target age range (e.g., 24 to 25 years) and filter by gender. This will not identify patients with a cervix who do not identify as female.

Clearly inform patients that their first screening is due on their 25th birthday and that appointments should not be scheduled before this date. Consider notifying your reception team of this. For more information, see the Cancer Council's fact sheet, [Discussing cervical screening with women who have never screened](#).

## Step 4: Periodic review

- ▶ Schedule a quarterly or biannual review of the 'ineligible' list.
- ▶ Reassess patients who may have had changes in clinical status (e.g., misclassified hysterectomy).
- ▶ Ensure ongoing alignment between PenCAT, clinical software, and the National Cancer Screening Register (NCSR).

## Step 5: The Improvement Plan

Complete Step 2: The Improvement Plan in the Data Management Tool, following consultation with the practice team.

## Step 6: Integrate the National Cancer Screening Register (NCSR)

To accurately update patient cervical screening records, you will need to cross-reference your patient list against the NCSR using the online platform or the integrated software option.

To integrate the NCSR into your clinical software, follow [these instructions](#). Practices who use the integrated NCSR save time when accessing patient records and results.

Technical support: If you require assistance call 1800 627 701 or book to receive a call back: [NCSR: Registration Help](#).

## Step 7: Access the National Cancer Screening Register (NCSR)

### Access the NCSR within your practice software

If using the integrated NCSR, access patient records from within your practice software by following the instructions: [Best Practice /Medical Director](#).

### Access the NCSR online

If using the NCSR online, access patient records by following the instructions outlined in steps 6.1-6.4 in the [NCSR Healthcare Provider Portal User Guide](#).

## Step 8: Cross reference and update patient screening status

The National Cancer Screening Register (NCSR) is your source of truth for a patient's cervical screening status and hysterectomy status (if a hysterectomy is not recorded in your practice software).

In the NCSR, use your patient list from Step 2 to view their screening status (as outlined in [6.2](#)). This will determine their "Next screening" action.

For patients with more recent cervical screening results or records of hysterectomy in the NCSR, manually update their record in your practice software with the screening detail.

To update cervical screening results: [Best Practice/Medical Director](#).

To update hysterectomy results, follow the hysterectomy section of this workflow.

## Review PenCS "Ineligible" Patients

Regularly reviewing the "Ineligible" list in PenCAT is a crucial step in ensuring patients are correctly coded and/or return to screening when medically required. Follow the detailed instructions below to review your current "Ineligible" patients.

### Step 1: Extract Ineligible Patients from PenCAT

- ▶ Re-run the cervical screening report in PenCAT.
- ▶ Click on the 'Ineligible' section of the pie chart.
- ▶ Export the list to Excel for review.

The PenCS cervical screening report uses the following categories/conditions to define “ineligible” patients:

- ▶ Hysterectomy
- ▶ Hysterectomy - Abdominal
- ▶ Hysterectomy - Laparoscopic
- ▶ Hysterectomy - ovary(ies) spared
- ▶ Hysterectomy - Vaginal
- ▶ Hysterectomy - Vaginal with vaginal repair
- ▶ Hysterectomy & BSO – Abdominal
- ▶ Surgery - Uterus - Hysterectomy
- ▶ Uterus - removal of
- ▶ Vaginal Hysterectomy

## **Step 2: Review patient records in the National Cancer Screening Register (NCSR) and clinical software**

For each patient on the “Ineligible” list:

- ▶ Open your clinical software (e.g., Best Practice, Medical Director).
  - ▶ Verify diagnosis codes (e.g., hysterectomy type (total or partial) by reviewing the patient’s medical records.
- ▶ Open the NCSR.
- ▶ Ensure both systems are aligned:
  - ▶ Compare screening status and hysterectomy details across both systems.
  - ▶ Use the most recent and accurate information as the source of truth.
  - ▶ If the NCSR record is incorrect, update it with accurate clinical information.
  - ▶ If your practice software is incorrect, update diagnosis codes and screening status accordingly.
  - ▶ Be mindful that the hysterectomy may have been performed elsewhere, and your practice records may be incomplete.

### Step 3: Patient screening action

- ▶ Follow the National Cancer Screening Register (NCSR) screening action.

## Hysterectomy

In some circumstances, women who have had a full or partial hysterectomy may still require screening.

Understand whether your patients who have had full or partial hysterectomies need to continue in the screening program. View the logic behind screening after hysterectomy: [Cancer Council: Vaginal screening after total hysterectomy](#)

For clinical guidance on patients who have had a hysterectomy (full or partial), review HealthPathways guidelines:

- ▶ Illawarra Shoalhaven : [Cervical Screening](#)
- ▶ ACT and Southern NSW : [Cervical Screening](#)

## Patient education for hysterectomy

It is common for patients to incorrectly assume that screening is no longer necessary after a hysterectomy. Use the information in HealthPathways and the Cancer Council's [Do I need the cervical screening test if I've had a hysterectomy?](#) resource to educate patients that they may need to continue screening.

## Identify Cervical Screening Program status for patients who have had a hysterectomy

Review the coding and cervical screening eligibility of patients who have had a full or partial hysterectomy. The screening status of a patient in the National Cancer Screening Register (NCSR) or your practice records can change based on:

- ▶ The patient attending other healthcare providers
- ▶ Incorrect or incomplete records in the NCSR or practice records
- ▶ Current medical status

## Step 9: Generate an updated patient list with National Cancer Screening Register (NCSR) data

### Re-run PenCAT report

After manually updating patient cervical screening results with data from the NCSR, re-run the PenCAT report to collect an up-to-date list of patients who haven't had a screening at your practice or elsewhere.

Please note, newly entered cervical screening results in your practice software will only be reflected in PenCAT after the next PenCAT data extraction. Extractions occur on the second day of every month.

### Update PenCAT data immediately (optional)

Immediate Data Extraction (Optional): To view the newly entered cervical screening results immediately, click "Collect" in PenCAT to generate a new data extract.

Note: This action occasionally slows or shuts down practice computers. It is recommended to perform this step at the end of the workday to minimise disruption.

## Step 10: Order resources and supplies

To ensure effective communication and patient engagement, practices should prepare by ordering self-collect kits, educational materials, and outreach resources.

A "Vaginal Speculum with Built-in Illuminator" is an ergonomic option and can save time by eliminating the need to adjust an overhead lamp.

## Step 11: Recall

Now you have an accurate list of patients to recall who do not have an up-to-date cervical screening.

- ▶ Recall patients to book an appointment.
- ▶ Flag the patient and note the reminder in your practice management software so they can be easily identified by the nurse or GP in their next visit to complete the screening or conversation.

Refer to Step 3 to narrow your target group to an achievable size.

### Tailor your communication for your target group

- ▶ It's important to adapt your messaging based on your target patient group. For instance, a recall text for a middle-aged mother will require a different approach and messaging compared to one for a 25-year-old undergoing their first cervical screening.
- ▶ You may like to use text from page 7 "Cervical screening key messages" Cervical Screening Test Self-Collection - Communications Toolkit ([health.gov.au](http://health.gov.au)) to use in your recall texts. Consider what would resonate best with your target audience.
- ▶ Consider advising patients that all eligible individuals can now choose between self-collecting their cervical screening sample or clinician collected. This option may encourage those who are reluctant to screen, such as first-time participants.

## Considerations when recalling patients

- ▶ When recalling patients under the age of 18 (if they are eligible as an early screener), consider that the primary contact may be the patient or the parent.
- ▶ A call from a nurse or doctor allows patients to have their questions answered and increases their likelihood of screening. Allocate protected time for staff making phone calls.
- ▶ Consider bundling a cervical screening appointment with other relevant conversations e.g. sexual health, contraception, domestic violence, 45-49 year Health Assessments, Aboriginal Health Assessments, chronic conditions care planning.

## Order collection kits

Contact your usual pathology provider to order collection kits. Check whether they process self-collected vaginal samples or if these samples need to be sent to another provider.

## Order education and communications resources

The Communications Toolkit [Cervical Screening Communications Toolkit | Australian Government Department of Health and Aged Care](#) contains links to order resources such as posters, infographics as well as brochures to hand to patients. Consider your patient population when ordering resources, such as languages other than English. There are also plenty of ideas for social media posts.

The Department of Health, Ageing, and Disability's new 'Own It' campaign includes resources targeting under screened groups. The kit includes social media tiles, newsletter content, email signatures and scripts if you wanted to create your own content.

## Step 12: Conduct screening or offer self-collect

All cervical screening participants now have the choice to self-collect their own Cervical Screening Test sample.

Self-collection may reduce barriers for people who decline clinician-collected screening, including individuals from some cultural backgrounds, those with a history of trauma, health-related anxiety, or people who are transgender.

## Guidance on conducting screening

- ▶ For patient information, including collection instructions, view [Self-collection for the Cervical Screening Test | Australian Government Department of Health, Disability and Ageing](#).
- ▶ Follow the steps on HealthPathways to determine appropriate screening for your patient. This includes history taking, self-collection options, how to conduct screening according to manufactures guidelines, STI screening, and referral protocols for abnormal results.
  - ▶ Illawarra Shoalhaven - [Cervical Screening - Community HealthPathways Illawarra Shoalhaven](#)
  - ▶ Southern - [Cervical Screening - Community HealthPathways ACT and SNSW](#)
- ▶ Increase the chances of receiving your patient's self-collected sample by encouraging them to complete it on-site during their visit.

## Step 13: Record results and patient follow-up

Pathology results do not automatically update in the practice patient record and must be entered manually.

When reviewing pathology results, enter them into the Cervical Screening tab in the practice software. This will ensure your data in PenCAT is an accurate reflection of your patient's screening status.

- ▶ [Best Practice: Cervical Screening](#)
- ▶ [Medical Director: Cervical Screening](#)

### Recalling patients with abnormal results:

Follow HealthPathways for advice on managing patient results for both practitioner collected and self-collected samples.

- ▶ Illawarra - [Illawarra HealthPathways Cervical Screening Management](#)
- ▶ Southern - [Southern HealthPathways Cervical Screening Management](#)

## Step 14: Recall - round two

Use PenCAT to generate another updated patient list to identify those who did not book appointments during round one recalls.

Note this figure in the Data Management Tool "Step 3 Tracking Tool" and record any reflections.

Use this updated list to recall patients a second time.

Follow the steps above to "Conduct screening or offer self-collect" and "Recording results and patient follow-up".

Newly entered data in your practice software is not automatically updated in PenCAT. Wait until a new extract is available on the second of the month or generate a new extract by clicking "Collect".

## Step 15: Recall - round three: Targeted engagement for patients with barriers to screening

By this stage, many patients who simply needed a reminder will have completed their screening.

Now focus on patients who:

- ▶ Have not responded to prior recalls
- ▶ Have missed or cancelled their appointments
- ▶ May face complex or persistent barriers that hinder attending appointments

It is important to consider that there are many reasons outside of declining a cervical screening for why a patient may not respond to a recall.

The next steps will guide you through understanding and identifying common barriers to cervical screening. Then, how to tailor your approach to make it as easy as possible for patients to book and complete their screening.

### Generate an updated patient list

First, use PenCAT to generate another updated patient list. Record the updated figure in the Data Management Tool "Step 3 Tracking Tool". Record any reflections you have.

### Identify common themes

Next, review the patient list and look for shared characteristics among patients. For example:

- ▶ Age (e.g. younger or older women)
- ▶ Recently postpartum
- ▶ Aboriginal or Torres Strait Islander background
- ▶ Culturally or linguistically diverse (CALD)
- ▶ LGBTIQ+ individuals
- ▶ History of trauma
- ▶ Anxiety about screening
- ▶ Patients with partial hysterectomies

Select one patient group to focus on and note the number of patients in your Data Management Tool "Step 3 Tracking Tool".

If there is no identifiable theme to group your patients, use the full list as your patient group or narrow it to an achievable number.

### Explore potential barriers preventing cervical screening

For each group or individual patient, consider what practical, emotional, or cultural factors or barriers could be influencing their decision or ability to book or complete their screening.

Review the Department of Health, Disability and Ageing's [Patient-related barriers](#) and Cancer Council [Culturally and linguistically diverse communities - Barriers](#) webpages.

Common barriers include:

- ▶ Childcare responsibilities
- ▶ Lack of transport or time
- ▶ Discomfort with male clinicians or being unsure about the availability of female clinicians
- ▶ Cultural or religious views about modesty
- ▶ Fear of the screening procedure
- ▶ Previous negative experiences with healthcare
- ▶ Lack of understanding about self-collection as an option

### Explore solutions and tailor your approach

For each barrier, consider what actions the practice can take to minimise or eliminate it for the patient. Use the table below as a guide and explore further ideas online. Review relevant links in the “Priority populations and groups that require additional attention” section.

Secure time for a doctor or nurse to call the patient to discuss cervical screening. This provides the patient the opportunity to hear why screening is clinically important.

If the patient is open to discussion, ask whether they are experiencing any difficulties with attending an appointment.

Discuss with the patient possible solutions the practice can provide to help overcome their barriers and complete screening.

### Communication tips

When calling these patients:

- ▶ Personalise your conversation; acknowledge their individual circumstances and that you understand screening may feel difficult.
- ▶ Offer specific examples of support (such as those in the table below) that meet the patient’s needs and preferences.
- ▶ Communicate in the patient’s preferred language (see options in the table below).
- ▶ Emphasise how screening can save lives and how your team can help make your patient feel comfortable.

## Common barriers and potential solutions

Common barriers	Potential solutions
<b>Anxiety or fear about the screening procedure (particularly first-time screeners)</b>	<ul style="list-style-type: none"> <li>▶ Personalise your messages and acknowledge that you understand screening may feel difficult.</li> <li>▶ Promote self-collection as a private, non-invasive option.</li> <li>▶ Offer in-practice support for patients with trauma (e.g. calm environment, private room) or consider referrals to therapy services.</li> </ul>
<b>Not knowing that self-collection is a screening option</b>	<ul style="list-style-type: none"> <li>▶ Promote self-collection as a safe and effective alternative.</li> <li>▶ Support patients by providing a "<a href="#">How to collect your own sample</a>" guide in bathrooms. Offer printouts in common languages among your patients.</li> <li>▶ Use recall texts with key messages from the <a href="#">Cervical Screening Test Self-Collection - Communications Toolkit</a> (page 7).</li> </ul>
<b>Discomfort with male clinicians or being unsure about the availability of female clinicians</b>	<ul style="list-style-type: none"> <li>▶ Promote availability of female clinicians.</li> </ul>
<b>Competing life pressures that make it difficult to prioritise preventative health checks</b>	<ul style="list-style-type: none"> <li>▶ Offer flexible appointment times (after-hours, weekends).</li> <li>▶ Send personalised reminders highlighting the importance of screening for long-term health.</li> <li>▶ Bundle screening with other appointments.</li> <li>▶ Prioritise scheduling at times with minimal wait times.</li> </ul>
<b>Challenges managing childcare when attending appointments</b>	<ul style="list-style-type: none"> <li>▶ Communicate that mums are welcome to bring their children with them when attending for cervical screening.</li> <li>▶ Prioritise scheduling at times with minimal wait times.</li> </ul>
<b>Difficulty understanding information or communicating due to language barriers</b>	<ul style="list-style-type: none"> <li>▶ Promote availability of clinicians who speak the patient's language.</li> <li>▶ Share resources in their preferred language or use visual aids: Cancer Institute NSW.</li> <li>▶ Translate appointment details into the patient's preferred language: Appointment Reminder Translation Tool.</li> <li>▶ Communicate using the free interpreter service (TIS) or the CALD Assist App.</li> </ul>
<b>Cultural or religious beliefs, customs, or norms that may influence participation in screening</b>	<ul style="list-style-type: none"> <li>▶ Learn about common customs, beliefs, and norms to cervical screening e.g. search online for "common barriers to cervical screening in Muslim community groups"</li> <li>▶ Work with Aboriginal health workers, or cultural support staff.</li> <li>▶ Provide culturally sensitive care.</li> <li>▶ Offer female clinicians if preferred.</li> </ul>
<b>Appointment cost</b>	<ul style="list-style-type: none"> <li>▶ Offer bulk-billed appointments or clearly communicate out-of-pocket costs upfront</li> </ul>
<b>Limited appointment availability or appointment times that don't align with the patient's schedule</b>	<ul style="list-style-type: none"> <li>▶ Offer flexible appointments (after-hours, weekends) and telehealth options for discussion prior to screening.</li> </ul>
<b>Belief that screening is no longer necessary or relevant (particularly for older patients approaching the end of the screening program)</b>	<ul style="list-style-type: none"> <li>▶ Emphasise that screening stops at 74 and why completing the final screen matters.</li> <li>▶ Use positive framing: "One last check for peace of mind."</li> </ul>

## Step 16: Final data check-in

Run a final search in PenCAT to find patients who did not complete their screening during the quality improvement activity.

Note this figure in the Data Management Tool “Step 3 tracking tool” and record your reflections.

## Step 17: Reflect on your efforts and consider future activities

Take time to reflect on your process to improve cervical screening rates with your practice team. Consider what went well that you’ll do again, and what needs adjusting or changing for future activities?

Review your Improvement Plan and Tracking Tool with the initial SMART goals you set.

Reflect on how you would improve this goal with what you know now.

Reflect on your learnings and how you would apply them to other quality improvement activities.

Now that you’ve successfully completed this quality improvement activity, adapt this workflow based on what you learned and integrate it into your routine operations. Communicate the workflow with the whole practice team to ensure they are familiar with it and adhere to it.

Establish a review schedule to revisit this workflow periodically. Consider repeating this quality improvement activity in full every 12 months.

## Step 18: Continuous quality improvement: Implement a review schedule

- ▶ Monthly data check: Each month, review your data to identify patients who do not have an up-to-date cervical screening.
- ▶ Continue communicating the workflow with the whole practice team to ensure they are familiar with it and adhere to it.
- ▶ Continue educating and training new clinical staff on the importance of conducting cervical screenings.
- ▶ Review the Ineligible list: Review the “Ineligible” list in PenCAT and cross-check it against your clinical software and the National Cancer Screening Register (NCSR).
- ▶ Generate recall and reminders: Follow the steps in this workflow to generate recalls and reminders.
- ▶ Record findings: Document your progress and reflections in Step 3: Tracking Tool of the Data Management Tool.
- ▶ Review, reflect, and improve: Regularly review and reflect with your team on your workflow to identify areas for improvement.

## Step 19: Celebrate your achievement

Present the results and learnings at your next practice team meeting.

Celebrate the achievement together – acknowledge wins, recognise contributions, and share positive outcomes to motivate and inspire ongoing commitment.

## Step 20: Next steps

As a team, discuss what your next quality improvement focus will be.

HPV vaccination is a complementary focus to cervical screening as the HPV vaccine and cervical screening work together to prevent cervical cancer.

Consider focussing on identifying patients who have not completed their HPV vaccine schedule and invite them to receive the vaccine.

Start a new Data Management Tool document for your new quality improvement focus.

## Useful resources for patients:

- ▶ [Cervical screening | Australian Cervical Cancer Foundation](#)
- ▶ Cancer Council:
  - ▶ [Cervical Cancer](#)
  - ▶ [Understanding Your Pap Smear or Cervical Screening Test Results](#)

## Useful resources for clinicians:

- ▶ HealthPathways
  - ▶ [Illawarra Shoalhaven:](#)
    - [Cervical Screening](#)
  - ▶ [ACT and Southern NSW](#)
    - [Cervical Screening](#)

## Further information

- ▶ [Cervical Screening Comprehensive Skills Training | Family Planning NSW](#)
- ▶ [Cervical Cancer Screening Guidelines | Cancer Council](#)
- ▶ NPS MedicineWise Learning – [National Cervical Screening Program](#)
- ▶ Agency for Clinical Innovation – [Gynaecological Cancer: A Guide to Clinical Practice in NSW](#)
- ▶ Cancer Council Australia – [Clinical Guidelines: Cervical Screening Pathway for Self Collection](#)
- ▶ National Cervical Screening Program:
  - ▶ [Understanding the National Cervical Screening Program Management Pathway: A Guide for Healthcare Providers](#)
  - ▶ [Guidelines for the Management of Screen-detected Abnormalities, Screening in Specific Populations, and Investigation of Abnormal Vaginal Bleeding](#)
  - ▶ [Self-collection Eligibility Expansion](#)

## Aboriginal and Torres Strait Islander

- ▶ Translated documents: [Resources for Aboriginal and Torres Strait Islander women – National Cervical Screening Program | Australian Government Department of Health, Disability and Ageing](#)
- ▶ [Aboriginal or Torres Strait Islander Communities - Cancer Screening Hub](#)
- ▶ [Resources for Aboriginal and Torres Strait Islander women – National Cervical Screening Program | Australian Government Department of Health, Disability and Ageing](#)

## Culturally and linguistically diverse communities

- ▶ [Culturally and linguistically diverse... - Cancer Screening Hub](#)
- ▶ [Translations | Australian Government Department of Health, Disability and Ageing](#)

## People with a disability

- ▶ [People With Disabilities - Cancer Screening Hub](#)
- ▶ [Just Checking | Family Planning NSW](#)

## LGBTQIA+

- ▶ [LGBTIQ+ communities - Cancer Screening Hub](#)



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