



## Improving Cervical Screening in General Practice

### Background

Cervical cancer is the third most common gynecological malignancy in Australia, affecting more than 700 women a year. Regular Pap tests can reduce the risk of being diagnosed with cervical cancer by up to 96%<sup>1</sup>. Currently the Illawarra Shoalhaven has a higher incidence and mortality from cervical cancer than the NSW average and lower participation rates in cervical screening<sup>2</sup>.

Increasing the uptake of screening is of great importance in controlling this disease through early detection and treatment of pre-cancerous changes before malignancy evolves. For effective prevention, it is important that 70%–80% of targeted women are covered. Evidence suggests that women are more likely to have a Pap test if their health professional reminds them it is due, so GPs and practice nurses, as well as practice reminders, have a major role to play in preventing cervical cancers. Provision of education whether through patient resources or using health promotion initiatives have also been shown to be effective. In addition to regular screening, 100% of the test-positive cases must receive treatment before the process of prevention is completed.<sup>3</sup>

### The NSW Cervical Screening Program

The NSW Cervical Screening Program currently recommends Pap smears at 2 yearly intervals (unless abnormal changes are detected) for women aged 18-70 years. The NSW Cervical Screening Register holds the results of Pap smears and currently sends out recall letters to patients and to their nominated health professional.

The current cervical screening program is due to change in May 2017. We now have a better understanding of the Human Papilloma Virus (HPV) which causes almost all of cervical cancers. Subsequently the Cervical screening program will start 5 yearly screening for HPV in women aged 25 to 74 in place of the 2 yearly interval Pap smear. The procedure for collecting the sample for a HPV test will be the same as the procedure for having a Pap test.

In order to provide the best evidence based care it is recommended that all eligible women have an up-to-date Pap smear prior to the commencement of the new screening program.

### Practice Activity

1. We recommend regularly using the HealthPathway on cervical screening. This outlines the assessment and management process and the referral pathways for abnormalities in the Illawarra Shoalhaven region. Further clinical and patient resources are also included.  
<https://illawarrashoalhaven.healthpathways.org.au>

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<sup>1</sup> Emery J, Shaw K, Williams B, Mazza D, Fallon-Ferguson J, Varlow M, Trevena L. The role of primary care in early detection and follow-up of cancer. *Nature Review Clinical Oncology*, 11, 38–48 doi:10.1038/nrclinonc.2013.212, (2013).

<sup>2</sup> COORDINARE Baseline Needs Assessment. Accessed from  
<http://www.coordinare.org.au/assets/Uploads/Corporate-files/Needs-assessment-activity-plans-2016-17-FINAL-v2.pdf>

<sup>3</sup> Chumworathayi B. Interventions targeted at women to encourage the uptake of cervical screening: RHL commentary (last revised: 1 November 2012). *The WHO Reproductive Health Library*; Geneva: World Health Organization.



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2. Discuss cervical screening, including upcoming programme changes, with all eligible women. Obtain informed consent prior to screening; include discussion on the opt-out nature of the NSW register.
3. Provide quality educational material – see HealthPathways patient information or the NSW Cervical Screening program website <https://www.csp.nsw.gov.au/>
4. Request data from the NSW Pap Register to ensure an accurate screening history for your patient when this is unclear <https://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/general-information/requesting-data-from-the-nsw-pap-test-register/>
5. Review the practices data entry and workflow processes for cervical screening
  - a. Ensure there is a written policy accepted and communicated to the entire practice team which outlines a consistent and validated process for recording Pap test results, entering recalls, sending out reminders (i.e. letters, SMS, phone call) and following up abnormal results.
  - b. This will required defining the roles and responsibilities of your team. For example identify a key person who will:
    - i. Generate a recall list every 2 weeks
    - ii. Generate reminders i.e. letters, SMS or phone calls to overdue patients
    - iii. Monitor the progress of the recall list. If a patient has had a pap test, follow up on results, ensure result is recorded in the EMR and has been actioned by a GP, and an appropriate recall has been entered
  - c. Review your Practice recall and reminder systems for overdue patients.
    - i. Sign up for the NSW Pap Test Register electronic reminder service and receive electronic reminders for overdue women in your practice. The register will send an electronic secure message to the practice for any woman with a normal screening history who is more than 27 months overdue for a Pap test. The practice can then check their recall system and add in the recall if missing. Any practice in NSW which is currently operating the Healthlink secure messaging application is eligible to sign up. Further information on the initiative can be found at <https://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/general-information/current-projects>
    - ii. If the practice is signed up with the Sentinel Practices Data Sourcing (SPDS) Project or has access to a Clinical Auditing tool, remove inactive patients and then undertake the cervical screening exercise to build a list of eligible females who have never had a pap smear or one recorded in the past two years.
    - iii. If not, utilise the EMR query builders provided in the next section.
  - d. Encourage a preventative health culture in the practice and check for overdue pap tests in all consultations with eligible women. Offer the opportunity for screening.
6. Does your practice have a large population of CALD, Indigenous or older women? Evidence shows these groups of women are more likely to be under-screened. If an accredited practice, consider joining the cervical screening Practice Incentive Program (PIP). The PIP Cervical Screening Incentive aims to encourage GPs to screen under-screened women for cervical cancer, and to increase overall screening rates. An under-screened woman is someone who has not had a cervical smear in the last four years. See the NSW Cervical Screening website for further patient resources <https://www.csp.nsw.gov.au/>