

## Audit of Cervical Samples Taken in General Practice

This audit tool should be read in conjunction with the following documents<sup>1</sup>:

- Northern Ireland Training and Audit Requirements for Cervical Sample Takers, Public Health Agency, May 2016
- A Guide to Understanding Sample Taking Performance Data, Public Health Agency, May 2016

### Aim:

- To improve the quality of cervical samples being taken in the practice.

### Rationale:

1. The aim of the cervical screening programme is to reduce the mortality and morbidity from cancer of the cervix by identifying and treating precancerous changes. This can only be achieved by ensuring that all eligible women are invited for regular screening tests, in line with regional policy, and that all those with abnormal screening test results are followed up appropriately.
2. Cervical Cytology is a screening test designed for those who have no symptoms. It is not intended or recommended for use as a clinical diagnostic test. In a patient with abnormal bleeding or discharge, the results from a cervical sample, whether positive or negative is not sensitive or specific enough to be a diagnostic test and should not be viewed or used as such. Women presenting with symptoms should be examined and referred as appropriate.
3. All sample takers should be appropriately trained to undertake this role and be able to demonstrate, through audit activities, that they are maintaining their skills and clinical competence.
4. A cervical sample must contain a minimum number of cells to allow the laboratory to report a result. Samples that do not meet this criterion are reported as 'inadequate' and advised to be repeated. The proportion of samples reported as inadequate is an important quality measure for sample takers, as samples that have to be repeated may:
  - lead to unnecessary anxiety and an avoidable intimate examination for the woman;
  - be wasteful of resources;
  - create the potential for a women to default after the first examination and not have a definitive result.

---

<sup>1</sup> Both documents are available online at [www.cancerscreening.hscni.net](http://www.cancerscreening.hscni.net)

## Criteria for Management of Cervical Sample Taking in Primary Care:

1. Nurse sample takers should undertake a minimum of 20 cervical samples per year. (Standard - 100%)
2. Patients with an inadequate cervical sample result should be recalled and have a repeat test taken within 6 months. (Standard – 100%).
3. The percentage of inadequate sample results for individual sample takers should be compared with the rates reported by the local laboratory. These are published annually on [www.cancerscreening.hscni.net](http://www.cancerscreening.hscni.net) and are also available on request by contacting the relevant laboratory.

## Methodology:

1. Identify all cervical samples taken in the practice in the past 2 years. This should be by sample taker to fulfil the QOF criteria CS6. Note that some women may have had more than one sample in this time period.
2. Identify all samples coded as inadequate or abnormal. Again, by sample taker to fulfil CS6.
3. Some audit questions relate to the sample taker, others to the sample being repeated.
4. Use the attached data collection sheet to gather the information required. This may require both computer searches and looking at patient records. Some of the information relates to individual sample takers and the rest applies to the practice as a whole.
5. Collate the information using the attached results summary sheet.

## Analysis of Results:

This is simple counting and percentages. For example % of inadequate samples can be worked as number of inadequate samples x 100 divided by total number of samples.

Important questions to ask of the results:

- Number of samples taken by each sample taker – is each sample taker achieving the minimum number as per the standard?
- % of inadequate samples – how do these compare to the local laboratory profile. If they are higher than average, consider reason/s for this.
- % of inadequate samples that have not been repeated 6 months after original test done.
- % of these cases that have not been recalled by practice & consider reasons for this.

## **Action Needed:**

Detail in your report what you think needs to happen in the light of the results of this audit.

- Are those taking the cervical samples attending regular training updates (recommended every 3 years)?
- Is there any evidence of a specific need for retraining?
- Is there a robust system for recalling patients with an inadequate result?

## **Reference Materials - for Training / Updating:**

Young Person and Adult Screening Team – Public Health Agency  
9<sup>th</sup> Floor, Linum Chambers  
2 Bedford Square  
Belfast  
BT2 7ES  
Tele: 028 9536 1499

Website: Details of cancer screening programmes and useful information:

[www.cancerscreening.hscni.net](http://www.cancerscreening.hscni.net)

## Write It Up!

We recommend using the GP Registrar Summative Assessment format for writing up your report as this will fit with the agreed Regional Clinical Governance arrangements. You should use the following headings in your report:

<b>Title</b>	<i>Audit of cervical samples</i>
<b>Reasons why the audit was done</b>	<i>e.g. practice interest in the topic etc. You can also use the Rationale section at the start of this audit.</i>
<b>Aims</b>	<i>To improve the quality of cervical samples being taken in the practice</i>
<b>Criteria Chosen</b>	<i>These are provided in the Criteria section. If possible give the source of the evidence justifying the choice of criteria (sources of evidence are provided for this audit).</i>
<b>Standards Set</b>	<i>% standards (i.e. Targets) should be set for each audit criteria. Any exceptions to the standard not being achieved should be stated.</i>
<b>Preparation &amp; Planning</b>	<i>Outline what was done to plan the audit, e.g. discussion between GPs, nurses &amp; practice manager. There should be a subheading – “Method” – you can adapt the Method section of this audit accordingly for this.</i>
<b>Data Collection 1</b>	<i>Compare your results with the % standard set. A data collection form has been provided, as has a results summary table.</i>
<b>Changes to be evaluated</b>	<ul style="list-style-type: none"><li><i>Describe what you found from the audit. Show that discussion took place in the practice – of the results &amp; of the changes identified.</i></li><li><i>Describe the changes that were made - immediate and long term as appropriate. Remember that changes need to be applied to all patients in the group – not just to the sample of patients audited. What about those patients not meeting the audit criteria, e.g. contact a.s.a.p. and review at a face-to-face consultation?</i></li></ul>
<b>Data Collection 2</b>	<i>Yes, the audit will need repeated in order to complete the loop! Compare results with data collection 1 results and with % standard set. Just put an extra column in the results table, date of audit and number of patients involved to enable comparison.</i>
<b>Conclusions</b>	<i>Lessons learned, and what you might do differently; and/or what you may still need to do to provide ‘best’ care for this group of patients.</i>

## Audit of Cervical Samples Taken in General Practice Results Summary Sheet

Date of Audit:

Timeframe for Audit:

		<b>Result</b>	<b>Standard Set %</b>
1	Number of cervical samples taken in practice in past 2 years	# <sup>2</sup> samples	n/a
2	The proportion of samples reported as inadequate. <i>(note - will be as a % of (1). above)</i>	%	See local lab reporting profile
3	Number of samples reported as inadequate, that were repeated within 6 months	# samples	n/a
4	% of samples reported as inadequate that were repeated within 6 months <i>(Note- will be as a % of (3). above)</i>	%	100%
5	Number of samples reported as inadequate that were <u>not</u> repeated within 6 months	# samples	n/a
6	Where an inadequate sample was not repeated, there is evidence that the patient was recalled	%	100%

Individual nurse sample takers should undertake a minimum of 20 samples per year.

The proportion of samples reported as inadequate for each sample taker should be compared to the local laboratory reporting profile. Where this is higher than expected, the possible reasons should be considered and advice sought from the laboratory if there are concerns.

<b>Smear Taker</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
<b>Number of cervical samples taken</b>								
<b>Inadequate samples</b> (as a % of number of samples taken)								

<sup>2</sup> # - Number

## Audit of Cervical Samples Taken in General Practice Data Collection Sheet

Date \_\_\_\_\_

	Total for practice	Sample Taker							
		A	B	C	D	E	F	G	H
Number of cervical samples taken in practice in past 2 years									
Number of samples reported as inadequate									
% of samples reported as inadequate	%	%	%	%	%	%	%	%	%
Number of inadequate samples repeated within 6 months									
% of inadequate samples repeated within 6 months	%								
Number of inadequate samples <u>not repeated</u> within 6 months									
% of inadequate samples not repeated that have evidence of having been recalled	%								
Comments									