

# Quality Improvement Project to Increase the Uptake



### of Cervical Cancer Screening



To assess practice coverage for the cervical screening programme compared to local or national baselines. Use the NHS Digital <u>Cervical Screening Dashboard</u> alternatively Dorset PCNs can use the PCN dashboard <u>PCN datapack - Power BI.</u> Or you could look at OHID Fingertips data <u>Cancer Services - Data - PHE</u>

### Option 1



Baseline analysis identifies x% of people eligible for screening for cervical cancer have not booked an appointment.

**SMART aim:** The practice aims to contact z% of non-responders to provide additional information to support informed decision making about cervical screening.



#### **Process:**

Complete a search to identify the patients who have been invited for cervical screening in the last 3 years but have no result in their notes.

Review the list to exclude people for whom it may not be appropriate for the practice to contact e.g. those with a recent diagnosis of cervical cancer, pregnant or have had a full hysterectomy (check that this includes the removal of the cervix).

Read/SNOMED Codes - use the read codes to identify whether patients are partaking in screening:

	V2 Code	SNOMED code
Liquid based cytology sample taken	XaKTi	417036008
Normal 3 year (36 month recall) for women aged 25-49	XaLql	247571000000100
Normal 5 year (60 month recall) for women aged 50-64	XaLqm	247581000000103
Cervical Sample - Inadequate	4K21	168402006
Abnormal ( 3 month recall)	4K43	168431005
Abnormal (6 month recall)	4K45	168433008
Abnormal (12 month recall)	4K47	168435001
Referred for Colposcopy	4K48	168436000
Cease recall	6855	171154002
Cervical sample refused	XaFs3	736595007
HPV test negative	XalVB	391148009
HPV test positive	XalVA	391147004

<u>Ardens searches</u> can be broken down into months so the practice can run it and then look at the month previous.



**Contact the patient by phone** CRUK have a useful telephone transcript to help frame your discussion and talk to patients about booking an appointment if they want to. It can be found <a href="here">here</a>

Or



**Contact the patient by letter or text message** to contain question about any symptoms and links to leaflet

A template letter and can be found here

A template text using AccuRx can be found here

#### Option 2



Baseline analysis identifies x% of eligible patients with a learning disability or SMI or other underrepresented group who did not book a cervical screening appointment.

**SMART aim:** The practice aims to contact y% of non-responders with a learning disability or other underrepresented group over 6 months and provide appropriate support to make informed decisions or best interest decisions as appropriate.



#### **Process:**

Complete a search to identify the patients who have not had a cervical sample taken over the last 3 or 5 years (3 for patients 25-49 and 5 years for 50 – 64 years. Review the list to exclude people for whom it may not be appropriate for the practice to contact e.g. those with a recent diagnosis of cervical cancer or those currently under investigation on the cervical cancer pathway

### Ardens have the following templates:

Screening Groups - Age 25-49 + cervical overdue + no advice in last 1y
Screening Groups - BAME + cervical overdue + no advice in last 1y
Screening Groups - Blind + cervical overdue + no advice in last 1y
Screening Groups - Language + cervical overdue + no advice in last 1y
Screening Groups - LD + cervical overdue + no advice in last 1y
Screening Groups - LGBT + cervical overdue + no advice in last 1y
Screening Groups - Safeguarding + cervical overdue + no advice in last 1y

Take an opportunity to talk about this at their Annual Health Check using the resource <a href="here">here</a> and the easy read leaflet below



Or

Contact the patient or their carer by phone using the advice found in the resource here to understand the best way to discuss this with the patient and then adapting the telephone script <a href="here">here</a>.





Contact the patient by letter and enclose an easy read leaflet on the process

<u>Cervical Cancer Screening – Easy Reading Guide (OHID)</u>



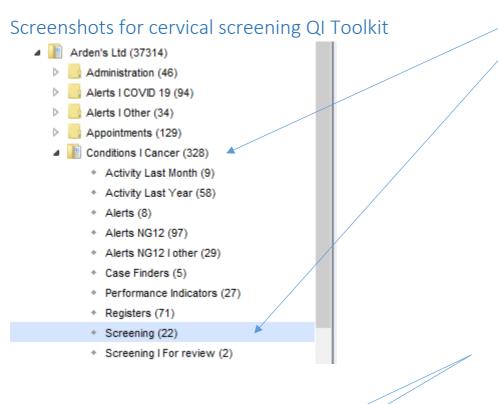
<u>Cervical Cancer Screening- Beyond Words</u> (for people who cannot read or do not like written words)

A template letter and can be found <u>here</u>



## Reporting and verification

The contractor can complete the <u>QI monitoring template</u> in relation to this module and self-declare that they have completed the activity described in their QI plan.



### Cervical cancer screening due as 25-49y + not done in last 3y

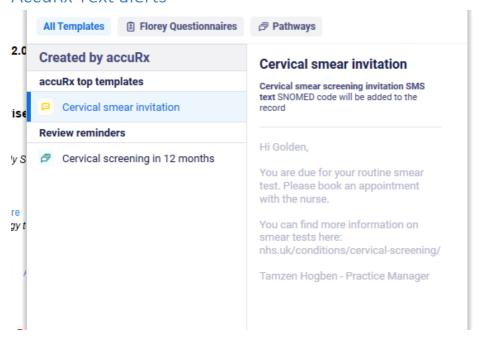
Cervical cancer screening due as 25-65y + annual cervical smear required

Cervical cancer screening due as 25-65y + annual cervical smear required + lacks capacity to consent

Cervical cancer screening due as 50-64y + not done in last 5y

Cervical cancer screening | Age 25-49y | For 1st invitation as not had 1st invitation in last 1y (add XaM... Cervical cancer screening | Age 25-49y | For 2nd invitation as 1st invitation sent >3w ago (add XaMJS) Cervical cancer screening | Age 25-49y | For 3rd invitation as 2nd invitation sent >3w ago (add XaMJT) Cervical cancer screening | Age 50-64y | For 1st invitation as not had 1st invitation in last 1y (add XaM... Cervical cancer screening | Age 50-64y | For 2nd invitation as 1st invitation sent >3w ago (add XaMJS) Cervical cancer screening | Age 50-64y | For 3rd invitation as 2nd invitation sent >3w ago (add XaMJT)

### AccuRx Text alerts



#### Primary Care Good Practice Guide: Cervical Screening UK wide version February 2022 Telephone script Hello (verify who speaking with) We notice that you haven't yet booked an appointment to attend for My name is.... I'm phoning from your doctor's your cervical screening test. Could practice about your cervical screening test. I please check that you've received Is it okay to have a chat with you about this? (if your invitation? not, arrange a convenient time to call back) Yes Check if their address is Could I ask the reasons why you haven't attended your screening test on this occasion? correct Wants to participate, did Does not want to Not sure if still eligible not get round to it participate Remind patients of Confirm eligible age range Whether or not to take for screening: 25-64 years. the benefits part in screening is a personal choice. Patient not sexually active Cervical screening Saves around 2,000 at present? If patient has made an lives every year in the UK Changes in the cervix can informed choice to no take years to develop. It is longer participate inform · Prevents 8 out of important to have regular them of the formal 10 cancers from tests if you have ever been opt-out process for the developing sexually active. programme · Regular screening is your best protection Patient has been through against cervical cancer menopause? The risk of getting cervical Note: Cervical screening cancer increases with age. may not pick up all Sometimes the test may changes to the cervix be more uncomfortable or prevent every case of after the menopause. The cervical cancer nurse can give advice on ways to reduce discomfort. For more information about eligibility Does not want to participate. Make patients aware that they Wishes to participate can opt back into the screening programme if they change Offer to book an their mind and to be aware of any symptoms and if they appointment for the notice anything new or unusual to contact their GP. patient whilst on the phone Produced by the Strategic Evidence Team, Policy, Information & Communications Directorate, Cancer Research UK, February 2022. Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247). © Cancer Research UK 2022 12

### Template letter

## **Practice Header**

«PRACTICE\_Name» «PRACTICE\_House» «PRACTICE\_Road» «PRACTICE\_Town» «PRACTICE\_County» «PRACTICE Postcode»

«PRACTICE Main Comm No»

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«SYSTEM Date»
```

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To

«PATIENT_Title» «PATIENT_Forename1» «PATIENT_Surname»

«PATIENT_House»

«PATIENT_Road»

«PATIENT_Locality»

«PATIENT_Town»

«PATIENT_County»

«PATIENT_Postcode»
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Dear XX (first name and or last name as per practice greeting)

I am writing to advise that your routine cervical screening is overdue.

If you would like to book an appointment, please contact our reception team on **XXXXX XXXXXX**. We offer appointments, with female cervical screening nurses, at lots of different times to suit you. [Appointments can also be booked online at **XXXXXXXX**.]

If you are unsure about coming for screening and would like to talk to one of our cervical screening nurses about the benefits and risks of cervical screening or about any concerns you may have, please make an appointment via the reception team. Our staff will be pleased to talk to you.

Cervical screening is routine for all women and people with a cervix aged 25-64 years and only takes about 10 minutes. It is part of a national NHS programme that is based on evidence and is recommended by doctors and nurses. Screening detects early cell changes in those who have no symptoms. By testing for the HPV virus and treating cell changes early, we can prevent the development of most cervical cancers.

If you would like more information about the screening process, please speak to the practice nurse or follow this link: <a href="https://www.nhs.uk/conditions/cervical-screening/">https://www.nhs.uk/conditions/cervical-screening/</a>

I hope that we will hear from you soon.

Yours sincerely (or usual practice salutation)

# QI module reporting template: Early cancer diagnosis

It is anticipated that the responses noted here should total 1 A4 sides in Arial font size 11.

Practice name and ODS code
Identifying areas for improvement
What areas of improvement did the practice identify in relation to early cancer diagnosis?
What changes did the practice make to address the areas of improvement identified?
Results
Please describe any achievements, feedback or improvements that have occurred as a result of these changes.
What changes will/ have been embedded into practice systems to improve early cancer diagnosis in the future?
How did the network peer support meetings influence the practice's QI plans and understanding of early cancer diagnosis?

For all questions practices should refer specifically to the six areas set out in the QI module: uptake in screening programmes; and how to improve current referral practices including their use of guidelines, professional development, safety netting of those referred on suspected cancer pathways and shortening of diagnostic intervals.