The Metro Auckland Cervical Screening Project is pleased to provide an update to the How To Guide produced in 2014.

Suggestions for more examples and recommendations as well as a couple of corrections are incorporated in the update. Thank you to all who have supported this project and continue to share ideas for improvement in services.

There are two ways to update your How To Guide:

1. This document is designed to update the original How To Guide Jan 2014, by inserting updated information. The Table of Contents shows where new content should be inserted, including the new appendices. This Table of Contents should replace the original in the Folder.

2. The updated Guide, as the second edition (January 2015), is available on the project website. This can be printed off in its entirety and can replace the content of the original How To Guide folder, using the original sections. There is also an updated appendix.
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(MedTech Version)

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What works for Indian Women

East Tamaki Health Care is a PHO working in South Auckland. Their practices serve a number of Indian communities.

A special day promoted within two clinics for the Indian community of eligible women succeeded in the smear taking nurses taking a total of 25 cervical smears. Five women who brought their recall letter with them had never had a smear previously.

Key Points:
- Recall letters were sent on pink paper
- Advertising on the Indian speaking radio stations and the newspapers was helpful
- The “build up” to the day showed an increase in awareness for the reception as well as the clinical staff and encouragement from everyone in the clinic. During this time women were offered smears while they were at the clinic and more smears than usual were taken in this way even before the event. Clinic staff realised that offering and doing ‘opportunistic smears’ is business as usual and not an extra job that needed an appointment.
- The Doctor’s role is very important. Being told by the doctor to talk to the nurse about having a smear, and mentioning the Doctor’s name in the recall letter both were successful approaches.
- Notices as well as recall letters promoted cervical screening in the period leading up to the event.
- Clinic staff on the day dressed up in pink and decorated the clinic in pink as well
- The clinic had dedicated space on the day. There were no other patients or GPs on the premises
- Reception and clinical staff were able to speak a range of languages appropriate to the target group
- The women brought their support person; husband, daughter, sister who were acknowledged in their role of taking care of the woman attending for a smear. The woman could have her support person with her right up to the point of taking the smear.
- Leaflets and pamphlets distributed to local businesses and shops were effective.
- Breast screening data was checked and referrals made at the same time

The flow on effect of this exercise will be that more women understand that having a smear can be easy, not too embarrassing, and can be done by a smear taker nurse who understands their culture and language and husbands were made to feel proud of ‘bringing their wives’.

In a different event, the outreach cervical smear van (Well Women and Family Trust) was booked for a Health Day at the Temple. Even though the van was parked in the public area and the table for registering was in the open) women lined up and waited for their turn with their female friends or relatives.
Update 1.3.1: Reducing Barriers

A culturally appropriate smear-taking approach for Maori and Pacific women

As featured in Kai Tiaki Dec 2013 a nurse, in reflecting on her own experience of having cervical smears, developed a new approach and reviewed its effectiveness. The full article was printed in is Appendix (v)

“From a cultural perspective a darkened room creates a sense of safety which, in turn, reduces anxiety and perceptions of being exposed, lessening feelings of vulnerability. A drape over the lower regions and legs is still necessary until the lights go out.”

Here are the tips:

- Ensure any light is blocked from entering the work space.
- Prepare your equipment on a separate surface close to your patient (not at the end of the bed) before you turn off the light.
- If you can still see your equipment after the lights go out, your room is not dark enough. Try to preserve the darkness as best you can.
- Use a very dim light to illuminate your equipment only. A small directional lamp or headlamp will help.
- Don’t use the light from the speculum to find your equipment. It is too bright and breaks the cover of darkness.
- The speculum light is bright enough to check the external genitalia immediately before insertion. You may have to turn the light back on if something looks suspicious.
- It’s a good idea to gain the patient’s consent before plunging them into darkness.

This approach will not suit everyone but was well received by young Maori women.
Update 3.1.1: coverage data for Auckland

DHB level reports are available on the NSU website:

DHB coverage by ethnicity in the three years ending 30 June 2014

Figure 3: NCSP coverage (%) of Māori women aged 25–69 years in the three years ending 30 June 2014 by district health board

Cervical Screening 3-Year Coverage Rate
Dec 2014 (NCSP data)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Maori</th>
<th>Pacific</th>
<th>Asian</th>
<th>European</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waitemata</td>
<td>54.90%</td>
<td>70.50%</td>
<td>61.7%</td>
<td>84.3%</td>
</tr>
<tr>
<td>Auckland</td>
<td>56.10%</td>
<td>80.20%</td>
<td>64.8%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Counties Manukau</td>
<td>62.00%</td>
<td>73.20%</td>
<td>61.3%</td>
<td>80.3%</td>
</tr>
</tbody>
</table>
Update 3.2.1: Hysterectomy status

Not all women who have had a Total Hysterectomy are exempt from screening!

Management of women who have had hysterectomy can be complex, below is a guide as to who can be exempted from cervical screening, and who needs to have vault smears.

The smear taker will need to request the HPV test with the vault smear.

The smear taker should contact the NCSP register for a full screening history where there is uncertainty, or where there is the need to clarify a woman’s hysterectomy status.

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>GUIDELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total hysterectomy (cervix remains) for documented benign reasons</td>
<td>Routine screening as per these guidelines.</td>
</tr>
<tr>
<td>Total hysterectomy (removal of uterus and cervix) for documented benign reasons</td>
<td>Women who have a normal cytology/histology history in the 5 years preceding the hysterectomy do not require routine vaginal vault cytology.</td>
</tr>
<tr>
<td></td>
<td>Women who have an unknown smear history should have baseline vaginal vault cytology. If this is normal, no further vaginal vault cytology is required.</td>
</tr>
<tr>
<td>Total hysterectomy previous CIN1</td>
<td>Women with histological evidence of CIN1 at any time in the past should have 3 yearly vaginal vault cytology until age 70 years.</td>
</tr>
<tr>
<td>Total hysterectomy previous CIN2 or CIN3</td>
<td>Guidelines for high-grade abnormality apply.</td>
</tr>
<tr>
<td></td>
<td>Women with histological evidence of a high-grade lesion at any time in the past should have annual vaginal vault cytology until age 70 years.</td>
</tr>
<tr>
<td></td>
<td>From 1 July 2009 HPV testing can be used to help identify women at risk as per the NCSP Best Practice Guidance on HPV Testing (2008) (ie follow up with cytology and HPV testing annually until the woman has tested negative in both tests on 2 consecutive occasions, 12 months apart).</td>
</tr>
<tr>
<td>Hysterectomy for genital malignancy</td>
<td>These women should be under ongoing surveillance from an oncologist. Therefore, they will be guided by this specialist about appropriate surveillance and care, and will no longer be the subject of these guidelines.</td>
</tr>
</tbody>
</table>

After two normal vault smears, which are HPV negative women who have a high grade history and have had a total hysterectomy can return to 3 yearly vault smears.

Using READ codes is a useful way to document hysterectomy history and management:

- Hysterectomy NEC #7E043.12
- Vault Smear #7E2A3.00

Consistent use of READ Coding and/or standardised screening outcome codes could help with ensuring correct management plans for this group of women.
Policy on minimising exclusions

It is recommended that a general practice has a policy of *minimising exclusions*. Exclusion can prevent opportunities to revisit participation in the NCSP, and does not improve coverage rates for practices (excluded women are still counted in the denominator).

A policy on the use of standardised outcome codes with appropriate recall dates is recommended along with a policy of offering opportunistic cervical smear test when women attend for other consultations, as recommended by the NCSP.

PMS prompts for doctors and nurses to discuss cervical smears opportunistically with patients who default appointments are recommended

The NCSP Standards and Policy 3


“Women should not be removed or archived from recall lists, and should be recalled regularly even if they haven’t previously responded. Extra encouragement, support and alternative services should be used to meet the woman’s particular needs unless she chooses to withdraw from the programme”

Standardised outcome codes are useful to:

- Avoid archiving eligible women (as per NCSP policies and standards) by ensuring codes have appropriate recall dates. (Refer to PMS Technical Tip “Managing Cervical Screening Outcome Codes Section 8.2.)
- Improve transfer of documentation when using GP to GP

The codes in the chart below have been reviewed by the NCSP

Management of care must align with the NCSP Guidelines 2009.

**Current NCSP Guideline Flowcharts are available online:**

- Guidelines for Cervical Screening in New Zealand Guidance on HPV Testing Update 1: April 2010 Pg 2-3:
- Guidelines for Cervical Screening in New Zealand Pages 21, 24 and 27
- Flowchart 1: Management of women with low-grade abnormalities: ASC-US or LSIL
- Flowchart 2: Colposcopic assessment of ASC-US/LSIL and management of confirmed histology
- Flowchart 3: Management of women with high-grade abnormalities

Also recommended: codes for identifying women a) who have had a smear elsewhere, and b) are “signed in” back from treatment.
<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation and Recall</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal (N)</td>
<td>Recall date 1 or 3 years depending on date of last smear</td>
<td></td>
</tr>
<tr>
<td>First Normal (FN)</td>
<td>Recall date 1 year</td>
<td></td>
</tr>
<tr>
<td>Never Sexually Active (NSA)</td>
<td>Recall yearly or as agreed with woman</td>
<td></td>
</tr>
<tr>
<td>ASC-US (ASC)</td>
<td>Cytology result (abnormal squamous cells of uncertain significance). Refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>LSIL (LSIL)</td>
<td>Cytology result (low grade squamous intraepithelial lesion). Refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>CIN1 (CIN1)</td>
<td>Histology result (cervical intraepithelial neoplasia) refer to NCSP guidelines for recall management</td>
<td>#K5513.11</td>
</tr>
<tr>
<td>HSIL (HSIL)</td>
<td>Cytology result (high grade squamous intraepithelial lesion) refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>CIN3 (CIN3)</td>
<td>Histology result (cervical intraepithelial neoplasia) refer to NCSP guidelines for recall management</td>
<td>#BA31.11</td>
</tr>
<tr>
<td>HPV+ (HPV+)</td>
<td>HPV positive refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>HPV- (HPV-)</td>
<td>HPV negative refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>HPV1 (HPV1)</td>
<td>Test of cure for women with high grade history - refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>HPV2 (HPV2)</td>
<td>Test of cure for women with high grade history – return to 3 yearly screening - refer to NCSP guidelines for recall management</td>
<td></td>
</tr>
<tr>
<td>Colposcopy (COLP)</td>
<td>Referred to Colposcopy recall date as appropriate to check referral received and woman can attend. This requires checking when discharged back to care of smear taker.</td>
<td>#7E043.12</td>
</tr>
<tr>
<td>Decline (D)</td>
<td>Tailored contact as agreed with woman Consider informed consent to decline document</td>
<td></td>
</tr>
<tr>
<td>Non Responder (NR)</td>
<td>Recall in 12 months Recommend use of alert for opportunistic screening</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory (UN)</td>
<td>Recall in 3 months</td>
<td></td>
</tr>
<tr>
<td>Hysterectomy (HYST)</td>
<td>Total hysterectomy for benign cause. Women who have a normal history 5 years prior to hysterectomy are exempt. For other women who have had a hysterectomy refer to NCSP guidelines for recall management</td>
<td>(Hysterectomy NEC) #7E043.12</td>
</tr>
<tr>
<td>Serious Health (S)</td>
<td>Exempt from screening due to serious health issue (e.g. terminal illness or mental health issue)</td>
<td></td>
</tr>
<tr>
<td>Exempt (EX)</td>
<td>Exempt from screening over 70 normal history has had regular screening</td>
<td></td>
</tr>
<tr>
<td>Vault Smear (VS)</td>
<td>Refer to NCSP guidelines</td>
<td>#7E2A3.00</td>
</tr>
<tr>
<td>WithdrawnD (WD)</td>
<td>Formally withdrawn from NCSP – declines cervical screening</td>
<td></td>
</tr>
<tr>
<td>Withdrawn (W)</td>
<td>Formally withdrawn from NCSP – to continue cervical screening. Responsibility of recall lies with the smear taker and the woman; there are no back-up reminder letters from the NCSP register.</td>
<td></td>
</tr>
</tbody>
</table>

**Other Read Codes in use:**
- CINII #K5514.11
- HPV Changes #4K36.12
- Cervical Smear Screen #685.12
Update 3.2.3: How to set up Med Tech screen to save time

Page 1 of 2

Technical Tip for PMS:

Contacting women on the recall contact list one by one can be time consuming.

One way to make this quicker and easier is to close the “Patient Manager” and open the required “modules” from the tool bar.

Start with Blank screen

Use Toolbar at top or shortcut keys to bring up desired “modules”

- Go to “Module”
- Choose which modules you wish to display

Continue to add
Update 3.2.3(con): How to set up Med Tech screen to save time  Page 2 of 2

- Daily Record (shift F12)
- Screening (ctrl F5)
- Inbox (shift ctrl F8)
- Recalls (F5)
- Classifications (shift F11)
- Outbox (shift ctrl F2)

Open Recall Contact list – see Section 8: PMS Technical Tip

The recall list above has no names for confidentiality.

All the information you need is on the screen to recall one by one this saves time as you don’t need to click through different pages the patient manager.

Letters and text messages can be sent from the outbox

Note if you select Patient manager (F6) the screen will revert to that and the modules will have to be set up again.
Update 3.2.4: Delegating to non-clinical staff

Delegation of Tasks:

Recalling women for routine smears is time consuming for nurses. Using a clinical administrator for recalls can be a good way to free up nurse time.

<table>
<thead>
<tr>
<th>Example of delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A receptionist with noted interpersonal skills and enthusiasm was trained as a clinical administrator and further trained to use Dr Info and Recall Lists to identify women who are due for smears and to phone them. Delegation in this instance allows more time for the invitation and recall conversations.</td>
</tr>
</tbody>
</table>
Recording multiple ethnicities

MedTech 32 can hold up to three ethnicities for each patient and this should be used where patients do identify with a range of ethnicities. This will ensure that prioritised ethnicity can be recorded at the laboratory, and transferred to the NCSP Register.

Inaccurate ethnicity affects funding as well as coverage data.

- Go to “Module” on Toolbar
- Scroll down to “Patient Register”
- From the Ethnicity field click on the drop down menu, select the first ethnicity the patient has identified
Update 3.3.1: Technical Tip (con) - How to set up 3 ethnicities in the PMS

Go to the “More” tab

Choose 2nd and 3rd ethnicities from the drop down menu

Click “OK”
Update 3.5.1: Example of a Self-Auditing Tool:
See BPAC article in Appendix (ii)

Update 3.5.2: Examples of Feedback Forms are provided in Appendix (ii)
Update 3.5.3: Incentivising Nurse Smear takers

Examples of incentives often target the whole team, based on the achievement of shared goals which require everyone to be promoting cervical screening understanding and participation. An additional incentive for the nurses that actually take the smears, however, has proven effective in increasing participation rates.

<table>
<thead>
<tr>
<th><strong>Recommendation: Financial Incentives for Nurse Smear Takers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentive payments to encourage health professionals to increase rates of participation for all ethnicities have been delivered historically through the PPP (Primary Care Performance Programme) and are now part of the Integrated Performance Incentive Framework (IPIF).</td>
</tr>
<tr>
<td>The IPIF incentive for reaching the Cervical Screening target of 80 percent represents 25% of the possible incentive payment. This payment is shared between the PHO and the General Practices and could be passed on to the nurse smear takers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ideas and examples</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Pacifica Practice dedicated funding to increase the participation of priority women (Pacific, Maori, Asian and aged 20-69 and any woman aged 30-69 who has never had a smear or has not had one in the last five years).</td>
</tr>
<tr>
<td>A bonus payment was made to smear taker nurses who exceeded a baseline of smears per month. All smears taken in excess of that baseline generated a $10 payment per smear.</td>
</tr>
<tr>
<td>In a three month period, the number of smears taken was almost three times the number taken during the same three months of the previous year.</td>
</tr>
<tr>
<td>The practice manager was responsible for measuring and rewarding the smear taking nurses. The nurses demonstrated commitment to improving cervical screening rates despite the impact of the extra workload on their normal nursing duties however the additional workload which shifted on to the nurses’ colleagues was noted as a disadvantage.</td>
</tr>
<tr>
<td>This practice had support through access to a community health team with the ability to promote, refer women and to conduct home visits with a smear taker.</td>
</tr>
<tr>
<td>Being able to converse and provide information in the Pacific women’s first language was an advantage.</td>
</tr>
</tbody>
</table>
Update 4.2.1: Cost of HPV test to women from overseas

Note: where a woman with an overseas history of abnormal smears wants to have an HPV test as per New Zealand NCSP Guidelines, this will not be funded and she will bear the cost herself for this test.
Update 4.2.2: More on how to recall "hard to reach" women

Women who do not attend (DNAs):
Practices often know which patients are likely to DNA, but may not know if there has been a chance of address or contact details. Each point of contact to be an opportunity to check for current mobile, landline, and address details. If possible, ask rather than just show existing details, as people may not be able to read, and may affirm details presented to them, when actually they need to be changed.

Women who choose not to participate:
Most decliners will appear on audited lists of eligible women who are overdue. The small number of women who have formally declined through a note on the register will not have a recall date, will not appear on the NCSP monthly recall list, nor will they receive NCSP overdue letters. They will, however, still be counted within the denominator that is used to measure screening rates. The smear taker may set a task on the PMS to have a conversation after an appropriate interval. Decliners will be re-contacted, but not through the normal recall process. A tailored letter or a phone call is appropriate rather than a standard letter. See Appendix (xiii).
**Update 4.2.2: More on how to recall "hard to reach" women**  

**Sample Scripts:**

<table>
<thead>
<tr>
<th>SAMPLE script for recall with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• non-responders</td>
</tr>
<tr>
<td>• women who have been identified has having their previous smear elsewhere and are now overdue</td>
</tr>
</tbody>
</table>

**“Well done for looking after yourself and having smear tests in the past. I really want to support you to continue and to have your next smear. I realise you have a busy life and it is hard to find the time and I want to help make sure your smear is as convenient and comfortable as possible.**

I can take your smear myself or you can see the doctor here, or I can give you information about other smear takers. (If your surgery can offer out of hours options, drop in, free smears etc. provide woman with that information)

At this point the woman may say she has had her smear done elsewhere. If so, tell her that’s fine, it just had not been recorded on the system at the surgery.

**What would you prefer?”**

Possible responses:

If the woman clearly has been intending to get around to it – great. Cost is an issue for many women. Tell her the cost and itemise extras if this is more than the usual single consultation fee. If it is cheaper to see a nurse smear taker, tell her. If it is cheaper to go somewhere else, tell her.

If the woman is reluctant, reassure her that many women are hesitant but that you take extra care to ensure her comfort and would like to show her it can be a positive experience.

If she prefers to go elsewhere for whatever reason, encourage her by going over the options she has and sending her the one-page list of alternatives.

<table>
<thead>
<tr>
<th>DRAFT script for recall when a woman has previously declined.</th>
</tr>
</thead>
</table>

**“I realise you have previously chosen to decline cervical smears and I respect your choice – and you don’t get bothered by the usual recall letters. However, because women sometimes change their minds, and because I am your healthcare provider, I do need to check with you from time to time. I also need to make sure you know there are alternative services that you can use, and I would be pleased to give you information about those.**
Update 5a: Education Pack

Example of using the opportunity where a woman does not want her smear that day.

From a smear taking nurse: “Often a woman is just not feeling well enough to take up the offer of an opportunistic smear, so I keep an education kit on my desk and just talk with her. What does she understand about the process?

The brush is there, and I show her what it feels like. I get her to make a fist and see how her hand mimics her cervix, and then I show her how we collect the cells. I have a little drawing of the uterus and cervix so that she understands the location. I reassure her about privacy and confidentiality. I talk to her about the cervical smear programme and give her the pamphlet to take away.”

This is going back to the importance of building trust and a relationship so that the woman is more likely to make an appointment for a smear and to be more confident that the process will be less uncomfortable than she might have imagined.

Update 5b: Hints for increasing uptake

If possible provide a bidet. If this is not possible, provide women with an opportunity to “freshen up” and ensure wet wipes are available.

Phone eligible women who are coming in, (either for themselves or with children, grandchildren) to suggest they come in a bit earlier for a smear – this gives them a chance to prepare.
Update 6a: Age range for audit 20-69

Previous text has error. All eligible women (20 – 69) should be included in a data match or audit to determine who has either never had a smear in New Zealand, or who is overdue.
Update 7a: smear taking service for women with disabilities

New Section: Special Requirements

Cervical smear taking services must be provided in an environment that respects the dignity and autonomy of women. The following should be provided:

- A space that is private, secure and warm
- The offer of a chaperone or support person
- The choice of a female smear taker whenever possible.

The smear taker should consider his/her requirement for a chaperone.

Smear takers must make every effort to provide women who have special requirements with an environment and smear taking process that accommodates their particular needs. Special circumstances which the smear taker must take into consideration when taking a smear include:

- Women with physical disabilities
- Women with intellectual disabilities
- Women who have been sexually abused.

Refer women to Well Women and Family Trust where appropriate. The nurses have considerable experience of meeting these particular needs, usually at the woman’s home.

Contact:

Well Women and Families Trust Ph: 846 7886 (regional support to services provider)

Where appropriate it is recommended that chaperones are offered, and either the name of the chaperone or the decline of the offer is recorded.
Update 7b: HPV Immunisation and aetiology of CaCx, linked to online training course

<table>
<thead>
<tr>
<th>HPV Immunisation  and Cervical Cancer Aetiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV vaccination is incorporated as a dual approach to cervical cancer prevention. Smear takers are familiar with the HPV immunisation programme and take every opportunity to educate young women on the need for cervical smears between ages of 20-69.</td>
</tr>
<tr>
<td>Smear takers must be familiar with the cause of cervical cancer so that they can educate women coming for smears about HPV.</td>
</tr>
</tbody>
</table>

HPV immunisation is a primary prevention approach to cervical cancer, and cervical smears provide secondary prevention. Together these two approaches provide the highest level of protection possible.

The HPV vaccine is given as three injections in the upper arm over a six month period. The second dose is given two months after the first, and the third injection is four months after the second.

Vaccination is most effective when the three doses have been given before a young woman becomes sexually active. However they will still need to have regular smears from age 20 – 69 as the vaccine does not currently protect against all strains of HPV.

Girls and young women up to their 20th birthday are eligible for free vaccination either at school or through their General Practice, Family Planning or health clinic. After the age of 20, the three injections cost around $500.

Where girls are under 16 years of age vaccination requires a consent form to be signed by a parent or and returned to the school.

Girls over 16 can give their own consent.

The vaccine should not be given to pregnant women or anyone who has had a life-threatening reaction (hypersensitivity or anaphylaxis) to any component of the vaccine or has had a reaction to the previous dose of the vaccine.

“About the HPV Vaccine”
Update 7c: Women who do not respond to 12 month recall following treatment at Colposcopy

Clinical Risk

The GP receives discharge information from Colposcopy, including recommendations for follow up. An appropriate follow up date will be entered in the Practice PMS. It is a clinical risk for her not to get this follow up, therefore if she becomes overdue and cannot be contacted by the smear taker, referral to outreach (Support to Services) provider is urgent. The smear taker organises feedback to confirm the outcome of the referral.

Phone:

- Well Women and Family Trust: 846 7886 (regional support to services provider)
- Te Whanau O Waipareira 836 6683 and ask for Kim Wi.(support to services in the Waitemata DHB region)
- Raukura Hauora O Tainui 021 894 795 (Heather Emery)
- The Fono 837 1780 (Lingi Pulesea)
Update 7d: HPV testing and Pathway back to three-yearly screening
Page 1 of 2

Smear takers are reminded that women with previous high grade smears and on annual recall have a pathway to return to three-yearly smears following two normal annual smears and two consecutive annual negative HPV tests. The smear and the HPV test are usually requested at the same appointment. It is the responsibility of the smear taker to discuss this with women and arrange, where appropriate, through a specific request on the lab form. Tick the box for an HPV test, or write the request by hand. (It is possible to change your PMS-generated lab form if it does not already have a box to tick specifically for an HPV test. Contact your PHO for help)

<table>
<thead>
<tr>
<th>Annual Smear 1</th>
<th>Cytology:</th>
<th>HPV Test:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Negative</td>
<td>Repeat in 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Smear 2</th>
<th>Cytology:</th>
<th>HPV Test:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Negative</td>
<td>3 yearly screening</td>
</tr>
</tbody>
</table>

Note: When an HPV test was not requested on the Laboratory Request Form for a woman with a previous High Grade result, the lab can be contacted by phone and asked to add this test to the request if this is known within four weeks of the smear being taken. This is useful if the woman did not at the time of the smear test communicate her smear history accurately, and on receipt of the smear test result it becomes clear that an HPV test should be requested. Another lab form can be generated: “HPV add on test” for this purpose.

Women being managed this way must have had a previous high grade SQUAMOUS lesion. If uncertain about eligibility please check a woman’s smear history on the NCSP Register by phoning 0800 729 729. The laboratory may decline a HPV test request if this does not meet specific criteria.

HPV testing associated with low grade smears in women over 30 years of age is the responsibility of the laboratory.

Refer to the Critical Note on page 36 re women with cervical history sourced overseas.

Reminder of when to request HrHPV test as well as cervical smear

a) For follow up of low grade changes – the HrHPV test reduces false negatives. This applies to women over 30 years of age. It is initiated at the Lab and does not require specific request from the smear taker.

b) Following treatment for high grade changes – the HrHPV test is a test of cure where both cytology and HrHPV are negative for the two consecutive annual follow ups. This means the woman can be managed back to normal 3-yearly screening. This is NOT initiated at the Lab, and requires the smear taker to specifically request the HrHPV test on the cervical smear lab form.
The Laboratories used for cervical cytology in Auckland are DML and LabTests (for ThinPrep) and Southern Community Laboratories – soon to be amalgamated with LabPlus at ADHB - (SurePath).

The cytologists are experts and are available by phone to answer questions related to cytology and management.

Diagnostic Medlab: (09) 571 4001 or 0800 522 837
Labtests: Southern Community Laboratories: (09) 574 7399

See extracts from the NCSP Guidelines 2009 below:

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| National Cervical Screening Programme Guidelines and Online Training. |
| Guidance on HPV Testing Update 2010 p.25 |
| The training course on the human papillomavirus (HPV) is now available on the Ministry’s Learn Online website at http://learnonline.health.nz/course/category.php?id=83 |

---

The Laboratories used for cervical cytology in Auckland are DML and LabTests (for ThinPrep) and Southern Community Laboratories – soon to be amalgamated with LabPlus at ADHB - (SurePath).

The cytologists are experts and are available by phone to answer questions related to cytology and management.

See extracts from the NCSP Guidelines 2009 below:
Update 7.2.2: Maintaining Competence: More content

Maintaining Competence

Smear takers must have an up-to-date knowledge of all aspects of preparing women for cervical screening, taking cervical smears, interpreting cervical smear results, initiating follow-up action and completing documentation, as per the NCSP Competencies for Smear Taker Training (National Screening Unit, 2009) and NZQA Unit Standard 1098 (revised 2008). Competency can be maintained by:

- Taking smears on a regular basis (at least 30 per year is recommended)
- The Practice Manager keeping a record of number of smears per smear taker per year
- Attending regular clinical updates run by relevant professional bodies
- Reading current information from the NCSP and relevant journal articles
- Monitoring their smear adequacy rate via their Quality of Smear report. This is issued 6-12 monthly; however, smear takers can request this from the NCSP-Register at any time. (The upper limit for inadequate smears is 5%)

Where a smear taker has not been taking smears for an extended period of time, it is recommended that he or she have a clinical supervisor for the first few smears (e.g., 3-5) and attend a smear taker update session.

Where a smear taker’s adequacy rate is consistently below the standard it is recommended that he/she seek the advice of a peer supervisor or the NCSP Clinical Leader.

<table>
<thead>
<tr>
<th>Smears and Swabs</th>
</tr>
</thead>
<tbody>
<tr>
<td>With young women, always offer swabs as well as a smear, and a smear as well as a swab. STIs are very common and it makes sense to get into the habit of doing both.</td>
</tr>
<tr>
<td><strong>Do not take swabs without informed consent.</strong></td>
</tr>
</tbody>
</table>
## Example for Communicating Abnormal Results

Women can be so frightened that they avoid treatment; therefore the way the news of an abnormal result is given is important e.g.

“I have good news for you; your smear results tell us that you have very early changes in the cells from your cervix which are very unlikely to develop into cancer.”

Then where the guidelines recommend a repeat smear after 12 months:

“Having a smear when you did means we can organise for you to have another smear within (6 months or a year depending on history) to see if the cells have gone back to normal by themselves. I will contact you when it is time to come in again for another check.”

Or where the guidelines recommend a referral to colposcopy:

“Having a smear when you did was good because we can organise for the cells to be treated so that cancer is unlikely to develop. I have already let the clinic know to send you a letter with an appointment. This is the Colposcopy Clinic at (Auckland, Waitemata Hospitals or the Super Clinic at Manukau). Your appointment will be planned for six months’ time, because we need to leave enough time for your cells to have a chance to go back to normal by themselves.”
Abnormal smear results requiring referral to colposcopy are described within the NCSP Cervical Screening Guidelines and are the basis of the recommendations for referral provided by the laboratory. Referrals are the responsibility of the smear taker. In some practices there is policy that the referral is made by the doctor, but this is not necessary. There is no charge for referral where a woman is referred to the DHB.

The pathways of communication between the referring smear taker and Colposcopy, and then between Colposcopy and both the woman’s General Practitioner and the NCSP Register are shown below:

Colposcopy teams use their own outreach health workers, and also ISPs to support women who do not respond to the appointment sent to them (DNR) or do not attend (DNA). If there is no success in contacting and treating the woman, she is discharged back to the GP with recommendations for a due date for the next smear. This discharge information is also sent to the NCSP Register.
The DNA/DNR pathway for each DHB Colposcopy Clinic is available on Healthpoint.

Smear takers are responsible for following up results. This includes referring women to colposcopy.

- Practices using Medtech or My Practice are able to refer directly to Colposcopy via Care Connect e-Referrals. The referral information is sent securely via Healthlink.

- A message confirming receipt of the referral is received into the patient inbox immediately after the referral is completed.

- It is possible to request that copies of reports are also sent to the woman’s GP where the smear is taken elsewhere.

- For further information about E-Referrals see the website below. PHO’s are also able to provide assistance. [http://www.ereferrals.co.nz/Support/tabid/220/Default.aspx](http://www.ereferrals.co.nz/Support/tabid/220/Default.aspx)
Section 8 PMS Technical Tips:

Note: MedTech upgrade has changed the look of the screen

New Query Build Tip
Page 1 of 15

Queries can be designed for a variety of purposes and to provide a range of information. Most query builds start by following a specific format which identifies registered patients.

The following query shows step by step how to find women by ethnicity. For other queries follow steps in the following tables

Step 1: Name the Query

- Click on Tools on task bar
- Click on Query Builder
- To name the query go to “Query Store” and double click

- A “Query store box appears
- Go to File
- Select “Save Query” from drop down menu
A “Save Query” box appears

Name the query

Click OK

Note after the query has been built it will need to be saved following the same process

The query name now appears in top left corner
New Query Build Tip
Page 3 of 15
Step 2: Include patients registered in the Practice:

- Go to Box labelled “Table” at top left and click on “Patient” in the drop down menu

- Click on the red arrow to bring “Registered” across to the “Where” list
- The “Where” Table now includes “Patient Registered” and alongside is “Condition undefined”
- Double click on “Condition undefined” and another small window opens “Query Builder Condition”

- For “Condition” select “Equal to” from the drop down menu.
- For “Value” select “Registered” from the drop down menu
- Click OK
New Query Build Tip

Page 5 of 15

Step 3: Select Women:

- Go back to the “Patient” table on the left of the window, and click on “Gender”
- Click on the red arrow to bring the “Gender” across to the “Where” list

- The “Where” Table now includes “Gender” and alongside is “Condition undefined”
- Double click on “Condition undefined”
- For “Condition” select “Equal to” from the drop down menu.
- For “Value” select “Female (F)” from the drop down menu
- Click OK
Step 4: Include only Enrolled Women:

- Go back to the “Patient” table on the left of the window, and click on “Enrolment Status Code”

- Click on the red arrow to bring “Enrolment Status Code” across to the “Where” list

- The “Where” Table now includes “Enrolment Status Code” and alongside is “Condition undefined”

- Double click on “Condition undefined”

- For “Condition” select “Equal to” from the drop down menu.

- For “Value” select “Confirmed Enrolment (C)” from the drop down menu

- Click OK
Step 5: Include only Funded Women:

- Go back to the “Patient” table on the left of the window, and click on “Enrolment Funding Status Code”
- Click on the red arrow to bring “Enrolment Funding Status Code” across to the “Where” list

- The “Where” Table now includes “Enrolment Funding Status Code” and alongside is “Condition undefined”
- Double click on “Condition undefined”
- For “Condition” select “Equal to” from the drop down menu.
- For “Value” select “Funded (F)” from the drop down menu
- Click OK
Step 6: Select the Women Eligible by Age:

- Go back to the “Patient” table on the left of the window, and click on “Dob - Age”
- Click on the red arrow to bring “Dob – Age” across to the “Where” list

- The “Where” Table now includes “Dob - Age” and alongside is “Condition undefined”
- Double click on “Condition undefined”
- For “Condition” select “Between” from the drop down menu.
- For “Value” type “20”. The next box down, type “69” This will ensure a full list of women who are eligible by age for cervical screening.
- Note: For specific age groups e.g. young women, adjust the age range here.
- Click OK
Step 7: Query by Ethnicity:

Go back to the “Patient” table on the left of the window, and click on Ethnicity Code

- Click on the red arrow to bring “Ethnicity Code” across to the “Where” list
- The “Where” Table now includes “Ethnicity Code” and alongside is “Condition undefined”
- Double click on “Condition undefined”
- For “Condition” select “in” from the drop down menu.
- For “Value” use the drop down menu to tick priority ethnicities or selected ethnicity.
- Click OK
Step 8: Count by Ethnicity

- Go back to the box labelled “Table” and scroll to the very bottom to select the “Count Function” table from the drop down menu.
- From the “Fields” select “Count Occurrence”
- Click on the bottom red arrow to bring “Count Occurrence” across to the “Where” list

- Run the Query
- This will give numbers of selected ethnicities
- To return to the query click the “Designer View tab”
Step 9: Include Patient Details

- Other data such as NHI Name and Phone numbers can be selected from the “Patient” table and moved to the select field using the red arrow.

- Run the query and remember to save it using the query store.
New Query Build Tip
Page 12 of 15

Query Display Options

Once the query has been saved and run the “Data Sheet View” page appears
This page provides the list of women from the query.
This can be printed and the list worked through one by one. (Print)
It can be exported as CSV (spreadsheet) file – this is useful if sending NHI numbers to the NCSP register. (Export)
The Merge option can be used to create an alert, send letters or text messages to the selected group of women.
Different text message providers use slightly different systems so it is recommended to check with your text message provider. They are usually able to provide remote support with this function.
To go back and review the query build click on the designer view tab.
To Send a Recall Letter for All of the Women in the Query.

To use Query Build to Find Eligible Women with No recall date and Send a Message

To create this query follow the steps as shown for the previous query. This will create a list of eligible women who do not have a recall date for cervical smear due.

1. Check that the “table” field matches the “table” column below
2. Check that “field matches the “field column below
3. Once you have selected from field use the red arrow to move across to “where column”
4. Double click on item in “where column to define “ condition”
5. Check “condition” matches condition column below.

<table>
<thead>
<tr>
<th>Table</th>
<th>Field</th>
<th>Column</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Registered</td>
<td>Where</td>
<td>Equal to Registered</td>
</tr>
<tr>
<td>Patient</td>
<td>Enrolment Status code</td>
<td>Where</td>
<td>Equal to Confirmed enrolment</td>
</tr>
<tr>
<td>Patient</td>
<td>Gender</td>
<td>Where</td>
<td>Equal to Female</td>
</tr>
<tr>
<td>Patient</td>
<td>DOB-Age</td>
<td>Where</td>
<td>Between 20-69</td>
</tr>
<tr>
<td>No Recalls</td>
<td>Type of Recall</td>
<td>Where</td>
<td>Equal to Screening</td>
</tr>
<tr>
<td>No Recalls</td>
<td>Recall Code</td>
<td>Where</td>
<td>Equal to Cervical Smear</td>
</tr>
<tr>
<td>No Recalls</td>
<td>Date of Recall</td>
<td>Where</td>
<td>Between (select dates)</td>
</tr>
<tr>
<td>Patient</td>
<td>Name- Full Name</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>NHI</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Phone</td>
<td>Select</td>
<td></td>
</tr>
</tbody>
</table>

6. Once this query has been created, save in the “query store”
7. Follow the “Merge” steps to create an alert, letter or text message for the list of women, or work through the list one by one. Once this query has been created check it is saved in the “query store”
To Use Query Build to find Women Archived by Exempt Code (to remedy)

Sometimes women who
- have not responded to recall
- have declined
- have had a hysterectomy—but need vault smears
have been “exempted” or “archived” from recall.

The query builder table below shows how to identify this group of women. Checking the files of these women one by one to determine reason for exemption is recommended.

<table>
<thead>
<tr>
<th>Table</th>
<th>Field</th>
<th>Column</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Registered</td>
<td>Where</td>
<td>Equal to Registered</td>
</tr>
<tr>
<td>Patient</td>
<td>Enrolment Status code</td>
<td>Where</td>
<td>Equal to Confirmed enrolment</td>
</tr>
<tr>
<td>Patient</td>
<td>Gender</td>
<td>Where</td>
<td>Equal to Female</td>
</tr>
<tr>
<td>Patient</td>
<td>DOB-Age</td>
<td>Where</td>
<td>Between 20-69</td>
</tr>
<tr>
<td>Measurements</td>
<td>Screening Code</td>
<td>Where</td>
<td>Equal to cervical Smear</td>
</tr>
<tr>
<td>Measurements</td>
<td>Outcome Code</td>
<td>Where</td>
<td>Equal to Declined*</td>
</tr>
<tr>
<td>Measurements</td>
<td>Date of Measurement</td>
<td>Where</td>
<td>Between (select dates)</td>
</tr>
<tr>
<td>Patient</td>
<td>Name-Full Name</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>NHI</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Phone</td>
<td>Select</td>
<td></td>
</tr>
</tbody>
</table>

*Exempt Codes will be specific to each Practice Management System and may also include:

GNA

Non Responder

Hysterectomy

Exempt
To Use Query Build to find women who have no Cervical Smear inbox document

This query may be useful to identify women who don’t have a cervical screening history with the practice. Invitation and Recall are a priority for this group.

<table>
<thead>
<tr>
<th>Table</th>
<th>Field</th>
<th>Column</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Registered</td>
<td>Where</td>
<td>Equal to Registered</td>
</tr>
<tr>
<td>Patient</td>
<td>Enrolment Status code</td>
<td>Where</td>
<td>Equal to Confirmed enrolment</td>
</tr>
<tr>
<td>Patient</td>
<td>Gender</td>
<td>Where</td>
<td>Equal to Female</td>
</tr>
<tr>
<td>Patient</td>
<td>DOB-Age</td>
<td>Where</td>
<td>Between 20-69</td>
</tr>
<tr>
<td>No Inbox</td>
<td>Subject</td>
<td>Where</td>
<td>Equal to: Liquid Based Cytology or Surepath Cervical Smear</td>
</tr>
<tr>
<td>No Inbox</td>
<td>Date Received</td>
<td>Where</td>
<td>Select Date Range</td>
</tr>
<tr>
<td>Patient</td>
<td>Name-Full Name</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>NHI</td>
<td>Select</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Phone</td>
<td>Select</td>
<td></td>
</tr>
</tbody>
</table>
Using a standardised list of Cervical screening outcome codes is useful both for auditing for health target purposes and when transferring women’s medical files via “GP2GP”.

1. To remove unwanted codes:
   - Click on “set up” on task bar
   - Scroll down to “Recall/Screening”
   - Click on “Screening Terms”

A list of screening terms will appear

- Double click on “(Cx) Cervical Smear”
- Click on “Outcomes” tab
A list of cervical screening outcomes will appear:
Inactivated “outcomes” will appear with a line through them.

To “inactivate” unused “outcomes”

- Double click on the unused “outcome”
- An “outcome” box appears
- Click on the “inactive box
- Click OK

Continue to remove all unused “outcomes” one by one.

To Check an “Outcome Has an Associated Recall Date

This is the correct process to ensure eligible women are not “archived” or “lost to follow up”

Even though an “outcome code” may be “exempt” ensuring it has an associated recall period will prevent eligible women being permanently “archived”

Associated recall period may be determined by practice policy or as discussed and documented with the women.
Each outcome on the list will need to be checked to ensure it has an associated recall period.

- Double click on chosen outcome
- “View Outcome” box appears
- Ensure a recall period is set

The following example uses the “decline” outcome to illustrate:

**Example for Women who have had a Total Hysterectomy and Normal Screening History:**

Note: the outcome indicator is “exempt” and no associated recall period is set. This will permanently archive the women from the recall contact list. Archived women can be found via “query build” [see technical tip](#)
Example for Women who have a Normal Cervical Smear Result:

Note: Practice policy will determine whether the default associated recall period is set to 3 years or is left blank and the recall period entered manually depending on guidelines or clinical judgement.

Example for Women Who have Not Responded to 3 Recalls
Ensure an associated recall period is entered. This will be determined by NCSP guidelines and practice policy.

This prevents eligible women from being permanently archived from recall.

To Add a New Cervical Screening Outcome Code

It is recommended to follow standardised outcome codes. (See Section 3.3)

Continue process below until all standardised outcomes are entered.

- Follow above process to open “screening terms”
- Click “add” a “New Outcome” box appears
- Enter “code” - in this example (FN)
- Enter “Description” – in this example (First Normal)
- Enter “Recall in” – in this example 1 year
- Enter “Outcome Indicator” – in this example (Normal)
- Click OK
Update to Technical Tips:

How to set up screen to reduce recall time
Page 1 of 2

Contacting women on the recall contact list one by one can be time consuming.

One way to make this quicker and easier is to close the “Patient Manager” and open the required “modules” from the tool bar.

1 Start with Blank screen

Use Toolbar at top or shortcut keys to bring up desired “modules”

- Go to “Module”
- Choose which modules you wish to display
How to set up screen to reduce recall time

Page 2 of 2

Continue to add

- Daily Record (shift F12)
- Screening (ctrl F5)
- Inbox (shift ctrl F8)
- Recalls (F5)
- Classifications (shift F11)
- Outbox (shift ctrl F2)

Open Recall Contact list – see Section 8: PMS Technical Tips

The recall list above has no names for confidentiality.

All the information you need is on the screen to recall one by one this saves time as you don’t need to click through different pages the patient manager.

Letters and text messages can be sent from the outbox

*Note if you select Patient manager (F6) the screen will revert to that and the modules will have to be set up again.*
Technical Tip How to Add Alternative Cervical Screening Providers to Outbox

Some women may prefer to have their cervical screening at an alternative provider.

A one page list of alternative providers can be added to cervical screening recall letters in the outbox or the page can be created as a separate outbox document which can be easily printed from the women’s file during a discussion about alternative providers.

1. **To add the list to an existing letter**

   - Go to “Set Up”
   - Scroll down to “Inbox/Outbox”
   - Click on “Outbox Document”. This opens the “Document Designer” window.
   - Click on the white page icon

   - This opens the Document Designer
   - To add the list to an existing cx smear recall letter double click on the chosen letter in the document designer box as shown above
   - This will open up a document designer box for (CX) Smear Recall
   - Click on the 2\(^{nd}\) tab called Document
How to Add List of Alternative Providers to Outbox

- This brings up the letter template
- Click on the PgBrk box

- This inserts a page break at end of page 1 as shown below
The list of alternative providers can be copied and pasted below the page break to create a second page.

Alternative providers can be copied and pasted from Appendix (iii) of the How To Guide or the project website “Resources for Women”:
http://nationalwomenshealth.adhb.govt.nz/health-professionals/auckland-regional-cervical-screening-project/sharing-resources

- Click OK
- Do a print test and adjust as necessary
2. To add the list as a separate outbox document

- Go to New in Document Designer a new document box appears
- Add code
- Add Description
- Choose document from drop down box
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- Click OK
- Do a print test and adjust as necessary
Addition to Appendix (ii): Self Audit from bpac

Page 1 of 8
Background

Approximately 160 women are diagnosed with cervical cancer in New Zealand each year, and 60 die from this largely preventable disease. It is now universally accepted that the main underlying cause of cervical cancer is persistent infection with certain high-risk types of human papillomavirus (HPV) and that these viruses are sexually transmitted. Most HPV infections resolve spontaneously, but persistent infections can result in the development of pre-cancerous lesions and, if untreated, can progress to cervical cancer.

Cervical cancer has a 10–20 year latency and regular cervical smears can effectively identify the majority of women with these pre-cancerous lesions and reduce a woman’s risk of developing cervical cancer by 90%.1,2

The National Cervical Screening Programme (NCSP) recommends that women have three-yearly cervical smears from age 20 years until they are 70 years. Women having their first smear or those who have not had a test for five years or more should have a repeat smear within one year. Women with an abnormal result should have more frequent smears as outlined in the New Zealand guidelines for cervical screening.1

If the cervical smear has been reported by the laboratory as unsatisfactory, e.g. due to an inadequate sample or excessive mucus or blood, the smear should be repeated within three months. The use of liquid-based cytology, however, is likely to have reduced the number of samples reported as unsatisfactory.

The NCSP provides an important “backstop” to ensure that women who have an abnormal smear result are informed and that appropriate follow up is planned, however, the responsibility for notifying women that they are due for a cervical smear, providing results and placing a recall on a Practice Management System (PMS) belongs to the primary care team.

The current target for cervical screening is for 80% of all eligible women to have had a cervical smear.2 This increased target was introduced with the new Integrated Performance and Incentive Framework (IPIF) on July 1, 2014 and replaces the previous PHO Performance Programme (PPP) target of 75%. This audit, however, is designed to assess whether the systems in your practice are effective, not only to document women who are up to date with cervical smears, but also to check that for all eligible women there is a record in their notes if they are overdue, have declined smears or have a clinical reason that a cervical smear is not required.

For additional information see:

“How to increase the uptake of cervical screening: a profile of success”, BPI 53 (Oct, 2013)

References


Audit action plan

The recommended steps for completing this audit are to:

Take a random sample of your female patients aged 20 to 69 years.

Identify what percentage of these patients:

- Are up to date with their smears and have a recall in place
- Are overdue for a cervical smear, but have had multiple reminders
- Have a clinical reason why a smear is not required, e.g. the woman has had a total hysterectomy and there was no record of malignancy on histology
- Have declined to have smears

Criteria for a positive result

For a patient to be considered a positive result for this audit the following information should be documented in the patient’s clinical record:

- That they are up to date with their cervical smears and an appropriate recall is in place OR
- That they are overdue for a cervical smear, however, they have had multiple reminders regarding this OR
- That there is a clinical reason why they have not had a cervical smear OR
- They have declined to have cervical smears
Identifying opportunities for CQI (OR OTHER)

Taking action
The first step to improving medical practice is to identify the criteria where gaps exist between expected and actual performance and then to decide how to change practice.

Once a set of priorities for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for any actions to specific members of the practice team and should include realistic timelines.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

Problem solving process
- What is the problem or underlying problem(s)?
- Change it to an aim
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

Overcoming barriers to promote change
- What is achievable – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting
- Identify the barriers
- Develop a priority list
- Choose one or two achievable goals

Effective interventions
- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour

Audit data

Eligible people
All women aged 20-69 years are eligible for this audit.

Identifying patients
You will need to have a system in place for identifying eligible patients. Many practices will be able to identify patients by running a “query” through their patient management system (PMS).

Sample size
It is likely that you will have a large number of eligible patients for this audit, therefore take a random sample of 30 patients whose notes you will audit (the first 30 identified is sufficiently random for the purposes of this audit, provided that this includes women of varying age and ethnicity – this will vary depending on how you build your query).

Data analysis
Use the data sheet provided to record your data and calculate percentages.

Assess the percentage of positive results obtained overall for the four clinical situations. The results should be discussed within the practice and this discussion used to identify ways to improve these results. In particular, for patients who are overdue for a cervical smear, check if an alert has been placed on the patient record so this can be discussed when the patient next presents.
Review

Monitoring change and progress
It is important to review the action plan at regular intervals. It may be helpful to review the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practitioners complete the first part of the CQI activity summary sheet (Appendix 1).

Undertaking a second cycle
In addition to regular reviews of progress, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practitioners complete the remainder of the CQI activity summary sheet.

Claiming MOPS credits
This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. 10 credits for a first cycle and 10 credits for a second cycle. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until October, 2019.

To claim points go to the RNZCGP website: www.rnzcgp.org.nz

Record your completion of the audit on the MOPS Online credit summary under the Continuous Quality Improvement/Audit of Medical Practice section. From the drop down menu, select the audit from the list or select “Approved practice/PHO audit” and record the name in the notes. MOPS online can be completed by vocationally registered doctors or ‘CPD online’ for general registrars. Alternatively MOPS participants can indicate completion of the audit on the annual credit summary sheet which is available from the College on request.

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. An Audit of Medical Practice (CQI Activity) summary sheet (included as Appendix 1).
**Data sheet – cycle 1  Cervical Cancer Screening**

<table>
<thead>
<tr>
<th>Female patient aged 20–69 years</th>
<th>A: Evidence in patient’s notes of cervical smear within the last three years and appropriate recall in place</th>
<th>B: No evidence of a cervical smear within the last three years but the notes show repeated reminders*</th>
<th>C: Evidence of a clinical reason why a cervical smear is not required</th>
<th>D: Evidence that the woman has declined to have cervical smears</th>
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1. Number of patients with a tick in Column A divided by the total number of patients (target is > 80%);

2. Number of patients with a tick in Column A, B, C or D divided by the total number of patients (target is 100%);

* In addition, an alert should be placed on the clinical notes as a reminder to discuss the patient’s cervical screening status when they next present.

Please retain this sheet for your records to provide evidence of participation in this audit.
### Data sheet – cycle 2  Cervical Cancer Screening

<table>
<thead>
<tr>
<th>Female patient aged 20–69 years</th>
<th>A: Evidence in patient’s notes of cervical smear within the last three years and appropriate recall in place</th>
<th>B: No evidence of a cervical smear within the last three years but the notes show repeated reminders*</th>
<th>C: Evidence of a clinical reason why a cervical smear is not required</th>
<th>D: Evidence that the woman has declined to have cervical smears</th>
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1. Number of patients with a tick in Column A divided by the total number of patients (target is > 80%):

2. Number of patients with a tick in Column A, B, C, or D divided by the total number of patients (target is 100%).

*In addition, an alert should be placed on the clinical notes as a reminder to discuss the patient’s cervical screening status when they next present.*

Please retain this sheet for your records to provide evidence of participation in this audit.
Audit of Medical Practice (CQI activity) Summary Sheet

<table>
<thead>
<tr>
<th>Topic</th>
<th>Cervical Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>The activity was designed by</td>
<td>Bpac™</td>
</tr>
<tr>
<td>Doctors Name</td>
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**FIRST CYCLE**

<table>
<thead>
<tr>
<th>DATA: Date of data collection:</th>
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<tr>
<th>CHECK: Describe any areas targeted for improvement as a result of analysing the data collected.</th>
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<tr>
<th>ACTION: Describe how these improvements will be implemented.</th>
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<tr>
<th>MONITOR: Describe how well the process is working. When will you undertake a second cycle?</th>
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</table>

Please retain this sheet for your records to provide evidence of participation in this audit.
Addition to Appendix (ii): Page 8 of 8
SECOND CYCLE

<table>
<thead>
<tr>
<th>DATA:</th>
<th>Date of data collection:</th>
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<td>CHECK:</td>
<td>Describe any areas targeted for improvement as a result of analysing the data collected.</td>
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<th>ACTION:</th>
<th>Describe how these improvements will be implemented.</th>
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<tr>
<td>MONITOR:</td>
<td>Describe how well the process is working.</td>
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<th>COMMENTS:</th>
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Please retain this sheet for your records to provide evidence of participation in this audit.
ANONYMOUS WOMENS FEEDBACK FORM

It’s great that you took time out to have your Cervical Smear test today.

If you don’t mind letting us know how you found the service it can help us improve how we do things.

<table>
<thead>
<tr>
<th>Experience of Cervical Smear Test</th>
<th>Scale</th>
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</thead>
<tbody>
<tr>
<td>For each item below circle the number that best describes your experience</td>
<td>Poor</td>
</tr>
<tr>
<td>1. It was easy to book in for my smear test</td>
<td>1</td>
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<tr>
<td>2. The times offered were convenient</td>
<td>1</td>
</tr>
<tr>
<td>3. I was given a choice about smear takers</td>
<td>1</td>
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<tr>
<td>4. The room was warm, private and comfortable</td>
<td>1</td>
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<tr>
<td>5. The smear taker explained the procedure to me and my choices were respected</td>
<td>1</td>
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<tr>
<td>6. The smear test was affordable</td>
<td>1</td>
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<tr>
<td>7. I felt that my comfort was important to the smear taker</td>
<td>1</td>
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<tr>
<td>8. The smear taker explained how I would find out my results</td>
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Please offer any suggestions for how we could improve our service.
Improving our Cervical Smear Service

We don’t need your name, just your ideas. You can post this in the box at reception, or ask for a self-addressed envelope and post to us later.

Well done for looking after yourself and having your smear test. Your honest feedback can help us with providing this smear taking service. Please tell us:

1. What is helpful? What makes having a smear easier for you?

2. What is unhelpful? What makes it harder than it needs to be?

3. Please give suggestions for improvement.”

Thank you for taking the time to complete this feedback form.
Using darkness to improve practice

A nursing student describes a simple way she discovered to make cervical smear—taking more culturally acceptable to Māori and Pacific women.

By Maureen Pene

The last three years I have spent studying nursing at the Eastern Institute of Technology in Napier have taken me on a fascinating journey of discovery about what I value most about being a nurse. At 48, I am one of the older students, having spent 25 years in the military, working as an administrator and, in the latter half of my military career, as a medic. All this experience has helped me know my strengths and weaknesses, and shown me how I can operate at a higher level, pushing boundaries when that feels right.

For many years now, I have had the dreaded three-yearly cervical smear and I hate them. But, even as a younger woman, I knew the benefits far outweighed my fear of a stranger poking around my nether region. I wanted to see my daughter grow up, get married and have a family. Fast forward 25 years, she is now 26 and a terrific mother to my three-year-old mokopuna. I had my last smear last year, dragging my daughter along with me. I began to examine what exactly made the experience so uncomfortable for me. How could it be made a better experience?

My nursing lecturers have taught me to reflect on my own practice, to look at the good and the not so good and to consider the impact this has on our patients. We are expected to look at ways to improve patient outcomes and the health status of the population. I used this method to reflect on my cervical smear experience. My fears centred on being physically exposed and therefore vulnerable.

A surprisingly simple solution

Recently, I completed a five-week placement at Totara Health in Whakatane, Hastings. This primary health care (PHC) facility has a large catchment area and serves a predominantly low socio-economic area. I decided to put my new ideas into practice. The solution I had come up with was surprisingly simple. When someone is ready for their smear to be taken, make the room as dark as possible and turn the light out. From a cultural perspective, a darkened room creates a sense of safety which, in turn, reduces anxiety and perceptions of being exposed, lessening feelings of vulnerability. A drape over the lower regions and legs is still necessary until the lights go out.

My preceptors at Totara Health did not blink an eye when I shared my idea. You can imagine my delight when the lights were turned out soon after our first cervical smear client walked through the door. By the time I had reached my fifth week with this organisation, the lights were still being switched off, whether I was in the room or not. One of my preceptors was amazed by the response from young Māori women and has decided to offer this approach to all her clients.

I recently finished writing my third-year research paper. I know any change to practice does not happen through one article published in Kai Tiaki Nursing New Zealand, nor will this method suit every patient. In fact, I am sure my ideas will meet heaps of resistance. My intention is simply to share this experience with the hope of improving Māori health and, by default, the health of all women, by presenting a method that is culturally safe, costs nothing to nothing and saves power. But most importantly, it potentially improves statistics among those “at risk” groups such as Māori and Pacific people who don’t go to local health providers or take part in the national cervical screening programme.

Here are a few tips to get you started:

• Ensure any light is blocked from entering the workspace.
• Prepare your equipment on a separate surface close to your patient (not the end of the bed) before you turn off the light.
• If you can still see your equipment after the lights go out, your room is not dark enough. Try to preserve the darkness as best you can.

Using a very dim red light to illuminate your equipment only. A small directional lamp (or headlamp) will help.

• Don’t use the light from the speculum to find your equipment. It’s too bright and breaks the cover of darkness.
• The speculum light is bright enough to check the external genitalia immediately before insertion. You may have to turn the light back on if something looks suspicious.

• It’s a good idea to gain the patient’s consent before plunging them into darkness.

My next smear is due in two years. If this method is accepted, I will feel a real sense of achievement and any anxiety I would normally feel will disappear.

When I graduate next July, I hope initially to work in a hospital emergency department to get a good understanding of the systems that operate there. However, I know I am a good fit for PHC and like the way people react to me as a Māori. I will certainly aim to promote and practise this simple and safe method of smear-taking when I am next working in the PHC environment.

I would like to acknowledge the wonderful nursing staff at Totara Health who readily adopted this initiative and encouraged me to share my story.

Maureen Pene prepares the equipment needed for conducting a cervical smear before turning out the light.

Maureen Pene

Maureen Pene is a third-year nursing student at the Eastern Institute of Technology, Napier.