

Cervical smears — an opportunity for disinvestment?

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SUMMARY

Background. The National Cervical Screening Programme was introduced to increase population coverage while reducing the overscreening of women at low risk.

Aim. To describe the frequency with which cervical smears are unnecessarily repeated within the prescribed screening interval.

Method. All cervical smears taken in a primary care setting in Manchester from women aged 20–64, during 1988–92, were identified. A smear was considered unscheduled if it was taken within 30 months of a preceding smear and if there was no clinical indication or laboratory recommendation for an early repeat smear.

Results. A total of 100 134 smears were identified from 85 594 women attending 130 general practices and 40 NHS community clinics; 12 633 women subsequently had 14 702 unscheduled smears; 50% of the unscheduled smears were taken by 18% of the general practices and 8% of the NHS community clinics.

Conclusion. If they are replicated elsewhere, these findings suggest a substantial disinvestment opportunity.

Keywords: cervical screening; unscheduled screening; disinvestment; medical audit.

Introduction

It was hoped that the introduction of the National Cervical Screening Programme in 1988 would not only increase population coverage but also reduce the overscreening of low risk women.^{1,2} We report the frequency with which smears taken in primary care continue to be repeated within the prescribed screening interval.

Method

All smears taken as part of the call/recall programme between 1 January 1988 and 31 December 1992 from women aged 20 to 64 years, by a Manchester general practice or NHS community clinic (NHSCC), were identified on the database of the Christie Hospital NHS Trust Cytology Laboratory. This laboratory reads all screening smears taken in Manchester. Smears were excluded

from this analysis if: (a) they were reported to be inadequate or abnormal; (b) they had been preceded by an abnormal smear in the previous five years; or (c) the laboratory recommended an early repeat test. The remaining smears comprised the study population of baseline smears.

The following details were recorded for all baseline smears: date, source (general practice or NHSCC) and indication for any subsequent smear taken before 31 December 1993, at which time all smear histories were censored. Smears taken within 30 months of the baseline smear were considered unscheduled, as most general practices in Manchester operate a three-year recall interval and will screen women attending within six months of their scheduled recall date. Since the study covered a six-year period, some women contributed more than one baseline smear and, in some cases, more than one unscheduled smear to the analysis.

Actuarial estimates of the cumulative risk of an unscheduled smear within 30 months of a baseline smear were calculated, and the influence of age and source of smear on this risk were investigated.³

Results

In total, 85 594 women contributed 100 134 baseline smears; 85% of these women contributed one baseline smear, 14% two smears and 1% three or more. Subsequently, 12 633 women had 14 702 unscheduled smears; 87% had one unscheduled smear, 10% had two such smears and 3% had three or more. The cumulative risk of an unscheduled smear within 30 months of a baseline smear was 16.7%. This varied substantially with age (Figure 1) but little between the general practices (16.2%) and the NHSCCs (17.8%).

A total of 71 995 baseline and 10 584 unscheduled smears were taken by 130 general practices; 65% of the unscheduled smears were taken by the same practice that took the baseline smear, 15% by a different practice, and 20% by an NHSCC. A further 28 139 baseline smears and 3295 unscheduled smears were taken by 40 NHSCCs; 54% of these unscheduled smears were taken by the same clinic that took the baseline smear, 12% by a different clinic, and 33% by a general practice. In addition, 823 unscheduled smears were taken in secondary care.

Of the 130 practices involved, 24 (18%) were responsible for 50% of all unscheduled smears taken in general practice. Similarly, 3 (8%) of the 40 clinics were responsible for 50% of all unscheduled smears taken in an NHSCC.

Discussion

One possible explanation as to why most unscheduled smears were taken by the same general practice or NHSCC that took the baseline smear is a systematic failure to establish the date of the last smear. Although the smear taker did not always record the indication for an unscheduled smear on the cytology request form, it is noteworthy that the sole indication provided for 2460 (17%) unscheduled smears was vaginal bleeding or discharge, the use of oral contraception or an intrauterine contraceptive device, pregnancy or the post-natal period, a clinically abnormal cervix, or hormone replacement therapy. These reasons are

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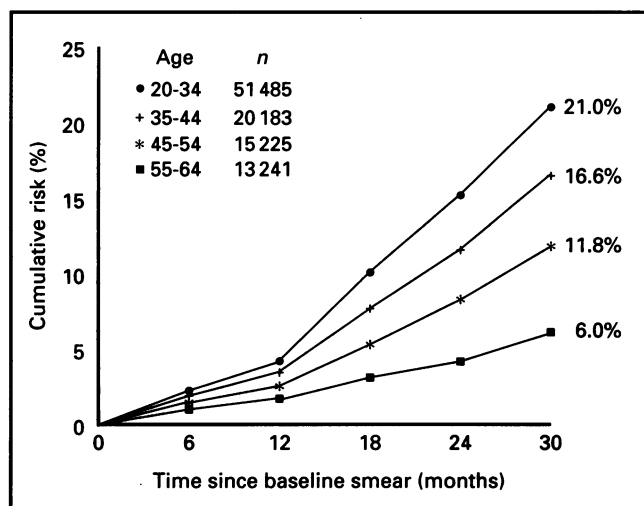


Figure 1. Cumulative risk of an unscheduled smear.

unconvincing. A cervical smear is not a diagnostic test and the correct management of a symptomatic woman with a suspected cervical abnormality is immediate referral for colposcopic assessment. Women using contraception or hormonal replacement therapy do not require additional screens. Postnatal smears are difficult to interpret, and those taken during pregnancy are likely to provide inadequate samples.⁴

The mean cost to the NHS of a screening smear is £30.⁵ Our

findings, if replicated elsewhere, indicate a substantial disinvestment opportunity that could be realised by targeting a small number of general practices and NHSCCs. Clinical audit and the contracting process provide the means and opportunity to achieve this.

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