Self collection information starter leaflet.

The VCS Foundation delivers world leading cervical screening services, HPV vaccination research and expert advice to health practitioners, government and the public.
Self-collection pathway for under & never screened women: a clinical audit.

Dear Doctor,

Thank you for your expression of interest in participating in this clinical audit. Information about how to complete the audit is enclosed.

If you plan to commence the clinical audit, could you please notify: HPVclinicalaudit@vcs.org.au of your intention to participate.

For purposes of comparison, participation in the audit has been divided into four time period cohorts commencing July 2018, Oct 2018, Jan 2019 & Mar 2019.

It is hoped that you will be able to identify 5 women (minimum of 2 is acceptable) within a 3 month period of commencement.

Your data will then be compared with pooled data of other participating GPs in that time cohort to allow you to benchmark your practice.

If it takes longer than 3 months to identify sufficient eligible women, your data will be compared to the next cohort.

Please return completed data collection sheets to: VCS Pathology, Fax: (03) 9349-1977; Email: HPVclinicalaudit@vcs.org.au.

Thank you for your participation. We hope that you find this a valuable exercise in helping your clinic to improve identification of women in the under and never screened population, as well as ensuring accurate cervical screening records for all of your patients.

As 80% of Australian women who develop cervical cancer are not fully engaged in cervical screening, it is hoped that access to this alternative pathway will enable women to feel more comfortable in participating.

For any queries, please contact Dr Wendy Pakes on (03) 9250-0344 (Wednesdays, Thursdays & Fridays).
HPV Self Collection Clinical Audit

Description

The VCS Foundation delivers world leading cervical screening services, HPV vaccination research and expert advice to health practitioners, government and the public.
HPV self-collection Clinical Audit and Quality Improvement Activity

The HPV self-collection Audit & Quality Improvement Program aims to support General Practices to pro-actively identify women who have either never had cervical screening or are lapsed screeners (more than 2 years overdue for cervical screening).

The audit will focus on identifying women between the ages of 30-74 who are more than 2 years overdue for routine cervical screening with a proposed outcome of engaging them in either routine cervical screening or, if they decline, to offer them the option of HPV self-collection.

Relevance to General Practice

Australia has a very successful cervical screening program. Since organised screening was implemented in 1991, cervical cancer incidence and mortality has reduced by approximately 50%. Unfortunately, the majority of women who develop cervical cancer have either never had cervical screening or are lapsed screeners (>2.5 years since previous screening episode).

The renewed National Cervical Screening Program, which commenced on 1st December 2017, includes the option of taking your own vaginal HPV test to engage women who decline a speculum examination. Furthermore, Australian pilot studies have demonstrated high levels of uptake by eligible women. Those women who are found to be HPV positive are also highly likely to continue to adhere with recommended further management.

General Practitioners are the main providers of cervical screening in Australia. This self-collection Clinical audit will help them implement the new guidelines to identify women eligible for self-collection.

Learning outcomes

1. Identify women who are eligible to take their own vaginal HPV test.

2. Apply quality improvement activities to practice systems to increase patient participation in the National Cervical Screening Program

3. Create clinician and patient resources for engaging lapsed or never screeners in the National Cervical Screening Program
Domains of General Practice

D1/ Communication skills and the patient-doctor relationship.
- Ways in which health can be optimised and maintained are communicated to patients, family members and carers

D2/ Applied professional knowledge and skills
- Quality evidence-based resources are critically analysed and utilised

D3/ Population Health and the context of general practice
- Barriers to equitable access to quality care are addressed

D4/ Professional and ethical role
- Professional knowledge and skills are reviewed and developed

D5/ Organisational and legal dimensions
- Relevant Data is clearly documented, securely stored and appropriately shared for quality improvement

Curriculum Contextual Units
- Women’s health
- Sexual and reproductive health
The VCS Foundation delivers world leading cervical screening services, HPV vaccination research and expert advice to health practitioners, government and the public.
Self-collection pathway for under &never screened women: a clinical audit.

Needs Assessment: RACGP

General Practitioners 2017-2019.

Cervical screening has been remarkably successful in reducing the incidence and mortality of cervical cancer in Australia. The age standardised incidence rate decreased from 14 cases per 100,000 females in 1982 to 6.8 cases per 100,000 females in 2013. Over the same period, the age standardised mortality rate decreased from 7.7 deaths per 100,000 to 1.7 deaths per 100,000[1].

The success of the program relies on the participation of eligible women at the recommended screening interval. Despite extensive community education about the value of cervical screening, a significant number of women do not engage with the program. Participation in the National Cervical Screening Program has been stable and is around 58% of women aged 20-69[2]. Moreover, it has been estimated that 41% of invasive squamous cell carcinoma occurs in women who have never had cervical screening and a further 40% of invasive squamous cell carcinoma occurs in women who are lapsed screeners[3].

It remains a challenge for GPs to accurately identify patients who are under or never-screened. To date, GPs have relied on a number of approaches such as: patient medical record, contact with cervical screening registries, patient recollection. Incorrect coding of cervical screening tests (where the cervical screening result is not entered into the specific area) makes it difficult for practices to correctly target women who may have never screened or are lapsed screeners.

To help improve participation in cervical screening, the renewed cervical screening program provides the alternative pathway of self-collection of a vaginal sample for HPV testing.

A recent report [4] has found that eligible women are highly likely to accept HPV self-collection and adhere to follow up recommendations.

In this report, 85.7% of never or under-screened women who declined a speculum examination, agreed to HPV self-collection when the test was offered to them in a sensitive and culturally appropriate manner and with appropriate follow-up advice.

Importantly, 91% of women who required further investigation undertook the recommended follow up within 6 months of receiving their abnormal result [4].

This study provides an appropriate Australian benchmark for engaging this group of women in general practice settings under the new National guidelines [5] as well as implementing systems to better identify women who may be eligible for the self-collection pathway.

References

Clinical Audit

PART A: Self Collection Pathway for under and never screened women
Self-collection pathway for under & never screened women: a clinical audit.

Part A: HPV self-collection audit pathway & data collection

Contents:

HPV self-collection: Clinical Audit................................................................. 2
Clinical resources......................................................................................... 3
Self-collection guide for vaginal HPV testing............................................. 4
VCS Pathology order form........................................................................... 5
Management of vaginal HPV test results.................................................... 7
Colposcopy referral template....................................................................... 9
Initial Phase .................................................................................................. 11
Quality Improvement component of the clinical audit............................... 11
Review Phase.............................................................................................. 12
Guide to cervical screening service incentive payments............................ 14
Data collection. Initial Phase. .................................................................... 14
Data collection. Review Phase.................................................................... 15
HPV self-collection: Clinical Audit

Instructions

**What information do I need?**

Reflect on your management of 5 patients (minimum of 2) who are > 4 years since previous pap smear or have never had cervical screening over a 3 month period.

Enter data for each eligible patient in the table provided.

- Age of the patient
- The date and details (if known) of their most recent cervical screening test
- Notate “never screened” for patients who have not previously had cervical screening
- Note contraindications to HPV self-collection
  a. under 30 years
  b. symptomatic
  c. pregnant (or think they may be pregnant)
  d. follow up after previous high grade result where TOC has not been completed (includes post hysterectomy)
  e. hysterectomy *
  f. in utero DES exposure

  * If hysterectomy for benign reasons, no cervical pathology at the time of hysterectomy and previous screening history negative, patient can cease screening.

- Include results for those patients who have undertaken screening (conventional or self-collection)
- ask patient permission for registry screening history.
- ask PM/PN to obtain past history for those patients who consent and include in patient’s medical record.
- Display the “inform your patients” and make information leaflets available to inform patients that your practice participates in quality assurance activities.
Clinical resources
In this section you will find materials to help you with this activity.

Clinical guidance
Provides current evidence-based information to update your knowledge and practical advice to provide to your patients.

- Self-collected vaginal samples - Cancer Guidelines Wiki

Useful links
Relevant websites for this activity and your day-to-day practice.

- www.vcspathology.org.au
- National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding - Cancer Guidelines Wiki
Self-collection guide for vaginal HPV testing

Overcoming barriers to a clinician-collected cervical screening test.

More than 80% of women diagnosed with invasive cervical cancer have never been screened or have participated inadequately in the screening program. A Victorian pilot demonstrated that 86% of women who refused a practitioner collected sample accepted the invitation to self-sample.

KEY POINTS

- Self-collection is a vaginal swab taken by a woman for HPV testing.
- The sample contains vaginal not cervical cells.
- It is a sufficiently accurate test and includes partial genotyping for HPV 16/18.
- Liquid Based Cytology (LBC) cannot be performed on the vaginal sample.
- Self-sampling must be performed in a health care setting. It is not available as a home-based test or mail out kit.
- The laboratory report will be sent to the practitioner, not the woman.

ELIGIBILITY CRITERIA

- Aged 30 years or over.
- At least 4 years since last Pap test.
- Decline (for whatever reason) a speculum examination. It should not be offered to:
  - Women younger than 30 years of age.
  - Pregnant women.
  - Women with symptoms (unusual bleeding, pain or discharge).
  - After total hysterectomy in women with a past history of a high-grade squamous intraepithelial lesion (HSIL).
  - Women who have been exposed to diethylstilbestrol (DES) in utero.

Please note:

- Eligible women will be bulk-billed.

HOW TO TAKE THE TEST – A GUIDE FOR WOMEN

STEP 1
- Lower your underwear
- Twist the red cap and pull out the swab
- Look at the swab and note the red mark closest to the soft tip.

STEP 2
- Get in a comfortable position
- Insert the swab into your vagina, aiming to insert up to the red mark.

STEP 3
- Rotate the swab gently 1-3 times
- Remove the swab
- It should not hurt.

STEP 4
- Put the swab back in the tube
- Return the tube to your doctor or nurse.

SUPPORTING WOMEN TO TAKE A VAGINAL SELF-SAMPLE FOR HPV

Women who are eligible for self-collection may be more anxious about cervical screening. It is important to:

- Reassure women in a sensitive and culturally appropriate manner about the test, use a visual guide to explain how the test is done.
- It may be useful to show the sampling device with its soft-tip and red mark, indicating they should insert the swab up to the red mark.
- Tell them that taking the sample should not hurt.

* This image is adapted from Garrow SC et al. The diagnosis of chlamydia, gonorrhoea, and trichomonas infections by self-obtained low vaginal swabs in remote northern Australian clinical practice. Sex Transm Infect. 2002 Aug; 78 (4):278-81
# VCS Pathology order form

**Consumables Order Form**

**Ordered by:**

**Practice Name:**

**Address:**

**Phone:**

**VCS Pathology Practice Number:**

**Date:**

Email your order to stores@vcs.org.au or fax 03 9349 1977

This order form is also available at [http://www.vcspathology.org.au/practitioners/consumables-order-form](http://www.vcspathology.org.au/practitioners/consumables-order-form)

<table>
<thead>
<tr>
<th>Qty</th>
<th>Description</th>
<th>Qty</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>ThinPrep® (6 Pack)</td>
<td>(i)</td>
<td>Specimen Bio Hazard Bags (100 per pack)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; Use for all specimens</td>
</tr>
<tr>
<td>a</td>
<td>ThinPrep® (25 Pack)</td>
<td>(i)</td>
<td>Reply Paid Satchel (post only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt; Use for multiple specimens</td>
</tr>
<tr>
<td>b</td>
<td>Flocked Swab (10 per pack)</td>
<td>(k)</td>
<td>Pot Mailers &gt; Use for Histology specimens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(l)</td>
<td>Zip Lock bags &gt; Use for Histology specimens</td>
</tr>
<tr>
<td>c</td>
<td>Cervical Sampler – Broom Type (50 per pack)</td>
<td></td>
<td>Pathology Request Forms</td>
</tr>
<tr>
<td>d</td>
<td>Endocervical Brush (100 per pack)</td>
<td></td>
<td>Request Forms (for printing)</td>
</tr>
<tr>
<td>e</td>
<td>Spatula – Plastic (50 per pack)</td>
<td></td>
<td>Request Forms (manual pre-printed with practitioner details – see below)</td>
</tr>
<tr>
<td>f</td>
<td>Cervix Brush Combi (50 per pack)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPECULA**

| g   | Small (25 per pack) |     | Chlamydia – What is Chlamydia? [DL brochure] |
| g   | Medium (125 per pack) |     | Chlamydia and Gonorrhoea Testing and Collection Methods |
| g   | Large (10 per pack), image not shown |     | |

**Self Collection**

| b   | Flocked Swab (10 per pack) |     | Cervix Sampling Card |

**Histology**

| h   | Histology Containers (tray of 10) |     | Sending Pathology Specimens to VCS [M card] |

**Information Resources**

- Chlamydia Poster
- How to take your own HPV test
- Triple bag system for liquid based cytology

---


For manual request forms, please provide details below to be pre-printed on the forms for each practitioner

| Practitioner Name: | Practitioner Name: |

---

© 2017 Victorian Cytology Service Limited  
www.vcspathology.org.au
VCS Pathology is the only service in Australia to offer HPV testing for self-collected vaginal samples

**How to send samples to VCS**

1. **REGISTER WITH VCS**

New clinics and practitioners should register with VCS Pathology via [www.vcspathology.org.au/practitioners](http://www.vcspathology.org.au/practitioners)

2. **ORDERING SELF-SAMPLING DEVICES**


Call: 1800 611 635

3. **COMPLETING THE REQUEST FORM**

- Simply tick CST on the VCS Pathology request form.

4. **SENDING SAMPLES**

There is no cost to the woman or practice. Please use reply paid details below.

![Steps to send samples](image)

5. **RECEIVING RESULTS**

Results can be downloaded or posted to registered practitioners.
Management of vaginal HPV test results

Summary of guideline recommendations

**ONCOGENIC HPV NOT DETECTED ON SELF-COLLECTED SAMPLE**

Women who do not have oncogenic HPV detected should be told their risk of developing cervical cancer is low. These women will be invited to re-screen in 5 years. Add a recall for a CST in 5 years.

Let them know a clinician collected sample will be offered and encouraged at that time.

Explain that this avoids a second visit to collect cells from the cervix, as the vaginal sample does not allow cell changes in the cervix to be checked, should this be necessary.

Reassure them that a clinician collected sample provides the best protection against cancer of the cervix.

**UNSATISFACTORY (INVALID) RESULTS**

Unsatisfactory results will occasionally occur for self-collected samples.

Currently unsatisfactory (invalid) rates are approximately 2.5% of all vaginal HPV self-collected samples received. This rate is similar to the unsatisfactory rates for Pap smear or liquid based cytology test results.

The self-collected vaginal HPV test can be inhibited by the presence of blood. Therefore it is recommended that self-collection is not undertaken at the time of menstruation.

For symptomatic women with abnormal vaginal bleeding, a clinician collected cervical specimen is recommended and, if clinically appropriate, a co-test should be requested.

The most common reason for an unsatisfactory result is that insufficient cellular material is contained in the self-collected sample.

GPs and nurses can support eligible patients to take their own HPV test by using the visual guide (reference provided) at the time of the consultation to explain how to collect the sample. Check with the patient that they understand how to take the sample and are comfortable to do so.

For women returning to repeat self-collection after a previous unsatisfactory result, consider sensitively exploring other concerns that the patient may have around performing the test which may have prevented them from taking the test appropriately.

Alternatively, the patient may choose to accept a routine physician collected sample at this time.
ONCOGENIC HPV DETECTED ON SELF-COLLECTED SAMPLE

A small number of women will have oncogenic HPV detected. **These women should be contacted by the practice to arrange a follow up visit.** At the follow up visit the Practitioner should:

EITHER

- For women with oncogenic HPV (16/18) detected, refer for colposcopy. This should not be delayed.
- The cervical sample for cytology will be obtained by the colposcopist.

OR

- For women with oncogenic HPV (not 16/18) detected, collect a sample from the cervix for reflex Liquid Based Cytology (LBC). Explain to the woman that the cytology result will guide further management:
  - If the LBC test result is negative, possible Low-grade Squamous Intraepithelial Lesion (pLSIL) or LSIL, the woman should be recalled in 12 months for a repeat HPV test (a clinician collected sample is preferred).
  - **Tell her she must return in a year for a repeat HPV test and a sample will be taken from the cervix at that visit**
  - If the LBC test result is possible High-grade Squamous Intraepithelial Lesion (pHSIL), HSIL or any glandular abnormality, refer for colposcopy preferably within 8 weeks.
  - **Tell her that further investigation is required. The practice will contact her to organise an appointment at her earliest convenience, at this visit a referral to a specialist will be organised**


**COLPOSCOPY REFERRAL FORM**

**Patient details:**
- Medicare number: ________________________________
- Last name: ________________________________
- First name: ________________________________
- D.O.B: ____/______/_______
- Address: ________________________________
- Preferred contact phone number: ________________________________
- Email address: ________________________________

**DATE:**

<table>
<thead>
<tr>
<th>Pension/HCC number:</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Fund:</td>
<td>Yes../No</td>
</tr>
<tr>
<td>Health Insurance Number:</td>
<td></td>
</tr>
<tr>
<td>Interpreter required:</td>
<td>Yes../No</td>
</tr>
</tbody>
</table>

**Reason for Referral**

**Colposcopy request for patient following HPV self-collection Pathway**

<table>
<thead>
<tr>
<th>HPV 16/18 positive:</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV non 16/18 positive:</td>
<td></td>
</tr>
<tr>
<td># Reflex LBC (p)HSIL/any glandular abnormality:</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Persistent infection:</td>
<td>Yes / No</td>
</tr>
<tr>
<td># should ideally be referred within 8 weeks guidelines REC: 6.12</td>
<td></td>
</tr>
</tbody>
</table>

**Relevant Co-morbidities / past medical / past surgical**

**Medicines**

___________________________

**Allergies**

___________________________

**Investigation Results:** Please attach all relevant results.

Doctor’s Signature: ________________________________

Doctor Stamp: ________________________________

*Please notify the referring practitioner in the event the patient fails to attend the appointment*
Initial Phase

Initial data

- Identify eligible patients from a search of your medical records or as they present for other reasons for 5 patients (minimum 2).

- Offer physician collected cervical screening test.

- If declined, explore and discuss barriers to the patient engaging with the cervical screening program. (See part B, barriers to screening).

- Advise of the possibility of HPV self-collection. (Consider possible contraindications to self-collection)

- Record whether HPV self-collection is accepted or not

- Record result for those patients who undertake screening (conventional or vaginal self-collection)

- Ensure patient record updated with appropriate recall/reminder recommendation for follow up.

- Initial Summary

- Reflect on your clinical indicator results compared to current best practice and compare with the aggregate results of your peers.

- Identify and implement any changes (if required) to your practice.
Quality Improvement component of the clinical audit.

In order to fulfil the patient safety and quality improvement requirement for this audit, you will need to complete this component (Part B). You may wish to wait until you have completed the initial data collection phase or complete concurrently with the data collection.

You may work through the list as part of a practice meeting, on your own or together with the practice manager, practice nurse or a GP colleague.

You may wish to consider the use of the following resources which are provided with the QI activity:

- Patient permission to access cancer screening records
- New patient form which includes request for permission to access records
- Letter template to consider sending to patient’s eligible for HPV self-collection.
- Barriers to cervical screening
- Strategies for addressing patient concerns.
- Explaining HPV
Review Phase

Review data

Identify a further 5 patients (minimum 2) by a search of your clinical records or as they attend for other reasons. Consider the changes you have implemented (if any) in your approach to offering cervical screening +/- HPV self-collection.

Review summary

Compare your initial summary with your Review summary results. Reflect on your individualised clinical indicator results and the aggregate results of your peers.

Evaluation

Submit your Evaluation which includes your feedback on the activity and a reflection on your practice.
You may be eligible for cervical screening service incentive payments.

As per explanatory notes in the 1 May 2018 Medicare Benefits Schedule (MBS):

**AN.0.53 Taking a Cervical Screen from a Person who is Unscreened or Significantly Under-screened - (Items 2497 - 2509 and 2598 - 2616)**

The item numbers 2497, 2501, 2503, 2504, 2506, 2507, 2509, 2598, 2600, 2603, 2606, 2610, 2613 and 2616 should be used in place of the usual attendance item where as part of a consultation, a sample for cervical screening is collected from a person between the ages of 24 years and 9 months and 74 years inclusive who has not had a cervical smear in the last four years. Cervical Screening in accordance with the National Cervical Screening Policy at P.16.11.

Self-collection of a sample for screening is only available for women between the ages of 30 and 74 years of age who are overdue for screening by two or more years (i.e. being 4 years since their last Pap test). Self-collection should only be offered to an eligible person who refuses to have a sample collected by their requesting practitioner.

When providing this service, the doctor must satisfy themselves that the person has not had a cervical screening test in the last four years by:

(a) asking the person if they can remember having a cervical screening test in the last four years;
(b) checking their own practice's medical records; and
(c) checking the National Cancer Screening Register.

A person from the following groups are more likely than the general population to be unscreened or significantly under-screened - low socioeconomic status, culturally and linguistically diverse backgrounds, Indigenous communities, people with a disability, members of the LGBTIQ community, rural and remote areas and older people.

Vault smears are not eligible for items 2497 - 2509 and 2598 - 2616.

In addition to attracting a Medicare rebate, the use of these items will initiate a Cervical Screening SIP through the PIP.

A PIP Cervical Screening SIP is available for taking a cervical screen from a person who has not been screened in the last for four years. The SIP will be paid to the medical practitioner who provided the service if the service was provided in a general practice participating in the PIP Cervical Screening Incentive. A further PIP Cervical Screening Incentive payment is paid to practices which reach target levels of cervical screening for their patients aged 24 years and 9 months of age to 74 years inclusive. More detailed information on the PIP Cervical Screening Incentive is available from the Department of Human Services PIP enquiry line on 1800 222 032 or from the Department of Human Services website.

You can visit the Department of Health National Cervical Screening Program website for further detail. Please visit the Publications and resources section of this website to download further information.

cancerscreening.gov.au/internet/screening/publishing.nsf/Content/healthcare-providers
Data collection. Initial Phase (Minimum 2 patients).

**Date commenced:** _______________

Return completed data sheet to VCS by fax: 9349 1977 or email: HPVclinicalaudit@vcs.org.au

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
<th>Patient 4</th>
<th>Patient 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB - over &gt;30 years of age</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Permission to obtain Cervical screening history from NCSR</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Cervical Screening history obtained</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>&gt;4 years since last CST/ never date of previous test/never</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Offered speculum examination</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Patient accepted speculum examination</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Contraindications (select from number below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If declined speculum examination, HPV self-collection offered?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Patient accepted HPV self-collection</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Result of HPV self-collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up recommendation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contraindications:**

1/ Pregnant
2/ Patient with symptoms (unusual pain, bleeding or discharge)
3/ Patient exposed to diethylstilbestrol (DES) in utero
4/ Total hysterectomy

**NB.** Post hysterectomy for benign reasons, with negative screening history, patients can cease screening.

Patients with previous HSIL who have not completed test of cure, should be encouraged to have speculum examination for co-test.
Data collection. Review Phase (Minimum 2 patients).

Date commenced: _______________

Return completed data sheet to VCS by fax: 9349 1977 or email: HPVclinicalaudit@vcs.org.au

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
<th>Patient 4</th>
<th>Patient 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB - over &gt;30 years of age</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Permission to obtain Cervical screening history from NCSR</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Cervical Screening history obtained</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>&gt;4 years since last CST / never date of previous test / never</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Offered speculum examination</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Patient accepted speculum examination</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Contraindications (select from number below)</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>If declined speculum examination, HPV self - collection offered?</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Patient accepted HPV self - collection</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Result of HPV self - collection</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
</tr>
<tr>
<td>Follow up recommendation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contraindications:**

1/. Pregnant
2/. Patient with symptoms (unusual pain, bleeding or discharge)
3/. Patient exposed to diethylstilbestrol (DES) in utero
4/. Total hysterectomy

**NB.** Post hysterectomy for benign reasons, with negative screening history, patients can cease screening.

Patients with previous HSIL who have not completed test of cure, should be encouraged to have speculum examination for co-test.
Clinical Audit

Part B: A Patient safety and quality improvement activity for the General Practice team
Self-collection pathway for under & never screened women: a clinical audit.

Part B: A patient safety and quality improvement activity for the General Practice team including resources

Contents:

- Clinical Audit Cervical: Screening in General Practice .......................................................... 3
- Barriers to cervical screening ........................................................................................................ 5
- Ways to address common patient concerns .................................................................................. 6
- Consent for Cervical Screening, National Bowel Cancer and Breastscreen Registry History ........ 7
- New Patient Health Summary ....................................................................................................... 9
- Letter template for underscreened women ................................................................................... 113
- Explaining the HPV test .............................................................................................................. 14
Clinical Audit: Cervical Screening in General Practice
A patient safety and quality Improvement Activity for the General Practice team

Practice Assessment – Improving cervical screening uptake
In order to fulfil the patient safety and quality improvement requirement for this audit, please complete the following practice assessment activity.

You may work through the list below as part of a practice meeting, on your own or together with the practice manager, practice nurse of a GP colleague.

For those items you indicate as “to some extent” or “not at all” consider performing a Practice System Review and implementing changes. Check off the items if you are able to implement changes through your practice plan.

<table>
<thead>
<tr>
<th></th>
<th>Definitely</th>
<th>To some extent</th>
<th>Not at all</th>
<th>System for review</th>
<th>Change implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception staff routinely update preferred contact details for all patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs/practice staff can explain confidentiality to patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice has a policy regarding confidentiality and privacy which is displayed in the waiting area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice routinely asks all patients to consent for permission to obtain cancer screening history from the appropriate registries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice routinely obtains cancer screening histories for all patients where permission has been granted.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice routinely enters cervical screening results in the dedicated area of the patient’s record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice has a recall system in place for the follow up of positive and negative cervical screening results.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice has a recall system which ensure all abnormal results are communicated to the patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are posters and pamphlets displayed in the waiting area promoting cervical screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The practice proactively identifies patients who have not undertaken cervical screening within the recommended interval and invites them to participate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information promoting the alternative self-collection pathway is available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What further education/training, if any, have you identified that may improve your cervical screening rates?

_________________________________________________________________________________________________________________________________________________

Are there any practice and/or system based changes that can be made to improve cervical screening rates?

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

Are there any comments you would like to make?

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________
Barriers to cervical screening

Despite extensive community education programs, there remain many patients who do not participate regularly (or at all) in cervical screening. These barriers can be broadly categorised as:

- **Systems**
  - accessibility of services (including timing, confidentiality concerns and location)
  - costs to the client
  - inadequate or lacking reminder systems

- **Patient**
  - sexual abuse or assault, past or present
  - lack of knowledge about need to screen
  - time constraints
  - not a high priority
  - prior negative cervical screening experience
  - fear (the procedure +/- results)
  - person from LGBTIQ population
  - older patient
  - culturally or linguistically diverse

- **Provider**
  - time constraints (which may limit opportunistic screening)
  - inadequate records leading to uncertainty as to timing of patient’s need for screening
  - perceived lack of financial incentive
  - lack of confidence in performing cervical screening tests
  - communication concerns with non-English speaking patients
  - concern that some patients will only see female practitioners for cervical screening tests.

Consider which barriers are most likely to dominate in your practice and what changes the practice could implement to reduce the impact.
Ways to address common patient concerns

**Discomfort**
- enquire about previous negative experiences
- check whether examination technique needs more explanation
- reassure patient of “stop” signal and they can stop at any time
- provide pelvic pillow to tilt pelvis
- coach patient in relaxation techniques
- use warm water as lubricant (if necessary, small amounts of carbomer free lubricant can be used)
- option of vaginal HPV self-collection if eligible

**Fear**
- explore possible reason eg. family history or previous abnormal results
- reinforce that the majority of tests are normal and that abnormalities, when they occur, are usually precancerous which can be easily treated to prevent the development of cancer
- Some patients see cervical screening as detecting cancer. Reassure that the test is to detect abnormalities in well women, without symptoms
- Ensure that arrangements for receiving results are clear and acceptable

**Embarrassment**
- Acknowledge that this is not uncommon
- Explore any relevant past experiences
- Ask if patient has suggestions to improve the situation
- Address any privacy concerns
- If unable to overcome, suggest a referral to another practitioner who they may feel more comfortable with. Eg same sex practitioner, Aboriginal health worker (who may be able to explain the test in a more culturally sensitive way and support the patient during the consultation)
- Option of vaginal HPV self-collection if eligible

**Previous HPV vaccination**
- Educate that the cervical cancer vaccine does not protect against all strains of HPV which may lead to cervical cancer
- The combination of HPV vaccine as well as regular cervical screening provide the most effective prevention

**Knowledge**
- Explain what the cervical screening test is looking for (the virus that causes nearly all cervical cancer)
- Need to continue screening from 25-74 if they have ever been sexually active even if only one sexual partner or no longer sexually active
- Advise lesbian patients that they need to participate in cervical screening because HPV can be transmitted during any sexual contact
- Transgender males who have a cervix should also participate in cervical screening if they have ever been sexually active.
Consent for Cervical Screening, National bowel cancer screening and Breastscreen Registry History

“Clinic name” wants to ensure that all patients who attend this clinic have a full record of their Cervical screening tests (Pap tests) as well as National Bowel cancer screening and Breastscreen mammogram history in their medical files. This will mean that the best care and recommendations are given to you for future screening. To check these records we are asking for every patient attending the clinic to give permission for a copy of the cervical screening history to be obtained from the National Cancer Screening Registry (includes cervical and national bowel cancer screening results) and BreastScreen in Victoria and other states and territories.

Client Name: ________________________________________________________________

DOB: ___________________ Medicare Number: _____________________ Ref: __________

<table>
<thead>
<tr>
<th>My past Cervical screening tests were taken in (please circle)</th>
<th>My BreastScreen were taken in (please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria Yes No</td>
<td>Victoria Yes No</td>
</tr>
<tr>
<td>Interstate Yes No</td>
<td>Interstate Yes No</td>
</tr>
<tr>
<td>Which state or territory: ___________________________</td>
<td>Which state or territory: ___________________</td>
</tr>
<tr>
<td>Overseas Yes No</td>
<td>Overseas Yes No</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>First Cervical screening test Yes No</td>
<td>Ever had a BreastScreen Yes No</td>
</tr>
<tr>
<td>My National Bowel cancer screens were taken in (please circle)</td>
<td>Date of last BreastScreen: ____________________</td>
</tr>
<tr>
<td>Victoria Yes No</td>
<td>Permission given on Patient Health Summary Yes No</td>
</tr>
<tr>
<td>Interstate Yes No</td>
<td>Permission given by phone Yes No</td>
</tr>
<tr>
<td>Which state or territory: ___________________________</td>
<td>Nurse name: _________________________________</td>
</tr>
<tr>
<td>Overseas</td>
<td>Nurse signature: _______________________________</td>
</tr>
<tr>
<td>Or</td>
<td>I give permission for transfer of my cervical, bowel or breast screening records from the registries as shown above to be placed in my medical file.</td>
</tr>
<tr>
<td>Ever had a Bowel cancer screen Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Date of last Bowel Cancer Screen: ____________</td>
<td>Patient signature: ____________________________</td>
</tr>
<tr>
<td>Permission given by phone</td>
<td>Date: ____________________</td>
</tr>
</tbody>
</table>

Adapted with permission from: Ballarat and District Aboriginal Co-operative Ltd.
New Patient Health Summary

In order for us to provide you with the best possible health care, it is important that the doctor has some information about you before your first appointment.

Please take a few minutes to fill out this health summary. If you need some help with this, then please ask one of the receptionists, who will be happy to help you. Any confidential information can be passed on to the doctor during your appointment.

With this information up to date, more appropriate appointments, treatments, investigations and follow up care can be arranged between you and your doctor to maximise your wellbeing.

### Patient to complete

<table>
<thead>
<tr>
<th>Title:</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (as it appears on Medicare card):</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this your preferred name?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, what is your preferred name?</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>_____________</td>
<td>Age:</td>
<td>_____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare number:</td>
<td></td>
<td>Ref#:</td>
<td>Expiry:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension/ DVA:</td>
<td></td>
<td>Expiry:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare card number:</td>
<td></td>
<td>Expiry:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone number: (Please provide contact number of family/ a friend if you don’t have a phone)</td>
<td>Home:</td>
<td>Mobile:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal address: (if different to residential)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cultural Background

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Other ____________________________

### Language

If English is NOT your Primary Language, specify

- Primary Language ____________________________
- Do you require an interpreter | Yes | No |
Emergency Contact:

Name: ________________________________________________

Phone number: _________________________________________

Relationship to you: ____________________________________

Who do you live with? (e.g. live alone/ with husband/ family/ parents)

Are you vision or hearing impaired?  ☐ No  ☐ Yes, hearing impaired  ☐ Yes, vision impaired

Special considerations:

Occupation:

Do you smoke?  ☐ Yes  ☐ No  ☐ If yes, how many per day? ______________________
If no, did you used to smoke?  ☐ Yes  ☐ No  ☐ If yes, when did you quit? _______________

Do you drink alcohol:  ☐ Yes  ☐ No
How often?  ☐ Daily  ☐ Weekly  ☐ Monthly  How many? ______________________

Are you allergic to anything?

☐ Yes  ☐ No  If yes, what are you allergic to? _______________________________________

If yes, what reaction(s) do you have? ______________________________________

Have you had the following immunisations?

Fluvax  ☐ Yes  ☐ No  ☐ Unsure If yes, when? ______________________
Hepatitis B  ☐ Yes  ☐ No  ☐ Unsure If yes, when? ______________________
Pneumovax  ☐ Yes  ☐ No  ☐ Unsure If yes, when? ______________________
Tetanus/DTPa  ☐ Yes  ☐ No  ☐ Unsure If yes, when? ______________________

If new patient is a child, are their childhood immunisations up to date?

☐ Yes  ☐ No  ☐ Unsure

*Please provide your child’s immunisation record.*
Past Medical Conditions: (e.g. asthma, heart disease, diabetes, previous operations, high blood pressure, mental & emotional health issues, Hep C/B, schizophrenia, abnormal cervical screening test). Please note the approximate year.

<table>
<thead>
<tr>
<th>Family Medical History: (e.g. Father: Diabetes, Cancer, Heart Attack, Mental Health Issues, Unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father: (e.g. Diabetes)</td>
</tr>
<tr>
<td>Mother:</td>
</tr>
<tr>
<td>Siblings:</td>
</tr>
<tr>
<td>Extended family:</td>
</tr>
</tbody>
</table>

Current Medications:

<table>
<thead>
<tr>
<th>Do you use recreational drugs? (E.g. marijuana, speed, etc.)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, what?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you take natural remedies? | Yes | No |
| If yes, what? |

Women’s Health:

Do you give permission for us to access your Cervical Screening and/or Breast Screen history from the appropriate registries to enter into your medical file?

<table>
<thead>
<tr>
<th>Yes, I give permission</th>
<th>No, I do not give permission</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous Cervical Screening test</td>
<td>No previous Breast Screen</td>
</tr>
</tbody>
</table>

If cervical screening test taken interstate, which state?
Our practice undertakes research, professional development and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose have signed a written confidentiality agreement.

*I consent to my health record being reviewed as part of the quality improvement activities at this practice:*

- [ ] Yes  
- [ ] No

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by mail or telephone for procedures such as vaccinations, pap tests and other health reviews.

*I consent to being contacted with reminders as part of the quality improvement activities at this practice:*

- [ ] Yes  
- [ ] No

Signature of patient/guardian: __________________________________________ Date: ____________

Transfer of Health Information:

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future care needs. You may wish to have a copy or summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

---

**OFFICE USE ONLY**

Patient information entered into MD ________________________________ (nurse to sign)

Adapted with permission from: Ballarat and District Aboriginal Co-operative Ltd.
Dear patient,

The ................. clinic actively promotes health preventative activities including cervical screening tests (previously known as Pap smears). We have no record of a current cervical screening test in your medical file.

If you have had a previous cervical screening test (pap smear), it would be helpful if you could advise the clinic so we can ensure that your personal medical record held at this clinic is accurate and complete.

The new cervical screening program now includes the option of a self-collected test, which involves gently inserting a soft swab into your vagina.

If you have never had a cervical screening test or if you are more than 2 years overdue for your test, you may be eligible for this new, simple test.

Please make an appointment to discuss this with your GP or request more information at your next visit. The majority of women will be advised that they have very low risk of developing cervical cancer and will not need a repeat test for another 5 years.

Kind regards,

Dr ..........................
EXPLAINING THE HPV TEST

Why do I need this test?
You have been given the option of doing a human papillomavirus test (HPV) instead of the normal Cervical Screening Test (CST). The normal CST checks for HPV and, if HPV is detected, automatically checks for cell changes before they become cervical cancer.

HPV is the virus that can cause cervical cancer. It is like the common cold of sexual activity, most women have it at some point in their lives.

You can do the HPV test yourself, it is more comfortable and easier to do. If HPV is not detected, you can be reassured that you are highly unlikely to develop any serious changes to the cells of the cervix before you need to repeat the test.

If HPV is detected, you will be recommended to have further testing to check the cells of the cervix.

What will the test show?
The test will show if you have HPV in your vagina or cervix. The body can clear most HPV infections. Occasionally, your body can’t get rid of some types of HPV and the virus can cause changes to the cells of your cervix. If cells change and are not picked up early and treated, they may develop into cervical cancer.

How good is the test?
The test is almost as good at detecting HPV as the CST done by a doctor or nurse.

Can I do the test wrongly?
Most women do this test correctly. It’s important to make sure that the swab (on the stick) is inserted in your vagina and rotated. Remove the swab and replace in the tube without cleaning.

Why do I need this test if I had the HPV vaccine?
The HPV vaccine only protects against the some of the most common types of HPV, so it’s important to check for other types of HPV.

How will I get my results?
The doctor or nurse will discuss how you will get your results at the time you take this test. Usually you will be asked to schedule an appointment to discuss your results.

What type of follow-up will I need?

<table>
<thead>
<tr>
<th>Result</th>
<th>Follow-up needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>You do not have HPV</td>
<td>Have regular cervical screening in 5 years</td>
</tr>
<tr>
<td>You have HPV but not HPV types 16 or 18</td>
<td>You will need to have a speculum examination by your nurse or GP to check the cells of your cervix. You may need further follow up.</td>
</tr>
<tr>
<td>You have HPV types 16 or 18</td>
<td>Your doctor will refer you to a specialist for more tests.</td>
</tr>
</tbody>
</table>

Risks
The HPV test you’ve taken does no physical harm. But you may become upset or embarrassed if you find out you have an HPV infection. Remember, most women get HPV at some time in their lives. In most women, no serious abnormality occurs but knowing if HPV is present may help you to decide to have further tests.

Adapted with permission of authors: Self-collection for under-screened women as part of the renewed National Cervical Screening Program: A Pilot Study