GP Referrals to Colposcopy; Appropriate or Inappropriate?

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Background

- Cancer of the cervix is the 8th most common cancer for women in Ireland.
- It is a cancer of young women, 50% of all cases diagnosed in women aged ≤ 46 years and the mean age of death is 56 years.
- In Ireland, there is an average of 180 new cases of cervical cancer diagnosed and 73 deaths reported each year.
- Cervical Check - The National Cervical Screening Programme is a quality assured, organised and population-based screening programme that is managed by the NCSS.
- Free smear tests will be provided every three years for women aged 25 to 44 and every five years for women aged 45 to 60 years and is operated in line with best international practice.

Methods and Materials

- Patient Information retrieved from Compushare System in Cill Íde Colposcopy Unit.
- A number of search criteria entered including: Patient Chart Number
- Examination Date (01/06/11 – 31/08/11)
- Examination Number 1 (denotes 1st ASCUS)

Exclusion Criteria

- 3rd or more ASCUS
- 1st ASCUS post previous treatment for CIN
- 1st ASCUS within 3 smears of LSIL (Low Grade Squamous Intraepithelial lesion)

Inclusion Criteria

- 2nd or less ASCUS

Reason for Audit

- The NCSS has set strict guidelines for referral to colposcopy.
- It had been noted by staff in the Colposcopy unit in Kerry General Hospital that the referral of ASCUS by GPs, which has definite guidelines, were not being adhered to.
- We studied these GP referrals to colposcopy from June - August 2011 to see whether they were as per the NCSS guidelines.
- Intervention; GPs of the Southwest were informed of the reasons for most inappropriate referrals and the following guidelines were attached.

Guidelines/ Criteria Measured

The current guidelines for referral of ASCUS as per NCSS were used:

- 1st ASCUS: repeat in 6 months
- 3 consecutive ASCUS: refer Colposcopy
- 1st ASCUS after having treatment for CIN: refer Colposcopy
- Any 3 ASCUS in 10 years: refer Colposcopy
- ASCUS within 3 smears of LSIL (low grade Squamous intra-epithelial lesion): refer Colposcopy

Initial Results

- 90% of these referrals were appropriate

Follow-up results

- 93% of these referrals were appropriate

Conclusions

- Our initial impression from communicating with colposcopy staff was that there were a high number of inappropriate ASCUS referrals.
- The results of the first cycle proved to the contrary - just 10% of all ASCUS referrals by GPs were inappropriate.
- 24% of appropriate referrals did not contain sufficient information on the GP letter e.g. smear history.
- The results of the second cycle showed a reduction from 10% to 7% of inappropriate referrals to the unit and more significantly a reduction of 24% to 11% of referrals with insufficient information.
- Overall GPs proved to be performing particularly well regarding utilization of colposcopy services.