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PRACTICE OBSERVED

Practice Research

Quinquennial cervical smears: every woman's right and every general practitioner's responsibility

PETER STANDING. SYLVIA MERCER

Abstract
Out of \$58 women aged 18 to \$4 who were registered with one general practitioner, \$59 were eligible to be screened for cervical cancer. Even though the practice had been taking cervical sunears for many years, they were predominantly from women under 35. Of the eligible women between 35 and \$4, 111 m/s. Of the eligible women between 35 and \$4, 111 m/s. Cerceling the uptake rates, defined by a smear done within the past five years, rose to 100%, for women under 35, \$4%, for those aged 35 to \$4, and \$6%, for all eligible women. Screening was rewarding both in its clinical yield and in the income generated by item of service payment. The success of screening was largely due to the participation of practice nurses in taking amears, and to a new method of recording smear results and calms for them. Some women, however, refused to have cervical smears.

Recent reviews on screening for cervical cancer in Britain all agree that cervical smears are not necessarily being taken from the women in the population who are most a trisk." The entire population of women over 35 has consistently had fewer smears taken than women under 35, and yet in 1980, of the 2068 women who died from cervical cancer, 95°, were over 35. Although the doctors at our health centre believed that they were providing a good cervical cytology service, an audit of our

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smear programme showed that the eligible women under 35 were being smeared frequently, whereas many over 35 were being missed. In addition, or sense of our family practitioner in the state of the stat

Table I gives the policy on how often smears should be done, which is based on recent expert views.¹⁻⁵

Asymptomatic sexually active nulliparous women

Pregamen.

Pregamen.

Approachie gynacological or venerati symptoma women aged 35-64

symptoms
Ammoniate women aged 35-64
Kligh nak groups—for example,
previous abnormal smears, recurrent
pelvo infection, or repeated teenage
pregnancies

For several years the nurses in our treatment room have taken 90°, of the routine cervical inness. They have been trained by a standard technique described in the excellent handbood of the entire the standard of the standa

BRITISH MEDICAL JOURNAL VOLUME 289 6 OCTOBER 1984

for payment. The following were not eligible for payment: smears done on all 74 women aged 16-34 who had had one or two pregnancies, and all 00 women aged 16-64 who used contraception but had had no pregnancies. For both groups the total number of women was 459, of whom 440 (96%), had smears.

Results

Two women with abnormal smears were referred to hospital—
the first saged 55 with a CINIII smear confirmed by biopsy, and the
second aged 66 with a CINIII smear and chincally suspicious cervita.
Neither had had a smear before. Five other women with minor smear
shoormalities are being followed up in the practice. During the past
five years screening has already resulted in two women having hysterectomies and four other women having once biopsite. During the past
studes, we uncovered many other problems apart from the one we
were looking for. These included Trokhomous and Candida infections,
cervical evisions and polyps, uterovaginal prolapse, and severe senile
signitis.

Tability is the details for the 188 smears that were eligible for.
Tability in the separate of the scheme worked out at roughly 33°,
which is similar to the expenses element of a general practitioner's
gross pay.

A total of 236 smears were taken of which 188 were eligible for payment. A robalance sheet is given below:

-	€107
-	£250
~	644
-	£50
	£340
	-

Why do women refuse to have cervical smears?

Despite presonal interviews, 19 (%) eligible women over 35 still refused to have a smear. Of this group, 60%, were over 50 and 70% had never had a smear before, 60%, were mirried, and at least half were multiparous. All except one were infrequent attenders at the surgery, with only 0.5 consultations a year compared to a practice average of 2.3 attendances. The patients were evenly distributed across social classes II to V. Five of the group had had a bushand or close relative die from cancer and had not been impressed with medical the results of previous studies. "The treatment. Therefore, the findings support the results of previous studies." Broadly, the reasons for refusal or near refusal to have a smear were, norder of importance, fear of becoming dependent on doctors, and fear of pelvic examination, or a combination of these. Two of the "inear refusals" had been actively conceiling symptoms to the compared of the control of the con

Future screening
We intend to convert gradually all women to having their routine
smears done early in each quinquennium. This will greatly facilitate
recall, which will depend on the following: (a) Sqi *recall—Quinquennial birthdays are easy to remember and we hope that some well
monivated women will recall intended to Royal College of General
quinquennium, or on the "treatment and recall" module of our microcomputer. These are updated every three months. (c) New panents
are interviewed to that their records may be sorted out and a smear
programme entered on a summary card. This sorting itself yielded one
new case of cervical cainer, for nontheir practice that managed to lose a
me was sed of cervical cainer, for nontheir practice that managed to lose a
had also been lost to follow up by the laboratory.

Discussion

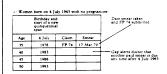
Our smear uptake rates of 100% for eligible women aged under 35, 94%, for eligible women over 35, and 95%, for all eligible women are the highest rates published from a British general practice. Three other comprehensive surveys have been undertaken by Rose in Dalbeattie, Scaffe in Stockton-on-Tees, and McPherson in Oxford, and they reported uptakes of between 88% and 90%. "" The success of our scheme was certainly helped by having a stable, personal list of patients, most of whom were known to the general practitioner in the turnover rate of the patients on the general practitioner in the turnover rate of the patients on the general practitioners with young practice populations should easily achieve smear occurs predominantly in women aged over 50, general practitioners with young practice populations should easily achieve smear uptake rates of nearly 100%. Local factors will also influence how best to get smears done. In our practice in a compact urban setting the nurses were backed up by health distinct and midwives. "In linear cities family planning clinics play a much greater part in screening than in outer city or rural areas. Some practices run special well woman clinics, an arrangement that may work well in a group practice where on oor two doctors have a special interest in the subject."

How successful are general practitioners at screening women for cervical cancer? In 1980 they took at screening women for cervical cancer? The 1980 they took at screening women for cervical cancer? Some practitioners may be assessed from family practitioner committee returns for FP 74 spayment. In 1980 in Birmingham and Newcastle 13 claims were paid per 1000 women, "In the same year Bury Family Practitioner Committee paid general practitioners for 183 smears (20 per 174 stous). For committee paid general practitioners of 35 and 64, and 11 is possible for one doctor's screening to appreciably affect the FP 44 totals. For example, 14% (26 claims) of the 1983 total were from FS's list, and he has only 1% of t

screen for hypertension and diabetes, teach about breast self examination, and after suitable training examine for breast lumps. General practioners are paid for certain cervical materia fire submitting. Form FP 74 to their family practitioner committee. A thorough knowledge of the Department of Health and Social Security's Statement of Feet and Allicontest (the Red Book) is crucial to our new record system. The key to understanding these regulations is to divide the woman's life into quinquennial spans as soon as she becomes eligible for paid occursal interns (table 11).

TABLE 11-Eligibility for stem of service payment

Payment for a smear may be claimed at any time in the quinquennial span but only once. Although it would be clinically stupid to take a smear the day before the 40th birthday and the day after it, a CP could in theory be paid for both if no previous smear had been taken use the 35th burthday. This example illustrates that smear payments had been taken used to be a smear payment of the same and the same an



(a) Woman aged 23 born 12 March 1962, who had a termination at 16, a mis carriage at 16, and a delivery at 22

Age	12 March	Claim	Smear
20	1982	FP 74	27 Apr 84
25	1987		
30	1992		
35	1997		

If a woman needs more than one smear in one quinquennum there is usually a good clinical reason and this is therefore recorded as part of the clinical record. The box system, however, may easily be adapted for triennial or any other time interval of screening. If the patient has a hysterectomy or is over 65 her ineligibility for further screening may be recorded.

Bury has a stable, predominantly working class population and PS's list size is 1945 patients with an annual turnover of $6^\circ_{\rm C}$. The figure shows that PS has well above the average number of women

BRITISH MEDICAL JOURNAL VOLUME 289 6 OCTOBER 1984

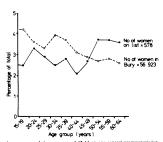
patients aged 50 to 64, the age group that is most reluctant to be screened. screened.

To identify those who were eligible for smears we listed all women whose ages lay between the first day of the 10th year and the last day of the 10th year and the last day of the 10th year on 1. October 1995 from our ages-ar register. Of the 50th years are register. Of the 10th years are registered to the traced and who had not consulted for over five years), leaving a total of 538.

Women madgrals of smear—In the age group 35-64 total hystered intercourse 1. Ocervical cancer; 31, and tifdong abstitutes from intercourse 1.

tomy (except to revival cancer) 31, and mentag abstance. Itsian intercourse 1.

In the age group 16-34: single women who had never had a pregnancy or any family planning contact with general practitioner or clinic 47. The total number of ineligible women = 79.



Although it is possible that some of the 47 ineligible women under 35 had had unprotected intercourse or used barrier contraception, the risk of cervical cancer in this group as a whole must be very low. It is ethically destable how far to pursue these patients, but those at risk will in due course present with a pregnancy or for contraception. When the property of the contract o

Getting the smears done
At he ware of the campus; 111 (37°) of the eligible women over
35 had never had a mines and a further seven (2°), had not had one
for over five years. In addition, the results of our survey showed
many women who had had a smear in the past five years but who
had since entered a new quinquenium and were therefore eligible
for snother paid smear. We decided to unvite these women to have a
years before.

Letters to all these women produced a brisk response, with about
half attending. Constact with the defaulters was continued through
more detailed and personal letters or telephone calls until we reached
of our and a few agreed to come to the surgery for a samer. One woman
who was schiaophrenic and two who were sitrophobic had smears at
home.

home. Of 296 women aged 35-64 with a uterus, 277~(94%) had a smear. The three women aged 35-64 with a hysterectomy for carcinoma of the cervix had a smear. All 26 women aged 16-34 who had had three or more prepanate had a smear. All of these smears were eligible

General practitioners are ideally placed to implement screening for cervical cancer, but they are not, of course, the only people with an interest. Screening might be coordinated by local committees with representation from gynaecology, pathology, general practice, family planning, community health, and family practioner committee.

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GPs and Their Staff

Discrimination in employment

NORMAN ELLIS

Few general practitioners will have experienced any difficulties with the race and sex discrimination laws. Indeed, for any employer avoiding discrimination per se is good management practice. It may seem unlikely that an employer with only a handful of staff (most of whom are already women) could be affected in any say. But the Race Relations Act applies to any employer, irrespective of the size of has undertaking, and the Above the staff of the staff of

British Medical Association, London WCIH NORMAN ELLIS, MA, PHD, under secretary

Extent of anti-discrimination law

Extent of anti-discrimination law

There are two aspects where legislation requires an employer to act (and to be able to show that he has acted) in a manner which is not discriminatory; (o on the grounds of see (including castionality (including citizenship), or ethnic or national origins. If your recruitment and selection procedures, together with your employment practices, are properly conducted no difficulties; should ever arise. Although employers with two employees or lewer (including any trainces and purt time employees) are excluded from the provision of the sex discrimination law, the excluded from the provision of the sex discrimination law, the calculation was primarily intended to raise the opportunities and status of women in employment; however, men do have equal rights under this Act.

Fortunately, the scope and structure of both the sex and racial discrimination laws are similar. Both include two types of discrimination laws are similar, Both include two types of discrimination curve and indirect, and both Statute the behavior it in either discrimination; in practice nor capable of being seen as such.

Direct discrimination occurs when a person treats another person less lawourably on grounds of race (or sex, no both) than he treats (or would treat) someone disc. It is not necessary to show that the person openly expressed an intendent to distrimination occurs when the treatment may be equal in a formal sense as between different racing grounds or between persons of different sex, but is discriminatory in its effect on one are or particular read agoing or between persons of different sex, but is discriminatory in its effect on one are or particular read grounds or between persons of different sex, but is discriminatory in its effect on one are or particular read grounds or between persons of different sex, but is discriminatory in its effect on one are or particular read grounds or example, the