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PRACTICE OBSERVED

Practice Research

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

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Abstract

Out of 588 women aged 16 to 64 who were registered with one general practitioner, 458 were eligible to be screened for cervical cancer...

Introduction

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 at risk...

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smear programme showed that the eligible women under 35 were being smeared frequently, whereas many over 35 were being missed...

Our policy on smears

Table 1 gives the policy on when smears should be done, which is based on recent expert views...

TABLE 1—How often smears should be done

Table with 4 columns: Asymptomatic sexually active multiparous women, Pregnancy, Appropriate gynaecological or venereal symptoms, Asymptomatic women aged 35-64. Includes instructions like 'First smear within one year of starting contraceptive...'

For several years the nurses in our treatment room have taken 90% of the routine cervical smears. They have been trained by a standard technique described in the excellent handbook of the British Society for Clinical Gynaecology...

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Discussion

Our smear uptake rates of 100% for eligible women aged under 35, 94% for eligible women over 35, and 96% for all eligible women are the highest rates published from a British general practice...

Results

Two women with abnormal smears were referred to hospital—the first aged 55 with a CINIII smear confirmed by biopsy...

Table 11 gives the details for the 188 smears that were eligible for payment. The expenses of the scheme worked out at roughly 33%, which is similar to the expenses element of a general practitioner's gross pay.

TABLE 11—Expenses of short term incentive screening. Total of 286 smears were taken of which 188 were eligible for payment. Includes rows for Income from paid smears, Expenses on all smears, Receptionist's salary, etc.

Why do women refuse to have cervical smears?

Despite personal interviews, 19 (6%) eligible women over 35 still refused to have a smear. Of this group, 90% were over 50 and 74% had never had a smear before...

Future screening

We intend to convert gradually all women to having their routine smears done early in each quinquennial. This will greatly facilitate recall, which will depend on the following...

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screen for hypertension and diabetes, teach about breast self examination, and after suitable training examine for breast lumps.

TABLE 1—Eligibility for item of service payment

Table showing Quinquennial span (age in years) and Women who have had three pregnancies. Includes columns for 15 to day before 20th birthday, 20 to day before 25th birthday, etc.

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...

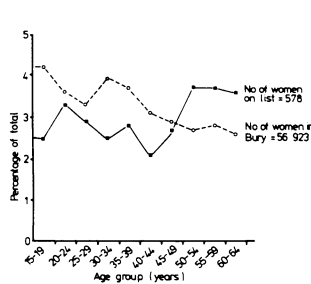
Tables showing Women born on 4 July 1963 with no pregnancies and Women aged 23 born 12 March 1962, who had a termination at 16, a miscarriage at 19, and a delivery at 22.

If a woman needs more than one smear in one quinquennial there is usually a good clinical reason and this is therefore recorded as part of the clinical record.

ELIGIBLE POPULATION OF WOMEN. Bury has a stable, predominantly working class population and PS's list size is 1945 patients with an annual turnover of 6%.

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

To identify those who were eligible for smears we listed all women whose ages lay between the first day of the 16th year and the last day of the 64th year on 1 October 1983 from our age-seg register.



Age structure of the women aged 15-64 on one general practitioner's list compared with women aged 15-64 in Bury, whose figures are closely similar to those for England and Wales.

Although it is possible that some of the 47 ineligible women under 35 had had unprotected intercourse or used barrier contraception...

Getting the smears done

At the start of the campaign 111 (37%) of the eligible women over 35 had never had a smear and a further seven (2%) had not had one for over five years.

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General practitioners are ideally placed to implement screening for cervical cancer, but they are not, of course, the only people with a right to screen.

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GPs and Their Staff

Discrimination in employment

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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.

There is a growing awareness among the public of these anti-discrimination laws. This has been heightened by the present economic climate and the efforts of various organisations (including local councils and voluntary agencies) to inform people of their rights and to encourage and help them in pursuing these.

Fortunately, the small employer can greatly reduce any risk of an unjustified claim of discrimination if he takes a few essential precautionary steps.

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: (i) on the grounds of sex (including equal pay) and marital status; (ii) on the grounds of colour, race, nationality (including citizenship), or ethnic or national origins.

Direct discrimination occurs when a person treats another person less favourably on grounds of race (or sex, or both) than he treats (or would treat) someone else. It is not necessary to show that the person openly expressed an intention to discriminate; it is possible in many instances to infer that his motive was discriminatory in the light of the circumstances of his actions.

When assessing whether or not an employer has acted in an indirectly discriminatory manner an industrial tribunal is required to consider whether his actions, although formally