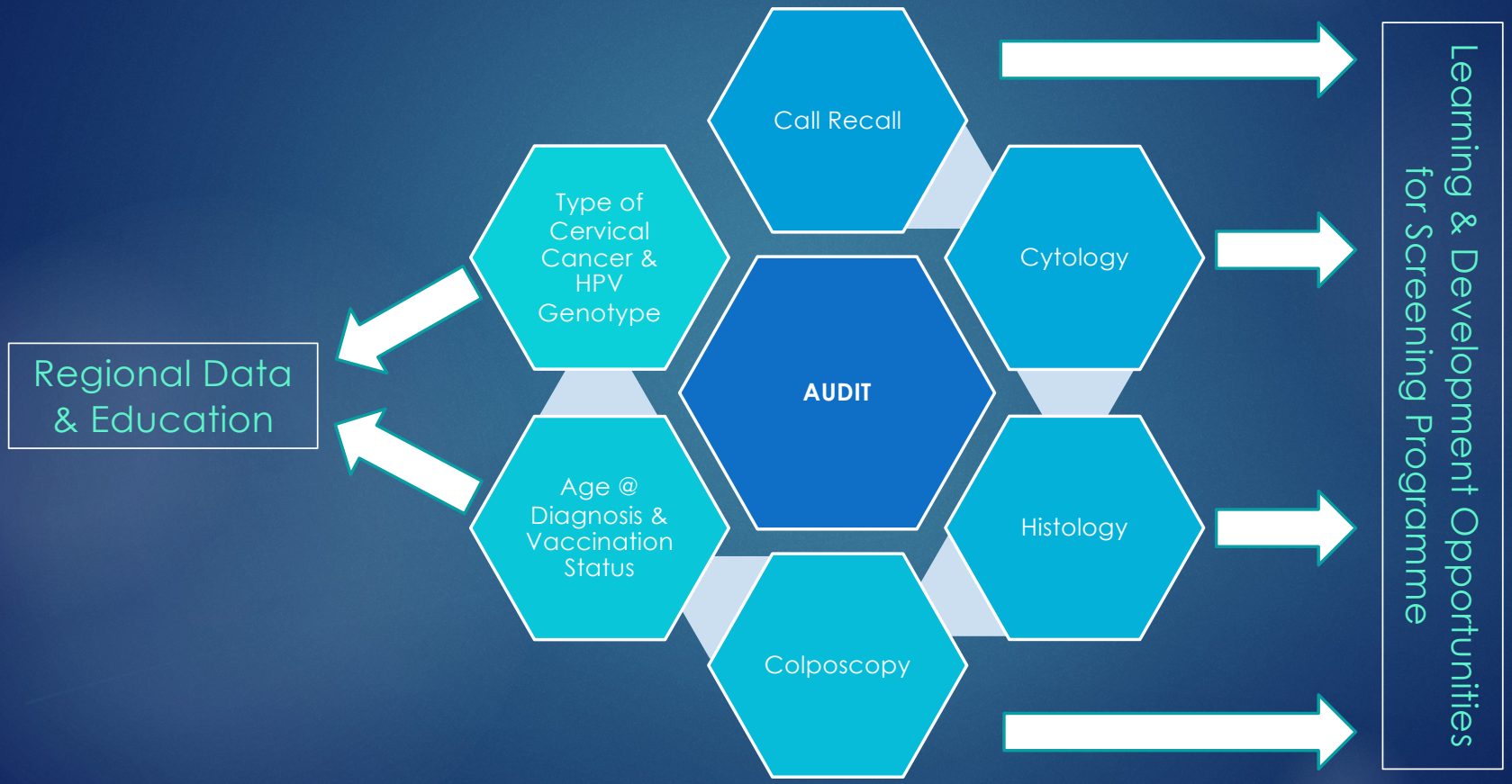
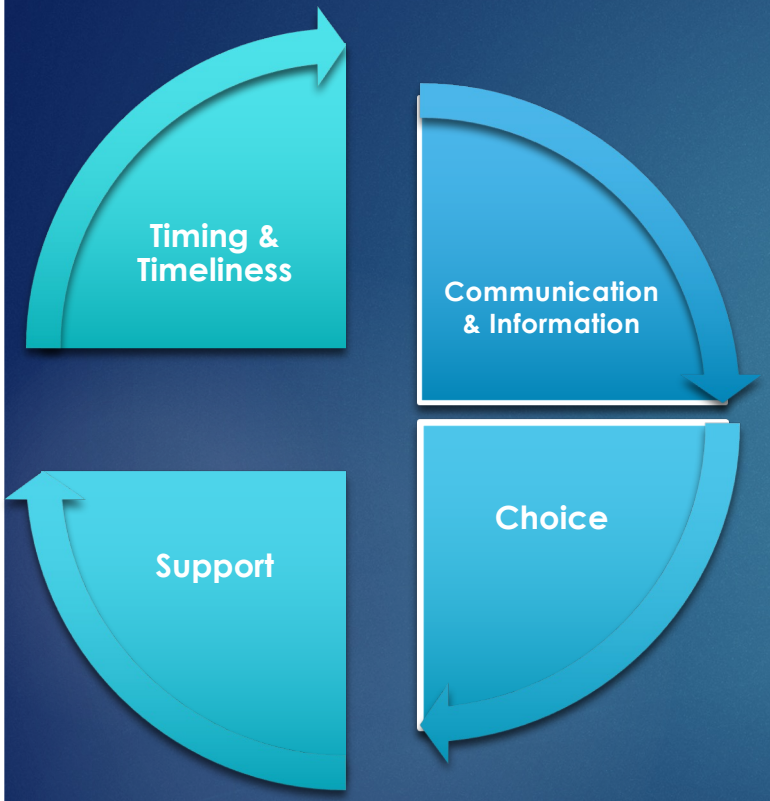
Audit of Invasive Cervical Cancer Framework & Disclosure of Audit Outcomes

What is included in the audit?



What our patients told us about their experience of audit & disclosure



CONSISTENT & ACCURATE

- From Screening Test
- Function & Limitations of Screening
- At Right Time by Right Person
- Open & Honest
- Private Testing & Screening Programme & Audit Impact

Developments – applicable for Primary Care awareness

1. TRAUMA INFORMED FOCUS.
2. EFFECTIVE DISCLOSURE REQUIRES CLEAR, CONSISTENT AND HONEST INFORMATION FROM THE START I.E. FROM CERVICAL SCREENING PROGRAMME TEST INVITE & TEST.
3. REVISED CERVICAL SCREENING PROGRAMME INFORMATION TO ISSUE WITH INVITE TO ATTEND FOR SCREENING TEST. INCLUDES REVISED FAQ'S.
4. INCLUDES INFORMATION ON CHOOSING TO HAVE PRIVATE CERVICAL SCREENING TESTS.
5. NEW INVASIVE CERVICAL CANCER AUDIT INFORMATION.
6. AUDIT INCLUDES CALL RECALL REVIEW. AUDIT PRESENTED, DISCUSSED & AGREED AT NEW REGIONAL AUDIT MDM.
7. AUDIT OUTCOMES SHARED WITH GP. ONGOING SUPPORT.
8. LEARNING & DEVELOPMENT OPPORTUNITIES IDENTIFIED IN AUDIT MDM PROCESS & SHARED WITH ALL CONTRIBUTING TO PROGRAMME.

Key Messages to Deliver

- TEST TO IDENTIFY RISK – **NOT** DIAGNOSE.
- CERVICAL SCREEN TESTING PROCESS IS **NOT** 100% ACCURATE AS WITH ALL SCREENING PROGRAMMES. FALSE NEGATIVES ARE EXPECTED.
- ACT ON SYMPTOMS DESPITE RECENT NEGATIVE SCREENING PROGRAMME TEST. DO NOT RELY ON RESULT.
- AUDIT PRODUCING A DIFFERENT RESULT NOW THAN WAS ORIGINALLY REPORTED DOES **NOT** IMPLY SOMETHING WENT WRONG/ FAILED.
- QUALITY ASSURANCE FRAMEWORK – TO MONITOR SAFETY/EFFECTIVENESS OF PROGRAMME. SINGLE AUDIT CASE DOES **NOT** IMPLY WIDER POPULATION RISK. CLEAR SEPARATION OF BOTH PROCESSES.
- BUILD PUBLIC CONFIDENCE IN SCREENING PROGRAMME.
- PATIENT CHOICE TO BE INFORMED OF AUDIT OUTCOMES. OPEN OFFER TO SEEK OUTCOME AT LATER DATE. NOK NOT INFORMED OF AUDIT OUTCOME WHERE PATIENT DECEASED (SATISFACTORY OUTCOMES).