

Organisation Learning Summary

Category: Clinical/information governance
Preventing: Delay for potential cancer diagnosis
Key words: **Cervical Cancer, Examination**
Date of Distribution:
Author: Rosalynn Morrin

Sharing Learning Points

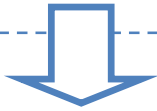
LOCAL



What happened?

All cases of cervical cancer are reviewed through the National Invasive Cancer Audit. Some referrals were made without evidence of a speculum examination within Primary Care. This clinical information is vitally important for guiding the urgency of Primary Care referral and the Gynaecology vetting process.

A Gynaecology audit also reviewed Urgent Cancer is Suspected (UCIS) referrals and their comparison with the Scottish Cancer Referral Guidance. Most referrals did meet UCIS criteria. This audit noted 29% of referrals for possible cervical cancer did not adhere to the good practice point of a full pelvic examination including speculum examination.



What went well?

Most referrals had an examination performed in General Practice and were correctly prioritized Urgent Cancer is Suspected.

All cases reviewed were seen timeously within Gynaecology services.



What, if anything, could we improve?

Health care professionals' adherence to the Scottish Referral Guidelines for Suspected Cancer good practice point of a full pelvic examination, including speculum examination of the cervix, being carried out in women presenting with symptoms suggestive of possible cervical cancer.

Engagement with cervical screening.



What have we learned?

Most referrals for suspected cervical cancer adhere to the Scottish Referral Guidelines for Suspected Cancer, including the good practice point of undertaking a full pelvic examination, including speculum examination of the cervix.

The patient journey could be improved if this clinical information is available to guide referral priorities, vetting and timely diagnosis.

Further information pertinent to referrals for possible cervical cancer includes previous screening history and smoking status. Local data shows the majority of cases of cervical cancer are found in women who have defaulted from cervical screening.

Organisation Learning Summary

Risk Grading for Distribution: Please refer to the [Risk Matrix](#) to assess the impact to another person, the service or the organisation if the learning was not implemented. This Risk Grade will determine the urgency of distribution and action of this Learning Summary in accordance with the table below.

Please tick the appropriate grading for urgency of distribution and action:

Risk Grade	Low	Moderate	High	Very High
Directorate Response time	35 calendar days	28 calendar days	21 calendar days	14 calendar days