

Impact of Non-attenders to Colposcopy Services

Dr. Jiak Ying Tan, Dr. Laura Beatty, Dr. Sandra Wong

Introduction

Outpatient non-attendance has been a long-term issue within the NHS, affecting waiting time, financial costs and service provision.

Public Health advises that the non-attendance rate per colposcopy clinic should be less than 1-% for new referrals and 15% for follow-up appointments. Following the pandemic and reduction of colposcopy services, our unit displayed significant waiting times out with BSCCP recommendations. Within our unit, we were frequently seeing closer to 30% of non-attendance per clinic, with the time allocated to an absent patient wasted.

Methods

We carried out a 6-month retrospective review of colposcopy non-attenders within North Glasgow between June and December 2021. Data on non-attenders' demographics, colposcopy indication, acceptance of colposcopy review, number of appointments allocated and end outcome were collected and analysed.

The result of this audit is aimed to be used for a follow-up protocol development that limit repeated wasted appointments and realign with BSCCP waiting time guidance.

Reference

1. Sharp L, Cotton S, Thornton A, Gray N, Cruickshank M, Whynes D et al. Who defaults from colposcopy? A multi-centre, population-based, prospective cohort study of predictors of non-attendance for follow-up among women with low-grade abnormal cervical cytology. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2012;165(2):318-325.
2. Douglas E, Wardle J, Massat N, Waller J. Colposcopy attendance and deprivation: A retrospective analysis of 27 193 women in the NHS Cervical Screening Programme. British Journal of Cancer. 2015;113(1):119-122.
3. Green L, Mathews C, Waller J, Kitchener H, Rebolj M. Attendance at early recall and colposcopy in routine cervical screening with human papillomavirus testing. International Journal of Cancer. 2020;148(8):1850-1857.

Results

295 non-attenderes identified and analysed. Patients age range 21-65, predominantly Scottish nationals with nil language barriers or mobility issues. About half confirmed acceptance and planned attendance to appointment.

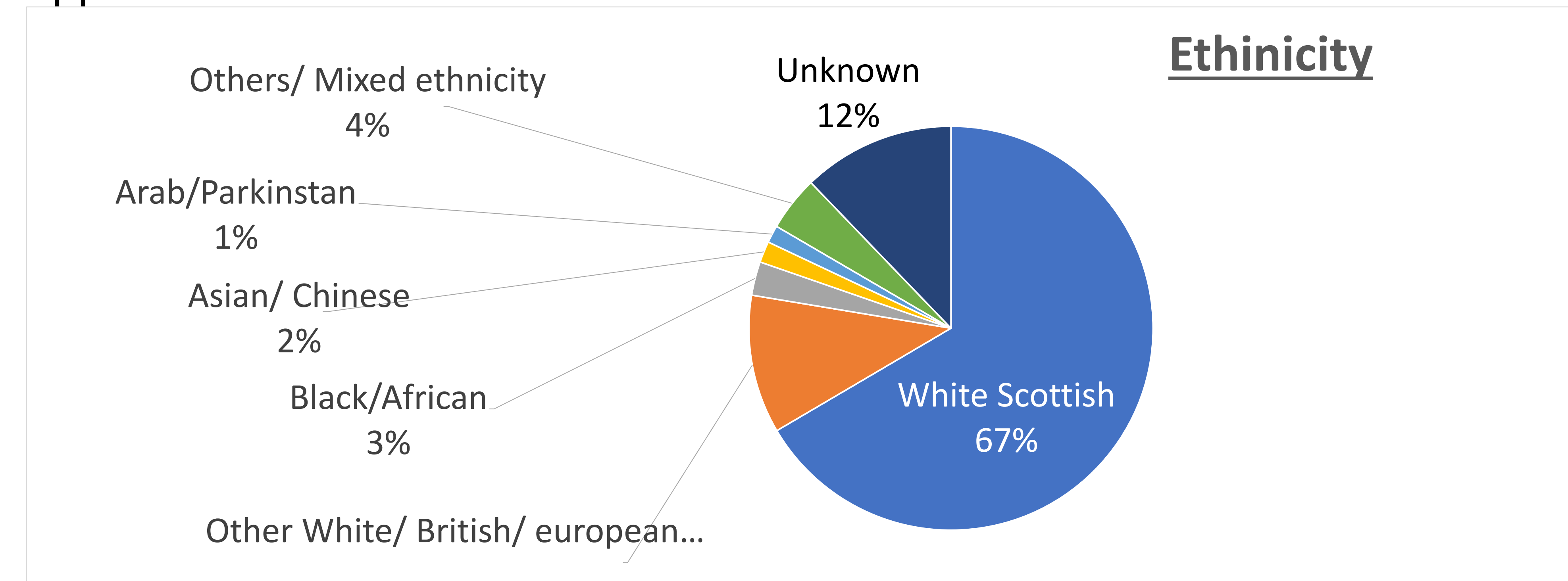


Figure 1: Sample ethnicity

Figure 2 shows the data for colposcopy indications of our sample cohort

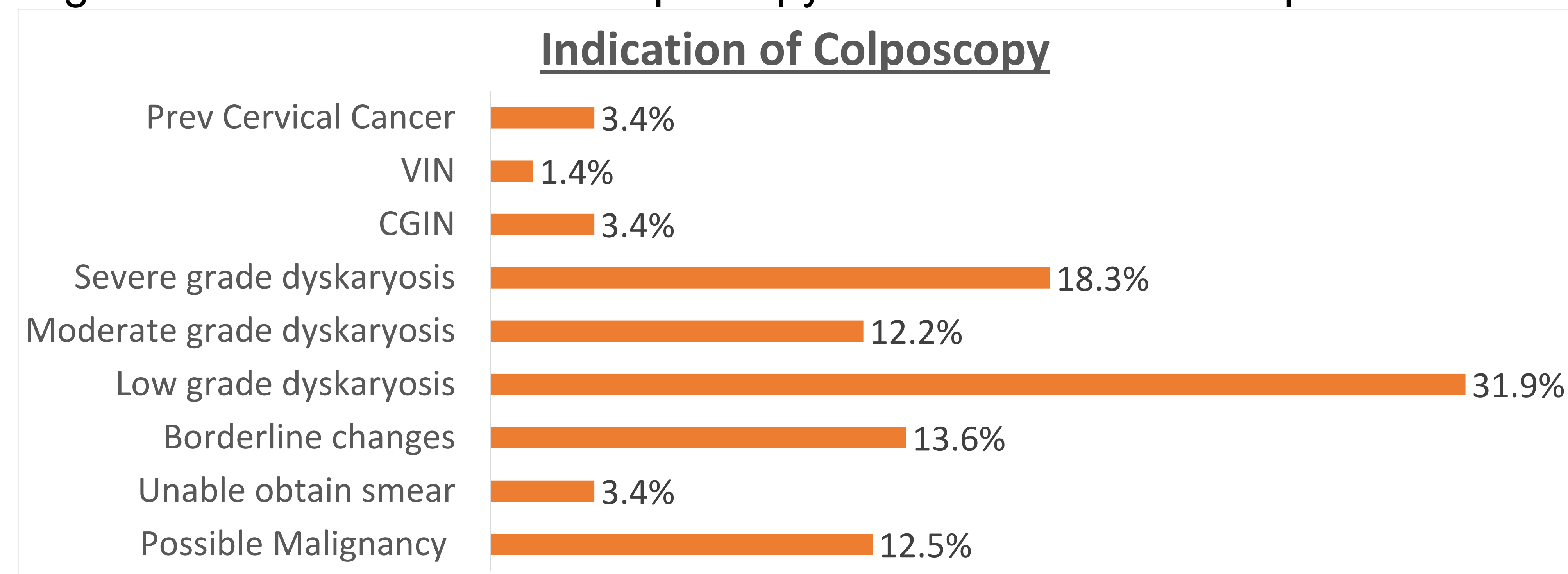


Figure 2: Colposcopy indications

End outcome – under 20% attended for review following multiple re-appointments. A total of 631 appointments were offered with under 10% of appointments attended.

Discussion and Conclusion

According to retrospective analyses, younger age, low educational level and more deprived patients were less likely to engage with service [1,2,3]. These led to lack of understanding of colposcopy indication. However, our sample predominantly speaks English with no language barrier identified to prelude understanding of colposcopy indication and attendance. Some suggestions for non-attenders' follow-up protocols are listed as below:

1. Discharge defaulted patients who were referred due to inability to obtain community smear and to refer back to nurse smear clinic if patient wish to re-attend.
2. Discharge patients with low grade and borderline changes back to 6-months community smear by GP.
3. Offer moderate, high grade and CGIN patients one further appointment. Discharge if patients had second non-attendance with a 6-month community smear.
4. Tailor individual plans for previous treatment cervical cancer and possible malignancy according to patients' concerns.
5. Formalised letter sent to all patients and GPs indicating discharge from colposcopy owing to non-attendance and for primary care follow up and smear test thereafter. Importance of colposcopy indicated and encouraged to re-refer/contact if wishing to be re-appointed and attend for review.

Conclusions

In conclusion, with the above suggestions and clear communication between the patient, primary and secondary service, we hope to minimise unused appointments without compromising patients' care.