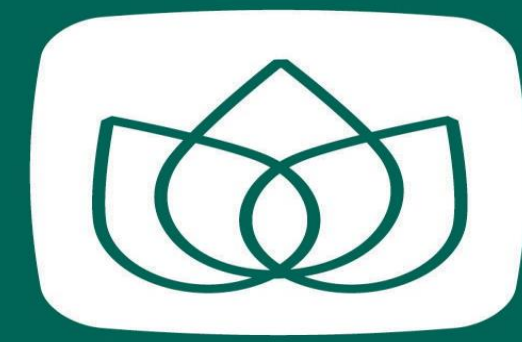




An tSeirbhís Náisiúnta Scagthástála
National Screening Service

CervicalCheck
AN CLÁR NÁISIÚNTA SCAGTHÁSTÁLA CEIRBHEACS
THE NATIONAL CERVICAL SCREENING PROGRAMME

A CERVICAL SCREENING CRISIS: SHORT AND MEDIUM-TERM EFFECTS

T. Mooney¹, L. Fahy¹, C. Mason Mohan¹, G. Gleeson¹, P. Fitzpatrick^{1,2} and N.E. Russell¹ ¹National Screening Service, 200 Parnell St, Dublin, Ireland; ²School of Public Health, Physiotherapy & Sports Science, University College Dublin, Ireland

Background

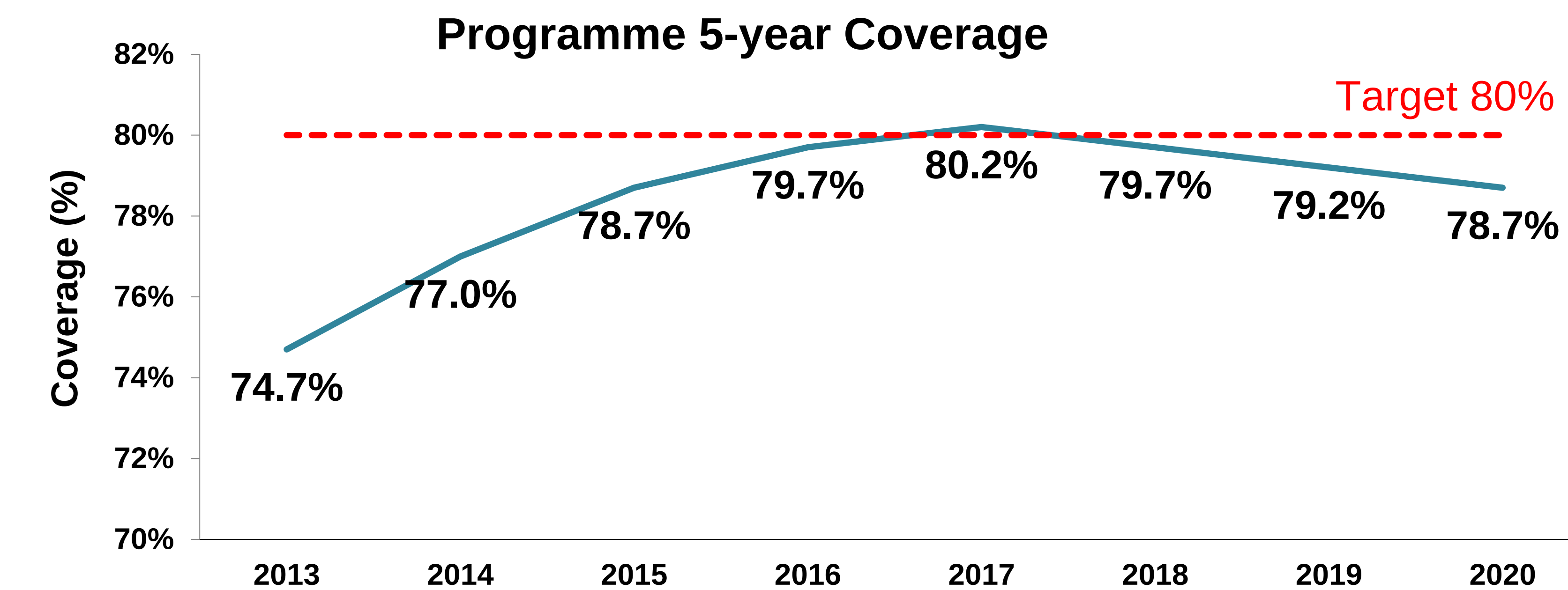
In April 2018, the CervicalCheck clinical audit non-disclosure issue – where women who had been diagnosed with cancer were not informed or were badly informed about their clinical audit results, became an issue of national importance.

In response to public concern, the Minister for Health offered a free, out-of-programme-cycle smear test to all women within the screening age-range.

The response to this offer was huge and created a surge in demand, with over 100,000 extra women attending screening over an eight-month period.

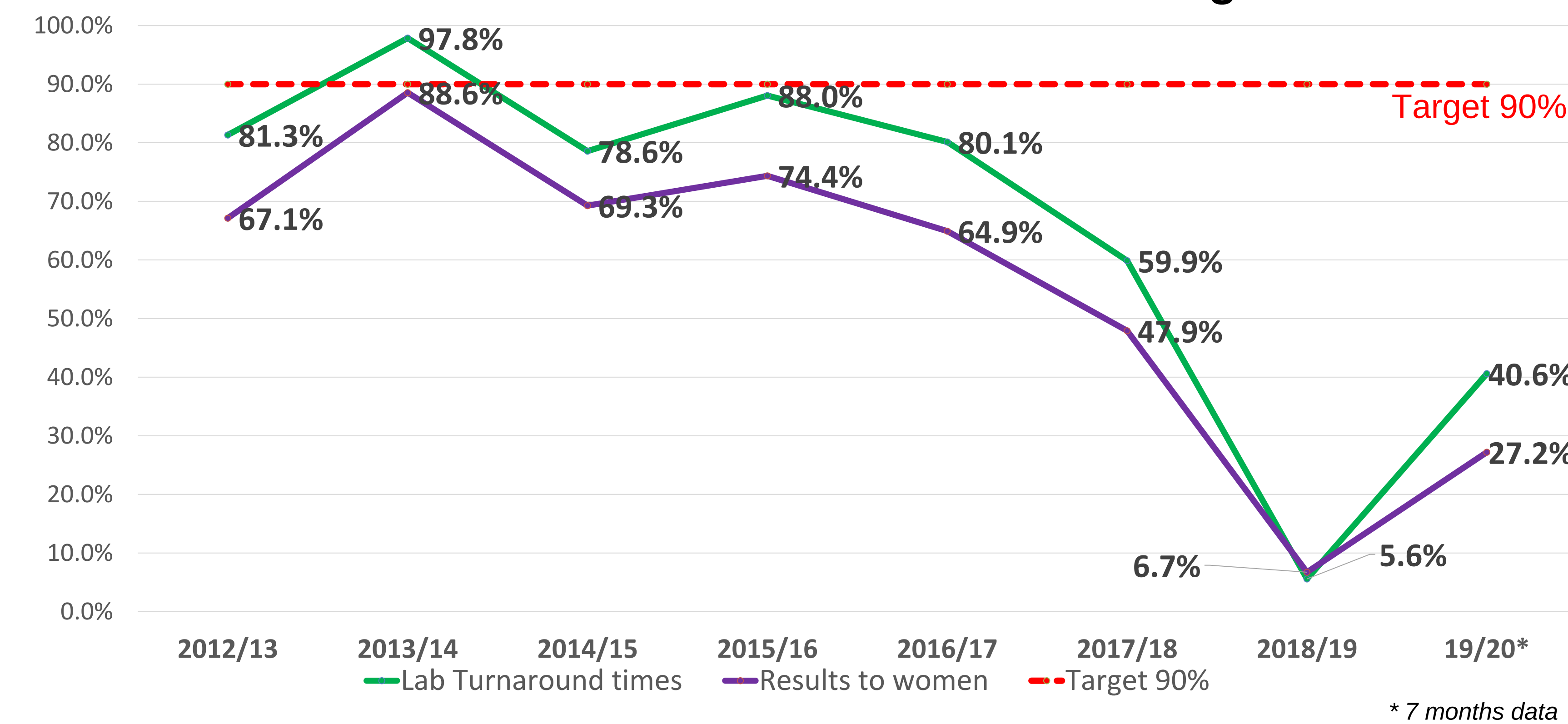
The aim of this study is to document the impact of this decision on the programme and the women.

Despite high levels of tests, programme coverage fell from 80.2% to 79.7% to 79.2%, indicating that the majority availing of the offer had attended previously.

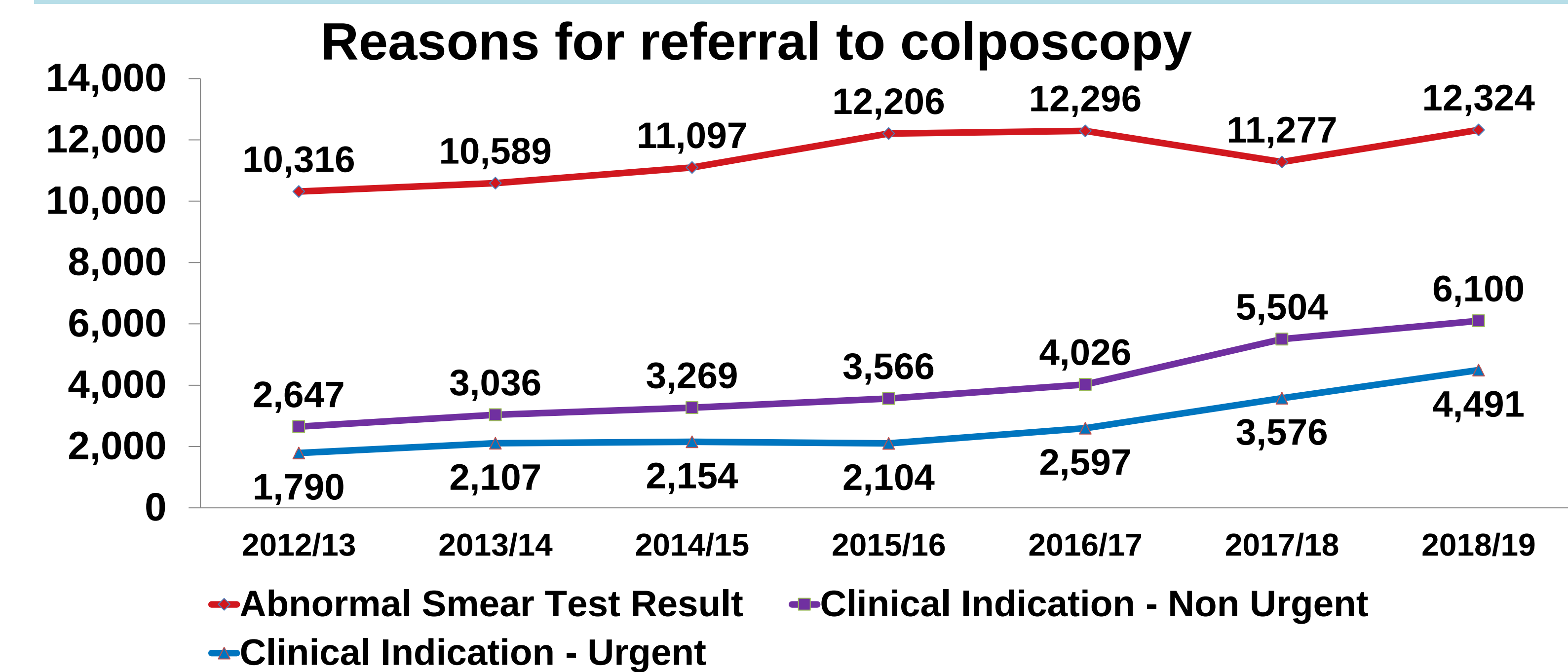


The unprecedented demand on laboratories impacted the turnaround-time of samples at laboratories and the number of women receiving results within four weeks. Results within target fell from 73% pre-crisis to <50% during and <7% post-crisis. Many women waited over six months for results creating anxiety and resulting in a documented loss of trust and confidence in the programme.

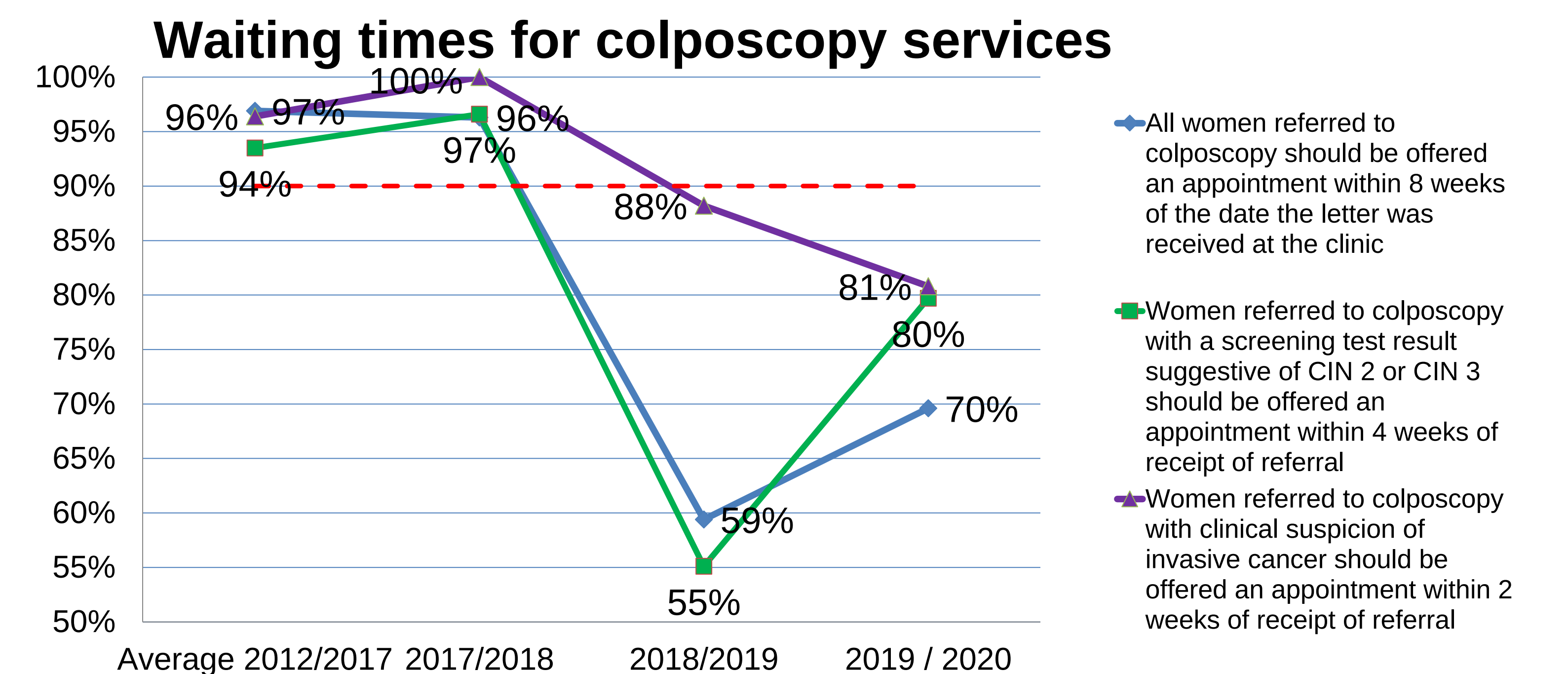
Lab turnaround times and percentage of women sent results within four weeks of their cervical screening test



There was a significant increase in referrals to colposcopy from both abnormal smear tests and reasons of clinical indication.



This resulted in waiting times for colposcopy falling outside programme standards.



Conclusion

This study highlights the impact a change in eligibility criteria had on the cervical screening experience of women and the programme due to the absence of planning concurrent resource and downstream capacity increases.