

# **Anglian GUM Audit Group Meeting**

**Minutes of meeting held on Thursday 11th March 2010**

**Sheen Mill Restaurant, Melbourne.**

Meeting Chair Dr Raouf Moussa

## **1. Present**

Dr Chris Carne, Dr S Forster, Dr T Balanchandran, Dr Chris Sonnex, Dr John Meaden, Dr Jo Evans, Dr Mohanarathi Kawsar, Dr Serisha Basavaraj, Dr Lynsey Emmett. Dr Jo Gibbs.

## **2. Apologies for Absence**

Dr T C Harry, Dr Ariyayanagam, Dr H Wankowska Dr K Sivakumar, Dr Sam Jebakumar, Dr Nelson David, Dr S Edwards, Dr K Shanmugaratnam, Dr Meena Gupta.

## **3. Minutes and Matters Arising.**

- The minutes reflected an accurate record of the last meeting.
- BASHH Regional Audit Chairs document discussed briefly (Distributed by email as requested). The group agreed in principal that they lead through audit the development of high quality service in the region. The group will encourage small clinic to participate in the national and regional audit. Presentations from small clinic are welcomed in the regional audit group.

## **4. Cervical smear re audit Report for 2010** (Analysis of data is carried out by DR Serisha Basavaraj, Norwich SPR; as well he presented a power point presentation to the group at the end of the discussion)

Analysis of data presented in table1 and 2 (see page 4, 5, 6) was discussed in details while comparing results with previous audit as follow:

### **Table 1 (Clinic Policy)**

- 9 clinic participate with 129 cases comparing to 173 cases in last audit
- Discrepancy in Female annual attendance figure seen in this audit due to misinterpretation of the Q ( New + rebook and some clinic added the follow up attendance)
- All Clinics got policy
- Routine screen for HIV similar to previous audit
- Baseline smear + colposcopy only 2 clinics. (Practical speaking difficult when colposcopy is not available in GUM clinic, Ipswich clinic experience as ex sick patients, pregnant, GP not aware of diagnosis, patient DNA colposcopy, change address.....)

- Cervical Cytology by GP 3 clinics. It was discussed in details that when GP is involved in routinely cervical smear for HIV patients, we need to clarify the following:
  - GP is aware of the patient HIV diagnosis
  - GP is aware that the cervical smear need to be done yearly
  - Yearly documentation in the patient notes that the cervical smear was carried out and the results of the test documented ( Standard)
  - Audit
- Baseline cervical screen irrespective of age. Only clinic 1 will follow the guidelines of no screen under the age of 25
- Screen for STIs during smear test; 1/3 of clinics said NO, however it was agreed that the Q should be to offer STIS screening rather than screening for STIs.
- Routine Audit is mainly carried out in those clinics where cervical smear run by GP.

### **Table 2, case notes results**

- Less number of cases presented because the short period of the audit ( around 18 months) as well some clinic only audited New HIV diagnosis and excluded referral
- Difficult to assess like previous audit how many cervical smear done during this period as most of the patients just have one smear done during this period.
- Different results of baseline smear observed between clinics due to the cohort used either all cases are new diagnosis or a mix of new and referral.
- Lower level of high grade abnormal smear results observed in this audit (7/107 = 6.5%) comparing to the previous one (9.5%). There were 18% reported high grade abnormalities between the 39 reported abnormal smears. Number is small to reach to any conclusion.
- Variable colposcopic assessment results for low grade abnormal smear due to the degree of abnormality (mild / borderline)
- 70% of patients were on ART
- 55% of the smear done in GUM clinic.
- Most / All the cervical smears done by GP where the GP was aware of the HIV diagnosis
- Most of the clinic will not write HIV diagnosis on the cervical smear form.

### **Recommendations**

- The group agreed that on the shadow of this audit results and with the referral to the guidelines of the Cervical screening programme ; we will discuss on our next audit meeting recommendations to guide for future practice in our region. Controversial points between the guidelines and daily practice will be discussed.

## **5. Regional Epidemiology report by Dr Lynsey Emmett.**

Lynsey Emmett gave a presentation on GUMCAD (Genitourinary Medicine Clinic Activity Dataset). GUMCAD replaced the old paper based KC60 return. The presentation was in 5 sections;

- 1) Details of what happens to the data submissions once they have been sent by the clinic to HPA including validation and errors, validation rules and error reporting.
- 2) GUMCAD data completeness – a clinic by clinic look in the East of England region. Currently, GUMCAD returns for Q1-4 2008 and Q1-4 2009 should have been submitted.
- 3) Web portal and online reports – all GUM clinics have accounts to access the new web portal. This will contain reports covering STI Trends and epidemiology, Service provision and data completeness and quality. One report (Numbers of selected STI diagnoses) is already available on line. Roll out of the remainder of the reports will be in two phases.
- 4) Examples of the types of analyses that can be undertaken with the new GUMCAD data.
- 5) Next steps – collecting GUMCAD from non-GUM sexual health services.

LE agreed to present results of the Enhanced Syphilis Surveillance by clinic in the next audit meeting.

## **6. Presentation:**

Lecture on “Update from CROI 2010, the 17th Conference on Retroviruses and Opportunistic Infections”. **Copy of the power point presentation circulated.**

Speaker: John-Paul Gallivan, PhD

Medical Science Manager, Bristol Myers Squibb

Meeting Sponsored by BMS

## **7. Date & Time of Next Meeting**

The next Anglian GUM Audit Group Meeting will be held on the 17<sup>th</sup> June 2010.  
Same Venue

Clinic 1 – James paget Hospital

Clinic 2 – Queen Elizabeth Hospital

Clinic 3 – west Suffolk Hospital

Clinic 4 – Ipswich Hospital

Clinic5 – Bedford Hspital

Clinic 6 – Luton & Dunstable Hospital

Clinic 7 – Addenbrookes Hospital

Clinic 8 – Norfolk & Norwich university Hospital

Clinic 9 – The Oak Tree Centre, Cambridge **shire** Community

Services

Clinic 10 – Peterborough

Clinic Policy

	Clinic1 <b>JP</b>	C 2	Clinic3 <b>BSE</b>	Clinic4 <b>Ipswich</b>	Clinic5 <b>Bedford</b>	Clinic6 <b>Luton</b>	Clinic7 <b>Addenb</b>	Clinic8 <b>Norf</b>	Clinic9 <b>Hitch</b>	Clinic10 <b>Peterb</b>
Annual attendance	4389		3225	5899	4436	8089	4246	5911	2682	4795
HIV+ve females	33		22	46	213	380	125	85	40	126
Routine screen for HIV	Yes		Yes	Yes	No(if recent neg)	Yes	Yes	Yes	Yes	Yes
Cervical cytol by GP /elsewhere	No		No	No	No	Yes	Yes	No	No	Yes
Baseline smear+ Colp	No		Yes	Yes	No	No	no	No	No	No
Baseline smear only	Yes		No	No	Yes	Yes	Yes	Yes	Yes	No
Annually thereafter	Yes		Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes
Screen all irrespective of age	No (>25y)		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
In house colposcopy	No		Yes	No	No	No	Yes	No	No	No
Colposcopy elsewhere	Yes		No	Yes	Yes	Yes	No	Yes	Yes	Yes
Recall system	No		Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Screen for sti's during smear test	Yes		No	Yes	No	Yes	Yes	No	Yes	Yes
Audit	No		No	No	No	Yes	Yes	Yes	No	No
Leaflet	No		Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes
HIV status on form	No		No	No	No	Yes	No	No	No	No
Confirm and document results if smear done elsewhere	Request details from GP		Yes	Yes	No answer	Yes	No(document,not confirm)	Yes	Yes	Yes

Audit results - (% - in brackets),

	Clinic1	C2	Clinic3	Clinic4	Clinic5	Clinic6	Clinic7	Clinic8	Clinic9	Clinic10
No of pts	5		6	20	20	20	20	20	6	12
Average age	30.2		32	38.8	32	37.5	37	38	39	36
Ethnicity – BA WB other	03(60) 01(20) 01(20)		3(50) 1(16.6) 2(33.3)	14(70) 2(10) 4(20)	14(70) 2(10) 4(20)	16(80) 1(5) 3(15)	14(70) 3(15) 3(15)	14(70) 5(25) 1(5)	4(66.6) 2(33.3)	11(91.6) 1(8.3)
Pregnant	02(40)		2(33.3)	2(10)	6(30)	5(25)	0	0	2(33.3)	0
Baseline smear	04(80)		4(66.6)	14(70)	13(65)	16(80)	19(95)	19(95)	6(100)	12(100)
Reasons if not done	01(P)		2(P)	2(H) 2(T) 1(P) 1(E)	4(P) 2(T) 1(H)	1(T) 1(<25) 1(H) 1(BD)	1(DNA)	1(H)		
Abnormal smear	01(25)		2(50)	7(50)	1(7.6)	7(43.75)	11(57.8)	5(26.3)	1(16.6)	4(33.3)
Borderline/ mild	0		2	7	1	6	9	4	1	2
Mod/severe	01(25)		0	0	0	1	2	1	0	2
Referral to colpo	01(100)		1(50)	7(100)	1(100)	4(57.1)	11(100)	5(100)	1(100)	3(75)
HAART	04(80) 01(start)		3(50)	12 1(start)	16(80)	13(65)	14(70)	15(75)	4(66.6)	9(75)
HIV status on form	Yes(01) No(02)		Yes	No	No	Yes(12) No(3) No ans(1)	No	No	No	No
Smear done in clinic	03(75)		3(75)	13(92.8)	11(84.6)	8(50)	13(68.4)	13(68.4)	3(50)	3(25)
Smear at GP/ elsewhere	01(25)		1(colp)	1	2	6/2	5/1	3	3(50)	9
GP aware of HIV status	Yes		NA	Yes	Yes	5(83.3)	2(Y) 3(N)	Y	Y	Y
GP smear result-docc in notes	No		NA	Yes	Yes	3(not doc)	2(Y) 3(N)	Y	Y	Y

H- Hysterectomy, P-Pregnant, T- Transient patient, E- Elsewhere, BD- Before diagnosis