

# National Cervical Screening Programme (NCSP) Advisory Group

## Key points/update from 30 September and 2 December 2008 meetings

### ***Independent Monitoring Report (IMR) 28:***

The Group discussed the NSU's response to the Advisory Group's recommendations on IMR 28.

- Additional analysis of the management of women with a high grade smear result and no histology report has been undertaken by the NSU. It is anticipated that the new NCSP-Register will provide a failsafe mechanism for following up these women.
- Laboratory cytology turn around time – two labs are being closely monitored.
- Laboratory histology turn around time – outliers are being followed up. The new NCSP-Register Central team tracks 'next expected screening event' when information is overdue.
- Unsatisfactory smear by laboratory – the new indicator will be used from IMR 29.
- Laboratory smear reporting (number and proportion of smears in broad cytological categories). Exclusion of clinics from this data is being worked on to give more accurate rates for the screened population.
- Colposcopy wait times – reasons for outliers were discussed, including workforce issues. The NSU will be investigating reasons for cancelled clinics.
- Short interval re-screening – possible actions to reduce this were discussed, including an investigation of costs to the Programme.
- Unsatisfactory smear rates by smear taker – the significant discrepancy in the unsatisfactory smear rates between smear taker groups was discussed (non-medical smear takers have lower unsatisfactory smear rates). The NSU will investigate this further when resources permit.

### ***NCSP annual reports***

Feedback from the Advisory Group was that future annual reports should aim to be short communications devices suitable for multiple audiences. They should over-view the status of cervical screening in New Zealand and include key statistics, trends, issues and Programme priorities.

### ***NCSP draft strategic plan***

The Group provided further feedback on this.

## **NCSP Programme Update**

### ***Indicator review***

A project to review the NCSP monitoring indicators is underway. Three indicators have been reviewed: Turn around Time; Unsatisfactory Smears by Laboratory; and Accuracy of Cytology Reports Predicting HSIL.

### ***NCSP review committee***

The NCSP Review Committee was appointed by the Minister earlier this year, however, there is now uncertain commencement given the recent resignation of the appointed chair.

### **Laboratory strategy**

Ministry processes continue to be worked through. Further communication will occur shortly.

### **New NCSP Register**

The new NCSP-Register went live on 29 September 2008. From 1 July 2008 the Register Central Team and Hutt Valley DHB assumed responsibility for processing all cytology and histology results. The 13 DHB Regional Services continue to provide NCSP-Register and Regional Coordination services within their regions.

### **New cervical screening guidelines**

The new *Guidelines for Cervical Screening in New Zealand* have been available for downloading from the NSU website from 19 September and were sent to a wide range of stakeholders. Further ordering is via the NSU website.

### **Nurse colposcopist policy**

The NCSP draft policy on nurse colposcopists is in the process of being revised following receipt of 12 submissions.

### **Ethnicity recording**

The collection and recording of ethnicity on the redeveloped NCSP Register is being reassessed. Refer to December edition of *Screening Matters* for more information.

### **Smear taker training**

The NCSP held an update day for smear taker trainers on 10 September. Work was begun on updating the *NCSP Training Standards for Smear takers* (2002).

The contract for the administration of the NCSP smear taker training grant with NZNO was terminated as of 30 June 2008. The NSU is currently administering the grant and considering options for future administration. The criteria for the grant remain largely the same with the exception that organisations can now apply for the grant on behalf of individuals.

The NSU will continue to work with NCSP Regional Services to develop the regional coordination interface with smear taking to improve coverage in areas where it is known there is a lack of appropriate smear-takers.

The NSU will be investigating the numbers of nurses not completing training and how nurses can be supported to complete.

The NSU is reminding smear takers that they must all be practising with their own ID number.

### **Communication campaign**

The communications campaign reached the one year milestone in September, coinciding with an enhanced range of initiatives to promote 'Cervical Screening Awareness Month'. It has been pleasing to see positive results in the four key result areas for the campaign.

*Impact on awareness and understanding:* The results of the 12 month monitor survey clearly show that the campaign has had a significant impact on the attitudes, awareness and understanding of women. There have been positive increases in awareness of the benefits of screening, how often to go and the prevention message. The campaign has also clearly increased the likelihood of women taking action, one of the key measures of effectiveness of a social marketing campaign. The campaign has encouraged women to discuss cervical screening and increased their stated likelihood of going for a smear test.

*Impact on calls to the 0800 number:* During the first 12 months there were 47,700 calls to the 0800 number, a 27% increase on the previous year. In September alone (cervical screening awareness month) there were nearly 5700 calls to the 0800 number. There is a direct correlation between advertising activity and call volumes.

*Impact on screening coverage:* There has been a steady, positive impact on screening coverage, particularly with Maori, Pacific and Asian women.

*Supporting health promoters:* One of the objectives of the campaign was to support health promoters and other providers in their work. Whilst only anecdotal, the feedback we have had is that the campaign has supported health promoters in their work and provided a valuable context for discussion of a sensitive subject.

### ***Research and Development***

A project to model the effects of HPV vaccine on the NCSP is underway.