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## Chapter 1 – National Cervical Screening Programme Overview

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### In this Chapter

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**Introduction** This chapter contains an overview of the general context for National Cervical Screening Programme (NCSP), and its organisation.

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### Contents

<b>Topic</b>	<b>See Page</b>
Introduction and Acknowledgements	2
Cervical Screening	6
Current New Zealand Context	12
Cultural Context	13
Legislative Context	15
Organisational Requirements	16
National Indicators for Monitoring and Targets for the NCSP	17
Mandate and New Technologies	18
Organisational Structure of the NCSP	19

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## Chapter 1 – National Cervical Screening Programme Overview

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### Introduction and Acknowledgements

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#### Mihi

Tena Koutou Katoa

E mihi ana ki te whenua, e tangi ana ki te tangata, ki o tatou tini mate e hinga mai nei, e hinga atu nei, kua tae atu ki te Kaihanga e putiki mai ra i te kapunipuni o nga wairua. Haere koutou; haere, haere. Koutou te hunga wairua ki a koutou, tatou te hunga ora ki a tatou, tena koutou.

Kia mihi kau ake ki te Rangatiratanga wahine,  
Ko nga waahine – Te Atamira o te Ira Tangata.  
Tiakina, manaakitia raatou,  
Te maataapuna o te tapu.

E nga waka, e nga reo, nga maramara totara o ratou ma, huihui, tui tuia. Tena ano koutou katoa.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Introduction and Acknowledgements, Continued

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#### Foreword

The development of the *Operational Policy and Quality Standards Manual for the National Cervical Screening Programme (NCSP)* represents an important milestone in the development of the National Programme.

With the implementation of this manual, the large number of health workers who provide the services of the NCSP will have a defined set of operational policy and quality standards to meet. They will also have a framework which will guide their role in the programme and ensure the consistency of services offered.

This manual will complement existing Programme resources. It will sit alongside the *Cervical Screening Guidelines for the Management of Women with Abnormal Smears*, NCSP, Ministry of Health (1999).

New Zealand women continue to support the NCSP through very high enrolment rates. Accordingly the implementation of these Standards should increase the confidence that women have in the National Programme.

The development of this manual has taken place with considerable public consultation and clinical and technical input from a large number of health professionals and providers and advocates of women's health. The National Screening Unit is grateful to all those who have contributed their time and expertise to the development of this manual.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Introduction and Acknowledgements, Continued

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**Foreword**  
(continued)

The National Screening Unit is working with programme providers to ensure the policy and standards set out in this manual are implemented effectively.

We look forward to working with providers to ensure the policy and standards become an integral component of the National Cervical Screening Programme.



Jane McEntee  
Manager  
NCSP



Dr Hazel Lewis  
Clinical Leader  
NCSP

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## Chapter 1 – National Cervical Screening Programme Overview

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### Introduction and Acknowledgements, Continued

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**Purpose of this manual**

The purpose of this manual is to document the operational policy and standards of practice for providers of services within the National Cervical Screening Programme (NCSP). It is intended that this manual will support all those involved in the NCSP to achieve the NCSP's aims and objectives by:

- Ensuring the quality within the screening programme by the implementation of the agreed standards and policies of the NCSP by all providers of NCSP services
- Ensuring the NCSP is focused on the needs of priority groups, including Maori, Pacific women and older women where this is appropriate
- Ensuring national consistency of service at each step of the screening pathway
- Ensuring health care providers have a common understanding of the role of all providers within the programme, thereby facilitating co-operation.
- Enabling monitoring and evaluation of the NCSP.

This manual compliments the “Cervical Screening Guidelines for the Management of Women with Abnormal Smears” NCSP- Ministry of Health (1999).

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**Document distribution**

The Operational Policy and Quality Standards Manual will be distributed to programme providers and will be available to anyone on request.

The publishing format of this document will allow future revisions of NCSP Standards and Policy statements to be incorporated into the document in a simple and effective manner.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cervical Screening

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#### **Cervical Screening for Women**

The term “screening pathway” is referred to in this manual. This reflects the fact that cervical screening for women is a journey and for some, the journey is more difficult. The point of having a cervical smear is preceded for many women by significant barriers including fear, embarrassment, cost and geographical barriers, language, and social and cultural barriers. All those involved in the provision of screening services need to be aware of and sensitive to these issues. Women need to feel as comfortable as possible about accessing the screening programme, returning for regular smears or for further tests or treatment if necessary.

Population based screening programmes aim to reduce the incidence and mortality of disease (in this case cervical cancer) by routinely screening an entire defined population at regular intervals. The screening test aims to detect precursors of cervical cancer or cancer at a very early stage, enabling early diagnosis and treatment when it is most likely to be successful.

There is a need to fully inform women about the benefits and limitations of screening and for them to receive sufficient information to enable them to make an informed decision regarding participation.

**Kia hora te marino**

**Kia whakapapa pounamu te moana**

**Kia tere te k rohirohi i mua i te huarahi**

*Let the calm be widespread*

*Let the sea glisten like the greenstone*

*Let the shimmering summer*

*Forever dance across your pathway*

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cervical Screening, Continued

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**The aim of the National Cervical Screening Programme**

The aim of the National Cervical Screening Programme (NCSP) is to:

Reduce the incidence and mortality rates from cervical cancer among women within New Zealand by the detection and treatment of precancerous squamous cell changes.<sup>1</sup>

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**The National Cervical Screening Programme**

The scope of the NCSP includes:

- Health promotion and education services
  - Smear-taking services including recall and referral
  - Laboratory services including reading of all cervical cytology and histology samples relating to cervical screening
  - Colposcopy services including biopsy and treatment of pre-cancerous lesions
  - National management and co-ordination
  - Regional co-ordination
  - Information management
  - Monitoring and evaluation.
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<sup>1</sup> Squamous cell carcinoma of the cervix represents approximately 90% of all cancers of the cervix. Other cancers of the cervix are not as effectively detectable through current screening practices.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cervical Screening, Continued

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#### Objectives of the NCSP

“The objectives of the NCSP are to:

- promote high quality cervical screening, assessment, and treatment services, while recognising and managing the differences between the various types; and
- inform women and the community of the risks, benefits and expected health gains from participation in the NCSP; and
- promote the regular recall of women who are enrolled in the NCSP for NCSP screening tests; and
- facilitate continuous quality improvement by allowing and performing regular evaluations of the NCSP; and
- ensure that information that is collected for the purposes of the NCSP is:
  - available in a reliable, accurate and timely manner to persons authorised to have access to it; and
  - safely stored, including on the NCSP register.
- Provide information to women about the quality and effectiveness of the NCSP including, if it is appropriate, information based on the results of evaluations.” (Section 112D Health (National Cervical Screening Programme) Amendment Act 2004.)

#### Benefits of the NCSP

Having regular cervical smears reduce the risk of developing invasive cervical cancer. The NCSP encourages women to have regular smears and to enrol on the NCSP-Register. Other benefits of the NCSP include:

- Availability and provision of appropriate health information
- Screening and follow up services are available and coordinated
- Ensuring provision of quality standards which are explicit and nationally consistent
- Ongoing monitoring and evaluation of the Programme
- Providing a complementary back-up system to the recall service provided by the smear taker including
  - Initial results letter
  - Notifications letter if the result is not completely normal
  - A reminder if the next cervical smear test is overdue
  - A record of a woman’s smear history even if she changes smear taker
- Providing a woman’s smear history on request
- Enabling women to be contacted by the NCSP if required.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cervical Screening, Continued

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**Limitations of screening programmes**

By their very nature screening programmes have limitations. Even the highest quality cervical screening programme will not be able to prevent the occurrence of all cases of invasive cervical cancer.

A high quality well organised cervical screening programme, in which a high proportion of eligible women participate regularly, will prevent a majority of cases of invasive cervical cancer from occurring.

However, not all cases will be prevented and there are a number of reasons for this including inherent limitations of the test; the subjective nature of the smear reading process; failures to investigate and treat and treatment failures. The Programme aims to minimise the number of cases of invasive cervical cancer by requiring providers of health services associated with the programme to meet the policies and standards set out in this manual.

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**Limitations of the screening test**

Screening tests also have limitations. In cervical screening these limitations are predominantly related to the sampling and reading processes.

The result of this is that false positive and false negative results will occur. However, these can be minimised by provision of high quality services where comprehensive quality assurance processes are in place.

The inherent limitations of a single smear test can be mitigated by the protection offered by regular smear tests and the slow progression of the disease.

Women are unlikely to experience consecutive false negative results so it is absolutely essential that women understand the importance of regular smear tests.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cervical Screening, Continued

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**The benefits of cervical screening outweigh the limitations**

The benefits of a well-organised, high quality cervical screening programme outweigh the limitations.

Well organised cervical cancer screening programmes can significantly reduce the incidence and mortality from the disease in a country. A reduction of at least 60% in incidence and mortality from the disease baseline is possible, the theoretical maximum being of the order of 90%.

Having regular cervical smear tests continues to be a woman's best protection against the development of invasive cervical cancer.

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**Asymptomatic versus symptomatic**

Screening programmes are for asymptomatic or well women.

The aim of the cervical smear test is to detect precancerous lesions in asymptomatic women. However in some situations women with symptoms and signs of cervical cancer have a smear as part of a diagnostic work-up and these smears are also subject to the NCSP Operational Policy and Quality Standards.

However, while the cervical smear may be employed as part of the investigation of women with symptoms and signs of cervical cancer it is unreliable as a diagnostic test. Therefore such women must receive appropriate gynaecological care irrespective of the smear result.

In such cases the symptoms and signs must be noted on the laboratory referral form and the results of the smear must not be used as the basis for determining the management of the woman.

Any woman with symptoms and signs which may indicate cervical cancer must be referred to a gynaecologist regardless of the results of the smear. The results of the smear test should be noted on the referral form to the colposcopy service as well as the presenting symptoms and signs.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Current New Zealand Context

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**Current context** In the years since its establishment many factors have influenced and shaped the development of the NCSP.

The NCSP has had a positive profile and has been supported by women and women's groups as a woman centred initiative. The programme has often been an important catalyst leading to the development of local provider organisations particularly in smaller centres.

The high level of enrolment demonstrates this. Over 90% of women of the ages recommended for screening are enrolled on the NCSP.

The development of the National Kaitiaki Group and the Pacific Woman's Data Advisory Group were both important initiatives sought by women.

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**Perceptions of the NCSP in New Zealand**

Many key issues about how the NCSP is currently viewed in the wider context, emerged through the extensive consultation undertaken as part of the development of this manual<sup>2</sup>.

- The NCSP has been an important vehicle for community development and empowerment
  - Many women who were involved in setting up the NCSP are still involved and committed to it
  - Being able to link the NCSP to other health initiatives and taking a more holistic health approach is very important
  - The whanau / family centred approach to health and well being acknowledges a woman's many roles and responsibilities and the NCSP is seen as contributing to this.
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<sup>2</sup> The term "this manual" used here and elsewhere in this document refers to the full publication called the National Cervical Screening Programme Interim Operational Policy and Quality Standards dated October 2000.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cultural Context

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**Cultural  
context  
Maori women**

During the past decade successive Ministers of Health have acknowledged the Treaty of Waitangi as a basis for improving public health for Maori. General policy directions for Maori health have been described in key policy documents and health gain for Maori continues to be one of the major health goals for New Zealand.

These factors, and the acknowledgement that Maori women are disproportionately affected by cervical cancer have influenced the development of the NCSP and led to a strong sense of ownership and responsibility amongst some Maori women. The extent of the involvement of Maori women in the ongoing development of this programme is acknowledged.

#### **Me kōrero te wāhi ki ngā wāhine Māori i roto i tēnei kaupapa**

The need for further work to support Maori to achieve improved health gain through the NCSP is also recognised. The development of culturally appropriate practices and procedures is an integral requirement in the funding and provision of health services.

Models also exist to clarify the Maori dimensions of health. Such models include the Whare Tapa Wha (four cornerstones of health model) which describes four dimensions of te taha wairua (spiritual); te taha hinengaro (mental and emotional aspects); te taha whanau (family and community aspects); and te taha tinana (physical aspects).

Another model Te Wheke (octopus) describes the eight tentacles of wairuatanga (spirituality), hinengaro (mental), te taha tinana (physical), whanaungatanga (the extended family), whatumanawa (emotional), mauri (life principles in people and objects), mana ake (unique identity), and Ha a koro ma a kui ma (inherited strengths).

The model Nga Pou Mana highlights factors external to the individual which focus on whanau, culture, the physical environment and the source of identity. These examples provide guidelines and markers for developing operational policies and service expectations for Maori women.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Cultural Context, Continued

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**Cultural context Pacific women**

Women of the Pacific have similarly been actively involved in the development and support of the NCSP at the national policy level advocating for Pacific women and encouraging participation in the programme.

Pacific women have made a significant contribution to the development of the NCSP. It is recognised that some Pacific women do not attend screening for several reasons such as cost or fear of the test or of having cancer. To address these and other barriers more work is needed to support Pacific groups to maximise their health gain through the NCSP.

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**General cultural context of New Zealand**

There are people from many different cultures in New Zealand. The challenge to the NCSP is to ensure cervical screening is offered and promoted to women from all these cultures.

In addition, older women, lesbians, women with disabilities, and women who have been sexually abused require special consideration.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Legislative Context

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#### **Legislative context**

Since 1993 the current legislative framework for the NCSP – Register has been provided by Section 74A of the Health Act. As part of the ongoing work to improve the operation of the NCSP and implement the recommendations made by the Ministerial Inquiry into the Under – Reporting of Cervical Abnormalities in the Gisborne Region, the Health Act was amended. The Health (National Cervical Screening Programme) Amendment Act 2004 was passed in March 2004 and is effective from March 2005.

Maori women's summary data stored on the NCSP-Register is protected under the Health (Cervical Screening (Kaitiaki)) Regulations (1995). The National Kaitiaki Group (NKG) is appointed by the Minister of Health to oversee the release of this data. The amendment to the Health Act does not alter the Kaitiaki regulations.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Organisational Requirements

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<b>Organisational requirements</b>	<p>The key organisational requirements identified by the World Health Organisation (Lunt 1984) for a successful screening programme include:</p> <ul style="list-style-type: none"><li>• a central office or individual responsible for planning, co-ordinating and evaluating the programme</li><li>• an agreed policy and set of objectives for the programme, against which to measure the programme</li><li>• computer based information systems</li><li>• extensive coverage of the eligible population</li><li>• quality control of both smear-taking and smear reading</li><li>• measures to ensure that women with abnormal smears are followed up and treated.</li></ul>
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## Chapter 1 – National Cervical Screening Programme Overview

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### National Indicators for Monitoring and Targets for the NCSP

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**National indicators and targets**

The national indicators and targets for monitoring the NCSP have been agreed and are monitored by an independent monitoring group. The national indicators are annexed as appendix 5.

There are a number of specific indicators with targets which are monitored on a quarterly basis by the independent monitoring group. Quarterly monitoring reports are published and the NCSP will follow up any issues arising from the reports. Providers are also expected to use the reports as part of their own quality control processes.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Mandate and New Technologies

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**NCSP mandate to ensure operational policy and quality standards apply to all providers**

It is clear from the consultation undertaken on this manual that the commonly held view is that the policy and quality standards set out in this manual should apply to all providers irrespective of how they are funded.

The Code of Rights for Consumers of Health and Disability Services (1996) applies to all health service providers and complaints can be made to the Health and Disability Commissioner.

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**New technologies**

The Ministry of Health regularly reviews evidence on new technologies such as liquid based cytology and automated or semi-automated screening devices aimed at improving the accuracy of cervical screening. New methods of screening which may enhance current practice are also regularly reviewed.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Organisational Structure of the NCSP

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**National coordination and leadership of the NCSP**

National coordination and leadership of the NCSP is the responsibility of the National Screening Unit of the Ministry of Health. This responsibility includes all national policy and standards development, National Maori coordination, National coordination and health promotion strategies, management of the NCSP-Register and ensuring regular monitoring and evaluation.

**Advisory and special interest groups associated with the NCSP**

The NSU seeks external advice from a range of sources to support its work. The advisory group structure includes separate advisory groups for the breast and cervical screening programmes, a national screening advisory body to provide oversight of and advice on screening activities throughout the health sector and a Māori, Pacific and Consumer reference group.

The National Kaitiaki Group is appointed under the Health (Cervical Screening (Kaitiaki )) Regulations 1995 to oversee the release of the Maori Women's summary data from the NCSP-Register.

A Pacific Women's Data Advisory Group was formally established in 1995 to protect and oversee the release of summary data for Pacific women.

**Ministry of Health funded services**

The Ministry of Health funds some aspects of the NCSP including health promotion, resources and information for women, regional co-ordination and some low cost or free smear-taking services, laboratory services and colposcopy services provided by District Health Boards.

Women are not able to be charged for any cervical screening services other than smear-taking (except where this is funded by the Ministry of Health) and private colposcopy services.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Organisational Structure of the NCSP, Continued

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#### **Services provided by NCSP Regional Services**

The key services provided by the NCSP Regional Services support and promote the NCSP goals and objectives. This is done through promoting the importance of cervical screening amongst all women, with a particular focus on unscreened and under-screened groups, and liaison and co-ordination between women and providers of the NCSP (health promotion, smear takers, laboratories, colposcopy and treatment services).

NCSP Regional Services perform such activities such as:

- Liaison and co-ordination
- Health promotion and education
- Communication and professional updates
- NCSP-Register functions
- Training and up-skilling of some smear takers
- Follow up of women who have not responded to smear takers recall or referral for colposcopy
- Smear-taking services.

For information about the NCSP Regional Services interface functions with laboratories, smear-taking services and colposcopy services, please refer to the relevant sections within chapters four, five and six.

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## Chapter 1 – National Cervical Screening Programme Overview

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### Organisation Structure of the NCSP, Continued

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**Health  
Promotion  
services**

A number of organisations provide health promotion services for the NCSP. Examples of these organisations include:

- District Health Boards (usually as part of the NCSP Regional Services)
- Maori primary health providers
- Pacific primary health providers
- Women’s health service providers.

Many smear takers and other primary care services have a role in health promotion.

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**Smear-taking  
services**

Smear-taking is performed by general practitioners, practice nurses, independent smear takers, sexual health and other primary care practitioners, gynaecologists and midwives.

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**Laboratory  
services**

Community laboratories and District Health Board laboratories provide laboratory services for the NCSP.

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**Colposcopy  
services**

District Health Boards provide colposcopy services for the NCSP. Some women will choose to attend private colposcopy services.

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