
Chapter 2 – General Policy Requirements of NCSP

In this Chapter

Introduction This chapter covers general policy requirements including screening recommendations and recruitment strategies.

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Cervical Screening

Expectations of the NCSP The NCSP wants to encourage processes that contribute to a positive experience for women and foster their commitment to having regular cervical smears.

A woman's journey within the screening programme is influenced by the support she receives from health professionals providing the screening service.

Arā anō ngā mōhiotanga hei toro māu.

There are other things you need to understand/be aware of.

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General Framework

Compliance with legislation

All NCSP provider(s) activities are required to comply with the detail and principles of relevant legislation and publications including but not limited to:

- The Health Act 1956 (includes Kaitiaki Regulations 1995¹)
 - Health (National Cervical Screening Programme) Amendment Act 2004
 - Medicines Act 1981
 - Cancer Registry Act 1993
 - Privacy Act 1993
 - Health Information Privacy Code 1994
 - Human Rights Act 1994
 - The Health & Disability Commissioner (Code of Health and Disability Services Consumer's Rights) Regulations 1996.
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Treaty of Waitangi

The Treaty of Waitangi establishes the unique and special relationship between Maori and the Crown. As a Crown agency, the Ministry of Health considers the Treaty of Waitangi principles of partnership, proactive protection of Maori health interests, co-operation and utmost good faith, to be implicit conditions of how the internal organisation of the Ministry of Health responds to Maori health issues.

Equally the Ministry of Health requires that these principles will be explicitly expressed in contracts with the service providers. All contracted providers, therefore, whose populations include Maori women, will demonstrate how the policies and practices of their provider organisation and service delivery benefits those women.

Ministry of Health contract and quality requirements

NCSP providers are required to meet service, quality and reporting requirements contained in their contracts.

¹ 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 to oversee the release of this data.

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Screening Recommendations²

Screening recommendations

The screening recommendations define which subsets of the population should be screened and how often. An expert group develops these recommendations by reviewing international and national evidence.

Cervical Screening Working Party

The Cervical Screening Working Party reviewed the recommendations for cervical screening made by a similar group in 1991, and released the new recommendations in 1997.

Regular screening

The recommendations of the Cervical Screening Working Party which have been adopted as policy for the NCSP are as follows in italics:

- *Regular screening should commence at age 20 years, for women who have had sexual intercourse.*
 - *Screening should be offered to all women who have ever had sexual intercourse, including lesbians. The usual interval is three years for women with normal smear results. If the smear is the first smear, or if the previous smear was 5 or more years ago a further smear is taken in one year (because of the possibility of a false negative result).*
 - *At age 70 years women with normal smear results may cease to have cervical smears. Women over 70 years of age who have never had a smear should be offered the test and have it repeated in a year. If both smears are negative, screening may stop.*
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² Reference: Recommendations for Cervical Screening 1997, NZMJ, 27 March 1998, Vol 111, No 1062, Pages 94-98

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Screening Recommendations, Continued

Evidence regarding age screening should commence

There is no new evidence to show that routine screening should start any earlier than 20 years. Progression from carcinoma in situ to invasive cancer is in the order of fifteen years.

Hysterectomy

The recommendations for screening for women who have had a hysterectomy are listed below:

- *Women who have had a hysterectomy for a benign condition, with complete removal of the cervical epithelium which is histologically normal, and no history of abnormal smears, do not need to continue to be screened.*
 - *Women who have had subtotal hysterectomies need to continue being screened at 3-yearly intervals.*
 - *Women who have had abnormal smear results, or abnormal cervical histology continue being screened by having cervical or vault smears.*
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Pregnancy and postnatal

There is no need for a woman who is pregnant or postnatal to have a screening smear unless she is due for one according to the recommendations.

Smears should only be done more frequently if there are specific indications, such as follow-up of an abnormal smear.

No evidence for short interval rescreening for at risk behaviours

More frequent screening is not recommended for women possibly at a higher risk of cervical cancer (sexual behaviour, smoking, hormonal or contraceptive use) as there is no evidence that such women have a shorter duration of the pre-invasive stage. Testing for sexually transmitted infections may occur after sexual activity has commenced regardless of age. It is important that short interval rescreening should be avoided. Smears need only be taken more often if it is indicated on clinical grounds, or if the laboratory or clinician recommends a shorter interval than normal.

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Screening Recommendations, Continued

**Immuno-
compromised
women**

Annual screening is probably indicated for women who are immuno-compromised.

This group of women have a higher risk of precancerous change and cervical cancer occurring.

Women who are human immunodeficiency virus (HIV) positive or who have had organ transplants are immunologically compromised.

**Women with
symptoms**

The cervical smear will be part of the investigation of women with signs and symptoms of cervical cancer.

It is not sufficiently sensitive, however, for a negative result to override clinical concern. Such women should be referred for gynaecological assessment irrespective of the smear result.

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Recruitment Strategies

Introduction to recruitment

Recruitment describes the process by which women are encouraged to participate in the programme. This may be a personal discussion or it may be through a group meeting or hui. At any stage of the screening pathway women may choose to enrol in the Programme. Providers have varying responsibility for recruitment.

Expectation to maximise opportunities

Providers are expected to maximise opportunities to invite women of the recommended age group into the Programme and to be proactive in order that the national targets for participation and coverage are met. The recruitment processes should enhance the credibility of the Programme.

Recruitment objectives

Recruitment strategies should be designed with the following objectives in mind:

- inform and encourage women who are or have ever been sexually active within the ages of 20 and 69 inclusive to attend for regular cervical smears
 - facilitate acceptance of the NCSP within the community
 - develop strategies appropriate for, and responsive to, the needs of women from priority groups
 - promote screening as per the screening recommendations (refer to pages 2.4-2.6)
 - use existing health provider and community networks in determining recruitment strategies.
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Recruitment Strategies, Continued

Targeting recruitment strategies

Recruitment strategies should be developed which ensure priority is given to groups of women known to be at increased risk of developing cervical cancer. The groups identified as priority groups are:

- Women who have never had a smear
- Women who have not had a smear within the last five years.
- Women over the age of 40
- Maori women
- Pacific women.

Recruitment strategies for priority groups should be based on needs assessment and collaboration with other providers.

Other groups requiring additional recruitment strategies

The following groups are also likely to be unscreened or underscreened and require additional recruitment efforts:

- Women from a non-English speaking background
 - Women from low socio-economic groups
 - Women with a disability (physical and / or intellectual)
 - Women who are homeless
 - Lesbian women
 - Women with mental illness
 - Refugee and immigrant women.
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Standard 201

Providers of health promotion and smear-taking services who have a role in recruitment will have active strategies to increase the numbers of women from the priority groups who are screened and become participants in the NCSP.

Standard 202

Health promotion and fully-funded smear-taking services will develop evidence based strategies for recruiting Maori women to the NCSP. They will also collaborate with other providers where appropriate.

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Recruitment Strategies, Continued

Known barriers to screening For some women significant barriers exist to having a cervical smear. These include:

- lack of appropriate information
- cost
- shyness / whakama
- embarrassment
- previously painful or unpleasant experience
- fear of having cancer
- transport and child care difficulties
- lack of choice of smear taker
- location/ setting of services
- generational and cultural factors.

Providers need to be conscious of these barriers when planning and providing their services and enhance opportunities for women wishing to participate in the NCSP.

Information for women Providers must have a range of information available about the NCSP so that all women have access to information.

All information should be communicated to women in a language and manner that is culturally appropriate and easy for them to understand.

Standard 203 **Health promotion, smear-taking and colposcopy providers will have a range of processes for communicating with women to encourage their participation in the NCSP.**

Standard 204 **Health promotion, smear-taking and colposcopy providers will have culturally appropriate processes for communicating with Maori women to encourage their participation in the NCSP.**

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The NCSP-Register

Introduction The National Cervical Screening Programme Register (the NCSP-Register) is the information system and management tool for the NCSP.

The collection of information on the NCSP-Register is authorised by the Health (National Cervical Screening Programme) Amendment Act, 2004.

Key functions of the NCSP-Register

The key functions of the NCSP-Register are as follows:

- To enrol women on the NCSP-Register and maintain this information
 - To maintain information on the screening history of women in an organised manner and to make this available to women, smear takers, laboratories and evaluators
 - To complement and provide a backup to existing smear taker recall systems and registers
 - To support quality assurance by maintaining information integral to the evaluation of the NCSP
 - To track women with abnormal smears and ensure, as far as possible, that appropriate and timely investigation and treatment is provided and that, following treatment, women are recalled for regular cervical smear tests.
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The NCSP-Register, Continued

Information collected by the NCSP-Register

The information collected by the NCSP-Register is listed below:

- Personal
 - Full name, current plus any previous names
 - National Health Index Number
 - Date of birth
 - Ethnicity
 - Address including contact details if these are different
 - Usual smear taker and clinic
 - History of previous smears
 - Results
 - Cervical cytology and histology results
 - Vaginal cytology and histology results
 - On the Smear Taker
 - Full Name
 - Identification number (Medical Council Number or Nursing Council Number or NCSP-Register Number for lay smear takers)
 - Place/places of work.
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Ethnicity Information

The importance of ethnicity information to the NCSP

The incidence rate of cervical cancer among Maori women is more than twice that of non-Maori women and mortality rates among Maori women are also higher than New Zealand women as a whole.

Accurate ethnicity data are required to monitor rates of disease within different ethnic groups. Such information benefits policy makers, funders and providers in that it enables appropriate planning and targeting of services.

Maori and Pacific women and health care providers have indicated that this information is essential to their planning and service development. Accurate ethnicity data is an essential element of this.

Collection of ethnicity data raises issues for women and providers and must be approached sensitively.

Process for collecting ethnicity information in the NCSP

To promote self-identification of ethnicity, women enrolling for the first time on the NCSP-Register should be asked to fill in the ethnicity question on the enrolment form.

The woman's choice/s should be confirmed verbally with her to ensure the entry is correct.

When a woman attends for subsequent smears or colposcopy, she should be asked to reconfirm her ethnicity, if it is already known to the smear taker. If it is not known, the process of self-identification will need to be used.

Standard 205

All women will be encouraged to fill in the ethnicity question in the NCSP laboratory referral form especially when they first enrol in the NCSP.

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Release of Data from the NCSP-Register

Introduction	Applications for data can be made for a variety of purposes. A legislative framework governs the principles and procedures for accessing data maintained by the NCSP-Register.
Principles covering the collection and release of data	<p>The principles covering the collection and release of data mean that:</p> <ul style="list-style-type: none">• Under the Health (National Cervical Screening Programme) Amendment Act 2004, a smear taker must inform a woman that, unless her objection is made in writing, her cervical results will be stored on the NCSP-Register• Women must be informed about the purpose of data collection and how her information will be used.
Use of information to be consistent with programme	Information is to be used in a way that is consistent with the NCSP's overall purpose and goals, protects the interests and privacy of women involved in the programme and complies with appropriate health information and privacy legislation.
Legislation relating to the release of data	<p>Access to information on the NCSP-Register is governed by the provisions of:</p> <ul style="list-style-type: none">• the Health (National Cervical Screening Programme) Amendment Act 2004• the Health (Cervical Screening (Kaitiaki)) Regulation 1995.

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Release of Data from the NCSP-Register, Continued

**Women’s
access to their
data**

Procedures for women seeking access to their own personal information on the NCSP-Register must be consistent with the requirements of the Official Information Act 1987, and the Privacy Act 1993.

A woman is able to access any data specific to her from the NCSP-Register. Prior to accessing her information she should be authenticated by the register staff member through the provision of her name and two or more of the following data items:

- National Health Index Number
 - Date of her last smear and the name of the smear taker (this may be the medical centre / practice name)
 - Date of birth
 - Address and phone number.
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**Accessing
general
aggregate data**

Policies and processes for accessing aggregate or summary data are currently under development. All requests for aggregate data should be forwarded to the Manager, NCSP, National Screening Unit, Ministry of Health.

**Accessing
Maori womens
summary data**

The provisions of the Health (Cervical Screening (Kaitiaki)) Regulations 1995 govern approval for release of Maori women’s summary data from the NCSP-Register. The group meets quarterly to consider applications and is currently serviced by the Ministry of Health.

**Accessing
Pacific womens
summary data**

Approval for release of Pacific women’s summary data from the NCSP-Register is managed through the Pacific Women’s Data Advisory Group. This group meets up to quarterly and is serviced through the Ministry of Health, National Screening Unit.

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General Requirements of Providers

Telephone communication

NCSP providers are to have guidelines for telephone contacts with women that take into consideration the principles of honesty, sensitivity, and the reduction of any anxiety that may be felt by women.

It is important that when making telephone contact, information is given only to the woman concerned unless otherwise arranged by the woman.

When making telephone contact the provider representative must:

- identify the woman by first and surnames
 - identify themselves to the woman (full name and role)
 - if asked by a third party advise that the call is “personal”
 - not leave messages on answering machines or with friends or relatives of the woman, unless the woman has given instructions to do so (such instructions must be documented)
 - offer the woman a contact phone number.
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Complaints

NCSP providers are required to:

- provide all participants with access to information advising them:
 - how to make a complaint
 - of their rights under the “Code of Rights for Consumers of Health and Disability Services”
 - have in place a complaints management and reporting process which meets the requirements of the Code of Rights for Consumers of Health and Disability Services.
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General Requirements of Providers, Continued

Providers policies and procedures

It is expected that all NCSP Providers will already have in place appropriate policies and procedures, for example:

- the performance and management of clinical procedures (including infection control)
 - the management and maintenance of clinical records
 - occupational health and safety issues
 - incident reporting and management
 - staff recruitment and management (including ongoing training)
 - resolution of ethical issues
 - quality control.
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Subcontract arrangements

Any subcontract arrangements are to be agreed with the Ministry of Health and will be subject to the same audit processes as the head contractor. Where subcontract arrangements exist, it is the responsibility of the head contractor to ensure that all subcontractors adhere to the policy and quality standards.

No product endorsements or inducements

NCSP providers will not endorse or promote products nor will they offer inducements or gifts to encourage participation in the NCSP.

Where a provider is prevented from working within these policies and quality standards

Where a NCSP provider is prevented from working within these policies and quality standards in any substantial manner they should bring the matter to the attention of the National Screening Unit.
