NATIONAL CERVICAL SCREENING PROGRAMME ADVISORY GROUP	
MINUTES TUESDAY 25 NOVEMBER 2014	
Venue:	Wellington Airport Conference Centre
Start time:	9.00am
Advisory Group Members Attendees	Gaye Tozer (Chair) Abed Kader – NZ Society of Cytology Collette Bromhead – NZIMLS Emily Cavana – NZ College of General Practitioners Kay Lavill – NZ College of Primary Health Care Nurses Lois Eva - Royal Australian and NZ College of O&G Margaret Hand – Maori Community Representative Andrew Miller – Royal College of Pathologists of Australasia Richard Massey – Royal College of Pathologists of Australasia Lovey Ratima- Rapson – Consumer Julie Radford – Poupard - Consumer
Apologies:	Lynley Cook – NZ College of Public Health Kerri Nuku - Māori Community
Ministry of Health Attendees:	Jane O'Hallahan, Clinical Director, NSU Hazel Lewis, Clinical Leader, NCSP Emma Prestidge, Programme Manager, NCSP Deborah Mills – Senior Portfolio Manager, NCSP Ivan Rowe – Senior Service Development Analyst, NCSP Kerry Sexton – Public Health Medicine Specialist, NSU Margee Do – Executive Assistant, NCSP
University of New South Wales (UNSW) Attendees	Megan Smith, University of New South Wales (UNSW) Karen Canfell, University of New South Wales (UNSW)

Item	Subject and summary	Action required
1	**Welcome, apologies and introductions** Apologies were received from Lynley Cook and Kerri Nuku. Welcome to new Advisory Group members – two representing the RCPA (Dr Andrew Miller and Dr Richard Massey) and two new consumer representatives (Lovey Ratima- Rapson and Julie Radford – Poupard.)	

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2	**Declaration of Conflicts of Interest Register review** Chair requested that any conflicts of interest be notified to Margee.	
3	**Minutes from 8 July 2014 meeting: confirmation and follow up on actions** The minutes were approved for publication, subject to changes to action points 5 and 13. The group agreed that for future minutes, the group can approve minutes by email and the Ministry can publish minutes if there are no material matters of accuracy that require further discussion. If there are material issues that require discussion by the group, the minutes will not be approved by email, but will be discussed at the next meeting, and published after agreement.	1) Ministry to update 8 July 2014 minutes to incorporate changes from UNSW and discussion on indicator 6 ie the follow up of women with high grade cytology, no histology. Complete.
4	**Matters arising from the minutes of the 8 July meeting.** 2) Closed. 3) Closed. 4) The Ministry provided an update on the management of cancer registrations from women arriving from overseas with invasive cervical cancer. The outcome is that there is some inconsistency with how biopsies are recorded on the Cancer Registry, but it is likely to be immaterial overall. Closed. 5) The Ministry gave an update on meetings held with the Immunisation team. Work to link the immunisation register with the NCSP-Register is ongoing. 6) Closed. Decision around publication of minutes as per item 3 above. 7) The Ministry and laboratory representatives met on 26 September 2014 and discussion included workforce issues (among other things). The Advisory Group requested that molecular scientists be included in relevant communications from the Ministry. 8) The University of Otago has proposed a study looking at the "Impact of Human Papillomavirus (HPV) Immunisation on High-Grade Cervical Intraepithelial Neoplasia (CIN2/3) Rates in Young Women. An Audit of National Cervical Screening Programme (NCSP) Data Matched with HPV Vaccination Data from the National Immunisation Register", 9) NCSP and UNSW have discussed access to the protocol, which is still under development. 10) The Ministry ran a cervical screening awareness campaign aimed at the 25-40 age group (alongside priority group women). While there was an increase in calls to the cervical screening 0800 number, the Ministry has not noted any impact on coverage. The Ministry's social marketing contactor is currently researching how best to plan the campaign going forward. 11) The Ministry's work to progress completeness of colposcopy	2) The Ministry to complete a scoping paper outlining the benefits case for HPV immunisation data to be held on the NCSP-Register. 3) The Ministry to ensure molecular scientists are included in relevant communications with the Ministry. 4) The Ministry to provide an update at next meeting.

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	data on the Register is a priority and is ongoing as DHBs move towards electronic reporting of results to the NCSP-Register and installation of an updated colposcopy database to record colposcopy information. 12) The Ministry has discussed this issue with Lakes DHB and a change in HPV request practice at the DHB is expected. This is unlikely to be reflected in data until monitoring report 42. 13) The Ministry has been explaining to DHBs how the indicator works, so that DHBs have a better understanding of what the data shows. The Advisory Group suggested that colposcopy clinics treat a list of women with HG cytology and no histology like a 42 month lookback for laboratories – this would see that all HG referrals are checked to see if there are valid reasons why a biopsy was not taken. 14) The Ministry and laboratories met on 26 September 2014, and discussed HPV indicators. Improvement of HPV indicators is ongoing. 15) Closed.	5) The Ministry to determine the best process for following up women with HG cytology who have not had a subsequent biopsy to ensure that these women are not being missed.
5	**Primary HPV Screening: preliminary modelling results** The UNSW team presented an overview of the HPV modelling strategies and the preliminary results from the modelling exercise. The preliminary results show that there could be HPV primary screening scenarios that result in "win-win" in terms of better outcomes for NZ women (greater protection against cervical cancer) and cost-savings for the Ministry. Some points of note from the presentation: • There is marginal benefit to screening women under 25 using cytology. • Modelling showed benefits to using partial HPV genotyping to inform management pathway. • Both the vaccinated and non-vaccinated cohorts are being modelled, with HPV primary screening showing cost-effectiveness and better health outcomes for both groups of women. The Advisory Group discussion covered the significant changes needed at laboratories and recognised the benefits of increasing the HPV vaccination rates. The Advisory Group discussed the age of starting screening and identified a risk that if the screening programme starts at 25 years, there may be slippage to 26, 27 years, and we may miss the opportunity to prevent cancer in some young women. Systems for organising screening important – in Australia they will use the electoral role to send a woman an invitation letter on her 25th birthday as part of the planned changes to the cervical screening program. The costs evaluated don't cover the overhead/ administration cost of the transition. In NZ this could include redevelopment of the NCSP-Register. Some members of the Advisory Group thought the right decision	6) The Ministry to progress the HPV primary screening work

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	is obvious based on this preliminary modelling and all the work that has been done overseas. The Advisory Group requested that the Ministry begin planning for the transition to HPV primary screening. This includes policy decisions, writing new clinical guidelines, and working out how best to monitor the renewed programme. The Advisory Group encouraged the Ministry to start the process of building consensus with the sector and forming a working group to progress this.	programme.
6	**NCSP biannual monitoring report 41** Indicator 8.3 – a request was made that the monitoring reports refer to "HPV tests for historical reasons" (ie a HG abnormality more than 3 years ago) rather than "historical HPV". The group discussed the need for clear communication to smear takers on when an HPV test was required for historical reasons, and under what circumstances they can return a woman to three yearly screening. Where smear takers are missing the opportunity to do the two rounds of HPV testing and then return a women to 3-yearly screening, the laboratories can either: - Send the smear taker the result for the current annual smear and include a comment that the woman could be returned to 3-yearly screening after 2 negative HPV tests (so the smear taker can do this next year) or - tell smear taker that they can do an HPV test on the current sample if they get consent from the woman. Other options to communicate this are: - build into letters to women generated by the Register? - Look at design of e-lab form – could it prompt smear takers to do test of cure - Med tech codes – get a reminder built about test of cure The group discussed the best ways to communicate to smear takers: - Smear taker education (training and updates) is best for nurses – but few GPs attend these sessions - Royal College of GPs can give guidance on communicating with GPs - PHOs communicate with practices – we can tap into this - Use the GP Journal, Practice Nurse Journal and NZ Doctor Other comments made included: - We have an opportunity now to start building health literacy about HPV for consumers. - Women still need annual smears for previous glandular lesions- this message must be clear in communications. The Advisory Group recommended that the Ministry consider reformatting of the HPV flow charts in the Guidelines for Cervical Screening in NZ as they are not currently easily accessible.	7) The Ministry to prepare communications to laboratories about indicator 8.3 and how laboratories can communicate with smear takers – the preference is that the Ministry should suggest allowing an add on test in these circumstances if the smear taker gets consent from the woman. 8) The Ministry to prepare information for smear takers on test of cure/ historical HPV testing and request this topic is covered at smear taker updates, and covered in screening matters and any other communication methods identified. 9) The Ministry to engage with its communications team regarding redesign of the HPV flow charts in the Guidelines to make them more user

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		friendly. 10) The Ministry audit the completeness of data at a selection of DHBs (particularly those who collect 2013 Colposcopy Policies and Standards data and send that information to the Register electronically). The aim of this work is to detect why incomplete information is being transferred to the NCSP-Register.
	Completeness of colposcopy data on register There is an ongoing issue with incomplete colposcopy data on the Register, even at DHBs who are using the database and transmitting information electronically to the NCSP- Register. The Advisory Group made a suggestion to do a systems audit - follow the data through to see where the system is falling over and why. **HPV 'other' test** – The Advisory Group considered that it is time to revisit the use of HPV testing in women with glandular lesions. Any update of Guidelines should clarify and update recommendations with regard to HPV testing for glandular lesions based on current evidence. The current Guidelines are out of date. **HSIL rates and increasing PPV** Aotea Pathology has consistently had HSIL rates below the indicator. The question was asked whether this could show a different result. The UNSW team agreed to investigate this by also calculating as an age-standardised rate. Increasing PPV– does this mean that there is a trade off in missing cases? One way to track this is for laboratories to do each other's 42 month lookback to inform accuracy and independence. The sector needs to build understanding and reassurance about whether there is an ongoing reduction in sensitivity, as specificity increases.	11) The Ministry and laboratories to discuss HSIL rates and increasing PPV at the meeting with laboratories set for December 5. 12) The UNSW will investigate and calculate as an age – standardised rate.
7	**NCSP update including discussion on coverage** 1) E-colposcopy – the timeframe for having all DHBs sending 2013 Colposcopy Policy and Standards data to the Register electronically is now June 2015. 2) HPV work programme update – the NHC will consider the NCSP proposal for the NHC to complete the policy work in December. If unsuccessful, we will still need to have the work done outside the NSU because the Unit is not resourced to do this. The aim is still to have the work done in 2015. The NCSP will also need to form clinical working groups to form guidelines and an implementation plan that includes communications with the sector. 3) Coverage data was presented using the updated 2013 census data, with a general downward trend. The consumer, Maori and Pacific representatives on the advisory group discussed what was working well to engage women in screening and the ongoing barriers.	

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	Health literacy for Pacific women is a big issue, particularly for invitation and recall letters and colposcopy letters. Midwives could be used to educate women about cervical screening. He Waka Tapu are using Health Promotion events to engage whanau, and also home visits to bring women in to their appointments. They build relationships with GPs and referrers so that the Mana of the service builds and smear takers/ colposcopy clinics can trust that He Waka Tapu will do their best to bring women in. He Waka Tapu also uses a cluster of Maori midwives to korero with their clients. There was discussion about where the NCSP should be investing its money to improve coverage. The suggestion was made to put more funding into community health care workers. Time constraints at primary care appointments reduces the ability to take a smear if this is not the main purpose for the visit. Increasing HPV vaccination coverage is also important as a dual prevention approach. The suggestion was made to re-launch HPV vaccination. Asian language barriers were also seen as reducing smear coverage in this priority group.	
8	**General business** • Collette Bromhead had requested an update on HPV primary screening – this was covered above. • The monitoring reports show that some conventional smears are being done but this is not correct – this needs to be remedied and must to a data entry issue. The Advisory Group thanked Kay Lavill for her fantastic contribution to the group over her terms as a member.	1) The Ministry to complete the process to replace the member representing the NZ College of Primary Health Care Nurses on the Advisory Group. 2) The Ministry to contact Southern Community Laboratories to fix issue with conventional smears.
	Meeting closed – 3:30pm. The next Advisory Group meetings are scheduled for: 7 July 2015 1 Dec 2015	