

National Cervical Screening Programme Policies and Standards

Section 1: NCSP Overview

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National Cervical Screening Programme Policies and Standards

National Cervical Screening Programme policies and standards

The National Cervical Screening Programme (NCSP) Policies and Standards document the agreed policies, guidelines and standards of practice for providers of NCSP services.

Their purpose is to support all those involved in the NCSP to achieve the programme's aims and objectives by ensuring a high standard and national consistency in service provision at each step of the screening pathway.

In this section

This section of the NCSP Policies and Standards contains an overview of the general context for the NCSP, and is relevant to all provider groups.

Introduction

The NCSP

The NCSP was established as a national, centrally coordinated screening programme in 1990. Recommendations arising from the Cartwright Inquiry 1988 were an important factor in its establishment.

The NCSP is coordinated and led from within the Ministry of Health.

The aim of the NCSP

The aim of the NCSP is to reduce the incidence and mortality of cervical cancer among all New Zealand women by the detection and treatment of pre-cancerous squamous cell changes, and where possible other abnormal cervical/vaginal cell changes, through the coordination of a high quality, population-based screening programme.¹

For all providers, the NCSP encourages processes that contribute to a positive experience for women and that foster their commitment to having regular cervical smears.

The support a woman receives from health professionals providing screening services influences her journey within the programme.

Arā anō ngā mōhiotanga hei toro māu.

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

Objectives of the NCSP

The objectives of the NCSP as set out in Part 4A, Section 112D of the Health Act 1956 are to:

- promote high-quality cervical screening, assessment and treatment services, while recognising and managing the differences between the various types of cervical cancer, with a view to reducing the incidence and mortality rate of cervical cancer
- inform women and the community of the risks, benefits and expected health gains from participation in the NCSP
- promote the regular recall of women who are enrolled in the NCSP for cervical screening tests
- facilitate continuous quality improvement by allowing and performing regular evaluations of the NCSP
- 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
 - 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.

¹ Squamous cell carcinoma of the cervix represents between 80 and 90 percent of all cancers of the cervix. Other cancers of the cervix are not as effectively detectable through current screening practices.

Legislative context for the NCSP

Policy

All NCSP providers must be aware of and comply with the detail and principles of all relevant codes and legislation. Legislation sets out:

- the duties of smear takers
- the duties of colposcopists
- the duties of laboratories where specimens are analysed.

Part 4A of the Health Act 1956, National Cervical Screening Programme

The NCSP is governed by Part 4A of the Health Act 1956, National Cervical Screening Programme.

The purpose of the Part is to:

- reduce the incidence and mortality rate of cervical cancer by providing for the continuation of the NCSP
- facilitate the operation and evaluation of the NCSP by enabling:
 - access to information and specimens by persons operating the NCSP
 - access to information and specimens by screening programme evaluators appointed to evaluate the programme (Section 112A).

The Part sets out:

- the objectives of the NCSP
- responsibilities of NCSP managers, smear takers, laboratories and colposcopists
- procedures for enrolment of women and enrolment cancellation
- procedures for recording of cervical screening results
- who has access to NCSP Register data
- procedures for the appointment of experts to assess the performance and safety of the programme, including ensuring they have access to key information.

The Part ensures that:

- service providers' responsibilities to inform women are clearly outlined
- all cervical test results are sent to the NCSP
- all women are enrolled in the NCSP, unless a woman withdraws from the programme in writing
- data held on the NCSP Register is confidential
- programme standards may be enforced if required.

See also

- Part 4A of the Health Act 1956, National Cervical Screening Programme
www.legislation.govt.nz/act/public/1956/0065/latest/DLM307750.html
- The Report of the Cervical Cancer Inquiry 1988
www.nsu.govt.nz/current-nsu-programmes/3233.aspx
- *Report of the Ministerial Inquiry into the Under-reporting of Cervical Smear Abnormalities in the Gisborne Region*
www.csi.org.nz/report/table_of_contents.htm
- *Report of the Parliamentary Review Committee regarding the New Zealand Cervical Screening Programme*
www.nsu.govt.nz/files/NCSP/Report_of_the_PRC_regarding_the_NZ_Cervical_Screening_Programme_final_copy_August_2011.pdf

The Health (Cervical Screening (Kaitiaki)) Regulations 1995

Māori women's aggregate 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.

Anyone planning to undertake an analysis of Māori data held on the NCSP Register must complete an application to the NKG following a data request application to the NCSP.

See also

- The Health (Cervical Screening (Kaitiaki)) Regulations 1995
www.legislation.govt.nz/regulation/public/1995/0029/latest/DLM198873.html
- The NKG's website
www.nsu.govt.nz/health-professionals/2046.aspx

The Cancer Registry Act 1993

The Cancer Registry Act 1993 requires laboratories to report any new tissue diagnosis of cervical cancer to the New Zealand Cancer Registry, a population-based register of all primary malignant diseases diagnosed in New Zealand.

See also

- The Cancer Registry Act 1993
http://legislation.govt.nz/act/public/1993/0102/latest/DLM318888.html?search=ts_act%40bill%40regulation%40deemedreg_cancer+registry_resele_25_a&p=1
- The Health Information Privacy Code 1994 (revised 2008)
www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary.pdf
This sets specific rules for agencies in the health sector to better ensure the protection of individual privacy, addressing health information collected, used, held and disclosed by health agencies.
- The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulations 1996
www.hdc.org.nz/the-act--code/the-code-of-rights
Note that complaints can be made to the Health and Disability Commissioner.
- The Medicines Act 1981
http://legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html?search=ts_act%40bill%40regulation%40deemedreg_medicines+1981_resele_25_a&p=1 Privacy Act 1993
- The Privacy Act 1993
http://legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html?search=ts_act%40bill%40regulation%40deemedreg_privacy+1993_resele_25_a&p=1
- The Human Rights Act 1993
http://legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html?search=ts_act%40bill%40regulation%40deemedreg_human+rights+1993_resele_25_a&p=1

Benefits and limitations of the NCSP

Policy

All NCSP providers must have an understanding of the benefits and limitations of the NCSP and, where appropriate, communicate these to women.

Benefits of the NCSP

Having regular cervical smears reduces the risk of developing invasive cervical cancer. Women are encouraged to have regular smears and be in the NCSP. Other benefits of having a national cervical screening programme include:

- availability and provision of appropriate health information
- availability of coordinated screening and follow-up services
- provision of quality standards that are explicit and nationally consistent
- ongoing monitoring and evaluation
- provision of a complementary back-up system to primary care recall services provided by the smear taker, including:
 - an initial results letter
 - a notifications letter if a result is not completely normal, unless a woman is under specialist care
 - a reminder if a woman's next cervical smear test is overdue
 - a record of a woman's screening history, even if she changes smear taker
- provision of a woman's screening history on request.

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; there are a number of reasons for this, including:

- inherent limitations of the test
- the subjective nature of the smear reading process
- treatment failures.

The programme aims to minimise the number of cases of invasive cervical cancer by requiring providers of cervical screening services to meet the policies and standards set out in this documentation.

Limitations of the screening test

Screening tests have limitations. False positive and false negative results will occur. However, these can be minimised by the 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.

The NCSP and health professionals interacting with women are required to inform women about the limitations of screening tests.

Conclusions

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 of the disease.

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

On average women who have regular three-yearly cervical smear tests can reduce their chance of getting cervical cancer by 90 percent.

See also

- NSU information on the benefits and limitations of regular screening
www.nsu.govt.nz/current-nsu-programmes/1179.aspx

Cervical screening age range and interval

Age range and interval policy

All women who have ever had sexual intercourse should be offered a three-yearly cervical smear test from age 20 to age 69.

Starting age for screening

Key messages

- There is no evidence to show that routine screening should start earlier than 20 years.
- The risk of cervical cancer is extremely low in this age group (despite high rates of transient human papillomavirus (HPV) infections).
- Screening of women under 20 years is not recommended by the NCSP, and can cause more harm than benefit (studies show a small increased risk of some pregnancy complications following treatment).

The appropriate age at which to start cervical screening depends on the age-related risk of cervical cancer in the population; providers must take into account the costs of screening and the risk of harm from screening and consequential treatment, alongside the potential benefits.

Minimising inappropriate screening policy

Providers must work to minimise inappropriate early re-screening and screening of women under 20 years.

Minimising early re-screening

The NCSP policy is for a three-yearly interval for routine cervical smears. The NCSP discourages more frequent screening without clinical basis, termed 'early re-screening'.

Early re-screening is a smear performed within 30 months (2½ years) of the last smear. The definition does not apply to women for whom an earlier screening visit is appropriate due to previous abnormality, who have been urgent referral due to clinical history or who have just had their first smear.

Smears need only be taken more often if required on clinical grounds determined by the smear taker or if a specialist (or sometimes a laboratory) recommends a shorter interval.

Early re-screening without clinical basis can lead to undue anxiety and inappropriate medical intervention, and represents inappropriate use of limited NCSP resources.

Symptomatic women

Screening programmes are for asymptomatic or well women.

The aim of the cervical smear test is to detect pre-cancerous lesions in asymptomatic women.

Women should see their doctor if they have symptoms such as:

- bleeding between menstrual periods, after sexual intercourse or after menopause
- unusual vaginal discharge
- persistent pelvic pain
- pain during sexual intercourse.

The cervical smear may be used as part of the investigation of women with these symptoms, but it is unreliable as a diagnostic test. Therefore these women must receive appropriate gynaecological care irrespective of the smear result.

Providers must refer any woman with symptoms and signs indicating cervical cancer to a gynaecologist regardless of the results of the smear. Providers should note the results of the smear test on the referral form to the colposcopy service, as well as the presenting symptoms and signs.

Smears taken as part of a diagnosis of a woman with symptoms are required to meet the NCSP Policies and Standards.

See also

- *Guidelines for Cervical Screening in New Zealand* for further information about screening initiation age and interval
www.nsu.govt.nz/files/NCSP/NCSP_Guidelines_ALL_small%281%29.pdf
- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx

Cervical screening and HPV key messages

Policy

All NCSP providers must be aware of NCSP key messages regarding cervical screening, HPV, HPV testing and HPV immunisation.

Cervical screening key messages

- Together, cervical screening, HPV immunisation and practising safe sex offer the most effective protection against cervical cancer.
- Cervical cancer is one of the most preventable of all cancers.
- Cervical cancer is caused by certain types of HPV, a very common virus passed on by sexual contact.
- Most people will come into contact with HPV at some stage during their life. Most HPV infections clear by themselves, but some high-risk types can cause cell changes on the cervix that may lead to cervical cancer 10–20 years after infection.
- A woman's best protection against developing cervical cancer is having regular cervical smear tests, which can reduce the risk by 90 percent. A cervical smear test is a screening test to find abnormal changes in the cells of the cervix.
- Changes in the cells of the cervix are quite common, and many will disappear without treatment; if treatment is required it is usually simple and effective.
- Human papillomavirus testing may sometimes be carried out to see if certain high-risk types of HPV are present in the cervix. This helps to define the risk of cervical cancer.
- Immunisation is now available to protect women against two common types of HPV (types 16 and 18), which cause up to 70 percent of cervical cancer.
- The vaccine does not protect against all HPV types; therefore, women who have been immunised must still continue to have smear tests.
- Regular cervical smear tests every three years are recommended for women, if they have ever been sexually active, from the age of 20 until they turn 70.
- Symptoms such as unusual vaginal bleeding, spotting or discharge or pain during sex should be reported to a doctor as soon as possible.

Human papillomavirus and cervical cancer

Genital HPV is a common sexually transmitted infection that can lead to the development of abnormal cells and cervical cancer. The primary cause of cervical cancer is persistent infection with high-risk types of HPV.

In some situations, women having a cervical smear test will also be offered an HPV test.

Immunisation is available to help protect young women against the two common types of high-risk HPV (types 16 and 18) that cause up to 70 percent of cervical cancer. Two HPV vaccines available in New Zealand are Gardasil® and Cervarix®.

The vaccines:

- are highly effective (close to 100%) in preventing infection caused by these types of HPV
- are most effective if given before the onset of sexual activity
- are given in three doses at zero, two and six months
- do not protect against all HPV types. A woman may still become infected with another HPV genotype not included in the vaccine.

See also

- Key messages on HPV and cervical cancer can be found at www.nsu.govt.nz/current-nsu-programmes/2480.aspx
- Key messages on HPV testing can be found at www.nsu.govt.nz/current-nsu-programmes/2480.aspx
- An HPV testing fact sheet for women can be found at www.nsu.govt.nz/health-professionals/2165.aspx
- Key messages regarding HPV immunisation can be found at www.nsu.govt.nz/current-nsu-programmes/2480.aspx
- Ministry of Health information about immunisation in general www.health.govt.nz/your-health/healthy-living/immunisation
- Ministry of Health information about HPV immunisation www.cervicalcancervaccine.govt.nz

Encouraging informed participation in cervical screening

Policy

Health promoters, smear takers and colposcopy providers must implement a range of processes for communicating with women to encourage their participation in the NCSP.

NCSP providers must be conscious of barriers to women having a smear or colposcopy and work collaboratively with other services to encourage participation.

Informed consent policy

Providers must supply full information to ensure women are able to make an informed choice about participating in cervical screening.

Providers must present information about screening, the NCSP and enrolment to women in a language and manner that is culturally appropriate and easy to understand.

Informed consent to screening is not simple. This is because:

- individuals who participate in screening consider themselves to be healthy and do not have any symptoms
- screening is a pathway that includes a cervical smear test, and if required may result in other interventions and treatment
- an individual may be harmed as a result of being screened, and may receive false negative or false positive results.

Providers need to supply information in the context of individual women's values, culture and background so that they can make an informed decision. Providers should refer women to alternative services that best meet their needs if appropriate.

Translation services

Primary care services should access translation services where necessary to facilitate communication of screening information to women.

See also

- National Screening Unit (NSU) information on informed consent in screening
www.nsu.govt.nz/about/3949.aspx
- The Code of Health and Disability Services Consumers' Rights Regulations 1996
www.hdc.org.nz/the-act--code/the-code-of-rights
The code includes three rights that together form the elements of informed consent: the right to effective communication (Right 5); the right to be fully informed (Right 6); and the right to consent freely given by a competent person (Right 7).
- Information in *NCSP Policies and Standards Section 4: Providing a Smear taking Service* on informed consent regarding a smear test and HPV test
www.nsu.govt.nz/files/NCSP/NCSP_Policies_and_Standards_Section_4_Providing_a_Sme ar_taking_Service_July_2011_.pdf
- *NCSP Policies and Standards Sections 3: Providing NCSP Co-ordination, Invitation and Recall Services*
www.nsu.govt.nz/health-professionals/1060.aspx
- NCSP resource material
www.nsu.govt.nz/health-professionals/1843.aspx
- Language Line (the Government's professional telephone interpreting service)
<http://ethnicaffairs.govt.nz/browse/language-line>

Cultural context for the NCSP

Policy

Providers must employ culturally appropriate practices and procedures that promote equity of access to cervical screening across all population groups.

Providers should be aware of the component groups and rationale for NCSP ‘priority group women’.

Achieving equity in cervical screening

A key priority of the NCSP is achieving equity for cervical screening across all population groups. Māori women experience higher incidence and mortality from cervical cancer than non-Māori. The incidence rate of cervical cancer among Pacific women is also higher than that of the total population of eligible women.

One of the primary reasons for these disparities is lower rates of screening coverage among Māori and Pacific women. Asian women in particular have significantly lower coverage rates.

Research has shown that around 80 percent of women who develop cervical cancer in New Zealand have either never been screened or have been screened infrequently.

It is essential to ensure that cervical screening is appropriately offered and promoted to women from all cultures. Culturally appropriate practices and procedures are an integral requirement in the funding and provision of health services.

National Cervical Screening Programme ‘priority group women’

Certain groups of women, because of their greater burden of cervical cancer, are identified as ‘priority’ for the NCSP. The Ministry of Health has designated additional resources and developed targeted invitation strategies with the aim of increasing screening rates among these women.

NCSP priority group women are identified as:

- Māori women
- Pacific women
- Asian women
- women over the age of 30 who have not had a cervical smear for five years
- women over the age of 30 who have never had a cervical smear.

Key messages

- The NCSP funds a certain number of free smear tests; these are targeted to groups that are most at risk of getting cervical cancer or who experience barriers to screening.
- A number of primary health organisations provide low-cost or free cervical smear-taking services. Women can access further information on these services by ringing the freephone number for the NCSP: 0800 729 729.

See also

- NCSP Strategic Plan 2009–2014
www.nsu.govt.nz/files/NCSP/NCSP_Strategic_Plan_2009-2014.pdf
- *National Cervical Screening Programme Policies and Standards Section 3: Invitation, Recall and Regional Coordination Services*
www.nsu.govt.nz/health-professionals/1060.aspx

Māori women

Health promoters, smear takers and colposcopy providers must have culturally appropriate processes in place for communication with Māori women, to encourage their participation in the NCSP.

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

The incidence of cervical cancer and mortality from cervical cancer among Māori women remains higher than that among non-Māori women. One of the primary reasons for these disparities is a lower rate of screening coverage.

Initiatives that providers can take to reduce inequalities in screening coverage and follow-up for Māori women include:

- better collaboration with Whānau Ora collectives and Māori health providers
- building and maintaining linkages and relationships with Māori communities
- working closer with the National Hauora Coalition and/or District Health Board (DHB) Māori managers to strengthen networks and raise awareness within Māori communities.

Note

- The DHBs with the highest proportion of total Māori population are Tairāwhiti, Lakes, Northland, Whanganui, Hawke's Bay and Bay of Plenty (Census 2006).
- As the Māori population has a more youthful age structure combined with higher fertility rates, it is expected this population will grow at a much faster pace than their European or 'Other' counterparts.

See also

- The New Zealand Health Strategy
www.health.govt.nz/publication/new-zealand-health-strategy
- The New Zealand Disability Strategy
www.odi.govt.nz/documents/publications/nz-disability-strategy.pdf
- He Korowai Oranga: Māori Health Strategy
www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy
This sets the overarching framework to guide the Government and the health and disability sector to achieve the best outcomes for Māori.
- *The Guide to He Korowai Oranga: Māori Health Strategy 2014*
www.health.govt.nz/publication/guide-he-korowai-oranga-maori-health-strategy
- Te Puni Kōkiri information about Whānau Ora
www.tpk.govt.nz/en/in-focus/whanau-ora/
Whānau Ora is an inclusive approach to providing services and opportunities to whānau across New Zealand. It empowers whānau as a whole, rather than focusing separately on individual whānau members and their problems.
- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx
- *Informing the Development of a Communications Campaign for the National Cervical Screening Programme*
www.nsu.govt.nz/files/NCSP/Phoenix_report.pdf
- Ministry of Health information on Māori models of health
www.maorihealth.govt.nz/moh.nsf/pagesma/196
Māori models of health (for example, Whare Tapa Whā, Te Wheke and Te Pae Mahutonga) can provide guidance for providers in developing policies and service expectations for Māori women.
- Ministry of Health information on Māori health
www.health.govt.nz/our-work/populations/maori-health

Pacific women

Health promoters, smear takers and colposcopy providers must implement culturally appropriate processes for communication with Pacific women to encourage their participation in the NCSP.

The incidence of cervical cancer and mortality from cervical cancer among Pacific women remains higher than that among non-Pacific women. One of the primary reasons for these disparities is a lower rate of screening coverage.

Initiatives that providers can take to reduce inequalities in screening coverage and follow-up for Pacific women include:

- better collaboration with Pacific providers and communities
- building and maintaining linkages and relationships with Pacific communities
- working closer with Pacific primary health organisations and/or DHB Pacific managers
- knowing the different Pacific communities in their region.

Note

- There are more than 22 different Pacific communities in New Zealand, each with its own distinctive culture, language, belief systems and challenges. The biggest Pacific groups in New Zealand are the Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan and Tuvaluan communities.
- As the Pacific population is a young population, the number of women eligible for cervical screening is rapidly growing.
- The Auckland regional DHBs (Waitemata, Auckland and Counties Manukau) collectively account for 67 percent of all Pacific people. The next biggest Pacific populations are found in Capital and Coast, Hutt Valley, Waikato and Canterbury DHBs.

See also

- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx
- NCSP publications and reports
www.nsu.govt.nz/health-professionals/1069.aspx
- 'Overcoming barriers to cervical screening in Pacific women'
www.bpac.org.nz/magazine/2010/november/docs/BPJ_32_cervicalscreening_pages_49-53_pf.pdf
- 'A'la Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018
www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018

Asian women

Women from Asian cultures face a number of barriers when it comes to cervical screening. These include language difficulties and lack of awareness of the programme and its benefits.

Data indicates that:

- Asian women have cervical screening coverage rates significantly below the national average
- coverage rates for Asian women decrease with age
- Asian women resident in New Zealand for five years or less are significantly less likely to be regularly screened than women who have lived here for more than 10 years.

The 'Asian' ethnic grouping includes many ethnic groups of diverse cultures. Cervical screening awareness and education strategies need to address the needs of all groups. Successful strategies for reaching Asian women have included providing information in Asian languages and in Asian media, and having Asian language-speaking staff.

Chinese women comprise the largest Asian ethnic group in New Zealand. Regions with the largest Asian populations are Auckland, Wellington and Canterbury (Census 2006).

See also

- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx
- *Asian Health Chart Book 2006*
www.health.govt.nz/publication/asian-health-chart-book-2006
- 'NCSP Asian Statistics'
www.nsu.govt.nz/files/NSU/Screening_Matters_Issue13_Mar08.pdf
- Asian Health Support Services
www.asianhealthservices.co.nz/
- Well Women & Family Trust
www.wons.org.nz/nursing/csclinics.asp

Other subgroups requiring special consideration

In addition, some other subgroups within the New Zealand population require special consideration when it comes to cervical screening; for example:

- women from low socioeconomic groups
- refugee and migrant women
- older women
- lesbians
- women with disabilities
- women who have been sexually abused.

Organisational structure of the NCSP

The NCSP screening pathway

The NCSP has a number of component parts. Each component of the screening pathway – from invitation and recall of women through smear taking, laboratory testing, colposcopy and the management and information systems that support these processes – must operate to a high standard for the programme to meet its objectives.

Scope of the NCSP

The scope of the NCSP's service provision includes:

- national services:
 - management, coordination and monitoring
 - information management through the NCSP Register
- regional/local services:
 - programme coordination, health promotion and support for invitation and recall services
 - smear taking services, including recall and referral
 - laboratory services, including interpretation and reporting of all cervical cytology, histology and HPV testing samples relating to the cervix
 - colposcopy services, including biopsy and treatment of pre-cancerous lesions
 - NCSP Register support services.

National coordination and leadership

National coordination and leadership of the NCSP is the responsibility of the Ministry of Health. This responsibility includes:

- setting strategic direction of programmes and overseeing introduction of new technologies
- developing and maintaining policies and standards for all providers
- national monitoring, audit, evaluation and quality improvement
- funding and contract management
- providing educational resources
- reviewing evidence on new technologies aimed at improving the accuracy and efficiency of cervical screening.

Monitoring the NCSP

Systematic monitoring against performance indicators is one of a range of monitoring systems the Ministry of Health uses to ensure the NCSP is working well.

Regular monitoring using NCSP Register data takes place across a range of performance indicators, which are relevant to smear takers, laboratories and colposcopy services and overall programme performance. A range of reports are published monthly, quarterly, six-monthly and annually. The NCSP follows up any issues arising from the reports. Providers are also expected to use the reports as part of their own quality control processes.

Evaluation activities include:

- dealing with complaints and undertaking risk assessments
- case reviews
- programme reviews as required by legislation.

See also

- *Report of the Parliamentary Review Committee regarding the New Zealand Cervical Screening Programme*
www.nsu.govt.nz/current-nsu-programmes/4614.aspx
- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx
- *Report of the Ministerial Inquiry into the Under-reporting of Cervical Smear Abnormalities in the Gisborne Region*
www.csi.org.nz/report/table_of_contents.htm

Advisory and special expertise groups

The NSU seeks external advice from a range of sources to support its work.

The NCSP Advisory Group is multidisciplinary, and encompasses representatives from professional bodies and Māori, Pacific and consumer groups. Its role is to:

- review, critique and interpret the NCSP monitoring report data and make recommendations to the NSU
- provide advice on the strategic direction of the programme
- provide advice from time to time on other areas of the programme
- help build understanding and partnership with professional and consumer groups.

From time to time the NSU convenes expert working groups on specific aspects of development of the NCSP.

The advisory group structure for the NSU also includes Māori and Pacific reference groups.

The National Screening Advisory Committee provides oversight of and advice on screening activities throughout the health sector.

See also

- National Cervical Screening Programme Advisory Group
www.nsu.govt.nz/health-professionals/1072.aspx

The NCSP Register

Key functions of the NCSP Register

The NCSP Register is the national database that stores the cervical screening histories of women enrolled in the NCSP. It is a key tool for both clinical management and monitoring of the programme.

The details held include:

- personal details of enrolled women: name, address, age and ethnicity
- cervical smear histories, laboratory results, referrals to colposcopy, histological diagnoses and colposcopy treatments
- details of smear takers, health centres and laboratories.

Collection of information on the NCSP Register is authorised by Part 4A of the Health Act 1956. NCSP Register personnel are responsible for ensuring that results and other information that is forwarded to the NCSP Register is accurately recorded.

Key functions of the NCSP Register are to:

- enrol women on the register and maintain this information
- maintain and update participant records in an organised and accurate manner and make information (including screening histories) available to women, smear takers, laboratories and specialists
- track women with abnormal smears and provide information to health professionals involved in their management
- provide a back-up service to women by generating overdue reminder letters at appropriate intervals, and result letters
- provide a back-up service to smear takers by generating overdue and recall reports
- provide statistical data for monitoring and evaluation of the programme.

The Register has been programmed against the *Guidelines for Cervical Screening in New Zealand* (2008) and the NCSP Policies and Standards, enabling reports to be generated against specific standards.

NCSP Register teams

NCSP Register services are managed centrally by the Register Central Team (RCT) at Datam. The RCT ensures the accuracy and relevance of data stored in the NCSP Register information system, manages data issues and oversees monitoring of the transition of women through the screening pathway. They also manage enquiries and communications in relation to the NCSP Register and provide reports to support the programme.

NCSP Register support services in regions have an important role in supporting and maintaining a secure effective system of registration, supporting recall and follow-up of women, managing enquiries and providing information to women and NCSP providers.

See also

- Release of Data from the NCSP Register below
- *NCSP Policies and Standards Section 2: Providing an NCSP Register Service*
www.nsu.govt.nz/health-professionals/1060.aspx

National Cervical Screening Programme coordination services in DHBs

National Cervical Screening Programme services in DHBs coordinate and promote the NCSP goals and objectives within regions and liaise with primary care providers.

This role includes:

- leading NCSP regional strategic planning, including specific strategies and targets for recruiting and retaining priority group women
- engaging the NCSP sector in implementing the strategic plan
- providing support to community providers and primary care services to increase coverage rates for priority group women; for example, by:
 - providing best practice advice and information
 - sharing invitation and recall strategies
 - supporting evaluation of projects and milestones
 - updating the sector on coverage data and analysis of DHB screening trends
 - encouraging across-sector partnerships
 - providing data, information and advice to inform regional, local and provider-specific programmes
- liaising and coordinating between providers of the NCSP
- coordinating and facilitating smear taker updates.

Cervical screening education, invitation and recall services

National Cervical Screening Programme education, invitation and recall services aim to improve women's awareness of and access to services along the NCSP screening pathway.

Providers of such services support women (particularly priority group women) to participate in regular cervical screening and follow-up assessment and treatment. Their role includes:

- planning and implementing awareness-raising/education and invitation strategies that promote the importance of cervical screening
- encouraging informed participation in the NCSP by providing information about the programme and promoting smear taking opportunities

- engaging with primary care providers and colposcopy services to encourage collaborative approaches to inviting women into the NCSP
- working with other NCSP providers to support women to attend cervical screening and colposcopy services
- working with the NCSP Register teams and the NSU to support/undertake data-matching with primary care teams to enable targeting of under-screened and unscreened women.

A number of organisations provide cervical screening education, invitation and recall services for the NCSP, including DHBs and some independent service providers (ISPs). The majority of ISPs are Māori providers who offer alternative service choices to communities within a kaupapa Māori cultural context. Likewise, Pacific ISPs deliver screening health promotion services within Pacific cultural contexts. Women's health service providers also provide cervical screening education, invitation and recall services.

See also

- *National Cervical Screening Programme Policies and Standards Section 3: Invitation, Recall and Regional Coordination Services*
www.nsu.govt.nz/health-professionals/1060.aspx

Smear taking services

There are over 6700 active smear takers for the NCSP. Smear taking is performed by a range of health professionals, including general practitioners (GPs), nurses, gynaecologists and midwives.

Settings include GP practices, sexual health centres, outreach clinics (eg, in marae, industrial or community settings) and colposcopy clinics.

The role of smear takers is critical in inviting and recalling women to have a smear and managing women who have had abnormal cervical smears.

All smear takers must have completed a recognised educational course in smear taking. The training framework is set by the NSU and the New Zealand Qualifications Authority.

Smear takers are responsible for:

- identifying and inviting eligible women to have a smear
- maintaining appropriate call and recall systems
- preparing women for cervical screening, by:
 - educating women about the benefits and limitations of cervical screening and the importance of regular cervical smears
 - informing women about what information is collected, who can access the information stored on the NCSP Register and what it may be used for
 - informing women about the programme, its objectives and how it is evaluated
 - educating women about the role of high-risk types of HPV
 - obtaining informed consent
 - providing an environment that is sensitive to each individual's needs

- taking optimal cervical smears
- completing documentation fully
- interpreting cervical smear results and taking into account clinical signs and symptoms to inform a decision on recall or referral
- ensuring that all women are appropriately informed of the result of their smear
- ensuring that women are referred for specialist assessment and investigation when required.

See also

- *National Cervical Screening Programme Policies and Standards Section 4: Providing a Smear taking Service*
www.nsu.govt.nz/files/NCSP/NCSP_Policies_and_Standards_Section_4_Providing_a_Smear_taking_Service_July_2011_.pdf
- *NCSP Competencies for smear taker training*
www.nsu.govt.nz/health-professionals/2165.aspx
- New Zealand Qualifications Authority Unit Standard 1098: Perform cervical screening and cervical smear taking
www.nzqa.govt.nz/nqfdocs/units/pdf/1098.pdf
- NCSP information about smear taker role, responsibilities, standards of practice and professional development
www.nsu.govt.nz/health-professionals/2165.aspx
- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx

Laboratory services

Contracted community and DHB laboratories provide NCSP cytology, histology and HPV testing laboratory services.

Laboratories contracted to provide NCSP services have the following key functions:

- collecting NCSP specimens
- processing and reporting on gynaecological cytology, HPV testing and histology samples
- reporting results to smear takers and specialists
- forwarding results to the NCSP Register
- forwarding relevant results to the Cancer Registry
- providing advice to smear takers
- providing advice to specialists managing cervical disease.

The Ministry of Health expects that laboratories will develop cooperative working relationships with other NCSP providers, for example by providing training/support for smear takers and specialists and collaborating with NCSP Register teams. Laboratory staff are required to participate in multidisciplinary meetings.

The primary objective of gynaecological cytology is to assess the nature of any pathological changes present in cervical squamous cells, and where possible also identify any glandular abnormalities.

The primary objective of gynaecological histopathology is to ascertain the nature and extent of tissue abnormalities present in submitted tissue.

The primary objective of HPV testing is to provide ancillary testing to cytology to detect the presence of HPV genotypes that increase the risk of developing high-grade or worse lesions of the cervix.

See also

- *National Cervical Screening Programme Policies and Standards Section 5: Providing a Laboratory Service*
www.nsu.govt.nz/files/NCSP/NCSP_Policies_and_Standards_Section_5__Providing_a_Laboratory_Service_Oct_2013.pdf
- NSU information about laboratory services
www.nsu.govt.nz/health-professionals/2168.aspx

Colposcopy services

Colposcopy is the visual examination of the cervix using a low-powered microscope, known as a colposcope. Colposcopy facilitates the diagnosis and treatment of cervical abnormalities and guides the taking of biopsies for histological diagnoses. It is also used to visualise the cervix during treatment, using a range of treatment methods.

Colposcopy is central to the successful diagnosis and treatment of cervical abnormalities.

The primary objective of colposcopy is to undertake a comprehensive visual examination of the cervix in women with any of the following:

- screen-detected cytological abnormalities
- visible abnormalities of the cervix
- symptoms and signs of cervical cancer.

District health boards provide colposcopy services for the NCSP. Some women will choose to attend private colposcopy services provided by some obstetrician and gynaecology services.

The role of service providers for colposcopy includes:

- providing women with information about colposcopy
- informing women about referral, assessment and support
- diagnosis
- discussing diagnosis, options for treatment, implications, management and follow-up
- assisting women in making informed decisions
- documenting colposcopy assessment
- referring women to support services as required
- complying with 'Duty of persons performing colposcopic procedure', as specified in Section 112M of the Health (National Cervical Screening Programme) Amendment Act 2004, including reporting to the NCSP on each colposcopic procedure.

See also

- *National Cervical Screening Programme Policies and Standards Section 6: Providing a Colposcopy Service*
www.nsu.govt.nz/files/NCSP/ncsp_policies_and_standards_section_6_providing_a_colposcopy_service_june_2014.pdf
- NSU information for colposcopists
www.nsu.govt.nz/Health-Professionals/2103.aspx
- NCSP monitoring reports
www.nsu.govt.nz/health-professionals/1063.aspx

General requirements of providers

NCSP policies and standards

While most provider groups have direct contractual obligations to meet the NCSP Policies and Standards, the NCSP has a mandate to ensure they apply to all providers.

NCSP Policies and Standards form the basis of provider audits and other monitoring of the NCSP.

NCSP Policies and Standards are published online as independent sections relating to provider groups as follows:

- Section 1: NCSP overview
- Section 2: Providing an NCSP Register service
- Section 3: Invitation, recall and regional coordination services
- Section 4: Providing a smear-taking service
- Section 5: Providing a laboratory service
- Section 6: Providing a colposcopy service.

Where an NCSP provider is prevented from working within these policies and standards in any substantial manner, it should bring the matter to the attention of the NSU.

No product endorsements policy

National Cervical Screening Programme providers must not endorse or promote products.

Complaints policy

National Cervical Screening Programme 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 Health and Disability Services Consumers' Rights
- have in place a complaints management and reporting process that meets the requirements of the Code of Health and Disability Services Consumers' Rights.

Telephone communication policy

National Cervical Screening Programme providers must have guidelines for telephone contacts with women that take into consideration the principles of honesty, sensitivity and the need to reduce patient anxiety.

It is important that providers give information 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.

Communication with the media policy

Communication with the media about the NCSP that is initiated by providers, such as press releases, must be checked with the NSU.

The NSU will review such material and return it to the provider, where possible, within 48 hours. Providers are requested to give as much lead-in time as possible.

Media issues management should also be discussed with the NSU.

It is recognised that providers may also be required to work with their own organisation's staff and media policies.

Release of data from the NCSP Register

Policy

Providers must be aware of the policies and processes concerning release of women's information from the NCSP Register.

The legislative framework governing access to data

A legislative framework governs the principles and procedures for accessing data maintained by the NCSP Register. Access to information on the NCSP Register is governed by the provisions of Part 4A of the Health Act 1956 and the Health (Cervical Screening (Kaitiaki)) Regulations 1995.

Applications for data from the NCSP Register can be made for a variety of purposes.

Principles covering the collection and release of data

The principles covering the collection and release of data mean that:

- 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 (Part 4a of the Health Act 1956 as amended in 2004).

If released, information must 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
- complies with appropriate legislation.

Women's access to their data

A woman is able to access any data specific to her from the NCSP Register.

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 1982 and the Health Information Privacy Code 1994.

Prior to accessing a woman's information, NCSP Register staff should authenticate the woman's identity by asking for her name and two or more of the following:

- her NHI number
- the date of her last smear and the name of the smear taker (this may be the medical centre/practice name)
- her date of birth
- her address and phone number.

Accessing NCSP Register data

All requests for data from the NCSP Register (except for personal requests and day-to-day operational requests) must be sent to the Programme Manager, NCSP, National Screening Unit, Ministry of Health.

The application for NCSP Register data form is available at:
www.nsu.govt.nz/health-professionals/3268.aspx

Accessing Māori women's aggregate data

The provisions of the Health (Cervical Screening (Kaitiaki)) Regulations 1995 govern approval for release of Māori women's data from the NCSP Register. The Secretariat for the NKG is provided by the Māori Health Directorate of the Ministry of Health. The group meets quarterly to consider applications.

The criteria used to approve applications are:

- the principle of the sanctity of Te Whare Tangata
- the need for culturally appropriate protection for the taonga of protected information
- the need to ensure that protected information is used for the benefit of Māori women.

See also

- *National Cervical Screening Programme Policies and Standards Section 2: Providing an NCSP Register Service*
www.nsu.govt.nz/health-professionals/1060.aspx
- The NKG's website
www.nsu.govt.nz/health-professionals/2046.aspx