ScreenSouth Stakeholder Hui December 2022

Questions and Answers

National Cervical Screening Programme

Questions	Answers
1. Will participants be able to test in the home?	Self-testing will be available in primary health care and community settings from July 2023. It is one of three choices for the participant. They can choose between a self-test, having a swab sample taken by a clinician, or having a clinician take a Liquid-Based Cytology (LBC) sample (using a speculum) that can be used for HPV testing as well as cytology if needed. "Self-testing" is a test taken by the participant in any setting acceptable to them, including at home.
2. Will resources for participant be in different Pacific languages?	Accessible information will be developed prior to the transition to HPV Primary Screening in July 2023, both in English and other languages. We are aware of the need to develop these resources and the intention is to make these available on the Time to Screen website (https://www.timetoscreen.nz/cervical-screening/). The National Cervical Screening Programme (NCSP) has been working with our Māori and Pacific Resources and Campaign Advisory Groups (CAGs) on the development of resources to ensure they are designed with a mana-enhancing approach with a strong Te Tiriti o Waitangi and equity lens, and to ensure they meet the needs of the rainbow community and people with disabilities. Regarding the current cervical screening test, there is a pamphlet available on the HealthEd website that comes in NZ Sign Language, Chinese Simplified, Chinese Traditional, English, Hindi, Japanese, Korean and Māori. This can be found here: https://www.healthed.govt.nz/resource/cervical-smear-tests-what-women-need-know-english-version

3. Have you thought about the role Kaiawhina non-clinical workforce in HPV Primary Screening? Request for meaningful involvement of Kaiawhina in development of role? Also, how many hours of training for the workforce?	Kaiawhina and non-clinical staff are an essential part of the programme. We are working on an education package that will enable them to safely give information, gain consent and distribute the test kits. While this will not be available by July 2023, it will be available later in the year.
4. Will clinician HPV and cytology testing be done automatically, or only if HPV positive?	The cytology will only be done if the HPV is detected unless the clinician requests it due to symptoms or for Test of Cure.
5. Will the clinician charge the woman for providing oversight of the test, or will the programme fund this?	At present, the model approved by Government for HPV primary screening does not provide for HPV testing to be free. Therefore, there is no change to the current service delivery model, including the setting of costs by individual health providers for the various elements of the services provided. Clinical oversight in the context of self-testing means: • providing advice and getting informed consent • providing, coordinating and receiving the test • ensuring all quality assurance measures are met • ensuring the lab request information is completed, and • ensuring the participant is told of the test result and ensuring the result is followed up. Accordingly, the clinical oversight remains the same, however for HPV testing no procedure is involved so we would not expect an extra procedure cost to be charged. We are aware of continuing discussions about the potential for Government to fund free HPV testing. For the moment however, the current service delivery model will continue to apply.
6. How will you identify people whose gender is recorded as male, but who still have a cervix?	The Register cannot identify people who are registered as male on their NHI or with their primary care provider. Either the participant or their clinician will need to inform the Register that they need to be enrolled. The future campaign approach to promote awareness of cervical screening and choices to self-test is currently in development and will include consideration of the approaches that will support gender-diverse people to access screening services.

7. Will participant pathways through cervical screening, treatment and outcomes be tracked and reported?	The Register will track a participant's journey through the screening pathway and will send out recalls and overdue reminders to participants. The Register will not track the progress of any participant who is under the care of gynaecology or oncology. It will track them while they are under the care of a colposcopist and once they have been discharged to primary or community care for Test of Cure.
8. Will electronic database be available in colposcopy clinics?	Colposcopy clinics will have access to the Register.
9. Will the HPV test detect latent virus?	No. Virus that is latent or below the threshold of testing will not be detected. However, regular screening at 5-year intervals is necessary to ensure that any virus which reactivates will be detected before it causes any malignancy.
10. Will there be a cost to the patient if cytology required as a result of a positive HPV test?	Yes. However, if secondary follow-up care is required, this will be covered by the National Public Health Service.
11. What is the anticipated change in numbers of referrals to colposcopy?	Changes to clinical management when HPV is detected is expected to reduce the volume of referrals for colposcopy. We may see a spike initially as the volume of unscreened and under-screened participants is better managed. Forecasts are for an average increase of 10% per annum for the first three years.
12. So, there will be opportunities for RNs who are not accredited screen-takers to go out to groups of wāhine due, discuss the test, gain consent and for wāhine to do the test in their own settings?	Screening Support Services will continue to provide outreach services for people who experience barriers to accessing cervical screening. Te Whatu Ora is exploring approaches to support reducing cost barriers. Regardless of how the test is taken or where it is taken, there must be clinical responsibility for the results and this oversight must be from a practitioner who is an accredited screen-taker.
13. Colposcopy. What will the equity prioritisation be?	The clinical safety for everyone who is referred to colposcopy is managed according to clinical urgency. Some priority is given to those who are aged over 30 or who are deemed to be an urgent referral, as per current state. Support services will be available for Māori and Pacific participants to assist attendance at colposcopy clinics.