

# HPV PRIMARY SCREENING

## ROAD TO ROLLOUT



National  
Cervical  
Screening  
Programme

22 May 2023




**Te Whatu Ora**  
Health New Zealand

**Te Kāwanatanga o Aotearoa**  
New Zealand Government





# Tuarongo | Background

*The HPV primary screening project will support new clinical pathways that will provide greater choice to participants to lift uptake, increase screening in priority groups and reduce mortality rates in our communities.*

## Why is HPV primary screening needed?

-  **World Health Organisation (WHO) launched a global strategy to “eliminate cervical cancer as a public health problem, [by achieving] an incident rate of less than 4 in 100,000 women”.** NCSP has made great progress through implementation of the screening process to bring this down but more needs to be done to achieve the WHO goals and close the gap between different ethnic groups across NZ.
-  **A trend of declining screening coverage for all participants has persisted for the programme over the past eight years,** with a greater decline for Māori and Pacific women.
-  **New pathways that empower participants with choice;** aim to increase participation in the most under-screened and unscreened populations and decrease barriers to entry for all participants.

## What is needed to achieve these outcomes?

-  **Adopting HPV as a primary screening tool** is predicted to result in a 19% reduction in cervical cancer mortality.
-  **A new NCSP-Register is being developed** that will enable clinicians to track screening histories and recommended follow ups, using scalable and integrated technology and portals that securely holds information and is adaptable to new clinical pathways.
-  **Enhanced health equity for wāhine Māori and Pacific people** through less invasive clinical pathways that meet cultural and access needs combined with targeted outreach to the under screened population.
-  **The solution has been** designed with input of range of stakeholders covering **every part of the screening experience** to ensure the solution meets the needs of our communities. Continuous improvements of these ways of working will be ongoing from the initial roll out until **complete delivery of the future state in March 2024.**

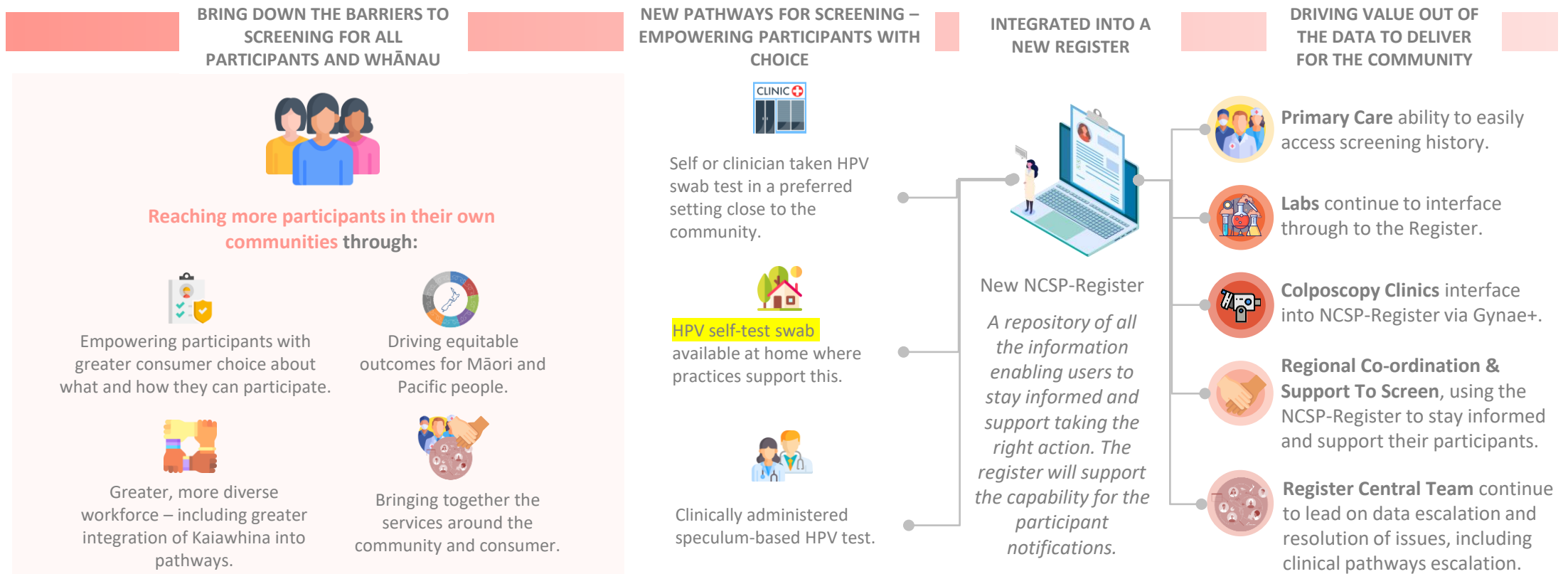
*A 40% uptake is estimated from the unscreened and under-screened, a major step forward in achieving equitable outcomes for wāhine Māori and Pacific women*

# Te Āpōpōtanga | Future State

*Our Vision for HPV primary screening is to achieve equity of outcomes through increased screening coverage and more effective outcomes of those screened, decreasing the gap between different ethnic groups.*

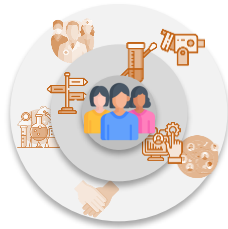
## What we will achieve:

- HPV as the primary screening test** – HPV testing will find more pre-cancers and prevent more cases of cervical cancer, supported by the speculum and colposcopy tests within the pathways.
- New NCSP-Register** – A single source of truth for screening records and individual schedules.
- New Pathways** – Embedding more choice and flexibility into screening including the option to self test, removing barriers to entry and better supporting and increasing equitable outcomes for Wāhine Māori and Pacific peoples.
- Additional Workforce and Training** – Accredited screen-takers/GPs/midwives to do HPV testing as well as LBC test, other Registered Nurses can complete HPV test with training.



# HPV Primary Screening Phases

The Foundational Step will allow us to take the critical first step to achieving our vision, focusing on decreasing barriers to entry for all participants and transitioning to HPV as the primary screening method. Timelines in phase 2 and 3 are estimates based on current progress.



## FOUNDATIONAL STEP – 26 JULY 2023

**Participants able to choose self- or clinician-taken HPV swab test, or a speculum test.**

New clinical pathways rolled out across Primary Care providers and support to screen. The NCSP-Register is implemented and adopted by existing users and the eligible population is better identified for improved uptake in screening. Labs and Colposcopy clinics prepared for the new tests and are ready for fluctuating volumes. Increased media campaign activity nationwide to promote the new test. While all participants will be able to choose self- or clinician-taken HPV screening test, the focus will be on Māori and Pacific participants and increasing screening in the under- or un-screened populations.



## PHASE 2 - estimated timing AUG – DEC 2023

**Building on the basics by widening the participant base and increasing uptake with a notification strategy focused on Māori and Pacific, under- and un- screened priority populations.**

Increasing reach through notifications, including under- and un-screened populations not enrolled in primary care. Expanding where testing becomes available, moving testing closer to our communities. Primary Care now have the ability to easily access screening history.

Continuously Evolving




## PHASE 3 - estimated timing JAN – MARCH 2024

**Achieving the Future State and moving into continuous improvement.**

More people are encouraged into screening, increasing our screening coverage, participant experience and whānau satisfaction. More participants will be able to choose to self-test in a variety of settings that work for them. Our workforce feels empowered through training and accreditation to advise and support participants through the new pathways. The new NCSP-Register is embedded into our ways of working.

Continuously Evolving



### END STATE (currently out of scope for current HPV Primary Screening project):

1. Fully Funded - The current model approved by Government does not provide HPV testing to be free and will not be included in the HPV primary screening project. However, it is noted that funding has been a strong recommendation by the Parliamentary Review Committee.
2. Centralised mail out of tests – Individual clinical settings may mail out tests locally but this will not be run centrally by the NCSP programme in this project.

# HPV Primary Screening Delivery Roadmap

26 JULY 2023 – FOUNDATIONAL STEP

PHASE TWO

PHASE THREE

PARTICIPANTS



I now have new choices for screening, including the ability to self-test for the HPV virus. I may be offered the opportunity to take the test at home. I will continue to receive notifications from my Primary Care provider.

I will continue to receive notifications from my Primary Care provider. However, if I am not enrolled in Primary Care – I will now be notified if under- or unscreened. Māori and Pacific participants will be proactively encouraged to screen.

I feel empowered through choices, feel supported to make these decisions, have been actively notified of changes and have a wide variety of test locations close to my community, including testing at home.

PRIMARY CARE



We have completed our training on HPV Primary Screening and are confident in the new pathways, including supporting people through informed consent and the new HPV primary screening tests.

We have the ability to easily access screening history and have received training. We can use the NCSP-Register via an interface to improve communication and/or referrals with laboratories and all participants.

We have the ability to proactively reach our most unscreened populations. We are working towards building up our workforce through training in the HPV primary screening process.

COLPOSCOPY CLINICS



We are confident, understand the guidelines and have planned to accommodate the variation in volume that might arise for Colposcopy with the introduction of HPV primary screening. We have transitioned to Gynae+ v11 and can access and interact with information from the new NCSP-Register.

We will be working with central support teams to deliver all reporting and monitoring relating to Colposcopy services.

LABORATORIES



We have completed our training and understand the new HPV primary screening process and usage of the new recommendation codes. We are equipped to provide HPV primary screening tests to accredited sample takers (e.g. Primary Care) and test for both HPV and cytology.

We will continue to work with the NSCP programme around improvements to the monitoring system and implementation of KPIs. We continue to report using updated clinical practice guidelines. Each histology lab will have agreed transition plans for new SNOMED-CT codes.

REGIONAL CO-ORDINATION & SUPPORT TO SCREEN



We have completed our training and are confident in promoting, providing advice on, and supporting new choices for screening, with particular focus on priority groups. Our accredited screen takers will be trained in HPV Primary Screening and will be able to access patient data to stay informed. We understand the role everyone has to play in the new pathways.

We now have more notification services, and will be able to access up-to-date information on participants and their journey. We will be able to access reporting on the population and screening. More effective use of our non-clinical staff, such as Kaiawhina, in the delivery of the HPV project will be scoped by central teams.

We have the ability to proactively reach our most unscreened populations. We are working towards building up our workforce through training in the HPV primary screening process.

CENTRAL REGISTER TEAM



We will use the NCSP-Register user guide and complete the training to continue to manage data on the new NCSP-Register. Across the teams, we will ensure the data consistency and robustness, ensuring integration between the different NCSP-Register users and provide resolution to complex data and clinical issues.

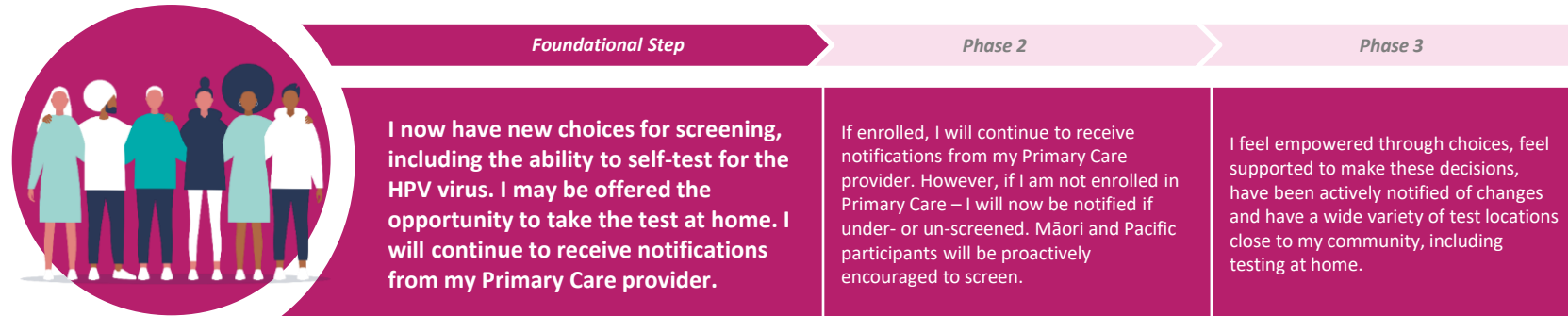
We will support the notification process for the overdue and under-screened, including those priority groups.

We will support the ability to proactively reach all our participants via notifications.



# Te Ara Matua | Participants Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.



## FOUNDATION STEP

**All participants will be given more choice in their pathway, supported by an integrated and aligned health system**

*From phase 1, while most participants will be able to choose self-or-clinician-taken HPV screening tests, the focus will be on Māori and Pacific participants and increasing screening in the under- or un-screened populations.*



PEOPLE

*Supported in a range of clinical settings and services, including Primary Care and screening support services. Participants will be actively engaged with media campaigns through a variety of channels to understand the changes and new choices available.*



TECHNOLOGY

*The population-based NCSP-Register will mean that more people will be identified as eligible for HPV primary screening and the new opt-out setting. This will mean more eligible participants are encouraged to screen.*

*The Time to Screen and National Screening Unit (NSU) website will include all up to date information to access and support decision making, including comprehensive FAQs about the new change. Notifications will continue through Primary Care.*

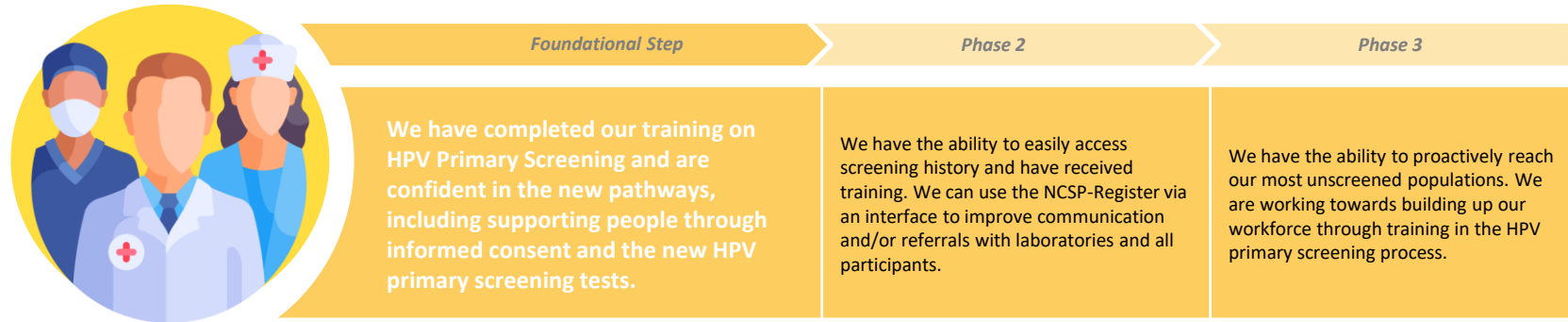


## EQUITY PRIORITIES

- I may have the choice around the type of test I can do and can complete the initial screen in a setting more comfortable for me
- My beliefs and values have been understood and supported through the process, due to the cultural training received by the staff
- I feel more comfortable during the screening process, surrounded by more Māori and Pacific clinical and non-clinical staff
- I have received and viewed campaigns from trusted faces and in language that resonated with me and I feel empowered to take the next step

# Te Ara Matua | Primary and Community Care Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.




### EQUITY PRIORITIES

- My training included key cultural considerations that allow me to deliver for all participants, especially Māori and Pacific priority groups.
- We can reach out to our target priority groups as ethnicity is now captured in the register.



## FOUNDATION STEP

**We feel empowered to deliver the new clinical pathways and support all participants through informed consent**



PEOPLE

We will receive **clinical training on the new pathways, HPV test taking, informed consent**. Current LBC screeners will be provided with top up training for the new pathways. A blended learning approach will ensure the principles of Te Tiriti o Waitangi, and Te Ao Māori are upheld and will be delivered through a combination of learning pathways. Additional support material including new user guides are available via clinical pathways and NCSP Policy and Standards (P&S) will be updated. We have received new public-facing resources that will enable us to effectively educate participants on the new programme, where they can choose, and what happens next. We will continue to notify our enrolled un- and under-screened participants.



PROCESS

We can now order HPV primary screening tests and receive results. We have sufficient HPV primary screening test kits in place.

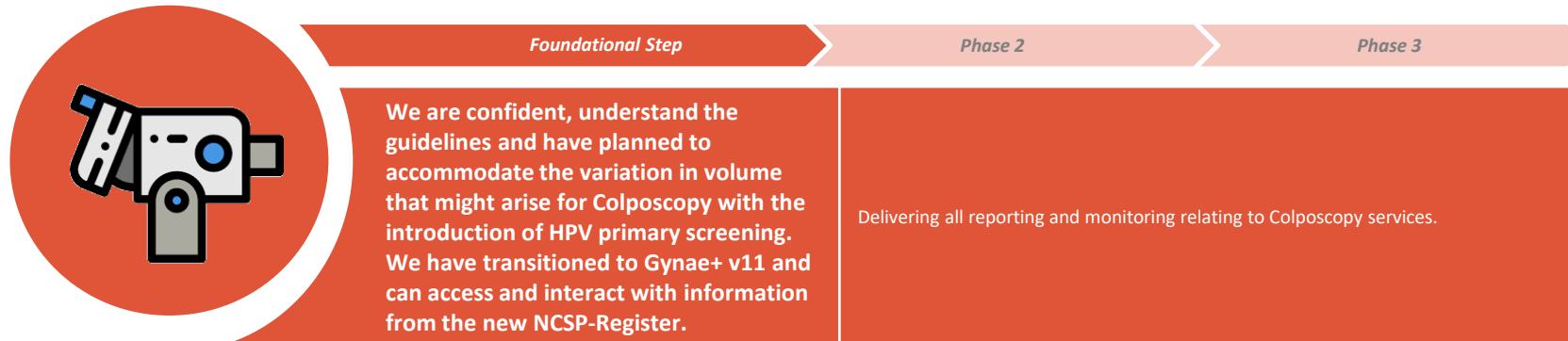


TECHNOLOGY

We will continue to use existing processes, via the support phone numbers, as we will not yet have access to the new NCSP-Register. We will be provided with information to support participant follow-up.

# Te Ara Matua | Colposcopy Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.



## FOUNDATION STEP

**We understand our role in the new clinical pathway and understand this may result in variations in volume of colposcopy tests**



PEOPLE

We are confident using the updated Clinical Practice Guidelines and updated NCSP Policies and Standards, including details of the new codes for HL7 messaging in Gynae+.



PROCESS

We have planned to accommodate the variation that may arise for Colposcopy with the introduction of HPV Primary Screening. We are working on Colposcopy readiness checklists - ensuring alignment across each site. We will continue to use Gynae+ to manage colposcopy appointments, patient details and clinical information and send HL7 messages, aligned with existing processes.



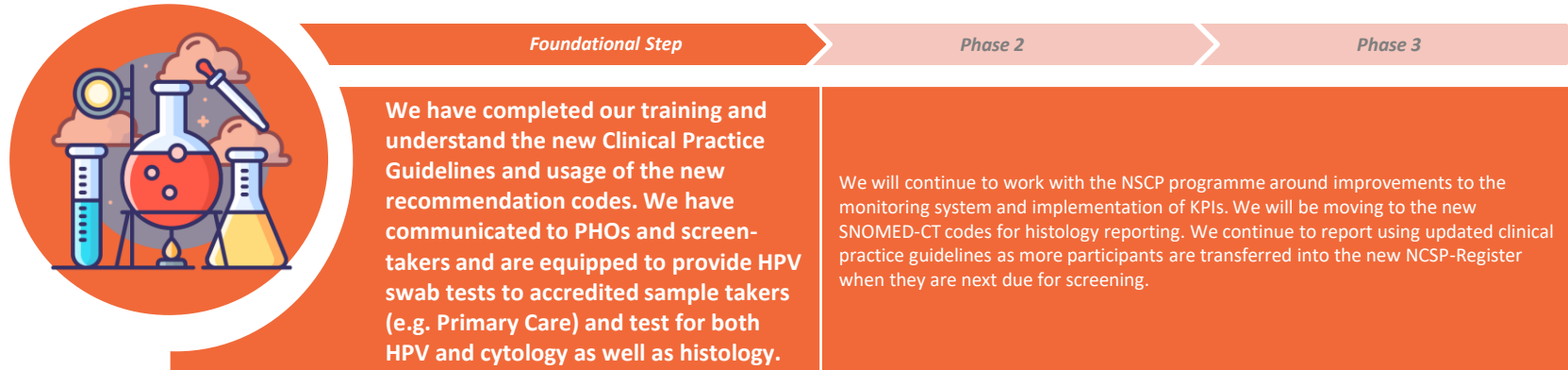
TECHNOLOGY

We are able to access the NCSP-Register data using new SNOMED Codes in Gynae+, we will also have read only access to the Register to view screening history. The latest Version of Gynae plus (interface with NCSP-Register) will be provided by the software vendors prior to launch date.



# Te Ara Matua | Laboratory Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.



## EQUITY PRIORITIES

- We will process the new HPV test. Including dry swabs that will encourage more women into screening, by lowering the barrier the entry and increasing ease of testing.



## FOUNDATION STEP

**We are prepared to provide and process the results for the HPV primary screening**



PEOPLE

*We have completed our training and understand the updated Clinical Practice Guidelines, NCSP Policies and Standards and usage of the new recommendation codes, for both HPV and LBC.*



PROCESS

*We will provide HPV primary screening test kits and process results for HPV testing, cytology tests and histology. The technical process and type of primary screening test will be agreed and standard practices drawn up and communicated from the NCSP.*

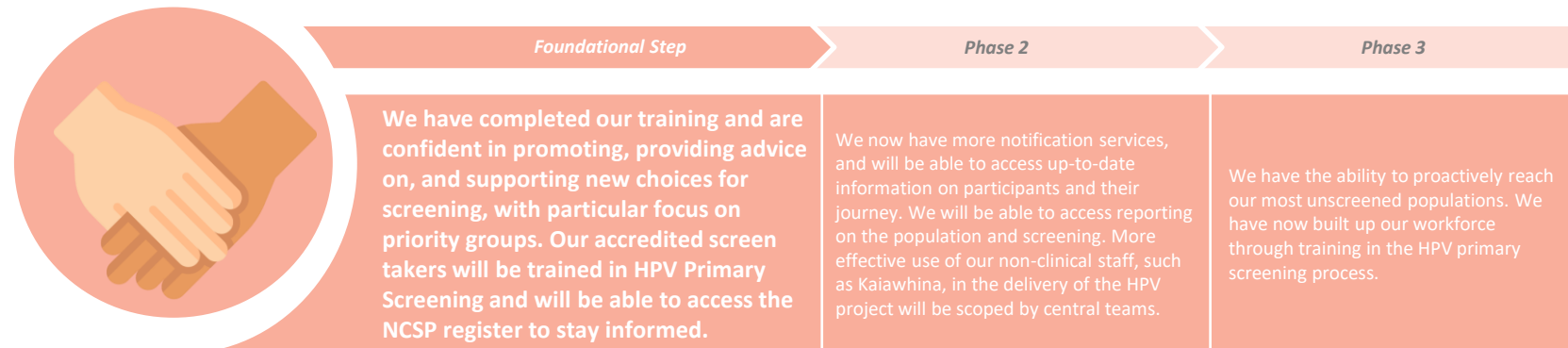


TECHNOLOGY

*We will be using the new HL7 message format and connect with the NCSP-Register via the LIS systems using the new H-Codes. We will no longer connect via Connected Health. We will continue to use SNOMED 1993 or SNOMED 1986 codes and will work towards introducing SNOMED-CT codes. We will have access to information on the request form and NCSP-register screening history for every case reported.*

# Te Ara Matua | Regional Co-Ordination & Support to Screen Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.



## FOUNDATION STEP

**We feel empowered to support participants through the new pathways and our accredited screen-takers can deliver the new HPV primary screening test in different clinical settings.**



PEOPLE

*We have received training on the new HPV testing programme. We have received new public-facing resources that will enable us to effectively educate participants and communities on the new programme, where they can choose, and what happens next.*

**As Support to Screen;** we will promote, provide advice on and support new choices for screening. We will support screening in mobile teams, making community visits and home visits, or be based in clinics around the motu.

**As regional co-ordinators;** we will continue to be the critical interface; supporting enquiries and signposting to the correct resolution and escalating queries to Whakarongorau and the support centre.



PROCESS

*Our accredited screen-takers can deliver the new HPV primary screening test in different clinical settings and provide clinical oversight for self-test option.*



TECHNOLOGY

*We will have access to information in the new NCSP-Register and tools to enable me to provide the support.*




## EQUITY PRIORITIES

- We are able to bring initial screening closer to the whānau with the new pathways and have a clear focus in supporting priority populations (e.g. Māori and Pacific).
- Our new training allows us to deliver more culturally specific support.
- The less invasive pathways allow us to encourage more un and under-screened women through the process.
- We can leverage the campaigns, to identify, access and support more participants through the screening process.
- Regional co-ordinators can leverage the improved register to target more Māori and Pacific participants with support
- More Māori and Pacific clinical and non-clinical staff are utilised in the delivery of the initial screening.

# Te Ara Matua | Central Register Team Delivery Roadmap

The roadmap identifies the phases of the HPV Primary Screening rollout and the impact on the individual groups.

### EQUITY PRIORITIES

- The new register allows us to capture ethnicity and better filter for priority groups, Māori and Pacific people.



## FOUNDATION STEP

**We are trained on the new NCSP-Register and understand the technical requirements for maintaining data integrity on the platform**



PEOPLE

We will use the NCSP-Register user guide and complete the training to continue to manage data on the new NCSP-Register and understand integration with other parts of the NCSP sector. We may take a role in training the trainer – supporting the regional services, Support to Screen, colposcopy clinics and support centre. Updated NCSP Policy and Standards (P&S) will be available. Register support will be delivered by a mix of Whakarongorau and internal support teams.



PROCESS

We will continue to manage system and ensure data consistency and robustness. We will ensure integration between the different NCSP-Register users and provide clinical resolution to data issues in line with current processes. We may experience an expected reduction in volume of technical interventions and safeguards required as a result of the improved platform. Platform monitoring, failsafe activity and IT support will move to Te Whatu Ora.

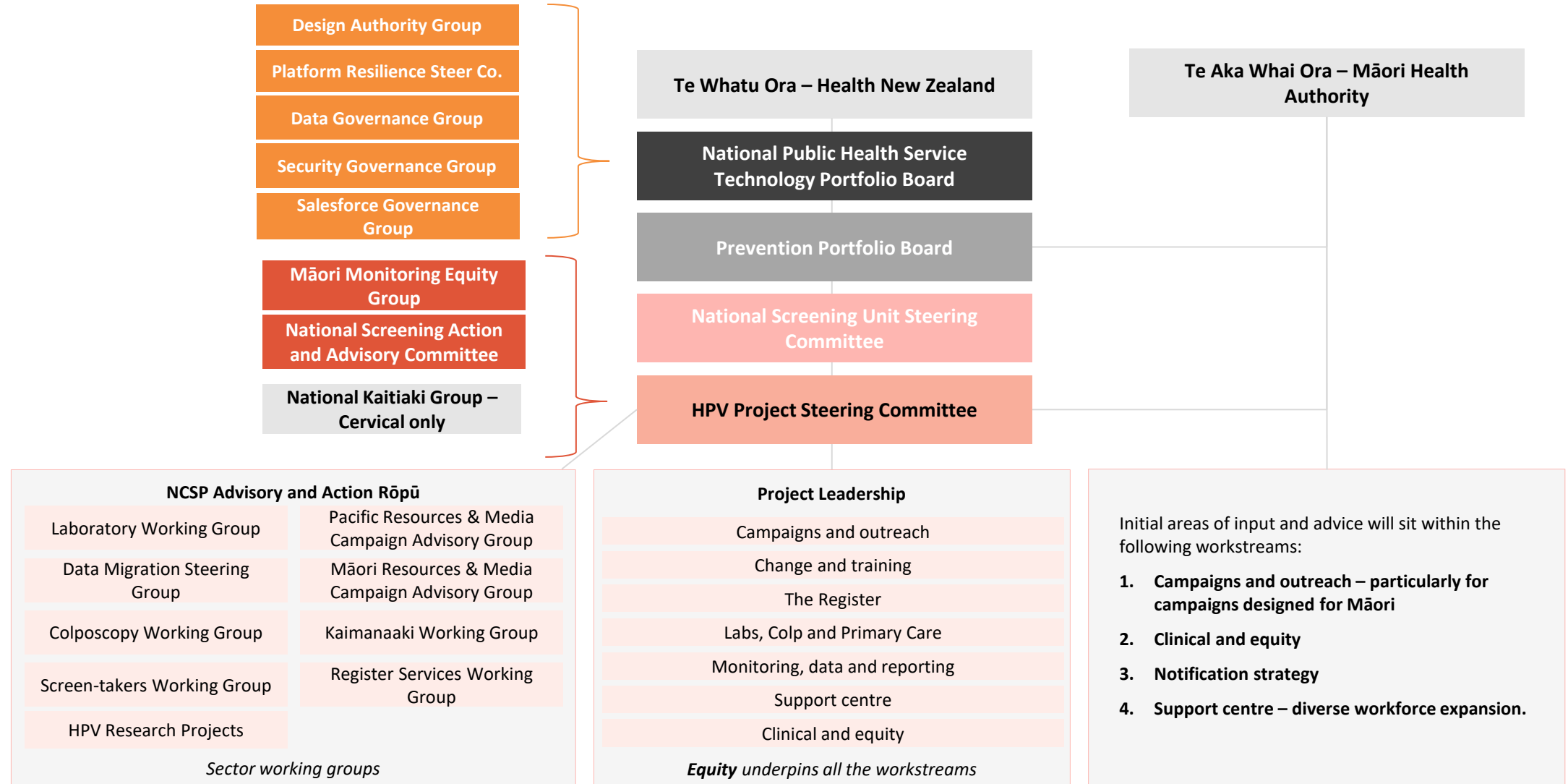


TECHNOLOGY

We will use and support the new NCSP-Register.

# Mana whakahaere | Governance

Outline of the project governance used throughout design and into implementation.



# HPV Primary Screening | Want to know more?



We have added an HPV primary screening section within the NSU website health professionals' pages <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/hpv-primary-screening>



along with a dedicated email channel [HPVScreen@health.govt.nz](mailto:HPVScreen@health.govt.nz)