

# National Cervical Screening Programme

## Progress Against the 2018 Parliamentary Review Committee Recommendations

### June 2022

#### Primary recommendations (6)

Category	#	Recommendation	Progress	Status
Primary recommendation	1	Primary HPV screening, including self-sampling, should be funded, and implemented as a matter of urgency. Delay in the implementation of the primary HPV screening programme will result in a significant number of preventable cervical cancers in New Zealand women and continuing inequities.	Funding to implement HPV primary screening has been approved with an estimated implementation time from July 2023.	Closed: HPV primary screening will be implemented from July 2023.
Primary recommendation	2	As the cost of screening was consistently identified as a major barrier, cervical screening should be fully funded for all eligible women, to align cervical screening with all other New Zealand cancer screening programmes. Initially, priority for fully funded screening should be given to priority group women with a strategic objective of including all eligible women.	Consideration has been given to this recommendation as part of implementation of HPV primary screening with the option of self-testing and equity-supporting initiatives.  The estimated implementation time for HPV primary screening is from July 2023.	Closed: Additional funding to support free cervical screening has not been received as part of the programme change. Reducing costs for participants will continue to be a focus of HPV primary screening implementation.
Primary recommendation	3	The NCSP in its oversight and stewardship capacity, should lead district health boards (DHBs) and primary health organisations (PHOs) in monitoring, auditing and reviewing local delivery of reminder, recall and referral processes against the NCSP policy, standards and guidelines and develop a toolkit of support for providers to ensure consistent, quality practices.	This is an ongoing process for the NSU. The NSU continues to undertake regular monitoring reporting that is published on the website. A new audit programme has commenced across the NSU and includes district colposcopy audits. The laboratory NCSP audit process has been reviewed and will re-commence in 2021. The NSU is reviewing sector tool kits such as PHO coverage reporting and web-based reporting that will support quality improvement initiatives.	Closed: Audit processes have been established for contracted providers. Monitoring and reporting capability to support programme and sector quality assurance activities and clinical risk management has been established with the HPV primary screening implementation.

Category	#	Recommendation	Progress	Status
Primary recommendation	4	A continuous prospective audit should be undertaken of all cervical cancer diagnoses in New Zealand, including a review of cervical screening-related tests and investigations (HPV, cytology, histopathology, and colposcopy) with audit findings translated into quality improvement initiatives.	The NCSP is undertaking a further retrospective audit of the 2018–2020 period. The NSU has set up a project team and has completed the business case for a prospective audit of all invasive cervical cancers. Funding for one year has been approved. The audit will examine each step of the clinical pathway from screening to treatment referral.	In progress: A project team is in place and working on developing policies and procedures for undertaking this audit. Project work includes engagement with stakeholders and developing contracts for work sourced outside Te Whatu Ora.
Primary recommendation	5	The National Screening Unit and Cervical Screening Team is adequately and specifically resourced (human and financial) to enable an effective and efficient transition to the new HPV screening programme, especially as the magnitude of the multiple and complex changes required should not be underestimated.	Resource requirements are included in the planning for implementing HPV primary screening.	Closed: resourcing for HPV primary screening is funded.
Primary recommendation	6	A comprehensive, culturally appropriate communication and education/training strategy should be developed as a key project of the primary HPV screening implementation strategy: for the public and programme providers.	Communication and training requirements are included in the planning for implementing HPV primary screening.	Closed: this is a core workstream of HPV primary screening implementation.

## Open recommendations (4)

Category	#	Recommendation	Progress	Status
Equity	9	Strengthening of Support to Screening Services to ensure availability across all DHBs and their effective use as standard best practice by all general practices and colposcopy services. The PRC supports the planned 2019 Support to Screening Services evaluation.	<p>Support to Screening Services evaluation was commissioned to inform the future direction and approach of screening support services.</p> <p>The report was published in November 2021 and found that overall, screening support services are working well and are enabling people to access screening services. The report acknowledges that these services operate within a broader context and notes that breast and cervical screening services are not currently meeting the needs of Māori, Pacific and Asian people.</p> <p>The report identifies the importance of making broader systemic changes across breast and cervical screening services to meet Te Tiriti obligations and to make services more equitable.</p> <p>The NSU is working through recommendations from the review.</p>	In progress.
Equity	10	There should be a focus on investment and development of strategies to improve coverage of priority group women in metropolitan DHBs.	<p>Support to Screening Services evaluation was commissioned to inform the future direction and approach of Screening Support Services. The report identifies the importance of making broader systemic changes across breast and cervical screening services, to meet Te Tiriti obligations and to make services more equitable. The NSU is working through recommendations from the review.</p> <p>Social marketing campaigns are being developed, that will use a range of media, including social media, to target messages to eligible Māori and Pacific people about the importance of cervical screening for their own health and for the wellbeing of their whānau.</p> <p>Co-design process and implementation research is commencing in 2022, which will inform future service delivery models to improve accessibility for priority group women.</p>	In progress.
Governance	23	The NSU supports and partners with the clinical leads to clearly articulate, both within the NSU and externally to the relevant sectors, the clinical leads' responsibilities in maintaining clinical quality for the current programme and leading the clinical implementation of primary HPV screening to ensure quality and consistency of clinical practice across the country.	<p>The clinical leads are in consultation with colposcopy and pathology workforces to support the change process to HPV. This includes the development of standards and guidelines agreed by the sector.</p> <p>The project steering group and governance operates on a clinical and operational partnership model to ensure clinical risk management is central to the change process.</p> <p>In the interim, audit is continuing against the previous standards and guidelines to continue to engage the sector. Readiness assessments will be undertaken prior to HPV go-live.</p>	In progress.

Category	#	Recommendation	Progress	Status
Communications	33	The NCSP complaints management processes and reporting requirements should cover the entire clinical pathway including at DHB and PHO level as well as those received by the Register. Review of complaints should include actions that result in the development and implementation of quality improvement initiatives that align with best-practice consumer-focused care.	All NSU cervical screening, laboratory, and colposcopy providers are expected to adhere to the NSU Policies and Standards and the NZ Health and Disability Sector Standards (HDSS), including the regulation NZ Code of Health and Disability Consumer Rights covering the complaints process. Clear policies are in place for staff managing the NCSP Register related to the management of complaints from participants. The NSU audit programme has commenced, and the complaints process is included in the scope of the audit.	In progress.

## Closed recommendations (25)

Category	#	Recommendation	NSU response	Status
Equity	7	A set of NCSP equity indicators should be included in the new Health Measures.	The NCSP provides equity performance measures as part of published district reporting. Further review of the equity reporting is being undertaken as part of establishing new indicators as part of HPV primary screening implementation.	Closed.
Equity	8	Equity analysis is included in the routine NCSP Independent Monitoring Reports providing a synthesis of all NCSP equity data. This analysis should inform strategies to improve access and remove barriers to participating in the programme.	The NCSP provides equity performance measures as part of published district reporting.  As part of the HPV primary screening implementation a review of all NCSP monitoring indicators will be undertaken and revised indicators will be in place from go-live. The revised indicators will be developed in partnership with a new Data Governance Group that will be established under the National Screening Unit's Te Tiriti workstream.	Closed: this will be undertaken as part of HPV primary screening implementation.
Equity	11	The NCSP should provide support to DHBs and PHOs to enable a standard, best practice approach to the use of the data matching tools to ensure optimum matching of data between the NCSP-R and General Practice, Practice Management Systems (PMS).	Monitoring and reporting is a key workstream within HPV implementation, and direct look up access to the Register for providers will be enabled as part of the change.	Closed: this will be undertaken as part of HPV primary screening implementation.
Equity	12	The NSU should work with the relevant Ministry of Health Directorates to explore opportunities for measuring access to national screening services for disability and mental health service users as well as the LGBTQI community.	Opportunities to measure access to national screening services for specific population groups will depend on the information available via in-patient management systems and whether population groups have all necessary indicators to create a combined measure. No further actions can be taken at this point because of data quality issues in primary care patient management systems.	Closed.
Monitoring and evaluation	13	Independent monitoring reports should be carried out annually, and not six-monthly. Interval monitoring data reports of key standards can be developed internally by the NSU.	Moving from six-monthly to annual independent monitoring was planned in 2021. Interval monitoring is already in place via a district coverage application. Work is progressing to develop an interval laboratory report and an interval colposcopy report.	Closed.

Category	#	Recommendation	NSU response	Status
Monitoring and evaluation	14	The NCSP Independent Monitoring Reports, provided by independent external experts, should be continued for the foreseeable future including the transition to and implementation of the new primary HPV screening programme. The NCSP will benefit by having continued independent, robust, and transparent evaluation of the programme.	Independent Monitoring Reports are in place in the current programme. Actions required to further achieve the outcome are already in scope as part of implementing HPV primary screening.	Closed: this is included as a key workstream of HPV primary screening implementation.
Monitoring and evaluation	15	The NCSP should implement processes to monitor – ideally monthly – the timeliness of cytology reporting in the lead-up to HPV screening so that indications and early trends of capacity constraints might be identified.	This will be considered as part of HPV primary screening implementation.	Closed: monitoring is in place.
Monitoring and evaluation	16	The recommended timelines for ‘referral to colposcopy’ should be reviewed to ensure that they are appropriate, realistic, and safe.	This will be reviewed as part of HPV primary screening implementation.	Closed: this will be undertaken as part of HPV primary screening implementation.
Monitoring and evaluation	17	The targets for indicators currently included in the independent monitoring reports should be reviewed for the implementation of primary HPV screening, and some new indicators regarding HPV testing will be required.	This work has been commenced and is part of implementation for HPV primary screening.	Closed: this will be undertaken as part of HPV primary screening implementation.
Programme monitoring and evaluation	18	The three-yearly audit of DHB contracted colposcopy services should continue, albeit in a modified form, with emphasis on areas not covered by e-colposcopy data reporting, such as those noted in Section B of the Audit Report. A definition of the risk matrix with identified timelines for correction should be included in any report.	The NSU has contracted an independent quality assurance auditing agency to audit service providers contracted by the NSU. The audit programme commenced in March 2021 and includes colposcopy services. NSU induction and training on quality assurance audit for NSU staff and screening providers is continuing.	Closed.

Category	#	Recommendation	NSU response	Status
HPV primary screening	19	Self-sampling should be included in the implementation of the primary HPV programme. The PRC believes it is essential that self-sampling be included in the initial implementation of the new programme, as this will lead to improved equity and increased participation for priority group women.	Implementation of HPV primary screening includes the option of self-testing for all women. Funding to implement HPV primary screening has been approved with an implementation time from July 2023.	Closed: this will be undertaken as part of HPV primary screening implementation.
HPV primary screening	20	A pilot programme should be developed to examine the feasibility of 'whole population self-sampling for cervical screening'.	Policy decision includes self-testing as an option for all participants as part of HPV primary screening.	Closed: this will be undertaken as part of HPV primary screening implementation.
HPV primary screening	21	The 'draft' Clinical Practice Guidelines for Cervical Screening in New Zealand should be reviewed, including the development of a clinical management pathway for women who have HPV detected in a self-sample.	Draft guidelines for HPV primary screening have been completed. Sector consultation with pathologists, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and colposcopy clinics has been completed and the initial self-testing clinical pathway as part of HPV primary screening has had sectorwide and public consultation.	Closed.
HPV primary screening	22	As part of implementing HPV primary screening, it will be important to incorporate the lead-in time required by pathology laboratories to commence HPV primary screening. The NSU should continue close collaboration and discussion with laboratories regarding the maintenance of a cytology workforce up to and after implementation of the new HPV screening programme. This includes providing early advice regarding the confirmed date of implementation of the new programme.	This is part of HPV primary screening implementation. The programme will continue to work closely with laboratory service providers.	Closed: this will be undertaken as part of HPV primary screening implementation.

Category	#	Recommendation	NSU response	Status
Governance	24	There should be a review of governance (both clinical and operational) and advisory committees to maximise efficiency of the committees and minimise potential duplication of work. There should be a focus on the multi-disciplinary requirements of committees leading this important population screening programme and the balance required between population screening and practising clinical expertise.	<p>Internal groups were reviewed in 2019 and include:</p> <ul style="list-style-type: none"> <li>the Clinical Oversight Group (COG)</li> <li>the NCSP Leadership Group – this is a multi-disciplinary internal group that makes decisions on the programme</li> <li>Operational Group - to review and manage operational programme matters.</li> </ul> <p>External groups are:</p> <ul style="list-style-type: none"> <li>the National Screening Advisory Committee</li> <li>the NSU Māori Monitoring and Equity Group</li> <li>the NCSP Advisory and Action Group</li> <li>Māori Campaign and Resource Advisory Group (CAG)</li> <li>Pacific Campaign and Resource Advisory Group (CAG).</li> </ul> <p>The NCSP Advisory Group has broad representation from across the clinical screening pathway and includes Māori and Pacific representation. The CAGs have a wide clinical representation from laboratories, universities, and colposcopy services.</p>	Closed.
Governance	25	To facilitate the transition to the new screening pathway, it would be of benefit for the NSU to articulate its expectations of members of the NCSP Advisory Group in leading and disseminating advice to its relevant sectors in the implementation of the new screening pathway.	Evaluation of the current programme's advisory groups has been undertaken to ensure representation and expectations to support the programme change to HPV primary screening.	Closed.
Programme Governance	26	There is a need to establish a process that will ensure national quality and consistency of colposcopy performance, review processes, and clinical services across DHBs. Development of a system, led by the NCSP, for clinical expert, consistent oversight of DHBs colposcopy clinical services including benchmarking, and the development of quality improvement plans should be established to ensure appropriate and independent monitoring of clinical practice. This should include processes for identification of, and remediation for, colposcopists who are not meeting the national standard, and whose performance may be masked by the overall performance of the colposcopy service.	The NCSP colposcopy standards are subject to audit. District service managers and lead colposcopists have access to individual performance data and this should be part of annual performance evaluation led by the districts.	Closed.



Category	#	Recommendation	NSU response	Status
Governance	27	In addition to Recommendation 31, in order to facilitate quality improvement, the NCSP is encouraged to send regular benchmarked reports (suggest six-monthly) on colposcopy performance to individual colposcopists using the e-colposcopy data within the NCSP-R. The colposcopy data held in Datamart needs analysis and work to determine the best 'fit for purpose' reporting tool for quality improvement purposes. The PRC 2018 urges the NSU to make this a priority activity.	National benchmarking on individual colposcopist performance cannot currently be reported on with existing systems. This will be part of future IT system capability.  Colposcopists' performance is measured against current standards and will continue to be measured against new standards as part of HPV screening implementation.  Professional performance reviews need to be undertaken by employers as the initial step and any issues in performance found are then reported to the Ministry.	Closed.
Governance	28	Work to define new standards for pathology and colposcopy should be completed well in advance of the introduction of primary HPV screening so that systems can be developed that will enable reporting against the new standards.	This will be undertaken as part of HPV primary screening implementation.	Closed: this will be undertaken as part of HPV primary screening implementation.
Governance	29	Funding for NCSP colposcopies should be reviewed to ensure that pricing supports the maintenance of quality services.	Cost pressure funding has been approved as part of Budget 2021 and was applied to the 2021-2022 contracts.	Closed.

Category	#	Recommendation	NSU response	Status
Governance	30	The NCSP should review contractual arrangements with DHBs. The aim of the review would be to strengthen accountability for participation and to establish nationally consistent performance measures, reporting requirements, and expected outcomes. This review should also include reporting of colposcopy performance and quality improvement initiatives implemented by DHBs.	An internal current state review was undertaken for district services in December 2021 to inform the change management plan to the implement HPV primary screening.  Policy and performance measures are part of existing reporting and contracts will be reviewed to meet the new HPV requirements as part of the project change.	Closed: this will be undertaken as part of HPV primary screening implementation.
Communications	31	In addition to Recommendation 6, comprehensive communications for women and service providers should be developed to answer questions, allay fears and provide reassurance about the new HPV test, the later starting age (25 years) for screening, the five-year screening interval, the predicted transient early rise in cervical cancer diagnoses and the importance of examination and assessment of symptomatic women at any age. Emphasis should be given to a co-design approach with priority group women and service providers to ensure any communications reach all intended audiences.	A communications plan will be developed as part of the programme change to HPV primary screening.	Closed: this will be undertaken as part of HPV primary screening implementation.
Communications	32	A coordinated national training and education campaign regarding HPV infection, cervical cancer, HPV vaccination, and HPV cervical screening is needed for women and service providers – including colposcopists – prior to, and during the implementation of the primary HPV screening programme. Emphasis should be given to ensuring the availability of culturally appropriate information for Māori, Pacific, and Asian women.	This is planned as part of HPV primary screening implementation.	Closed: this will be undertaken as part of HPV primary screening implementation.

Category	#	Recommendation	NSU response	Status
NCSP Register	34	The development of the new National Cervical Screening Programme Register (NCSP-R), as part of the National Screening Solution (NSS), should occur in parallel with the National Bowel Screening Programme Register, if this is logistically possible, and not be delayed until after the NBSP-R is developed. This would reduce the risk of unnecessary further delay to implementation of the new HPV screening programme.	The National Screening Solution (NSS) for the National Bowel Screening Programme was deployed on 30 August 2020 to support the bowel screening rollout.  Funding to implement HPV primary screening was approved in Budget 21 to support implementation from July 2023. This work will be undertaken as part of programme implementation.	Closed: this will be undertaken as part of HPV primary screening implementation.
NCSP Register	35	Effective and appropriate integration of Practice Management Systems (PMS) must be considered as part of any design for a new technology solution for cervical screening. This will enable real-time access to cervical screening data to optimise clinical decision-making.	This will be considered as part of HPV primary screening implementation.	Closed: this will be undertaken as part of HPV primary screening implementation.

**Te Whatu Ora**  
Health New Zealand

August 2022