Health New Zealand
Te Whatu Ora

Aide-Mémoire

Overview of the National Cervical Screening Programme

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To:	Hon Simeon Brown, Minister of Health		
From:	Dr Nick Chamberlain, National Director, National Public Health Service		
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Attachments

Appendix 1:	National Cervical Screening Programme: Update and RAG status of actions to recommendations from the 2021 Parliamentary Review Committee Report
Appendix 2:	Further information on 'Critical/Red' and 'Not started' RAG ratings

Purpose

1. This Aide-Mémoire provides information about the National Cervical Screening Programme (NCSP), and a progress update on ongoing work to address recommendations from the 2021 Parliamentary Review Committee.

Summary

2. The NCSP is one of the screening programmes led out of the National Public Health Service in Health New Zealand I Te Whatu Ora (Health NZ). It provides cervical screening for women and people with a cervix aged between 25-69 years old.

3. The NCSP was established in 1990 to reduce death and disease from cervical cancer and since its inception, has proven highly effective: the incidence of cervical cancer has reduced by 50%, and cervical cancer mortality has reduced by approximately 60%[1]. However, the gains made are not uniform across the population, with disparities persisting, with Māori and Pacific continuing to experience higher rates of diagnosis and mortality.

4. To ensure these disparities are reduced and that the NCSP is effective, the programme is undergoing significant and large-scale change. This includes changing the type and method of primary testing to make it more accessible (via the introduction of a self-test). The change to the self-test has proven effective already with the programme seeing increased coverage since its introduction.

5. In the coming months, Health NZ is undertaking initiatives to further target those groups who are unscreened or under-screened. This includes having self-testing available through a wider range of providers and continuing with providing free screening for priority groups.

6. A Parliamentary Review Committee is required to independently review the NCSP. This Aide-Mémoire provides an update on progress against the recommendations. The majority of actions are either complete or on track.

Background

7. Cervical cancer is cancer that forms in the cervix, which sits at the lower part of the uterus. The latest published data from 2019 shows that the incidence of cervical cancer was 6.7 per 100,000, and in 2018 there were 69 deaths due to cervical cancer, which is a mortality rate of 1.9 per 100,000[2]. Overall, between 1996 and 2019, the age-standardised rate of cervical cancer incidence declined from 10.5 to 6.7 per 100,000 for all ethnicities, and from 25.0 to 7.8 per 100,000 for Māori[3].

8. Māori are 1.4 times more likely to be diagnosed with cervical cancer, and more than twice as likely to die from cervical cancer, compared to New Zealand European and

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[1] Sykes, P.; Williman, J.; Innes, C.; Hider, P. (2019) Review of Cervical Cancer Occurrences in relation to Screening History in New Zealand for the years 2013-2017.

[2] Ministry of Health. (2022). *National Cervical Screening Programme Incidence and Mortality Report 2018 to 2019.* Wellington, New Zealand.

[3] Ministry of Health. (2022). *National Cervical Screening Programme Incidence and Mortality Report 2018 to 2019.* Wellington, New Zealand.

other people[4].

The National Cervical Screening Programme is highly effective

9. The NCSP was established in 1990 to reduce death and disease from cervical cancer by early detection and treatment of pre-cancerous squamous cell changes. The NCSP provides cervical screening for people with a cervix, aged 25-69 years, and has screened 1,030,558 people in the last three years[5].

10. The NCSP has been highly effective. Since its inception, the incidence of cervical cancer has reduced by 50% and cervical cancer mortality by approximately 60%[6]. However, disparities persist across groups, including those who are unscreened (never been screened before), under-screened (significantly overdue for their cervical screen), as well as those at higher risk of cervical cancer[7].

Launch of HPV primary screening has seen a steady increase in numbers of people screening

11. Most cervical cancer is caused by persistent human papillomavirus (HPV) infection, which causes over 95% of cervical cancers. A new test undertaken through the NCSP detects HPV. In September 2023, HPV primary screening replaced liquid-based cytology testing as the primary test used for cervical screening. This was a significant, complex large-scale change to the NCSP service delivery model involving a new IT system, introduction of self-testing to primary care and the public, and laboratory changes.

12. Prior to September 2023, liquid-based cytology was the primary cervical screening test in New Zealand. Most commonly known as a cervical or pap smear test, it involved the use of a speculum by a clinician to take a cervical sample. This vaginal speculum (cytology) test looked for abnormal cells or cell changes in the cervix that could lead to cervical cancer, so people at increased risk were identified only once changes had started.

13. The new HPV primary screening test looks for the virus that subsequently could cause changes, enabling earlier intervention before cell changes occur. It leads to the detection of more high-grade abnormalities, via the initial detection of HPV, and finds more pre-cancers and prevents more cases of cervical cancer. Participants who receive an HPV Not Detected result are tested at a five-yearly interval; and for others (includes those who are immune deficient or living with HIV) are screened every three years as they are at high risk of developing cervical cell changes.

Self-testing using a swab as an option for HPV primary screening has seen improvements in uptake

14. The HPV primary screening offers a self-test-option, meaning a person can undertake a vaginal swab themselves. The HPV testing is more sensitive and the self-test is more acceptable to many priority groups. The majority of tests are completed in a clinical environment or at a community event with a clinician available. The HPV self-tests are available to take home to complete, but these are given after consultation with a qualified

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[4] Report of the Parliamentary Review Committee regarding the National Cervical Screening Programme, December 2022

[5] The number of screens includes follow-up tests, but no individual is counted more than once within the three years.

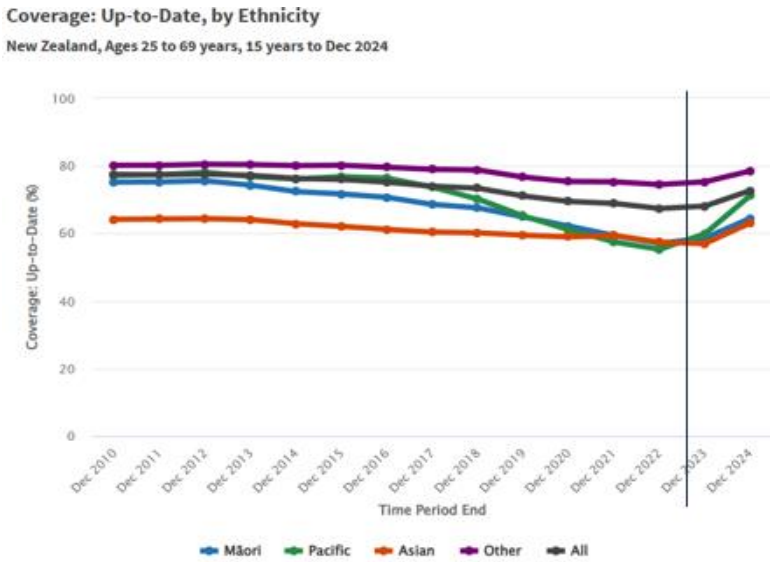
[6] Sykes, P.; Williman, J.; Innes, C.; Hider, P. (2019) Review of Cervical Cancer Occurrences in relation to Screening History in New Zealand for the years 2013-2017.

[7] For Māori people 25-44 years, cervical cancer is the second leading cause of cancer death. Pacific people also experience higher rates of cervical cancer and mortality than other groups.

person/clinician and currently need to be returned to the same place where they were given (i.e., general practice). This is to ensure the sample is handled appropriately, delivered to a laboratory, and is part of end-to-end care.

15. Since the launch of HPV primary screening in September 2023, the NCSP has continued to see a steady increase in the number of people who are screening, as shown in **Figure 1**. Furthermore, the percentage of people choosing the self-test also continues to rise: to date, 81% of people are choosing to self-test. (Note, the black vertical line represents the date when HPV primary screening was implemented (September 2023)).

Figure 1: NCSP cervical screening up-to-date coverage rates by ethnicity, from December 2010 to December 2024[8]



16. Overall, cervical screening rates have increased steadily over the past year – with a 1.1% increase in coverage from Q1 2024/25 (71.6%) to Q2 2024/25 (72.7%) and all ethnicities seeing an increase over the same quarter, particularly Māori (from 62.9% to 64.5%) and Pacific women (from 68.8% to 71.2%). Annual comparisons showed there was a 4.6% increase in coverage (Q2 2023/24: 68.1% / Q2 2024/25: 72.7%).

The priority is to embed and deliver an accessible and equitable screening programme

17. The NCSP is the only cancer screening programme in New Zealand which does not provide free screening for all eligible people. It is only funded for high-needs groups with a higher risk of cervical cancer or mortality from cervical cancer.[9] This includes those who are unscreened or under-screened, Māori and Pacific People, those who hold a community services card, and anyone who requires follow-up testing.

18. Health New Zealand I Te Whatu Ora (Health NZ) operational priorities for the coming years are to embed and deliver an accessible and equitable cervical screening programme. Work underway to embed the HPV primary screening programme includes:

    a) validating the new NCSP Register (new national database for cervical screening) to

[8] Taken from the publicly available National Cervical Screening Programme Coverage Report, available on Health NZ's website.

[9] In July 2024, the Government announced the continuation of zero-fees free cervical screening funding for groups at higher risk of cervical cancer.

ensure it is correct and functioning as designed;

b) supporting the sector to meet the increased demand for service in primary care to provide timely follow-up when HPV is detected, due to the increased numbers of people self-testing; and

c) expanding the workforce able to provide HPV self-testing.

Parliamentary Review Committee

19. A Parliamentary Review Committee (PRC) is required to independently review the NCSP at least every three years under the Health Act 1956[10]. The last review was commissioned in 2021 and carried out in 2022. The review presented 31 recommendations for the NCSP with a particular focus on continuous quality and equity improvements to reduce the incidence of, and mortality from, cervical cancer.

20. These recommendations aim to create a more integrated system across the NCSP pathway that improves accessibility, addresses ethnic inequities in healthcare outcomes, and ensures that the health sector meets its responsibilities under the Treaty of Waitangi. There is a particular focus to further reduce the incidence of cervical cancer mortality in New Zealand, particularly for Māori and Pacific people who currently carry an inequitable burden of cervical cancer.

21. Officials developed a 2021 PRC Implementation Plan in response to the recommendations, following extensive engagement with external stakeholder groups involved in service delivery and advocacy related to cervical screening. There were nine focus areas, including: expanding access to zero-fees screening; growing the workforce; and growing the coverage of support services.

22. Please see **Appendix 1** for an update on progress against each recommendation, through a RAG table. This follows a prior RAG update to the former Minister of Health on 2 December 2024 (HNZ00072937 refers). Work to progress the PRC actions is ongoing, within available funding and capacity. Further explanation on 'Red' (critical) and 'Not started' ratings can be found in **Appendix 2**. The only critical issue currently identified is the funding of cervical screening for everyone in New Zealand. For 2024/25, $7 million has been allocated to fund free screening for priority groups. The total cost to screen all people with a cervix in 2024/25 would be approximately $30 million.

Targeting the unscreened and under-screened, and those already engaged

23. The previous Minister of Health sought advice on having two workstreams under the NCSP: one workstream targeting the unscreened and under-screened, and one workstream for those people already engaged or likely to continue to engage with the programme.

24. Unscreened are defined as those who have never been screened, under-screened as those who may have had a screen but are not consistently screened including at the recommended intervals. Those already engaged in the programme are those who have regular screening at the recommended frequency as provided in paragraph 13 above.

[10] Part 4A, Section 112O.

25. As shown earlier in Figure 1, the shift to HPV primary screening has seen sustained improvements in coverage. This is due to increased engagement of the unscreened and under-screened population, as well as sustained engagement of the cohort who have already engaged in the programme.

There are initiatives underway to further target the unscreened and under-screened

26. Cervical screening in New Zealand is mostly a primary care-based service delivery model, with around 90% of screening and referrals for specialist assessment and treatment occurring in general practices. The HPV primary screening requires participants to attend either a planned or opportunistic appointment, even if a self- test kit is then taken home to complete and return. As stated in the 2021 PRC Report, this can create barriers such as appointment availability, and cost (including travel cost).

27. There are several initiatives in place to address some of these issues, including the zero-fees free cervical screening for high-need groups and support from Screening Support Services (SSS). As at end of Q1, September 2024, 87% of those who are unscreened and under-screened chose to self-test and were able to do so through the zero-fees initiative. Additional support is provided in most regions by SSS and Sexual Wellbeing Aotearoa (formerly Family Planning)[11].

28. There is evidence to suggest that for those who are unscreened and under-screened, a new model of service delivery (i.e., community-based service delivery model) to support access to screening outside of the current primary care-based service delivery model would be beneficial[12]. For example, options such as the expansion of HPV self-testing with community laboratories (to allow drop-off); alternative health service providers (such as marae-based clinics); and the use of mail-out self-test kits to participants.

29. When the NCSP transitioned to HPV primary screening in September 2023, the programme also implemented a new national database for cervical screening, the NCSP-Register (NCSP-R). The population-based register enables contacting all people who are eligible for HPV primary screening and sends notifications with screening options, reminders and recalls. This includes people who are not enrolled in primary care and/or have not been screened in the past. Work is underway to explore ways to improve the NCSP Register and make it more fit for purpose.

Mail-out of HPV self-tests

30. One option to improve access to cervical screening is allowing sample takers/clinicians to mail-out self-testing kits to participants. This is an option that Health NZ is actively exploring, as international and domestic research suggests this has the potential for small increases in coverage, particularly for high-priority groups and those in rural and remote areas (although it could be used across the whole population).

31. Of note, a study was conducted in Auckland trialling a range of ways for participants to access self-testing, including a telehealth service delivered by specialist nurses and trained non-clinical staff, operating as a call centre (HNZ00042623 refers). This service invited participation (via text) with the offer to courier self-test kits to more than 25,000

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[11] Screening support services (SSS) help people who experience barriers to accessing breast and cervical screening, assessment and treatment services. The SSS provides a community-based model through targeted follow up, community outreach and wrap around support (such as community events or at home visits) to unscreened and under-screened and those at higher risk of cervical cancer.

[12] This recommendation is also made within the 2021 PRC: Recommendation Four ‘Investment in an integrated, accessible model of community-based cervical screening is recommended’.

participants in a large primary health organisation. Overall, 25% of participants responded to invitation texts and completed online consenting processes. Of this group, there was an average return level for kits of nearly half (48%) of distributed kits. The overall uptake rate was 12%.

32. The option of mail-out self-testing kits needs to encompass appropriate staff and systems (for example, to undertake follow-up phone calls) to maximise participation and impact. Analysis is required to ascertain potential effectiveness, including potential value-for-money.

Use of community pharmacy for the issuing and return of self-testing kits

S9(2)(f)(iv)

Those already engaged or likely to continue to engage with the programme

36. It is also important to retain those who are already engaged in the screening programme. For those who are already engaged or likely to remain engaged with the NCSP, the current delivery model of screening is proving effective, but noting any improvements made to target the unscreened and under-screened (such as the mail-out of test kits) would also benefit this group.

[13] HPV vaccination (Gardasil) protects against the development of abnormal precancerous cells and cancers caused by the HPV virus. It is offered in schools to Year 7 and 8 and it is funded to be delivered by healthcare providers (including pharmacy) for those aged 9 – 26, and others who meet certain criteria.

S9(2)(f)(iv)

Next steps

37. Health NZ aims to publish an updated 2021 PRC Progress Report on the Health NZ website in March 2025. This will be aligned to the document in **Appendix 1**.

38. As required under the Health Act, the next PRC is due to be undertaken this year. The Public Health Agency (PHA) in the Ministry of Health has assumed responsibility for leading the next PRC as it aligns with the PHA's role to monitor the performance of Crown entities, including Health NZ, that deliver public health programmes and services. Health NZ will retain responsibility for implementing and actioning any recommendations made by the next PRC.

39. To progress establishment of the next PRC, the PHA is currently drafting the Terms of Reference, which include the intended scope of the review. You will receive advice from the Ministry in March 2025 on the proposed Terms of Reference and the appointments process (noting that under the Health Act, appointments to the PRC are made by the Minister of Health).

40. Officials are available to meet with you to discuss the NCSP further if required.

Appendix 1: National Cervical Screening Programme: Update and RAG status of actions to recommendations from the 2021 Parliamentary Review Committee Report

RAG Status used in this document:

Key	
Off track / major issue	Critical
Paused	Activity paused
On track / minor issue	Some activity but constrained
On track	→ Underway / tracking to plan and/or ↗ Initiation Phase
Complete	✓ Complete
Not started	NS

#	Parliamentary Review Committee RECOMMENDATION	Sub-action	ACTION STATUS + DESCRIPTION *Note: This is not an exhaustive list of all actions/sub-actions against progress for all 31 2021 PRC Recommendations*	RAG STATUS
1.	Te Tiriti o Waitangi needs to be central to cervical screening policy, governance and practice.	a.	**Underway:** the requirement to complete Te Tiriti o Waitangi training has been incorporated into the final updated NCSP service standards.	S9(2)(g)(i)
		b.	**Initiation:** initial scoping is taking place through the Breast Screen Aotearoa Review to incorporate screening-specific Te Tiriti o Waitangi education into training resources for the workforce.	
2.	Proactive appointment of senior Māori staff in alignment with the National Screening Unit's (NSU) strategic priorities.	a.	**Underway:** Māori staff have been appointed to permanent leadership positions in the NCSP. This action is a continuous, ongoing action, given the nature of appointments.	
3.	All people receive free cervical screening to align with all other cancer screening programmes in NZ.	a	**Complete:** 1 July 2024 confirmed continuation of zero-fees cervical screening for priority groups.	
		b	S9(2)(g)(i)	
4.	Investment in an integrated, accessible model of community-based cervical screening is recommended. The new model should be the first line of screening for all eligible people. *N.B. This recommendation is a piece of scoping work that needs further discovery and co-design. This recommendation was intended to go further than expanding the workforce and introducing pilots. It should be noted that changing the current service delivery model is significant in scope and sits outside the ability to action this within the three-year PRC process.*	a.	**Underway** HPV self-testing, including training for kaimahi, rolled out to providers. The NCSP has completed the first year of a five-year implementation cycle of HPV primary screening.	
		b.	**Underway:** NCSP has several initiatives underway across the country, including pilot programmes to identify priority groups with lower uptake rates.	
		c.	**Initiation:** the NCSP will engage with stakeholders to identify opportunities to expand the delivery of cervical screening amongst midwives, by the end of Q4 2025.	
5.	Improved accessibility to colposcopy services is required, particularly for Māori and Pacific people.	a.	**Underway:** Screening Support Services (SSS) providers support wāhine and people with a cervix to their colposcopy appointments as required.	
		b.	**Underway:** some colposcopy services are piloting community-based clinics with promising results. The NCSP has finalised its routine programme reports for monitoring colposcopy services. The reports include timeliness of visit and treatments. Colposcopy timeliness is currently raised as a risk – the NCSP will have a plan in place to address this risk by April 2025.	
		c.	s 9(2)(a)	
6.	Thoroughly explore opportunities for a change in the test of cure pathway to enable laboratories to perform HPV testing like the reflex HPV triage process.	a.	**Complete:** implemented September 2023.	

#	Parliamentary Review Committee RECOMMENDATION	Sub-action	ACTION STATUS + DESCRIPTION *Note: This is not an exhaustive list of all actions/sub-actions against progress for all 31 2021 PRC Recommendations*	RAG STATUS
7.	The NSU co-design an anti-racism plan for the sector to coordinate, consolidate and strengthen existing efforts.	a.	**Initiation:** national cancer screening programmes will develop an anti-racism plan that builds on the outputs of the Manatū Hauora Ao Mai Te Rā work programme and fills in any gaps specific to screening contexts and workforces (connects to BSA Quality Improvement initiatives)	s 9(2)(g)(i)
8.	Development of a national strategy for cervical cancer elimination.	a.	**Initiation:** The Public Health Agency is considering options for the development of an Elimination Strategy. (Health NZ is supporting and will be responsible for implementation.)	
9.	One integrated NCSP service specification is created for the purpose of commissioning the existing network of Māori and Pacific providers.	a.	**Underway:** work is underway on re-commissioning SSS for 2025/26 onwards. Current contracts expire 30 June 2025.	
10	Investing in research to understand barriers to accessing the cervical screening pathway for traditionally under-served groups (e.g., disabled, rainbow communities, incarcerated people).	a.	**Initiation:** A review of the literature has commenced with a focus on barriers to screening for under-served groups. This will focus on opportunities and solutions that will improve access and uptake for these groups, to inform improvements in the design and delivery of screening programmes.	
11.	To improve integration between primary care and colposcopy services there needs to be strong relationships developed between the new integrated model of community-based cervical screening and colposcopy services. The NCSP needs to support these relationships to reduce a siloed approach to the cervical screening pathway.	a.	**Underway:** Work to integrate the NCSP Register, and primary care Patient Management Systems will also improve integration by providing greater visibility of up-to-date screening data in primary care.	
		b.	**Initiation:** all actions about building an integrated model of community-based cervical screening (see Rec. #4) will include a focus on maximising integration and collaboration between providers across the screening pathway.	
12.	To enable effective integration of HPV vaccination, the NCSP should collaborate with the National Immunisation Register (NIR) services.	a.	**Initiation:** NCSP will investigate the opportunity to include HPV vaccination information both in NCSP monitoring and the NCSP Register.	
13.	Introduction of a kaupapa Māori evaluation culture to drive improvements in Māori health outcomes + NSU to provide advice to the sector on best practice examples for utilising equity monitoring data for improved performance.	a.	S9(2)(f)(iv)	
		b.	**Initiation:** BSA has developed kaupapa Māori evaluation resources to enable self-evaluation at a local level. Scoping will be carried out for making these evaluation resources available to cervical screening providers.	
14.	Consideration needs to be given to disaggregating Pacific data to monitor and evaluate cervical screening coverage for Pacific people.	a.	**Initiation:** NCSP will identify and partner with an appropriate Pacific Data Sovereignty Group and disaggregate data as appropriate.	
15.	Continue advancing the two 2018 PRC recommendations for improved monitoring of equity.	a.	**Initiation:** The national cancer screening programmes are undertaking a procurement process for future Independent Monitoring Reports (IMRs).	
		b.	S9(2)(f)(iv)	
16.	Provision of reports in a form which is accessible and useful for Māori monitoring groups and health providers.	a.	**Initiation:** The National Cancer Screening Programmes are working with Iwi Māori Partnership Boards to scope and define their reporting requirements.	
17	To strengthen monitoring, the PRC recommends the formation of an independent, Māori led, Māori designed monitoring framework and resourced rōpū.	a.	**Initiation:** See actions and activities related to Recommendation 15 and future IMR reporting.	
18.	Recommend the next Parliamentary Review Committee to examine its effectiveness using Critical Tiriti Analysis.		**N/A** (to be assessed in next Parliamentary Review Committee report).	

#	Parliamentary Review Committee RECOMMENDATION	Sub-action	ACTION STATUS + DESCRIPTION *Note: This is not an exhaustive list of all actions/sub-actions against progress for all 31 2021 PRC Recommendations*	RAG STATUS
19.	Where this is not occurring regionally, recommend the NSU reinstate regional and national networks, and facilitate regular networking opportunities.	a.	**Complete:** a national screening provider hui was held in 2023. 2025 hui planning underway with broader audience.	S9(2)(g)(i)
20.	Recommend clarifying the role and function of advisory groups, to improve relationships between groups and the NCSP.	a.	**Underway:** NCSP is updating the Terms of Reference (TOR) of the NCSP Partnership, Action and Equity Rōpū (PAE), and a review of the National Kaitiaki Group (NKG) TOR is underway.	
21.	Urgently prioritise clinical quality assurance reporting within Health NZ colposcopy services.	a.	**Underway:** NCSP is improving colposcopy clinic reporting. NCSP is in the early stages of developing capability within Gynae Plus.	
22.	Communicate with Health NZ lead colposcopists and service managers on their responsibility to annually review individual colposcopists' practice.	a.	**Underway:** this has been incorporated into the final draft of the NCSP Service Standards.	
23.	Priority is given to utilising e-colposcopy data as a mechanism of feedback to HNZ and is extended to private providers.	a.	**Underway:** the NCSP is developing colposcopist quality assurance reporting, (see actions in Rec. #5).	
24.	Invest in mandatory stair-cased Te Tiriti, equity, cultural safety and anti-racism workforce development across the programme, including the NSU, to strengthen baseline competencies.	a.	**Underway:** the requirement to complete training has been included in the draft updated NCSP Standards (also refer to Rec. #1)	
25.	Recommend investment in workforce development in the area of kaupapa Māori evaluation.	a.	**Initiation:** refer to actions in Rec. #13	
26.	Workforce capacity in general practice is severely compromised and not expected to improve in the short term. Equitable cervical screening coverage will rely on a new model as described in Recommendation 4 and Recommendation 9. NCSP policy and guidelines will need to be reviewed to provide advice to general practice on effective engagement with the new model of cervical screening for the benefit of service users.	a.	S9(2)(f)(iv)	
27.	The current training of sample takers requires review, and consideration should be given to delivering the training outside of the current NZQA framework, including local training and credentialing of sample takers to improve equity.	a.	**Underway:** refer to actions in Rec #4.	
28.	Consider strengthening the ability of the sector to engage with other traditional under-served groups. (e.g., disabled, Asian, rainbow communities).	a.	**Underway:** specific NCSP resources delivered for rainbow communities and translated educational resources into 10 Asian languages. Lack of additional investment limiting further progress.	
29.	NCSP should urgently engage with Health NZ colposcopy services to discuss the revised modelling data regarding colposcopy referral volumes, to assist colposcopy services in their workforce planning.	a.	**Complete: t**he NCSP provided updated modelling to colposcopy services ahead of go-live. Services with the greatest waitlists were provided with additional funding to help clear low-grade waitlists.	
30.	Urgently identify strategies to manage the increased workload and work with Health NZ colposcopy services to support these strategies.	a.	S9(2)(f)(iv)	
31.	Implement monthly monitoring of referral data to colposcopy services, alongside key indicators. Health NZ undertakes reporting on colposcopy services to ensure there is close monitoring of trends and monitoring.	a.	**Underway:** refer to actions in Recs #21 and 23.	

Appendix 2: S9(2)(g)(i)

S9(2)(g)(i)

S9(2)(g)(i)

Rec #	PRC Recommendation	Action Status	Rationale for rating and next steps
3b	All people receive free cervical screening to align with all other cancer screening programmes in NZ.	Funding has not yet been secured for all populations to receive free cervical screening in NZ. For 2024/25, $7 million has been allocated to fund free screening for priority groups. The total cost to screen all people with a cervix in 2024/25 would be approximately $30 million.	• Rationale: Funding to provide free screening for high-needs and high-risk groups has been secured through Health NZ baselines, however not for the entire population. The NCSP is the only cancer screening programme in New Zealand which does not provide free screening for all eligible people. • Next steps: Health NZ will continue to explore opportunities to deliver this PRC recommendation.
5c	Improved accessibility to colposcopy services is required, particularly for Māori and Pacific People.	The NCSP will explore options to support colposcopy services to offer community-based options, targeting districts and regions with greatest need.	• Rationale: Work to progress the PRC actions is ongoing, within the available funding and capacity in the 2024/25 financial year, and outyears. • Next steps: We anticipate that we may need to extend the delivery timeframes of some actions to ensure that delivery is viable in the context of the available resource. There are also likely to be some actions that have not yet commenced which will not be financially feasible and will need to be either rescoped or delayed. • These actions, prioritisation and any further approaches can be worked up as part of an Implementation Plan to respond to the next PRC.
15b	Continue advancing the two 2018 PRC recommendations for improved monitoring of equity	The NCSP will work with other stakeholders to explore opportunities for measuring access to national screening services for people with disability, mental health service users, incarcerated people and rainbow communities.	
26a	Workforce capacity in general practice is severely compromised and not expected to improve in the short term. Equitable cervical screening coverage will rely on a new model as described in Recommendation 4 and Recommendation 9. The NCSP policy and guidelines will need to be reviewed to provide advice to general practice on effective engagement with the new model of cervical screening for the benefit of service users.	All activities and actions surrounding building an integrated model of community-based cervical screening (see recommendations 4 & 9) will be supported by guidance and support to general practice. The NCSP intends to work collaboratively with the primary care sector to develop these models and pathways and ensure clarity of clinical responsibilities.	